



February 2017 – SUPPORT Summary of a systematic review

What are the impacts of policies regarding hiring, retaining, and training district health system managers?

District managers are playing an increasingly important role in determining the performance of health systems in low-income countries as a result of decentralization. Different approaches are used to improve the quality of district managers, including ways in which managers are hired, retained, and trained.

Key messages

- **Private contracts (“contracting in”) of district health managers compared to direct employment by the Ministry of Health may improve access and utilization of healthcare. It is uncertain whether contracting in improves health outcomes.**
- **Intermittent training programs may increase knowledge of planning processes and monitoring and evaluation skills of district managers.**
- **The effects of other interventions are uncertain, including changes in how district managers are hired, strategies for retaining district managers such as making the positions more attractive, and other training programs such as in-service workshops with onsite support.**



Who is this summary for?

People making decisions concerning policies about hiring, retaining and training district health system managers

! This summary includes:

- **Key findings** from research based on a systematic review
- **Considerations about the relevance of this research** for low-income countries

X Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

This summary is based on the following systematic review:

Rockers PC, Bärnighausen T. Interventions for hiring, retaining and training district health systems managers in low- and middle-income countries. *Cochrane Database Syst Rev* 2013; 4: CD009035.

What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies

SUPPORT was an international project to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries, funded by the European Commission (FP6) and the Canadian Institutes of Health Research.

Glossary of terms used in this report:
www.supportsummaries.org/glossary-of-terms

Background references on this topic:
See back page

Background

A district health manager is responsible for overseeing the operations of the health system within a particular subnational geographical area. District managers are often responsible for planning and budgeting, human resources management and service quality monitoring. Poor performance by a district manager can lead to a number of problems, such as lack of drugs and supplies, delayed repair of broken equipment, health worker absenteeism and lack of motivation among health workers.

Different approaches are used to improve the quality of district managers. Some of these approaches address the way in which managers are hired and retained, for instance by making district management positions more attractive or by giving contracts ('contracting-in') to private, nongovernmental organizations (NGOs). Other approaches focus on the training and education of managers. All of these approaches aim to improve the quality of the health system and thereby the health of the population.

How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low-income countries. The methods used to assess the reliability of the review and to make judgements about its relevance are described here: www.supportsummaries.org/how-support-summaries-are-prepared/

Knowing what's not known is important

A reliable review might not find any studies from low-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

A lack of evidence does not mean a lack of effects. It means the effects are uncertain. When there is a lack of evidence, consideration should be given to monitoring and evaluating the effects of the intervention, if it is used.

About the systematic review underlying this summary

Review objective: To assess the effectiveness of interventions to hire, retain and train district health systems managers in low- and middle-income countries.

Types of	What the review authors searched for	What the review authors found
Study designs & Interventions	Randomised trials, quasi-randomised trials, controlled before-after studies, interrupted time series studies. Interventions related to hiring, retaining and training managers.	One randomised trial: district managers were hired through private contracts to work within the Ministry of Health system. One controlled before-after study: 18-month manager training program.
Participants	District health systems managers in low- and middle-income countries.	District health systems managers.
Settings	Districts in low- and middle-income countries.	Cambodia (1); Mexico, Colombia, El Salvador (1).
Outcomes	Health systems: population health outcomes; access; utilization; quality; efficiency; equity. Operational: job-posting vacancy rates, skills.	Health facility staffing and supervision, maternal and child health service use (e.g. immunization, antenatal care), and population health outcomes (e.g. diarrhea incidence). Managers' competencies.

Date of most recent search: December 2011

Limitations: This is a well-conducted systematic review with only minor limitations.

Summary of findings

Two studies were included in the review. One in Cambodia evaluated private contracting of district health managers. The other evaluated training programs conducted in Mexico, Colombia, and El Salvador.

1) Private contracts for district health managers

In the intervention districts, managers were hired through private contracts to work within the Ministry of Health system (“contract-in” districts), while management of control districts remained the responsibility of managers employed directly by the Ministry of Health. The contract-in districts were managed by international NGOs, formalized and monitored user fees, had competitive bidding, had performance based-incentives, and received a total public spending that was 60% higher.

➔ **Private contracts (contracting in) of district health managers compared to direct employment by the Ministry of Health may improve access and utilization of health care. The certainty of this evidence is low.**

➔ **It is uncertain whether contracting in improves population health outcomes. The certainty of this evidence is very low.**

About the certainty of the evidence (GRADE) *

⊕⊕⊕⊕

High: This research provides a very good indication of the likely effect. The likelihood that the effect will be substantially different† is low.

⊕⊕⊕○

Moderate: This research provides a good indication of the likely effect. The likelihood that the effect will be substantially different† is moderate.

⊕⊕○○

Low: This research provides some indication of the likely effect. However, the likelihood that it will be substantially different† is high.

⊕○○○

Very low: This research does not provide a reliable indication of the likely effect. The likelihood that the effect will be substantially different† is very high.

* This is sometimes referred to as ‘quality of evidence’ or ‘confidence in the estimate’.

† Substantially different = a large enough difference that it might affect a decision

See last page for more information.

