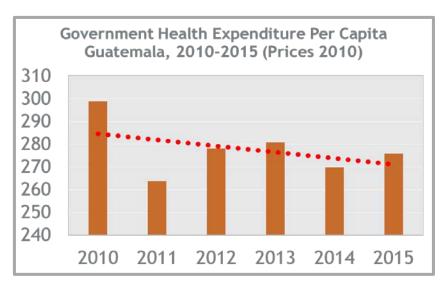


Guatemala: Mobilizing Resources for Health The Role of Municipalities

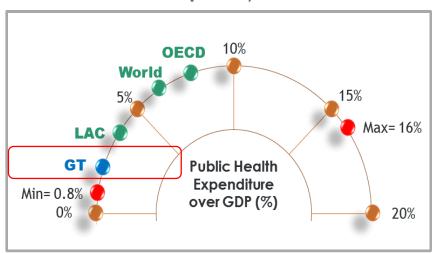
Ricardo Valladares, Health Policy Plus International Health Economics Association Congress, Boston, MA

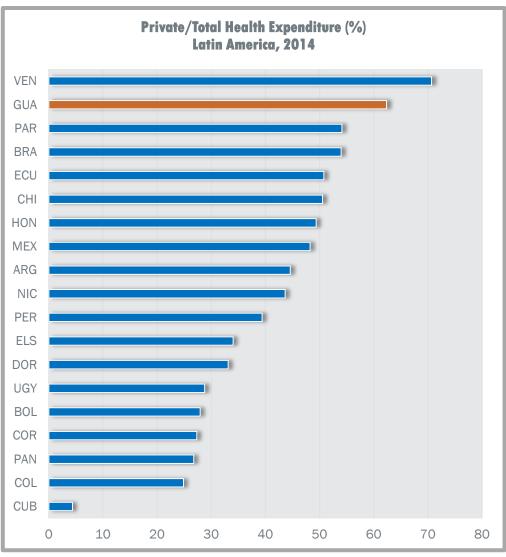


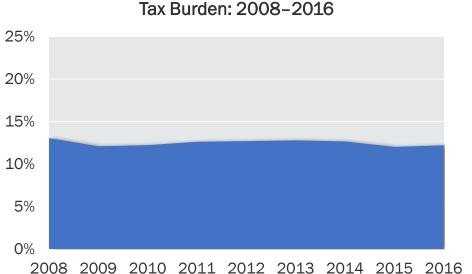


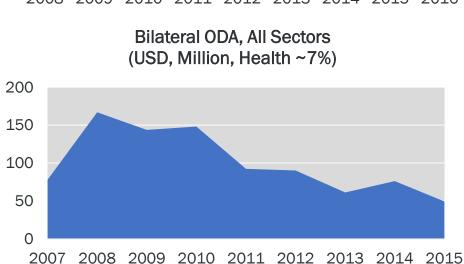


Public Health Expenditure/GDP = 2.3%

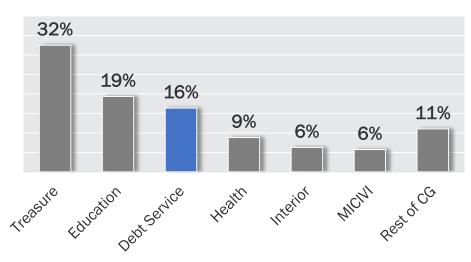








Debt Service as Compared to Other Budget Functions, Guatemala, 2015

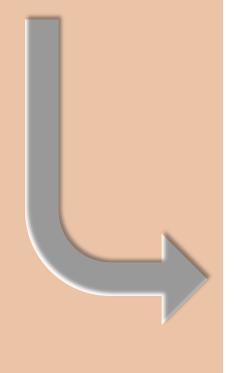


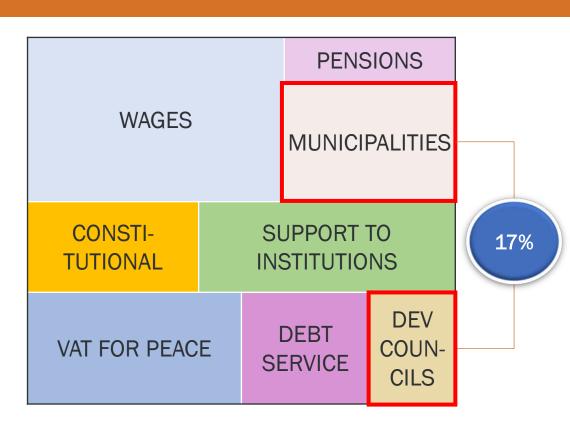




ANALYSIS QUESTION (1/5) Where is the money? Are there any fungible funds in the public budget susceptible to reallocation?

