Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.7 No. 2 (2026): June 2026 Issue
https://doi.org/10.51168/sjhrafrica.v7i2.2673
Original Article

Governing elderly health care in Uganda: policy gaps, institutional capacity, and service delivery challenges.

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Abstract
This paper presents a bibliometric review and comparative analysis of elderly healthcare service delivery, focusing on the institutional and administrative determinants in Uganda, contextualized against global trends from 2020 to 2026. The study systematically maps academic literature and policy documents. Findings reveal that while Uganda faces a critical challenge rooted in institutional failure, evidenced by critically low readiness scores in Leadership & Governance (13.49%) and Financing (19.29%), global reforms are converging on rights-based legislation, dedicated long-term care financing, and digital health integration. The paper contrasts Uganda's administrative fragmentation and workforce deficit with continental and global best practices, such as Australia's rights-based *Aged Care Act 2024*, Singapore's multi-billion dollar *Age Well SG* initiative, and Germany's fast-track approval for prescribable digital therapeutics (*DiGAs*). The analysis strongly justifies the need for a localized study to bridge the gap between national policy and administrative deficits at the district level in Uganda.

Keywords: *Elderly Healthcare, Geriatric Care, Health Policy, Institutional Determinants, Bibliometric Review, Digital Health, Uganda, Global Health.*
Submitted: *May 22, 2026* ***Accepted:*** *June 01, 2026* ***Published:*** *June 30, 2026*
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Introduction
The global demographic shift towards an aging population presents a profound challenge to health systems worldwide. In Uganda, this transition is marked by a rapidly increasing population of older persons (aged 60 years and above), currently estimated at over 2.3 million (Uganda Bureau of Statistics (UBOS), 2024). Despite this rapid growth, the national healthcare system suffers from systemic institutional failure, evidenced by critically low readiness scores in Leadership and Governance (13.49%) and Financing (19.29%). While the national Constitution and recent strategies, such as the National Older Persons' Health Strategy (2024/25–2029/30), aim for person-centred care, there is a profound disconnect between these legal principles and their actual implementation (Parliament of Uganda, 2017). Consequently, the lack of prioritisation and dedicated funding creates a "critical missing link" that prevents national policies from reaching the elderly citizens who need them most. Furthermore, a significant shortage of specialised geriatric personnel persists because many healthcare students receive little to no formal training in elderly care.

The primary aim of this study is to systematically review the institutional and administrative factors affecting elderly healthcare in Uganda and to compare these findings with global policy reforms and innovative care models. To achieve this aim, the study focuses on the following objectives:

i. To map and synthesise academic literature and policy documents regarding elderly care from 2020 to 2026.
ii. To contrast Uganda's administrative challenges with continental and global best practices, such as rights-based legislation and digital health integration.
iii. To investigate the gap between national policy intentions and local government performance.
iv. To provide an evidence base for future policy interventions and the translation of continental and global successes into the Ugandan context.

Methodology
This study employs a bibliometric review and comparative analysis methodology. The search period was set from 2020 to 2026 to capture the most recent policy and academic

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responses to the post-pandemic acceleration of demographic aging. The review utilized peer-reviewed academic databases (for example, PubMed, PLOS, BMC Geriatrics) and official policy documents from national governments and international bodies (such as the World Health Organization (WHO), European Commission, US Administration for Community Living).

For the Ugandan context, the study adopts the WHO Building Blocks framework to generate empirical readiness scores across four primary categories: Leadership and Governance, Financing, Human Resources, and Data Oversight. These results are then evaluated against a continental and global comparative framework spanning six regions: Africa, Asia, the Middle East, Europe, America, and Oceania. The synthesis is organised around three core thematic pillars: Policy Reforms, which track major legislative shifts; Innovative Care Models, focusing on community-based service delivery; and Digital Health Integration, examining the role of technology in enhancing care reach.

By contrasting Uganda's administrative fragmentation with continental and global rights-based frameworks, the study identifies systemic failures in institutional prioritisation and resource allocation. Ultimately, the methodology justifies a focused investigation into local government planning efficiency, where administrative deficits represent the "critical missing link" between national policy and service delivery. This comprehensive approach provides a rigorous evidence base for translating international best practices into actionable, context-specific recommendations for the Ugandan healthcare landscape,

