



PS 1.2 - Harnessing Demographic Dividends and Silver Economy, and Implication To Health System

## *Silver Economy In Africa*

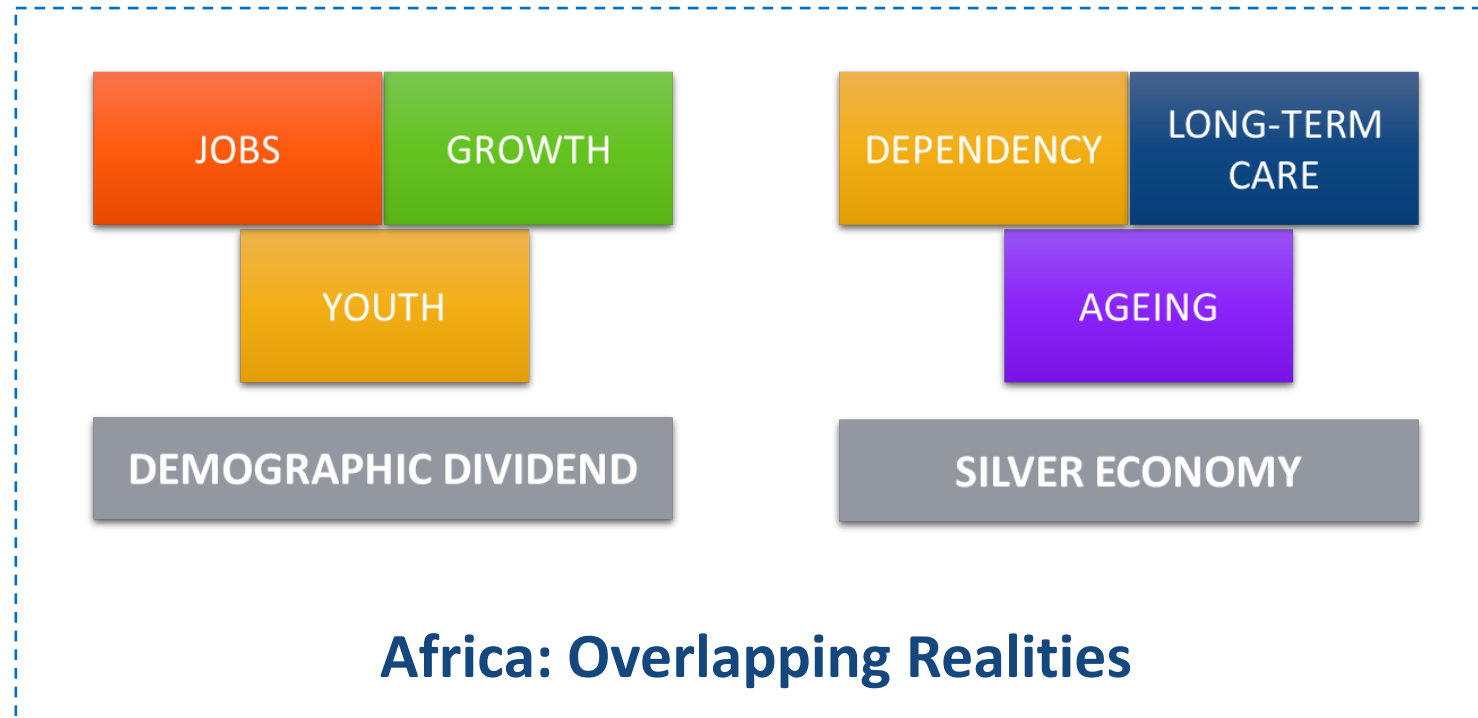
# From Survival to Dependency: Health Systems and the Real Test of the Demographic Dividend

