Guatemala Absorption

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The financial datasets IHME has available are:

1. Global Fund absorption, created from PUDRs
2. Global Fund final budgets, created from budget files
3. Global Fund budget revisions, created from budget files (where we have access)
4. Global Fund expenditure, created from PUDRs
5. Government health expenditure from SICOIN (through June 2018)
6. Other development assistance for health (all other donor spending)
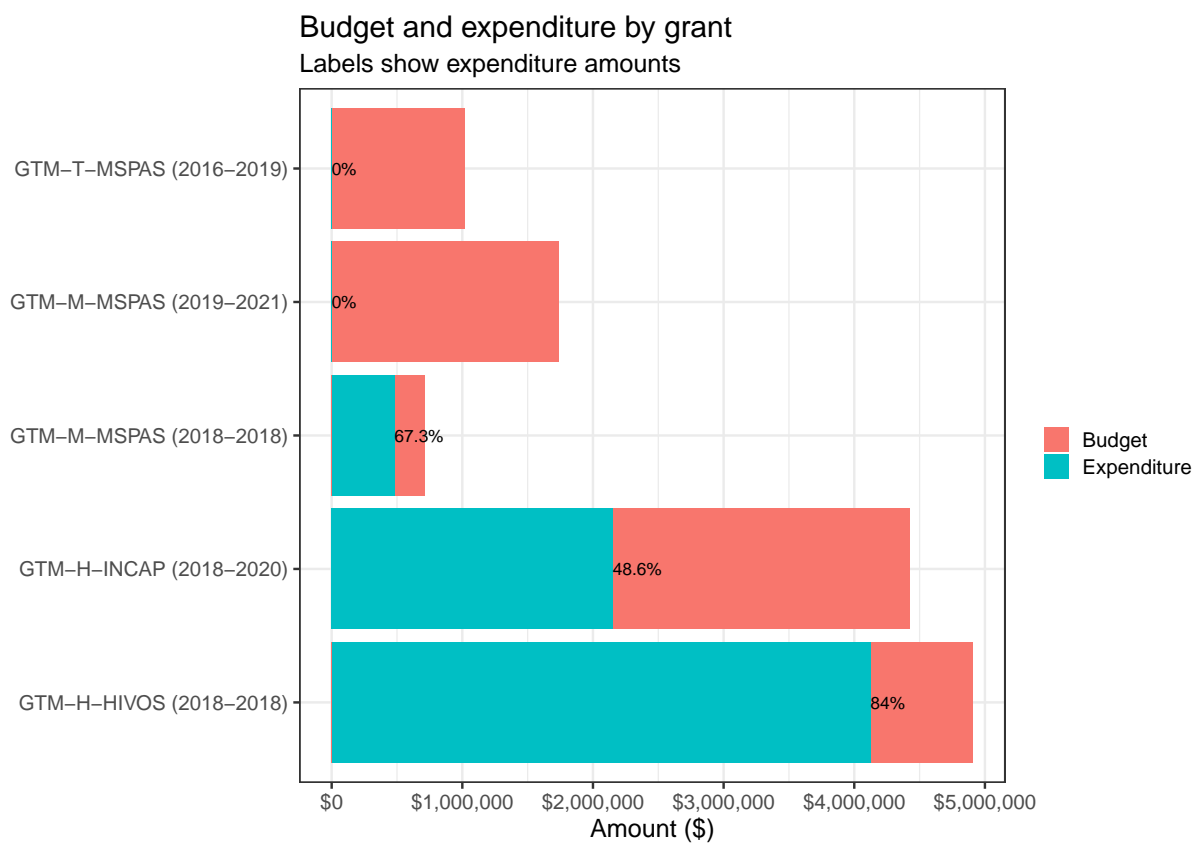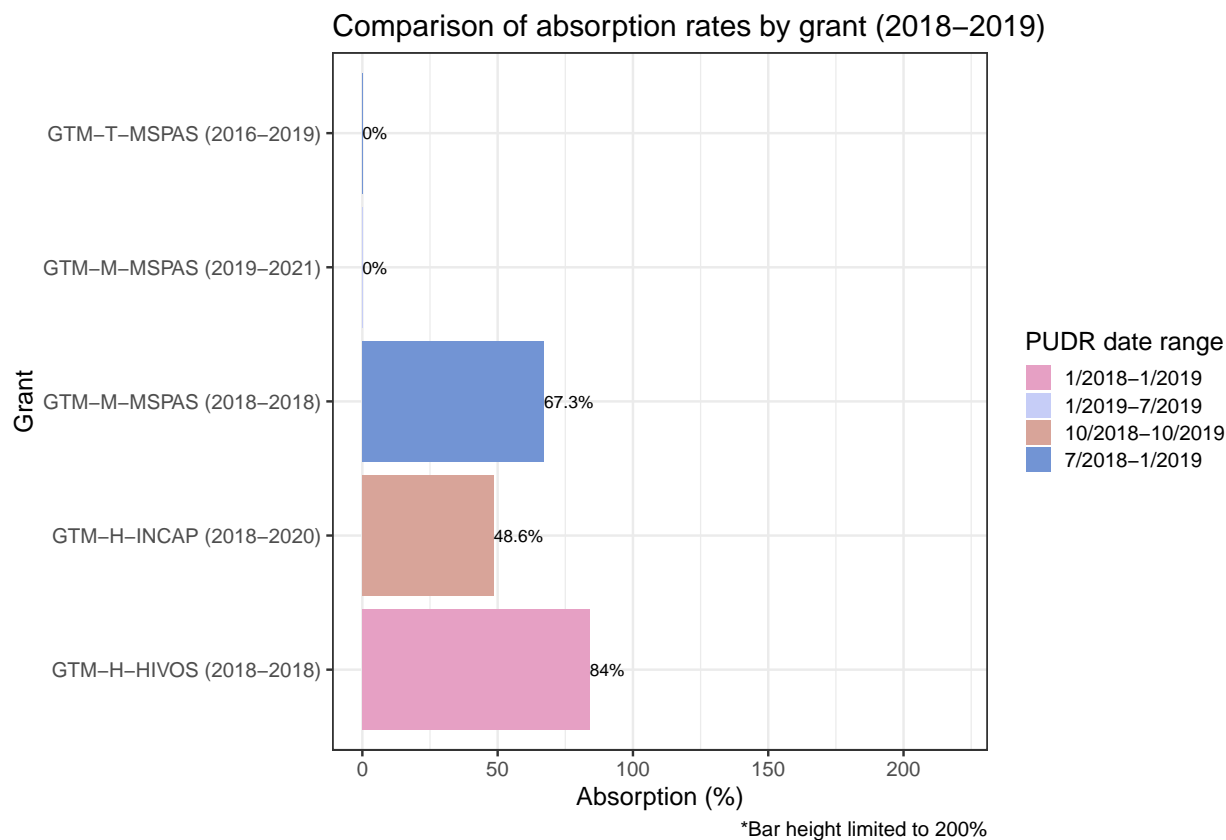
This analysis will use mainly dataset #1 to explore Global Fund absorption.
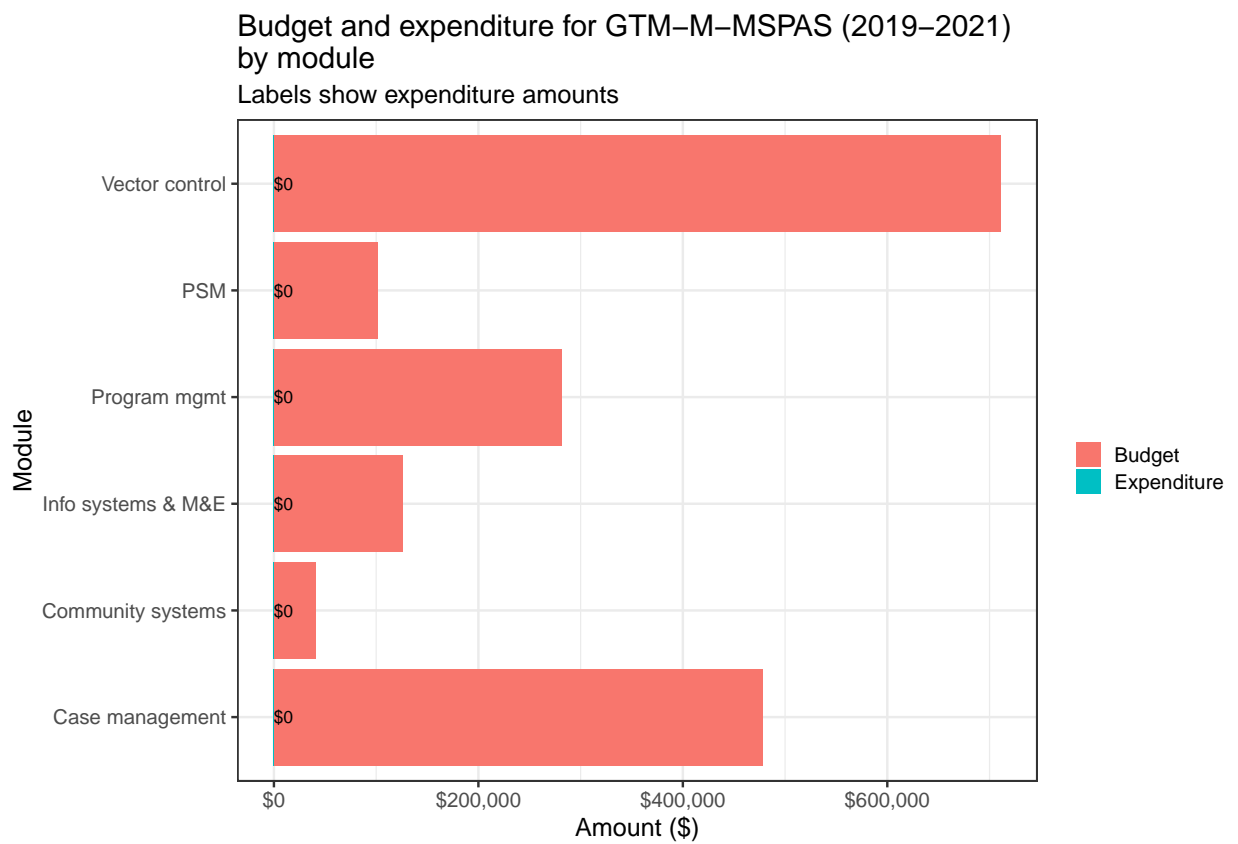
Currently available PUDRs

