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What Would Social Goods Provisioning Look Like Under the GNH Paradigm?

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Preamble

The GNH paradigm is rich on several fronts. One of them, on which I will write, is its suggestiveness about the kinds of changes because the GNH anticipates, and which need to be developed for the GNH to be operative or implementable within specific sectors. I am interested in the sectors that provide the core services – the social goods – needed to enjoy wellbeing. We can't say that the GNH is explicit on the sociology of organisations, or on questions of governance like incentivising frontline providers in our schools, healthcare clinics and social protection units. At the same time, GNH is highly suggestive about *how*

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we should approach challenges that lie ahead, to help ensure implement-ability on the ground.

Introduction

My first topic is the state's capacity to enact and adapt to the paradigm change that GNH envisages. What is the role of the *state* in this new paradigm? And, since the GNH paradigm opposes self-interested forms of motivation and behaviour associated with neoliberalism, I would like to consider what kind of *social ownership* of public goods is required. What kind of *social ownership* of public goods could produce the most comprehensive pre-conditions of freedom, as a way of opening the world up to a rights-based scenario of people living with one another through nature?

Since the GNH paradigm does not explicitly address the state's role in implementing GNH, I will make a creative appropriation of certain rights-based values and social practices that constitute the GNH paradigm. A key point I'll be making is that the role of the state should be to steer rather than command all components of provisioning social goods. These different components refer to policy-making, which includes regulatory mechanisms, and then there are the on-the-ground components like procurement and hiring. I will be arguing that this latter component, the execution bit, needs to be done by not-for-profit (community-based) organisations, not privatised as we typically see.

The second topic I want to cover is public spending on social goods, regarding a fair balance of payments between the state and the people who are entitled to these social goods (viz. education, healthcare, and social protection). The GNH system of values addresses this issue of fair sharing of responsibilities in terms of 'interconnectedness' and how individuals are interdependent with one another and with nature. We need to share the costs and the responsibilities for nurturing wellbeing but there needs to be distributive justice, unlike the current situation under neoliberalism where people pay a disproportionate share.

My third topic is how to properly incentivise people in the organisations that provide social goods: the policy-makers and frontline professionals like doctors, teachers, and social workers. I'll be suggesting that incentives need to be both monetary and non-monetary. Of course, an adequate salary is a vital part of the mix. But, it is insufficient on its own when the aim is, as it should be, to incentivise *collegiality*. This requires the kind of motivation that only social valuation or felt worthiness of the vocation can bring. Money doesn't do it on its own. The broader challenge of incentivising is to catalyse a strong feeling for the career or vocational work of delivering social goods, and especially, a felt sense that the occupation is socially worthy. The GNH paradigm is very suggestive on this question of incentives: monetary rewards on their own simply reward self-interest; and this means the spirit of mutuality is squashed, and worse, squandered as a vital aspect of wellbeing.

To summarise the topics I'll address, it will go beyond the sociology of organisations to investigate governance. This is not 'governance' in the guise of 'good governance' with its neoliberal undertones of small government/ austerity measures. I am interested in governance defined as *how it feels* to be governed. I'm interested in the experiences of people who engage with the organisations that deliver social goods– the schools, the healthcare facilities, and the social protection agencies. Their experiences are universally since all humans experience the effects of conditions of political economy (disproportionate power relations). At the same time, their experiences are contextualized by 'local' (ethnographic) dimensions. There needs to be clear recognition of this to assess people's judgements about justice, empowerment and domination, in the context of public policy.

First Topic. The Role of the State, and the Mix of Organisations Called for by a Society's Goal of Universal Wellbeing

The most interesting alternative model of governance associated with social goods provisioning is the Neo-Weberian State (NWS) model. The NWS approach presents a partly successful critique of the business model for provisioning social goods. It critiques the model that neoliberals call 'New Public Management', which is the practice of belief that all development issues boil down to management fixes. We're told that governance is about efficiency and the tweaks needed to efficiencize (and stop corruption). The NWS critique of this doesn't go far enough because it says the private sector will continue to be involved (in the new Weberian state model) albeit in a lesser role. Effectively this gives the state a stronger role. But while the NWS approach doesn't call for unequivocal public ownership of social goods provisioning, it partly understands that the real legitimacy of provisioning lies with the people and their communities. It recognises that people bring a lot of local knowledge to the equation because they are closest to the action: their kids in local schools, family and friends using local healthcare facilities, and so on.

