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# The Future of Health in Sub-Saharan Africa



# Executive Summary

Sub-Saharan Africa faces profound health challenges driven by systemic inefficiencies, socio-economic disparities, and the dual burden of communicable and non-communicable diseases (NCDs).

The region contends with low life expectancy, high maternal and child mortality, underdeveloped infrastructure, and insufficient health financing. Climate change exacerbates these issues by increasing disease risks, malnutrition, and displacement.

While progress has been made in immunization and HIV/AIDS treatment, the healthcare systems remain strained, particularly in rural areas where access to services is limited. Key obstacles

include workforce shortages, over-reliance on foreign aid, and weak governance frameworks. Rising urbanization and lifestyle changes are fueling a surge in NCDs, further straining resources.

Future health outcomes hinge on targeted reforms. Priorities include expanding healthcare infrastructure, decentralizing services, and leveraging technology like telemedicine. Strengthened governance, innovative financing models such as public-private partnerships, and enhanced workforce training are critical. Addressing disease-specific challenges, promoting community-centered care, and building climate-resilient health systems will also be essential.

With coordinated investments and reforms, Sub-Saharan Africa can achieve universal health coverage and significantly improve life expectancy, creating a foundation for sustainable, equitable healthcare systems that address the region's pressing needs.

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# The Future of Health in Sub-Saharan Africa



Sub-Saharan Africa continues to grapple with profound health challenges. These are rooted in systemic inefficiencies, socio-economic disparities, and the growing disease burden among others. This report offers an explanatory as well as actionable perspective to present issues as they ought to be effectively addressed to proceed improving health outcomes for the population. While a noticeable gap remains between this and other regions of the world, individual sub-Saharan African nations have introduced succeeding approaches which can provide adoptable examples to neighbors.

The report is composed of two parts. Part 1 presents the current state of health systems across sub-Saharan Africa. It gives insight into the development of life expectancy and the disease burden across the continent. Key challenges for the health systems are determined and systematically described. Part 2 builds on these challenges by proposing solution strategies to the established issues, often drawing upon successfully implemented policy initiatives in the region.

## Part 1. Current Health System and Challenges



Sub-Saharan Africa's health system faces profound challenges that affect the region's ability to deliver adequate healthcare to its population. These challenges are shaped by a combination of factors, including systemic inefficiencies, socio-economic inequalities, and the dual burden of communicable and non-communicable diseases (NCDs). While progress has been made in some areas, such as immunization campaigns and improved access to antiretroviral therapy, significant disparities remain. This section examines the current state of health in Sub-Saharan Africa (SSA), focusing on life expectancy trends, major health indicators, the burden of disease, and the key challenges impeding progress toward equitable healthcare delivery.

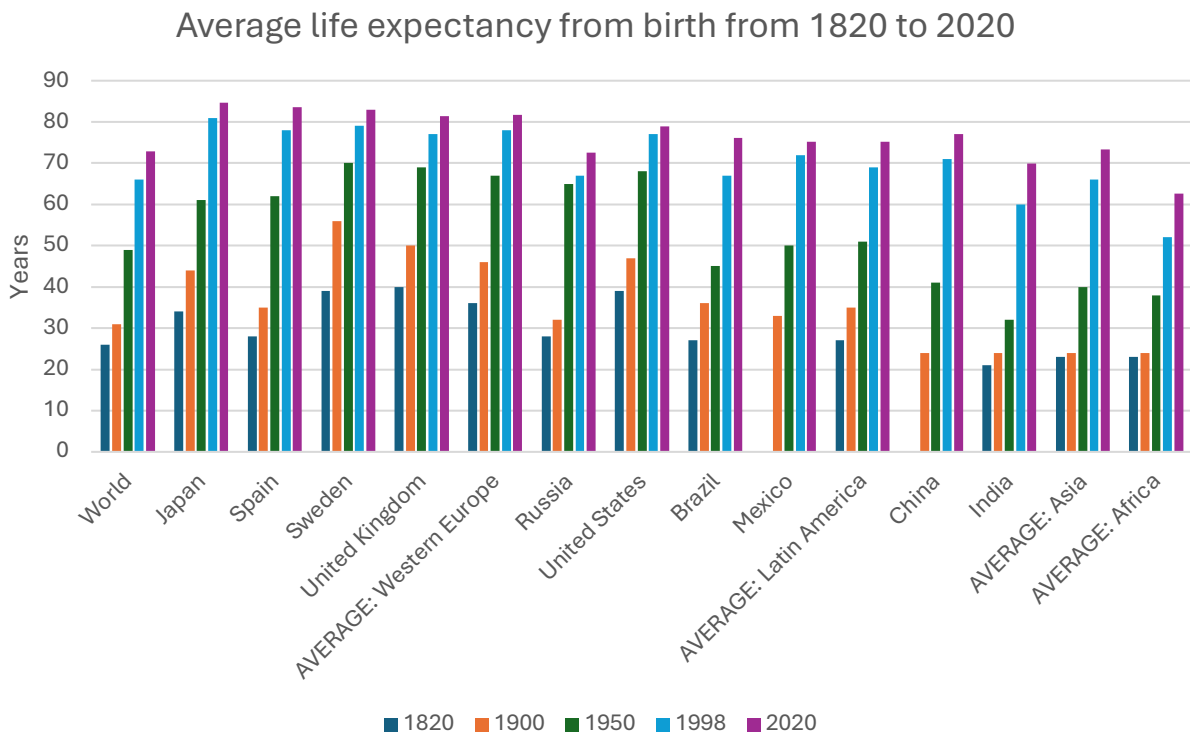
# 1. Overview of Current Health Outcomes

This section provides an overview of the current state of health in the region, focusing on life expectancy trends, key health indicators, and the shifting burden between communicable and non-communicable diseases. It highlights both the progress made in recent years and the ongoing disparities that underscore the need for targeted interventions and sustainable health system reforms.

## (a) Life Expectancy Trends and Major Health Indicators

with significant variation across countries.<sup>1</sup> According to the World Health Organization (WHO), life expectancy in the region lies between 53 and 60 years, compared to most first world countries such as France, Germany, Canada, Japan and Australia centering around 70 years in 2021.<sup>2</sup> Figure 1 captures the evolution of life expectancy globally, displaying values for 1820, 1900, 1950, 1998 and 2020. It presents averages for Africa, Western Europe, Asia, Latin America and the world. The average for Africa here exceeds 60 years as North African nations have higher life expectancy than their Sub-Saharan counterparts.<sup>3</sup> While life expectancy has been on the rise in all regions globally, in comparison to Asia, Africa

Figure 1: Average life expectancy in years



Source: [OECD](#), [UN DESA](#)

Sub-Saharan Africa continues to have some of the lowest life expectancy rates globally,

nations continue to, on average, lag behind,

<sup>1</sup>Deaton, A., et al. (2015): [People In Sub-Saharan Africa Rate Their Health And Health Care Among Lowest In World.](#)

<sup>2</sup>WHO (2024): [Healthy life expectancy at birth \(years\).](#)

<sup>3</sup>Population Reference Bureau (2024): [Life Expectancy at Birth, Total.](#)

not having closed the gap to first world nations.

Despite this disparity, incremental improvements have been observed, driven by better control of infectious diseases, expanded vaccination programs<sup>4</sup>, and increased access to antiretroviral therapy<sup>5</sup> for HIV/AIDS patients.