Grant	Disease	PUDR Date Range
GTM-M-MSPAS (2019-2021)	Malaria	1/2019-7/2019
GTM-M-MSPAS (2018-2018)	Malaria	7/2018-1/2019
GTM-H-HIVOS (2018-2018)	HIV	1/2018-1/2019
GTM-H-INCAP (2018-2020)	HIV	10/2018-10/2019
GTM-T-MSPAS (2016-2019)	TB	7/2018-1/2019

I've set up this analysis to include only the most recent PUDR for each grant, because the grant implementation periods vary in Guatemala.

1. Overview of 2018-2019 absorption

Comparison of absorption rates by grant (2018–2019)

*Bar height limited to 200%

Budget and expenditure by grant
Labels show expenditure amounts
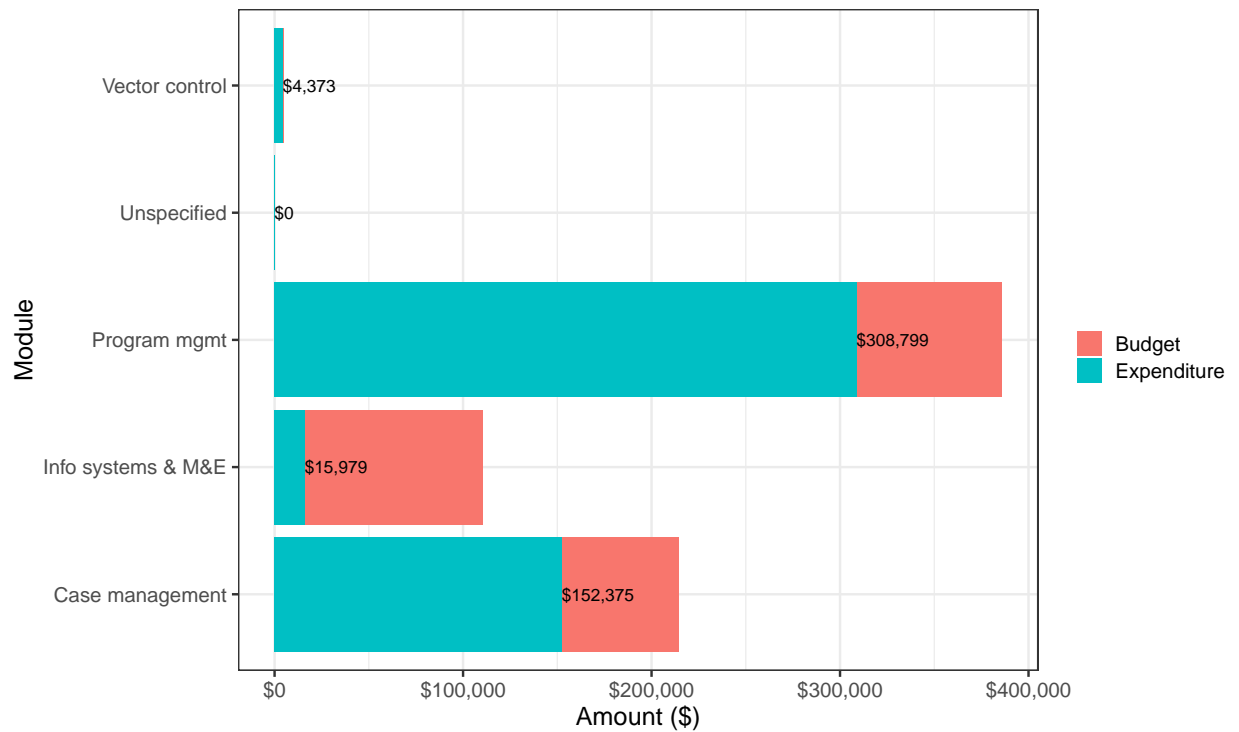
Absorption by module for each grant