That recognition is significant in the NWS model because it gives rise to regulatory mechanisms in that seek to enhance peoples' equality and protection, and at the same time, to develop greater accountability on the part of the state as well as the people. At the centre of these administrative laws there would be a distinct normative environment, one that is congruent with claim-rights. Significantly, this means there is recognition in the NWS model that people are *entitled* to social goods: they are not the 'clientele' of the organisations or the 'consumers' of social goods. It's an issue of human rights.

That part of the NWS model is good, and I see an easy accord with the GNH on the need to emphasise mutuality over self-interest, and the need to supplant reliance on market mechanisms that *reward* self-interest. On the other hand, the NWS model doesn't align with GNH

in important other ways. It doesn't call explicitly for a mix of public institutions which would devolve responsibility to local levels for providing social goods. Even though it advocates for a strong state role, it still relies on the private sector. So it doesn't identify or want to include a role for community organisations in the mix of actors that provide social goods.

As I understand the GNH, it expects the mix would be a blend of state and non-state services, where the non-state actors are community-based and foundationally not-for-profit. The private sector has no place in the provisioning social goods. The profits need to go back into the process and mechanisms that make provisioning work better. Community organisations are accustomed to this and sometimes do it well, like we see in India. Leave out the regulatory mechanisms, which the state needs to run directly along with other policy functions, and this leaves a picture where local ownership does the design of the implementation, and its delivery and tracking of provisioning. Indian readers are particularly familiar with this in a country where countless actors in the independent sector play instrumental roles in the delivery of social goods.

Another area where the NWS system does not align with GNH implications is where it fails to address the unjust share of what people are typically paying their entitlements. I'll return to this in the second topic. Moving on, there's no accord with GNH either on the question of incentivisation where there needs to be an aim to motivate mutuality. Instead, the NWS platform relies on the achievement of results. Results-based provisioning is never the complete answer, especially when market forces dominate. The problem with private sector results-based provisioning ideas is they assume (wrongly) that pay entitlements are singularly linked tightly with individual self-interest. If we view this inside the health or education organisations, we can see this sets individual against one another. And it catalyses unofficial incentives. A doctor does not want to neglect a patient's primary healthcare but it happens when money-based incentives stand-out as the motivating

force in practising one's profession. When the incentives are based on cash-on-delivery (of results), which is the current neoliberal experiment, what we see, predictably, is the over-emphasis on using sophisticated clinical services. In other words, if you make a policy decision to pay medical professionals for the number of CT scans they do, there is over-consumption of these scan devices – and neglect of holistic healthcare. Similarly, a teacher doesn't want a student to miss learning core topics in the classroom because the family can't afford out of school classes – where those core topics have already been already covered. But this is happening because teacher's choices are shaped by incentives that come unashamedly from the market rather than from concern for children's learning. I'll come back to this in the third track of my talk.

So, on the mix of organisations needed, it is not useful to specify this in a generic way, because education, healthcare, and social protection each suggests different and various ways of distributing institutional responsibility. But there is a clear starting point: the state has a strong role. It cannot shirk responsibility for making wellbeing possible by out-sourcing the provision of life chances. Instead of out-sourcing to the private sector the state needs to develop proper partnerships with households and their community organisations: volunteer or service associations. As for the proportionality of the responsibility, if the household was to get too much responsibility it would mean too little accountability for the state. So when the state and community organisations have roles proportionate to their capacity, this transfers a lower and fairer burden on households.

What should the functions be for the not-for-profit community-based organisations (CBOs)? I already mentioned the tactical role of planning implementation and its delivery and then tracking it. The CBOs should also do the procurement and hiring. Then they can own the performance and workplace culture aspects. Plus they should be given the role of setting fees for patients. It's important for responsibility-sharing but it makes sense because they know what cost burden the households in their districts can bear. Local knowledge is a key

ingredient in transforming disproportionate and unjust distribution of responsibilities, which neoliberalism transfers in its 'user fees for benefits' prescription.

