



CORRUPTION AND HEALTH 7: Epidemic, endemic, and pandemic corruption in Guatemala's Healthcare System due to the absence of effective health governance

CORUPCIÓN Y SALUD 7: Corrupción epidémica, endémica y pandémica en el sistema de salud de Guatemala por la ausencia de una rectoría en salud efectiva

CORRUPTION ET SANTÉ 7: Corruption épidémique, endémique et pandémique dans le système de santé guatémaltèque en raison de l'absence d'une gestion efficace de la santé

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ABSTRACT

Introduction: Governmental corruption, the abuse of power to obtain undue personal benefits, represents one of the most detrimental threats to the health, economy, and development of

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Guatemala. **Objective:** To share intelligence —knowledge and evidence— with the newly elected government for the 2024-2027 period to restore the leadership of the health system, combat corrupt practices, and generate reflection on the needs and expectations of the population to prevent an anti-vote in the 2027 elections. **Method:** A qualitative research was conducted using four methodologies: induction, literature review and selection of publications on health reforms and corruption and health, individual and group interviews with key informants, and the author's executive experience in over 20 countries for more than 30 years. **Results:** Corruption in the health sector is akin to an infection or disease that spreads epidemically, endemically, and pandemically across public, private, and non-profit domains at all levels. This corruption is attributed to the loss of capacity of the Ministry of Health to exercise its fundamental role in steering the health system, leading to the redefinition of the concept and the proposal of six essential functions and six main stakeholders. **Conclusions:** Health steering (leadership, stewardship, governance) is the cornerstone for preventing, detecting, and penalizing corrupt practices and achieving the three performance goals of a health system — improving health status, responding to legitimate expectations, and ensuring equity in the financial contribution of the population.

Key Words: governmental corruption, epidemic corruption, endemic corruption, pandemic corruption, health leadership, health stewardship, health governance

RESUMEN

Introducción: La corrupción gubernamental, el abuso de poder para obtener beneficios personales indebidos, representa una de las amenazas más perjudiciales para la salud, economía y desarrollo de Guatemala. **Objetivo:** Compartir inteligencia —conocimiento y evidencia— con el nuevo gobierno electo para el período 2024-2027 para restituir la rectoría del sistema de salud, combatir prácticas corruptas y generar reflexión sobre las necesidades y expectativas de la población para evitar un antivoto en las elecciones del 2027. **Método:** Se realizó una investigación cualitativa que utilizó 4 metodologías: inducción, revisión de literatura y selección de publicaciones sobre reformas de salud y corrupción y salud, entrevistas individuales y grupales con informantes clave, y la experiencia ejecutiva del autor en más de 20 países por más de 30 años. **Resultados:** La corrupción en el sector de la salud es similar a una infección o enfermedad que se propaga de manera epidémica, endémica y pandémica en ámbitos público, privado y sin fines de lucro a todo nivel. Esta corrupción se atribuye a la pérdida de capacidad del Ministerio de Salud para ejercer su función fundamental de rectoría del sistema de salud, por lo que se redefine el concepto y proponen seis funciones esenciales y seis actores principales. **Conclusiones:** La rectoría en salud es la piedra angular para prevenir, detectar y sancionar prácticas corruptas y cumplir con las tres

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metas de rendimiento de un sistema de salud —mejorar el estado de salud, responder a las expectativas legítimas, y garantizar equidad en la contribución financiera de la población.

Palabras Clave: corrupción gubernamental, corrupción epidémica, corrupción endémica, corrupción pandémica, rectoría en salud, mayordomía en salud, gobernanza en salud

RESUMÉ

Introduction: La corruption gouvernementale, l'abus de pouvoir pour obtenir des avantages personnels indus, représente l'une des menaces les plus néfastes pour la santé, l'économie et le développement du Guatemala. **Objectif:** Partager des renseignements —connaissances et preuves— avec le nouveau gouvernement élu pour la période 2024-2027 pour restaurer la gestion du système de santé, lutter contre les pratiques de corruption et susciter une réflexion sur les besoins et les attentes de la population pour éviter un anti-vote aux élections 2027. **Méthodes:** Une enquête qualitative a été réalisée en utilisant 4 méthodologies: initiation, revue de la littérature et sélection de publications sur les réformes de la santé et la corruption et la santé, entretiens individuels et collectifs avec des informateurs clés et expérience de direction de l'auteur dans plus de 20 pays, depuis plus de 30 ans. **Résultats:** La corruption dans le secteur de la santé s'apparente à une infection ou une maladie qui se propage de manière épidémique, endémique et pandémique dans les sphères publiques, privées et à but non lucratif à tous les niveaux. Cette corruption est attribuée à la perte de capacité du Ministère de la Santé à exercer son rôle fondamental de gestion du système de santé, c'est pourquoi le concept est redéfini et six fonctions essentielles et six acteurs principaux sont proposés. **Conclusions:** La gestion de la santé est la pierre angulaire pour prévenir, détecter et sanctionner les pratiques de corruption et atteindre les trois objectifs de performance d'un système de santé: améliorer l'état de santé, répondre aux attentes légitimes et garantir l'équité dans la contribution financière de la population.

