Beyond Treating Disease: Why Africa Must Start Measuring Good Health



I recently returned from the East, Central and Southern Africa Health Community (ECSA-HC) Ministerial Meeting in Eswatini, where ministers and senior health leaders from across East, Central and Southern Africa confronted an uncomfortable reality: our health systems face shrinking donor funding, rising demand, and widening service-delivery gaps. Discussions focused on domestic resource mobilisation, governance, and sustaining essential services in an increasingly constrained fiscal environment.

Yet one observation stood out. Our health systems devote far more energy to responding to disease than to keeping people healthy.

We count infections, admissions, deaths, and stock-outs. We track outbreaks with urgency. We compile dashboards filled with disease-specific indicators. But where, in routine national reporting, do we systematically count people who are thriving? Where do we measure sustained well-being, resilience, productivity, or social participation?

Consider a familiar example. After becoming pregnant, a woman is closely monitored by the health system through antenatal visits and childbirth. But once delivery and immediate postnatal care are completed, she largely disappears from structured follow-up—unless illness brings her back. Her physical recovery, mental health, and social well-being in the years between pregnancies rarely attract systematic attention. In practice, the system waits for pathology before it responds.

This pattern reflects a deeper structural design flaw. National budgets, information systems, and performance frameworks are organised primarily around diagnosing and treating disease. Success is measured by reductions in mortality and morbidity—important achievements, but incomplete ones. Even where policy documents speak of well-being, prevention, and resilience, monitoring systems remain overwhelmingly disease-centric.

This orientation has been shaped by decades of vertical programmes and emergency responses. Disease indicators are concrete, measurable, and politically compelling. But their dominance has created a distorted picture of performance. We know in detail how people fall ill; we know far less about how they remain well.

Universal Health Coverage is often framed as access to services without financial hardship. That is essential—but insufficient. If UHC becomes synonymous with expanding treatment, we risk building increasingly expensive systems that chase illness rather than prevent it. True coverage should enable people to live healthy, productive, and dignified lives throughout their lifespan.

The Sustainable Development Goals call not only for reduced mortality but for the promotion of well-being. Yet in practice, our reporting frameworks emphasise deficits rather than assets. We measure what goes wrong more consistently than what goes right.

What would it mean to correct this imbalance?

First, we need a simple framework of indicators that reflect positive health. These need not be complex. Self-reported physical and mental well-being; the ability to work, learn, and perform daily activities without limitation; prolonged periods without need for curative care; maternal mental health beyond childbirth; independence and social participation among older persons—these are measurable realities. They tell us whether people are functioning well, not merely surviving.

Second, we should invest in understanding protective factors. In remote communities in Uganda and elsewhere, some individuals go an entire year—or longer—without visiting a health facility because of illness. Such experiences rarely appear in official statistics. Yet they may hold valuable lessons about social cohesion, environmental conditions, behaviours, and informal support systems that sustain health. By failing to document these realities, we overlook opportunities to strengthen prevention.

Third, measuring good health would strengthen the case for domestic investment. Ministries of finance rightly ask what returns health spending generates. A system that can demonstrate improved functionality, productivity, and resilience is better positioned to show that health is not merely a cost centre, but a foundation for economic and social development.

Some may argue that adding new indicators risks overburdening already stretched systems. But the greater risk lies in continuing to steer by an incomplete compass. When we measure only disease, we incentivise reactive and often costly care. When we also measure well-being, we encourage prevention, community engagement, and cross-sector collaboration.

Africa's health leaders have already endorsed the principles of people-centred care, prevention, and resilience. The policy language exists. What is missing is alignment between our rhetoric and our metrics.

As fiscal space tightens and expectations rise, the strategic question is not whether we can afford to measure good health. It is whether we can afford not to.

If we continue to define success solely by how effectively we treat illness, we will remain locked in a cycle of reaction. But if we begin to count health—systematically and visibly—we can reorient our systems toward sustaining well-being, not just managing disease.

It is time for African health systems to count health, celebrate health, and plan for health. Only then will universal coverage reflect the full meaning of what health was always meant to be.

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