Guatemala Absorption

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23 October, 2019

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)

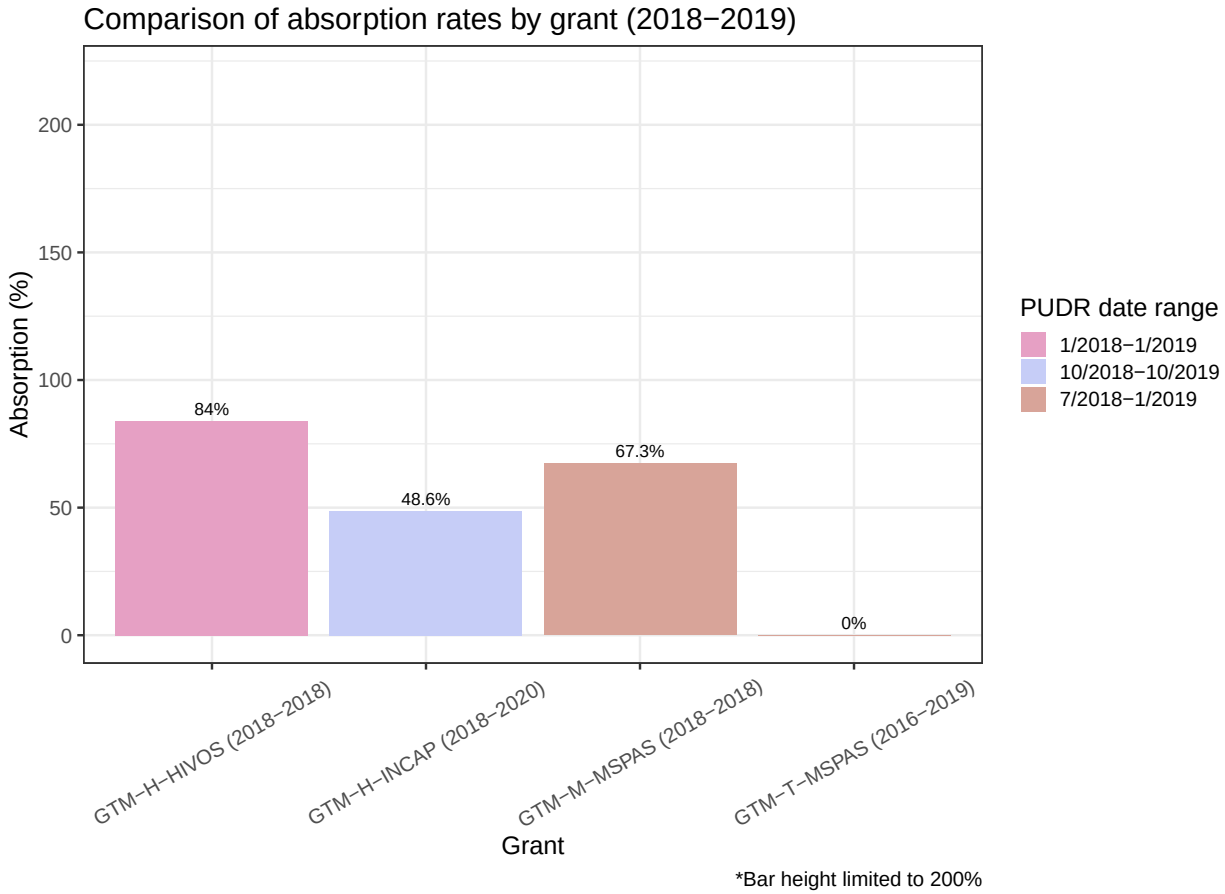
This analysis will use mainly dataset #1 to explore Global Fund absorption.

Currently available PUDRs

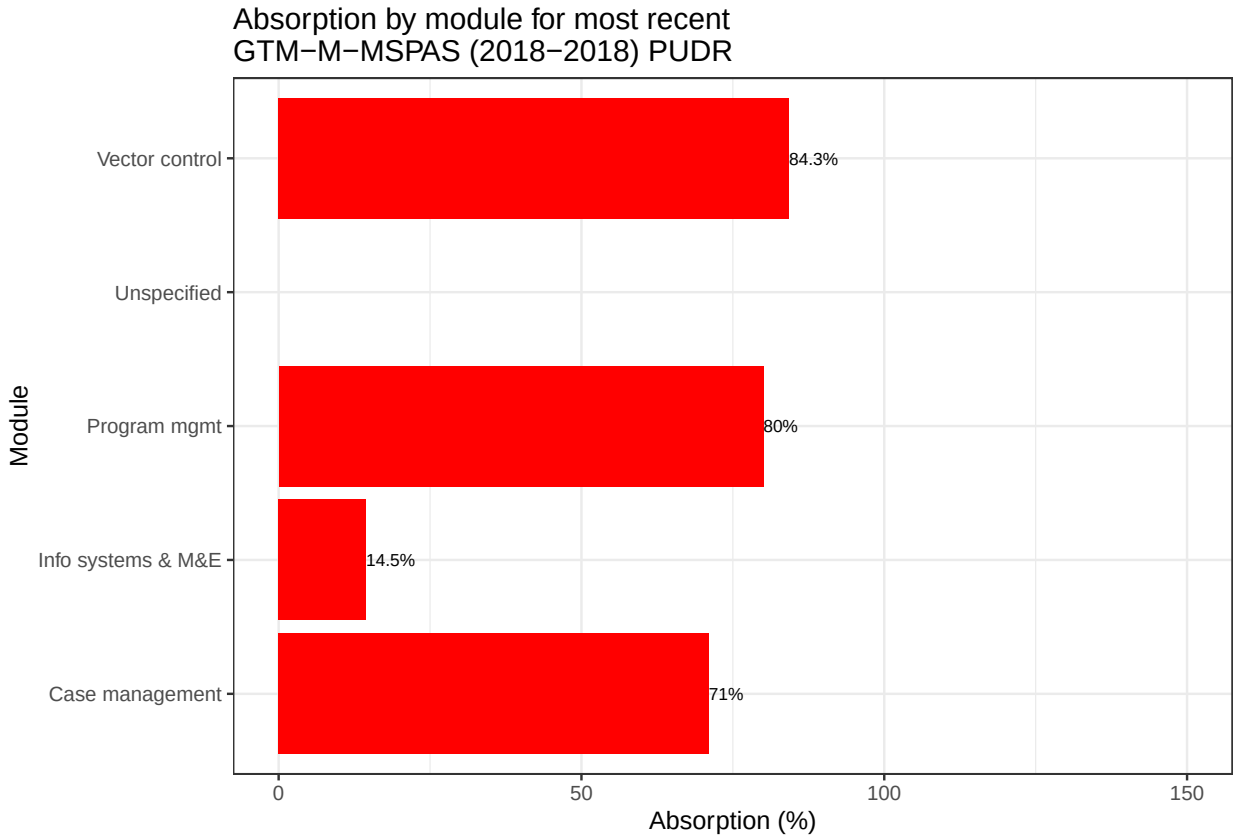
Grant	Disease	PUDR Date Range
GTM-M-MSPAS (2018-2018)	Malaria	7/2018-1/2019
GTM-H-HIVOS (2018-2018)	HIV	1/2018-1/2019
GTM-H-INCAP (2018-2020)	HIV	10/2018-10/2019
GTM-T-MSPAS (2016-2019)	TB	7/2018-1/2019

