

# The Comparative Politics of Service Delivery in Developing Countries

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Evan S. Lieberman,  
Professor of Politics, Princeton University

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## Introduction

During the past decade, scholars of comparative political development have paid increasing attention to the substantively and theoretically important problem of explaining variation in the provision of basic public services in low- and middle-income countries. As has been true for many lines of scholarship in the field, international development agencies were pivotal in stimulating this research agenda. And in particular, a major initiative and a landmark report stand out:

First, in September 2000, the United Nations adopted the Millennium Declaration and set out a series of targets, which have become known as the Millennium Development Goals (MDGs). The objective of the Millennium Project was to establish time-bound targets for the needs of the world's poorest. And for the most part, those needs were identified in terms of basic services. For example, goal 2 is to achieve universal primary education; goals 4 and 5 are to reduce child mortality and to improve maternal health; goal 6 is to combat HIV/AIDS, malaria and other diseases, including through the provision of universal access to treatment; and goal 7, ensure environmental sustainability, is defined in part by targeting global access to safe drinking water and basic sanitation. The establishment of such universal metrics put a spotlight on these basic services, and the role they play in people's lives, and helped spawn new international investments to achieve these goals.

Second, the focus of the World Bank's 2004 *World Development Report* was "Making Services Work for Poor People." As the introduction to that work points out, "Freedom from illness and freedom from illiteracy—two of the most important ways poor people can escape poverty—remain elusive to many" (World Bank 2003: 1), and whatever disagreement there may be about the role of market versus public solutions for low rates of economic growth or sustained unemployment, few serious analysts resist the notion that in developing country contexts, illness and illiteracy require *public* service solutions. That report highlighted the plight of the poor in terms of inadequate delivery of education, health, water, sanitation, and electricity services, and as discussed more below, focused on *accountability* as a major determinant of service provision and access.

In the years since the launch of these two projects, which themselves drew upon existing and commissioned working papers from a range of social scientists, scholars have paid increasing attention to the politics of basic service provision. Within the field of comparative politics, there has been a decided shift away from studies of the determinants of economic *growth* to this alternative determinant of human development. And unlike the research commissioned by the international development agencies themselves, which have focused on more technical solutions, scholars of comparative politics have investigated the social and political sources of conflict and coordination that affect service delivery.

A basic starting point for virtually all work in this area is that the quality of public services enjoyed by citizens is strongly correlated with a country's level of economic development, generally measured as GDP/capita. Moreover, high quality schools,

clean water access, and reliable refuse removal tend to be accessed only by the wealthiest segments of society and through private markets in countries with low per capita income. But economic resources are only part of the answer for why public services vary – and economic growth is itself a product of human capital, which may be improved by the quality of services provided in a country. Thus the question of why the quality of government services is better in some developing countries and not others is a central one for understanding the very process of development.

In this chapter, I present an analysis of a systematic review of the published scholarly literature on the *comparative politics of service delivery* from 1990 to mid-2011. In the next section, I define the terms of the study, and describe some patterns in the works identified. The heart of the review is an analysis of the theoretical arguments and empirical evidence related to the provision of basic services. And while each claim is associated with some caveats and nuances, at least three key findings seem to be supported: democracies tend to spend more and generally provide more basic services compared with otherwise comparable countries governed by autocratic regimes; services are provided to a lesser extent in settings of ethnic heterogeneity, particularly when ethnic identities are socially or politically salient; and in the context of decentralization, the quality of services provided is strongly affected by local social structures and institutions – with positive effects for institutions that help connect citizens to local government officials.

### Definitions and scope of the review

While a distinctive body of scholarship on the comparative politics of development focuses on the distal causes of human development outcomes, such as life expectancy (e.g. Gerring, Thacker, and Alfaro 2011), in this review, I consider only those works that explicitly investigate the determinants of public services. Basic health- and education-related services are distinct from many other domains of government activity because there tends to be little theoretical debate that governments ought to be at least one important provider of such services. Of course, there are many potential causal pathways to improvements in human development including the “wealthier is healthier” association detected by Pritchett and Summers (1996); and Wigley and Akkoyunly-Wigley’s (2011) finding that regime type directly affects health, unmediated by policies or specific government services. In this chapter, however, the focus is on those public services explicitly affected by decision-making in the political arena.

Public services are those goods funded and/or directly provided by the state to improve the welfare of citizens. These include education, the provision of water, electricity, refuse removal, and health services – all goods that individuals might encounter each day, and that bear directly on an individual’s ability to lead a productive, healthy, and literate life. This definition does *not* include regulatory services, minimum wage provision, social insurance, or national services such as military security, which might indirectly affect human development.

Strictly speaking, none of the public services discussed here are actual “public goods,” because all are excludable and their use may be rival. However, within this literature, a looser notion of a public good is used – one which suggests a development-enhancing service that when provided has substantial positive externalities for the society-at-large. Moreover, these public services are at least nominally available to all citizens within the areas that they are provided.