We can get a glimpse of how this would look on the ground in a Rwanda example. Here, public expenditures went towards developing and engaging community-based organisations. They were awarded a vital function, not a perfunctory one. Their role combines procurements, contract negotiation, and budget allocations. What's happening there, very usefully, is the recognition that the two components of healthcare service provisioning – policy-making and health providing – need to be kept distinct. They are discrete specialisations and should be kept this way. Too often they not. In Rwanda, the separation of roles is not experimental but follows the trend in global health reports, which is to advocate for what they call a 'purchaser-provider split'.

The global health sector understands clearly that the functions of CBOs are an integral part of the provisioning mix. The reason is that their involvement makes it much more likely that motives and intent stay fixed on the social good. A locally-based organisation is more likely to have a natural sticking power or self-efficacy, which motivates people to act for the greater good. As for the state: its role stays strong, as it should: it guides the overall operations, does the policy-making, the regulatory mechanisms, and does the oversighting of CBOs.

Non-state not-for-profit systems are operating in many country contexts. In some instances, they are modest operations, but in India, for example, they are fully-fledged. They are an important democratic response to the challenges of providing affordable access to social goods. We can find non-Indian examples of this relationship between government and CBOs in countries like Argentina, Uruguay, and Viet Nam. Some, if not all these cases, emerged through a WHO initiative called the Bamako Initiative. Its aim was to create an approach for

funding health systems through both equitable sharing of costs as well as community participation.[1]

Economic efficiencies (staff productivity, budgetary compliance) are important means of the realisation of wellbeing. But efficiencies are not the end goal despite what neoliberals tell us when they commercialise, out-source, and build a results-based regime based on 'key performance indicators'. They have become the main game. But the provisioning of pubic goods is not a game. It's about human flourishing and the social good, achieved through people's ownership and participation. It's about facilitating freedom from constraints that modern institutions and norms impose.

Some of the important pre-conditions of participatory engagement in service provisioning that come out of comparative studies are captured by something called a 'rural-urban contract'. The aim of a rural-urban contract is fixed on reducing inequalities, and at the same time, steering efforts away from the 'safety nets for the poor' model. The 'safety nets' approach is a mainstay of neoliberal planning and it's essentially a charity approach. It simply renews existing inequalities. This is because it assumes, disparagingly, that 'they' and 'we' have different levels of potential to contribute to the country's development. The 'safety nets' or targeting approach has prevailed since the 1980s.

At that time of the 80s, and in the ideological context of neoliberalism, the canon of welfare provision shifted away from a good kind of universalism that was tailored to fit individual cases. The shift was intended to bring about a shrunken role for states. And in this retreat from responsibility, we heard that individuals must be responsible for their own wellbeing. This meant people were (and are) vulnerable to the market principle of user-fees-for-benefits. The 'good governance' of

[1] See Coheur, Alain, 2004. The state of development of private non-profit social protection organizations. Report of 28th ISSA General Assembly, Beijing. Technical Commission on Medical Care and Sickness Insurance and Technical Commission on Mutual Benefit Societies.

wellbeing – the neoliberal variety of governance – generated a normative environment of 'spending on the poor' and refused any discussion about people categorised anything other than 'poor'.

That shift institutionalised poverty. By rationalising 'our' role as providers and 'their' role as needful recipients or clients, that approach has set up an endless chain of dependency – and is used to justify a two-layer system of services. In short, with that shift came increased inequality.

Rural people are particularly at risk under the regime of 'spending on the poor' because they're a big part of the vulnerable population. The 'rural-urban contract' needs to be redefined to re-emphasise the importance of human capabilities in rural regions. The National Spatial Plan of Japan does something similar with its aim to build sustainability into the regions. It has reorganised service delivery units to make them more responsive to local needs – and have come up with distinct cost-savings, as it happens.

The myth of 'high costs and low benefits' in rural areas is a bad mantra. A good one would be rural service delivery units that reflect the rural context. Their organisation should not try to replicate urban models. The guiding image should be tailored approaches, where the 'tailoring' is based on local level information of multidimensional vulnerability, which is what the GNH produces. Dismiss the assumption that rural services are 'too costly', and its corollary that services can be modest because they're 'just for rural people'. In the same way that governments are constructing internet superhighways reaching into remote areas (because that's in the national interest), it's easy to envisage that the benefits from rural social service delivery would flow across provincial borders – from the bush to the city – to help make possible the GNH vision of interconnectedness and universal wellbeing in a society.