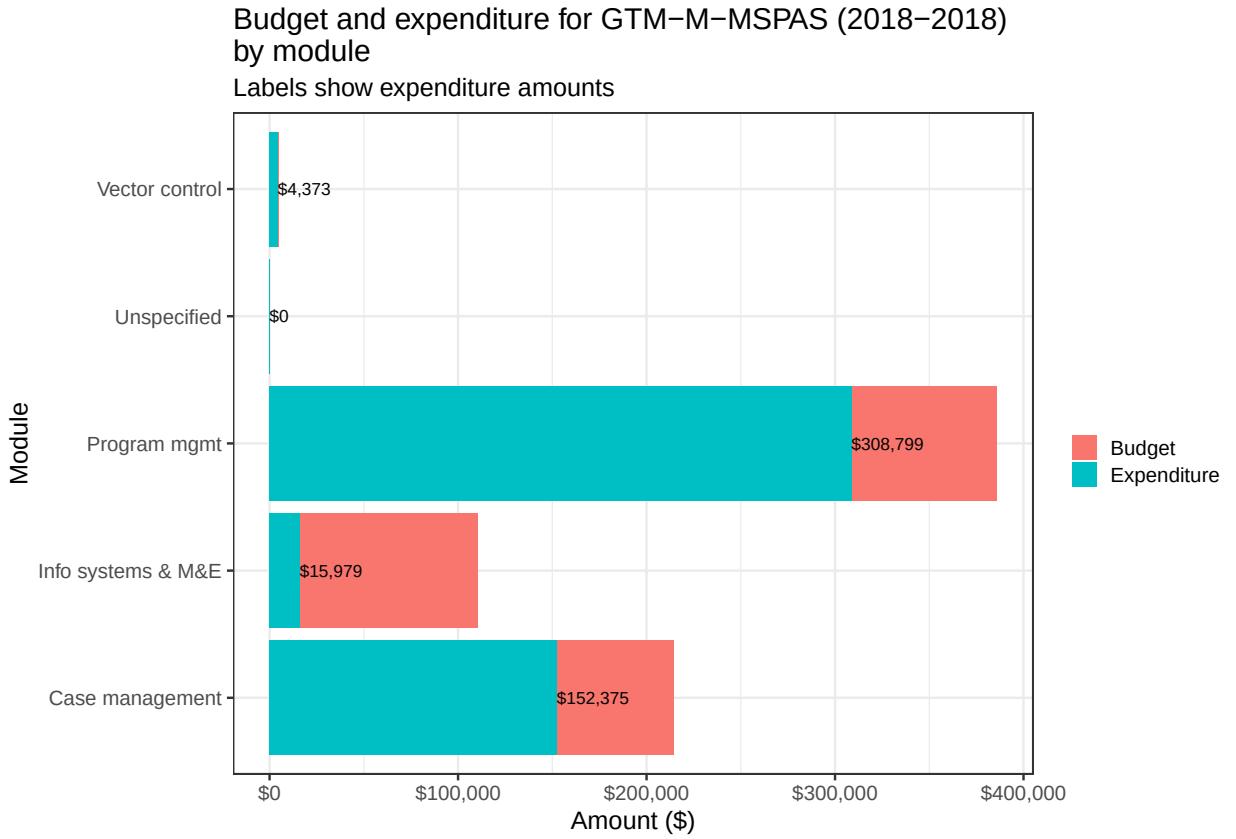
I've set up this analysis to include only the most recent PUDR for each grant, because the grant implementation periods vary in Guatemala. The PUDRs in this dataset have start dates between January 2018-April 2019.

