Social expenditure in Latin America during the twentieth century: A new database.

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Abstract. The historiography of social expenditure in Latin America presents limitations because there are not comprehensive long-term expenditure series like those available for richer welfare states. To fill this gap, we build series of non-educational social expenditure and its beneficiaries for 17 Latin American countries, categorizing it by its destination and source of funding. By assembling data on social expenditure for the whole twentieth century, we can identify broad patterns and contribute to several debates: we observe the timing and scope of welfare dualization across the region, we discuss the existence of welfare regimes with different spending priorities and their relationship to different development strategies, and we compare the evolution of Latin American social policies with that of richer welfare states at similar levels of GDP per capita.

Introduction

Latin America missed the Great Egalitarian Levelling that other regions went through in the twentieth century (Williamson, 2015). This was a multi-causal phenomenon: from authoritarianism and weak party-systems to financial crisis and questionable development strategies, there are many reasons behind the high inequality levels across the region. Weak social safety nets are another relevant factor: Latin American welfare systems are strongly dualized, with relatively generous social insurance for the middle classes and urban insiders and flimsy or non-existent provisions for many rural and informal workers (Haggard and Kaufman, 2008; Pribble, 2013; Garay, 2017; Barrientos, 2019). Even though social budgets are often quite significant, they achieve almost no redistribution because only a small portion reaches the poor (Lustig, 2018). In fact, in many countries and historical periods, social programs have contributed to keeping inequality high, as they consolidated differences in labor-market status and access to public goods. Overall, although factors affecting the distribution of market income play a bigger role, the lack of comprehensive social programs sets a high floor for income inequality and goes a long way towards explaining the persistent poverty rates in the region.

Despite the abundant literature on the shortcomings of Latin American welfare systems, less is known about their origins and early development. The backwardness of Latin American social programs has been explained by modernization arguments (i.e. lower industrialization and urbanization), the pressure of interest groups (Mesa-Lago, 1978; Weyland, 1996) or the weaker incidence of democracy and left-wing governments (Huber and Stephens, 2012). However, the historiography of social expenditure in Latin America presents limitations because there are not comprehensive and homogeneous long-term expenditure series like those available for richer welfare states. Harmonized social expenditure series by ECLAC and the IMF are too recent and excessively aggregated, making it impossible to do an exhaustive comparative survey of the long-term evolution of Latin American welfare systems. Works that rely on these databases treat dualization as a given fact and offer only a partial account of its emergence (see e.g. Segura-Ubiergo (2007)). This precludes an informed debate on one of the most pressing historical debates in Latin America: How can we account for the persistent exclusion of a substantial share of the population from public social protection?

To fill this gap, we have built long-term series of non-educational social expenditure and its beneficiaries for 17 Latin American countries spanning (in most cases) the entire twentieth century. We distinguish between expenditure on public health and social assistance (financed mostly by general taxes), on one hand; and social security (financed mostly by members' contributions), on the other. The latter is disaggregated into the different contingencies covered by social insurance funds—pensions, transfers for the working-age population and health—in order to identify patterns and preserve comparability across countries. The distinction between social security and social assistance is particularly relevant in Latin America because social security for labor market insiders has traditionally had priority over universal, tax-financed programs with a wider reach. Additionally, overall expenditure levels provide an incomplete picture of the extension of social protection—especially in the case of Latin American countries, where the majority of social benefits go to households in the richer deciles of the income distribution. With this in mind, we build series of the share of the population that contributed to social security funds and/or benefited from social policies, i.e. people who had access to healthcare and recipients of monetary transfers. This allows us to measure the extent to which social programs became *deep* (more generous for insiders) instead of *wide* (more inclusive).

Our goal in this paper is to present the database and provide a quantitatively supported account of the origins and evolution of social expenditure in Latin America—we try to establish who got what, and also when. We leave an analysis of the causes for a forthcoming paper, in which we try to isolate the political and socioeconomic factors that explain the expansion of social protections across Latin America. Even though we make no attempt at establishing causality here, assembling data on social expenditure for the whole twentieth century—along with its categorization and estimation of coverage rates—allows us to contribute to several open debates. Very generally: we establish broad patterns on the emergence and expansion of social protections and see how said patterns fit with the existing literature. Additionally, we compare it with the historical evolution of richer countries to examine the extent to which Latin American countries follow or diverge from the trajectories of advanced welfare states. More concretely, we aim to answer the following questions:

1. What were the levels of expenditure in social assistance in the early twentieth century, before the creation of modern social security programs? This gives us information on state capacity and religious influence and reflects whether the distribution of political power—resulting in intra-elite conflicts or pressures from below—led to social resources being directed to those most in need. In other words, expenditure on social assistance provides a valuable estimate of fiscal redistribution towards the poor before the arrival of modern social programs (Lindert, 2017).

