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The Influence of Strategic Planning on The Efficiency and Equity of Healthcare Delivery in Decentralized Systems: A Comprehensive Review

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Abstract

Background: The decentralization of healthcare systems has garnered significant attention for its potential to enhance efficiency, equity, and effectiveness in service delivery. However, the impact of strategic planning within decentralized frameworks remains inadequately explored, particularly regarding its influence on healthcare delivery outcomes.

Methods: This review utilizes a scoping methodology to assess existing literature on strategic planning and decentralization in healthcare. The analysis includes peer-reviewed articles from interdisciplinary databases, focusing on studies published post-2019, reflecting the growing relevance of this issue in the context of the COVID-19 pandemic.

Results: The findings reveal a complex relationship between strategic planning and healthcare delivery efficiency in decentralized systems. While strategic planning has the potential to improve resource allocation and service accessibility, the efficacy of these outcomes varies significantly across different socio-economic contexts. Evidence suggests that regions with robust strategic planning frameworks experience enhanced service delivery and reduced inequities. However, challenges such as inadequate financial resources and lack of local governance capacity can exacerbate disparities in healthcare access and quality.

Conclusion: Effective strategic planning is crucial for optimizing the benefits of decentralization in healthcare systems. Policymakers must ensure that decentralization efforts are accompanied by comprehensive planning frameworks that address local needs and promote equity. Future research should focus on developing standardized evaluation metrics to assess the impact of strategic planning on healthcare delivery in decentralized settings.

Keywords: Decentralization, Strategic Planning, Healthcare Delivery, Efficiency, Equity.

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1. Introduction

Decentralization provides local governments with decision-making authority in policy formulation and allocates various skills that may profoundly influence the efficacy of healthcare systems. The delegation of power and authority may take numerous forms, resulting in several kinds of decentralization: political, administrative, or fiscal. Nonetheless, there exists little agreement in the literature about their exact definitions [1,2].

Political decentralization entails the central administration delegating decision-making power to local governments. Administrative decentralization is the delegation of operational responsibility, including the assignment of particular tasks and associated finance, but retaining ultimate decision-making authority. Ultimately, fiscal decentralization is the delegation of spending and income duties from central to local governments [3,4].

The data on the advantages of decentralization in the healthcare industry is inconclusive. Three hypotheses that support the justification for decentralization elucidate its effects on healthcare systems [5,6]. Tiebout's seminal work on local public goods illustrates that the "voting with your feet" theory demonstrates how decentralization can either intensify or alleviate existing disparities in resource allocation, as individuals can choose their residence based on potential fiscal advantages or services [7,8]. Utilizing Arrow's concept of information asymmetry in healthcare interactions, the "close to ground" hypothesis posits that governance nearer to people facilitates the acquisition of local insights, hence allowing decentralization to provide more customized solutions to community need. Finally, according to Hurwicz's research on governance, the "watching the watchers" idea emphasizes that decentralization promotes multiple interconnections and reciprocal responsibility among stakeholders, indicating that the advantages of decentralization are contingent upon the accountability of local decision-makers [9].

Utilizing these theories to examine decentralization in healthcare provides a framework for discerning its benefits and drawbacks, notwithstanding the persistent debate in the research [5,6]. Certain researchers contend that decentralization fosters more fairness in healthcare, as well as increased service efficiency, efficacy, and resource use [2,3]. In contrast, several research indicates adverse effects, such as heightened expenditures, complexity across sectors, exacerbated socio-territorial disparities, and difficulty in multi-level coordination and finance [1,4,10].

In health policy decision-making, equality, efficiency, and efficacy are often major factors [11]. This entails guaranteeing equitable access to certain products and services for those with similar needs (equity), while also necessitating the optimization of current resources (efficiency). Policymakers must ensure that policies are congruent with intended health goals (effectiveness). Comprehending the design of policies within decentralized processes to correspond with these aims facilitates the identification of the effects of health decentralization [5]. Furthermore, understanding these implications is essential for the sustainability of health systems, with the objective of enhancing public health and executing healthcare delivery activities that integrate these principles [12]. This comprehension provides a basis for informed decision-making in the formulation and execution of health policy.

