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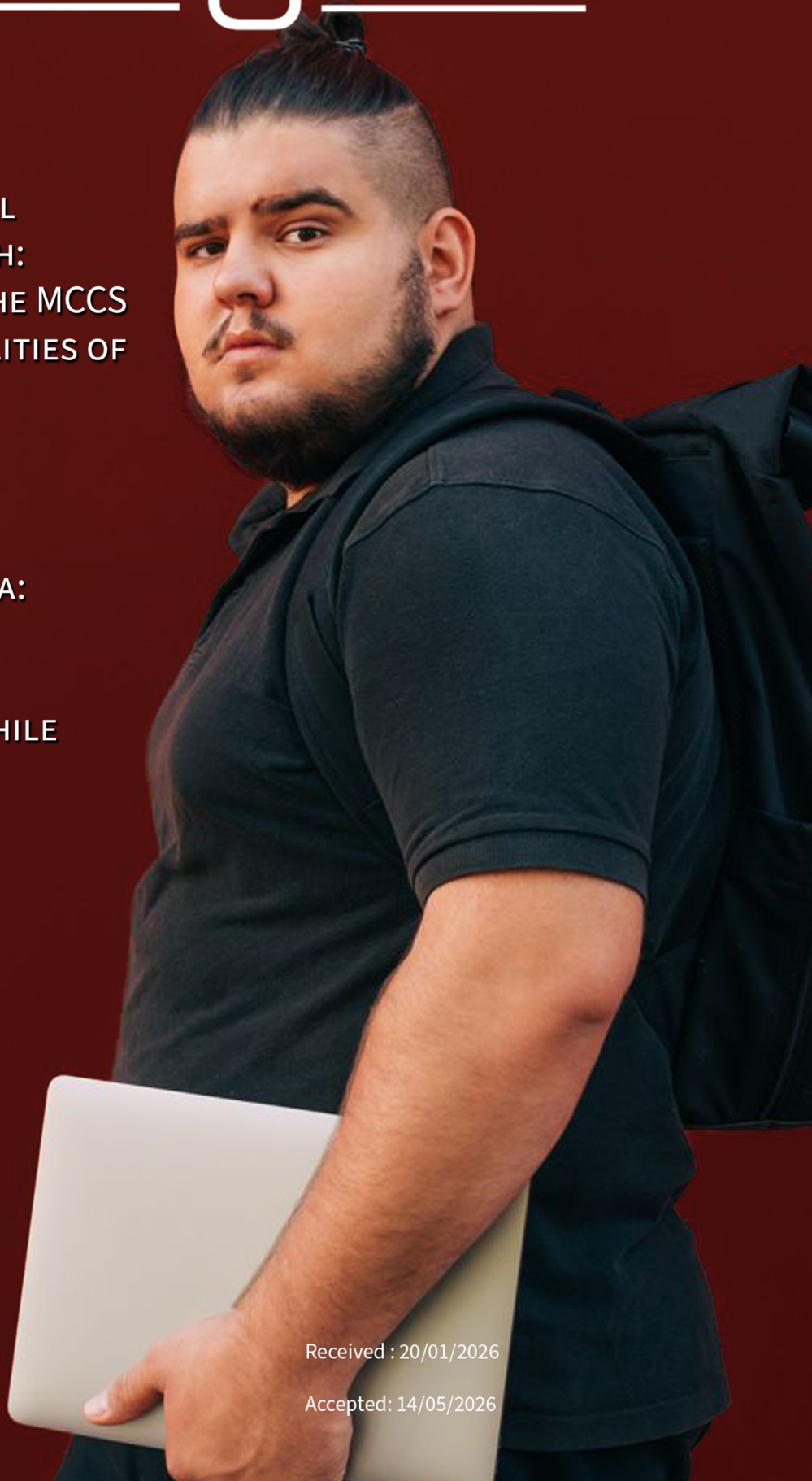

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Monitoring, documentary traceability, and territorial governance in public health: A comparative analysis of the Healthy Municipalities, Communes, and Communities Strategy in three municipalities of Antofagasta, Chile

