

Reaching the unreachable: Closing public health gaps in Africa

Africa has made significant progress in strengthening public health systems. Yet, one defining challenge remains, the last mile is still the hardest to reach.

This was the central theme of a recent high-level discussion convened by the African Field Epidemiology Network (AFENET), bringing together public health leaders to reflect on how to close persistent gaps in access, service delivery, and equity across the continent.

"The unreachable are not invisible," the discussion emphasised. "They are populations facing structural, geographic, and social barriers."

These populations, living in urban informal settlements, remote rural communities, and fragile or conflict-affected settings, continue to experience limited access to essential health services despite broader system improvements.

At the heart of the discussion was a simple but powerful truth, articulated by AFENET director, Dr Simon Antara:

"A health system is only as strong as its ability to reach its most vulnerable. If there are communities we cannot see, populations we do not count, or individuals we fail to serve, then our systems, no matter how advanced, remain incomplete."

His remarks reflect a growing recognition across the continent: that progress in public health must now be measured not only by expansion, but by inclusion.

Across Africa, gains in immunisation, surveillance, and service delivery are evident.

However, these gains are not evenly distributed, and certain populations continue to be systematically underserved.

The concept of the "unreached" is often misunderstood. These populations are not absent from systems, they are known, counted, and often targeted in policy. Yet, they remain beyond effective reach due to a complex mix of structural and contextual factors.

These include geographic isolation, mobility linked to livelihoods, weak service delivery infrastructure, and social dynamics such as trust and access barriers.

The discussion highlighted that standard, one-size-fits-all approaches are often insufficient in such contexts. Health systems must adapt to the realities of the communities they serve.

A key takeaway from the conversation is the need to move beyond aggregate measures of success toward a stronger focus on equity.

National coverage indicators may suggest progress, but they can mask persistent gaps at subnational and community levels. Reaching targets is not enough if certain populations are consistently missed.

The focus must shift toward identifying who is left behind, understanding the drivers of exclusion, and designing targeted, context-sensitive interventions.

Closing these gaps requires more than incremental improvements, it calls for a deliberate rethinking of how public health systems operate at the last mile.

This includes strengthening community engagement, investing in frontline health workers, and designing services that align with how people live, move, and access care.

It also requires stronger integration across surveillance, service delivery, and communication, ensuring that systems are not only efficient, but responsive.

The discussion reinforced that reaching the unreachable is a shared responsibility across governments, partners, and communities.

No single institution can address these challenges alone. Progress depends on coordinated action, sustained investment, and a clear commitment to equity.

Reaching the unreachable is not a peripheral issue, it is central to the strength, resilience, and credibility of health systems.

Africa stands at a critical juncture. The foundations for stronger public health systems are in place, but the next phase must focus on ensuring those systems work for everyone.

Because ultimately, success in public health will not be defined by how far systems have advanced but by how far they can reach. And whether they reach those who need them most.

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