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Uneven Social Policies: The Politics of Subnational Variation in Latin America

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Diego Sánchez-Ancochea

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Book Review

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While our understanding of social policy design has improved significantly in recent decades, we know much less about the determinants of policy implementation. Why do some regional and local governments adopt new social programs quickly and effectively while others refuse to do it? Is the explanation the same for different policies?

Uneven Social Policy offers a sophisticated answer to these questions based on a combination of regression analysis and a comparative case study of two policies (conditional cash transfers and primary health care) in two countries (Argentina and Brazil), four regions and eight localities. The book identifies three complementary drivers of implementation variance: political incentives, state capacity and policy legacies. In their attempt to maximize electoral gains, subnational politicians will act differently depending on the characteristics of the policies. When the attribution of responsibility is clear – that is, when voters have no doubt that the central government is responsible for the new program – subnational governments ruled by the opposition will be reluctant to implement it. This is exactly what happened with *Asignacion Familiar por Hijo* and *Bolsa Familia* – Argentina’s and Brazil’s conditional cash transfers – in the 2000s: subnational governments aligned with the country’s president adopted them faster and more effectively than those in the hands of the opposition. In contrast, in the case of public health care, where voters struggled to allocate credit, who was in power at the subnational level proved irrelevant for the evolution of coverage.

Policy implementation also depends on state capacity (or territorial infrastructure to use Professor Niedzwiecki’s preferred terminology) and policy legacies. In Argentina and Brazil, capable subnational governments implementing policies supported by

powerful interest groups were more successful than weak subnational governments confronting strong opposition. Of course, these two factors were particularly important in the case of health care where the allocation of credit was difficult.

Uneven Social Policy is required reading not only for those interested in subnational governance, but for every researcher working on social policy and human development. Professor Niedzwiecki’s empirical analysis demonstrates the need to consider subnational implementation when evaluating any social intervention: the best designed program will be rendered useless if it is politically unattractive for local and regional governments. Different policies will also follow different trajectories depending on their level of attribution: the same local government may succeed in expanding coverage in health care while failing to implement a popular social transfer. Readers can also learn from the book’s methodological rigor, including the coherence between the quantitative and qualitative components – often missing in mixed method research; the clarity of the econometric analysis and the richness of the qualitative discussion – based on fifteen months of fieldwork and more than 200 interviews.

Uneven Social Policy makes a particularly significant contribution to Latin American Studies. It shows why social policy in federal countries in the region (including Argentina and Brazil but also Mexico and Venezuela) may follow a different path than in more centralized countries like Chile or Costa Rica. Although sometimes hidden, the book also provides many comparative lessons about Argentina and Brazil. It explains, for example, why *Bolsa Familia* was more successful than Argentina’s conditional cash transfer interventions, and why Brazil faced more opposition from doctors to implement new health interventions. Yet the book is by no means of interest for Latin Americanists alone: as the informative discussion of Obamacare in the concluding chapter demonstrates, attribution of responsibility matters for policy implementation across the world.

Like all important books in the social sciences, *Uneven Social Policies* also raises new questions for further research. Let me provide a few examples. First, do politicians care only about electoral incentives or does ideology matter as well? The answer

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may vary across countries for reasons we need to understand better: ideology was almost irrelevant in Argentina and Brazil – where cash transfers are popular across the political spectrum – but more significant in the implementation of Obamacare. Second, how important is the attribution of responsibility over the long run? The Brazilian experience seems to indicate that popular programs will be implemented sooner or later by all subnational governments, independently of political alignment, but more research is needed. Third, how significant is the attribution of responsibility compared to other factors identified in the literature? Has it become the main reason behind poor implementation of transfers across federal governments? Fourth, how do credit attribution, territorial infrastructure and policy legacies interact? Interestingly, in the case of Argentina's *Asignacion Universal por Hijo*, strong territorial infrastructure

contributed to low implementation in San Luis (where an opposition government used its institutional capacity to implement its own local program) and to high implementation in Mendoza (which was ruled by the opposition). In Brazil's health care, policy legacies were often contradictory, increasing territorial infrastructure and strengthening doctors' opposition to primary health simultaneously. Future research should aim to understand better the interactions and contradictions between different political and structural variables.

Reviewer: Diego Sánchez-Ancochea © 2020
Professor, Political Economy of Development,
University of Oxford, Oxford, UK
diego.sanchez@geh.ox.ac.uk

