Population Health and Development:  
An Institutional-Cultural Approach to Capability Expansion

Peter Evans  
University of California, Berkeley

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Please Direct Comments to:  
pevans@berkeley.edu

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Any effort to analyze the social roots of improvements in population health must consider the regions where more than four-fifths of the world’s people live: Asia, Africa, and Latin America. Health and well-being vary most dramatically across the countries of the Global South. The quest to alleviate misery and deprivation in these countries is both most urgent and most frustrating.

Exploring the social roots of improved population health in the Global South inevitably involves a dialog with “development theory.” Two apparently unconnected paradigmatic shifts have recently captured the attention of development scholars and are making inroads into policy. The “institutional turn” in growth theory has shifted attention from levels of investment and “getting prices right” to the historical processes that generate enduring rules, norms, and organizational structures.¹ The “capability approach,” has provided new analytical foundations for both expanding the definition of development goals and defining the political processes that can legitimately prioritize this expanded set of goals.²

This chapter focuses on the intersection of development theory and population health. First, it explores the institutional and cultural roots of improvements in population health. This effort will be undertaken using the broad institutional-cultural approach to population health that characterizes the chapters that make up this volume. Cross-national comparisons of life expectancy and a set of case studies will be the empirical springboard. Second, I hope to make a contribution to development theory. More

specifically, I will advance the claim that an expanded institutional-cultural approach points us toward the possibility of integrating the “institutional turn” and the capability approach.

**Arguments about Population Health and Development**

In work on the Global South, theories of improved health and well-being have traditionally been seen as part of the general quest for improved material circumstances of living. This makes common sense. A large proportion of the roughly 5 billion people who live in the Global South cannot take the material necessities of life for granted. Given the harsh realities of material deprivation, it is natural to assume that improved well-being of all kinds is primarily a function of increased real incomes. Nonetheless, neglecting institutional changes whose role is distinct from the effects of increased incomes is a mistake. The evolution of population health debates in the North makes this clear.

In the North, the “McKeown thesis,” put forward in a series of pioneering articles and in two very influential books,³ argued that changes in living standards rather than improvements in health care were responsible for the historical improvement of longevity in Europe (see discussion in Jenson chapter in this volume). According to Colgrove, “sophisticated analyses in the field of historical demography effectively overturned the McKeown thesis in the early 1980s,” as new data analysis indicated that

McKeown underestimated the importance of public health measures. Yet, McKeown continued to influence policy and, perhaps even more important, continued to influence it in a direction that McKeown may not have intended. In hindsight, McKeown’s failure to “foreground the importance of politics, ideologies, states and institutions in producing the kind of societies that distribute their material wealth, food, and living standards in a health-enhancing way for all concerned” can be considered implicated in the “dismantlement” of redistributive public health policies. As Jenson makes clear, the political dynamics are more complicated than McKeown’s critics acknowledge. Nonetheless, Szretzer’s point remains well taken. Income-based models lend themselves to the interpretation that “invisible economic forces” are responsible for improving welfare rather than “health-directed human agency.”

The problem is not just the proclivity of policy makers (in both North and South) to conflate an emphasis on income growth with an endorsement of reliance on “invisible economic forces.” Posing the choice as one of “living standards” versus “health-directed human agency,” also leads to conflating “human agency” with deliberate modifications of policies, organizations, and resource allocations directly related to the delivery of healthcare. Together, these two effects lead to neglect of precisely the kind of changes which I will argue are central: changes in institutions, culture,

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6 Jensen, this volume, 17-18.
7 This second conflation is obviously not intended by McKeown critics like Colgrove and Szretzer, who are trying to focus attention on “public health” in a broad sense rather than health delivery per se.
and social relations not normally considered part of “health policy” but likely to have profound long-term effects on population health.

When applied to the Global South, these arguments about the determinants of population health become arguments about development theory. Over the last half of the 20th century, development theory has been profoundly transformed. The early “statist” version of the “development project” in the immediate post-World period floundered in the 1970’s and 1980’s, at least in Africa and Latin America.8 A more strictly market-focused version of development policies gained ascendance in the 1980’s and remained dominant through the end of the century.9 The new version, known as “the Washington consensus” or (by its detractors) as “neoliberalism,” relied on civil society to constrain the state politically and “getting prices right” to produce growth and improve well-being.10

Unfortunately, neither the original development project nor its neoliberal successor managed to combine increased standards of living with increased inclusion in the way that came close to replicating the experience of the industrialized North during the Post-World War II “Golden Age of Capitalism.” The vast majority of the citizens of Africa and Latin America, as well as most Asian agriculturalists (outside of China), experienced little “catch-up” in the sense of a diminished gap between their living standards

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10 See Sewell, this volume.
and those of the North. Consequently, it is not surprising that the idea that increased capital accumulation in the presence of functioning markets is sufficient to deliver well-being no longer has the political or intellectual charisma that it did fifty years ago.

“Anti-development” has become a powerful position among critical intellectuals in both North and South. They see development as an example of Foucauldian discursive domination. Anti-developmentalists like Gustavo Esteva or Arturo Escobar argue that growth of real incomes only “expands the reign of scarcity” by inculcating new needs faster than they can be satisfied. At the level of practical politics, convincing ordinary people – especially in Africa or Latin America but also in many parts of Asia – that conventional development policies are going to improve their lives has become increasingly difficult.

Disillusion also takes more ominous forms. A growing gamut of movements reject the priority of building a material base for the expansion of human capabilities in favor of a ruthless return to “traditional values” that are presumed to somehow compensate for the absence of a secure and promising material future. Insofar as they focus on destroying existing public institutions to make way for the new order they envision, such

11 Again, some countries – most notably China and India – have grown impressively during the period of neo-liberalism’s global hegemony. Nonetheless, the gap between initial post-colonial expectations and subsequent lived experience in the Global South is disheartening for the impoverished majority of the population, even within “success stories” like India and China.
14 For a very different kind of intellectual disillusionment with development policy see Easterly, which is based on participating for 25 years in the formation and evaluation of development policy, especially at the World Bank. Easterly, William. 2001. The Elusive Quest for Growth: Economists’ Adventures and Misadventures in the Tropics. Cambridge, MA: MIT Press.
movements represent what might be called “the dark side of the Polanyian movement for social protection” – rejections of the social trauma created by the expansion of the self-regulated market turned into a political project of reaction.15

Most governments in the Global South (and to some degree multilateral institutions like the World Bank) understand the need for a broader set of policies focused more directly on well-being, but they remain mired in the intellectual and organizational legacies of prior paradigms. The nostalgic romance of “anti-development” provides no policy strategy. Disillusionment is easily hijacked by the “fundamentalist” political agenda, which threatens to fill the vacuum created by contemporary development theory’s failing charisma.

