Politics and Public Health Spending in Argentina

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ABSTRACT

I propose that provincial and presidential partisanship are responsible for the variation in public health spending among provinces in Argentina. Given Argentina’s decentralized political and fiscal system and institutions, as well as its strong party influence in politics, I hypothesize that there will be a relationship between the political party of the provincial governors, that of the president in power, and corresponding provincial expenditures on publically funded healthcare. I will ultimately show that PJ governorship does not have a significant effect on public health spending, that public health spending is highly political yet there exists no systematic relationship between presidential partisanship and provincial public health spending.
For about three months in 2010 I participated in social work with my supervisor and seasoned social worker, Mónica Galarza, at the Guadalupe Oeste Primary Health Care Center in Santa Fe Capital, Argentina. Guadalupe Oeste primarily serves the population of the Barrio Chaqueño, a poverty-stricken neighborhood nearby. During these months my preconceptions of public health care and social assistance were transformed into strong impressions by Mónica’s daily sacrifices and by the raw misery that I witnessed. I learned that social work in Argentina’s precarious neighborhoods requires a delicate mixture of humility, patience and initiative that is both precious and rare. Of everyone that I encountered while working with Mónica, I was most impacted by the mothers and children of the Barrio Chaqueño and their intolerable physical and emotional living conditions.

The cases that Mónica and I dealt with led me to question the effectiveness of the Argentinean national and provincial governments in providing adequate health care and protection for mothers, young children and adolescents. I observed Mónica’s interviews with mothers of raped and malnourished children, her discussions with concerned and helpless siblings of troubled and endangered youth, her pleading with young pregnant mothers to seek prenatal care. During the three months that I spent at the Health Center of Guadalupe Oeste, very few cases improved. The majority of the cases of family violence, abandonment, drug use, and sexual abuse in fact worsened or became more complicated than when I first arrived. I watched violence and sexual abuse repeat itself with no readily available remedy or solution. The majority of the victims that I observed were under the age of thirteen. I asked myself, how could the most vulnerable part of the population in theory be the least protected in practice?
My experiences working with the Ministry of Health in the Barrio Chaqueño of Santa Fe, Argentina impacted me profoundly and led me to conduct my thesis research concerning the effect of national and provincial politics on public health care spending, which ultimately determines health outcomes among mothers and children. The following analysis is deeply personal work that seeks to contribute to a larger illustration of the politics behind the unforgiving reality of so many mothers and children in Argentina.

INTRODUCTION

The focus of my thesis is on the politics of public health spending. These expenditures largely benefit primary health care centers, which are generally accessed by the poor, at the provincial level in Argentina. By uncovering trends or inconsistencies in political and publically funded health expenditure data that I have collected, I will try to answer some or all of the following questions:

What is the political context in which public health care in Argentina is funded by government and therefore accessed by citizens? Is there a trend or correlation between Argentinean provincial and presidential political agendas and public health spending at the provincial level? What implications do these trends have for the politics of healthcare in Argentina?

I believe that there must be a political explanation as to why child and adolescent health indicators are different among Argentina’s twenty-three provinces and autonomous city of Buenos Aires. The Ministry of Health of Argentina health statistics database shows a substantial disparity in the following health indicators: adolescent (ages 10-19) fertility, pre-term adolescent births, adolescent infant mortality, overall maternal mortality, and overall infant mortality rates
between certain provinces. These health indicators illustrate a larger trend in health care provided and accessed by the more economically disadvantaged population of these different provinces. The specific implications of this trend, in context of Argentina’s national and provincial politics and health spending will be discussed later on.

Argentina is the most decentralized country in Latin America (Remmer 367), allowing provincial government considerable amount of power in allocating resources toward social programs and infrastructure of their choice. One such potential destination for resource allocation is the public health program “Remediar + Redes” that supports a total of 6,956 primary health care centers, or Centros de Atención Primaria de Salud, (CAPS). Since 2002, under Remediar + Redes, these CAPS have been strategically positioned to reach precarious neighborhoods and to serve the economically disadvantaged sector of the Argentinean population (Remediar + Redes, Hoy).

The provision of public health care in Argentina, specifically through the CAPS system, is critical to the physical health and welfare of thousands of families. Provincially administrated CAPS provide the poor with access to geographically convenient, affordable healthcare as well as access to the benefits of federal health programs. The primary health care services that CAPS provide currently account for about 53% of the total public sector medical consultations in the entire country (Remediar + Redes). Clearly, CAPS are a significant part of Argentina’s public health care system and deserve consideration in the context of provincial and national politics and health spending. While there is considerable variation in health indicators among provinces, the conditions of different CAPS also varies.

Medical and human resources available to CAPS differ between provinces, some receiving more doctors or equipment than others. Some regions and provinces spend more
money on publically provided health care than others, and some provinces show greater participation and benefit from health programs affiliated with CAPS, such as Plan Nacer, a public health program targeting at risk mothers and infants. The goal of my research is to determine if political affiliation of the governors of certain provinces in Argentina or province’s relationship with the president has any effect on public health spending, and consequently, the quality of medical attention available to patients at CAPS.

My research is largely quantitative, and consists of numerical data sets on political affiliation of governors and presidents dating back to Menem’s term in office, Argentina’s law of coparticipación, or tax-sharing agreement between the national government and the provinces, and expenditures on publically funded healthcare by province. In the following sections, I will draw out the connection between provincial governor and presidential political affiliation and effort exerted toward publically funded healthcare by examining provincial public expenditure data, to show how provincial resources are allocated toward public health institutions. I will then further explain the relationship between partisanship and public health spending, in the larger context of health outcomes, such as infant and maternal mortality rates.

EXISTING RESEARCH

My research focuses on Argentina’s political history, fiscal institutions, public health spending and corresponding maternal and infant health indicators. I analyzed and reviewed numerous articles that debate the political motivations for public spending and that argue about the role of fiscal institutions in Argentinean provincial and national politics. The following subsections explain in detail the information I have uncovered on the general health condition of the population of Argentina, partisan makeup of Argentina’s provincial legislatures, the history
and structure of its tax collection and redistribution system, and current debates among scholars in the field.

**POLITICAL STRUCTURE**

Argentinean government is divided horizontally and vertically, between the president and the legislatures, and between the “national executive and provincial legislatures” (Llamazares 1673). According to Tommasi, Saiegh, and Sanguinetti, “Argentina shows a relatively high degree of expenditure decentralization, vertical fiscal imbalance, and borrowing autonomy, even with respect to developed nations” (Tommasi et. al. 164). This vertical fiscal imbalance refers to the discrepancy between federal transfers to the provinces, and their respective responsibilities in actualizing expenditures (Bird and Tarasov 77).

