

Decentralization In Health Care Strategies And Outcomes Author Richard B Saltman Published On December 2006

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OMB No. 7466874929580 edited by

RODRIGO PHOEBE

Change in the Context of 21st Century Latin America Springer Science & Business Media

The subnational dimension of infrastructure has emerged as one of the greatest challenges in contemporary public finance policy and management. Ensuring the efficient provision of infrastructure represents a challenge for all countries irrespective of their level of centralization or decentralization. This book proposes an innovative approach for the strengthening of decentralized public investment and infrastructure management. Decentralization and

Infrastructure in the Global Economy: From Gaps to Solutions covers the most important aspects of infrastructure investment in a decentralized setting. It discusses infrastructure gaps and the quality of subnational spending; how functional responsibilities, financing and equalization can be designed; sector-specific arrangements in high expenditure areas, such as health, education and roads; key steps of the public investment cycle and management; and analyses the political economy and corruption challenges that typically accompany decentralized infrastructure projects. This book challenges some of the well-accepted principles of intergovernmental fiscal relations and will be useful to researchers and practitioners of public finance policy and management.
Health Care: Meet the American Dream McGraw-Hill Education (UK)

EBOOK: Decentralization in Health Care: Strategies and Outcomes McGraw-Hill Education (UK)

EBOOK: DECENTRALIZATION IN HEALTH CARE: STRATEGIES AND OUTCOMES

Routledge
The main objective of this report is to identify and analyze the most pressing health sector issues in the sub region of El Salvador, Guatemala, Honduras, and Nicaragua (referred to as CA4) while building on the successes already attained, in order to lay the groundwork for discussing and refining strategies and policies in CA4. It will focus on analyzing (a) CA4 health sector performance, measured by financial protection and a subset of health indicators; and (b) health system functions of financing and service

delivery. The report also addresses three topics that CA4 stakeholders selected as their main areas of interest: (a) decentralization processes initiated in these countries; (b) the design and implementation of alternative strategies to improve access to basic maternal and child health care services; and (c) the high prevalence of malnutrition. The synthesis of findings can be found in volume 1 of the report. In volume 2, aside from the introduction, the report comprises five chapters: Chapter 2 discusses the different aspects that characterize the health sector of these countries: health care financing, financial coverage and protection, efficiency and equity in the allocation of resources and service coverage and utilization. Chapter 3 describes the extent and consequences of the various decentralization processes. Chapter 4 presents the different strategies being followed to improve access and extend basic health services, and Chapter 5 focuses on malnutrition and strategic considerations for cost effective programs in CA4.

Similar Designs and Divergent Outcomes in Chile and Nicaragua World Bank Publications

The study reviews the strategy for a prospective health development, and the health benefits associated with decentralization, in a likely challenging near to medium term period in Indonesia. It addresses the major government reorganization, expected to take effect in January 2001, which could well define the social process during the next decade, consisting of decentralization of spending authority, enhanced access to resources at local government levels, and civil service reform. The potential health system benefits, associated with decentralization, will enable citizens to become involved systematically in decisions regarding health policy, design, and financing, as well as influencing service provision. The report describes the health system performance, and costs in the country, namely an adaptation of health for all, aimed at a wide coverage, featuring integrated service provision at the primary health level. However, mixed results proved great imbalances, for low income families lagged behind other quintiles in terms of infant mortality rates, prevalence of specific diseases, and nutrition problems, while households in the top expenditure distribution, proved high uses of public facilities, compared to the bottom expenditure distribution. The pre-crisis policy is examined, i.e., the impacts on the provider-client equation; and, policy options offer opportunities through

decentralization, reform related issues, and effective partnerships with non-governmental organizations, and donors.

Manipulating Political Decentralisation McGraw-Hill Education (UK)

Bolivia has made significant progress in health status and equity in the last decade, due to the implementation of a series of health policies directed primarily at reducing maternal and infant mortality and controlling communicable diseases. These policies include the introduction of a focus on health outcomes in the context of decentralization, the implementation of public health insurance, the strengthening of vertically-financed public health programs and to a lesser extent, an increase in the size of the sector's workforce and greater participation of indigenous peoples. Health Sector Reform in Bolivia analyzes these policies, draws lessons from their implementation, discusses remaining challenges, and provides recommendations in the context of the country's latest policy developments. Findings show that while coverage has increased in almost all municipalities, significant equity gaps remain between the rich and the poor, the urban and rural, and the indigenous and non-indigenous. The analysis suggests that three key issues need to be addressed: - Maintaining the focus on national priorities in the context of the newly expanded maternal and child insurance; - Strengthening efforts to extend care to poor rural areas; and - Improving the effectiveness of the system in the context of the new management model.