Private versus public contracts of district health managers		
People	District health managers	
Settings	Cambodia	
Intervention	Private contracts (“contracting in”)	
Comparison	Managers employed directly by the Ministry of Health	
Outcomes	Impact	Certainty of the evidence (GRADE)
Population health outcomes	The effect of private contracts on illness reporting, diarrhea incidence, and the probability of infant death is uncertain.	⊕○○○ Very low
Access to health care	Contracting-in district management increased the probability that a health facility would be open 24-hours by 83% (95% CI: 61 to 105). Further, contracting-in district management increased the probability that medical equipment and supplies would be available.	⊕⊕○○ Low
Utilization of health care	Contracting-in district management increased use of antenatal care by 28% (95% CI: 16 to 40) and use of public facilities by 14% (95% CI: 6 to 22).	⊕⊕○○ Low
GRADE: GRADE Working Group grades of evidence (see above and last page)		

2) Manager training program

District managers in the intervention and control groups were surveyed at baseline and then again at follow-up, after intervention managers took part in an 18-month training program that included five training courses lasting five days each. The training courses focused on developing managers' skills related to "needs assessment, local planning, monitoring and evaluation, drug management, risk approach, quality assurance, resource management, program management, information systems, and community participation."

→ **Manager training programs may increase knowledge of planning processes and monitoring and evaluation skills. The certainty of this evidence is low.**

Manager training program versus no training		
People	District health managers	
Settings	Mexico, Colombia, El Salvador	
Intervention	18-month manager training program	
Comparison	No training	
Outcomes	Impact	Certainty of the evidence (GRADE)
District managers' knowledge measured outside of practice	In-service district manager training increased knowledge of planning processes.	⊕⊕○○ Low
District managers' skills measured outside of practice	In-service district manager training increased monitoring and evaluation skills.	⊕⊕○○ Low
GRADE: GRADE Working Group grades of evidence (see above and last page)		

Relevance of the review for low-income countries

→ Findings	▷ Interpretation*
APPLICABILITY	
→ The two included studies were conducted in low- and middle-income countries.	<ul style="list-style-type: none">▷ <i>The capacity and strength of the government to oversee and supervise districts with private contracts could be an important issue to consider.</i>▷ <i>The extent of decentralization might change the impact of policies related to health managers.</i>
EQUITY	
→ No equity considerations were addressed in the review.	▷ <i>Impacts on equity of policies regarding hiring, retaining, and training of district health managers depend on the nature of the policies (e.g. effective policies targeted at underserved populations could reduce inequities, whereas universal policies that do not take into account differences across districts might increase inequities.</i>
ECONOMIC CONSIDERATIONS	
→ No economic considerations were addressed in the review.	▷ <i>Hiring, retaining and training policies for district health managers could potentially have important impacts on the use of resources, depending on how much authority district managers have and the resources at their disposal.</i>
MONITORING & EVALUATION	
→ Private contracts (contract-in) and training for district health managers were evaluated by the studies included in the review.	<ul style="list-style-type: none">▷ <i>Well-designed randomised trials evaluating policies for hiring, retaining, and training district health managers are needed.</i>▷ <i>Consideration should be given to piloting changes in policies before implementing them on a large scale, or to conducting impact evaluations.</i>

*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low-income countries. For additional details about how these judgements were made see:

www.supportsummaries.org/methods

Additional information

Related literature

Engelbrecht, Beth. Financial management: an overview and field guide for district management teams. Durban: Health Systems Trust, 2002. <http://www.hst.org.za/publications/financial-management-overview-and-field-guide-district-management-teams>

Segall M. District health systems in a neoliberal world: a review of five key policy areas. *Int J Health Plann Manage* 2003;18(Suppl 1):5–26.

The Health Managers Tool Kit: Organizational Sustainability. Web page: <http://erc.msh.org/toolkit/>

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Conflict of interest

None declared. For details, see: www.supportsummaries.org/coi

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About certainty of the evidence (GRADE)

The “certainty of the evidence” is an assessment of how good an indication the research provides of the likely effect; i.e. the likelihood that the effect will be substantially different from what the research found. By “substantially different” we mean a large enough difference that it might affect a decision. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the study design (randomised trials versus observational studies), factors that reduce the certainty (risk of bias, inconsistency, indirectness, imprecision, and publication bias) and factors that increase the certainty (a large effect, a dose response relationship, and plausible confounding). For each outcome, the certainty of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

For more information about GRADE: www.supportsummaries.org/grade

SUPPORT collaborators:

The Cochrane Effective Practice and Organisation of Care Group (EPOC) is part of the [Cochrane Collaboration](http://www.cochrane.org). The Norwegian EPOC satellite supports the production of Cochrane reviews relevant to health systems in low- and middle-income countries. www.epocoslo.cochrane.org

The Evidence-Informed Policy Network (EVIPNet) is an initiative to promote the use of health research in policymaking in low- and middle-income countries. www.evipnet.org

The Alliance for Health Policy and Systems Research (HPSR) is an international collaboration that promotes the generation and use of health policy and systems research in low- and middle-income countries. www.who.int/alliance-hpsr

Norad, the Norwegian Agency for Development Cooperation, supports the Norwegian EPOC satellite and the production of SUPPORT Summaries. www.norad.no

The Effective Health Care Research Consortium is an international partnership that prepares Cochrane reviews relevant to low-income countries. www.evidence4health.org

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