



State Capacity and Health Outcomes: Comparing Argentina's and Chile's Reduction of Infant and Maternal Mortality, 1960–2013



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SUMMARY

There is substantial quantitative evidence linking higher state capacity to better health outcomes, but scant attention has been paid to the specific mechanisms through which this causal influence operates. The problem is compounded by the considerable diversity of ways in which the influence of the state on development outcomes has been conceptualized, making it hard for practitioners to extract policy lessons from this literature. In this study, I seek to help to address both of these problems through a historical-comparative examination of the ways in which state capacity affected infant and maternal mortality reduction in Argentina and Chile over the last half century. I show that Chile's greater investment in health-specific state capacities was behind the remarkable historical "reversal of fortune" between these two countries in terms of infant and maternal mortality levels from 1960 to the present, as well as behind Chile's notorious reduction in the territorial inequality of these outcomes. I show the key difference between the two countries was the quality, reach, and homogeneity of their respective public health systems. From a theoretical standpoint, I argue that the notions of *bureaucratic quality* and *infrastructural power* are both necessary and complementary perspectives through which to conceptualize state capacity and understand its causal influence over health and other desirable developmental outcomes. In turn, this suggests that a useful way to specify calls for better "governance" and to achieve better long-run health performance may be to invest in the public health system's technical (bureaucratic) autonomy and in its system-wide planning and coordination capacities.

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1. Introduction

Despite the growing recognition that achieving desirable developmental outcomes depends in part on having good economic and political institutions, there remains much discussion as to which institutions matter most for achieving these outcomes and on how, concretely, they matter. In recent years, considerable cross-national quantitative evidence has been produced supporting the idea that variations in state capacity (broadly defined) are responsible for significant differences in the degrees of achievement of desirable social and developmental outcomes, such as lower poverty (e.g., Henderson, Hulme, Jalilian, & Phillips, 2007); higher long-run economic growth (e.g., Dincecco & Katz, 2016); higher educational achievements (e.g., Rajkumar & Swaroop, 2008), and better health (e.g., Holmberg & Rothstein, 2011), among others. Though under varying terminology—such as control of corruption, quality of government, bureaucratic autonomy, infrastructural power, and governance, to name a few—this literature has shown that state capacity impacts outcomes independently of other influences, such as how democratic the regime is or economic,

demographic, or cultural factors. States, therefore, seem to autonomously matter for development.

Detailed historical or comparative evidence of *how* their influence unfolds, however, is mostly lacking. This is problematic inasmuch as without attention to mechanisms it is difficult to persuasively make the case that the observed conditional correlations are, in fact, causal relationships. Moreover, this "statist" field still lacks conceptual unity—as the myriad competing explanatory terms just mentioned show. Both problems are linked, inasmuch as without the careful examination of processes and mechanisms it is hard to further the concept- and theory-building process required to evaluate the different conceptualizations and operationalizations of state influence that are available. In short, if we want to theorize and explain how states actually affect development outcomes, we need to take a closer look at the processes involved.

The aim of this study is to contribute to this task through a comparative, historical study of the relationship between state capacity and two specific health outcomes—infant and maternal mortality—in Argentina and Chile. This is a particularly fruitful area in which to trace the ways in which state action affects outcomes, because

most infant and maternal deaths outside the developed world are avoidable from a medical point of view and are so at a fairly low cost (McGuire, 2006). As Argentina's first Health Minister famously said, "Health is a political decision" (Iglesias, 2009). Thus, there are few other development outcomes where deliberate and specific public action can have such dramatic and visible effects as it can have on infant and maternal mortality.

In turn, the comparison of Argentina and Chile is particularly instructive because it starkly illuminates the impact that investing in state capacities in the health sector can make. In a nutshell, I will argue that Chile's greater investment in health-specific state capacities¹ was a key element behind the remarkable historical "reversal of fortune" (Acemoglu, Johnson, & Robinson, 2002) between these two countries in terms of infant and maternal mortality levels from 1960 to the present. It was also behind Chile's notorious reduction in territorial inequality in mortality rates, an outcome of intrinsic normative importance but not usually considered in the empirical state capacity literature. Thus, the evidence provided will allow us to observe in some detail the mechanisms through which state capacity in a specific sector actually translated into better outcomes, and what this implies for discussions about how best to conceptualize state capacity as an explanatory variable. In particular, I will argue—firstly—that a major source of differences in state capacity in health between countries is the development and quality of their public health systems; and—secondly—that from a theoretical standpoint, the notions of *bureaucratic quality* and *infrastructural power* (to be defined in the next section) are both necessary and complementary perspectives through which to conceptualize state capacity and understand its causal influence.²

The rest of this paper is organized as follows. In the next section, the literature on state capacity and health outcomes is reviewed. In the third section, the methodological logic of the comparison of these two cases is explained. In the fourth, the historical context of the comparison is presented and the differences in outcomes between the two countries are laid out. The fifth and sixth sections examine the Chilean and Argentinean cases, respectively, while the last two sections discuss the findings and conclude.

