

Social Capital and Health: The World Bank through the Looking Glass after Deaton*

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1 Introduction

Over the past two decades, social capital has witnessed an astonishing rise to prominence across the social sciences. Although its intellectual life has its origins in US traditions, variously (mis-)interpreted,¹ of the enormous significance of civil society to economic and social functioning, the idea was rapidly and fully adopted and promoted by the World Bank in the second half of the 1990s as the “missing link” in development.² In the early years of the new millennium, its most prominent proponents at the Bank had already confessed to the weakness of the idea and that it had served its purpose, Bebbington et al (2004 and 2006). Nonetheless, in part prompted by the World Bank’s support, but also benefiting from a momentum of its own, social capital has continued to thrive across the social sciences. In health studies, it has gone from strength to strength despite some concerted opposition.

It would appear, then, that social capital would offer an ideal topic for examining the dynamic, quality and impact of World Bank research. Yet, the Deaton review of its research over the period 1998 to 2005 scarcely mentions social capital, and is peremptorily damning. This might be a consequence of the random choice of work to be reviewed, supplemented for review by targeted selections of best practice research by the Bank itself but after the decline of social capital. Even so, the failure to address social capital is indicative of broader weaknesses of Deaton. These are laid out in section 2 in terms of a lack of interdisciplinarity and heterodoxy in perspective as well as a failure to address the major issues and concerns around development. There is also a failure to go further in exploring the reasons for the divide between scholarship and advocacy, and their interaction with policy itself. In this light, the (lack of) treatment of social capital in Deaton is critically assessed in Section 3.

Health enjoys a much more prominent position within Deaton. But, as outlined in Section 4, as a specific example of its more general weaknesses, it offers little assessment of the major policy positions adopted by the Bank and the scholarship underpinning them. In addition, its treatment of health is primarily informed by microeconomic principles as opposed to understandings rooted in a more widely cast understanding based on health provision and outcomes as being systemic.

Section 5 offers a wide-ranging critical assessment of social capital and the role it has played within the World Bank and more widely. It is suggested that it represents the degradation of social theory and that its adoption and promulgation by the Bank represents a particular relationship between scholarship, rhetoric and policy (with little impact upon the latter despite exaggerated claims).

Whatever the life of social capital at the World Bank, it has become increasingly prolific in study of the social determinants of health, SDH. As revealed in section 6, as with other applications of social capital across the social sciences, it

has become a universal analytical fix, but one that tends to leave aside issues of class, power, conflict, race and gender, although these are increasingly being brought back in as a corrective. What also stands out in the SDH literature, though, is the strength of voiced opposition to social capital, a result of its relative radical origins and more careful attention to empirical evidence - in constructing measures, identifying mechanisms, and distinguishing correlation from causation.

The final section puts forward the idea that health provision and outcomes should be understood within a systemic approach in which the material social relations, agencies and processes involved are contextually and culturally situated. On this basis, it is arguable that “social capital” would have no role to play, and both Deaton and World Bank scholarship would have the potential to be better informed by best practice insights from across the social sciences.

2 Deaton in Perspective

From the perspective of critical scholars, one striking feature of the Deaton Report(s) is not only its emphasis on the extent of poor scholarship but also the use of such scholarship for purposes of “advocacy” and worse. The breadth and depth of this problem is a theme running throughout the Report(s). Thus, “the panel has substantial criticisms of the way that this research was used to proselytize on behalf of Bank policy, often without expressing appropriate scepticism. Internal research that was favorable to Bank positions was given greater prominence, and unfavorable research ignored ... balance was lost in favor of advocacy ... there was a serious failure of the checks and balances that should separate advocacy and research”, p. 6.³ These themes around advocacy, proselytising and balance recur. For, “putting too much weight on preliminary or flawed work could [why not “does”?] expose the Bank to charges that its research is tailored or selected to support its predetermined positions, and the panel believes that, in some cases, the Bank proselytized selected new work in major policy speeches and publications, without appropriate caveats on its reliability ... this happened with some of the Bank’s work on aid effectiveness”, p. 38.⁴

