

ABSTRACT

Decentralisation has been considered by many as one of the most important strategies in public sector reform in many developing countries. Donors and governments alike have considered decentralisation as a tool for national development through the achievements of the objectives of enhancing popular participation and the management of development at the regional or local level. Countries are expected to reap the benefits through improved service delivery by bringing service delivery closer to consumers, improving the responsiveness of the central government to public demands and thereby reducing poverty and inequalities, improving the efficiency and quality of public services and empowering lower units to feel more involved and in control. Decentralisation however has the potential to widen the gap in fiscal resources at the sub-national level, which may result in inequities in service delivery among citizens of the same country depending on where they live. The current system of local government in Ghana is based on a decentralisation programme that began in 1988 with the introduction of District Assemblies (DAs) by the Provisional National Defence Council (PNDC) government. Over the years Ghana has experimented with a mix of decentralisation reforms the current policy integrates elements of political, administrative and economic decentralisation. Years after decentralisation process health variables exhibit significant disparities and inequities between districts and regions in Ghana.

This study sets out to investigate the link between decentralisation and health inequities by exploring the spatial dimensions of health equities in Ghana. The study will utilise household level data from the Ghana Living Standards Survey and to construct inequality curves and indices to illustrate the existing inequities across the districts in Ghana after an increase in intensity of decentralisation. The study will then decompose the indices to determine how much of these inequities are accounted for by within district or between districts variations in incomes. The thesis will also investigate the micro-foundations of the potential benefits of health decentralisation using qualitative and quantitative descriptive analysis.

KEYWORD: Inequity, Decentralisation, Concentration Curves, Concentration Index, Thiel's Index, Ghana, Districts, Health Care, Public Sector Reforms, Inequalities