Equity pertains to the equitable allocation of available resources to avert disparate treatment of individuals based on criteria such as domicile, socioeconomic background, and gender, among others [13]. In this context, equity emphasizes a dedication to diminishing and finally eradicating health inequities and its drivers, concentrating on the viewpoint of needs and the guarantee of equal chances. Efficiency pertains to the prudent use of resources, striving to optimize health benefits for society while reducing healthcare expenditures [14,15]. Efficiency can be categorized into two types: technical efficiency, which evaluates the correlation between resources and outcomes, illuminating resource utilization, and allocative efficiency,

which examines the efficacy of resource allocation and the distribution of outcomes within the community. Effectiveness involves the implementation of suitable measurements, interventions, or initiatives to attain the desired outcomes or goals with the available resources. This indicates the extent to which enacted activities or policies affect individual health [16].

The execution of decentralization in healthcare, however, differs throughout various nations, leading to a range of results and effects. The implementation of decentralization in Italy included the whole healthcare system. Reforms designed to enhance regional strength were implemented with a twofold emphasis: improving the reimbursement system and reinforcing the political system. Despite a well-developed approach, divergent interpretations across areas undermined the attainment of fairness. The decentralization trend in Norway's regions was both dramatic and rapid. The administrative and managerial elements were devolved to the regional level, but the finance mechanism remained centralized. Compared to the Italian scenario, the degree of decentralization in Norway was more restricted, including just hospital healthcare [1].

Moreover, a substantial gap exists in our understanding of the impact of decentralization on the equality, efficiency, and effectiveness of health systems broadly. This research aims to provide a thorough assessment of the evidence guiding healthcare decentralization techniques and their effects, underpinned by a conceptual model.

To accomplish this goal, we developed a scoping study to identify existing data, elucidate fundamental ideas, and analyze research approaches in this domain [17]. This review formulated hypotheses grounded in the World Health Organization's five decentralization variables—geography and sociodemographics, political process organization, functional and economic significance, governance, and oversight—to elucidate the causal mechanisms of each variable on equity, efficiency, and effectiveness.

Each decentralization variable is delineated by its prospective effects upon the implementation of decentralization. The term "geography and sociodemographics" signifies that the effects of decentralization differ based on the scale and socio-economic structure of the decentralized entities. “Organization of political processes” denotes the formal decision-making frameworks, the capacity for public engagement, and the closeness between government and the populace. "Functions and economic weight" relate to the delegation of authority over budgetary choices to local governments. "Steering" refers to the existence or lack of central coordination in establishing goals and directives for local administrations. Ultimately, “control” refers to the existence or lack of monitoring and assessment mechanisms used by the central administration to collect data on the implementation of decisions at decentralized tiers [1].

2. Methods

The identification of articles stemmed from research undertaken in 2023 using two interdisciplinary databases: Scopus and Web of Science.

The literature obtained from the two databases reflected the increasing significance of the health decentralization issue. A significant rise in the volume of publications occurred post-2019, especially in the years subsequent to the COVID-19 pandemic. This setting underscores the vital role local governments may perform in public health, demonstrating their ability to take on responsibilities in this domain.

3. Equity in Accessibility and Utilization

These research studies demonstrated that decentralization produces varied and distinct reactions, exhibiting more advantageous impacts in areas with more development relative to those that are less developed. The effects differed according to the developmental status of subnational governments, their resource availability, demographic attributes, the structure and administration of health systems, and the resources reallocated during the decentralization process itself [18,19]. In this context, Assis [18], concentrating on Brazil, determined that fiscal decentralization lowered infant mortality rates. Nonetheless, the effects differed by location, depending on prevailing territorial and economic growth. More prominent consequences were seen in the more developed southern areas, while the northern

regions, marked by underprivileged cities with inadequate infrastructure and limited resources, had fewer notable impacts of decentralization. Consequently, the data in article [20] indicate that decentralization exacerbated pre-existing spatial inequities in healthcare access among Italian regions. Healthcare accessibility challenges, including financial and transportation concerns, were more pronounced in the southern regions, especially in underdeveloped areas. This data highlights the essential importance of healthcare accessibility, including characteristics such as the distance to travel for treatment and the associated journey time.

The results demonstrate that formulating policies devoid of central government oversight and citizen participation intensifies regional disparities, leading to detrimental impacts on public health. The disintegration of the healthcare system regarding finance and service delivery, along with the uniform application of health services disregarding local requirements, produces disparities in healthcare access [21,22]. From a governance viewpoint, [23] contended that several decentralization efforts inside the Greek health system were unsuccessful owing to insufficient governmental backing and political will. The restricted delegation of administrative authority and persistent instability in health policy during political transitions adversely affected the efficacy of regional health services, failing to mitigate disparities across local governments or enhance the quality of services provided.