For the latter, in particular, “we see a serious failure in the checks and balances within the system that has led the Bank to repeatedly trumpet these early empirical results without recognizing their fragile and tentative nature ... this line of research appears to have such deep flaws that, at present, the results cannot be regarded as remotely reliable ... There is a deeper problem here than simply a wrong assessment of provocative new research results. The problem is that in major policy speeches and publications, it proselytized the new work without appropriate caveats on its reliability ... the Bank seriously over-reached in prematurely putting its globalization, aid and poverty publications on a pedestal. Nor has it corrected itself to this day”, p. 53. Further, “it should have been clear from the outset that the evidence could not bear the weight that was placed by it in the argument about, and justification for, Bank policy”, p. 54. Indeed, its results would “require an unusually generous suspension of disbelief”, p. 55.

More generally, “One criticism that was made repeatedly [by assessors] is that research tended to jump to policy conclusions that were not well-supported by the evidence”, p. 40. And, of course, “it is very difficult to be fully objective about the results of your pet project ... There is much selection of evidence, with obscure,

sometimes unpublished, studies with the ‘right’ message given prominence over better and better-known studies that come to the ‘wrong’ conclusion”, p. 84. Indeed, this is all so bad that, “The panel is particularly concerned with finding a way to fund Bank research that protects its independence, and guarantees that Bank research does not degenerate into pure advocacy of the type that has become all too prevalent in the global poverty debate”, p. 149.⁵ In view of the above, we are ultimately offered what might be thought to be the epitome of understatement, “Nevertheless, over the review period, we are concerned that the independence of Bank research may have frayed at the edges”, emphasis added, p. 156. On the contrary, the lack of independence seems to go to the very heart of Bank research on the evidence of the Report(s), and this heart disease is far from new with no discussion offered on whether it has in fact worsened and only at the margins. During the period of the Washington Consensus, these problems may well have been much worse with a lesser balance of higher quality research by whatever standards. Certainly, this would have been the judgement of the Chief Economist, Joe Stiglitz, advocate if not proselytiser of the post Washington Consensus, and in post at the beginning of the period covered by Deaton.

In light of these, and other, problems, the Deaton Report seeks to put much of this right through a number of recommendations, most of which do not go far beyond recognising the nature of the problems in more detail (as opposed to identifying their causes and corresponding remedies). Thus, it is acknowledged that, “Alongside the excellent work, there is a great deal of research that is undistinguished and not well-directed either to academic or policy concerns”, p. 38. So, let’s find incentives and systems that render this otherwise without acknowledging that the dull weight of such mundane research serves as a highly functional defence against engaging better scholars, and criticism, from outside the Bank let alone within. Similarly, the random quality of consultants, and the appalling absence of “client” country participation in research is observed but not properly explained, “Some of the very best work and some of the very worst work that we reviewed were written jointly with outside consultants. At the same time, there is remarkably little work co-authored by non-Bank researchers from developing countries”, p. 39. Why is this so, given the role of the putative knowledge bank in research and training? Similarly, why is there so little external critical engagement, debate and self-reflection, “Evaluators also noted that a high proportion of the citations in this group of [less distinguished] papers are to other Bank papers, many of them unpublished. In some cases, where groups are almost entirely inward looking, the degree of self-reference rises almost to the level of parody”, p. 73. In addition, the Report also reproduces the comment from a Bank researcher:

Research ... is essentially a form of rhetoric. It is often not about doing research to discover new knowledge but to justify some previously determined policy. It is not unusual to be told that “we should do an evaluation to prove that X program works,” for instance. Or “we have to run some regressions to show that Y agenda matters for growth otherwise we will not have Bank buy-in.” Peer reviewing is often fixed by appointing cronies as reviewers who are not in a position to make critical comments.