**Aïssata FALL**

January 29, 2026

# Two agendas still treated as separate

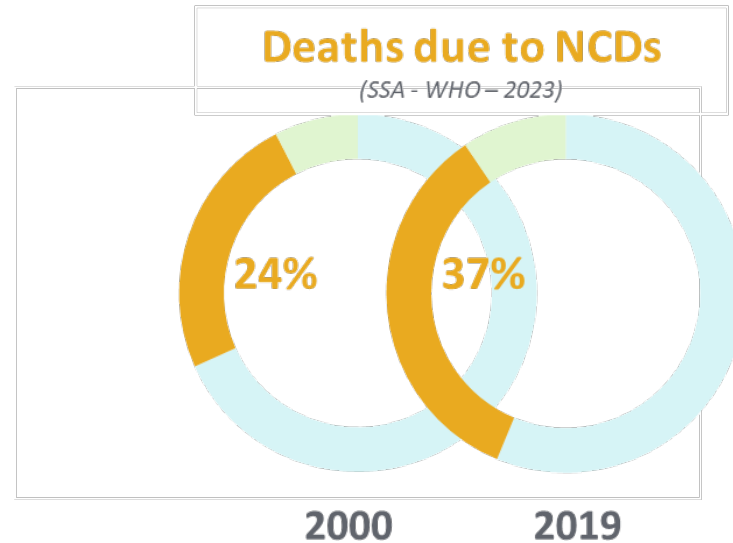
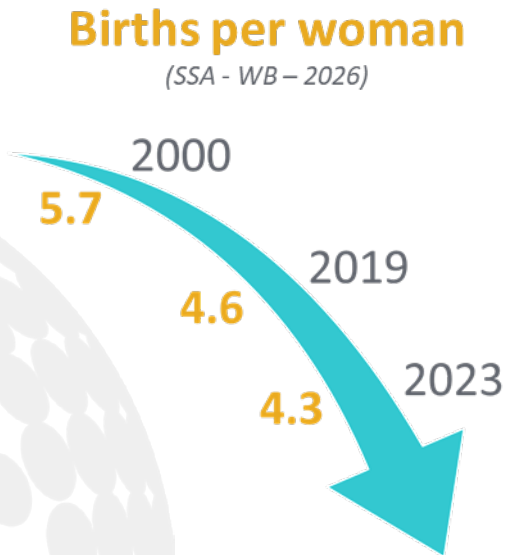
→ *The separation between demographic dividend and silver economy is institutional, not demographic.*



- ⇒ *Different ministries, experts, and time horizons.*
- ⇒ *Demography itself does not segment life into policy silos.*

# African realities: Overlapping transitions

➔ *Systems insufficiently prepared to manage health care needs across the life course.*



- Early risks increasingly managed
- Later risks largely unaddressed
- Double burden of disease

⇒ *Health systems have not yet shifted toward managing long-term trajectories.*

⇒ *More people reach adulthood and older ages, but with fragile health capital*

# The dividend as promise, the costs as immediate reality

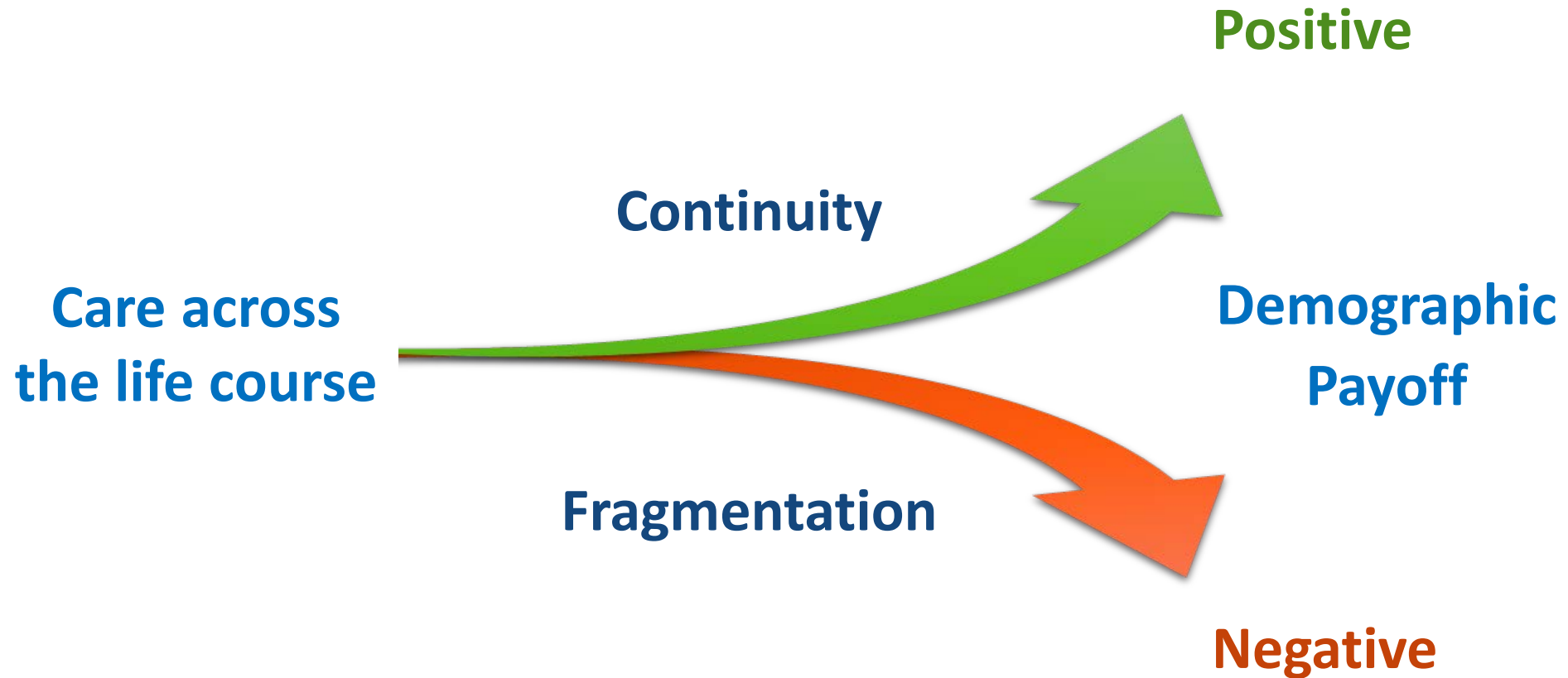
➔ *Health systems must manage more— and more complex—needs at the same time.*



