

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

In Mexico City or Nairobi or Manila, a young girl in one part of the city is near death with measles, while, not far away, an elderly man awaits transplantation of a new kidney. How is one denied a cheap, simple, and effective remedy while another can command the most advanced technology medicine can offer? Can countries like Mexico, Kenya, or the Philippines, with limited funds and medical resources, find an affordable, effective, and fair way to balance competing health needs and demands? Such dilemmas are the focus of this insightful book in which leading international researchers bring together the latest thinking on how developing countries can reform health care. The choices these poorer countries make today will determine the pace of health improvement for vast numbers of people now and in the future. Exploring new ideas and concepts, as well as the practical experiences of nations in all parts of the world, this volume provides valuable insights and information to both generalists and specialists interested in how health care will look in the world of the twenty-first century.

*Dismiss the stereotype of the bearded brewer. It's women, not men, who've brewed beer throughout most of human history. Their role as family and village brewer lasted for hundreds of thousands of years—through the earliest days of Mesopotamian civilization, the reign of Cleopatra, the witch trials of Medieval and Renaissance Europe, and the settling of colonial America. *A Woman's Place Is in the Brewhouse* celebrates the contributions and influence of female brewers and explores the forces that have erased them from the brewing world. It's a history that's simultaneously inspiring and demeaning. Wherever and whenever the cottage brewing industry has grown profitable, politics, religion, and capitalism have grown greedy. On a macro scale, men have repeatedly seized control and forced women out of the business. Other times, women have simply lost the minimal independence, respect, and economic power brewing brought them. But there are more breweries now than at any time in American history and today women serve as founder, CEO, or head brewer at more than one thousand of them. As women continue to work hard for equal treatment and recognition in the industry, author Tara Nurin shows readers that women have been—and are once again becoming—relevant in the brewing world.*

This book traces the growth of managed care as a mechanism for curbing excessive growth in health costs, and the controversies that have risen around for-profit health care. Also examined are decentralization in US health care, and the absence of comprehensive health care planning, access rules, and minimum health care benefit standards. Finally, the author proposes a framework for improving access to quality, affordable health care in a competitive market environment.

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.

Practical Applications of Social Accountability Across Sectors

Health Financing in Indonesia

Global Cardiac Surgery Capacity Development in Low and Middle Income Countries

Mexico

EBOOK: Nordic Health Care Systems: Recent Reforms and Current Policy Challenges

Decentralization and National Health Policy Implementation in Uganda - a Problematic Process

Decentralization In Health Care: Strategies And Outcomes

This is the first book to fully review the Mexican health system, its organization and governance, health financing, health care provision, health reforms and health system performance. The book is based on the most recent data and focuses on the three main components that constitute Mexico's health system: 1) employment-based social insurance programs, 2) public assistance services for the uninsured, and 3) a private sector composed of service providers, insurers, and pharmaceutical and medical device manufacturers and distributors.

"The government of Uganda faces a multitude of challenges in the health care arena, from ensuring that health care services are delivered in the most equitable manner, to structuring the health care delivery system to be most effective, to waging campaigns against the leading causes of mortality and morbidity. The government needs the best information available on existing conditions, in order to devise strategies to successfully meet these challenges." This technical paper summarizes the results of three research efforts concerning current health care issues in Uganda. Its purpose is to summarize key actions and identify new challenges. In Part I, "Equity of Access to Health Services in Uganda: The Effects of Income, Gender, Proximity to Services, and Quality of Care," the author examines a number of factors that affect access to health services, including quality of services and income. Part II of this technical paper, "Decentralization of Health Services in Uganda: Moving Toward Improved Delivery of Services," summarizes the key actions that have been undertaken during the decentralization of Uganda's health sector and identifies challenges that are emerging during this process. Part III, "Malaria: A Priority Health Problem," summarizes the status of malaria control in Uganda and highlights some of the key issues that need to be addressed to further strengthen malaria control efforts. This paper should prove useful to those working in Uganda and in other countries facing similar policy changes, to anticipate the challenges as they seek to improve the quality of health and other public services.