The Constitution of 1853-1860 established a federalist structure that continues to define the Argentinean political system today (Tommasi 27). Government operates by closed list proportional representation, which “provides few rewards to political entrepreneurs operating outside of the party framework” (Bowen and Rose-Ackerman 160). This demonstrates the perceived crucial role that Argentinean political parties play in creating and implementing social programs at the national and provincial levels. Historically, Argentina’s national government has shifted between two major political parties, the Partido Justicialista (PJ), or historically Peronist political party, and the Unión Cívica Radical. Political party competition at the provincial level varies more substantially than in the national government, as some provinces show prominent leadership of a single party whereas others show competition among many parties (Remmer and Wibbels 429).

On one hand, Bowen and Rose-Ackerman suggest that “leaders from some relatively powerful provinces have considerable leeway in selecting candidates,” while on the other hand it
is argued by Llamazares that “most of the time party candidates have not been selected by national leaders, but in primary elections held by militants and in some cases voters” (Llamazares 1675). Another prominent scholar in the field would agree with Bowen and Rose-Ackerman in that “provincial leaders control the composition and order of party lists used to elect representatives to the national Chamber of Deputies” (Benton 655).

In their article, Spiller and Tommasi respond with the view that the absence of a candidate on a party list does not necessarily have to do with voter support of that candidate. Their research shows that “most legislators simply do not show up on the provincial party list for re-election. Those that do, have a two-thirds probability of being re-elected” (Spiller and Tommasi 294). This shows their view that “given the mechanisms of internal candidate selection, the selectorate is constituted by provincial party elites” (Spiller and Tommasi 294). Furthermore, these influential party leaders have power of influence in the overall electoral process (Tommasi et. al. 192). It is clear that political party affiliation is important and must be considered in evaluating the political context of public health spending and the role of fiscal institutions in Argentina.

According to existing literature, candidate selections argued to be tilted according to the preferences of political party leaders while some provinces are shown to be overrepresented and others underrepresented in the Chamber of Deputies. Laws described by author Jones encourage this disproportionate representation in Argentina’s legislature. Jones elaborates on this distribution in his chapter in Mergenstern and Nacif’s book that, “(1) no district receive fewer than five deputies, and (2) that no district receive fewer deputies than it possessed during the 1973-1976 democratic period” (Jones 148). Jones finds that the provinces with the lowest populations are highly overrepresented in the Chamber of Deputies, while Buenos Aires,
Córdoba and Santa Fe, the provinces with the highest population of the entire country, are substantially proportionately underrepresented (Jones 148).

This imbalance, instituted in 1983 by remnants of the military dictatorship, is described by Calvo and Murillo as a “majoritarian bias that benefits winning parties in the less populated provinces” (Calvo and Murillo 747). Overrepresentation of lesser populous provinces is also reflected in the federal transfer system, which will be discussed later on (Remmer and Wibbels 435). Calvo and Murillo specifically point to the PJ as the political party that benefits from this disproportionate representation in Argentinean government. They argue that the PJ benefits from a “partisan advantage in their access to fiscal resources” based on factors such as “the geographic distribution of the Peronist vote” as well as “fiscal federal institutions that favored PJ-dominated provinces” (Calvo and Murillo 747).

Of Argentina’s twenty-three provinces, for the current 2007-2011 term, sixteen have a political party with over fifty percent majority of seats in the provincial government. These provinces include: Catamarca, Chubut, Córdoba, Entre Ríos, Formosa, Jujuy, La Pampa, La Rioja, Misiones, Salta, San Juan, San Luis, Santa Cruz, Santa Fe, Santiago del Estero and Tucumán. Of these sixteen provinces, the PJ holds the majority of seats in eleven (Ministerio del Interior). Currently in the national government, provinces that voted two or more of the allotted three senate seats to the PJ, are: Buenos Aires, Chaco, Entre Ríos, Formosa, Jujuy, La Pampa, La Rioja, Misiones, Neuquén, San Juan, Santa Cruz, and Tucumán (Ministerio del Interior). According to Allyson L. Benton,

The PJ has been an important force in congress (averaging 45 percent of seats in the Chamber of Deputies and 54 percent of Senate seats between 1983 and 2005) and has ruled a majority of provincial governments (61 percent between 1983 and 2003) since the return to democracy (Benton 661).
Each province in Argentina also has a single governor, responsible for provincial government. Of all twenty-three provinces and autonomous city of Buenos Aires, sixteen currently have governors who are of the PJ, the same party as the current president. These provinces are: Buenos Aires, Chaco, Chubut, Córdoba, Entre Ríos, Formosa, Jujuy, La Pampa, La Rioja, Mendoza, Misiones, Salta, San Juan, San Luis, Santa Cruz, and Tucumán. Those that do not are: Ciudad Autónoma Buenos Aires, Catamarca, Corrientes, Neuquén, Río Negro, Santa Fe, Santiago del Estero, and Tierra del Fuego.

An overwhelming number of authors in this field highlight in their work the power of the provinces over the national government, in the context of partisanship. This has to do with the Federal Tax-Sharing Agreement, which will be discussed later on, as well as the argument for the provinces’ freedom and responsibility in allocating resources in relation to the national government. Spiller and Tommasi explain that, “the only activities over which the national authorities have exclusive authority are those associated with defense and foreign affairs” (Spiller and Tommasi 95). Furthermore, “subnational governments are responsible for almost 50 percent of total consolidated public sector expenditures” (Spiller and Tommasi 96). Remmer and Wibbels connect this relationship to politics in that “the incentives for state or local politicians to cooperate with national government adjustment efforts are influenced by partisanship” (Remmer and Wibbels 422). Calvo and Murillo point to these institutional rules as responsible for the “partisan biases in the subnational distribution of public funds” (Calvo and Murillo 744). This leads me to discuss existing research on the institutional decentralization characteristic of Argentina’s government and fiscal-federal structure.
HISTORY OF INSTITUTIONAL DECENTRALIZATION

Argentina’s decentralized political structure allows the provinces substantial power in relation to the federal government. Provincial governments historically and currently have considerable autonomy in allocating resources collected by the provincial government as well as funds transferred to the provinces by the national government through a federal transfer system, under the Federal Tax-Sharing Agreement (FTSA). While provinces have autonomy in collecting provincial taxes and electing their provincial representatives, the federal government can intervene politically and political parties can exert influence in provincial matters (Remmer and Wibbels 429). Provincial governments rely on the federal government for these transfers and ultimately gain “55% to 60% of their revenues—a sum roughly equivalent to 5% of GDP” through this system. Calvo and Murillo argue that provinces controlled by the PJ benefit from “higher levels of federal funding for their local expenditures and a larger share of revenue-shared resources than those controlled by the UCR-Alianza” (Calvo and Murillo 749). This argument will be revisited later on in light of my own research and findings.