- ⇒ *Increasing demand for services*
- ⇒ *Increasing complexity of health profiles*
- ⇒ *Lack of continuity of care*
- ⇒ *Degradation of future human capital*
- ⇒ *Shift of care responsibility to households – borne by women*

# Health systems: Turning a potential into gains or losses

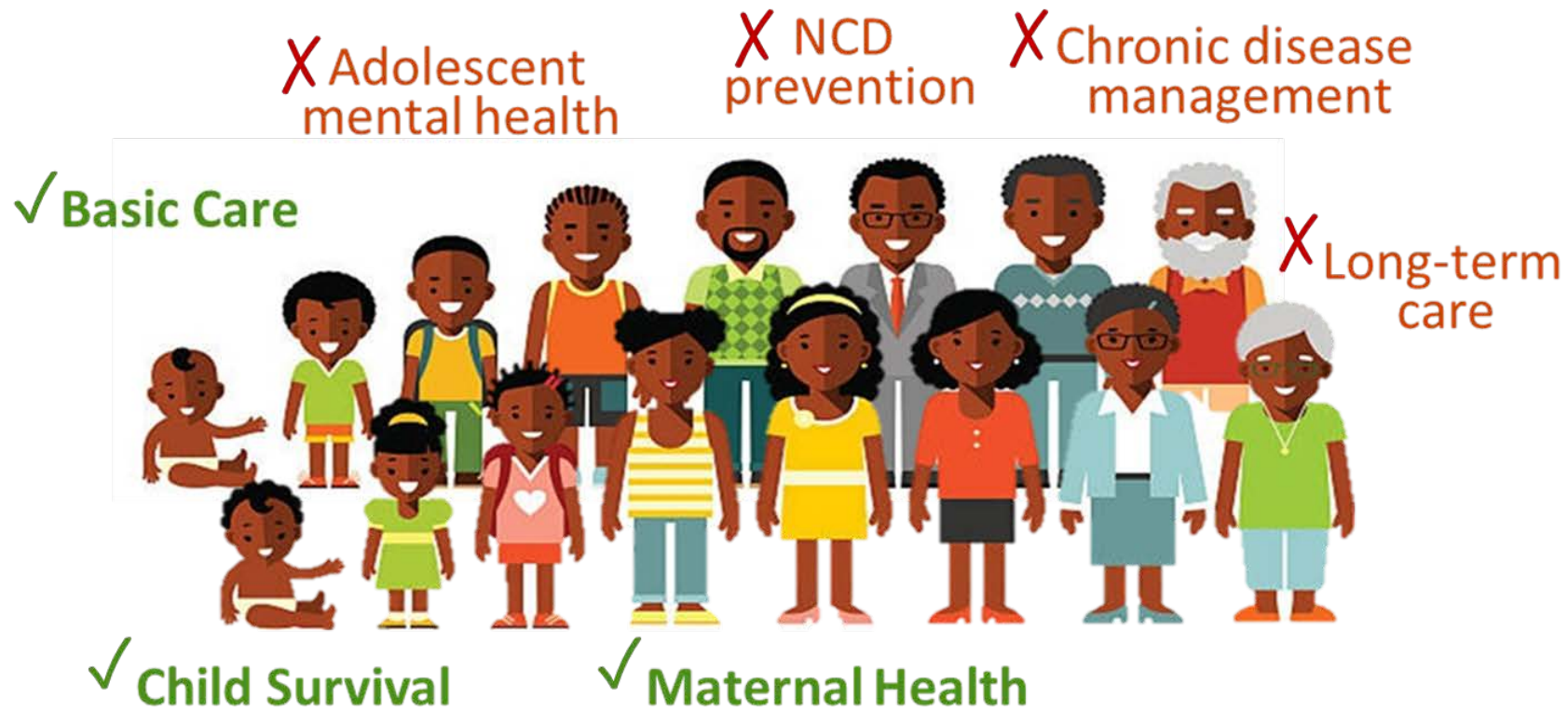
→ *Health systems are a central mechanism.*