Absorption by module for most recent GTM–M–MSPAS (2019–2021) PUDR

Budget and expenditure for GTM–M–MSPAS (2019–2021) by module

Labels show expenditure amounts
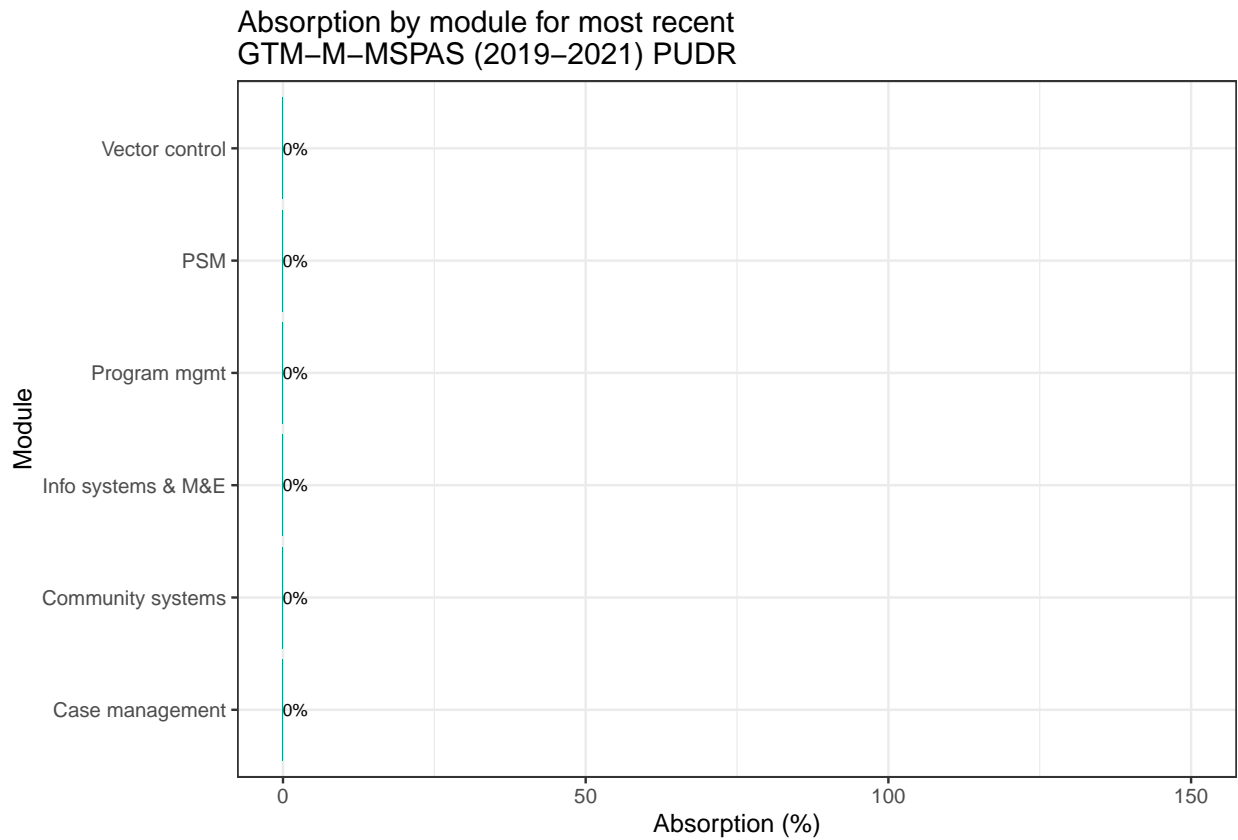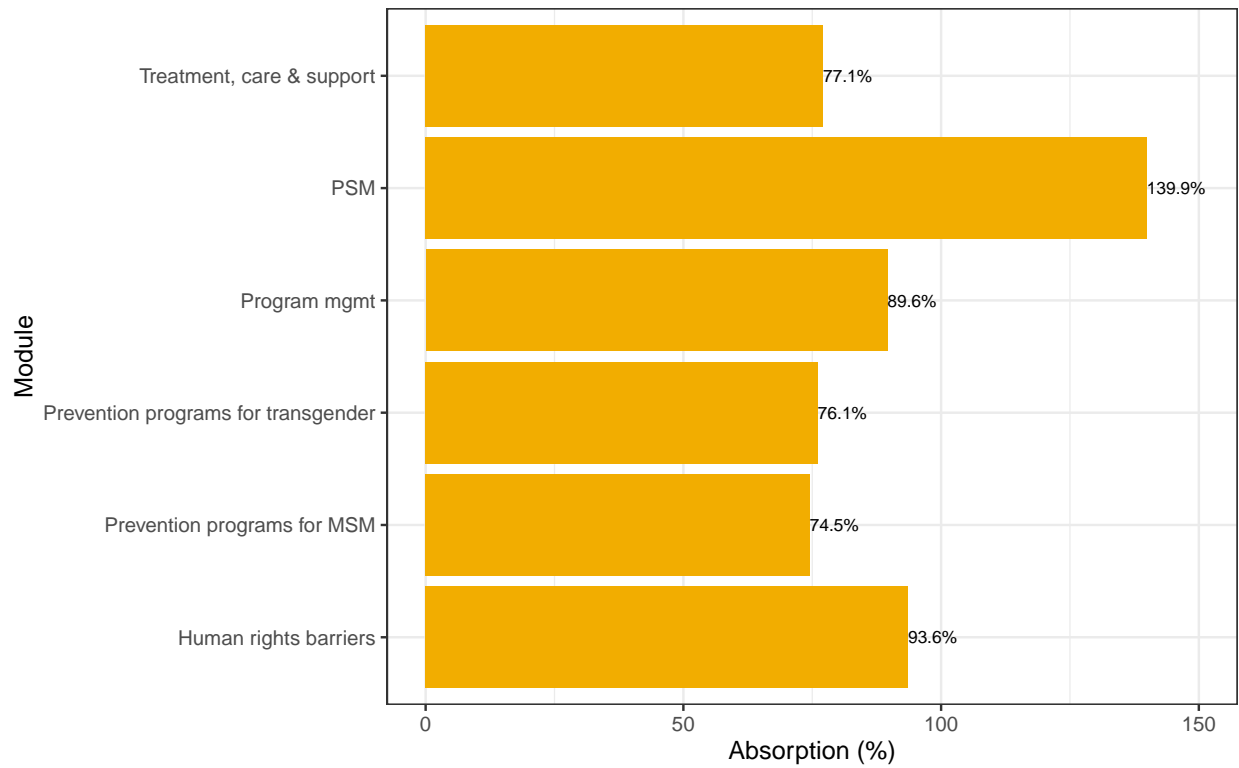
Absorption by module for most recent
GTM−M−MSPAS (2018−2018) PUDR
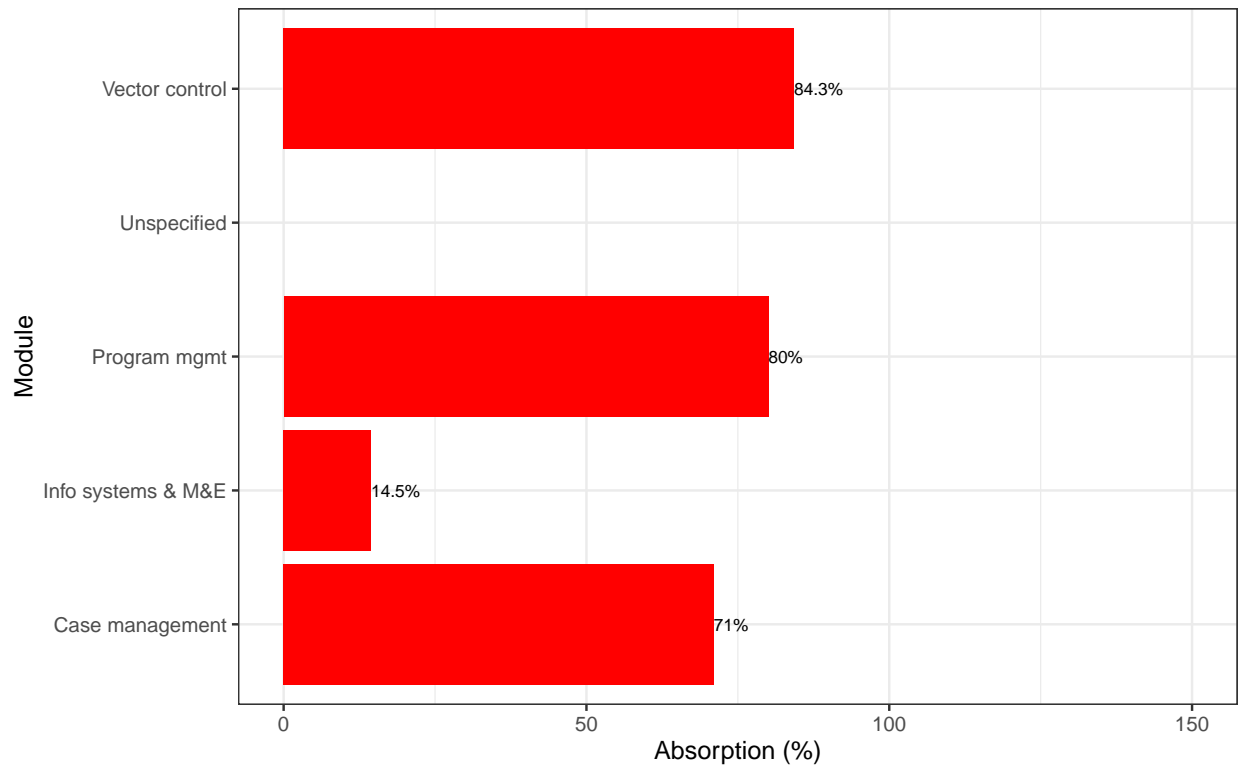
Budget and expenditure for GTM−M−MSPAS (2018−2018)
by module
Labels show expenditure amounts
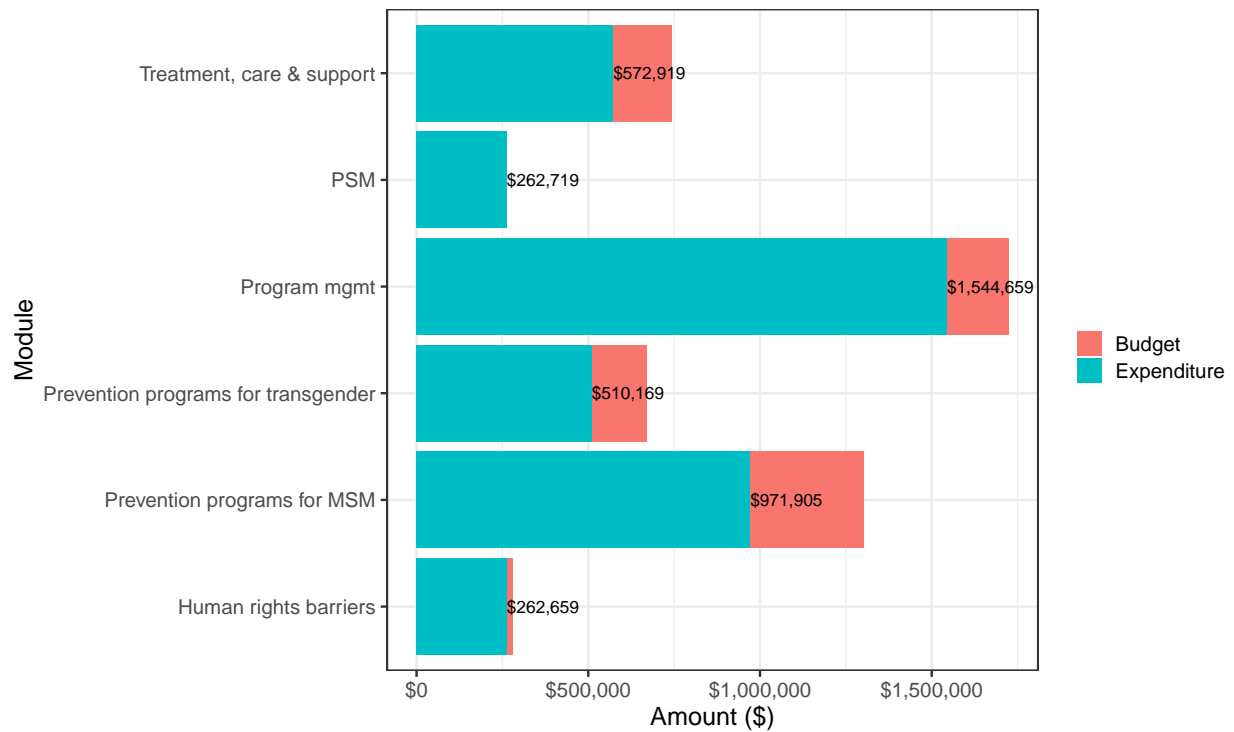
Absorption by module for most recent
GTM−H−HIVOS (2018−2018) PUDR

Module	Absorption (%)
Treatment, care & support	77.1%
PSM	139.9%
Program mgmt	89.6%
Prevention programs for transgender	76.1%
Prevention programs for MSM	74.5%
Human rights barriers	93.6%

Budget and expenditure for GTM−H−HIVOS (2018−2018)
by module
Labels show expenditure amounts

Module	Expenditure
Treatment, care & support	$572,919
PSM	$262,719
Program mgmt	$1,544,659
Prevention programs for transgender	$510,169
Prevention programs for MSM	$971,905
Human rights barriers	$262,659