The FTSA, otherwise known as coparticipación, was first established in Argentina in 1934 as a regulation for the distribution of “common resources between the national government and the provinces” (Jones, Sanguinetti, and Tommasi 308). According to Llamazares, “transferences of resources are mainly based on the coparticipación regime, which establishes general mechanisms for the reallocation of federal funds extracted from taxes” (Llamazares 1677). It is crucial to my thesis to examine who is in control of allocating these transfer funds in order to understand which provinces, if any, benefit from laws under institutional decentralization, why they might benefit over other provinces, and what consequences there may be for this politically charged fiscal decision-making process.
The FTSA is particularly significant in analyzing Argentina’s institutional decentralization. Under the original Constitution of 1853, the federal government was meant to draw upon tax revenues from foreign trade for its expenditures, while provinces were meant to allocate their collection of property taxes, income taxes and other sales toward expenditures (Jones et al. 308). Between 1985 and 1996, the federal transfer system accounted for “77% of total expenditures for the average province, with only 23% financed from provincial revenues” (Jones et al. 308). Currently, the national government plays an even more critical role in collecting taxes and then redistributing them among the provinces under the FTSA (Jones et al. 308).

Argentinean author and academic Mariano Tommasi’s work on “Federalism in Argentina and the Reforms of the 1990s” is a vital source in understanding Argentina’s complex history of institutional decentralization. A relic from the 1966-1973 military dictatorship, coparticipación, or reallocation of federal taxes to the various provincial governments, was most recently sanctioned in 1988. Under the FTSA, or coparticipación, 42% of total taxes collected remains at the disposal of the Federal government. A total of 57% of this revenue is then redistributed back to the provinces in different proportions for each respective province while 1% remains in a collective fund for the provinces in case of emergency (Coparticipación Federal de Recursos Fiscales). The Banco de la Nación is responsible for transferring these funds to the provincial governments. Benton explains the impact of these adjustments:

Though the provincial share of revenue sharing resources dropped, absolute funds transferred to provincial governments increased dramatically. Provincial governors were compensated for a drop in share with promises of increased future tax collections gained from improvements to the federal tax administration, as well as guaranteed minimum monthly payments (Benton 663).
A series of institutional reforms followed the 1988 sanction of the coparticipación regime with the arrival of Carlos Menem to the Argentinean presidency in 1989 (Tommasi 38). Menem, of the PJ, realized many changes that generally are seen to have favored his political party, including the appointment of five more Supreme Court judges of his choosing. According to Benton, Menem took measures to “privatize state-owned enterprises and utilities….reduce expenditures in health, education and welfare services by transferring these responsibilities to provincial governments” (Benton 662). Menem’s collective reforms are now widely regarded among the Argentinean people as a supreme betrayal.

In 1992 and 1993, under Menem, a series of Fiscal Pacts were instituted. These pacts were intended to “shift the net fiscal position of national and provincial government in a way that increased provincial total revenues, relatively decreased national total revenues, and increased national spending responsibilities” (Tommasi 54). The federal government hoped to “push for the reform of some very inefficient provincial taxes, and privatization of some provincial public utilities as well as public provincial banks” (Tommasi 56). In actuality, the 1992 Federal Pact achieved the allocation of “15% of coparticipación funds to help pay for reform of the national social security system” and the institution of “a guaranteed floor on coparticipación payments” (Tommasi 57).

The 1993 Fiscal Pact, realized soon after, increased the minimum amount of transfers from the Federal government to the provinces (Tommasi 57). This tax-sharing system was tweaked even further in 1994 when Menem moved for constitutional reform in order to stay in office another term. Provincial leaders took the opportunity for negotiation when Menem announced his intentions which were backed by the “Pacto de Olivos,” an agreement made with ex president Alfonsín (Tommasi 60). The “Pacto de Olivos” justified Menem’s endeavor to stay
in power and provided provincial leaders with leverage to implement reforms beneficial to the provincial governments that “would protect them against future acts of opportunism from the federal government” (Tommasi 61). This new 1994 Constitution allowed for reelection immediately following an official’s term, increasing provincial influence at the national level (Benton 660). It also “required that revenue sharing pacts be introduced in the senate, increasing the leverage of smaller provinces who share equal seating in this body” (Benton 660).

Overall and officially, the results of the Constitution of 1994 are clearly outlined in Tommasi’s “Federalism in Argentina and the Reforms of the 1990s.” The Constitution of 1994 established a “Ley Convenio” between the federal government and the provinces, which allows provincial legislatures freedom and power to authorize laws enacted by Congress. It also guarantees the immediate transfer of funds from the federal government to the provinces under the coparticipación regime. The Constitution establishes the sharing of all taxes other than foreign trade taxes collected by the national government, with the provinces. Tommasi continues in his description of the Constitution of 1994 that, “a Federal Fiscal Entity (“organism”) shall be in charge of controlling the implementation and execution of this article, in accordance to what the above-mentioned law shall establish,” whose purpose is to ensure the representation of all actors in provincial and national government (Tommasi 63). The articles of the Constitution of 1994 reflect the provinces’ collective distrust in fair representation in relation to the federal government.

In spite of the effort provincial actors spent in arranging the terms of “Ley Convenio” under the constitutional mandate, past and current leaders have continuously failed to sanction it (Tommasi 68). The Fiscal Pacts of the 1990s demonstrate the opportunistic behavior of both
Federal and Provincial leaders in government, as well as their overall lack of reliability in producing concrete results in law.

Currently, the provinces play a prominent role in financing public services, including public health. Argentina’s provincial governments account for “more than 74% of [public spending] on public health” (Remmer 367). In the first trimester of this year, 61.2% of total Federal Capital transfers went directly to provinces and municipalities (Inversión Pública Nacional 2). Overall, provincial and municipal governments account for about half of all public sector expenditures (Tommasi 32).

Argentina’s Ministry of Economy and Public Finances published online the law 23458, or the Coparticipación Federal de Recursos Fiscales. Here, it is shown how Federal transfers to provinces under coparticipación are allocated. According to this document, which was most recently sanctioned in 1988, a total of 42.34% of total tax revenue is allocated to the federal government, while 54.66% is distributed automatically among the provinces. The remaining 2% of the total is allocated to certain provinces, in the following manner: 1.5701% to the province of Buenos Aires, 0.1433% to Chubut, 0.1433% to Neuquén, and 0.1433% to Santa Cruz. The final 1% of the total goes toward an emergency fund for the provinces. Another important factor in the FTSA, or coparticipación regime, is that $440,000,000 of total income taxes collected are distributed among provinces based on their respective coparticipación proportions. Either 10% or a total of up to $650,000,000 of total income taxes collected are distributed to the province of Buenos Aires. Another 4% of total income taxes collected are distributed among all provinces except for the province of Buenos Aires, and another 64% of total income taxes collected are distributed among the provinces and the federal government.
There are other factors that comprise the overall FTSA, though they are not crucial in understanding the overall impact of the *coparticipación* regime. It is clear by the previously described distributive criterion that provinces receive a large amount of total Federal transfers. Included in the *coparticipación* law are percentages of the total amount that each province should receive. These percentages are as follows (Coparticipación Federal de Recursos Fiscales):

