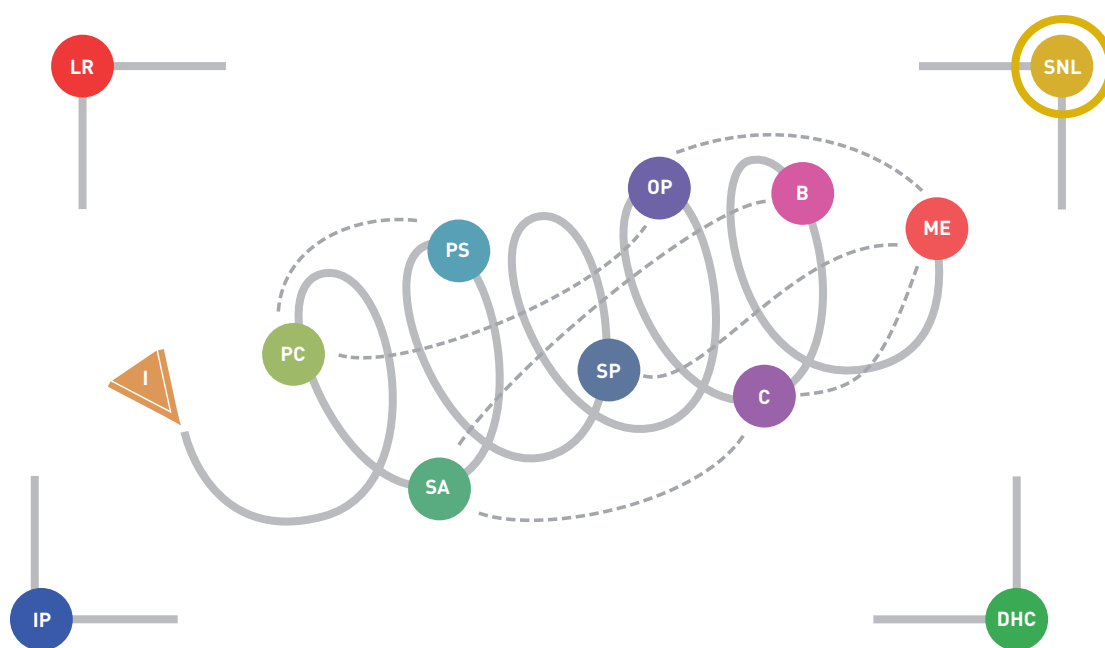


Strategizing national health in the 21st century: a handbook
Chapter 11

Strategizing for health at sub-national level

Katja Rohrer





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A photograph of a man in profile, sticking his tongue out and pointing his right index finger. The image is overlaid with a blue tint. In the background, there are anatomical diagrams of the human body, including a knee joint and a full-body figure.

Overview

“Sub-national” describes any government entity below the national level, regardless of the political, financial and administrative design of the country. “Strategizing at sub-national level” refers to all systematic planning and programming as well as budgeting and resource allocation processes below the national level, i.e. at local, district or regional level. Moving the planning function to sub-national level, either through deconcentration, delegation or devolution (elaborated further in this chapter), can have positive impacts on the accountability of public policy to the

recipients of services. In addition, it can help increase community participation, increase flexibility in planning, and help mitigate geographical and social imbalances. In this chapter, challenges specific to the decentralized context and planning processes are detailed; this guidance is sorted according to the target audience of the national level (what should this level watch out for in a decentralized country when undertaking national-level health planning?) and sub-national level (what are the issues to consider when engaging in a planning process at sub-national level?).

Summary

What is strategizing for health at sub-national level?

“Strategizing at sub-national level” refers to all systematic planning and programming as well as budgeting and resource allocation processes below the national level, i.e. at local, district or regional level. Sub-national planning is generally determined by the dimension and range of decentralization, as well as the degree of autonomy of the sub-national planning authority.

Why is strategizing for health at sub-national level important?

The features of decentralization have a strong influence on the structure, content, the different steps and the outcome of overall national health policies, strategies and plans (NHPSPs). In addition, Planning at sub-national level, either in deconcentration, delegation or devolution contexts (elaborated further in this chapter), can have positive impacts on the accountability of public policy to the recipients of services. In addition, it can help increase community participation, increase flexibility in planning, and help mitigate geographical and social imbalances. Furthermore, in some cases, it is simply a legal necessity, and not being aware of the consequences of decentralized planning is a missed opportunity.

When should sub-national planning be considered during the planning cycle?

National planning authorities must take sub-national planning into account throughout the policy and planning cycle. That being said, it is crucial that the arrangements and schedule for sub-national planning be carefully considered from the beginning in relation to the overall process of strategizing for health. Sub-national input is absolutely critical for shaping the overarching national health plan. At the same time, national-level collaboration in sub-national planning processes is necessary to ensure coherence across regions and sub-national structure, and to enable aggregation of data and information at national level.

Who should be engaged in sub-national planning?

All stakeholders involved in the national health planning process, be they within the ministry of health (MoH) or outside it, should be attentive to the decentralized health system structure and its consequences for sub-national and national planning. Nongovernmental actors or external partners (e.g. United Nations, bilateral organizations) who are supporting planning

processes should acknowledge the decentralized setting and act in accordance to its rules and regulations. The MoH has a special oversight function to provide guidance and capacity support to sub-national entities, ensuring overall coherence with the national health sector vision.

How to strategize for health at sub-national level?

Sub-national planning is relevant to each step of the policy and planning cycle. In this section, each such step is addressed in relation to planning at sub-national level per se, as well as in relation to national-level planning in a decentralized context. Concrete recommendations and special issues to consider are elaborated upon.

11.1 What is strategizing at sub-national level?

11.1.1 What do we mean by “sub-national”?

“Sub-national” and “national” define different organizational tiers of government. “Sub-national” describes any government entity below the national level, regardless of the political, financial and administrative design of the country. It therefore encompasses any intermediate (e.g. district, state, regional, provincial) and local governments as well as semi-independent government organizations (e.g. parastatals) at sub-national level.

- ▶ Most countries are equipped with a three-tier government system.
- ▶ The first tier is usually the national level, with the national – sometimes federal – MoH).
- ▶ The second tier is generally composed of a regional government. Examples are (federal) states (e.g. India, Germany, Nigeria), cantons (e.g. Switzerland) or regions (e.g. Mali).
- ▶ The third tier is usually the district (sometimes called “local health system” in the literature), a local administrative unit, with varying sizes and varying numbers of subunits (please see Box 11.2, below). For example, in India, a district is a local administrative unit that is positioned immediately below the state level.

Hence, “sub-national” in this chapter and this handbook refers to any tier below the national level.

11.1.2 What do we mean by “strategizing at sub-national level”?

Strategizing at sub-national level, or sub-national planning, refers to all systematic planning and programming as well as budgeting and resource allocation processes (in essence, the full policy and planning cycle) below the national level, i.e. at local, district or regional level.

The degree of interaction between the national and sub-national level as well as the involvement of each in the other’s planning processes is determined by the characteristics of decentralization and the degree of autonomy granted to each level of the health system. Sub-national and national-level planning are thus highly interconnected in terms of both hierarchical and functional relations. Consequently, understanding the dynamics of a sub-national planning process is essential for all health sector stakeholders, regardless of the level at which they function.

“Sub-national” describes any government entity below the national level, regardless of the political, financial and administrative design of the country.

Strategizing at sub-national level refers to all systematic planning and programming as well as budgeting and resource allocation processes below the national level.

11.1.3 What do we mean by “decentralization”?

Decentralization manifests itself in practice in each country or setting in different ways, and heavily influences the arrangements of sub-national health planning.

Decentralization is “the transfer of formal responsibility and power to make decisions regarding the management, production, distribution and/or financing of health services, usually from a smaller to a larger number of geographically or organizationally separate actors”.¹ Thus, a decentralized health system is one where responsibilities and decision-making power are transferred from the national level (i.e. MoH) to sub-national levels of government and administration.

Decentralization manifests itself in practice in each country or setting in different ways, and heavily influences the arrangements of sub-national health planning. The characteristics of decentralization as described in Box 11.1 thus determine the extent of deferral of power, responsibility, influence and accountability to sub-national levels.

Box 11.1

Characteristics of decentralization: dimensions, degrees and ranges^{2,3,4}

Dimension of decentralization (they can coexist and are not mutually exclusive)

- ▶ **Political decentralization:** political entities are run according to democratic rules: greater policy-making power for sub-national representatives.
- ▶ **Administrative decentralization:** administrative entities are run according to managerial precepts: greater role for sub-national level in service delivery.
- ▶ **Fiscal decentralization:** fiscal entities are run primarily as financial bodies: greater authority for sub-national institutions for collection and use of funds.

Degree of autonomy

- ▶ **Deconcentration:** shift of administrative responsibilities from national level to sub-national level. Authorities and

responsibilities would be transferred from MoH at national level to sub-offices of the ministry at regional or local level.

- ▶ **Delegation:** transfer of defined administrative or policy initiation power to lower levels. Authorities and responsibilities would be transferred from MoH to entities that are not under the direct supervision of the ministry.
- ▶ **Devolution:** transfer of political power from national government to autonomous territory governments.