What are public health services? Countries across Europe understand what they are or what they should include differently. This study describes the experiences of nine countries detailing the ways they have opted to organize and finance public health

services and train and employ their public health workforce. It covers England France Germany Italy the Netherlands Slovenia Sweden Poland and the Republic of Moldova and aims to give insights into current practice that will support decision-makers in their efforts to strengthen public health capacities and services. Each country chapter captures the historical background of public health services and the context in which they operate; sets out the main organizational structures; assesses the sources of public health financing and how it is allocated; explains the training and employment of the public health workforce; and analyses existing frameworks for quality and performance assessment. The study reveals a wide range of experience and variation across Europe and clearly illustrates two fundamentally different approaches to public health services: integration with curative health services (as in Slovenia or Sweden) or organization and provision through a separate parallel structure (Republic of Moldova). The case studies explore the context that explain this divergence and its implications. This study is the result of close collaboration between the European Observatory on Health Systems and Policies and the WHO Regional Office for Europe Division of Health Systems and Public Health. It accompanies two other Observatory publications Organization and financing of public health services in Europe and The role of public health organizations in addressing public health problems in Europe: the case of obesity alcohol and antimicrobial resistance (both forthcoming).

Looking at Canada, Brazil, Germany, Mexico, Nigeria, Pakistan, South Africa and Switzerland, Federalism and Decentralization in Health Care examines the overall organization of the health system.

Similar Designs and Divergent Outcomes in Chile and Nicaragua

Evaluating Decentralization

The Future of the Public's Health in the 21st Century

Perspectives from Academics and Policy Makers

Getting Health Reform Right

Federalism and Decentralization in Health Care

Key Issues in Less Developed Countries

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.

RTI International has extensive experience implementing international donor-funded programs and projects, including single-sector and multisector policy and service-delivery improvement efforts, as well as governance and public management reforms.

Drawing on that experience, this collection examines six recent RTI International projects, funded mostly by the United States Agency for International Development, that pursued several different paths to integrating service delivery and governance through engaging citizens, public officials, and service providers on issues related to accountability and sectoral services. The six cases illustrate the multiple ways in which citizen participation in accountability, called social accountability, can lead to positive effects on governance, citizen empowerment, and service delivery. The analysis focuses on

both the intended and actual effects, and unpacks the influence of context on implementation and the outcomes achieved.

This book is the first of its kind about healthcare reform efforts in Kazakhstan since its independence within the context of the public sector reform movement. The book provides a brief background of Kazakhstan and its Soviet legacy and the country's efforts to modernize the health system, before creating an overview of the existing system, the reforms since independence, and the future of healthcare in Kazakhstan. This book will be of interest to policymakers, analysts, and development economists.

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.

Country Reports

Health Sector Reform in Developing Countries

Bangladesh Health System Review

Healthcare Policies in Kazakhstan

Health Sector Reform in Bolivia

Twenty Years of Health System Reform in Brazil

International Organization in Time

The Health Systems in Transition (HiT) profiles are country-based reports that provide a detailed description of a health system and of reform and policy initiatives in progress or under development in a specific country. Each profile is produced by country experts in collaboration with an international editor. In order to facilitate comparison between countries, the profiles are based on a common template used by the Asia Pacific and European Observatories on Health Systems and Policies. The template provides detailed guidelines and specific questions, definitions and examples needed to compile a profile.

