

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)

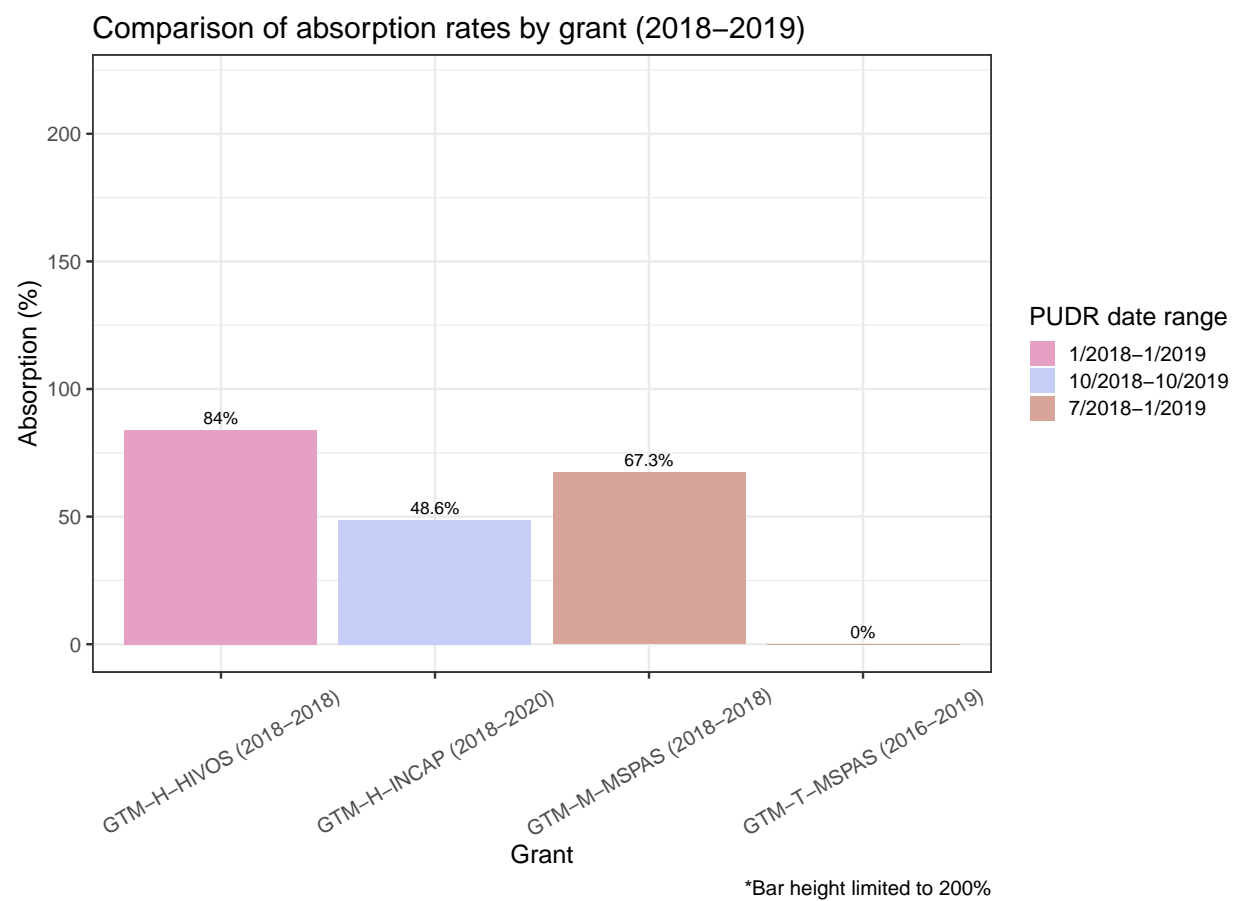
This analysis will use mainly dataset #1 to explore Global Fund absorption.

Currently available PUDRs

Grant	Disease	PUDR Date Range
GTM-M-MSPAS (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

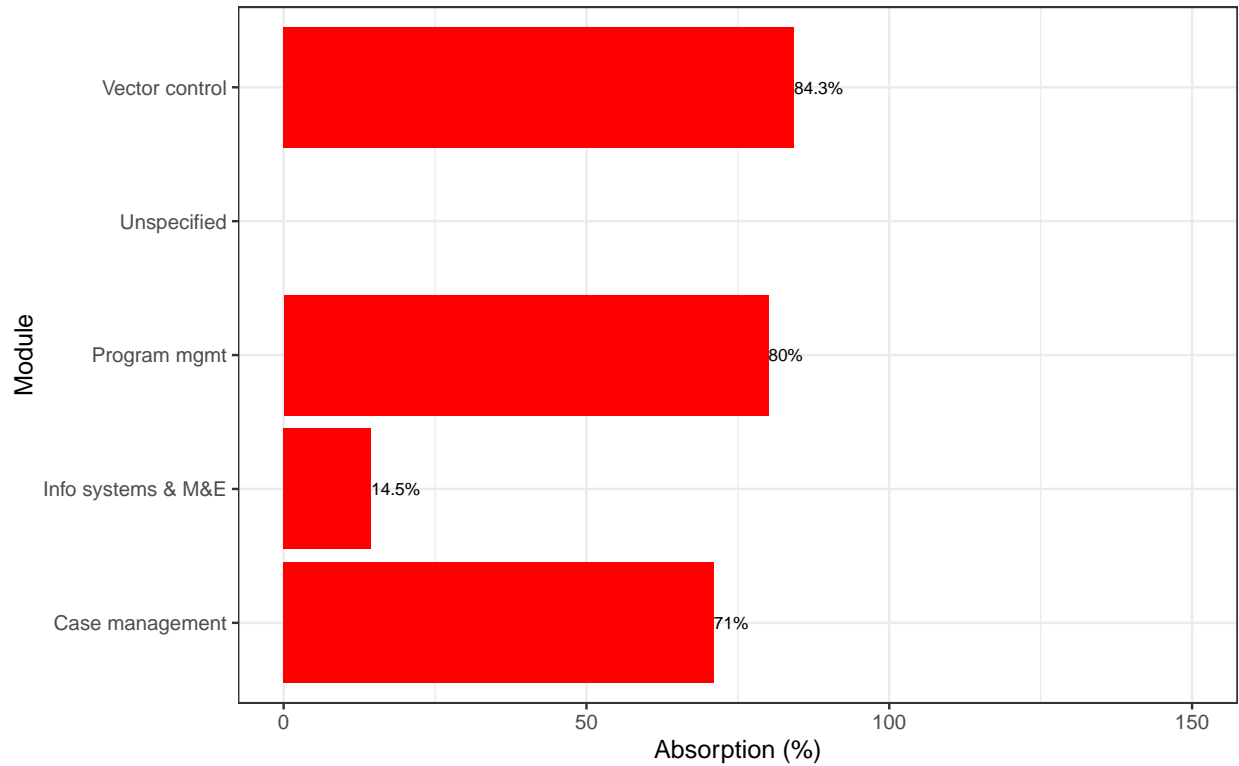
I've set up this analysis to include only the most recent PUDR for each grant, because the grant implementation periods vary in Guatemala. The PUDRs in this dataset have start dates between January 2018-April 2019.

