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the three-tier structure of the  
Ethiopian health system. The  
secondary and tertiary levels are

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## Organizational Structure Guideline

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#### Organizational Structure Guideline

hospitals and governing

bodies/management committees for

health centers. Boards are now well

established in most health facilities.

They facilitate linkage with the

community, and are used to advocate

for increased resource mobilization

for facilities. In addition, these

governance structures

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#### Organizational Structure Guideline

The best structure for any

organization will depend upon who

its members are, what the setting is,

and how far the organization has

come in its development. Regardless

of what type of structure your

organization decides upon, three

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elements will always be there. They are inherent in the very idea of an organizational structure. They are:

Chapter 9. Developing an Organizational Structure for the ... resulted in the creation of the Ethiopian Hospital Reform Implementation Guidelines (EHRIG), which built on both the Business Process Reengineering ... that has operational plan as well as a necessary structure and staff 1. The hospital has appropriate medical equipment maintenance ... ETHIOPIAN HOSPITAL SERVICES TRANSFORMATION GUIDELINES 11-

ETHIOPIAN HOSPITAL SERVICES TRANSFORMATION GUIDELINES  
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Guidelineboards and health center governing bodies/management committees. as per the regional laws, hospital boards are accountable to RHBs or zonal health offices, depending on the level of the hospital. Health ... Ethiopian Hospital Reform Organizational Structure Guideline Page 5/31

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Structural and organizational reform is the most visible aspect of public sector reform. Government reform plans, in general, contain a substantial section devoted to structural ... structure of ...

(PDF) Reforming Organizational Structures

The objective was to provide the Ethiopian delegation with the opportunity to learn from health leaders from other low and middle-income countries that have successfully managed primary care system reform efforts of their own. Ethiopia has made significant health gains in recent years, such as

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Structure Guideline, but more work needs to ...

Transforming Ethiopia ' s health care system from the ground ...

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Ethiopian Hospital Reform Organizational Structure Guideline standards. The original list of criteria for Ethiopian Hospital Reform Implementation Guideline nursing standards developed prior to the

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evaluation was used to create indicators for the evaluation study. Accordingly, each ward that was under evaluation was assessed for the presence of (a) Visible organizational structure

Improvement in Adherence to Ethiopian Hospitals Reform ...  
These Ethiopian Hospital Reform Implementation Guidelines focus on selected management functions, including hospital governance, service quality, patient flow, medical records, pharmacy and laboratory services, infection prevention, nursing care, human resources, facility and equipment management,

Ethiopian hospital REfoRm  
impleMentation GuidElinEs  
Ethiopian Health System from the

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Ethiopian Health Sector Development Plan 2010-2015 The graphic above depicts the three-tier structure of the Ethiopian health system. The secondary and tertiary levels are comprised of general and specialized hospitals, and the coverage of each extends to larger portions of the population.

This report describes the current situation with regard to universal health coverage and global quality of care, and outlines the steps governments, health services and their workers, together with citizens and patients need to urgently take.

In a joint effort between the National Academy of Engineering and the Institute of Medicine, this books

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attempts to bridge the

knowledge/awareness divide separating health care professionals from their potential partners in systems engineering and related disciplines. The goal of this partnership is to transform the U.S. health care sector from an underperforming conglomerate of independent entities (individual practitioners, small group practices, clinics, hospitals, pharmacies, community health centers et. al.) into a high performance "system" in which every participating unit recognizes its dependence and influence on every other unit. By providing both a framework and action plan for a systems approach to health care delivery based on a partnership between engineers and health care professionals, Building a Better



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## Delivery System describes

opportunities and challenges to harness the power of systems-engineering tools, information technologies and complementary knowledge in social sciences, cognitive sciences and business/management to advance the U.S. health care system.

This User ' s Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a

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particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease, to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients

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Structure Guidelines who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User ' s Guide was created by researchers affiliated with AHRQ ' s Effective Health Care Program, particularly those who participated in AHRQ ' s DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

CSA Sociological Abstracts abstracts and indexes the international literature in sociology and related disciplines in the social and behavioral sciences. The database provides abstracts of journal articles

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Structure Guidelines and citations to book reviews drawn from over 1,800+ serials publications, and also provides abstracts of books, book chapters, dissertations, and conference papers.