Further, one researcher comments, “There was an enormous amount of interference by the PR people, especially after Wolfensohn became president; research was not supposed to offend NGOs, nor to provide them with material they could use to

criticize the Bank”, p. 127. And, for another, “the WDRs (and PRRs) were a prime example of research where the conclusions are ‘either predetermined or negotiated in advance’ ... This stuff is largely worthless”, p. 129. This all speaks volumes about the institutional culture in which the Bank undertakes its research, and presumes that both institution and culture would need to be reformed.

But my intention is not to assess the recommendations of the Report as such, nor whether they may be clipped and tailored to what might be thought to be acceptable in practice to those who might make changes. Rather, I wish to highlight how remarkably limited is the Report’s understanding of the relationship between scholarship, advocacy/proselytising/rhetoric/ ideology, and policy. In earlier work, especially on the shift between Washington and post Washington Consensus, I have emphasised: how these three elements are not necessarily mutually consistent with one another; but nor are they independent of one another; and they have a shifting relationship between one another over time and place and across issues.⁶ Significantly, the Deaton Report more or less neglects policy (of the Bank) in practice and sees the relationship between scholarship and advocacy as a simple dualism of making them more compatible with one another, inevitably closing the gap towards scholarship and against advocacy. This is unfortunate especially as the Report observes, in a rare example of insight on these issues, that the Bank is in a position to address “the ‘big’ questions, such issues as how to reduce poverty, how to help Africa grow faster, how to balance social sectors like health and education with more narrowly economic investments, or whether and under what circumstances aid works”. Not surprisingly, then, “Bank researchers almost certainly have more influence on Bank operations *indirectly*, through their influence on the broad community, as *directly*, through their advice on particular programs and projects”, p. 14.

As a result of failing to pursue this further, Deaton is seriously deficient in its framework of analysis for two major reasons. First is the failure to see the strained relationship between scholarship and advocacy (and policy) as longstanding (if not unchanging in substance), endemic, institutionalised and functional for the discretion and control of the Bank in the development arena. Second, in a parody of its own critique of the Bank’s introspection, is the total absence of any consideration of the voluminous critical literature that already exists on these aspects of the Bank’s performance. Every critic of the Bank, and most of its practitioners and supporters, know that it seeks to suppress criticism and, where it fails, it certainly does not engage with it other than to seek to manage it.⁷ A striking example is provided by Broad’s (2006) recent, closely researched account of World Bank “paradigm maintenance”, not only unremarked by Deaton but also attempted to be discredited by the World Bank clandestinely and, when unsuccessful, failing to respond in print, as revealed in the commentary by Susan George at http://www.tni.org/detail_page.phtml?&act_id=16211, with details of the shenanigans involved. George suggests that “Broad, with little or no access to the material this [Deaton] commission could consult arrived, earlier and single-handed, at the same conclusion”. In a later piece, Broad (2007, p. 707) seems to agree in that, “The [Deaton] ‘audit’ review reached conclusions that were shockingly similar to mine”. This is, however, both too modest and too uncritical of Deaton. For Broad carefully delineates six mechanisms by which, most important of all, the Bank sustains its

“paradigm” – through hiring, promotion, selective enforcement of rules for publication, discouraging dissent, selective presentation and external projection.

In this light, Deaton has effectively reinvented the wheel in pointing to the deep deficiencies in World Bank research, although it has squared off the wheel in not engaging with earlier, fuller and more wide-ranging accounts and in not identifying in what direction the putative wheel is rolling. Despite its most welcome, wide-ranging, and relatively rare, assessment from its own perspective (see next), it may well have confined itself to yet another telling but archived critique of Bank output and process. It is observed that, p. 8:

Bank research has not been monitored and evaluated as often as is desirable. The fact that our evaluation is the first in seven years is not unrelated to some of the problems we have found. More regular evaluations would permit early termination of bad projects, and would help limit the long tail of undistinguished work.

Yet, there is no assessment of how evaluations, within the Bank or otherwise, are responded to, if at all, and this is certainly more important than a greater frequency of, ignored, evaluations.