Monitoreo, trazabilidad documental y gobernanza territorial en salud pública: análisis comparado de la Estrategia de Municipios, Comunas y Comunidades Saludables en tres comunas de Antofagasta, Chile

Abstract

Obesity poses an epidemiological and social challenge in Chile, linked to social and territorial determinants that go beyond individual responsibility. In this context, local governments play a strategic role in health promotion by intervening in environments and living conditions. This article critically analyzes the implementation of the Healthy Municipalities, Communes, and Communities Strategy (MCCS, by its Spanish acronym) in Antofagasta, Calama, and Tocopilla, Chile, during the 2019–2021 and 2022–2024 cycles, from the perspective of territorial governance, institutional monitoring, and documentary traceability, with the aim of identifying barriers, facilitators, and patterns of local performance. A qualitative approach with a descriptive-comparative design was employed, based on the documentary analysis of 86 official records, including municipal plans, monitoring reports, agreements, resolutions, and regulatory guidelines, organized by municipality and period. The analysis considered dimensions of technical, financial, community, regulatory, and intersectoral governance, as well as the effect of the critical 2019–2024 context on continuity, coordination, and implementation capacity. The results showed divergent trajectories. Antofagasta exhibits a persistent gap between planning and implementation, with under-execution of funds, technical discontinuity, and weak local coordination. Calama demonstrates organizational learning and institutional consolidation, with high implementation rates, territorial outcomes, and intersectoral strengthening. Tocopilla exhibits intermediate performance, with administrative continuity, though with less evaluative and intersectoral development. It is concluded that technical continuity, information management, and monitoring traceability influence the sustainability of the strategy and territorial equity.

Keywords: territorial governance, health promotion, Healthy Municipalities, Communes, and Communities Strategy, information management, documentary traceability

Resumen

La obesidad constituye un desafío epidemiológico y social en Chile, asociado a determinantes sociales y territoriales que exceden la responsabilidad individual. En este escenario, los gobiernos locales cumplen un rol estratégico en la promoción de la salud al intervenir sobre entornos y condiciones de vida. Este artículo analiza críticamente la implementación de la Estrategia de Municipios, Comunas y Comunidades Saludables (MCCS) en Antofagasta, Calama y Tocopilla, Chile, durante los ciclos 2019–2021 y 2022–2024, desde una perspectiva de gobernanza territorial, monitoreo institucional y trazabilidad documental, con el fin de identificar barreras, facilitadores y patrones de desempeño local. Se empleó un enfoque cualitativo con diseño descriptivo-comparativo, basado en el análisis documental de 86 registros oficiales, entre ellos planes comunales, informes de monitoreo, convenios, resoluciones y orientaciones normativas, organizados por comuna y período. El análisis consideró dimensiones de gobernanza técnica, financiera, comunitaria, normativa e intersectorial, así como el efecto del contexto crítico 2019–2024 sobre la continuidad, la coordinación y la capacidad de ejecución. Los resultados mostraron trayectorias divergentes. Antofagasta presenta una brecha persistente entre planificación y ejecución, con subejecución financiera, discontinuidad técnica y débil coordinación local. Calama evidencia aprendizaje organizacional y consolidación institucional, con alta ejecución, productos territoriales y fortalecimiento intersectorial. Tocopilla exhibe un desempeño intermedio, con continuidad administrativa, aunque con menor desarrollo evaluativo e intersectorial. Se concluye que la continuidad técnica, la gestión de la información y la trazabilidad del monitoreo inciden en la sostenibilidad de la estrategia y en la equidad territorial.

Palabras clave: gobernanza territorial, promoción de la salud, Estrategia de Municipios, Comunas y Comunidades Saludables, gestión de la información, trazabilidad documental

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1. Introduction

In recent decades, obesity has emerged as one of the major epidemiological and social challenges in Chile, as it impacts the burden of disease and healthcare spending. Its rise is linked to changes in dietary habits and lifestyles, as well as to structural transformations across the country. For example: urban sprawl, socio-spatial segregation, a reduction in public spaces, and unequal access to healthy foods and opportunities for physical activity. National and international evidence agrees that excess weight cannot be addressed solely through individual education, as it is linked to social, economic, cultural, and environmental determinants (Solar & Irwin, 2010; Franco Giraldo, 2019).