1. Overview of 2018-2019 absorption



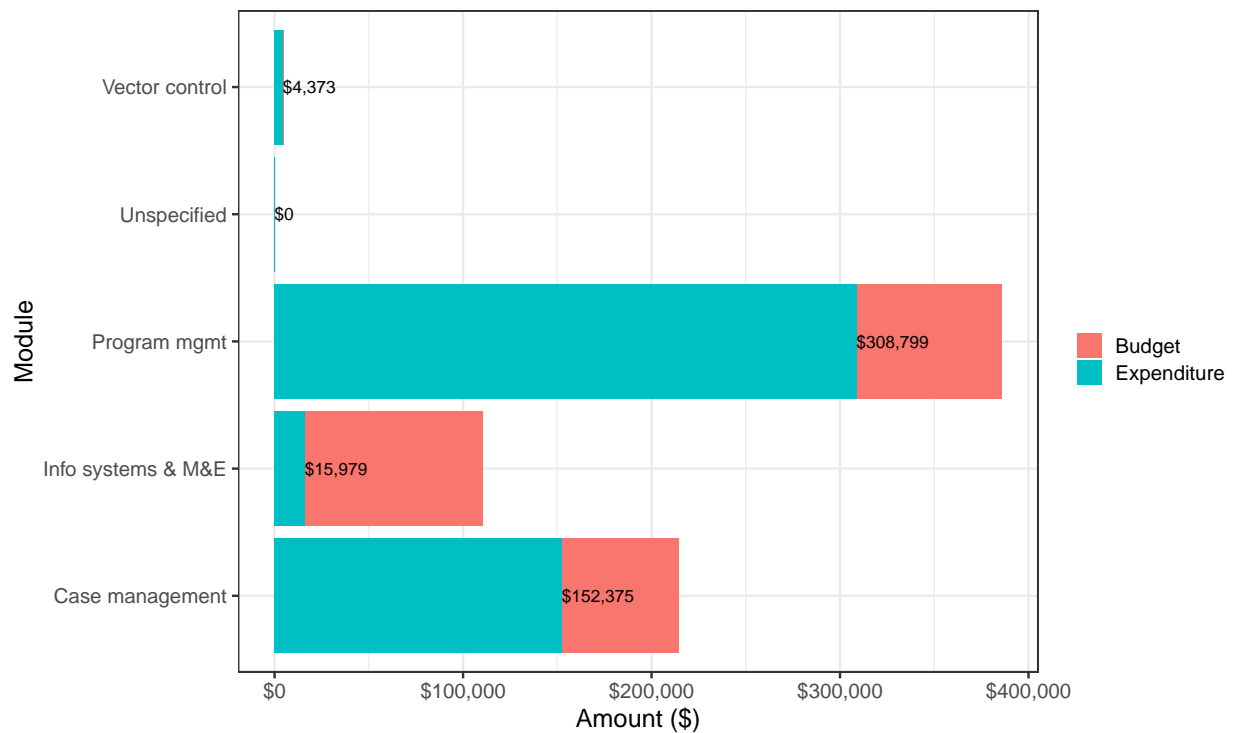
Absorption by module for each grant

Absorption by module for most recent
GTM-M-MSPAS (2018-2018) PUDR

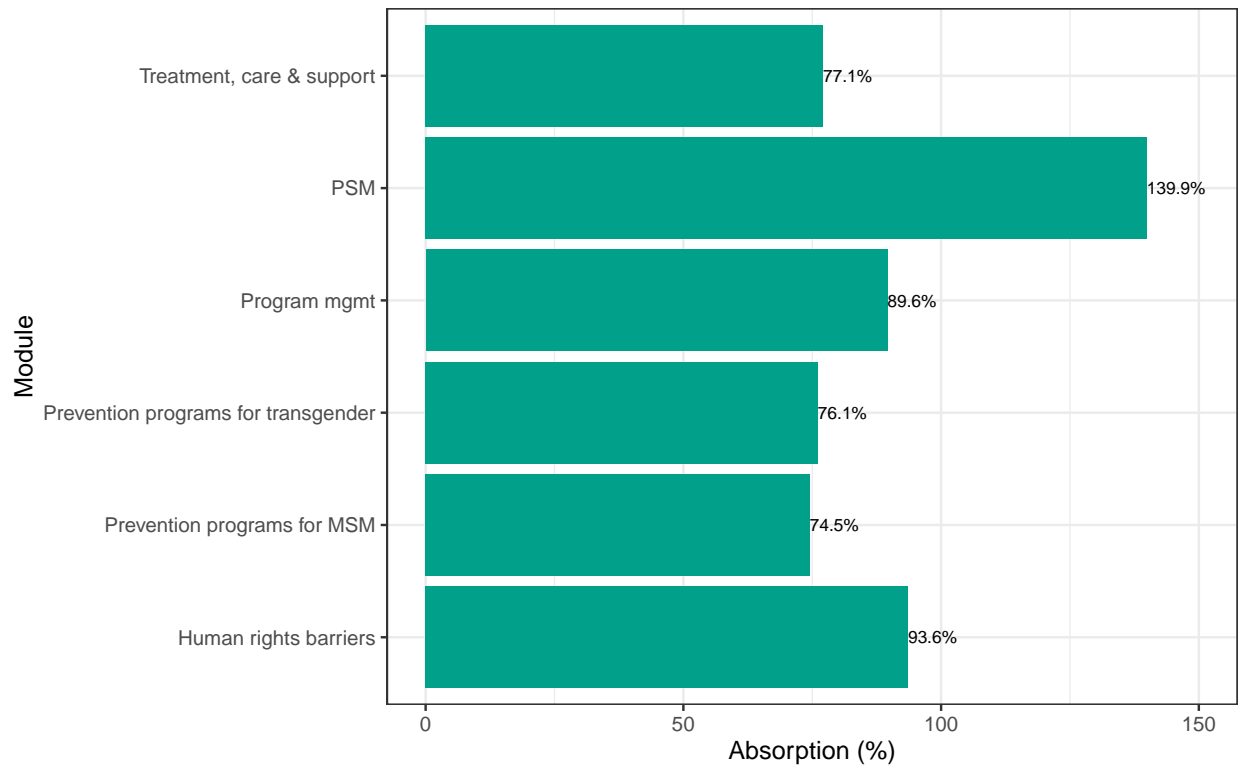


