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Administrative Decentralisation as a Panacea for efficiency in the Public Health Sector: a Comparative Study of Britain and Nigeria

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Abstract:

Decentralisation is considered as a significant component of participatory democracy and good governance in developing and underdeveloped countries. Demand for decentralization is globally high, basically, because of the obvious benefits associated with its application. Decentralisation was regarded as a key element of the primary health care approach. It was seen initially as having important political value that can be used as a means to enhance health service policy. The challenge that countries applying this idea usually encounter involves; which sector or service to decentralise. Some proponents appear to view decentralization as an unambiguously virtuous ambition. Yet the ultimate logic of decentralization is that responsibility for health and health care should be devolved to enhance efficiency. The paper draws lessons from Britain and highlights the need to approach formulation and implementation strategies for health sector reforms in Nigeria.

Key words: *Administrative Decentralization, efficiency, growth and Health Sector*

Introduction:

The phenomenon of decentralisation actually found its way into the administrative system since the time of Moses when he raised judges to administer the various tribes of Israel (Exodus 18: 25-26). However, it became popular within the last sixty decades, when the British and the French governments applied decentralisation system in their colonies in 1950s and 1960s at independence by devolving responsibilities for certain programmes to local authorities. By 1980s, it has gained more recognition among countries in the global environment as one of the best approaches of enhancing good governance both at the corporate and democratic levels in developed and developing societies.

Research has shown that decentralisation commenced in 1970s and gained more recognition in1980s. It has also been discovered that so many countries in Africa have adopted the implementation of decentralisation policy in the early 1990s, often with donor support. Decentralisation has made it possible for local health units to: (a) focus attention on the community and increasing community participation so that needs are better met, (b) encourage equitable health care provision and individual liberty, (c) speed up development programmes and health care coverage nationally, (d) promote inter-sectoral coordination, (e) increase management flexibility,

adaptability and responsiveness, as well as (f) increasing accountability and promoting local autonomy (Conn et al, 1996).

Decentralisation could emanate from party manifesto as an agenda or political pressure. The essence of embarking on decentralisation differs from nation to nation and continent to continent. As Ebel (2001), cited in Work (2002), points out in his overview of decentralisation: "The western world sees decentralisation as an alternative to provide public services in a more cost-effective way. Developing countries are pursing decentralisation reforms to counter economic inefficiencies, macroeconomic instability, and ineffective governance. Post-communist transition countries are embracing decentralisation as a natural step in the shift to market economies and democracy. Latin America is decentralizing as a result of political pressure to democratise. African states view decentralisation as a path to national unity." There are many different reasons why governments pursue decentralisation and there are numerous forms and degrees that decentralisation can take on.

Conceptual Clarification

Decentralisation in health policy is very complex a concept to define (Atkinson, 1995; Gershberg, 1998; Hales, 1999; Saltman et al., 2003; Levaggi and Smith, 2004). The term decentralisation has been viewed from different ways. Every discipline has been able to conceptualise decentralisation based on their understanding. It has appeared in management, political science, development studies, geography, sociology, international relations and social policy literatures. It has links with many cognate terms such as autonomy and localism, which themselves are problematic (Page, 1991; Boyne, 1993; Pratchett, 2004; Stoker, 2004). Leonard (1982) asserts that a single universally applicable typology of the concept is impossible. This study therefore views “decentralisation” as the process through which the government at the national level shifts its powers, functions, and responsibilities to agencies at the lower levels of government by delegation or devolution or deconcentration or privatisation.

Decentralisation has been defined by various scholars of public administration as transference of authority from a higher level of government to a lower, delegation of decision making, placement of authority with responsibility, allowing greatest number of actions to be taken where most of the people reside, removal of functions from the centre to the periphery, a mode of operations involving wider participation of people in the whole range of decision making beginning from plan formulation to implementation (White, 1959; Rahman,1996). Decentralisation can be administrative (transfer of civil servants and public functions to the lower level), fiscal (devolution of decision-making powers), or a mixture of these.

Decentralisation is “the transfer of responsibility for planning, management, raising and allocation of resources from central government to semi autonomous public authorities or corporations area wide regional or functional authorities or non government private or voluntary organizations (Rondinelli and Nellis, 1986; Islam, 1997). Decentralisation simply implies the dispersal of authority or power to make decision by the centre to different strata of the organisation for the

purpose of easy, faster, dynamic, and participative administration. It exists when responsibility is shared between the centre and the integral branches of the organisation.