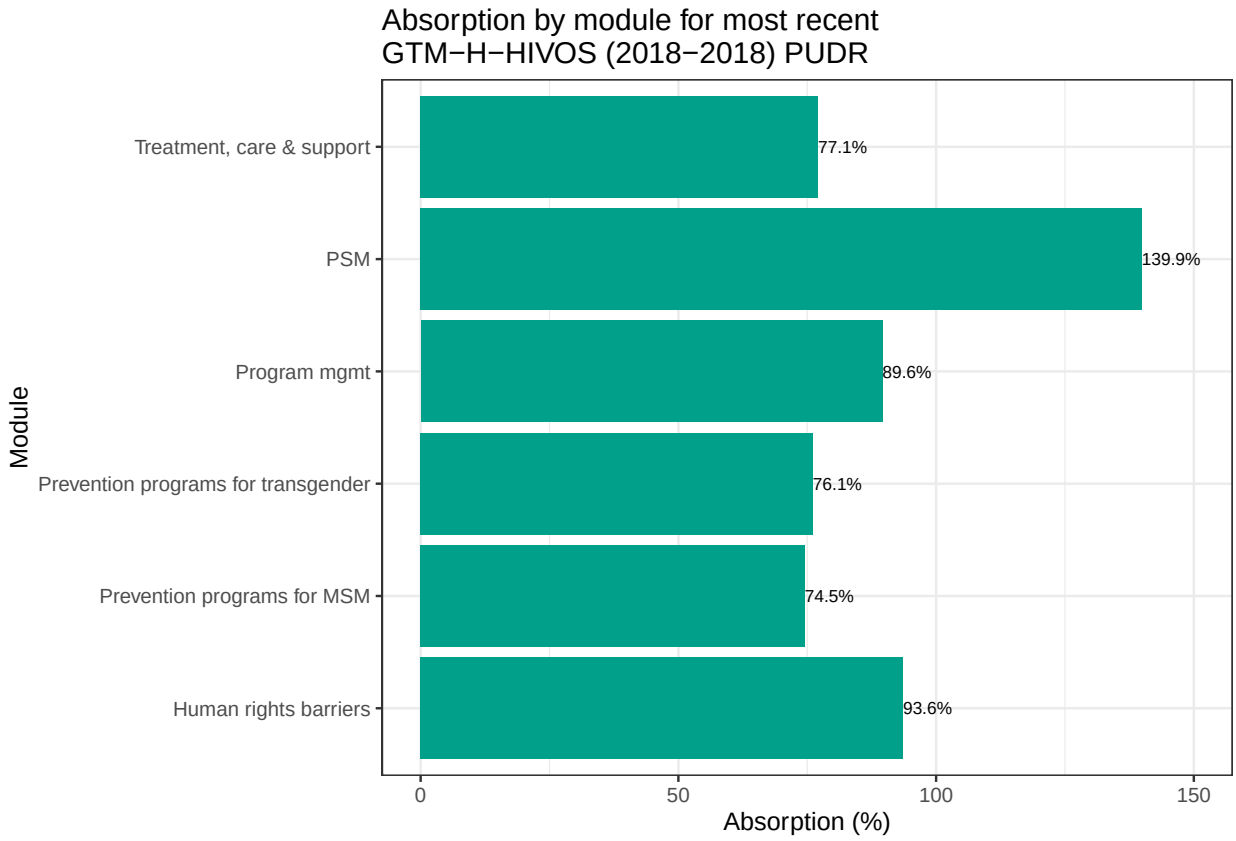
1. Overview of 2018-2019 absorption

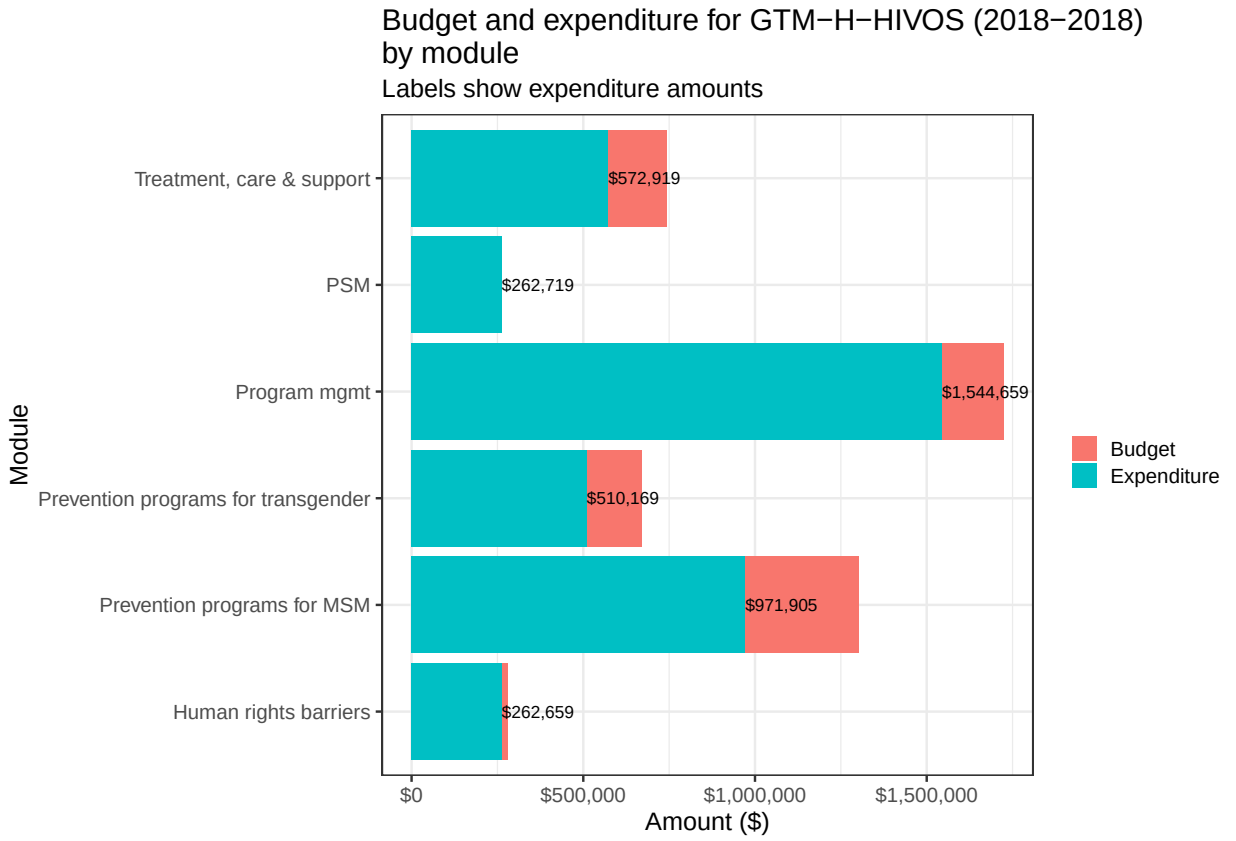


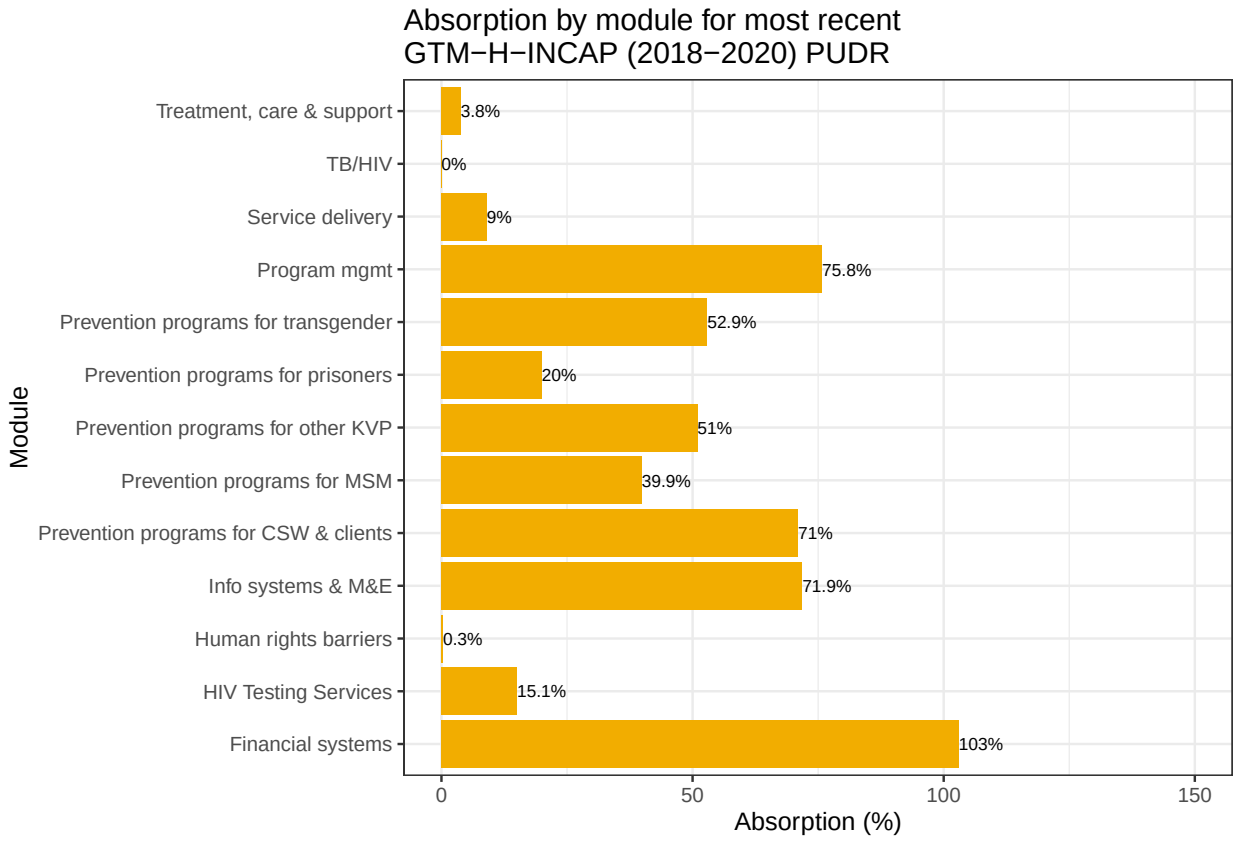
Absorption by module for each grant

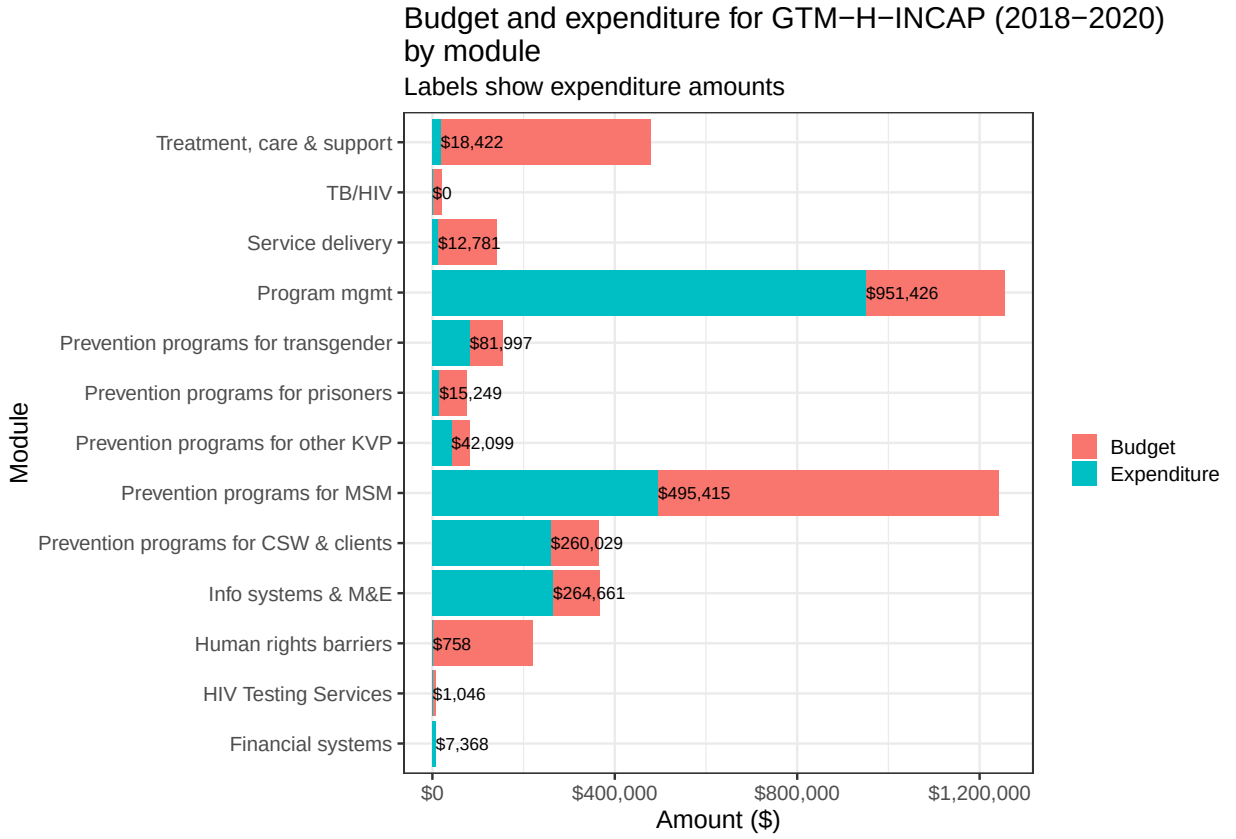


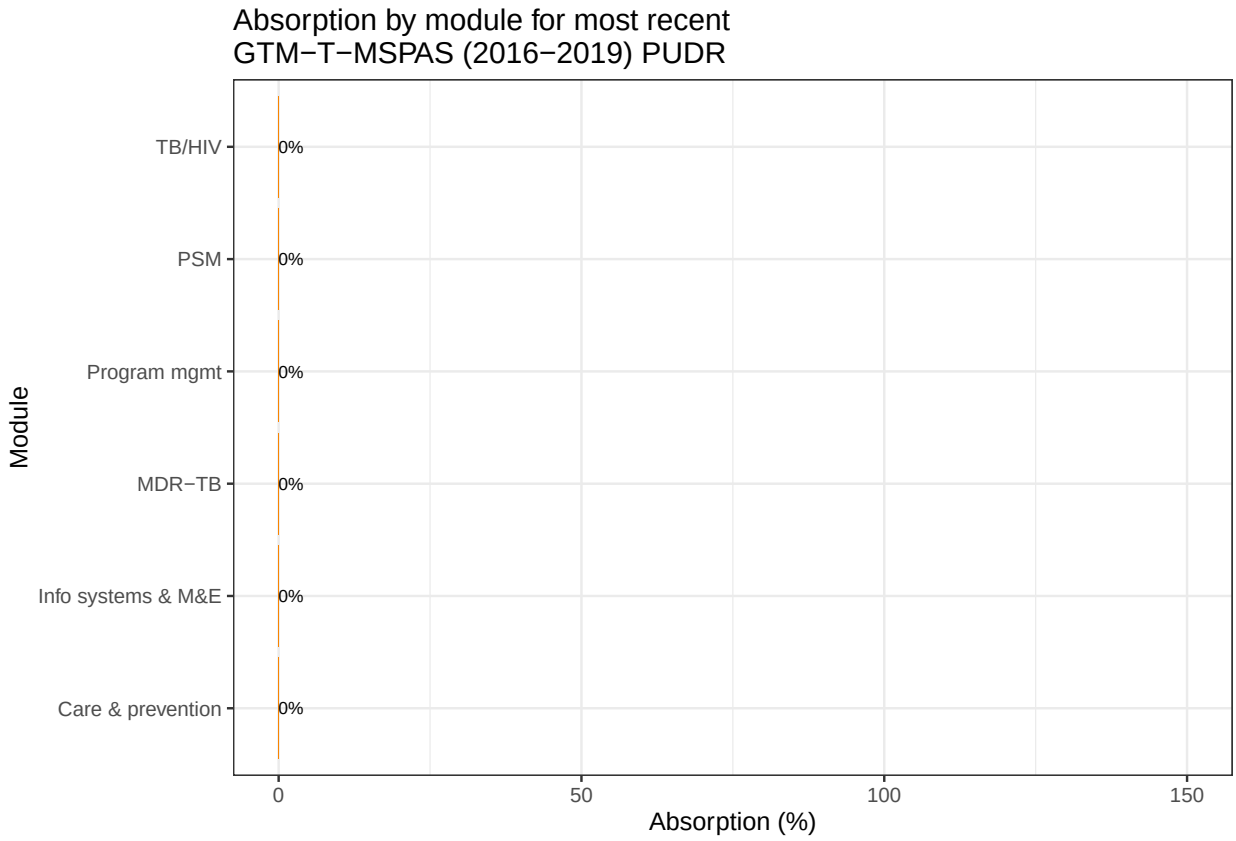


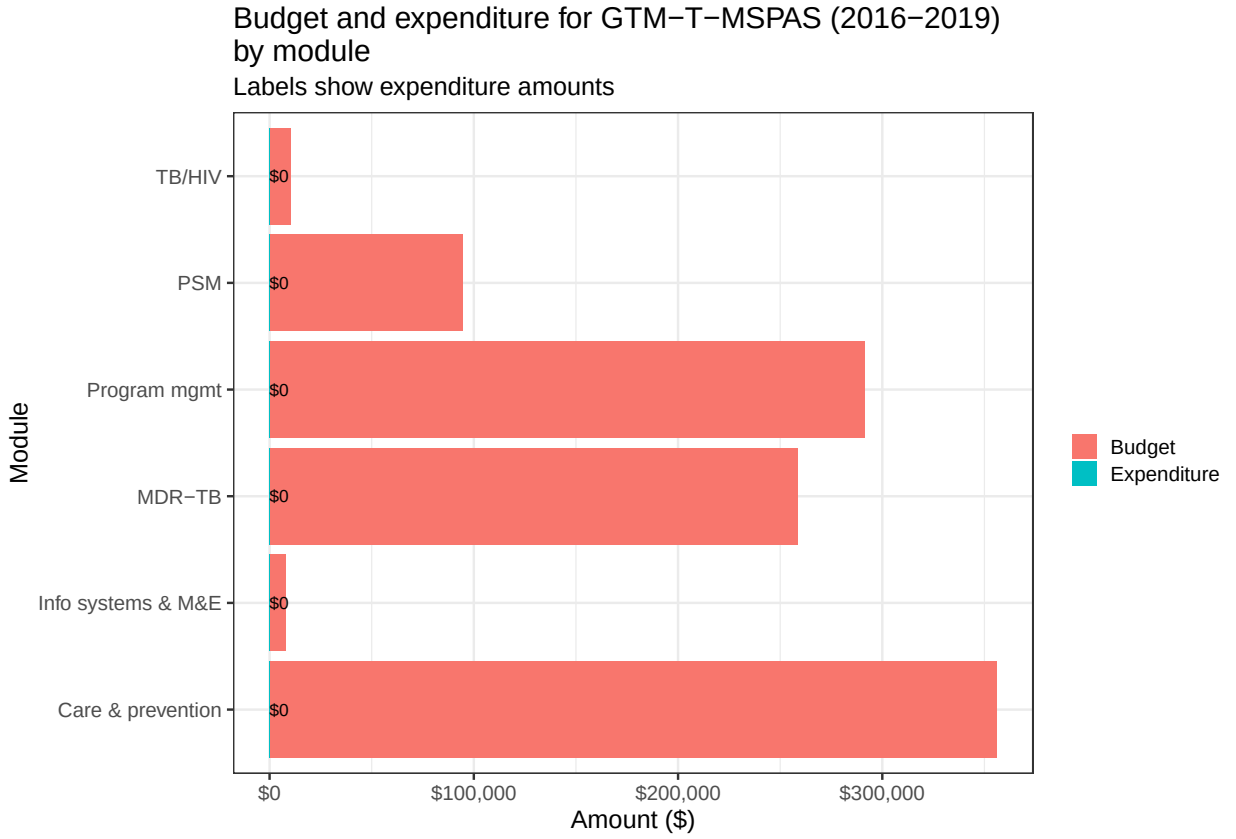

Absorption by module for most recent GTM−H−HIVOS (2018−2018) PUDR
Module
Treatment, care & support
PSM
Program mgmt
Prevention programs for transgender
Prevention programs for MSM
Human rights barriers
77.1%
139.9%
89.6%
76.1%
74.5%
93.6%
0
50
100
150
Absorption (%)


Budget and expenditure for GTM−H−HIVOS (2018−2018) by module
Labels show expenditure amounts
Module
Treatment, care & support
PSM
Program mgmt
Prevention programs for transgender
Prevention programs for MSM
Human rights barriers
$572,919
$262,719
$1,544,659
$510,169
$971,905
$262,659
$0
$500,000
$1,000,000
$1,500,000
Amount ($)
Budget
Expenditure


Absorption by module for most recent GTM−H−INCAP (2018−2020) PUDR
Module
Treatment, care & support
TB/HIV
Service delivery
Program mgmt
Prevention programs for transgender
Prevention programs for prisoners
Prevention programs for other KVP
Prevention programs for MSM