Budget and expenditure for GTM-M-MSPAS (2018-2018)
by module

Labels show expenditure amounts

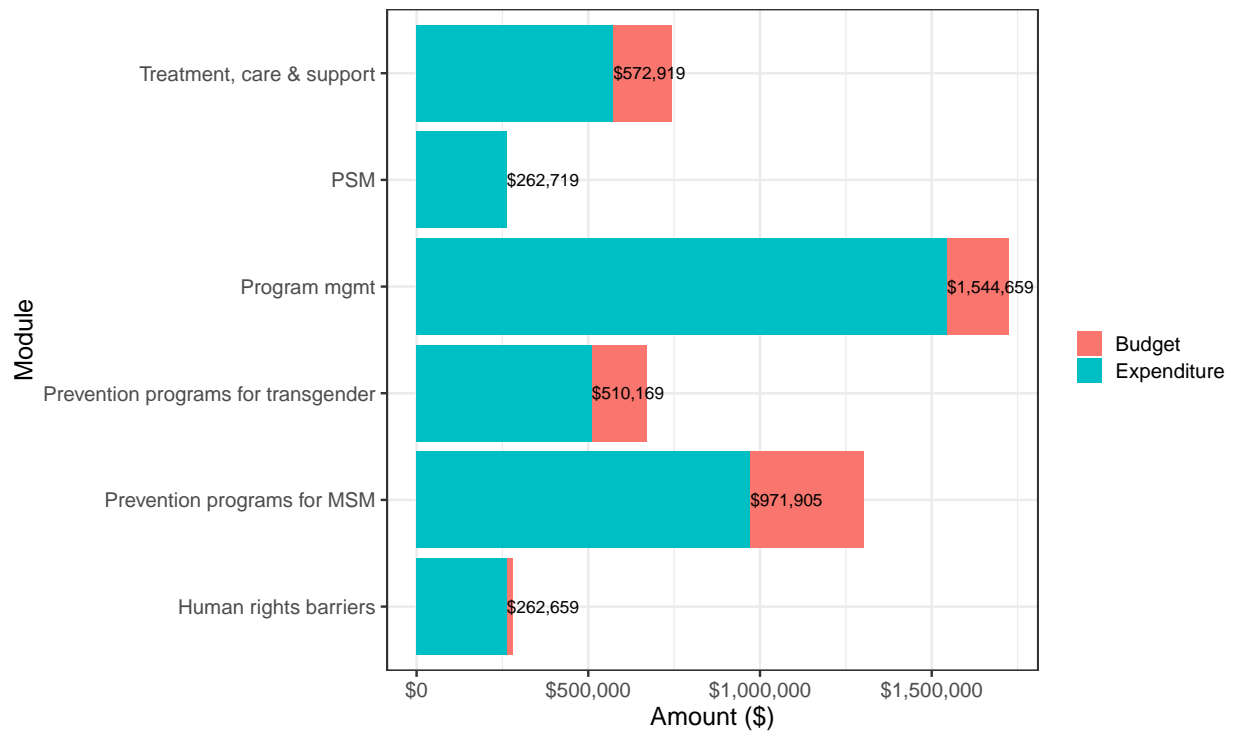


Absorption by module for most recent
GTM-H-HIVOS (2018–2018) PUDR

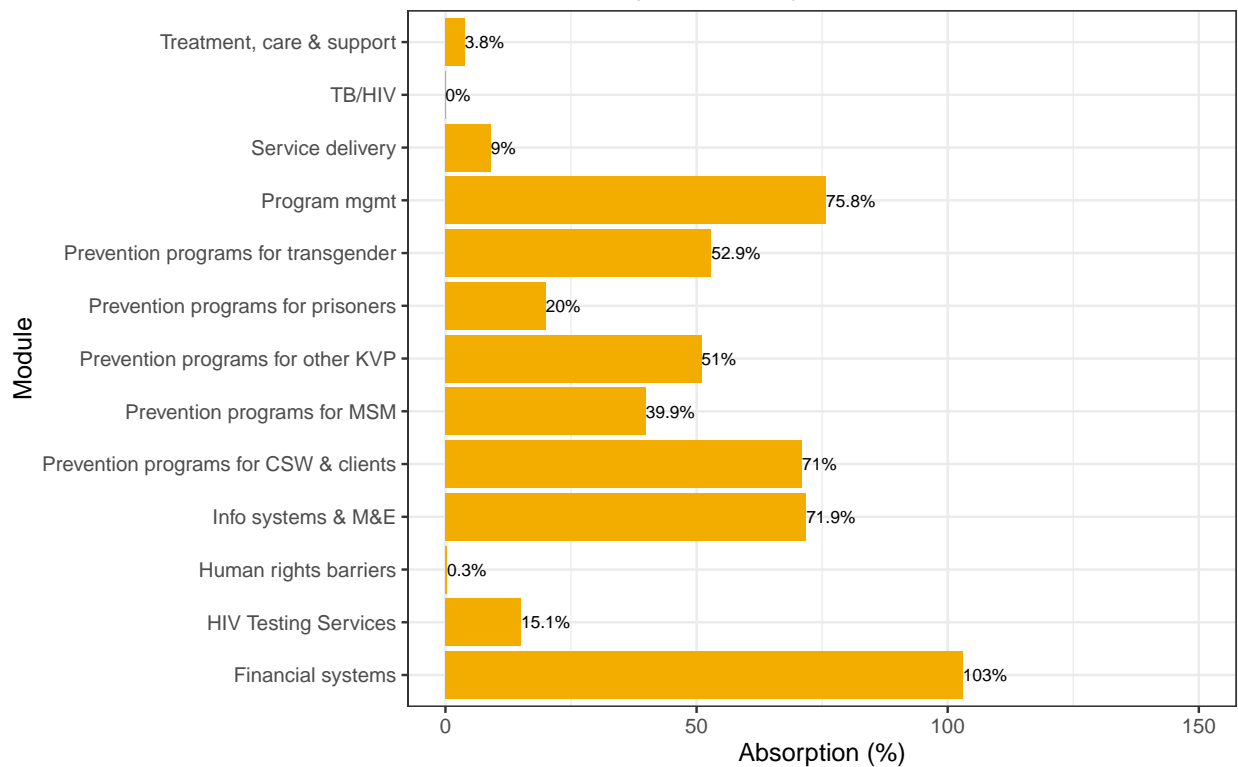