2. Is the assertion that Latin American welfare systems are captured by middle-class insiders—that they are "deep but not wide" (Haggard and Kaufman, 2008)—merited? And if so, was the elitization of social expenditure a constant from its early stages, or did it evolve in this direction over time? Analyzing the series on expenditure and coverage rate together, we obtain a precise assessment of the timing and scope of welfare dualization in different Latin American countries. In a given country or period, if social expenditure grew but coverage rates did not, this would mean that social programs were becoming captured by insiders.

3. Has expenditure in public health and social assistance (in absolute terms and in relation to social security spending) tended to increase more in countries with narrower, more elitist

social security coverage? Policy legacies are said to be very strong in Latin America: beneficiaries of generous social insurance programs and other collective actors involved in their provision and administration, such as private healthcare providers and some labor unions, have defended their entitlements and often blocked the expansion of protections to outsiders. For instance, according to Haggard and Kaufman (2008), liberalizing reforms in the 1980s were more difficult in countries like Uruguay and Costa Rica where coverage was wider and services better; whereas, in countries with more uneven coverage, beneficiaries have been less able to defend entitlements. Similarly, Garay (2017) points out that outsiders—the share of the population not affiliated to Social Security—declined since the 50s and stabilized in the 80s and 90s, and that their political mobilization has driven the inclusive turn in Latin American social policies in the last decades. With our data, we trace if the share of outsiders correlates historically with a shift towards tax-financed social assistance.

4. Relatedly, has expenditure on old-age pensions (and other cash transfers) crowded-out expenditure on health care and other in-kind social services? And if so, when did this bias manifest? Latin American social budgets have currently a strong bias towards the elderly and funnel an increasing amount of resources to pensions for formal workers that are often regressive (Lindert, 2021). More generally, Latin American countries are a clear example of "state capture", a policy setting characterized by fragmentary policies and for prioritizing social expenditure for current consumption over more future-oriented policies (Beramendi et al., 2015). The elderly bias in Latin America is also related with the urban-rural divide in welfare provision: formal workers in cities preferred cash transfers and private health care alternatives; whereas rural workers tied to subsistence farming prioritized public health-care provision. Thus, our series allow us to trace the emergence of this policy bias.

5. Has social expenditure responded to big political and economic shocks? The Great Egalitarian Levelling that some countries went through in the twentieth century responded to big economic and political shocks, such as the Great Depression and the World Wars. In fact, support for widespread welfare entitlements allowed rich welfare states to resist reformist pressures when economic growth faltered in the 70s (Pierson, 1994). In the case of Latin America, we aim to establish if social expenditure responded to the same political and economic junctures and if financial crisis since the 70s led to cutbacks in social entitlements. In short, we aim to establish a precise periodization of the evolution of social expenditure in Latin America.

6. How does social expenditure and its distribution in Latin American countries compare to that of richer countries at the same levels of GDP per capita? Have their welfare systems tracked the path of advanced welfare states? Current social spending in developing countries appears to be at least as high as that of richer welfare states at the same levels of GDP per

capita (Lindert, 2021, 124). However, the coverage rate of social programs has tended to be much lower in Latin America, which sheds doubts on them reaching the redistribution levels of advanced welfare states.

7. Can we identify coherent welfare regimes among Latin American countries according to the timing, the scope and the structure of their social policies? What are the similarities and the differences among them? Even though we have treated Latin American countries as part of the same policy setting so far, there are big differences both between and within countries.

The rest of the paper is structured as follows: the next section reviews the literature on the history of Latin American welfare systems and discusses available social expenditure series. The third section describes our sources, their limitations and the criteria we have used to allocate expenditure. The final section shows some results and identifies some preliminary patterns.

