

Overcoming Power Imbalances in African-European Healthcare Collaboration

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Wednesday 30 April 2025

There is a growing awareness that, despite various collaborative initiatives, African-European healthcare relations continue to face structural challenges. Chief among these are power imbalances that allow well-funded European stakeholders to set agendas often misaligned with the realities on the ground in Africa. With most funding still donor-driven, the specific needs of African healthcare systems—whether improving primary care, addressing non-communicable diseases, or supporting local infrastructure—can remain underserved. We'll briefly explore the roots of these challenges and offer actionable recommendations to forge more balanced and sustainable partnerships.

The Nature of Power Imbalances

Power imbalances in health funding stem from a complex interplay of historical and economic factors. European donors—whether governments, philanthropic foundations, or NGOs—tend to hold the financial leverage that guides where and how healthcare interventions unfold. With the ability to choose and prioritise specific issues—for instance, high-profile infectious diseases—they often respond to global health agendas or public sentiment within donor countries. While these programs can offer significant benefits—particularly in areas such as disease prevention or emergency response—they sometimes overlook local needs that are less visible on the international stage. In practice, this means crucial public health concerns may be sidelined if they do not align well with donor emphasis, perpetuating a cycle where international funding and policy direction priorities overshadow on-the-ground realities.

Non-communicable diseases (NCDs) offer a vivid illustration of this challenge. Across many parts of Africa, conditions like hypertension, diabetes, and various cancers are rising steadily, driven by urbanisation, shifting dietary patterns, and changing lifestyles. Despite this trend, NCDs frequently compete—and sometimes lose out—when funding is concentrated on globally high-profile diseases such as HIV or tuberculosis. Although these communicable diseases remain urgent, the imbalanced allocation of resources can create significant gaps in the overall health system. A truly comprehensive approach would integrate NCD prevention and management with ongoing infectious disease efforts, but in practice, donors tend to channel resources toward priorities that garner the most media coverage and policy attention in their home countries. This mismatch not only hinders effective long-term planning but also risks undermining local health authorities' capacity to address more diverse or emerging public health challenges. As a result, the power dynamic that places decision-making largely in the hands of external actors can inadvertently limit the scope and sustainability of Africa's healthcare improvements.

Fragmented Coordination Among Donors

Even when donor focus aligns with local needs, fragmentation among European stakeholders can hinder overall effectiveness. Different donors often pursue individual agendas, resulting in overlapping projects in some regions while other areas remain neglected. Multiple NGOs, government bodies, and corporate foundations—each with distinct priorities—can inadvertently create a competitive environment, vying for visibility or credit for successes. In practical terms, this duplication might translate into a surplus of HIV prevention initiatives in one district while maternal health or mental healthcare go underfunded in another.

A more coordinated approach could align these fragmented efforts. One strategy involves creating centralised platforms or databases where African governments, NGOs, and scientific communities detail healthcare priorities, allowing donors to channel funds where they are most needed. Beyond preventing overlap, such a system would highlight the unique healthcare challenges within specific regions—be it HIV prevalence in southern Africa or non-communicable diseases in the north. Effective coordination is essential to transforming short-lived or disjointed programs into comprehensive, long-term improvements.

The Importance of Direct Engagement with Local Stakeholders

Improved communication with local experts—such as African scientists, community leaders, and grassroots organisations—represents a key step toward more equitable partnerships. Top-down strategies formulated in European capitals often lack the nuanced understanding of local health and cultural contexts. When local stakeholders participate in decision-making from the start, projects are more likely to respond to actual needs, thereby enhancing both efficiency, ownership and sustainability.

Community engagement helps sidestep some of the bureaucratic and political bottlenecks that can arise when dealing solely with government entities. Many donors may be accustomed to a hierarchical approach—formal negotiations with government ministries or national officials—yet communities and local scientists often possess the clearest picture of healthcare realities on the ground. By inviting these voices into the design, implementation, and evaluation of healthcare programs, donors can align their resources with genuine needs, increasing the likelihood of measurable impact.

Strategic Pathways Forward

1. **Coordinated Databases and Platforms:** A unified database that maps healthcare priorities can streamline donor contributions, ensuring that funds are allocated equitably across regions and disease burdens.
2. **Multi-Stakeholder Dialogues:** Structured forums that bring donors, local governments, NGOs, and scientific communities together can foster a shared vision and reduce duplication.
3. **Context-Specific Funding Mechanisms:** Future collaboration models should offer flexible funding channels. Smaller community-based organisations, for instance, often

have immediate solutions but may lack the formal credentials to meet donor criteria. Streamlined grant processes can widen access to resources where they are needed most.

4. **Robust Monitoring and Evaluation:** Both African and European stakeholders benefit from transparent systems that measure the impact of funded programs, allowing for course corrections when necessary.

Conclusion

Realigning African-European healthcare collaboration means acknowledging existing power imbalances and implementing frameworks that prioritise local expertise and needs. Fragmentation among donors exacerbates systemic gaps. Yet these challenges also represent opportunities for meaningful reform. When funding strategies are informed by direct engagement with grassroots stakeholders and coordinated effectively among diverse donors, the potential for lasting impact grows significantly.

By moving toward equitable, transparent, and context-sensitive partnerships, Africa's healthcare landscape can gradually shift from dependency to self-sufficiency. Such an evolution requires coordinated effort and genuine dialogue—coupled with rigorous, evidence-based approaches to funding and collaboration. Ultimately, bridging the gap involves more than writing checks or signing agreements; it demands joint responsibility for creating robust, locally anchored healthcare systems that serve African populations sustainably and effectively.

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