⇒ *Demography creates an opportunity. Health systems determine the outcome.*

# When health investment stops too early

→ *Survival without prevention leads to a negative dividend.*



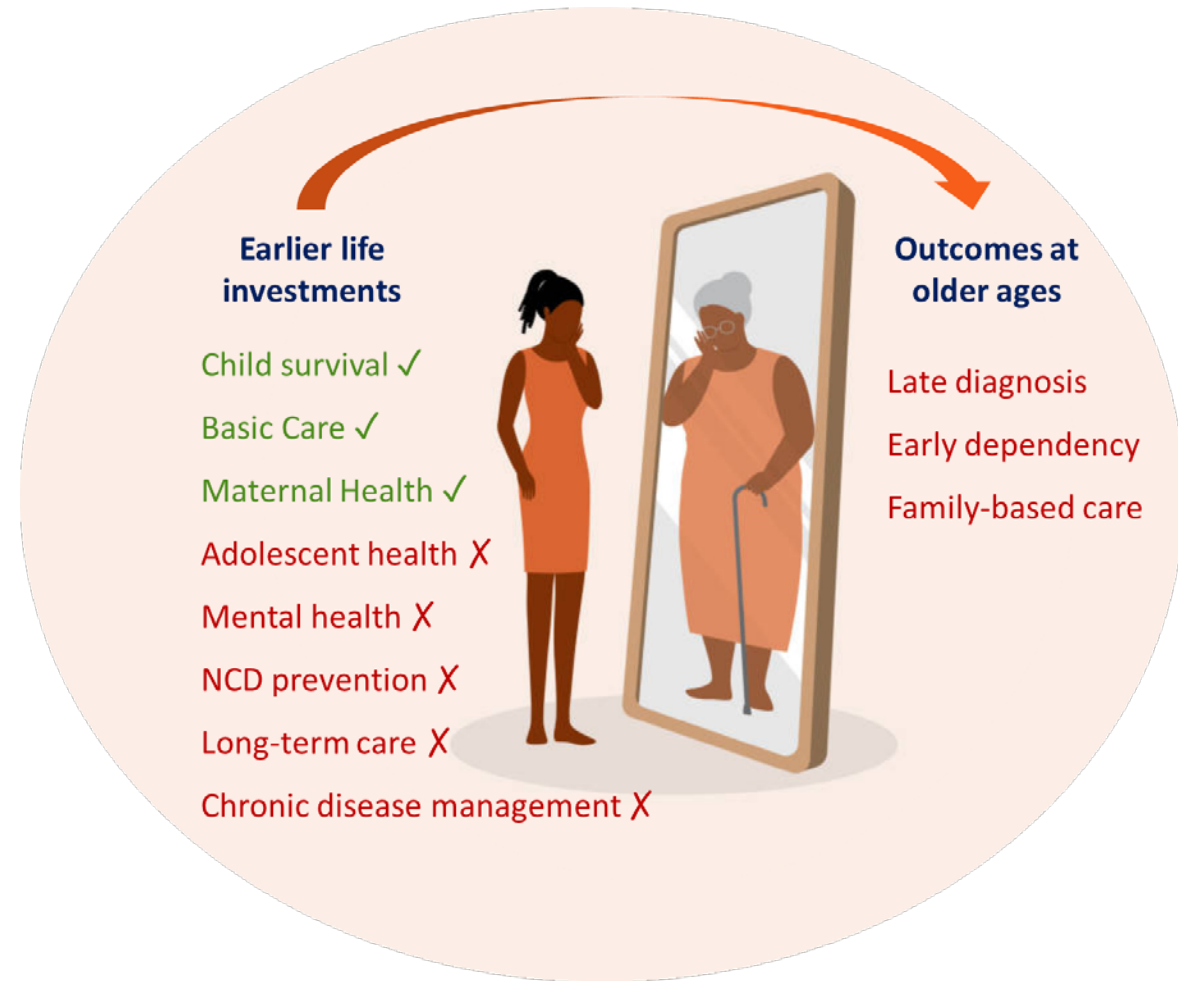
⇒ *If we stop at survival, we prepare large but vulnerable cohorts.*