Mots-clés: corruption gouvernementale, corruption épidémique, corruption endémique, corruption pandémique, leadership en santé, gestion de la santé, gouvernance de la santé

INTRODUCCIÓN

One of the most detrimental situations for a country is governmental corruption, which involves the exploitation of the power position of public officials to obtain undue personal benefits. This phenomenon is generally known as corrupt practices such as bribery, nepotism, favoritism, and embezzlement of public funds. However, corruption is such a complex and widespread phenomenon that the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), to advance public health worldwide, established a policy of prevention, detection, and confrontation

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against fraud and corruption based on zero tolerance for nine Prohibited Practices according to Table 1 shown below.

Table 1: Prohibited Practices to Combat Fraud and Corruption by the Global Fund *

Table with 3 columns: PRACTICES, DESCRIPTION. Rows include: 1 Corrupt practices, 2 Fraudulent practices, 3 Coercive practices, 4 Collusive practices, 5 Abusive practices, 6 Obstructives practices, 7 Retaliation, 8 Money laundering, 9 Financing acts of violence or terrorism.

*The Global Fund to Fight AIDS, Tuberculosis, and Malaria (1)

For the purposes of this publication and to adapt it to the Guatemalan context, the author expands and redefines the ninth prohibited practice, originally titled "financing terrorism," as "financing acts of violence and terrorism." This modification aims to encompass any physical, sexual, emotional, economic, or psychological act related to the prohibited practices of the Global Fund. The decision to modify the practice is based on the author's experience, who was the target of an armed attack

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and attempted kidnapping and murder for combating corruption in an international non-governmental organization in Honduras. ⁽²⁾

Guatemala, including the health sector and the Ministry of Public Health and Social Assistance (MSPAS), is once again facing a critical and historical crossroads that can lead to success or failure. ⁽³⁾ The shift from a failing government to a functioning one is possible but requires upright and honest professionals, nationally and internationally recognized, with the unfiltered leadership qualities proposed by Harvard University and the vision of the required change, as described in the author's previous publications. ⁽⁴⁾ The abuse of power in the executive, legislative, and judicial branches, legal frauds, and institutionalized corruption represent the culture of illegality and impunity prevalent throughout Guatemala. ⁽⁵⁾

In any scenario of chaos, disorder, confusion, or deception, the effects tend to spread, and prohibited practices are no exception. These occur at different levels, from low-ranking officials to high government positions. In the case of Guatemala, corruption is practiced and tolerated even at the level of the Presidency of the Republic. This issue reached its peak with the unsuccessful coup attempt that aimed to prevent the newly elected president from assuming office on January 14, 2024.

It is worth noting that, once again, the vote of the Guatemalan population reflects a widespread rejection of current holders of public office (incumbents), expressing an "*anti-incumbent wave*" that is gaining strength in Latin America. This trend is based on dissatisfaction with the performance of incumbents (officials, officeholders) and the presence of institutionalized and widespread corruption. ⁽⁶⁾ As a result, the population chooses not to vote, cast null votes, or express an anti-vote against incumbent politicians, seeking changes by electing new candidates or parties during elections.

It is this desire for change that motivates the launch of this new publication, the seventh installment by the author on the intersection between corruption and health. As mentioned in the objective described in the abstract and introduction, its purpose is to prompt reflection in the new authorities on the needs, priorities, and expectations of the population, with the hope of avoiding a new anti-vote in the 2027 elections. This involves achieving an effective transition from a failing government to a functioning one, in order to fulfill the three performance goals of a healthcare system: (1) improvement of health status, (2) responsiveness to the legitimate expectations of the population, and (3) equity in financial contribution. ⁽⁷⁾

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METHODS

A qualitative research was conducted using a combination of four methodologies: induction, document analysis, interviews with key informants, and the author's knowledge and professional experience. The inductive method facilitated the observation of the corruption phenomenon to formulate general patterns or principles. This approach involved the observation of facts, empirical validation, and knowledge construction, moving from specific data towards generalizations.

The document analysis methodology involved the selection of 10 publications on health reforms and corruption and health, constituting a literature review comprising 190 publications. This method, which included categorization and classification, extraction of significant information, and content analysis, complemented the research and facilitated the understanding of historical and cultural contexts.