Prevention programs for CSW & clients
Info systems & M&E
Human rights barriers
HIV Testing Services
Financial systems
3.8%
0%
9%
75.8%
52.9%
20%
51%
39.9%
71%
71.9%
0.3%
15.1%
103%
0
50
100
150
Absorption (%)


Budget and expenditure for GTM−H−INCAP (2018−2020) by module
Labels show expenditure amounts
Module
Treatment, care & support
TB/HIV
Service delivery
Program mgmt
Prevention programs for transgender
Prevention programs for prisoners
Prevention programs for other KVP
Prevention programs for MSM
Prevention programs for CSW & clients
Info systems & M&E
Human rights barriers
HIV Testing Services
Financial systems
$18,422
$0
$12,781
$951,426
$81,997
$15,249
$42,099
$495,415
$260,029
$264,661
$758
$1,046
$7,368
$0
$400,000
$800,000
$1,200,000
Amount ($)
Budget
Expenditure


Absorption by module for most recent GTM−T−MSPAS (2016−2019) PUDR
Module
TB/HIV
PSM
Program mgmt
MDR−TB
Info systems & M&E
Care & prevention
0%
0
50
100
150
Absorption (%)

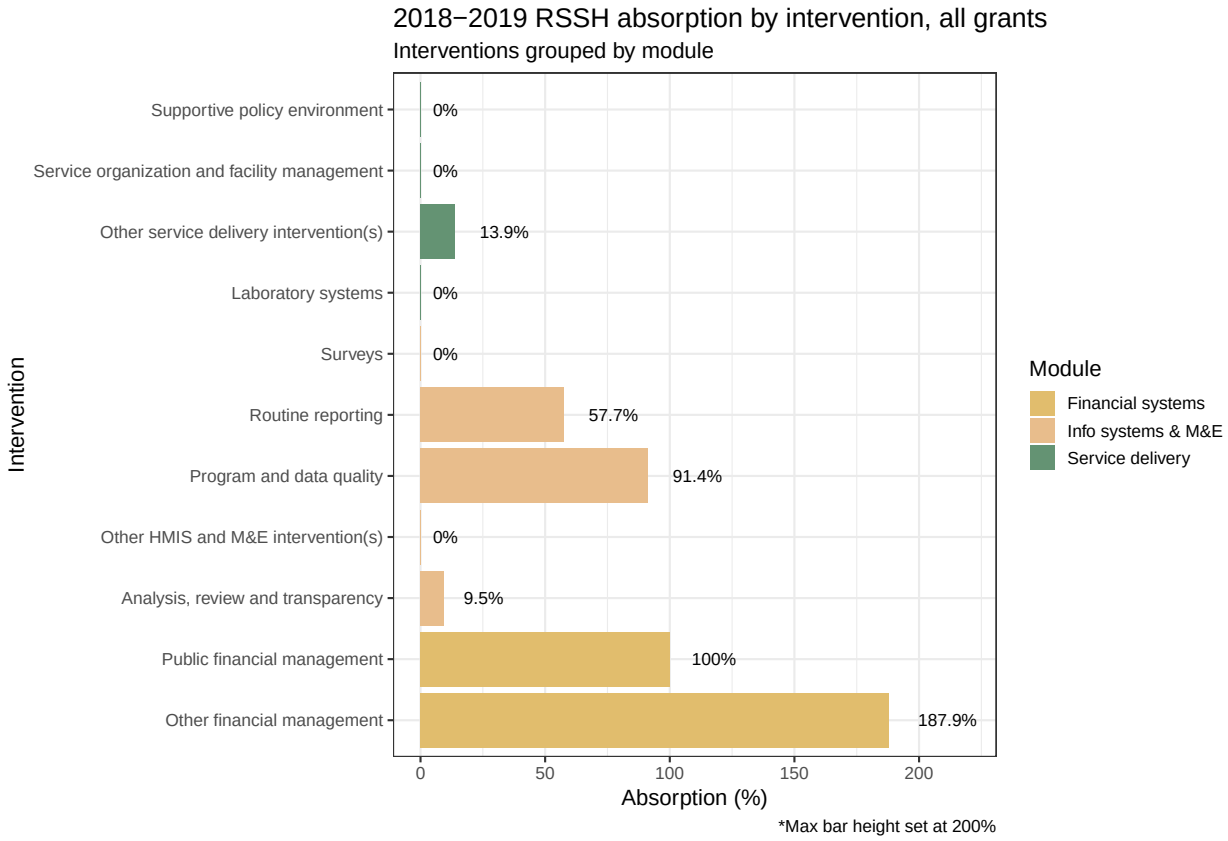

Budget and expenditure for GTM−T−MSPAS (2016−2019) by module
Labels show expenditure amounts
Module
TB/HIV
PSM
Program mgmt
MDR−TB
Info systems & M&E
Care & prevention
$0
$0
$100,000
$200,000
$300,000
Amount ($)
Budget
Expenditure