Second Topic. Sharing the Costs of Paying for Social Goods

This topic covers some of the ground surrounding the question of who pays for the costs of education and healthcare. And especially, ensuring that the sharing of costs is proportionate, fair, and bearable.

In the NWS model, market mechanisms continue to play a significant role. This denies the well-established finding that when cost-sharing is left to the market people pay more than their share – they carry the biggest burden of the costs of healthcare and education. In most country contexts, people's responsibilities have increased over and against their ability to pay. The distributive logic of *fees-for-services* has become distorted and damaging, because of fundamentalist market forces and severely shrunken state involvement. People are asked to pay more than their share. Even when social insurance mediates the burden, it doesn't compensate for the distributive injustice. This is clear when we look at out-of-pocket payments. In healthcare, they use the term out-of-pocket payments to refer to spending that households make when using healthcare services. Costs like buying medicines, paying for hospital and diagnostic services, and paying indirect charges levied by state or private facilities. The tipping point in out-of-pocket payments is when the healthcare bills exceed a household's ability to pay. 'Ability to pay' is money left over after paying for food. The threshold is when the household's health spending consumes 40 percent or more of total non-food household expenditures. At that point, out-of-pocket payments are termed 'catastrophic'. This is because they trigger deprivation, risk, and disparities in access to healthcare services.

So, in implementing the GNH paradigm shift, a key challenge will be to ensure there is a fair sharing of costs. 'Fair sharing' reflects the GNH ideal that an individual enjoys wellbeing only when all others do too. As the GNH has understood, a society flourishes when everyone achieves wellbeing. This insists that the costs of paying for the provision of health and education opportunities are fair. Over and against this, under neoliberalism countless people can't gain affordable access to the same good quality of social goods that a privileged group of others enjoy. This

is wrong: it violates human dignity and blocks peoples' entitlements – their rightful claims to affordable access to social goods. The GNH is very suggestive on the need to transform the neoliberal system of quid pro quo, because it over-extends people's ability to pay and shirks state responsibility, when it seeks reliance on market mechanisms.

Third Topic. Incentivising People in These Workplaces

The problem of incentivisation is the problem of transforming the normative environment within the organisations and units that deliver social goods. As I have indicated, this means a shift from self-interested behaviour to mutuality. This change is particularly challenging where health professionals and educators work in both public and private sectors, which often happens. Typically, a doctor or teacher takes into the public workplace the same self-interested actions that the private sector rewards. So, commonly, the normative environment is not an ethical one: it's more efficient than it is ethical. The challenge of implementing mutuality is how to make incentivisation match the integrity of the job. As we saw, the NWS model likes the idea of a professional culture of quality and service. But this is not a very useful suggestion, because, as I mentioned, the NWS incentives rely on office-bearers achieving results. That's a neoliberal standpoint. So there's no actual change in the NWS model, in this respect. Curiously, I think, it fails to address the process, which is about how people on the receiving end of such models experience the achievement of the expected results.

Consider instead what the GNH paradigm can be seen to say about incentivisation: the right kind of incentives are those that could transfer the kind of relationships in the organisation and service units where reciprocal actions feature strongly, rather than *self-interests*. We saw self-interested behaviour happening where doctors work across both private and public domains. They commonly use publicly-bought medical technology in their private practices. This is a fact that neoliberals see as a normative if unwanted formation of institutions. So they seek to remedy it, but it doesn't work because they simply reduce the problem

to one of 'management inefficiencies'. This hides the reality that the problem is self-interest over and against the social good.

The next point on the track towards an appropriate GNH-type normative culture inside organisations is recognition that official expectations have to prevail over unofficial ones. When this happens, public officials would gain more from providing a public good than from pursuing their personal interests. But where unofficial incentives prevail, the normative situation is at odds with what's right. Public office should never be an opportunity for private or sectional gain. Yet this is officially tolerated, in many instances.

