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Strategic and Federative Strategies in Mexico: Coordinated Public Policy in Welfare, Education and Health

Joel Mendoza Ruiz
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Acronyms

AMA	Attention to Minors and Adolescents Program.
CADI	Assistance Centers for Childhood Development Program.
CAIC	Community Centers for Integral Attention Program.
CEDIF	State Centers for Family Integral Development Program.
CNDS	National Commission for Social Welfare.
CONASUPO	National Company for Popular Subsistence.
CONAEDU	National Council of Educative Authorities.
CONAFE	National Council for Economic Promotion.
CONASA	National Health Council.
CONEVAL	National Council for the Evaluation of Welfare Policy.
DICONSA	Distributor and Commercial Management of the National Company for Popular Subsistence Ltd.
DIF	System for the Integral Development of Families, which can correspond to the national, state, and municipal level.
EDUCAFIN	Institute for the Development and Attention to Youth in the State of Guanajuato.
FAEB	Contribution Fund for Basic Education and Training of Teachers.
FOMES	Fund for the Modernization of Higher Education.
IES	Higher Education Institutions.
IGAs	Intergovernmental Agreements
IJAS	Jalisciense Institute of Social Assistance.
INAES	National Institute of Social Economy.
INJUVE	National Youth Institute.
INPI	National Institute for the Protection of Childhood between 1961 and 1975, and National Institute for the Indigenous Peoples from 2018 to date.
LICONSA	Industrialized Milk from the National Company for Popular Subsistence Ltd.
PROII	Indigenous Infrastructure Program.
PRONABES	National Scholarship and Funding Program.
SAV	Support for Housing Program.
SEDATU	Agrarian, Territorial and Urban Development Secretary.
SEDESOL	Social Development Secretary.
SEP	Public Education Secretary.
SHCP	Treasury and Public Credit Secretary.
SSA	Health Secretary.
VIH/SIDA	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.
UNIPRODES	Units of Production for Development.

Introduction

Historically, Mexican federalism has exhibited a special contrast, which we have highlighted in previous papers (Mendoza Ruiz and Mendoza Gómez, 2022). The 19th century witnessed the coexistence of a weak national government with empowered subnational governments. That “unbridled federalism” was characterized by strategic and financial unilateralism from the subnational governments. During the 20th century, however, Mexican federalism shifted mainly towards financial unilateralism from the national government, followed by opportunistic Constitutional reforms. This inverted the capacities from the previous century: a strong national government and brittle subnational governments (Mendoza & Mendoza, 2022, p. 75). Thus, the contemporary implementation of coordinated policy became dependent on the federal budget, supposing a federal imbalance, from 1953 to 1980. This process occurred through the use of a contractual “non-constitutional” instrument: Intergovernmental Agreements (IGAs). Via the enactment of IGAs, subnational governments committed to abrogating several taxes in exchange for compensation from the national government through transfers derived from new national taxes, as incremental incentives.

To explain Mexican federal public policy dynamics, it is necessary to study the financial instruments corresponding to sectoral policy in detail. In this regard, we identify four concepts:

1. Decentralized implementation programs, encompassing those designed by the national government to be implemented by the subnational governments via conditional transfers - a mechanism of cooperative federalism.
2. Centralized programs designed and directly implemented by the national government.
3. Programs designed and implemented by the subnational governments with no national government participation.
4. Subsidy programs consisting of financial transfers for the subnational administrative and infrastructure improvement oriented to contribute to national policy, following administrative weaknesses of the subnational governments.

Concepts two and three (Centralized programs and Subnational government programs) contradict cooperative federalism - e.g., as seen in Germany - and vindicate dual functioning - e.g., as seen the United States. The final concept alludes to the Mexican federal imbalance. It is important to differentiate decentralized programs from subsidies. Even though both are conditional transfers, the former applies to the distribution of pre-established welfare programs and the latter to the correction of subnational administrative and infrastructural weaknesses.

Thus, the goal of this work is to analyze the Mexican coordinated public policies in welfare, education, and health. Through the modelling of the general content of the coordinated public policies and the allowed discretion of subnational governments to shape policies in decentralized, centralized and subsidy programs, as well an assessment of the influence of contemporary programs of subnational governments, the analysis aims to explain the strategic and federative tendencies existent in Mexico. The selection of the referred sectoral policies followed their content, whether they referred to social welfare, education, or health. The rest of this introduction contextualizes the historical background of the national-subnational interactions in each respective field.

As a general condition, the contemporary implementation of public policies in social welfare, education, and health depends on the federal spending capacity built, and the fiscal federal imbalance generated, between the federal government and the states between 1953 and 1980. This process was managed on a “non-constitutional” contractual basis through use of a particular instrument: intergovernmental agreements (IGAs). By enacting IGAs, subnational governments committed to eliminating several

indirect taxes in exchange for a transfer of a share of national taxes as compensation for their losses in tax-raising.

Social development policy was imposed over time by the national government through the creation of specific programs and national institutions for direct assistance: the Welfare committees to operate the “drop of milk” program in 1926; the Affordable Housing Fund in 1947; the National Youth Institute (INJUVE) in 1950; the Rural Social Welfare program in 1953; the Urban Social Welfare Program in 1956; the National Institute for Childhood Protection in (INPI) and the Fund for Arts and Crafts in 1961; and the National Company for Popular Livelihood (CONASUPO) in 1962 (Mendoza, 2017, p. 179).

The National Commission for Social Development (CNDS) — a national sectoral organism rather than an intergovernmental body — integrates representatives of four groups of minority participation: the national-sectoral, subnational governments, local governments, and legislative representatives (Cámara de Diputados, 2004). Its agenda is oriented to operative, financial and program reports, as well as the projection of national goals. In this structure, the means through which subnational governments can influence social welfare policy is far from coordination and closer to electoral competition.

In synthesis, in the post-revolutionary era, the national government founded a national welfare policy based on the actions of several central institutions. From the 1970s onwards, said policy became gradually more cooperative. However, in contradiction to the cooperative era, the current era trends towards dual performance.

The national educative policy launched schemes of tolerated encroachment on subnational administrative faculties in the mid-1920s, when the Public Education Secretary (SEP) enacted IGAs with the subnational governments for the construction of federal basic schools (López, 2008). Later, in 1940, the purpose of IGAs was to unify and coordinate education services under the technical direction of the SEP (Mejía y Rojas, 2018). In 1992, the third generation of IGAs allowed the national government to decentralize human resources management and federal infrastructure (Rodríguez, 1999, p. 171).

The National Council of Educative Authorities (CONAEDU) consists of a majority of subnational representatives and a presidency in the hands of the Secretary (SEP 2004). Operative standardization is based on the presentation of reports by the national actors, with minimal discussion from the subnational representatives. The influence of subnational officials in national education policy has been conjunctural. According to Dr. Reyes Tamez Guerra (February 22, 2021), who was Public Education Secretary from 2000 to 2006, a period in which the CONAEDU was set up, the influence of subnational governments was fostered along the incremental process of public policy design during these years. Intergovernmental Relations (IGRs) went into a gradual trust dynamic, given that subnational education officials understood they were given a voice, and therefore participated to influence coordinated policy. This was the case in the School Security Program.

Concretely, from the 1920s, subnational school organization was gradually encroached on by the leadership of the national secretary of public education (SEP) and by the construction of national schools. “Decentralization of the national life” was a series of decentralizing reforms in the 1980s which coordinated the transfer of campuses and faculty to the subnational governments, besides the implementation of coordinated programs. Since the education reform of 2013, the national government has exclusively operated the faculty professionalization and evaluation systems. In 2018, the cooperative programs were abandoned in favor of dual performance.

National Health Policy was implemented cooperatively from 1932, through the enactment of IGAs between national and subnational governments for the integration of coordinated health services. This meant that federal health delegations and subnational sanitary departments were fused regarding their operations (FENL, 2005, p. 211; Morales *et al*, 2011, p. 194). As of 1985, IGAs were enacted for subnational governments to assume direct administration of the infrastructure and services provided by the Health Secretary and federal sanitary units in marginalized areas (Rodríguez, 1999, p. 152).

The National Council of Health (CONASA), which has a similar integration structure to CONAEDU in the education field (SSA, 1986), ensures stable development of health policies based on the presentation of thematic diagnosis and operative experiences, as well as the advertisement of calls for specialists and requisitions of administrative functions. Subnational implementation of health services has allowed some of the governments of this level to attempt to discretely influence the quality of the services through their participation at CONASA: “states presented their successful experiences. It became a learning environment” (Ortiz y Frenk, 2009, p. 71). In the most recent stage, two presentations are in the record from only one out of three studied meetings (ordinary meeting dated 06/03/2020): a) the health district model from San Luis Potosí, and b) the organ donation and transplant model from Guanajuato (SSA, 2021).

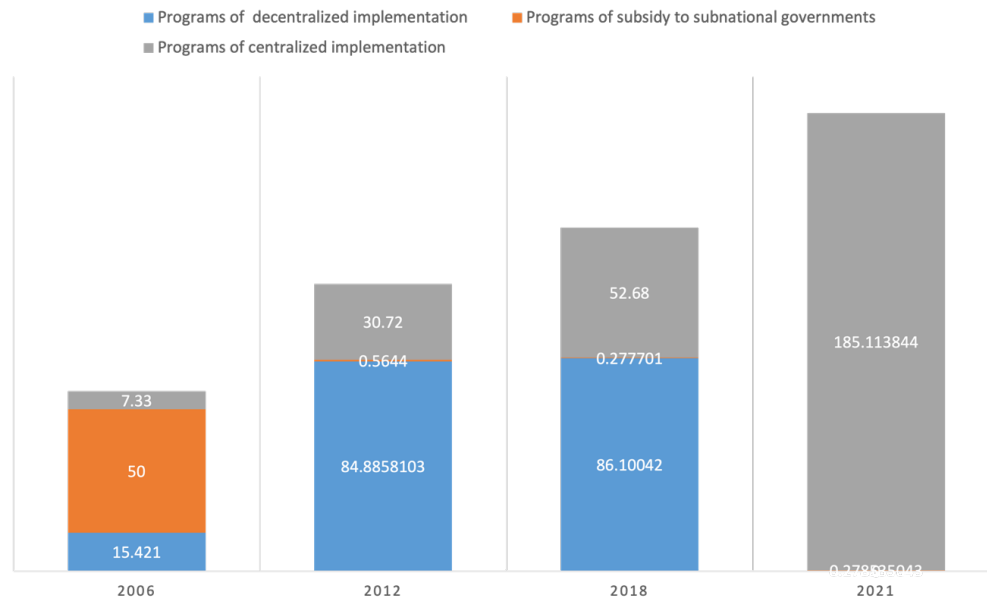
To summarize, the national health policy has persevered in Mexican cooperative federalism. It began in the 1920s with cooperative clinics and coordinated sanitary services. After the decentralization of infrastructure and medical personnel in the 1980s, coordinated programs peaked and some of these initiatives have endured to this day, even if at a minimal level. On the other hand, it is worth mentioning the “minimal consistency” of CONASA on the benchmarking of health services, especially compared to that of CNDS and CONAEDU, both of which benchmarked less effectively than the National Council of Health.

