An Inclusive Response to the Covid-19 Pandemic in Guatemala

What is the role of open contracting?

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and Francois Van Schalkwyk

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Introduction

The COVID-19 crisis that plagues the world is not just a health crisis but a crisis that affects every sector and every individual globally (*Adhanom, 2020*). The recently released United Nations report on the socio-economic impact of the crisis cautioned that this pandemic “risks reversing decades of progress in the fight against poverty and exacerbating already high levels of inequality between and within countries” (*UN 2020:8*).

Different stakeholders, including international donors, governments, civil society organisations, and the private sector, have launched various programs to respond to the crisis. These include measures to contain the spread of the virus, protect the most vulnerable, provide temporary economic relief, and initiate economic stimulus to cushion against adverse economic impacts brought about by containment measures.

There is consensus that the pandemic impacts countries and people differently. The most vulnerable sectors of the population will be hit – children, women, youth, indigenous people, the disabled, among others (*Social Platform 2020*). Several organisations have put forward guidelines for inclusive response. The UNWTO proposes equal access to information and data, adequate social protection, and equal opportunities (*UNWTO, 2020*). The IFRC, on the other hand, emphasises the key principles of dignity, access, participation, and safety in keeping people safe from harm, understanding different risks, and involving and engaging all affected people (*IFRC, 2020*).

In the area of open contracting, the reference has recommended a variety of measures, especially in ensuring that emergency procurement related to COVID-19 response and recovery measures are transparent and accountable. This includes ensuring that emergency procedures are public and open, that open procurement data is used and shared to predict and manage supply chains, and that civil society is involved in monitoring the spending and delivery of goods and services (Hayman, 2020).

“However, the pandemic has aggravated existing inequalities, showing that current responses failed to ensure an inclusive response and recovery (UN 2020). If indeed the crisis severely impacts the most vulnerable, how can open contracting principles, mechanisms, and processes be used to ensure that COVID-19 response and recovery measures are inclusive and protect the most vulnerable?

The overall objective of this research is to create evidence that can be used by local actors in the design, implementation, and advocacy for inclusive COVID-19

response and recovery. At the same time, it sets out to create evidence that will be useful for domestic and international donors to design response and recovery policies, programs, and initiatives. This research focuses on how public procurement can be used as a tool for equitable access to public goods and services in times of COVID-19 response and recovery.

The research poses the following key questions:

1. How are different actors responding to COVID-19?
   a. National and local governments?
   b. Civil society?
   c. Private sector?
2. How inclusive are these response initiatives and processes?
3. How has public procurement been used to ensure inclusiveness in COVID-19 response and recovery measures?
4. What barriers and opportunities exist in this process?
5. What lessons can be learned from these to inform the design and delivery of future COVID-19 response and recovery measures?

To answer the research questions, we implemented the research in two countries -- Guatemala and the Philippines. The choice of country was conditioned by the presence of HIVOS' Open Up Contracting Program, a program for "a world where public procurement is transparent, fair and inclusive and is systematically used by governments to realise people's rights and advance sustainable development". The program is currently implemented in seven countries, namely, Guatemala, Indonesia, the Philippines, Malawi, Kenya, Tanzania, and Bolivia.

First, we conducted a review of the country-specific COVID-19 status and the corresponding government response to the pandemic. We reviewed programs, legislation, and other initiatives launched by different actors, particularly by national and local governments, civil society, and the private sector. A cursory analysis of how inclusive these responses were was undertaken, specifically for those involving procurement processes. Finally, to delve deeper into the research questions, we selected a case study for documentation and analysis.

COVID-19 in Guatemala

COVID Timeline and Response

In Guatemala, the first case of COVID-19 in the country was registered on March 13, 2020 (PAHO, 2020). Two days after the first case was reported, the first death was confirmed (Prensa Libre, 2020). Eight months later, on November 27, the COVID-19 monitoring citizen platform, Laboratorio de Datos GT[1], reported the following data: Total number of accumulated cases: 121,796; deaths (and accumulated fatality): 4,161 (3.42%); incidence (cases per 100,000 inhabitants): 43.08; lethality: 1.32%; positivity: 13.61% (*Laboratorio de datos GT*, 2020).

As a response to the growth in cases, the Guatemalan government initiated in March 2020 the implementation of mandatory sanitary measures, the closure of public and private establishments, and restrictions on internal mobility, as well as the closing of borders and implementation of curfews. These restrictions and government regulations changed over the first six months of the pandemic until a gradual reopening process began following the establishment of guidelines in the form of a Covid-19 Alert System.