Range of decentralization

- ▶ **Number of sectors affected by decentralization:** all sectors of government or only specific sectors or functions.
- ▶ **Number of tiers of decentralization:** number of sub-national levels (e.g. federal level, state, district, municipal ...).

11.1.4 What does decentralization look like in practice? Some country examples

Given that different countries' health system features and characteristics vary across the globe based on historical and social patterns, decentralization in the health system is not a homogenous concept. A decentralized health system is the product of a multifaceted variety of factors specific to:⁵

- ▶ the national political, social and cultural context and circumstances;
- ▶ the way the national health system is organized;
- ▶ the characteristics of the functions that are decentralized; and
- ▶ the nature of institutions to which responsibilities are transferred.

Thus, "decentralization" and "centralization" are not two mutually exclusive concepts – they are rather two endpoints of a wide spectrum of possible elements and combinations.⁶

A decentralized health system is the product of a variety of factors such as: the national political, social and cultural context and circumstances; the organization of the national health system; the functional characteristics that are decentralized; and the nature of institutions to which responsibilities are transferred.

Hence, decentralized health systems can differ from country to country. In addition, in practice, there are no neat examples of a purely deconcentrated, delegated or devolved system. Instead, almost all systems are mixed, with a patchwork of different elements of decentralization, heavily influenced by the history, culture and politics of the specific setting. Just as an example, Canada's health system is characterized by strong decentralization with autonomous sub-national levels – but the federal government remains responsible for health and pharmacy regulation and health financing. The principle responsibility for the provision of health services lies with Canada's 10 provinces. In Spain, based on historical developments, the degrees of decentralization vary across the

different communities, especially in regard to fiscal responsibilities. Two communities (the Basque and Navarre Communities) are able to tax their population locally and use a portion of those funds for health, while all others are allocated a health budget by the national level.^{7,8}

11.1.5 Sub-national planning in a decentralized environment

Since the specificities of sub-national planning are determined by the characteristics of health system decentralization (and the broader political context), it is important to understand the degrees of autonomy of sub-national institutions (see Table 11.1) as described below. These categories, while not so clear-cut and neat in reality, still contain essential elements which shape sub-national arrangements.

(a) Deconcentration: transfer of responsibility to a lower administrative level with much leadership and decision-making authority remaining at central level.

The national MoH shifts some of its authority and responsibility to (administrative) sub-national institutions responsible for health. Deconcentration enables the creation of sub-national management structures for health-related activities. Leadership is still embedded in the national level, but administratively executed through sub-national (e.g. local) offices of the national government.⁹

*Portugal underwent a decentralization reform in the 1990s. To date, the national level is responsible for regulation, planning and administration. Thus, regional health administrative bodies report to the national Ministry of Health and oversee the administration of the health system at the regional level. Decisions concerning budget allocations to the regions as well as payment schemes for doctors and hospitals are taken care of at national level. Hospital management systems are thus run according to principles of deconcentration. The regional health administrative bodies oversee the administration of primary care as well as hospital management, while certain key decisions affecting the regional health system are taken at national level.*¹⁰

(b) Delegation: transfer of responsibility to a lower organizational level.

Here, managerial and administrative functions and/or policy initiation power is transferred to the sub-national level, sometimes via a separate semi-independent parastatal (national or sub-national) entity. In essence, it refers to situations where authority and responsibilities are shifted from the national MoH to entities that may or may not be under the direct supervision of the ministry; control over those entities can only be executed indirectly.¹¹ More prominent examples of delegation are those from a governmental (national) to an independent (also national) institution. However, examples of delegation from national to sub-national levels can be found in a variety of decentralized settings as well.

The following examples of the Ghana Health Service and Zambia demonstrate that the transfer of responsibility can imply delegation from the national to the sub-national level as well as from a national government institution to an independent (non-state) institution (which can operate at either national or sub-national level). Either way, the key principles remain the same.

In 1996, Ghana passed the “Health Service and Teaching Hospital Act” that introduced decentralization in the health sector. This Act included the fiscal decentralization of the health sector, including the delegation of health service delivery spending from the national MoH to an autonomous public institution. This institution is called Ghana Health Service (GHS) and is responsible for the implementation of national health policies. The GHS appoints regional and district administration offices. Even though the GHS is considered an independent institution (“executive agency”), it is still required to report to the MoH. Thus the GHS is supposed to implement policies that are approved through the MoH, such as increasing access to quality health services using assigned resources.

In the mid-1990s, Zambia also underwent a period of health sector decentralization, though the approach was slightly different to Ghana. Management responsibility of the health system at district levels was delegated to District Health Management Teams (DHMTs); however their autonomy was limited, as the MoH maintained authority in the form of appointment of local board members and approval of plans and budgets.

Different categories of a decentralized environment—deconcentration, delegation, and devolution—shape how sub-national arrangements are made.

Delegation also occurred through the creation of the Central Board of Health (CBOH), a semi-autonomous institution. The CBOH was transferred major responsibilities for the day-to-day operations of the health system, in effect granting that body operational responsibility of the health system rather than local government.^{12,13}

(c) Devolution: transfer of authority, including decision-making, to a lower political level

Devolution refers to the legal transfer of power and responsibility [authority] for decision-making, finance, and management from the national level to independent territory governments:¹⁴

*The health systems of Northern Ireland, Scotland and Wales are separate from the English health system, following a devolution reform in the United Kingdom. Through this reform, the health systems became the full responsibility of the new democratic governments of the three countries: “Devolved politicians accountable to devolved voters gained responsibility for providing healthcare and the opportunity to enact reforms (...).”*¹⁵

*Uganda underwent a reform process in the 1990s and introduced political and administrative decentralization with huge implications for the health sector. Local governments received extensive political and administrative decision-making authority, including taxation power. As a first step, elected district representatives were made responsible for the management of all health services within their territory. As a second step, to further decentralize the districts, health sub-districts were created to further distribute responsibilities from district to sub-district level.*¹⁶

In devolved contexts, the different functions of a health system – e.g. financing, service delivery – are taken over by different entities at different levels of the health system depending on the degree of and arrangements for decentralization.

Table 11.1 Characteristics of decentralization: degrees of autonomy and review

DEGREE OF AUTONOMY	TRANSFER OF...	THIS MEANS:
Deconcentration	... responsibility to a lower administrative level with much leadership and decision-making authority remaining at central level	<ul style="list-style-type: none"> ▶ shift of defined authorities' responsibilities from national MoH to (administrative) sub-national institutions responsible for health; ▶ creation of sub-national management structures for health-related activities; ▶ overall leadership still with national level, but administratively executed through sub-national (e.g. local) offices of the national government.
Delegation	... responsibility to a lower organizational level	<ul style="list-style-type: none"> ▶ shift of managerial and administrative functions and/or policy initiation power to sub-national levels – sometimes to semi-independent parastatal (national or sub-national) entity; ▶ shift of authority and responsibilities from national MoH to entities that may or may not be under the direct supervision of the ministry; ▶ control over sub-national entities can only be executed indirectly.
Devolution	...authority to a lower political level	<ul style="list-style-type: none"> ▶ legal transfer of power and responsibility (authority) for decision-making, finance, and management from the national level to independent territory governments.

In practice, countries may exhibit a combination of these dimensions and ranges of decentralization, and degrees of autonomy. In any case, the administrative, financial and political arrangements for sub-national health planning, which are unique to each country, are markedly shaped by the characteristics of decentralization. It is thus imperative to understand the consequences of decentralization when engaging in a sub-national planning process.

Decentralization is not static in practice. Instead, a dynamic relationship between the national and sub-national levels defines decentralization, with constant changes in the decision-making space of both (or more) levels. For purposes of sub-national planning, this means that the degrees of autonomy vary across the different tasks and decisions that a sub-national entity might need to make for the health system. In addition, a mix of those degrees might be

observed within one country, which means sub-national planning might not be the same across different sub-national entities within the same country. Countries usually reflect a combination of the decentralization dimensions/ ranges and degrees of autonomy because of differing needs as well as specific political and historical contexts.¹⁷

Finally, it is useful to keep in mind that the degree of autonomy transfers certain policy and planning cycle steps from national to sub-national level. For example, deconcentration is more linked to operational planning and monitoring at operational unit level because all other policy and planning cycle steps are handled at central level. Delegation, on the other hand, transfers more strategic planning responsibilities to sub-national level. Devolution gives the full policy and planning cycle over to the sub-national level.

11.1.6 Sub-national planning in an unresponsive central environment

This chapter focuses on an institutionalized form of sub-national planning, i.e. it takes sub-national planning in relation to the existence of a (functioning) national level. Nevertheless, it is important to highlight that sub-national planning engagement can also occur in places where the national government is not “functioning” – for example, a fragile state or where simply central level is far-removed from sub-national levels and thus does not or cannot provide leadership

or guidance. In this case, sub-national planning can be used as a way to substitute national engagement and to continue or to establish forms of public service provision. In effect, these are settings where a de facto decentralization has taken place, with the consequence that the health district can potentially take on the role of the principal functional operational unit in the health sector,¹⁸ compensating for the lack of central-level normative power (see Box 11.2).