In Chile, the 2016–2017 National Health Survey reported a high prevalence of overweight among the adult population. Various studies have shown that obesity patterns are unevenly distributed according to socioeconomic status, gender, and region (Chilean Ministry of Health, 2017; World Health Organization [WHO], 2025). The COVID-19 pandemic exacerbated risk factors: reduced mobility, increased sedentary behavior, difficulties accessing healthy foods, and a decline in psychosocial well-being. In regions with urban and socioeconomic disparities, these dynamics tend to intensify and manifest as regional health inequalities (Solar & Irwin, 2010; Franco Giraldo, 2019).

In this context, local governments take on strategic importance. Consequently, municipalities influence territorial determinants through the planning of public spaces; the provision of community facilities; the promotion of physical activity; healthy eating policies in school and community settings; and coordination with health networks. However, municipal capacity is heterogeneous, as it varies according to resources, organizational stability, political-institutional priorities, and the extent of intersectoral coordination. These differences create implementation gaps even when national strategies with standardized guidelines exist (Subsecretaría de Salud Pública de Chile, 2015; Comisión Económica para América Latina y el Caribe [CEPAL], 2019; Organización Panamericana de la Salud, 2023; Quispe Ballon & Avega Bustinza, 2024).

The Healthy Municipalities, Communes, and Communities (MCCS, by its Spanish acronym) strategy is part of the *Health in All Policies* approach and aims to strengthen health promotion at the local level through three-year community planning, funding, technical support, and monitoring mechanisms. Its logic is territorial, as it aims to intervene in environments, foster community participation, and sustain intersectoral coordination to reduce risky behaviors and promote healthy lifestyles. The MCCS, therefore, provides a relevant case study for examining how the principles of health governance translate into concrete municipal practices (Subsecretaría de Salud Pública de Chile, 2015; Dirección de Presupuestos [DIPRES], 2021; Organización Panamericana de la Salud, 2023).

The analysis is based on two complementary frameworks. The first approach focused on the social determinants of health, which views obesity as a result of structural conditions (income, education, the urban environment, and food availability) that shape actual opportunities for physical activity and healthy eating. On the other hand, the second approach analyzed health governance, which emphasizes institutional arrangements,

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intersectoral coordination, participation, and accountability to translate national guidelines into local action and programmatic sustainability (Solar & Irwin, 2010; Kickbusch & Gleicher, 2012; De Leeuw et al., 2015; Naciones Unidas, 2015).

Given the above, the 2019–2024 period was marked by a particularly complex socio-political and public health context. The social unrest (October 2019) disrupted institutional priorities, local agendas, and operational capacities. In this regard, the pandemic (2020–2021) redirected resources toward the health emergency; and the subsequent recovery took place amid budgetary constraints and organizational strain. These events served as *stress tests* for programs that depend on technical continuity, coordination, and territorial implementation capacity.

The literature on health governance emphasizes that the outcomes of regional policies depend on institutional arrangements that ensure transparency, intersectorality, accountability, and social legitimacy. Similarly, approaches to decentralized institutional governance and multilevel collaborative governance underscore the importance of political leadership, coordination across levels of government, and territorial social capital for sustaining collective action. International experiences, such as the European Network of Healthy Cities, show that municipal institutionalization—beyond isolated projects—is key to generating sustainable impacts (Salas-Zapata et al., 2016; Rivera-Mercado et al., 2024).

Despite these conceptual advances, a gap remains regarding evidence-based decision-making on municipal performance and local governance in health promotion strategies. In particular, in regions with high municipal heterogeneity, a comparative analysis of implementation identifies patterns of barriers and facilitators that are useful for institutional redesign and public policy improvements (Santoro-Lamelas, 2015; Macías-Guerrero & Vegas Meléndez, 2023; Retamal Soto, 2023).