Key health indicators highlight the region's ongoing struggles. Maternal mortality remains alarmingly high, with over 500 deaths per 100,000 live births in many countries.<sup>6</sup> Similarly, under-five mortality rates, although improving, are still among the highest globally. Preventable diseases such as pneumonia, diarrhea, and malaria remain leading causes of death in children under five.<sup>7</sup>

## **(b) Burden of Disease: Communicable vs. Non-Communicable Diseases**

Communicable diseases dominate the health landscape in Sub-Saharan Africa, accounting for the majority of mortality and morbidity. HIV/AIDS, tuberculosis (TB), and malaria are the region's top causes of death. HIV/AIDS alone accounts for 1 in 4 deaths, with over 25 million people living with the disease as of 2021.<sup>8</sup> Diverging from other regions, in sub-Saharan Africa, women and girls (all ages) accounted for 62% of all new HIV infections. In all other geographical

regions, over 73% of new HIV infections in 2023 occurred among men and boys.<sup>9</sup>

On the other hand, non-communicable diseases (NCDs) are emerging as a growing threat.<sup>10</sup> NCDs caused 37% of deaths in sub-Saharan Africa in 2019, thereby being responsible for notable factor of mortality.<sup>11</sup> Diseases such as diabetes, hypertension, and cancers are increasing rapidly, driven by urbanization, lifestyle changes, and inadequate preventive care.<sup>12</sup> The coexistence of communicable and non-communicable diseases strains already overstretched healthcare systems, which must manage acute outbreaks while addressing chronic conditions.<sup>13</sup>



<sup>4</sup>WHO (2024): [Over 50 million lives saved in Africa through expanded immunization programme.](#)

<sup>5</sup>Astawesegn, F., et al. (2022): [Trends and effects of antiretroviral therapy coverage during pregnancy on mother-to-child transmission of HIV in Sub-Saharan Africa. Evidence from panel data analysis.](#)

<sup>6</sup>WHO Regional Office for Africa (2018): [THE STATE OF HEALTH in the WHO African Region.](#)

<sup>7</sup>World Bank (2021): [Latest child mortality estimates reveals world remains off track to meeting Sustainable Development Goals.](#)

<sup>8</sup>WHO Regional Office for Africa (2018): [THE STATE OF HEALTH in the WHO African Region.](#)

<sup>9</sup>UNAIDS (2024): [Global HIV & AIDS statistics – Fact sheet.](#)

<sup>10</sup>Deaton, A., et al. (2015): [People In Sub-Saharan Africa Rate Their Health And Health Care Among Lowest In World.](#)

<sup>11</sup>WHO Regional Office for Africa (2022): [Deaths from noncommunicable diseases on the rise in Africa.](#)

<sup>12</sup>De-Graft Aikins, A., et al. (2010): [Tackling Africa's chronic disease burden: from the local to the global.](#)

<sup>13</sup>WHO Regional Office for Africa (2018): [THE STATE OF HEALTH in the WHO African Region.](#)

## 2. Key Challenges

Sub-Saharan Africa faces a multitude of challenges in its healthcare systems, which impede progress toward equitable and effective health service delivery. These challenges are deeply interconnected, encompassing systemic issues. Despite progress in certain areas, many gaps remain, particularly in rural and underserved regions, where populations experience stark disparities in access to quality care. This section delves into the key obstacles that undermine healthcare outcomes in the region. It thematizes infrastructure, financial constraints, data and monitoring weaknesses, disease-specific burdens, the public and private sector, health governance and finally, the impact of climate change.

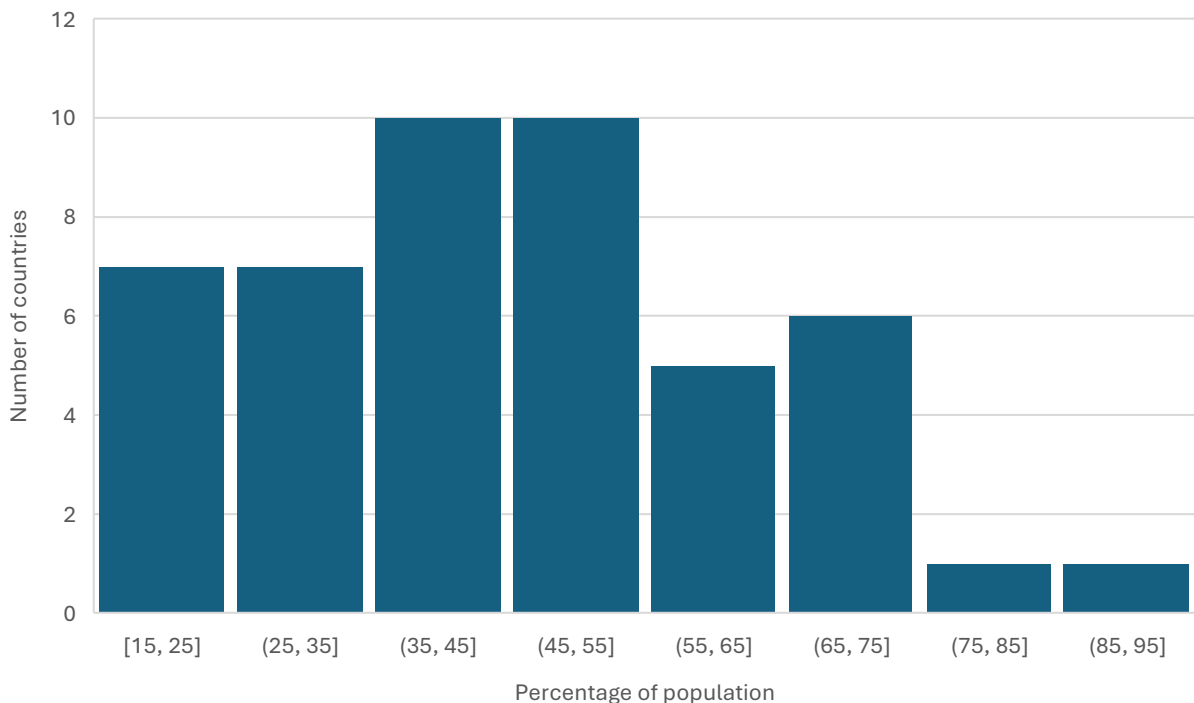
Each challenge highlights the critical areas that require targeted reforms and investments to strengthen the resilience and capacity of healthcare systems across the continent.

### (a) Infrastructure and Access

The healthcare infrastructure in Sub-Saharan Africa remains underdeveloped, contributing to inequitable access and poor health outcomes.

Similar to the Middle East and North Africa region, Sub-Saharan Africa currently counts an insufficient number of Healthcare Facilities and Staff.<sup>14</sup> Particularly rural areas face the severe shortage of healthcare facilities, where more than 50% of the population resides.<sup>15</sup>

Figure 2: Histogram of urbanization rates in Sub-Saharan African countries (2023)



Source: [World Bank](#).

<sup>14</sup>Economist Impact (2023): [The future of cancer care: health system sustainability in the Middle East and North Africa \(MENA\)](#).

<sup>15</sup>World Bank (2024): [World Development Indicators](#).

As of 2023, the average percentage of people living in an urban environment amounts to 45% across SSA. While this number is low in comparison to Europe, where between 60% and 80% of the population resides in urban environments as of 2021, many countries in SSA present a significantly lower percentage in urban population.<sup>16</sup>

The average of 45% masks a substantial amount of heterogeneity, as shown in Figure 2. Figure 2 captures the number of countries with a certain percentage of the population living in an urban environment. The percentages are pooled in intervals, showing a left-tailed distribution, with the number of countries with low urbanization rates outweighing the number with high ones. Thus, the average is lifted to 45% by outliers such as Gabon exhibiting an urbanization rate of 91%, whereas Burundi merely reaches 15%.<sup>17</sup>

In these areas, patients often travel long distances to access basic care, with many relying on under-resourced clinics.<sup>18</sup> Urban centers, while better equipped, are overwhelmed by high patient volumes, leading to long wait times and limited service availability.