Total quality management (TQM), reengineering, the workplace of the twenty-first century--the 1990s have brought a sense of urgency to organizations to change or face stagnation and decline, according to Enhancing Organizational Performance. Organizations are adopting popular management techniques, some scientific, some faddish, often without introducing them properly or adequately measuring the outcome. Enhancing Organizational Performance reviews the most popular current approaches to organizational change--total

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quality management, reengineering, and downsizing--in terms of how they affect organizations and people, how performance improvements can be measured, and what questions remain to be answered by researchers. The committee explores how theory, doctrine, accepted wisdom, and personal experience have all served as sources for organization design. Alternative organization structures such as teams, specialist networks, associations, and virtual organizations are examined. Enhancing Organizational Performance looks at the influence of the organization's norms, values, and beliefs--its culture--on people and their performance, identifying cultural "levers" available to organization leaders. And what is

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Structure? The committee sorts through a wealth of research to identify behaviors and skills related to leadership effectiveness. The volume examines techniques for developing these skills and suggests new competencies that will become required with globalization and other trends. Mergers, networks, alliances, coalitions--organizations are increasingly turning to new intra- and inter-organizational structures. Enhancing Organizational Performance discusses how organizations cooperate to maximize outcomes. The committee explores the changing missions of the U.S. Army as a case study that has relevance to any organization. Noting that a musical greeting card contains more computing power than existed in the entire world before 1950, the

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Committee addresses the impact of new technologies on performance. With examples, insights, and practical criteria, Enhancing Organizational Performance clarifies the nature of organizations and the prospects for performance improvement. This book will be important to corporate leaders, executives, and managers; faculty and students in organizational performance and the social sciences; business journalists; researchers; and interested individuals.

Health care reform will be a key fiscal policy challenge in both advanced and emerging economies in coming years. In the advanced economies, the health sector has been one of the main drivers of government expenditure, accounting for about half of the rise in total spending over

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Structure Guidelines

the past forty years. These spending pressures are expected to intensify over the next two decades, reflecting the aging of the population, income growth, and continued technological innovations in health care. These spending increases will come at a time when countries need to undertake fiscal consolidation to reduce public debt ratios in the wake of the global financial crisis. In the emerging economies, health care reform is also a key issue, given substantial lags in health indicators and limited fiscal resources. For these economies, the challenge will be to expand public coverage without undermining fiscal sustainability. This book provides new insights into these challenges and potential policy responses, with cross-country analysis and case studies.



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As a low-income country, Ethiopia has made impressive progress in improving health outcomes. This report examines how Ethiopia's Health Extension Program (HEP) has contributed to the country's move toward Universal Health Coverage (UHC), and to shed light on how other countries may learn from Ethiopia's experiences of HEP when designing their own path to UHC. HEP is one of the government's UHC strategies introduced in a context of limited resources and low coverage of essential health services. The key aspects of the program include the capacity building and mobilization of more than 30,000 Health Extension Workers (HEWs) targeting more than 12 million model families, and the mobilization of health development

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Structure? to support the community-based health system. Using the HEP-UHC conceptual model and data from Demographic and Health Surveys, the study examines how the HEP has contributed to the country's move toward UHC. During the period that the HEP has been implemented, the country has experienced significant improvements in many dimensions: in terms of socioeconomic, psychological, behavioral, and biological dimensions of the beneficiaries; and in terms of the coverage of health care services. The study finds an accelerated rate of improvements among the rural, less-educated, and the poor population, which is leading to an overall reduction in equity gaps and improvements in the equity indicators including the

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concentration indices - that suggest a more equitable distribution of resources and health outcomes. The HEP in Ethiopia has demonstrated that an institutionalized community approach is effective in helping a country make progress toward UHC. The elements of success in the HEP include the emphasis on community mobilization which identifies community priorities, engages and empowers community members, and supports their ability to solve local problems. The other aspect of HEP is the emphasis on institutionalization of the activities, which addresses the sustainability of community programs through high level of political commitment, and effective coordination of national policies and leveraging of support from partners. These findings may offer useful

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Lessons for other low income countries facing similar challenges in developing and implementing a sustainable UHC strategy.

In medical anthropology, "medical system" refers to all the healing practices, therapeutic knowledge, and traditions that, in a specific social context, people can use in order to cope with health problems. It refers as well to all the social actors involved: policy makers, health professionals, healers, priests, patients, and their family. Starting from this perspective, this book presents the first results of an ethnographic research which was carried out in Tigray (the northernmost of the nine ethnic regions of Ethiopia), between 2007 and 2008. It analyzes, in the social

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Structure of Mekelle (the capital of Tigray), the different healing practices and therapeutic traditions, as well as the strategies of the actors acting in the social arena. It also explores the health care seeking behaviors of the patients in a context characterized by social suffering and inequalities. (Series: Mekelle University Social Science Series - Vol. 1)

Based on careful analysis of burden of disease and the costs of interventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progress toward providing efficient, equitable care; promotes cost-effective interventions to targeted populations; and encourages integrated efforts to optimize health.

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Nearly 500 experts - scientists, epidemiologists, health economists, academicians, and public health practitioners - from around the world contributed to the data sources and methodologies, and identified challenges and priorities, resulting in this integrated, comprehensive reference volume on the state of health in developing countries.

The best country-by-country assessment of human rights. The human rights records of more than ninety countries and territories are put into perspective in Human Rights Watch's signature yearly report. Reflecting extensive investigative work undertaken by Human Rights Watch staff, in close partnership with domestic human rights activists, the

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Structure Guidelines annual World Report is an invaluable resource for journalists, diplomats, and citizens, and is a must-read for anyone interested in the fight to protect human rights in every corner of the globe.

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