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Decentralization of Health Services in Mozambique: A Look at the Process of Transferring Health Services to Authorities in the Context of Decentralization of Care to the State Representation Councils and Provincial Executive Councils

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Abstract: This article focuses on the process of transferring Health Services to Municipalities in a context of Decentralization of Health Care to the State Representation Councils and Province Executive Councils, where it aims to identify the barriers to the transfer of Health Services for all Municipalities in Mozambique since its approval and entry into force. However, the qualitative methodology was used through the technique of bibliographical review of books, articles, dissertations, which allowed to highlight the need to transfer or create the financial, human and material resources necessary to guarantee the viability of the services, once assumed by the municipalities. Likewise, it justifies the need for the Central Government to stop prioritizing its coordination through the OLE (provincial and district governments) only through this route, privileging the municipalities. Finally, it emphasizes the need to sign more memoranda of a binding nature so that the process of transferring health services can take place.

Keywords: Decentralization of Health Services, Municipalities, State Representation Council, Provincial Executive Council

I. Introduction

For a decentralization process to be successful, it must be based on an equal process of deconcentration. According to Taveira (2011), the State can either carry out the administrative activities constitutionally entrusted to it itself or perform them through other entities. In this second scenario, it either transfers certain activities that are its own to private individuals or creates other entities, such as entities linked to it, designed to perform tasks within its purview.

In this sense, in Mozambique, administrative activities assigned to other entities include the State Representation Service Councils in the Provinces, the Provincial Executive Councils, the District Governments, and the local authorities.

Currently, the need to understand the modus operandi of the transfer of Health Services to the local authorities, after approximately 19 years, is crucial, as other administrative entities have been created by the state without the actual transfer materializing.

The methodology used is qualitative, using a bibliographic review of books, articles, dissertations, and legislation on the centralization and decentralization process

Based on Law No. 02/97 of May 28, the legal framework for the implementation of local authorities was created, under Article 135.1 of the Constitution of the Republic of Mozambique (CRM).

Consequently, Decree No. 33/2006 of August 30 established the framework for the transfer of functions and powers to local authorities, including health, as stated in Article 12 of the aforementioned decree.

However, its implementation began in 1998. However, approximately 16 years later, only one (Maputo City Council) of the 53 municipalities has assumed some of the powers granted by the aforementioned Decree.

Meanwhile, through Decree No. 63/2020, which regulates Law No. 7/2019, of May 31, which establishes the legal framework for the organization and functioning of the State Representation Bodies in the Province and Decree No. 64/2020, which regulates Law No. 4/2019, of May 31, which establishes the legal framework for the principles, organizational standards, powers and functioning of the Executive Bodies of Provincial Decentralized Governance, a new package of decentralization of powers and functions was formally established, with some health functions (for example, those at the Primary level) being transferred to the Provincial Executive Councils (through the Provincial Health Directorates-DPS) and those at the following levels - secondary, tertiary and quaternary, to the Council of Provincial State Representation Services (through the Services Provincial Health Authorities (SPS). Now, given the facts, the question that arises is, what barriers contribute to the process of transferring competencies in the health area not having its normal follow-up, aiming to cover all municipalities in Mozambique?

II. Review Of Literaturereview Of Literature

Municipalities and their creation

The first socialist-oriented government, established in 1975 with the proclamation of national independence from Portuguese colonization, adopted a popular democracy political regime, in accordance with Articles 1 and 4, § 5 of the Constitution of the People's Republic of Mozambique (CRPM, 1975) (Simione *et al.*, 2018. P: 529).

Consequently, in the administrative sphere, the approval of Decree No. 1/75 of July 27, which established the organization of public administration for the central apparatus, and Laws No. 5/78; 6/78; and 7/78, both of April 22, which established, respectively, the regulation of the functions of provincial governments; the abolition of all colonial administrative bodies and the creation of state administrative structures with executive functions; as well as the Standards for the Organization and Management of the Central State Apparatus (NODAEC) approved by Decree No. 4/81 of June 10, served to establish a state (Central) bureaucracy that held a monopoly on all decision-making. According to these measures, government efficiency would result from the concentration and centralization of all power over public policy decision-making to the exclusive jurisdiction of national ministries and agencies.