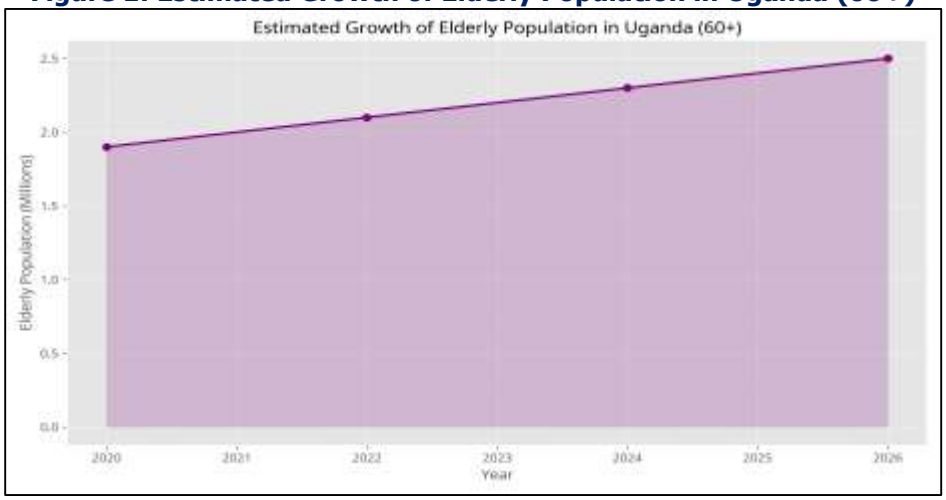
Results

The Ugandan Context

Policy and Legal Frameworks

Uganda's elderly healthcare governance is characterized by a disconnect between progressive legal principles and fragmented implementation. The Constitution of Uganda (1995, rev. 2017) mandates "reasonable provision" for the aged (Parliament of Uganda, 2017), a term whose ambiguity has resulted in minimal budget allocation. Recent policy developments, such as the National Policy for Older Persons (2024) and the National Older Persons' Health Strategy (NOPHS) (2024/25–2029/30), provide strategic direction but are hampered by institutional fragmentation between the Ministry of Health and the Ministry of Gender, Labour and Social Development (Ministry of Gender, Labour and Social Development, 2024; Ministry of Health (MoH), 2024; Wandera et al., 2024). Figure 1 below illustrates the estimated growth of the elderly population in Uganda as projected by UBOS.

Figure 1: Estimated Growth of Elderly Population in Uganda (60+)



Source: UBOS (2024)

This curve illustrates the projected demographic pressure on Uganda's health system. With the elderly population (aged 60 years and above) estimated to be over 2.3 million in 2024 and projected to exceed 2.5 million by 2026, the chart

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underscores the urgency of addressing the institutional failures (UBOS, 2024). The steady, upward trend demonstrates that the challenge is not static but rapidly escalating, making the current low readiness scores unsustainable for future healthcare demands. Table 1 outlines the primary legislative frameworks and the gaps preventing their effectiveness.

Table 1: Policy and Legal Frameworks focusing on Older Persons' Health in Uganda

Policy/Law	Key Provisions for Older Persons' Health	Implementation Gaps
Constitution of Uganda (1995, rev. 2017)	Objective VII mandates the State to make reasonable provision for the welfare and maintenance of the aged (Parliament of Uganda 2017).	Ambiguity leads to minimal budget allocation and a lack of specific legal enforcement.
National Older Persons' Health Strategy (NOPHS) (2024/25–2029/30)	Aims for a resilient, person-centered, and community-centered health system (MoH, 2024).	Fragmentation and lack of a dedicated, well-funded unit hinder translation of strategy into funded action (Wandera et al., 2024).

Source: *Parliament of Uganda (2017); Ministry of Health (2024)*

Table 1 highlights that while the Constitution mandates "reasonable provision" for the aged, the ambiguity of this term results in minimal budget allocation and a lack of enforcement. Similarly, the National Older Persons' Health Strategy (2024/25–2029/30) aims for person-centered care but is hindered by institutional fragmentation and a lack of dedicated funding.

Institutional and Administrative Readiness

An assessment of institutional readiness, adapted from the WHO Building Blocks framework, provides empirical evidence of systemic failure (Ainembabazi et al., 2024). The findings are illustrated in Table 2.

Table 2: An Assessment of Institutional Readiness

WHO Building Block Category	Readiness Score (%)	Implication for Service Delivery
Leadership & Governance	13.49	Critical lack of institutional prioritisation and dedicated geriatric policies.
Financing (Resource Allocation)	19.29	Minimal budget, leading to reliance on out-of-pocket expenditure.
Human Resources (Administrative Capacity)	42.66	Shortage of specialised geriatric personnel and low levels of training (Nawagi et al., 2022).
HMIS (Data Oversight)	47.99	Failure to segregate health data by age (60+), hindering evidence-based planning (Ainembabazi et al., 2024).

Source: *Ainembabazi et al. (2024); Nawagi et al. (2022)*

The critically low scores in Leadership & Governance and Financing demonstrate that the primary challenge is not a lack of basic infrastructure, but a profound failure in institutional prioritisation and administrative capacity at the policy and financing levels (Ainembabazi et al., 2024). This is further compounded by a critical deficit in specialized geriatric training, with studies noting that nursing students receive minimal or no formal training in elderly care (Nawagi et al., 2022). The bar chart in Figure 2 illustrates Uganda's health facility readiness for geriatric care across these four WHO Building Block categories.