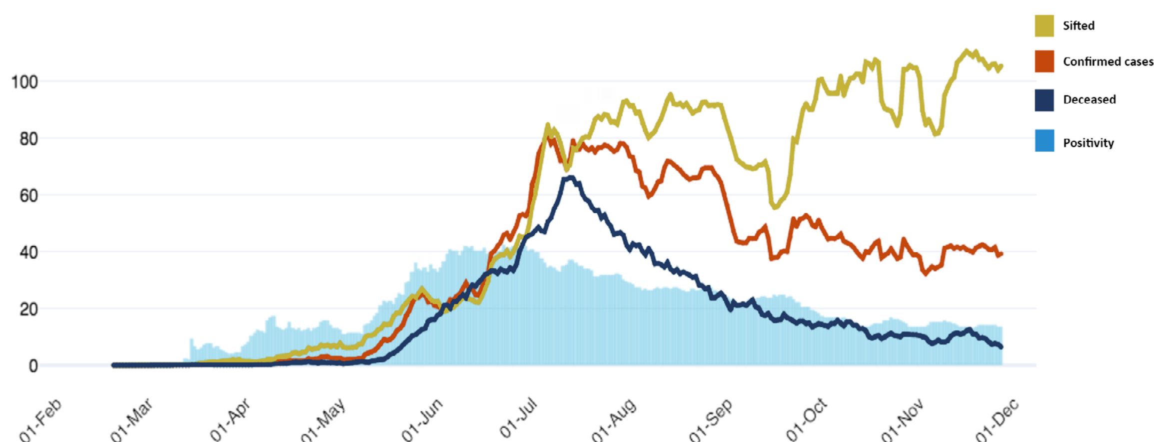
The Ministry of Public Health and Social Assistance promulgated *19 health provisions related to COVID-19*. These included provisions on the acquisition of testing reagents and vaccines, and regulations on the reopening of schools, as well as other related issuances impacting on the social, economic, cultural, and religious lives of Guatemalan citizens. These provisions were protected by presidential decrees and requirements related to the declaration of a State of Calamity on 9 March as established by the *Law of Public Order*.

The country had three emergency response phases: (1) containment, (2) preparation, and (3) opening. The containment phase was implemented from March to May, during which executive orders were established aimed at reducing mobility and activities within the country, restricting air flights, and closing land borders. This also included scheduled circulation and transit between different territories, and partial or total closure of social, religious, cultural, commercial, and educational activities.

Simultaneously, the government implemented economic and health measures, with an estimated budget increase of around $ 2.5 billion. This package sought

1 Laboratorio de datos GT: it is a citizen initiative of a team of scientists, epidemiologists and data analysts who developed this platform due to the problems of data management and accountability on the part of the Presidential Commission for Attention to the COVID-19 Emergency and the Ministry of Public Health and Social Assistance.

Figure 1. COVID-19 Guatemala: confirmed cases, sifted, deceased (normalised) and positivity



Source: Laboratorio de datos GT to November 27, 2020

to implement ten social and economic programs to mitigate the effects of the economic crisis (Nómada, 2020). At the same time, specific resources were allocated to strengthening the health system and to health-oriented spending to address COVID-19. The fiscal stimulus is primarily financed by public debt, sought to prepare adequate conditions for the country to face the economic and health crisis. However, not all of this fiscal stimulus aimed to address the economic crisis and the pandemic; resources were also used to dispense political favours to government allies (Con Criterio, 2020).

The months of June and July, the second phase in the response, were marked by a change in the Ministry of Health and Social Assistance (see below for further information on the change of administration). During this time, protocols were developed, and health policies were tested through presidential provisions that set the tone for the development of a COVID-19 Alert System. This facilitated the development of a monitoring mechanism to assess transmission rates and the required behaviour of people at the national and local levels to prepare the country for gradual reopening (La Hora, 2020).

The second phase was one of preparation, to open up and create the conditions that would allow the country to move towards a new normal. In this phase, the government created the Presidential Commission for Emergency Assistance COVID-19 (COPRECOVID), whose mission it is to support, advise, recommend and facilitate the implementation of mechanisms, measures and protocols to support the Ministry of Public Health and Social Assistance, as well as other

public agencies (Secretaria General de la Presidencia, 2020). During this phase, improvement in supply levels in hospitals and health services, as well as increased public purchases, were reported (El Periódico, 2020).

The protocols on opening the economy and the regulation of industrial, economic, social, public, tourism, transport and other activities that occurred during the preparation phase culminated in a gradual opening process that began in August and ended in September, giving rise to what was called the 'new normal' (Prensa Libre, 2020). Policies and measures developed by the Ministry of Health and Social Assistance, with the support of COPRECOVID, were implemented to reactivate sectors of the economy. Protocols were designed and were published in Ministerial Agreements, and implemented across the country.

The three response phases were financed by a budget package funded mainly through public debt. The government's original intent was to try to adjust health policy with economic and social policy measures to mitigate the effects of the crisis. However, these policies were implemented in an uncoordinated manner, and without strategic orientation, since the national budget is at levels of under-execution never seen before, despite adjustments to procurement procedures. Table 1 shows the amounts granted by the ministry and public agency, and the level of budget execution as of November 30, 2020.