It is from this perspective that the description and understanding of the processes of transfer of powers emanating from legally approved provisions in Mozambique necessarily involve knowledge of some aspects related to decentralization, which embody the knowledge of municipalization, whose legal aspects were described in the "Municipal Legislation Package enacted in 1997 and reformulated in 2007 and 2008" (Ezekwesili *et al.* 2009, p. 15).

Municipalities were established by law in Mozambique in 1997, and local elections were held for the first time in 1998 (Ezekwesili *et al.* 2009).

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As such, decentralization in Mozambique emerged in a context of transition from a socialist regime to multiparty democracy. It was linked to the strengthening of democracy and the greater involvement of new actors, such as civil society, in participatory governance practices, removing the dominance of the public sphere by the centralized state in the provision of public services (Ombe and Catique, 2017).

However, Law 2/97 established the legal framework for the creation of the first 33 local authorities and the holding of the first local elections in Mozambique's history. Similarly, [...] this meant, on the one hand, that the national territory would be gradually autonomous based on a set of necessary prerequisites, in terms of local socioeconomic conditions, infrastructure, resources, etc., and, on the other, that the central government would gradually transfer functions and responsibilities to decentralized entities, particularly in matters of education, health, and transportation (Forquilha *et al.*, 2018).

Operationalization of Health Service Transfers to Local Councils

Process of operationalizing the transfer of Health Services

Once the legal framework for transferring health services to municipalities has been created, knowledge of the legal reasons for this constitutes gray literature, and other reasons should be listed, as emphasized by Forquilha et al. (2018), citing Notícias, 2015. In this regard, the central government's discourse attributes the slowness in transferring functions and powers to local authorities to the lack of technical, material, and financial resources and capacity on the part of the municipalities requesting the transfer of these services. For municipalities, particularly those under the management of the Democratic Movement of Mozambique (MDM) (especially the municipality of Beira), the slowness and/or "hesitation" in transferring functions and powers is explained by a mere "political maneuver" on the part of the central government, aimed at hindering the work of municipalities.

In any case, the aforementioned argument that municipalities lack technical, material, and financial resources and capabilities as the reason for the slow transfer process is contradictory, since decentralization implies that the central government not only transfers functions and powers, but also resources (human, material, financial, etc.). In the health sector, for example, transferring functions and powers to municipalities implies that the government also transfers the necessary resources (human, material, financial, etc.) so that municipalities can perform their role adequately (Forquilha *et al.*, 2018).

In fact, with the decentralization process, specifically the creation of State Representation Councils and Provincial Executive Councils, the transfer of health services was almost immediate, as mentioned above, with the transfer of services related to secondary, tertiary, and quaternary care to State Representation Councils and primary care to Provincial Executive Councils, thus leaving local authorities at the mercy of political maneuvering.

To this end, Matsinhe & Namburete (2019) note that in the 1990s, Mozambique underwent significant political transformations, with the democratic transition and the adoption of a new Constitution, which paved the way for the creation of the National Health System (SNS) […] reestablishing the conditions for the provision of health services within a more complex framework, which includes the decentralization process linked to territorial reorganization and the introduction of Municipal Authorities.

According to Ezekwesili *et al.* (2009), a strategy with clear criteria and methodologies for transferring state functions to municipalities has not yet been fully developed, including the transfer or creation of the financial, human, and material resources necessary to ensure the viability of services once they are taken over by municipalities. This situation is further aggravated by Mozambique's tendency toward a highly centralized political system and the lack of a vehicle for expressing the challenges facing municipalities in a coordinated manner, as well as the limited role municipalities have to play in national debates on public sector reform and poverty reduction, among other issues.

