

Article: Research

Sustaining protection: legal challenges of the IHSS sickness and maternity scheme**Sostener la protección: desafíos jurídicos del régimen de enfermedad y maternidad del IHSS**¹Cristhian Alfonso Urrea Toledo  .¹National Autonomous University of Honduras, Tegucigalpa, Honduras***Corresponding author:** Cristhian Alfonso Urrea Toledo **Submitted:** 03-08-2026 **Revised:** 21-08-2026 **Accepted:** 10-09-2026 **Published:** 05-10-2026**How to cite:**

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ABSTRACT

Introduction: The sustainability of the Honduran Social Security Institute's (IHSS) sickness and maternity scheme involves maintaining medical care and cash benefits. Its analysis requires examining the relationship between recognized rights, coverage, financing, and institutional management. General objective: To analyze the legal and institutional challenges affecting the sustainability of the IHSS sickness and maternity scheme, considering its coverage, financing, and management, to identify measures that strengthen solidarity and continuity of benefits.

Methodology: A documentary legal study with a qualitative approach and a descriptive and analytical scope was conducted. Legislation, academic studies, and institutional reports were examined, with a documentary cutoff of October 8, 2026. The analysis incorporated labor indicators from July 2025, IHSS coverage and management information from 2025 and the first quarter of 2026, and economic information through August 2026.

Results: The study identified geographical differences in insurance coverage, employment conditions that hinder coverage expansion, and economic pressures relevant to financing. The analysis showed that contribution ceilings can result in workers with different incomes paying the same amount. It also distinguished between budget availability, expenditure execution, and actual service delivery.

Conclusions: Strengthening the scheme requires jointly reviewing contribution rates and ceilings, improving management, and linking resources to measurable improvements in care. Gradual adjustments should be assessed through updated actuarial studies and social dialogue, preserving solidarity and family protection.

Keywords: social security; sickness and maternity; sustainability; financing; IHSS

RESUMEN

Introducción: La sostenibilidad del régimen de enfermedad y maternidad del Instituto Hondureño de Seguridad Social (IHSS) comprende la capacidad de mantener la atención médica y las prestaciones económicas. Su análisis requiere relacionar los derechos reconocidos con la cobertura, el financiamiento y gestión institucional. Objetivo general: Analizar los desafíos jurídicos e institucionales de la sostenibilidad del régimen de enfermedad y maternidad del IHSS, considerando su cobertura, financiamiento y gestión, para identificar medidas que fortalezcan la solidaridad y la continuidad de las prestaciones.

Metodología: Se realizó una investigación jurídica documental, de enfoque cualitativo y alcance descriptivo-analítico. Se examinaron normas, estudios académicos e informes institucionales, con corte documental al 8 de octubre de 2026. El análisis incorporó indicadores laborales de julio de 2025, información de cobertura y

gestión del IHSS de 2025 y del primer trimestre de 2026, y antecedentes económicos hasta agosto de 2026.

Resultados: Se identificaron diferencias territoriales de aseguramiento, condiciones laborales que dificultan ampliar la cobertura y presiones económicas relevantes para el financiamiento. El análisis mostró que los techos de cotización pueden igualar las aportaciones de trabajadores con ingresos distintos. También permitió distinguir entre disponibilidad presupuestaria, ejecución de recursos y prestación efectiva de servicios.

Conclusiones: El fortalecimiento del régimen requiere revisar conjuntamente las tasas y los techos de cotización, mejorar la gestión y vincular los recursos con resultados verificables en la atención. Se propone evaluar ajustes graduales mediante estudios actuariales actualizados y diálogo social, preservando la solidaridad y la protección familiar.

Palabras clave: seguridad social; enfermedad y maternidad; sostenibilidad; financiamiento; IHSS

INTRODUCTION

Sickness and maternity generate health care needs and can affect the income of individuals and their families. Social security organizes a collective response to these situations through health services and economic benefits. In Honduras, the Honduran Social Security Institute (IHSS) plays a central role in this protection. Its responsibility has a constitutional basis: Articles 142 and 143 link social security services with the participation of the State, employers and workers in their financing, improvement and expansion, while Article 145 recognizes the right to health protection (1).

The fulfilment of these responsibilities requires maintaining the conditions that allow services to be provided over time. The sustainability of the sickness and maternity regime therefore includes the relationship between the protection recognised, the persons covered and the resources needed to care for them. From a legal perspective, it is interesting to examine how the rules of affiliation, contribution and provision of benefits contribute to this continuity. It is also relevant to consider the institutional capacity to organise care and respond to the needs of insured persons and their dependents.

Financing occupies an important place in this analysis. Changes in prices, wages and the protected population can modify the relationship between the regime's income and its obligations. In this context, contribution rates and ceilings deserve attention both for their effect on collection and for the way in which contributions are distributed. Their review allows us to discuss whether contributions are adequately related to the income of those who contribute and to the cost of benefits. Solidarity also requires considering that the resources gathered finance different needs between individuals and families.

The financial evolution of the sickness and maternity regime makes it possible to clarify the institutional problem. The ILO actuarial valuation, published in 2023 with an evaluation date as of 31 December 2021, examined income and expenditure for the period 2015-2021. During those years, it recorded income in excess of expenditure. However, the report also identified comparatively low expenditure per insured person, difficulties in budget implementation, and coverage limitations. This background shows the need to relate financial balance to the use of resources and compliance with recognized benefits (2).

In addition to this background, a legal change affected the sources of financing. The declaration of unconstitutionality of the Framework Law on the Social Protection System, published in October 2022, annulled the contribution mechanisms established in that regulation. The ILO documented that, since the last quarter of 2022, the additional resources from the Private Contributions Regime have ceased to enter the sickness and maternity regime. This change allows us to understand the importance of having stable financing rules and to examine the economic consequences of legal modifications on the continuity of protection

Subsequently, Decree No. 48-2024 approved the Law for the Regulation of Contributions and Contributions of the Honduran Social Security Institute. Article 2 established the contribution ceilings for 2024 and 2025 and provided that, for the following years, the Board of Directors should set them based on an actuarial study, both for disability, old age and death and for sickness and maternity. This regulatory response constitutes a concrete precedent for the revision of the Institute's financing rules. From a legal perspective, it is interesting to analyze how these provisions relate the protection obligations to the resources necessary to comply with them and to the distribution of contributions among those who participate in their support (3).