Sub-national planning can be used as a way to substitute national engagement and to continue or to establish forms of public service provision in fragile states or where the central level is far removed from sub-national levels.



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Box 11.2

District health systems

A district health system (DHS) is a specific example of a sub-national structure. It can be described as “existing and functional structures and managerial processes in the district that enable the provision of essential health care to the population”.¹⁹ DHSs are based on the principles of primary health care,²⁰ and include the involvement of local communities in the bottom-up planning and policy development processes. The DHS provides primary health care services, which includes curative and preventive care, responding to local needs and being in line with national policies.²¹

As an element of the national health system, the DHS covers one district, governed by elected district council members. Subject to the degree of decentralization, the council might hold the full responsibility for health care provision and policy implementation in the district. Often, the second tier (e.g. regional level) ensures national (health) policy implementation, training, quality control and coordination across districts.

The DHS includes not just public health service providers, but also private providers, nongovernmental organizations (NGOs), faith-based organizations and traditional healers that are active within the district.

An example of a district-based health system which has proven resilient and robust during a long period of conflict and unrest is the Democratic Republic of Congo during the 1990s and 2000s.²² During this period, economic, political and social stressors had a huge negative impact on health system performance, with a de facto non-existent central level when it came to sub-national affairs. Nevertheless, many districts continued to function with local infrastructure and local solutions, facilitated by a well-ingrained local district modus operandi. For example, Rutshuru health district in the North Kivu Province was able to continue providing health services through the height of conflict – not only to its own population but also to an unforeseen number of refugees from neighbouring districts and provinces, despite the absence of any real governance from central level.²³

11.1.7 The social roots and political dynamics of decentralization

In most countries, decentralization is a consequence of historical, political, social and geographical differences between population groups within one country. Socioeconomic and cultural differences might create tensions between population groups and decentralization offers possibilities of local autonomy trying to counter those tensions. In some instances, decentralization might even be a legacy of colonial rule, and thus might have been introduced in state- and nation-building processes by external actors.

A formal, functioning decentralized (political and) health system might create the opportunity to officially acknowledge those differences. When it comes to strategizing for health, policy-makers should heed certain issues linked to the political economy of decentralization.

- ▶ Strategizing for health is about making choices based on regional or local priorities that might not reflect the priorities of the entire country.
- ▶ The national political context still ends up determining the institutional structure of decentralization (and its reform processes),²⁴ and thus the specificities of health planning, even at sub-national level.
- ▶ Health planning and resource allocation can become even more political in a decentralized country where population groups openly voice their differing needs.
- ▶ Legal and constitutional arrangements are important factors for determining roles and responsibilities during the planning process. They should be acknowledged and followed

throughout the planning cycle.

- ▶ In some cases, the challenges of decentralization are not grounded in process or planning difficulties, but are part of the broader country context. For example:
 - ▶ *decentralized system* in a fragile environment: weak central government vs strong local government/governance;
 - ▶ *forced decentralization* due to geographical challenges: country divided by islands, territory divided by political restrictions (e.g. West Bank and Gaza Strip);
 - ▶ *decentralization* used as a means for other political purposes, such as marginalization of specific population sub-groups or through the creation of unlimited sub-units to increase financial dependency on national level and to lower the ability to execute responsibility and accountability of the sub-units.

In some cases, existing tensions and divergences between population groups can actually be mitigated through greater autonomy offered by decentralization. Nevertheless, tensions and conflicts between population groups or between sub-national and national level might still be an intrinsic part of the political environment in some countries. The guidance and suggestions this handbook is proposing for sub-national planning are based on the assumption that communication and coordination are a supporting element of decentralized health planning. Thus, in highly conflictual circumstances, some of the guidance this handbook is proposing might not be realizable.

In most countries, decentralization is a consequence of historical, political, social and geographical differences between population groups within one country.



11.2 Why is strategizing for health at sub-national level important?

11.2.1 Positive impact on the accountability of public policy to the recipients of services

The degree to which decision-makers can be held accountable for their actions is linked to their ability to take decisions and thus achieve improvements in service delivery. Those decisions and actions are much closer together in terms of real time and chain of command at sub-national level. Studies have demonstrated that “downward accountability” can lead to greater equity and efficiency;²⁵ this “downward accountability” is rendered much more concrete at the sub-national level, where decision-makers are much closer to and integrated into the populations they serve. Consequently, the type and degree of decentralization will be a major determinant for decision-makers’ ability to assume responsibility.²⁶ For example, pressure on sub-national governments might increase because citizens are able to evaluate local government’s performance more easily than a central government’s and directly assess the services provided to them. Thus sub-national planning can be used as an incentive to improve sustainable service provision.²⁷

11.2.2 Increased (community) participation and engagement

- ▶ Communities and the population are motivated to participate when decisions are close to home and the link to their daily lives is obvious. Those concrete health sector issues are debated at sub-national level, sometimes through formal participation mechanisms.²⁸ This community-level input is critical for strategizing for health in order to ensure a strong link between what people need and want and the country’s vision for health.
- ▶ Sub-national planning can increase community participation through local inclusion mechanisms that can be tailored specifically to the local circumstances. Since formal spaces are important for sustainable community participation and inclusion of population opinion in planning and political debate, a decentralized and close-to-people planning approach can offer those spaces more willingly.¹ A study on sub-national health planning in Maharashtra, India, has shown that it can ease the pathways for community-based evidence into health planning, and improve the soundness of planning by increasing responsiveness to local challenges, as well as improving the functioning of health facilities.²⁹

Sub-national planning can be used as an incentive to improve sustainable service provision.

The population is motivated to participate when decisions are close to home and the link to their daily lives is obvious; sub-national planning can increase community participation through local inclusion mechanisms tailored specifically to the local circumstances.

¹ For a discussion around population consultation, see Chapter 2 of this handbook.

11.2.3 Increased flexibility

Case studies show a positive link between strategizing at sub-national level and improved health outcomes, mostly linked to stronger local evidence and a more adapted reaction to problems.

The assessment of local health needs through a bottom-up approach are critical for national-level “allocative efficiency”.

- ▶ Being closer to the realities and living conditions of the population is a huge advantage due to the ability to quickly adjust to local needs and expectations.³⁰ At the same time, strategizing for health at national level can benefit from the flexibility and adjustability to local contexts by close interaction with sub-national government entities.
- ▶ A variety of case studies have shown that there is a positive link between strategizing at sub-national level and improved health outcomes.³¹ Those positive effects of decentralized planning are mainly linked to the local level possibilities in terms of stronger evidence if collected, analysed and contextualized at local level and a swifter, more adapted reaction to problems.

11.2.4 Better mitigation of geographical and social imbalances

- ▶ The fair allocation of resources, especially benefiting poorer areas, is more likely at sub-national level with administrative structures being close to the needs of the population.³² Evidence suggests that one reason for improved pro-poor planning at sub-national level is due to the possibility for sub-national authorities to access and use additional information on the circumstances of beneficiaries, which the national level is not able to.³³
- ▶ Long-term improvements in access to health services for remote areas can be supported through national financial and capacity provision to the sub-national level, which has stronger information and incentives as well as responsibility to the local population.
- ▶ The assessment of local health needs and the local response to these needs through a bottom-up approach are critical for national-level “allocative efficiency”.³⁴ Local governments’ interaction with their population on health issues helps shape a more realistic picture of the challenges to a nation’s health.

11.2.5 Improved bottom-up intersectoral and multi-stakeholder collaboration

Through the transfer of responsibilities and authority to the sub-national level(s), the horizontal integration of health and other health-related services and sectors has the great potential to increase.³⁵ At sub-national level, the different sectors have fewer administrators involved, with collaboration often already taking place due to the close familiarity of the different actors with each other and with the communities. Thus, the coordination and collaboration with institutions, community networks and partnerships can be strengthened through the regionalization of decision-making power.

11.2.6 Legal necessity

In formally decentralized settings, sub-national planning might be stated in the constitution and thus be a legally binding requirement to the political set-up of the country.

Additionally, certain political and economic arrangements cannot do without sub-national planning. For example sub-national planning might be a requirement in contexts with established fiscal decentralization. When the main source of funding for the health sector is through local taxation or revenues collected at decentralized level, one cannot but engage with sub-national levels and their planning processes in order to adequately manage the allocation and use of resources.

The coordination and collaboration with institutions, community networks and partnerships can be strengthened through the regionalization of decision-making power.

Sub-national planning might be stated in the constitution and thus be a legally binding requirement to the political set-up of the country.