For the most part, scholars have sought to explain variation in the degree to which basic services are provided. But this includes several possible endpoints, ranging from policy-making to the actual consumption of services by citizens. For instance, several scholars have focused on variation in levels of expenditure on specific service sectors, either on a per capita basis, as a share of government spending, as a share of GDP, or in some proportion to the magnitude of a particular problem. But of course, spending does not necessarily imply that people receive the services. Where data have been available, other studies consider levels of coverage of particular services (for instance, percent of children immunized); or self-reported accounts of degree of access. While these are more direct measures, the tradeoff here is that these data may not be able to distinguish government-provided coverage or perceptions of delivery from those services provided by private or non-government agents.

The focus here is on *government service provision*, not impact. The motivation for such research is a presumption that good services will lead to higher levels of human development in terms of literacy, life expectancy, well-being, and productivity. But, it must be recognized that in some sectors and places, good service delivery could have no net positive, or even a negative effect; and that human development is affected by other non-service mechanisms, for instance through goods provided through the market or through environmental changes. These are separate questions not addressed here.

Given the focus on government, I do not consider here analyses of social service provision by non-state actors, such as described in the work of Cammett and Issar (2010). Along these lines, it is worth noting that in the decades following Bratton’s (1989) important observations about the rise of NGOs in Africa, and the politics of state-NGO relations, I find extremely little explicit analysis of the determinants of NGO-sponsored service provision in the scholarly comparative politics publication outlets as described below.<sup>1</sup>

I also do not include the important state functions of social insurance, poverty alleviation, or policing. These obviously play a critical role in human development, but they are excluded here because their effects on life expectancy and wellbeing are arguably more indirect. For example, McGuire (2010) argues that in terms of survival-related capabilities, total amount of public health spending or health

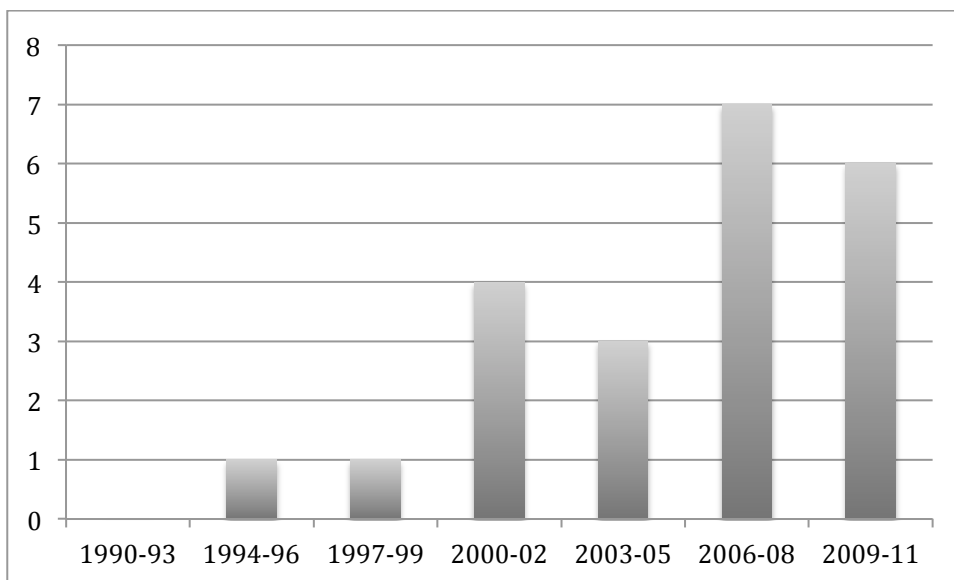
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<sup>1</sup> Maclean 2010 is an exception. Also, Habyarimana et al. (2009) focus on collective action rather than government service provision. Scholars in other disciplines, such as sociology and anthropology, have paid much greater attention to the role of such governance actors in development.

insurance coverage appears relatively inconsequential, whereas actual provision of basic services is key.

In order to identify the works of comparative politics of government service provision in developing countries, I instructed a research assistant to locate published scholarly articles and books from a set of key sources for the period 1990-mid 2011, and the specific instructions are detailed in appendix 1. We identified a total of 25 scholarly articles and 7 scholarly books, covering a range of services. Of the studies considered, 15 were conducted as statistical analyses of a large group of countries, in most cases for at least one decade of annual observations; another 14 involved intensive analysis of just one or a few country cases, and 3 combined both approaches. As can be seen in Figure 1, which plots “new” citations (that is, I do not include publications from authors who wrote on essentially the same topic during an earlier year) for the 1990-2011 period, virtually all of the published research occurred after 2000 – notably following the launch of the MDG’s and the landmark World Bank report – with more than half of all publications occurring during the recent 2006-11 period.

Figure 1: Number of New Citations on Politics of Service Delivery



### Explaining the determinants of service provision

What types of political explanations provide the most traction for explaining why some people enjoy better access to government services than others? Politics is likely to matter in at least three distinct but related arenas: First, during the process of policy-making, competing pressures may affect decisions about budget allocations and service priorities. Second, during the process of policy implementation, politicians and bureaucrats may either faithfully direct resources in the manner planned by policy-makers, or they may use their discretion to direct

them towards some ends and not others, including their own private consumption. And finally, citizens may act individually or collectively to assist in “co-production” and/or to monitor and to pressure government officials to provide such goods and services. At each step, competing factions may express different interests concerning how resources ought to be utilized, and depending on their relative power, different outcomes are likely to emerge.