<table>
<thead>
<tr>
<th>Province</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buenos Aires</td>
<td>19.93%</td>
</tr>
<tr>
<td>Catamarca</td>
<td>2.86%</td>
</tr>
<tr>
<td>Córdoba</td>
<td>9.22%</td>
</tr>
<tr>
<td>Corrientes</td>
<td>3.86%</td>
</tr>
<tr>
<td>Chaco</td>
<td>5.18%</td>
</tr>
<tr>
<td>Chubut</td>
<td>1.38%</td>
</tr>
<tr>
<td>Entre Ríos</td>
<td>5.07%</td>
</tr>
<tr>
<td>Formosa</td>
<td>3.78%</td>
</tr>
<tr>
<td>Jujuy</td>
<td>2.95%</td>
</tr>
<tr>
<td>La Pampa</td>
<td>1.95%</td>
</tr>
<tr>
<td>La Rioja</td>
<td>2.15%</td>
</tr>
<tr>
<td>Mendoza</td>
<td>4.33%</td>
</tr>
<tr>
<td>Misiones</td>
<td>3.43%</td>
</tr>
<tr>
<td>Neuquén</td>
<td>1.54%</td>
</tr>
<tr>
<td>Rio Negro</td>
<td>2.62%</td>
</tr>
<tr>
<td>Salta</td>
<td>3.98%</td>
</tr>
<tr>
<td>San Juan</td>
<td>3.51%</td>
</tr>
<tr>
<td>San Luis</td>
<td>2.37%</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>1.38%</td>
</tr>
<tr>
<td>Santa Fe</td>
<td>9.28%</td>
</tr>
<tr>
<td>Santiago del Estero</td>
<td>4.29%</td>
</tr>
<tr>
<td>Tucumán</td>
<td>4.94%</td>
</tr>
</tbody>
</table>

The above percentages show exactly what portion of the total each province receives from Federal transfers under the *coparticipación* regime. This information is crucial in determining whether or not any provinces are favored over others, in order to further analyze the impact of respective governor and presidential political affiliation. Remmer and Wibbels point out a few significant implications of these provincial *coparticipación* percentages in that,
low density provinces (Chubut, La Pampa, Neuquén, Río Negro, Santa Cruz, and Tierra del Fuego), which contain approximately 5% of the total national population, received 14.6% of federal transfers or $1,158 per capita. In contrast, the four largest and most developed provinces (Buenos Aires, Córdoba, Mendoza and Santa Fe) plus the Municipality of Buenos Aires received only $277 per capita in transfer funds (Remmer and Wibbels 435).

These differences are substantial, and show that some provinces are clearly favored over others in Argentina’s fiscal institutions. Moreover, there is no concrete method for accounting for a province’s population or poverty level in determining the coparticipación percentages assigned to each province, and secured by law (Jones et al. 308). While some provinces receive a larger percentage of FTSA transfer funds, these provinces do not, in actuality, enjoy high per-capita transfers. Smaller, less populated provinces receive lower percentages of FTSA transfer funds but they actually benefit from an advantage of higher per-capita transfers. Overall, coparticipación plays a significant role in Argentina’s decentralized political and federal-fiscal system.

I originally was interested in examining the differences in allocation of these transfers by provincial governments to public health programs such as CAPS, the public health program described in the introduction section. A major gap in this section of my research, however, is the lack of information on provincial expenditures specifically on the CAPS program. In my findings I will include data on how much each province spends on publically funded health, but not specifically on primary health care centers, or even certain health programming. These overarching public health spending statistics will still prove valuable, however, and will show how much each province supports public health overall.

There is a considerable amount of existing literature on fiscal federalism in Argentina at the provincial level. However, none of the academic sources that I have encountered critically evaluate the impact of this system on social spending directed explicitly at public health, in the
context of the resulting health outcomes among vulnerable sections of the population. I see this as the perfect opportunity for contribution to the field, to examine whether or not current debates on the politics of public spending in general are applicable to spending on public health.

**CURRENT DEBATES**

It will be useful to take into consideration existing viewpoints on provincial politics and spending in Argentina, and see if the information I have collected may be applied to them in any meaningful way. Key players in the field of Argentinean fiscal federalism, are Mark P. Jones, Pablo Sanguinetti and Mariano Tommasi, among many others. Their work, entitled “Politics, Institutions and Public-Sector Spending in the Argentine Provinces,” highlights six different hypotheses, three of which I see as applicable to my research.

First, “provinces where the governor is from the same political party as the president will have lower per capita spending than provinces where the governor is of the opposition” (Jones, Sanguinetti and Tommasi 139). Second, “provinces headed by Peronist (PJ) and Radical (UCR) governors do not differ noticeably in their levels of per-capita spending” (Jones, Sanguinetti and Tommasi 141). Lastly, “provinces where there is divided government will have higher per capita spending than provinces where there is unified government” (Jones, Sanguinetti and Tommasi 141).

Karen Remmer, another important figure in the field, takes this idea of spending to another level, and argues that, “PJ control of the presidency or governorship is likewise expected to be translated into increased patronage rather than social spending” (Remmer 372-373). Remmer refers to this idea of patronage as “the ability and willingness of politicians to target public sector allocations to political supporters” (Remmer 363). In her article, Remmer focuses
on public sector job allocation by politicians to political supporters as patronage, arguing that, “the allocation of resources to public sector employment reflects variations in partisan control” (Remmer 366).

Ernesto Calvo and Maria Victoria Murillo also discuss the issue of patronage as “a redistributive tool that transfers public resources” (Calvo and Murillo 743). They argue that Peronists have an advantage over other political parties in access to resources due to the “geographic distribution of the Peronist vote,” and “fiscal-federal institutions that favored PJ dominated provinces, even controlling for redistribution and provincial overrepresentation” (Calvo and Murillo 747).

It seems that while Jones, Sanguinetti and Tommasi argue that provinces with governors of the PJ (the party of the current president) will spend less per-capita, Remmer argues that PJ governors will spend more on patronage versus social spending. Furthermore, Calvo and Murillo argue that provinces with a PJ governor have an advantage over others in access to resources. This claim is especially important surrounding my own findings, which I will discuss further on, in later sections of this paper.

I will further analyze these arguments to see if they hold true specifically regarding health spending during the years of presidential terms that I selected. The arguments previously described do not necessarily contradict one another, yet build off one another, and provide a basis from which to examine very similar political issues in the context of health. If PJ provinces do in fact spend more resources on the public health sector, this could signify politically motivated targeting of the economically disadvantaged sector of the population.