This study critically analyzed the implementation of the MCCS in three municipalities in the Antofagasta Region (Antofagasta, Calama, and Tocopilla), Chile, during the 2019–2021 and 2022–2024 cycles. Therefore, the study sought to (a) describe the coherence of the institutional design and the instruments in place; (b) evaluate implementation capacity and technical-financial execution; and (c) characterize local governance through key dimensions (technical, financial, community, regulatory, and intersectoral). In this regard, the guiding question was: What governance patterns, barriers, and facilitators explain the differences in municipal performance in implementing the MCCS strategy during a critical period?

2. Method of research

This study employed a qualitative approach with a descriptive–comparative design, based on a documentary analysis of the implementation of the MCCS Strategy in three municipalities in the Antofagasta Region (Antofagasta,

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Calama, and Tocopilla), Chile, during two periods: 2019–2021 and 2022–2024. The documentary approach made it possible to reconstruct institutional frameworks, assess consistency between regulatory guidelines and local practices, and systematize the traceability of technical and financial implementation, especially when comparing processes across different regions.

The unit of analysis was the municipal implementation of the MCCS strategy. The selected municipalities were all located in the same region but differed in population size, organizational complexity, municipal capacities, and productive structure, allowing for the observation of variations in governance within a common institutional framework. To ensure analytical consistency, the documents were evaluated according to criteria of authenticity (verifiable origin), credibility (internal consistency), representativeness (coverage of the process), and significance (level of detail useful for analysis). Documents that did not meet minimum criteria, such as unverified drafts or duplicates without additional information, were excluded (Table 1).

Table 1
Quality criteria applied to document analysis

Criteria	Operational description
Authenticity	Document with a verifiable institutional source (issuing agency, date, format).
Credibility	Internal consistency and consistency with other records from the same three-year period.
Representativeness	Coverage of the process (planning, monitoring, reporting, and closure) and relevant stakeholders.
Significance	Enough detail to analyze decisions, implementation, observations, and results.

A total of 86 official documents were analyzed, categorized into three types: (A) MCCS community plans registered on the institutional platform (two per community, one per three-year period; n=6); (B) monitoring documents, agreements, progress reports, communications of observations, and closing resolutions (n=30); and (C) national or regional regulatory documents and technical guidelines, as well as ordinances and supplementary municipal materials relevant to health promotion (n=50) (Table 2). Data collection took place between August and September 2025 through formal requests to the regional health authority and municipal technical teams, supplemented by a review of institutional repositories. Official documents (issued by competent public agencies) that were directly relevant to the MCCS and dated within the analyzed period were included.

Table 2
Documentary corpus analyzed (2019–2024)

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Type of documentation	Number
Type A: MCCS Community Plans (two per community)	6
Type B: Monitoring, agreements, resolutions, and communications	30
Type C: Regulatory guidelines and relevant municipal materials	50
Total	**86**

The analysis was structured on two levels: an intra-case analysis by municipality and three-year period; and a comparative inter-case analysis to identify patterns. A priori categories associated with MCCS components and territorial governance frameworks were used: (i) institutional design and coherence of instruments (alignment with national objectives, definition of the implementing unit, indicators, activities); (ii) implementation and execution capacity (evidence of activities, territorial outputs, reprogramming, milestone achievement); (iii) financial execution (allocated amount, accrued funds, under-execution, observations); (iv) technical governance (team stability, roles, management mechanisms); (v) community governance (participation, training, local networks); (vi) regulatory governance (ordinances, incorporation into municipal instruments, formalization of committees); and (vii) intersectoral governance (working groups, minutes, coordination with primary health care, education, sports, and social organizations).

A guided qualitative coding approach was applied, supplemented by emerging categories linked to the contingencies of the period (social unrest, the pandemic, changes in the implementing agency, turnover among coordinators, and budgetary constraints). For each municipality and three-year period, an analysis matrix was developed that systematized evidence by dimension, identifying barriers (factors that hinder implementation or coordination) and facilitators (conditions that enable continuity and compliance). Triangulation was performed between document types (plans, monitoring, regulations) and across periods, allowing for a comparison of formal planning with observed implementation.