Thirteen publications examine equality in healthcare funding, yielding conflicting results for the EQ.FE1 hypothesis, which was partly validated. Certain research suggested that the reallocation of duties and financial resources did not exacerbate health inequities or gaps in healthcare access; rather, it mitigated them. These studies contended that existing inequities arise from economic disparities within the population rather than from discrepancies in health finance or differences in health system administration. Furthermore, references. [24,25] determined that while decentralization may facilitate a fairer distribution of resources, it requires certain political circumstances and processes adapted to the prevailing situations.

Conversely, recognizing towns' perceived demands is essential for comprehending their resource allocation. The research on Colombia and Chile [26] indicated that using an intergovernmental transfer allocation formula based on population promoted the fair distribution of national resources among local governments throughout the health decentralization process. Thus, regarding the allocation of financial resources, the priorities of the receiver (local government) superseded those of the donor (national interests) [27].

Other research, however, indicated that decentralization negatively impacted resource availability and healthcare access, resulting in heightened inequities across demographic groups. Improperly allocated financial resources led to a disjointed and inequitable health system, where the availability, usage, and accessibility of services, along with the degree of cost management, corresponded to the region's wealth [28]. Affluent regions performed better, having a superior ability to augment their financial sources, therefore exacerbating the disparity between affluent and destitute areas [29].

While certain studies indicated that the decentralization of financial resources aided in diminishing infant mortality rates [30,31], enhanced the decision-making capacities of subnational governments [32], and did not impact regional inequalities [33], they underscored that the diverse responses noted were shaped by the developmental status of each region and the allocation of financial resources. The research on Italy [33] indicated that the fiscal decentralization reform helped mitigate existing disparities, albeit the advantages were more pronounced in affluent areas compared to less developed ones. The findings of [34] about Colombia demonstrated that decentralization positively impacted the reduction of infant mortality, with greater advantages shown in wealthier districts.

Concerning the EQ.STRE1 hypothesis, research highlighted that the central government's allocation of more duties and resources to municipalities failed to alleviate existing disparities [35,36]. The talent transfer was devoid of associated standards, and there was an absence of planning for resource use according to local need. The lack of cooperation across government levels led to policy variability, undermining equality. In Sweden, a unique decentralization model regarding legislation led to improvements, including the patient choice reform, absent a national norm in practice. As a result, the

presence of just suggestions, a soft governance framework, and an absence of standards for policy implementation led to disparities across areas regarding patients' access to health care [37]. These findings highlight the need to establish 6rules at several phases of the decentralization process.

The final hypothesis (EQ.EVAL1) was validated by two examined papers, which declare that the implementation of evaluation mechanisms enhanced the performance of decentralized health systems [38,39]. In Italy, the implementation of these procedures highlighted significant geographical discrepancies between the south and the north, with the south demonstrating worse performance in both health care supply and health outcomes [40]. Furthermore, this intelligence enabled local governments to assess if the adopted policies were yielding the desired outcomes and to uncover influencing variables. Thus, local governments may devise and execute strategies to mitigate recognized issues.

4. Effectiveness

The hypothesis EFIC.GEO2 could not be confirmed regarding efficiency owing to evidence being confined to a solitary paper. Ferrario and Zanardi [35] contended that smaller areas with little resources have a constrained ability to invest in sufficient services, resulting in superfluous health costs and having resources just for fundamental needs. Conversely, prosperous areas may spend resources to address current demands but, in some instances, may have spent more than required. Although bigger areas exhibited more expenditure, there is inadequate information about efficiency; the statistics do not ascertain if the costs corresponded with real requirements.

According to hypothesis EFIC.OPP2, the investigations revealed that people’s preferences varied both between and within areas. Delegating decisions to tiers nearer to people was considered more efficient. The closeness of governing bodies to residents allows subnational governments to recognize and understand individuals' choices for health care. This comprehension is essential for resource distribution, optimizing the collective welfare of the populace [27]. Policymakers are essential in formulating policies, and when the average cost of treatment corresponds with demographic attributes and healthcare frameworks, regions may improve the efficiency of their healthcare systems [26,41]. Consequently, the previously described hypothesis was validated.