# Silver economy: a test, not a promise

➔ Ageing reveals past investments.

- **Not about readiness**
- **But about distributional outcome**

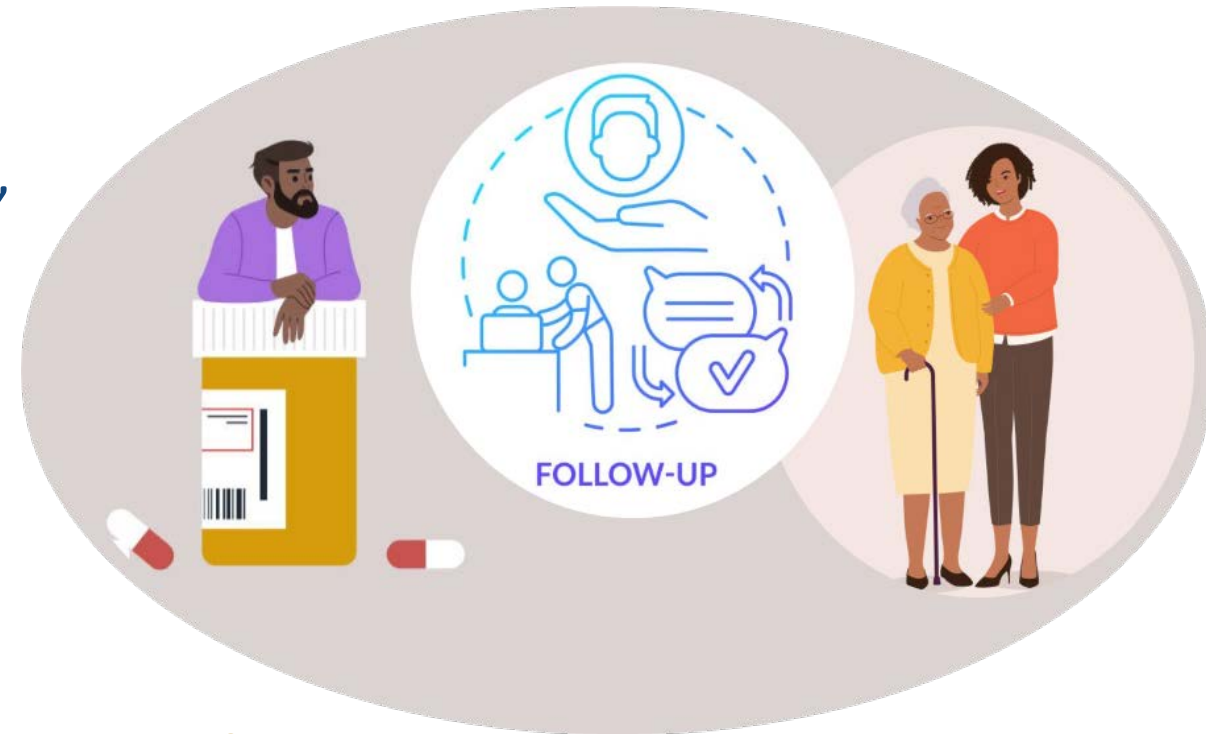
⇒ *The silver economy cannot be declared. It reveals.*  
 ⇒ *It is not a state to be achieved, but an outcome.*



# Care economy: the real infrastructure of transitions

→ *When systems do not absorb, care does.*

- Health outcomes strongly depend on daily, continuous, and often non-technical functions.
- Care is the real infrastructure.