Fortunately, promising new perspectives are emerging that could serve to revitalize development theory. On the one hand, even when development is defined in terms of economic growth it is increasingly conceived of as the product of institutions rather than the accumulation of capital.16 On the other hand, Amartya Sen’s “capability approach” has provided new analytical foundations for a broad and flexible definition of development in which income growth is only one component. If these two approaches could be integrated, the result could have a significant impact on both policy and theory.

Institutional approaches now dominate the mainstream of development economics.17 No one denies the role of traditional

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16 It should be noted that the members of the CIAR program on “Institutions, Organizations, and Growth” have played a central role in this transformation of development theory.
17 Evans, Peter B. 2004. "Development as institutional change: The pitfalls of monocropping and the
determinants of growth, such as investment or technological progress, but institutional analysis is considered fundamental to understanding the levels and effects of these variables. The extent to which a given level of investment or a particular innovation actually results in a sustained increase in output is viewed as depending on the institutional context.

In their forthcoming contribution to the *Handbook of Economic Growth*, Acemoglu, Johnson, and Robinson, pull no punches: “differences in economic institutions are the fundamental cause of differences in economic development.”

Dani Rodrik, in a co-authored paper called “Institutions Rule” is equally straightforward: “the quality of institutions ‘trumps’ everything else.” Easterly and Levine and Bardhan, among many others, offer further support for the primacy of institutions.

Institutional approaches are attractive because they allow consideration, in principle, of a wide variety of norms, networks and organizations. In practice, however, they are likely to focus more narrowly...
on the set of institutions that define and enforce property rights.\textsuperscript{22} Despite the important advance of recognizing that markets don’t arise automatically but must be politically, socially, and culturally constructed and sustained, this narrower focus creates a danger. When employed by less sophisticated analysts or translated into policy, the “institutional turn” could devolve into simply a new way of saying that markets plus capital is sufficient for growth.

The institutional approach has also failed to contribute to the reconceptualization of the goals of development that would allow broader concepts of well-being to take a legitimate place alongside income growth. Here, the capability approach offers an ideal complement. The capability approach has three main virtues. First, it is grounded, through Amartya Sen’s own work as one of the world’s best analysts of the analytical underpinnings of conventional economics, on a thorough and convincing critique of the one-dimensional definitions of utility as a basis for development goals. Second, its focus on “public deliberation” as the only analytically defensible way of ordering capabilities provides an analytical foundation for the role of civil society. Third, it has a strong foothold in the policy world. Mahbub Ul Haq and his collaborators and successors working in the orbit of the United Nations (UN) \emph{Human Development Reports} have made the capability approach the centerpiece of the UN’s intellectual vision of development.

If its potential were fully realized, the capability approach could facilitate the emergence of alternative models of societal success. Its role

could be analogous to that of classical and neo-classical economic theory in the emergence of conventional models of development from the end of the 18th century to the middle of the 20th. In order to do so, the capability approach needs to undertake an intellectual project similar to the one in which the proponents of the institutional turn are already engaged, by constructing an analytically elaborated vision of the institutional foundations of capability expansion. The gap between Sen’s analytical and philosophical formulations on the one hand and the disembodied statistics of the Human Development Index (HDI) on the other must be bridged by an analysis of the cultural and institutional foundations of capability expansion.

As an analytically prudent philosopher, Sen has made only the most modest and general set of claims as to how the goal of “expanding human capabilities” might be reflected in specific organizational structures or policies. Since the potential range of capabilities is almost limitless, development aimed at expanding capabilities could be many different things. Sen allocates the job of constraining the possibilities to informed, democratic, public deliberation, but even on the political side his main contribution is to argue compellingly that such deliberation can, in principle, order collective preferences. As Stewart and Deneulin have pointed out, specification of the appropriate scale and mechanisms for informed, democratic, public deliberation is left for others to figure out.

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23 See UNDP. 2004. Human Development Report. HDR’s have included the HDI and for 15 years. By 2004 it was calculated for 177 countries.
The disjunction between institutional theories of growth and the capability approach to development is all the more curious given obvious incentives for convergence. On the one hand, growth theorists increasingly emphasize the role of intangible assets (knowledge and ideas of various kinds) and “human capital” as key inputs to growth, suggesting that “capability enhancement” is a principal means to growth, as well as the primary goal of development.\textsuperscript{27} At the same time, advocates of the institutional turn are increasingly focused on the causes and consequences of the kind of collective goal-setting that Sen puts at the center of the capability approach. Democracy is seen as a “meta-institution” promoting growth while the leaders of the institutional turn advance sophisticated institutional models of the “economic origins of democracy”.\textsuperscript{28} In short, development theory seems ripe for an institutional theory of development defined as capability expansion. A synthesis should have the potential to produce an approach to development theory that is more theoretically satisfying and more useful as a basis for formulating policy.

An analysis of the determinants of population health in the Global South focused on cultural and institutional determinants is one way to broach the task of integration. Life expectancy is one of the most generally accepted operationalizations of core capabilities.\textsuperscript{29} As the previous


\textsuperscript{29} Nussbaum, who is the most prominent capability theorist besides Sen, puts “being able to live to the end of a human life of normal length: not dying prematurely, or before one’s life is so reduced as to be not worth living” first on her list of central human functional capabilities. Nussbaum, Martha. 2000. \textit{Women
discussion of population health debates in the North indicates, it is also an outcome in which the potential gains from a more sophisticated institutional approach are obvious.