Recent institutional information complements this background. At the end of 2025, the IHSS reported 2,031,399 insured persons: 919,185 contributors and 1,112,214 beneficiaries. For the sickness and maternity regime, the report recorded coverage equivalent to 21.26% of the economically active population and 37.32% of the salaried population. These figures allow us to jointly examine the contributor base and the scope of protection (4)

With regard to the resources allocated to care, Program 11, Health Care Services, presented a current budget of L 10,884.66 million at the end of 2025 and a cumulative execution of L 8,659.70 million, equivalent to 79.6%. The report identifies as a product of this program the health services provided to the population of the sickness and maternity regime. These data make it possible to distinguish the budgeted resources from the expenditure actually incurred and provide specific information on the financing of care (5).

Regarding benefits, during 2025, 2,707,793 general and specialized consultations were carried out, equivalent to 84.91% of the programmed goal. The report also recommended strengthening training in purchasing processes, expanding the coverage of specialties, and investing in medical equipment and supplies. This background allows us to relate the analysis of sustainability to the institutional capacity to use resources and comply with health benefits (4)

The ILO's actuarial valuation and the reports of the Ministry of Finance provide background information on the financing, coverage, and operation of the IHSS. The former analyzes the evolution of the regime and estimates future scenarios; the latter present information on budget, execution, and benefits. These documents also contain regulatory background and institutional recommendations, which serve as a starting point to delve into the legal implications of their findings (4,5).

The study is justified by the need to jointly examine the legal obligations of protection and the documented conditions for complying with them. This review requires considering the changes after the valuation published in 2023, especially the contribution rules introduced by Decree No. 48-2024 and the institutional results of 2025. The aspect that is of interest in delving deeper is how the rules of affiliation, financing and access to benefits respond to the needs of the protected population, and what tensions arise between the expansion of coverage, the distribution of contributions and the continuity of care.

Based on this, the research addresses the following question: what legal and institutional challenges does the sustainability of the IHSS sickness and maternity regime face and what measures can contribute to strengthening it? Its contribution consists of relating the norms and institutional antecedents from the principles of solidarity, progressive expansion of protection and family protection. This analysis allows the formulation of legal criteria to assess possible reforms, whose financial viability must be determined through updated actuarial studies.

The general objective of the research was to analyze the legal and institutional challenges of the sustainability of the IHSS sickness and maternity regime, considering its coverage, financing and management, to identify measures that strengthen solidarity and continuity of benefits.

LITERATURE REVIEW

Social security and legal bases for health protection

Social security allows for a collective response to situations that affect people's health and livelihoods. An illness can generate medical expenses and, at the same time, prevent a person from continuing to work. Therefore, protection requires gathering resources to meet these needs when they arise. Cichon and his colleagues explain that social protection systems rely on common funds to distribute risks among their members. They also point out that large groups of protected people can offer greater financial stability than small groups, provided that there is adequate management (6).

In Honduras, this protection has a constitutional basis. Article 142 recognizes the right to security of the economic means of subsistence and attributes to the Honduran Social Security Institute (IHSS) the provision and administration of services that include, among other situations, sickness and maternity. Article 143 establishes the obligation of the State, employers and workers to contribute to the financing, improvement and expansion of social security. In turn, Article 145 recognizes the right to health protection. Reading these provisions together makes it possible to relate the recognition of the right to the responsibilities necessary to make it effective (1).

The Health Code expands on this legal basis by recognizing health as a human right linked to biological, psychological, social and ecological well-being. Article 1 covers the protection, recovery and rehabilitation of health, while Article 8 recognizes the right to receive the assistance and benefits necessary to preserve and recover health. From this perspective, health care encompasses different moments and needs of a person's life. For the analysis of the sickness and maternity regime, these provisions allow for consideration of both medical care and the continuity of care and recovery of those who require services (7).

The Social Security Act specifies part of these rights through specific benefits. In the text incorporating the 2001 reforms, article 34 provides for medical, hospital and pharmaceutical care, as well as a financial subsidy for incapacity for work, subject to the corresponding conditions. In the area of maternity, article 39 recognizes prenatal care, during and after childbirth, together with a cash subsidy under legal and regulatory conditions. These provisions make it possible to identify two complementary dimensions of protection: health care and support for income during the periods covered (8).

A joint reading of Articles 142, 143 and 145 of the Constitution and Articles 34 and 39 of the Social Insurance Act shows that the sustainability of the scheme is linked to the fulfilment of the benefits recognised. Where legal and regulatory conditions are met, medical care and subsidies constitute obligations vis-à-vis protected persons. Financial and administrative constraints therefore pose a tension between the resources available and the protection commitments made. Its legal analysis requires examining how decisions on financing and management impact on the continuity of these benefits. A positive financial outcome alone does not make it possible to determine whether the protection granted is effective.

At the international level, the Social Security (Minimum Standards) Convention, 1952, No. 102, links benefits to their financing. Article 71 of the Convention states that their costs must be covered collectively through contributions, taxes, or both, avoiding excessive burdens on persons of modest means. It also attributes to the State the general responsibility for the benefits included in its application and provides for actuarial studies to be carried out. This framework allows financing to be understood as a condition for meeting protection commitments (9).

The Social Protection Floors Recommendation, 2012, No. 202, complements this framework with guidance on universality, solidarity and progressive extension of protection. Its basic guarantees include access to essential health services, including maternity, and basic income security. It also proposes that guarantees, their conditions and grievance mechanisms be established through national legislation. Its guiding nature allows it to be used as a reference to examine the relationship between the rights recognised and the possibilities of accessing them (10).

Based on these foundations, this study addresses the sustainability of the sickness and maternity regime as a condition for maintaining protection over time. The legal recognition of benefits provides the starting point for examining their coverage and financing. From this perspective, it is interesting to understand how legal obligations, available resources, and the capacity to care for the protected population are related. This relationship will serve as the basis for developing the next section.

Coverage and sustainability of the sickness and maternity regime

Coverage and sustainability are related aspects of social protection. The first makes it possible to examine who is protected, what benefits they can receive, and under what conditions they access them. The second refers to the ability to maintain that protection over time. To study the IHSS sickness and maternity regime, both dimensions must be considered together, because the incorporation of people into the insurance involves care and financing responsibilities that need continuity.