For the large majority of the works reviewed here, the process generally thought to drive the quality of service provision, through the links between these steps, is *accountability*: the assignment of responsibilities and a system for making those responsible actually execute their duties. In *Making Services Work*, the World Bank (2003) stresses accountability deficits in three aspects of the service delivery chain within low- and middle-income countries: between poor people and providers, poor people and policy-makers, and between policy-makers and providers. Keefer (2007b) identifies varied capacities for collective action and coordination, and different degrees of information asymmetries as explanations for observed variation in the degree of accountability.

Poor people particularly in the poorest countries are routinely unable to hold government leaders to account, even in the formal context of democracy. For example, in a study discussed further below, Krishna (2011) finds in surveys of two Indian states that when asked if they, “were to make contact with a government official or political leader, will you get a response or will you be ignored?,” more than half said they would be ignored.

The scholarship reviewed in this chapter speaks to these more general concerns, by identifying four sets of variables that may affect service provision: type of political regime, ethnic diversity, institutions, and international influences. Such factors are hypothesized to affect either demand side pressures – the likelihood that citizens will articulate and pressure government to provide them; supply side pressures – the likelihood that the state will be able and inclined to provide such services; or both.

### **Regimes, elections, and political competition**

Undoubtedly the most dominant and normatively attractive explanation for variation in service provision concerns the degree of citizen political power relative to government. The very premise of almost all of the research described here is that under *democratic* political regimes, people should receive better quality public services because they can remove leaders who fail to deliver, and maintain those who do; and/or because democratic regimes empower citizens to become involved in the provision of goods and services which they are assumed to value greatly. From the earliest versions of modernization theory, scholars of the comparative politics of developing countries have made claims about the likely links between democracy and development. In the area of service provision, scholars have attempted to provide better-specified theories about this relationship.

The most positive case for democracy appears in the critical area of education, where political scientists have asked about the relationship between democracy on the one hand and spending and/or enrollment on the other. Brown (1999: 683-6) makes three claims about the likely effects of democracy: politicians are less insulated, and societal pressures will lead to higher levels of subsidized education; the open flow of information associated with democracies will lead to the selection of higher quality education officials; and with more secure property rights, citizens will be more likely to save and invest, and will develop a higher propensity to invest in human capital. He investigates the effects of democracy on primary school enrollment across Asia, Latin America, the Middle East and Africa, with a set-up that characterizes much of this literature: a statistical analysis of a panel dataset of country-level information about regime type, the service outcome, and a series of relevant covariates. The case of primary school enrollment is a decent but imperfect proxy of government service provision, as it also includes private school enrollment. Ultimately, Brown (1999) finds that at low-income levels, during the period 1960-87, democracies do offer a substantial boost to primary school enrollment, but the effect diminishes at higher levels of per capita income, when all regimes begin to achieve near-universal rates of enrollment.

Lake and Baum (2001) take a distinctive theoretical tact – likening the state to a set of political markets – but derive essentially similar propositions, by arguing that democracies, as more contestable markets, should produce large quantities of public services (598). They investigate a wider set of proxy measures, and from both cross-sectional and time-series analyses, they also find substantial positive effects on primary school enrollment, as well as on levels of literacy.

There is also good reason to be concerned with the *quality* of democracy. Particularly in young democracies, which are highly prevalent in the developing world, political links between voters and leaders may be weakly institutionalized and/or riven by clientelist or neo-patrimonial politics (Bratton and Van de Walle 1997; Wantchekon 2003). In particular, Keefer (2007a) describes the types of services reviewed here as “non-targeted goods,” and tests the claim that in young democracies, it is difficult to make credible promises to the electorate, and as a result, citizens prefer clientelist (targeted) transfers. While he considers a range of other outcomes, of relevance here, he finds that age of a democracy positively predicts secondary school enrollments (while younger democracies produce, for example, higher wage bills).

Regionally-specific analyses have generated some mixed results, but on balance, still provide support for the democracy-promotes-education relationship. In the case of Latin America, Kaufman and Segura-Ubierno (2001) look at the period 1973-97 and find that *shifts to democracy* are associated with higher levels of spending on education, but that on balance, democracies spend less than autocracies. By contrast, Brown and Hunter (2004), investigate education spending during the more recent 1980-1997 period in Latin America, where they argue that democracies are characterized by active media coverage and a broader definition of the electorate than in previous periods (849), and they find that the democracies spend *more*. It

would have been useful for the latter to have paid greater attention to explaining inconsistencies with the former, but on balance the studies suggest at least some positive democratic returns to education.

Stasavage (2005a, 2005b) takes the question to sub-Saharan Africa, and in two published studies, finds yet more support for the democratic thesis. His theory concerns leadership fears of replacement, and argues that in democracies, leaders will have strong incentives to produce policies that satisfy an electoral majority (2005a: 56). He also identifies limits to the likelihood of observing this relationship, including the fact that many other issues may simply be more salient.