In the discussion that follows, I will first take a broad statistical look at apparent determinants of general variations in population health, using life expectancy as a proxy. The point of this exercise is to argue that there are good empirical reasons to believe that cultural and institutional factors must be analyzed along with material circumstances in order to understand these variations. As the same time, I will put forward the idea of “societal support,” which suggests that improvements in population health are likely to flow from a combination of two things: effective social provision of relevant collective goods (including rules and norms) by public institutions and mobilized engagement on behalf of improved health outcomes on the part of civil society.

These general ideas will be fleshed out through a set of cases studies derived from the health and development literature: Sen’s classic analysis of the socio-political dynamics of famines; the iconic case of social welfare improvements in the Indian state of Kerala; Tendler’s analysis of health care delivery in Northeast Brazil; the fight against AIDS in Southern Africa; and O’Rourke’s analysis of environmental issues in urban Vietnam. From these specifics I will synthesize a set of propositions as to how the interaction between public institutions and civil society engagement works (or fails to work) to provide improved population health. These propositions will point, in turn, toward possibilities for the fruitful integration of the capability approach and the institutional turn.

Reconceptualizing Population Health Variations in Poor Countries:

“Wealthier is Healthier” is an attractive proposition. If income growth fully dominated all other determinants of population health, then discussions of improving health-plus in poor countries could be transformed into discussions of economic growth. The impact of population health analyses on development theory would be correspondingly minimal. But this is not the case. For better or worse, no one, including Summers and Pritchett, really believes that “wealthier is healthier” offers a sufficient framework. There are other things at play, even if we focus on the simplest proxy for health-plus outcomes – life expectancy.

Despite the apparently straightforward message of their title, Pritchett and Summers are clear from the beginning that they don’t believe theories or policies of population health can be reduced to theories of income growth. They acknowledge at the beginning of their article that “other country characteristics besides income clearly play a large role in determining health.” They go on to note the existence of cases in which there are large discrepancies between income rankings and infant mortality rankings, such as Sri Lanka with exceptionally low infant mortality and Gabon with exceptionally high infant mortality.

These sorts of outliers are a potential source of insights regarding the cultural and institutional factors that modify the effects of income. Even a quick glance at the Human Development Report shows a number of positive and negative “deviant cases”. The countries that still claim to be “socialist” – Cuba and Vietnam – are positive outliers. Early work by Cereseto and

Waitzkin suggests that the capitalist/socialist divide once held true more systematically.\textsuperscript{33} Lena and London’s follow-up suggests that, among poor countries at least, left/right differences among governments had systematic effects on health outcomes.\textsuperscript{34} Among negative outliers, countries where natural resource endowments inflate income in the absence of governance institutions with the capacity to translate wealth into well-being (such as Gabon, Equatorial Guinea) are archetypical cases. Gabon has almost triple the purchasing power parity gross domestic product (PPP GDP) per capita of Vietnam, yet Vietnamese citizens have a life expectancy of 69 while Gabon’s nationals can expect to live less that 57 years.\textsuperscript{35}

If we return to focusing on systematic differences rather than outliers, then the well-known family of curves relating the changing relationship between income and life expectancy over time (figure .1 below) is a useful starting point. Over the course of the 20\textsuperscript{th} century, the relationship between increased income and increased longevity has disappeared for an increasing number of countries at the top of national income distributions. In other words, the number of countries among which there is no systematic association between income and health has grown steadily over the course of the 20\textsuperscript{th} century.

When we focus instead on life expectancy and income among contemporary poor countries as in figure .2 below, there is still a strong relationship. Income explains over a third of the variance. With a handful of exceptions, all of which are in Southern Africa, having more than US$5,000 PPP GDP per capita income guarantees what would have been considered a spectacularly long average life expectancy a century ago – 65 years or more. Yet, when we look at the scattergram, it is clear that there is a great deal going on here besides variation in income. If we look at countries with very low incomes – less than US$3,000 PPP GDP per capita – they cover almost
the full range of life expectancy from around 33 in Zambia to 74 for Georgia. If we look at countries in which life spans are relatively long – above 65, they cover almost the full range of incomes from about US$1,000 PPP GDP in Tajikistan to over US$12,000 in Saudi Arabia.

Figure .2
Life Expectancy and Income for Countries with Less than US$15,000 PPP GDP per capita

![Life Expectancy and Income](chart.png)

Data Source: UNDP 2004

What else besides income might give us leverage on life expectancy? The most obvious possibility is education. While strongly correlated with income, education can support an independent set of explanatory claims. If conceived of as “access to knowledge” (as in the UN’s Human Development Index), education is a prime component of any multi-dimensional, “capability-centered” vision of well-being. One can think of societies that
have high adult literacy and high enrollment rates as providing a broader range of their citizens with access to knowledge. The spread of education can be taken as a proxy for the general commitment to social provision of capability enhancing resources. Adult literacy and gross school enrollments may be a better measure of widespread public provision than general public expenditure measures, since other social expenditures are often skewed toward providing services for more privileged groups (such as pension plans which only serve the minority regularly employed in the formal sector). Insofar as these societies are expanding general access to knowledge, it is plausible that they are also more likely to support other forms of capability expansion, even if these other forms of support are not easily captured by available international statistics.

Education is also interesting because it is probably the best proxy for the other face of capabilities: their mutually reinforcing instrumental role in securing both income and well-being. More specifically, conceived of as a proxy for “human capital,” education is almost universally acknowledged to be one of the most important drivers of income growth. Increased incomes are a byproduct of capability expansion as well as a contributor to it. In this vision, a statistical connection between education and life expectancy demonstrates how one set of capabilities (access to knowledge) helps improve another set of capabilities (a long and healthy life).


37 Boozer et.al., (2003:25) provide a more complex analysis of this interrelation, concluding that “HD[Human Development] improvements must precede growth-oriented policies if growth is to be sustained.” They also note that their analysis “contradicts the conventional view that HD is purely a result
Finally, education can be interpreted in political terms. Education is likely to be a key element in enabling citizens to engage in the kind of “informed public interchange” that is central to goal-setting in the capability approach. It is also likely to facilitate the ability of citizens to mobilize, making demands on the state and holding public officials accountable. In short, education represents the potential for political empowerment as well as being a proxy for social provision and a measure of “human capital.”