Box 11.3

Example of a decentralized health system: the development and design of the Brazilian health system

Historical development

Brazil's journey towards decentralization has been gradual. The Sistema Unico de Saude, Unified Health System, was created in 1990, based on the 1988 constitution which “enshrined health as a citizens’ right and which requires the state to provide universal and equal access to health services”.³⁶ The Sistema Unico de Saude formed a decentralized system for public health care, supplemented by private provision of services, where the federal government held responsibility for national policy-making and regulations and the municipalities were responsible for health planning and providing those services.³⁷ Before 1996, however, federal funds were allocated based on population and providers rather than local needs.³⁸ As a result, the wealthier municipalities with a higher concentration of the working class and more providers received more funds and consequently had significantly more efficient health care delivery than poorer regions. The issuance of standards known as Normas Operacionais Basicas (basic

operating norms) in 1996 adjusted for these inequalities by requiring municipalities to provide basic packages of services, called the Piso Assistencial Basico (PAB), to their populations and the federal government to financially support these services, with funds primarily coming from taxes at the federal, state, and municipal levels.³⁹

Thus, fiscal decentralization⁴⁰ was combined with providing the states with the political and administrative autonomy regarding the management of public policies. This means that decision-making for health was transferred from national to sub-national levels.⁴¹

The current decentralized health system

Under the SUS, the federal government is primarily responsible for developing national health policies, in addition to monitoring and evaluation, managing private-public sector relationships, and providing financial support to devolved health sector administrations. The MoH at the national level has acting representatives, known as Secretariats,

in place at the sub-national levels (each state and municipal level) to ensure health system functioning, particularly in relation to fiscal responsibility and resource management. While health planning is primarily a responsibility of the municipal level, national planning and allocation decisions occur every four years at National Health Conferences. Brazil's geographical infrastructure consists of 26 states, and within the states a total of 4390 municipal health councils, creating an extensive and widespread web across the country.⁴² Municipal level planning involves budget formulation and plans for resource allocation, in addition to human resource planning and administration.⁴³ Primary care delivery occurs through Brazil's Family Health Programme, which runs at the municipal level. The programme provides not only primary care via health professionals, but also has an outreach component in which the community is encouraged and enabled to have an active approach to public health and political involvement.⁴⁴ Municipal level primary care units are managed by gov-

ernment employee physicians with funding directly from the federal government; the state level involvement in allocation of funds was eliminated as part of the PAB. Changing the financial rules of the PAB allowed for greater cost control and equity of resources provided across states.⁴⁵ Decentralization of health care authority to the local level has thus increased resource mobilization and given municipal level governments a more active role in service delivery.⁴⁶



11.3 When should sub-national planning be considered during the planning cycle?

National planning authorities must take sub-national planning into account throughout the policy and planning cycle. That being said, it is crucial that the arrangements and schedule for sub-national planning be carefully considered from the beginning in relation to the overall process of strategizing for health. Sub-national input is absolutely critical for shaping the overarching national health plan. At the same time, national level collaboration in sub-national planning processes is necessary to ensure coherence across regions and sub-national structure, and to enable aggregation of data and information at national level.

The country's dimension and range of decentralization, as well as the degree of autonomy accorded to the planning entity, will be the key determining factors of sub-national planning arrangements, its timing and timeline. National and sub-national planning authorities should keep them in mind throughout the full planning cycle.

National and sub-national planning authorities should keep the country's dimension and range of decentralization, and the degree of autonomy according to the planning entity, in mind throughout the full planning cycle

11.4 Who should be engaged in sub-national planning?

All stakeholders involved in the national health planning process, be it within the Ministry of Health or outside the Ministry of Health, should be attentive to the decentralized health system structure and its consequences for sub-national and national planning.

All stakeholders involved in the national health planning process, be it within the MoH or outside it, should be attentive to the decentralized health system structure and its consequences for sub-national and national planning (see Table 11.2). Nongovernmental actors or external partners (e.g. United Nations, bilateral organizations) who are supporting planning processes should acknowledge the decentralized setting and act in accordance to its rules and regulations. This implies acknowledgement of not just national strategy documents (e.g. NHPSP) as a basis of programmes and interventions, but also sub-national plans, strategies and institutional structures. The MoH has a special oversight function to provide guidance and capacity support to sub-national entities, ensuring overall coherence with the national health sector vision.

Additionally, actors that may only exist at national (e.g. federal MoH, parliamentary groups, ministries of finance and planning, professional

associations) or sub-national level (e.g. state MoH, grass-roots organizations, and professional associations) will need to be linked to the overall decentralized context of the country and included in dialogue processes across levels.

However, the specific roles as well as the type of actor that is relevant for decentralized planning depends on the country context and the type of decentralization (with an increased involvement, role and responsibility going from deconcentration to delegation, and ultimately to devolution). For example, the level of engagement, and thus the role in the planning process, of the national MoH varies according to the established degrees, ranges and dimensions of decentralization.

Table 11.2 Stakeholders and their roles in strategizing for health at sub-national level

ACTOR	LEVEL	ROLE
(Federal) MoH	National level: First tier	<ul style="list-style-type: none"> ▶ Respect and enable constitutionally set decentralized health system structure and its consequences for sub-national and national planning ▶ If constitutionally foreseen and needed, provide control, oversight guidance and support to sub-national levels ▶ Act as bridge to other sectors at national level
Regional department of health	Sub-national level: Second and/or third tier	<ul style="list-style-type: none"> ▶ Function as intermediary institution to support all tiers of government as well as interact with sub-nationally engaged non-state institutions to carry out their duties ▶ Resume responsibilities that were allocated to this level through the decentralization process ▶ Act as bridge to other sectors on sub-national level
International development partners (United Nations agencies, bilateral agencies, international NGOs)	External: Engagement possible at national (first tier) level and/or at sub-national levels (second and third tiers)	<ul style="list-style-type: none"> ▶ Act and provide support in accordance with rules and regulations of decentralized environment ▶ Acknowledge national as well as sub-national strategic documents (e.g. district health plan) as the basis for any interventions
National ^{II} non-state institutions (e.g. private sector, NGOs, academic institutions, civil society organizations)	Internal: Engagement possible at national level (first tier) and/or at sub-national levels (second and third tiers)	<ul style="list-style-type: none"> ▶ Respect the institutional arrangements for cooperation and coordination that are established through decentralization ▶ Provide support in accordance with rules and regulations of decentralized environment

^{II} As opposed to international, not in regard to the layer of government.

11.5 How to strategize for health at sub-national level?

Sustainable and inclusive health planning is a matter of importance for all tiers of government. Thus, sub-national planning is relevant to each step of the policy and planning cycle. In this section, each such step is addressed in relation to sub-national planning, with concrete recommendations and issues to consider.

11.5.1 Population consultation

Undertaking a national population consultation in a decentralized context

There is nothing to stand in the way of a population consultation^{III} in a decentralized context. The national constitutional background and legal framework of the broader political system will inform the feasibility and legal arrangements for a consultation, as well as potentially define the responsibilities of the different health system levels for a population consultation.

Involve sub-national levels and ensure tailored sub-national follow-up

A national population consultation can greatly benefit from decentralized planning structures. Sub-national engagement to a national consultation offers the possibility of closer interaction with the population. The design of the consultation should be more adapted to sub-national circumstances, specifically in regard to the inclusion of under-resourced and hard-to-reach contexts. In addition, the follow-up to the consultation should include working closely with sub-national authorities and decision-makers to provide specific feedback to sub-national levels on issues of relevance and interest to them.

National authorities should take advantage of sub-national institutions' knowledge and awareness of local populations' living and health conditions. Therefore, local entities can help improve the design and follow-up of the consultation, as well as the NHPSP itself, based on the priorities identified through the consultation.

Remote and hard-to-reach areas as well as marginalized and vulnerable population subgroups should be integrated into a consultation through local actors who have built a relationship of trust with those subgroups. Sub-national planning structures need to be used in this regard, because they can offer a strong local and regional link to national institutions that may not have the same level of access to local population groups.

The chosen (national) methodological approach needs to be adequately translated and adapted to sub-national levels

In some countries the survey methods to be chosen have to fulfil requirements that need to be compliant with the legal and constitutional context of the country. For example, a nationwide referendum might not be legally possible, but other survey methods might be absolutely feasible. It is important to keep in mind that the chosen (survey) methodology:

- ▶ reflects clear roles and responsibilities between national and sub-national levels and all concerned levels, and ensures adequate representation during the preparation and follow-up to the consultation;
- ▶ accounts for the differing characteristics of the population – such as languages, living conditions, gender and access to services – that might be due to varying socioeconomic and cultural differences per region.

When undertaking a sub-national population consultation, it is important to involve the national level, realize that additional capacity and resource support may be necessary, and prepare for the sustainability of the consultation results at both national and sub-national level.

^{III} For a detailed discussion on population consultations, see Chapter 2 Population consultation on needs and expectations" in this handbook.

Box 11.4

Example of population consultation in Switzerland

A high degree of decentralization exists in Switzerland's health system. Cantons, or the sub-national level, have high levels of autonomy and are continually engaged in the political decision-making process at the national level.⁴⁸ Cantons are responsible for health care, including its financing, and regularly perform population consultations allowing for citizens to play a large role in health. Not only are citizens consulted, but referendums initiated by the people are regularly undertaken and citizens are called on to make health-sector decisions. In 2007 and 2014, for example, the population was called upon to decide whether to reform the health insurance system by abolishing private not-for-profit funds and introducing a single national government operated fund.⁴⁹ In both years the population voted against the reform, leaving it up to the cantons to manage insurance finance systems, demonstrating the influence of citizens in the decentralized state.⁵⁰

Special issues to consider when undertaking a sub-national population consultation

When undertaking a population consultation only at sub-national level, a few issues will need to be considered as well.