Budget and expenditure for GTM-H-HIVOS (2018–2018)
by module

Labels show expenditure amounts

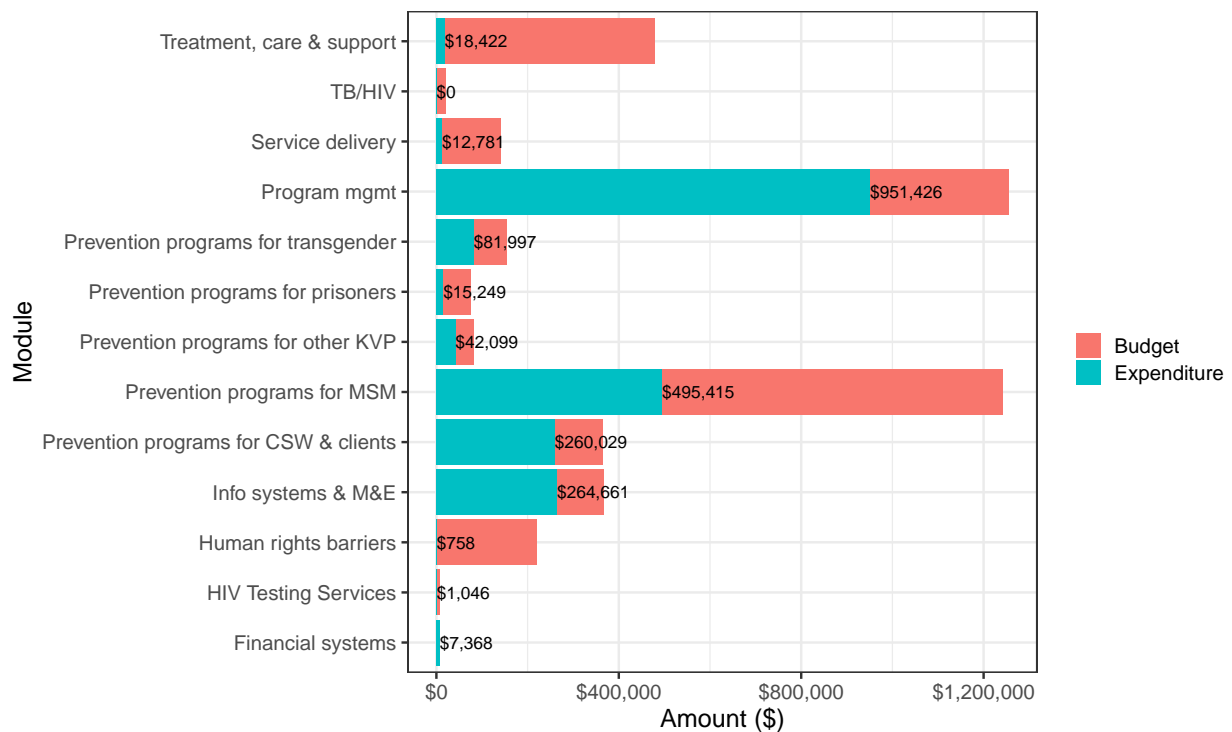


Absorption by module for most recent
GTM-H-INCAP (2018–2020) PUDR

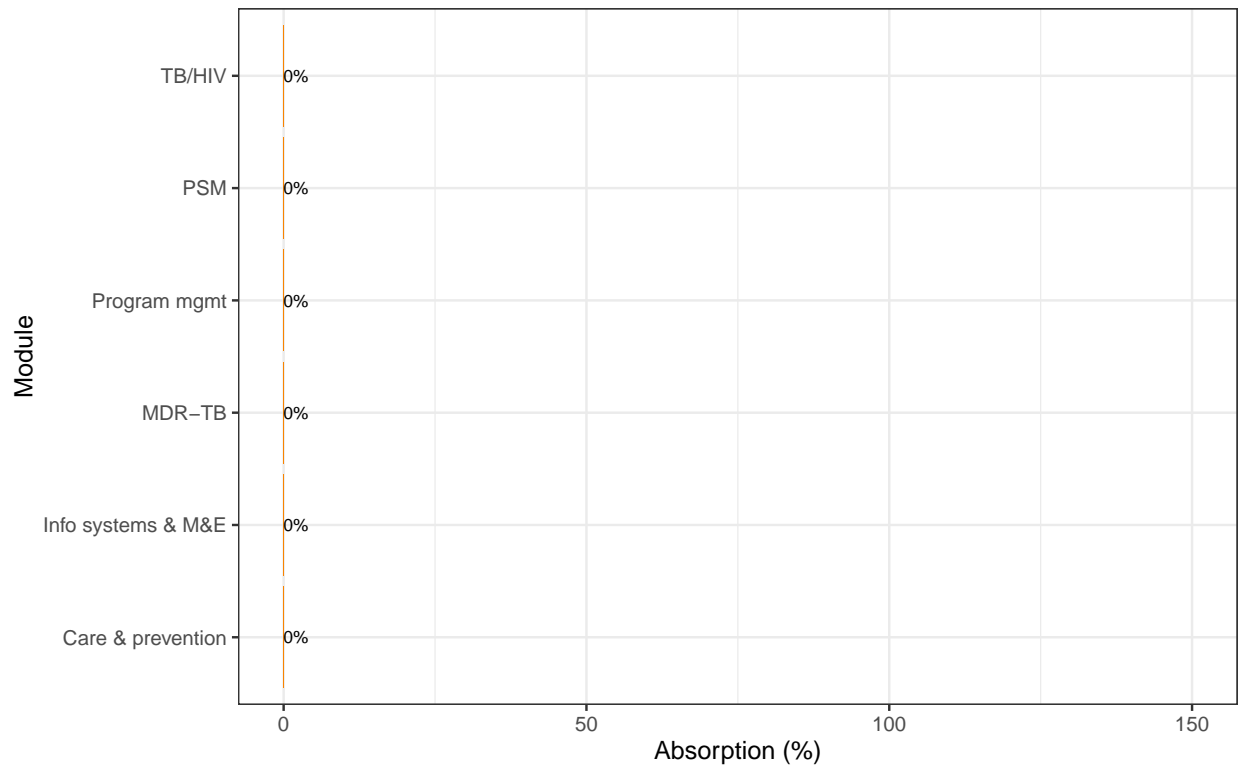


Budget and expenditure for GTM-H-INCAP (2018–2020)