To strengthen the credibility and reliability of the documentary analysis, a four-step working protocol was implemented: (1) creation of an extraction matrix containing metadata (type, municipality, year, source, MCCS component, level of completeness) and analytical notes; (2) coding in two cycles (open reading and axial reorganization) based on a predefined code dictionary derived from the MCCS components and governance dimensions; (3) recoding of a subset of the corpus (approximately 20%) at the end to verify consistency and adjust operational definitions; and (4) consolidation of findings into intra-case matrices and a comparative inter-case matrix. An audit trail of analytical decisions was maintained, and findings were compared across three-year periods to assess the effects of the 2019–2024 context (Castillo, 2002; Santa Cruz Terán et al., 2022).

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3. Results

The results are organized by municipality and three-year period, addressing three analytical dimensions: (1) institutional design and plan coherence; (2) implementation and execution capacity; and (3) local governance (technical, financial, community-based, regulatory, and intersectoral). The comparison showed that, even within a common institutional framework, municipal performance varies significantly, highlighting the central role of municipal capacities and local institutionalization (Table 3).

Table 3

Comparative overview of MCCS governance dimensions (2019–2024)

Dimension	Antofagasta	Calama	Tocopilla	Comparative Interpretation
Technical governance	Low and intermittent	Medium to high (consolidation)	Media	The continuity and professionalization of the coordinating role are crucial
Financial governance	Severe underperformance	High-quality craftsmanship and professional finishes	Consistent partial execution	Financial capacity predicts effectiveness and sustainability
Community governance	Low/Inactive	Active and sustained	Intermediate	Participation is fostered through local organizations and networks
Regulatory governance	Initial and then weakened	Sustained and integrated	Media	The regulations provide a framework but do not replace operational management
Cross-sectoral governance	Minimum	Consolidated	Partial	An intersectional approach distinguishes transformative trajectories *vs*. functional ones

3.1. Antofagasta

During the first three-year period (2019–2021), the technical structure was formally aligned with MCCS guidelines and was properly recorded on the platform. However, technical continuity was fragile. Documentary evidence indicated significant changes in the implementing unit and persistent difficulties in translating planning into

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concrete interventions. Implementation showed delays or incompleteness, a lack of consolidated territorial outputs, and severe under-execution of funds. During 2020, there was virtually no technical or financial implementation, and in 2021, implementation was partial and limited, with no traceability of impacts or local monitoring mechanisms. In terms of governance, a pattern of cross-cutting weakness prevailed: unconsolidated teams, a lack of intersectoral coordination structures, minimal community participation, and initial regulatory advances that failed to be sustained.

In the second three-year period (2022–2024), the revised monitoring and accountability documents described a widening gap between the formal design and reported performance. They noted continued underperformance, recurring observations, and difficulties in meeting management milestones. Likewise, the background information described the absence of formal committees, a lack of planning integrated into municipal instruments, and limitations in financial cycle management.

3.2. Calama

In contrast to Antofagasta, during the 2019–2021 period, the revised *corpus* described an institutional framework in Calama, Chile, characterized by greater local ownership and a more stable implementing unit. The plan articulated objectives and activities targeting obesogenic environments, combining educational, community-based, and institutional components. During the period, rescheduling related to the health context was recorded, but operational continuity and evidence of adapted activities were noted. Financial execution showed comparatively high performance and greater capacity to close out commitments. In terms of governance, the documents noted coordination with local actors, greater intersectoral density (primary health care, education, and community organizations), and progress in formalizing instruments and agreements.

In the second three-year period (2022–2024), the reviewed reports described improvements in program management, including greater product traceability, achievement of milestones, and the consolidation of a territorial approach that combined community infrastructure, ongoing activities, and evaluation mechanisms. Intersectoral coordination was described as more structured, and technical governance was linked to defined roles, team continuity, and monitoring mechanisms.