The interviews with key informants were conducted with 8 experts from various sectors, including the Ministry of Public Health and Social Assistance (MSPAS), Guatemalan Social Security Institute (IGGS), University of San Carlos of Guatemala (USAC), representatives from a pharmaceutical company, medical distributor, health insurer, chain of private hospitals, and a foundation dedicated to strengthening state institutions. Additionally, perspectives were obtained from 4 patients and 2 doctors in private practice, totaling 16 individual interviews. These interviews enriched the analysis, providing valuable information and in-depth perspectives on the subject, while also validating data obtained from other methodologies.

The research methodology with key informants also included a group interview with 9 representatives from the Public Health Integrated Networks Directorate of the Central and South Guatemala areas, the newly formed Board of Directors of the College of Physicians and Surgeons of Guatemala, the National Institute of Public Administration (INAP), and the Galileo University, as well as ministerial advisory from the health sector and independent international health consultants. This focus group transformed into a technical-scientific working table for the analysis of strategies, plans, and solutions to generate knowledge and intelligence to enhance the health governance of the MSPAS, increase its efficiency and effectiveness, improve the health status of the population, and counteract prohibited practices. In total, interviews were conducted with 25 key informants, whose contributions complemented and validated the findings, conclusions, and recommendations of the research.

The author's executive experience contributed valuable contextual knowledge, stemming from his involvement in the prevention, detection, confrontation, and reporting of corrupt practices in healthcare organizations and systems in the Americas, particularly in the United States, Guatemala, El Salvador, and Honduras. The combination of these methodologies provided a more

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comprehensive understanding of prohibited practices in various healthcare organizations and systems at both national and international levels, encompassing the public, private, and nonprofit sectors.

The multidimensional approach applied resulted in a comprehensive understanding of the subject, data validation and triangulation, and a holistic analysis. The flexibility in the choice of research methods allowed methodological adaptability to analyze different aspects of the study topic. The gathered information led to the development of direct practical applications to inform decisions, interventions, or health policies with an enriched and well-founded understanding, strengthening the robustness of conclusions and recommendations for any healthcare system, especially for the newly elected government for the period 2024-2027

ANALYSIS AND DISCUSSION OF RESULTS

1. THE REALITY: Governmental corruption, supported by the elite and private businesses, impacts governance, equity, and the overall well-being of the population

Governmental corruption represents one of the most detrimental circumstances for the country and inflicts devastating consequences for various reasons that directly impact the population. Among these, the deterioration of public trust, citizen apathy, civil disobedience, and issues of inequity, poverty, and lack of development stand out, as public funds are diverted into corrupt hands. Corruption acts as an inhibiting factor for foreign investment, increases the costs of doing business, and creates uncertainty in commercial agreements. Additionally, it is considered a fundamental cause of irregular migration in the Northern Central American region by the United States government. ⁽⁸⁾

Governmental corruption also distorts competition by favoring bribes to gain unfair advantages and promoting monopolies and oligopolies. A monopoly represents an extreme form of market structure where a single producer or seller completely dominates the supply of a good or service. An oligopoly is characterized by the presence of a small number of companies that control the supply of a good or service. ⁽⁹⁾ Guatemala is one of the countries lacking a Competition Law. The bill presented in 2023 raised questions as it does not guarantee unrestricted competition without privileges in all economic sectors, nor does it provide the necessary authority to confront large monopolies or cartels, which should be subject to investigation and sanction. ⁽¹⁰⁾

There is a perception that there is no clear understanding of how a competition law should function and what principles it should have, which generates little political will to promote it. However, in practice, Guatemalan laws legitimize monopolies and oligopolies, evident in the case of the State and IGGS's acquisition of medications, as it is dominated by a small number of pharmacies,

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medical distributors, and pharmacy chains that have systematically been favored, collude to secure awards, and financially contribute to political campaigns.

At the institutional level, corruption weakens government structures, rendering them incapable of serving the public interest. The lack of law enforcement contributes to the rise of crime and insecurity. This vicious circle proves difficult to eradicate, as those in power persist in key positions, regardless of changes in government, or, as currently observed, make every effort to maintain the status quo and retain power.

As the Spanish proverb aptly expresses, '*en río revuelto, ganancia de pescadores* (in troubled waters, fishermen profit),' referring to the idea that when the waters of a river are stirred, it is the best time for fishing, ⁽¹¹⁾ many individuals, families, groups, companies, and organizations take advantage of turbulent situations to gain financial profits, power, or benefits. Corruption, consequently, permeates all strata of society and manifests itself in both the public and private sectors, as well as in nonprofit organizations. It is not limited solely to national contexts but is also observed in international intergovernmental and private organizations.

The lack of effective health governance by the MSPAS, which is its essential function, is not only due to a lack of vision, plans, and capabilities but also stems from being one of the main sources of embezzlement of public funds. Prohibited practices spread, and in addition to politicians and public officials, gains are evident in the private business sector, particularly in four actors in the health field — *pharmacies or medical distributors, pharmaceutical companies, health insurers, and private hospitals*. These actors are integral to prohibited practices and benefit at the expense of the health and well-being of the population, all with the aim of maximizing their profits. This is paradoxical, given their stated mission to promote people's health.