FEDERALISM AND DECENTRALIZATION IN HEALTH CARE

Springer Science & Business Media
Cuba has long been a social policy pioneer, with ambitious policies to address health care, education, employment, the environment, and social inequalities. Yet facing severe economic challenges, the government may look to learn from its Latin American neighbors. Social Policies and Decentralization in Cuba analyzes these issues in depth.

AFRICA'S INCLUSIVE AUTOCRATS

Routledge
This book provides a multi-disciplinary framework for developing and analyzing health sector reforms, based on the authors' extensive international experience. It offers practical guidance - useful to policymakers, consultants, academics, and students alike - and stresses the need to take account of each

country's economic, administrative, and political circumstances. The authors explain how to design effective government interventions in five areas - financing, payment, organization, regulation, and behavior - to improve the performance and equity of health systems around the world.

Diagnosis and Strategic Implications, Volume 1. Synthesis of Findings Oxford University Press

While health system decentralization is often associated with federations, there has been limited study on the connection between federalism and the organization of publicly financed or mandated health services. Federalism and Decentralization in Health Care examines eight federations that differ in terms of their geography, history and constitutional and political development. Looking at Canada, Brazil, Germany, Mexico, Nigeria, Pakistan, South Africa and Switzerland, Federalism and Decentralization in Health Care examines constitutional responsibility for health care, the national laws establishing a right to health care, the predominant sources and organization of public revenues directed to health care, and the overall organization of the health system. In addition to these structural features, each country case study is subjected to a "decision space analysis" to determine the actual degree of health system decentralization. This involves determining whether national and subnational governments have narrow, moderate or broad discretion in their decisions on governance, access, human resources, health system organization and financing. This comparative approach highlights the similarities and differences among these federations. Offering reflections on recent trends in centralization or decentralizations for the health system as a whole, Federalism and Decentralization in Health Care, is a valuable resource for those studying health care policy in federal systems and especially those interested in comparative aspects of the topic.

SOCIAL POLICIES AND DECENTRALIZATION IN CUBA

University of Toronto Press
The United States has the highest per capita spending on health care of any industrialized nation but continually lags behind other nations in health care outcomes including life expectancy and infant mortality. National health expenditures are projected to exceed \$2.5 trillion in 2009. Given healthcare's direct impact on the economy, there is a critical need to control health care spending.

According to *The Health Imperative: Lowering Costs and Improving Outcomes*, the costs of health care have strained the federal budget, and negatively affected state governments, the private sector and individuals. Healthcare expenditures have restricted the ability of state and local governments to fund other priorities and have contributed to slowing growth in wages and jobs in the private sector. Moreover, the number of uninsured has risen from 45.7 million in 2007 to 46.3 million in 2008. *The Health Imperative: Lowering Costs and Improving Outcomes* identifies a number of factors driving expenditure growth including scientific uncertainty, perverse economic and practice incentives, system fragmentation, lack of patient involvement, and under-investment in population health. Experts discussed key levers for catalyzing transformation of the delivery system. A few included streamlined health insurance regulation, administrative simplification and clarification and quality and consistency in treatment. The book is an excellent guide for policymakers at all levels of government, as well as private sector healthcare workers.

A GUIDE TO IMPROVING PERFORMANCE AND EQUITY

Routledge

This report discusses several different approaches that support reforming health care services in developing countries. For some time now, health care services have been supported by government funds. As demands for improving health care services continue to increase additional demands will be placed on governments to respond. This, however, will not be easy. Slow economic growth and record budget deficits in the 1980's have forced reductions in public spending. Alternative approaches to finance health care services are needed. Such possible changes could involve: decentralization of federal government involvement; the promotion of nongovernment involvement; the imposition of user fees; and, establishing health insurance. Finally, the role of the Bank in pursuing new financing strategies is discussed.