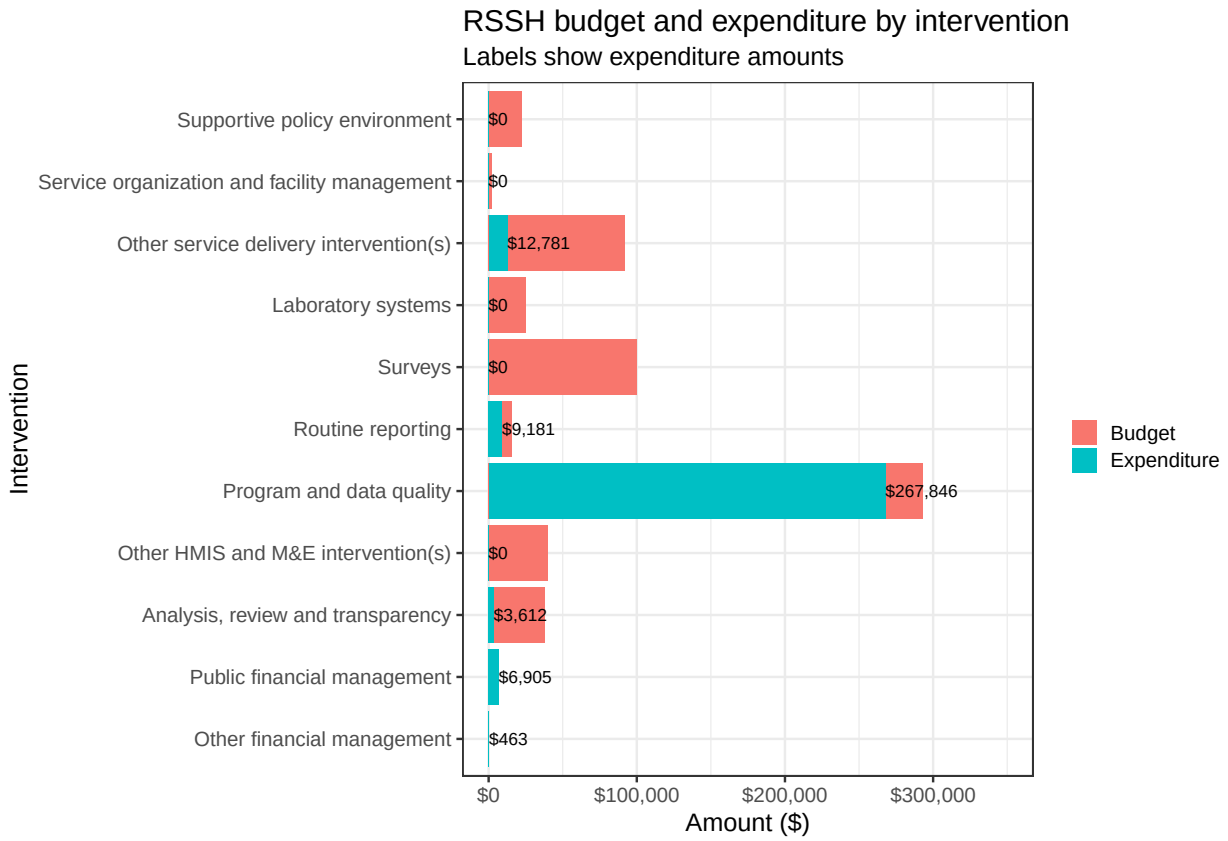
Findings

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).

RSSH absorption across grants



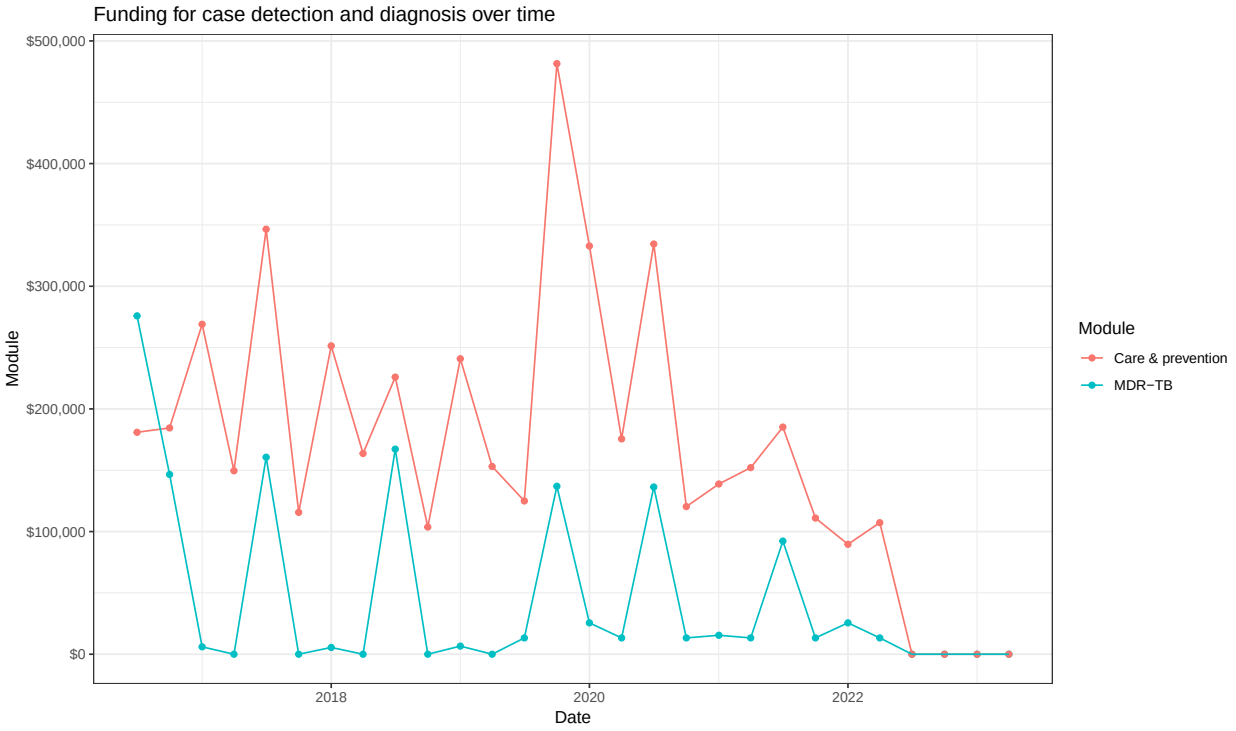


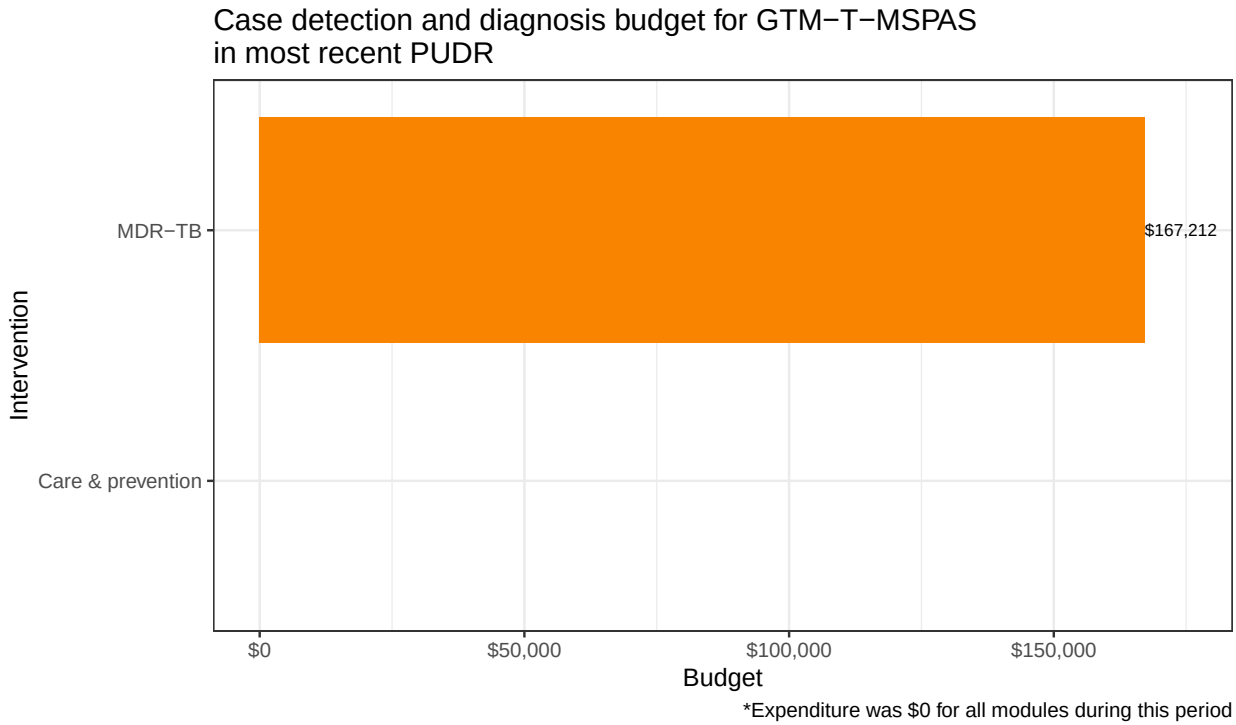
Findings

"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 was able to achieve this even with a large budget allocation. Several important RSSH interventions have not yet recorded any expenditure, namely laboratory systems, surveys, and other HMIS interventions.

