



Navigating the Paradox of Decentralisation by Devolution: An Evaluation of Public Healthcare Service Delivery in Developing Countries

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Abstract

Decentralisation by devolution has emerged as a strategic approach in developing countries to enhance public healthcare service delivery through increased local responsiveness and community participation. However, this shift presents a paradox: while aimed at empowering local authorities, decentralisation often exacerbates existing disparities, hinders effective resource allocation, and complicates cohesive healthcare policy implementation. This study examined the interplay between efficacy and accountability in decentralised health systems, drawing on case studies from Uganda, Kenya, Ghana, Indonesia, Brazil, South Africa, and Tanzania, employing a systematic literature review and mixed-methods approach. Key findings indicated that decentralisation can improve local healthcare service delivery, but its effectiveness is frequently constrained by governance capacity and resource allocation challenges. The research highlights the importance of strengthening local governance capabilities, fostering community engagement, and addressing contextual factors like local government competencies and fiscal resources. Limitations include a reliance on English-language publications, potentially excluding valuable insights from other languages, and the selected case studies may not represent all decentralised healthcare experiences. The study recommends comprehensive capacity-building initiatives, stronger accountability frameworks, and active community involvement to ensure equitable healthcare outcomes. By acknowledging the paradox of decentralisation, policymakers can better design and implement reforms, ultimately enhancing health service delivery in developing.

Introduction

The pursuit of effective governance in the health sector has increasingly led many developing countries to adopt decentralisation by devolution as a strategic approach to improve public healthcare service delivery (Abimbola et al., 2019). Decentralisation is posited to enhance local responsiveness, foster community participation, and integrate health services more effectively with the needs of the population (Oliveira et al., 2023). However, this shift toward localised governance presents a paradox: while it aims to empower local authorities and improve accountability, it can also exacerbate existing disparities, hinder resource allocation, and challenge the coherence of healthcare policies (Zaidi et al., 2019).



This paradox is exemplified by the experiences of several developing countries that have implemented decentralised healthcare reform following their respective legal frameworks. For instance, Uganda's Constitution of 1995, supplemented by the Local Government Act of 1997, provides a legal foundation for decentralised governance, granting local governments the authority to manage health services (Tugume, 2018). Although this legal framework led to the construction of new facilities and increased access to care in some areas, it also fostered significant regional disparities in healthcare access and quality (Razavi et al., 2020). Districts that lacked adequate resources or skilled personnel struggled to deliver effective care, while wealthier districts thrived (Sapkota et al., 2023). This inconsistency underscored the challenge of ensuring equitable service delivery in the context of decentralisation.

Similarly, Indonesia's health sector illustrates the complexities of decentralised governance, framed by the Law on Regional Government of 1999, which aimed to enhance local autonomy after the 1998 reforms (Indonesia, 1999). The decentralised approach granted regional governments greater authority, resulting in improvements in local health initiatives, such as maternal and child health programs in some provinces (McCollum et al., 2018). However, Pierskalla and Sacks (2017) revealed that regions with effective local leadership enjoyed enhanced health outcomes, whereas others lagged significantly due to mismanagement and lack of accountability. Political patronage often influences funding decisions, leading to the neglect of rural areas and exacerbating health inequities (Noak, 2024). Thus, while decentralisation was intended to bring healthcare closer to the community, it instead highlighted disparities in local capacities and governance (Rosser, 2017).

As outlined in the Ghana Health Service Act 2016, the governance structure in Ghana provides another compelling case highlighting the paradox of decentralisation (Boamah, 2018). The country adopted a decentralised healthcare system in the early 2000s to increase local participation and ownership of health services (Zon et al., 2017). This strategy involved the creation of District Health Management Teams tasked with improving service delivery. Initial results indicated enhanced health indicators, such as immunisation rates and access to maternal healthcare services. However, research shows significant challenges, including misalignment between central policies and local needs (Bawole, 2017). Bureaucratic inefficiencies and inadequate funding at the district level resulted in varied performance across regions, underscoring that decentralisation without sufficient capacity-building and resource allocation can lead to sub-optimal health outcomes (Agyemang-Duah et al., 2018).

In Brazil, the 1988 Constitution established the Unified Health System (SUS), granting municipalities significant authority over health services to provide universal health coverage. While decentralisation has improved health outcomes, the SUS has faced criticism for persistent regional inequalities and administrative challenges (Machado & Silva, 2019). Differences in local government capacities have resulted in unequal service delivery and access to health resources, exacerbated by mismanagement and corruption that divert funds intended for healthcare improvements (Machado & de Lima, 2024).