The remainder of this paper is organized into four sections. In the first three, each national policy - welfare, health, and education respectively - are analyzed. The fourth section studies the compliment: the contemporary influence of subnational governments in the mentioned policy areas.

I. The National Social Welfare Policy

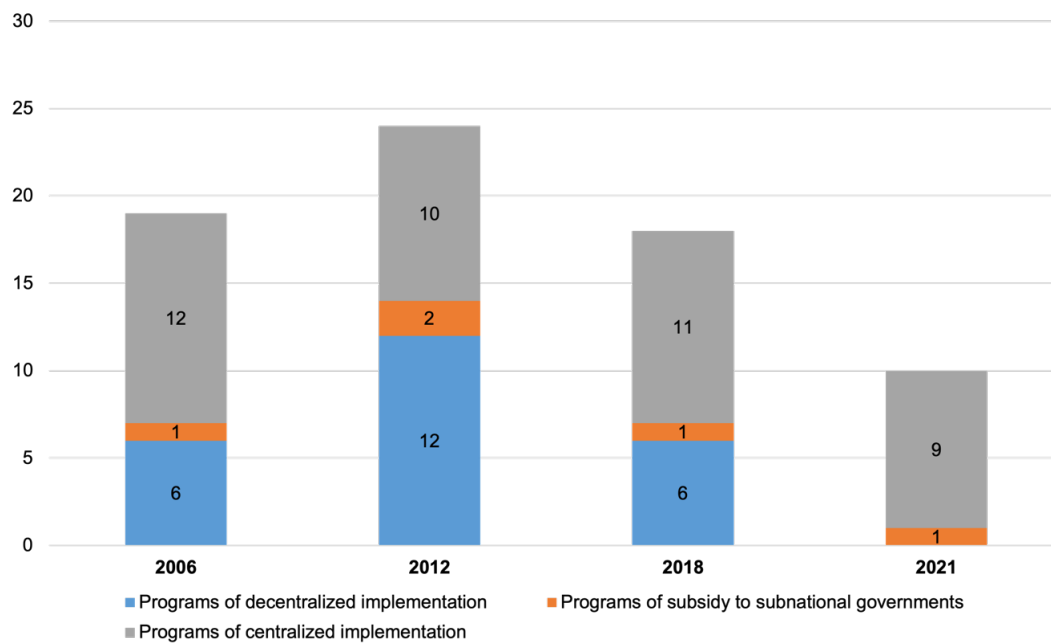
The programs that integrate the social welfare policy platform reported 22.805 billion pesos in annual spending in 2006. The following budgetary increases were 409.40% in 2012, 19.70% in 2018, and 33.32% in 2021, reaching a budgetary ceiling of 185.392 billion in 2021. The components of decentralized and centralized implementation - as well as subsidies - are summarized in the following tables and detailed throughout this section.

Figure 1: Distribution of spending on national social welfare programs 2006-2021 (millions of pesos)



Source: by the author with data from CONEVAL, 2022.

Figure 2: Distribution of national social welfare programs 2006-2021



Source: by the author with data from CONEVAL, 2022.

Evolution of National Social Welfare Policy: 2006-2021

In 2006, the six decentralized programs represented 67.62% of the total expenditure on social welfare strategies. The instruction given by the national government to the subnational governments was for them to define the regions for the application of two programs; the iconic *Oportunidades* Program for Human Development and, complementarily, another initiative aimed at areas with greater levels of marginalization called *Microrregiones*. Likewise, the subnational intervention focused specifically on four vulnerable groups: urban housing petitioners, rural housing petitioners, private charitable organizations, and domestic migrant farmers. Half of both of these programs allowed for the discretion of subnational governments to act with a degree of autonomy in their implementation: first, to the disposition of co-funded housing; and second, to the implementation of diagnosis forums that included the participation of beneficiaries in discussions. The rest of the schemes were deeply regulated and allowed for little discretion.

Table 1: Social welfare programs of decentralized implementation in 2006

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social welfare programs	Discretionality for subnational governments
"Oportunidades" program for human development	Subsidies to families applicable to food, education and health	11208.917170 49.15% (CONEVAL, 2022)	Proposal of localities to benefit. Constitution of technical committees to ensure subnational services necessary for the programme (SHCP, 1 February 2006).
Housing Savings, Subsidies and Loans Programme "Tu Casa"	Financing mixed support for housing	2965.609748 13.00% (CONEVAL, 2022)	Co-funding (SEDESOL, 17 February 2006a).
Rural Housing Programme	Projects in areas with the highest rates of marginalisation	500 2.19% (CONEVAL, 2022)	Co-funding (SEDESOL, 17 February 2006c).
Local Development Programme (Microrregiones)	Projects in areas with the highest rates of marginalisation	410 1.80% (CONEVAL, 2022)	Selection of actions by participatory diagnosis (SEDESOL, 18 February 2005b).
Social co-investment program	Subsidies to private assistance organisations	196.7 0.86% (CONEVAL, 2022)	Endorse the participation of municipal governments as project holders (SEDESOL, 18 February 2005a).
Program of attention to farms	Support for migrant day labourers	140 0.61% (CONEVAL, 2022)	Annual proposal conditional on validation by national agency (SEDESOL, 17 February 2006b).

Source: indicated in the table.

The only direct subsidy scheme for subnational governments was the Program of State Incentives, designed to propel innovation and good performance of welfare projects. Its financial ceiling, worth 50 million pesos, comprised 0.22% of the total expenditure of the welfare budget. A total of 12 programs were implemented by the national government, comprising 32.16% of the total welfare expenditure. The majority of the allocation went to *Hábitat*, a program focused on urban development, urban regeneration and community development, and retirement for those included in *Oportunidades*, milk outlets (LICONSA), and staple foods outlets (DICONSA). In general, other than the *Hábitat* program,

the rest of the programs implemented by the national government were classified into six subsidies to vulnerable groups (especially alimentary vulnerability) and five oriented to productivity.

In 2012 there were 12 types of programs of decentralized implementation and, according to the definition provided in the introduction of this paper, 73.07% of those programs concerned social welfare. Four programs that were implemented by the national government in 2006 were decentralized and two other programs were added. Thus, the mission of the subnational governments in implementing the national welfare policy preserved the primary dualism between targeted subsidies for families and attention to areas of greatest marginalization, with specific attention to the four aforementioned vulnerable groups. However, schemes were enlarged to three urban intervention programs and three productive options—which refers to the funding of small family-owned businesses. The exercise of discretionality for subnational governments was partially skewed towards highly regulated programs in 7 out of 12 cases, 58% of the total. But two programs allowed for the greatest subnational discretion, one of them based on co-funding, and the other which operated an evaluation committee in which subnational officials participated. Programs that allowed for greater subnational discretion comprised 42% of the total (5 out of 12 programs).

Table 2: Social welfare programs of decentralized implementation in 2012

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Oportunidades Human Development Programme	Subsidies to families applicable to their food, education and health	63317.8752 54.50% (CONEVAL, 2022)	Proposal of localities to benefit. Constitution of technical committees to ensure subnational services necessary for the programme (SHCP, 30 December 2011).
Habitat Programme	Urban regeneration and community development	8500 7.32% (CONEVAL, 2022)	Co-financing in case of being executors (SEDESOL, 30 December 2011b).
Priority Area Development Programme	Projects in the most marginalised areas	6411.09432 5.52% (CONEVAL, 2022)	Selection of actions by participatory diagnosis (SEDESOL, 27 December 2011c).
Temporary Employment Programme	Wage employment in community benefit actions	1798 1.55% (CONEVAL, 2022)	Approval of internal guidelines (SEDESOL, 31 December 2011a).
"Tu Casa" Savings and Subsidy Programme for Housing	Urban housing financial mix	1512.4 1.30% (CONEVAL, 2022)	Co-financing (SEDESOL, 30 December 2011c).
Rescue of Public Spaces	Regeneration of public facilities	1005 0.87% (CONEVAL, 2022)	Co-financing (SEDESOL, 27 December 2011a).
Rural Housing Programme	Rural housing subsidies	700 0.6% (CONEVAL, 2022)	Co-financing (SEDESOL, 17 February 2006c).
3x1 Programme for Migrants	Actions to root migrants in their communities of origin	507.750806 0.44% (CONEVAL, 2022)	Approval of internal guidelines (SEDESOL, 28 December 2011b).
Productive Options Programme	Subsidy for small business entrepreneurs	400 0.34% (CONEVAL, 2022)	Integration of the Validation Committee (SEDESOL, 31 December 2011b).
Social Co-investment Programme	Grants to private aid organisations	395 0.34% (CONEVAL, 2022)	Endorse the participation of municipal governments as project holders (SEDESOL, 28 December 2011a).
Programa de Atención a Jornaleros Agrícolas	Support for migrant day labourers	290.689915 0.25% (CONEVAL, 2022)	Annual proposal subject to validation by national unit (30 December 2011a).
Programme for the Prevention of Risks in Human Settlements	Reducing population vulnerability through support to local governments	48 0.04% (CONEVAL, 2022)	Annual proposal conditional on validation by national agency (SEDESOL, 27 December 2011b).

Sources: indicated in the table.

There were two subsidy schemes for the subnational governments, which differed to those of the previous term, comprising 0.49% of the expenditure in social welfare programs. In 2012, state offices in charge of gender policy as well as public registries of property and land use were subsidized.

In 2012 the number of programs centrally implemented decreased to 10 and comprised 26.44% of the total expenditure on social welfare schemes. According to their budgetary shares, the new priorities were pensions, staple foods, and the establishment of daycare for working mothers. In general, the new classification of centralized implementation programs included a majority of eight types of direct support to vulnerable groups, half of them addressing alimentary issues, and two to productive sectors.

In 2018 the number of programs of decentralized implementation were reduced to only six, representing 61.92% of the budget for social welfare. The *Oportunidades* program changed its name to *Prospera*. Compared with 2012, five programs were preserved, and one was added, the Social Economy Promotion Program. The involvement of the subnational governments was centred on the distribution of targeted family subsidies, as well as the operation of four productive schemes and a subsidy for domestic migrant farmers. During the 2012-2018 term, the discretionality of subnational governments had gained some ground – 67% of programs now allowed for subnational discretion (4/6), due to the operation of three programs in which all decisions depended exclusively on internal rules, plus one based on co-funding. Likewise, two highly regulated programs represented just 33% of the total programs (2/6). In contrast, diversification of implementation modalities, in an implicit “take-it-or-leave-it”, proved a scarce federative accent by establishing the possibility of subnational executive officials being replaced by national, municipal, or even social organizations. As an example, in 2018 the Social Economy Promotion Program could be implemented by eight different units: delegations of the Social Development Secretary (SEDESOL) and the National Social Economy Institute (INAES), other national dependencies, state or municipal governments, civil society organizations, academic and research institutions, as well as the program beneficiaries (SEDESOL, December 30, 2016).

