

**FINDINGS FROM A RAPID
REVIEW OF LITERATURE ON
GHOST WORKERS
IN THE HEALTH SECTOR:
TOWARDS IMPROVING
DETECTION AND PREVENTION**



**World Health
Organization**

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One objective of this workstream is to support the enhanced focus on anti-corruption, transparency and accountability in WHO normative guidance on health systems strengthening. Three areas were identified for furthering this focus in 2018–2019: health systems governance; human resources for health; and health financing.

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Abstract

The problem of ghost workers in the health sector is an understudied phenomenon, yet the existence of this form of payroll fraud is a significant drain on public health and overall budgets in some countries, undercutting global and public health goals. This rapid review explores a selection of relevant research to identify types of payroll fraud related to the ghost worker problem, and analyses how the fraud triangle theory can help to explain

the prevalence of ghost workers in the health sector. The rapid literature review draws on evidence from various country contexts. Detection and prevention of ghost workers in the health sector may be improved through increased transparency and accountability in payroll processes, improved record keeping and strong record management systems, monitoring of human resources for health (HRH) and specific technology tools.

Key findings from the rapid literature review

- **The ghost worker problem in human resources for health (HRH) is global in reach** and undercuts financing allocated to the health sector, which may have an impact on global and national health policy goals.
- Given that **there are different types of payroll fraud** (with different drivers), there is a need to design explicit and coherent policy interventions to address the ghost worker problem.
- **More knowledge needs to be generated on the specific impact of the ghost worker problem on health systems globally** and its effect on health policy goals and population access to health services.
- **There are a number of conditions that may allow for emergence of the ghost worker problem.** For example, limited institutional capacity for recruitment of HRH to vacant positions can create an opportunity for ghost workers to emerge, particularly when there is lack of personnel to manage the process. Poor record management and insufficient checks and balances in HRH processes can also create opportunities for the ghost worker problem to emerge.
- **Integrating anti-corruption, transparency and accountability mechanisms into health systems can help to identify ghost workers on a payroll and reduce the risk of the ghost worker problem.** The risk of ghost workers may be reduced by increased transparency; for example, in the hiring, termination and attrition processes related to HRH, and in payroll processes. Accountability mechanisms, such as public expenditure tracking surveys, payment modalities, audits, civil society monitoring of HRH, strengthened health information systems (part of many solutions to the problem) and other technology tools, may also help to reduce the prevalence of ghost workers.
- **Political commitment to health information strengthening** and the integration of anti-corruption, transparency and accountability measures in health systems are crucial for reducing the occurrence of the ghost worker problem.

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