Although decentralisation aims to facilitate local decision-making in health service delivery, without robust legal frameworks and mechanisms to ensure accountability and capacity-building, local governments may struggle to manage effectively (Liwanag & Wyss, 2019). Moreover, the interaction between central authorities and local governments often becomes contentious, with central mandates competing against local needs and priorities (Davidson, 2018). For instance, in South Africa, the realities of political dynamics and resource allocation have often led to the fragmentation of services and inequities in healthcare access (Maphumulo & Bhengu, 2019).

This paper sought to navigate the paradox of decentralisation by devolution in the public healthcare sector, focusing on lessons learned from various developing countries.



Methodologies

The study utilised a systematic literature review and case study analyses to examine the paradox of decentralisation in health systems. This approach allows for both qualitative and quantitative assessments of health service delivery outcomes, enabling the identification of best practices and the challenges faced in various contexts.

Systematic literature review

A systematic literature review was conducted to synthesise existing research on the relationship between decentralisation and healthcare service delivery in developing countries. The review focused on peer-reviewed articles, books, and reports published between 2010 and 2023 to encompass recent scholarship. Comprehensive searches were performed across major academic databases, including JSTOR, PubMed, Scopus, and Google Scholar, utilising targeted combinations of keywords such as "decentralisation," "healthcare delivery," "developing countries," "public health," "devolution," and "service equity."

A set of inclusion criteria was established to ensure rigour, requiring selected studies to address the effects of decentralised governance on health outcomes explicitly. This included evidence of service quality, access, equity, and local governance efficacy in healthcare systems. Articles that lacked empirical data or focused solely on theoretical discussions were excluded from the review.

After applying the inclusion criteria, 60 sources were identified, and a detailed examination of each source's methodology, findings, and contributions to the debate on decentralisation in healthcare was conducted. This review was structured to identify key themes, such as local governance, resource allocation, community engagement, and disparities in health services.

Case study selection

In addition to the systematic literature review, the study incorporated case studies of selected countries undergoing significant healthcare decentralisation reforms. The case studies were chosen based on their relevance and the diversity of experiences they provide. Countries such as Senegal, Burkina Faso, Mali, Uganda, Kenya, Ethiopia, Nigeria, Indonesia and Tanzania were selected due to their varied outcomes regarding healthcare delivery following decentralisation.

Each case study involved a qualitative analysis of governmental reports, policy documents, and academic research, focusing on the evolution of healthcare delivery models, the impact of decentralisation on local health outcomes, and the lessons learned from specific policy implementations. Where feasible, stakeholder interviews were also conducted with health professionals and local government officials. This enabled the collection of first-hand accounts of the successes and challenges associated with decentralisation efforts.

Data analysis

The data from the literature review and case studies were subjected to thematic analysis. This analytical framework involved coding the data to identify recurring themes and patterns related to the study's main objectives. The focus was on assessing how decentralisation through devolution affected health service delivery dimensions, such as accessibility, quality, and equity.

A comparative analysis was performed to contrast findings from the different case studies, allowing for a nuanced understanding of how contextual factors influence the effectiveness of decentralised health systems. Specific attention was given to the role of local government capacity, community involvement, funding mechanisms, and the alignment of regional and national health policies.

Limitations

Although the methodological framework adopted for this study is comprehensive, several limitations must be acknowledged. The reliance on English-language publications may inadvertently exclude valuable insights available in regional languages. Additionally, the selected



case studies may not represent all possible experiences of decentralised healthcare, as contextual variations can significantly influence outcomes. Nonetheless, the combined approaches of systematic literature review and case study analysis enhance the robustness of the findings, providing a well-rounded evaluation of the complexities surrounding decentralisation in public healthcare service delivery.

Results and Discussion

This study revealed the multifaceted dynamics of decentralisation by devolution in public healthcare service delivery across developing countries, highlighting its varied successes and inherent challenges. Through an evaluation of case studies from Senegal, Burkina Faso, Mali, Uganda, Kenya, Ethiopia, Nigeria, Indonesia and Tanzania, we identify key themes that capture the paradoxes and complexities of health governance in decentralised systems.

Governance capacity and resource allocation

In Burkina Faso, the decentralised governance model illustrates both progress and stagnation, particularly in rural communes where governance structures often remain weak (Billing, 2019). While the Decentralisation Law of 2004 mandates the establishment of capable local governments, the practical implementation of policies varies significantly across regions, frequently disadvantaging rural populations (Burkina Faso, 2004). Research indicates that enhancing governance capacity at the regional level is essential for equitable resource allocation (Zon et al., 2020). Local governments must cultivate systems that effectively utilise available resources and address community needs.