by module

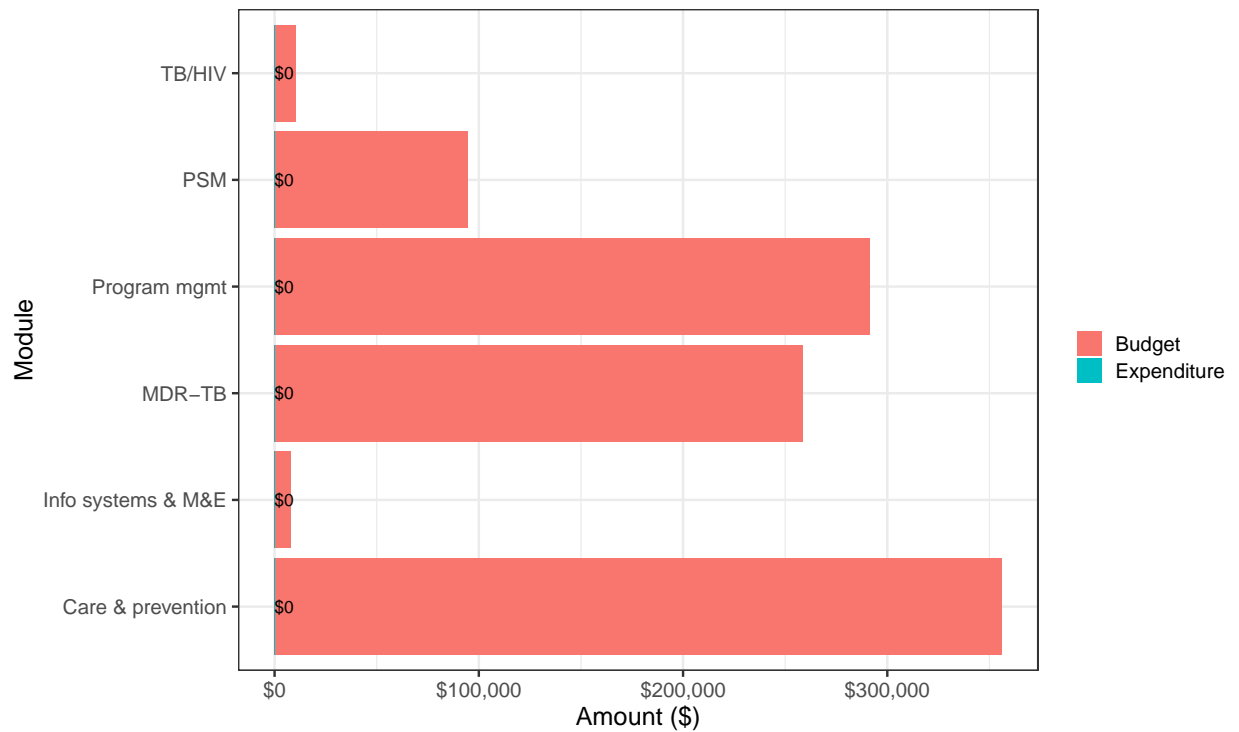
Labels show expenditure amounts



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

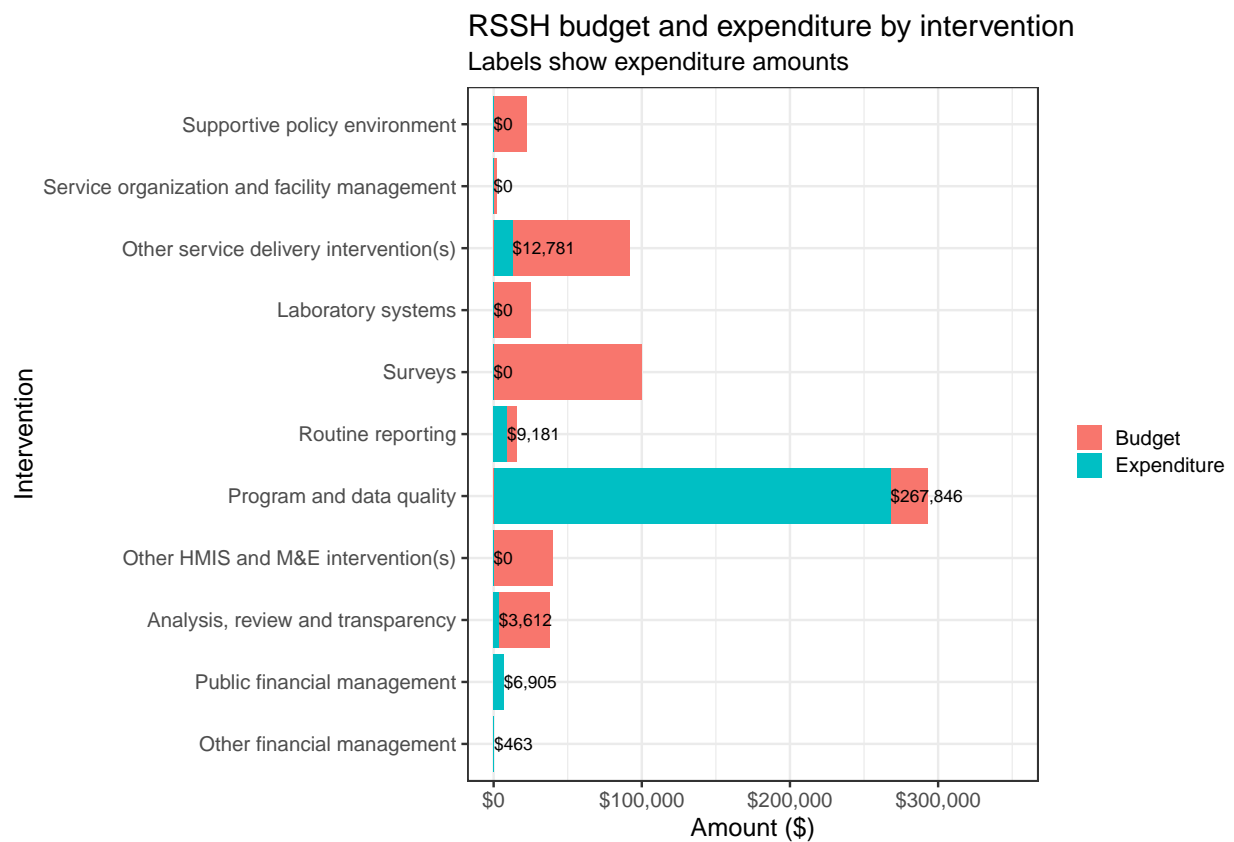
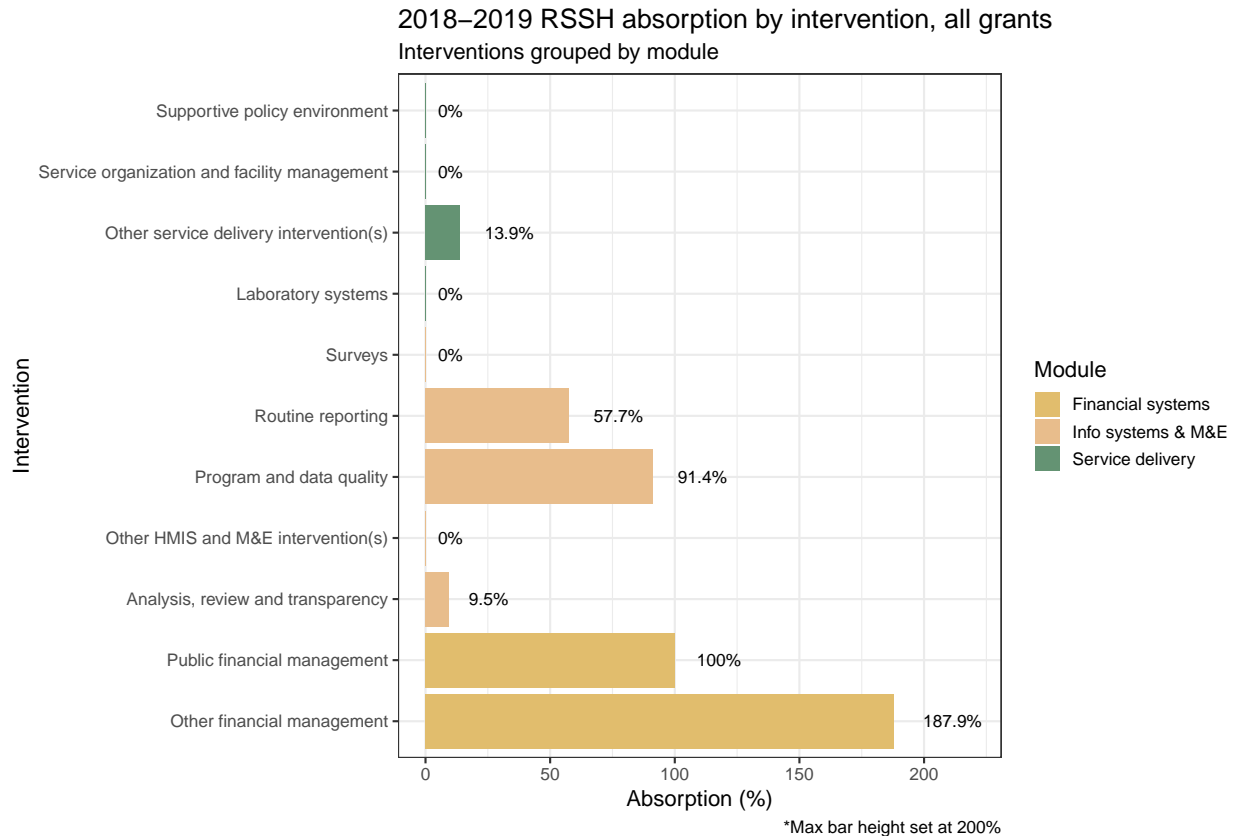