Literature

At the beginning of the twentieth century, social expenditure represented a small portion of public budgets. It encompassed three categories. First, assistance to the poor by philanthropic and religious organizations in hospitals and asylums that operated mainly locally and were financed with a mix of public and private funds. Second, public health agencies provided sanitation and health care services in an increasingly centralized manner. These agencies had been created in the last decades of the nineteenth century with the goal of protecting export activities and tackling the consequences of rising population densities, and pandemics contributed to expanding their reach (Cueto and Palmer, 2014). Lastly, highly ranked politicians and public servants—especially from the military—received discretionary pensions and health care services financed directly from the public purse.

In the 1920s, Southern Cone countries (Argentina, Brazil, Chile and Uruguay) created the first social insurance schemes in the region, covering only a few groups of formal urban workers. The conventional explanation for their appearance is that—with the rise of urbanization and mass politics—social insurance became an instrument for co-opting new political constituencies. Thus, concession of social benefits depended on the capacity of each occupational group to pressure the state, leading to highly segmented programs (Mesa-Lago, 1978; Collier and Collier, 1991). These new funds focused on pensions—with generous requirements in terms of qualifying ages and contribution records—and sickness and injury transfers for active members. In many cases, occupational funds established their own differentiated health insurance, thus detracting political and economic resources from universal alternatives.

In the following decades, as Southern Cone countries pursued internally oriented industrialization, social security became an essential component of their development strategy: generous social provisions for labour market insiders alleviated distributive conflicts and strengthened internal consumer demand, while protectionist policies allowed industrialists to pass the cost of social contributions to consumers (Wibbels and Ahlquist, 2011). In parallel, a second wave of countries—such as Mexico, Costa Rica, Colombia, Venezuela and Peru—introduced their first major social insurance programs. During this period, the social policy divide widened across the continent: coverage remain tied to labour market status, and there were few programs available to informal workers and the poor.

Lastly, the occupational insurance model declined in the 70s and 80s, as authoritarian governments and financial crises brought austerity policies that cut social entitlements. This was especially marked in Southern Cone countries, where a corporatist social contract tied to internally oriented industrialization had been more manifest. External deficits and rising prices made it difficult to canalize social conflict through work-related welfare provision, and—as the ratio of contributors to beneficiaries fell—many funds were essentially bankrupt. In some countries, the stagnation of contributory social security has been accompanied by the creation of more progressive social assistance programs, including non-contributory pensions, public primary health care and conditional cash-transfers. The political mobilization of outsiders has brought an "inclusive turn" in Latin American social policies (Carnes and Mares, 2014; Garay, 2017). However, Latin American countries are so unequal that increasing assistance to the poorest has been relatively easy (and cheap) so far, and benefits for insiders still absorb the largest portion of their social budgets (Holland and Schneider, 2017).

The history summarized above has been the subject of numerous studies. Several works analyze the evolution of social policies in the region, either comparatively (see e.g. Mesa-Lago (1978); Ascher (1984); Segura-Ubiergo (2007); Haggard and Kaufman (2008); Huber and Stephens (2012); Pribble (2013); Garay (2017)) or focusing on specific countries (see e.g. Weyland (1996); Hunter and Sugiyama (2009); Franzoni and Sánchez-Ancochea (2016); Diaz-Cayeros et al. (2016)). From a purely historical viewpoint, there are some very valuable single-country studies (see e.g. Malloy (1979); Rosenberg (1980); Arellano (1985); Oliveira and Teixeira (1989); Arévalo et al. (1992); Borzutzky (2002); Lvovich and Suriano (2006); Dion (2010)). However, despite the abundant literature on Latin American welfare states, there are still no quantitatively-oriented comparative analysis of their long-term evolution.

The absence of long-term social expenditure series goes a long way toward explaining this gap. With the significant exception of Azar and Fleitas (2012) for Uruguay and Peres-Cajías (2014) for Bolivia, there is no comprehensive historical data on how much—and in which categories—Latin American countries spent. ECLAC's CEPALSTAT provides homogeneous data on health and social protection spending since 1990, but, even then, it presents many gaps—especially in the more encompassing Non-financial Public Sector classification that includes social security. Additionally, there are some individual ECLAC publications with data since 1980, such as Cominetti and Ruiz (1998). For its part, the IMF's Government Finance Statistics database (GFS) provides data since the 70s, but it has similar problems: there are missing years, and, oftentimes, expenditure is budgeted or includes part of the public sector only. Huber and Stephens (2014) combine IMF and ECLAC sources to build what is—to the best of our knowledge—the most complete database of social expenditure to date, including health and social security expenditure since 1970 for most Latin American countries. The database, however, is saddled with the shortcomings mentioned above.

