A weak national health system can be viewed as an important contributor to poverty and inequity in the African Region. Persons who are in poor health less frequently move up and more frequently move down the social ladder than healthy persons. The role of the health system becomes particularly relevant through the issue of access to preventive and curative health services. The health system can directly address inequities not only by improving equitable access to care, but also in the promotion of intersectoral action to improve health status. The health system is also capable of ensuring that health problems do not lead to a further deterioration of people's social status and of facilitating sick people's social reintegration.

Equitable and sustainable access to properly functioning health systems, however, has not been attained across the Region. There have always been geographical disparities and these have worsened over the last decade. Many people, particularly those in rural areas, often have to travel long distances to receive basic health care. Once they reach a hospital or a clinic, they may only receive health care if they pay for it. Inevitably, many people may forego treatment because they cannot afford it, while those who pay may find the cost ruinous and the quality of service limited. Rapid turnover of people in key positions, lack of continuity in policy, lack of resources, poor management of available resources and poor implementation are seen in many countries as major constraints to improving the health systems. Most countries in the Region inherited a colonial, European model of health care that was primarily intended for colonial administrators and expatriates, with separate or second class provision made – if at all – for Africans.
In spite of various constraints, tangible progress has been made by governments, communities and partners towards improved health outcomes; nevertheless, many challenges lie ahead. Health systems are weak and the Region still faces an increasing burden of communicable and noncommunicable diseases, high child and maternal mortality, recurrent epidemics and humanitarian crises aggravated by the global financial crisis.

At the end of my first five-year term, the WHO Secretariat, together with Member States and partners, have taken stock of achievements made and challenges faced; we have learnt lessons and gathered additional evidence for a renewed vision of the work of WHO in the African Region for the period 2010–2015 in line with the WHO Eleventh General Programme of Work 2006–2015. The result of this effort is a new set of strategic directions for the Region.

The new strategic directions build on the achievements in the previous five years and focus on the evolving and specific context of the Region, which continues to evolve. The Strategic Orientations (2005–2009) strengthened institutional capacity and enhanced partnerships and leadership for health. Furthermore, the adoption of various declarations and calls for action has provided consensus for the health agenda in the Region. Building on these and other achievements, the current strategic directions were formulated to sustain gains made and to tackle current, emerging and re-emerging priorities. They are, therefore, more action-oriented and aimed at improving the health outcomes in the Region.

An important focus of the current strategic directions is to continue supporting the strengthening of health systems based on the Primary Health Care Approach. The platform created by the Ouagadougou Declaration on Primary Health Care and Health Systems in Africa along with the Algiers Declaration on Research for Health and the Libreville Declaration on Health and Environment will be implemented to further strengthen health systems. WHO will advocate for sustained commitments with a special focus on the human resource gaps, taking advantage of new and effective technologies to accelerate the attainment of the MDGs. Countries will be supported to strengthen national research systems and shape their research agenda. To support countries, an African Health Observatory aimed at analysing data and providing information on health outcomes and trends will be established at the Regional Office. Technical support will be provided to establish similar structures at country level. Guidance will be provided for the establishment and networking of centres of excellence on health research in order to generate evidence to support service delivery and inform policy action.

This issue of the Monitor includes several articles on health systems strengthening. There is a paper on how national health systems could be strengthened in the Region. The role of health systems as key determinants of progress on the Health MDGs is detailed in another paper. Country experiences are also described in three papers: health financing in Malawi; an innovative method for assessing family planning needs that could be useful for health workers in Ghana; and health information systems in Ethiopia. Leveraging eHealth to improve health systems in the African Region is a topic for the last paper in this issue of the Monitor. All the articles deal with important issues of health systems and thus would be useful reading to all health workers and policy makers.

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