HONDURAS

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Honduras: Sustained family planning success needed

From 2006 to 2012, Honduras made significant progress in access to family planning (FP) for its population, increasing the modern contraceptive prevalence rate (mCPR) from 56 to 64 percent among married/in-union women. Female sterilization remains the predominant FP method; however, injectable and oral contraceptives account for a combined 46 percent of all modern contraceptive use. Despite this progress, the country's graduation from donor funding in 2015 has left provision of FP services fragmented and underfunded.

Provision of FP services is split between the public and private sectors (Table 1), with half of all services obtained at facilities operated by the Ministry of Health (Secretaría de Salud or SS). The mCPR among women in the poorest quintile is lower than the national average, at 55 percent. However, 12 percent of these poor women used traditional methods, compared to 8–9 percent among the other quintiles. The mCPR varies more significantly with geography—over 70 percent in and around the capital, Tegucigalpa, and as low as 49 percent in the country's most rural region, Gracias a Dios, on the northeast Atlantic coast (Figure 1).

KEY FAMILY PLANNING INDICATORS	
CPR, modern methods (2012)	64.0%*
Unmet need (2012)	10.7%*
TFR (2012)	2.9
FUNDING SOURCES FOR FP COMMODITIES (2015 EST.)	
Household	77.4%
Government	22.6%
SOURCE OF MODERN METHODS (2012)	
Public sector facility	51.9%**
Private facility or retail outlet	42.7%**
MODERN METHOD MIX (2012)*	
Female sterilization	33.8%
Injectable	27.8%
Oral pill	18.6%
IUD	10.4%
Male condoms	8.8%
Male sterilization	0.5%

Sources: [3], [7]; Author's estimate.
*CPR = contraceptive prevalence rate, TFR = total fertility rate, IUD = intrauterine device. *Women married/in union, or sexually active. **Values do not sum to 100% because 4.8% of respondents did not know the source or identified the source as "other."*

Figure 1: mCPR by Geography

Source: [3]

Overall, Honduras' health sector is characterized by disparities in access to health services, including family planning. In rural areas, only 73 percent of births occur in health facilities, compared to 94 percent in urban areas. Despite these challenges, Honduras has been largely successful in increasing access to family planning, and the government aims to address continued gaps in FP/reproductive health services with the recent adoption of a plan to meet unmet demand for family planning in rural areas. In 2012, Honduras began a process of fiscal decentralization, including in the financing and planning of health service delivery.

Health financing in Honduras

Honduras's FP sector received significant external funding until the country's "graduation" from support in 2015. In financial year 2010/2011, donors contributed 4 percent [1] of total health expenditure (THE) and as much as 25 percent of funding for FP commodities [2]. Domestic public expenditure accounted for 40 percent of (THE). Households accounted for nearly 40 percent of THE, of which 92 percent was in the form of out-of-pocket (OOP) expenditure. Forty-two percent of resources for health were channeled through the SS and 17 percent through the Instituto Hondureño de Seguridad Social (IHSS) [1]. IHSS is currently based on payroll contributions of 11.5 percent of salary, shared among employers (61% of the contribution), workers (30%), and government (9%). Contributions cover comprehensive social security across illness and maternity, disability, and occupational risk. In recent years, IHSS has faced significant challenges, including alleged misappropriation of funds.

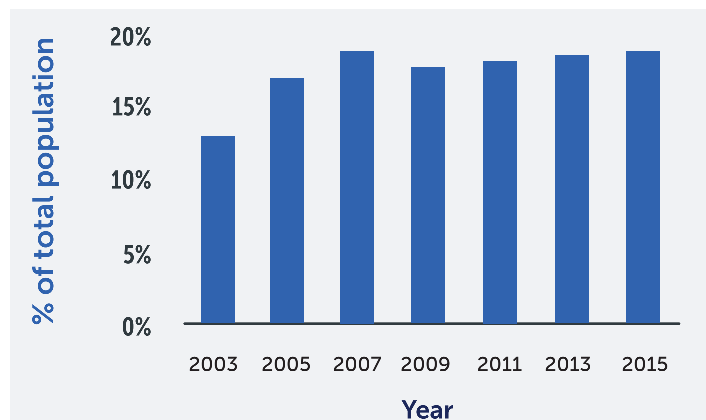
Health insurance coverage is low among the working-age population (ages 15–49) at 14 percent, with approximately three-quarters of covered individuals enrolled in IHSS [3]. The portion of IHSS contribution pertaining to healthcare (8 percentage points of the 11.5% total) covers illness and maternity. Enrollment in IHSS' healthcare regime grew as a share of the population from 13 to 19 percent between 2003 and 2007, but has since plateaued [4] (Figure 2). IHSS has traditionally provided services through its own hospitals and clinics; however, a 2015 law permits IHSS to contract health services from private providers. Insurance coverage is a function of employment and is primarily concentrated among wealthier Hondurans, with 32.4 percent of those in the top wealth quintile insured, compared to 0.4 percent of the poorest.

Financing family planning services

Family planning services and key financing schemes

Secretaría de Salud facilities provide female sterilization, implants, condoms, and oral and injectable contraception at no cost. Nevertheless, stockouts are a problem, with 70 percent of

Figure 2: IHSS Healthcare Regime (Illness and Maternity)



Source: [4]

public facilities registering stockouts of at least one contraceptive commodity in the last six months [5]. Although IHSS facilities offer FP methods, users must pay OOP for FP services, which may explain why only 4 percent of users obtain methods from IHSS. Most private insurance providers do not cover FP methods, with the exception of sterilization (vasectomy and tubal ligation) [6].

Access to family planning and financial protection for uninsured women

Despite theoretically free provision of FP services in the public sector, many Honduran women still pay OOP for contraception, with 43 percent accessing services through the private sector. In private facilities, OOP costs for family planning are below regional averages for most methods, with the notable exception of injectables—the most popular reversible contraceptive. OOP fees limit women's access not only to family planning, but also to their preferred method.

Government policies to increase affordable access

An estimated 77 percent of spending on FP services in Honduras is OOP, highlighting the need for greater financial protection and more effective inclusion of FP benefits in insurance schemes. While decentralization of the health sector may help better direct government resources and reach neglected populations with FP services, sufficient resources must first be allocated for family planning at the national level. Additionally, as decentralization moves forward, Honduras must address the significant gap in planning and coordination for family planning resulting from much-declined donor support. Although the government has developed a plan to address unmet need in underserved rural areas, the government should consider adopting a national strategic plan for family planning to ensure adequate financing and strategic coordination between sectors.

Summary

Increasing FP uptake in Honduras will require increased resources for family planning in the public sector. Decentralization may increase efficiency and allocation of resources, but national-level procurement and planning must be strengthened, particularly in the absence of donor support. Greater financial protection can be achieved by the inclusion of family planning in the IHSS basic package of services. IHSS must also consider how to expand coverage beyond the formal sector to ensure health and FP access for the country's poor and vulnerable populations, particularly as the country faces new health crises (such as Zika) that elevate the importance of and demand for family planning.

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