In their characterization of the Honduran health system, Pavón Rodríguez and Estrada Arévalo describe the coexistence of institutions with different forms of financing, affiliation, and service provision. Their analysis allows us to recognize that the population accesses care through different channels, including the services of the Ministry of Health, social security, and private providers. This organization makes it necessary to distinguish between the general coverage of the health system and the protection that corresponds specifically to the IHSS. It also makes it possible to examine how the population served, the available resources, and the organization of services are related (11).

The relationship with employment is another relevant element in understanding coverage limitations. The World Bank's diagnosis identified difficulties in expanding formal employment, which serve as a historical background to the problem (12). Legally, a distinction must be made between workers subject to compulsory insurance and workers included in special affiliation mechanisms. Articles 3 and 7 of the Social Security Law provide for the insurance of certain categories of workers and the employer's obligation to register them; Article 4 provides for special and progressive mechanisms for self-employed workers and other groups. From this distinction it follows that informality does not constitute an automatic exclusion from insurance. When there is an obligation to be affiliated, its omission entails an employer's non-compliance; for those who are self-employed, it is necessary to examine the conditions that allow them to join and the benefits included in their protection.

In the case of women, the limitations of coverage must be analysed by distinguishing medical care from economic protection during maternity. Article 39 of the Social Security Act provides for prenatal, childbirth and post-natal care, as well as a subsidy subject to the applicable conditions. Article 40 extends certain benefits to the spouse or accredited domestic partner of the insured worker, but does not include such a subsidy. Therefore, the status of beneficiary does not in itself generate the right to receive it. This difference shows that access to maternity care may coexist with limited economic protection. For women who do not have their own insurance, it is pertinent to examine complementary income protection mechanisms, taking as a guide the basic guarantees proposed by ILO Recommendation No. 202.

With regard to dependents, economic dependence is not automatically equivalent to the status of beneficiary of the IHSS. Article 36 of the Social Security Act provides for medical assistance for relatives of the insured person, subject to the corresponding conditions of accreditation and coverage. Its scope requires identifying which family members are covered, what benefits they receive and under what conditions they retain access. From this perspective, the general figures of beneficiaries do not make it possible to establish that all members of a family have the same protection. The limitations must be examined in conjunction with articles 111 and 145 of the Constitution, relating to the protection of the family, maternity, childhood and health. A joint reading of them shows the need to assess how those who are not covered by the scheme are cared for through other mechanisms of the social protection system.

Coverage should also be examined from the perspective of the ability to use services without compromising the resources necessary for family life. At the regional level, the Economic Commission for Latin America and the Caribbean relates difficulties in accessing health care to insufficient

financing and to the payments that households make directly to obtain care. These out-of-pocket expenses, known as out-of-pocket expenses, can increase the economic vulnerability of families. This approach allows protection against the cost of care to be considered as a relevant dimension when studying the scope of health insurance (13).

The financing of social protection is also developed within the economic conditions of each country. The report on tax statistics for Latin America and the Caribbean explains that informality reduces the collection base and that differences between social security systems influence the composition of their income. It also identifies public participation in its financing as an element that distinguishes countries (14). Applied to the purpose of this article, this background allows us to situate the regime's resources within a broader environment, related to employment, economic activity, and the possibilities of public financing.

The guidelines developed by the International Social Security Association (ISSA) and the ILO propose to jointly examine the adequacy of benefits, the ability to pay contributions and the sustainability of the scheme. They also point to the usefulness of carrying out periodic actuarial reviews to estimate future costs and assess the effects of possible changes in benefits and contributions. This guidance makes it clear that financing must be related to the protection offered and to the economic conditions of those who contribute. The continuity of the scheme requires maintaining this relationship as the needs of the population change (15).

Actuarial analysis provides tools to study these developments. International Standard of Actuarial Practice 2, as a technical reference, contemplates the use of information on population, employment, wages, contributions and benefits. It also recommends considering different assumptions and explaining how their variations may modify the results of the projections. This makes it possible to assess scenarios of higher or lower cost and to recognize the uncertainty that accompanies the estimates (16). In the sickness and maternity regime, this approach is useful to relate care obligations to the resources that might be available during the period studied.

The expansion of coverage poses the legal challenge of distributing financing obligations in a manner compatible with the protection of the population. Article 143 of the Constitution establishes a shared responsibility between the State, employers and workers, and provides for the gradual and progressive implementation of social insurance. In turn, Article 71 of Convention No. 102 requires collective financing to avoid excessive burdens on persons of modest means and provides for actuarial studies before modifying benefits or contributions. It follows from these provisions that any review of rates and ceilings must examine both the needs of the scheme and the distribution of contributions and the economic capacity of those who contribute. These criteria make it possible to assess reforms in a legal manner and link the extension of protection with the technical justification of decisions on their financing.

Social security governance and institutional strengthening

Social security governance encompasses the way in which an institution exercises its powers, organizes its decisions, and is accountable for its actions. Its importance is related to the responsibility

of administering resources intended to protect people from situations that affect their health and income. The guidelines of the International Social Security Association identify five principles to guide this task: accountability, transparency, predictability, participation, and dynamism. These principles link institutional management to the fulfillment of its objectives and to the ability to respond to the needs of the insured population (17)

From this perspective, governance makes it possible to examine who makes the decisions, what information they use and how compliance is monitored. In the sickness and maternity regime, these questions relate the administration of contributions to the organization of services and the continuity of benefits. The clarity of rules and responsibilities is therefore a criterion for studying the institutional capacity to sustain protection.

The Internal Regulations of the IHSS Board of Directors, approved by Resolution No. SOJD-IHSS-008-2026-VII and published on April 30, 2026, incorporate relevant rules for analyzing institutional governance. Article 3, paragraphs 2, 4, and 13 of the Board attributes to the Board the functions of strategic, administrative, and financial planning; approval and publication of audited financial statements within three months of the end of the financial year; and the obligation to order internal actuarial reviews with annual updates and external evaluations when required. These responsibilities link the administration of resources with duties of transparency and technical evaluation (18).