Table 1. Amounts assigned, COVID-19 emergency expansion increases and 2020 budget execution (US$ millions)

Institution	Assigned 2020	Assigned 2020 + COVID-19 increases	% Execution budget at November 2020
Presidency of the Republic	$ 28,875,000	$ 28,875,000	77.96
Ministry of Foreign Affairs	$ 72,214,000	$ 74,714,000	75.20
Ministry of the Interior	$ 668,101,138	$ 753,101,138	72.66
Ministry of National Defense	$ 328,462,375	$ 330,815,222	74.95
Ministry of Public Finances	$ 47,655,000	$ 46,751,150	66.40
Ministry of Education	$ 2,066,323,303	$ 2,223,627,586	83.39
Ministry of Public Health and Social Assistance	$ 1,024,644,625	$ 1,245,394,625	73.04
Ministry of Labor and Social Security	$ 94,029,500	$ 101,092,000	72.31
Ministry of Economy	$ 50,419,750	$ 388,419,750	70.77
Ministry of Agriculture, Livestock and Food	$ 170,675,875	$ 220,675,875	44.50
Ministry of Communication, Infrastructure and Housing	$ 756,672,500	$ 862,078,750	53.20
Ministry of Energy and Mines	$ 10,124,000	$ 11,027,850	65.34

Ministry of Culture and Sports	$ 77,869,875	$ 77,869,875	46.77
Secretariats and Other Dependencies of the Executive	$ 190,843,375	$ 179,874,625	67.59
Ministry of Environment and Natural Resources	$ 15,910,500	$ 17,785,500	67.69
Obligations of the Treasury in Charge of the State	$ 3,525,646,697	$ 4,135,884,197	80.65
Public Debt Services	$ 1,676,375,000	$ 1,826,375,000	79.85
Ministry of Social Development	$ 144,883,375	$ 928,570,875	90.64
Office of the Attorney General	$ 14,657,113	$ 17,157,113	80.99
	$ 10,964,383,000	**$ 13,470,090,130**	**77.23**

Source: Own elaboration with data from SICOIN, November 2020.

The government's response to COVID-19 has been heavily criticised as inadequate. At the time of writing, the administration of President Alejandro Giammattei was caught in a crisis which had resulted in a rift within the executive and a request by Vice-President Guillermo Castillo that they both resign due to the inability of the Government to respond effectively to the COVID-19 emergency, as well as the mismanagement of the natural disasters caused by hurricanes Eta and Iota in the country (Deutsche Welle, 2020).

A series of protests have also begun at the national level against the overall mismanagement of the crisis, the increase in a budget financed mainly with debt, abandonment of vulnerable and excluded populations, increase in malnutrition, and allegations of corruption by allies to the ruling party (BBC News, 2020).

Changes in Procurement Processes

The regulation of public procurement by the government is exercised by a governing entity and a controlling entity. The governing entity is the Ministry of Public Finance. It directs the General Office of State Procurement (DGAE), which administers the government portal of public purchases and contracting, Guatecompras. At the same time, it is the government office in charge of the supervision, management, and monitoring of government contracts.

The entity in charge of the control and supervision of public contracts and purchases is the Comptroller General of Accounts (CGC). It is in charge of conducting audits and monitoring compliance with the State Procurement Law, Decree 57-92. This regulation has been in force since the 1990s and has been amended on several occasions. It is a law that has allowed Guatemala to improve state contracting transparency over the past 30 years. Arguably, however, it is a law that needs profound changes, given the current trends and the need for purchasing procedures

that align with current international transparency standards (Publinews, 2017).

The declaration of a State of Calamity in Guatemala by the President of the Republic, with authorisation from the Congress, had significant effects on public procurement transparency. The *State Contracting Law* provides exceptions to procuring entities during emergencies. Article 44 of the procurement law grants public entities the leeway to not request quotations, bids, or make purchases under the procedures established by law. They are only obliged to publish information about purchases and contracts made on the state purchasing portal, *Guatecompras*.

Nonetheless, the changes contained in public procurement for COVID-19 emergency were established in legislative decrees 08-2020, 12-2020 and 27-2020, which forced the Ministry of Public Finance to publish all purchases made for COVID-19 emergency needs, using the *portal for monitoring exceptional cases*, and to facilitate budget monitoring and execution in the Integrated Accounting System (SICOIN). It also obliges the Ministry of Public Health and Social Assistance and the Guatemalan Social Security Institute (IGSS), to render monthly reports on purchases and contracts entered into during the COVID-19 pandemic.

Transparency, Accountability, and Inclusion on COVID-19 Procurement

According to the Corruption Perception Index (2019) published by Transparency International, Guatemala ranked 146 out of 180 countries regarding transparency and accountability in governance. The country is considered to be among the five countries with the highest risks of corruption (El Periódico, 2020).

The Central American Institute for Fiscal Studies (ICEFI) points out that corruption is associated with six institutional variables that create the ideal conditions for an environment conducive to opacity, lack of transparency, impunity and corruption. These include outdated legislation, weak institutions, poor access to public information, low citizen participation, conflict of interest, and impunity (ICEFI, 2015).

ICEFI reports that the State Procurement Law is an outdated law, which has not fully managed to guarantee transparency and legal certainty in the procurement processes carried out by public entities. The problems in the legislation are related to issues of accountability and access to information. Information in government portals are not in open and editable formats, not easy to understand, often out-of-date and, in some cases, data are not available (ICEFI, 2015). These contravene the basic principles in open contracting.