Decentralisation can be viewed from different dimensions. When it takes place between the central and local governments, it is referred to as devolution. This is sometimes considered as political decentralisation by scholars. Political decentralisation often requires constitutional or statutory reforms, the development of pluralistic political parties, the strengthening of legislatures, creations of local political units, and the encouragement of effective public interest groups. Advocates of political decentralization assume that decisions made with greater participation will be better informed and more relevant to diverse interests in society than those made only by national political authorities (The World Bank Group). When Decentralisation is viewed strictly from political angle, i.e. as a *devolution*, UNDP's definition becomes more relevant. According to UNDP, "Decentralizing governance is the restructuring of authority so that there is a system of co-responsibility between institutions of governance at the central, regional and local levels according to the principle of subsidiarity, thus increasing the overall quality and effectiveness of the system of governance, while increasing the authority and capabilities of sub-national levels." From this definition, it shows that devolution concentrates more on power being shared among the integral units of the state. It is the relocation of capacity to exercise power and authority away from the central location. The common emphasis of decentralisation and devolution is on empowering lower level authorities, independent of government, for the purpose of carrying out decision making responsibilities with little challenges. This view is supported by Agrawal, Britt, & Kanel (1999); Manor, (1999); Samoff, (1990) who believe that the definitions of devolution and decentralisation differ but have a common features. Decentralisation by devolution is also regarded as *democratic decentralisation.* In this vein, decentralization is considered as the process of redistributing or dispersing functions, powers, people or things away from a central location or authority. It is when meaningful authority devolved to local units of governance that are accessible and accountable to the local citizenry, who enjoy full political rights and liberty. It thus differs from the vast majority of earlier efforts at decentralisation in developing areas. According to Fergunson & Chandrasekharan (2004**),** it is the transfer of governance responsibility for specified functions to sub-national levels, either publicly or privately owned, that are largely outside the direct control of the central government.

Administration of government or public organisations focuses on the distribution of authority and responsibility among the various sectors which must be carried out within a national political and administrative structure. Administrative Decentralisation entails the redistrib-ution of authority, responsibility and financial resources among different levels of government, the intention of which is to promote efficiency in the delivery of services.

Decentralisation is regarded as *deconcentration*, that is between the central organisation and the various branches. In this case, it is purely administrative decentralisation. It is sub-ordinate lower-level units or sub-units, such as regional, district or local offices of the central administration or service delivery organization. These units usually have delegated authority in policy, financial and administrative matters without any significant independent local inputs (UNDP, 1999). Decentralisation can be administrative in nature if its operation is limited to corporate organisation

(i.e. decentralisation by deconcentration approach) and that which is meant to reform the government sector or the economy. "The process by which the agents of central government control are relocated and geographically dispersed" (Sayer et al. 2005). Administative decentralisation is considered as a transfer to lower-level central government authorities, or to other local authorities who are upwardly accountable to the central government" (Ribot 2002 in Larson). Administrative decentralisation is often used as a strategy for addressing a number of critical governmental needs. Foremost among these are strengthened governance, increased transparency and accountability, and more effective and efficient production and delivery of public goods and services (Cohen & Peterson, 1997).

In summary, the combination of the definitions of devolution and deconcentration leads to the full meaning of decentralisation. Decentralisation means transfer of planning, decision-making or administrative authority from the central government to its field organizations, local administrative units, semi- autonomous organizations, local governments or non-governmental organizations. Participation and control of governance by the people of the country is the essence of democracy (Raghuandan, 2015). Decentralisation refers to the transfer of authority to representative and downwardly accountable actors, such as elected local governments" (Larson, 2004). The term decentralisation is used to cover a broad range of transfers of the "locus of decision making" from central governments to regional, municipal or local government (Sayer et al.2005).

If decentralisation is to achieve beneficial impacts (Gravingholt, J., Doerr, B., Melssner, K., pletzinger, S., Rumker, J. V., & Welkert, J. 2006), it requires:

- ✓ Effective state capacity to coordinate between different levels of government, regulate local government action and oversee local authorities so that all groups of citizens benefit from political reform;
- ✓ Empowered, committed and competent local governments;
- ✓ Engaged, informed and organised citizens and civil societies to collect and articulate the views of community, exert effective control over administration and political decision-makers, through formalised participation mechanisms and avoid risks such as decentralisation of corruption and increased local clientalism.