The control of resources is a legal obligation related to the continuity of protection. Article 150 of the General Regulations of the Social Security Law of 2005 regulates the inspection and supervision of financial operations through internal and external audits. Article 151 establishes actuarial reviews at intervals not exceeding five years and includes recommendations on rates, ceilings or other measures necessary to ensure financial balance. These provisions articulate two complementary responsibilities: to review the administration of resources and to evaluate the financing of benefits. From this perspective, adjustment decisions require verifiable information, technical basis and accountability. In order to assess compliance with these obligations, it is necessary to examine the existence and periodicity of the reports, their recommendations and the way in which they are considered in institutional decisions (8).

Accountability also requires relating the resources used to the activities carried out. At the end of 2025, Program 11, Health Care Services, aimed at the sickness and maternity regime, executed 79.6% of its current budget (5). The institutional management report also documented an execution of capital expenditure of the IHSS as a whole equivalent to 1.17% of what was programmed and recommended strengthening training for purchasing processes (4). These percentages correspond to different budgetary areas and should not be confused. The legal analysis links these records with the responsibilities of planning, monitoring, and control, without inferring from them an actuarial deficit of the regime.

The usefulness of these evaluations depends on the quality of the information available. The International Standard of Actuarial Practice (ISAP) 1 recommends reviewing the adequacy, consistency, and accuracy of the data, as well as communicating limitations that may affect the results. It also states that reports should explain their methods and assumptions in language

appropriate to their intended audience (19). As a technical reference, this approach helps to understand the relationship between information and institutional responsibility. Policymakers need to know the basis of estimates and their limits in order to assess decisions that may affect funding and benefits.

For the IHSS, the ILO's actuarial valuation relates institutional strengthening to administrative and financial modernization, improved revenue, and investment in information technologies. It also recommends regular data production, periodic actuarial studies, and improved classification of administrative expenditures. The report also proposes to examine reforms through social dialogue, based on social security principles and technical evidence (2). This background situates governance within the problem of regime sustainability: continuity of protection requires the ability to plan, manage, supervise, and correct institutional decisions.

METHOD

A documentary legal research was carried out, with a qualitative approach and descriptive-analytical scope, aimed at examining the challenges of sustainability of the sickness and maternity regime of the Honduran Social Security Institute. The study focused on the relationship between social protection obligations, coverage conditions, and institutional capacity to guarantee the continuity of benefits. The research was based on the examination of standards, academic studies, and technical reports. Statistical and financial information was used as a secondary source to contextualize the legal analysis, without collecting primary data or preparing its own actuarial estimates.

The documentary search began in October 2025 and was updated in October 2026, with a cut-off date of October 8 of that year. The sites and repositories of the Superior Court of Accounts, the Ministry of Finance, the National Institute of Statistics, the Central Bank of Honduras, the ILO, ECLAC, the World Bank, and the Virtual Health Library of Honduras were mainly consulted. The sources included normative instruments and publications from 1952 to 2026; this interval corresponds to their years of issuance or publication and is distinguished from the search period. The selection was documented through an inclusion matrix by thematic relevance, normative hierarchy, institutional scope, date, and possibility of verification of the source; the 33 documents incorporated are individualized in Table 1.

Regulations related to IHSS rights, affiliation, benefits, financing, and institutional responsibilities were included; reports with information on coverage, employment, resources, and execution; and academic studies and technical documents relevant to the axes of analysis. Institutional sources and documents with verifiable provenance were prioritized. Historical background was preserved when they provided context or conceptual foundations. Duplications, materials unrelated to the object of the study, and documents whose provenance could not be verified were excluded. Reiterative institutional documents were compared by period and object before preserving the corresponding version; when two reports contained different figures, the identification of their respective time frames was maintained.

The analytical corpus comprised 33 different documentary sources. Each standard-setting instrument, report, study, technical guide or set of statistical series was considered a source of analysis. Legal instruments were counted individually, even if they were collected in the same publication. Duplicate references to the same document were counted only once.

The analysis was organized into three axes: the legal foundations of health protection, the coverage and sustainability of the regime, and the governance of social security. For the legal analysis, the protected persons, the access requirements, the recognized benefits, and the financing and management obligations were identified. A literal interpretation was used to specify the content of the provisions and a systematic interpretation to relate them to the Constitution, social security legislation, and its regulations. The hierarchy, scope of application, and mandatory or guiding nature of international instruments were also considered. This procedure made it possible to examine the relationship between the recognized rights and the responsibilities necessary to make them effective. The matrix allows the identification of each source finally analyzed, but it does not contain a verifiable count of documents initially located or a nominal list of full-text exclusions.

Statistical and financial information was examined through the description and comparison of secondary data, considering their source, reference period, unit of measurement, and population or institutional scope. The national indicators and those of the IHSS as a whole were differentiated from those corresponding specifically to the sickness and maternity regime. The actuarial projections were examined as estimates prepared by the sources consulted, taking into account their dates and assumptions. Finally, regulatory obligations were contrasted with the documented conditions of coverage, financing, and institutional execution, in order to identify legal tensions and support possible strengthening orientations.

The documentary sources used in the study are summarized in Table 1, according to their type, year, purpose and contribution to the analysis.

Table 1.

Matrix of documentary sources used in the study

No.	Font Type	Document and year	Purpose and contribution to the analysis
1	National regulations	Constitution of the Republic of Honduras. (1982) (1)	Recognize rights and establish obligations of the State. Constitutional foundation of health, social security and shared financing.

No.	Font Type	Document and year	Purpose and contribution to the analysis
2	National regulations	Health Code. (1991) (7)	Regulate the protection, recovery and preservation of health. Legal framework to examine access to care and continuity of benefits.
3	National regulations	Labor Code. (1959) (20)	Regulate labor relations and the protection of workers. Identification of rights related to maternity and obligations of employers.
4	National regulations	Social Security Law, amended version of Decree 80-2001. (2001) (8)	Establish the scope of protection, benefits, and financing of social security. Analysis of affiliation, access requirements, and responsibilities of workers, employers, and the State.
5	National regulations	General Regulations of the Social Security Law. (2005) (21)	Develop the provisions on affiliation, benefits, administration and control. Review of access conditions, audits and actuarial reviews.
6	National regulations	Law for the Regulation of IHSS Contributions and Contributions, Decree 48-2024. (2024) (3)	Regulate IHSS contributions, contributions, and salary ceilings. Legal basis for analyzing financing parameters and their review mechanisms.
7	National regulations	IHSS. Internal Regulations of the Board of Directors. (2026) (18)	Regulate the functioning and responsibilities of the Board of Directors. Update the analysis on planning, financial reporting, control and actuarial review.