In a case study of political liberalization in Uganda, Stasavage (2005a) details evidence suggesting that electoral competition in 1996 helped education to become politically salient, and that Museveni's promise of free education helped him to be elected. In turn, Museveni launched Universal Primary Education in January 1997. And in a cross-country statistical analysis of 44 African countries for the period 1980-1996, Stasavage (2005b) finds that the argument is generalizable, as democracies generally spend more on primary education.

Interestingly, as uniform as the results in the area of primary education appear to be, studies of *public health* service provision reveal that democracy has a mixed effect on the quantity or quality of services provided. While there are democracies that have proven quite generous and successful in such regards, some non-democracies, such as Cuba and China, clearly counter-balance the weight of the evidence.

For example, Weyland's (1996) study of political reform in Brazil shows that the transition to democracy brought with it very little in the way of more *equitable* health care policy, leaving poor people without substantially better health services than they received under authoritarian rule. While his study considered a single country in its transition from authoritarian rule to democracy, he demonstrates that institutional fragmentation was more consequential and stalled reform efforts. Weyland's (1996) specific findings are magnified in Nelson's (2007: 84) more general conclusion from related literature that, "a key element of almost all reform stories is opposition from vested interests: privileged beneficiaries, service providers and their unions, sector bureaucrats, and sometimes politicians who use social services as patronage pools." In short, the exercise of competitive politics in a democratic arena implies that amidst heterogeneous perspectives and interests, gridlock may prevail. There is no obvious consensus concerning what is in the best "public interest."

Lake and Baum (2001) consider the effects of regime type, and of regime transition on vaccination coverage and access to safe drinking water. For both outcomes, they find no positive effect for democracy, and a negative effect associated with any type of regime transition. However, conditional on some regime transition, they find that countries moving towards democracy enjoy substantially higher immunization rates.



Asking slightly different questions, and using different model specifications, including a sample restriction to just low- and middle-income countries, Gauri and Khalegian (2002: 2124-5) tell a less optimistic story about the effects of democratic regimes on vaccine coverage, as they find that among middle-income countries, democratic governments were associated with *lower* coverage. They suggest several important possibilities for why this might be the case: 1. Responsive governments may focus more on “curative” care, which tends to be more vocally expressed than demand for vaccines; 2. Bureaucratic elites favoring vertical (stand alone) programs such as immunization tend to be granted more autonomy in autocratic regimes. Echoing Weyland’s research, they highlight that in Brazil, DTP coverage rates fell from about 65-7% in 1984-5 to 57-8% in 1986-7, a period that coincided with the regime transition. 3. Non-democratic communist regimes might have an affinity for immunization programs – pointing out that Vietnam, Cuba, and China had coverage rates of over 90% by the early 1990s.

But other studies have identified democratic benefits to public health. McGuire’s (2010) book, *Wealth, Health and Democracy in East Asia and Latin America* analyzes an extraordinary wealth of data from these two regions, using a mix of cross-country statistical analyses and chapter-length case studies on 8 countries. He generally finds substantial support for the service-enhancing consequences of democracy, but concludes that electoral incentives should not be over-emphasized in making this link. Instead, he argues that democracy has the effect of shifting preferences because of a norm of equal rights (11), and finds a pattern of better service provision in long-term democracies. However, this is not true across the board: for instance, while “long-term democratic practice” is associated with greater family planning efforts, and improved water access, it does not predict improved sanitation access. Moreover, within his country case studies, he identifies some complex links across regimes that must be acknowledged. For instance, in Chile, he highlights that the military government was able to advance relatively inexpensive public health campaigns, which drew upon infrastructure and expertise that had developed during a more democratic era (118).

Looking at the specific case of HIV/AIDS, scholars have generally found that regime type has provided little basis for predicting the mode or extent of policy response. For instance, Gauri and Lieberman (2006) found extremely wide variation in policy responses among two democratic middle-income countries, Brazil and South Africa, suggesting both the opportunities *and* constraints associated with democratic politics. Certain policies that may be good for the general public health and welfare may not be demanded for various reasons, including the stigmatization of particular health problems, and skewed risk perceptions generated through a tendency to deny risks of socially undesirable conditions. In cross-country statistical analyses of Antiretroviral (ARV) coverage and other HIV/AIDS-related policies among low- and middle-income countries, Lieberman (2007, 2009) finds no statistical effect associated with standard indicators of a country’s political regime type.

Dionne’s (2011) study of executive time horizons provides an interesting nuance: she hypothesizes that under either type of regime, executives should be more

aggressive in responding to HIV/AIDS with longer time horizons – that is with greater confidence that they will not be replaced in the short-term. While her study finds just the opposite, she acknowledges that the analysis is based on a very small sample of 15 countries. Nonetheless, like others, her study suggests alternative conceptions of political accountability mechanisms beyond a broadly conceived regime variable.