·What are the characteristics that define a Social Health Insurance system? ·How is success measured in SHI systems? ·How are SHI systems developing in response to external pressures? Using the seven Social Health Insurance countries in western Europe - Austria, Belgium, France, Germany, Luxembourg, the Netherlands and Switzerland - as well as Israel, this important book reviews core structural and organizational dimensions, as well as recent reforms and innovations. Covering a range of policy issues, the book: ·Explores the pressures these health systems face to be more efficient, more effective, and more responsive ·Reviews their success in addressing these pressures ·Examines the implications of change on the structure

SHI's as they are currently defined. Draws out policy lessons about past experience and likely future developments in SHI systems in a manner useful to policymakers in Europe and elsewhere. Social Health Insurance Systems in Western Europe will be of interest to students of health policy and management as well as health management policy-makers. Contributors: Helmut Brand, Jan Bultman, Reinhard Busse, Laurent Chambaud, David Chinitz, Diana M.J. Delnoij, André P. den Exter, Aad A. de Roo, Anna Dixon, Isabelle Durand-Zaleski, Hans F.W. Dubois, Josep Figueras, Bernhard Gibis, Stefan Greß, Bernhard J. Güntert, Jean Hermesse, Maria M. Hofmarcher, Martin McKee, Pedro W. Koch-Wulkan, Claude Le Pen, Kieke G.H. Okma, Martin Pfaff, Richard B. Saltman, Wendy G.M. van der Kraan, Jürgen Wasem, Manfred Wildner, Matthias Wismar.

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 detail. *Building the Republican State* is an insightful analysis of the new state and the new public management that is emerging in the twenty-first century. It presents the historical stages that led to the modern state, identifies a crisis of the nation-state, its origins in a fiscal crisis and in globalization, and situates public management in its last phase - the social-liberal and republican state. To understand such stages the author develops the theory of republican rights, as a fourth type of citizenship right after the civil, the political, and the social rights. The book contains an original model of reform, in which the roles of the state, the forms of ownership, the types of administration, and the organizational-institutions indicated in each situation are brought together. Additionally, the book discusses the political theories behind the reform and its political implications. Throughout the book, the author underlines the complementary roles of markets and the state, and the importance of building state capacity to assure administrative efficiency, always having in count the 'democratic constraint', i.e., the prevalence of the political over the economic realm. This is essential reading both for those studying political theory and government reform, as well as anyone interested in state politics and globalization.

Building the Republican State

Managing Care: A Shared Responsibility

Lowering Costs and Improving Outcomes: Workshop Series Summary

Decentralization and Governance in the Ghana Health Sector

Governance and Service Delivery

Critical Challenges For Health Care Reform In Europe

Ghana's government has embarked on a decentralization process since the 1980s, but the intended devolution of the health system faces important challenges and shortfalls. This study analyzes the strengths and weaknesses of the decentralization of the Ghanaian health system.

In an effort to reduce poverty and improve nutrition, this Bank operation assisted the Indian program Operation Flood to develop the dairy industry in India. This study examines the policy changes instituted to support the aid flow to the dairy sector and discusses the lessons learned and

benefits realized through improved dairy production. It also presents suggestions for improvement. This program differs from other Bank efforts in that it focuses on a single commodity to alleviate poverty and raise living standards.

This book provides a focused resource on how cardiac surgery capacity can be developed and how it assists in the sustainable development and strengthening of associated health systems.

Background is provided on the extent of the problems that are experienced in many nations with suggestions for how suitable frameworks can be developed to improve cardiac healthcare provision. Relevant aspects of governance, financial modelling and disease surveillance are all covered. Guidance is also given on how to found and nurture cardiac surgery curriculum and residency programs. Global Cardiac Surgery Capacity Development in Low and Middle Income Countries provides a practically applicable resource on how to treat cardiac patients with limited resources. It identifies the key challenges and presents strategies on how these can be managed, therefore making it a critical tool for those involved in this field.

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.

A Woman's Place Is in the Brewhouse

Governance for Health in the 21st Century

Change in the Context of 21st Century Latin America

Democracy and Public Management Reform

Health Sector Reform

Meet the American Dream

Providing Affordable, Quality Health Care in Owerri

Governance for health describes the attempts of governments and other actors to steer communities, whole countries or even groups of countries in the pursuit of health as integral to well-being. This study tracks recent governance innovations to address the priority determinants of health and categorizes them into five strategic approaches to smart governance for health. It relates the emergence of joint action by the health sector and non-health sectors, by public and private actors and by citizens, all of whom have an increasing role to play in achieving seminal changes in 21st-century societies.

