**Aspects of Decentralization in the Health System**

The complete RHIS curriculum is available here: <https://www.measureevaluation.org/our-work/routine-health-information-systems/rhis-curriculum>

**7.1.2**

**Decentralization:** political reform designed to promote local autonomy, decentralization entails changes in authority and financial responsibility for health services. Hence, decentralization can have a large impact on health service performance. Several forms of decentralization affect the health sector in different ways:

1. Deconcentration, which transfers authority and responsibility from the central level of the Ministry of Health to its field offices
2. Delegation, which transfers authority and responsibility from the central level of a health ministry to organizations not directly under its control (such as central pharmacy or training institutions)
3. Devolution, which transfers authority and responsibility from the central level of the government (including the health ministry) to lower-level autonomous units of government
4. Privatization, which involves the transfer of ownership and government functions from public to private bodies, which may consist of voluntary organizations and for-profit and not-for-profit private organizations, with varying degree of government regulation

Most countries have begun to undertake some form of health system decentralization, but the results in terms of health system and service management and performance have been highly variable.

**Some of the widely anticipated results of decentralization are the following**:

* More authority being granted to provincial and district health directors to make more and increasingly important decisions on service development and resource allocation
* Planning and decision making made at the subnational level can better address local needs and conditions
* Resources provided by central-level ministries, programs, and institutions increasingly untied to nationally-defined strategies and activities, leaving more allocation responsibility to the local authorities
* Support for the health system and sources increasingly benefiting from the local involvement, cooperation, and collaboration of more stakeholders at that level: the communities and community-based organizations, the private sector providers, direct contact with external funders and their projects
* Central-level direction decreasing, but useful communications and collaboration increasing

**The results at the subnational levels produced by decentralization were not always as expected:**

* Often, the allocation of increased authority and responsibility was not accompanied by resources, particularly resources for discretionary use.
* More resources were expected to be forthcoming from provincial and district administrations.
* Authority and opportunity for local decision making was less than expected, while the responsibility for producing results increased.
* The planning, management, and monitoring workload increased at subnational levels, but the supply of appropriate staff did not.
* In some cases, decentralization in combination with the further development of reporting requirements and technology increased the effort and time to be devoted to data capture, analysis, and reporting without the needed staff capacity.