Legend: Budget, Expenditure

Absorption by module for most recent GTM–H–INCAP (2018–2020) PUDR

Module	Absorption (%)
Treatment, care & support	3.8%
TB/HIV	0%
Service delivery	9%
Program mgmt	75.8%
Prevention programs for transgender	52.9%
Prevention programs for prisoners	20%
Prevention programs for other KVP	51%
Prevention programs for MSM	39.9%
Prevention programs for CSW & clients	71%
Info systems & M&E	71.9%
Human rights barriers	0.3%
HIV Testing Services	15.1%
Financial systems	103%
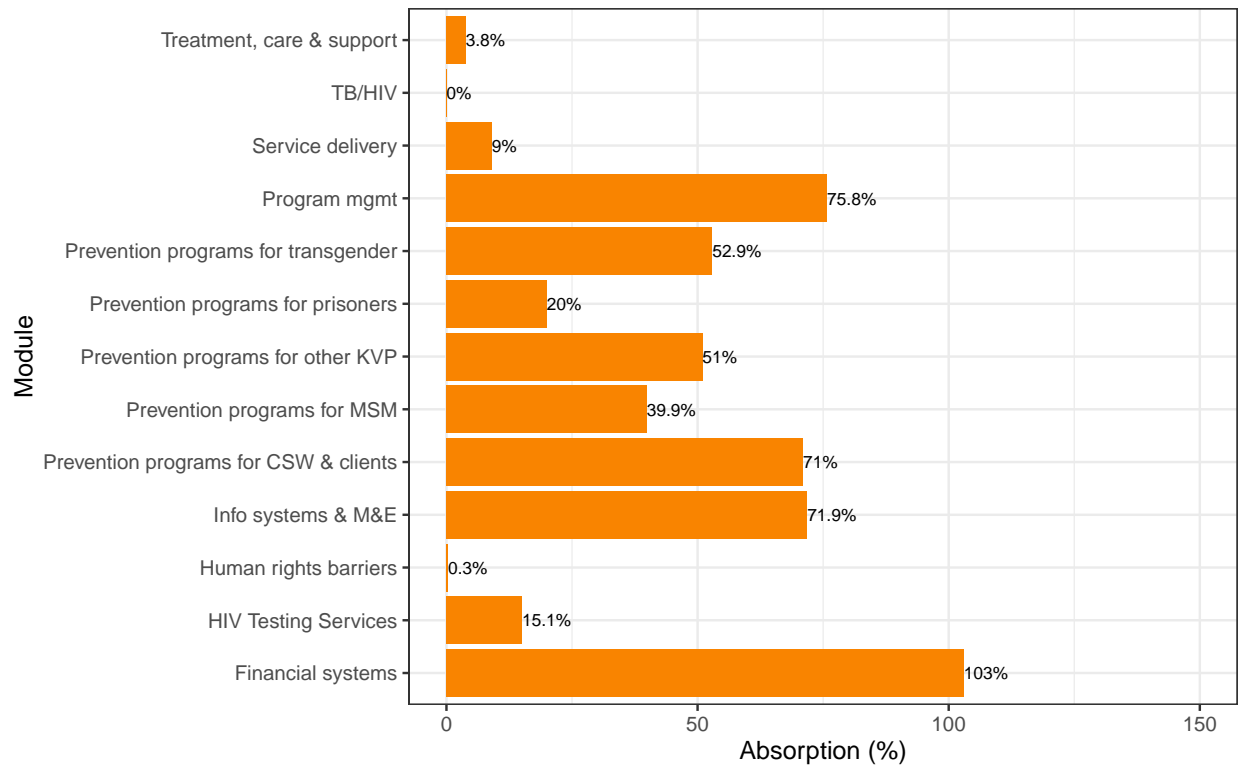
Budget and expenditure for GTM–H–INCAP (2018–2020) by module

Labels show expenditure amounts

Module	Expenditure
Treatment, care & support	$18,422
TB/HIV	$0
Service delivery	$12,781
Program mgmt	$951,426
Prevention programs for transgender	$81,997
Prevention programs for prisoners	$15,249
Prevention programs for other KVP	$42,099
Prevention programs for MSM	$495,415
Prevention programs for CSW & clients	$260,029
Info systems & M&E	$264,661
Human rights barriers	$758
HIV Testing Services	$1,046
Financial systems	$7,368

Legend: Budget, Expenditure

Absorption by module for most recent
GTM–T–MSPAS (2016–2019) PUDR
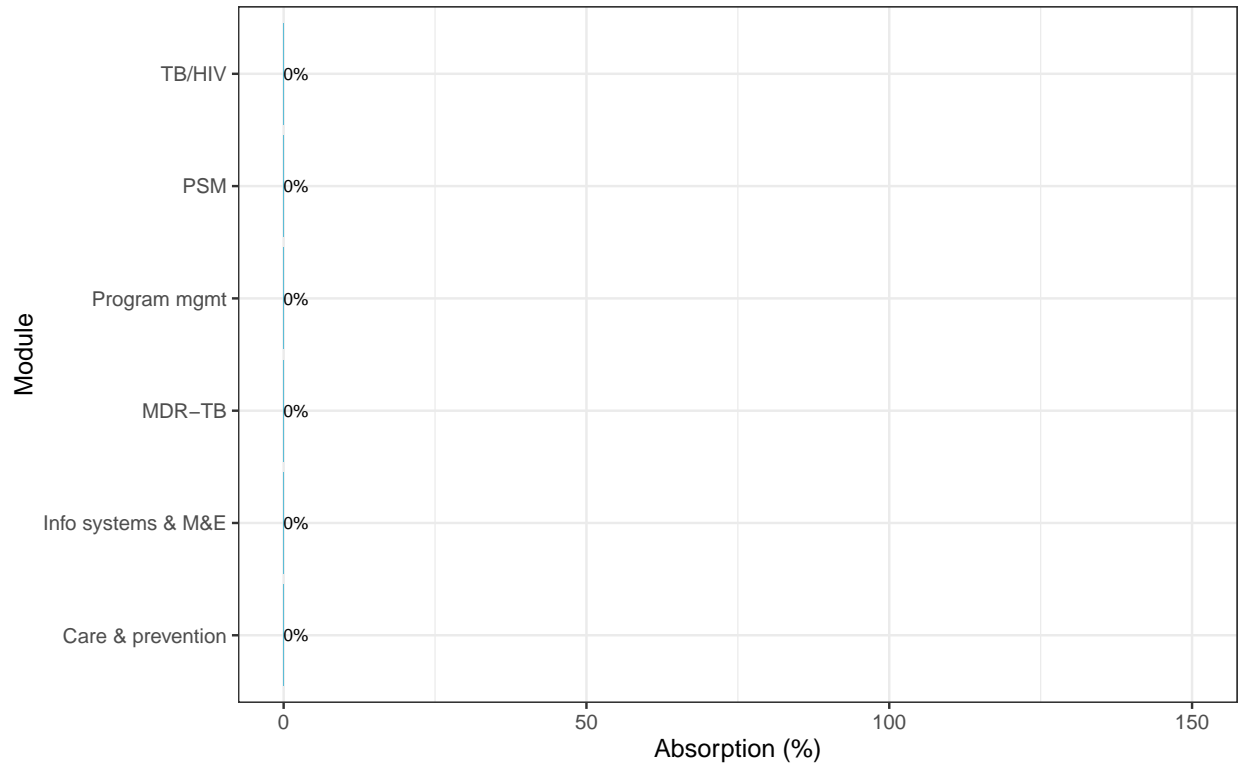
Budget and expenditure for GTM–T–MSPAS (2016–2019)
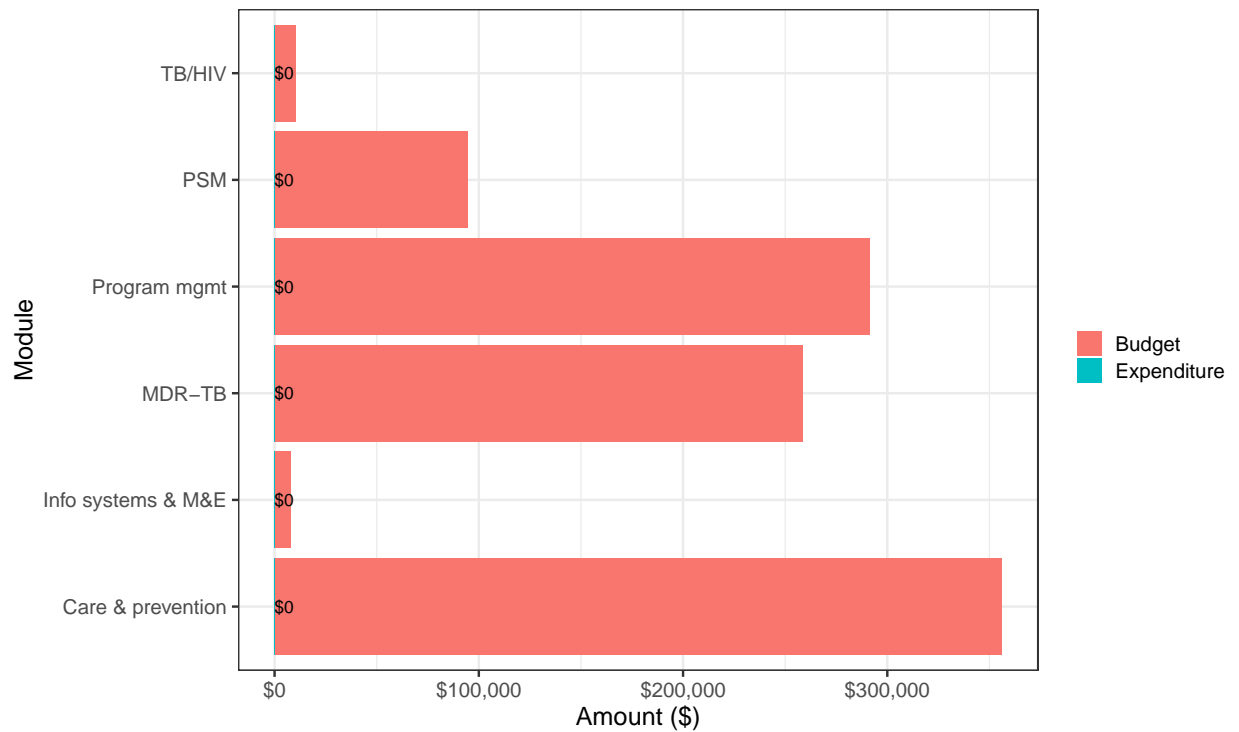## by module
Labels show expenditure amounts

Findings

Overall, we see a very high proportion of the budget and expenditure for each grant going towards program management. The next step we could take here would be to review what activities they're budgeting for under program management, and talk about what the biggest spending categories are.