As a result, this article analyzes how the absence of effective health governance has a negative impact on the health and economy of the Guatemalan population. In addition to the objective expressed in the abstract and introduction of this publication, the aim is to raise public awareness about widespread corruption, generate public outrage to address corruption at all levels and sectors, and provide ideas and solutions to implement transparency, accountability, and institutional strengthening measures. All of this is aimed at contributing to prevent, detect, confront, report, and penalize prohibited practices.

2. THE CHALLENGE: The absence of effective health governance has detrimental effects on the health and economy of the population

The absence of strong stewardship in the health sector, which translates to a lack of effective regulation and supervision, has significant repercussions on the well-being of the population. The

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lack of this leadership facilitates practices that result in the rising costs of healthcare and the enrichment of pharmacies and medical distributors, pharmaceutical companies, health insurers, and private hospitals; many of which are involved in conspiracies, collusions, illicit agreements, or understandings that deserve condemnation.

While those who do not engage in corrupt acts, whether individuals or healthcare entities, may argue that this statement is too broad or generalized, given that in Guatemala there are more ethical people and institutions than corrupt ones, and that the majority of Guatemalans are honorable, which is entirely true; it is crucial to recognize that rampant corruption in all sectors of society acts as the cancer of the Guatemalan population. It is worth noting that every system or society is susceptible to the infection of corruption, and all that is needed for corruption to triumph is good people doing nothing about it. ⁽²⁾

The metaphor of corruption as an infection or disease helps explain its insidious and contagious nature. Corruption can be likened to an illness due to its infectious spread, systemic effects, difficulty to eradicate, progressive harm, the need for treatment, and the impact on the overall health of the population. The issue of prohibited practices in the health sector is akin to an infection that spreads from person to person, eventually affecting the entire population. This includes institutionalized and systemic corruption, as well as widespread and pervasive corruption among officials in every institution and individuals across all social strata. It spans from the less privileged population to the elites and upper classes, the powerful and influential, perpetuating a model of assistance and underdevelopment in the country.

Consequently, we can analyze the corruption infection using epidemiological terms. An '*epidemic*' is a sudden, unexpected increase in the number of cases of a disease in a population, spreading for some time in an area and simultaneously affecting a large number of people, such as cholera, influenza, Ebola, smallpox, measles, polio, and yellow fever. An '*endemic*' is a disease that is always present in a region or population, expected to remain habitually or indefinitely, or at fixed times in an area, like influenza, malaria, syphilis, dengue, Chagas disease, and schistosomiasis. And a '*pandemic*' is an epidemic disease that spreads to many countries or affects almost all individuals in a locality or region, such as the Black Death or Bubonic Plague (1346-1353), Spanish flu (1918-1920), Asian flu H2N2 (1957-1958), HIV/AIDS (1981–Present), H1N1 influenza (2009-2010), and COVID-19 (2019–2023). ⁽¹²⁻¹⁵⁾

In this context, the author proposes that corruption can be classified as '*epidemic, endemic, and pandemic*' with their respective definitions in the following table.

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Table 2: Typification of Corruption in Guatemala *

EPIDEMIC CORRUPTION	ENDEMIC CORRUPTION	PANDEMIC CORRUPTION
Sudden, rapid, and widespread dissemination of corrupt practices in a specific economic, social, and political society or system	Habitual, constant, and ingrained presence of corrupt practices in a specific economic, social, and political society or system	Widespread and extensive dissemination of corrupt practices throughout the entire society or specific economic, social, and political system

*Source: Author's own elaboration

The term "*epidemic corruption*" is used metaphorically to describe covert corruption that emerges suddenly and scandalously, requiring immediate attention from the economic, social, and political system for resolution, if it happens at all. The term "*endemic corruption*" refers to corruption that is an integral or habitual part of an economic, social, and political system, where most of the population lacks alternatives to stop corrupt practices by individuals or institutions. The term "*pandemic corruption*" is used to describe the widespread dissemination of corrupt practices at all levels and sectors of society, encompassing the public, private, and nonprofit sectors, and including international intergovernmental and private organizations.

In terms of the "*signs and symptoms*" of epidemic, endemic, and pandemic corruption, the harmful and detrimental effects include, but are not limited to, the following negative consequences:

1. Inequalities in the distribution of health services, leading to individuals and communities having limited access to basic and preventive medical care.
2. Proliferation of corrupt and fraudulent practices, such as the overpricing of medicines, equipment, and medical supplies, favoring the enrichment of certain stakeholders in the healthcare system.
3. Lack of transparency in price setting, allowing certain pharmacies and pharmaceutical import and distribution companies ('droguerías' in Guatemala), medical distributors, pharmaceutical companies, medical insurers, and private hospitals to establish inflated prices without accountability.
4. Inefficiencies in resource management, with inadequate budget allocation and a lack of focus on prevention and primary care.