Measures of inequality are the other obvious candidate for a broadly available statistical measure likely to reflect fundamental institutional and cultural characteristic of societies related to health outcomes. The huge literature on income inequality and health is impossible to summarize here. The review of the literature by Wilkinson and Pickett, for example, summarizes results from 155 papers.38 There is continuing controversy over whether income inequality is robustly associated with poorer health outcomes in rich countries. Wilkinson and Pickett conclude that the overwhelming majority of studies at the national level support an association. Mackenbach concludes to the contrary that “evidence for a correlation between income inequality and the health of the population is slowly dissipating.”39

This controversy is likely to continue, but Wilkinson and Pickett’s basic position that “what matters is the extent of social class differentiation”

still makes sense.\textsuperscript{40} If higher levels of income inequality are associated with negative effects on health, it is likely to be because they are a proxy for a set of deeply ingrained set hierarchical institutions and social relations of which differences in income are only the most easily measured aspect. As Hall and Taylor [this volume] point out, the pathways connecting these institutions and social relations to negative health outcomes are likely to be multiple; not just material and psychosocial, but also cultural.

What can we say about income inequality and negative health outcomes in poor countries as opposed to rich countries? The data on inequality in poor countries are sparser and less reliable and so there are many fewer studies. The greater predictive power of overall income differences among poor countries reduces the incentive to work with inequality data. Even Beckfield, who includes poor countries in his sample and reports separate results for rich countries, \textsuperscript{41} does not do a separate analysis for poor countries (probably because of missing data problems\textsuperscript{42}). Nonetheless, if one is content with rudimentary analysis, it is possible to look at the relation between inequality and longevity in poor countries as well as the relation between education and longevity in these countries.

Like education levels, inequality levels should be thought of as a summary result which reflects a broad set of social structural, cultural and political dynamics. As suggested by Wilkinson, lower Gini indices reflect a larger complex of cultural and institutional structures – those that reduce social hierarchy.\textsuperscript{43} The social forces that reduce hierarchy may take many

\begin{thebibliography}{43}
\textsuperscript{40} Wilkinson and Pickett, “Income inequality and population health,” 11.
\textsuperscript{42} See appendix in Beckfield, “Does income inequality harm health?” 242-244.
\end{thebibliography}
forms, from the policies and institutions that shape the operation of job markets to those that make social boundaries more permeable (as in Lamont’s discussion in this volume). They may result directly from mobilization by less privileged groups in civil society (most classically the labor movement), or they may result from policies instituted by governments.

The dual possibilities for thinking about the social roots of lower inequality levels mirror those already discussed for education. Just as higher levels of education can be seen either as the consequence of commitment by those who control public institutions to social provision or as a key indicator that the citizenry is able to organize collectively and demand support for capability expansion, so lower rates of inequality can be seen either as a result of the policies and actions of established institutions or as the result of the collective efforts of the citizenry.

Putting these two conceptualizations together, we might then consider the combination of education and the Gini coefficient as a proxy for “societal support for capability expansion,” with the source of the support rooted in public institutions, in civil society, or, more likely, some combination of the two. Finding aggregate statistical effects of “societal support” will not allow us to distinguish among the various ways in which more education and less inequality might lead to longer lives. Nonetheless, insofar as aggregate analysis reveals robust effects, we should be encouraged to look for case studies that might illuminate how societal support – either via the state or via mobilization – might increase life expectancy and, by

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44 The “societal support index” is the sum of a proxy for social provision of access to knowledge (education index, which ranges from 0 to 1) and a proxy for reductions in social hierarchy (1-Gini index/100, which ranges from 0 to 1). See Appendix A for more detail on these variables.
extension, improve health-plus outcomes more generally. The results that follow here are based on the data provided in the 2004 Human Development Report and are simply cross-sectional.\textsuperscript{45}

Before embarking on any interpretation, the first question is whether there is a general statistical relation. Does combining education and inequality produce predictions of longevity in poor countries of a power comparable to those of GDP per capita? Whatever one thinks of the conceptual challenges of interpreting these statistics, the results are interesting. They are presented graphically in figure 3 below and in a summary table in appendix A. Figure 3 shows a cross-national relationship among poor countries between the “societal support index” and our proxy for population health (life expectancy) whose strength is of the same order of magnitude as the relationship between income and life expectancy.

A quick perusal of the regression results shown in appendix A, confirms the idea that our societal support index is a plausible statistical competitor with income as a way of thinking about the roots of population health. Societal support explains about the same level of variance as income ($R^2 = 0.51$ for the societal support index vs. 0.47 for income). And, when income is included in the regression along with the societal support index, societal support remains as significant as income.

\textsuperscript{45} This is in contrast to Beckfield’s “change-score” model in which “the coefficients reflect the impact of within-country changes in income inequality on within-country changes in population health.” Beckfield, “Does income inequality harm health?” 236.
None of this suggests abandoning income as a statistical (or conceptual) predictor of population health. The point is to suggest that complementary conceptual frames for thinking about the foundations of population health may be equally plausible, even when the contest is played out on the (far from level) playing field of cross-national regressions. In short, these results encourage us to examine case studies in the hope of further illuminating the ways in which supportive social policy might combine with mobilization to improve health-plus outcomes.

**Institutions, Culture and Improved Health Outcomes in Poor Countries:**

Having made an excursion into the world of cross-national statistical variation it is time to return to cases. My five cases have already been
introduced: (1) the socio-political causes of famines as interpreted by Sen; (2) the poor but healthy state of Kerala; (3) health delivery in Ceará; (4) the fight against AIDS in Southern Africa; and (5) the fight against pollution in contemporary, Communist-ruled Vietnam. As the cases unfold so does a complex but coherent story of how the cultural, institutional, and political character of governance interacts with civil society’s evolving capacity for effective collective action to produce (or fail to produce) possibilities for improved population health.

Famines offer a simple but telling set of initial lessons. Sen (working with Dreze) has summarized them in a succinct and compelling way. My analysis follows his. The context of famines may involve declining or inadequate capacity to produce food, but reductions in productive capacity do not directly cause famines. During what may be the most famous historical case of famine in Europe – the Irish ‘potato famine’ of the 1840s – Ireland continued to export food to England. The 1974 famine in Bangladesh occurred in the context of peak national availability of food grains. Even in contemporary African famines, starvation in the countryside may be accompanied by normal food prices in provincial capitals.