Fourteen publications concerning the decentralization of functions and economic significance exhibited contentious outcomes, partly corroborating the EFIC.FE2 concept. Certain publications claimed that distributing financial resources to local governments enhanced service delivery efficiency. This was accomplished by the prudent use of resources to improve population health, strengthening policy feasibility, and fostering openness and accountability in expenditure distribution [42-45]. Sun and Andrews [46] noted that enhanced efficiency in financial resource use may be more evident in more developed areas due to their ability to establish systems that encourage appropriate resource allocation. Concerning this issue, [30] observed that fiscal decentralization in Spain enhanced regional responsibility for resource distribution, resulting in a reduction in infant death rates. In contrast, in areas where financial resource transfer did not occur, the observed impacts were less significant.

Conversely, some research contended that the liberty afforded to subnational governments in the allocation of financial resources did not inherently indicate effective usage [28,47]. Three studies suggested that, due to the heterogeneous circumstances across local governments, such as differing population demographics, socioeconomic factors, and geographic settings, the overarching tendency was a decline in efficiency [48,49]. Machado and Guim [50] assert that less developed municipal governments in Brazil saw elevated per capita expenditures on staff and pharmaceuticals, resulting in inefficiencies due to scale loss. The disparities in per capita spending across local governments increased the system's vulnerability. Some indicated that resource allocation resulted in heightened health expenditures. Local governments, seeking to enhance current services or introduce varied policies, may not distribute financial resources optimally.

The investigation centered on the EFIC.STRE2 hypothesis, with research related to this decentralization variable confirming its validity. Given the complex nature of the decentralization process, several conditions were emphasized: (i) the engagement of all stakeholders with an understanding of the need for change; (ii)

the existence of strategies designed to tackle current challenges; and (iii) the systematic coordination of the entire process, clearly defined, focused on establishing an integrated healthcare supply network to enhance efficiency in health services. The circumstances impacting the structural components of the system, which in turn influence the behavior of companies and people, exemplify a unique scenario from the Marche area in Italy [51]. A factor that might affect efficiency is the implementation of excessive regulations by the central government, which limits the capacity of subnational governments to use and allocate resources according to their unique circumstances [44].

The EFIC.EVAL2 hypothesis was not supported by the literature, since no research assessed the effect of efficiency assessment systems. Three research indicated that these methods aided local governments in comprehending the impacts of enacted changes and might inform future intervention strategies [52]. Nonetheless, while several nations possess monitoring mechanisms for the implementation of decentralized activities, it remains ambiguous if their presence enhances efficiency.

5. Efficacy

Regarding efficacy, studies pertaining to the EFET.GEO3 hypothesis indicates that the decentralization process adversely affects less developed local governments, posing a significant obstacle in achieving stated goals [36]. The degree of growth was considered a crucial need for attaining superior outcomes. In contrast to better developed subnational governments, less developed ones had diminished technical, administrative, and managerial competencies, coupled with insufficient financial resources to tackle the issues of health care management. As a result, they encountered a state of increased vulnerability, necessitating the adoption of steps to improve health care, as research [32,36] indicated for Brazil and Colombia. Consequently, the idea under scrutiny was validated.

In the decentralization variable of political process organization (EFET.OPP3), references. [53,56] emphasized that local governments, aware of their electoral responsibilities, advocated for the implementation of policies that corresponded with the preferences and demands of their constituents, so validating the theory. The Spanish system's independent communities and subsequent decentralization of the health system allow residents more options in selecting local government representatives. A need arose among political decision-makers to establish a framework that aligned management and health policy goals with individual desires. The formulation of policies by subnational governments, especially when using their own resources extensively, improved accountability in resource allocation to residents [57]. Consequently, with this autonomy and responsibility for their acts, governments devoted resources to formulating successful policies [47].

Numerous studies indicated that when current finance methods were inadequate to meet costs, local governments relied on their own resources, with only the most developed governments having the capability to enact suitable policies [48,49]. Other research suggested that in areas where a significant share of expenditures was funded by local taxes, legislators exhibited more accountability, providing services that more closely matched prevailing demands. Conversely, underdeveloped districts reliant on central government funding encountered restrictions, leading to more limited governance [22]. The Italian situation highlighted these two effects stemming from the devolution of financial resources to the regions. The aim was to promote regional development, but the effects differed between areas depending to their pre-existing skills about this reform [56]. Consequently, the EFET.FE3 theory was substantiated.

