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Social Policy in Venezuela

Bucking Neoliberalism or Unsustainable Clientelism

Julia Buxton

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UNRISD, Palais des Nations
1211 Geneva 10, Switzerland

Tel: +41 (0)22 9173020
Fax: +41 (0)22 9170650
info@unrisd.org
www.unrisd.org

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Acronyms

AD	<i>Acción Democrática</i> (Democratic Action, Venezuelan Social Democrat political party)
COPEI	<i>Comité de Organización Política Electoral Independiente</i> (Christian Democrat Party)
CVSS	<i>Centro Venezolano de los Seguros Sociales</i> (Venezuelan Social Security Centre)
HEMA	Health and Environment Ministers of the Americas
ISI	Import Substitute Industrialization
IVSS	<i>Instituto Venezolano de los Seguros Sociales</i> (Venezuelan Institute of Social Security)
MSAS	<i>Ministerio de Sanidad y Asistencia Social</i> (Ministry of Health and Social Assistance)
MSDS	<i>Ministerio de Salud y Desarrollo Social</i> (Ministry of Health and Social Development)
OAS	Organization of American States
OPEC	Organization of Petroleum Exporting Countries
PB-2000	<i>Plan Bolívar-2000</i>
PDVSA	<i>Petróleos de Venezuela, S.A.</i> (Petroleum Venezuela, state owned national oil company)
PCV	<i>Partido Comunista de Venezuela</i> (Venezuelan Communist Party)
SAPs	Structural Adjustment Policies
VBEC	Venezuela Basic Economy Corporation

Abstract

This paper highlights the institutions, actors and processes that have driven social policy provision and health care in Venezuela during distinct political periods. The historical detail contextualises a protracted struggle over the distribution of the country's oil wealth. The paper concurs with the importance of democracy, political will and a favourable international context in driving public access to health care but emphasises that situations of institutional and political decomposition as inherited by President Hugo Chávez require researchers and policy makers to engage with non-traditional mechanisms for articulating and responding to health care needs, and the importance of avoiding the temptation of writing these off as crude 'populist' experiments. The case of Venezuela illustrates the significant challenge of peacefully addressing the political roots of social inequality and the obstacles that can be posed to improving access to health and social development by conservative opponents and vested interests, including in the trade union movement and nominally social democratic parties.

Julia Buxton is Professor of Comparative Politics and Associate Dean for Academic Affairs and Programs, Central European University, and Venezuela in particular. She is specialist on politics, security and development in Latin America, and Venezuela in particular.

Introduction

This paper examines the social protection policies, or *misiones* introduced in Venezuela by the government of President Hugo Chávez (1998–2013). Health care is a focus of the paper, which contextualizes and evaluates the government's attempts to implement an integrative model of coverage informed by participatory and social medicine approaches. It is argued that the achievements were significant, particularly given the social, political and economic crisis inherited by Chávez, but that health and other welfare initiatives are unsustainable without major institutional and macroeconomic policy change. With the death from cancer of Chávez in March 2013 and subsequent narrow victory of his successor Nicolás Maduro, political conditions are not conducive to reform processes that are necessary to consolidate the advances that have been made.

Venezuela has “special status” as one of the world's leading oil exporters. The first half of the paper details the relationship between this export commodity and welfare provision in the country, from origins as a rudimentary social assistance framework crafted during hesitant steps toward democracy in the 1930s to bankruptcy in the 1980s. Venezuela's experience is a complex story of petroleum-induced economic boom in the 1930s and 1970s and economic crisis in the 1980s. The most significant welfare gains were made by formal sector workers in the pre-boom period of the 1970s and then eroded as Venezuela entered cycles of economic expansion and contraction.

As in many Latin American countries, the application of Structural Adjustment Policies (SAPs) in the late 1980s negatively impacted on social provision. While the regressive effects of Venezuela's neoliberal experience are not underestimated, it is argued these were exacerbated by pre-existing structural problems that already threatened the viability of the welfare state model.¹ These included exclusion of informal and large numbers of agricultural sector workers; inequitable patterns of oil rent distribution; and the corruption, clientelism and institutional sclerosis that resulted from a model of “pacted” democracy that prevailed from 1958–1998. It was this context that framed popular support for Chávez in the presidential election of 1998, and the appeal of his revolutionary programme of participatory democracy and the use of the country's oil “wealth” for social development against a trend of oil sector privatization.

As a means of analysing the actors, institutions and processes driving social policy during the Chávez presidency, the second half of the paper explores the political and economic conditions that shaped the government's social policy approach and the ideological perspectives that framed strategy. Three phases of social policy evolution are identified, with the period following a coup attempt against Chávez in 2002 through to the presidential election of December 2006 identified as the most innovative.

It is acknowledged that Venezuela's social policy initiatives are deeply contested. There are questions as to the extent to which the Chávez government simply replicated problems of clientelism, corruption and oil rent dependence. While these critiques are acknowledged, it is argued that these inevitable limitations should not detract from the

¹ For example, in Venezuela's “*Barrio Adentro*: Participatory Democracy, South-South Cooperation and Health Care for All”, Muntaner et al. (2008) argue that *Barrio Adentro* is an articulation of “popular resistance to neoliberalism”.

value of drawing “lessons learned” from alternatives to marketized social protection schemes and innovative forms of health care that have been developed in Venezuela.

Contextualizing Social Provision in Latin America

The literature on social policy in Western societies points to the influence of industrialization and democratization on the type of welfare states that emerged.² Divergence in the process and timing of economic and political modernization generated distinct configurations of state and class power that influenced diversity in welfare state outcomes.

Huber and Stephens identify a “robust relationship” between democracy and social spending (2012:49) and the importance of the international context in structuring conditions favourable to state welfare initiatives. In particular, secularism and the presence of viable and autonomous left of centre forces were associated with peaceful distributive change. In Navarro and Shi’s analysis (2001) the key determinant of the depth of welfare provision was not just the presence of an organized left, but their *capacity* to govern and *willingness* to enact social policy measures when in power.

The Latin American experience contrasts with that of Western Europe. Structural conditions conducive to the early emergence of strong welfare states were absent. The region experienced colonization and delayed and “dependent” development (Toye and Toye 2003). Insertion into the global economy was premised on the export of raw materials, with a resulting vulnerability to international price fluctuations and balance of payments deficits that regimes sought to overcome through strategies of import substitute industrialization pursued from the late 1930s. Democratization was hesitant following independence in the nineteenth century, with military strongmen or *caudillos* contesting power. There are examples of “enlightened authoritarianism” with health and education provision introduced during nation building projects of the late nineteenth century; but the structural drivers of universalized welfare state provision that existed in Europe were not present in the region. The colonial legacy, including the influence of the Roman Catholic Church and *encomienda* system of large landed colonial estates were not addressed (Frankema 2006). As a result, profound inequalities in land and capital asset distribution persisted, with social stratification cleaving around race, heritage and gender (Psacharopoulos and Patrinos 1994).

At the turn of the twentieth century, a new political economy of neo-colonialism emerged with the rise of the United States (US). Patterns of economic change during this period embedded the wealth and power division between a small Iberian Creole elite and the

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