Involve the national level

The involvement of all levels of government is essential even at sub-national level. The national level can technically support, help coordinate, ensure coherence across sub-national entities and feedback into national planning processes. Well-managed coordination of involved stakeholders, both vertically (all levels of government) and horizontally (involved or conducting stakeholders)⁴⁷ is crucial, especially when the consultation is not carried out by the MoH directly. In contexts where tensions exist between national and sub-national level, this involvement should be thought through and given great care, with clear terms of references agreed upon by all sides.

Additional capacity and resource support may be necessary for a sub-national population consultation

For a population consultation undertaken only in one specific state^{IV} or region, local government entities conducting the consultation might need to approach the national level to request human, financial and capacity resource backing to be able to conduct a well-managed and well-designed consultation.

Sustainability of the consultation results at both national and sub-national level

The results of the consultation need to be made available to all concerned levels and stakeholders. Dissemination methods must make sure to adequately transmit the results in an

understandable way, using simple language and no technical jargon. This includes clear communication in regard to the follow-up of the results and how they will be transformed into priorities that will feed into the planning process and create a demand-oriented plan.

Sub-national as well as national level are accountable towards the population regarding the results of the consultation, regardless at what level the consultation was undertaken. The consultation should preferably be seen as an entry point to credibly feed into regular national health sector reviews. Therefore, review processes at national level need to be designed in a way that allows for the results of sub-national consultation processes to be included, and vice versa.

^{IV} The term "state" is used to describe sub-national governmental entities. For some countries another term might be more adequate (e.g. districts) – but for simplification purposes, this chapter uses the term

"state". The varying political and administrative responsibilities that "states" have in different countries cannot be considered here.

11.5.2 Situation analysis

Undertaking a national-level situation analysis in a decentralized context

A situation analysis is a crucial step in any national health planning process.^V However, for a situation analysis to be fully comprehensive and inclusive, especially in a decentralized environment, sub-national planning and its characteristics need to be taken into account. As with population consultations, a national-level situation analysis can profit enormously from the closeness to the population that sub-national planning can offer.

Improvement of national policies through sub-national evidence

A situation analysis undertaken at the sub-national level can have a positive impact on evidence-based policy and decision-making at national level. Sub-national approaches can address local concerns, include local information and data in policy design, priority-setting, and the allocation of resources, and thus render NHPSPs more adaptable to sub-national levels with a higher probability of good implementation. The results of a situation analysis can support all government levels in their planning and decision-making responsibilities through cross-linkages and information sharing.

Acceptance of situation analysis conclusions by all health system levels

Ensuring acceptance of the results of the national-level situation analysis by all levels is primarily an issue of adequate participation and representation of all levels (government and nongovernment stakeholders), in both the preparation as well as the follow-up of the situation analysis. Roles and responsibilities between national and sub-national stakeholders need to be clarified beforehand. Stakeholders who have a weaker negotiation power (e.g. due to a lack of capacity or because they are only represented in one state/region) can be given a more prominent role in the follow-up of the situation analysis.

^V For a detailed discussion on situation analysis see Chapter 3 “Situation analysis of the health sector” in this handbook.

Special issues to consider when undertaking a sub-national situation analysis

A sub-national situation analysis should include input from national level:

Even if the situation analysis might only be conducted at sub-national levels, the participation of the national level might be a constructive element and where possible needs to be ensured. Coordination and communication between the different tiers are important for the design of an adequate methodology and for input on issues that are relevant at sub-national level but where the expertise or information may lie elsewhere.

The opportunity to take into account the community's voice should not be missed

At national level, it is not easy to bring citizens' voices in a more individualized way into an aggregate planning process. At sub-national level, the opportunity and possibility to do so are much more real with the proximity of sub-national governments to the end users of the health system. This opportunity should not be underestimated; making a concerted and targeted effort to ensure community leaders, families and patients a place in the local planning process can reap huge benefits in terms of health service utilization and patient satisfaction.⁵¹ Doing so is more feasible and viable at sub-national level.

Box 11.5

Brazil and sub-national situation analysis

Brazil's Unified Health System places the responsibility of semi-annual and annual health planning primarily at the municipal level.^{52, 53} In the national health planning process—which takes place every four years to establish health guidelines, regulations, and make resource allocation decisions. Results from situation analyses at municipal and state levels are a critical component.⁵⁴ The National Health Conference brings together representatives from Brazil's 26 states and 4,390 municipal health councils to review results from analyses and discuss specific health policy decisions. Conversations start at municipal level committees during the conference then advance onto higher levels. Lower level situation analyses in Brazil provide valuable results which allow local realities to be brought to the attention of state and national level committees.⁵⁵

At national level, it is not easy to bring citizen's voice in a more individualized way into an aggregate planning process. At sub-national level, the opportunity and possibility to do so are much more real with the proximity of sub-national governments to the end users of the health system.

11.5.3 Priority-setting^{VI}

Undertaking a national-level priority setting in a decentralized context

When it comes to making sense of the evidence and interpreting data to the local setting, sub-national planning authorities have the distinct advantage of local knowledge and understanding.

Especially when it comes to making sense of the evidence and interpreting data to the local setting, sub-national planning authorities have the distinct advantage of local knowledge and understanding.

A national priority-setting process should ensure tailored communication and dissemination strategies at sub-national level, especially when the chosen priorities are not relevant at a specific sub-national level. Communicating a country's health intervention priorities and strategic direction can best be done by sub-national actors who can package the information according to local interest and needs.

Vertical programmes

Vertical health programmes often have planning cycles that are different from the NHPSP cycle. This might mean that some priorities are already set, with resources already set aside, to priority vertical programmes before the overall health sector priority-setting takes place. This may play out most acutely at sub-national level, where priorities identified at national level for the health sector as a whole may be incongruous to the de facto priorities set at sub-national level by strong vertical programmes and funding flows.

The solution to this lies in better coordination between vertical programmes and national (cross-cutting) MoH departments, and with sub-national health authorities. The MoH at

national level should take on a very strong coordination and facilitation role and promote integration and alignment between national, sub-national and programmatic cycles.

Identification of health demands and needs – differences between sub-national entities

Population demands and needs, and ensuing health priorities, might not be the same from one sub-national entity to another. Especially where the decentralization process was spurred on by sub-national cultural or social divisions, it is essential to keep in mind that generalizations, applicable at national level, should not be made based on a limited number of sub-national entities.

Special issues to consider when setting priorities at sub-national level

Striking a balance between national and sub-national priorities

Priorities should be set based on a robust local understanding of the health sector situation. In many cases, priorities have also been set at higher levels than a district, sometimes regionally, sometimes nationally, and sometimes transnationally or globally – but have an impact on the local-level priorities.

A lengthy priority-setting exercise may not be useful if there is agreement at national level,

^{VI} Please see chapter 4 'Priority-setting for national health policies, strategies and plans' in this handbook

with sub-national involvement, that certain activities will be given priority. As an example, an individual district will likely take part in global polio eradication efforts if the country and its health stakeholders have agreed to do so and have earmarked funding for it.

Close cooperation with national health planning authorities is thus vital during the priority-setting process. Differences in emphasis are needed when there are real differences in epidemiological patterns or in socioeconomic conditions. For example, there is no reason to include a hypothetical national priority such as schistosomiasis in an area where it does not occur.

Find adequate ways of follow-up communication

Given the complexity of priority-setting in regard to limited resources versus high demand, communication and responsible follow-up action is vital, especially at sub-national level where decision-makers and the population are closer together in a relationship of trust. People might not understand why health services in other parts of the country might be prioritized over their own demand. And in contexts with strong sub-national patriotism, competition between states or regions might exacerbate misunderstandings and false perceptions. Excellent communication of criteria for setting priorities and allocating resources and follow-up, should be given special attention in such situations.

Box 11.6

Uganda and sub-national priority-setting

In Uganda, nominated community members are recommended to represent the public on technical committees in health sector decision-making to ensure local priorities are adequately addressed in bottom-up planning.⁵⁶ In Uganda's decentralized system, participatory planning structures are strong and district-level representatives have decision-making powers to set priorities. Nevertheless, lingering concerns mainly centre around the degree of financial independence allocated to lower levels in setting priorities, the capacity of districts to absorb their increased roles in the process, and the resulting struggles to appropriately set priorities.⁵⁷ Efforts to improve communication between system levels and to increase public participation beyond representatives, such as by encouraging grassroots initiatives, have been discussed to combat these concerns and strengthen the translation of community needs into priorities.

11.5.4 Strategic planning

Strategic planning^{VII} adopts an all-encompassing whole-of-sector perspective when identifying, sequencing and timing interventions.

Undertaking strategic planning at *national level* in a decentralized context

Sub-national plans and strategies need to be acknowledged

Sub-national plans (e.g. state plans or district plans) guide local decisions and implementation processes. These plans should not be ignored during the national planning cycle and should play a prominent role during the strategic planning phase when translating priorities into targets. For example, an analysis of all sub-national plans can be used as a basis for understanding sub-national and countrywide health needs and demands.