Other than this, one trend we're seeing across countries is that modules with the smallest budget are reporting the highest absorption, and this seems to be the case in Guatemala as well. It's interesting that program management deviates strongly from this trend (grants report both high budget and high absorption under this module).
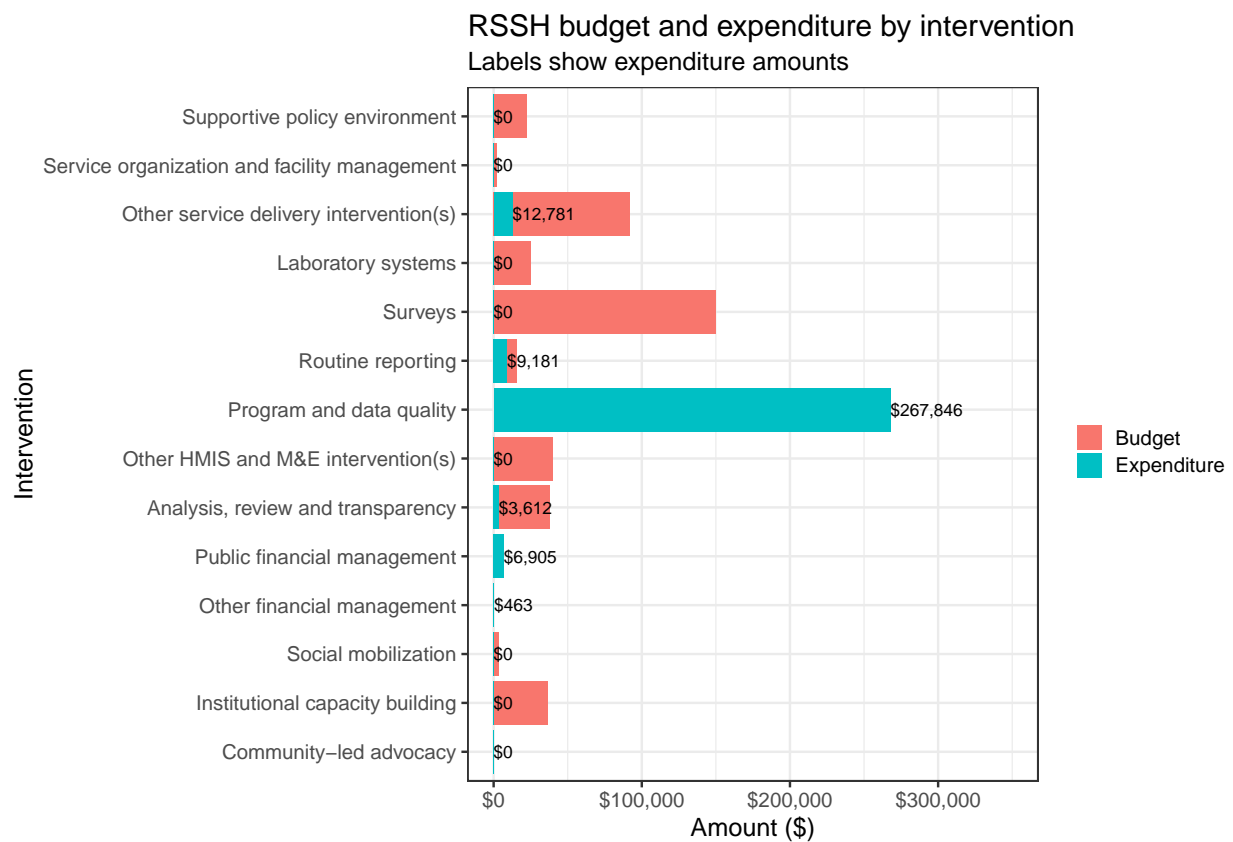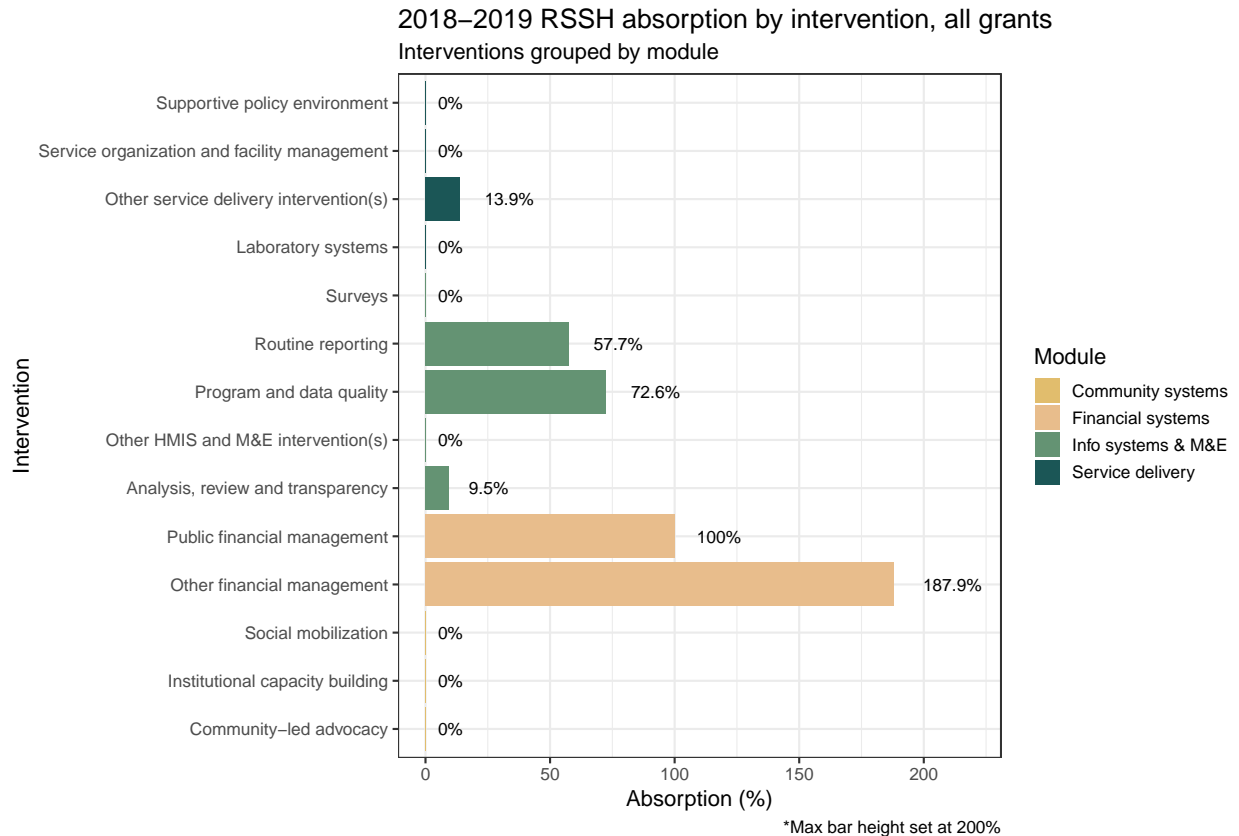
Within the HIV grants, we see that human rigths was one of the smaller modules in the HIVOS grant, but it was absorbed at a high level (93.6%). HIVOS also spent most of the money for men who have sex with men and transgender people. On the other hand, the INCAP grant has had trouble spending money for human rights, and absorption for key populations has been mixed.

We do see high absorption under the "financial management systems" module in the INCAP grant, but there was very little money allocated to this module in the first place.

Finally, it's important to not that the T-MSPAS and M-MSPAS grants haven't reported any expenditure yet.

