



May 2017 – SUPPORT Summary of a systematic review

What is the impact of policies for managing the movement of health workers between public and private organizations?

Health workers move between public and private organizations in both urban and rural areas during the course of their career. This can result in imbalances in the number of healthcare providers available relative to the population receiving care from that sector. Different financial incentives and movement restriction interventions may manage this issue in low-income countries.

Key message

- **No rigorous studies have evaluated the effects of interventions to manage the movement of health workers between public and private organizations.**
- **There is a need for well-designed studies to evaluate the impact of interventions that attempt to regulate health worker movement between public and private organizations in low-income countries.**



Who is this summary for?

People making decisions concerning the management of movement of health workers between public and private organizations.

! 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:

Rutebemberwa E, et al. Financial interventions and movement restrictions for managing the movement of health workers between public and private organizations in low- and middle-income countries. *Cochrane Database of Systematic Reviews* 2014, Issue 2. Art. No.: CD009845.

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 background](#)

Background

Health workers move between public and private organizations in both urban and rural areas during the course of their career. Depending on the proportion of the population served by public or private organizations in a particular setting, this movement may result in imbalances in the number of healthcare providers available relative to the population receiving care from that sector.

This review assessed the effects of financial incentives and movement restriction interventions to manage the movement of health workers between public and private organizations in low-income countries.

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 effects of financial incentives and movement restriction interventions to manage the movement of health workers between public and private organizations in low- and middle-income countries.

| Types of | What the review authors searched for | What the review authors found |
|--|--|---|
| Study designs & Interventions | Randomised trials and non-randomised trials; controlled before-after studies; controlled interrupted time series and interrupted time series studies without controls. | No studies were found eligible for inclusion in the review. Nine surveys, one review of government reports, one study of speeches in the national assembly, and one policy analysis paper were found. |
| Participants | All health professionals. | No studies were found eligible for inclusion in the review. |
| Settings | Any public or private sector organizations. | No studies were found eligible for inclusion in the review. |
| Outcomes | 1. Change in the numbers or proportion of health workers entering or leaving the public or private sectors. 2. Duration of stay in a particular sector. | No studies were found eligible for inclusion in the review. |

Date of most recent search: November 2012.

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

Rutebemberwa E, et al. Financial interventions and movement restrictions for managing the movement of health workers between public and private organizations in low- and middle-income countries. Cochrane Database of Systematic Reviews 2014, Issue 2. Art. No.: CD009845.

Summary of findings

No studies met the inclusion criteria for the review.

The impacts of interventions to manage the movement of health workers between public and private organizations are uncertain. Potential impacts could include:

- **Improving the distribution of health workers between the public and private sectors according to the health needs of the population**
- **Increasing the duration of stay for health workers in a particular sector**
- **Improving work satisfaction among health professionals in the public and private sectors**
- **Improving the quality of healthcare**

Potential interventions to manage the movement of health workers between public and private organizations include:

- **Payment of special allowances to health workers working in the public or private sector**
- **Increasing salaries for public or private sector workers**
- **Bonding health workers for a number of years after training**
- **Bursary schemes where the recipients are required to work in the public or private sector**
- **Giving scholarships for specialization to health workers in public or private sector**
- **Giving lucrative terminal benefits to health workers who serve in the public or private sector for a mandatory number of years**
- **Hiring personnel on a contract basis. The high salaries for contract work would be comparable to the salaries paid in the other sector, which may be public or private**

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.

Relevance of the review for low-income countries

| → Findings | ▷ Interpretation* |
|---|--|
| APPLICABILITY | |
| → No studies met the inclusion criteria for the review. | ▷ Health worker availability remains one of the key barriers to strengthening health systems in low-income countries. Effective interventions to manage the movement of health professionals could help to address this. |
| EQUITY | |
| → The review did not provide data on differential effects of the interventions for disadvantaged populations. | ▷ Interventions to manage the movement of health professionals between the public and private sectors could reduce inequities by increasing the proportion of professionals in the sector that serves disadvantaged populations or increase inequities by decreasing the proportion of professionals in the sector that serves disadvantaged populations. ▷ These effects could vary across settings, for example between rural and urban areas, because the distribution of professionals across the public and private sectors may differ depending on the setting. |
| ECONOMIC CONSIDERATIONS | |
| → The review did not provide data on the cost of any of the interventions. | ▷ The balance between the benefit and harms of implementing interventions such as financial incentives (e.g. increased wages) is uncertain. ▷ Although restrictions of movement may cost less than financial incentives to implement, the costs of potential inefficiencies are uncertain. For example, restrictions might adversely affect the motivation of professionals, or increase imbalances between the provision of healthcare and healthcare needs. |
| MONITORING & EVALUATION | |
| → No reliable evidence of the impacts or costs of interventions was found. | ▷ There is a need for careful monitoring of the impacts and costs of interventions to manage the movement of health workers between public and private organizations. ▷ Consideration should be given to undertaking evaluations prior to scaling up interventions, using randomised trials or interrupted time series studies when randomised trials are not practical. |

*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

Kiwanuka SN, Rutebemberwa E, Nalwadda C, et al. Interventions to manage dual practice among health workers. *Cochrane Database Syst Rev* 2011; (7):CD008405.

Grobler L, Marais BJ, Mabunda SA, et al. Interventions for increasing the proportion of health professionals practising in rural and other underserved areas. *Cochrane Database Syst Rev* 2009; (1):CD005314.

Basu S, Andrews J, Kishore S, et al. Comparative performance of private and public healthcare systems in low- and middle-income countries: a systematic review. *PLoS Med* 2012; 9(6):e1001244.

Saksena P1, Xu K, Elovainio R, Perrot J. Utilization and expenditure at public and private facilities in 39 low-income countries. *Trop Med Int Health* 2012; 17(1):23-35.

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El Koussa M, Atun R, Bowser D, Kruk ME. Factors influencing physicians' choice of workplace: systematic review of drivers of attrition and policy interventions to address them. *J Glob Health* 2016; 6(2):020403.

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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 (EVIPOC) 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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