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5. Monopolistic and oligopolistic practices limiting competition, resulting in higher prices for health supplies and products.
6. Lack of long-term strategic planning addressing the changing needs of the population and fostering innovation and efficiency in the healthcare system.
7. Poor oversight of healthcare quality, allowing medical errors and practices compromising the safety and effectiveness of treatments.
8. Creation of an environment in which healthcare professionals face pressure to adopt practices that generate lower costs and higher revenues at the expense of patient needs.
9. High prices of medicines, equipment, supplies, and medical services due to the lack of a strong entity negotiating on behalf of the population's interests, negatively affecting accessibility.
10. Lack of patient adherence to treatments due to the inability to afford expensive prescribed medications, resulting in poor control of chronic diseases and health complications.
11. High medication costs creating a significant economic burden for patients and their families, forcing them to choose between paying for medications or meeting other basic needs.
12. Lack of capacity to coordinate collective purchasing strategies that secure better prices through economies of scale, resulting in a weaker position in price negotiations.
13. Lack of community involvement and participation in decision-making, resulting in health policies that do not reflect the real needs and concerns of the population.

On the other hand, it is crucial to understand that, while epidemic and pandemic corruption highlights large-scale corruption at specific moments, garnering attention, publicity, and widespread scandal —such as the opaque acquisition by MSPAS of 16 million doses of the Sputnik V vaccine for a value of Q615 million,⁽¹⁶⁻²¹⁾ the overvalued multimillion-dollar purchase by IGGS for over Q377 million from a single bidder,⁽²²⁻²⁴⁾ the Phoenix Case involving embezzlement of Q350 million at IGGS, subsequently reopened for money laundering through more than 20 commercial firms,⁽²⁵⁻²⁷⁾ the embezzlement of Q67 million at the Chimaltenango Hospital,^(28,29) the Q122 million found in suitcases in Antigua Guatemala,⁽³⁰⁻³²⁾ or collusion between the 'Center of Government' and other authorities to illegally award contracts favoring bidders outside the Guatecompras system or the use of outdated procurement laws to bypass the bidding process and favor commercial enterprises⁽⁸⁾ —endemic corruption operates inadvertently and silently. However, it impacts citizens and the entire population more directly, severely, and extensively.

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Endemic corruption in Guatemala often goes unnoticed, largely due to a lack of widespread awareness or the forced acceptance of high costs for medical supplies. Many citizens lack viable alternatives to combat corrupt practices by certain drugstores and medical distributors, pharmaceutical companies, health insurers, and private hospital chains. These entities, collaborating through agreements, partnerships, collusions, or illicit pacts, arbitrarily and exorbitantly inflate prices, overvaluing health supplies —such as medications, medical supplies, sanitary and hospital materials, medical devices (prosthetics, implants, equipment), surgical materials, etc.— by 300%, 400%, or even more than 500%, in addition to the costs of hospitalization, diagnostic imaging, laboratories, and operating rooms.

In this way, an ocular injection for age-related macular degeneration (*an eye disease that can cloud central vision*), which costs USD \$250.00 in India, is sold in Guatemala for \$1,400.00. An anticoagulant for treating deep vein thrombosis (*blood clots in the veins of the legs*), which costs Q500.00 in Costa Rica, is marketed in Guatemala for Q1,080.00. A polypropylene mesh for repairing an inguinal hernia, which costs Q900.00, is billed by a private hospital at Q12,500.00. Likewise, a titanium implant to repair a distal radius fracture (*wrist fracture*), which is sold for Q10,500.00 (including screws, bone putty, and surgical assistant), is commercialized to a health insurer or private hospital for Q34,000.00, who then bills the patient Q45,500.07.

It is worth noting that the mentioned initial prices incorporate the profit margin of the local provider or importer over the acquisition costs with the manufacturer or pharmaceutical company. This prohibited practice aims to maximize profit at the expense of patients, who either incur debt, forego necessary medical care, or sacrifice other family and economic needs and priorities. Furthermore, economic or market studies, such as "*willingness to pay (WTP) or contingent valuation*" analysis, are commonly conducted to determine how much a patient can or is willing to pay, with the goal of maximizing profits, not to mention exploiting or squeezing the consumer.