The direct cause of famines is the failure of public institutions to respond to traumatic dislocations in the economic ability of the poorest segments of the population in a given area to purchase food. Minimal public capacity – as represented, for example, by the temporary provision of large-
scale public works employment – is sufficient to avoid famines.\textsuperscript{49} Almost all modern states have the bureaucratic capacity necessary to create temporary public jobs. Most have the capacity to at least temporarily supply food directly to potential victims. This is why famines do not happen in modern democratic societies (rich or poor).

The key missing capacity in famines is more political than administrative. Effective political institutions ensure that public authorities will be aware that traumatic, potentially tragic dislocations of the economic processes which normally allow citizens to obtain food have taken place. Even more important, political institutions motivate authorities to respond. Once the governing apparatus is informed and motivated, the administrative capacity required to ensure the delivery of temporary food supplies is within reach of even the most primitive contemporary government.

In an even modestly effective democratic system, failure to respond to exceptional distress is damning. Consequently, the transition from colonial rule to local rule is perhaps the single most important historical factor leading to the diminished prevalence of famine. Sen\textsuperscript{50} makes this point by contrasting the Bengal famine of 1943 when the colonial administration allowed at least 2 million people to starve to death with post-independence periods of crop failure in which famine was consistently avoided.\textsuperscript{51} Of course, independent governments can also lack the political institutions necessary for responsiveness and accountability. The famines of

\begin{footnotesize}
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\item Sen uses the example of the state of Maharastra in India where the creation of 5 million temporary public jobs prevented a famine during the severe drought of 1973, which resulted in a 70% decline in food production in some areas of the state. Sen, Development as Freedom, 169-70.
\item Sen, Development as Freedom, 180.
\item For a complementary analysis of the connection between famines and imperial rule, see also Davis, Mike. 2001. Late Victorian holocausts : El Niño famines and the making of the third world. London ; New York: Verso.
\end{itemize}
\end{footnotesize}
contemporary Africa and China in the 1958-61 period provide tragic evidence.

Looking at famines provides us then with an institutional formula for the most rudimentary level of support for population health. There are two components: simple administrative capacity and minimally responsive and accountable political mechanisms. Even in the Global South, most states have the necessary administrative capacity. Standard, semi-competitive electoral democracy combined with baseline civil rights (freedom of expression and relatively uncontrolled media) suffice on the political side. There is a positive interaction between the political openness and administrative capacity since gross, unrestrained corruption is likely to be the biggest administrative barrier and democratic accountability is probably the best way to keep corruption from invading short-term humanitarian operations.

Moving from averting famines to promoting long-term positive changes in population health raises the bar. Yet, the underlying structural equation may take a similar form. At least this is what is suggested by examining the roots of success of the Indian state of Kerala in raising its population health indicators to levels far above those that would be predicted on the basis of its income.

Kerala’s health successes are well known. Infant mortality runs less than half the level of Brazil, one third the levels of the rest of India, and almost at the same level as South Korea. Life expectancy is likewise closer

to Korea than Brazil or the rest of India. Birth rates are low, literacy is high, especially among women. In the late 1990s, despite the fact that Kerala’s income per capita was still slightly lower that that of India overall, life expectancy in Kerala was nine years longer, a difference in life expectancy almost identical to that which currently separates the U.S. and Mexico.\textsuperscript{53} Likewise, infant mortality in Kerala was one third of that in Brazil, even though Brazil’s income level measured in real GNP was more than ten times that of Kerala. The “Kerala model” has its detractors\textsuperscript{54}, but its population health accomplishments are impressive.

Social mobilization is most commonly identified as the key factor in Kerala’s social transformation from a state characterized by some of the most degrading forms of caste stigmatization and one of the most oppressive and inegalitarian systems of agrarian production to one of the most egalitarian states in India and one of the best at delivering services. Throughout the middle third of the 20\textsuperscript{th} century, Communist Party organizers galvanized landless agricultural workers and tenant farmers to battle against Brahmin landlords in order to redistribute land and reduce rents. These struggles made an indelible mark, not just on the economy but also on culture and social relations.

Kerala's welfare performance must also be understood in terms of the institutional and administrative infrastructure that underlies it. Lower infant mortality and longer life expectancy depend on high levels of state expenditure on health care, which is in turn reflected in a much more effective network of local health care facilities than most countries in the

Global South enjoy. Kerala has more health centers per capita than the rest of India and about eight times the hospital beds per capita in its rural areas.ª55

Kerala's early Communist-led regimes made full use of the competence built into the Indian civil service. When they first gained office in Malabar in the early fifties, they received several distinctions from Nehru for good administration of local government.ª56 At the same time, mobilized constituencies, whose relation to the state was institutionalized through the various Communist parties (and eventually their competitors on the left and right, who were forced to recognize the advantage of having an organized base), enforced new standards of performance on the state apparatus.

Kerala suggests a virtuous interaction between mobilization and administrative capacity. Those who run Kerala's social services are rapidly made aware when their systems are not delivering. According to one researcher, "[I]f a PHC [Primary Health Centre] was unmanned for a few days, there would be a massive demonstration at the nearest collectorate [regional government office] led by local leftists, who would demand to be given what they knew they were entitled to."ª57 Likewise, officials in the agency in charge of dealing with land reform openly affirmed to Herring that, "without mass pressure and exposures of fraud and bureaucratic misbehavior, implementation might well have moved in the sluggish and corrupt manner typical of subcontinental [Indian] reforms."ª58 Just as a system with clear "market signals" may be important in allocating resources to produce growth, an effective system of political signals from less

ª55 Franke and Chasin, “Radical Reforms”, 42.
privileged constituents is one key to the efficient delivery of health-related services.

Seeing Kerala’s population health as arising from a combination of mobilization and the support of a committed and capable state apparatus is now the standard interpretation. Reflecting on the Kerala case in the light of the focus on social imaginaries and collective narratives that is proposed in earlier chapters by Bouchard, Lamont, Hall and Taylor, and Swidler, suggests an additional dimension to the story. Decades of social battles changed people’s cultural images of themselves and their society. Humiliated lower-caste peons were given scripts in which they were heroic rather than despised, in which they were supposed to exercise agency rather than hoping for charity, and in which their neighbors were comrades in a collective endeavor rather than competitors for scarce resources. Everything we know about the psycho-social correlates of improved health suggests that this would make a difference.