No.	Font Type	Document and year	Purpose and contribution to the analysis
8	International Convention	ILO. Social Security (Minimum Standards) Convention, No. 102. (1952) (9)	Establish minimum standards of social protection. Reference for examining benefits, collective financing and state responsibility.
9	International guiding instrument	ILO. Social Protection Floors Recommendation, No. 202. (2012) (10)	Guide the establishment of basic social security guarantees. Criteria for analysing the extent of protection, essential care and maternity.
10	Institutional report	SEFIN. Financial Management Report of the Decentralized Public Sector of Honduras, as of December 2025. (2026) (4)	Report on financial management and compliance with institutional goals. Recent evidence on the insured population, coverage, benefits, and management of the IHSS during 2025.
11	Institutional report	SEFIN. Report on Monitoring and Evaluation of Physical and Financial Budget Execution, fourth quarter of 2025: IHSS. (2026) (5)	Evaluate budget execution and institutional physical goals. Information on budget and execution of the IHSS health services program.
12	Actuarial Institutional Report	ILO. Actuarial valuation of the IHSS Maternity Illness Regime, as of December 31, 2021. (2023) (2)	Evaluate the financial situation and formulate actuarial projections of the regime. Specific financial background and scenarios based on information with a cut-off in 2021.
13	Institutional survey	INE and Ministry of Health. National Demographic and Health Survey / MICS, Honduras 2019. (2021) (22)	Characterize demographic, health, and service access conditions. IHSS affiliation history and territorial differences corresponding to 2019.

No.	Font Type	Document and year	Purpose and contribution to the analysis
14	Institutional survey	INE. Executive summary of the LXXXIII Permanent Survey of Multipurpose Households, July 2025. (2025) (23)	Describe households and the national labor market. Update of occupational categories and labor participation by sex.
15	Institutional projections	INE. Honduras: Population Projections 2013–2050. (2015) (24)	Estimate the evolution of the national population. Demographic context for long-term social protection planning.
16	Institutional report	Central Bank of Honduras. Annual Report 2025. (2026) (25)	Describe the economic and monetary evolution of 2025. Economic context and inflation at the end of 2025.
17	Institutional statistical bulletin	Central Bank of Honduras. Consumer Price Index, August 2026. (2026) (26)	Report on the evolution of consumer prices. Update on the inflationary context during 2026.
18	Institutional report	ECLAC. Economic Survey of Latin America and the Caribbean 2021: Labor dynamics and employment policies for a sustainable and inclusive recovery beyond the COVID-19 crisis. (2021) (27)	Analyze the economic and labor situation and regional recovery policies. Context on employment, labor inequalities and effects of the pandemic.
19	Institutional report	ECLAC. Social Panorama of Latin America 2021. (2022) (13)	Examine poverty, inequality, and social protection in the region. Regional background on access to services and economic burdens of households.
20	Institutional report	General Directorate of Public Credit. Honduras: situation and evolution of the public debt of the Central Government, II quarter, June 2026. (2026) (28)	Describe the public debt and its main indicators. Recent fiscal context, differentiated from the regime's own financing.

No.	Font Type	Document and year	Purpose and contribution to the analysis
21	Institutional statistical series	SEFIN. Financial Accounts: Historical Fiscal Series. (2024) (29)	Present historical information on revenues, expenditures and fiscal results. Contextualization of public finances and differentiation with respect to the regime's own resources.
22	Institutional report	Inter-institutional Committee for the Preparation and Implementation of the MMFMP. Medium-Term Macro Fiscal Framework 2026–2030. (2026) (30)	Establish fiscal perspectives and examine medium-term risks. Recent context on fiscal sustainability and IHSS financing challenges.
23	Institutional union document	COHEP. Statement: Increase in IHSS 2025 contribution ceilings. (2025) (31)	Report on the contribution ceilings applicable in 2025. Background on contribution parameters and implications for employers.
24	Institutional report	Ore, Sousa, and , World Bank. Honduras: Unleashing the Economic Potential for Greater Opportunities. Systematic Country Diagnosis—Summary. (2016) (12)	Identify restrictions to economic development and the generation of opportunities. Structural background on employment, productivity and possibilities for expanding contributory coverage.
25	Institutional report	OECD, CIAT, ECLAC and IDB. Revenue Statistics in Latin America and the Caribbean 2022. (2022) (14)	To compare levels and structures of regional tax collection. Comparative context on public revenues and social security contributions.
26	Institutional report	Internal Displacement Monitoring Centre. Global Report on Internal Displacement 2021. (2021) (32)	Document internal displacements and their main causes. Context on disasters and social vulnerability relevant to the continuity of protection.

No.	Font Type	Document and year	Purpose and contribution to the analysis
27	Technical Guide	ISSA and ILO. Guidelines on actuarial work for social security. (2016) (15)	Guide the performance and supervision of actuarial work. Criteria for examining financial sufficiency, sustainability and review of contributory parameters.
28	Technical Standard	International Actuarial Association. ISAP 2: Financial Analysis of Social Security Programs. (2018) (16)	Establish standards for the actuarial financial analysis of social security programs. Criteria for assessing assumptions, scenarios, and uncertainty of the projections consulted.
29	Technical Standard	International Actuarial Association. ISAP 1: General Actuarial Practice, 2019 version consulted. (2019) (19)	Establish general principles for actuarial practice and communication. Criteria on data quality, methodological transparency and limits of estimates.
30	Technical Guide	International Social Security Association. ISSA Guidelines: Good Governance. (2019) (17)	To guide the management, administration and accountability of social security institutions. Criteria for analyzing transparency, planning, control and institutional responsibility.
31	Academic article	Pavón Rodríguez and Estrada Arévalo. Characterization of the Honduran health system. (2018) (11)	Describe the structure, coverage, and financing of the Honduran health system. Background on institutional fragmentation and location of the IHSS within the health system.

No.	Font Type	Document and year	Purpose and contribution to the analysis
32	Academic book	Cichon et al. Financing social protection. (2004) (6)	Examine the fundamentals and alternatives of financing social protection. Conceptual framework on solidarity, risk-sharing and financial sustainability.
33	Institutional Report	SEFIN. Financial Management Report of the Decentralized Public Sector of Honduras, as of March 2026. (2026) (33)	Report on institutional management in the first quarter. Update of IHSS coverage and benefits during 2026.