In a distinctive and far-ranging study, Haggard and Kaufman (2008) explore service provision not so much as a discrete policy choice, but as a collection of politically-forged agreements to provide some form of “welfare state.” Akin to several of the studies described above, they consider the effects of democratization in the Latin American, East Asian, and East European regions. But they reach back much deeper into the legacies of earlier patterns of welfare state creation, finding that those patterns constrained the trajectory of development in the period of liberalization. They argue that prior commitments established different types of constituencies for policies, creating different types of stakeholders and coalitions, and that these political interests, along with patterns of economic organization and development, must be incorporated into a model that explores the effects of regime type on welfare provision. Ultimately, they find differential effects of democracy on health and education spending across the three regions, with no impact in Latin America (consistent with Weyland 1996). Ultimately, they provide a highly cautionary note about their ability to interpret the effects of regime type, as such effects are clearly conditional on the highly heterogeneous political and economic circumstances of each country. The coalitions needed for more expansive social policy are more likely, but not necessarily provided in democratic settings (362).

And while the study of the effects of regime type or democracy on service provision has been largely cross-national in scope, some more recent works have used sub-national research designs to get better traction on the effects of democracy, especially in terms of policy implementation. Hiskey (2003) uses the context of decentralization in Mexico to consider intra-state determinants of service provision. He tests a hypothesis relating electoral competitiveness to water, sewerage, and electric provision across 237 municipalities in two Mexican states. While the results are not fully conclusive, he concludes that the weight of the evidence supports the core hypothesis: single-party dominant electoral environments used poverty fund resources much less effectively. In an analogous study, Hecock (2006) explores the determinants of primary education spending across 29 Mexican states, and finds a positive impact associated with greater electoral competitiveness at that level.

So on balance, while there does appear to be an association between the delivery of primary education and democracy, scholars have advanced several conjectures about why this might be so. I share with Nelson (2007) – who reviews a distinctive, but somewhat overlapping body of literature on the effects of democracy on social service provision – the conclusion that the positive effects of democratic regimes are certainly limited. And to the extent studies do identify substantial relationships, there is good reason to conclude that something other than electoral incentives are at work. For the most part, the cross-country statistical analyses described above –

as Brown (1999: 683) himself points out – are limited in their abilities to sort out causal mechanisms, especially given the broad set of characteristics that differentiate democratic regimes from the alternatives.

### Ethnic diversity

A second major theoretical strand in the literature on the politics of service provision concerns the effects of ethnic diversity. While regime explanations tend to assume that all citizens generally desire basic services, and the fundamental problem is making governments accountable for failures, alternative accounts that focus on ethnic divisions suggest intra-societal divides. As discussed above, because the services discussed here are generally *not* true public goods – like clean air – and access may be granted preferentially to some groups and not others, it stands to reason that social divisions might influence policy-making and implementation.

In this regard, across various areas of investigation and levels of analysis, scholars have largely found support for the proposition that ethnic diversity impedes the successful provision of development-enhancing public services. Where there is less consensus concerns the particular mechanisms that connect diversity to outcomes. For example, does ethnic diversity affect outcomes through taste or preference heterogeneity? Weakened capacity for collective action? Conflict? In this regard, scholars have drawn on a wide range of theoretical foundations, including from social identity theory in social psychology (i.e. Tajfel and Turner 1986), which posits a tendency towards in-group bias; and from theories about the “technological” efficiency of homogeneity, as argued by Deutsch (1953).

Early contributions in the field of political development (i.e. Ekeh 1975, Sandbrook 1989) helped motivate the idea that various forms of ethnic political competition were likely to lead to more rent-seeking behavior and lower quality public services. Subsequently, Easterly and Levine’s (1997) finding that ethnic fractionalization leads to lower levels of economic growth proved enormously influential on comparative scholarship conducted by both economists and political scientists. And while that study is clearly distinctive in focus, the central mechanism through which diversity was thought to effect growth was through poor policy choices, such as in the areas of education and health.<sup>2</sup>

Miguel’s (2004) study of the effects of ethnic diversity in the contexts of Kenya and Tanzania focuses on the role of communities in raising money for and ultimately providing key services. He takes advantage of the observation that while the neighboring countries are both ethnically diverse, the latter country’s political history was marked by a deeper political commitment to nation-building, and this led to a reduction in the *salience* of ethnic differences. He points out that within

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<sup>2</sup> Related work (Alesina 2003) finds similarly robust associations between various measures of ethnic fractionalization and public spending and human development outcomes. Posner (2004) provides an alternative measure of ethnic diversity, which identifies groups in terms of ethnic relevance, and challenges some of the core insights from Easterly and Levine (1997). However, both focus on growth as an outcome and neither study analyzes data on actual service delivery outcomes.

villages, important service outcomes such as the provision of school desks, latrines and classrooms, as well as water wells, are highly dependent upon collective action within communities, and posits that ethnic diversity will impede such cooperation when ethnic differences have not been mitigated by nation-building. In turn, he finds a negative relationship between ethnic diversity and local provision of those goods in Kenya, whereas in Tanzania, there is no statistically discernible effect.