Consistency and communication between the different government tiers needs to be enforced

The strategic planning process is usually not a linear exercise; instead it is often characterized by circular loops – going back and forth between demands and needs identified at local level and priorities and targets identified at national level. This will be the case in any setting – however, in a decentralized setting, there are more layers of decision-making power (at national and at sub-national levels), rendering the back and forth communication more complex (compared to a more centralized context where, in the end, the central authority makes the decisions). The means of communication to be used between the different levels during this planning phase thus need to be made explicit, must be accessible for both sides, and given due resources and investment.

Communication between the different levels when undertaking strategic planning need to be made explicit, must be accessible for all sides, and given due resources and investment.

Revisions to the national strategic plan might be more difficult to do in a decentralized setting

A revision of the strategic plan, for example, due to changing priorities during the course of the plan, is quite challenging in a decentralized setting. A revision might cause disruptions in service delivery at the local level or negatively affect the continuation of sub-national plans, e.g. state plans and district plans.

Thus, revisions, if really necessary, need to be orchestrated in an inclusive and participatory way, where all levels of health governance (and even actors beyond the health sector if necessary: e.g. officials from environment, transport, education etc.) will be included – resembling the initial strategic planning process of the plan.

Special issues to consider when planning strategically at sub-national level

True strategic planning at sub-national level takes place mainly in devolved settings with a strong federal structure. The national level may only give very rough orientations regarding an overarching health sector vision, leaving it up to the federal structures to define it further in practice. For example, in Canada, regional health authorities have a legal mandate to plan the coordination and continuity of care among a host of health care organizations and providers within a defined geographical area.⁵⁸ While a broad strategic direction is set by provincial health ministries, detailed planning and coordination is done at the regional health authority level. In India, the states undertake planning processes independently of the central level, covering key strategies and activities as well as budgetary requirements and health outputs and outcomes.⁵⁹

^{VII} For a detailed discussion around strategic planning see Chapter 5 “Strategic planning: transforming priorities into plans” in this handbook.

Being aware of the available resources

Goals and targets for any strategic plan must be linked to the available budget. In a decentralized scenario, it might be more difficult to define what is “available”. Sub-national levels might receive funds from the national level, collect their own revenues and/or receive external support. Being aware of the timing of the release of funds (especially from national level) as well as any restrictions and stipulations on funds can complicate the budget scene at sub-national level. It is important to be aware of this and plan in extra human resources and time within the overall timeline to ensure a solid overview of the available funds and disbursement timings.

In India, for example, the states submit a detailed plan to the national level. All of the states’ plans are then collectively negotiated with the national level to decide about the resource envelope for each state. The resources are then disbursed to the states in chunks, depending on their utilization and spending rates.^{VIII}

Linking the sub-national to the national level

Even though sub-national strategic planning might be a process that is undertaken completely independently from national processes, sub-national strategic plans need to be linked to the overall national health sector strategic plan – and vice versa. Harmonized and aligned timing and transparency of sub-national planning processes are therefore crucial (consistency and communication).

Box 11.7

Tanzania: sub-national plans feed into national strategic planning process

Health Facility Governing Committees (HFGCs) and Community Health Service Boards in Tanzania are instrumental organs in health planning at the community level in the country’s decentralized health system.⁶⁰ HFGCs are the platform through which community members are involved in developing local plans.⁶¹ This, in effect, allows for community needs to be raised and addressed. Once local health plans and budgets are determined, they are submitted to district councils for approval, as are local health progress reports for monitoring and evaluation. Devolution of health planning authority is laid out by the Local Government Reform Act (1998) and Tanzania national health plans; local plans feed into the national strategic planning process through bottom-up planning and support of national goals such as poverty reduction, improvement of quality care and health access, and great mobilization of resources for financing health services.⁶²

^{VIII} WHO, India Country Office (personal communication).



11.5.5 Operational planning in a decentralized context

Undertaking operational planning at national level in a decentralized context

Budget centres and operational units which are undertaking operational planning at national level must consider sub-national needs depending on the institution's purview and scope.

Clarifying the source of funding

Where national level entities cover sub-national level activities, both levels of actors will be actively involved in the operational planning exercise for the national level budget centre. In this case, it should be clarified beforehand where the resources for the process would be coming from. Especially for follow-up activities on recommendations, the source of the funds needed should be clearly identified (e.g. national budget or sub-national budgets/contributions).

Multiplicity of operational plans to be aligned to the national strategy

A national or state health strategy implies a variety of operational plans – at the national level, at the sub-national level and even at the local level. It is crucial to make sure that those sub-national and local operational plans are aligned with national operational plans and the NHPSP. Despite the levels and degrees of decentralization in the health system, the national MoH, where politically and constitutionally possible, might want to keep a guidance and oversight function to ensure alignment.

Special issues to consider when planning operationally at sub-national level

Managing complexities during the formulation of operational plans at local and sub-national levels

In (highly) decentralized settings, operational planning done at local and sub-national levels is circulated bottom-up to the next higher level for consolidation. The preparation and consolidation of these sub-national operational plans require intense human and financial resources and capacities. Sub-national and local levels might need to request extra capacity support from regional or national levels. Given the differences between the health issues in different states, each operational plan requires a specific knowledge and understanding of the context. The national level can do well in supporting the sub-national levels in the formulation and consolidation of the plans with technical expertise and facilitating functions, but accepting the final authority of the sub-national level on decisions.

Coordinating sub-national operational plans with national budget line items

Preferably, the operational plan headings would correspond to the budget line items ("chart of accounts") of the financing authority, for example the ministry of finance at the national level and the district treasury office at district level. In actual practice, health planning stakeholders often find the headings from the national budget to be ill-suited for district purposes. A compromise is to do a "translation exercise" by adding another column to the operational plan matrix for the national budget line items.

Budget centres and operational units which are undertaking operational planning at national level must consider sub-national needs depending on the institution's purview and scope.

11.5.6 Costing and budgeting in a decentralized context

Costing and budgeting^{IX} both require a high level of expertise from all tiers involved in the process. The level and design of decentralization is especially relevant as described below.

Costing and budgeting at national level in a decentralized context

Unclear decentralization arrangements might jeopardize budgeting and costing exercises

Advantages of proximity to local circumstances and context-specific information might be limited by unclear structures and distribution of roles and responsibilities. Ambiguity may lead to limited control and choice for sub-national authorities over expenditures, user fees, contracting, targeting and overall health governance. Also choices over major sources of revenues like local taxes might be challenged due to confused and mixed roles and responsibilities between the different government tiers.

Combining information and data that varies from state to state

A challenge in a decentralized setting is the different and heterogeneous data sets from the various sub-national levels. In this regard, the establishment of a national authority to provide guidance to homogenize costing, budgeting, and expenditure tracking methodology, aggregating country-wide data and producing national estimates might be an option to provide consistency across the country and produce comparable information.

Special issues to consider when costing and budgeting at sub-national level

Sub-national governments should make use of their understanding of local circumstances and access to context-specific information

Sub-national levels have the grand opportunity of ensuring that budget allocation decisions closely reflect local needs. Thus, supporting the sub-national level (capacity-building) to improve efficiency and effectiveness of spending at sub-national levels is crucial.

The more power and authority actually vested in local authorities, the more scope there is for rational costing and budgeting that is close to the real needs of the local population. Additionally, if there is a formalized fiscal decentralization, policy-makers should take revenue generation at different levels into account for improved and adequate fiscal space projections.

Raising resources at sub-national level

In many decentralized settings, local/sub-national entities are authorized to impose taxes (fiscal decentralization). However, in many cases, especially in low-income countries, the tax base might be quite weak. Budget empowerment, strengthening community-level interventions and supporting budget analysis tools are effective ways to strengthen local governance capacity from national to sub-national levels. The outcomes of those (financial) capacity support interventions will increase technical efficiency through planning and management that is more aligned to local needs.

Costing and budgeting both require a high level of expertise from all tiers involved in the process.

^{IX} For a detailed discussion around costing and budgeting, see Chapter 7 "Estimating cost implications of a national health policy, strategy or plan" and Chapter 8 "Budgeting for health" in this handbook.

In a decentralized setting, being able to react quickly is also a distinct advantage: allocative efficiency and smart investments made with incremental funding might result in higher quality services and better health.

Box 11.8

Costing and budgeting in a decentralized system

Costing and budgeting in Ethiopia's highly decentralized health system requires alignment across all levels of the administration. Ethiopia's Health Sector Strategic Plan focuses on a "One-Plan, One-Budget, One-Report" approach to manage all health activities in the country. Made up of the nine regional states and two city administrations, "woredas" (a basic decentralized regional unit), and "kebeles" (lower level local associations), the country requires an effective allocation system to transfer funds down the multiple levels of government.⁶³ Costing is performed at all levels of the health system, but may be most valuable at the woreda level as those offices have the strongest understanding of local health sector needs and costs.^{64,65} The one-budget approach in which funds for health services are pooled relies on strong costing assumptions to consistently budget funds across the regionally diverse country.⁶⁶

11.5.7 Monitoring and evaluation (M&E) in a decentralized context

The quality of M&E depends to a great extent on the quality of the M&E component of the national strategy and the sub-national strategies, the capacity of the involved people and institutions, and methods to collect data and ensure its quality.