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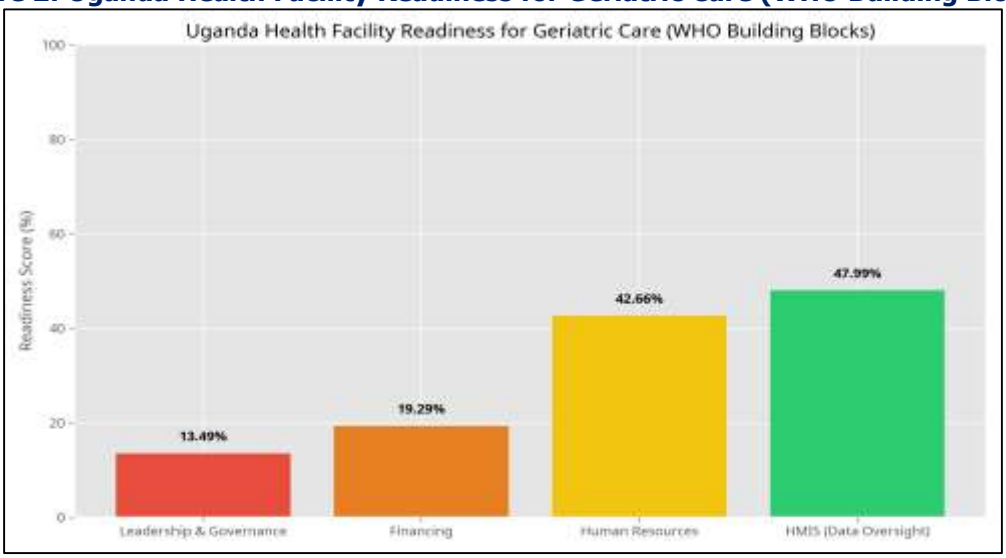
Figure 2: Uganda Health Facility Readiness for Geriatric Care (WHO Building Blocks)



Source: Ainembabazi et al. (2024); Nawagi et al. (2022)

Figure 2 provides empirical evidence of the systemic failure in Uganda's elderly healthcare system. The most critical deficits are observed in Leadership & Governance (13.49%) and Financing (19.29%). These critically low scores demonstrate that the primary challenge is not a lack of basic infrastructure, but a profound failure in institutional prioritisation and administrative capacity at the policy and financing levels. While Human Resources (42.66%) and HMIS/Data Oversight (47.99%) show slightly higher scores, they remain significantly below the threshold for effective service delivery, highlighting a critical deficit in specialized geriatric training and evidence-based planning.

Continental Comparative Analysis

The challenges faced by Uganda are not isolated but reflect a broader, continental struggle to adapt health systems to the rapid demographic transition. A comparative analysis of recent policy and research from other African nations highlights shared systemic weaknesses and emerging best practices.

Continental Policy and Legal Trends

While Uganda's NOPHS is a significant step, other countries have focused on strengthening legal enforcement and care economy reform. Table 3 compares Uganda's strategic focus with that of its African peers.

Table 3: Comparative Analysis of Continental Policies

Country	Key Policy/Law (2020-2026)	Comparative Insight
Uganda	National Older Persons' Health Strategy (2024)	Focuses on resilient, person-centered systems but faces high fragmentation.
South Africa	Older Persons Amendment Bill (2024)	Stronger on enforcement and immediate protection; empowers health providers to act without a court order in cases of abuse or neglect.
Kenya	National Care Policy (2025)	Innovative focus on the care economy and age-friendly cities (e.g., Nairobi's initiative), addressing the high reliance on informal family care.
Ethiopia	National Social Protection Policy (2024)	Emphasizes subsidized medical support within a broader social safety net, aiming for equitable access to essential services.

Source: *UN Women (2025); Ministry of Health (2024); South Africa (2024); Ethiopia (2024)*

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As illustrated in Table 3, while Uganda focuses on strategic intent through its NOPHS, peers like South Africa and Kenya have moved toward stronger legal enforcement and the 'care economy'. For instance, South Africa's legislation empowers providers to act in cases of abuse, and Kenya focuses on age-friendly cities.

Shared Institutional and Workforce Challenges

The fragmentation of responsibilities and the lack of specialized training are systemic across the continent.