Note. Prepared by the author from the 33 documentary sources of the corpus; the references are identified by their Vancouver number.

RESULTS

Differences in maternity coverage and protection

The documentary analysis identified a relationship between the characteristics of employment and the possibilities of extending protection through social security. The Permanent Survey of Multipurpose Households of July 2025 estimated that approximately 60 out of every 100 employed people were salaried and 30 were self-employed (23). This distribution allows us to examine the possibilities of extending contributory protection to those who carry out their activity outside of a wage relationship. However, the occupational category does not determine, by itself, IHSS affiliation.

As of March 2026, the IHSS reported 2,014,671 insured persons, distributed among 911,616 contributors and 1,103,055 beneficiaries. For the sickness and maternity regime, SEFIN reported coverage of 21.18% with respect to the economically active population and 37.19% with respect to the salaried population (33). The first records correspond to the IHSS as a whole, while the percentages identify the coverage of the regime studied.

As a historical background, the 2025 survey recorded an IHSS affiliation of 18.1% in urban areas and 5.7% in rural areas (23). These figures document territorial differences in that period. Their contrast with recent institutional records requires considering that the sources use different reference populations and forms of measurement.

In the area of maternity, the regulatory review identified responsibilities shared between the employer and social security. Article 135 of the Labor Code recognizes paid rest and the retention of employment during maternity. Article 136 provides that the employer must cover the difference between the IHSS subsidy and the corresponding remuneration. It also establishes that, when the Institute is not obliged to pay this subsidy, the economic obligation falls entirely on the employer (20).

The legal finding is that the protection includes both the provision of the insurance and labor obligations that retain their own importance.

The July 2025 survey recorded a female labor participation of 43.1%, compared to 76.4% of men (23). This difference is relevant to examine the possibilities of access to social security through employment, although it does not allow for a direct determination of how many women are affiliated. The ECLAC study on the labor effects of the pandemic is considered a historical precedent on female employment and care responsibilities, without attributing to it the explanation of the Honduran results of 2025 (27).

Table 2.

Indicators of IHSS coverage and labor participation in Honduras

Indicator	Period	Result	Scope	Source
Insured persons	March 2026	2,014,671	IHSS as a whole	SEFIN, 2026
Contributors	March 2026	911,616	IHSS as a whole	SEFIN, 2026
Beneficiaries	March 2026	1,103,055	IHSS as a whole	SEFIN, 2026
Sickness and maternity coverage for the economically active population	March 2026	21.18 %	Indicator reported by SEFIN	SEFIN, 2026
Coverage of the sickness and maternity regime for the salaried population	March 2026	37.19 %	Indicator reported by SEFIN	SEFIN, 2026
Employed salaried persons	July 2025	Approximately 60%	National employed population	INE, 2025
Employed people who are self-employed	July 2025	Approximately 30%	National employed population	INE, 2025
Female labor participation	July 2025	43.1 %	Women of working age	INE, 2025
Male labor force participation	July 2025	76.4 %	Working-age men	INE, 2025

Note. Prepared by the author with data from INE (23) and SEFIN (33).

The coverage percentages are reproduced according to the SEFIN report and its reference populations. The labor indicators come from the July 2025 survey. The occupational category does not automatically determine IHSS affiliation.

Economic conditions of financing

Recent economic information allows us to update the financing context. The Central Bank of Honduras recorded year-on-year inflation of 4.98% in December 2025 and 6.20% in August 2026 (26). These indicators describe the general evolution of consumer prices and provide context for examining the purchasing power of resources. Their use does not allow for a direct calculation of the increase in

IHSS medical costs, the composition of which requires specific information on medicines, supplies, services, and other care expenses.

The contrast of these figures made it possible to distinguish the amount of available resources from their purchasing power. For the analysis of sustainability, a budget expressed in lempiras requires considering the evolution of the prices of the goods and services it finances. This relationship is an inference from the documentary analysis. The general inflation indicators do not allow for a direct calculation of how much the IHSS medical costs increased, because institutional purchases have their own composition.

The fiscal context was also updated through the public debt report as of June 2026. The General Directorate of Public Credit reported that the Central Government's debt represented 46.0% of the gross domestic product, using the estimates available for that period (28). This indicator allows contextualizing the financial responsibilities of the State, but does not determine the resources allocated to the sickness and maternity regime or demonstrate compliance with state contributions to the IHSS. To examine these obligations, financial information differentiated from the regime is required.

The specific financial information of the sickness and maternity scheme is presented in Table 3. The ILO's actuarial valuation allows its income, contributions and expenditures for 2021 to be identified as historical background (2). This information is complemented by the 2025 budget and implementation of Programme 11, Health Care Services, for the scheme population (5). The sources describe different financial aspects and should be interpreted according to their period and scope. Post-2021 budgets and operating results do not in themselves constitute a statement of income, expenditure, obligations and reserves of the scheme in 2026.

Table 3.

Financial information about the sickness and maternity scheme and its health care programme

Concept	Year	Amount in lempiras
Total sickness and maternity income	2021	L 9,834,000,000
Income from contributions to the scheme	2021	L 9,500,000,000
State contribution as a State, included in contributions	2021	L 360,000,000
Total costs of sickness and maternity	2021	L 7,034,000,000
Subsidy expenditure, included in total expenditure	2021	L 420,000,000
Current budget for Program 11, Health Care Services	2025	L 10,884,660,055
Expenditure executed under Program 11, Health Care Services	2025	L 8,659,702,127

Note. Prepared by the authors with data from the ILO (2) and SEFIN (5).

2021 amounts are expressed in lempiras based on rounded figures published by the ILO. Contributions are part of total income and subsidies are part of total expenditures; they should not be added again. The 2025 data correspond to the budgetary execution of the health care programme and do not constitute a complete financial statement of the scheme.

Resource Execution and Continuity of Benefits

The financial data of the scheme make it possible to distinguish the obtaining of resources from their use. In 2021, contributions represented 96.6% of its total revenues, which shows the historical importance of this source of financing (2). For its part, the execution of Program 11 reached 79.6% of its current budget in 2025 (5). This result identifies the proportion of the budget used in the program, but does not allow establishing the causes of execution or the adequacy of the benefits on its own.