Is Decentralization Good for Development? Oxford University Press, USA

Until the start of the new century, efforts to strengthen health systems focused solely on the public sector and health programs overseen by public bodies. The private sector was sidelined in certain countries and even banned in others. At the same time, some private-sector stakeholders readily adapted themselves

to this special situation so as to avoid becoming part of a structured health system. This volume notes profound changes in health care around the world in two areas. The stakeholders involved in the health sector are increasing in number and diversifying as a result of the development of the private sector. They are also responding to a process of democratization and decentralization. These developments have been paralleled by greater functional differentiation. Various stakeholders are increasingly specializing in particular areas of the health system: service delivery, procurement, management, financing, and regulation. The interdependence of health stakeholders becomes more evident along with the increased complexity of delivery systems as these respond to changing demand. There is a compelling need to forge relationships. Such relationships are in fact emerging in developed countries and, more recently, in developing countries. They may be informal, but are increasingly organized and structured.

Financing Health Services in Developing Countries World Bank Publications

What is the best way to structure primary care services? How can coordination between primary care and other parts of health care systems be improved? How should new technologies be integrated into primary care? There is considerable agreement among national policy makers across Europe that, in principle, primary care should be the linchpin of a well-designed health care system. This agreement, however, does not carry over into the organizational mechanisms best suited to pursuing or achieving this common objective. Across western, central and eastern Europe, primary care is delivered through a wide range of institutional, financial, professional and clinical configurations. This book is a study of the reforms of primary care in Europe as well as their impacts on the broader coordination mechanisms within European health care systems. It also provides suggestions for effective strategies for future improvement in health care system reform. *Primary Care in the Driver's Seat* is key reading for students studying health policy, health economics, public policy and management, as well as health managers and policy makers. Contributors: Richard Baker, University of Leicester; Sven-Eric Bergman, Bergman and Dahlbäck AB, Stockholm, Sweden; Wienke Boerma, Netherlands Institute of Health Services Research (NIVEL) in Utrecht, Netherlands; Mats Brommels, University of Helsinki and Karolinska Institute in Stockholm; Sweden;

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Opportunities and Challenges David Rockefeller Center for Latin American Studies

This case study aims to identify how Ethiopia has adopted and implemented strategies to improve health services, including the factors that enabled and inhibited success across a meaningful range of health services for the period 1996-2006. Particular emphasis has been given to the impact of utilized strategies on the poor. This case study reviewed one

'primary strategy', decentralization in the form of devolution of authority to the regional level in 1996 and to the district (woreda) level in 2002, and seven 'corollary strategies' in the context of decentralization implemented at the subnational level. The study concludes that decentralization in the health sector is likely to be more effective when it is implemented as part of a broader government decentralization policy across sectors. Sequencing in implementing Ethiopia's decentralization strategy made decentralization more manageable, although decentralization was rolled out prematurely. Moreover, the effectiveness of implementation was found to be driven largely by the institutional and management capacity at the subnational level. At the subnational level, decentralization was found to be more effective in those regions that increasingly strengthened their management and institutional capacity and where regional governments set priorities and adapted the strategies to local needs. However, decentralization was often influenced by the 'clientelistic' center, region power relationship, a problem compounded by the lack of community voice, making the available resources at risk of political capture by the local elite. Overall, the key lesson for implementing improvements in health service delivery (HSD) is that the lack of any critical inputs (facilities, health workers, and drugs) inevitably limits the overall impact of the strategy, and that the implementation of such key inputs should be carefully coordinated and properly synchronized.

HEALTH SYSTEM DECENTRALIZATION

EBOOK: Decentralization in Health Care: Strategies and Outcomes

Bolivia has made significant progress in health status and equity in the last decade, due to the implementation of a series of health policies directed primarily at reducing maternal and infant mortality and controlling communicable diseases. In the light of the decentralization of Bolivia's government in 1994, this report analyzes these policies, draws lessons from their implementation, discusses remaining challenges and provides recommendations. The report looks at the clarifying of targets and accountability; public health insurance and equity; the prevention of communicable and vector-borne diseases through the Epidemiological Shield; human resources and indigenous empowerment. The analysis suggests that three key issues need to be addressed: first, maintaining the focus on national priorities in the

context of the new expanded maternal and child insurance; second, strengthening efforts to extend care to poor rural areas; and third, improving the effectiveness of the system in the context of the new management model.