Decentralisation may also be viewed from *divestment/privatisation* angle. Abdullahi (2004:105) sees "privatization as the divestment from state-owned enterprises and transfer of ownership to private holding by government as a consequence of their poor economic performance and provision of inefficient services." He argues that privatization of PEs is based on the premise that private sector is an instrument for realizing productive, allocative efficiency and higher economic growth in a society. Savas (2000:122), points out that "the primary goal of any privatization effort is, or should be, to introduce competition and market forces in the delivery of public services."

Decentralisation cannot exist in any institution without the existence of delegation. In fact it will be extremely difficult for decentralisation to achieve any tangible result without delegation. *Delegation* is the transfer of responsibility or authority to other agencies or individual from the centre or the superior. The essence of delegation is for efficiency, effectiveness, participation,

accountability and application of new ideas to be realised. However, decentralisation is not the same thing as delegation. Kumor and Sharma (2000), Delegation means transfer of authority from one person (superior) to another (subordinate) whereas decentralisation implies diffusion of authority throughout the organisation. Under decentralisation top executive exercises minimum control whereas in delegation control rests within the top management. For successful delegation to take place there must be clarity of goals and set priorities, decision on who handles the goals projects, when the right person is chosen to do the job, the responsibility being carried out must be properly organised, instruction must be specific and concise, responsibility should not be delegated back, feedback on the part of the delegates, deadlines as per when report should be submitted, and accountable.

A common aim of decentralisation is to bring government nearer to the people and encourage community involvement (Mills 1994). Community involvement in the management of health facilities is emerging as an important aspect of health systems in many African countries (World Bank 1994). Decentralisation of this kind may combine the management of services with the organisation of productive activity and the exercise of influence on planners and decision-makers responsible for the allocation of resources (Smith 1997).

Scholars believe that decentralisation in the health sector is determined by the size of government units, size and density of population, country size and homogeneity of population (Prud' home, 1995; Litvak et al, 1998; De vries, 2000; WHO, 2004). Besides, the choice of the level of decentralisation, the composition of local health authorities, the extent of community participation, the sources of finance, the control and supervisory practices, the planning responsibilities, the civil service attitudes and the level of interagency collaboration. All these variables affect the decentralisation policy outcome and as such will impinge upon the appropriateness of any applicable learning experiences (Omar, n.d.).

Advantages of Decentralisation

There are so many advantages that are associated with the term decentralisation; among which are:

It promotes dynamism among workers:

Decentralisation helps an organisation to experience dynamism through the various ideas initiated by workers. It results in great initiative, dynamism and drive. It provides opportunity for greater diversity of innovation and increases flexibility of government in the context of changing circumstances.

It enhances productivity in an organisation:

When there is decentralisation of the public sector, the level of productivity will be high because more workers are employed to do the job. Since there is division of labour in the various units, performances will be more effective to steer up productivity. First, decentralisation is claimed to improve allocative efficiency, in the sense that the goods provided by governments in localities

will be better matched to the preferences of the residents of those localities. This is sometimes known as the preference-matching argument. Second, decentralisation is argued to increase the productive efficiency of delivery of government services. In this literature, production efficiency is interpreted in a wide sense, to accommodate inefficiencies like corruption, waste, and poor governance. There is now quite a large literature on decentralization and allocative efficiency (Acemoglu &Verdlier, 2000 cited in Barankay & Lockwood, 2005).

It provides expansion and employment opportunities:

One of the fundamental advantages of decentralisation in the public sector is that it gives room for expansion as a result of patronage of the public goods and services due to effective delivery. When there is expansion there is tendency for employment opportunities to emerge. According to Obasa (2015), Nigerian public sector has low productivity as measured by its output in relation to its capital and labour inputs. This problem is majorly predicated on government non sustainability action towards labour and its insensitivity towards the unprecedented poor wages and incentives given to public workers. The overall effect is the unemployment that it generates.