From the above, it is also clear that there is an intrinsic debate about the technical will to transfer services to decentralized bodies, such as Municipalities, on the one hand, at the level of the health sector through the Ministry of Health (MISAU), through the Strategic Plan for the Health Sector 2014-2019, drawn up after the law that established local authorities, assumes effective decentralization as an action to strengthen the health system in Mozambique by bringing services closer to the user and an indispensable condition for improving the provision of quality services (MISAU, 2014, cited by Mbofana, 2018), on the other hand, other currents that emanate from the limited role that municipalities have to play in national debates on public sector reform and poverty, among others.

Types of Health Service Decentralization

Health has its own specificities due to the nature of its activity. It is in this sense that, according to Zoon et al. (2017), cited by Mbofana (2018), they list four types of health service decentralization. It is important to observe the four types of health service decentralization:

a) Decentralization when the authority shifts to provincial or district offices;

b) Devolution when the shift is to provincial or municipal governments;

c) Delegation when semi-autonomous agencies receive new powers; and

d) Privatization when ownership is granted to private entities.

Therefore, the devolution related to the shift to provincial or municipal governments still seems to be a pipe dream, measured by the number of municipalities to which services have been transferred.

Since the early 2000s, municipalization has been characterized by the introduction of rules that have evolved in ways that are limited by the institutional framework that initially shaped a decentralization process that favors the affirmation of municipal government dependence (Simione *et al.*, 2018).

Relationships between different government entities tend to occur within a deficient framework that does not favor the harmonization of plans and actions, nor the adjustment of public policy management processes. Thus, the possibility of jointly evaluating certain results, better monitoring and legitimizing shared actions, and assessing the impacts of policies implemented within the framework of competing competencies is reduced (Simione *et al.*, 2018).

The Central Government's Action in Decentralizing Health Services to Local Authorities

According to Simione *et al.* (2018), regarding public policies, the Central Government prioritizes coordination through the OLE (provincial and district governments) and their agencies, rather than through municipalities. Since public policies in Mozambique are mostly pre-established or adopted through programs developed nationwide by the central government and operationalized through the OLE, the latter wield significant political influence, as they play an important role in ensuring compliance with nationally established goals, which tends to reduce the autonomy of municipalities in managing national policies.

Clearly, the aforementioned approach can significantly reduce the willingness of municipalities to act accordingly so that services can be effectively transferred, with all the attendant constraints, including the necessary financial, human, and material resources.

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What has been observed are attempts marked by political and administrative fears and boycotts, highlighting resistance from higher authorities to the reforms intended with the implementation of this decree. After analyzing the feasibility of transferring more responsibilities in the areas of primary healthcare, elementary education, and transportation, the Gaza Provincial Government and the municipalities of Xai-Xai and Chibuto, through their leadership, signed two memorandums of understanding that defined the transfer of services in these areas to these municipalities in 2013 (Ombe and Catique, 2017).

Another component emphasized by Simione *et al.* (2018) concerns the analysis of political settlement. Reforming the NHS and its regulatory policy, including firmer and more effective decentralization, is a politically delicate process.

However, despite the interest and attention that should be paid to political settlement, almost 16 years later, the memorandum has still not been implemented. According to Ombe & Catique (2017), this is due, firstly, to the lack of guarantees for municipal governments (despite legal provisions) that the central and provincial governments will transfer the necessary resources for service management, if the transfer of additional responsibilities is implemented. Secondly, there is no specific regulation on how the municipalization process for such services, still under the direct management of the provincial and central spheres, should actually be implemented.

This highlights the imbalances in operational capacity and how the central and provincial levels, holding significant power, exert significant political and administrative influence over municipal structures. This distribution of power between governmental spheres can also be seen in Law No. 6/2007, of February 9, which granted supervisory powers to the governor and the provincial government's collective body, whose actions often tend to determine the municipalities' policy behavior. Ombe and Catique (2017) further argue that, in the application of this law, it is clear that the compatibility of the principle of autonomy with that of interdependence, resulting from the division of functions and powers between levels of government, has not worked effectively, as significant interference tends to hinder innovation and the development of municipal actions. Regarding the sharing of resources and municipal revenue, one of the main aspects relates to the inadequacy of the legal mechanisms that guide fiscal decentralization to provide the financial resources required in the management of local public policies.