It is also important to note that voting in Argentina is compulsory, even for members of the poorest sectors of Argentinean society (Sistema Electoral). If PJ provinces do not spend
more resources on the public health sector, then this could point to a different kind of relationship between partisanship and public health spending, on which I will elaborate in my findings section.

**PUBLIC HEALTH CLIMATE**

I am not solely interested in evaluating the political nature of Argentina’s government finances, but also examining the health outcomes that are connected to these politics. This will provide a lens from which to more comprehensively view the provincial and national political and fiscal landscape. I see this section of my thesis, on public health programming, as a foundation or platform from which to delve into my findings on the political and fiscal climate of Argentina during various presidencies. The relationship of politics to public health spending deeply affects the condition one of the most basic human needs: physical health.

The public health system in Argentina has undergone many changes since the beginning of its development this century. Five different periods of the process of the development of the public health system in Argentina are outlined in Mera’s work on the health services in Argentina. The first period, pre-1945, is characterized by an unplanned pluralist model with high levels of disorganization and no institutionalized state involvement in public healthcare planning. During this period, the state only intervenes to control epidemics, border health control, and severe or urgent situations (Mera 176). Different subsectors arise in the health sector, including public state establishments, *mutuales* or foreign communities or labor groups, and private establishments. These subsectors exist without much economic crossover between them, and while these subsectors exist, the overall concept of the state as a healthcare provider did not exist (Mera 177).
The second period of the development of Argentina’s healthcare system is from 1945 to 1955, where centralized state planning first appears. The state increases its interference in healthcare planning, coinciding with the Second World War. During this period, the number of hospital beds in Argentina increases from 60,000 to 12,000 beds and the state nationalizes public health establishments (Mera 178). The third period, from 1955 to 1970 is characterized by the development of a pluralist model of decentralized planning. Here, with competition between the state and provinces, there is a shift toward decentralization and diversification of healthcare services (Mera 179). This leads to more provincial control over healthcare administration, with little technical support from the state, leading to the general deterioration of public healthcare establishments (Mera 179). The fourth period, from 1970 to 1977 sees the institutionalization of this model with larger provinces experiencing even more disorganization and difficulty maintaining order, and smaller provinces experiencing higher concentration in healthcare decision-making power (Mera 182).

The last period of the development of Argentina’s public healthcare system is from 1977 to 1990, with the crisis of the pluralist model of decentralized planning (Mera 182). During this period, the state lacks capacity to organize and regulate the system while the capacity to import diagnostic technology increases. These importations, however, correspond more to private healthcare establishments more than public healthcare establishments as they have more difficulty obtaining high complexity technology (Mera 182). This brief history of the development of Argentina’s public healthcare system helps understand its current public healthcare climate.

According to the World Health Organization, today, Argentina’s health workforce includes only 31.6 physicians per ten thousand people, its healthy life expectancy at birth for
both male and female infants reaches 67 years, and the mortality rate for male and female children under five years old is 15 per one thousand live births (Argentina Health Profile WHO). Argentina’s database on health statistics and information shows that in 2001, the percentage of the total population living with basic needs unsatisfied was 17.7% (Indicadores Básicos de Salud).

Other indicators prove important in illustrating the health condition of Argentina’s population. These indicators include adolescent fertility rates, percentage of pre-term births, infant mortality rates to adolescent mothers, general infant mortality rates and general maternal mortality rates.

For example, Misiones, a province located in northern Argentina, has the highest adolescent fertility rate of 47.8 births for every thousand female adolescents for the year of 2008. This same year, the autonomous city of Buenos Aires exhibits the lowest rate of all provinces, 18.4 adolescent births for every thousand female adolescents (Table 4). The province of Santa Fe showed 11.4% of all adolescent births were pre-term births while in the autonomous city of Buenos Aires only 6.1% of adolescent births were pre-term (Table 14). Of every thousand adolescent births, the province of San Luis saw a total of 26.2 infant deaths while the autonomous city of Buenos Aires only saw 3.9 (Table 30). In 2009, Catamarca saw 16 maternal deaths for every 10,000 while Rio Negro only saw 1.7. The same year, Formosa saw an overall figure of 20.5 infant deaths for every thousand, while Tierra del Fuego saw only 4.6 (Table 30).

These health inequalities among provinces may arise for many different reasons. One source suggests an alternative view, from a sociological perspective. Many factors may contribute to visible discrepancies in health outcomes among populations, including social inequality which is “highly influential on the formation of social capital, which is, in its turn,
significant for people’s health” (Bartley et al. 51). Another approach is highlighted in the same source, explaining that “health does not improve straightforwardly as rurality increases” and furthermore points to “a tendency for social deprivation to be more extreme and more geographically concentrated in inner cities than in rural areas” (Bartley et al. 103). Other views included in this source are that of the psycho-social perspective, where psychological stress that contributes to a population’s health is determined by social relations and therefore social inequalities (Bartley et al. 40).

Several crucial documents that highlight spending on health programs that serve the poor, are also worth mentioning in the context of the larger health condition of Argentina’s population. One such source is the “Characterization of Primary Health Care Centers in Argentina,” issued in 2007 by Argentina’s Ministry of Health program, REMEDIAR, that is designed to reach underserved sections of the population. This website for the REMEDIAR program provided me with statistics on the presence and absence of medical and human resources available to primary health care centers in each province.

This in itself might prove problematic however, as the statistics provided in this document only cover those CAPS that choose to participate in the REMEDIAR program. There could be others unaccounted for that would not be included in the following indicators: the number of primary health care centers in each province, the percentage of human resources in each center that is a medical professional (doctor or dentist), the percentage of medical professionals at each health care center that are general practitioners or pediatricians, the percentage of health care centers that have access to PAP equipment, and the percentage of health care centers that have ambulance availability. There are a few examples of these differences in access to resources. In Santiago del Estero, only 7.3% of the province’s CAPS
have the means of realizing routine gynecology exams such as Pap and Colposcopy tests. On the other hand, 85.7% of CAPS in the autonomous city of Buenos Aires have access to Pap and Colposcopy equipment (REMEDIAR).

The Ministry of Health government website does provide access to a database with spreadsheets of all health establishments in each province. The useful indicators and statistics included in the REMEDIAR document, however, do not describe all of these establishments, as some do not participate in the REMEDIAR program.

**HYPOTHESIS**

Based on my experiences at a primary health care center in Argentina, I expected politics to have a significant effect on public health funding, and consequently the health condition of the population served. Based on substantial research I have conducted, as well as my own observations in the Santa Fe province of Argentina, I hoped to find a correlation between public health spending and PJ governor or presidential partisanship. I expected, given Argentina’s highly decentralized fiscal institutions, that governors would have substantial power in relation to the president in allocating resources toward public expenditures in their respective provinces. I witnessed first hand the inefficiencies of the administration of public health administration, and expected some political factor to contribute to this reality.