Table 3: Social welfare programs of decentralized implementation in 2018

Name of the program	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Prospera. Social Inclusion Programme	Subsidies to families applicable to their food, education and health	82226.61 59.13% (CONEVAL, 2022)	Secure subnational services needed for the programme. Municipal liaisons for logistical support (SHCP, 29 December 2017).
Programme for the Promotion of the Social Economy	Capacity building and productive capacity of social sector organisations in the economy	2112.38 1.52% (CONEVAL, 2022)	Approval of internal guidelines (SEDESOL, 30 December 2016).
Temporary Employment Programme	Wage employment in community benefit actions	758.14 0.55% (CONEVAL, 2022)	Approval of internal guidelines (SEDESOL, 30 December 2017).
3x1 Programme for Migrants	Actions to root migrants in their communities of origin	498.63 0.36% (CONEVAL, 2022)	Approval of internal guidelines (SEDESOL, 28 December 2017c).
Programme of Attention to Agricultural Day Labourers	Support for migrant day labourers	296.49 0.21% (CONEVAL, 2022)	Annual proposal conditional on validation by national agency (SEDESOL, 28 December 2017a).
Social Co-investment Programme	Grants to private aid organisations	208.16 0.15% (CONEVAL, 2022)	Co-funding (SEDESOL, 28 December 2017b).

Source: indicated in the table.

The only subnational government subsidy programs were oriented to state-level offices for gender issues, which had already existed since 2012. They comprised 0.2% of the welfare budget.

By 2018 the number of programs run by the central government increased to 11 and comprised 37.88% of the budget for social welfare. Pensions for the elderly were, by a large margin, the largest expenditure, followed by daycare for working mothers and community soup kitchens. In sum, the national government executed ten programs oriented to supporting vulnerable groups, four oriented towards alimentations, and one for productivity development.

For 2021 the universal operation of social welfare programs of decentralized implementation was eliminated by the national government. Instead, the National Institute for Indigenous People (INPI) enacted IGAs for the construction of sanitary infrastructure and rural roads. The Agrarian, Territorial and Urban Development Secretary (SEDATU), working together with some municipal governments, signed IGAs to support the improvement of certain neighbourhoods. In the same vein, some Systems for Family Integral Development (DIF) - national, subnational, and local - enacted IGAs regarding gender violence, drug use rehabilitation and attention to infant and youth migrants. All of this suggests the existence of some “adapted bilateralism”, which is to say, according to Poirier and Saunders (2015, pp. 470-471), partisan favouritism from the national government towards subnational governments when those subnational governments coincide with partisan membership, ideology, or electoral interest.

In 2021, the programs of subsidy for subnational governments remained broadly the same as in 2018, comprising 0.15% of the total expenditure on welfare. There were nine programs of centralized implementation, comprising 99.85% of the budget for welfare programs. Those programs with the greatest budgetary provisions were pensions for the elderly, the strategy for alimentary self-sufficiency “*Sembrando vida*”, pensions for disabled people, and subsidies for children of single mothers. In short, eight subsidy programs and just one productivity program can be distinguished.

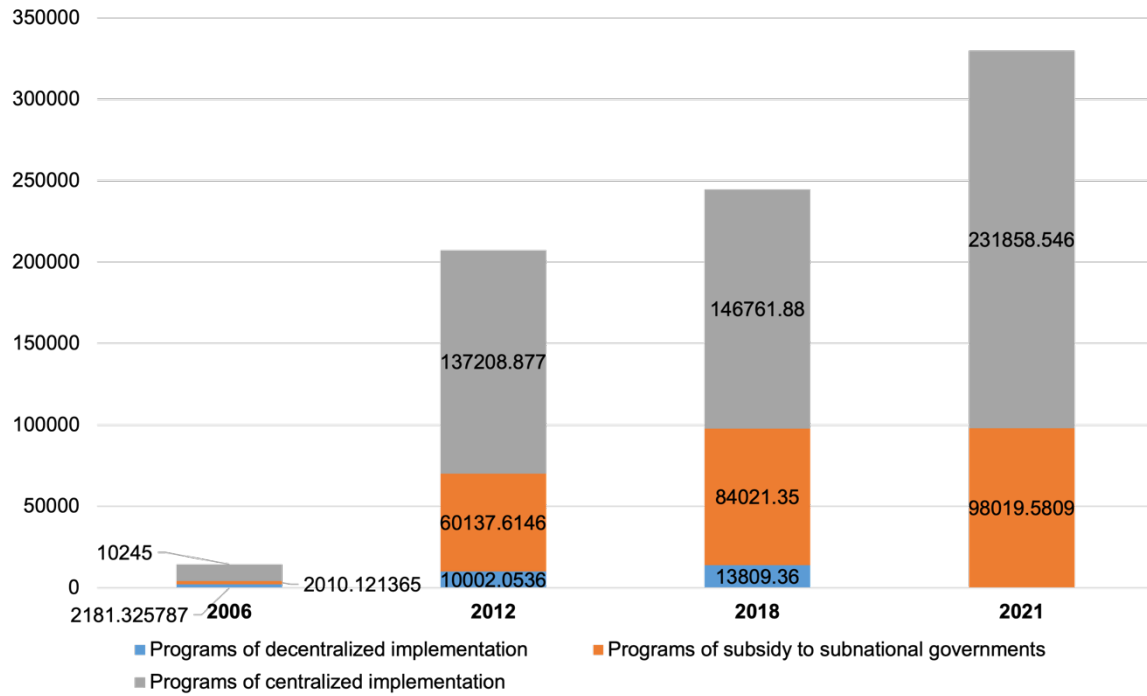
Trend Analysis

As a partial conclusion, considering the continuous centralization of welfare policy design, evidence suggests that the implementation of the national social welfare policy had its greatest federal thrust in 2012 due to budget and program count growth, and its smallest in 2021. The budget increase in 2012 was 409.40% in comparison with 2006 and occurred while 73.07% of the total expenditure was exercised by subnational governments. However, the rules allowed for moderate discretionality in only 42% of the decentralized schemes. From 2018 to 2021 the second greatest budgetary ceiling increase was reported, 33.32%, although centralization reduced subnational governments’ participation in implementation in 2018 to put them in competition with other organizations, and by 2021 had become de facto adapted bilateralism. Subsidy programs have kept minimal and inertial consistency; the most beneficial aspect has been the strengthening of gender-specific instances. The content of the national social welfare policy has generated unbalancing voids. It passed from urban intervention programs to attention to vulnerable groups, and productivity encouragement to an extreme imbalance of the latter two and the total disappearance of the former. The unspoken suggestion seems to be for subnational governments to program urban interventions and productive encouragement programs dually, allowing the national government to still subsidize their political clientele.

II. The National Education Policy

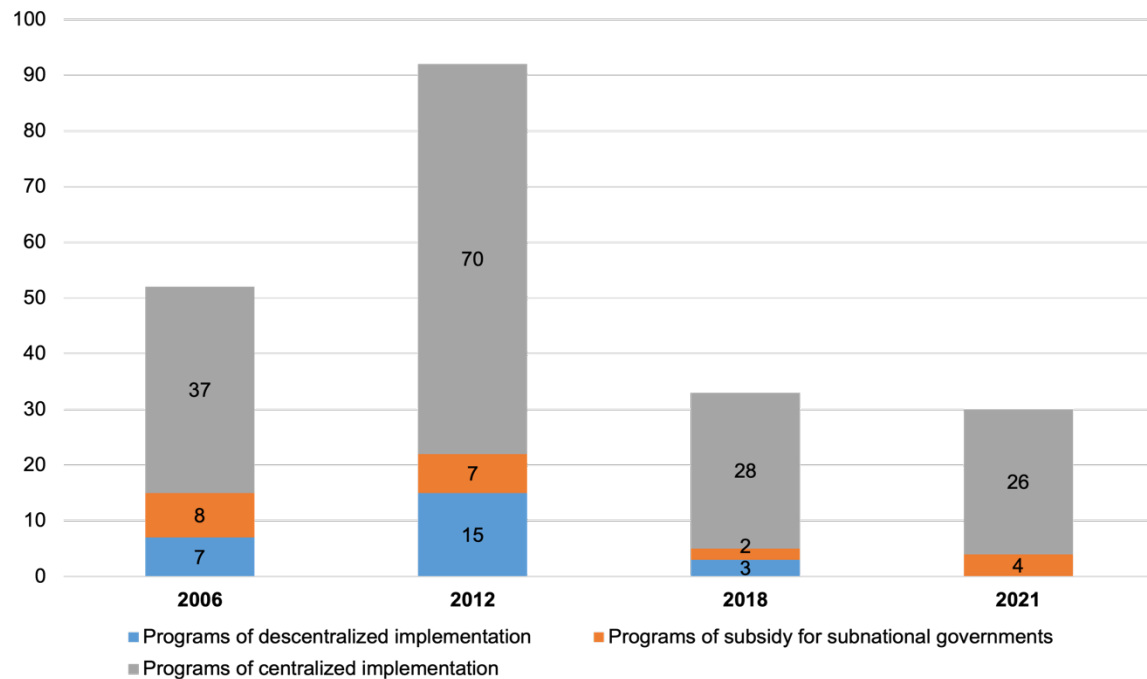
In 2006, this policy area executed a budget of 14.436 billion pesos, divided into programs implemented centrally or otherwise, which will be addressed in this section. The increases per term were 1336.24% in 2012, 17.96% in 2018 and 34.87% in 2021, reaching 329.878 billion pesos in 2021. The distribution of expenditure on education is shown in the following tables.

Figure 3: Distribution of expenditure in education programs 2006-2021 (million pesos)



Source: made by the author with data from CONEVAL, 2022.

Figure 4: Distribution of national education programs 2006-2021



Source: made by the author with data from CONEVAL, 2022.

In 2006 there were seven programs of decentralized implementation, which encompassed 15.1% of the budget in educative projects. Six of the seven were directed towards basic education and concentrated on boosting reading and self-governance in educational spaces. Additionally, they were particularly targeted at four vulnerable groups: disabled people, indigenous people, women, and immigrants. The remaining program provided scholarships for technical high school and college students. The level of discretionality subnational governments could exercise when implementing these programs was rather low. Two out of the seven programs (29%) were severely restricted by pre-established selection criteria or enactment of IGAs. The rest (0.71%) allowed for the relative freedom of choice in the distribution of standardized goods and services, mostly through strategies or plans and one of them through a committee.

Table 4: Education programs of decentralized implementation in 2006

Name of the programme	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Quality Schools Programme	Promoting self-management of basic education schools	1258.568128 8.72% (CONEVAL, 2022)	Design of own resource operation strategy (SEP, 23 February 2006b).
National Scholarship and Financing Programme (PRONABES)	Scholarships for students at the higher technical and bachelor's degree levels	849.838 5.89% (CONEVAL, 2022)	Apply selection criteria (SEP, 24 March 2006).
National Reading Programme	Provision of libraries to basic education schools	25 0.17% (CONEVAL, 2022)	Design of the State Reading Programme (SEP, 31 December 2008).
Programme for the Strengthening of Special Education and Educational Integration	Integration of pupils with special needs into basic education schools	16.520199 0.11% (CONEVAL, 2022)	Design of own resource operation strategy (SEP, 27 February 2007).
Technical Pedagogical Advisor Programme	Specialised care for indigenous children for basic education	15.164370 0.10% (CONEVAL, 2022)	Sign agreement (SEP, 28 December 2007).
Grants for Young Mothers and Pregnant Women	Grant for young and pregnant mothers for basic education	10 0.7% (CONEVAL, 2022)	Operate a Scholarship Committee (SEP, 3 April 2006).
Primary Education for Migrant Children Programme	Specific actions for migrant children for basic education	6.23509 0.04% (CONEVAL, 2022)	Carry out a diagnosis and preparatory actions (SEP, 23 February 2006a).