In Mali, the 1999 Decentralisation Law reinforces local governance, yet ongoing challenges of administrative capacity remain (Mali, 1999). Gottlieb's work (2016) highlights significant gaps in local governance capabilities, noting that local governments often lack the necessary skills and resources to manage health services effectively. This results in inconsistencies in service delivery and inequitable resource distribution. The authors emphasise that strengthening local governance capacity can improve health outcomes, particularly in underserved regions.

Uganda's experience with decentralisation, as outlined in the Local Governments Act of 1997, provides critical insights into governance capacity and resource allocation (Uganda, 1997). A study by Mwesigwa and Oladapo (2021) emphasised the role of local councils in health service delivery yet revealed that many local governments struggle with inadequate resources and governance capacity to meet community health needs. The findings advocated enhanced training and capacity-building initiatives to empower local officials, improve service delivery, and ensure resource allocation aligns with local health priorities.

Kenya's decentralised health system, established following the 2010 Constitution and the County Governments Act of 2012, has produced positive outcomes alongside significant challenges concerning governance capacity (Kenya, 2012). Research conducted by Macharia et al. (2021) highlighted ongoing disparities in resource allocation between urban and rural areas. While devolved systems facilitate localised decision-making, their effectiveness depends on the local government's capacity to manage resources efficiently. The authors advocate for a comprehensive strategy aimed at strengthening capacity-building among local health authorities to promote equitable resource distribution.

Ethiopia, guided by its Constitution and Federal Governance System, has a strong regional structure, yet governance capacity issues remain prevalent. Khan et al. (2017) found that the federal government's allocation of regional resources leads to uneven distribution, exacerbated by substantial variations in local governance capacity. The study highlights the importance of enhancing local officials' skills and competencies to improve health service delivery outcomes and ensure resources align with local health needs.



In Nigeria, the challenges associated with decentralised governance and resource allocation are well-documented through the lens of the Local Government Act of 1976 (Nigeria, 1976). Research by Adeloje et al. (2017) highlighted local governments' insufficient financial and human resources to implement effective health programs. The incapacity of local governments hampers resource distribution and leads to significant health service disparities. Strengthening local governance mechanisms is essential to improve health outcomes.

Tanzania's experience with decentralised health governance showcases both advancements and obstacles. A study by Lufunyo and Pallangyo (2017) indicates that while local governments have been granted increased responsibilities in health service delivery, they grapple with inadequate capacity and resources. The researchers emphasise the critical need for investments in training and professional development for local officials to improve governance capacity and ensure that health resources are allocated effectively and equitably.

In Indonesia, the effects of decentralisation on governance capacity and resource allocation show mixed outcomes. A study by Rakmawati et al. (2019) reveals that local governments cannot often manage decentralised health services effectively, resulting in inefficient resource allocation and service disparities. The authors advocated for enhanced support from national authorities to build local capacities and establish better systems for resource utilisation, addressing the inequalities present in health service delivery across regions.

Tensions between central and local authorities

The Ugandan case illustrated complexities arising from the dual governance structure, where local councils manage considerable public expenditure while facing constraints from central mandates. Recent directives have constrained local autonomy, revealing ongoing tensions between national objectives and local needs (Galukande, 2019). These tensions manifest in budgetary constraints and bureaucratic hurdles hindering local governments' ability to respond to community-specific issues. Aligning central and local governance goals ensures decentralisation effectively enhances local service delivery.

In Senegal, the relationship between central and local authorities has similarly encountered significant tensions, particularly in the 2004 Local Government Code context. According to a study by Wilfahrt (2018), local governments often face challenges due to centralised funding mechanisms that limit their control over local resources. The central government's budgetary control undermines local autonomy, leading to frustrations among local officials expected to meet community needs without adequate authority or resources. The authors advocated re-evaluating funding mechanisms to promote genuine decentralisation that enhances local governance and accountability.

In Burkina Faso, tensions between central and local authorities are exemplified in rural areas, where local governments often lack resources and decision-making power. Hagberg and Körling (2016) found that while decentralisation laws exist, bureaucratic delays and limited financial transfers from the central government hinder effective service delivery. This disconnection results in local councils struggling to deliver essential services. The authors argue for a more empowering fiscal decentralisation approach, ensuring local governments receive adequate resources and authority to meet population needs.

A complex landscape of policies and practices has characterised Kenya's interplay between national and local authorities. Research by Cheeseman (2016) highlights that despite constitutional provisions supporting devolved governance, local authorities still encounter challenges in asserting their autonomy. Significant control retained by the central government can stifle local innovation and responsiveness. Reforming roles to clarify responsibilities between national and regional governments is crucial for better collaboration and service delivery.