- BUDGET RIGIDITY
 - Salaries
 - Liabilities
 - Earmarked funds
 - Transfers to local government





Earmarked by functions, other than health = not fungible Earmarked for local governments = allocable for health

Rationale of Municipal Transfers

- ► Vertical equilibrium: funding vs responsibilities
- **+**Taxes or subsidies?
- **→**Balancing revenue equalization
- Local implementation/national objectives
- +Administrative efficiency
- +Accountability
 - Proximity to voters
- Devolution vs delegation
 - Competencies and performance measures

Decentralization Patterns

+Central government:

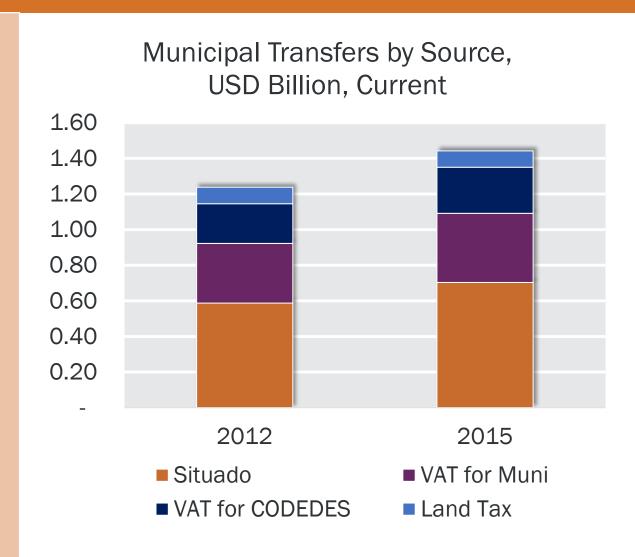
- National public goods: defense, foreign affairs, currency and banking, national infrastructure
- Pensions, unemployment insurance

+Subnational governments:

 Essential public services: health care, education, social protection, public safety, roads, water and sanitation, recreation

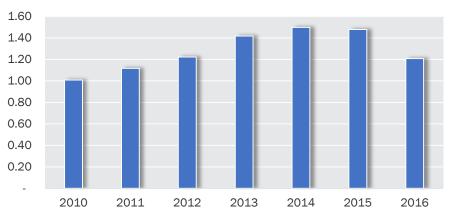
ANALYSIS QUESTION (2/5) What functions are these resources supposed to fund?

- CONSTITUTIONAL TRANSFERS
 - Health programs
 - Education
 - Infrastructure
 - Actions to improve quality of life
- VAT FOR PEACE (?)
 - Municipalities: fixed capital
 - Development councils: programs and projects
 - Health, nutrition, education, and safety

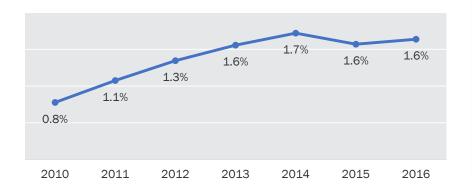


ANALYSIS QUESTION (3/5) How much is actually spent on health?

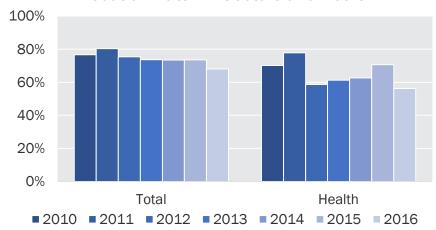




Municipal Health Expenditure (As % of Total Expenditure)



Execution Rate: All Sectors and Health



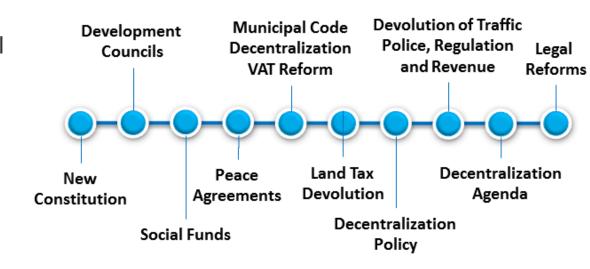
- Municipality contribution to health
 < 2%; execution levels ≈ total =
 75%; health = 67%
- Deficit of regulation to enforce final use of transfers by function
- Lack of a clear mandate for health protection or healthcare

ANALYSIS QUESTION (4/5) What is the strategy to secure funds for health at the municipal level?