To tackle the problem the first assumption we need to make is that it's a supply-side issue. True, it's reinforced by people's compliance when they try to seek access to public goods. But it's still a supply-side issue because the issue of unofficial incentives prevailing over official ones is reproduced within the organisational culture, and transferred by the normative environment. Transforming it means addressing relationships *inside* the organisations. It doesn't help to impose regulation from *outside.* This will change little because traditions or 'automatic behaviour' in the workplace easily subvert any external changes introduced. They are subverted by behaviour like 'gaming' the externally- imposed regulations. That behaviour happens to transfer high levels of legitimacy because commonly it is officially tolerated.

One reason it's tolerated is that it costs a lot to place a health professional in a remote district. Typically, then, when a doctor combines that public role with private practice, official eyes look away from bad uses of public resources like CT scanners in the private practice. The rationale is probably that it's hard to get professionals to work in remote areas. But turning a blind eye to petty corruption increases the power and even the authority of perverse incentives. Neoliberals do respond to this. But they like to believe that supply-side issues (and the related phenomenon of 'supply-induced demand') are ultimately 'market dynamisms' or something like that. We're meant to infer that commercialization of social services will correct them,

inherently. That's a pipe dream, because the commercialisation of services monetises all incentivisation initiatives. There's no room for correction towards the public good when incentivisation is preoccupied with motivating self-interest.

Transforming workplace behaviour so that it's in the public good means having a mix of incentives - beyond money. Decent pay and tax deductions are crucial. But the issue is how to blend this with incentives that enhance *accountability*. Pay entitlements on their own don't produce accountability.

One case where a mix of incentives has been trialled is in China. It seems to *partially* address the problem. The idea there is to blend salary increases and performance bonuses so that together they promote several things: better service delivery, ethical behaviour, good communications with people, getting to work on time, taking appropriate lunch breaks, not leaving too early, and so on. About 90 percent of employees received sizeable bonuses - which suggests they were motivated. The program has a further incentive in the form of an annual award ceremony for 'best nurse', 'best obstetrician', 'best time manager' and 'best behavioural performer'. Winners received a monetary price and vacation travel. The trials are quite interesting, but they are overly-focused on monetized motivation. The emphasis missing is on instilling a sense of mission or vocation.

The theorising of ways to address an end goal of vocation /mission /collegiality is done, quite well, by the 'economy of self-efficacy' approach[2] and the 'economy of esteem' approach.[3] The guiding idea in both models, as it needs to be, is to transfer crude self-interest to enlightened self-interest by nurturing accountability. What's theorised

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[2] See for example Ryan, Richard and Edwards Deci, 2000. 'self-Determination Theory and the Facilitation of Intrinsic Motivation, Social Development and Wellbeing'. *American Psychologist.* Vol. 55, No. 1, 68-78

[3] See Brennan, G. and P. Pettit, 2005. *The Economy of Esteem*, Oxford University Press.

as likely to catalyse this is the experience of belonging to a just work place, where the underlying culture is fairness and proportionality. Most people would be motivated by that kind of normative environment, where there is a clear dedication to fostering peoples' life chances. That sense of belonging motivates people because internal motivation systems are about expecting a reward that is commensurate with the organisation's mission. On the other hand, we have been asked to believe by neoliberalism that internal motivation comes from external competitive stimuli. What's important, they say, is the quest for superiority, and seeking approval from others.

But the motivation is inappropriate and damaging, largely because what's missing is belonging to a just organisation, one with a clear mission to serve the social good. It doesn't address accountability. This is the end goal, which applies too to the experiences of those who are entitled to the services. Their accountability would amount to taking on greater responsibility to make the most of the distributive justice on hand. There are examples where this evidently happens. In conditional cash transfer systems like Mexico's Progresa/ Oportunidades, and Brazil's Bolsa Escola/ Bolsa Familia, we can see a sense of justice as the end goal. The idea is mutual responsibility. The policies are tailored-to-fit incentives like 'putting more children in better schools', 'getting more people the health treatment they need', and 'more people with better social protection'. This is a very different kind of quid pro quo compared to the purely commercial 'fees for services' system that neoliberalism espouses. Research shows the Latin American examples of distributive justice seem to work: school and health outcomes have been on the up.[4]

[4] E.g., see Barrientos, Armando. 2004. 'What can we learn from Non-Contributory Pension Programmes in Brazil and South Africa?' *Generations Review* 14(1), 10-14; also Sadoulet, Elisabeth, et.al. 2001. Cash transfer programs with income multipliers: Procampo in Mexico. FCND Discussion Paper No. 99. International Food Policy Research Institute. Pdf. Available at www.ifpri.org/divs/fcnd/dp/papers/fcndp99.pdf (accessed 06/06/2013).