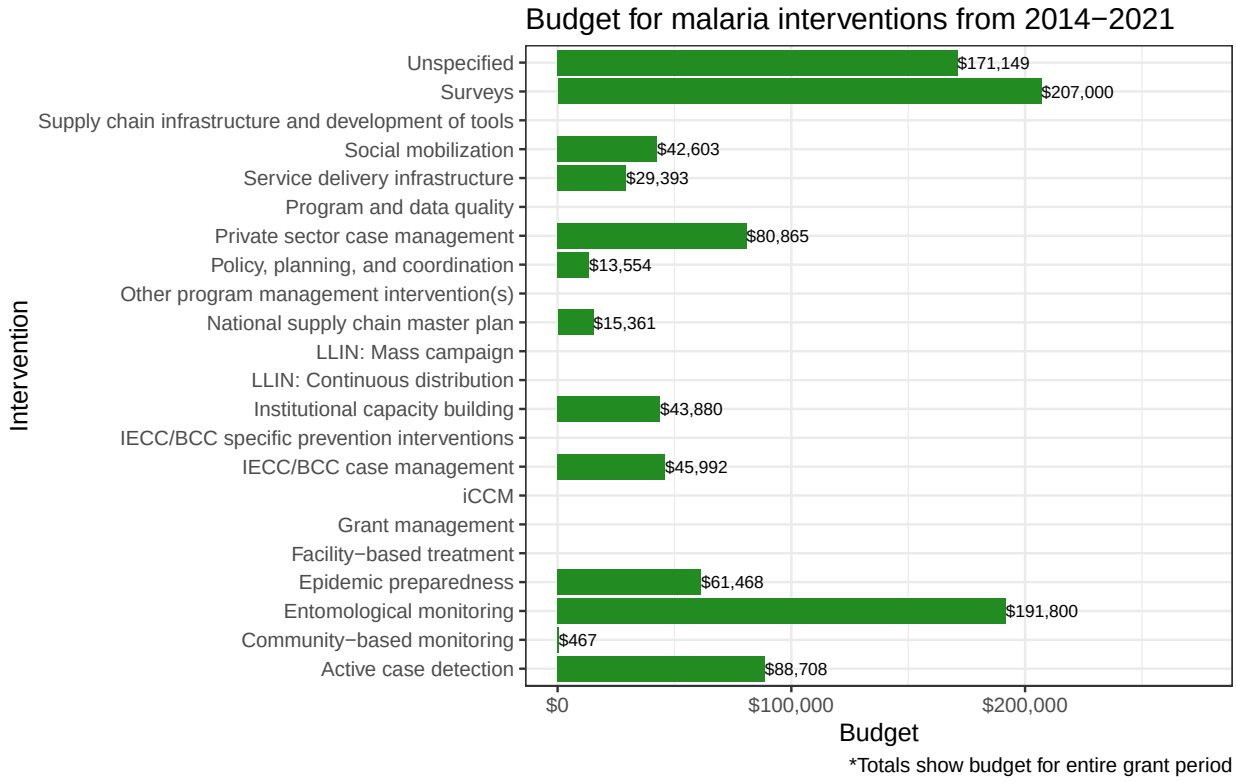
2. Analyses to support deep dives

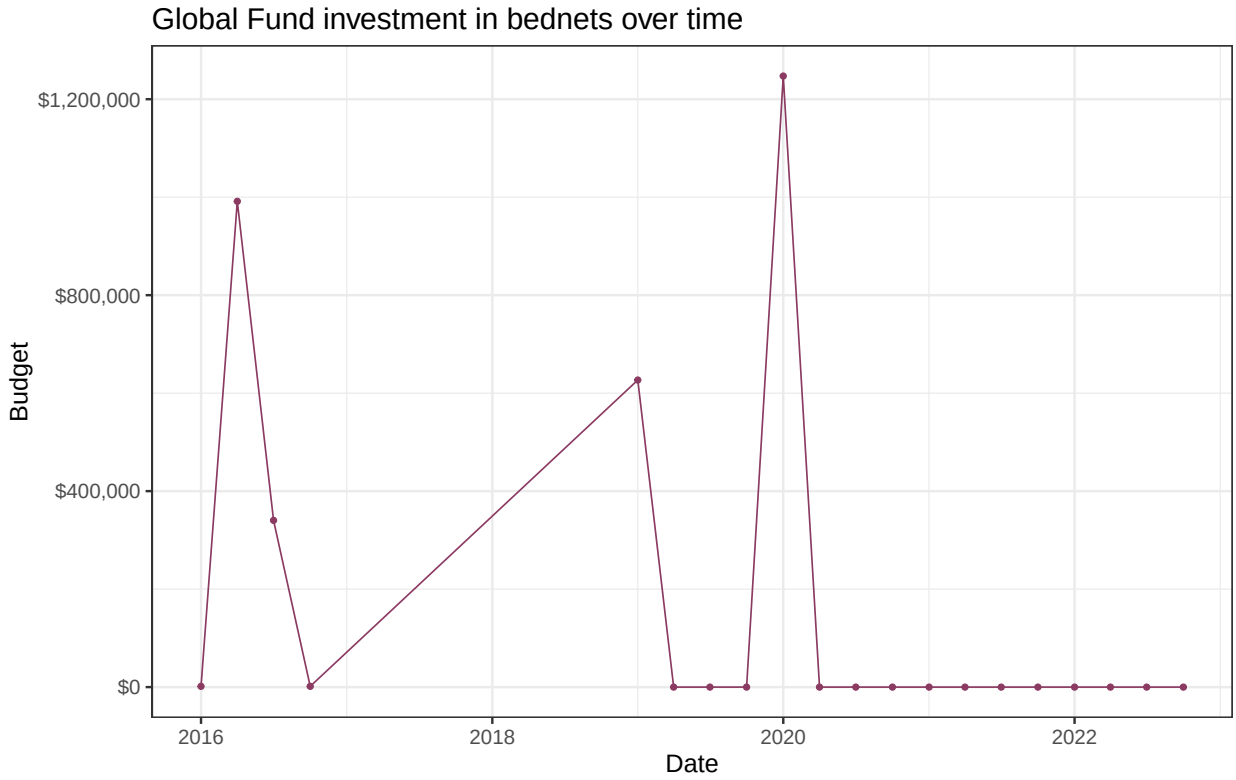
TB laboratory systems and case diagnosis spending