⇒ *It is not a sector that holds the system together. It is **work**.*

# Gender & Care: the blind spot

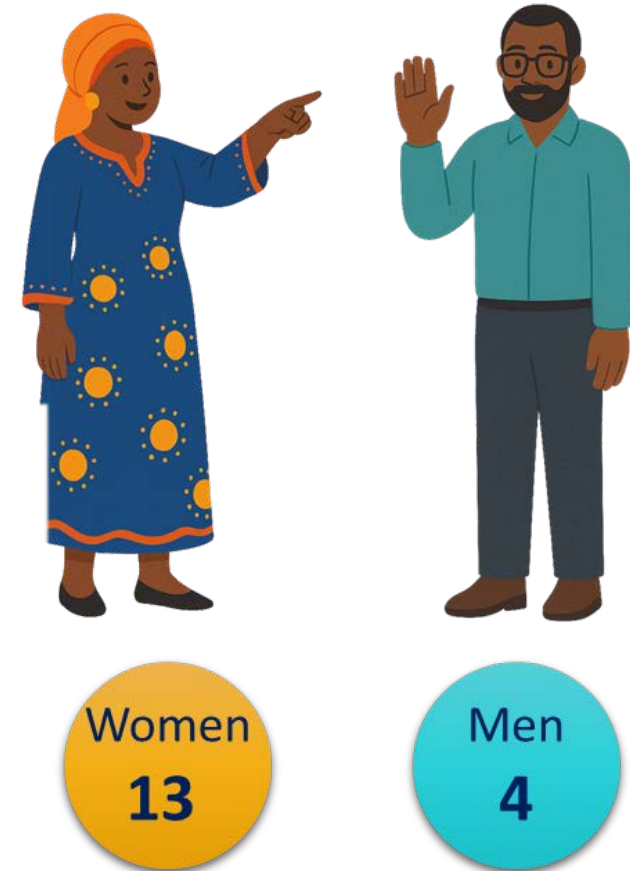
➔ *Demographic dividend and sustainable ageing rests on an implicit gendered assumption.*

## Unpaid Care Work constrains women

- Labor market participation ↓
- Income and earnings ↓
- Health outcomes ↓
- Access to social protection ↓

⇒ *Health systems function partly by externalizing care-related costs onto women's invisible labor.*