In a study of ethnicity and public goods provision in Kampala, Uganda, Habyarimana et al. (2009) find that ethnic diversity is correlated with lower quality service provision across communities in a study site. They unpack the mechanisms that might be responsible for this association, and they engage in survey research and a series of clever behavioral experiments within the ethnically diverse context to adjudicate among competing accounts. They find no evidence for the mechanism that co-ethnics are more likely to share preferences or to value one another's well-being more than ethnic others; instead, they find that co-ethnics may find it easier to cooperate with one another because it is easier/more efficient to do so, owing to ease in communications and shared networks; and they may engage in sanctioning behavior with co-ethnics for not cooperating.

Lieberman's (2009) study of the effects of ethnic diversity on the provision of AIDS-related services finds that while there is only a weak association with diversity *per se*, it echoes Miguel's (2004) finding in the sense that fewer goods and services are provided in contexts where ethnic boundaries are well-institutionalized – i.e., in the absence of strong nation-building strategies or where ethnicity has become politically salient. The study builds upon earlier notions about the implications of ethnic diversity on policy preferences, arguing that in the context of a sensitive and stigmatized condition such as HIV/AIDS, risk perceptions were skewed by the extent to which the condition was associated with decreased social status. Because risk status is easily mapped onto pre-existing ethnic conflicts, and ethnic leaders have tended to underplay the extent to which “their” group was vulnerable, policy-makers in divided countries faced greater political disincentives for being aggressive on AIDS.

Finally, Baldwin and Huber (2010) take up analogous concerns in an examination of the mechanisms that might relate ethnic diversity to public goods provision, hypothesizing that the intensity of conflict is likely conditional on economic differences that manifest at the group level, because such differences lead to perceptions of discrimination and/or to organization along class lines. They construct a measure of “between group inequality,” which reflects the degree of economic disparities between ethnic groups, as a counterpart to Fearon's (2003) cultural fractionalization index, which reflects the degree of linguistic dissimilarity. In turn, they, construct a composite index of “public goods provision,” which includes items such as measles and DPT immunization, sanitation and water provision, and education spending. They find a robust negative association, albeit for a relatively limited sample of 46 countries, between their ethnic economic inequality measure and public goods, while other “cultural” measures of ethnic diversity are rendered statistically insignificant.

## Institutions

A third strand of research considers the effects of particular institutions on service provision. As contrasted with the earlier discussion of regime types and political competitiveness, here I consider those studies that focus on the rules and norms that govern the aggregation of interests, including political parties; the structure of governance, such as levels of de/centralization; and other structures that connect segments of society to state actors. As contrasted with an earlier generation of research that focused on the need to “get the prices right,” (“Berg Report”: World Bank 1982; Bates 1981) in order to deliver effective services, this more recent body of research has been focused on “getting governance right.”<sup>3</sup> Theoretically, these studies are more society-centered rather than politician-centered, making claims about the specific influence of local actors in helping citizens gain access to state resources. For the most part, these studies begin with the notion that citizens in developing countries cannot take for granted that services will be uniformly provided by a remote central government. Instead, they must organize themselves or find intermediaries to articulate their demands and to hold service providers accountable. Institutions that facilitate such articulation are hypothesized to lead to better services.

By far, decentralization has been the most important institutional reform initiative undertaken in recent decades, and in large part with the goal of improving government service delivery. The basic premise of devolving the responsibility for making decisions about and implementing service delivery at the local level is that it shortens the accountability chain: local needs can be expressed, and there may be greater opportunities for local citizens to hold decision-makers accountable. On the other hand, particularly in developing countries, local technical expertise may be weaker. The evidence concerning the effects of decentralization on specific service outcomes within the comparative politics literature is relatively limited, and mostly contradicts the predictions of decentralization advocates.

Khalegian (2004:165-6) highlights that the benefits of decentralization for service provision are likely to be conditional on a number of factors, including the particular service in question, levels of local technical capacity, and local social conditions. He finds that decentralization has differential effects on immunization coverage, conditional on level of economic development: Among low-income countries, decentralization is an advantage, but the situation is reversed among middle-income countries, where decentralized countries fare worse. Another interesting interaction effect is identified with respect to ethnolinguistic fractionalization. While ethnic diversity generally has negative effects on immunization coverage, as described above, decentralization reverses those effects (177). As he points out, immunization is a critical service, but one with some unique characteristics in the sense that it is a service with “public good characteristics” and inter-jurisdictional externalities.

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<sup>3</sup> One exception in more recent scholarship is Aralal (2008) who argues that getting prices *and* good governance structures in place were critical for water service provision in Cambodia.

But beyond the question of the effects of decentralization *per se*, many scholars have taken as a starting point a decentralized polity and have investigated what drives variation in service provision across local polities.

For example, Olken (2010) asks whether plebiscites might lead to distinctive service outcomes than policies through direct elections at the local level. He conducts a field experiment in Indonesia, and randomizes the decision-making process for villages in terms of two types of policy choices: one for a general project, and one for a women's project. He finds limited support for the notion that the institution might lead to different services being chosen, but what he finds more strongly is that the plebiscite strongly increases citizen satisfaction and perceived legitimacy of the outcome.