RSSH absorption across grants

2018–2019 RSSH absorption by intervention, all grants
Interventions grouped by module

*Max bar height set at 200%

RSSH budget and expenditure by intervention
Labels show expenditure amounts

Findings

"Financial management" and "program and data quality" stand out as the modules with the highest absorption, and it's notable that program and data quality wa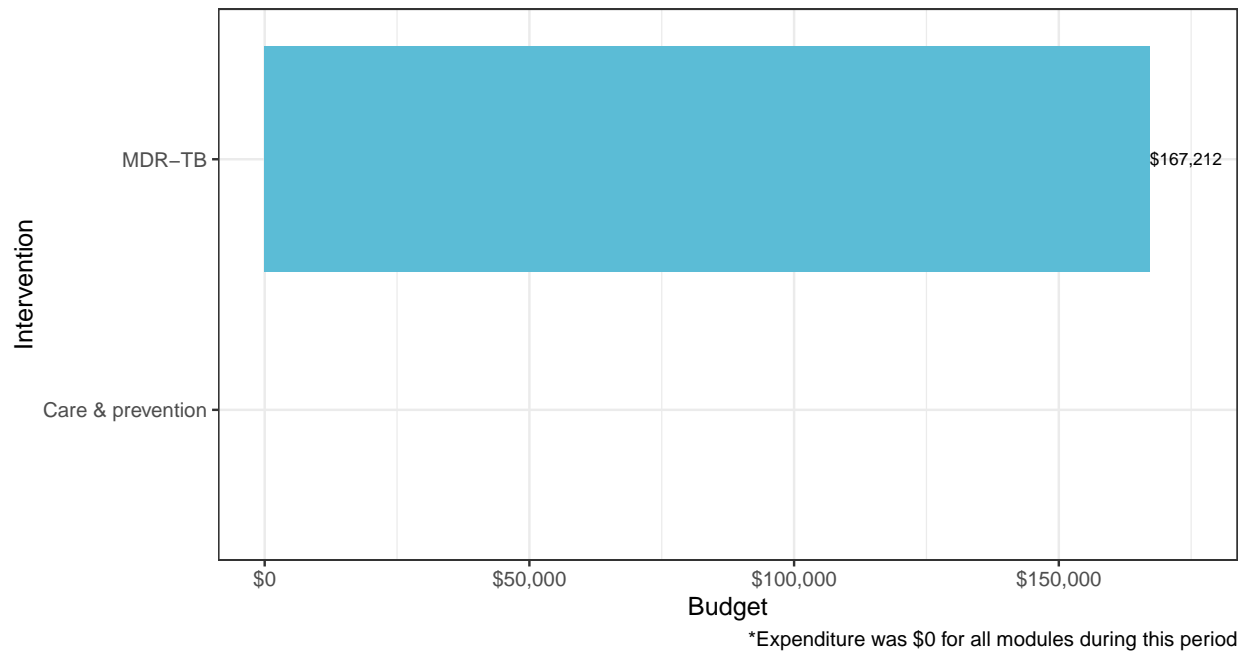s able to achieve this even with a large budget allocation. *Note that "Program and data quality" is part of HMIS. Several important RSSH interventions have not yet recorded any expenditure, namely laboratory systems, surveys, and other HMIS interventions.
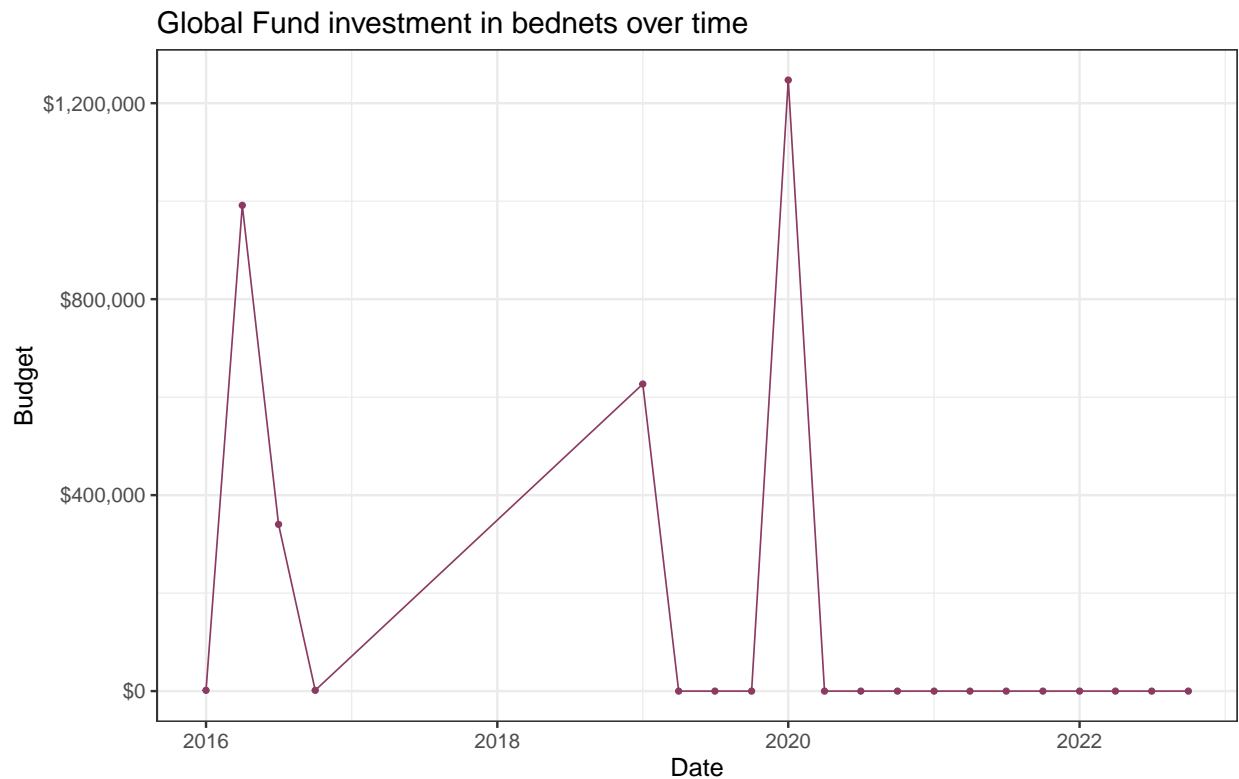
2. Analyses to support deep dives
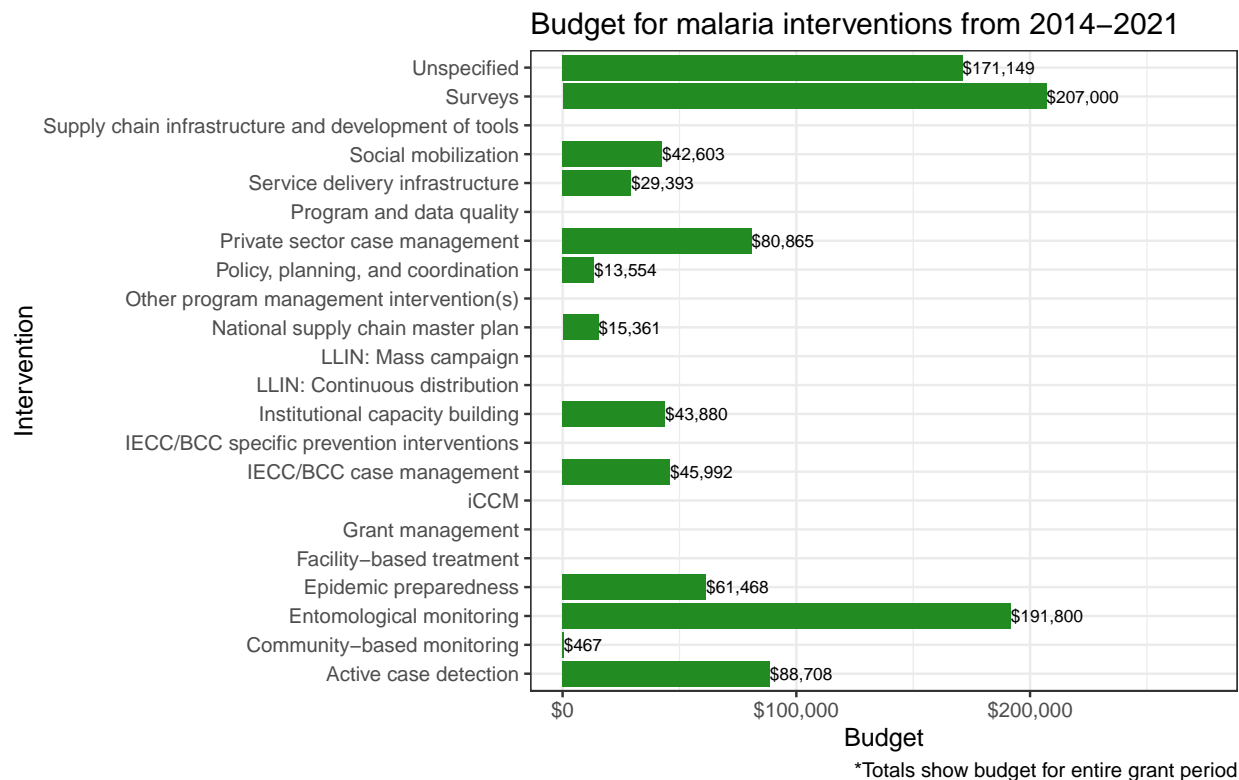
TB laboratory systems and case diagnosis spending

