Disinvestment Initiatives in Latin America: A Systematic Literature Review

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Objectives

• Disinvestment in healthcare refers to the process of withdrawing funds from low- or no-added value health technologies with the aim being to reallocate these resources to health technologies that better meet certain criteria, which may include effectiveness, cost-effectiveness or safety, or the reinvestment in health technologies that are better adapted to the health system or context in which they are delivered.1,2

• There is scarce published evidence regarding available mechanisms to support disinvestment actions or published examples of either successful or unsuccessful initiatives around the world from which healthcare managers can learn.3

• The objective of this systematic literature review (SLR) was to identify disinvestment practices, proposals or frameworks in Latin American countries in order to contribute to the understanding and the spread of such initiatives at the international level.

Methods

• In February 2015, MEDLINE, MEDLINE in Process, EMBASE, The Cochrane Library and LilACS were searched for relevant journal articles. The search strategy included terms related to “decommissioning”, “delisting”, “disinvestment”, “depletement”, “reallocation”, “outdated, obsolesced, superseeded, ineffective or no longer effective technologies”, “programme budgeting”, “multi-criteria decision-making”, “accountability for reasonableness” and Latin American countries.

• Search results were evaluated by two reviewers, reporting an initiative taking place in at least one Latin American country.

• Search results were evaluated by two independent reviewers, with any disagreements resolved through consensus or third-reviewer arbitration.

Results

• A total of 350 abstracts and titles were selected for screening after de-duplication, and 11 articles fulfilled the inclusion criteria for analysis (Figure 1).

• Of these, two articles reported incomplete information about two initiatives that could be potentially identifiable as disinvestment- investment activities in Peru and Brazil, but there was not sufficient information to allow a definitive classification of these articles as real-world examples of disinvestment initiatives (Table 1).3,4 One of these articles reported the introduction of a personal digital assistant (PDA)-based system for laboratory data collection in 126 public health centres and laboratories in Peru, although it was not clear if the alternative, the paper-based system, was completely removed.5 The other article presented the Psychiatric Reform in Brazil and emphasized the need for “deactivation”, or removal, of 15,000 psychiatric hospital beds for mental health patients.6 The authors, however, explained that the uptake of the Psychiatric Reform had been slow, but did not provide details of how this process was executed or what the outcomes were.6

• Six articles reported on four cases of non-evidence-based use of health technologies in Brazil, Colombia and Uruguay, and there it can be concluded that there is a necessity for further allocation of resources in those particular settings (Table 3).7–9 However, only in one of these cases, reported by three articles, was active disinvestment suggested.10,11,12 These three articles referred to a SLR conducted to assess the effectiveness of insulin glargine in patients with type 1 diabetes mellitus, the original study showed no added benefit for insulin glargine and the authors explicitly recommended the State Government of Minas Gerais, Brazil, delisting of insulin glargine or negotiating a price reduction.13 The additional two articles were published comments on the original article.4,11 The other three cases identified reported the use of ineffective or even harmful medicines and medical practices in Brazil, Colombia and Uruguay.14

• Three articles presented theoretical work regarding resource reallocation and evidence-based health management, but did not provide any practical examples of disinvestment in Latin America (Table 1).14

• Of all 11 articles identified, none provided a comprehensive description of a disinvestment initiative, such as explaining the approach taken for identification, evaluation and prioritisation, the actual challenges faced during its implementation, the results and current situation.

Conclusions

• There is an increasing need for efficient resource allocation in health systems around the world. Furthermore, it has been estimated that 30–40% of patients worldwide do not receive treatments of proven effectiveness, and 20–25% receive unnecessary or even harmful treatments.15 The potential for efficiency gains is therefore ample.16

• Intelligent disinvestment is an appropriate approach to tackle these health system inefficiencies, but many challenges need to be overcome for a disinvestment initiative to be successful. Sharing particular experiences with the international community, no matter if the final result was positive or negative, would increase the chances of positive outcomes.

• The present study demonstrates the lack of a publication record of disinvestment initiatives in Latin America, and stresses the need for publication of such experiences as a way of knowledge sharing and collaborative improvement.

References