It reduces workload and stress in an organisation:

The existence of decentralisation in any organisation makes way for reduction in workload and stress being experienced by those at the top and middle positions. The implication of this is that it allows those at the managerial levels and the central headquarters to concentrate on other organisational activities. Administrative decentralisation seeks to redistribute authority, responsibility and financial resources for providing public services among different levels of government.

Competitions exist when there is decentralisation:

Decentralisation allows good competition to exist between the centre and the branches. The problem with the public sector in Nigeria is lack of competition. When different branches are established, there will be serious competition among them to meet the targets of the organisation. For instance, where services are being rendered by the centre alone without branches, growth may be limited, since there is no competition.

It minimises errors among workers:

Because responsibilities are shared among the various tiers of government (devolution) and administrative field headquarters (deconcentration), it makes it possible for errors to be avoided in the process of each branch carrying out its day-to-day activities. This is realisable because there will be proper coordination and supervision of workers. The workload which could result to errors is already taken care of with the operation of decentralisation. One of the major problems of the public sector in Nigeria is administrative error being committed by bureaucrats in service delivery. In the political arena, the existence of errors will be at minimal when each tier is limited to its function as specified constitution.

De-motivation ceases to exist among employees

An organisation structure which employs delegation, communication and participation principles tends to promote motivation. Thus, the morale and motivation of subordinates and other tiers or branches of the institution will be very high towards performance. The challenge that the public sector in Nigeria is having is that some of the institutions or organisation only have the central unit from where activities and services are delivered. Decentralisation in the sense enables workers in the public sector to develop managerial skill. This happens when responsibilities are given to suitable workers at lower level or in other branches. In political decentralisation, individuals at the local level will also be given the opportunities of learning the rudiment of politics and administration.

Activities are less Bureaucratic:

Bureaucracy is a term that was coined by Max Weber to refer to a system of public administration in an effort to achieve orderly governance (Laxmikanth, 2006). At its inception, it was driven by arguments that individuals are rational human being driven by the desire to fulfil public interest goals in accordance with laid down laws, procedures and precedence (Heywood, 2002). Bureaucracy has however been criticized for being inefficient, ineffective, rigid and oligarchical (Goodman, 1992). The essence of operating decentralisation is to enable every unit to concentrate on its area of specialization so that delay in the process of handling activities can be reduced to the minimal level. The public service in Nigeria has suffered from low vision, self-centredness in policy formulation & corruption in program implementation. The declining state of the public sector can be summarised as lack of creativity, uncertainty towards new ideas, and lack of sensitivity towards the public.

It gives room for participation

One of the fundamental importances of decentralisation is the opportunity granted to members of staff in an organisation to effectively participate in the decision making. This participation can be carried out either by writing officially or open presentation of their opinions, interests and dislikes to those at the top echelon through the media created for this purpose.

Disadvantages of Decentralisation

The following challenges have made the adoption of decentralisation in some organisations cumbersome.

High Cost of decentralisation

Decentralisation is a very expensive model as it involves the cost of maintaining the various branches established by the central government, the huge salary and wages to be incurred as a result of the new members of staff employed, the purchase of office equipment, the rent and other important office accessories.

Possibility of fractionalisation

Decentralisation promotes the possibility of having different separate or disjointed groups. The advantage of centralisation is that it enables the centre to have a formidable front and cohesiveness in times of challenges or crises in the organisation.

Conflicting decisions

The existence of decentralisation sometimes resulted to serious conflicts between the centre and the various branches. The possibility that the branch could give contrary instructions to staff on what they are expected to do which may not be in line with the policy put in place by the centre.

Cumbersomeness of coordination

The adoption of decentralisation can be counter-productive when adequate coordination and monitoring are not considered paramount by the central office. Although, it is argued that directives can be given by those at the top echelon to the various branches, nevertheless, it is more appropriate and effective to coordinate the staff through physical appearance. Coordination can be cumbersome considering the workload of those senior officers at the central level.

Existence of unethical staff conduct

One of the problems of decentralisation is that it tolerates high degree of immorality ranging from corruption, disregard for work, absenteeism, suspicion, and distrust to redundancy. For instance, the field or street bureaucracy allows officers to carry out these unholy acts basically because they are not easily monitored by officials from the headquarters.