Source: indicated in the table.

Evolution of National Education Policy: 2006-2021

In 2006 there were eight programs of subsidies to subnational governments, comprising 13.92% of the expenditure on education. The subsidy programs contributed to basic consumables for most education levels, overlooked the high school level and, in contrast, created two different programs at the college level. Moreover, the major concept was the clean-up of specialized contributions of the 33rd Branch¹ of national spending. The eight subsidy items, weighted by their percentage of the education budget were: clean-up of the Fund of Contributions for Basic Education (FAEB, 4.85%); subsidies for states and municipalities for the attention of Higher Education Institutions personnel (IES, 3.81%); the

¹ The 33rd Branch is a section of the Federal Budget intitled "Federal contributions for the Federal Entities and municipalities". It was conceived as a right of the subnational governments in 1997 through the reform of the Fiscal Coordination Act. It contains conditional transfers in priority policy areas, especially basic education, teacher training, health, welfare, school infrastructure, public security, and adults' education. Considering these transfers are constant, they are not included in the concepts studied here.

building of early education schools (1.93%); equipment for basic education schools (1.18%), State technological universities (1.04%); Program for the Institutional Improvement of Public Teacher Schools (0.54%); strengthening of long-distance middle high schools (0.47%); and purchase of books for public municipal libraries (0.1%).

There were 37 programs of centralized implementation, representing 70.97% of the federal budget for education. This category included the specialized programs of the national sectoral organisms, additional scholarships, additional subsidies, cultural programs, and professionalization and equipment acquisitions for specific educative projects. Due to its considerable budget, the communal model of basic and initial education for the mestizo population and the program to prevent children from falling behind in basic and initial education stood out. Both belong to the National Council for the Promotion of Education (CONAFE), as well as the fund for the modernization of higher education (FOMES).

In 2012 the number of programs of decentralized implementation grew to fifteen. However, the corresponding share of the budget was reduced to 4.82% of the total. The general concept behind the decentralized education policy, other than school self-governance, was the addition of the full-time schools' project and an emphasis on information technology teaching. Furthermore, six educative specificities were added concerning the targeting of vulnerable groups: teacher training, school security, social service, collaborative study, community culture and municipal culture. Scholarships for technical and college students existed previously. As for the discretionality allowed to subnational governments, the new programs were added to the categories in 2006, so the programs with pre-established selection rules or assigned through IGA grew to 40% of the total.

Table 5: Education programs of decentralized implementation 2012

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Full-Time Schools Programme	Schools with extended school day and food provision	3002.953668 1.45% (CONEVAL, 2022)	Design of own resource operation strategy (SEP, 29 December 2011c).
Digital Skills for All Programme	Information technology management	1800 0.87% (CONEVAL, 2022)	Sign agreement (SEP, 30 December 2011b).
Quality Schools Programme	Promoting self-management of basic education schools	1700 0.82% (CONEVAL, 2022)	Design of own resource operation strategy (SEP, 26 December 2011).
National Scholarship and Financing Programme (PRONABES)	Scholarships for students at the higher technical and bachelor's degree levels	1475.113542 0.71% (CONEVAL, 2022)	Apply selection criteria (SEP, 30 December 2011a).
School Always Open to the Community	Extending the use of infrastructure to community activities	410.02 0.2% (CONEVAL, 2022)	Sign agreement (SEP, 2012).
Programme of the National System of Continuous Training and Professional Development of In-Service Basic Education Teachers	In-service teacher training	358.812417 0.17% (CONEVAL, 2022)	Carry out a diagnosis and preparatory actions (SEP, 28 December 2011).
Safe School Programme	School safety and coexistence management on the road to improvement	329.554519 0.16% (CONEVAL, 2022)	Design of own resource operation strategy (SEP, 28 February 2013).
Basic Education Programme for Children of Migrant Agricultural Day Labourer Families	Specific actions for basic education for migrant children	206.045803 0.1% (CONEVAL, 2022)	Carry out a diagnosis and preparatory actions (SEP, 29 December 2011a).
Programme for the Strengthening of Special Education and Educational Integration	Integration of pupils with special needs into basic education schools	198.602887 0.09% (CONEVAL, 2022)	Design of own resource operation strategy (SEP, 27 December 2011).
Scholarship Programme to Support Intensive Practice and Social Service for Seventh and Eighth Semester Students of Public Teacher Training Schools	Intensive social service	141.368545 0.07% (CONEVAL, 2022)	Sign agreement (SEP, 30 December 2008).
Scholarship Programme to Support the Basic Education of Young Mothers and Pregnant Women	Grant for young and pregnant mothers for basic education	108.3503 0.05% (CONEVAL, 2022)	Operate a Scholarship Committee (SEP, 30 December 2011c).
Technical Pedagogical Advisory Programme for Educational Attention to social, linguistic and cultural diversity	Specialised care for indigenous children for basic education	108.140291 0.05% (CONEVAL, 2022)	Sign agreement (SEP, 29 December 2011b).
Programme for the Strengthening of School Learning Communities, Competitive bidding	Collaborative academic work to enhance learning	100 0.05% (CONEVAL, 2022)	Apply selection criteria (16 December 2013).
Support to Municipal and Community Cultures Programme	Promotion of local culture	35.909818 0.02% (CONEVAL, 2022)	Operate a Planning and Support Commission for Popular Creation (SEP, 30 December 2008).
National Reading Programme	Provision of libraries to basic education schools	27.181834 0.01% (CONEVAL, 2022)	Apply selection criteria (SEP, 27 February 2013).

Source: indicated in the table.

The number of subsidy programs for subnational governments was reduced to seven, although they rose to 29% of the total sectoral budget. In contrast to the 2006 programming suite, in 2012 three items were completely omitted: the creation of initial education schools, equipment for basic education schools, and book purchases for municipal public libraries. The concept of subsidies for college personnel shifted to federal subsidies for state-decentralized organizations (27.66%). Three categories remained: strengthening of long-distance middle high schools (0.07%), sanitation of the FAEB (0.48%), and improvement of public teacher colleges. The latter was even subdivided into institutional improvement (0.13%); and quality strengthening (0.09%). On the other hand, the two new cultural strands were infrastructure (0.05%) and subnational structures (0.05%).

The number of centralized implementation programs grew to 70 and comprised 66.17% of the total expenditure in educative projects, slightly below the proportion spent on centralized programs in 2006. The items with the greatest budgetary provisions shifted away from basic education to focus on service provision for technical education, as well as for tertiary education and grad schools, including scientific research and technological development.

By 2018, there were only three programs of decentralized implementation, comprising 5.65% of the expenditure in education projects, slightly higher than that of 2012. The assignment given to the subnational governments within the national educative policy was reduced to full-time schools, strengthening of syllabuses and prevention of school harassment. Two-thirds of these programs limited subnational discretionality to the application of criteria, and just one program allowed subnational governments to develop a complete strategy for beneficiary school selection.

Table 5: Education programs of decentralized implementation in 2018

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Full-Time Schools Program	Schools with extended school day and food provision	11243.18 4.60% (CONEVAL, 2022)	Design of own resource operation strategy (SEP, 26 December 2017).
Programme for Strengthening the Quality of Education	Strengthening curricula for quality and relevance	2293.17 0.94% (CONEVAL, 2022)	Apply selection criteria (SEP, 27 December 2017).
National School Coexistence Programme	Prevention of bullying	273.01 0.11% (CONEVAL, 2022)	Apply selection criteria (SEP, 29 December 2017).

Source: indicated in the table.

The number of subsidy programs for subnational governments continued to decrease, comprising only two in 2018, even if the budgetary provision continued to grow to reach 34.35% of the total budget. Compared to 2012, the subsidy for state decentralized organisms (34.24%) remained as it was. An extra stream was added regarding the integration of disabled students (0.11%).

In 2018 the number of programs of centralized implementation decreased to 28 and, compared to 2012, shrunk to 60% of the total educative budget. The items with the greatest budgetary provision were the same as in 2012. Investment in technical education decreased in favor of high school services funding.

In 2021 there were no programs of decentralized implementation. The number of subsidy programs for the subnational governments increased to four, even though the budget decreased to 29.71% of the

total expenditure on educative projects. Compared to 2018, the subsidy for decentralized state-level organisms remained the same (at 28.39%). The integration of the disabled people stream shifted to a strengthening of special education services (0.02%). Two new programmatic streams were created for educative centers and organizations (1.11%), and the expansion of initial education (0.19%). The number of centrally implemented programs decreased to 26, but the proportion of the total education budget they comprised increased to 70.29%. Other than preserving the items of the greatest budgetary provision from 2018, only the Benito Juarez scholarships for basic and tertiary education were salient due to them being a significant new addition.

Trend Analysis

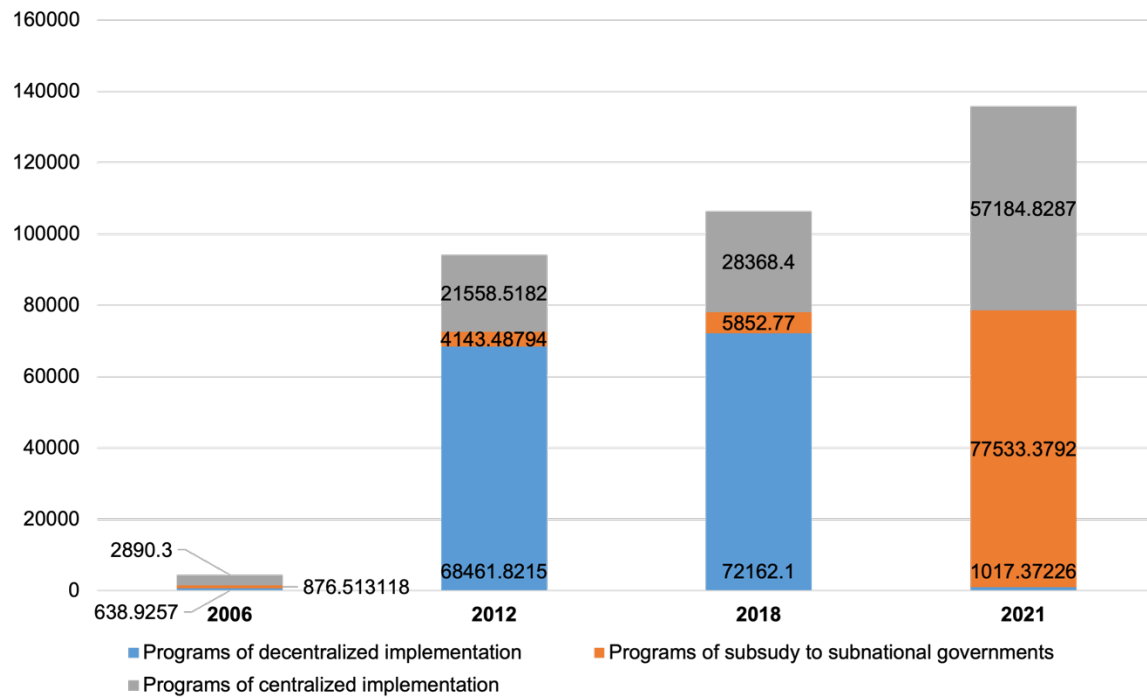
In sum, the general trends seen in national education policy mirror those seen in social welfare policy. However, the specificities signal greater backlogs as well as greater subnational government dependency. The first similarity is the federal contrast between 2012 and 2021; in 2012 the budget increase was 1336.24% from 2006, and the number of decentralized programs increased from seven to 15. In contrast, 2021 saw an increase in spending of only 34.87% in comparison to 2018, and the absolute omission of decentralized programs. The second similarity lies in the creation of strategic disequilibria. Since 2018 the omission of decentralized projects generated gaps in the provision for vulnerable groups and the development of educational specialities. The national education policy mutated from specific policies of basic education in the 2006-2012 period to the targeting of clientele through national scholarships and an emphasis on the development of high schools, colleges, and research through 2021.