These failings are hardly surprising in view of other critical weaknesses of the Deaton process. First, the analytical framework is adopted exclusively from within mainstream economics and, in general, at the forefront of the discipline, at least in some respects, as it is currently. This involves a general predisposition towards both mathematical models as theory and methodological individualism. But there is a departure from exclusive reliance upon the idea that markets work perfectly, and there is also inclusion of non-market factors. Particular emphasis is based upon econometrics, as evidence-based research for the purposes of policymaking.⁸ In short, there is a close affinity between the stance adopted and “freakonomics”: the idea that economists can address anything from close examination of the statistical evidence through the analytical lens of individual pursuit of self-interest plus other, relatively arbitrarily added, factors.⁹

The Deaton approach is certainly more than sufficient to address World Bank research on its own terms and from the perspective of mainstream economics, and to give it a considerable going over. But it is sorely deficient for assessing the scholarship, advocacy and policy attached to development. In particular, and in brief, it offers no notion of development itself, at most picking off topics from development such as poverty and aid; it is extremely narrow in its economic theory; and it is totally lacking in interdisciplinarity. For the latter, in particular, and most significant and ironic for the story of social capital at the Bank, we have a critique of Deaton by Rao and Woolcock (2007a and b) for failing to have engaged any non-economists amongst the assessors.¹⁰ They point to the disciplinary monopoly of economics in the Bank’s research, and in Deaton’s assessment, at the expense of other disciplines – although they overlook that this monopoly holds equally within the economics as well, excluding alternatives that are open to interdisciplinarity other than on the terms of economics imperialism (adding non-economic variables to the economic whether as freakonomics or otherwise), Fine and Milonakis (2008). Thus, when the Report suggests, “Currently, there is very little frontline academic work being done by

economists in such important areas as urban economics, transportation, climate change, and infrastructure”, emphasis added, p. 15, the implication is that no economic analysis is being done despite these topics being of central importance to other disciplines as well, including specialised journals for the purpose.¹¹

Significantly, then, the criterion that comes to the fore in assessing the quality of World Bank research is by refereeing for an economics journal. There is a bias towards “the three top general interest journals”, such as the American Economic Review, Journal of Political Economy, and Quarterly Journal of Economics, as well as Econometrica and Journal of Finance, p. 37. These are notable for their narrowness in theory and method and, of necessity, not being attuned to development. There is also a tension in accepting this criterion of top journals and, yet, remaining critical of its consequences. For, “In spite of having been published in the *American Economic Review*, the Burnside and Dollar paper is unconvincing”, p. 54. And, “the Bank did not appear to recognize the weakness of this evidence. Not only did it form the basis for the PRR *Assessing Aid*, but its results were built upon in a series of papers by Collier and Dollar that were published between 2001 and 2004 in the *Economic Journal*, in the *European Economic Review*, and in *World Development*”, p. 55. The high quality of Chief Economists is also noted although these have been more notable for their contributions to mathematical economics than to development. And the reference to one as Nobel Laureate is astonishing given this was received immediately after being “sacked” by the Bank, p. 11.

On the other hand, despite the desire for scholarly standards, reference is made to the importance of the WDRs because the one for 1993 offered Bill Gates the moment of truth to be involved in supporting health initiatives in developing countries, pp. 77 and 102.¹² Insofar as the WDR plays such a mobilising role, it is perceived to render it bland, “they often seek to minimize conflict and to emphasize ‘win-win’ situations instead of trade-offs. They often lack sharpness and focus, and are sometimes incoherent, especially when it proves impossible to reconcile the views of the various commentators and authors”, p. 8.¹³ This is, however, to misread the role of the WDRs whose compromises at the expense of trade-offs remain confined to a very narrow range of opinion, with all heterodox and critical scholarship excluded if not precluded. Indeed, the trade-offs, including the role of wide consultation, is less one of satisfying all comers as of managing and marginalising dissent.

In addition, Deaton takes the apparently reasonable position in principle, alongside a number of the assessors, that World Bank research has neither to be correct nor uncontroversial to be useful, p. 78:

The most effective of the WDRs change the debate about development. To do this, they do not necessarily have to be correct, nor to be widely academically accepted, either at the time of writing or later.