Although municipal governments' autonomy has developed fiscal practices never before seen in the national context, the central government holds greater taxing powers and the capacity to finance public policies. Law No. 11/1997, of May 31, created a regime for municipal finances and taxes that entailed new forms of coordination between the central, provincial, and municipal spheres (Ombe and Catique, 2017).

Therefore, the process of transferring health services to municipalities constitutes a tangled web of complex political and ideological situations and a lack of will that must be shared and disseminated by municipalities whose organizational capabilities are available.

The Health Sector and the Municipalization of Health Services

The health sector in Mozambique, like other sectors, has been undergoing important reforms in recent years, particularly within the scope of the implementation of the global public sector reform strategy, which emphasizes decentralization as a crucial aspect (Forquilha *et al.*, 2018).

Consequently, health responses within the scope of decentralization and beyond have been observing the aspects of the 2014-2019 Health Sector Strategic Plan, as one of the commitments, according to Mbofana (2018), citing MISAU (2014), stems from the fact that MISAU has embraced effective decentralization as an action to strengthen the health system in Mozambique by bringing services closer to users and as an essential condition for improving the provision of quality services.

Therefore, given that the MISAU's isolated intervention proved insufficient, and after the decision to municipalize health services, several challenges have been addressed to ensure the process can take off. Despite the rhetoric that decentralization has become a crucial aspect of health sector reforms, it thus emerges as an important element of strategic action to improve health care, particularly at the primary level (Forquilha *et al.*, 2018).

Forquilha *et al.* (2018), the effects of decentralization reforms are not linear, with regard to efficiency, reduction of inequities, and improvement in the provision of health services, especially primary care. In reality, the context in which the reforms are implemented plays a very important role in the results obtained.

According to the same authors, citing Tsofa *et al.* (2017: 2), by aiming to transfer power from some actors to others, decentralization is an inherently highly political process, whose effects and outcomes are strongly influenced by contextual factors.

It follows that, regardless of technical, material, or other preparation, the entire process of decentralizing services necessarily involves political will.

However, despite the absence of a clear policy and strategy, Mozambique has opted for a decentralization model that combines the gradual devolution of power, functions, and competencies to local authorities and the deconcentration of power, functions, and competencies to local government bodies, particularly provinces and districts. This is a complex model that often contains a contradiction in itself, as it not only brings about the overlapping and confusion of responsibilities and roles between the different decentralized and deconcentrated institutions, but also, as a result, leads to conflict between districts and municipalities in municipalized spaces (Forquilha *et al.*, 2018).

III. Research Methodology

For this research, the methodology used is qualitative, using a bibliographic review of books, articles, dissertations, and legislation on the centralization and decentralization process. A document search was also conducted on Google Scholar, which provided access to relevant information on the government's actions regarding decentralization and Mozambique's actions regarding the decentralization of health services.

IV. Result, Findings And Future Implications

The decentralization process is not an isolated process in itself, since human and humanitarian complexity requires that states adopt behaviors and attitudes that lead to services reaching communities quickly. In this sense, decentralizing and deconcentrating health services is equivalent to serving the population efficiently, in the place, at the time and moment they need it.

In this perspective, local authorities are one of the pillars for this goal to succeed. Therefore, as a strategy with clear criteria and methodologies for the transfer of functions from the State to local authorities has not yet been fully developed, including the transfer or creation of the financial, human, and material resources necessary to ensure the viability of services once they are assumed by municipalities. Municipalities also have a limited role to play in national debates on public sector reform and poverty reduction. Furthermore, given that the Central Government prioritizes coordination through the OLE (provincial and district

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governments) and their agencies rather than through municipalities, this is substantiated by the fact that municipal governments have no guarantees (despite legal provision) that the central and provincial governments will act if the transfer of further responsibilities is implemented. There is an urgent need to, on the one hand, observe the specificities of the health sector, listing the four types of decentralization of health services in a careful and technically operational manner, specifically with regard to devolution when the transfer is to provincial or municipal governments, highlighted in identical memoranda. those signed in 2013 by some local authorities.

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