Regarding the differences, the most notable is that the subnational governments have never played a primary role in the strategic implementation of education policy, unlike in social welfare policy where they were influential until 2018. The highest point of subnational participation in education policy occurred in 2006 with 15.1% of the total expenditure on education projects, and in 2012 with the implementation of 15 decentralized programs. The increase of subsidies as shares of the total expenditure in education projects confirms the financial dependence of subnational authorities in contributing to national policymaking: 13.92% in 2006, 29% in 2012, 34.35% in 2018 and 29.71% in 2021. Discretionality was a limited aspect of decentralized education programs, being constrained by growing normative rigidity which gained ground over subnational strategies of patronage distribution. On the other hand, the subsidy funds seem to have gained greater discretionality under the concept of “support to state decentralized organisms”.

III. The National Health Policy

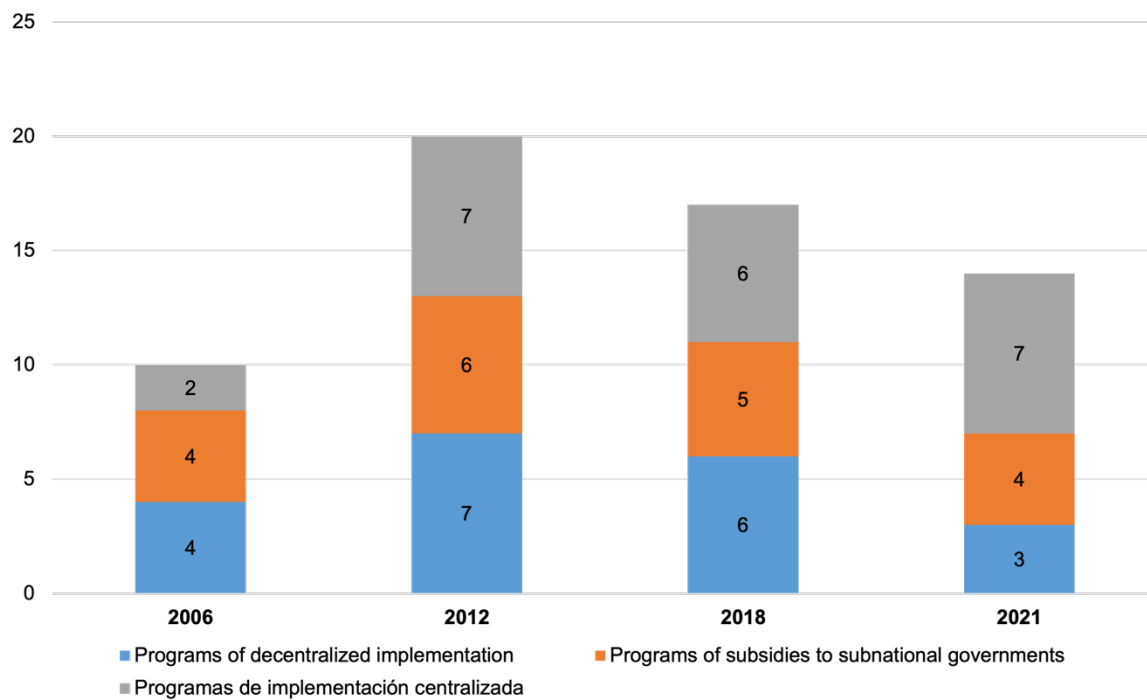
4.405 billion pesos were allocated in 2006 for the suite of national health programs, including centralized implementation, decentralized implementation, and subsidies, as the following tables summarize. The budget increases were 2037.30% in 2012, 12.98% in 2018, and 27.59% in 2021. In 2021 the budget reached a ceiling of 135 billion pesos. The budget distribution is illustrated in the tables below.

Figure 5: Distribution of national expenditure in health 2006-2021 (million pesos)



Source: made by the author with data from CONEVAL, 2022

Figure 6: Distribution of national health programs 2006-2021



Source: made by the author with data from CONEVAL, 2022.

Evolution of National Health Policy: 2006-2021

In 2006, there were four decentralized implementation programs, financed with 14.50% of the total expenditure on health programs. Three of the four programs emphasized accessibility to health services, and the remaining program was designed to specifically target children. There was some level of subnational government discretionality in three programs which allowed them to develop their selection processes. In contrast, the rules of the other program allowed less decision-making freedom.

Table 6: Health programs of decentralized implementation in 2006

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Programmes of Attention to Families and Vulnerable Populations	Self-management in marginalised rural communities	471.447075 10.70% (CONEVAL, 2022)	Selection procedure established by the subnational and municipal systems operating the programme in accordance with the collaboration agreements (DIF, 10 February 2006a).
National Crusade for the Quality of Health Services Programme	Improving the quality of health services	67.888215 1.54% (CONEVAL, 2022)	Annual proposal conditional on national unit validation (SSA, 2 May 2006).
Child and Adolescent Care Programmes	Comprehensive care for children from 45 days to six years of age	54.738020 1.24% (CONEVAL, 2022)	Selection procedure established by the sub-national systems operating the programme in accordance with the guidelines (DIF, 10 February 2006b).
Healthy Communities Programme	Involvement of municipal authorities in health projects	44.852390 1.02% (CONEVAL, 2022)	Integration of the State Technical Committee for Healthy Communities (SSA, 10 April 2006b).

Sources: indicated in the table.

There were also four subsidy programs for subnational governments, encompassing 19.89% of the expenditure on health programs. The four streams were medical specialities: attention to disabled people (9.88%); attention to women (4.31%); HIV/AIDS (4.22%); and health promotion (1.49%).

There were only two programs of centralized implementation. However, they comprised the greatest share of the health budget: 65.60% of the total allocation. The focus areas coincided with many decentralized programs: maintenance of infrastructure (64.18%); and health services provision (1.42%).

In 2012, the number of decentralized implementation programs had increased to seven and comprised 72.71% of the expenditure in health. The axis of decentralized health policy shifted to voluntary affiliation to the Popular Insurance (*Seguro Popular*), with special emphasis on children's coverage and outpatient care. The four schemes from 2006 remained, but with different denominations and a secondary role to the Popular Insurance. Nevertheless, the discretionality of subnational governments reversed, because five of the seven decentralized programs were conditioned to the enactment of IGAs and their prescriptions. Only two of the seven programs showed greater cooperative intention, one towards co-funding and the other towards the operation of a committee.

Table 7: Health programs of decentralized implementation in 2012

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Seguro Popular	Public health insurance through voluntary membership	64402.458192 68.40% (CONEVAL, 2022)	Co-financing (CONEVAL, 2018).
Health Insurance for a New Generation	Guarantee of coverage for children born on or after 1 December 2006	2653.025918 2.82% (CONEVAL, 2022)	Sign agreement (SSA, 27 December 2011a).
Health Caravan Programme	Prevention, promotion and outpatient care services.	704.096038 0.75% (CONEVAL, 2022)	Sign agreement (SSA, 30 December 2007).
Programme of Attention to Families and Vulnerable Populations	Self-management in marginalised rural communities	279.494531 0.30% (CONEVAL, 2022)	Sign agreement (DIF, 30 December 2011).
Integrated Health Quality System Programme	Raising the quality of health services	163.034148 0.17% (CONEVAL, 2022)	Annual proposal conditional on national unit validation (SSA, 27 December 2011b).
Programme for the Protection and Integral Development of Children	Comprehensive care for children from 45 days to six years of age	145.024407 0.15% (CONEVAL, 2022)	Sign agreement (DIF, 28 December 2011).
Healthy Communities Programme	Involvement of municipal authorities in health projects	114.688276 0.12% (CONEVAL, 2022)	Integration of the State Technical Committee for Healthy Communities (SSA, 26 December 2011).

Source: indicated in the table.

The subnational government subsidy programs increased to six in the same medical specialities stream, even if their budgetary provision shrunk to 4.40% of the total for health. Compared with 2006, only the program of attention to disabled people was carried across terms. Comprehensive attention for women shifted to the reduction of maternal mortality. Four new specialities were: health services networking; obesity; epidemiology; and addictions.

The number of centrally implemented programs increased to seven schemes, even though the proportion of the total health budget they represented decreased to 22.89%. Two items remained from 2006; national health services provision was constituted as the largest budgetary provision (14.75%). Another important share of the budget was allocated to the formation and professional development of human resources (2.86%). Additionally, in 2012 the decentralized programs included the targeting of three medical specialities: research and technological development (1.59%); addiction (1.37%); and vaccination for new diseases (1.26%).

In 2018 decentralized implementation reduced slightly in both the number of programs and the percentage of the budget they encompassed: six schemes comprised 67.83% of the total spent on health. The main concept was the same as in 2012 although one new scheme was also created: attention to disabled people. With regard to the exercise of subnational discretionality, five out of six programs were conditioned by the subscription to IGAs.

Table 8: Health programs of decentralized implementation in 2018

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Seguro Popular	Public health insurance through voluntary membership	68974.62 64.84% (CONEVAL, 2022)	Co-financing (CONEVAL, 2018).
Medical Insurance Siglo XXI	Guaranteed coverage for children under five years of age	2049.56 1.93% (CONEVAL, 2022)	Sign agreement (SSA, 30 December 2017b).
Strengthening Health Care Programme	Ensure access to primary health care services through mobile medical units.	901.05 0.85% (CONEVAL, 2022)	Sign agreement (SSA, 30 December 2017a).
Community Development Programme "Comunidad DIFerente".	To seek articulated populations to improve their social living conditions.	106.5 0.10% (CONEVAL, 2022)	Sign agreement (SSA, 29 December 2017b).
Programa de Desarrollo Comunitario "Comunidad DIFerente".	Consolidating quality in medical facilities and administrative areas	86.61 0.08% (CONEVAL, 2022)	Sign agreement (SSA, 30 December 2016).
Programme for the Care of People with Disabilities	Development of projects for the inclusion of people with disabilities	43.76 0.04% (CONEVAL, 2022)	Sign agreement (SSA, 29 December 2017a).

Sources: indicated in the table.

