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**SOCIAL DEVELOPMENT  
AND PUBLIC POLICY  
SOME LESSONS FROM  
SUCCESSFUL EXPERIENCES**

**by Dharam Ghai**

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## ◆ Preface

This paper is based on findings of the UNRISD research project on **Social Development and Public Policy**. The project was designed to improve our understanding of the reasons behind the superior social performance of some developing countries, and to reveal conditions under which social progress can occur independently of economic advance. The experiences of several countries (and one state within a federated country) whose achievements have aroused much interest and debate were examined: Chile, China, Costa Rica, Cuba, Kerala, Sri Lanka and Viet Nam. The project focused on their impressive performance in health and education, although other dimensions of social development such as social security, unemployment, incidence of poverty and gender disparities also received some attention in the case studies.

This Discussion Paper considers these experiences using a common framework comprising historical, cultural and political economy dimensions. It gives particular attention to the political determinants of social policy, the amount and composition of expenditure devoted to social programmes and the institutional arrangements for financing, organizing and delivering social services. The paper first discusses the nature and extent of the educational and health attainments of these countries, contrasting them with the performance of other groups of countries. This is followed by a brief discussion of their historical and cultural legacies, as well as political processes, institutions and resource allocation. The paper then provides more detail on social policy, with illustrations drawn from the fields of primary health care and literacy. The subsequent sections deal with their experiences with poverty reduction and the social impact of stabilization and adjustment policies pursued during the past two decades.

Costa Rica, Chile, Cuba, Kerala and Sri Lanka enjoyed a historical head-start in health and educational achievements. A political commitment to spreading the benefits of education and health to the entire population was crucial everywhere. The political forces contributing to wide provision of social services were diverse, including enlightened monarchy, a modernizing élite, social movements, political parties, trade unions, professional associations and emerging middle classes. Within this overall political context, cultural factors provided a favourable environment for social progress. In some cases, they took the form of a religion or a tradition placing high value on education and care for the less fortunate members of society. The status and autonomy of women were decisive in equitable access to health and educational facilities. In some countries, ethnic homogeneity made a contribution by preventing discrimination against and exploitation of some social groups.

China and Viet Nam suffered from a historical disadvantage in the domain of health and education. Although Cuba had above average social indicators and relatively high per capita income prior to the revolution, it suffered from massive inequalities between ethnic groups, and rural and urban areas. The impressive social achievements of these countries can be directly attributed to the policies pursued by the communist revolutionary régimes, which, in all cases, were committed to reduction or elimination of economic and social inequalities and to the achievement of universal literacy, basic schooling and elementary health care.

Politics is also central in the other four cases. A long tradition of liberal democracy, electoral competition among different parties for political power, the emergence of

strong social movements and other institutions of civil society made significant contributions to the priority given to universal and free provision of key social services. Although Chile had a long interregnum of a repressive military régime, the military junta felt compelled to give priority to the disadvantaged groups in public nutrition, health and education programmes.

The case studies also bring out the central importance of strong action by the public sector in the provision of certain health and education services. There was a great deal of diversity in the institutional frameworks for planning, organizing, financing and delivering social services. But in all cases, the state assumed responsibility for the provision of certain services critical to social development. It is interesting to note in this context that the amount of resources allocated to social programmes does not appear to have been decisive in explaining their social performance.

A major conclusion to be drawn from the case studies is that the overall social policy and pattern of public social expenditure are responsible for superior social performance. A social policy that accords priority to maternal and child care, prevention of insect-borne and infectious diseases, improvement of health education, adult literacy, universal basic education and sanitary and hygienic conditions can have a quick and powerful impact on social indicators.

To what extent are these lessons relevant and applicable to other countries? The fact that the sample incorporates enormous diversity in terms of political régimes, ethnic groups, social structures, cultural traditions, levels of development and rates of economic advance holds out hope that high educational and health standards can be achieved by countries under widely divergent conditions. The single most important common feature of their experience is the pursuit of social policies according priority to primary health care, adult literacy, basic education and sanitary and environmental improvements. These programmes are not too costly in terms of finance and skills. But they do require an effective public sector that can reach the entire population with services.

At a deeper level, the pursuit of such policies is only possible where political circumstances generate strong pressures on the ruling groups to allocate resources for broad-based social programmes. This can happen under liberal democratic systems with a vibrant civil society, revolutionary régimes committed to social and economic equality and even authoritarian régimes seeking popular legitimacy or facing threats from opposition forces within or outside the country. The recent political changes in a large number of countries across the world conducive to the establishment of democratic systems, the growth of civil society institutions and the recognition of human rights provide a highly favourable environment for the pursuit of the kind of social policies and programmes discussed in this paper.