The General Government fiscal series are used only as a context for public finances (29). In addition, the consolidated income of the IHSS comprises different regimes and cannot be attributed entirely to sickness and maternity. The information reviewed provides specific financial background and recent budget execution data, but does not allow the financial balance of the regime to be determined in 2026. To establish this, updated and separate accounts of its income, expenditures, reserves and obligations, complemented by an actuarial valuation, are required.

The annual care results for 2025 are complemented by the benefits recorded during the first quarter of 2026. Table 4 differentiates between the two periods to avoid the three-month amounts being interpreted as a full year's worth of results.

Table 4.

IHSS hospital consultations and discharges in 2025 and during the first quarter of 2026

Provision	Amount Scheduled for 2025	Amount realized during 2025	Amount made between January and March 2026
General and specialized consultations	3,188,998	2,707,793	657,576
Hospital discharges	125,950	102,178	25,624

Note. Prepared by the authors with data from SEFIN (33).

In 2025, compliance with the goals was 84.91% for consultations and 81.13% for hospital discharges. The 2026 amounts correspond only to the first quarter. The records represent benefits and not necessarily different people.

The documentary comparison therefore made it possible to identify three aspects that require differentiated information: budgetary availability, the use of resources and the effective provision of services. The financial records examined describe the first two aspects, but do not allow us to establish by themselves the timeliness of consultations, the availability of medicines or the continuity

of treatments. This limit of information is relevant to prevent a budgetary result from being automatically interpreted as a result in the care of the population.

The exposure of the national environment to emergencies that can affect the continuity of protection was also identified. The 2021 Global Report on Internal Displacement recorded approximately 937,000 new disaster displacements in Honduras during 2020 and documented the effects of hurricanes Eta and Iota (32). The figure corresponds to displacements and not necessarily to different people, because the same person can be displaced more than once.

For this study, this evidence allows us to recognize emergencies as a contextual risk for the continuity of benefits. The displacement of the population and the alterations of their livelihoods can modify the conditions of access to care. However, the source does not identify how many displaced persons were affiliated to the IHSS nor does it quantify interruptions in its services. The documentary result is therefore limited to establishing the presence of this risk, without attributing to the regime effects that the documents consulted do not allow to measure.

Likewise, the INE's population projections allow us to consider changes in long-term care needs. The publication estimated that people aged 65 years or older would go from representing 5.1% of the population in 2013 to 7.2% in 2030 (24). These figures are estimates, not a current count. Their contribution to the analysis is to show that the planning of services must consider both the number of people and their ages. The information corresponds to the national population and does not allow us to establish, on its own, how the population affiliated to the IHSS will change.

Documented Contribution Rates and Ceilings

The documentary review identified that, by 2025, the contributions of the sickness and maternity regime corresponded to 5% for the employer and 2.5% for the worker, equivalent to a joint contribution of 7.5% between both participants (31). These percentages allow the identification of the contributory obligations of workers and employers, although their recognition does not demonstrate by itself the sufficiency of the resources collected.

Article 2 of Decree No. 48-2024 established a contribution ceiling of L 11,903.13 for this regime in 2025 and provided that the subsequent ceilings would be set by the Board of Directors based on an actuarial study (3). As an example of the application of the 2025 parameters, two workers with monthly salaries of L 20,000 and L 40,000 would individually contribute L 297.58, because both incomes exceed the ceiling. The example shows that, once that limit is reached, the salary increase stops increasing the worker's contribution.

DISCUSSION

Based on the documentary findings, it is proposed to jointly evaluate the rates and contribution ceilings of the sickness and maternity regime. This recommendation relates two aspects identified in the study: the need to know the adequacy of financing and the effect of the ceiling on the contributions of people with different incomes. The proposal constitutes a guideline for examining possible reforms, the feasibility of which requires updated financial and actuarial information.

Among the alternatives that the author proposes for evaluation are a gradual increase in rates and a substantial increase or progressive elimination of the contribution ceiling. Their consideration must address the needs of benefits, the distribution of contributory obligations, and the effects on workers, employers, and the State. The percentages, deadlines, and conditions of any adjustment must be defined through actuarial evaluation, legal analysis, and social dialogue. The documentary scope of this research allows us to support the discussion of these alternatives, while their financial effects must be estimated through specific studies. These alternatives constitute proposals for legal, administrative, and actuarial valuation, and not estimates of additional revenue or results of a reform already applied.

The equality of these contributions deserves attention from the principle of solidarity. Although both workers would give the same amount, the economic effort would be less for the one who receives the highest salary. Below the ceiling, the contribution increases with the salary; once exceeded, this relationship is interrupted. For this reason, increasing only the percentage would preserve the difference indicated: those who exceeded the limit would continue to contribute the same amount to each other, even if their incomes were very different. The joint review of rates and ceilings would make it possible to discuss both the sufficiency of resources and the distribution of responsibilities to obtain them.

The legal viability of the alternatives requires distinguishing the modification of the rates from the updating of the ceilings. Article 55 of the Social Security Law confers on the Board of Directors powers to set contributions based on financial and actuarial studies, while Article 55-A expressly establishes the percentages of the sickness and maternity regime. In the legal interpretation adopted in this study, that general power must be exercised in accordance with these specific percentages. Therefore, their increase requires a reform of the legal provision that sets them (8).

With respect to ceilings, Article 2 of Decree No. 48-2024 attributes to the Board of Directors their setting for the years after 2025, based on an actuarial study. This provision provides a legal avenue to review their amounts. The complete elimination of the limit raises a different issue: its compatibility with the provisions establishing a maximum salary subject to contributions must be examined and whether it requires legislative reform must be determined. The proposal must therefore specify the scope of the adjustment and the competence of the authority that would approve it (3).

For workers, a higher rate applied on the same basis would increase the wage deduction. Raising the ceiling would broaden the calculation base for those who exceed the previous limit, up to the new amount established. For employers, these changes would also modify their contributions, depending on the applicable rate and base. The evaluation should compare their consequences by wage levels, consider the disposable income of workers, and examine employers' ability to comply. The possible effects on hiring and affiliation require specific studies.

The State's participation must also be incorporated into the evaluation. Article 55-A provides for a State contribution of 0.5%, in addition to its contributions as an employer. These responsibilities must be examined separately. Any modification that increases its obligations requires estimating the

corresponding expenditure, providing for its budgetary support, and establishing mechanisms for monitoring transfers to the Institute (8).