An important additional and important set of arguments concerns the institutions that help citizens gain access to services. Krishna (2011) describes the critical role of intermediaries in helping poor villagers gain access to welfare services in the Indian states of Andhra Pradesh and Rajasthan. The key point here is that limited states in developing countries may not be able to reach all the way to individuals, particularly in more remote rural areas. Even in the context of decentralization, elites may not opt to facilitate wide access to funded services. When individuals lack education, they may not feel empowered to express demands to influential elites. However, *Naya Netas* ("New Leaders") – who are young, between the ages of 25 and 40, middle school educated, read newspapers, and are more experienced in dealing with elites – can serve as state-society bridge-builders. According to Krishna (2011), these intermediaries simultaneously strike bargains with villagers who desire access to benefits, and with service providers themselves. Survey data from 1997-8 show that in the case of replacing a non-performing teacher, a full 64% of respondents in Rajasthan said that *Naya Netas* would help to gain access to the appropriate agency, as compared with only 18% for Panchayat leaders, 11% for caste leaders and 4% for party representatives. This largely descriptive finding is highly consequential for understanding the link between government policy *efforts* on the one hand, and citizen *take up* of services on the other.

And in the context of West Africa, Maclean (2002) finds that other forms of informal institutions, differing in terms of norms regarding the organization of states, families, and connections between them, help explain the emergence of divergent social policy trajectories. In particular, despite what she identifies as the potentially homogenizing pressures of globalization and nominal decentralization, nationally-distinctive social welfare states have persisted, owing to the reproduction of these norms and institutions. In turn, she finds a greater tendency to target the needy and to rely upon more informal support systems in Ghana, as compared with more generalized and centrally provided coverage in Côte d'Ivoire. As a result, citizen access to health care services was highly structured by deeply-rooted institutions developed during the period of colonial rule.

Whereas most of the studies described above have been concerned with examining the effects of regime type *per se*, or variations within democratic or quasi-democratic settings, Tsai (2007a,b) investigates the determinants of public service

accountability and delivery in the decidedly non-democratic setting of rural China. Like Maclean (2002), she points out that despite the homogeneity of *formal* institutions, which would seem to provide very little opportunity for citizen input, unofficial norms allow villagers to enforce local government obligations. She argues that local officials value “moral standing,” for both psychic and instrumental reasons, but that such rewards are more likely to be delivered in villages characterized by *solidary groups*, which are *encompassing* (open to everyone) and *embedded* (incorporating local officials into the group). Based on case studies and a survey of over 300 villages, her study finds that public goods and services such as running water and upgraded classrooms were more likely to be found in the context of solidary groups that provided these informal accountability institutions.

### International influences

At the outset of this article, I highlighted that a great deal of scholarly attention to service provision is at least partially related to greater focus on the part of international development organizations, who themselves are substantial producers of analytical research. But that begs the question, do the greater resources and technical capacity of global governance organizations lead to better and more uniform service provision across the developing countries in which they work? In a world that is characterized by increasingly multi-level governance, how influential are the key donors and development institutions at the pinnacle of power?

Echoing earlier findings in terms of donor impact on economic policy (Van de Walle 2001), the scholarship on the comparative politics of service delivery seems to highlight the *limits* of such international organizations to decidedly or uniformly shape policy outcomes.

For example, in the areas of immunization (Khaleghian 2004, Gauri and Khaleghian 2002), and HIV/AIDS policy (Gauri and Lieberman 2006, Lieberman 2009), international organizations have clearly played a critical role in mobilizing resources and encouraging policy responses. But scholars have emphasized the mediating domestic factors that explain cross-country variation.

In the case of education spending, Brown and Hunter (2000) conclude that despite World Bank initiatives, domestic governments in Latin America have done nothing to invest more in health care or education. In particular, they find no correlation between World Bank lending at the country-level and levels of government spending.

Moreover, in their study of Latin American economies, Kaufman and Segura-Ubierna (2001) find that government spending on education and health have not been adversely affected by global integration, and certainly not in the way that such processes have affected social security. They conclude that the former sectors are likely protected by a wider group of stakeholders, with better channels for political accountability. Hecock’s (2006) study provides mixed results for the educational sector: greater foreign direct investment is associated with less spending, but greater Maquiladora export activity is associated with more spending.

Rudra (2011), however, detects an unambiguously negative effect from increased trade: decreased access to clean drinking water. Unlike the studies described above, the impact here is not directly about service provision, as the main concern is with the polluting effects of industrial development associated with increased trade. However, a particularly interesting and related finding is that the negative effects of trade are mitigated in the context of lower levels of inequality, which she argues helps to build coalitions for clean water provision and access.

To date, scholars of comparative politics have not paid very much attention to the possible impact of specific global initiatives or campaigns such as the MDG's. To an extent, this is understandable – given the universal nature of such goals, it is difficult to imagine how one would parse out their effects. Even from a longitudinal perspective, the promulgation of the MDG's has occurred over several years, alongside many other important world historical events, making it difficult to make any causal inferences using statistical analyses. (And to be fair, in many cases the timing of the study and available data have not allowed for much consideration of the impact of MDG's.) However, scholars might consider conducting in-depth case studies to try to identify whether there is any evidence that such goals affected the calculations or strategies of actors in developing countries. Did they empower citizens to ask for more services, demanding greater accountability? Did they incentivize politicians and policy-makers to consider providing more services, recognizing the potential embarrassment of falling short on an international stage relative to other developing country peers? Future research ought to do a better job of theorizing and empirically examining these international pressures, including whether such pressures were experienced differently across social sectors.