Open contracting "concerns the publication of data related to public tenders or contracts across five stages (planning, initiation, award, contract, and implementation), with data published openly according to a set of (data) standards defined by the first-movers in the global open contracting network" (Canares and Van Schalkwyk, 2020: 13). However, this paper takes an extended view of open contracting, to include public participation in contracting processes, including planning and monitoring (ibid: 13).

Along with this view, there have been advances to create conditions to promote standards in *open formats* on the Guatecompras platform.

Civil society organisations have played an active part in promoting procurement monitoring actions such as Red Ciudadana and Ojo con mi Pisto. They developed initiatives to monitor purchases and hiring during the COVID-19 emergency. In the case of Red Ciudadana, a platform called *Nuestra Salud GT* was developed to monitor supply levels in public hospitals, budget execution of COVID-19 funds, and purchases and contracts made by the Ministry of Health and Social Assistance.

The Foundation for the Development of Guatemala (FUNDESA), carried out *monitoring of COVID-19 purchases and contracting*. Likewise, the project Ojo Con Mi Pisto carried out *publications and research* on purchases and contracts carried out by local governments during the emergency.

As a result of these initiatives, irregularities were detected in different public agencies. Corruption issues related to public contracting were observed to be concentrated in the Ministry of Public Health and Social Assistance, which led to the resignation of the deputy-minister. One of the investigations conducted by the Plaza Pública revealed that the former deputy was a contractor to the State (Plaza Pública, 2020).

When Dr Amelia Flores was appointed to lead the Ministry of Health and Social Assistance, she reported that they detected irregularities in the purchases made by the previous administration. She committed to initiating an internal investigation through a special audit and press charges based on the outcomes (Soy 502, 2020).

Based on our review of current evidence, there are no specific regulations or policies related to the implementation of actions from the field of public contracting that took into account groups that are habitually excluded. The only potentially relevant finding was the requirement regarding the publication of information on contracting during COVID-19 which could potentially afford different groups, including those habitually excluded, meaningful participation in the response to COVID-19.

Delving Deeper into Inclusion and Contracting in State-Level Response

In this section, we analyse the budget and contracting processes carried out by the Ministry of Public Health and Social Assistance, and its effects on the inclusion of marginalised groups in Guatemala.

As mentioned earlier, to put in place more robust controls in public contracting during COVID-19, the President of Guatemala issued three government decrees. We present in brief each of these decrees and their impact on contracting processes in Table 2.

Table 2. Decrees related to public procurement issued in Guatemala during COVID-19

Decree	Article	Description
08-2020	Article 2. Article 6 of Government Decree 5-2020, issued by the President of the Republic, is amended.	This article changes the wording of the original article, obliging the Executive Branch to comply with Article 44 of the State Procurement Law. It obliges public institutions to publish the information on the Guatecompras system, instructs the Ministry of Finance to establish a specific budgetary program for the COVID-19 emergency and to record and publish procurement activities and the expenditures disbursed to address COVID-19.
	Article 4. Article 10 of Government Decree 5-2020, issued by the President of the Republic, is amended.	Reports must be sent to the Congress of the Republic and the Comptroller General of Accounts. The executing units responsible for spending are ordered to publish the expenditures made for the COVID-19 emergency on the public information portals.
12-2020	Article 13, number 9.	Authorises the municipalities during the State of Calamity to make direct purchases established in the State Procurement Law for an amount of up to US$ 37,000.00
27-2020	Article 3. Accountability to the Congress of the Republic.	The Ministry of Public Health and Social Assistance is obliged to publish human resource contracts made by the government at professional and technical levels and provide a report on the services provided. The Ministry of Public Health and Social Assistance is obliged to report on purchases and contracts related to medicines, medical supplies, equipment, personal protective equipment, tests for COVID-19 detection, and laboratory reagents.

Source: Own elaboration with data provided by decree 8-2020, 12-2020 and 27-2020

These decrees, allowing for modifications to emergency procurement provisions, had at least three important effects. First, they forced the government to publish all the public contracts entered into during the COVID-19 emergency by all public institutions, with emphasis on the health sector. The Government is required to publish the information on the purchases made within ten days on the Guatecompras system and comply with the provisions of Article 44 of the State Procurement Law.

Second, the decrees impact the Guatecompras system and the Integrated Accounting System since it facilitates the monitoring of purchases made, and the measurement of the progress of the execution of public funds for the COVID-19 emergency. Third, municipalities were authorised to make direct purchases of up to US$ 37,000, when traditionally the amount authorised for all public entities was only US$ 11,250. These amendments improved the standards of transparency in public contracting related to the COVID-19 pandemic. It also aimed to increase the ability of government to respond to the emerging needs of citizens more efficiently.