It is not surprising, then, that medications in other countries, even in developed nations, are more affordable than in Guatemala, or that the costs of a private hospital are comparable or higher than those in first-world hospitals. Once again: '*in troubled waters, fishermen's gain,*' so many providers take advantage and enrich themselves; and all this happens without any entity in Guatemala, including the College of Physicians and Surgeons of Guatemala, the Central American Federation of Pharmaceutical Laboratories (FEDEFARMA), the Directorate of Attention and Assistance to the Consumer (DIACO) of the Ministry of Economy, the Chamber of Industry of Guatemala, the Guild of Suppliers of Hospital Products, the Department of Regulation and Control of Products of the MSPAS, or others, noticing, caring, or taking measures to protect patients and the population. Endemic corruption, whether on a small and routine scale or on a large scale perpetrated by elites

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and private companies, has a devastating effect on individuals and families, corrupts the entire nation, and causes considerable losses in the entire economy. ⁽³³⁾

On the other hand, the practice of classifying hospitals into types A, B, and C based on the economic status of patients persists, which is not common or accepted in most healthcare systems. Typically, hospital classification is done using broader criteria such as capacity, services offered, level of complexity, and other medical and administrative factors. However, some providers continue this classification in Guatemala to maximize profits according to the following classification:

1. Type A Hospital: High level of specialization and care for high-income patients. High-quality facilities and amenities, with a higher proportion of private services and luxury suites.
2. Type B Hospital: Offers a diverse range of medical services to accommodate different income levels and needs. Provides specialized services, although not at the same level as a Type A Hospital.
3. Type C Hospital: Serves low-income patients and provides basic and essential care. May offer primary care services, preventive care, and community health programs.

It is important to emphasize that this type of classification perpetuates inequalities in healthcare and does not align with the principles of equity and universal access to health. As the Spanish saying about opportunism goes, *'en arca abierta, el justo peca'* (with an open ark, even the righteous may sin). The Cervantes Institute explains this by reminding us that *"given human frailty, there should be no carelessness that favors crimes, nor should there be facilitation of committing a crime or falling into temptation"*. ⁽³⁴⁾

It is imperative, therefore, for the MSPAS to adopt strong measures against prohibited practices throughout the healthcare system. The Ministry must reaffirm its fundamental role as the health authority of the country and reclaim its primary function of regulating, supervising, and effectively ensuring the defense of the rights, health, economy, and well-being of the population. Additionally, the Ministry must pursue preventive, punitive, and judicial measures against those responsible for prohibited practices.

In summary, the lack of health governance weakens Guatemala's ability to establish effective policies, regulations, and strategies that protect public health and prevent the overpricing of medical supplies and the unjust enrichment of commercial stakeholders in health. Strengthening health stewardship is crucial to ensuring a more equitable, efficient, and accessible healthcare

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system. The next section explains and proposes the solution to the problem that the MSPAS must implement.

3. THE SOLUTION: A healthier nation through effective health leadership, stewardship, or governance of the healthcare system

Health systems require organization and direction to function efficiently. The Executive Branch Law, Article 39, and the Health Code, Article 9, explicitly mandate the Ministry of Public Health and Social Assistance (MSPAS) to exercise stewardship over the entire national health system, encompassing all contributors to essential health care services in Guatemala. ⁽³⁵⁾

The critical importance of strong and effective health leadership, also known as steering, stewardship, or governance in health, cannot be underestimated in preventing, detecting, exposing, and sanctioning prohibited practices within a health system. According to the model of the Pan American Health Organization (PAHO), health sector stewardship comprises six functions—1. Governance, 2. Modulation of health care financing, 3. Oversight of assurance, 4. Harmonization of service provision, 5. Execution of essential public health functions, 6. Regulation. ⁽³⁶⁾ Health stewardship, as per the World Health Organization (WHO), has 4 functions and 3 objectives—Functions: 1. Governance, 2. Financing (collection, pooling, and purchasing), 3. Resource generation (investment and training), 4. Service provision. Objectives: 1. Responsiveness (population expectations), 2. Financial equity (contribution to the system), 3. Health levels. ⁽³⁶⁾

The primary goal of health authority governance is to accelerate progress toward universal health access and universal health coverage, in line with the PAHO/WHO declaration on universal health: *"that all people and communities have access, without any discrimination, to comprehensive, timely, quality health services, determined at the national level according to needs, as well as quality, safe, effective, and affordable medicines, while ensuring that the use of services does not expose users to financial difficulties, especially vulnerable groups."* ⁽³⁷⁾

Health governance is the cornerstone of a well-structured and inclusive healthcare system. Its critical importance lies in fostering a unified, transparent, and responsible approach to ensure that all healthcare stakeholders contribute harmoniously to a single national health plan. This governance framework is designed to prevent any stakeholder from operating in isolation, promoting transparency, and combating prohibited practices within the system.