3.3. Tocopilla

In Tocopilla, Chile, the documents reviewed for the first three-year period (2019–2021) indicated moderate performance. The plan remained consistent with MCCS guidelines, and although the period was affected by constraints, administrative continuity and evidence of partial implementation were noted. Financial execution was reported as consistent, though lower than in Calama, Chile. In terms of governance, limited community participation and partial intersectoral coordination were described, with a predominance of targeted activities over permanent institutional arrangements.

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During the second three-year period (2022–2024), Tocopilla, Chile, maintained a functional pattern, with the reviewed records indicating compliance with planning and accountability requirements and continuity of actions, while showing limited evidence of progress toward more complex governance arrangements. Intersectoral coordination was observed in connection with specific initiatives rather than permanent bodies; the community dimension was primarily activated through activities, with less evidence of systematic training, co-design, or sustainability. To strengthen empirical traceability, minimal documentary evidence related to financial execution and closure was summarized by municipality and triennium (percentages only when explicitly stated in the corpus) (Table 4).

Tabla 4

Documentary evidence of financial execution and closure MCCS (2019–2024)

Municipality	Three-year period	Reported financial performance	Evidence of settlement/closure	Analytical observation
Antofagasta	2019–2021	Irregular (without a consolidated percentage of the total)	Follow-up with observations; partial evidence of accountability	Gap between planning and implementation; 2020 marked by operational disruptions.
Antofagasta	2022–2024	0% (reported)	Insufficient traceable indicators; inadequate reporting and monitoring	A pattern of programmatic noncompliance and low institutionalization.
Calama	2019–2021	100% (Resol. Ex. N.° 0859)	Proven track record of contract closures	Successful closure; verifiable territorial products.
Calama	2022–2024	High (without a consolidated percentage of the total)	Monitoring reports indicate improved traceability	Strengthening governance and technical continuity practices.
Tocopilla	2019–2021	No consolidated percentage of the corpus	Administrative Compliance and Financial Reporting	Moderate performance; limited development of proprietary local tools.

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Tabla 4

Documentary evidence of financial execution and closure MCCS (2019–2024)

Municipality	Three-year period	Reported financial performance	Evidence of settlement/closure	Analytical observation
Tocopilla	2022–2024	No consolidated percentage of the corpus	Continuity of accountability; no early termination reported	Meets requirements; gaps remain in cross-sectoral coordination and evaluation.

4. Discussion

The findings confirmed that local governance was a critical determinant of the effectiveness of health promotion strategies based on multilevel coordination. From a health governance perspective, MCCS requires more than just guidelines and funding. In other words, institutional arrangements are needed to ensure technical continuity, accountability, intersectoral coordination, and social legitimacy. When these conditions are not met, the strategy tends to function as a mere formality in planning, without translating into sustained actions on territorial determinants (Subsecretaría de Salud Pública de Chile, 2015; Organización Panamericana de la Salud, 2023).

The main contribution of this study is to provide an intra-regional comparison based on documentary evidence of implementation, showing that, under a common regulatory framework, municipal heterogeneity leads to divergent outcomes in terms of implementation and sustainability. A limitation of the documentary design is that it depends on the quality of the available administrative records. Consequently, some indicators are not always explicitly recorded in the *corpus*. For example, consolidated implementation rates for certain three-year periods. This reinforces the need for standardized monitoring and accountability mechanisms for territorial health promotion policies (De Leeuw et al., 2015; Organización Panamericana de la Salud, 2023).

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The experience in Antofagasta, Chile, revealed a structural gap between planning and implementation. The existence of formal records on the platform and a design aligned with national objectives did not translate into actual institutionalization. Consequently, the program was affected by discontinuity in the implementing unit, limited capacity for financial cycle management, and the absence of even a minimal local ecosystem (committees, stable roles, monitoring mechanisms). In terms of decentralized institutional governance, this can be interpreted as a deficit in the municipal organizational architecture to sustain public policies that require cross-cutting coordination and continuity, especially under crisis conditions. The social unrest and the pandemic amplified this fragility, but the evidence suggests that the underlying problems (apropiación local limitada, falta de priorización y debilidad de coordinación) ya estaban presentes (Kickbusch & Gleicher, 2012; De Leeuw et al., 2015).