Budget Allocation for the Ministry of Health and Social Assistance

The amounts allocated to the Ministry of Health and Social Assistance to respond to COVID-19 involved some particular considerations. First, it was intended to expand the capacities of the primary healthcare system and public hospitals to increase the number of beds available in the hospital network, distribute COVID-19 detection tests, provide medicines and outpatient treatment to the infected population, and open COVID-19 recovery centres. Second, epidemiological surveillance and resource decentralisation capacities were expanded to the health areas and districts of the primary healthcare system. Finally, the government decided to put into operation five temporary hospitals exclusively for the care of COVID-19 patients. Based on legislative decree 12-2020, the Ministry of Public Health and Social Assistance distributed the following amounts in the health system:

Table 3. Distribution of funds for the COVID-19 response of the Ministry of Health and Social Assistance

DESCRIPTION	AMOUNT	
Health Area Directions	USD$	19,895,553.00
Strengthening of the hospital network	USD$	17,602,675.75
COVID-19 temporary hospitals	USD$	32,000,000.00
COVID-19 testing laboratories and tests	USD$	12,500,000.00
Bonus and salaries for human resources	USD$	50,000,000.00
Benefit and risk bonus for COVID-19	USD$	9,050,000.00
TOTAL	**USD$**	**141,048,228.75**

Source: Own elaboration with information from the Ministry of Health and Social Assistance and Legislative Decree 12-2020. November 2020.[1]

Healthcare in Guatemala has, for a long time, been problematic. Historically, the government invests only 2% of GDP in health. There is also a gap of more than 4,000 health posts in primary healthcare, necessitating an increase in service coverage (El Periódico, 2018). COVID-19 amplifies the magnitude of this problem.

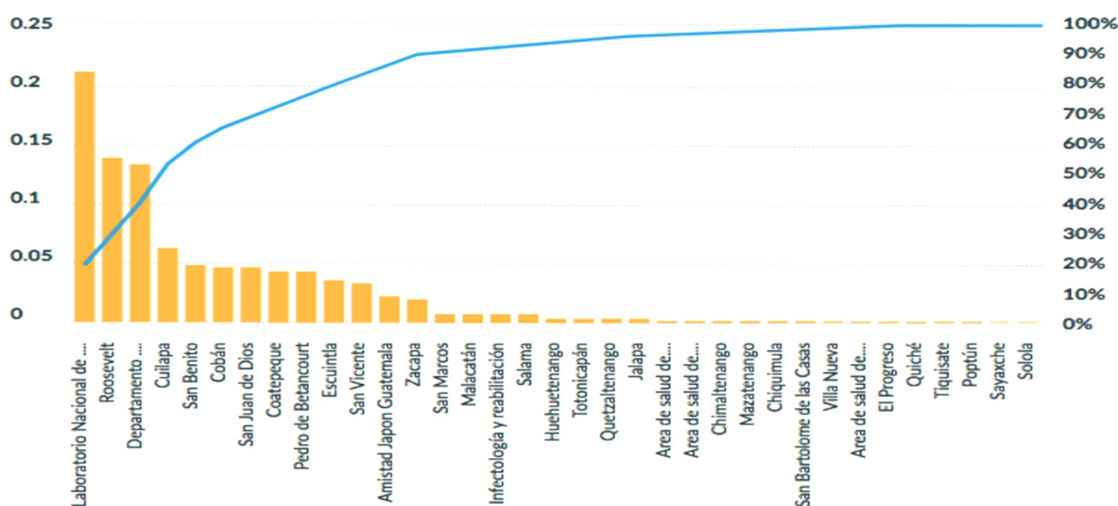
An Exclusionary Budget

The increase of just over US$ 141 million for the COVID-19 emergency represents a significant increase never seen before in the Guatemalan health system. At least 7% of the additional resources would be allocated to primary healthcare, located in the districts and health areas with lower coverage and access, and free COVID-19 testing.

The bulk of the public health response to COVID-19 was oriented towards hospital care to increase treatment capacity and guarantee funds for the ministry's human resource needs. Government's response to COVID-19 was not directed towards prevention and health promotion in primary healthcare. This resulted to underinvestment in public health facilities responsible for primary care and in health facilities in areas which mainly served indigenous and rural populations.

Figure 2. Acquisition of COVID-19 detection tests at the Ministry of Health and Social Assistance

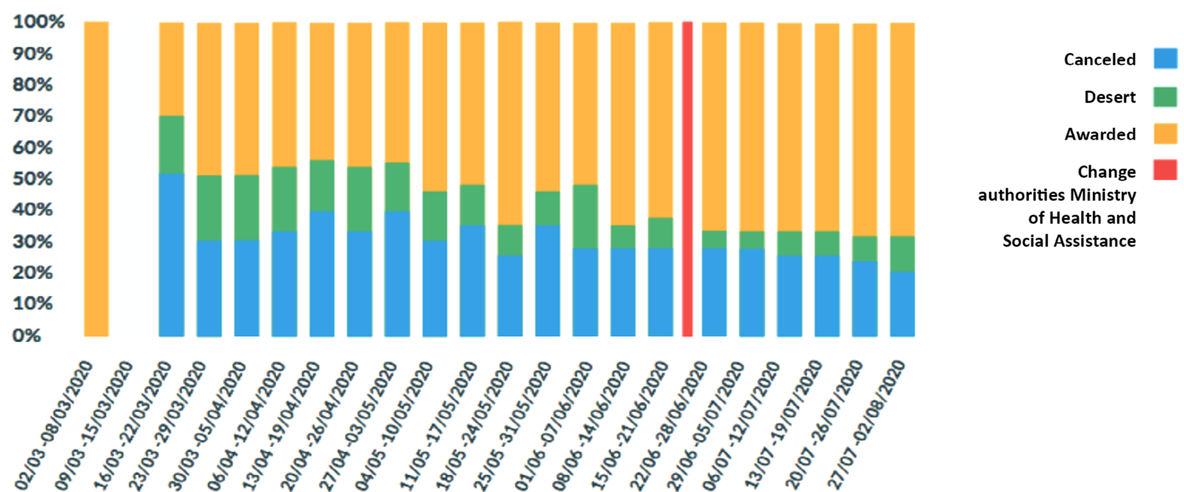
As is evident in Figure 2, the monitoring of acquisitions carried out by the



