11-30-2016

Decentralization and Health: Case Studies of Kenya, Pakistan, and the Philippines

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The information presented is a the product of a two month internship at the World Health Organization in Geneva, Switzerland as part of the Duke Program in Global Policy and Governance. The work presented here was conducted in the division of Health Systems Governance in order to determine how countries meet (or do not meet) and health metrics in a decentralized context, taking note of important factors that contributed to or hindered success.

Decentralization

Decentralization, defined by the World Bank (2001) as, "the transfer of authority and responsibility for public functions from the central government to intermediate and local governments or quasi-independent government organizations and/or the private sector," is a movement that has gained much traction in recent history.

For many countries undergoing decentralization, **a major driver has been a desire to increase the role and participation of local governments in the decision-making space**[1]. In doing this, it is hoped to create governance structures that are more accountable and responsive to the people. **For health, decentralization has been touted as a potential way to improve responsiveness to local needs, improve service delivery, and improve equitability**[2]**.** In light of these goals, many countries as part of their political decentralization have also opted to decentralize healthcare.

Country Quick Facts

Kenya	*The Philippines*	*Pakistan*
• GDP (2015): US$63.40 billion • Total Population (2015): 46,050,00 • **Poverty Level: 46.6% of population lives on less than US$1 per day** • Population under 15 (2012): 42.37% **(high dependent population)** • Fertility Rate (2012): 4.4 births per woman • **High burden of communicable diseases**, with HIV/AIDS as the main cause of death and disability: 29.3% of deaths, 24.2% of all disabilities • **Malaria** is still a major problem: 30% of outpatient morbidity, and leading cause of mortality for the under-5 years category • Both **maternal and neonatal mortality are still very high** • **Increases in Noncommunicable Diseases** likely to present additional challenges to the health system as time goes on • **Total expenditure on health (2013) ~4.5% of the GDP**	• GDP (2015): US$291.97 billion • Total Population (2015): 100.7 million • **Poverty Level: 25.2%** living below national poverty lines • **High level of inequality**—Gini coefficient of 0.47 (2012) • Fertility Rate (2013): 3.0 per woman • Facing a **double burden of infectious diseases and rising Noncommunicable diseases** (NCDs), with NCDs representing six out of the top ten causes of death • Despite meeting many of the Millennium Development Goals' targets, maternal mortality, access to reproductive health, and HIV/AIDS targets were not met. • **Total expenditure on health (2013): ~4.4% of the GDP**	• GDP (2015): US$270.0 billion • Total Population (2015): 188.9 million • **Population aged under 15 (2013): 34%** • **Human Resource challenge**—doctor: population 1:1127 (WHO recommends 1:1000), doctors outnumber nurses 2:1 • **Off-track for MDG targets**: MDG4 Reduce Child Mortality, MDG5 Improve Maternal Health • **One of four poliomyelitis-endemic countries worldwide** • Facing a **double burden of infectious diseases and rising Noncommunicable diseases (NCD)** • Disaster-prone nation: 2005 earthquake, flood 2010, national security challenges • **Total expenditure on health (2014): 2.6% of GDP**

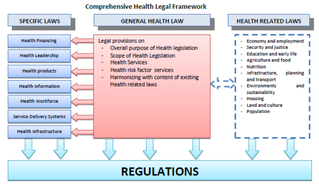
[1]World Bank (2001) Decentralization: What, Why, and Where. Viewed 4 Aug 2016 http://www1.worldbank.org/publicsector/decentralization/what.htm
[2]Saltman RB, Bankauskaite V, Vrangbaek K (2007) Decentralization in Health Care: Strategies and Outcomes. New York: WHO and the European Observatory on Health Systems and Policies, McGraw Hill Open University Press.
[3]Wamai R (2009a) Healthcare policy administration and reforms in post-colonial Kenya and challenges for the future. In: Veintie T, Virtanen P (eds). Local and Global Encounters: Norms, Identities and Representations in Formation. Helsinki: The Renvall Institute for Area and Cultural Studies.
[4]Romualdez AG, dela Rosa JFE, Flavier JDA, Quimbo SLA, Hartigan-Go KY, Lagrada LP, David LC (2011) The Philippines Health System Review, Health Systems in Transition Series. Manila: Asia Pacific Observatory on Health Systems and Policies.
[5]Nishtar S, Boerma T, Amjad S, Alam AY, Khlaid F, ul Haq I, Mirza YA (2013) Pakistan's Health System: Performance and Prospects after the 18th Consitutional Amendment. *The Lancet* 381:2193-206.
[6] Health Policy Development and Planning Bureau (2006) FOURmula One (F1) for Health--National Development Plan 2006-2010. Manila: Department of Health.
[7]Nishtar S (2014) Health and the 18th Amendment: Constructive Tension? In Devolution: Provincial Autonomy and the 18th Amendment. Islamabad: Jinnah Institute.
[8]Perales N, Dutta A, and Maina T (2015) Resource Needs for the Kenya Health Sector Strategic and Investment Plan: Analysis Using the OneHealth Tool. Washington, DC: Futures Group, Health Policy Project.
[9]Bredenkamp C and L Buisman (2015) Universal Health Coverage in the Philippines: Progress on Financial Protection Goals. World Bank Group-Health Nutrition and Population Practice Group Working Paper 7258, Washington DC.
[10]Tsofa B, Molyneux S, and Goodman C (2015) Health Sector Operational Planning and Budgeting Processes in Kenya--"Never the Twain Shall Meet." *Int J Health Plann Mgmt* (10).