Because of the above disadvantages, there cannot be absolute decentralisation in the health sector. Hence, the following reasons are responsible for centralisation (Levaggi & Smith, 2003):
Clinical training and research: left to their own devices, localities would probably seek to free-ride on the training and research provided by others, leading to a chronic under-provision.

Public health: given the high mobility of citizens, there is an incentive for localities to ignore actions such as health promotion that secure benefits only in the long term.

Inequalities: the diversity inherent in unfettered local government health system may compromise equity objectives established by the nation for the health improvement citizens.

Information: only a central authority can specify and mandate the collection of the comparat- ive data needed for informed decision-making.

Macroeconomic factors: the health system is a big segment of the economy which has serious impact on nation's productivity. There may be a number of characteristics of a decentralized system, such as inhibitions to labour mobility, that have unfavourable macroeconomic effects on the health sector requiring amendment by the national government.
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OBJECTIVES OF DECENTRALISATION IN HEALTH SECTOR

The objectives behind the adoption of decentralisation in the health sector are:

Enhancement of Equality: Increases equity by allowing services to meet better the needs of particular groups (argument against), possibly through targeted funding (Bossert, 1998).

Efficient allocation of resources: The local health centres of a nation help to allocate resources efficiently than the national health centre. This is possible basically because the local health officials have sufficient knowledge of the needs of the indigenes.

Promotion of service delivery based on innovation: The health department at the local level has the opportunity of establishing new health ideas that would promote the health condition of people in their environment. The national health centres are extremely cut off from the people at the local areas to device health strategies that would benefit the local indigenes.

Strengthening/Empowerment of grassroots government: The administrative decentralisation of health care by the central government enables the local units to have the autonomy of taking decisions that will promote favourable health delivery.

Facilitation of accountability at branch level: Since the local unit of the health sector is accountable to its indigenes, it becomes necessary for the health officials to improve on the quality of health services being rendered which the central health headquarters may not be able to provide due to lack of knowledge of health services that are required from them.

Promotion of technical efficiency: The adoption of administrative decentralisation of health care system implies using smaller organisations to perform health activities in a better way. Besides, decentralisation increases technical efficiency through learning from diversity (De Vries, 2000). Centralisation generates more waste: local people, local provision and local services are cheaper (De Vries, 2000). Technical efficiency involves the Controlling of costs (Burns et al., 1994)

EFFICIENCY IN THE PUBLIC SECTOR

Efficiency can be defined in terms of change. The concept of Pareto-improving *change* is named after Vilfredo Pareto. *Change is Pareto-improving when someone gains and no one loses.* A related concept is Pareto efficiency:

An outcome is Pareto-efficient when Pareto-improving change cannot take place (when no one can be made better off without making someone else worse off) (Hillman, 2009:24).

Efficiency can be achieved under the conditions of maximizing the results of an action in relation to the resources used, and it is calculated by comparing the effects obtained in their efforts. Measuring the effectiveness requires: a) estimating the costs, the resources consumed, the effort,

in general, found in the literature as the input; b) estimating the results, or the outputs; c) comparing the two. The efficiency is provided by the relationship between the effects, or outputs such as found in the literature, and efforts or inputs. The relationship is apparently simple, but practice often proves the contrary, because identifying and measuring inputs and outputs in the public sector is generally a difficult operation (Cristescus, Mihaiu & Opreana 2010).

The findings of the literature regarding the potential institutional drivers of efficiency include: i) practices ensuring increased results orientation, such as budget practices and procedures and performance measurement arrangements; ii) arrangements that increase flexibility, including devolution of functional and fiscal responsibilities from central to sub-national governments, agencification, intra-governmental coordination, human resource management arrangements and e-government; iii) methods for strengthening competitive pressures through privatisation and other means; and iv) various workforce issues, including workforce size, its composition, the extent and nature of unionisation and the attractiveness of the public sector. Overall, the evidence is surprisingly scant. Available research is inconclusive with respect to the impact on efficiency of varying the mix of inputs used or of changing structural and managerial arrangements (Curristine, Joumard & Lonti, 2007).