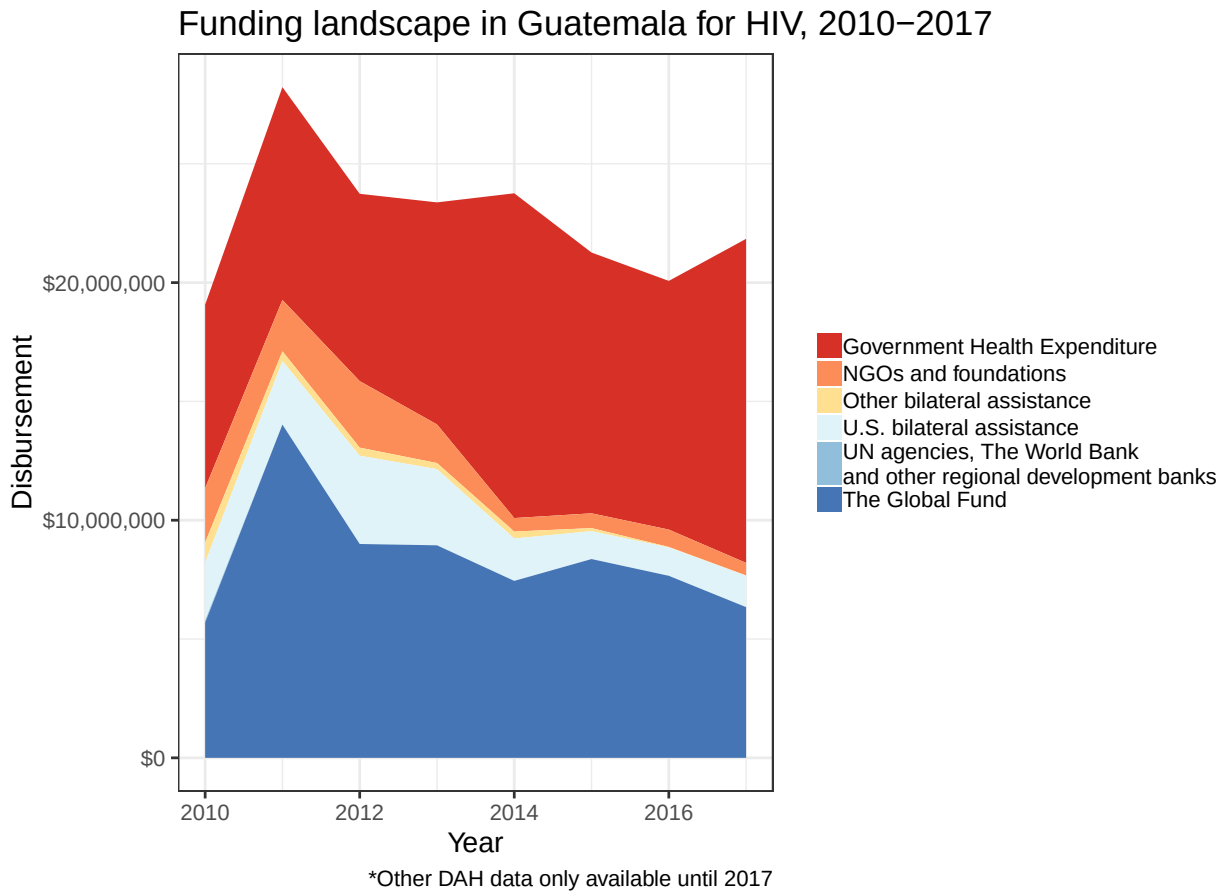


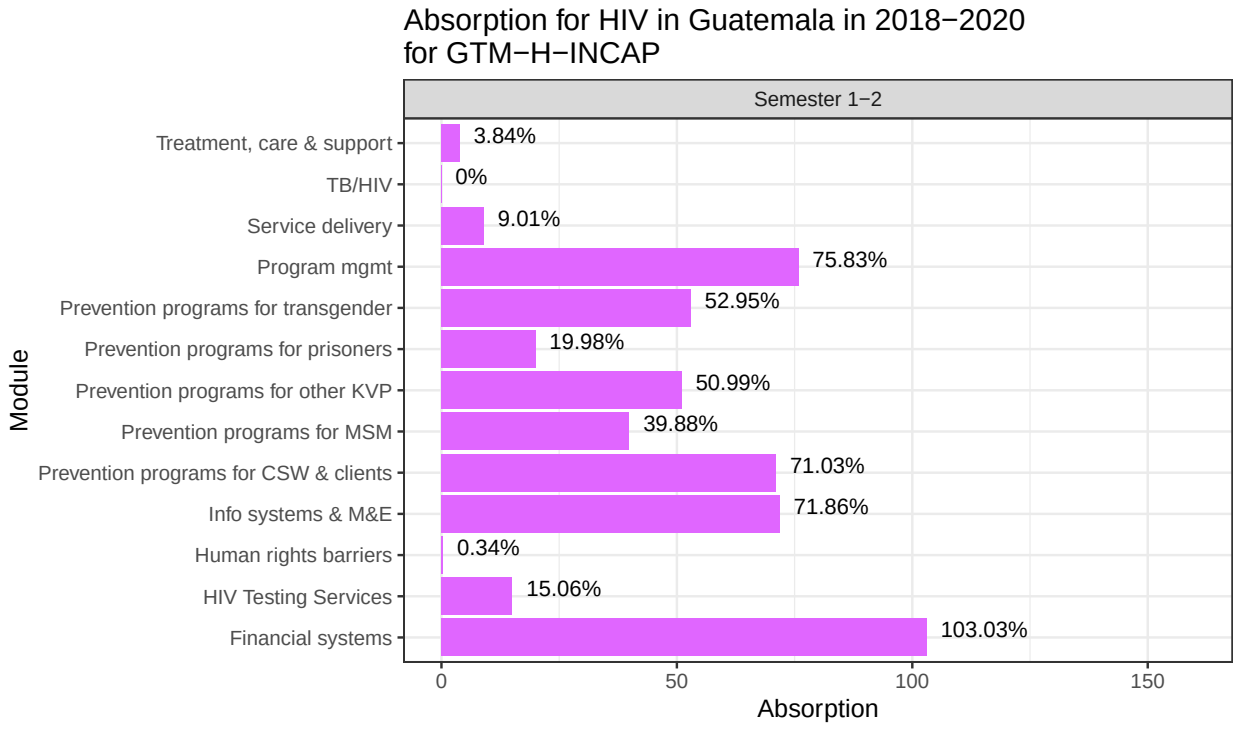


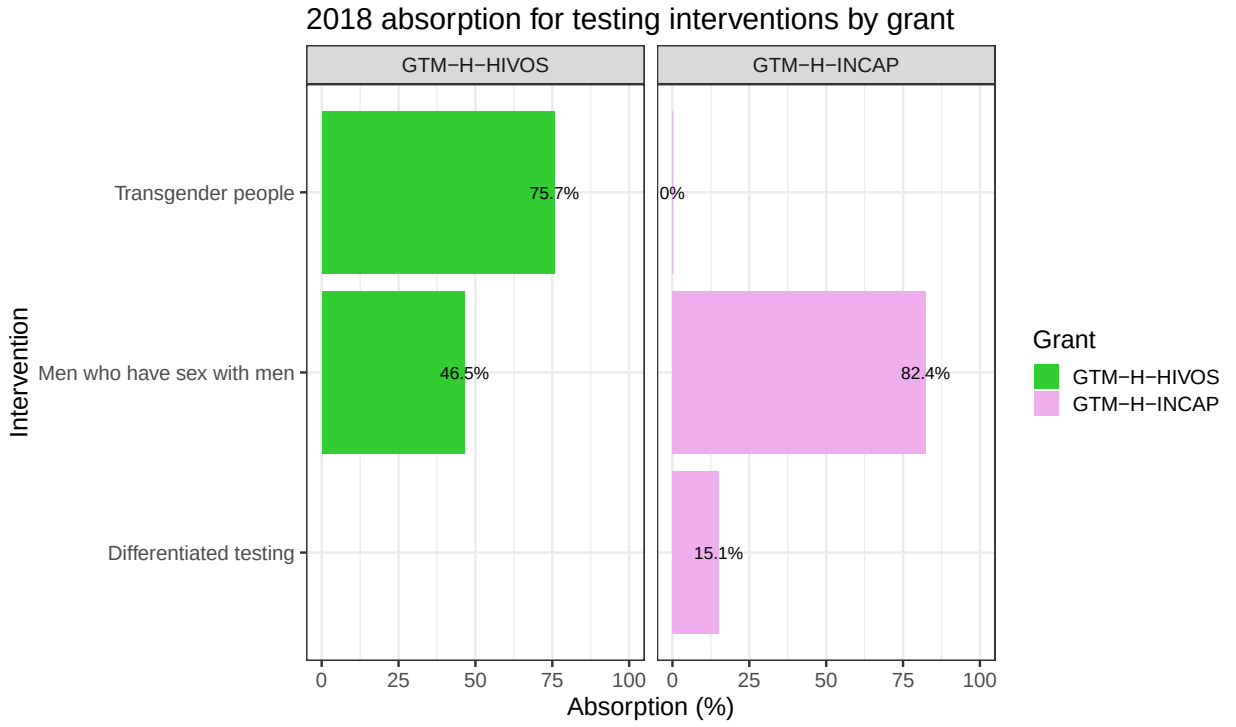
Malaria spending, both on bednets and otherwise