Finally, another relatively unexplored dimension of the Kerala case is the micro-character of the state apparatus itself. While most of the incumbents in the Kerala bureaucracy are Indian civil service types indistinguishable from those in other Indian states, at least some of them are themselves products of the very process of mobilization and social transformation that they are supporting. Do their own identities and “collective narratives” make a difference to the interaction of the state and civil society? One suspects that they must, and a very disparate case from the other side of the world reinforces this suspicion.

Northeast Brazil is not renowned for its effective public institutions, or its developmental successes. Yet, in the late 1980s, the government of the state of Ceará instituted a public health program (Programa de Agentes de
Sáude - PAS) that eventually managed to reach 850,000 families and played a role in tripling the coverage of vaccinations and reducing infant mortality by 36%. The program was incredibly “cost effective,” requiring an investment of only US$2.00 per capita.59

The backbone of the program was comprised of roughly 7,000 unskilled “health agents” who were paid only the minimum wage. A good part of the secret of this program’s success lay in its careful attention to the intangible aspects of building an effective public service. Creating esprit de corps and a sense of “calling” among the health agents played a key role in eliciting high levels of performance. They were made to feel that they were valued professionals, whose vital contribution to the welfare of their communities was recognized both by elite officials and the public at large. The state government aggressively disseminated a positive image of the program in the popular media. Selection of the health agents involved trips to small communities and the honor of being selected was insistently stressed. Those chosen responded accordingly. As one health agent put it, “I was ready to look for a job in São Paulo. Now I love my job and I would never leave and abandon my community.”60 Their commitment translated into superior job performance and effective service delivery. Their


60 Tendler and Freedheim, “Bringing Hirschman Back In,” 1776.
communities’ appreciation of their high level of performance further enhanced their status and increased their intangible compensation.

Ceará’s Programa de Agentes de Saúde brings to the fore two important, closely intertwined propositions. First, the changes in social relations that matter are not simply changes within civil society. They are also changes in the concrete social relations that connect civil society to public institutions. Second, social imaginaries and collective narratives are as important to the functioning of public institutions as they are to the transformation of civil society.

If Kerala and Ceará generate insights because they are sites of exceptional success, Southern Africa is a potential source of insights because it is the site of the most dramatic population health failure of the late 20th century, which threatens to pervade the first half of the 21st century as well. Surprisingly, the lessons of failure support some of the same propositions that are generated by the analysis of success. Moving from Ann Swidler’s discussion of the failure of Botswana to stem its AIDS epidemic to the effects of social mobilization on behalf of AIDS victims in South Africa provides an illuminating set of illustrations.

Acknowledging the same public competence that institutional turn analyses of Botswana’s economic success emphasize, Swidler asks why this apparently effective government proved not only no more successful than its neighbors in stemming the tide of AIDS, but was arguably less so. Her answer focuses on informal structures and socio-cultural motivations. To cope with this sort of health crisis, successful public institutions must go beyond responsible, judicious performance of

61 Such as Acemoglu, Johnson, and Robinson, “Colonial Origins.”
official duties. It is the state’s mobilizational rather than its regulatory capacity that counts. An effective state must create new definitions of desirable, culturally-valued behavior while helping create political and social space in which NGOs and community groups can flourish. In short, Swidler postulates a relation between state and civil society similar to the one that produced mobilizational success in Kerala.

Extending examination of the struggle against AIDS from Botswana to South Africa again highlights the interaction of state and civil society but shifts the focus to civil society. The post-apartheid African National Congress (ANC) regime in South Africa, despite its mobilizational origins, resisted responding to the AIDS crisis by trying to change values, behavior, or social relations. It even went so far as to deny the relevance of anti-retroviral (ARV) drugs. If it had not been for a strong countermovement emerging out of civil society (building in part on organizational experience and social imaginaries produced by the same history of mobilization that produced the ANC), there might have been no movement in the direction of a more effective response.

The now-famous Treatment Action Campaign (TAC) represented not just the mobilization of urban youth against government denials and neglect, but also the construction of new self-identities and social connections for AIDS victims.62 Spurred on by a victory in the courts, TAC was also instrumental in motivating the government to fight pharmaceutical companies for reduced ARV drug prices, and is now taking its fight to local authorities who currently lack the capacity to effectively deliver the drugs.63

In their analysis of this case, Baccaro and Papadakis sharpen the emphasis on the mobilization of civil society by contrasting TAC to the National Association of People Living with AIDS (NAPWA), which is in turn part of the official South African National AIDS Council (SANAC).\textsuperscript{64} While TAC was aggressively combining mobilization in the streets with litigation in the courts and forcing the government to move forward in the provision of ARV treatment, SANAC and NAPWA, despite their ostensible role of representing civil society, continued to passively legitimate the government’s recalcitrance.

Baccaro and Papadakis (2005:50-51) conclude that the effectiveness of civil society in this case depends on adopting a “communicative strategy” which “builds pressure” on the state by accumulating power in the “informal public sphere” rather than simply engaging in deliberation with state officials.\textsuperscript{65} Communicative strategies depend on “persuading as many citizens as possible of the moral appropriateness” of policies, not only through rational argument but also through “dramatic forms of social action . . . from marching to engaging in hunger strikes and civil disobedience.” Communicative actions sounds like what Swidler is advocating, except that Baccaro and Papadakis assume a refractory state that must be moved in a direction it does not want to go, rather than a well-intentioned state that simply does not understand the cultural and mobilizational requirements of the task at hand.

In the TAC case, mobilization against the state is the \textit{sine qua non} of success, but the intransigence of the South African state should not obscure

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\textsuperscript{64} Baccaro, Lucio and Konstantinos Papadakis. 2005 “The Downside of Deliberative Public Administration,” Ms. ILO, Geneva. [November]:36-45

\textsuperscript{65} Baccaro and Papadakis, “Deliberative Public Administration,” 50-51.
the fact that the capacity of public institutions remains key to success. Without a competent judiciary capable of standing up against other parts of the state apparatus, TAC would have been stymied. Nor could TAC have bargained directly with international drug companies itself; it needed the state. To build on its victories, TAC now needs increased capacity on the part of local public authorities to transform its campaign into widespread, tangible public health effects.