Efficiency analyses of public provision of goods and services have often been intellectually stimulated by competing views on the function and boundaries of state intervention into the economic sphere (Rosanvallon, 2000). Measuring efficiency performances of public sector organizations is noticeably harder than their private counterparts as they "produce goods that are provided either free at the point of use or at a price that is not determined by market forces"(IFS Report, 2002) as well as the "non-tradable nature of goods and services" supplied by them (Pedraja-Chaparro et al., 2005). Public sector decentralization is commonly associated with the assignment of authority for public functions to lower levels of government (Baahl, 1986). Due to the complexity of intergovernmental relations, measuring the degree of decentralization, however, is a difficult task which bears many dimensions and which can hardly be accomplished by using a single quantitative measure (Bird, 1986). As maintained by the fiscal federalism theory, decentralisation of public goods and services with localised effects is likely to produce efficiency gains (Oates, 1972).

Public Sector is the part of the economy involved with providing basic services. The composition of the public sector varies from country to country. However, in most countries, the public sector includes such services carried out by government organisations or agencies like the police, military, public roads, public transit, primary education and healthcare to cater for the needs of the people (Obasa, 2015). Most precisely, the public sector can be defined as a productive entity or organization, which is owned and/ or controlled by Public Authorities and whose output is marketed. The public sector refers to all organizations that exist as part of government machinery for implementing policy decisions and delivering services that are of value to citizens. It is a mandatory institution under the Nigerian Constitution of 1999 (FGN, 1999).

Public Sector is civil service institutions, parastatals and extra-governmental agencies that are owned, controlled and legally established by government. Thus the public sector contains all

ministries, departments, services, parastatals and other governmental institutions existing at the central and state levels. According to Amundsen & Pinto (2009), public sectors comprises two major elements; at the political level there are the political institutions where policies are formulated and the (major) decisions are made, and at the administrative level there is the public sector administration, which is in charge of implementing these policies and decisions. This implementing level is also called the civil service or state administration or bureaucracy. The public sector has with it regulations, rules and ethics by which the workers are guided. According to Kinchin (2007), the ethics of public service is (should be) based on five basic virtues; fairness, transparency, responsibility, efficiency and no conflict of interest. There are, however, other principles in operation, and public servants face several dilemmas, for instance when the bureaucrats' private ethics collide with his professional public work ethics or organisational cultures.

The public health sector is one of the governmental institutions established to provide medical supports to the entire citizens in a nation-state. The healthcare and public health sector should constitute a significant portion to development in every society. There is no society that can experience if the health of the citizens are in shamble and retarding. This is because, according to the World Health Organization (WHO, 2004), 50% of economic growth differentials that existed between developed and developing nation is attributable to ill health and low life expectancy. So for a country to be developed, it has to spend a high proportion of its Gross Domestic Product (GDP) on health care. Having known that there is a positive relationship between health and economic growth, then for any economy to develop, it must commit sufficient expenditure to health to achieve desired levels of health status and economic development (Agbatogun & Taiwo, 2010; Yinusa et al, 2014). Another thing that is well known is that ill-health is a major cause of poverty (Agbatogun & Taiwo, 2010). Public health ensures the safety and improvement in the health of members of the society. Thus, this can be done through public sensitisation of the citizens, sound health policy and research in the field of medicine.

Winslow proposed this definition: "Public health is the science and the art of preventing disease, prolonging life and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease and the development of the social machinery which will ensure that every individual in the community experiences a standard of living adequate for the maintenance of health" (Winslow 1920).

The American Public Health Association has synthesized the many definitions and perspectives on public health and identified six basic principles of contemporary public health theory and practice (APHA): a) emphasis on collective responsibility for health and the prime role of the state in protecting and promoting the public's health; b) focus on whole populations; c) emphasis on prevention, especially the population strategy for primary prevention; d) concern for the underlying socioeconomic determinants of health and disease, as well as the more proximal risk factors; e) multi-disciplinary basis which incorporates quantitative and qualitative methods as appropriate; and f) partnership with the populations service (The World Bank, 2002).

The functions of public health sector are to: develop policies and plans that support individual and community health efforts; enforce laws and regulations that protect health and ensure safety; link people to needed personal health services and assure the provision of healthcare when otherwise unavailable; assure a competent public and personal healthcare workforce; evaluate effectiveness, accessibility, and quality of personal and population-based health services; research new insights and innovative solutions to health problems; mobilize community partnerships and action to identify and solve health problems; inform, educate and empower people about health issues; diagnose and investigate health problems and health hazards in the community; establish strong public health laboratory networks; surveillance and episdemiology; and monitor health status to identify and solve community health problems (Public Health Functions Steering Committee, 1994; Resource Document, 2005; Bloland et al, 2012).