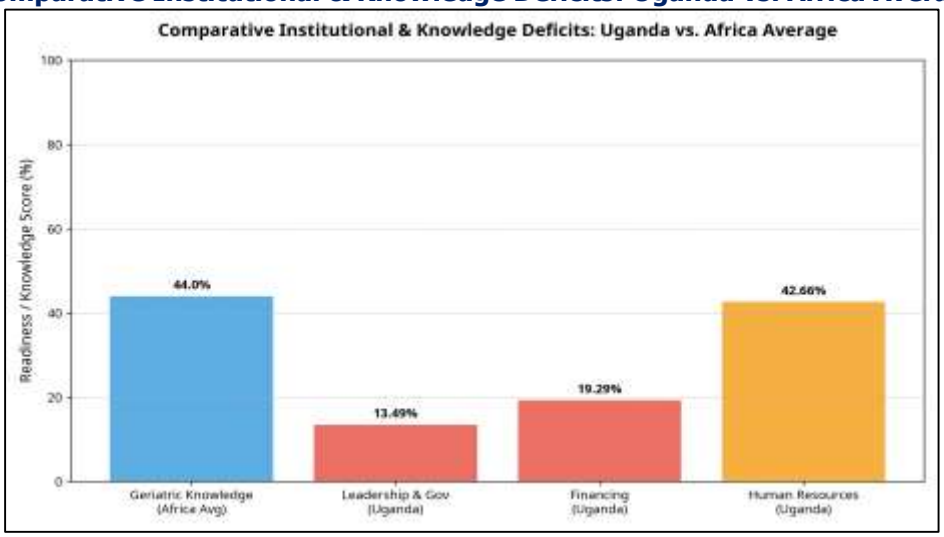
i. Geriatric Knowledge Gap: A 2025 systematic review and meta-analysis across Africa found that only 44% of healthcare professionals possess adequate geriatric care knowledge (Solbana et al., 2025). This mirrors the findings in Uganda by Nawagi et al. (2022) and highlights a critical, continent-wide failure in health professional education to adapt to the demographic shift. The study identified that specific geriatric training and professional experience are the strongest determinants of good knowledge, underscoring the urgent need for curriculum reform.

ii. Infrastructure and Specialization: Across Sub-Saharan Africa, there is a critical shortage of geriatric-specific infrastructure and specialized personnel, a challenge that is projected to worsen given the anticipated 218% increase in the older population between 2019 and 2050 (Akinrolie et al., 2024).

iii. Data Gaps: The failure to segregate health data by age (60+) is a persistent barrier to evidence-based planning in many African countries, just as it is in Uganda (HMIS score of 47.99%) (Ainembabazi et al., 2024).

The fragmentation of responsibilities and the lack of specialized training are systemic across the continent, underscoring that Uganda's low readiness scores are part of a wider regional pattern. The most striking evidence of this shared challenge is the critical deficit in human resources and knowledge. Figure 3 visually contrasts the average geriatric knowledge score across Africa with Uganda's institutional readiness scores, highlighting the severity of the knowledge and governance gaps.

Figure 3: Comparative Institutional & Knowledge Deficits: Uganda vs. Africa Average



Source: Ainembabazi et al. (2024)

Figure 3 demonstrates that Uganda's institutional deficits in Leadership & Governance (13.49%) and Financing (19.29%) are significantly lower than the continental average for geriatric knowledge (44%) (Ainembabazi et al., 2024). This suggests that Uganda's problem is not just a lack of skilled personnel, a continent-wide issue, but a profound failure in institutional will and resource allocation that precedes and exacerbates the human resource challenge.

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Addressing the knowledge gap, therefore, requires a prerequisite reform in the foundational governance and financing structures to create an environment where specialized geriatric training can be prioritized and retained.

Integrated Care as a Continental Priority

The integration of NCD and CD care is a strategic priority across Africa, driven by the complex health profile of the ageing population. The trend is towards Age-Friendly Environments (AFEs) and community-based models to manage the burgeoning burden of chronic diseases. Uganda's focus on integrating NCD care into routine HIV services is a localized example of this broader continental strategy to move beyond siloed disease management to a person-centered, integrated model of care (Kasango et al., 2024).

Global Comparative Analysis (2020–2026)

The global review highlights a convergence of policy responses focused on rights, financing, and technology.

Policy Reforms and Innovative Care Models

Global policy reforms are moving towards rights-based, person-centered, and community-focused care, often driven by national strategies and legislative overhauls. Table 4 shows a global comparison of key policies and legislations.

Table 4: Global Comparison of Key Policies and Legislation (2020–2026)

Region	Key Policy/Legislation (2020–2026)	Innovative Care Model
Oceania (Australia)	Aged Care Act 2024 (Commenced Nov 2025)	Rights-Based Framework: Puts the older person at the center of care with an enforceable Statement of Rights.
Europe (EU)	European Care Strategy (2022)	Integrated Long-Term Care: Focuses on improving the quality, affordability, and accessibility of long-term care services across member states.
America (US)	National Strategy to Support Family Caregivers (2025)	Caregiver Support: A comprehensive federal strategy with nearly 350 actions to support informal caregivers.
Asia (Singapore)	Age Well SG (2023/2025)	Community Care Apartments (CCA): Senior-friendly housing paired with on-site social and care services, promoting aging-in-place.
Middle East (UAE)	National Framework for Healthy Ageing 2025–2031	Healthy Ageing Advocacy: The 'Ambassadors of Healthy Ageing' program uses middle-aged role models to promote positive health messages.