At the very least, the Latin American initiatives are focused on the real problem, which is *why* someone entitled to a service chooses a certain course of action – or inaction, like not attending an ante-natal clinic, or taking a girl out of school because of out-of-pocket expenditures. Tackling motivation through results-based incentives doesn't wash. This is evident in the UK model of trying to motivate educators by ranking schools on exam results; or, trying to motivate healthcare providers by establishing mortality rate tables for hospitals or individual doctors. It's a one-dimensional output approach. It can't motivate accountability because it can't see that stimuli for accountability are inseparable from the providers' relationships with claim-holders.

There is an example from Mongolia that helps show why incentivisation through appeals to self-interest fails. What happened in Mongolia is that neoliberal analysis speculated based on fundamentalist economics that low quality healthcare is the problem of overstretched doctors. Their explanation was that 'congested demand for services' – which refers to inability to meet demand for services that causes long waiting lists – was caused by the state's role being too big. Predictably, they recommended incentivising doctors' self-interests to meet the demand. Well, it is true that 'congested demand' is partly about inadequate pay. Not enough pay means doctors are likely to solicit unofficial payments for faster or better treatment. But the bigger reality is this is not fixed by simply paying professionals more money. They probably need it and it's probably important to give it to them. But that won't necessarily fix the poor performance situation. The reason is the issue of perverse incentives. Perversely, the doctor won't be motivated to stay in the public system by higher pay. This is because pay increases must be shared with your bosses in Mongolia, and many other places. So congested demand will persist, because the professionals are likely be motivated to move into small private practices, rather than stay in the public system (with a pay rise they must share). In the private practice, the distribution of unofficial payments is less onerous; and so, as the perverse logic of corruption suggests, their costs reduce in the private practice.

Two things come out of the example: first, neoliberal appeals to the logic of individual self-interest inevitably discount the public good, and second, incentivisation is more than increasing pay, it's about tackling organisational culture.

Summing Up

I've tried to make the point that states have a responsibility to 'steer' the provisioning of social goods but this doesn't mean they need to implement the actual provisioning to achieve accountability. The primary aim in provisioning should be the optimisation of public decision-making towards the wellbeing of everyone. This entails the broadest possible participation of people and their representative organisations. Local people are best placed to provide the information that organisations need. In this 'mixed service provisioning' approach I am outlining, the household and their community representatives are full partners in the tactical side of implementation; whereas, states would direct the resources and services – and they would do this universally, rather than just to the poorest people.

Approaches of this kind would replace an approach that has increased inequalities by digging a sharp divide between the 'claimholders' and the 'producers' of social welfare resources. It would supplant an approach that has set up unhealthy competition and interactions between individuals marked by self-interested behaviour. It has isolated people from one another and from the natural environment through which we live. Alternative approaches of the kind I am suggesting could be expected to nurture self-motivation of the kind GNH advocates, which is filled with mutuality and reciprocity, as vital by-products of accountability and distributive justice.

The details are challenging. It means elaboration of the distribution of institutional responsibilities and arrangements. But the road-map for this has a clear destination, unlike neoliberal maps with their pipe-dream of ceaseless rapid growth. The end goal for alternative approaches to governance (of social goods) is to optimise state

commitment to distributive justice over and against state obligation to formidable market-based enticements. The means to this are focused on addressing the risks of social exclusion and building interdependency with households and their communities. Communities and their members have the strongest sense of – and legitimate entitlement to – what is needed to improve quality and access. The state's responses, seen in how people experience the provisioning process, need to reflect people's expectations and interest in enjoying wellbeing. This is done by putting people at the centre of public decision-making. It would bring crucial attention and insights into local realities, which could help make possible the end goal of people's happiness.

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