## Unpaid Domestic & Care Work (hours/week)



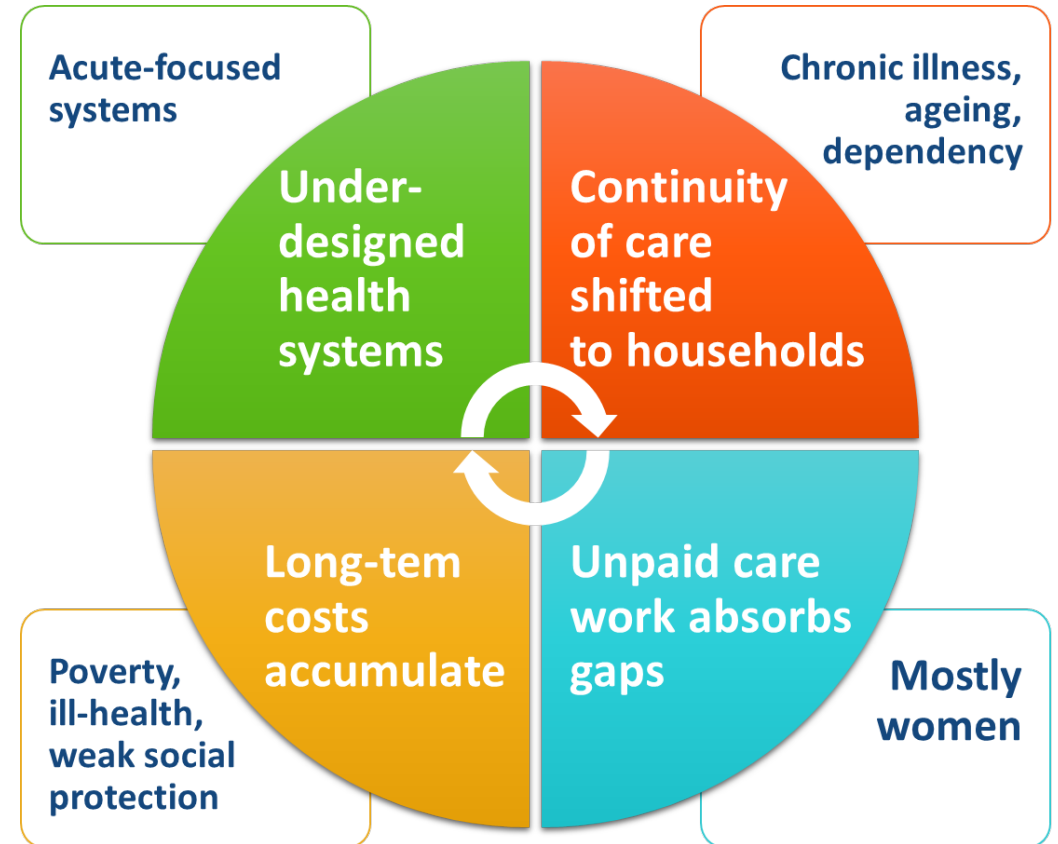
NTA West Africa – CREG 2025

# Structural challenge: from acute episodes to long trajectories

➔ *Unpaid and unrecognized care sustains the system today, at the cost of tomorrow's sustainability.*

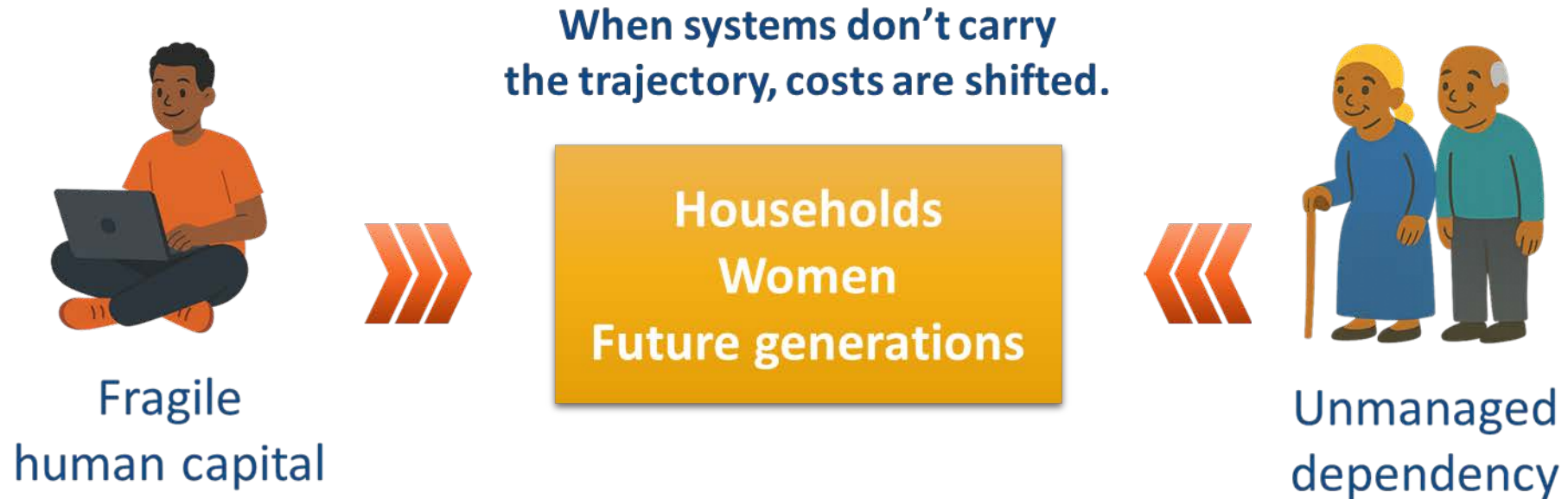
**Invisible today**  
**Costly tomorrow**