Given the nature of Argentinean government and institutions, as well as the existing research outlined in previous sections I expected to see a correlation between PJ and UCR political affiliation of governors and the magnitude of their respective public health expenditures. I did not expect to see any substantial relationship between presidential partisanship and
provincial health spending, however I envisioned that there would be some political motivation connected to publically funded healthcare in Argentina.

I suspected to find that my independent variable, the politics of governors and presidents, would produce an effect on my dependent variable, public health spending, all the while controlling for population, infant mortality, income, and a measure of poverty, the percentage of the population with basic needs unsatisfied (%NBI).

**METHODOLOGY**

I expect to find a correlation between governor and president PJ partisanship and provincial resource allocation toward public health programs. My research relies on substantial numerical data, and is largely a quantitative analysis. The political data, public health spending data and health indicators comprise my research and make it worthwhile to utilize an empirical research design. Although my strengths do not lie in statistical analysis or even in mathematics of any kind, I chose to use this empirical method because it most accurately illustrates certain aspects of larger social and health related issues in Argentina. Using an empirical method to develop my hypothesis and present my findings is advantageous because it presents a concrete foundation from which to explore broader issues related to my topic.

I am studying the change that occurs in public health spending, by province, when political change occurs, by governor or president. My motivation for examining public health spending lies in my interest in health outcome disparities that I witnessed in the Health Center I worked at in Santa Fe. I am trying to explain why this change in public health spending occurs. Public health spending by province, therefore, is my dependent variable. My independent variable is governor and presidential partisanship for three examined points in certain
presidential terms: Fernando de la Rúa (1999-2001), Carlos Menem (1991-1995), and Cristina Fernandez de Kirchner (2007-2011). I chose to examine a point in time during these three periods because I expected their respective statistical outcomes to reflect my original hypothesis, and I found the data for these time periods to be most complete. I decided not to focus on Raúl Alfonsín’s presidency, from 1983-1989 because the data was insufficient. Adolfo Rodriguez Sáa’s presidency was not included either, as he served for less than one month in 2001. I was able to find the most complete political and public health spending data for the de la Rúa, Menem and Fernandez de Kirchner presidencies described above.

There are other factors that may affect the outcome of my research model and hypothesis, such as economic situation of the country, social or political climate of the period and clientelism and patronage politics in vote buying. I will not, however, be including analysis surrounding these issues as part of my thesis. These factors, especially vote buying and undocumented financial transactions, are difficult to measure and track, and are not meaningful in the context of my research. My research is based on official government documents and the exclusion of these factors is one of the limitations of my thesis. I specifically selected my dependent and independent variables, partisanship and spending on public health, to explore more deeply the relationship between the two and determine whether or not such a relationship may be systematic.

I chose to focus on Argentina because of the highly impacting experiences I had while in Santa Fe, Argentina. I noticed that the poorer sector of the population depends heavily on government-funded healthcare, and was interested in examining more deeply the political story behind Argentina’s healthcare system. I also wanted to look more into Argentina, as it is relatively more decentralized compared to other countries in Latin America. I felt that I could
tackle the research required for an International Affairs thesis more effectively while focusing on a Spanish speaking country, as I understand the Spanish used in government documents published online. I realize that there is a time constraint related to this particular thesis project, as well as a limitation of information availability while conducting research from outside of Argentina.

The measurements I collected, provincial spending on publically funded healthcare for years 1995, 2001 and 2007 reflect my dependent variable, or changes in public health spending by province. The other measurements I collected, the political party affiliation of provincial governors and presidents of corresponding time periods reflect my independent variable. I measured the data I have collected together with my thesis advisor using the statistical program, STATA, available at the university. We used an ordinary least squares multiple regression statistical model. We controlled for infant mortality, income and the percentage of the population living with basic needs unsatisfied (%NBI). These measures reflect a general control for poverty and general health of the population, varying based on available. A more overarching aspect of my research is witnessed in content analysis of government documents including laws, health-programming descriptions, and other official material, academic sources described earlier, and text from published books.

In order to draw upon numerical data to create the statistical graphs included in my findings section, I created my own numerical database. For the public health spending data, I consulted the Dirección Nacional de Coordinación Fiscal con las Provincias, under the Subsecretaría de Relaciones con las Provincias, of Argentina’s Ministerio de Economía y Finanzas Públicas. At that government site I found spreadsheets for the years I chose, for public spending by finality and function by province. I specifically looked at public health spending for
the years 1995, 2001 and 2007. I drew these numerical figures from each spreadsheet and created my own spreadsheet with compiled statistics, including the political affiliation indicators for each year. These I found on Argentina’s Ministerio del Interior website.

I was able to find the political affiliation of each governor for each province of Argentina for each year I chose to visit. I also used numerical data for the factors that I controlled, including measures of income, percent of the population with basic needs unsatisfied, and infant mortality rates. I found the measures of income by province at the same government site where I found public health spending information, the percentage of population with basic needs unsatisfied as well as the infant mortality rates on the Ministerio del Interior government website. I entered each number into my own compiled spreadsheet, and using this spreadsheet was able to enter data into the statistical program with my advisor.

I chose to examine numerical data from Argentina’s government published websites in order to include the most accurate and credible documented information available. One limitation I encountered was the lack of information and credible sources on the specific health program, CAPS, which I was specifically hoping to analyze. I originally wanted to measure public health spending specifically on CAPS as well as data on CAPS access to human and medical resources and measure these against political affiliation. Comprehensive data sets surrounding CAPS spending specifically, does not exist. Therefore I was unable to evaluate this particular aspect of public health spending, but in any case I was able to examine publically funded health overall and relate these figures, in a certain way, to governor and president political affiliation.

Other constraints on the breadth of my research include limited time to collect and analyze data, limitations of my own knowledge on statistical analysis, and lack of funding to
conduct research in a more consistent and comprehensive way. This thesis topic calls for continued research, such that I could envision myself undertaking in the future.

Hypotheses that contradict my findings include that of Calvo and Murillo, who argue that “regardless of which party controls the presidency, Peronist-controlled provinces received higher levels of federal funding for their local expenditures and a larger share of revenue-shared resources than those controlled by the UCR-Alianza” (Calvo and Murillo 749). Jones, Sanguinetti and Tommasi also provide a hypothesis that differs from my ultimate findings, in their argument that “provinces where the governor is from the same political party as the president will have lower per capita spending than provinces where the governor is of the opposition” (Jones, Sanguinetti and Tommasi 139). These hypotheses both point to a systematic relationship between political affiliation of the provincial governors and provincial expenditures including social spending. This directly contradicts my findings, which will be discussed in the next section.