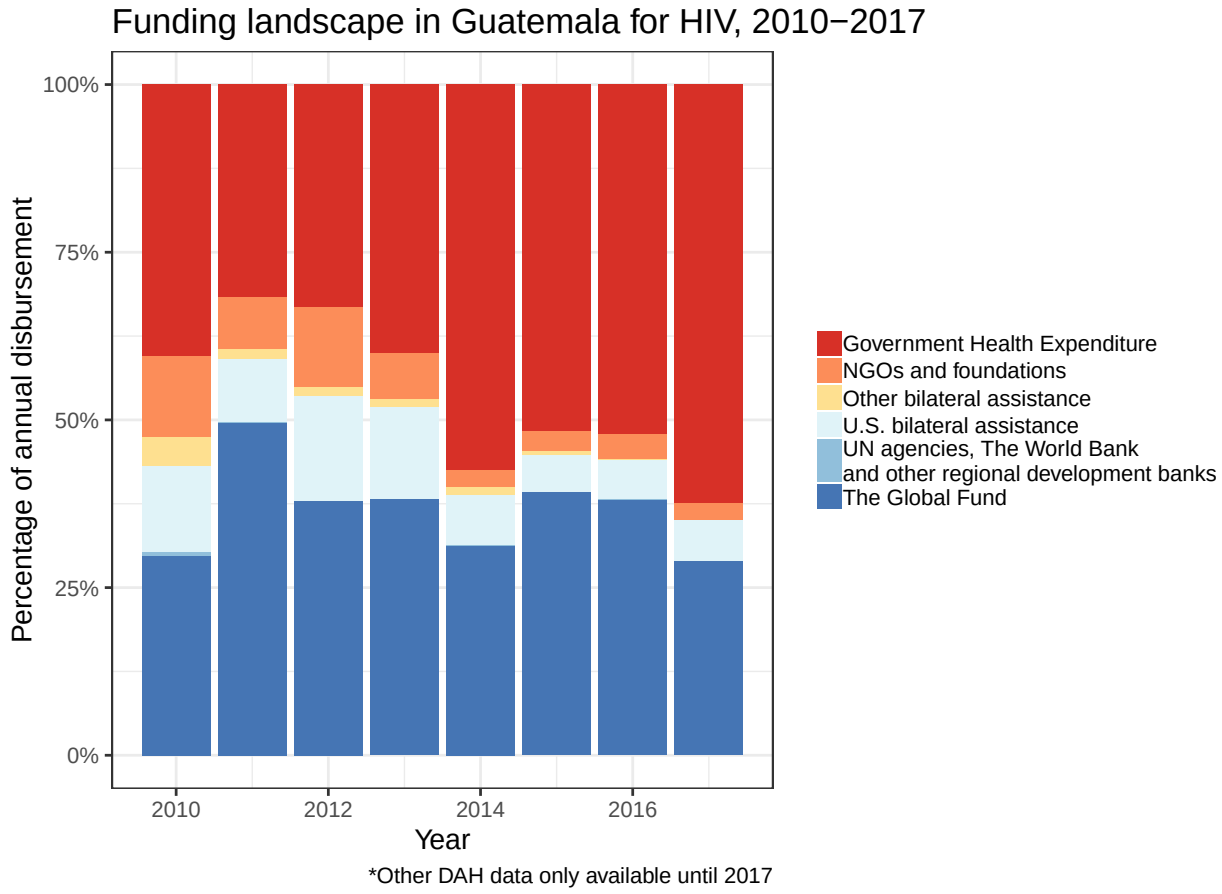

Funding landscape in Guatemala for HIV, 2010−2017
Disbursement
$20,000,000
$10,000,000
$0
2010
2012
2014
2016
Year
*Other DAH data only available until 2017
Government Health Expenditure
NGOs and foundations
Other bilateral assistance
U.S. bilateral assistance
UN agencies, The World Bank and other regional development banks
The Global Fund

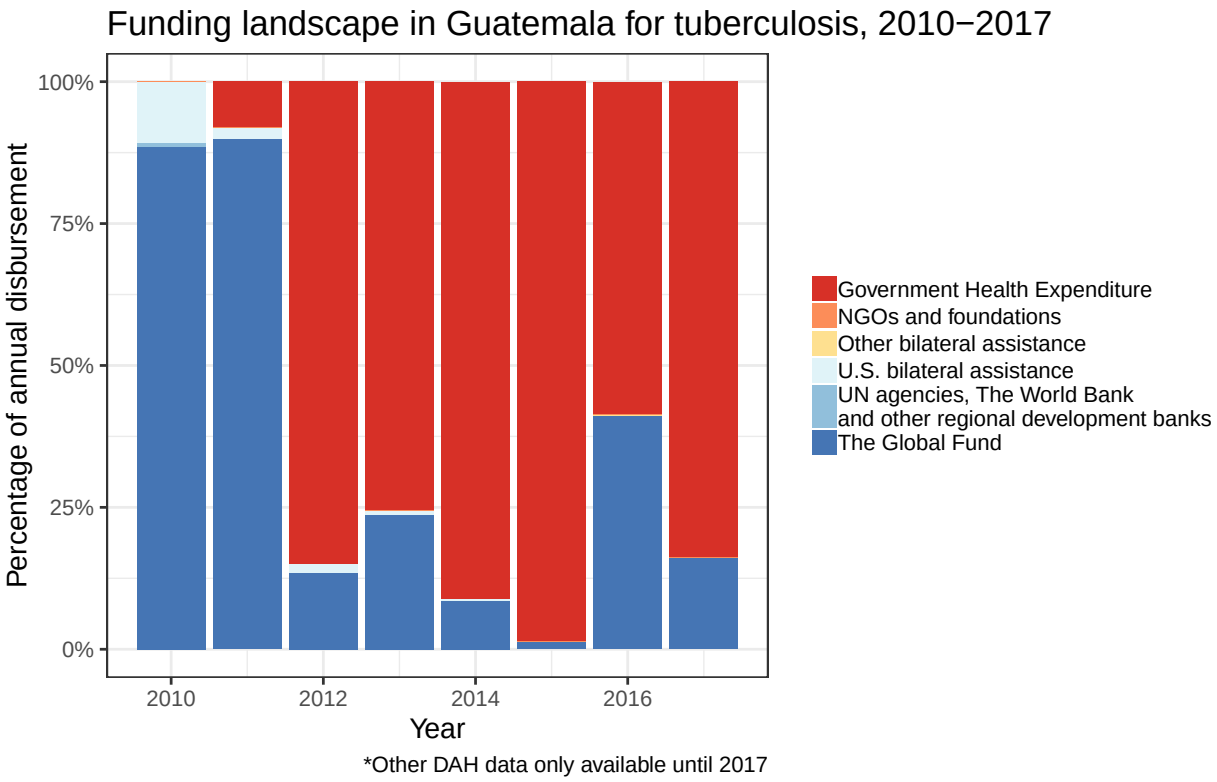


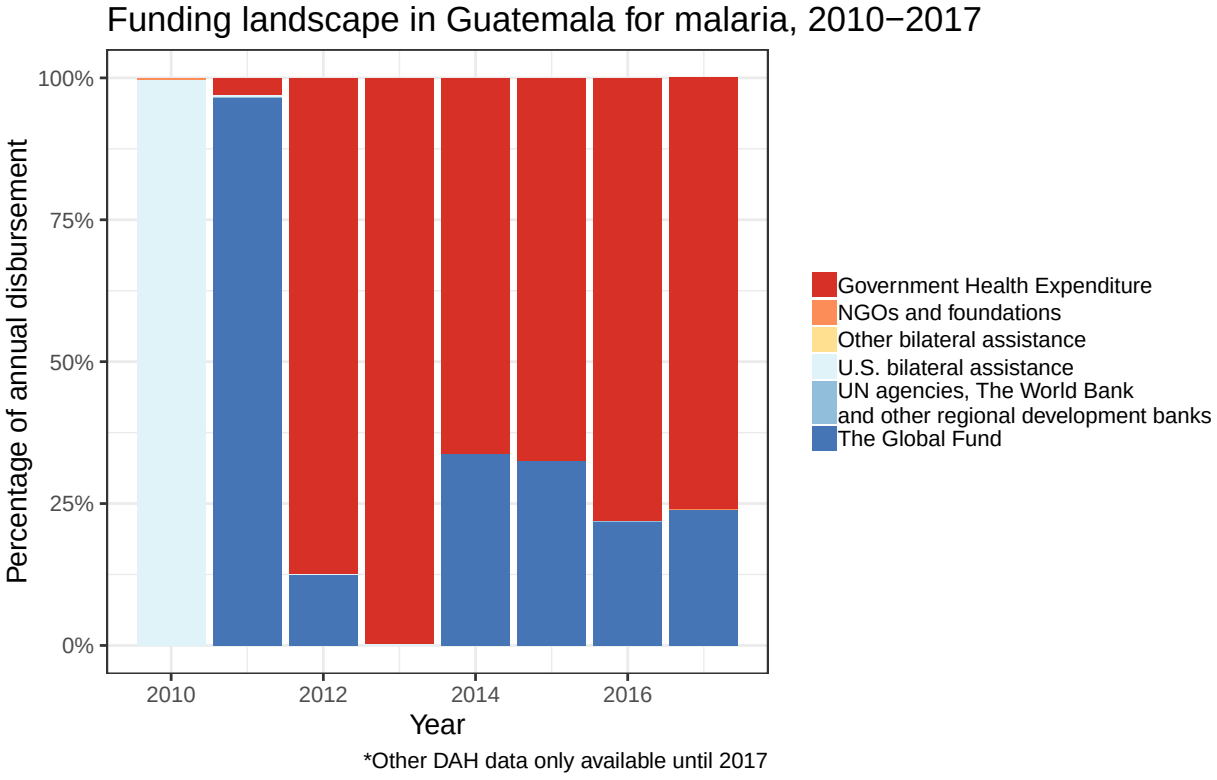


One finding here is that even though there is funding for several key populations in the INCAP grant, not all of them are being targeted for HIV testing. INCAP only budgeted for MSM- and transgender people-specific testing, and they've only spent money on testing for men who have sex with men so far.

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







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.