Sources and construction of the database

We have used many different sources to construct the series. We have relied on national primary sources, including yearbooks from health, labour, finance and internal affairs ministries, reports from social security funds, national statistical yearbooks and general accounts. In a few cases, we have exploited publications with longer series on public expenditure or national accounts, extracting social expenditure when data was sufficiently disaggregated. Additionally, we have relied on international statistical collections—especially in the *Cost of Social Security* report published by the International Labour Organization between 1944 and 1985. With the rise of social security programs around the world, the International Labour Organization conducted a yearly survey among state members that constitutes a valuable reference for social security spending in this period. Finally, for the 80s and 90s, we have occasionally drawn from ECLAC publications to cover a few country-years, as well as from the OECD Social Expenditure Database (SOCX) for Chile and Mexico.

As might be expected from a dataset that covers 17 countries for a century, our data has some limitations. Many of the earliest sources predate the creation of modern national statistical offices with clear mandates, stable classificational criteria and sufficient resources. Thus, it is common to find interruptions in publications, changes in the way information is presented, insufficient geographical or administrative coverage, and confusions between budgeted and executed provisions or between public and private expenditure. In this sense, we have tried our best to discern if data was reliable and, when in doubt, we have erred on the side of caution and left gaps in the series. Nonetheless, a certain level of discretion is inevitable, so we direct readers to the Appendix, where we specify the sources for each year, country and spending category.

More specifically, it is not always possible to know exactly how much each public sector branch was spending on each category. There are several causes for this. First, if spending is not classified by its function, or if the administrative classification is not sufficiently disaggregated, we cannot be sure of what its ultimate destination was. For instance, if we obtain the overall expenditure executed by a Health Ministry only, we have no way of knowing the share of it actually destined to health care. Second, social expenditure was implemented by different branches and levels of government. The history of social expenditure in Latin America is, to a great extent, a history of state-building and of conflicting pressures for centralization and devolution. In the early twentieth century, social assistance was mostly in the hands of municipalities and, later, many countries modernized their health care systems while ceding their administration to states or provinces. Additionally, the multiplicity of social security funds means that some covered only sub-national units. In this regard, the lack of statistics at the provincial and municipal level makes it often difficult to capture the totality of social expenditure. Similarly, central governments made transfers earmarked for social purposes to sub-national administrations and social security funds. When data is sufficiently disaggregated, we can assign expenditure to the body effectively executing it, but, in other cases, we cannot conclusively rule out double-counting. We discuss these issues in the Appendix.

Regarding the categorization of social spending, we adhere as far as possible to the criteria used by the OECD in its Social Expenditure Database (SOCX) (see Adema et al. (2011, 88-118)). Very briefly: social spending cannot be remuneration for work, it must address social purposes, and it must involve either compulsory participation or inter-personal redistribution. Administration and control of financial flows can be public or private. In the latter, spending is social if the government introduces inter-personal redistribution through regulation or fiscal intervention. In this regard, the ILO source we use for social security in the postwar period follows similar guidelines: a scheme is considered part of the national social security system if it is *"set up by legislation which attributes specified individual rights to, or which imposes specified obligations on, a public, semi-public or autonomous body"*.[1]

There are two point worth discussing about the concept of social expenditure before going forward. First, social expenditure is not a perfect metric of all government intervention that is socially desirable or beneficial to the poor and, for this same reason, it is not always a precise estimate of underlying political demands. In many situations, Latin American governments promoted the public good—or could have done so—by interventions that were not part of social expenditure as defined here, from education and sanitation to social investment funds. In fact, welfare programs were sometimes compensation for other preferred, unattended redistributive demands—as in the case of rural programs directed to placate calls for land reform.[2] Second, some authors consider public social spending only that which is funded by general taxes, and treat social security as deferred savings or part of the employment relation. This definition is too narrow, however, as Latin American governments actively legislated—and continuously funded—social security schemes. In this sense, whenever governments supported, regulated or mandated collective insurance, we consider it social expenditure, irrespective of how it was funded.

