CASE STUDY OF PUBLIC HEALTH SERVICE DELIVERY SYSTEM

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ABSTRACT
Over the last two decades, the science of improvement has led to quality improvement techniques, such as collaborative, managed clinical networks and collaborative care, all of which have been tried successfully in developed countries. Each of these offers ways to reduce the inequity in health outcomes attributed to rurality or remoteness. Healthcare delivery is a major concern for developing countries. A number of Public Private Partnerships (PPPs) have entered the arena of healthcare delivery. These partnerships are based on different models. India has relatively poor health outcomes, despite having a well-developed administrative system, good technical skills in many fields, and an extensive network of public health institutions for research, training, and diagnostics. This suggests that the health system may be misdirecting its efforts, or may be poorly designed. India needs a continuously improving, self-regulating, patient-centered healthcare delivery system. The poorer state of health in the rural areas calls for higher priority to the provision of medical care in rural areas. The nature of the prevalent diseases and the constraints of resources warrant a less sophisticated medical technology. In this paper, we’ve analyzed health service providers in Vietnam, n-Logue, ANESVAD foundation and proposed a value driven decision support system with innovative integrated health service system. Finally, we’ve highlighted the challenges and solutions for an integrated approach, involving immunization, environmental sanitation, public health education, nutrition and medical care is necessary for solving the country’s health problems.

KEY WORDS: Innovative, public health, delivery system, PPP, technology.

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