Source: *Australian Government Department of Health, Disability and Ageing, 2025; European Commission, 2022; Emirati Times, 2025; Definitive Healthcare, 2025; Administration for Community Living (ACL), 2025; and Ministry of Health (MOH), Singapore, 2025.*

Digital Health Integration

Digital health integration is a universal priority, serving as a primary mechanism to enhance efficiency, extend reach, and manage the rising costs of elderly care. Table 5 shows how different regions are integrating digital health to enhance service delivery in elderly care provision,

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Table 5: Digital Health Integration across Different Regions

Region	Digital Health Focus	Key Technology/Initiative
Asia	Addressing workforce shortages and promoting preventive care.	AI-Enabled Home Monitoring and Tele-Geriatrics (Japan, China)
Middle East	Building connected care ecosystems aligned with national visions.	National Digital Health Strategies (Saudi Arabia Vision 2030, UAE)
Europe	Integrating digital solutions into long-term care systems.	Digital Health Applications (DiGAs) (Germany) and Roadmap 2020-2026 (Austria/Slovenia)
America	Supporting aging-in-place and enhancing caregiver support.	AI-Powered Smart Home Tech and Digital Portals for Senior Care Selection
Oceania	Enhancing service delivery and quality assurance.	Telehealth Services and Electronic Health Records integration in geriatric care

Source: *Mulati et al., 2022; Goeldner & Gehder, 2024; IMARC Group, 2024; Definitive Healthcare, 2025; Emirati Times, 2025.*

As shown in Table 5, digital health is a universal priority for enhancing efficiency. Examples include AI-enabled home monitoring in Asia and Germany's prescribable digital therapeutics (DiGAs). This contrasts sharply with Uganda's 47.99% data oversight score, indicating a need for foundational reform before such technologies can be integrated.

Discussion

The comparative analysis reveals a stark contrast between the institutional challenges in Uganda and the strategic, multi-faceted reforms being implemented globally. Uganda's problem is fundamentally one of governance and resource allocation, as demonstrated by the failure to prioritize elderly health at the highest administrative levels (13.49% readiness score) and the resulting under-financing (19.29% readiness score) (Ainembabazi et al., 2024).

Globally, effective elderly healthcare reform is characterized by three key pillars:

i. Rights-Based and Person-Centered Legislation: The Australian *Aged Care Act 2024* exemplifies a legislative shift that legally enforces the rights of older persons, moving beyond mere policy statements. This model offers a powerful template for African nations seeking to strengthen the legal enforceability of their own elderly care policies, such as Uganda's NOPHS.

ii. Dedicated and Sustainable Financing: Countries like Singapore, with its multi-billion-dollar *Age Well SG*, and Japan, with its robust Long-Term Care Insurance (LTCI), demonstrate the necessity of dedicated financial mechanisms to move away from the reliance on out-of-pocket expenditure, which is a major barrier in Uganda (Wandera et al., 2024).

iii. Institutionalized Digital Health Integration: The integration of digital health is no longer an optional add-on but a core component of modern elderly care. Germany's formal approval of prescribable *DiGAs* and the UAE's national digital health strategies highlight the administrative readiness to leverage technology for efficiency and reach. This contrasts sharply with Uganda's HMIS data gap (47.99% readiness score) (Ainembabazi et al., 2024), indicating that a foundational administrative reform is required before meaningful digital integration can occur.

The final set of illustrations synthesizes the gap between Uganda's current status and global standards, providing a roadmap for necessary reforms. Figure 4 below presents the institutional gap analysis contrasting Uganda with global standards.

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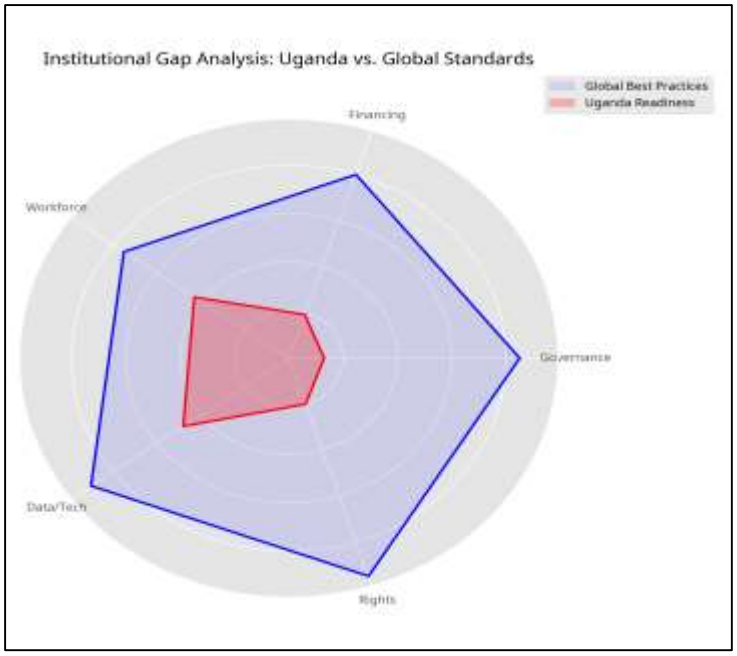