ADMINISTRATIVE DECENTRALISATION OF HEALTH SECTOR IN BRITAIN AND NIGERIA

Britain

In the health care sector, in particular, there is little guidance concerning the most efficient level of provision of health goods and services. The adoption of administrative decentralization in health care sector cuts across the developed and developing countries as it has been considered as an alternative means of enhancing sound health system in the contemporary societies. This is made possible because health decisions can now be taken from the local health care unit. The main idea of decentralization is based on the argument that smaller organizations are inherently and consistently more agile and accountable than the larger organizations. In belief of this idea, many European countries have introduced decentralization strategies (Saltman, Bankauskaite, & Vrangbaek, Bossert, 2007 and Beauvais, 2002; Saltman, Bankauskaite, Vrangbaek. 2006). While trend towards decentralization of health policy to lower levels of governments is continuing, some countries in Europe turned to re-centralization process (Tediosi, Gabriele, Longo, 2009; Phommasack, Oula, Khounthalivong, Keobounphanh, Misavadh, Loun, et al.. 2005;. Collins, Omar, Tarin, 2002; Mills, & World Health Organization,1990 cited in Cinar, Eren & Mendes, 2013).This shows that decentralization of public organizations or their management in central management is a paradigm for health care services.

The process of decentralisation in the health sector has already commenced in United Kingdom following its adoption in Wales, Scotland and Northern Ireland (World Organization, 2003; Department of Health, 2003). In the United Kingdom health services are one of the basic responsibilities of the new Scottish and Welsh parliaments. The reforms which have taken place since 1979 in the British public sector management can be examined by broadly dividing the period since the Conservative Government's coming to power in 1979 into three phases (Pollitt, 1996). The first phase, from 1979 to around 1982, was characterized by a fierce but relatively crude drive for economies. In this first period, public service organisations had been subject to cuts and a general tightening of control but, by and large, the existing organisational forms were maintained (Pollitt, 1996:83).When the Conservative Party, led by Mrs. Thatcher, came to power in May 1979,the commitment has been the establishment of wide ranging policies: involving the reduction

of state activity and public expenditure; the introduction of severe manpower cuts; the removal of inefficiency in the state bureaucracy; and the deprivilege of the civil service. It was largely because the Thatcher Government diagnosed the public sector as wasteful, over-bureaucratic, and underperforming (Ferlie et al, 1996).

The pace of activity in health policy in the UK since 2000 makes it very difficult to establish an overall picture of whether the NHS is now more decentralised than it was. This is because particular policies often seem to lead in different directions. Mapping the effects of patient choice, for example, would mean examining its potential for decentralising processes through moving the selection of secondary care treatment as close as possible to the individual patient (Exworthy, Green, Peckham, & Powell (2005) cited in Study Health Care Organisations, 2007).

The National Health Service (NHS) of the United Kingdom is often viewed as a "command and control" system which produces accountability. The central government with the collaboration of Department of Health usually craft out Budgets and strategic policy to be administered locally by NHS organizations. Since 1948 the balance between central and local control and autonomy has fluctuated with successive governments, and now also includes diversity between devolved governments in Northern Ireland, Scotland and Wales (Exworthy et al. 1999; Peckham et al. 2008).

Nigeria

In developing countries on the other hand, the increasing decentralisation of health care services has been mostly a response to the impetus in the promotion of primary health care by international donor organisations, such as the World Health Organisation (WHO) or UNICEF (Akin et al, 2001 cited in Jimenez & Smith, 2005).

Health services in Nigeria exist at the federal, state, and local levels. At the Local level, it involves participation through ward and village health committees coordinated by its health unit. The funding is made possible through annual budgets established by the federal government to take care of the three levels. Community health decision is done through the collaboration of the ward, villages and local government authority with health centres jointly owned. Health officers are appointed at this level to oversee the health system. The major focus of the health personnel is on general health care, particularly on environmental health. The fundamental challenges of administrative decentralisation of health care system at this level are: the non-existence of political will on the part of the various States to promote the complete decentralisation. There is also, lack of administrative will by health personnel to handle local health care system due to inadequate fund and professional skill.