Research conducted under the EFET.STRE3 hypothesis validated it, determining that central coordination in establishing guidelines for planning, resource allocation, and assessment of executed measures, alongside conducive local conditions for decentralization, enhanced policy effectiveness [20,39]. In Italy and Spain, disparities arose across areas in their ability to address the epidemic, maybe linked to regional variances in service organization and provision or varying policies. In both situations, planning and coordination associated with the decentralized approach were essential for properly addressing this problem. The directives from the central government to the regions were essential in responding to developing requirements. Nonetheless, when subnational governments mostly executed policies mandated

by the central government, the established standards were beneficial for local-level initiatives but constrained their ability to implement policies.

Finally, the EFET.EVAL3 hypothesis could not be comprehensively assessed owing to the presence of just one publication [34]. It indicated that evaluating implemented policies allows for the identification of successful measures, the determination of areas for enhancement and innovative practices, and the acknowledgment of municipalities' leadership in the formulation and execution of health policies.

The research yielded numerous critical discoveries. Initially, disparities across municipalities were evident concerning geography and sociodemographics, with smaller municipalities, reduced population density, and lower levels of development being more vulnerable to inefficiency, ineffectiveness, and injustices. Furthermore, the existence of autonomy and accountability in local governments, together with effective oversight by the central administration and public engagement, augmented their comprehension of local needs and opportunities for development. This shared understanding greatly enhanced equality, efficiency, and effectiveness in the structure of political processes. Thirdly, the distribution of financial resources to address expenses related to transferred talents had unclear effects on equality and efficiency. The current evidence does not clearly establish whether the insufficient redistribution of these resources led to increased health disparities or whether their allocation improved usage efficiency. The successful execution of more effective programs depended on the socioeconomic capacities of local governments. These results highlight the intricate dynamics involved in decentralization processes, stressing the need for detailed considerations in local policy development and execution.

6. Conclusions

The decentralization movement in the health sector has raised concerns among national governments, local administrations, and residents alike. A multitude of inquiries has arisen about the possible effects resulting from the implementation and execution of these activities. Research results suggest that decentralizing health policy to municipalities does not consistently provide several advantages for health systems. The results vary markedly depending on socioeconomic conditions, availability of money, and the particulars of the implementation process.

Decentralization has the potential to improve health outcomes by increasing accessibility for residents, although it also incurs extra costs that may undermine overall efficiency. Furthermore, it tends to generate inequities across towns, disproportionately impacting those with little resources and rendering them vulnerable. The closeness of governing institutions to people promotes information sharing and improves the adaptation of applied actions to local conditions. Decentralization may facilitate equality, especially if smaller municipalities are allocated resources commensurate with those of bigger towns.

Decentralization offers the possibility for efficiency improvements by reducing information asymmetries and enabling customized solutions to current requirements. Nonetheless, the administration of financial resources by local governments lacks definitive proof substantiating certain efficiency improvements. It is essential to explicitly delineate their obligations regarding health service costs, guaranteeing that allotted resources are used efficiently to enhance healthcare offerings. Decentralization may enhance policy effectiveness if local governments are given authority and held responsible for their activities.

The institutional capability of local governments, together with explicit rules on resource allocation procedures, is a crucial determinant for attaining fairness, efficiency in health care, and policy success. These results provide essential guidance for policymakers on executing decentralization procedures to optimize advantages and alleviate adverse repercussions after these efforts are established.

Furthermore, these data underscore the strong correlation between the variables and the three theories of decentralization. The "voting with your feet" argument posits that residents may relocate in pursuit of tax advantages or services, necessitating that the decentralization process ensures an effective distribution of resources. The "close to ground" theory, intrinsically linked to the variable organization of political processes, highlights that citizen involvement and the presence of autonomy and political

accountability for policymakers' actions enhance policy effectiveness. Ultimately, regarding the principle of "watching the watchers," reciprocal responsibility and support among all participants in the process are essential for the success of decentralization. This link indicates that the effects of decentralization factors are significantly shaped by the prevailing geographic, socioeconomic, and institutional environments.

It is essential to recognize certain limitations in the current literature on this subject. The emphasis on a restricted selection of countries and the lack of comparison analyses across nations hinder the ability to derive universal conclusions. The limited range of outcome measures, focusing on mortality instead of quality of life, constrains a thorough understanding of the effects of decentralization. Although theoretical frameworks highlight the importance of assessment and monitoring capabilities in this setting, the relationship between decentralization characteristics and their effects is still inadequately examined in the existing research. Addressing these gaps will be crucial for enhancing our understanding of the intricate processes associated with decentralization in the health sector.