The TAC case shows how a “virtuous circle” interaction between the capacity of public institutions and civil society mobilization in pursuit of improved health outcomes must sometimes start with oppositional conflict rather than synergy. The story is particularly interesting because it parallels the dynamics of pursuit of a different set of improved health outcomes – the control of environmental pollution.

Trying to understand the possibilities for controlling the proliferation of environmentally dangerous toxic wastes in Communist Vietnam during the transition to a market economy, Dara O’Rourke came up with the idea of “Community-Driven Regulation” (CDR).66 The CDR model has the same basic structure that has emerged in the previous cases. O’Rourke starts with the eminently reasonable assumption that “command and control” models of pollution control in which state agencies enforce legal regulations is unlikely to be sufficient to ensure citizens protection against exposure to toxic wastes, especially in a poor country where democratic rights are limited. Most ambitiously, he proposes that even in this inauspicious context, the

Interaction of a mobilized citizenry with state agencies can produce positive results, as least some of the time.

O’Rourke’s analysis of one of the communities in which CDR worked in Vietnam will serve as a good concrete illustration. The village of Dona Bochang was plagued by pollution from a nearby, Taiwanese-owned textile factory. Unlike some other communities O’Rourke studied, Dona Bochang enjoyed an extremely cohesive informal structure, built around the Catholic Church, and also maintained (somewhat paradoxically) good relations with the People’s Committee of the local Communist Party. Nonetheless, all of the community's direct contacts with the factory, including village youth storming the factory gates, were ineffectual and the local environmental protection agency proved toothless. Only after mobilizing a combination of media exposure, informal pressure through the Party, and continued pressure on the factory was the community able, with the help of the state agency, to get simple pollution emission improvements. At the same time, this process was important in strengthening the position of the environmental agency vis-à-vis other less sympathetic state agencies. In short, it took the interaction of variegated civil society mobilization and a variety of public institutions to produce positive change.

The commonalities and complementarities that range across this disparate set of cases are impressive. *A priori* it would have seemed unlikely that there would be common threads running from 19th century Irish famines through redistributive struggles on the Malabar coast of India to fighting against the ravages AIDS in Southern Africa and pollution in post-socialist Vietnam. Yet, common analytical motifs have indeed emerged. Even more important they are motifs with heuristically fruitful implications both for understanding the social roots of health-plus outcomes as well as for
thinking about how to better integrate the institutional turn and the capability approach.

Lessons for Population Health and Development Theory

In the initial discussion of the “societal support index” two sorts of interpretations were invoked as possibilities. In the first, societal support took the form of established social institutions providing support that expanded the capabilities of the citizenry. In the second, the ability of civil society to mobilize collectively propelled institutional and cultural changes which in turn fostered capability expansion. The case studies put the integration of these two processes at the center of the dynamics of societal success and failure.

Kerala, the TAC, and, in a more primitive way, famines, all make it clear that the role of civil society in transforming the behavior and even the structure of public institutions is as important in the long-run as the influences which flow in the opposite direction. Perhaps the single most important determinant of successful famine prevention is the ability of society, especially its less privileged members, to make the state respond. In Kerala, not just service delivery, but the character of the state itself is the product of the political mobilization of civil society, again particularly the less privileged. In South Africa, the TAC seems to have begun doing what the efficient state could not do in Botswana. Equally important, it has also begun to change the way in which the state relates to AIDS and AIDS victims. In short, the virtuous (or vicious) circles that connect public institutions and civil society appear particularly crucial to population health outcomes, and, by extension, perhaps to the process of development itself.
The cases also make the additional point that social relations and culture do not stop at the boundaries of the state. Both Kerala and Ceará suggest that the relevant transformation of social relations takes place within public institutions, changing the way that actors within those institutions see themselves and their relations to each other. Likewise, the character of the social ties and identifications that cross the boundaries between state and society play a key role in these cases. Swidler’s analysis of Botswana makes these same points in a different way. When those within the state are seen, and see themselves, only as efficient regulators and service providers, they lack the ability to transform definitions of valued behavior.

If looking at the dynamics of health outcomes forces a less flatfooted way of thinking about policy-makers, civic servants, and the organizations that they run, it also validates perspective on civil society that spotlights the role of culture. The rational transcendence of collective action problems may be part of what is going on in these cases, but the construction of affect-laden cultural ties built around social imaginaries and collective narratives is at least as central.

All of these dynamics are consistent with the basic assumptions of Sen’s capability approach, but, except for the case of famines, they are left unexplored by the capability theorists themselves. Beyond stipulating the centrality of informed public deliberation, the capability approach leaves the role of collective action in generating capability expansion, especially collective action that requires oppositional mobilization, unexplored. Beyond acknowledging the necessity of public provision of infrastructure and collective goods, the task of figuring out what separates effective state apparatuses from ineffectual ones is also left for others to decipher.
The institutional and cultural analysis proposed here is only a rudimentary beginning to building an understanding of the social roots of capability expansion, but something of this sort is absolutely necessary if the capability approach is to move from being a compelling statement of developmental aspirations to being a theory of the processes involved in achieving broad-based expansion of capabilities.

If a cultural/institutional approach to population health poses a challenge to proponents of the capability approach, its challenge to growth theorists who have taken the institutional turn is no less serious. One facet of the challenge is obvious. Currently, institutional analyses of growth have avoided engaging issues of social imaginaries, collective narratives, and most other cultural determinants of collective action.67

Proponents of the institutional turn may respond that as long as increased incomes are defined as the preeminent outcome in question, then firm protection of the fruits of individual effort combined with predictable public provision of rules and material infrastructure remain a parsimonious description of the institutional requirements of development. Unfortunately for those that might try this defense, the institutional turn has already outgrown it. First, this minimalist version of the institutional turn leaves unexplained the origins of the institutions capable of predictably providing rules and infrastructure. Beyond that, having accepted the idea that “human development” is cause as well as consequence of income growth, the proponents of the institutional turn,68 growth theorists must

67 There are exceptions, such as the use of “ethnic fractionalization”, but the theoretical frame in which these are introduced assumes that non-economic identities are divisive and lead to “irrational” conflictive behavior. See Easterly, W. and R. Levine. 1997. "Africa's growth tragedy: Policies and ethnic divisions." Quarterly Journal of Economics 112:1203-1250.