October 1997

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# 1. INTRODUCTION

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It is commonly observed that levels of economic development tend to be roughly correlated with levels of social development in countries throughout the world. This observable cross-country correlation, however, does not necessarily indicate a direct causal relationship between economic and social development in any particular case. The existence of numerous outliers — countries in which social indicators are either lower or higher than expected based on their economic indicators — suggests that social development is a complex process influenced by a variety of factors. In particular, the ability of some countries to reach a distinctly superior level of social development than would be expected on the basis of their level of per capita income suggests that social development need not wait for economic development, but can — and indeed should — be specifically and deliberately pursued by countries at every level of economic development.

The research project on which this paper reports was designed to improve our understanding of the reasons behind the superior social performance of some developing countries, and to reveal conditions under which social progress can occur independently of economic progress. The experiences of several countries (and one state within a federated country) whose social achievements have aroused much interest and debate were examined, namely Chile, China, Costa Rica, Cuba, Kerala, Sri Lanka and Viet Nam.<sup>1</sup> The cases indicate that, although economic conditions and social development are linked, they can be disentangled to some extent, and conclusions can be drawn about specific circumstances and policy actions that promote social development.

The literature on the countries included in this study has, for the most part, been concerned with specific aspects of the social policies of individual countries. Some comparative studies have utilized cross-country data to explain the superior social performance of some of these countries using such variables as public social expenditure, average consumption and poverty incidence (Bhalla and Glewwe, 1986; Anand and Kanbur, 1995). Efforts have also been made to undertake a broader examination of the factors that have contributed to some aspects of successful social performance among a larger sample of countries (Ahmad et al., 1991; Dasgupta, 1993; Lindenberg, 1993; Mehrota and Jolly, 1997). Relatively few efforts have been made either at the individual country or the comparative level to understand their experience using a common and integrated framework. The distinguishing feature of the present study is an attempt to analyse the experience of the selected countries using a common framework comprising historical, cultural and political economy dimensions. Among the latter, this study gives particular attention to the political determinants of social policy, the amount and composition of expenditure devoted to social programmes and the institutional arrangements for the financing, organization and delivery of social services.

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<sup>1</sup> Unlike other cases included here, Kerala is a state in India, a federal country. It shares remarkable social achievements with other countries included in the research project. The states in India carry primary responsibility for social programmes and policies. The inclusion of Kerala in the project was considered particularly significant as the indicators for social development in India as a whole are among the worst in the developing world (Drèze and Sen, 1995). To avoid repetition, the case studies will be referred to as countries.

The primary focus of this study is on health and educational attainments, although other dimensions of social development such as social security, unemployment, incidence of poverty and gender disparities also receive some attention in the case studies. Of course, social development must be understood as a broad phenomenon — one which includes social and welfare services; progress in tackling problems such as unemployment, poverty, crime, violence, drugs and child labour; relations among different groups; development of institutions and promotion of human rights, gender equality and participation — and countries performing well in the domains of health and education cannot be assumed to have similar achievements in other dimensions of social development. However, while superior performance in health and education does not imply the elimination of poverty and social conflicts or the achievement of gender equality or respect for human rights, good health, long life, adult literacy and basic education are universally recognized as central to human welfare. These conditions are also vital elements of human capabilities and thus play a key role in facilitating the realization of human potential and individual goals. Further, there is growing recognition of their contribution to economic growth, and political and social stability. Thus the ability of some countries to achieve satisfactory health and educational goals at relatively low incomes has profoundly important implications for the welfare of hundreds of millions of people living in poor countries.

The countries studied here have enjoyed consistent and outstanding health and educational indicators over several decades. (There are also some other countries which have been noted for superior educational and health indicators, such as Jamaica, Argentina and Uruguay, which would have qualified for inclusion in the research project.) Their distinguishing feature is that their levels of achievement are much higher than warranted by their per capita income. They should be distinguished from another group of countries remarkable for the rapidity of progress in health and education attainments. It is possible for countries to take rapid strides in social indicators but still have average or below average indices for countries with comparable per capita incomes. This is the case, for example, for countries as diverse as Saudi Arabia, Botswana, South Korea, Kuwait and Malaysia. It should also be remembered that the basis of comparison used here — health and educational performance — is different from the Human Development Index (HDI) of the UNDP Human Development Report, which is based on health, education and per capita income.<sup>2</sup>

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