FINDINGS

My purpose in analyzing my dependent variable, public health spending, against my independent variable, political affiliation, was to determine whether or not some provinces exert more effort, in terms of healthcare for the poor, than others. I hoped to see a correlation between partisanship of provincial governors and presidents, and public health spending that largely benefits the poorer sector of Argentinean society.

At first, I chose to look at the current term, 2007-2011, and examine the partisan makeup of the governors of Argentina’s twenty-three provinces and autonomous city of Buenos Aires. I found that sixteen of twenty-three provinces and the autonomous city of Buenos Aires have
governors of the PJ and sixteen provinces (not the same sixteen provinces) have provincial legislatures with over fifty percent majority of a certain party. Determining these fundamental political differences between provinces established a base-line political landscape from which to look further at differences in Federal transfers given to provinces.

This leads me to the dissection of Argentinean tax law, including coparticipación, Argentina’s tax-sharing agreement, and specific details on Federal transfers of capital to provincial governments. Federal transfers are assigned according to the percentages indicated in the tax-sharing agreement. These values are a political relic with no method for accounting for discrepancies in province’s total percentage cut and per-capita amount transferred. According to Remmer and Wibbles, high density provinces such as Buenos Aires, Córdoba, Mendoza and Santa Fe receive high overall total percentage cuts of coparticipación, however they receive substantially less per capita in funds (Remmer and Wibbles 435). This shows that documented federal transfer funds under the FTSA give more spending power in general, per capita, to smaller, less populated provinces.

Public health spending, I found to be affected by politics to a certain extent, as I found that the amount spent by provinces on publically funded healthcare per capita vary substantially between provinces. This leads me to explain my findings. I decided to review not only the public health spending and governor partisanship data relating to the current presidential term, but also the provincial affiliation with the presidency, and data relating to various presidential terms including that of Carlos Menem of the PJ, Fernando de la Rúa of the UCR-Alianza, and Cristina Fernandez de Kirchner of the PJ.

Before becoming president in 1989, Menem served as governor of the province of La Rioja, beginning in 1973. Menem’s two terms in office as a PJ president are characterized as
ones of severe corruption and widespread privatization of formerly state owned enterprises (Profiles: Carlos Menem). In spite of the reality of the nature of his presidency, the linear regression graph I produced showed no signs of spending power in his home province, La Rioja, as this province did not exhibit increased spending on publically funded healthcare. In the model, with the help of my thesis advisor, I compared provincial governor affiliation against presidential political party affiliation and public health spending. I controlled for income, population and the percentage of the population with basic needs unsatisfied.

Table 1

Regression of Public Health Spending on Governor Partisanship During the Presidency of Menem (1995)

<table>
<thead>
<tr>
<th>R squared</th>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.4%</td>
<td>Regression</td>
<td>0.000000</td>
<td>5</td>
<td>0.000000</td>
<td>50.7</td>
</tr>
<tr>
<td></td>
<td>Residual</td>
<td>0.000000</td>
<td>18</td>
<td>0.000000</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>s.e. of Coefficient</th>
<th>t-ratio</th>
<th>prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>1.17715e-4</td>
<td>0.0003</td>
<td>0.439</td>
<td>0.6660</td>
</tr>
<tr>
<td>lnincome</td>
<td>3.66358e-4</td>
<td>0.0001</td>
<td>3.47</td>
<td>0.0028</td>
</tr>
<tr>
<td>pjgov95</td>
<td>0.00000</td>
<td>0.0000</td>
<td>-0.283</td>
<td>0.7803</td>
</tr>
<tr>
<td>pobNBI91</td>
<td>-3.18828e-4</td>
<td>0.0001</td>
<td>-3.05</td>
<td>0.0069</td>
</tr>
<tr>
<td>lnpop91</td>
<td>-3.36805e-4</td>
<td>0.0001</td>
<td>-5.04</td>
<td>≤0.0001</td>
</tr>
<tr>
<td>TDF</td>
<td>3.22488e-4</td>
<td>0.0000</td>
<td>6.49</td>
<td>≤0.0001</td>
</tr>
</tbody>
</table>

Table 1, above, shows these figures, my dependent variable, public health spending by province in 1995, and my independent variable, provincial governor partisan affiliation (pjgov95) for the year of 1995. The controlled variables, population in 1991 (lnpop91), income
for the corresponding year (lnincome), and the percentage of the population with basic needs unsatisfied (pobNBI91) are included as well (see table 1).

The graph shown below illustrates the interesting fact that Menem’s home province, La Rioja, did not spend nearly as much as the linear regression model would predict. This points to a lack of favoritism, or lack of importance of provincial affiliation with the president in provincial resource allocation and expenditure. La Rioja can be found almost at the x-axis, substantially below the regression line. Other provinces are located a significant distance above the regression line, such as the autonomous city of Buenos Aires and Santa Cruz. There appears to be no partisan correlation between these two players, the autonomous city of Buenos Aires and Santa Cruz, and their apparent increased spending on public health in relation to other provinces (see graph 1).

Graph 1 - Studentized Residuals Plotted Against the Predicted Value of Health Spending from the Regression Report in Table 1
For the de la Rúa presidential term, I chose to look at the year 2001 and create a multiple regression statistical model (see table 2). Using provincial governor political affiliation information against the political party of the president and public health spending, while controlling for infant mortality (infantmort), income (lnincome), and the percentage of population with basic needs unsatisfied (pobNBI%01), and with the help of my advisor, I was able to form a graph showing a linear regression (see graph 2). The linear regression graph shows that both the province of Buenos Aires and the autonomous city of Buenos Aires spent more on publically funded health than the model would predict. It is a residual graph that plots the predicted values against the residual, which shows graphical evidence of positive residual. The information presented in the graph shows the model’s underestimation of how much was spent in Buenos Aires (see graph 2).

Table 2
Regression of Public Health Spending on Governor Partisanship During the Presidency of de la Rúa (2001)

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>0.124644</td>
<td>3</td>
<td>0.041548</td>
<td>5.14</td>
</tr>
<tr>
<td>Residual</td>
<td>0.161705</td>
<td>20</td>
<td>0.008085</td>
<td></td>
</tr>
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<table>
<thead>
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<th>prob</th>
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<tbody>
<tr>
<td>Constant</td>
<td>1.31604</td>
<td>0.3477</td>
<td>3.79</td>
<td>0.0012</td>
</tr>
<tr>
<td>Infantmort</td>
<td>-3.09034e-3</td>
<td>0.0056</td>
<td>-0.696</td>
<td>0.4942</td>
</tr>
<tr>
<td>lnincome</td>
<td>-0.167551</td>
<td>0.0581</td>
<td>-2.88</td>
<td>0.0092</td>
</tr>
<tr>
<td>pobNBI%01</td>
<td>-5.7299e-3</td>
<td>0.0036</td>
<td>-1.59</td>
<td>0.0092</td>
</tr>
</tbody>
</table>
De la Rúa was of the UCR-Alianza political party, and mayor of the autonomous city of Buenos Aires (Krauss). De la Rúa assumed his place as president of Argentina in 1999 and served until 2001. Based on the statistical graphical outcomes described earlier, it appears that the province affiliated with the president of the time, de la Rúa, was able to exert more spending power toward publically funded health, compared to other provinces (see graph 2).