Mali's decentralisation efforts face similar challenges, where the central government's influence often conflicts with local governance initiatives. A study by Umutoni et al. (2016) indicated that local governments struggle to balance community needs with directives from the central government. This environment of tension affects service delivery and undermines local governance effectiveness.

Ethiopia's federal structure poses distinct challenges related to central-local authority tensions. A study by Kasim and Agbola (2017) reveals that although regional states possess considerable power, they remain subject to overarching federal policies. National policies can override local needs, creating friction and dissatisfaction at the regional level. The study advocated for more responsive governance that aligns federal objectives with local realities, thereby improving service delivery.

In Nigeria, notable tensions between federal and local authorities arise regarding resource allocation and governance responsibilities. Research by Yagboyaju and Akinola (2019) discusses local governments' lack of financial autonomy to implement vital programs, as funding is often controlled at the state or federal level. This dependency can frustrate local initiatives and diminish accountability. Revisiting the intergovernmental fiscal framework is essential to give local authorities the autonomy and resources necessary for effective governance.

Tanzania's experience revealed complexities in central-local authority tensions. A study by Kweka (2022) indicated that while local councils are responsible for regional development, they often clash with directives from the central government that overlook local contexts. This disconnect leads to inefficiencies in service delivery, underscoring the importance of integrating local perspectives into national policies to reduce conflicts and enhance governance.

Indonesia's experience showcased similar tensions, especially within its decentralised governance system. Research by Das and Luthfi (2017) revealed that local governments face challenges in aligning their development agendas with central government policies. Regional initiatives, often undermined by central directives, lead to frustrations among local leaders. A collaborative framework between central and local policies is necessary to optimise service delivery and resource use.

Fiscal dependency and corruption

Nigeria's experience revealed persistent fiscal dependency on federal allocations, hampering local governments' operational autonomy and capacity to meet constituents' needs (Ata-Agboni et al., 2023). Reliance on federal transfers restricts local government's ability to generate local revenue and effectively manage finances. This situation results in inadequate service delivery and diminished accountability, leading local governments to prioritise central mandates over community-specific issues (Murphy & Moosa, 2021). Unpredictable federal allocations further strain local governments, fostering public disillusionment with governance.

Indonesia faces significant corruption and resource misallocation driven by rent-seeking behaviours among local leaders. Adi (2018) discusses how decentralisation, intended to empower local governments, has sometimes increased opportunities for corruption. Local officials may exploit positions for personal gain, undermining public trust and diminishing effectiveness. Robust anti-corruption frameworks and oversight mechanisms are essential to ensure local governments remain accountable to constituents and manage public resources effectively.

In Burkina Faso, fiscal dependency on the central government also challenges local governance. Billing (2019) emphasises local governments' struggle to generate revenue due to limited fiscal powers and increasing reliance on transfers. This dependency affects local councils' operational autonomy and fosters corruption, as regional leaders may engage in unethical practices to compensate for insufficient funding. The study calls for enhanced fiscal decentralisation policies to empower local governments to generate revenues and reduce corruption.



Mali's fiscal dynamics presented a similar picture, where local governments suffer constraints due to reliance on central funding. Craven-Matthews and Englebert (2018) pointed to inadequate financial resources from the central government as a barrier to effective local governance, contributing to corruption and misallocation of available funds. The study advocated for a more equitable and transparent distribution of resources, emphasising that strengthening local governments' financial independence is vital for improving accountability and service delivery.

In Uganda, fiscal dependency remains a pressing issue affecting local governments. Research by Green (2018) highlighted local authorities' reliance on grants from the central government, limiting independent financial planning capacity. This dependency fosters misuse of community project funds, creating environments conducive to corruption. The research advocates for reforms enhancing local revenue generation and transparency in financial management.

Kenya's fiscal dependency is characterised by unpredictable intergovernmental transfers that fall short of meeting local governments' needs. Manyala (2021) noted that delays in financial transfers from the national government prompt corruption, as regional leaders may resort to illicit funding methods. This scenario reflects broader governance issues where local councils feel pressured to engage in rent-seeking behaviours to meet service delivery expectations. Strong financial management systems and policies are crucial for improving local fiscal autonomy and integrity.

Ethiopia's federalism poses unique challenges related to fiscal dependency and corruption among local officials. Bushashe and Bayiley (2024) note that while regional states have autonomy, their financial resources depend on federal allocations, fostering corruption-prone environments. Mismanagement and corrupt practices emerge in this context, as reported by Hassan (2018). This study underscores the need for robust accountability mechanisms and fiscal reforms to mitigate local-level corruption.