The region also suffers from a critical shortage of healthcare workers, with only 1.3 healthcare professionals per 1,000 people, compared to the global average of 4.5. This shortage is exacerbated by brain drain, as skilled workers migrate to higher-income countries for better opportunities.<sup>19, 20</sup>

Urban-Rural Disparities in Access to Care Healthcare access is heavily skewed toward urban areas, where facilities are concentrated. Rural populations face additional barriers, including poor road infrastructure, high transportation costs, and cultural factors that discourage the use of formal healthcare services. These disparities result in significant differences in health outcomes, with rural areas experiencing higher rates of maternal and child mortality.<sup>21</sup>

## (b) Health Financing

Health financing in Sub-Saharan Africa remains insufficient compared to the region's requirements, with most countries failing to meet international benchmarks for healthcare spending and a strong reliance on foreign aid. On average, countries in the region allocate less than 5% of their GDP to health, far below the 15% target set by the Abuja Declaration.<sup>22</sup> This underfunding limits investments in infrastructure, workforce development, and essential medical supplies.<sup>23, 24</sup> Additionally, heavy reliance on foreign aid creates vulnerabilities, as shifts in donor priorities can disrupt critical health programs.<sup>25</sup>

Of further relevance are both out-of-pocket expenses as well as existing financial protection gaps. Out-of-pocket payments have accounted for over 35% of healthcare financing between 2012 and 2020, disproportionately burdening low-income

<sup>16</sup>Eurostat (2024): [Urban-rural Europe](#).

<sup>17</sup>World Bank (2024): [World Development Indicators](#).

<sup>18</sup>African Development Bank Group (2022): [Strategy for Quality Health Infrastructure in Africa 2022 – 2030 Revised Version](#).

<sup>19</sup>United Nations General Assembly (2017): [Diagnosing Africa's medical brain drain](#).

<sup>20</sup>WHO Regional Office for Africa (2022): [Chronic staff shortfalls stifle Africa's health systems: WHO study](#).

<sup>21</sup>WHO Regional Office for Africa (2018): [THE STATE OF HEALTH in the WHO African Region](#).

<sup>22</sup>African Summit on HIV/AIDS, Tuberculosis and other related infectious diseases | Abuja, Nigeria (2001): [Abuja Declaration on HIV/AIDS, Tuberculosis and other related infectious diseases](#).

<sup>23</sup>World Bank (2024): [Current health expenditure \(as % of GDP\) – Sub-Saharan Africa](#).

<sup>24</sup>WHO Regional Office for Africa (2023): [WHO African Region Health Expenditure Atlas 2023](#).

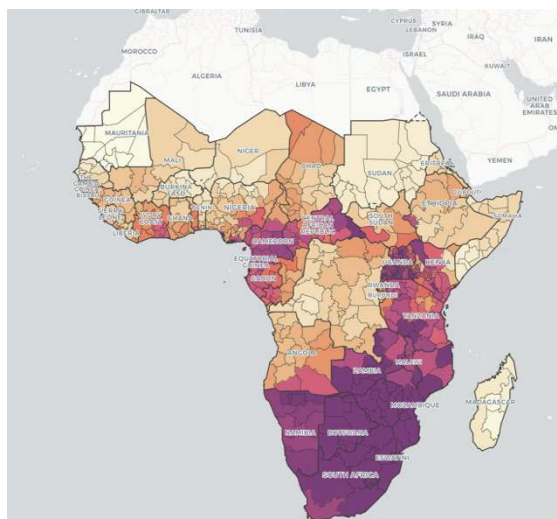
<sup>25</sup>Boateng, E., et al. (2021): [Foreign aid volatility and economic growth in Sub-Saharan Africa: Does institutional quality matter?](#)

households.<sup>26</sup> These expenses often lead to delayed or forgone care, particularly for chronic conditions that require regular treatment.<sup>27</sup>

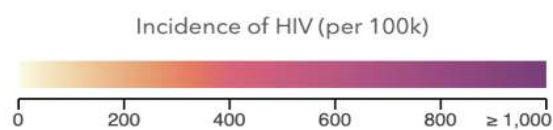
### (c) Health Data and Monitoring

Effective policymaking relies on robust health data, yet Sub-Saharan Africa faces critical gaps in this area. Across the region, poor data collection and registration systems remain key challenges for policymakers to ensure measures and funding can improve their targeting. Many SSA countries lack comprehensive health information systems, resulting in incomplete or inaccurate data on disease prevalence, mortality, and healthcare utilization. Vital registration systems are particularly weak, with large portions of the population unregistered at birth or death.<sup>28</sup>

*Figure 2: Incidence of HIV Rates, 2004, Ages 15 - 49, Average*



Source: [Institute for Health Metrics and Evaluation](#).

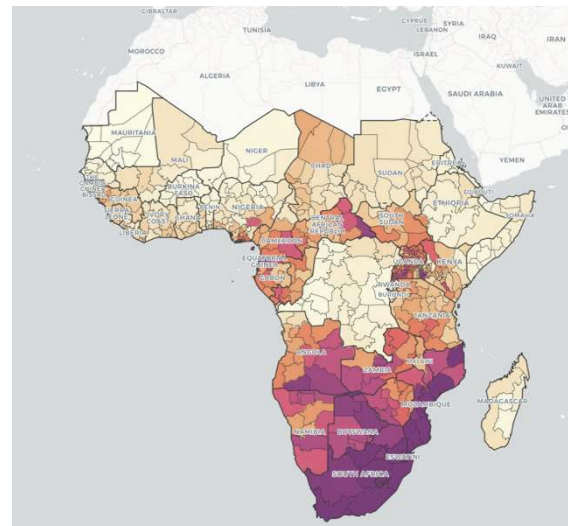


These circumstances severely impact policy planning and resource allocation. The absence of reliable data hampers efforts to allocate resources effectively and monitor progress toward health goals. This often leads to inefficiencies and misaligned priorities, further exacerbating health disparities.

### (d) Disease-Specific Issues

Sub-Saharan Africa continues to suffer from an HIV and AIDS epidemic, with the region accounting for nearly 67% of the global population living with HIV as of 2022.<sup>29</sup> Figures 3 and 4 show the incidence of HIV in Africa per 100 thousand inhabitants in 2004 and 2018. Incidence in 2018 has decreased significantly in comparison to 2004.

*Figure 4: Incidence of HIV Rates, 2018, Ages 15 - 49, Average*



Source: [Institute for Health Metrics and Evaluation](#).

High numbers remain, particularly in southern regions, where incidences reach levels higher than 1,000 cases per one hundred

<sup>26</sup>WHO Regional Office for Africa (2023): [WHO African Region Health Expenditure Atlas 2023](#).

<sup>27</sup>WHO Regional Office for Africa (2023): [WHO African Region Health Expenditure Atlas 2023](#).

<sup>28</sup>Open Data Barometer (2024): [Regional Snapshot Sub-Saharan Africa](#).

<sup>29</sup>Moyo, E., et al. (2023): [Key populations and sub-Saharan Africa's HIV response](#).

thousand inhabitants. This data is to be treated with care, as numbers are not uniformly reliably reported. Yet, they permit an overview of the severity of the situation.

Simultaneously, non-communicable diseases (NCD), such as cancer, asthma and diabetes, are on the rise due to progressing urbanization and related life-style changes.<sup>30</sup> These are combined with a lack of access to preventative care or knowledge thereof, leaving many conditions undiagnosed and untreated. For instance, fewer than 43% of people in the region have access to routine health screenings for chronic diseases.<sup>31</sup> Such circumstances cause further issues in other areas of healthcare.