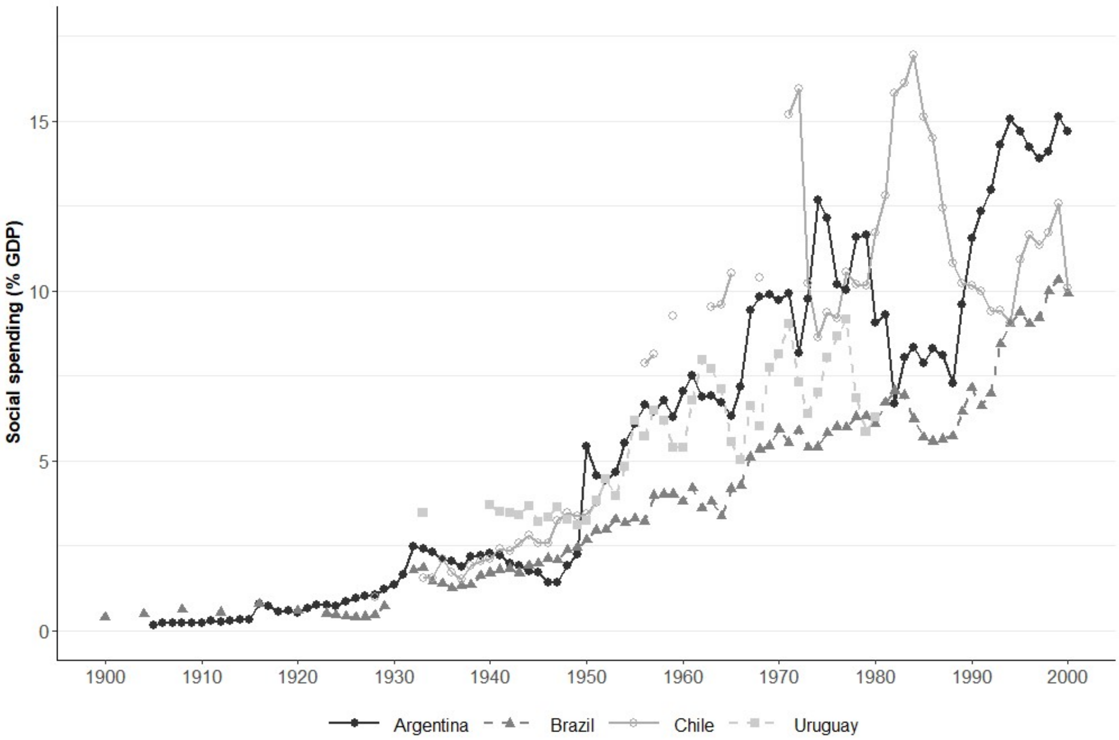
Results

In this section, we present available results and identify some broad patterns.

[1] Taken from the introductiory section of ILO's *Cost of Social Security* in all its editions.
[2] See Weyland (1996, 141) for the case of Brazil and Dion (2010, 108-9) for Mexico.

- The series in Figures 1, 2 and 3 highlight big differences among Latin American countries. We can identify three different welfare regimes according to the timing and the scope of the expansion of social expenditure. Pioneers, or first-comers, include Argentina, Brazil, Chile and Uruguay. These countries increased their social budgets after the Great Depression, and their expenditure levels oscillated between 2% and 4% og GDP before World War II. In the 50s and 60s, social expenditure shot up to levels that were surpassed only by richer welfare states, which fits with the premise that generous social security was an integral part of their inward-oriented growth model. In contrast, in the 70s and 80s, social expenditure was clearly impacted by austerity policies, which suggests that support for welfare programs was not as broad as in advanced welfare states.

Figure 1: **Social expenditure (%GDP) — First-comers**



- Late-comers followed a clearly distinct path—evidenced by the fact that in 1950 social expenditure still hovered around 1% of GDP. We can differentiate two groups of countries among them. On one hand, Costa Rica, Panama and Bolivia increased social spending steadily throughout the second half of the twentieth century, getting close to the levels of first-comers (8% of GDP in Costa Rica and Bolivia; 10% of GDP in Panama) (see Fig. 2). On the other hand, in Colombia, Dominican Republic, Ecuador, Guatemala and Honduras, social expenditure remained stagnant (below 5% of GDP) throughout the period (see Fig. 3).

