Building Africa's Future of Elder Care: Lessons from the Vantage Care and HOCA-Africa Model

Barnabas Nkore points us to the fact that Africa's aging population is rapidly growing, exposing gaps in health, social protection, and eldercare systems. He describes two organisations, The Vantage Care Limited and HOCA-Africa in Uganda with models that are scalable, professionalized, and have culturally adapted solutions.



A team of trainers

Africa is experiencing a demographic transition of historic proportions. By 2050, the continent's population aged 60 years and above will exceed 225 million tripling from 74 million in 2020. Uganda mirrors this trend, with projections of over 6 million older adults by mid-century. Yet most African countries still lack formal eldercare systems, leaving families often untrained, overstretched, and financially strained as the default caregivers.

The rising burden of non-communicable diseases (NCDs), early-onset dementia, and geriatric syndromes exposes systemic weaknesses in healthcare delivery, policy, and social protection. Unless eldercare becomes a deliberate public health and policy priority, Africa risks a triple crisis of health, dignity, and economic sustainability.

This article highlights the urgency of developing structured eldercare and presents Vantage Care Limited (VCL), Uganda, and the Home Care Alliance Africa (HOCA-Africa) as pioneering models offering professionalized, scalable, and culturally relevant solutions.

A Silent Demographic Shift

Africa is often described as the "young continent," yet its older population is the fastest growing globally. By 2050, older adults will represent 10–20% of Africa's total population (WHO, 2022). In Uganda, the number of persons aged 60 and above will rise from 1.3 million in 2014 to over 6 million by 2050 (Development Pathways, 2020).

This demographic success story driven by improved medicine, sanitation, nutrition, and maternal-child health brings profound challenges:

Humanitarian neglect: Many elders live in poverty and isolation. Health system strain: Hospitals are forced into long-term care roles they were never designed for. Economic burden: Families, especially women, shoulder caregiving duties without training or support.

Barnabas Nkore, RN, Founder & CEO – Vantage Care Limited Uganda and President – Home Care Alliance Africa (HOCA-A)



A team of geriatric care givers

Challenges of Eldercare in Africa

Chronic Disease Burden

NCDs such as hypertension, diabetes, stroke, and dementia are rising sharply, appearing earlier than in high-income countries and contributing to higher disability-adjusted life years (DALYs).

Weak Geriatric Infrastructure, For example, Nigeria has fewer than 20 geriatricians for over 200 million people. South Africa had 18 as of 2024.Uganda has only 3 geriatric doctors.

The shortage of geriatric doctors, nurses, therapists, and social workers is equally critical. Assisted living, memory care, and long-term care facilities are almost nonexistent.

Family and Social Strain

Traditional extended-family caregiving is eroding due to urbanization and migration. Women remain the default unpaid caregivers, reinforcing gender inequities. Untrained caregivers often unintentionally contribute to preventable hospitalizations.

Mental Health and Disability

Dementia, depression, and disability remain underdiagnosed, stigmatized, and untreated. Families often misinterpret symptoms, leading to neglect or abuse. Structured psychosocial support is rare.

Uganda as a Case Study: The Vantage Care Limited (VCL) Model

Founded in 2020, VCL is Uganda's first structured eldercare and homecare company. Building on 25+ years of geriatric experience including operating a homecare agency in Boston, USA-VCL adapts international best practices to Uganda's cultural and resource realities.

Key Achievements

Training & Certification: To date, VCL has trained and certified over 250 Home Health Aides (HHAs), many of whom are employed both locally and internationally.

Accreditation & Recognition: VCL is the only institution in Uganda approved by the Ministry of Education & Sports to award government-recognized certificates in home health care. It is also recognized by the Ministry of Health for its training in non-medical but essential eldercare services, particularly Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

Institutional Partnerships: VCL has established collaborations with Nakasero Hospital, Mbarara Regional Referral Hospital, and several international health institutions, strengthening integration between clinical care and home-based eldercare.

Infrastructure Development: Construction is underway for a three-story Care & Training Centre in Kasangati, designed to serve as a training hub for home health students while also providing respite and transitional care for elders.