The focus on combating HIV/AIDS, while essential, has often diverted resources from other health services, such as maternal and child health and non-communicable disease management.<sup>32</sup>

As of 2019, hypertension has become a continental issue with prevalences ranging from 22.3% to 90.0% in older adults in African nations, irrespective of sex, residence and sub-region.<sup>33</sup> Similarly, the prevalence of diabetes has grown rapidly, yet many health systems lack the infrastructure to provide consistent management for these chronic conditions.<sup>34</sup> Health systems that are primarily designed to manage infectious diseases struggle to adapt to this growing burden.<sup>35</sup>

## (e) Public and Private Sector Roles

Public healthcare systems in Sub-Saharan Africa face significant limitations due to chronic underfunding, resource mismanagement, and inefficiencies. According to the World Bank, most countries in the region spend less than 5% of their GDP on health, falling far below international benchmarks.<sup>36</sup> This underinvestment manifests in a lack of medical supplies, outdated infrastructure, and insufficient workforce training. Bureaucratic delays in the allocation and disbursement of healthcare budgets further exacerbate these issues. For instance, in some countries, over 30% of allocated health funds are lost to inefficiency and corruption, undermining efforts to improve healthcare delivery.<sup>37</sup> This translates into further issues downstream: Public health crisis and ongoing failure to implement effective policy measures have been shown to erode the public's trust in governance.<sup>38</sup>

The private healthcare sector, while providing essential services in regions where public systems fail to meet demand, often operates with minimal oversight. This lack of regulation leads to wide variations in the quality of care and inflated costs that disproportionately impact low-income populations. Studies indicate that private healthcare providers in Sub-Saharan Africa frequently charge 2-3 times the rates of public facilities for similar services.<sup>39</sup>

<sup>30</sup>Juma, K., et al. (2019): [Non-Communicable Diseases and Urbanization in African Cities: A Narrative Review.](#)

<sup>31</sup>Tessema, Z., et al. (2022): [Determinants of accessing healthcare in Sub-Saharan Africa: a mixed-effect analysis of recent demographic and health surveys from 36 countries.](#)

<sup>32</sup>UNAIDS (2023): [The path that ends aids – 2023 UNAIDS global AIDS update.](#)

<sup>33</sup>Bosu, W., et al. (2019): [Hypertension in older adults in Africa: A systematic review and meta-analysis.](#)

<sup>34</sup>Diabetes Voice (2024): [The diabetes impact in Africa: addressing disparities to drive change.](#)

<sup>35</sup>Deaton, A., et al. (2015): [People In Sub-Saharan Africa Rate Their Health And Health Care Among Lowest In World.](#)

<sup>36</sup>World Bank (2024): [Current health expenditure \(% of GDP\) – Sub-Saharan Africa.](#)

<sup>37</sup>Hsiao, A., et al. (2019) [Effect of corruption on perceived difficulties in healthcare access in sub-Saharan Africa.](#)

<sup>38</sup>Giga Focus Africa (2021): [Challenging Trust in Government: COVID in Sub-Saharan Africa.](#)

<sup>39</sup>Whyte, E., et al. (2016): [Models of public-private engagement for health services delivery and financing](#)

Furthermore, the absence of stringent quality standards has resulted in medical errors and the provision of substandard treatments in some cases.<sup>40</sup> The private sector's dominance in urban areas also contributes to urban-rural disparities, as rural populations are left reliant on under-resourced public facilities.<sup>41</sup> Strengthening regulatory frameworks to oversee private sector operations is essential to ensure equitable and consistent care across all income groups.<sup>42</sup>

## (f) Health Governance and Policy

Weak health governance in Sub-Saharan Africa significantly impedes the effectiveness of healthcare systems. Challenges such as fragmented policies, lack of accountability, and limited transparency in resource allocation and utilization are prevalent. These issues exacerbate inefficiencies in service delivery and deter investments in the health sector. For instance, a study analyzing health systems performance in the region highlighted that poor governance correlates with suboptimal health outcomes, emphasizing the need for robust governance structures to enhance service delivery.<sup>43</sup>

Policy implementation gaps further hinder progress in improving health outcomes. Despite the adoption of ambitious health policies, many countries struggle with

execution due to limited institutional capacity, lack of coordination among stakeholders, and insufficient funding.<sup>44</sup> For example, efforts to achieve Universal Health Coverage (UHC) are often undermined by weak enforcement mechanisms and inadequate financial resources. A narrative synthesis review of out-of-pocket payments for health services under insurance regimes in Sub-Saharan Africa identified policy implementation gaps as a significant barrier to achieving UHC, highlighting the need for effective policy enforcement and resource allocation.<sup>45</sup>

Addressing these governance and implementation challenges is crucial for strengthening health systems in Sub-Saharan Africa. Enhancing transparency, accountability, and coordination among stakeholders, along with ensuring adequate funding, are essential steps toward improving health outcomes and achieving sustainable development goals in the region.

## (g) Impact of Climate Change on Health

Climate change is significantly intensifying health risks in Sub-Saharan Africa. The continent is anticipated to be severely affected.<sup>46</sup> The top 9 African countries projected to be the least resilient are depicted in Figure 5. Most are located in the center of Africa, as well as Guinea-Bissau and Liberia in West Africa.

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[in Southern Africa: a systematic review, Health Policy and Planning.](#)

<sup>40</sup>Doherty, J., et al. (2015): [Regulating the for-profit private health sector: lessons from East and Southern Africa, Health Policy and Planning.](#)

<sup>41</sup>World Economic Forum (2019): [To bring universal healthcare to Africa, the private sector must get involved.](#)

<sup>42</sup>BMJ Global Health (2019): [Partnership with private for-profit sector for universal health coverage in sub-Saharan Africa: opportunities and caveats.](#)

<sup>43</sup>Olafsdottir, A. (2011): [Health systems performance in sub-Saharan Africa: governance, outcome and equity.](#)

<sup>44</sup>Ajolor, O. (2018): [The challenges of policy implementation in Africa and sustainable development goals.](#)

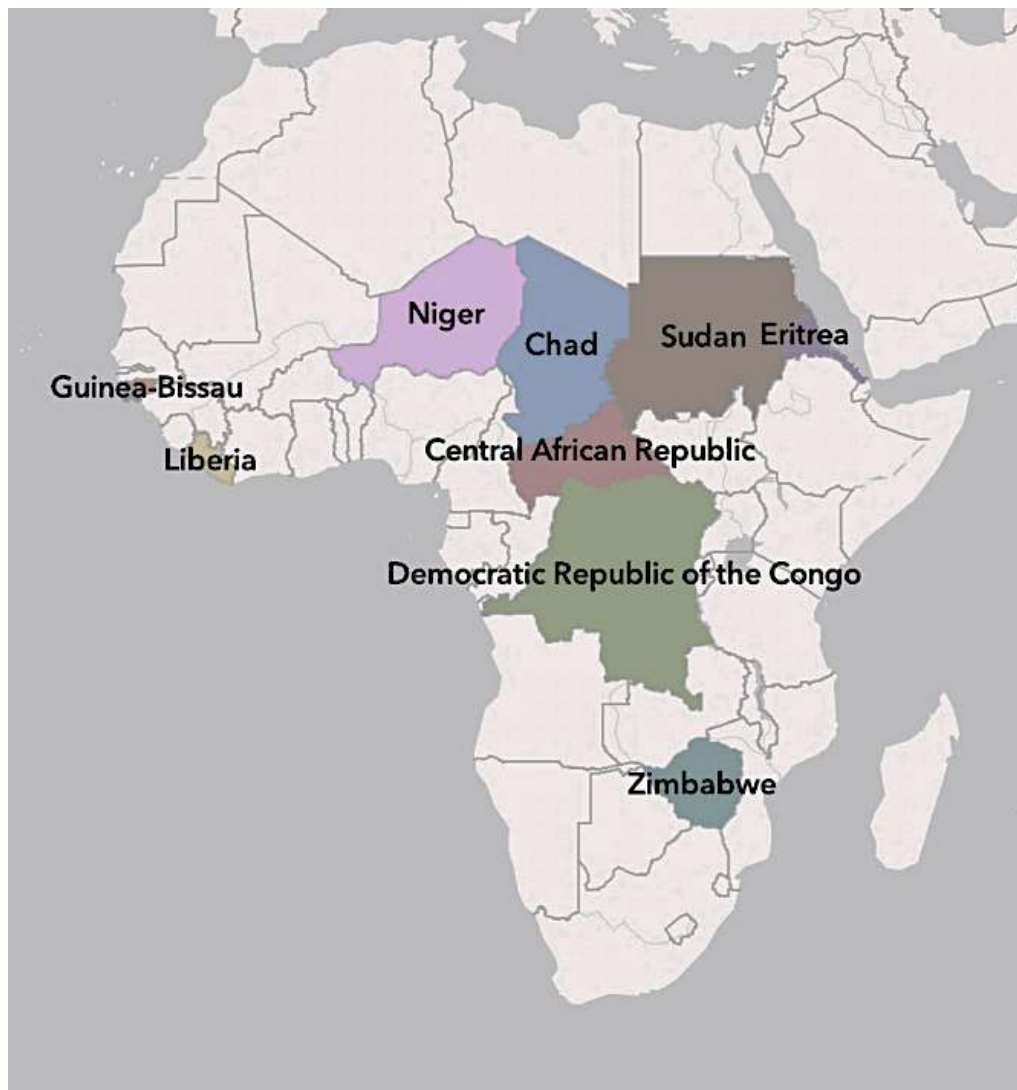
<sup>45</sup>Derkyi-Kwarteng, A., et al. (2021): [A narrative synthesis review of out-of-pocket payments for health services under insurance regimes: A policy implementation gap hindering universal health coverage in sub-Saharan Africa.](#)