Funding for case detection and diagnosis over time
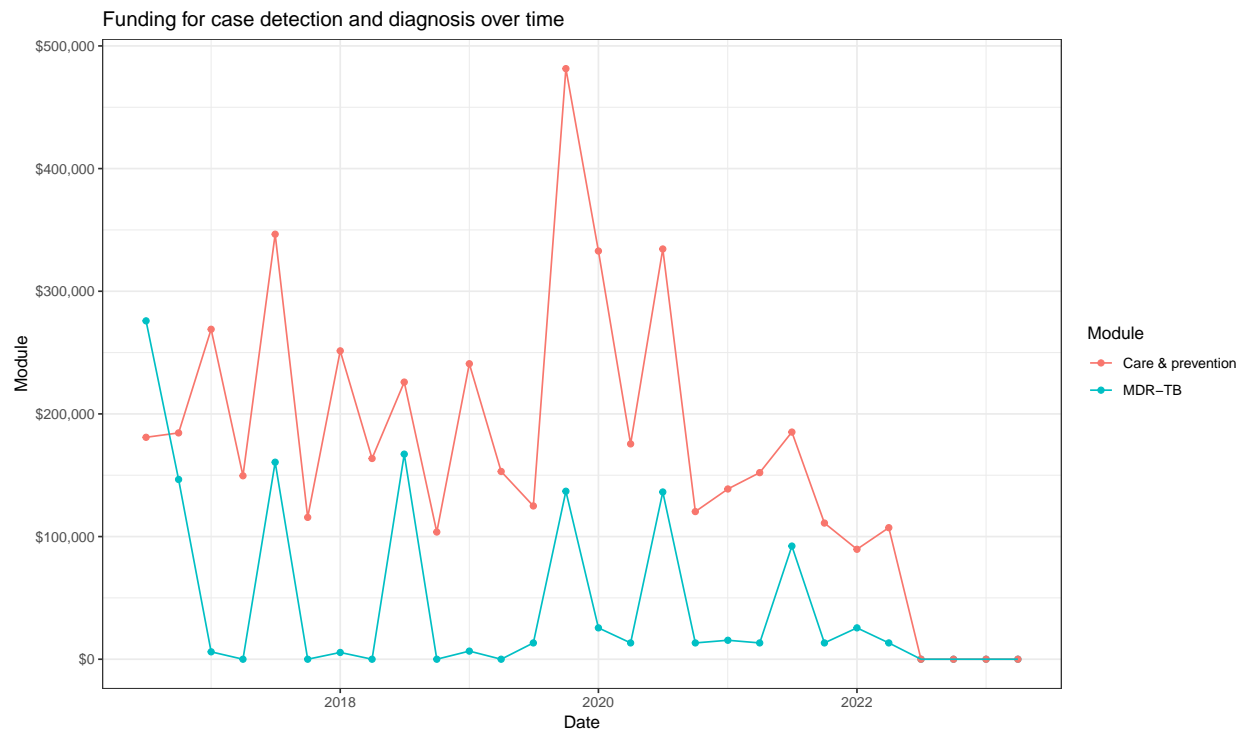
Case detection and diagnosis budget for GTM–T–MSPAS
in most recent PUDR

*Expenditure was $0 for all modules during this period

Malaria spending, both on bednets and otherwise

Budget for malaria interventions from 2014–2021

*Totals show budget for entire grant period

Global Fund investment in bednets over time

Funding landscape in Guatemala for HIV, 2010–2017
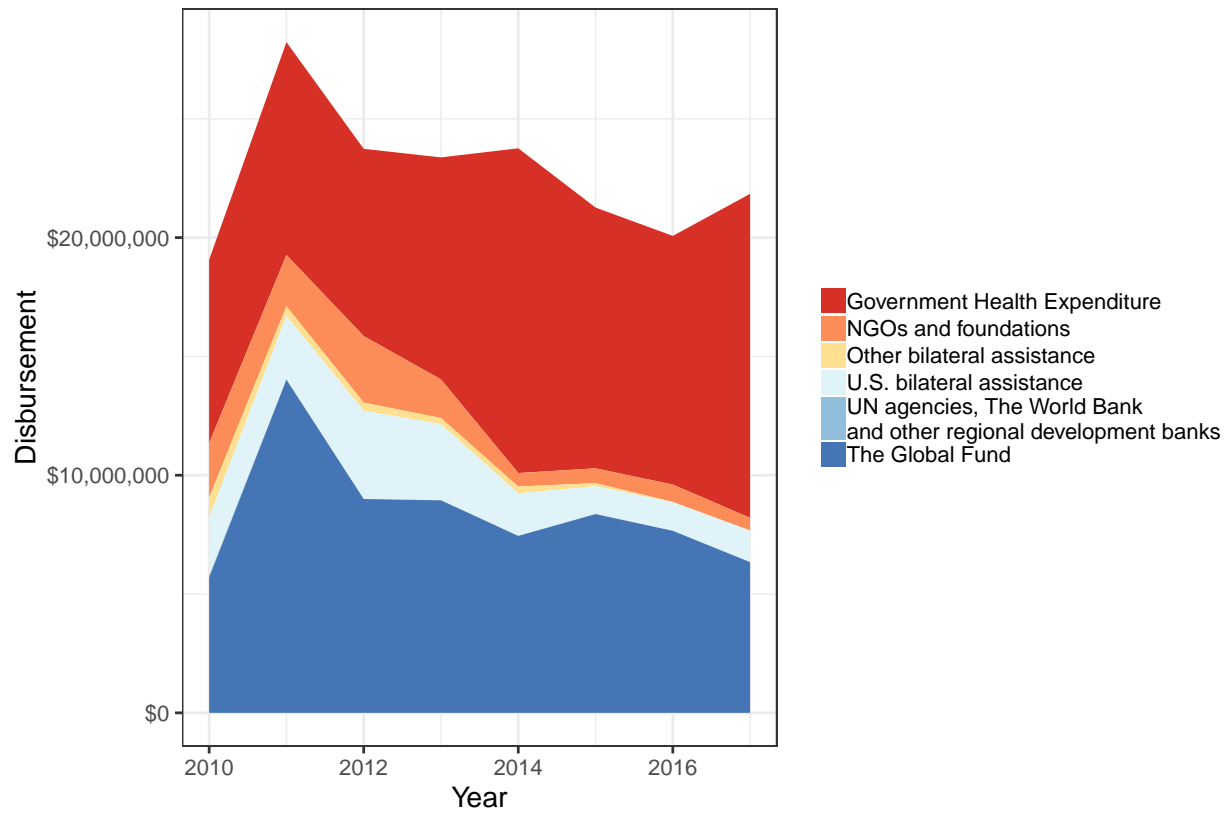
*Other DAH data only available until 2017

Absorption for HIV in Guatemala in 2018–2020 for GTM–H–INCAP
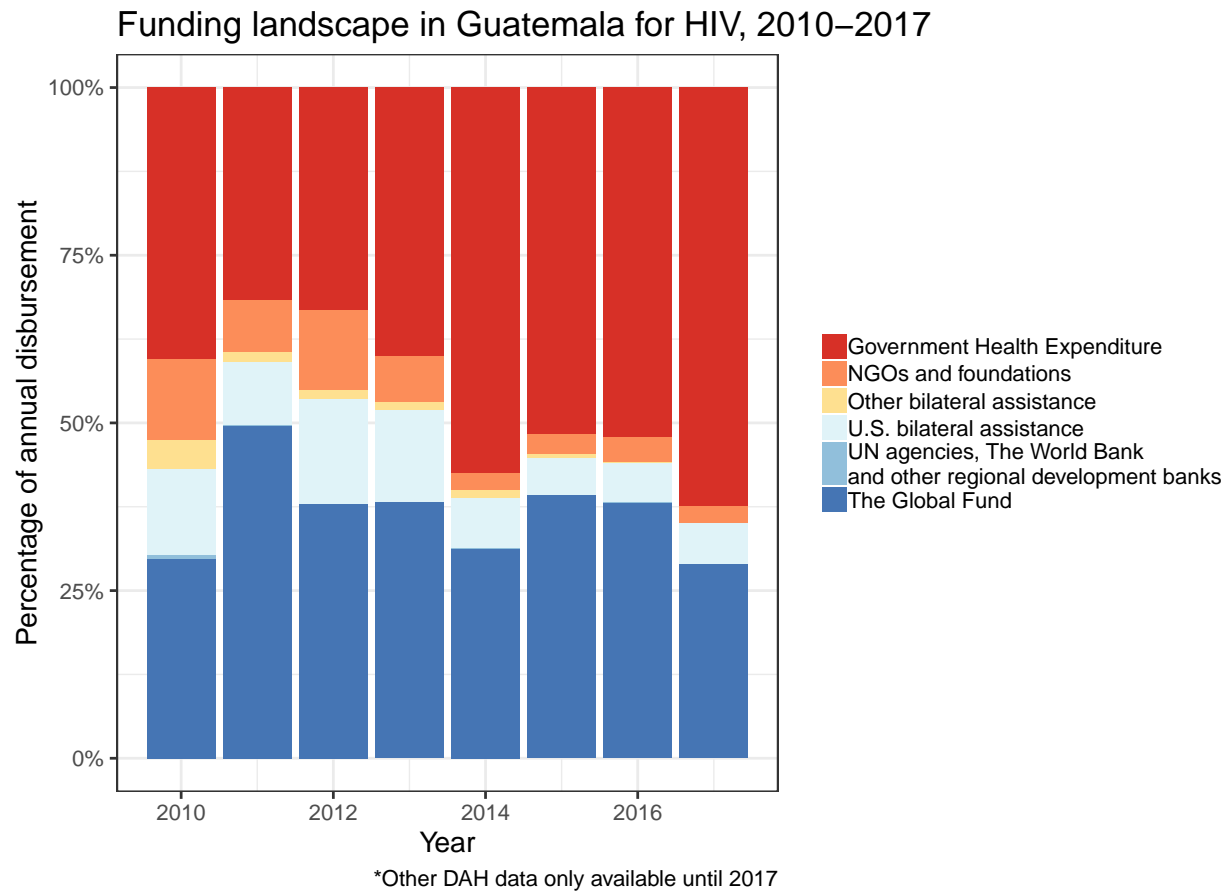
Semester 1–2

Module	Absorption
Treatment, care & support	3.8%
TB/HIV	0%
Service delivery	9%
Program mgmt	75.8%
Prevention programs for transgender	52.9%
Prevention programs for prisoners	20%
Prevention programs for other KVP	51%
Prevention programs for MSM	39.9%
Prevention programs for CSW & clients	71%
Info systems & M&E	71.9%
Human rights barriers	0.3%
HIV Testing Services	15.1%
Financial systems	103%

2018 absorption for testing interventions by grant

| Intervention	GTM–H–HIVOS	GTM–H–INCAP
Transgender people	75.7%	0%
Men who have sex with men	46.5%	82.4%
Differentiated testing		15.1%