Source: Nuestra Salud Report. Red Ciudadana, 2020. p. 26

organisation Red Ciudadana, reveals a high concentration of purchases and acquisitions of COVID-19 detection tests, mainly in units at the central level. However, health areas and districts, as well as hospitals in the country's departments, had difficulties in accessing test kits to make them widely available to the rest of the rural population (Red Ciudadana, 2020).

Figure 3. Effectiveness on acquisitions and contracting carried out by epidemiological week from March to August 2020
Source: Nuestra Salud Report. Red Ciudadana, 2020. p. 25



Nevertheless, Red Ciudadana provides relevant data on the effectiveness of the purchases of the Ministry of Health and Social Assistance with data analysed from March to August 2020. This is hugely relevant since we can observe that a significant percentage of contracts and acquisitions were cancelled or declared void.

Figure 4. Execution of the COVID-19 budget of the Ministry of Health and Social Assistance
Source: Own elaboration with information from SICOIN, November 2020.

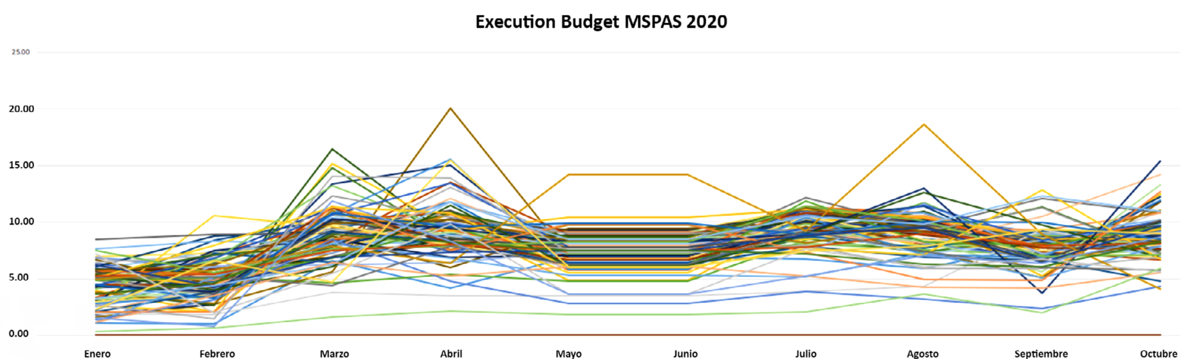


Figure 4 shows that despite having financial resources available to ensure the procurement of necessary goods during the COVID-19 emergency, bottlenecks occur in managing acquisitions and public procurement.

The above graphs support our hypothesis that there are three variables in managing purchases and contracts in the health sector that contributed to severe delays in procurement and purchase cancellations.

The first variable is the failure in the administrative management of public procurement at the central and decentralised levels. This is primarily brought about by the lack of strategic planning and coordination among the executing units of the health system. Based on the data, we have observed that resources and decision-making are highly centralised, affecting the effectiveness of public procurement management. It results in system inefficiencies as indicated by a significant percentage of cancelled acquisitions caused mainly by the lack of technical and administrative management capacity in the Ministry of Health and Social Assistance.

The second problem is associated with the readiness and capacity of the health system. A significant percentage of the acquisitions were declared void, resulting in a negative impact in terms of access to needed health equipment, materials, and supplies. At the same time, this also points to the government's inability to coordinate its efforts with the private sector to guarantee acquisitions.

Finally, the opacity and lack of transparency is a significant factor. As shown in Figure 3, before the change of leadership in the ministry, there is a trend towards the normalisation of cancelled acquisitions. However, the replacement of key officials resulted in a significant improvement in the percentage of awarded acquisitions. The data in Figure 4 also shows that the change of administration had the effect of activating budget execution during July to October, normalising budget execution parameters. The evidence indicates that the administration was less successful in executing the required contracts to acquire goods and services to address the pandemic.