Expansion Plans: VCL has secured four acres of land to develop the HOCA-Africa Renewal Village—Uganda's first integrated eldercare hub that will combine Assisted Living, Memory Care, Rehabilitation, Mental Health Services, and Workforce Training into a single, scalable model for Africa

This model provides a proof-of-concept for scalable, replicable, and culturally relevant eldercare across Africa.

National Impact and Economic Potential

Health Outcomes; Reduced hospital readmissions. Improved recovery, functional independence, and dementia care. Enhanced quality of life and dignity for elders.

Social Outcomes; Destigmatization of aging and dementia. Strengthened community-based care networks. Reduced caregiver burnout. Youth empowerment and reinforcement of cultural respect for elders.

Economic Outcomes; Over 100 jobs created, with potential for thousands more. Vocational pathways for



Mr. Nkore taking care of a patient

unemployed youth. Engagement of diaspora communities through health tourism and eldercare investment.

The Role of HOCA-Africa: Scaling Across the Continent

Established as a continental coordination and advocacy body, HOCA-Africa builds on the VCL model to ensure scalable, culturally adapted eldercare solutions.

Core Roles

Standardization: Caregiver training and certification frameworks aligned with global best practices. Advocacy: Government engagement to integrate eldercare into health and social protection agendas. Financing Models: Sustainable funding through insurance integration, PPPs, and blended financing. Demonstration Hubs: The Renewal Village as a showcase for replication across Africa.

Policy and Practice Recommendations

National Eldercare Policies: Integrate eldercare into health and social development strategies. Workforce Development: Train youth and unemployed populations as certified caregivers. Health Financing: Include homecare, rehabilitation, and long-term care in national insurance schemes. Community-Based Models: Shift appropriate care from hospitals to home and community settings.

Continental Coordination: The African Union should adopt a pan-African eldercare strategy aligned with the WHO Decade of Healthy Ageing (2021–2030).

Role of Ministries

Ministry of Health: Establish national geriatric & long-term care policy, integrate geriatric care into PHC, expand professional training. Ministry of Education: Develop gerontology curricula, partner with VCL and similar institutions, create incentives for youth in caregiving. Ministry of Gender: Strengthen social protection and legal rights for elders, support family caregivers. Ministry of Finance: Offer fiscal incentives, develop PPP frameworks, mobilize donor and diaspora investment.

Role of Non-State Actors

Private Sector: Lead in service delivery, training, and innovation. NGOs & Civil Society: Advocacy, community mobilization, elder protection. Investors & Development Partners: Provide catalytic funding for scalable eldercare enterprises. Academic Institutions: Research ageing trends, monitor policy, and drive innovation.

Implementation Pathway

1. Establish a National Multi-Sectoral Taskforce on Ageing & Geriatric Care, co-chaired by Ministries of Health and Gender.
2. Develop a 10-year National Geriatric Care Strategy, aligned with SDG 3 and the WHO Decade of Healthy Ageing.
3. Pilot integrated eldercare hubs through PPPs with pioneers like VCL.
4. Mobilize financing from government budgets, private equity, diaspora remittances, and development partners.
5. Monitor progress through health and social development indicators.

Conclusion

Eldercare is not a luxury it is a continental necessity. Africa must invest today, or face a looming health, social, and economic crisis tomorrow. The VCL and HOCA-Africa models demonstrate that scalable, culturally adapted eldercare is both feasible and impactful.

Investing in eldercare is not just a moral obligation it is an economic imperative. It will reduce hospital costs, create dignified employment, empower youth, and uphold the dignity of Africa's elders. Africa has a unique opportunity to leapfrog into modern eldercare systems, adopting tested models without decades of trial-and-error.

References

1. World Health Organization. Ageing in Africa: A Public Health Priority. WHO Regional Office for Africa, 2022.
2. Development Pathways. Uganda's Aging Population: Implications for Social Protection. 2020.
3. United Nations. World Population Prospects 2022. UN DESA, 2022.
4. Aboderin I, Beard JR. Older People's Health in Sub-Saharan Africa. The Lancet, 2015.
5. African Leadership Magazine. The Demographic Shift: Africa's Aging Crisis. 2021.