Grant
- GTM–H–HIVOS
- GTM–H–INCAP
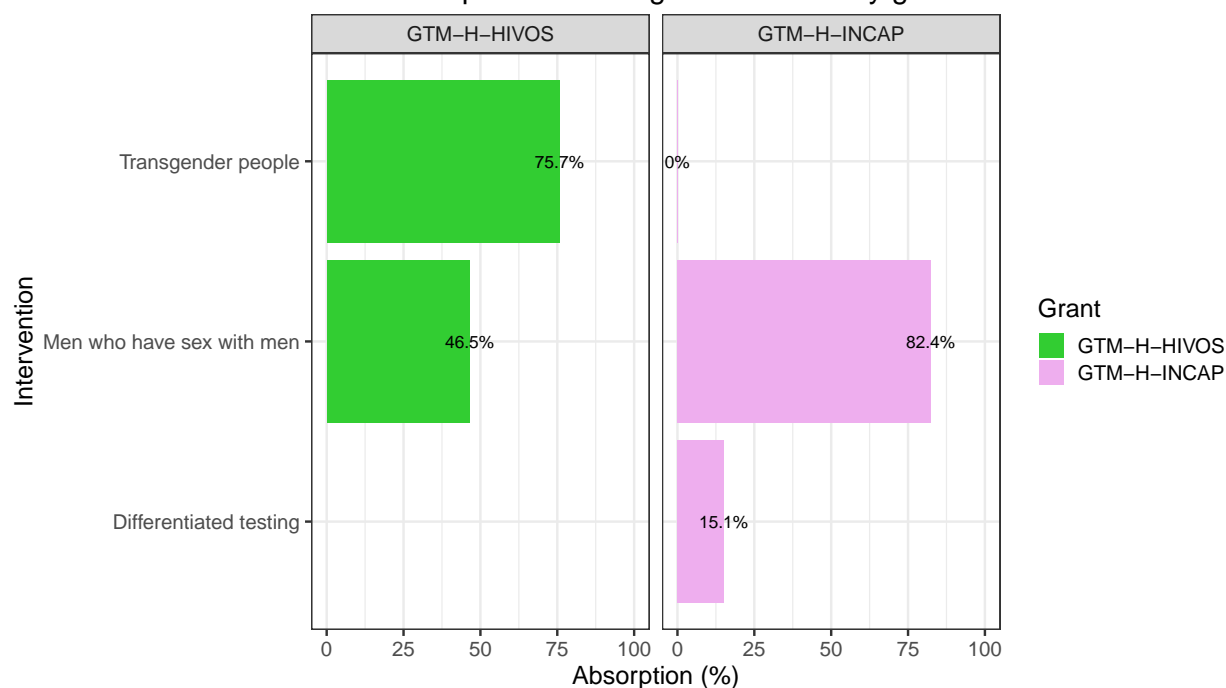
One finding here is that even though there is funding for several key populations in the INCAP grant, not all of them are being targeted for HIV testing. INCAP only budgeted for MSM- and transgender people-specific testing, and they've only spent money on testing for men who have sex with men so far.

Funding landscape graphs - can support STC conclusions in Enrique's financial analysis

Funding landscape in Guatemala for HIV, 2010–2017

Legend:
- Government Health Expenditure
- NGOs and foundations
- Other bilateral assistance
- U.S. bilateral assistance
- UN agencies, The World Bank and other regional development banks
- The Global Fund

*Other DAH data only available until 2017

Funding landscape in Guatemala for tuberculosis, 2010–2017

*Other DAH data only available until 2017
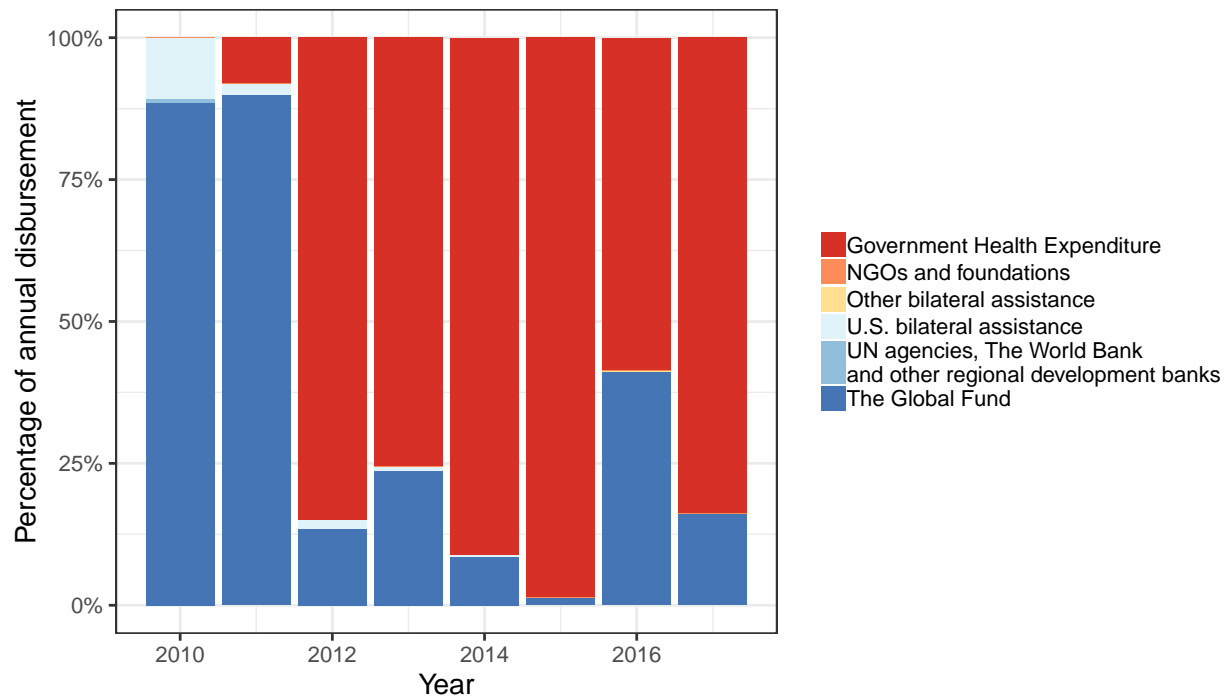
Funding landscape in Guatemala for malaria, 2010–2017

*Other DAH data only available until 2017
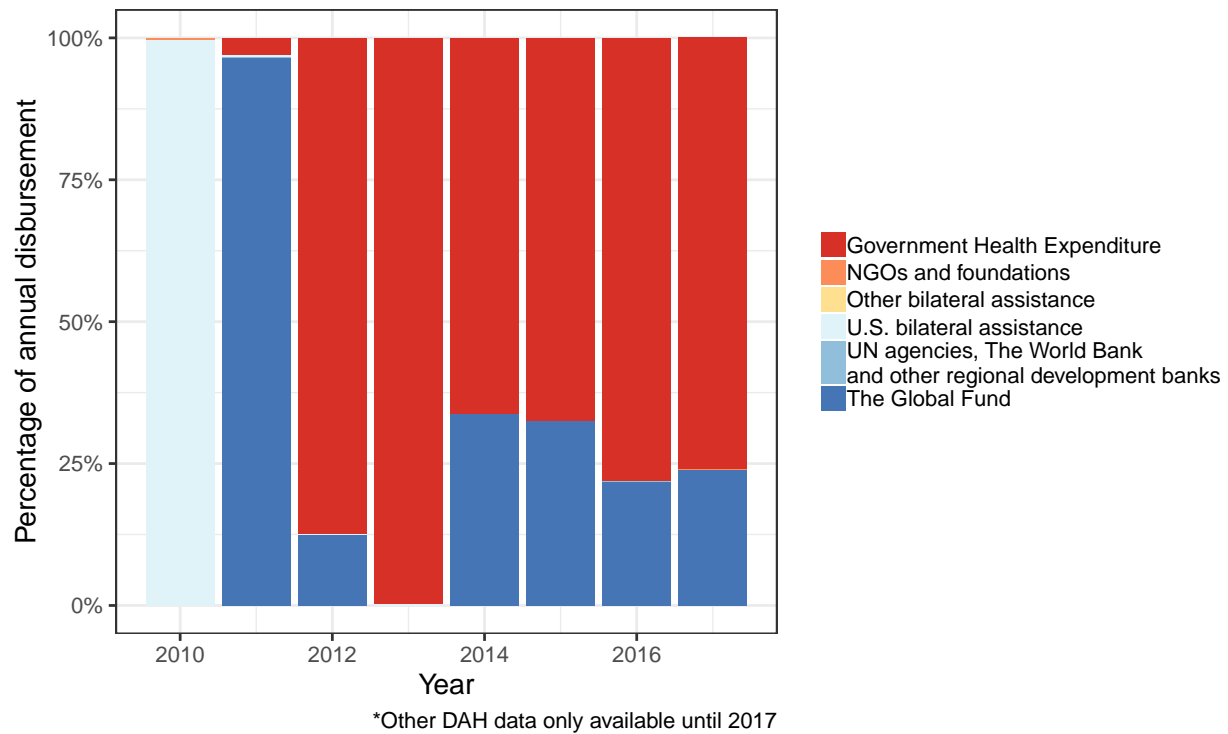
For all three diseases, it's clear that government health expenditure makes up the majority of funding, and that this amount has been increasing over time. This conclusion is especially pronounced for TB and malaria, where the Global Fund and the government are the only major donors.