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The recent unprecedented availability of funds to alleviate health care problems in many African countries has been lauded as an important gesture from Western governments and financial donors. However, this type of funding often comes with constraints as the donors identify which projects to fund, who will implement them, and how to run them with little to no local community participation in the decision making process. Moreover, these vertical projects tend to lure away health care workers from the public sector with better pay incentives, and this leads to a further deterioration of existing health care facilities and services. Decreasing life expectancy and increasing infant mortality in many African countries is a relevant indicator to the failure of this type of funding for projects that fractionate instead of support public health care services (Garret, 2007). Some analysts believe this trend could cause more harm to health care systems in Africa (Hsiao, 2007; Garret). More donor focus should be directed at developing the public health system as a whole, rather than concentrating on noble but largely ineffective "favorite" vertical projects. Furthermore, donors funding should implement sustainable, locally-owned and "driven" projects that increase, rather than deplete, indigenous human capacity and serve to improve in-country public health care services.