Decentralization in the health sector necessitates significant alterations reliant on a unified institutional and organizational framework, supplemented by sufficient human, physical, and material resources to guarantee its implementation. Moreover, political will is essential for enhancing individual health conditions, while local governments are uniquely positioned to establish a network of partners and agents that bolster the growth and sustainability of health systems. The findings highlight that the efficacy of health decentralization depends on the establishment of certain criteria. These factors seek to ensure a fair regional and local allocation of health services and resources, promote the judicious use of resources, and encourage the enactment of successful policies.

This scoping review followed stringent methodological protocols for study selection and data extraction; yet, it has limitations that should be acknowledged in future research. The study concentrated only on five decentralization variables, neglecting other factors such as local technical capability for policy creation, the institutional framework, the nation's governance model, and public awareness of local government responsibility in health issues. These supplementary factors may affect the consequences of decentralization on healthcare. Secondly, the quality of the chosen papers was not evaluated owing to the varied characteristics of the investigations. Thirdly, the omission of gray literature in this scoping review is significant, given the probability of many reports and research being unreported in scientific journals. The choice to include just published research was intentional, driven by the objective of maintaining quality via peer review.

For future study, considering the extensive uncharted territory in this field, it is advisable, based on insights into the effects of decentralization on healthcare, to examine the necessary capacities, responsibilities, and competences in governance. These factors are crucial for guaranteeing that decentralization fosters enhanced equality, efficiency, and effectiveness. Given the scarcity of research precisely assessing the evaluation variable and the effects of decentralization, there is an urgent need to conduct studies in this domain. Investigating the potential new aspects of skill decentralization in light of the problems presented by the COVID-19 pandemic and comprehending the resultant changes would be a compelling area for additional research.

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تأثير التخطيط الاستراتيجي على كفاءة وعدالة تقديم الرعاية الصحية في الأنظمة اللامركزية: مراجعة شاملة

الملخص

الخلفية:

حظيت اللامركزية في الأنظمة الصحية باهتمام كبير لدورها المحتمل في تعزيز الكفاءة والعدالة والفعالية في تقديم الخدمات الصحية. ومع ذلك، يبقى تأثير التخطيط الاستراتيجي داخل الأطر اللامركزية غير مستكشَف بشكل كافٍ، خاصة فيما يتعلق بتأثيره على نتائج تقديم الرعاية الصحية.

المنهجية:

تستخدم هذه المراجعة منهجية تحديد النطاق لتقييم الأدبيات الحالية المتعلقة بالتخطيط الاستراتيجي واللامركزية في الرعاية الصحية. شملت التحليل مقالات علمية مُراجعة من قواعد بيانات متعددة التخصصات، مع التركيز على الدراسات المنشورة بعد عام 2019، مما يعكس الأهمية المتزايدة لهذا الموضوع في سياق جائحة COVID-19.

النتائج:

تكشف النتائج عن علاقة معقدة بين التخطيط الاستراتيجي وكفاءة تقديم الرعاية الصحية في الأنظمة اللامركزية. بينما يمتلك التخطيط الاستراتيجي القدرة على تحسين تخصيص الموارد وإتاحة الخدمات، فإن فعالية هذه النتائج تتفاوت بشكل كبير بين السياقات الاجتماعية والاقتصادية المختلفة. تشير الأدلة إلى أن المناطق التي تعتمد أطر تخطيط استراتيجي قوية تشهد تحسينات في تقديم الخدمات وتقليل الفجوات الصحية. ومع ذلك، فإن تحديات مثل الموارد المالية غير الكافية ونقص القدرات المحلية في الحوكمة يمكن أن تزيد من تفاقم التفاوتات في الوصول إلى الرعاية الصحية وجودتها.

الاستنتاج:

يُعد التخطيط الاستراتيجي الفعّال أمرًا حاسمًا لتحسين فوائد اللامركزية في الأنظمة الصحية. يجب على صانعي السياسات ضمان أن تُرافق جهود اللامركزية أطر تخطيط شاملة تعالج الاحتياجات المحلية وتعزز العدالة. ينبغي أن تركز الأبحاث المستقبلية على تطوير مقاييس تقييم موحدة لقياس تأثير التخطيط الاستراتيجي على تقديم الرعاية الصحية في البيئات اللامركزية.

الكلمات المفتاحية:

اللامركزية، التخطيط الاستراتيجي، تقديم الرعاية الصحية، الكفاءة، العدالة.