Findings

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).

RSSH absorption across grants

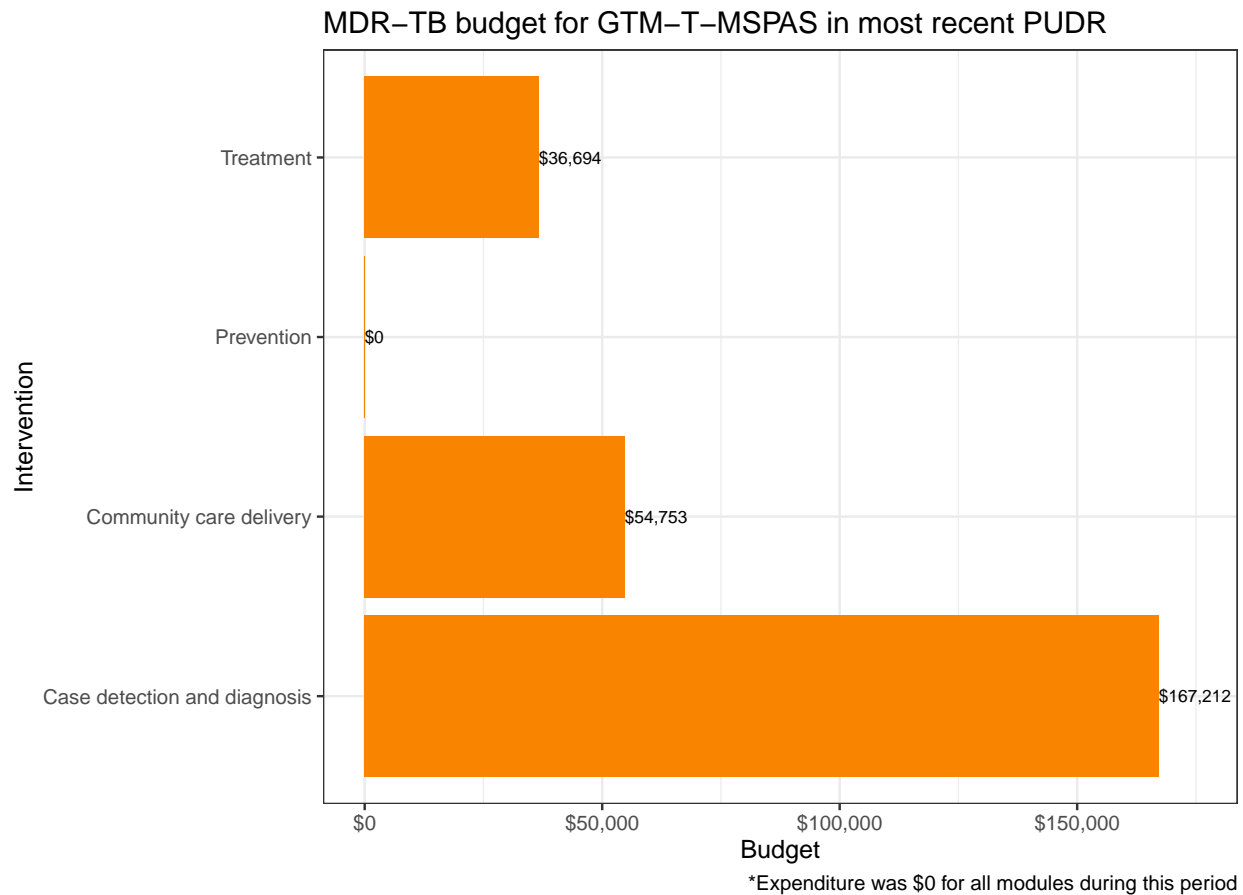


Findings

“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

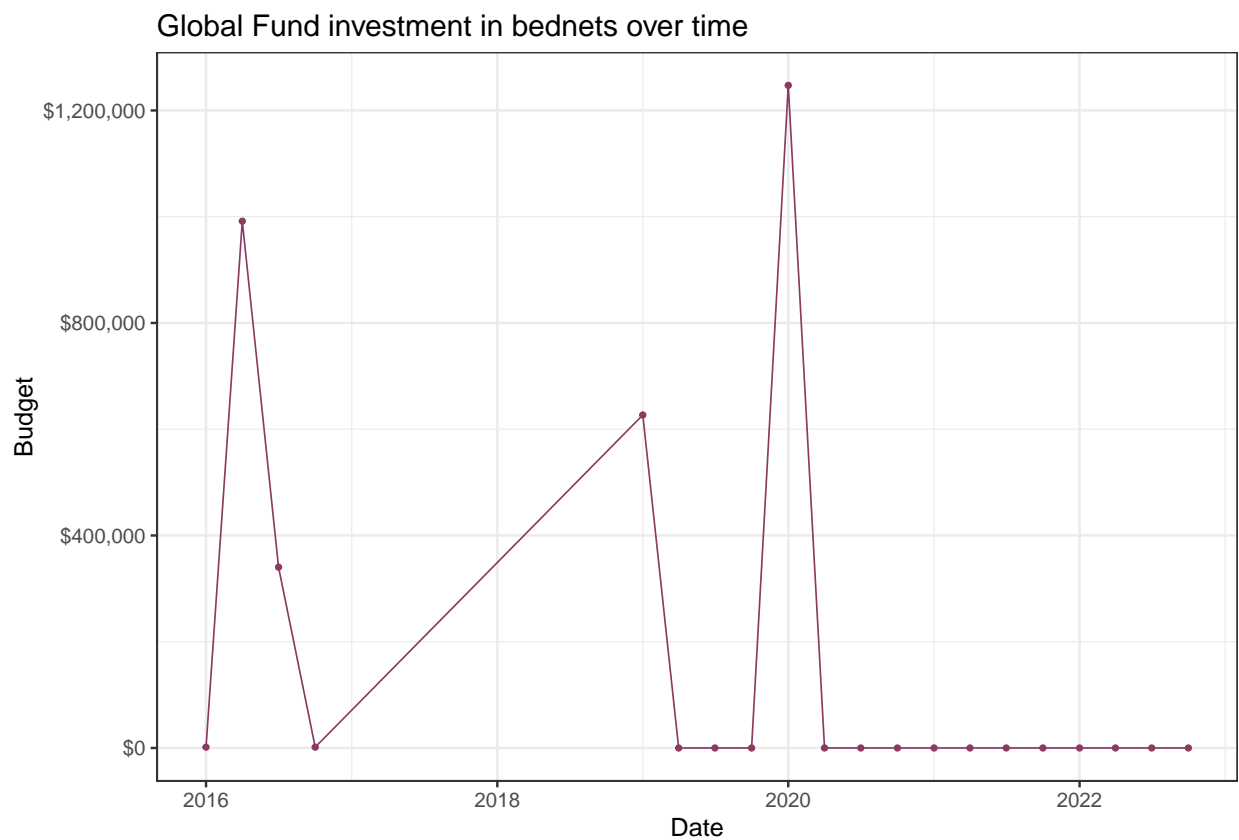