<sup>46</sup>Serdeczny, O., et al. (2016): [Climate change impacts in sub-Saharan Africa: from physical changes to their social repercussions.](#)

Particularly the expansion of vector-borne diseases such as malaria, dengue fever, and Rift Valley fever is of concern, as these illnesses are projected to profit from ongoing weather and climate changes.<sup>47</sup> Rising temperatures and shifting rainfall patterns create favorable conditions for disease-carrying mosquitoes, enabling them to thrive in areas previously unsuitable for

in East Africa, which were once malaria-free, are now experiencing outbreaks due to rising temperatures.<sup>48</sup> Climate model projections estimate that in a worst-case scenario by 2080 an additional 75.9 million people will be at risk from endemic exposure.<sup>49</sup> Similarly, outbreaks of waterborne diseases like cholera are becoming more frequent due to extreme rainfall events and poor sanitation infrastructure. With the international

*Figure 5: Top 9 African countries projected to be the least resilient to climate change*



Source: [African Policy Research Institute](#)

transmission. For example, highland regions

community increasingly failing to get on track to the ambitious Paris climate goals of a maximum of 2°C global warming compared

<sup>47</sup>Opoku, S., et al. (2021): [Climate Change and health preparedness in Africa: Analysing trends in six African countries.](#)

<sup>48</sup>Khezzani, B., et al. (2023): [Global warming and mosquito-borne diseases in Africa: a narrative review.](#)

<sup>49</sup>Ryan, S., et al. (2020): [Shifting transmission risk for malaria in Africa with climate change: a framework for planning and intervention.](#)

to pre-industrial levels, mean- and worst-case scenarios become increasingly likely.<sup>50</sup>

Climate change threatens food security and increases malnutrition.<sup>51</sup> Extreme weather events, including prolonged droughts, floods, and cyclones, are disrupting agricultural production across the region. Sub-Saharan Africa, where agriculture forms the backbone of most economies, is particularly vulnerable to these climatic changes. Crop failures and reduced yields lead to food shortages, skyrocketing prices, and increased rates of malnutrition. The recent hike in prices hit South Asia and Sub-Saharan Africa the hardest. Two thirds of the globally 148 million stunted children stem from these regions.<sup>52</sup> In 2022 alone, over 120 million people in Sub-Saharan Africa faced acute food insecurity, exacerbating health vulnerabilities, a figure likely to rise without intervention.<sup>53</sup> Malnutrition weakens immunity, particularly in children, increasing the prevalence and severity of preventable diseases such as pneumonia and diarrhea, which can in turn cause further malnutrition.<sup>54</sup>

Climate change will cause displacements and put a strain on health infrastructure. Climate-induced displacement is becoming a growing challenge as extreme weather events force millions of people to flee their homes.<sup>55</sup> For instance, floods in Nigeria displaced over 640 thousand people in 2024, even more in years prior, placing additional

pressure on already overstretched healthcare systems.<sup>56</sup> Displaced populations often find themselves living in overcrowded and unsanitary conditions in temporary shelters, increasing the risk of infectious disease outbreaks such as measles, tuberculosis, and cholera. The lack of access to clean water and healthcare services further compounds the health challenges faced by these communities.<sup>57</sup> According to UNICEF, children in displaced populations are at the greatest risk, suffering from higher rates of malnutrition, respiratory infections, and mental health issues due to the trauma of displacement.<sup>58</sup>

Climate change is not just an environmental challenge; it is a public health crisis in Sub-Saharan Africa. The interplay between increased disease burden, food insecurity, and climate-induced displacement underscores the urgent need for integrated policies that address the health impacts of climate change. Strengthening climate resilience, investing in health infrastructure, and enhancing disease surveillance systems are critical steps to mitigate these risks and protect vulnerable populations.

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<sup>50</sup>United States Institute of Peace (2024): [International action on climate change is failing. How can it be strengthened?](#)

<sup>51</sup>Asuamah, S. (2024): [Assessing climate change impacts on food security in Africa: Regional variations and socio-economic perspectives.](#)

<sup>52</sup>World Bank (2024): [The World Bank and nutrition.](#)

<sup>53</sup>IMF (2022): [Climate change and chronic food insecurity in sub-Saharan Africa.](#)

<sup>54</sup>Morales, F., et al. (2023): [Effects of malnutrition on the immune system and infection and the role of](#)

[nutritional strategies regarding improvements in children's health status: a literature review.](#)

<sup>55</sup>Schwerdtle, P., et al. (2018): [The health impacts of climate-related migration.](#)

<sup>56</sup>UNHCR (2024): [UNHCR scrambles as devastating floods sweep Nigeria.](#)

<sup>57</sup>IOM Migration and Health Division (2018): [Displacement and Health.](#)

<sup>58</sup>UNICEF (2024): [Child displacement.](#)

## (h) Conclusion

The current health system in Sub-Saharan Africa is shaped by a complex interplay of challenges, including underdeveloped infrastructure, insufficient healthcare financing, and the dual burden of communicable and non-communicable diseases. The impacts of weak governance structures and fragmented policies further compound these difficulties, leaving health systems ill-equipped to meet the growing and diverse healthcare needs of their populations. Disparities between urban and rural healthcare access exacerbate inequities, leaving millions without essential services. Addressing these challenges

requires significant investment in health systems, equitable financing mechanisms, and targeted reforms to improve access, efficiency, and outcomes. Strengthening governance and accountability measures is equally critical to ensure resources are utilized effectively and transparently. By focusing on these barriers, while also integrating preventive care and tackling the health impacts of climate change and food insecurity, the region can move closer to achieving universal health coverage. An outlook onto possible solution strategies is given in the second part of this report.



## Part 2: The Future of Health in Sub-Saharan Africa



The future health outcomes in Sub-Saharan Africa depend on the effectiveness of measures implemented to address the key challenges that SSA countries are facing. Pivotal points will be targeted reforms across infrastructure, financing, disease-specific interventions, and governance. Concrete, evidence-based strategies can ensure progress toward universal health coverage (UHC) and sustainable health systems. This section explores specific strategies to address the region's health challenges and outlines potential future scenarios.

# 1. Planned and Potential Reforms

## (a) Investment in Infrastructure

### *(i) Expanding Healthcare Facilities and Modernizing Technology*

**Prioritize Rural Expansion:** Governments should adopt decentralized healthcare models to address inequities in rural healthcare access. Ethiopia's Health Extension Program (HEP) provides a notable example, where small health posts staffed by trained community health workers deliver essential care and refer patients to higher-level facilities.<sup>59</sup> This program has led to significant improvements in immunization rates and maternal health outcomes in remote areas.<sup>60</sup> Similar models can be adapted in other countries to strengthen primary healthcare in underserved regions.