In Tanzania, financial dependency on central government transfers leads to inefficiencies in resource allocation and opportunities for corruption. Research by Gray (2015) reveals that enhancing local revenue generation capabilities through tax reforms and improving financial practices are crucial steps to combat corruption and promote effective governance.

In Senegal, fiscal dependency stands as a crucial concern for local governments. Korsun and Meagher (2018) underscored how reliance on national budgets limits local autonomy while fostering corruption. Local leaders may resort to corrupt practices to secure resource allocation for local projects, compromising decentralisation goals. Reorganising fiscal policies to encourage local revenue generation and empower local authorities with greater independence will enhance accountability and transparency.

Comparative Insights on Decentralisation Outcomes

Across the case studies, a common theme emerges: the effectiveness of decentralisation through devolution is contingent on the unique contextual factors of each country. In Ethiopia, for example, competing central and regional authorities have substantially limited local governance capacity (Bekele & Kjosavik, 2016). Although designed to provide local autonomy, the federal structure has often prompted significant power struggles between the federal government and regional states. Consequently, local administrations frequently find themselves constrained in enacting policies responsive to local needs, leading to gaps in service delivery and citizen dissatisfaction (Mohamed et al., 2020).

Similarly, in Nigeria, the devolution of powers has not translated effectively into local governance outcomes. Research by Abasili and Akinboye (2019) suggested that persistent fiscal dependency on federal allocations hampers local governments' ability to deliver essential services, resulting in inadequate infrastructure and limited development initiatives. Political instability stemming from competing governance levels complicates the implementation of decentralised policies, underscoring the need for structural reforms to enhance local governance effectiveness.



Burkina Faso's political instability has also hampered local governance considerably. Leclercq and Matagne (2020) indicated that while strides have been made in decentralisation, recurrent conflicts and changes in government undermine efforts to empower local councils. Sustainable decentralisation must consider political and socio-economic contexts, suggesting that fostering political stability is crucial for successfully implementing decentralisation policies.

Mali presents a similar narrative, where decentralisation and insecurity complicate local governance. Sandor (2017) notes ongoing political crises significantly impact service delivery and local governance efficacy. This context suggests that assessing decentralisation successes in Mali requires addressing the overarching security landscape, emphasising the importance of local governance within a broader peace-building framework.

Uganda's decentralisation experience underscores the importance of citizen engagement. Mwesigwa (2021) indicate that while local governments hold significant authority, effective decentralisation hinges on citizen involvement in decision-making processes. For decentralisation to succeed, mechanisms that foster community participation, enhancing accountability and responsiveness to community needs must be established.

Kenya's decentralisation journey has produced mixed outcomes shaped by political dynamics and public expectations. Omweri (2024) argues that while devolution offered local governments a chance to address community needs, challenges persist in resource allocation disparities. Future decentralisation strategies should centre on creating equitable distribution mechanisms and enhancing transparency to build public trust in local governance structures.

Tanzania aims for improved public services through decentralisation, yet bureaucratic inefficiencies and weak local revenue generation capacity pose obstacles. Yusuph and Guohua (2017) highlight that the central government's grip on funding diminishes local governments' autonomy. Empowering local authorities through revenue-raising capabilities and financial management training is necessary to enhance responsiveness to local needs.

Senegal's complexities in decentralisation are illustrated by Diop (2021), who emphasises that while a legal framework exists, practical implementation falters due to weak local government capacities and inconsistent political support. Effective decentralisation depends on bolstering local capacities and ensuring they are adequately funded and supported to fulfil their mandates.

In Indonesia, the implications of decentralisation reveal challenges stemming from corruption and political patronage. Berenschot and Mulder (2019) assert that decentralisation has sometimes facilitated corrupt practices among local leaders, undermining governance objectives. Addressing these issues through comprehensive anti-corruption measures alongside decentralisation efforts is necessary to ensure local governance systems can meet responsibilities effectively.

Conclusion

The evaluation of public healthcare service delivery in developing countries through the lens of decentralisation by devolution reveals a complex interplay of successes, challenges, and contextual nuances. While decentralisation has been envisaged as a mechanism to enhance local responsiveness and improve service delivery, the experiences across various nations demonstrate that without adequate support systems and legal frameworks, it can lead to increased disparities, inefficiencies, and inequities. The varying outcomes in different countries, underscored by issues of governance capacity, fiscal dependency, and local political dynamics, highlight the necessity for holistic and context-specific approaches to implement decentralisation strategies effectively.

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