2. State capacity and health outcomes

(a) State capacity, bureaucratic quality, and infrastructural power

Though many terms have been used to denote the degree to which states are able to effectively implement policy decisions, I will here use *state capacity* to cover all of these. Given this focus on implementation, state capacity is preferable to terms such as *governance*—of wide use in the literature concerned with health outcomes—inasmuch as this latter term is more imprecise and wider in scope, often bundling together state-related and regime-related issues (e.g., Kaufmann, Kraay, & Mastruzzi, 2011), or else referring to civil society or transnational actors (Fukuyama, 2016). Other terms, such as "quality of government" are similar to state capacity in intent, but are defined in a way—in this case,

¹ Investment in state capacity refers to the allocation of scarce resources (such as money, time, political capital, and expertise) to the development of the state's ability to implement policy in a given policy area. Thus, though it may include financial investments (such as, in the case of health, construction of hospitals, or the hiring of doctors), it also includes investments in organizational development, logistics, protocols, information sharing, and all kinds of regularized procedures that allow a state to better implement policy. In particular, organizing (and reorganizing) the functioning of a public health system is an investment in this sense.

² It should be noted that state capacity is considered a *proximate* cause of differential health outcomes, since state capacity itself is partly determined by a series of political, economic, and historical factors (e.g. Besley & Persson, 2011; Soifer, 2015). In other words, this study aims to study the specific ways in which state capacity affects outcomes, not to ascertain what causes state capacity in the first place.

by *impartiality* in the exercise of political power—that assumes a sufficient underlying mechanism through which states achieve good outcomes (Fukuyama, 2013; Rothstein & Teorell, 2008). Yet others focus on specific capabilities in the exercise of power—such as military force, law-enforcement, or tax extraction—but without relating them to a broader notion of a state's overall policy-implementation potential and what may affect it, thus making them less useful for theory-building (see Cingolani, Thomsson, & Crombrughe, 2015).

There are, however, two well-established theoretical traditions that seek to explain which kinds of states will be more effective than others at policy implementation. The first tradition points to what we may call the *quality of the bureaucracy*, with quality referring to the degree to which it conforms to key aspects of a modern, rational, rule-based bureaucracy as originally defined by Weber (1922/2013). One concern coming from this approach is with the *absence of corruption* as a necessary feature of a good bureaucracy, since Weberian bureaucrats do not use their public powers for private gain or for the arbitrary benefit of a particular social group (Evans, 1995; Rothstein & Teorell, 2008). Bureaucracies also need to be highly competent and professional in the fulfillment of their tasks, and therefore the *meritocratic hiring and promotion* of bureaucrats is seen as crucial for well-performing bureaucracies (e.g., Geddes, 1996; Rauch & Evans, 2000). High performance also requires important degrees of technical or *bureaucratic autonomy*, so that technical rationality (as opposed to short-term political or electoral considerations) drives the design and implementation of policy (Cingolani et al., 2015). In this last sense, autonomy is important in a way not foreseen by Weber: instead of complete obedience and subordination, high bureaucratic performance actually requires granting top bureaucrats a degree of freedom in the choice of means through which to achieve politically mandated policy ends (Fukuyama, 2013). Thus, bureaucracies that are clean, meritocratic, and autonomous are expected to increase the state's capacity to provide public goods.

A second tradition of state capacity has focused less on the analysis of state structures per se, and more on the nature of state–society relations. The key concept in this tradition is the notion of *infrastructural power*, which can be defined as "the capacity of the state to actually penetrate civil society and implement its actions across its territories" (Mann, 2008, p. 355).³ In turn, this largely depends on the infrastructures of control at the state's disposal, understood as all the "routinized media through which information and commands are transmitted" (Mann, 2008, p. 358). Networks of information, transportation, and communication are therefore crucial for the logistics of policy implementation and enforcement.

More broadly, two related aspects of infrastructural power are worth emphasizing here. Firstly, it implies a basic centralization of political power, in the sense that authority radiates outward from a political center that can coerce populations, extract resources from it and enforce its laws and policies over it.⁴ Secondly, the territorial penetration of the state, so as to control all populations, is a key aspect of the concept. Infrastructural power emphasizes the fundamentally spatial nature of political relations, and therefore the possibility of subnational variation in their shape and depth. As Soifer & vom Hau (2008, p. 222) have pointed out, "[t]he ability of states to carry out their projects is territorially organized and crucially shaped by the organizational networks that they coordinate, control and construct". Thus, territorial organizational linkages are key: when state organizations at the local level are coopted by powerful local elites, the infrastructural power of the state is diminished (e.g., Soifer, 2015).

³ It is to be distinguished from "despotic" power, which refers to the range of decisions rulers can take without consulting civil society groups (Mann, 2008, p. 355).

⁴ This is of course compatible with decentralized governance structures, such as federal systems (Ziblatt, 2008).

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