Para la presente publicación, el autor redefine el propósito de la rectoría sanitaria de la siguiente manera: *"definir, coordinar e implementar acciones y políticas públicas para abordar las necesidades de salud y mejorar el bienestar de la población de manera multisectorial, con tres objetivos principales: (1) mejorar el estado de salud, (2) aumentar la satisfacción ciudadana con el*

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sistema, y (3) salvaguardar la economía de la población". Además, el autor propone seis funciones esenciales para llevar a cabo una gobernanza sanitaria robusta y efectiva del sistema de salud, para el cual propone seis actores principales, como se detalla a continuación y en la Figura 1. Estos elementos se consideran líneas estratégicas interdependientes; es decir, dependen unas de otras para funcionar mediante una interacción constante que influye y afecta el rendimiento de cada una de ellas, a saber:

For this publication, the author redefines the purpose of health stewardship as follows: "to define, coordinate, and implement actions and public policies to address health needs and improve the well-being of the population in a multisectoral manner, with three main objectives: (1) improve health status, (2) increase citizen satisfaction with the system, and (3) safeguard the economy of the population." Additionally, the author proposes six essential functions to carry out robust and effective health system governance, for which six main stakeholders are suggested, as detailed below and in Figure 1. These elements are considered interdependent strategic lines; that is, they depend on each other to function through constant interaction that influences and affects the performance of each other, namely:

1. Unification of Efforts: Creation of a comprehensive strategic plan for the development and implementation of health strategies and policies at the national level. This involves integrating a vision, mission, goals, and objectives shared by all health system stakeholders to align efforts and resources, mitigate fragmentation, avoid duplications, and enhance efficiency by directing resources toward shared health priorities.

2. Coordination and Mobilization of Sectors: Effective collaboration and communication with diverse sectors and all health stakeholders at the national and international levels to develop joint work plans and achieve common objectives. This includes inclusive decision-making, inter- and multisectoral coordination, international intergovernmental and private collaboration, involvement of the public, private, and non-profit sectors, and the development of comprehensive policies.

3. Regulation and Supervision Mechanisms: Ensure the efficiency, transparency, and accountability of the health system through robust regulation mechanisms (*clear legal framework, regulatory entity*), diligent supervision (*regular audits, continuous monitoring, performance evaluation*), accountability (*transparent reports, citizen participation, sanctions for non-compliance*), whistleblower protection (*secure reporting channels, legal protection for whistleblowers*), and training and development (*continuous training, skills development*) to ensure that resources are used efficiently and quality care is provided to the population.

4. Optimal Utilization of Resources: Apply health economics principles to analyze how resources are allocated, distributed, and utilized to make evidence-based decisions (*health technology*

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assessments and cost-effectiveness, benefit and utility evaluations), use resources in the most efficient and effective way possible, reallocate savings and efficiencies to strategic priorities, strengthen and expand strategic partnerships and health care solutions to achieve universal health access and coverage, and achieve the best health outcomes and the highest impact and return on investment.

5. Combatting Prohibited Practices: Comprehensive focus and implementation of strategies to combat corrupt practices including rigorous audits and monitoring, transparency and access to information, protected whistleblower mechanisms, strengthening supervision and accountability, ethics and prevention training, international cooperation and collaboration with external agencies, sanctions and legal proceedings, and ethical culture and responsibility, to strengthen the integrity of the health system, ensure efficient use of resources, and provide healthcare fairly and equitably.

6. Future-Focused, Collaborative, and Service-Oriented Leadership: A dynamic and proactive approach that goes beyond conventional management, aiming not only to lead but to guide the health system into the future, anticipating current and emerging challenges and fostering a culture of innovation, collaboration, and service, to ensure that the health system is agile, efficient, and capable of continuous improvement, delivering quality care to the population.

In short, a robust framework of health governance is essential to create a coherent, transparent, and responsible system. Through the proposed six functions of health stewardship, as depicted in Figure 1, it would ensure that all stakeholders work collaboratively towards a "shared vision of a healthier nation." Health governance is the cornerstone to achieve excellence in public health in Guatemala, playing a key role in policy formulation, regulation, planning, coordination, and evaluation to achieve an efficient system centered on the needs of the population, legally supported, and committed to continuous improvement.