Although the government's response to COVID-19 sought to guarantee access to health services for vulnerable populations and traditionally excluded groups, we cannot make any positive conclusion in this regard for at least two reasons. First, we observed low levels of execution and fewer acquisitions made. Despite allowing procurement by exception as regulated by article 44 of the Law on State Procurement, we see that it was not entirely effective as a mechanism to guarantee the quality of spending and budget execution of the Ministry of Health and Social Assistance. These inefficiencies and delays harm the population that need the necessary equipment, materials, and supplies in the fight against the pandemic.

Second, based on data, we have observed that procurement favours health facilities in the country's urban centres. For example, access to Covid-19 detection tests was concentrated at the urban level, given that the peak of infections was in urban areas. Health spending was also observed to be concentrated in Guatemala City and densely populated urban municipalities.

While it can be argued that it was necessary to do that precisely because of Covid-19 concentration in urban areas, it can also be argued that underinvesting in rural health care ignores the continuing need for public health services for the rest of the population.

But this underinvestment in health in rural areas is a problem in Guatemala, even before the pandemic. A study conducted by the Ministry of Health in 2017 showed that health spending in rural areas is very low, making Guatemalans living in rural areas marginalized (Dobias, 2020).

The unequal allocation of resources, the lack of execution of budgets related to health procurement, as well as the corruption associated with the use of public funds, is argued as detrimental to the plight of the poor (*Welp, 2020*), especially indigenous peoples in rural areas (*Gomez, 2020*). Even before the pandemic, trained medical personnel are rare in rural Guatemala because of inadequate funding, and even investments in potable water and better energy sources are scarce in rural areas (*Lawton, 2015*).

The persisting inequality in the allocation of budgets, to the detriment of those living in rural areas, has led to impoverishment. It has been reported that 79% of indigenous people living in the country live in poverty, double the rate than that of non-indigenous Guatemalans (*De Oca, 2020*). Destitution becomes especially stark for certain sectors of the population, including indigenous women. At the height of the increase of COVID-19 cases in the country, a Mayan leader wrote that the pandemic exposes the "absence of state services in indigenous areas and neglect of health, education, and nutrition" because its focus has been on cities, not rural areas. Indigenous women, she said, "carry the triple burden of being poor, being female, and being indigenous" (*Velazquez, 2020*).

Data Publication and Use

We observed that during the pandemic and as an effect of regulations established in the legislative decrees, there was greater availability of information in open and accessible formats published by the government. It is also important to mention that the data reports generated by the Integrated Accounting System (SICOIN) and the data module in Guatecompras are publicly available as open data.

The Fiscal Transparency Platform of the Ministry of Finance was a useful resource for most users. This platform contains information on contracts entered into during the pandemic. It also has additional information such as donations, budget, legal framework and other important documents characterising the government's response to the pandemic. Guatecompras, on the other hand, also has an open data module that makes it easier to find information disaggregated by public entities and providers. The information is limited to procurement events carried out by these entities. However, while the data is accessible, it is not updated regularly.

In the case of monitoring, follow-up and inspection of public contracting in the health sector, the primary users of this data were the media, political parties, journalists and civil society organisations concerned about the performance of government's management of the pandemic. The list below shows the intermediaries that made use of contracting data published by the Guatemalan government:

Civil Society	Media	Political Party
Red Ciudadana	Agencia Ocote	Semilla Movement Party
Citizen Action	Non Fiction	National Unity of Hope Party
Dialogues	Public Square	
Central American Institute for Fiscal Studies (ICEFI)	El Periodico	
Foundation for the Development of Guatemala (FUNDESA)		

How these organisations utilise the published data depends on their audiences and the nature of the organisation. Media organisations use the data for journalistic stories and investigations. Civil society organisations use the data to monitor reports on public procurement related to the emergency. Finally, in the case of the political parties, they use the information to evaluate the performance of Congress.

What is interesting to note is that the data that creates high levels of public traction is epidemiological data. The public demanded that the government make available an epidemiological data dashboard and an alert system disaggregated at the local, departmental and municipal levels. This is considered important so that citizens, the private sector, academia, local government, media and citizens, in general, are informed about the levels of infection in their cities and municipalities, and have information available to inform decision-making and public action.

What have we learned?

This research echoes the findings arrived at in a separate paper that tackles the role of open contracting in inclusion, using five case studies across the globe (Canares and Van Schalkwyk, 2020).

First, poor inclusion outcomes in Guatemala's COVID-19 response was brought about by the fact that initiatives to contain the virus and cushion the population against adverse economic impacts were not designed with the inclusion of marginalised groups in mind. The fact that the budget is exclusionary, favouring some parts of the country (e.g. urban) over others (e.g. rural), tilts the balance towards metropoles and urban centres to the exclusion of other areas. As earlier indicated, the lack of inclusive intent in the design of COVID 19 responses has resulted to the lack of attention to the rural areas where majority of the country's indigenous population lives (*UNHCR, 2021*).

