

The Centre for Quality in Governance Multi-Level Governance Framework

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INTRODUCTION

Governance operates at multiple levels. Regular health service reforms can create new and complex webs of funding, policy and delivery mechanisms and accountabilities often overlain by intricate regulatory systems.

The trend of devolution of accountability from the macro (national) to the meso (regional) level tasks regions with the difficult responsibility of determining healthcare priorities and resource allocation, often with scarce resources without reducing oversight from national bureaucracies. Following on, at the micro level, individual hospitals/services are responsible for day-to-day service delivery. In the next part of this article the authors propose a multi-level governance framework which helps differentiate the different system levels in further depth and defines their accountability, function/purpose and stakeholder involvement.

Level	Accountability	Examples	Function or purpose	Stakeholder involvement
MACRO	Multi-country	<ul style="list-style-type: none"> • WHO, World Bank, OECD, UN, IFC • Philanthropic and charitable organisations • Government setting policy and resource allocation 	Policy & law, mechanisms, duties including human rights, diversity and Sustainable Development Goals (SDG's)	
	National/ Country			
MESO	Regional	<ul style="list-style-type: none"> • German states (Bundesländer) • Integrated Joint Boards 	Policies operationalised and implemented, multi-institutional	
	Healthcare/ transport system		Joint working, funding, shared risk, subsidiarity	
MICRO	Local organisational or delivery unit	<ul style="list-style-type: none"> • Hospital or community services 	Delivery (standard operating procedures etc.)	

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MACRO LEVEL

At the macro level sit the National states or multi country organisations such as the World Health Organization (WHO), United Nations (UN) or charities operating in multiple countries or regions. At this level they are responsible for setting laws and policies that affect or influence the citizens of whole or many countries. Funding levels will have a profound effect on the lower levels of operation. In addition to determining service priorities they will set national policies on issues such as human rights and sustainable development and influence how diversity is respected and advanced.

MESO LEVEL

At the meso level sit the regional, sub-national states which may have considerable autonomy with devolved accountability for health and transport services but most often not taxation and defence. They may however, have local tax collecting powers and supervise policing and infrastructure investment. Examples include the Bundesländer (the German state administrations) and sub-regional health and social care boards such as the Integrated Joint Boards (IJB) in Scotland. They will encourage and support joint working, shared risk and funding and have a strong sense of subsidiarity between national policies and local delivery. This level has the difficult responsibility of rationalising local healthcare priorities within limited resources.

MICRO LEVEL

At the micro level sit the local organisational or delivery unit such as individual hospitals or local community services. They will follow direction from the meso/micro levels and may have to report on compliance with national standards and achievement against national or regional targets such as waiting lists or delays. They also have a democratic base opposed to rationalisation of service locations and will develop their own standard operating procedures (SOPs) following evidence-based standards or agreed guidelines but they will have considerable autonomy in areas such as recruitment, procurement and environmental impact.

LEGITIMACY

All levels will be well advised to engage in creating legitimacy by stakeholder involvement even when they have an electoral mandate. The best forms of stakeholder engagement will operate both top down promoting equal opportunity and fairness, as well as bottom up to take account of local priorities and interests.

RECOMMENDED READING

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