68 As in Boozer et.al. 2003 or Helpman, The Mystery of Economic Growth.
face the necessity of providing institutional explanations for a range of outcomes that begins to rival the range considered by the capability approach.

There is, however, another, more specific, challenge posed to adherents to the institutional turn by the analyses offered here. It was pointed out earlier that a narrow institutional focus on “property rights” and other institutions closely tied to economic incentives is susceptible to slipping back into the simpler assumption that markets plus capital are sufficient for growth. Looking at the illustrative cases that have been considered here suggests that this devolution is not just a theoretical retreat, but unsustainable, even if development goals could be restricted to increased income.

Simple models of making markets work often involve trying to “depoliticize” allocational decisions. Yet, in the cases we have looked at here, “depoliticizing” may precisely undercut the very social mechanisms that are necessary, not only to achieve broader development goals and provide support in the event of unavoidable market failures, but even to generate the kind of social change necessary to make markets work. Two examples should suffice to make the point.

O’Rourke’s Dona Bochang case is one. A narrow version of the “institutional turn” approach to development in Vietnam would emphasize making the property rights of the Taiwanese textile owners more secure, especially vis-à-vis the Vietnamese state. In doing so it would, in all likelihood, inadvertently weaken the more diffuse property rights of the next door villagers, reduce the bargaining power of the environmental protection agency, and reduce the chances of controlling emissions. In a country where the World Bank predicted in 1997 that, barring better control of industrial
pollution, toxic intensity would increase 4 fold by 2010 leading to hundreds of millions of dollars of increased health care costs and correspondingly diminished human capabilities, this would be a serious weakness.  

Kerala illustrates the more complicated version of the argument. Prior to Communist-led mobilization, the monopolization of property rights to land by a small group of unentrepreneurial Brahmin landlords prevented the operation of real markets for either land or labor. Agriculture in contemporary Kerala now comes closer to having the properties of a modern market system, despite continued aspirations for instituting a “socialist model of development.” Ironically, the political mechanisms necessary to transform the system into one in which property rights were more consistent with growth were generated by ideas, processes, and social imaginaries of a sort that would have been summarily excluded by a narrow policy focus on “protecting property rights.”

In short, the attainment of economic ends conventionally defined as “apolitical” may require the emergence of political institutions radically different from those customarily associated with the protection of property rights. Admitting such institutions into the potential mix of institutional theories of development, opens in turn the Pandora’s box of social imaginaries, collective narratives, and other cultural forms inescapably implicated in collective action.

If the version of a cultural/institutional approach proposed here throws up irritating challenges to both the capabilities approach and the institutional turn, it also offers an intriguing promise for heuristically productive

synthesis. The preliminary forays offered here make clear the potential for building more satisfying cultural and institutional explanations of developmental outcomes that are central to capability expansion and also critical to economic growth. They support the idea that the full extension of the institutional turn in growth theory would also end up being a institutional-cultural theory of capability expansion. In an era in which development theory is so frequently condemned as being incapable of contributing to the well-being of ordinary citizens in the Global South, the possibility of such an integrated approach must be considered an exciting prospect.
Appendix A: Regressions on Life Expectancy at Birth - Poor Countries

<table>
<thead>
<tr>
<th></th>
<th>(1) Income only</th>
<th>(2) Education &amp; Gini Indices only</th>
<th>(3) Income, Education Index, and Gini Index</th>
<th>(4) Societal Support Index only</th>
<th>(5) Income and Societal Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income¹</td>
<td>10.13</td>
<td>7.10</td>
<td>5.89</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(9.29)**</td>
<td>(5.38)**</td>
<td>(4.95)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education Index²</td>
<td></td>
<td>39.74</td>
<td>17.64</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>(8.59)**</td>
<td>(3.05)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gini Index³</td>
<td>-0.35</td>
<td>-0.39</td>
<td>38.54</td>
<td>25.36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3.90)**</td>
<td></td>
<td>(10.02)**</td>
<td>(5.82)**</td>
<td></td>
</tr>
<tr>
<td>Societal Support⁴</td>
<td></td>
<td></td>
<td>38.54</td>
<td>25.36</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(10.02)**</td>
<td>(5.82)**</td>
<td></td>
</tr>
<tr>
<td>Constant</td>
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<td>47.25</td>
<td>7.88</td>
<td>11.19</td>
<td>-19.03</td>
</tr>
<tr>
<td></td>
<td>(2.25)*</td>
<td>(8.60)**</td>
<td>(-.90)</td>
<td>(2.18)*</td>
<td>(-2.49)*</td>
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<tr>
<td>Observations</td>
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<td>99</td>
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<td>99</td>
<td>99</td>
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<tr>
<td>R-squared</td>
<td><strong>0.47</strong></td>
<td><strong>0.51</strong></td>
<td><strong>0.62</strong></td>
<td><strong>0.51</strong></td>
<td><strong>0.61</strong></td>
</tr>
</tbody>
</table>

Absolute value of t-statistics in parentheses
* significant at 5%; ** significant at 1%

Data Source: United Nations Development Program (2004) and Author's calculations.
1. Income is defined as the log of GDP per capita (PPP US$), 2002.
2. The education index (2002) is comprised of an adult literacy index (two-thirds weight) and a combined primary, secondary, and tertiary gross enrolment ratio (one-third weight). Its final value ranges from 0 to 1.
3. The Gini Index (2002) measures the extent to which the distribution of income (or consumption) among individuals or households within a country deviates from a perfectly equal distribution. A value of 0 represents perfect equality and 100 represents perfect inequality.
4. The "Societal Support Index" is the sum of a proxy for social provision of access to knowledge (the Education Index) and a proxy for reductions in social hierarchy (1 - Gini Index/100). Its final value can range from 0 to 2.