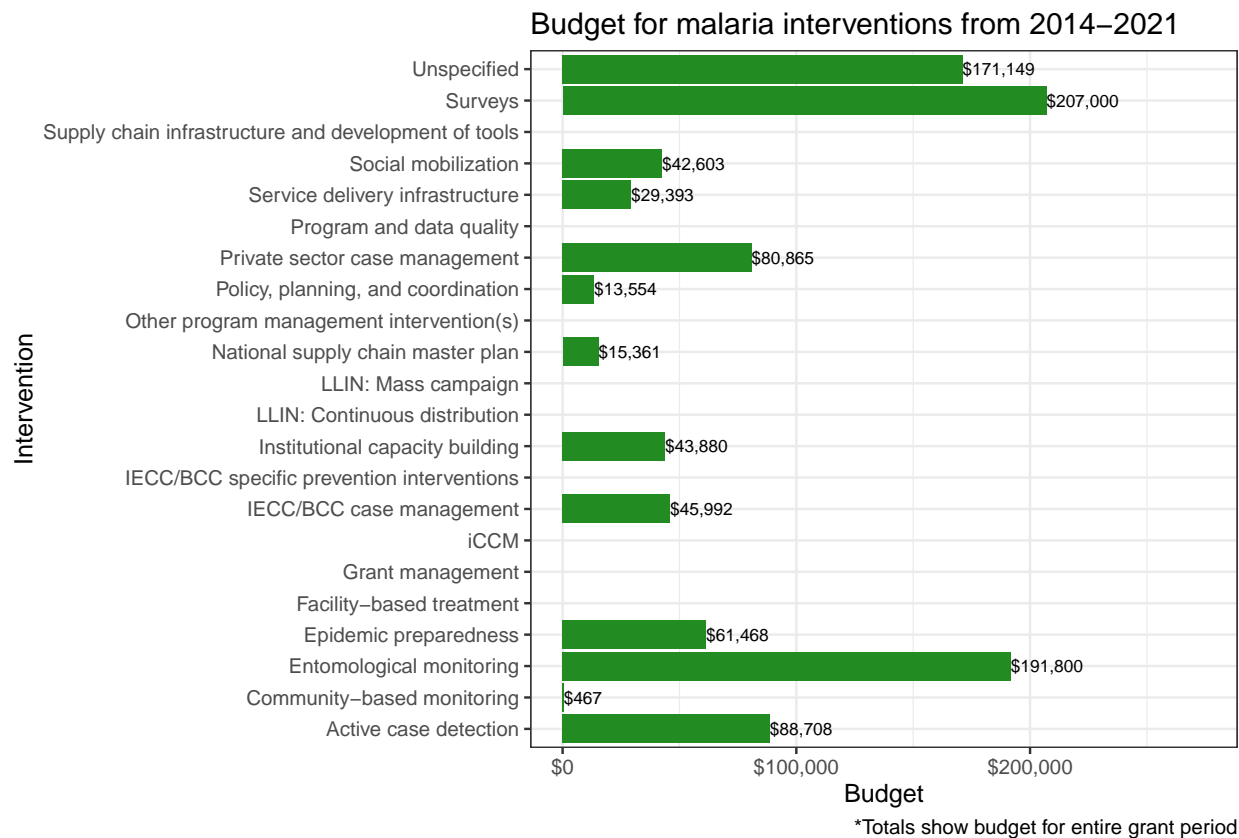
TB laboratory systems and case diagnosis spending



The TB grant hasn't recorded any expenditure yet, so we can't report on any absorption numbers. However, in the PUDR budget, there is some money allocated to MDR-TB.