Leaders and those aspiring to direct the welfare of a nation need to understand how citizens perceive the institutions of nation. When the publicly sponsored institution administering the welfare of a nation via health care policies falls into crisis, its leaders must understand the nature of the crisis and influence upon the health of citizens. The adage, reality is perception remains true during such a crisis as leaders ask how to coordinate the resources of a nation as to address a health crisis. This study frames a crisis of health care services delivery within the city of Owerri located within the state of Imo, Nigeria. The goal of this study is to richly illustrate and research the failure of government institutions within Owerri as to understand the problems facing the Nigerian health care sector.

The global community clamors for American innovation and ideas. But no one wants our health care system. Americans spend trillions of dollars on health care only to generate some of the worst health outcomes in the world. Addressing health care's

problems with incremental solutions cannot generate the transformational change that's desperately needed. Janis Powers offers a visionary alternative--the Dream Plan. Powers advocates for a system rooted in the values of the American Dream: personal accountability, longitudinal goal-setting, and community support. Her proposal requires a complete decentralization of the current payment system, ostensibly eliminating both health insurance and Medicare while dramatically altering Medicaid. Some of the thought-provoking points in this rigorously researched book include: - Why health insurance will soon be obsolete - Why a longitudinal perspective on health is critical to improving outcomes and saving money - Why the private sector, not the government, must drive health care innovation - Why all Americans must brace for rationing in health care spending The Dream Plan elevates the role of preventative care, creates a more market-based economy for health care goods and services, and shifts more accountability for outcomes to the patient. Powers offers an ambitious plan that serves as the first step in the transformation of the American health care system. Janis Powers is a health care strategy consultant who lives in Austin, Texas.

It has been over twenty years since the Brazilian Sistema Único de Saúde (Unified Health System or SUS) was formally established by the 1988 Constitution. The impetus for the SUS came in part from rising costs and a crisis in the social security system that preceded the reforms, but also from a broad-based political movement calling for democratization and improved social rights. Building on reforms that started in the 1980s, the SUS was based on three overarching principles: (i) universal access to health services, with health defined as a citizen ' s right and an obligation of the state; (ii) equality of access to health care; and (iii) integrality (comprehensiveness) and continuity of care; along with several other guiding ideas, including decentralization, increased participation, and evidence-based prioritization. The SUS reform established health a fundamental right and duty of the state, and started a process of fundamentally transforming Brazil ' s health system to achieve this goal. So, what has been achieved since the SUS was established? And what challenges remain in achieving the goals that were established in 1988? These questions are the focus of this report. Specifically, it seeks to assess whether the SUS reforms have managed to transform the health system as envisaged more than 20 years ago, and whether the reforms have led to improved outcomes in terms of access to services, financial protection, and health status. Any effort to assess the performance of a health system runs into a host of challenges concerning the definition of boundaries of the " health system " , the outcomes that the assessment should focus on, data sources and quality, and the role of policies and reforms in understanding how the performance of the health system has changed over time. Building on an extensive literature on health system assessment, this report is based on a simple framework that specifies a set of health system " building blocks " , which affect a number of intermediate outcomes such as access, quality and efficiency, which, in turn, contribute to final outcomes, including health status, financial protection, and satisfaction. Based on this framework, the report starts by looking at how key building blocks of Brazil ' s health system have changed over time and then moves on to review performance in terms of intermediate and final outcomes.