The quality of M&E,^x including review mechanisms, depends to a great extent on the quality of the M&E component of the national strategy and the sub-national strategies (alignment), the capacity of the involved people and institutions, as well as the methods to collect data and ensure the quality of the data.⁶⁷

M&E at national level in a decentralized context

Alignment between national and sub-national strategies and plans

The NHPSP should identify and lay out a sound and comprehensive M&E element.⁶⁸ However, the design of this element, or framework, needs to be coordinated and translated to sub-national documents for coherence. Likewise, sub-national strategies should form the basis for the national M&E framework. A constant interaction between the national and sub-national levels is crucial for the success, repeatability and reproducibility of monitoring, evaluation and review mechanisms.

Review mechanisms and feedback loops should ensure accountability

The review mechanisms chosen should be comprehensive – not just in terms of sectoral and programme-related aspects, but also in regard to national and sub-national levels.

Thorough M&E activities require inclusive policy dialogue and systematic and regular assessments.⁶⁹ Those mechanisms – and the tools and methods to use them – need to be adapted to the formalized and non-formalized

(especially in regard to dialogue processes) decentralization features that are prevailing in the country. Accountability towards the results of monitoring and evaluation need to be claimed at every government level.

Allowing reflections on the status of decentralization

When undertaking M&E in a decentralized context, it is important to consider the ways in which decentralization has been integrated and used in all the previous planning steps. As a consequence of the breadth of evaluation, process related issues might be considered as well – apart from health related issues. It might be beneficial for the planning process to establish a link between health outcomes and decentralization. For example, the set of indicators related to health outcomes could be complemented by political, administrative and fiscal indicators for M&E purposes of the performance of sub-national planning its features. Thus, routine data collection needs to be adapted, since those quantitative and qualitative indicators are not always part of the collection set in many countries.⁷⁰ As a consequence of including decentralization in the evaluation, current responsibility, authority and accountability arrangements might need to be adapted.^x

Monitoring sub-national regional inequalities

Monitoring health inequalities between sub-national levels can inform targeted health programmes and policies, especially if disparities are substantial. Summary measures of inequality can condense disaggregated data into

^x For a detailed discussion around monitoring and evaluation, see Chapter 9 of this handbook.

^x Hutchinson and LaFond (cited above) developed a “Conceptual Framework for Evaluating Decentralization” which offers a detailed guide for monitoring and evaluation of decentralization in the health sector, with an emphasis on conceptual questions and concrete options for action.

concise outputs, which could be used to show trends and make comparisons.⁷¹ The selection of appropriate summary measures to quantify sub-national inequalities should be carefully chosen to provide a good understanding of sub-national level inequalities to policy-makers, partners and civil society, among others, and thus to facilitate targeting and deploying interventions to disadvantaged subpopulations.

tracked. Central-level technical support may be necessary at the beginning. For example, Kenya has updated its national M&E roadmap to ensure that the M&E needs of its counties are identified and addressed through specific measures such as strengthening counties' data analysis, validation and synthesizing capacities.⁷²

Special issues to consider for M&E at sub-national level

Selection of tools and assessment methods

The analysis and assessment tools that will determine the success and validity of the M&E exercises as well as increase accountability towards its results need to be selected according to the features of the health system. It is important to ensure consistency and comparability across the different sub-national levels and to support those levels (capacity and financial) to be able to analyse and use the data.

Sub-national M&E plans

Countries that have been going through devolution processes, such as Kenya, have created a new layer of sub-national government, with allocated resources and prescribed functions. Many of them choose to develop separate sub-national M&E plans. These plans spell out how sub-national level data will be used to monitor performance and how progress and performance of the sub-national health sector strategic and investment plans will be

Table 11.3 Issues to consider when strategizing for health at sub-national level

	POPULATION CONSULTATION	SITUATION ANALYSIS	PRIORITY-SETTING
Benefits in decentralized health system	<ul style="list-style-type: none"> ▶ Formal and geographical closeness to needs and expectations of the population ▶ Better integration of marginalized communities 	<ul style="list-style-type: none"> ▶ Formal and geographical closeness to health needs and living conditions of the population ▶ National policies to profit from sub-national evidence 	<ul style="list-style-type: none"> ▶ Engagement of recognized sub-national actors to improve national priority-setting exercise ▶ Higher sensitization and participation due to decentralized information flows ▶ Quantity of stakeholders due to decentralized setting might increase – quality should not be affected
Issues to be aware of when undertaking...	<ul style="list-style-type: none"> ▶ Involvement of all stakeholders at all levels ▶ Methodology of consultation to take decentralization and the different living conditions it might imply into account ▶ Feedback and follow-up scenarios to be built at sub-national level to be translated more easily to local contexts 	<ul style="list-style-type: none"> ▶ Involvement of all stakeholders at all levels ▶ Situation analysis conclusions to be accepted by stakeholders at all government levels ▶ Dissemination of outcomes of the situation analysis to all government tiers 	<ul style="list-style-type: none"> ▶ Clear roles and responsibilities are important ▶ Differences between sub-national entities (e.g. states) in demand and needs should be considered and communicated in a credible way ▶ Missing synchronicity between national, state and programme plans to be taken into account ▶ Methods, tools and approaches chosen to be in line with country context

STRATEGIC PLANNING	OPERATIONAL PLANNING	COSTING AND BUDGET	MONITORING AND EVALUATION
<ul style="list-style-type: none"> ▶ Formal and geographical closeness to health needs and living conditions of the population can support all-encompassing perspective ▶ Increase legitimacy and inclusiveness of planning process 	<ul style="list-style-type: none"> ▶ Inclusiveness of actors and sub-national plans to increase legitimacy and adherence at sub-national level ▶ Formal and geographical closeness to health needs and living conditions ▶ Decentralization can strengthen operational planning process through link between sub-national health needs and national strategic views 	<ul style="list-style-type: none"> ▶ Better understanding of local circumstances and access to context-specific information ▶ Strengthened local government capacity for improved efficiency and local resource mobilization 	<ul style="list-style-type: none"> ▶ Closeness to the living conditions of the population and to the implementation of activities: data regarding coverage equity might be gathered more easily ▶ Status and quality of decentralized health system to be monitored and evaluated
<ul style="list-style-type: none"> ▶ Involvement of all stakeholders at all levels ▶ Methods, tools and approaches chosen to be in line with country context ▶ Clear routes of communication between the different tiers ▶ Sub-national plans to be considered ▶ Revisions of national plan even more complicated in decentralized setting 	<ul style="list-style-type: none"> ▶ Multiplicity of operation plans to be aligned to national strategy ▶ Managing complexities during the formulation of operational plans at local and sub-national levels ▶ Revisions of sub-national operational plans to be communicated to national level and vice versa 	<ul style="list-style-type: none"> ▶ Well-done budgeting and costing depending on clear decentralization arrangements; ▶ Data that might vary from state to state to be combined at national level ▶ Reporting and transparency on money flows to be well-monitored through the different tiers 	<ul style="list-style-type: none"> ▶ Alignment between the M&E elements of national and sub-national strategies and plans ▶ Review mechanisms and feedback loops to be comprehensive and inclusive to ensure accountability ▶ Selections of tools and assessments methods to be adapted to decentralized health system context ▶ Clear roles and responsibilities

11.5.8 General issues to consider at sub-national level during all steps in the planning cycle

An unambiguous transfer of responsibilities is not always the reality

In a decentralized context, where different actors at different levels (inter-)act, clear coordination and communication is essential.

- ▶ The more clearly the different stages in the planning cycle are linked to clear (divisions of) roles and responsibilities, the smoother the planning can be organized. Contrarily, unclear roles as well as blurred responsibilities and lines of accountability between the different tiers might create unnecessary hiccups in the planning process. Especially when decision-making processes between national and sub-national level are not clearly regulated and outlined, there is a risk of blockages in decisions or reforms. The complementarity of roles of national and sub-national actors is one of the most important features of sub-national planning and should regularly be re-evaluated.
- ▶ The MoH usually does not have the sole monopoly of health service provision, be it in a centralized or a decentralized context. In many contexts, private sector and many other actors provide services as well (e.g. nongovernmental institutions, faith-based organizations). Many of them may only cater for a selected area or specific group of people.⁷³ Therefore, communication of roles and responsibilities between national and decentralized state institutions and the respective additional actors at each level is important to limit uncoordinated service provision.
- ▶ In some cases, development planning and administration might remain at the national level, while some sectors might be decen-

tralized. In reality this turns into quite a difficult scenario with sometimes unclear rules and regulations for health. It is therefore essential to understand at what level(s) planning is actually done and how the different levels of planning are linked to each other. For example, if planning is only done at national level, how are the implications translated to sub-national levels? In some countries, even specific functions (e.g. drug regulation, hospital accreditation) remain at the national level while other functions are decentralized. Since both would be running in parallel, roles, responsibilities and lines of reporting need to be clear.

- ▶ Related to the last point are the inconsistencies in the broader political system, meaning that some functions and services might be centralized and others decentralized. This can pose additional burdens for planning in a decentralized (health) system. Some inconsistencies are enshrined in the health system and might be difficult to change. For example, a decentralized provision of services but a centralized accreditation system for facilities. Stakeholders involved in health planning need to be aware of existing inconsistencies and find a responsible and sustainable way to work with them – or if possible resolve them. The key here seems to lie in well-managed and harmonized horizontal (intersectoral) communication along the different involved sectors (especially finance) and vertical (within the health sector). Constant exchange between all involved actors can help find an agreement or workaround solution which enables complementarity and as little inefficiency and overlap as possible.