### Conclusion: Towards future research

Scholars of comparative politics have begun to shed important light on the factors that affect the quality of services provided in developing countries – describing patterns and providing theoretical explanations for observed variance. As discussed above, a country's political regime, the nature of its ethnic politics, its institutions, and relations with other countries may all affect who gets access to education, health care, clean water, and sanitation. Indeed, the notion advanced in the 2004 World Bank's *Making Services Work*, that *accountability* is critical, was echoed by many of the studies cited here. In addition, other fundamental processes, including inter-party technology transfers, the development of preferences, and non-material pressures, like moral standing, also appear to have been influential.

While much of the published research in this area has been carried out at the macro, national-level, more recent research has moved towards local- and individual-level studies, particularly experimental work of the form exemplified by Habyarimana et al (2009). Such studies will provide important correctives and new insights, but future work ought to bridge the gap between micro- and macro-levels studies. Given the positive substantive results of the country-level research, we should not mistakenly infer that the findings from micro-level studies can be applicable on a



wider stage without replication across contexts and without appreciation for the factors that structure outcomes at those levels. An experiment conducted in one environment may yield very different results under different background conditions.

And while the motivation for this set of studies is a concern for the chain connecting politics to human development, the pathway between the two via service provision comprises a fairly long set of links, some of which may be highly tenuous. For example, while Stasavage highlights democracy's role in funding public education, he does so with the caveat, "There has been a dramatic increase in primary school enrollment rates, albeit with problems involving shortages of teachers and materials" (2005: 53). And McGuire (2010) echoes Filmer and Pritchett's (1999) concern, that public health spending does not seem to be associated with health *outcomes*. Such concerns clearly warrant further attention.

The foregoing review suggests that the politics of service provision almost surely varies depending on the type of service in question. Notably, immunization and AIDS-related services appear to have distinctive characteristics that alter the demand structure and the likelihood of politician actions and initiatives. But even across the group of more standard services, such as education, water provision, and basic health provision, services are differentially affected by different variables. Scholars of comparative politics know well that "all good things" do not always go together, and more nuanced theorizing and empirical work on service provision ought to identify how the political constituencies for different services may be more or less successful depending upon particular sets of conditions.

Moreover, as discussed above, scholars of comparative politics need to pay greater attention to the role of non-state service providers, including political parties and NGOs; and offer more explicit treatments of the *varied* role played by donors and other international actors in the provision of government services. All of these concerns are obvious ones for development analysts and practitioners, but their role remains under-theorized and under-appreciated among scholars of comparative politics. Given the weakness of states in developing countries, a comprehensive study of the politics of development-enhancing services ought to place greater focus on non-government sources of governance.

Notwithstanding these concerns and caveats, scholars of comparative politics are arguably on firmer ground developing and testing theories of government service provision than they were in exploring the determinants of economic growth. The services that build human capital rest on fewer contested assumptions about the role governments ought to play. It stands to reason that a better educated population, one with better access to health services, and with cleaner water is also more likely to be more economically productive. But even if it is not, such outcomes are undoubtedly of intrinsic interest from the perspective of our understanding of human development.

## Appendix I: Scope of Literature Review

The goal of the literature identification project was to identify all of the published scholarship produced on the determinants of public service delivery in the field of comparative politics between 1990 and mid-2011.

I employed a graduate student (Jennifer Dennard) to carry out a set of tasks that helped us to arrive at a final set of scholarly studies.

First, she consulted the table of contents of all the following journals from mid-1990 until 2011, selected because they tend to publish works explicitly about comparative politics. While regional studies journals and public administration journals would surely have led to a few additional citations, inclusion of this wider range of sources, which tend to include quite a bit of completely unrelated materials, would have made the review unwieldy.

- *American Political Science Review*
- *World Politics*
- *Studies in Comparative International Development*
- *Comparative Politics*
- *Comparative Political Studies*
- *American Journal of Political Science*
- *Governance*

Based on the titles of articles, she looked at abstracts to determine the possibility of an article addressing the question of explaining variation in water delivery, refuse removal, education and/or health services. Articles would only be included if the study was specifically about the actual provision of services, not about policy reform processes themselves. The article needed to consider at least one developing country from the world regions of Africa, Latin America, developing Asia, the Middle East and North Africa.

Once we agreed upon a list of articles based on the abstracts, all articles were retrieved, and many were discarded based on more careful consideration of our criteria. I proceeded to review and to analyze these articles, and where relevant studies published in other outlets were cited, we also tracked down those articles for possible inclusion in the database.

Subsequently, Dennard found relevant books by looking at the book catalogs from the following university presses: Cambridge, Princeton, Cornell and Pittsburgh, focusing on the period after 1990 and following the same approach as above.

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