Achieving sustainable development depends on healthy people. In this regard, public health is critical for long term development. It affects the quality of life as well as life expectancy, It determines the individual's and household's ability to plan for the future. Ill health of breadwinners is a major reason why families fall into poverty. Furthermore, it conditions economic development through multiple channels, including investment in education and enhanced labour productivity. Thus, improving health is critical for the well-being of Africa's people.

African populations are severely afflicted a variety of debilitating diseases, many readily preventable with adequate resources. Sub-Saharan Africa is the only region of the world where life expectancy has fallen over the last decades, reaching levels below 40 years in Botswana, Lesotho, Zambia and Zimbabwe[31]. Child mortality is the highest in the world, with an average under-five mortality rate of 163 per 1,000 in 2005 – double South Asia's. Maternal mortality is on average one hundred times higher than in developed countries. Malaria and HIV/AIDS kill more people in Africa than anywhere in the world, with some 800,000 children under the age of five dying each year of malaria in 2000-03 and with 2 million people dying from AIDS in 2006[32].

Health improvements are blocked by serious impediments in the region. Many are related to poverty, which reduces the payment capacity for health services while increasing the risks associated with insufficient nutrition, unsafe drinking water and reliance on traditional biomass for fuel. Through limited government budgets, poverty affects health infrastructures. With less than 2 hospital beds and 1 physician for 1,000 people in most countries, Africa lags behind other developing regions. Moreover, health infrastructure has not kept pace with rapid population growth, causing a deterioration of health services in many African countries.

Coping with these health issues is a long term process, involving a number of structural factors such as poverty alleviation. Yet, local initiatives may also play a part in this process, as evidenced by the two following cases. The Microcare experience illustrates the potential of a local community-based health financing project in Africa. Adjusting health coverage to the needs and resources of each community has allowed this insurer to cover categories of people that were never before covered by any type of private or public health insurance. With the utilisation of new information technologies, this project has been able to develop a range of affordable services, while minimising common risks of individual-based insurance schemes, e.g., that mostly those already in ill health will take cover and that they will seek to withhold vital health information from the insurer. In the same vein, the TRACnet experience, initiated by the Rwandan government, shows how new technologies can be utilised by African administrations to "leapfrog" towards a modern management of HIV/AIDS prevention and treatment. Where information technologies and transport infrastructures are missing, paperwork creates considerable bottlenecks in the management of medical information and hampers practitioners in their fight against pandemics. The introduction of a real-time information system has made it possible to cut paperwork, improve the management of drugs and reduce delays in diagnosis access.