On the financial level, the ILO's valuation constitutes a technical background. The report examined a scenario of increasing the joint contribution of workers and employers from 7.5% to 10.5%, excluding the state contribution of 0.5%, as well as an alternative of eliminating the ceiling (2). These simulations correspond to the data and assumptions used by that source. Their consideration for a reform requires updating wages, protected population, costs and use of benefits, in addition to incorporating subsequent regulatory changes.

The actuarial evaluation should compare alternatives for modifying rates, ceilings, and both parameters, considering revenues actually collected, expenses, reserves, delinquencies, and care needs. With these results, stages, deadlines, and distribution of contributions could be defined. The execution of 79.6% of the health care program's budget in 2025 also shows the need to accompany any adjustment with planning and monitoring of expenditure (4). Progress between stages should be supported by evaluations of collection, execution, and benefits. This study substantiates these evaluation conditions; the magnitude of the additional revenues and their adequacy must be determined through updated estimates.

The proposal to periodically review the ceilings coincides with the Macro Fiscal Framework 2027–2030, published in 2026. This document warns that keeping them unupdated may limit the growth of IHSS revenues in the face of its financial needs (30). The agreement supports the relevance of examining salary limits, but requires considering the institutional scope of the source. Its analyses of fiscal risks and pension obligations do not allow a deficit to be automatically attributed to the sickness and maternity regime or to determine the adjustment that it needs.

The SEFIN reports published in 2026 provide a complementary perspective: they describe the implementation of the health care program during 2025 and the coverage and benefits recorded in the first quarter of 2026 (4,5,33). In contrast to the emphasis on updating income, these documents also allow us to examine the use of resources and the scope of protection. Their contrast justifies that contributory alternatives are evaluated together with management measures and expansion of coverage. However, the budgetary and operational records have a different scope from an actuarial valuation and do not determine by themselves the rate or ceiling that would guarantee financial sufficiency.

The composition of families introduces another dimension to this discussion. The same contribution can help to finance the care of the holder and several dependents entitled to benefits. This difference is part of the solidarity protection and must be incorporated into the calculation of the needs of the scheme. Therefore, it is necessary to know the number and age of the beneficiaries and the use of the services, while maintaining the contributions linked to income. In turn, the discussion on higher contributions must be accompanied by verifiable commitments on medicines, timeliness of care and continuity of benefits. This would make it possible to jointly assess the effort requested from contributors and the improvements that this effort can finance.

The documentary scope of the study has limitations that must be considered when interpreting its results. The actuarial valuation used was published in 2023 and has an evaluation date of December 31, 2021 (2). The revision did not incorporate a valuation of the sickness and maternity regime based on a financial basis after that date, nor a recent and complete financial statement that disaggregates its income, expenses, reserves and obligations. The 2025 and 2026 reports allow for the updating of budgetary and operational aspects, but do not replace that information. This limitation refers to the corpus under review and does not constitute an assertion of the absence of other institutional documents. Therefore, the article does not determine an actuarial balance sheet updated to the 2026 financial year nor does it allow a quantified financial effect to be attributed to the proposals.

In addition, the sources use different time periods, reference populations, and forms of recording, which limits the direct comparison of some indicators. National surveys, administrative records, and budget reports describe different dimensions of protection. The analysis identifies tensions between legal obligations and documented conditions of coverage, financing, and management, but does not establish causal relationships or quantify the effects of the proposed reforms. Therefore, the recommendations are alternatives subject to actuarial, legal, and institutional evaluation, the cost and results of which must be determined through specific studies.

CONCLUSIONS

The research identified challenges related to the scope of coverage and the execution of the resources allocated to the care of the IHSS sickness and maternity regime. These findings make it possible to relate the legal obligations of protection with the institutional conditions necessary to comply with them. The specific financial history and budgetary records examined provide information for different periods, but do not allow determining the financial balance of the regime in 2026. Its sustainability requires a joint examination of coverage, financing, and management, considering the holders and their dependents entitled to benefits.

The documented contribution parameters for 2025 show that the ceiling can cause workers with different salaries to contribute the same amount when both incomes exceed that limit. Based on this finding, the author recommends evaluating the contribution rates and ceilings together. Alternatives include a gradual increase in rates and a substantial increase or phasing out of the ceiling. Their desirability, distribution among participants and financial effects should be determined through updated actuarial studies, legal analysis and institutional evaluation, accompanied by social dialogue.

The records of budget execution, consultations, and hospital discharges describe resources used and services performed, but they do not allow the availability of medicines, the opportunity for care, or the continuity of treatments to be established on their own. As guidelines for strengthening, the author proposes evaluating improvements in records, planning, and accountability, linked to verifiable care objectives. Their cost and feasibility should be examined with specific and updated information on the regime. The documentary scope of the study allows these alternatives to be substantiated, while their implementation and results require actuarial, legal, and institutional evaluation.

The legal review also shows a requirement for documentary transparency for any review of financing. Decisions on contribution rates and ceilings must be accompanied by differentiated public information on contributory income, welfare expenses, economic benefits, reserves and obligations of the sickness and maternity regime, avoiding confusing their balance sheet with the consolidated results of the IHSS. The updating of actuarial studies and the periodic publication of their assumptions would strengthen institutional control and the social debate on possible reforms. Legal sustainability also requires that the measures preserve the effective protection of insured persons and their families, with a review of their distributive and operational consequences.

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ETHICAL CONSIDERATIONS

The study was developed through a literature review based exclusively on previously published documentary sources. It did not involve the direct participation of human or animal beings, the performance of interventions, the use of biological samples, or access to personally identifiable data. Consequently, it did not require approval from an ethics committee or the obtaining of informed consent. During the research process, the principles of scientific integrity, adequate attribution of authorship, rigorous citation, and responsible use of the sources consulted were observed.

ARTIFICIAL INTELLIGENCE (AI) USAGE STATEMENT

The authors state that the AI tool was used exclusively to support the organization of the article and the translation of the text. Its use did not determine the scientific content, study design, selection of sources, data analysis, interpretation of results, or conclusions. Full responsibility for the content remains with the authors.

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The authors declare that they have no conflicts of interest related to this study and that all the procedures followed comply with the ethical standards established by the journal. They also confirm that this work is unpublished and has not been published, either partially or totally, in any other publication.

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