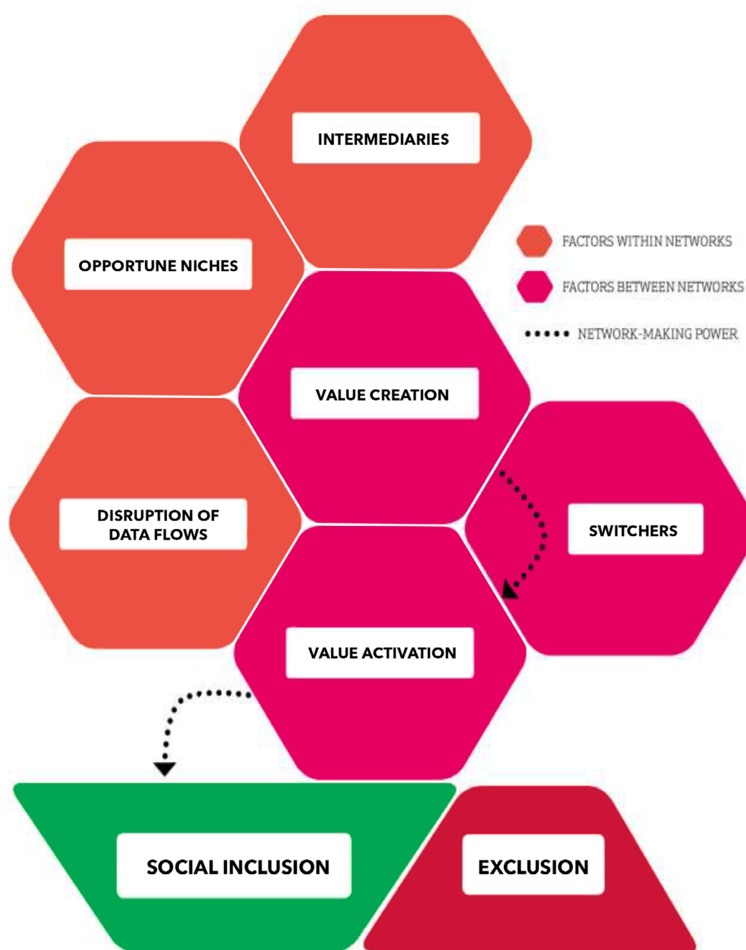
Second, data publication is an essential component not only in promoting transparency but also in analysing inclusiveness of COVID-19 response. When information is provided, it opens up spaces for discussion, contestation, and productive collaboration. The publication of procurement activities and results made it possible for different intermediaries, like Red Ciudadana, to analyse procurement data and report that not only that state budgets are exclusionary, but that they are underutilised, causing potential and actual harm to those who could have benefitted from the procurement of medical equipment and supplies.

Third, the role of intermediaries can not be overemphasised in terms of ensuring that procurement during the time of emergencies is transparent and accountable. Even during normal times, procurement activities are very susceptible to corruption. This will increasingly be the case during crises when stringent transparency and accountability requirements are foregone for the sake of expediency. Although procurement records can be made publicly accessible, without intermediaries, like the media, watchdog organisations, or social accountability advocates and organisations, to scrutinise procurement records including those indicating the receipt of goods and services, as well as its consequent distribution and utilisation, a more accountable procurement process can not be achieved. Intermediaries need to have the skills to access and analyse procurement data to ascertain the quality of received goods and the reasonableness of purchase price, to ensure that the government is getting value for money despite the emergency nature of the procurement process.

Conclusion

The primary question that this research sought to answer was whether public procurement can be used as a lever to ensure inclusiveness in COVID-19 response and recovery measures. The case of Guatemala shows that publication of public finance data, including budgets, spending, and contracting, has the consequent effect of making procurement of goods during the pandemic open to scrutiny, and can point to conditions where potential exclusionary processes have occurred.

Using the conceptual framework developed by *Canares and Van Schalkwyk*'s (2020) on open contracting and inclusion, we draw several conclusions.



First, the manner of data publication made possible the "disruption of data flows" by allowing citizens or citizen groups the opportunity to scrutinise public procurement, especially in a context where provisions on transparency and accountability embedded in procurement legislation were foregone to favour expediency because of the emergency. The publication of contracting data made it possible for media organisations, the private sector, and civil society to raise important questions.

Second, as a consequence of the publication, an "opportune niche" was created for stakeholders interested in scrutinising the COVID-19 response, to analyse the data, interpret it, and communicate it widely.

Third, data intermediation, that process of adding value to the data by translating complex procurement data into digestible information by citizens, made possible through different actors, has informed the discussion of procurement issues and response towards COVID-19 among citizens. The relative advantage of the media in popularising procurement stories emerging from the data published by the government has caused a much broader discussion of the issues raised.

Fourth, while the shake-up of the officials in the administration, as well as the subsequent resignations of key officials, may not be directly attributable to what intermediaries were able to do with published procurement data, the initiatives were able to create the impression that government is being monitored using the same data that they were able to publish. While it may be too early at this stage to assess whether the analysis, as provided by Red Ciudadana, can have a consequent effect on the inclusive nature of future COVID-19 programs, it nevertheless highlighted important questions on the unequal distribution of public resources to the detriment of those living in the peripheries, including indigenous peoples.

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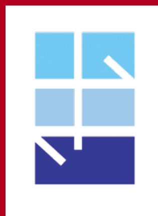

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