Administrative Decentralization National Academies Press

This volume explores the central issues driving the present process of healthcare reform in Europe. 17 chapters written by scholars and policy makers from all parts of Europe draw together the available evidence from epidemiology and public health, economics, public policy, organizational behaviour and management theory as well as real world policy making experience, laying out the options that health sector decision-makers confront. Through its cross-disciplinary, cross-national approach, the book highlights the underlying trends that now influence health policy formulation across Europe. An authoritative introduction provides a broad synthesis of present trends and strategies in European health policy.

EBOOK: Social Health Insurance Systems in Western Europe National Academies Press

Exploring the capacity and impact of decentralization within European health care systems, this book examines both the theoretical underpinnings as well as practical experience with decentralization. *Diagnosis and Strategic Implications, Volume 2. Main Report* Routledge

Can autocrats establish representative subnational governments? And which strategies of manipulation are available if they would like to reduce the uncertainty caused by introducing political decentralisation? In the wake of local government reforms, several states across the world have introduced legislation that provides for subnational elections. This does not mean that representative subnational governments in these countries are all of a certain standard. Political decentralisation should not be confused with democratisation, as the process is likely to be manipulated in ways that do not produce meaningful avenues for political participation and contestation locally. Using examples from Africa, Lovise Aalen and Ragnhild L. Muriaas propose five requirements for representative subnational governments and four strategies that national governments might use to manipulate the outcome of political decentralisation. The case studies of Ethiopia, Malawi, South Africa, and Uganda illustrate why autocrats sometimes are more open to competition at the subnational level than democrats.

Manipulating Political Decentralisation provides a new conceptual tool to assess representative subnational governments' quality, aiding us in building theories on the consequences of political decentralisation on democratisation.

Decentralization and Infrastructure in the Global Economy McGraw-Hill Education (UK)

Decentralization has become a popular management strategy in many European health care systems. The term describes a wide variety of power transfer arrangements and accountability systems. The logic of decentralization is grounded in an intrinsically powerful idea; that smaller organizations, properly structured and steered, are inherently more agile and accountable than larger organizations. In a world where large organizations control wide swathes of both public and private sector activity, the possibility of establishing more locally operated, locally responsible institutions holds out great attraction. This text explores the capacity and impact of decentralization within European health care systems. It examines both the theoretical underpinnings as well as recent practical experiences, drawing upon both published literature and evidence collected directly from the field. The book also assesses the appropriateness of management processes within health systems for implementing a successful decentralization strategy. Decentralization in Health Care will appeal to health policy makers, postgraduates taking courses in health services management, HR, health policy and health economics, and human resource professionals.

A Decision Space Approach Lulu.com

The anthrax incidents following the 9/11 terrorist attacks put the spotlight on the nation's public health agencies, placing it under an unprecedented scrutiny that added new dimensions to the complex issues considered in this report. The Future of the Public's Health in the 21st Century reaffirms the vision of Healthy People 2010, and outlines a systems approach to assuring the nation's health in practice, research, and policy. This approach focuses on joining the unique resources and perspectives of diverse sectors and entities and challenges these groups to work in a concerted, strategic way to promote and protect the public's health. Focusing on diverse partnerships as the framework for public health, the book discusses: The need for a shift from an individual to a population-based approach in practice, research, policy, and community engagement. The status of the governmental public health infrastructure

and what needs to be improved, including its interface with the health care delivery system. The roles nongovernment actors, such as academia, business, local communities and the media can play in creating a healthy nation. Providing an accessible analysis, this book will be important to public health policy-makers and practitioners, business and community leaders, health advocates, educators and journalists.

CONCEPTS, ISSUES AND COUNTRY EXPERIENCE

World Bank Publications

Innovations in management are becoming more numerous and diverse, and are appearing in organizations providing many different kinds of products and services. The purpose of this book is to examine whether some widely-promoted examples of these management innovations – ranging from techniques such as Kaizen to styles of leadership and the management of learning – can usefully be applied to organizations which provide healthcare, and applied in different kinds of health systems. Management Innovations for Healthcare Organizations is distinctive in selecting a wide and diverse range and selection of managerial innovations to

examine. No less distinctively, it makes an adaptive, critical scrutiny of these innovations. Neither evangelist nor nihilist, the book instead considers how these innovations might be adapted for the specific task of providing healthcare. Where evidence on these points is available, the book outlines that too. Consequently the book takes an international approach, with contributions from Europe, the Middle East, Australia and North America. Each contributor is an expert in the management innovation which they present. This combination of features makes the book unique.

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