**Incentivize Private Sector Involvement:** Public-private partnerships (PPPs) can play a transformative role in expanding healthcare infrastructure and modernizing services. In Nigeria, PPPs have successfully financed and operated specialized diagnostic centers, offering advanced imaging and laboratory services that were previously inaccessible to many.<sup>61</sup> Governments should create enabling environments for PPPs by providing tax incentives and clear regulatory frameworks.

**Telemedicine Networks:** Telemedicine offers a cost-effective solution to bridge the

urban-rural healthcare divide. Healthcare provision particularly benefits due to the vast geographic spread of rural populations and the scarcity of healthcare professionals. By enabling remote consultations, it helps overcome barriers such as long travel times and high transportation costs, which often prevent patients from seeking timely care. Additionally, telemedicine facilitates continuous medical education for rural health workers by connecting them with specialists and training programs in urban centers, thereby enhancing the quality of care provided at the local level. Ghana's eHealth project is a standout example, establishing telemedicine hubs to connect rural patients with specialists in urban hospitals. This system has reduced the need for expensive and time-consuming travel for consultations while improving early diagnosis and treatment for rural populations.<sup>62</sup> Scaling such networks across the region could significantly enhance access to specialized care.<sup>63</sup>

### *(ii) Training and Retaining Healthcare Workers*

**Expand Medical Training:** Increasing the number of medical and nursing schools and providing scholarships for students from underserved areas is a critical strategy for addressing workforce shortages in sub-Saharan Africa.<sup>64</sup> Kenya's Medical Training College system has been a model of success, offering decentralized campuses and targeted recruitment of students from

<sup>59</sup>World Bank (2013): [Ethiopia – The health extension program in Ethiopia](#).

<sup>60</sup>Haileamlak, A., et al. (2023): [The Ethiopian Health Extension Program \(HEP\) is still relevant after 15 Years of implementation although major transformation is essential to sustain its gains and relevance](#).

<sup>61</sup>Okafor, C. (2016): [Improving Outcomes in the Nigeria Healthcare Sector through Public-Private Partnership](#).

<sup>62</sup>WHO (2021): [Global strategy on digital health](#).

<sup>63</sup>Kesse-Tachi, A. et al. (2019): [Factors influencing adoption of eHealth technologies in Ghana](#).

<sup>64</sup>Brimmo, F., et al. (2022): [The need for more medical schools in medically underserved regions in Africa](#).

rural regions.<sup>65</sup> This approach not only increases the supply of healthcare workers but also ensures that they are more likely to serve in underserved areas after graduation. Additionally, partnerships with international organizations to enhance curricula and provide global-standard training can further improve workforce quality.

**Introduce Retention Packages:** Retention packages are essential for addressing the high turnover rates of healthcare workers, particularly in rural areas. Offering housing, transportation, and educational benefits can significantly enhance job satisfaction and reduce attrition.<sup>66</sup> In Rwanda, performance-based pay systems have demonstrated measurable improvements in workforce retention and healthcare delivery outcomes.<sup>67</sup> Similar incentives, coupled with opportunities for career advancement and specialized training, can encourage healthcare professionals to remain in public service.

**Task-Shifting Programs:** Expanding the role of community health workers (CHWs) through task-shifting programs is a proven strategy to alleviate the burden on overstretched healthcare systems. In Uganda and Malawi, CHWs have been trained to deliver preventive care, manage chronic diseases, and provide essential maternal and child health services.<sup>68</sup> These programs have not only increased healthcare access in remote areas but also improved early disease detection and reduced maternal mortality rates.<sup>69</sup> Scaling

up similar initiatives across the region can optimize resource use and extend the reach of healthcare services.

By adopting these strategies - decentralized models, incentivized PPPs, telemedicine expansion and a reformed medical training - countries in sub-Saharan Africa can modernize healthcare systems and address critical infrastructure gaps. These reforms are essential for equitable access and achieving universal health coverage across the region.

## (b) Strengthening Health Systems

### (i) Universal Health Coverage (UHC) Goals

**Develop Inclusive Insurance Models:** Expanding enrollment in national health insurance schemes is a critical pathway for achieving Universal Health Coverage (UHC) in sub-Saharan Africa. Subsidizing premiums for low-income households ensures that vulnerable populations are not excluded due to financial barriers. Ghana's National Health Insurance Scheme (NHIS) is a prime example, where premium subsidies have significantly increased coverage rates, especially among informal sector workers and rural populations.<sup>70</sup> As of 2021, NHIS had enrolled over 45% of Ghana's targeted population, demonstrating that affordability is a key driver of participation.<sup>71</sup> Scaling up similar models across the region can provide equitable access to essential healthcare

<sup>65</sup>Masaba, B., et al. (2020): [Devolution of healthcare system in Kenya: progress and challenges.](#)

<sup>66</sup>Wurie, H. et al. (2016): [Retention of health workers in rural Sierra Leone: findings from life histories.](#)

<sup>67</sup>Skiles, M. et al. (2015): [The effect of performance-based financing on illness, care-seeking and treatment among children: an impact evaluation in Rwanda.](#)

<sup>68</sup>Namazzi, G., et al. (2017): [Working with community health workers to improve maternal and newborn](#)

[health outcomes: implementation and scale-up lessons from eastern Uganda.](#)

<sup>69</sup>Ludwick, T., et al. (2020): [The distinctive roles of urban community health workers in low- and middle-income countries: a scoping review of the literature.](#)

<sup>70</sup>Alhassan, R. (2016): [A Review of the National Health Insurance Scheme in Ghana: What Are the Sustainability Threats and Prospects?](#)

<sup>71</sup>Social Protection (2024): [Ghana's National Health Insurance Scheme Fee Exemptions.](#)

services. Additionally, involving community-based organizations in enrollment drives and public awareness campaigns can further boost coverage. Combining services such as immunizations, maternal health, and chronic disease management allows for maximizing efficiency. Integrated service delivery in South Africa's primary care centers has reduced patient wait times and improved treatment adherence.<sup>72</sup>

*(ii) Aligning with Sustainable Development Goals (SDGs)*

**Cross-Sector Collaboration:** Establishing joint initiatives between health ministries and other sectors, such as agriculture and education, is essential for addressing the root causes of poor health outcomes and fostering holistic development. For example, integrating nutrition programs into school curriculums has proven effective in improving child health outcomes and reducing malnutrition.<sup>73</sup> In many sub-Saharan African countries, school feeding programs that include micronutrient-rich foods have resulted in better cognitive development and reduced rates of stunting and wasting among children.<sup>74</sup> Collaboration with the education sector can enhance health literacy, equipping children with knowledge about hygiene, sanitation, and healthy lifestyles that can have long-term impacts on their well-being.<sup>75</sup> Examples from Kenya and Ethiopia have demonstrated

the effectiveness of such integrated programs in fostering positive health behaviors and addressing systemic issues like malnutrition.<sup>76,77</sup>

**Disaster Preparedness Plans:**

Strengthening health systems' capacity to respond to climate-related disasters is essential for safeguarding public health in sub-Saharan Africa, where extreme weather events such as floods, droughts, and cyclones are increasingly frequent. Robust disaster preparedness plans can help mitigate the impact of these events by ensuring timely and effective responses.<sup>78</sup> Early warning systems for disease outbreaks allow health authorities to allocate resources proactively, conduct targeted awareness campaigns, and implement preventive measures, thereby reducing disease burden. In addition to early warning systems, establishing specialized emergency response units can enhance disaster readiness.<sup>79</sup> These units, equipped with mobile medical facilities, vaccines, and essential supplies, can be rapidly deployed to affected areas, ensuring continued access to critical health services during emergencies. For instance, during the 2019 Mozambique cyclone, coordinated health response teams helped prevent major disease outbreaks despite significant infrastructural damage.<sup>80</sup> Disaster preparedness also requires investing in resilient health infrastructure,

<sup>72</sup>WHO Regional Office for Africa (2018): [THE STATE OF HEALTH in the WHO African Region](#).

