



DECENTRALISATION IN SOUTH AFRICA: OPTIONS FOR DISTRICT HEALTH AUTHORITIES IN SOUTH AFRICA SAHR KWIK SKWIZ SERIES

This KWIK SKWIZ:



summarises Chapter 5 of the 2014/15 South African Health Review.

- Decentralisation of South Africa's health care system could have a significantly positive impact on the quality of and access to much-needed health services for the most vulnerable populations, particularly women and children.
- The transfer of authority and responsibility for some public functions from one level of government, especially national government, to a second sphere (provincial government) or a third sphere (local government) has been adopted by many countries seeking to address political, managerial and operational issues in terms of systemic efficiency and cost-effectiveness.
- While South Africa's health system is already structured around a certain degree of decentralisation, the implementation of National Health Insurance (NHI) and the proposed creation of District Health Authorities (DHAs), as outlined in the NHI Green Paper, will require that the country undertakes several further steps in decentralising its health system.
- The key to effective decentralisation resides in a shift in authority to the periphery along with an increase in the extent to which those newly responsible for certain functions could be held accountable for their actions – a process which requires comparable data from across the system.
- Decentralisation is both a technical and a political process, and trying to do too much too fast risks failure, discrediting the entire enterprise and overwhelming the system. The process should therefore be undertaken with caution and at a steady, deliberate pace so as not to overtax the capacity of the system.
- To develop added capacities, however, existing institutions must be challenged. An institutional system that is never pushed or stretched may never have the incentive or opportunity to develop further capacities to grow and progress. Thus the phasing of the process requires an honest understanding of the actual situation in the field and careful judgement to balance divergent considerations.
- Even if national and provincial health departments were to decentralise many functions to DHAs, they would need to retain important policy and supervisory roles. The National Department of Health would have a critical role in promoting and sustaining decentralisation by developing appropriate and effective national policies and regulations,

and by strengthening DHA capacity to assume responsibility for new functions.

- There is a set of functions that the Department of Health should not decentralise, as these are essential for effective execution of its core responsibilities. These include planning, managing, budgeting, holding DHAs accountable for their performance, and ensuring a health system that is coherent and affords universal access to quality health care for all.
- Decentralisation is not without its disadvantages, which could bring considerable risk if the decentralisation plan were poorly designed or ineffectively implemented. Decentralisation could increase costs if individual units were too small, causing duplication of functions and equipment and consequent underutilisation. Similarly, appropriate levels of specialisation could suffer if workloads or operational scale were too small. Duplication, underutilisation and increased costs would result from specialists being nonetheless employed in such units.
- Decentralisation in South Africa should be seen as an iterative process. The scale of change that could be required between the current status of the health system and the vision thereof under a fully implemented National Health Insurance plan is immense, and would have to be undertaken as a series of reforms. Seen thus as a 'decentralisation journey', each step should successively strengthen the capacity of district institutions, provide experience with the advantages and disadvantages of various alternatives, and prepare all role-players and stakeholders for further movement in the direction of the ultimate plan.

SOURCE:

Hendricks SJH, Buch E, Seekoe E, Bossert T, Roberts M (posthumous).
Decentralisation in South Africa: Options for District Health Authorities in South Africa. In: Padarath A, King J, English R, editors. South African Health Review 2014/15. Durban: Health Systems Trust; 2015.

URL:

<http://www.hst.org.za/publications/south-african-health-review-201415>

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