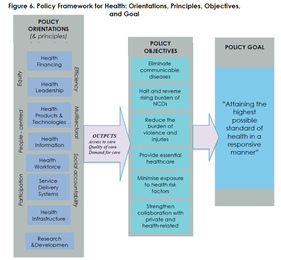
Country Implementation and Progress

Kenya

Reason for Decentralization: 2010 Constitution

Legal and Policy Frameworks: Article 43 of the 2010 Constitution, Vision 2030





Progress:

- Creation of *Kenya Health Sector Strategic Plans (KHSSP)* with five-year plans set to run until 2030
- Alignment between health sector planning and budgeting 2015[10] -still lack of integration due to weak Ministry of Health stewardship, the rapidly changing planning and budgeting environment, lack of reliable data, and poor participation of key stakeholders.
- Key challenge: overlap between legal responsibilities of the national and county governments

The Philippines

Reason for Decentralization: establishment of the Fifth Republic (1987) after the People's Power revolution of 1986 in which dictator Ferdinand Marcos was thrown from power

Legal and Policy Frameworks: *Local Government Code* in 1991, FOURmula One for Health (2005), *National Objectives for Health* (2011-2016)

Progress:

- Fiscal decentralization and financial autonomy of local government units remains problematic
- Inequities in health status and high out-of-pocket payments

Pakistan

Reason for Decentralization: 18th Constitutional Amendment of the 2010 Constitution

Legal and Policy Frameworks: Implementation Commission, National Finance Commission Award

Progress:

- Abolition of the Ministry of Health in 2011 resulted in re-establishment in 2013
- New financing award has improved equitability of financing between provinces and the federal government and provinces

Lessons Learned

1. Influence of international commitments: **Alma Ata Declaration (1978) and commitment to primary health care**
   - Kenya: Alma Ata—further emphasis on health and national blueprints for health were created[3]
   - The Philippines: adoption of primary health care focus in 1979[4]
   - Pakistan: post-Alma Ata environment lead to a boom in first level, public care facilities[5]
2. **Decision to decentralize is often political**, and is not necessarily driven by health needs
   - Kenya: the major impetus for the new constitution and decentralization were grievances about the distribution of health services.
   - The Philippines: decentralization came with the installation of the Fifth Republic in 1987 after the People's Power Revolution that ended the dictatorship of Ferdinand Marcos.
   - Pakistan: adoption of the 18th Constitutional Amendment and a shift from a heavily centralized system to a predominantly decentralized federation.
3. **Need for communication and networks for communication** with engagement of key stakeholders
   - Kenya: Sector Wide Approach (SWAp), Joint Program of Work and Funding was developed to ensure that SWAp was properly implemented, Intergovernmental Relations Act 2012
   - The Philippines: Sectoral and Management Coordination Team that helped with the development, monitoring, and coordination of policies and guidelines of *FOURmula One for Health*; Internal Management and Support Team for coordination and administration of the DOH finances and logistics[6]
   - Pakistan: the 18th Amendment strengthened the Council of Common Interests, which is a forum in which provincial and federal interests can be address[7]
4. **National plans with set objectives and goals help ensure success of programs**
   - Kenya: national health plans have been set as the *Kenya Health Sector Strategic Plans*, the *Kenya Health Policy Framework 2014-2030*, Article 43 of the 2010 Constitution.
   - The Philippines: *FOURmula One (F1) for Health* plan
   - Pakistan: re-establishment of a Ministry of National Health Services Regulation and Coordination (MNHSRC)
5. **Finances and resources** that are equitably shared to carry out national plans
   - Kenya: authors[8] have estimated that without better financing the current health plan (KHSP-III) may not be able to meet its targets
   - The Philippines: health spending has increased nearly 150% from 2000-2012[9]
   - Pakistan: creation of a new formula to improve the equity of health financing amongst provinces and to increase overall financing

Conclusions

Kenya, the Philippines, and Pakistan represent three countries that have **changed their health systems due to political forces**. With political pressure as the driving force, each country has implemented changes to their healthcare system as part of **their commitment to improving the health of their population in a decentralized context.** Understanding the broader context in which health systems are created is important even at the clinical level because in understanding what shapes health, we can better **act to create structures and systems that support health.**