

Dual job holding by public sector health professionals in highly resource-constrained settings: problem or solution?

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Abstract This paper examines the policy options for the regulation of dual job holding by medical professionals in highly resource-constrained settings. Such activity is generally driven by a lack of resources in the public sector and low pay, and has been associated with the unauthorized use of public resources and corruption. It is also typically poorly regulated; regulations are either lacking, or when they exist, are vague or poorly implemented because of low regulatory capacity. This paper draws on the limited evidence available on this topic to assess a number of regulatory options in relation to the objectives of quality of care and access to services, as well as some of the policy constraints that can undermine implementation in resource-poor settings. The approach taken in highlighting these broader social objectives seeks to avoid the value judgements regarding dual working and some of its associated forms of behaviour that have tended to characterize previous analyses. Dual practice is viewed as a possible system solution to issues such as limited public sector resources (and incomes), low regulatory capacity and the interplay between market forces and human resources. This paper therefore offers some support for policies that allow for the official recognition of such activity and embrace a degree of professional self-regulation. In providing clearer policy guidance, future research in this area needs to adopt a more evaluative approach than that which has been used to date.

Keywords Health manpower; Physician's practice patterns/legislation; Professional practice/legislation; Motivation; Physician incentive plans; Public sector; Private sector; Quality assurance, Health care; Health policy; Developing countries (*source: MeSH, NLM*).

Mots clés Personnel santé; Attitudes diagnostique et thérapeutique (Economie santé)/législation; Pratique professionnelle/législation; Motivation; Plan d'intéressement praticiens; Secteur public; Secteur privé; Garantie qualité soins; Politique sanitaire; Pays en développement (*source: MeSH, INSERM*).

Palabras clave Recursos humanos en salud; Pautas en la práctica de los médicos/legislación; Práctica profesional/legislación; Motivación; Planes de incentivos para los médicos; Sector público; Sector privado; Garantía de la calidad de atención de salud; Política de salud; Países en desarrollo (*fuentes: DeCS, BIREME*).

Arabic

Bulletin of the World Health Organization 2005;83:771-776.

Voir page 775 le résumé en français. En la página 775 figura un resumen en español.

Introduction

Dual job holding by civil servants is a common practice in developing countries and is often seen as a response to the low salaries paid to workers in the public sector. A recent study, examining the moonlighting activities of civil servants in a number of countries, found that 87% of them supplemented their salaries through second jobs, with such activities adding between 50 and 80% to their incomes (1).

Perhaps not surprisingly it has been found to be common for doctors who work in the public health sector to engage in private practice or to be employed at facilities elsewhere (although nurses, midwives and other health workers also engage in dual practice). Gruen and colleagues examined dual practice in Bangladesh through interviews with government-employed doctors. They found dual job holding to be widespread and to be adopted largely in response to the low pay offered by the

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Ref. No. 04-020479

(Submitted: 20 December 2004 – Final revised version received: 9 May 2005 – Accepted: 10 May 2005)