A Forgotten History of Alewives, Brewsters, Witches, and CEOs
Academic Research and the Future of Donor Programming
Health Technology Assessment and Health Policy-making in Europe
Health Care in Uganda
Organization and Financing of Public Health Services in Europe
A Decision Space Approach
Decentralized Governance and Accountability

"The book is very valuable as actual information about the health systems in the Nordic countries and the changes that have been made during the last two decades. It informs well both about the similarities within the 'Nordic Health Model' and the important differences that exist between the countries." Bo Könberg, County Governor, Former Minister of Health and Social Insurance in Sweden (1991-94)

"This book is a rich, interesting and very useful document. I have been looking, for example, today for precise information on political governing which is not displayed anywhere else. It will be of importance in many aspects!" Johan Calltorp MD PhD, Professor of Health Policy and Management, The Nordic School of Public Health, Gotenburg

"The publishing of this book about the Nordic health care systems is a major event for those interested not only in Nordic health policy and health systems but also for everybody interested in comparative health policy and health systems. It is the first book in its kind. It covers the four 'large' Nordic countries, Denmark, Norway, Sweden and Finland, and does so in a very systematically comparative way. The book is well organized, covers 'everything' and is analytically sophisticated." Ole Berg, Institute of Health Management and health economics, University of Oslo, Norway

This book examines recent patterns of health reform in Nordic health care systems, and the balance between stability and change in how these systems have developed. The health systems in Norway, Denmark, Sweden and Finland are investigated through detailed comparisons along a variety of policy-driven parameters. The following themes are explored: Politicians, patients, and professions Financing, production, and distribution The role of the primary health sector The role of public health Internal management mechanisms Impact of the European Union

The book probes the impact of these topics and then contrasts the development across all four, allowing the reader to gain a sense of perspective both on the individual countries as well as on the region as a

whole. The editors also explore the extent to which a Nordic Health Care Model exists, and the degree to which that model will continue to help explain the future direction of health policy-making in these four countries. An additional chapter on recent developments in Iceland completes the work.

Contributors: Tinna L. Ásgeirsdóttir, Paula Blomquist, Johan Calltorp, Terje P. Hagen, Unto Häkkinen, Peter K. Jespersen, Pia M. Jonsson, Lars Erik Kjekshus, Allan Krasnik, Meri Larivaara, Juhani Lehto, Kalevi Luoma, Jon Magnussen, Dorte S. Martinsen, Pål E. Martinussen, Bård Paulsen, Clas Rehnberg, Ånen Ringard, Richard B. Saltman, Signild Vallgård, Karsten Vrangbæk, Ulrika Winblad, Sirpa Wrede.

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.

Analyzing the dimensions of the struggle for effective health care in the developing countries, this study demonstrates how current governmental and donor agency policies in such countries as Uganda, Ghana, Nepal, Pakistan and Vietnam have failed to develop efficient systems. The author argues against the current emphasis on decentralization and privatization, and outlines a framework

for a long-term approach that should bring benefits and improvements in health care.

*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.*

Is Decentralization Good for Development?

Sustaining Primary Health Care

Rethinking Decentralization in Developing Countries

Health Reform

A Reform Road Map

EBOOK: Decentralization in Health Care: Strategies and Outcomes

Concepts, Issues and Country Experience

This title investigates the effects of reform programmes on international organisations (IOs). Such reforms are often perceived as failing but they do nevertheless drive organisational change. The book argues that reforms trigger path dependent processes in IOs, yielding increasing returns to the winners of historical bargains. Path dependence explains why a seemingly dysfunctional organisational process, namely fragmentation, is hard to reverse but easy to reinforce through organisational reform.

New technologies with the potential to improve the health of populations are continuously being introduced. But not every technological development results in clear health gains. Health technology assessment provides evidence-based information on the coverage and usage of health technologies, enabling them to be evaluated properly and applied to health care efficaciously, promoting the most effective ones while also taking into account organizational, societal and ethical issues. This book reviews the relationship between health technology assessment and policy-making, and examines how to increase the contribution such research makes to policy- and decision-making processes. By communicating the value and potential of health technology assessment to a wider audience, both within and beyond decision-making and health care management, it aims ultimately to contribute to improve the health status of the population through the delivery of optimum health services.