Stakeholders involved in health planning need to be aware of existing inconsistencies and find a responsible and sustainable way to work with them – or if possible resolve them.

Box 11.9

New Zealand: clear roles and responsibilities in a decentralized system

The New Zealand Public Health and Disability Act of 2000 clearly lays out roles and responsibilities for the different levels of its health system. The law establishes the structure for public sector funding and organization of health and disability services in New Zealand. According to the law, at the federal level the MoH develops and reviews The New Zealand Health Strategy, negotiates Crown Funding Agreements to set relationships between the Crown and District Health Boards, and issues operational frameworks for funding and delivery of services.⁷⁴ At the district level, 21 District Health Boards (DHBs) are responsible for drawing up district strategic and annual plans. Parliament serves as an accountability partner, overseeing statements of intent and annual reports provided by both the MoH and DHBs. By directly setting out the duties and roles of key participants for the Health and Disability Act, each tier of New Zealand's decentralized health system stays accountable and organized through the planning, implementation, and evaluation processes.⁷⁵

Transferring power to sub-national levels raises expectations

The different tiers in a decentralized context should complement each other in terms of roles and responsibilities. However, it is essential to manage expectations between the different levels of government.

- ▶ In some instances, sub-national entities, charged with highly demanding responsibilities for planning and implementation, might have neither the time nor the capacity to meet the national government's expectations to satisfy the needs and expectation of the population (performance). Roles and responsibilities should therefore always go hand in hand with the capacities needed to fulfil those – thus, the national level has a special role in ensuring capacity support through to all levels.
- ▶ Additionally, there are cases where local structures do not match the expectations of the national level in terms of accountability. Even though it is recognized that accountability (and responsibility) could be enhanced through decentralized decision-making structures, a problem might occur where (historic) local leadership and power arrangements (“local power elites”) do not reflect the expectations of the national level.⁷⁶ Addressing this sort of sensitive issues will involve extensive engagement with the communities in question over a longer period of time to ensure any change in power structures and improvements in accountability mechanisms to the local population. Allocating time and resources to this and collaborating with local structures (civil society organizations, community groups, etc.) should be envisaged and planned.

International engagement must be well-managed in a decentralized setting

International engagement is an additional factor for consideration when discussing decentralization in the health sector.

- ▶ Stakeholders involved in health planning should keep in mind that international actors (United Nations agencies, donor countries, Global Health Initiatives) might be acting only at certain levels (national level or only sub-national level), or in certain areas (only in specific states/regions) or on certain topics (e.g. child mortality in rural areas), which might create imbalances in service provision between different states/sub-national units. Being aware of these imbalances created by external service provision (that might not be obvious at first sight when planning is decentralized) will be relevant for planning purposes.
- ▶ International responsibilities of the national government (e.g. International Health Regulations, WHO, United Nations, European Union) and their consequences for planning might need to be translated or adapted to sub-national levels, depending on the exact nature of the international engagement. For example, the International Health Regulations are signed and ratified at national level, but their impact needs to be translated to the sub-national levels.
- ▶ Supranational institutions (European Union, MERCOSUR, African Union) might add another layer of governance on top of the national level. Even though the characteristics and shapes of those supranational institutions vary greatly, it is important to understand what kind of implications, including opportunities, they might pose for the health sector and for sub-national planning.⁷⁷

The distribution of wealth and financial resources should be carefully considered

In many countries, there are richer and poorer regions, each with potentially different tax rates and user fees.⁷⁸ An uneven distribution of access to health care by region might be the consequence, which can result in discussions on equity and financial compensation (equalization payments) from richer to poorer regions.⁷⁹ In some instances, the debate on equalization

payments can be very challenging if there is an unwillingness of richer regions to support poorer regions.

When discussing the distribution of financial resources in a decentralized context, an additional issue to consider is whether the responsibilities of the sub-national units match their financial base and technical capacities and how those capacities can be increased if necessary.



11.5.9 General issues to consider when putting in place sub-national planning structures during an on-going decentralization process^{XII}

Many countries are currently in need of institutional reform, including a reduced role for the national level, especially in health service delivery,^{XIII} based on the idea that smaller organizations are more flexible, more efficient and more accountable (in the health sector and beyond).

Clarifying the aims and objectives for increased sub-national-level planning

It is important to keep in mind that sub-national planning and decentralization are to be seen as a means, not an end in itself. Decentralizing the health/political system in and of itself does not necessarily have a positive impact on health outcomes. Decentralization should rather be seen as a broad concept to improve planning and implementation processes with positive impacts on health outcomes. It should be regarded as a policy mechanism aiming to realize specific goals, such as increases in effectiveness and efficiency.

Hence, decentralization of health planning is not a solution per se. Before engaging in a decentralization reform process, it would be essential to clarify and acknowledge the problems and challenges the reform is intended to solve. Decentralization processes should therefore not be seen as a way to delegate responsibilities to other levels simply to get rid of them, but rather as a means to improve processes.

Preparing the ground before the decentralization reform process

Policy lessons drawn from existing case studies and analysis of decentralization processes suggest that capacity building at local/sub-national level is crucial prior to transferring responsibilities. Local/sub-national elected representatives need to be provided with capacity-building initiatives especially focused on planning in a decentralized health system. As there might be a higher turn-over through periodic elections at regional and local level, capacity-building should be conducted regularly and be formalized for flexible access for participants.⁸⁰

- ▶ Implementation, monitoring and evaluation features and support modalities need to be specified for the sub-national level. It is essential to understand that the effects of a decentralization reform might be seen only in the long-term; aspirations for short-term changes are likely to be disappointed.⁸¹
- ▶ Capacity-building should also be foreseen for the national level to ensure that the national level is capable to support sub-national levels with adequate planning, budgeting and logistical resources.

^{XII} This is not a guide on how to decentralize the health sector/health planning. It is rather an attempt to discuss a few issues one should keep in mind during a political, fiscal and administrative decentralization process.

^{XIII} Many countries (especially European countries) find themselves in a vicious circle of decentralizing – centralizing–recentralizing, trying to find the right balance between responsiveness and efficiency (http://www.euro.who.int/__data/assets/pdf_file/0007/135664/EuroObserver13_1.pdf, accessed 25 October 2016).

Box 11.10

Preparing the ground for decentralization in Pakistan

In Pakistan, the 18th Amendment of the Constitution in 2010 assigned only a limited set of functions to the federal level while other functions were devolved to the provinces. As a consequence, the Federal MoH was abolished and the remaining responsibilities for health at federal level were reassigned to other federal ministries. A number of problems arose from the implementation of the Amendment; these have generally been attributed to the unplanned abolition of the MoH and the transfer of responsibilities to the provinces without a transition period.^{82,83} At federal level, there was a lack of clarity about the distribution of federal responsibilities in health among other ministries, and the capacity and motivation of these ministries to perform these health-related functions. The abolition of the federal MoH also resulted in the loss of health leadership at federal level and a fragmentation of decision-making processes with particular

threat to areas such as health security and domestic and external resource mobilization.⁸⁴ At the provincial level, there was a general agreement among the provincial authorities that the provinces needed significant support and organizational restructuring to take on the responsibilities for the vertical programmes and other activities in information and regulation; these were previously federal responsibilities and were devolved after the 18th Amendment. Furthermore, variations in capacities across provinces were likely to further increase geographical disparities and inequities. Finally, unclear distribution of responsibilities between federal and provincial level further created areas of tensions. One example was the delay in the creation of a Federal Drug Regulatory Authority.⁸⁵ The newly elected democratic government endorsed the re-establishment of the federal Ministry of National Health Services Regulation and Coordination in 2013.

Designing a decentralized health system adapted to the country context

- ▶ The overall context, in which a decentralization reform, usually an overall governance and government process, is embedded, has to be acknowledged. Especially the national political context may determine the institutional structure of the decentralization reform and consequently the impact and outcome of the decentralization process on the health sector.⁸⁶
- ▶ Opening communication channels from the population to local authorities during the design of the reform process takes full advantage of the benefits which decentralization has to offer. This is often only done once the major decisions with regard to decentralization have already been taken, missing a major opportunity for positive change.



11.6 Conclusion

Sub-national planning is most often not a choice but a reality, a context to which the policy-maker has to adapt. But this situation actually offers a multiplicity of advantages and can be seen as a potential asset to national health planning. However, there are challenges that should be acknowledged and thought through in order to reap the benefits of planning that is closer to the population as beneficiaries and active actors. Many of the planning challenges discussed in this chapter arise because sub-national structures might not be adequately designed and in line with population needs; or because the lines of responsibility and accountability remain unclear. The conclusion to be drawn for health planning and policy-making processes in general is that broader political and management structures need to be accounted for when engaging in sub-national planning.

If planning and decision-making personnel are able to recognize and accept the complexities and inconsistencies that might accompany decentralization, it might be more effective to design an adequately tailored strategy or a policy.

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