Independence and the Health of a Nation: Africa's Unfinished Journey



The late Dr. Ebrahim Malick Samba, former WHO Regional Director for Africa, with whom I was privileged to work closely, often observed that politics is medicine at another level. Political decisions profoundly influence health, and health professionals must engage with politics—not necessarily as politicians, but as advocates for policies that improve lives.

As African nations reflect on more than six decades of independence, questions persist about how far its promises of freedom, development and human dignity have been realised. Uganda's 64th Independence anniversary on 9 October 2026 offered an opportunity to revisit this debate. The subdued celebrations raised a wider question: has independence benefited ordinary citizens or disproportionately favoured political elites?

The true test of independence is not simply who governs, but whether people live longer, healthier and more dignified lives.

The gains—and the unfinished business

At independence, many African countries lacked adequate schools, health facilities and trained professionals. Since then, life expectancy has increased, immunization expanded, maternal and child health improved, and universities and research institutions have grown. Progress against HIV/AIDS, malaria and tuberculosis demonstrates what investment, science, community engagement and international cooperation can achieve.

Uganda illustrates this progress. World Bank data show that life expectancy at birth rose from approximately 45.6 years in 1960 to 68.5 years in 2024. These gains reflect advances in health services, disease prevention, living conditions and medical science, supported by Ugandan health workers, communities and international partners.

During my service as WHO Representative in Kenya, an elderly British settler remarked that I might never have become a doctor, let alone a WHO expert, had Uganda and other African countries not gained independence. His observation stayed with me. Political freedom opened educational and professional opportunities previously beyond the reach of many Africans, enabling them to realize their potential and contribute to society.

Yet sovereignty has not automatically delivered health, prosperity or social justice. Millions still face barriers to essential services, including shortages of health workers and medicines, long distances to facilities and unaffordable care. Avoidable maternal and child deaths persist, while diabetes, hypertension and cancer add to the burden of infectious diseases. Inequalities in access to quality care remain stark.

The health workforce presents another contradiction: countries train professionals while facilities remain understaffed and qualified people struggle to find employment. Inadequate financing, restrictive recruitment budgets, poor working conditions and weak workforce planning prevent countries from translating training into better services. Training health workers without enabling them to serve their communities wastes public investment and human potential.

What can Africa learn?

International comparisons offer food for thought. In 1960, life expectancy at birth was approximately 54 years in South Korea and 66 years in Singapore. By 2024, both countries had reached about 83–84 years, compared with 68.5 years in Uganda. Sri Lanka and Bangladesh recorded approximately 78 and 75 years, respectively. These differences raise an important question: what enables some nations to translate development into longer, healthier lives?

Resources and social conditions matter, but so do political and technical leadership, long-term planning, accountable institutions and effective use of public resources. Corruption and poor implementation squander scarce resources and undermine sound policies. Independence must deliver not merely political authority, but competent governance and tangible improvements in people's lives.

Health professionals must bring evidence, integrity and citizens' interests into public debate. This means advocating adequate domestic health financing, equitable access to quality care, reliable supplies of essential medicines, and workforce policies linking training to employment and retention. It also means challenging corruption and waste, strengthening accountability and promoting prevention through families, schools, workplaces and communities.

Advocacy alone is insufficient. African professionals must help shape policy, strengthen institutions, mentor future leaders and hold decision-makers accountable. When policies fail or public resources are misused, silence and inaction are not acceptable. Our expertise must serve society beyond our immediate professional duties.

A call to action

Fulfilling the promise of independence requires accountable political leadership, competent technical leadership, sustained investment and active citizen participation.

African health professionals and other technocrats possess the knowledge and influence to accelerate this transformation. We cannot leave the continent's future to political leaders alone while watching things go wrong. We must engage constructively, speak courageously and act collectively to secure better health and greater human dignity for all. **If not now, then when?, if not by us then by whom?**

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