Figure 2: **Social expenditure (%GDP) — Late-comers (convergent)**

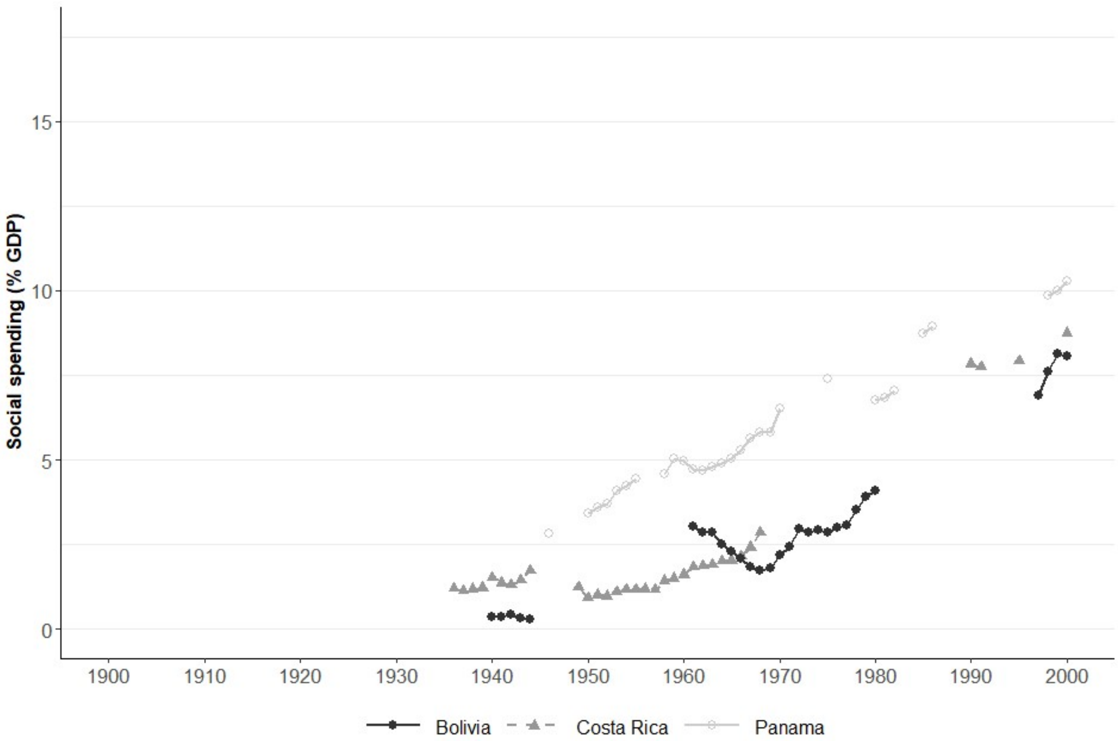
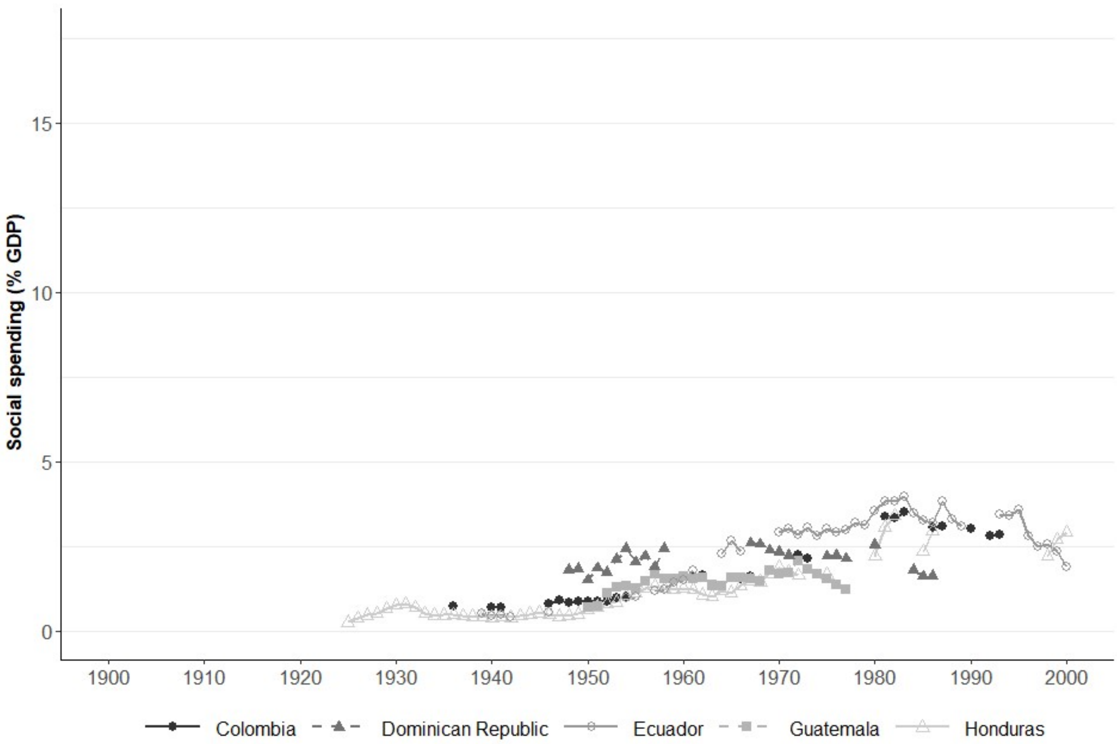
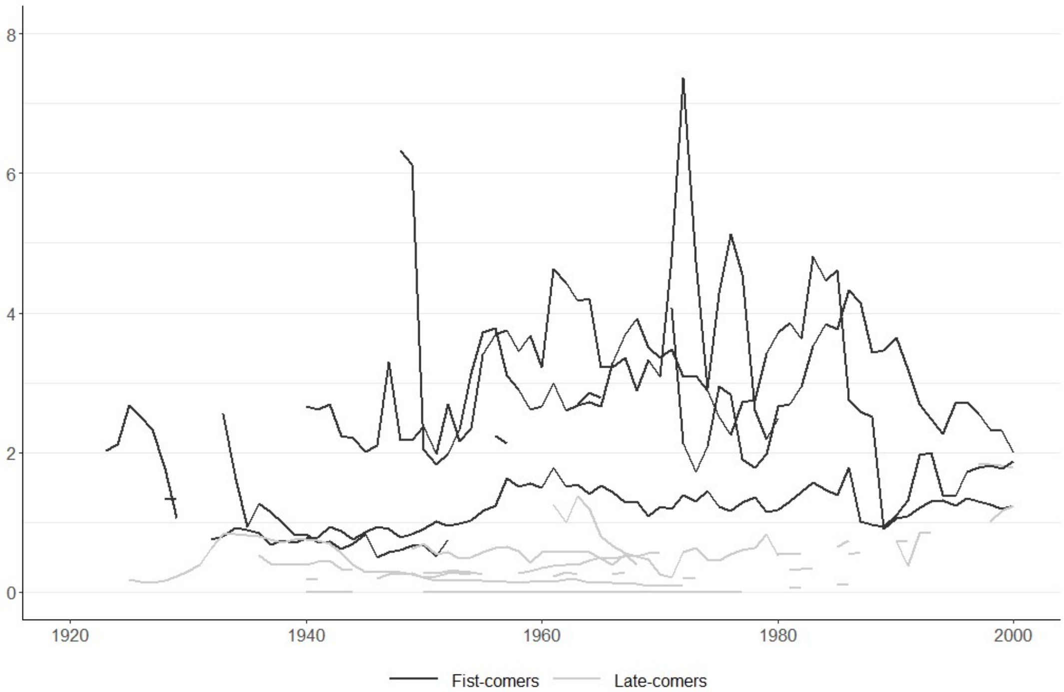


Figure 3: **Social expenditure (%GDP) — Late-comers (stagnant)**



- The composition of social expenditure differs substantially from one regime to the other. In first-comers, with the exception of Brazil, spending has been historically very biased towards old-age pensions (see Figure 4). However, when occupational social insurance declined in the 70s, pensions fell much more than health care spending. This pension bias confirms that occupational insurance was not sustainable in these countries, and fits with the hypothesis that urban insiders would prefer generous cash-transfers and differentiated (often private) health services over universal—and hence non-excludable—healthcare. In late-comers, in contrast, health spending has tended to be higher than pensions. This is expected in young and largely rural populations, but it also suggests that, in countries where development was less internally-oriented, distributive conflict evolved very differently. In the last decades, however, expenditure in pensions has increased, which points to a certain convergence in the structure (not on the size) of social spending across the region.

Figure 4: **Social expenditure in pensions v. healthcare**



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