<sup>73</sup>Sarr, B., et al. (2017): [The evolution of school health and nutrition in the education sector 2000 – 2015 in sub-Saharan Africa](#).

<sup>74</sup>Liguori, J. et al. (2024): [How do publicly procured school meals programmes in sub-Saharan Africa improve nutritional outcomes for children and adolescents: a mixed-methods systematic review](#).

<sup>75</sup>Sørensen, Kristine et al. (2024): [Health literacy in Africa – A scoping review of scientific publications](#).

<sup>76</sup>WHO Global Knowledge Network for Health Equity (2024): [Kenya: Integration of Health and Nutrition in Other Sectors' Policies](#).

<sup>77</sup>Kimani-Murage, E., et al. (2019): [Integrated and simplified approaches to community management of acute malnutrition in rural Kenya: a clustered randomized trial protocol](#).

<sup>78</sup>Farah, B., et al. (2023): [Hospital disaster preparedness in sub-Saharan Africa: a systematic review of English literature](#).

<sup>79</sup>World Meteorological Organization (2024): [Africa Regional Platform: early warning reduce disaster risks](#).

<sup>80</sup>Cambaza, E., et al. (2019): [Outbreak of Cholera due to cyclone Kenneth in Northern Mozambique, 2019](#).

such as flood-resistant clinics and drought-proof water systems, to ensure that healthcare delivery can continue uninterrupted during crises. Cross-border collaboration among countries in the region can further strengthen disaster response through shared resources, expertise, and real-time data sharing.<sup>81,82</sup>

## (c) Financing Reforms

### (i) Strategies to Increase Domestic Health Financing

**Leverage Earmarked Taxes:** Introducing earmarked taxes on products such as tobacco, alcohol, and sugary drinks offers a dual benefit of generating revenue for health initiatives while encouraging healthier behaviors.<sup>83</sup> These taxes provide a sustainable source of funding for healthcare systems, particularly in regions where public health financing is limited.<sup>84,85</sup> South Africa's sugar tax, introduced in 2018, has proven to be an effective example of this strategy.<sup>86</sup> Revenue from such taxes can be strategically reinvested into public health campaigns, disease prevention programs, and infrastructure development. For example, funds raised through South Africa's sugar tax have supported initiatives to combat non-communicable diseases (NCDs) such as diabetes and obesity.<sup>87</sup> Earmarked taxes also align with broader health equity goals, as the revenues often benefit lower-income populations who face the greatest health

disparities. While such measures can face political resistance or industry lobbying, their success in South Africa and other countries underscores their potential to improve health outcomes and fund vital healthcare reforms.

### (ii) Role of Innovative Financing Mechanisms

**Public-Private Partnerships (PPPs):** Public-private partnerships (PPPs) offer a valuable strategy for addressing infrastructure gaps and strengthening healthcare delivery in sub-Saharan Africa. By combining public resources with private sector expertise, PPPs can facilitate the construction of modern healthcare facilities and the development of reliable supply chains for medicines and medical equipment. In Botswana, for instance, PPPs have been instrumental in establishing state-of-the-art healthcare centers that provide advanced diagnostic and treatment services, improving access to quality care for the population.<sup>88</sup> Beyond infrastructure, PPPs can also enhance operational efficiency and ensure the sustainable management of healthcare facilities. By sharing risks and responsibilities between governments and private entities, these partnerships can overcome resource constraints while maintaining affordability for patients. Scaling such initiatives across the region can significantly improve healthcare

<sup>81</sup>Harvard School of Public Health (2021): [Building Patient-Centered Climate Resilient Clinics](#).

<sup>82</sup>Norazam, A., (2018): [Resilient Health Infrastructure: strengthening hospitals' capacity to respond effectively during disasters and crises](#).

<sup>83</sup>Marquez, P., et al. (2020): [Taxes on tobacco, alcohol, and sugar-sweetened beverages reduce health risks and expand fiscal space for universal health coverage post-COVID 19](#).

<sup>84</sup>World Bank Group (2023): [Health Taxes](#).

<sup>85</sup>World Bank Group (2020): [Knowledge Brief – Health earmarks and health taxes: what do we know?](#)

<sup>86</sup>Wrottesley, S., et al. (2020): [Assessing sugar-sweetened beverage intakes, added sugar intakes and BMI before and after the implementation of a sugar-sweetened beverage tax in South Africa](#).

<sup>87</sup>Koen, N., et al. (2022): [Taxation of sugar-sweetened beverages in South Africa: Perspectives of consumers in Cape Town](#).

<sup>88</sup>Botswana Ministry of Finance (2024): [Overview of PPP in Botswana](#).

accessibility and quality, particularly in underserved areas.<sup>89</sup>

**Blended Financing Models:** Blended financing models provide an innovative approach to reducing reliance on traditional donor aid by combining public, private, and philanthropic funding to address critical health challenges. These models leverage the strengths of different financing streams, ensuring greater resource mobilization and sustainability. Social impact bonds (SIBs) represent a promising mechanism within this framework. Under SIBs, private investors provide upfront funding for health interventions and receive financial returns based on the achievement of predetermined outcomes.<sup>90</sup> This model has been successfully implemented in several regions to address issues such as maternal health and childhood immunizations, demonstrating its potential for scaling in sub-Saharan Africa. Blended financing also aligns the interests of stakeholders, fostering collaboration between governments, investors, and development organizations.<sup>91</sup> For example, private capital can support the development of healthcare infrastructure, while donor funding ensures equitable access to services. By diversifying funding sources, these models create a more resilient financial framework for healthcare systems.

## (d) Disease-Specific Interventions

### (i) *Accelerating Antiretroviral Therapy and HIV Prevention*

**Decentralized ART Services:** Decentralizing ART services is a crucial strategy to improve access and adherence to HIV treatment in sub-Saharan Africa. By making ART available in primary care settings and community health centers, healthcare systems can bring life-saving treatment closer to patients, reducing travel time and associated costs. Uganda serves as a successful example, where ART services have been integrated into over 90% of health facilities, significantly improving coverage and treatment continuity.<sup>92</sup> This decentralized approach has also empowered community health workers to support adherence and monitor patient outcomes, fostering a more holistic model of care. Decentralization not only alleviates the burden on specialized hospitals but also enhances patient satisfaction by minimizing the logistical challenges associated with accessing treatment. Expanding this model across the region can contribute significantly to achieving UNAIDS' 95-95-95 targets, ensuring that more people living with HIV know their status, receive treatment, and achieve viral suppression.<sup>93</sup>

### **Education and Stigma Reduction:**

Education and stigma reduction are vital components of an effective HIV prevention strategy. Stigma remains a significant barrier to testing, treatment, and prevention efforts,

<sup>89</sup>Helloweel, M. (2018): [Are public-private partnerships the future of healthcare delivery in sub-Saharan Africa? Lessons from Lesotho.](#)

<sup>90</sup>Hulse, E., et al. (2021): [Use of social impact bonds in financing health systems responses to non-communicable diseases: scoping review.](#)

<sup>91</sup>Health Finance Institute (2024): [Blended Finance.](#)

<sup>92</sup>Zakumumpa, H., et al. (2017): [Modifications to ART service delivery models by health facilities in Uganda in promotion of intervention sustainability: a mixed methods study.](#)

<sup>93</sup>Chan, A., et al. (2014): [The Lablite project: A cross-sectional mapping survey of decentralized HIV service provision in Malawi, Uganda and Zimbabwe.](#)

particularly in rural areas where misinformation and cultural taboos are prevalent.<sup>94</sup> Public awareness campaigns can play a transformative role in addressing these challenges. In South Africa, for example, social media platforms and community events have been utilized to educate the public about HIV prevention methods, including condom use, PrEP (pre-exposure prophylaxis), and safe practices.<sup>95</sup> These initiatives have also emphasized the importance of regular testing, leading to increased testing uptake and earlier diagnoses. Additionally, campaigns aimed at destigmatizing HIV/AIDS often involve testimonials from individuals living with HIV and interactive community discussions, fostering understanding and empathy. These efforts are crucial in rural and conservative communities, where stigma and misinformation are more entrenched. Expanding such educational campaigns throughout sub-Saharan Africa could significantly enhance prevention efforts and improve treatment outcomes.