Subsidy programs to subnational governments also declined discretely to five schemes in the same line of medical specialities, although they increased to 5.50% of total health spending. The maternal mortality scheme was cancelled, and the Vaccination Program emerged. Four remaining programs were ratified and renamed.

The number of centrally implemented programs was adjusted to six and, in contrast, increased to 26.67% of total health program spending. In the overall reiteration of the main 2012 budget provisions, health research and technological development grew (2.03%).

In 2021, the number of decentralized implementation programs fell to three, with a share of 0.75% of total health program spending. The transfer of the former Seguro Popular to the national government left general policies on mobile health care and quality of services, as well as the speciality of disability care, at the subnational level. However, subnational discretion was significantly constrained by the provision that implementation of these three programs was made conditional on the signing of IGAs.

Table 9: Health programs of decentralized implementation in 2021

Program name	Description	Original budget (million pesos) Percentage of total expenditure on social development programmes	Discretionality for sub-national governments
Strengthening Health Care Programme	Ensure access to primary health care services through mobile medical units.	912.378521 0.67% (CONEVAL, 2022)	Sign agreement (SSA, 19 February 2021).
Quality in Health Care Programme	Projects to reduce heterogeneity in health quality	79.22576 0.06% (CONEVAL, 2022)	Sign agreement (SSA, 3 September 2021).
Programme for the Care of People with Disabilities	Generating means of social inclusion for persons with disabilities	25.767978 0.02% (CONEVAL, 2022)	Sign agreement (SSA, 26 December 2020).

Sources: indicated in the table.

The number of subsidy programs to subnational governments was reduced to only four, although the budgetary provision increased to 57.12% of the total expenditure on health programs. Due to its budgetary prominence, the new item "health care and free medicines for the population without social security" was notable (55.08%). Concerning the priorities of 2018, the specialties of strengthening health services, epidemiology and obesity were ratified.

The number of centrally implemented programs increased to seven, accounting for 42.13% of total health program spending. The areas of emphasis remained largely unchanged.

Trend Analysis

In the overall analysis, health policy reproduces with greater contrasts the general trends seen in social welfare and education policies. While in 2012 and 2018 the budget allocations favoured investment in decentralized programs, (72.72% and 67.83% respectively), in 2021 the proportion of funding directed to these schemes was reduced to a significant low: 0.71%. The only surviving program in the whole period under study is the quality of the health program; another initiative developed during the period under study is the mobile medical care program. The operation of Seguro Popular in 2012 brought the largest increase in spending on health programs: 2037.30%. However, this event also embedded the status of beneficiaries as "patients" of the National Health System. Not even in pandemic conditions do beneficiaries manage to profile themselves as true subjects of health policies. In this sense, three inertias can be distinguished: 1) the limited variability in the number of health programs; 2) the indifference to the decentralized development of health policies, beyond childcare; and 3) the recent increase in subsidies for health care and free medicines. In turn, the discretion of subnational governments in health policy tends towards absolute nullity due to the stranglehold the national government maintains on program design and funding.

IV. The Contemporary Influence of Subnational Governments on Social Welfare, Education and Health Policies

The preceding sections presented an analysis of the general content of national policies and of the discretionality allowed to subnational governments through the decentralized implementation programs. To assess the extent to which subnational governments in Mexico influence social welfare, education, and health policies, it is necessary to elaborate on the complementary or reactive tendencies of implementers, i.e., the particular influence of contemporary subnational government programs. To schematize the contemporary trends, we compared the social welfare, education, and health programs of a sample of six subnational governments in 2008, analyzed in a previous study (Mendoza, 2010), with the subnational programs of the latest registry of the National Council on Evaluation of Welfare Policy (CONEVAL), which correspond to 2018. The subnational governments comprising the sample were: Aguascalientes; Baja California; Guanajuato; Jalisco; Morelos; and Querétaro.

In 2008, the government of the state of Aguascalientes, through its Secretariat of Social Development, implemented eight programs that very modestly sought to reinforce the national social development strategy. Four subnational assistance programs attempted to complement the national dualism of the *Oportunidades* and *Microrregiones* programs. One of them, called "Espacios", was also aligned with national urban and rural housing initiatives. Two subnational training schemes and two self-employment opportunity schemes responded to the national productive options programs. The subnational education and health sectors exclusively implemented decentralized national programs, without developing their initiatives. The former was dedicated to achieving efficiency in targeting mechanisms and selection of actions, given the breadth of national schemes it had to implement. The latter focused on increasing healthcare infrastructures, given the supply of reallocated sectoral spending (Mendoza, 2010, pp. 153-155).

In 2018, the same Secretariat of Social Development of the State of Aguascalientes operated six programs: five assistance programs and one training program for personal development. The general concept of this stage was mainly welfare diversification, followed by bringing services closer to the communities and workshops for the diffusion of personal and community principles, the latter being persistent actions since 2008. There were no programs aligned with the four national schemes of productive options. In turn, as a timid congruence with national strategies, a social development program alluded to the improvement of school spaces, and the health policy promoted the use of the medical and rehabilitation services of the State System for the Integral Development of the Family (CONEVAL, 2022).

Table 10: Welfare projects of the Government of Aguascalientes

2008	2018
<p>Development Stations in Municipalities Program: recreational days, training, support and bringing services and procedures closer to the communities.</p> <p>Capital Development Stations Program: replicates the previous programme within the city of Aguascalientes.</p> <p>Impulsa Program: targeted distribution of nutritious food pantries.</p> <p>Espacios Program: provision of low-cost inputs for home improvement.</p> <p>Valgo Program: training for personal improvement.</p> <p>Enlace Gubernamental Program: links the former to productive training and self-employment.</p> <p>Vertebra Program: childcare micro-enterprises to support the employment of mothers.</p> <p>Genera Program: training and micro-enterprises for self-employment (Mendoza, 2010, pp. 154-155).</p>	<p>Programme for the Strengthening of the Social Fabric (Creceer Centres): delegations of services of the Secretariat for Social Development and healthy coexistence.</p> <p>Vulnerable Population Support Program: distribution of food, blankets, mattresses, construction materials, yarn, and toys, among others.</p> <p>Identity with Education and Values Program: dignification of school spaces.</p> <p>Nutrition with Value Program: targeted distribution of food pantries.</p> <p>Protege Program: support for self-employment and funeral expenses.</p> <p>Growing with Values Program: workshops for personal improvement, community development and social integration.</p> <p>Health Care Program: medical and rehabilitation services (CONEVAL, 2020).</p>

Sources: indicated in the table.

In 2008, the Baja California state government had an iconic social development program and seven basic education schemes. The Housing Support System (Sistema de Apoyo a la Vivienda, SAV), fully aligned with the national urban housing finance component, blended public and private contributions to promote minimum housing spaces in subnational territorial reserves. Likewise, among the initiatives for basic education in Baja California was the prevention of educational backwardness program, aligned with CONAFE's efforts and schemes of greater local specificity: four scholarship modalities and the optional subject of English, both for basic education. There were no other subnational social development programs in terms of subsidies, vulnerable groups, urban interventions, or productive options. There was also no evidence of medical care specialities (Mendoza, 2010, p. 156).

By 2018 the SAV had disappeared, and the extensive growth of social development and basic education programs responded to competition with national interventions. In parallel to the targeted subsidy of the Prospera program, the Baja California state government had made available eight different subsidies: cardholders, electricity, food in homes, food in general, housing, solar heaters, senior citizens, and footwear. Similarly, the State Program of Productive Options duplicated the efforts of the Program for the Promotion of Social Economy. In contrast to the contraction of national education programs, the Baja California state government offered nine of its own schemes: values training, sexual education in secondary school, education for parents, integration of the disabled, attention to migrants, access to information technologies, universal admission to high school, scholarships for achievement, and

scholarships for academic improvement and research. The subnational strands targeting educational backwardness and optional English in basic education had disappeared. There were 12 medical specialization programs (CONEVAL, 2022).

Table 11: Welfare programs of the Government of Baja California

2008	2018
<p>Housing Support System (SAV): housing production in land reserves of the subnational government, where programmes of the three levels of government and actions of the private initiative concur.</p> <p>Beca aprovechamiento escolar (School achievement grant): one thousand pesos per semester.</p> <p>Bimonthly scholarship: three five hundred peso grants from January to June.</p> <p>Incentive scholarship: a one-off contribution of one thousand pesos.</p> <p>Uniform scholarship: a one-off contribution of five hundred pesos.</p> <p>Preventive and Compensatory Attention Programme: in three modalities, students who are behind can attend two grades, students who failed the first grade can advance to the second grade by means of didactic strategies, special attention to students who are behind in the teaching-learning process.</p> <p>English in Basic Education Programme: optional subject as it is relevant in the border context (Mendoza, 2010, p. 156).</p>	<p>Mano Contigo's Comprehensive Protection Programme: assistance, health services and funeral expenses for card members.</p> <p>Tu Energía Programme: subsidy for electricity consumption.</p> <p>Productive Projects Programme: subsidy for the creation of a sustainable self-employment project.</p> <p>Programme of Food Assistance to Children in Children's Homes: food support with nutritional quality.</p> <p>Program to Combat Food Poverty: support to reduce nutritional poverty.</p> <p>Housing Improvement Program: specific support.</p> <p>Solar Heater Delivery Programme: support in kind.</p> <p>Counting and Playing makes the Difference Program: promotion of values.</p> <p>Diferentente Pláticas de frente program: sex education for secondary school students.</p> <p>Program for the Prevention and Care of Child Sexual Exploitation: reduction of risk factors and care for victims.</p> <p>Integral Support Programme for the Elderly: health care, heritage and fundamental needs.</p> <p>Schools for Parents Programs: training for parents.</p> <p>Footwear Support Programme: in-kind support.</p> <p>Special Care and Inclusion Program: social integration.</p> <p>Un Buen Comienzo Early Education Programme: training for parents.</p> <p>School Achievement Scholarship Program: financial support.</p> <p>Basic Education for Migrant Children Program: specialised programme.</p> <p>Toca y Aprende Program: technological tools.</p> <p>BC Todos a la Prepa Program: guaranteed admission.</p> <p>Baja California Maintenance Scholarship Program: support for academic and research improvement.</p> <p>Health Care Programme: Joven Seguro, Vete Sano Regresa Sano, Mexicali Soy Grande, Escuela Saludable, Alimentación y Actividad Física, Tiempo de Salud, Salud Bucal, Violencia de Género, Embarazo Adolescente, Salud Materna, Cáncer de Infancia y Adulto Mayor (CONEVAL, 2020).</p>

Sources: indicated in the table.

In 2008, the Guanajuato state government operated four housing programs, four student loan modalities and three medical speciality schemes. The national urban housing finance strand was complemented by four subnational initiatives: subsidy for improvement, down payment for new housing, public-private financing mix and community construction. No other subnational social development programs for urban interventions or productive options existed. Subnational education policy considered only four kinds of student loans. Health policy, through three programs, considered specialities for marginalized populations and services in dispersed communities (Mendoza, 2010, p. 157 and 187).