One possible explanation for the contradictory results in health service delivery in Nigeria is the uneven distribution of health services. The argument that the federal government adopted administrative decentralisation is not contestable, but the challenge of building community health clinics, ancillary health clinic or mobile clinic at local level has compelled people to seek for health services at the centre or cities. One of the main arguments for a strong central role in public services is the presence of important spillovers, when residents in one locality are affected by the nature of

services in other jurisdictions. In health care there are clear reasons to believe that such spillovers are important. If one jurisdiction provides poor quality services, it may induce unwanted migration of chronically sick people to other jurisdictions. The implication of this experience on the part of the citizens shows that decentralization in health sector has not had reasonable impact on health services. Thus, there is need for the federal government to embark on health service reform that would take into consideration the proper monitoring of decentralised health institutions.

Conclusion

Health care services and their management is a significant issue for both public and strategic management approaches. Since health is considered as a global public good, it becomes fundamental for the public and governments to manage health services in order to provide suitable and better services to the citizens. The adoption of effective administrative decentralisation could have a great positive implication on good governance in any society. Decentralisation itself may have a political underpinning or ideological connotation. From some political and moral standpoints, the virtues of decentralisation reside in the inherent process rather than its contingent effects.

Administrative decentralisation in the health sector has not been wholly appreciated by sub-Saharan African countries due to the challenges associated with the policy. Amongst which are administrative diseconomies, corruption, poor management, weak system, inadequate communication system, low supply of electricity and dearth of medical professionals. The idea and adoption of decentralisation in enhancing service delivery is very great, as it serves as a critical mechanism for improving managerial incentives at local level and an alignment of public expenditures to local priorities. The paradigm shift from centralisation to decentralisation of health sector in the global community is not unconnected with the idea of transferring health care responsibilities to the lower level to facilitate effective service delivery that would reflect international ideal health system. More recently, institutional economics has drawn attention to efficiency issues, which apply to all levels of government as well as to relations between them. Aside from this, administrative decentralisation of health sector promotes tax revenue being generated by the government if valuable health delivery services are experienced to local people.

Given that decentralisation is a major part of policy rhetoric and current policy development there is an urgent need to develop a strong evidence base to support these developments. However, it is essential to say that, though decentralisation can enhance health sector performance in any country where it is adopted, nevertheless, it is not the only panacea for organisational performance. Other major factors that can promote better performance in any sector are: organisational culture, external environment and performance monitoring processes. To enable administrative decentralisation to yield good result in any sector, specifically, local and national health care organisations, there is need to develop a more sophisticated understanding of decentralisation processes; for simple assumptions about its benefits, may not be sufficient to produce effective results.

Finally, it is very important to not that there is no health system around the globe that totally decentralise or centralise the sector. Rather, what exists is the mixture of the system. For instance, there are some areas of the health care that may not be adequately financed by the local units because they are capital intensive. The acquisition and maintenance of health assets at local level may be beyond the financial scope of a highly decentralised local government. Regional, provincial, or national governments (depending on the scale of the country and its health system) are therefore more likely to be able to finance large scale assets. It is also essential to point out that the smaller the country, and the more levels that are included in the decentralised structure, the higher the costs will be. Again, where decentralised health system exists, it is not a parameter for organisation performance. Non-performance may still exist where the local units are confronted with certain unhealthy political environment, financial and institutional challenges.

The lessons from the decentralisation of health sectors in Britain are: a/ Nigerian government should direct the federal ministry of health to effectively monitor its various branches at field level to prevent them from deviating from the health plans of the government at the centre; b/ While it is not debatable or contentious that Britain adopts unitary system, we should not be ignorant of the need on the part of Nigerian political leaders to coordinate the health system of the federating states and local governments to enable them collaborate with health plan of the centre; c/ The British government did not just decentralise the health system, but also funds the various health units. The federal government should not only recognise the need to finance the various units but also provide adequate grants and supply health facilities to the states and local branches; d/ It is also imperative that adequate training be given to those at the health units across the country the way medical professionals are regularly trained; e/ There is also need to reform the health policy to reflect the ideal health system globally recognised; f/ The new public management principles should also be incorporated in the health reform so that decentralisation would be more effective at the various levels.

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