Figure 4: Institutional Gap Analysis: Uganda vs. Global Standards

Figure 4 visually contrasts Uganda's institutional readiness (red shaded area) with a conceptual representation of Global Best Practices (blue shaded area) across five key dimensions: Governance, Financing, Workforce, Data/Tech, and Rights. The vast area of the blue polygon compared to the small, centrally clustered red polygon illustrates the significant institutional gap. This visualization powerfully conveys the magnitude of the reform required in Uganda to align with international standards, particularly in the foundational areas of Governance and Financing, which are prerequisites for effective service delivery.

The administrative failure in Uganda is most acute at the local government level, where planning efficiency is as low as 26.4% (Muluya et al., 2025). This local administrative deficit is the critical missing link between national policy and service delivery. The global trend towards community-based, integrated care models (e.g., Singapore's CCAs, US caregiver support) further underscores the need for strong, capable local administration to implement these complex, person-centered services. Figure 5 below illustrates the three pillars of global elderly healthcare reform from 2020 to 2026, conceptually ranked by strategic priority level.

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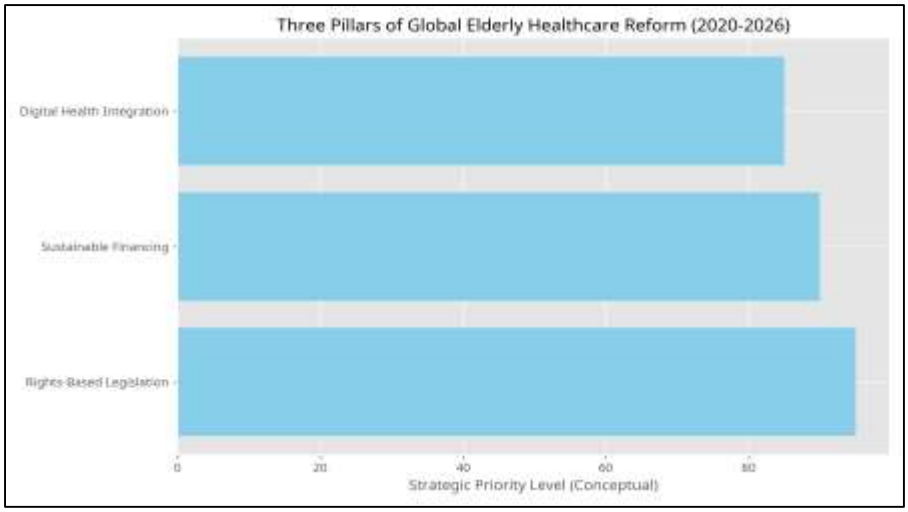

Figure 5: Three Pillars of Global Elderly Healthcare Reform (2020-2026)

The global comparative analysis reveals a convergence of policy responses focused on three strategic pillars, which this chart conceptually ranks by strategic priority level. Rights-Based Legislation (e.g., Australia's Aged Care Act 2024) and Sustainable Financing (e.g., Singapore's Age Well SG) are identified as the most critical foundational elements, followed closely by Digital Health Integration (e.g., Germany's DiGAs). This visualization serves as a clear roadmap for Uganda, indicating the areas where policy intervention should be prioritized to move beyond fragmented care.

The integration of the African regional context is equally critical, as it reframes Uganda's institutional failure not as an anomaly, but as a severe manifestation of a shared continental challenge. While Uganda has a high-level strategic plan, a deeper look at its peers reveals where its policy focus is lacking. Figure 6 below provides a conceptual comparison of the relative policy focus across key African nations, showing the strategic areas where Uganda is lagging behind its peers.

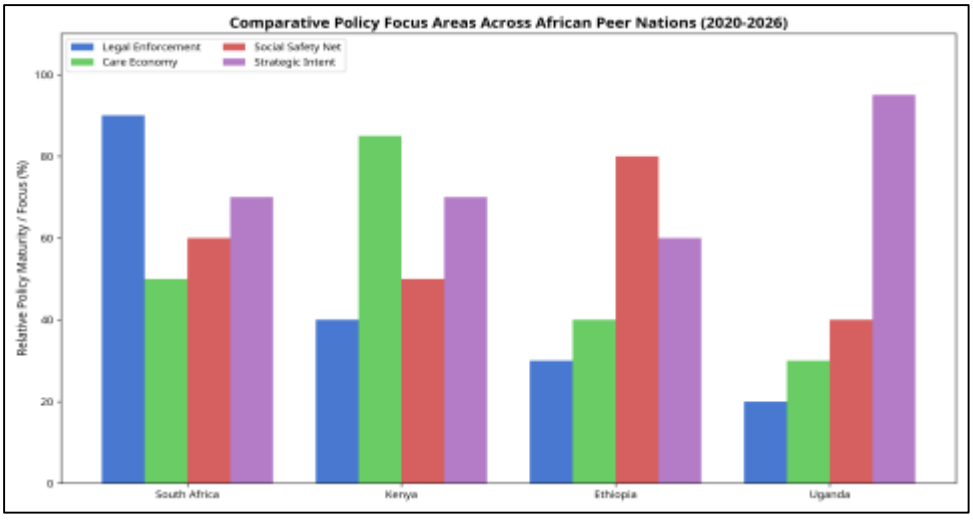

Figure 6: Comparative Policy Focus Areas Across African Peer Nations (2020-2026)