*(ii) Addressing Non-Communicable Diseases through Preventive Care*

**Community Health Screenings:** Regular community health screenings are an effective way to detect non-communicable diseases (NCDs) such as diabetes, hypertension, and cancers at an early stage, improving treatment outcomes and reducing healthcare costs.<sup>96</sup> Mobile screening units, like those deployed in Tanzania, have demonstrated success in increasing early

detection rates for breast and cervical cancers, particularly in rural areas where access to medical facilities is limited.<sup>97</sup> These units bring essential diagnostic services directly to underserved populations, often combining screenings with health education campaigns to raise awareness about NCD prevention. Expanding mobile health services across the region could significantly strengthen the ability of healthcare systems to manage the rising burden of chronic diseases.

**Legislative Interventions:** Tobacco and alcohol control policies are critical for reducing the prevalence of NCDs, as these substances are major risk factors for diseases like cancer, heart disease, and liver cirrhosis.<sup>98</sup> Legislative measures, such as advertising bans, age restrictions, and increased excise taxes, have proven effective in curbing consumption. Kenya's Tobacco Control Act, for instance, has not only reduced smoking prevalence but also generated revenue for public health initiatives.<sup>99,100</sup> These funds have been reinvested into health promotion campaigns and services, creating a sustainable model for addressing NCDs. Strengthening enforcement of such policies and expanding them to include sugary beverages and processed foods could further mitigate the rising incidence of diet-related diseases.

<sup>94</sup>University of Cape Town (2021): [First of its kind study shows new approach needed to combat HIV-related stigma in South Africa.](#)

<sup>95</sup>BeyondZero (2024): [Human Rights and Advocacy Programme.](#)

<sup>96</sup>Greenwald, Z. (2017): [Mobile Screening Units for the Early Detection of Cancer: A Systematic Review.](#)

<sup>97</sup>Yeates, K., et al (2016): [Evaluation of a Smartphone-Based Training Strategy Among Health Care Workers Screening for Cervical Cancer in Northern Tanzania: The Kilimanjaro Method.](#)

<sup>98</sup>NCD Alliance (2024): [Getting fiscal policies right.](#)

<sup>99</sup>Tobacco Control Data Initiative (2024): [Tobacco Taxation in Kenya.](#)

<sup>100</sup>Mwai, D., et al. (2024): [The economic costs of tobacco related illnesses in Kenya.](#)

## (e) Policy and Governance Improvements

### (i) *Enhancing Health Governance Frameworks*

**Strengthen Accountability:** Strengthening accountability within health systems is essential to ensure efficient use of resources and improve service delivery. Digital platforms can play a role in achieving this by providing real-time tracking of resource allocation, expenditures, and service delivery outcomes. Rwanda offers a successful example, where its health governance system incorporates performance audits and digital monitoring tools to enhance transparency.<sup>101</sup> These mechanisms have reduced resource mismanagement, curtailed corruption, and optimized budget utilization, ultimately improving healthcare delivery at all levels. Scaling similar approaches across sub-Saharan Africa can create a culture of accountability and strengthen public trust in health systems.

**Community Engagement:** Community engagement is a cornerstone of effective health governance, fostering ownership and trust in health interventions. In Malawi, participatory governance has been instrumental in increasing vaccine coverage and reducing resistance to health programs.<sup>102</sup> Local leaders and community members actively contribute to health policy formulation and implementation, ensuring that interventions are culturally appropriate and address the population's specific needs.

<sup>101</sup>Rwanda Ministry of Health (2018): [National digital health strategic plan](#).

<sup>102</sup>Powelson, J., et al. (2023): [Using community-based, participatory qualitative research to identify determinants of routine vaccination drop-out for children under 2 in Lilongwe and Mzimba North Districts, Malawi](#).

This approach has not only enhanced acceptance of health initiatives but also empowered communities to take an active role in their well-being. Expanding such participatory frameworks across the region can ensure more inclusive, effective, and sustainable health policies.

### (ii) *Using Data and Research for Evidence-Based Policymaking*

**Digital Health Systems:** Expanding the use of digital health systems, such as District Health Information Software (DHIS2), will improve data-driven decision-making in sub-Saharan Africa.<sup>103</sup> DHIS2 enables real-time tracking of health trends, allowing policymakers to allocate resources better and respond quickly to emerging health threats. Kenya's implementation of DHIS2 has demonstrated its potential, with the platform identifying disease hotspots and optimizing the distribution of medical supplies and personnel.<sup>104</sup> Scaling up similar systems across the region can enhance surveillance, improve service delivery, and support evidence-based policymaking.

**Research Grants and Collaborations:** Investing in local research institutions is critical for generating context-specific evidence to inform health policies and interventions. By providing research grants and fostering collaborations with global organizations, countries can enhance the quality and relevance of their research outputs. Partnerships with institutions such as the WHO and the Wellcome Trust have already advanced research capacity in areas like disease surveillance and vaccine

<sup>103</sup>Farnham, A., et al. (2023): [A roadmap for using DHIS2 data to track progress in key health indicators in the Global South: experience from sub-saharan Africa](#).

<sup>104</sup>Karuri, J., et al. (2014): [DHIS2: The Tool to Improve Health Data Demand and Use in Kenya](#).

development.<sup>105</sup> Supporting local researchers ensures that health solutions are tailored to regional needs while fostering innovation and building long-term capacity for independent research.<sup>106</sup>

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<sup>105</sup>Wellcome Trust (2024): [Wellcome's partnership with the World Health Organization](#).

<sup>106</sup>LSTM Center for Capacity Research (2023): [A quick guide for funders on effective research capacity strengthening](#).

## Conclusion

The health systems in Sub-Saharan Africa face significant challenges, ranging from underdeveloped infrastructure and insufficient financing to the dual burden of communicable and non-communicable diseases, exacerbated by weak governance and the impacts of climate change. Despite these obstacles, there are clear opportunities for progress. With targeted reforms and investments, the region can build more equitable, efficient, and resilient health systems.

Key priorities include expanding healthcare infrastructure, decentralizing services to reach rural populations, and leveraging technology, such as digital health platforms and telemedicine, to improve service delivery. Strengthening health governance and implementing innovative financing models, such as public-private partnerships and blended funding mechanisms, are critical to ensuring the sustainability of reforms. Moreover, tackling disease-specific challenges, including HIV/AIDS and the rising prevalence of non-communicable diseases, requires integrated and community-centered approaches.

The future trajectory depends on the actions taken today. An optimistic scenario, where comprehensive reforms are successfully implemented, could lead to substantial improvements in health outcomes, life expectancy, and universal health coverage. However, failure to address systemic inefficiencies and external pressures, such as climate change and economic instability, could exacerbate disparities and strain already fragile systems.

In conclusion, achieving sustainable and inclusive healthcare in Sub-Saharan Africa demands coordinated efforts at local, national, and international levels. By

fostering innovation, prioritizing equity, and ensuring accountability, the region has the potential to overcome current challenges and secure a healthier future for its populations. This transformation is not just necessary for the well-being of millions but is also a fundamental step toward global health equity.

