

Motivation

In spite of the country's continuing high level of poverty and low rate of economic growth, health outcomes had greatly improved over the last couple of decades. These improvements were not the result of a particularly high level of public spending, which averaged 2.8 % of GDP in 1990-1997. Rather, the advances in health results were due to the relative effectiveness of the public sector's primary health programs. In recent years the main emphasis in health had been on expanding coverage in primary services.

Objectives

The goal was to identify moral hazards to frontline health staff. This PETS quantified the discrepancies between the budgetary and actual assignments of staff and analyzed the degree of attendance at work. Unlike other PETS, the unit of analysis was the sector staff (both operational and administrative staff from all levels) instead of the facility.

Main findings

While some of the other PETS established that leakage of funds is a less critical factor in salary expenditures, the Honduras study demonstrated that there are other issues related to staff behavior and incentives that can have similar negative effects on service delivery, such as 'ghost' employees, absenteeism and capture of jobs by employees. The expansion of SS (Secretariat de Salud) primary services has led to significant benefits for poor households. The Health Secretariat is the main supplier of ambulatory services for poor households, attending to almost 70 percent in the bottom two income quintiles compared with only 18 percent in the top quintile.

Ghost workers

2.4% (general practitioners and specialists accounted for 8.3% and 5.1 % respectively).

Absenteeism

The average attendance rate is 73% across all staff categories. 39% of absences were attributed to non-justifiable reasons (i.e., reasons other than sick leave, vacations, compensation for extra hours worked, etc.).

5.2% of the staff had migrated to posts other than the ones to which they were assigned in the central database, whereas 40% had moved since their first assignment.

Other findings

According to SS statistics, in 1999 the average productivity of rural health centers (CESARs) (including vaccinations plus ambulatory consultations) was just 10 consultations per post/day (compared with 9.4 in 1997) and 8.3 per nurse/day.

Taking account of all clinical staff members in urban health posts (on average 5.8 per post, not including vector monitors and lab technicians), the average number of consultations per clinical employee day was only 6.4.

Sample

805 employees in 32 health facilities

Sample design

The first step was to select 35 workplaces, stratified as follows: the Ministry; 2 regional offices; 3 national hospitals, 2 regional hospitals, 3 area hospitals, 12 CESAMOS (urban health posts), 10 CESARS (rural health posts) and 2 CLIPERS (peripheral clinics in Tegucigalpa and San Pedro Sula).

In the second step, a sample was selected of 115 of each sort of employee. The same number of each type was studied in order to facilitate comparisons between the groups and to generate similar confidence levels for the inferences about each group. The sample was distributed by workplace type according to the distribution observed in the universe.

Resources monitored

Capital and recurrent expenditures

Recommendations

- Improve information about health resources distribution
- Develop regulatory capacity in the provision of services in general
- Improve quality and efficiency in the health services
- Promote cost efficiency

Contact

Yasuhiko Matsuda: ymatsuda@worldbank.org

Main report

World Bank (2001) "Honduras: Public Expenditure Management for Poverty Reduction and Fiscal Sustainability," Report No. 22070, June 28.