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Figure 6 illustrates that while Uganda scores highest on Strategic Intent (reflecting the recent NOPHS), it lags significantly in Legal Enforcement and Care Economy focus compared to South Africa and Kenya, respectively. This visual evidence supports the argument that Uganda's reform efforts must move beyond high-level strategy to focus on the practical, administrative pillars of legal enforceability and the economic integration of care services, which are critical for translating policy into tangible service delivery.

Conclusion

The findings reveal that the challenge facing elderly health care in Uganda is not merely a shortage of health workers, but a systemic failure in governance and institutional organisation that spans from high-level policy to local administrative capacity. The new policy frameworks, such as the NOPHS (2024/25–2029/30), provide a strategic direction, but the empirical evidence from the readiness scores and local studies demonstrates a critical gap in implementation, financing, and human resource development. The global comparative analysis provides a clear roadmap for reform, highlighting the success of rights-based legislation, dedicated financing, and the institutionalization of digital health.

Addressing elderly health needs requires:

i. Stronger Policy Leadership: Establishing a dedicated and well-resourced unit for elderly health within the Ministry of Health, as recommended by the abstract.
ii. Improved Institutional Coordination: Ensuring that the mandates of the MoH and the Ministry of Gender, Labour and Social Development are seamlessly integrated, particularly at the district level.
iii. Targeted Workforce and Integrated Care: Reforming health professional education to include geriatric competencies and implementing integrated care models for the complex burden of CDs and NCDs in the elderly population.

Author Biography

Geofrey Isiko is a Senior Assistant Secretary at the Ministry of Health, Uganda, a position he has held since 2019. He holds a Master's in Management Science from Uganda Management Institute, a Postgraduate Diploma in Public Administration and Management from the same institution, a Master of Arts in Peace and Conflict Studies from Makerere University, and a Bachelor of Arts from Makerere University. Over more than two decades in public administration, he has worked at the sub-county, district, and national levels of government in Uganda, with responsibility for policy implementation, local council administration, financial management, land matters, and staff supervision. He has trained local governments in several districts and municipalities in Uganda on gender and equity budgeting and on the prevention of gender based violence. His current research interests include health policy, institutional governance, and elderly care in Uganda.

List of Abbreviations

WHO: World Health Organization
UBOS: Uganda Bureau of Statistics
NOPHS: National Older Persons' Health Strategy
MoH: Ministry of Health
HMIS: Health Management Information System
NCD: Non-communicable disease
CD: Communicable Disease
LTCI: Long Term Care Insurance
ACL: Administration for Community Living
AFEs: Age Friendly Environments
CCA: Community Care Apartment
HIV: Human Immunodeficiency Virus
EU: European Union
UAE: United Arab Emirates
AI: Artificial Intelligence

Ethics Declaration

Not Applicable. This study is a bibliometric review and comparative analysis that was developed from published academic literature and publicly available policy documents. No primary data involving human participants or animals was collected.

Funding Declaration

Not Applicable. This study received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Author Contributions

Geofrey Isiko is the sole author of this manuscript. He conceived the study, carried out the literature review and comparative analysis, interpreted the findings, and wrote the manuscript in full. He read and approved the final version submitted for publication.

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Data Availability

This study did not generate new primary data. It is based on a review of publicly available academic literature, government policy documents, and institutional reports, all of which are listed in the reference section of this manuscript.