Calama, Chile, by contrast, demonstrated a pattern of organizational learning consistent with approaches to multilevel collaborative governance. The municipality appeared to develop the capacity to translate national guidelines into local action, adjusting activities during the pandemic and subsequently consolidating tools and coordination. Technical continuity, improved product traceability, and coordination with intersectoral actors (primary health care, education, community organizations) facilitate more robust implementation. In terms of *public value*, the evidence suggested that the MCCS becomes more sustainable when it is integrated into municipal logic and perceived as a legitimate component of local development, rather than as an external project with sporadic accountability (Subsecretaría de Salud Pública de Chile, 2015; Organización Panamericana de la Salud, 2023).

Tocopilla, Chile, occupied an intermediate position that is analytically significant. Its performance indicated that administrative compliance and the continuity of actions can sustain the strategy over time, but do not necessarily generate transformations in territorial determinants unless evaluative and intersectoral dimensions are strengthened. This raised a critical issue for public policy: monitoring mechanisms based solely on milestones and accountability may encourage a compliance-oriented approach, without capturing institutional quality or transformative capacity (Solar & Irwin, 2010; Franco Giraldo, 2019; Retamal Soto, 2023).

The main consequence of these divergent trajectories was the emergence of regional inequalities in access to healthy environments. Under the same national framework, residents of municipalities with lower institutional capacity receive fewer tangible benefits from the strategy. This strained the principle of equality in access to healthy living conditions and suggests that, in decentralized systems, equity requires differentiated support mechanisms based on municipal capacity (intensive technical assistance, role stabilization, performance incentives, and governance support). (Subsecretaría de Salud Pública de Chile, 2015; Organización Panamericana de la Salud, 2023).

The pandemic showed that many activities can be adapted to alternative formats, but this requires teams capable of redesigning processes, utilizing local evidence, and coordinating efforts. In municipalities with high staff turnover or lacking a formal structure, the crisis tends to paralyze strategic planning, whereas in municipalities with

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more robust governance, the crisis can serve as a catalyst for innovation and learning (Subsecretaría de Salud Pública de Chile, 2015; Organización Panamericana de la Salud, 2023). Based on the analysis, five areas for improvement were identified for the MCCS and similar regional development programs (Subsecretaría de Salud Pública de Chile, 2015; Organización Panamericana de la Salud, 2023) (Table 5).

Table 5
Areas for improvement for the MCCS and similar regional development programs

Area for improvement	Description
Institutionalization of local governance	Establishment of a Local Health Promotion Committee (CLPS, by its Spanish acronym) with a formal mandate, regular meetings, minutes, and reporting requirements, bringing together representatives from the municipality, primary health care, education, sports, and community organizations. This committee should embed the strategy within the municipal structure, reducing dependence on specific individuals (Subsecretaría de Salud Pública de Chile, 2015; Organización Panamericana de la Salud, 2023).
Professionalization and stability of the regional coordinator role	The evidence suggests that the main "bottleneck" is technical continuity. A coordinator with a clear profile and defined responsibilities (management, cross-sectoral coordination, financial monitoring) reduces discontinuities and improves traceability (Kickbusch & Gleicher, 2012; De Leeuw et al., 2015).
Integration with municipal agencies	Cuando el plan MCCS se conecta con PLADECO, planes de salud comunal, ordenanzas de espacios públicos y políticas de actividad física, aumenta la probabilidad de sostenibilidad. Esto exige que la MCCS sea tratada como componente del desarrollo territorial y no como iniciativa paralela (Subsecretaría de Salud Pública de Chile, 2015; Organización Panamericana de la Salud, 2023).
Systematic monitoring and reporting system	A quarterly system is proposed that combines technical and financial monitoring, process indicators, regional outputs, and risk assessment (turnover, contingencies, suppliers, permits). The focus should shift from ex post accountability to preventive management that allows for early corrections (Solar & Irwin, 2010; Kickbusch & Gleicher, 2012).
Community participation and co-production	Community governance should not be limited to one-off activities. It requires training, feedback, and stable forums where local organizations can jointly define priorities for healthy environments. This enhances social legitimacy and sustainability. (Solar & Irwin, 2010; Santoro-Lamelas, 2015; Franco Giraldo, 2019).