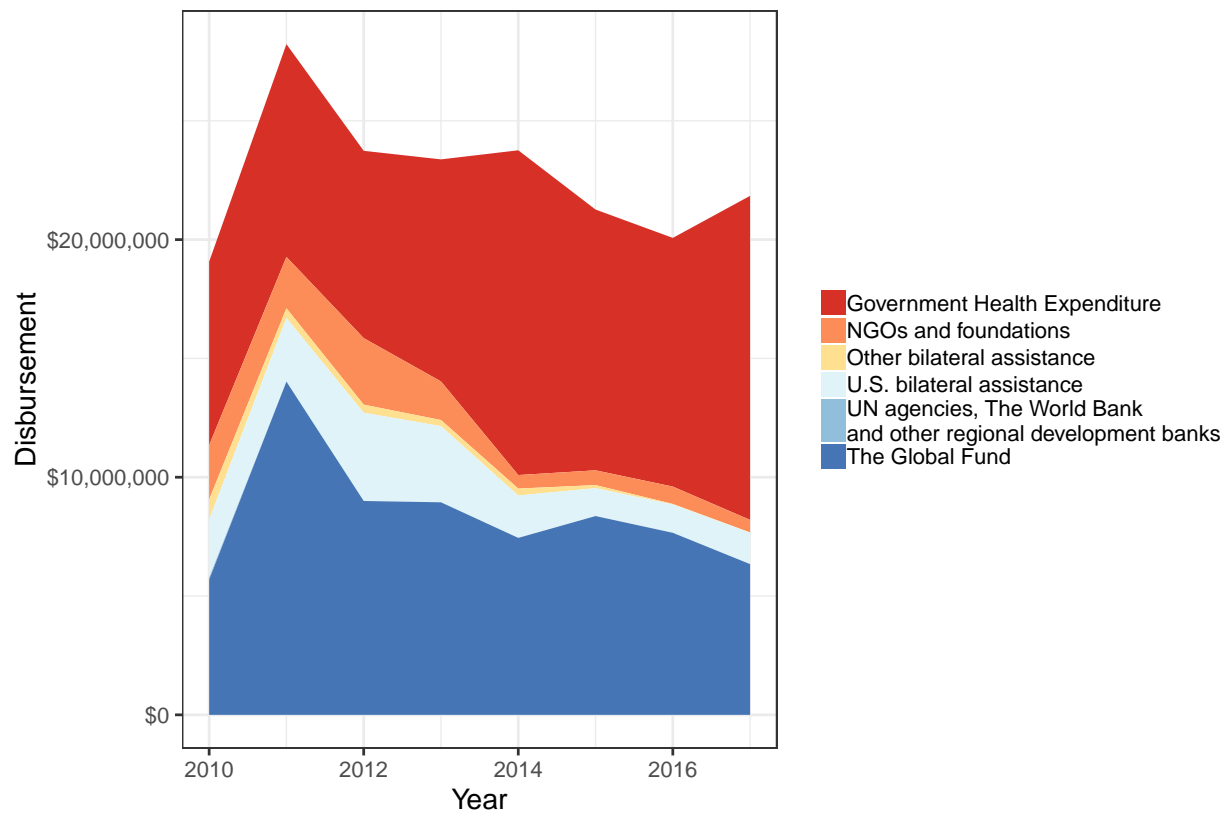
The next step here would be to review the activities in the budget under this module.

Malaria spending, both on bednets and otherwise



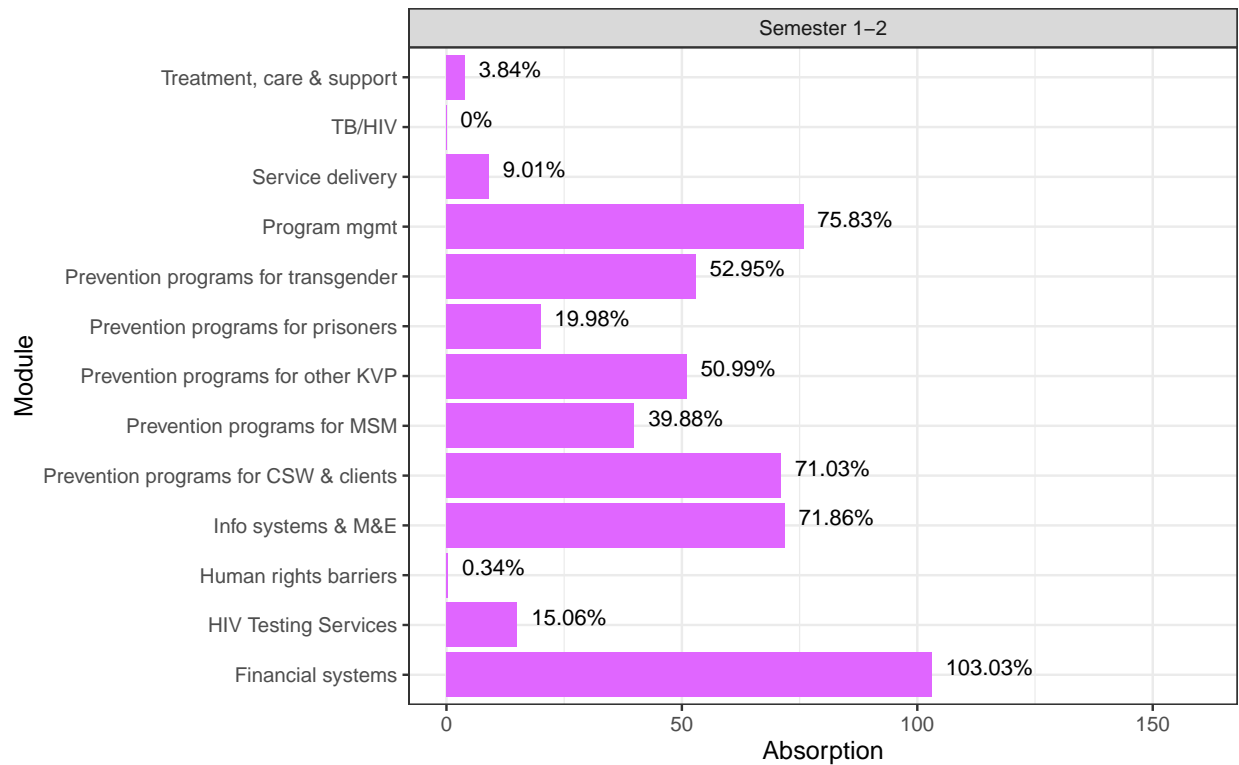
HIV Testing Absorption - to support SIGSA/SIGPRO analyses

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



2018 absorption for testing interventions by grant