⇒ *This mechanism undermines both the first dividend and future ageing outcomes.*



# The risk of a double generational failure

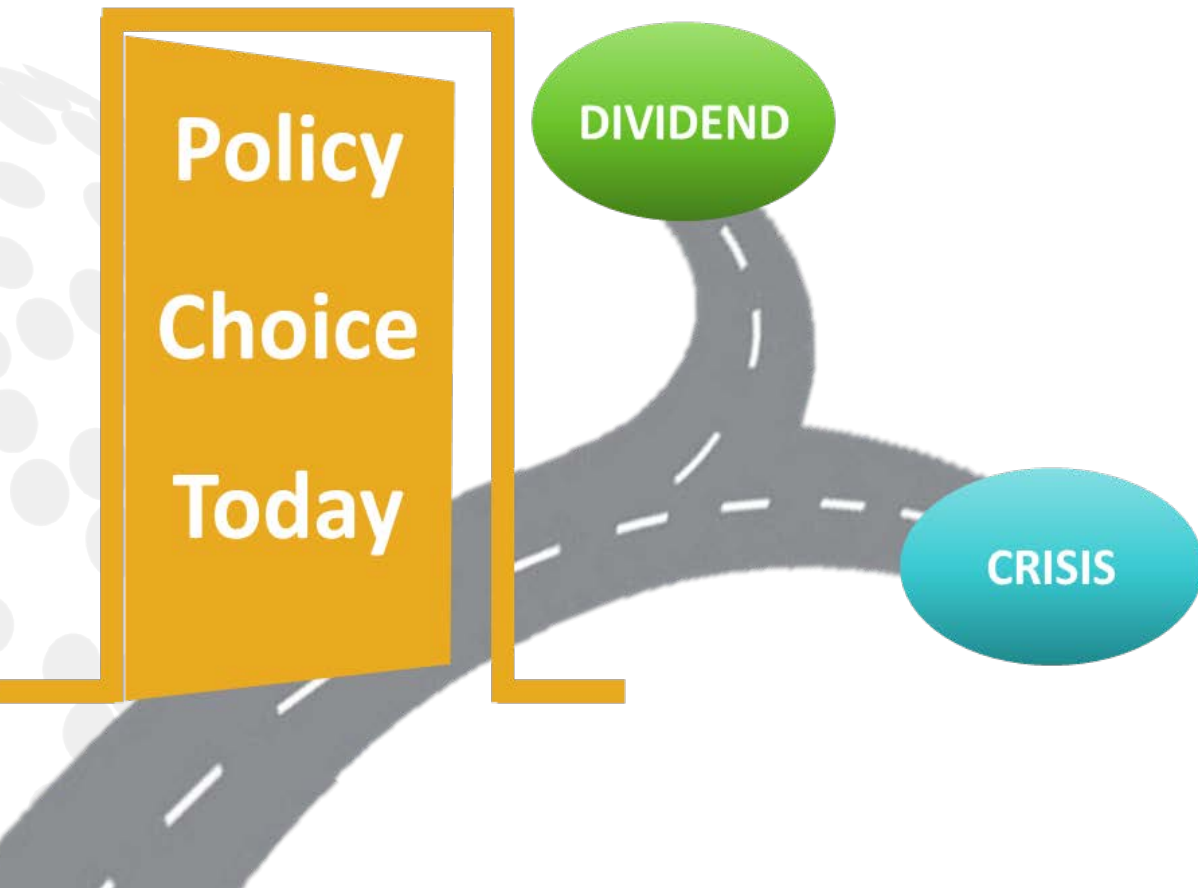
➔ *Failure for the young, failure for the old*



- ⇒ *This is not a future problem. It is already happening.*
- ⇒ *The silver economy is the cumulative outcome of budgetary, health, and social choices.*

# Governance implications

→ *Demographic change tests health systems before it rewards economies.*



⇒ *Requires genuine coordination across health, budget, labor, family, and social protection sectors.*

⇒ *As long as health is isolated, it manages consequences.*



# Thank You

Aïssata FALL

[afall@prb.org](mailto:afall@prb.org)

[www.prb.org](http://www.prb.org)