The study was based on documentary evidence and therefore does not directly capture the perceptions of stakeholders or the experiences of beneficiaries. While triangulation across different types of documents enhances

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robustness, the quality of municipal records varies. Future research could supplement this with interviews with technical teams, authorities, and community stakeholders, as well as quantitative analysis of budget execution and local health outcomes. In summary, the analysis showed that the MCCS functions as an *institutional mirror*, as it reveals both the capabilities and gaps in municipal governance (Santoro-Lamelas, 2015). To advance outcomes and territorial equity, the strategy requires not only funding but also institutional architecture and tailored support aimed at strengthening resilient local governance.

Beyond the program's specific performance, the findings suggest that the MCCS serves as a sensitive indicator of municipal capacities: where there are stable teams, political leadership, and coordination channels, the program leads to local outcomes and organizational learning; where these elements are lacking, the strategy tends to be reduced to procedural compliance. From an equity perspective, this heterogeneity is problematic, as territories with a higher burden of obesogenic determinants may also be those with the least capacity to implement health promotion policies. Consequently, multilevel governance should incorporate explicit mechanisms for compensation and support: intensive technical assistance, allocation criteria that recognize capacity gaps, and incentive schemes linked to verifiable milestones of institutionalization. For example, the formal establishment of committees, the publication of ordinances, and evidence of systematic community participation.

Furthermore, the results showed that *continuity* must be understood on three levels: technical-professional continuity (stability of roles and competencies), political-institutional continuity (mandate and prioritization on the municipal agenda), and financial-operational continuity (procurement and implementation processes without bottlenecks). The absence of any of these levels disrupts the implementation chain, even when the plan is properly formulated. Therefore, a practical recommendation is to move toward standardized job profiles for territorial coordination, with training in public management, accountability, and community work; and toward a minimum set of governance tools (minutes, timelines, RACI matrix, dashboard of indicators, and participation protocol) that reduces dependence on the *will* of individual actors.

Finally, this analysis provided valuable insights for decentralization processes in Chile; without strengthening local institutions, the transfer of responsibilities can widen disparities in outcomes. In the case of health promotion, this means that public policy must not only fund activities but also build capacity (people, systems, and coordination), ensuring that the right to healthy environments does not depend solely on the administrative performance of each municipality.

5. Conclusions

The implementation of the MCCS strategy in Antofagasta, Calama, and Tocopilla, Chile, during 2019–2024 demonstrated that local governance and municipal institutional capacity are critical to translating health promotion policies into sustainable local interventions. Under the same regulatory framework, divergent trajectories were

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observed: Antofagasta, Chile, exhibited sustained programmatic noncompliance, with technical discontinuity and severe under-execution of funds; Calama, Chile, demonstrated organizational learning and institutional consolidation, with high implementation and intersectoral strengthening; and Tocopilla, Chile, maintained an intermediate functional performance, with administrative continuity, but with less evaluative and intersectoral development.

These findings suggest that territorial equity in health requires tailored support strategies based on municipal capacity. It is recommended to institutionalize local governance through a Local Health Promotion Committee with a formal mandate; to stabilize and professionalize the role of territorial coordination; to integrate the MCCS plan with municipal planning instruments; to implement a quarterly monitoring and accountability system focused on preventive management; and to strengthen community participation through permanent spaces for co-production. In critical and highly uncertain contexts, institutional resilience is not an incidental attribute, but a necessary condition for sustaining territorial policies aimed at healthy environments.

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