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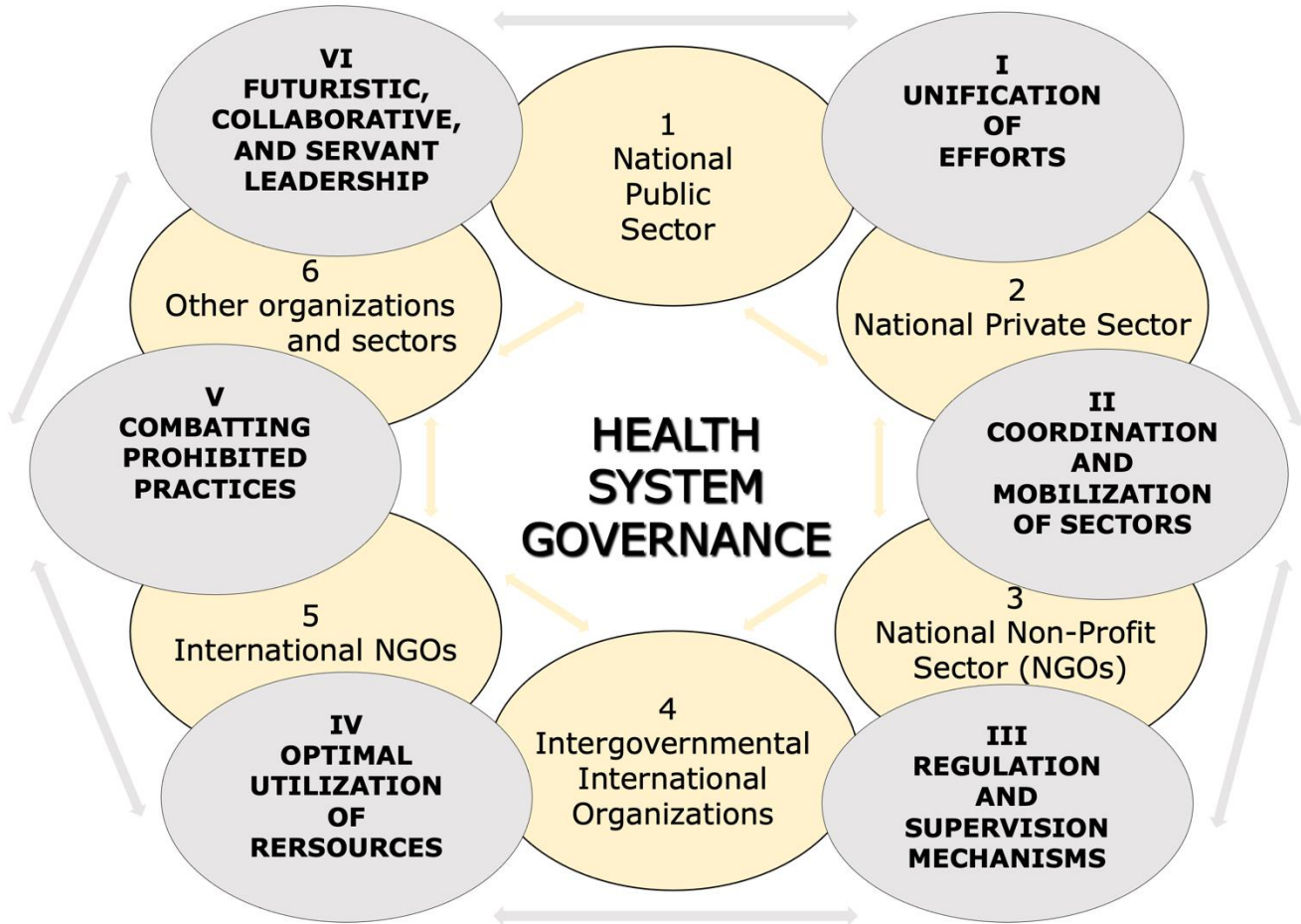


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Figure 1: Health System Governance for a Healthier Nation *



Six Health Governance Functions	Six Health System Stakeholders
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*Source: Author's own elaboration

CONCLUSIONS

The research findings highlight a perplexing reality. The health sector in Guatemala is affected by corruption in an epidemic, endemic, and pandemic manner. This critical situation is attributed to

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the loss of capacity by the Ministry of Health to exercise its fundamental function: the "*steering, stewardship, or governance*" of the health system.

The evident consequence of this deficiency is a compromised, fragmented, and segmented health system where corrupt practices manifest in the public, private, and non-profit sectors at all levels. The shift from a paradigm where the Ministry of Health fails to one that functions effectively is possible but demands a focus centered on unwavering commitment to effective stewardship and ethical governance. Health steering becomes imperative and stands out as the key element to transform, restructure, and revitalize the health system, basing it on efficiency, transparency, and accountability. This involves the ability to unify, regulate, and supervise all health stakeholders under a comprehensive national plan with shared responsibilities.

Health governance is the cornerstone for achieving health system performance goals, which include improving the health status, responding to legitimate expectations, and ensuring equity in the financial contribution of the population. It also plays a crucial role in preventing, detecting, exposing, and sanctioning corrupt practices. Only through strong and effective health governance will it be possible to ensure universal access and coverage of health for all, thereby contributing to improving the health and economy of the entire population, advancing towards a healthier nation.

CONFLICTS OF INTEREST

No conflicts of interest are declared.

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LETTER OF AUTHORIZATION FOR PUBLICATION AND DISTRIBUTION

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- Author's name: **Mario Ricardo Calderón Pinzón**

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7. The authors declare that the necessary protocols have been followed for the protection of informants' data, prior informed consent and compliance with the other ethical principles of scientific research and bioethics.

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8. There is no conflict of interest.
9. I have delimited according to the Vancouver style, all the references used, and I have not committed plagiarism.

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