By 2018, subnational social development and education programs had experienced extraordinary growth. The former was subdivided into 16 assistance, six specialized training, six human settlements infrastructure, and five productive options, for a total of 33 schemes. Of 12 education programs, eight were aimed at specific problems in basic education schools, two were for maintenance and construction, one for high school scholarships, and the credit program had increased its alternative solutions. Health policy retained the same number of specializations as in 2012, but specialization was deepened in transplantation, blindness, and surgery. The general perspective was competition with the strategic alternatives of national policies (CONEVAL, 2022).

Table 12: Welfare programs of the government of Guanajuato

2008	2018
<p>Credit for housing improvement: applicable to poor quality units.</p> <p>Down payment subsidy: applicable to the acquisition of a lot or new housing.</p> <p>Public-private financing: for the construction of new housing for the marginalised population.</p> <p>Mi Casa Diferente: subsidies for single women and older adults applied to community construction of progressive rural housing.</p> <p>EDUCAFIN: interest-free credits for studies, in four modalities: high school, university and postgraduate; sports, artistic or cultural talents; disability; young mothers and young pregnant women.</p> <p>Health Sector Welfare Programmes: in three modalities; traumatology, orthopaedics and neurology for low-income patients; high speciality care for extremely poor patients; health services in dispersed communities (Mendoza, 2010, p. 157 and 187).</p>	<p>Impulso Universitario Programme: social service through development projects.</p> <p>Impulso a mi Desarrollo Socioeducativo Programme: planning of family and community activities.</p> <p>Programme of Multidisciplinary Centres for Comprehensive Care of Violence and Temporary Shelter for Women Receiving Violence: systemic care of family violence.</p> <p>Programme for the Prevention of Psychosocial Risks: to encourage positive responses to this type of risk.</p> <p>Family Values Programme: experiential training in values.</p> <p>Pinta tu Entorno" (Paint Your Environment) Housing Improvement Programme: complementary housing actions.</p> <p>State Border Programme: rescue of water body activities.</p> <p>Impulso al Desarrollo del Hogar Programme: support for home improvement.</p> <p>Programme for the Promotion of Attention to Persons in Non-permanent Emergency or Contingency Situations: support for persons in contingency situations.</p> <p>Programme to Promote Spaces for Healthy Coexistence in my Neighbourhood: improvement of public spaces for social coexistence.</p> <p>Programme to Promote Basic Services in my Neighbourhood and Community: provision of basic or community infrastructure.</p> <p>Impulso a mi Comunidad Indígena (Apoyo Infraestructura Comunidades Indígenas) Programme: provision of infrastructure in indigenous communities.</p> <p>Programme to Promote the Development of my Community: provision of infrastructure in rural communities.</p> <p>Programme to Promote Culture to Improve your Quality of Life: cultural activities in priority areas.</p> <p>Child Development Assistance Centres Programme (CADI): care for children of working mothers.</p> <p>Community Child Care Centres Programme (CAIC): care for children from three to six years old.</p> <p>Programme for the Construction and/or Strengthening of Infrastructure of Gerontological Development Centres: specific interventions for older adults.</p> <p>Programme of Rehabilitation and Social Assistance to Children in Conflict with the Criminal Law: specific interventions for minors involved in crimes.</p> <p>Mi Casa Diferente "Mi Hogar con Valores" (My Home with Values) programme: support promoting family solidarity.</p> <p>Dental Care Programme for the Elderly: specialised support.</p> <p>Community Kitchens Programme: distributing safe and nutritious food in organised communities.</p> <p>Cold school breakfasts programme in official educational establishments: distributing safe and nutritious food in these establishments.</p> <p>Food assistance programme for vulnerable groups: distribute safe and nutritious food to these groups.</p> <p>Programme for quality assurance in food assistance programmes: to ensure the quality of food programmes.</p> <p>Guanajuato crece sano (Guanajuato Grows Healthy) food guidance programme: promoting healthy eating habits.</p> <p>Social Support Programme for People in Vulnerable Situations: provision of economic support or support in kind.</p> <p>Comprehensive Training Programme for Older Adults: promoting active ageing.</p> <p>Comprehensive Development Programme for Working Children and Adolescents at Risk or in Street Situations: comprehensive care for life skills.</p> <p>Programme of Economic Social Support for Working Children and Adolescents at Risk or in Street Situations: life skills care models.</p> <p>Programme of social support for children and adolescents at psychosocial risk: detecting risks to prevent school dropout.</p> <p>Psychosocial risk prevention training programme: professionalise municipal and state DIF staff.</p> <p>Productive Projects for Groups of Older Adults: specialised projects.</p> <p>Programme of Social Support for Older Adults in Situations of Vulnerability and Marginalisation: specialised support.</p> <p>Family School" Programme: strategic integration of parents.</p> <p>Quédate, Aprende y Continúa" (Stay, Learn and Continue) project: prevention of failure and desertion.</p> <p>Learning to Live Together Programme: conflict mediation and violence prevention.</p> <p>Programme for Attention to Failure and Dropout in Upper Secondary Education: prevention of failure and dropout.</p> <p>Programme for Strengthening Special Education: promoting educational inclusion.</p> <p>School maintenance programmes: Central West, Central South, East, East, III Leon, Northeast, North, South East, and South West regions.</p> <p>Stimulus programme for science in Community Telebachilleratos: favouring digital inclusion at this educational level.</p> <p>State Programme for Basic Educational Infrastructure: consolidate educational spaces.</p> <p>Prepa para Todos" Project: economic and specific support for this purpose.</p> <p>Programme Centre for Attention and Monitoring of School Violence: a culture of denunciation.</p> <p>Summer School Promotion Programme: recreational activities and culture of peace.</p> <p>EDUCAFIN: different educational credit alternatives; scholarships in priority areas; support for different educational social functions; sporting, artistic or cultural talents; technological tools for upper secondary and higher education; academic mobility experiences; secondary school uniforms; attention to children aged 10 to 14 outside the school system; priority municipalities due to educational backwardness; promotion of social participation.</p> <p>Specialised Health Sector Programmes: Immunosuppression for Transplant Patients, Comprehensive Care and Prevention of Blindness due to Cataracts, Extra-mural Surgery.</p>

Sources: indicated in the table.

In 2008, the Jalisco state government operated 13 subnational social development programs and 12 self-initiated medical specialities. Among the former, nine community and productive schemes were implemented by the State System for the Integral Development of the Family (Sistema Estatal para el Desarrollo Integral de la Familia). The remaining four were subsidies provided by the Ministry of Human Development: for transport, indigenous education, housing, and senior citizens. It is worth noting that the last related subsidy was a subnational version of the national program, designed to

benefit the excluded. In addition to the above schemes, the Instituto Jalisciense de Asistencia Social (IJAS) was established to subsidize the activities of private welfare organizations. There is thus evidence of the alignment of national and subnational policies in the Jalisco case in this early period (Mendoza, 2010, p. 158-159).

By 2018, the number of subnational social development programs had reduced to 11, health programs were no longer on the books, and 13 education programs had been added. Contrary to the national policy trend, only one social development program was a productive options program, while the remaining ten were subsidies. Two of the latter covered transport and private assistance in triplicate, followed by one each in the areas of food, heads of household, senior citizens, and indigenous scholarships. Among the education programs, six were subsidies and seven were aimed at participatory solutions to specific school problems, which is congruent with the contraction of national education policy (CONEVAL, 2022).

Table 13: Welfare programs of the government of Jalisco

2008	2018
<p>Programa de Atención a Adultos Mayores: individual support for individuals who do not benefit from the national programme.</p> <p>Llega Programme: transport support for vulnerable groups.</p> <p>Maestro Carlos Castillo Peraza Indigenous Scholarship Programme: access to higher education.</p> <p>Mejora tu Casa Programme: subsidies for people in extreme poverty.</p> <p>Instituto Jalisciense de Asistencia Social (IJAS): supervision and financial support to private welfare institutions.</p> <p>Agencia Laboral Valdar: evaluation for occupational linkage.</p> <p>Training for self-employment and community development: development of productive skills in marginalised communities.</p> <p>Social promotion network for community nuclei: organisation of marginalised community groups.</p> <p>Attention to families of migrant day labourers: organisation for their spatial attention.</p> <p>Attention to Waxarika indigenous families: stimulating self-management capacities.</p> <p>Urban network: avoiding exclusion in the Guadalajara Metropolitan Area.</p> <p>Spaces for literacy, meeting and development: communal food production.</p> <p>Production units for development (UNIPRODES): specialised training in marginalised areas.</p> <p>Strengthening of the internal market: stimulating the local programme of own products.</p> <p>Specialised Health Sector Programmes: alacranism, brucellosis, cholera, surgeon visits, cysticercosis, dengue, leprosy, obesity, osteoporosis, malaria, mental health and tuberculosis (Mendoza, 2010, p. 158-159).</p>	<p>Direct Food Aid Programme: promoting proper nutrition for vulnerable groups.</p> <p>Support Programme for Private Social Assistance Institutions and Vulnerable Groups: promoting the activities of these organisations.</p> <p>Programme of Support to Civil Society Organisations: to strengthen the capacities of these organisations so that they can continue as strategic allies.</p> <p>Programme to Support Women Heads of Households: to improve the income of single-parent households.</p> <p>Student Transport Support Programme: transport subsidy.</p> <p>Associations for Well-being Programme: development of people with disabilities through civil society organisations.</p> <p>Attention to the Elderly Programme: direct bimonthly subsidies.</p> <p>Indigenous Scholarship Programmes: scholarships for secondary and higher education.</p> <p>Bieneales Programme for the Elderly and Persons with Disabilities: subsidy for transport.</p> <p>Bieneales Programme for Students: distribution of free vouchers.</p> <p>Productive Projects for Micro, Small, Medium and Large Enterprises: productive development projects.</p> <p>Higher Education 4.0 Programme: links between higher education institutions and the productive sector.</p> <p>Inclusive Jalisco Programme: social inclusion of people with disabilities.</p> <p>Mochilas con Útiles Programme: support in kind.</p> <p>Food Security Programme: food distribution.</p> <p>Economic Scholarships Programme (Becas Jalisco): subsidy for basic and normal education.</p> <p>Programme of Compensatory Actions to Reduce Educational Backwardness in Initial and Basic Education: to increase coverage and inclusion in basic education.</p> <p>Support Programme for Artistic and Technological Education: specialised services.</p> <p>School Breakfast Programme: food support and guidance.</p> <p>Out-of-school nutrition programme: support and food guidance.</p> <p>School for Parents Programme: strengthening the role of trainers.</p> <p>School and Health Programme: health training for parents and academic communities.</p> <p>State Programme for the Provision of Glasses "Yo Veo por Jalisco": provision of glasses.</p> <p>Sigamos Aprendiendo en el Hospital Programme: out-of-school basic education.</p>

Sources: indicated in the table.

In 2008, the Morelos State Government did not report any programs of its own design in the areas of social development, education, and health. In 2018, there were 15 social development programs, 12 of which were services of the State System for the Integral Development of the Family, one housing subsidy, one migrant support and one productive option for female heads of household. Educational programs included seven specialized services. There were two health programs: combating infant mortality and addressing dengue fever. In sum, except the programs of productive options for heads of households and attention to migrants, the rest of Morelos' redistributive policies seem to be, preferably, in the service stage (CONEVAL, 2022).