Decentralization:

- A constitutional mandate
- Earmarked funding for local governments
- Participation spaces: development councils
- Running and successful experiences
- High ranking offices are responsible

Building on a timeline since 1985



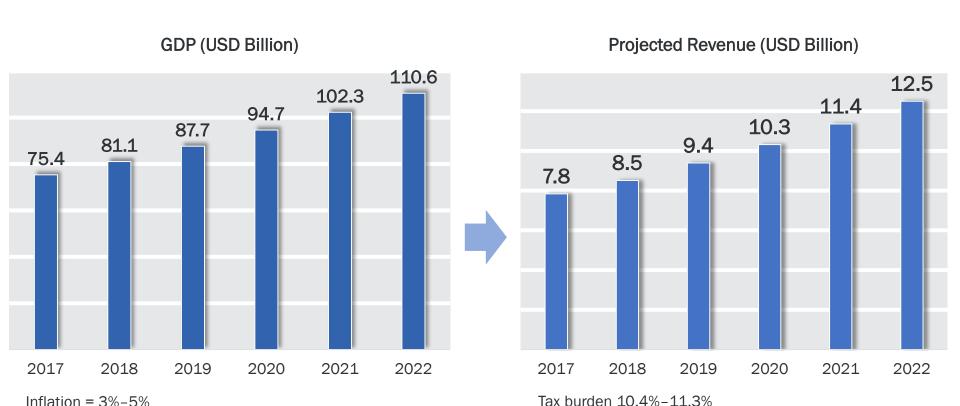
National
Decentralization
Agenda
(ANDE)

Budget and
Operative Plan for
Decentralization

Legal Reforms to Regulate Transfers

Standard Delegation Protocol

ANALYSIS QUESTION (5/5) How substantial (and predictable) would the resources yielded by municipal delegation efforts be?



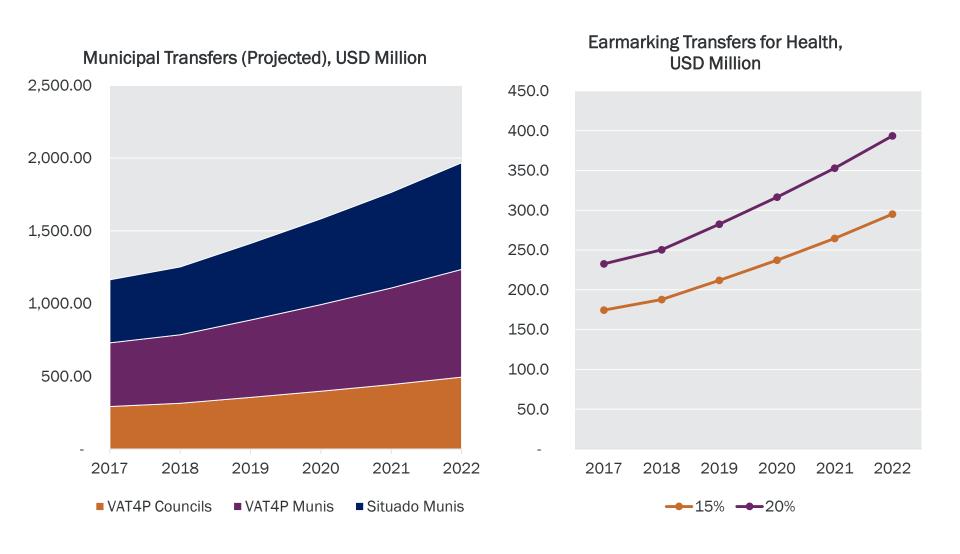
Nominal GDP Growth Rate = 7.1%

Data based on Guatemala Central Bank 2017

No tax changes, only operation improvement

Data based on Tax Authority estimates

ANALYSIS QUESTION (5/5) How substantial (and predictable) would the resources yielded by municipal delegation efforts be?



Conclusions

- ♣ Are there any funds susceptible to reallocation for community health and outpatient care services?
 - Yes, there are several channels of funding to local governments, supposedly earmarked for health and education programs, infrastructure, and basic services, however, they are mostly used for other civil works.
- ► What would be an effective strategy to secure those funds for human development areas?
 - Decentralization is a constitutional mandate, there are participation spaces, earmarked funding, running and successful experiences, and responsible high-level offices.
- Are resources from transfers to municipalities regulated, stable, and predictable?
 - Yes, those funds are legally locked for distribution to development councils and municipalities; they grow at fixed proportions with GDP and fiscal revenue.

HEALTH POLICY PLUS

Better Policy for Better Health

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f HealthPolicyPlusProject

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