

## Multi-Level Governance: An Approach to Reform Decentralised Primary Healthcare Services

Krishna Regmi\*

University of Bedfordshire, UK

Since the 1990s or even earlier, many countries across the world have initiated reforms in health sectors to improve national health systems [1-3]. Decentralisation, a mechanism in health system reform, has emerged as 'a demand for the strengthening of political and administrative leadership' [4]. World Bank [5] analysed the dynamics of decentralisation between service users (clients), citizens (people) and systems-by making services closer to the people, making government closer to citizens and making government closer to services. Decentralisation is also the process of bringing governments closer to people [6], using the argument that 'a representative government works best the closer it is to the people' [7]. In this respect, one can argue that stronger and more empowered local authorities means making decisions and utilising appropriate resources, without much intervention from central government to bring lasting change to people's health and wellbeing through formulating 'rationale' policies in practice [8,9].

Wollmann [4] highlights that reforms are often triggered by two attributes: *first*, local decision-making processes have consistently been criticised due to poor accountability and transparency-'democratic deficit'; *second*, local governments have failed to address wider socio-economic political and environmental contexts-'performance deficit'. This relates to the wider debates about the 'new forms of governance and decision-making away from central states', especially upwards to supranational organisations (for example, the European Union) and downwards to regional bodies [10]. The centralised government model-the degree to which regulations follow the 'command and control' approach-is irrespective of the level at which they are implemented (i.e., local or national). Alesina and Spolaore [11] argue that modern governance should include dispersion across multiple centres of authority. This issue has been debated between *consolidationists* and *fragmentationists* [10,12]. There is, however, a general consensus that decisions on a variety of public services, including health services and planning, are better taken locally [10]. But how should authority be organised and for whom? Should the numbers of jurisdictions for each area (urban or rural) be limited, and perhaps be reduced to a single unit, or several (overlapping) units, to increase public service choice and flexibility? [10,13-15]. One response to the diffusion of authority has been to stretch established concepts over the new phenomenon [10]. Several authors have applied a power sharing approach among and within the states, and international scholars are extending theories of international regimes to include diffusion of authority within states [10].

At the same time, another response has emerged, often referred to as multi-level (or multi-tiered) governance. Ex-European Commission President Prodi, for example, has called for more effective Multi-Level Governance (MLG) in Europe [16]: 'The way to achieve real dynamism, creativity and democratic legitimacy in the EU is to free the potential that exists in multi-layered levels of governance'. The notion of MLG is that the actors involved would contribute to making it work successfully, in line with their capacities and capabilities [10,17]. Though the concept of MLG has evolved from studies of the EU, it can still be applied to many developing countries, such as Vietnam, India, Nepal and Zambia, where there are also different tiers of government, central, regional, district and community and decentralisation is a continuous

negotiation among such nested governments to effect policy planning, management and collective decisions [18-22]. While some argue that MLG is 'an alternative to hierarchical government, others view policy networks as being nested in formal governments' [10,23,24]. Rhodes [23] work on governance also suggests the involvement of a range of actors beyond central and local government. However, there is little agreement about jurisdictional design questions of 'for whom' and 'how'.

Since the 1990s, decentralisation of public services has been envisioned as an essential constituent of democracy [10]. The primary aim of decentralised governance is to 'promote good governance, strengthen pluralistic democracy, and reduce poverty' and inequality by giving maximum power distribution to local authorities in bottom-up planning and decision-making, through developing consensus between and among the centre, region and district (vertically), as well as within the district and sub-district organisations; that is, education, health and agriculture services (horizontally) [25]. The RDF [25] report highlights that exercising power at different levels local authorities or institutions is a powerful way to deliver public services to local communities through fostering participatory or collaborative planning and development. Therefore, following Hooghe and Marks [10], the development of MLG, with logical and consistent health policy and planning, might improve health services not only by articulating appropriate tiers of government, but also by developing comprehensive governance capacities linking institutional reform, administrative changes and increased autonomy at different levels to make the service effective.

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\*Corresponding author: Krishna Regmi, University of Bedfordshire, LU2 8LE, UK, E-mail: [Krishna.regmi@beds.ac.uk](mailto:Krishna.regmi@beds.ac.uk)

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