Health Reform explores the challenges facing health care provision in the advanced economies. The book exposes the limitations of market-led health reform and demonstrates the indispensable role of a vibrant public authority in the renewal of modern health care systems. Issues covered include: * cost-containment and privatisation strategies in an international perspective * the role of business and the private sector in setting the agenda for health care reform * the restructuring of Anglo-Saxon health systems and the shift in state/market boundaries in Canada, the USA, the UK and Australia * the frontier of health care reform in terms of health and social cohesion * the role of patient choice in health care reform.

In 2004 the Indonesian government made a commitment to provide its entire population with health insurance coverage through a mandatory public health insurance scheme. It has moved boldly already provides coverage to an estimated 76.4 million poor and near poor, funded through the public budget. Nevertheless, over half the population still lacks health insurance coverage, and the full fiscal impacts of the government's program for the poor have not been fully assessed or felt. In addition, significant deficiencies in the efficiency and equity of the current health system, unless addressed will exacerbate cost pressures and could preclude the effective implementation of universal coverage (Ue and the desired result of improvements in population health outcomes and financial protection. For Indonesia to achieve UC, systems' performance must be improved and key policy choices with respect to the configuration of the health financing system must be made. Indonesia's health system performs well with respect to some health outcomes and financial protection, but there is potential for significant improvement. High-level political decisions are necessary on key elements of the health financing reform package. The key transitional questions to get there include: [the benefits that can be afforded and their impacts on health outcomes and financial protection; [how the more than 50 percent of those currently without coverage will be insured; [how to pay medical care providers to assure access, efficiency, and quality; [developing a streamlined and efficient administrative structure; [how to address the current supply constraints to assure availability of promised services; [how to raise revenues to finance the system, including the program for the poor as well as currently uninsured groups that may require government subsidization such as the more than 60 million informal sector workers, the 85 percent of workers in firms of less than five employees, and the 70 percent of the population living in rural areas.

A Guide to Improving Performance and Equity
A Public Sector Reform Perspective
Making Health Development Sustainable

Strategic Contracting for Health Systems and Services

Health Care

Fragmentation and Reform

An Assessment of the Sistema Único de Saúde

Health planning is a critical component when responding to the health needs of low and middle income countries, characterised by particularly stringent resource constraints.

The major communicable diseases such as AIDS, TB and malaria often appear in parallel with growing non-communicable diseases including heart disease and diabetes, and yet resources are often less than the levels recommended by the World Health Organisation for basic health care. The new edition of this well-respected text explains the importance of health planning in both developing regions such as Africa, and those in transition, such as Central and Eastern Europe. It stresses the importance of understanding the national and international context in which planning occurs, and provides an up to date analysis of the major current policy issues, including health reforms. Separate chapters are dedicated to the distinct issues of finance for health care and human resource planning. The various techniques used at each stage of the planning process are explained, starting with the situational analysis and then looking in turn at priority-setting, option appraisal, programming, implementation, monitoring, and evaluation. The book ends by examining the challenges facing planners in the 21st century, particularly in the light of growing globalisation. A major theme of the book is the need to recognise and reconcile the inevitable tension that lies between value judgements and 'rational' decision-making. As such, in addition to introducing techniques such as costing and economic appraisal, it also outlines techniques such as stakeholder analysis for understanding the relative attitudes and power of different groups in planning decisions. Each chapter includes a comprehensive bibliography (including key websites), a summary, and exercises to help the reader practise techniques and better understand the content. The book argues that all health professionals and community groups should be involved in the planning process for it to be effective, and will therefore appeal to anyone involved in planning.

"This book is a product of the Initiative for Policy Dialogue's Decentralization Task Force, and was first conceived at a conference held at Columbia University in New York in 2009"--Page vii.

Decentralization In Health Care: Strategies And Outcomes 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.

Health Systems in Transition

The Healthcare Imperative

A Decentralization Case Study

Public Success, Private Failure

Social Policies and Decentralization in Cuba

Selected Issues

An Introduction to Health Planning for Developing Health Systems

Reviews recent lessons about decentralized governance and implications for future development programs and policies.

Current Status, Challenges and Potential

Health System Decentralization