References

1. Administration for Community Living (ACL). (2025). National Strategy to Support Family Caregivers. https://acl.gov/CaregiverStrategy
2. Ainembabazi, P., Gwokyalya, A. M., Twinamasiko, N., Kihumuro, R. B., Kintu, T. M., & Bongomin, F. (2024). Assessment of the readiness of health facilities in urban areas to deliver geriatric-friendly care services: a cross-sectional study in Kampala City, Uganda. BMC Geriatrics, 24(1), 786. https://doi.org/10.1186/s12877-024-05353-y
3. Akinrolie, O., et al. (2024). Longitudinal Studies of Aging in Sub-Saharan Africa. PMC, 11020233.
4. Australian Government Department of Health, Disability and Ageing. (2025). About the new rights-based Aged Care Act. Link: https://www.health.gov.au/our-work/aged-care-act/about?language=en
5. Definitive Healthcare. (2025). Aging-in-Place Is Driving Innovation in Tech and Healthcare. Link: https://www.definitivehc.com/blog/aging-in-place-driving-innovation
6. Emirati Times. (2025). Healthy Ageing 2025-2031: MoHAP launches Elderly Care drive. Link: https://emiratitimes.com/mohap-healthy-ageing-framework/
7. Ethiopia. (2024). National Social Protection Policy of Ethiopia.
8. European Commission. (2022). Long-term care - Employment, Social Affairs and Inclusion. Link: https://employment-social-affairs.ec.europa.eu/policies-and-activities/social-protection-social-inclusion/social-protection/long-term-care_en
9. Goeldner, M., & Gehder, S. (2024). Digital Health Applications (DiGAs) on a fast track: insights from a data-driven analysis of prescribable digital therapeutics in Germany from 2020 to mid-2024. JMIR, 2024. Link: https://www.jmir.org/2024/1/e59013/ https://doi.org/10.2196/59013 https://doi.org/10.2196/preprints.59013
10. IMARC Group. (2024). Australia Aged Care Market: Reform & Digital Health Trends. Link: https://www.imarcgroup.com/insight/australia-aged-care-industry-elderly-care-reform-digital-health-integration-trends-growth-drivers
11. Kasango, A., Daama, A., & Negesa, L. (2024). Integrated management of non-communicable diseases during routine HIV care in South Central Uganda. PLOS One, 19(4), e0302290. https://doi.org/10.1371/journal.pone.0302290
12. Ministry of Gender, Labour and Social Development (MoGLSD). (2024).National Policy for Older Persons. (Referenced in Feasibility Report for Uganda's Social Registry).
13. Ministry of Health (MOH), Singapore. (2025).Supporting Health and Well-Being across Every Life Stage. Link: https://www.moh.gov.sg/newsroom/supporting-health-and-well-being-across-every-life-stage/
14. Ministry of Health (MoH). (2024). National Older Persons' Health Strategy (NOPHS), 2024/25-2029/30. (Presentation by Dr. Ayenyo Winfred).
15. Mulati, N., Aung, M. N., Field, M., Nam, E. W., & Ka… (2022). Digital-based policy and health promotion policy in Japan, the Republic of Korea, Singapore, and Thailand: a scoping review of policy paths to healthy aging. International Journal of Environmental Research and Public Health, 19(24), 16995. Link: https://www.mdpi.com/1660-4601/19/24/16995 https://doi.org/10.3390/ijerph192416995
16. Muluya, K. M., Muwanguzi, G. D., Aremu, A. B., Rashid, N., Wananda, I., Kayemba, J. F., Ogara, C., Waibi, M., Mugisha, J. F., & Waiswa, P. (2025). Competencies of lower-level community health centre leaders in annual health work planning and their influence on district performance in Busoga sub-region: A retrospective study. PLOS One, 20(4), e0316055. https://doi.org/10.1371/journal.pone.0316055
17. Nawagi, F., Nankumbi, J., & Kizza, I. B. (2022). "We are never taught anything about the elderly." Establishing gaps in elderly health care competencies in nursing education in Uganda. BMC Nursing, 21(1), 161. https://doi.org/10.1186/s12912-022-00936-9
18. Parliament of Uganda. (2017).The Constitution of the Republic of Uganda, 1995 (as amended).
19. Solbana, L. K., Dulo, A. O., Tola, D. E., et al. (2025). Geriatric care knowledge and its

Student's Journal of Health Research Africa
e-ISSN: 2709-9997, p-ISSN: 3006-1059
Vol.7 No. 2 (2026): June 2026 Issue
https://doi.org/10.51168/sjhrafrica.v7i2.2673
Original Article

determinants in Africa: a systematic review and meta-analysis. BMC Geriatrics, 25(1), 928. https://doi.org/10.1186/s12877-025-06623-z

20. South Africa. (2024). Older Persons Amendment Bill (B11B-2022).
21. Uganda Bureau of Statistics (UBOS). (2024). National Population and Housing Census 2024: Final Report Volume 1.
22. UN Women. (2025). Kenya advances toward a National Care Policy as data highlights urgent need for reform.
23. Wandera, S. O., Golaz, V., Kwagala, B., Ntozi, J. P. M., & Ayuku, D. O. (2024). "These are just finishing our medicines": older persons' perceptions and experiences of access to healthcare in public and private health facilities in Uganda. BMC Health Services Research, 24(1), 396 https://doi.org/10.1186/s12913-024-10741-6

PUBLISHER DETAILS:

Student's Journal of Health Research (SJHR)

(ISSN 2709-9997) Online

(ISSN 3006-1059) Print

Category: Non-Governmental & Non-profit Organization

Email: studentsjournal2020@gmail.com

WhatsApp: +256 775 434 261

Location: Scholar's Summit Nakigalala, P. O. Box 701432, Entebbe Uganda, East Africa