Graph 2 - Studentized Residuals Plotted Against the Predicted Value of Health Spending from the Regression Reported in Table 2

During Cristina Fernández de Kirchner’s term, in the year 2007, we also see her home province, Santa Fe, above the regression line in the linear regression model (see graph 3). Here, I specifically look at PJ governor affiliation during 2007 against public health spending. The t-
ratio shows that there is no statistically strong relationship between provincial governor affiliation and public health spending (see table 3).

Table 3
Regression of Public Health Spending on Governor Partisanship During the Presidency of Fernández de Kirchner (2007)

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F-ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>2126751</td>
<td>4</td>
<td>531685.29</td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>1507546</td>
<td>15</td>
<td>100503</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Variable</th>
<th>Coefficient</th>
<th>s.e. of Coefficient</th>
<th>t-ratio</th>
<th>prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>5122.17</td>
<td>10509</td>
<td>3.39</td>
<td>0.0040</td>
</tr>
<tr>
<td>Pjgov</td>
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<td>158.9</td>
<td>-1.05</td>
<td>0.3120</td>
</tr>
<tr>
<td>Li08</td>
<td>-602.729</td>
<td>234.5</td>
<td>-2.57</td>
<td>0.0213</td>
</tr>
<tr>
<td>%persind07</td>
<td>-115.499</td>
<td>108.8</td>
<td>-1.06</td>
<td>0.3053</td>
</tr>
<tr>
<td>%hogind07</td>
<td>71.9702</td>
<td>162.6</td>
<td>0.442</td>
<td>0.6644</td>
</tr>
</tbody>
</table>

The linear model represented below, under Cristina Fernández de Kirchner in 2007, severely under-predicts the amount of resources the province of Santa Cruz was able to allocate toward publically funded health. This shows the political power of the Kirchner presidency in allowing Santa Cruz, Cristina’s home province, more access to resources which is subsequently seen in Santa Cruz’s relatively high spending on public health (see graph 3).

My research and findings ultimately reveal the distinct political nature of provincial public health spending in relation to the presidency, while at the same time they show that there is no systematic connection between partisanship affiliation with PJ versus UCR-Alianza and
access to and allocation of resources in the provinces. It is clear, through my findings, that some
administrations favor a provincial connection with the president, such as a president’s history of
governorship or the mayoral past of the president in a certain province, while other
administrations do not.

Graph 3
Studentized Residuals Plotted Against the Predicted Value of Health Spending from the
Regression Reported in Table 3

Politicians have, in fact, taken advantage of spending on health, yet they have not done so
in a consistent, systematic manner as existing literature distinctly portrays. Calvo and Murillo
specifically highlight their argued link between provincial governments of the PJ and access to
federal funds. They argue that these provinces which are under PJ governments will benefit
from “higher levels of federal funding for their local expenditures and a larger share of revenue-
shared resources than those controlled by the UCR-Alianza” (Calvo and Murillo 749). My
research suggests, however, that provincial politics do not play a significant role in determining the magnitude of a province’s public health spending. Moreover, there seems to be no clear relationship between any certain political party—PJ or UCR-Alianza—and elevated or reduced provincial expenditures on publically funded healthcare.

My findings disproved my own hypotheses, that governor partisanship would have more of an impact on spending that presidential partisanship, and that there would be an empirically observable correlation between governor partisanship and public health spending. Ultimately, provincial public health spending is highly political, and there exists an element of flexibility in what kind of access presidents are able provide for provinces of their choosing. This, however, appears to have no distinct connection with party affiliation. The non-systematic relationship between presidential politics and public health spending therefore conflict with the hypotheses of Calvo and Murillo, as well as that of Jones, Sanguinetti and Tommasi described earlier.

There is a clear linkage between the FTSA and provincial social spending, which largely draws from these federal transfers. While there does exist an imbalance in provincial access to resources under the FTSA, this imbalance ultimately favors smaller provinces, strengthening my argument that some larger provinces, that otherwise would receive a smaller per capita federal transfer, under certain presidencies and not others, receive more than they would be expected to. There exists no clear-defined relationship between provincial governor partisanship and subsequent public health spending. This research is limited, however, in the fact that I am only able to thoroughly examine three distinct points in time, which are, nonetheless representative of a wide range of years, and also in the reality that I am only examining one small aspect of public spending, provincial spending on public healthcare.
CONCLUSION

In summary, my thesis research sought a connection between provincial and presidential politics and provincial public health spending in Argentina. Although I did not find what I expected, my research led me to discover a non-systematic relationship between presidential partisanship and provincial public health spending, that ultimately disaffirms my hypothesis, as well as the hypotheses of a couple of authors in the field.

I found that some presidents favor provinces with which they have an affiliation, while other presidents do not, therefore negating any direct, explicit relationship between partisanship and provincial public health spending. My research has given me, personally, an infinitely better understanding of Argentina’s fiscal policy, history of institutional decentralization, healthcare system, and academic debates surrounding provincial politics.

My work is significantly limited, however, in that I had little practical knowledge in personally using statistical analysis programs crucial to the synthesis of the raw data I collected. This was not an insurmountable task, however, as I had the patience and generous help of outside sources, such as my thesis advisor. The main limitation to my research, however, is that I have not been able to find or include data explicitly on provincial expenditure on CAPS, the program that I was hoping to focus on more deeply. CAPS are a part of provincial public health spending overall, yet there are other establishments that receive this public health funding other than CAPS. In the future, I would like to be able to isolate the primary health care system, specifically CAPS, in order to analyze politically motivated spending that directly benefits the economically disadvantaged sector of Argentinean society.
Based on my personal experience with the Ministry of health in CAPS in Santa Fe, Argentina, I know that there must be politically motivated public health policy enacted in order to prioritize this program and better assist the portion of society most often ignored. In the end, my findings may show that there is a non-systematic relationship between presidential politics and public health spending.

This finding implicates many different stakeholders, including politicians and the general population of Argentina, in that partisanship might not be the sole cause for health spending variation and consequently health outcome disparities among provinces. These disparities in CAPS access to human and medical resources, for example, profoundly affect the lives of many individuals and families in all parts of Argentina. Families living under precarious conditions are more likely to access publically funded healthcare, and therefore could be affected more significantly by changes in provincial allocation of funding toward public health programs. In order to effectively investigate these deeper implications, my research will require substantial future data collection, field-work and quantitative and qualitative analysis beyond this thesis project.
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