Table 14: Welfare programs of the Morelos State Government

2008	2018
No records.	<p>Support Programme for Productive Projects for Heads of Households, Morelos Women's Enterprises: subsidy for the creation of a family business.</p> <p>State Support Programme for Social Housing: inputs for home improvement.</p> <p>State Programme of Attention to Migrants: support in kind for migrants.</p> <p>Legal Assistance Programme: development of various legal matters.</p> <p>Social Assistance and Shelter Centre Programme: shelter for people in vulnerable conditions.</p> <p>State Centre for Integral Family Development Programme (CEDIF): educational, cultural and sports activities.</p> <p>Programme Integral Community Attention Centres (CAIC): educational and assistance actions.</p> <p>Programme for the Social Integration of Persons with Disabilities: social integration actions.</p> <p>Food Pantry Programme: distribution of safe and nutritious food.</p> <p>Adoption Programme: actions to guarantee children's rights.</p> <p>Support Programme for Persons in Distress: intergovernmental coordination to meet the needs of the vulnerable population.</p> <p>Programme of Attention to the Elderly: comprehensive development of this group.</p> <p>Family Strengthening Programme: strengthening of capacities and competencies.</p> <p>Programme for the Prevention of Child Abuse: combating the phenomenon and care for victims.</p> <p>Disability Prevention Programme: thematic training.</p> <p>State School Breakfast Programme: distribution of safe and nutritious food.</p> <p>Programme for the Integral Protection of Children, Adolescents and Families: prevention of psychosocial risks.</p> <p>Rehabilitation Programme for Persons with Disabilities: promoting mobility.</p> <p>Mental Health Programme: prevention of psychosocial risks.</p> <p>Universal Wage Scholarship Programme: scholarships for the third year of secondary school, upper secondary education and up to the fourth year of higher education.</p> <p>State Programme for Educational Inclusion: guaranteeing secondary and higher education for people with hearing disabilities.</p> <p>State Programme for Educational Infrastructure: guarantee quality infrastructure.</p> <p>Under-5 Mortality Programme: prevention of the phenomenon.</p> <p>Dengue Prevention and Control Programme: to combat and treat the disease.</p>

Sources: indicated in the table.

In 2008, the government of the state of Querétaro was developing schemes to integrate programs for the elderly, children, and physical rehabilitation. No evidence was found of subnational education and health programs being operated (Mendoza, 2010, p. 162). In 2018, Queretaro's social development policy registered seven subsidy programs, three training programs, one productive option program and one infrastructure program. Two education programs aimed to involve parents in teacher training. One health program considered cultural diversity in medical treatment (CONEVAL, 2022).

Table 15: Welfare programs of the government of Querétaro

2008	2018
<p>Plan Vida: integrates schemes for the elderly in infrastructures and productive projects.</p> <p>Programa de Atención a Menores y Adolescentes (AMA): integrates programmes aimed at the child population.</p> <p>Integral Rehabilitation Centre: provides non-hospital care.</p> <p>Junta de Asistencia Privada del Estado de Querétaro (Private Assistance Board of the State of Querétaro): annual registry for processing support from state agencies (Mendoza, 2010, p. 162).</p>	<p>Hombro con Hombro School Transport Programme: subsidy for student transport.</p> <p>Hombro con Hombro Productive Projects Programme: subsidies for personal businesses.</p> <p>State Programme to Title Deed Real Estate and Regularise Irregular Human Settlements in the State of Querétaro: deeds for properties acquired in state programmes.</p> <p>Programa Hombro con Hombro por tu Vivienda (Shoulder to Shoulder for your Housing Programme): support for decent housing.</p> <p>Hombro con Hombro por tu Alimentación (Shoulder to Shoulder for your Food) programme: provision of healthy and varied food.</p> <p>3 x 1 Programme for Migrants: strengthening migrant participation and social cohesion.</p> <p>Social Co-investment Programme: strengthening private assistance actors.</p> <p>Indigenous Infrastructure Programme (PROII): basic infrastructure and housing for indigenous communities.</p> <p>Migrant Support Fund Programme: support for Mexican migrants returning to their place of origin.</p> <p>Ver Bien Para Aprender Mejor (See Well to Learn Better) programme: provision of eyeglasses.</p> <p>Help Me Get There Programme: provision of bicycles.</p> <p>Training Programme: development of comprehensive teaching skills.</p> <p>Values and Social Promotion Programme: joint development of parents and basic education teachers.</p> <p>Training for Work Programme: training in new job profiles.</p> <p>Training Programme for Work in the Arts and Crafts: job training.</p> <p>Programme for the Prevention of and Attention to Domestic and Gender Violence: to reduce damage to health.</p> <p>Interculturality in Health and Traditional Medicine Programme: attention considering cultural diversity.</p>

Sources: indicated in the table.

Summary 2008-2018

Overall, subnational social development policies have been congruent with national policy in only one of six cases. The state government of Guanajuato showed an aligned growth of social programs by developing balanced schemes of assistance, specialized training, human settlements infrastructure and productive options. In contrast, the remaining five subnational governments showed strategic imbalances. The governments of Morelos and Querétaro started the period under study with no or very few social programs, moving by 2018 to assistance services rather than programs. The government of the State of Aguascalientes slightly reduced the number of programs developed, while shifting to mostly subsidized programs. The governments of Baja California and Jalisco increased the number of social development programs, however, as in the case of Aguascalientes, most of them were welfare programs.

Education policies showed reactive growth to national policy in the case of three subnational governments: Baja California, Guanajuato, and Jalisco. These state governments increased their programs in such a way that they covered the contraction of national education policy. The governments of Aguascalientes, Morelos and Querétaro went from having no programs of their own design in 2008 to developing some education services or programs by 2012.

Health policies show the least change. Only the State Government of Baja California stands out, which reached 12 self-designed medical speciality programs in 2012, up from zero recorded initiatives in 2008. The rest of the subnational governments show very slight increases or decreases in their schemes.

Conclusions

The trends in national social development, education, and health programs over the period 2006-2021 are similar. All areas display a steady increase in spending, with the greatest impact between 2006 and 2012. Furthermore, after a considerable increase in subnational operational schemes in the early-mid part of the period under study, there was a subsequent clear simplification of national policies and the reduction of operational schemes. Details of this evolution in each policy area are addressed below.

Social development policy evolved from preferential decentralization on implementation to adapted bilateralism, with centralized processes of specialization resulting in clientelism, as well as constant minimal subsidies to subnational women's bodies.

Decentralized social development programs sequentially developed urban interventions, targeting vulnerable groups and productive options. However, the study period concludes with an emphasis on direct subsidies to political clientele and, to a lesser extent, interventions targeted by region or vulnerable group based on adapted bilateralism. Centrally implemented programs, after assuming and decentralizing attention to vulnerable groups and productive options, universalized attention to very specific populations: food provision, the elderly, children of working mothers, and the disabled. Subsidy programs have been minimal and have preferentially supported the performance of subnational women's bodies.

Centralized education policy, the main strategic component of education policy, shifted from interventions in basic education to higher education, higher secondary education, and research. Secondary components were constant subsidies to subnational administrations, as well as a small number of decentralized programs which reduced over time and effectively no longer exist.

Centralized education programs began the period under study with specific basic education schemes for vulnerable groups, including scholarships and other cultural, professionalization and equipment acquisition programs. From 2012 onwards, the strategy shifted to the development of higher secondary education, higher education, and research, with a strong emphasis on the current preferential attention to clientele through universal scholarships. Subsidy programs have been relatively constant as they have evolved from funds for specific inputs and the consolidation of contributions to the general subsidizing of subnational decentralized public bodies, with a specific emphasis on early education and students with special needs. Decentralized implementation programs showed a turning point in 2012. The main schemes gave impetus to self-management, reading in educational spaces and, later, full-time schools and information technologies. Attention to vulnerable groups increased. Scholarships for students at the higher technical and bachelor's degree levels were provided. In 2018, in addition to extended day schools, only two more schemes were added: curriculum strengthening and bullying prevention. In 2021, no decentralized program was operating.

Health policy has shifted from major decentralization to minimal investment and programs for only basic medical services. Subsidies have shifted from medical specialization to the provision of free services and medicines. Centrally implemented programs sequentially encompassed maintenance and services, professionalization, specialization, and research.

Decentralized health programs have promoted the subnational mission to support the implementation of health care for the general population, childcare and, more recently, services for the disabled. The subsidy programs were oriented towards financing medical specialities until 2021 when the concept of

"health care and free medicines for the population without social security" was given priority with the largest allocation. Centrally implemented programs were gradually expanded from investment in maintenance and services to include vocational training, medical specialities, and research.

In general, the federal balance in these three public policy areas has shifted towards centralization over time. The sectoral social development council never allows for subnational government influence, while the rules of the defunct decentralized implementation programs allowed for moderate discretion in only 42% of decentralized schemes. In turn, subnational programs were congruent with national policy in only one out of six cases. Guanajuato showed an aligned and balanced growth of assistance programs, specialized training, human settlements infrastructure and productive options.

In education policy, the respective intergovernmental council functioned temporarily by allowing subnational influence at the beginning of the period 2006-2021. Discretion in decentralized implementation programs, where they existed, was limited by increasing regulatory rigidity. Subnational education programs demonstrate the most efficient reaction to federal shrinking: three subnational governments, Baja California, Guanajuato, and Jalisco, increased their programs to cover the contraction of national education policy.

In health policy, the relevant intergovernmental council enables subnational governments to influence by allowing them to present the development of their health services. However, the discretion of subnational governments in decentralized implementation programs is nil. In the field of subnational programs, only one case, Baja California, achieved 12 self-designed medical speciality programs.

Therefore, in the period under study in this research, the Mexican contemporary federal dynamic showed new equilibriums due to the conjunctural rupture of its main corporative component: the hegemonic party. The contrast was most obvious regarding fiscal federalism, which shifted the vertical and horizontal organization of decentralized implementation of coordinated policy. Likewise, this form of decentralization fostered the creation of subnational programs, which was unprecedented until 2000. Watts (2006) pointed out then, that, like Argentina, Mexico had revived as a federal system. However, the main political obstacle was the lack of continuity of the ruling party at the national level. Corporatization through a virtual new hegemonic party seems to have been recurring since 2018. As the main difference, the previous stage left a relative legacy: subnational governments' programs, a new form of influencing national policy and sectoral federal equilibriums. In this context, we note the evident intention of the new hegemonic party, and the need for the strategic "awakening" of the subnational government to be fostered. This is an important consideration in the development of coordinated public policy in Mexico in the future.

Given the above, the task of Mexican policymakers in the respective public policy areas examined in this study has become clear. Several steps must be taken regarding the involvement of subnational governments: 1) in the area of social development, to modify with better initiatives the perverse dilemma between adapted bilateralism or dual assistance; 2) in the best of cases, that of education policy, to extend federal cooperation and generalize the capacity to react to the national strategic contraction; and 3) to go beyond the simple provision of medical services to attempt to create a true health policy. Once this is achieved, subnational governments can then be expected to gain discretion and influence over national policies, which will allow the possibility of more effectively tailored local public services for citizens in the country.

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