But, in practice, the situation is far from satisfactory precisely because of the heavy hand of advocacy and policy over scholarship, as once again has so frequently been emphasised by critics of the Bank, especially under the Washington Consensus. For, in changing the debate about development, the Bank has generally set a limited agenda (such as market versus the state), within narrow limits in precluding and failing to engage with many alternatives, and deployed its resources and influence to

manage debate, the example of social capital being exemplary, see below. Indeed, when the Bank purportedly shifts debate, as in its discussion of the East Asian Miracle for example, it often sees itself as raising a new issue and being original when, in effect, what is happening is to wipe the slate clean of what is generally more radical and insightful scholarship and proceed as if it never existed. In short, paradigm and issue shift at the Bank is not the consequence of scholarship. On the contrary, in general, it is shifts in scholarship that are the servant of other goals and pressures.¹⁴

Equally evident of lack of sufficient reflection on the process and impact of scholarship, but extraordinarily striking, is the absence of one particular criterion for assessing research - the failure to judge the quality of World Bank research from any sort of perspective on the major issues of concern themselves. To my astonishment, I found that there is little to learn from the Reports on development itself or the development literature, quite apart from the debates that these have inspired. How is it possible that a review of World Bank research could offer so little of substance rather than a judgement of quality detached from substance? The answer is in the pre-occupation with technique (if complemented by a wish for policy relevance). Significantly, the term “Washington Consensus” only appears once throughout the Reports, and post Washington Consensus not at all. But, surely the dominance of World Bank research by the Washington Consensus, and its displacement just as the research period covered by Deaton is beginning, is key to any assessment of research activity and its reform. To spell it out, was the Washington Consensus justified? If not, has its influence on research been remedied by the post Washington Consensus? Questions such as these are imperative to any assessment of the nature, dynamic and impact of World Bank research, unless reduced to fence-sitting on technique.

And lest this be thought to be unduly polemical in focusing on controversy over shifting “consensus”, almost unbelievably, the Deaton Reports make no reference whatsoever to PRSPs, in acronym or otherwise. The “Millennium Development Goals” (plus MDG) appears only three times in the Deaton Report and otherwise only four times across two of the other Reports. And the same neglect applies to the Comprehensive Development Framework. Like the Washington Consensus that preceded it, it too only warrants a single citation throughout the Reports, p. 81.

Issues are seen through the lens of current Bank policies, even when not obviously appropriate. The WDR on *Entering the 21st Century* is burdened with having to mount a sustained defense of the Comprehensive Development Strategy.

So, whilst policy relevance is offered by the Deaton Report as a criterion for judging research, it fails to mention either the Bank’s organising conceptual framework nor its policy framework under Wolfensohn other than in passing and in scurrilous dismissal for the latter.

3 Deaton and Social Capital

Interestingly, the reference to the Comprehensive Development Framework is immediately followed by the only mention of social capital in the Deaton Report itself:

There is much political correctness including mindless cheerleading for cultural touchstones such as women, trees, and social capital, as in “women are an important engine of growth”.

Leaving aside what this does for women and trees, it sets not so much the dismissive tone for, as the absence of, social capital within the Deaton Reports. This is a serious deficiency given the high profile played by social capital in the World Bank’s research over the period covered by Deaton, and the lessons that might be learnt from it whether in terms of cultural touchstones, political correctness, mindless cheerleading or otherwise.

In the evaluators’ reports, social capital has marginally more mention and status. It arises in the assessment of “Sample 150” by Acemoglu (2006).¹⁵ This is the article by Collier and Gunning (1999), “Explaining African Economic Performance”. It appeared in the Journal of Economic Literature, one of the leading economics journals especially for surveys, and it is widely used for teaching purposes. At best, the assessment is faint in its praise to the point of damning. The assessment of the piece mentions social capital three times. First, in response to the question, “Are the conclusions consistent with the research findings?”, it offers the answer, “No. The paper jumps to conclusions about social capital, while there is nothing in previous research or even in this paper that suggests that social capital is a major factor”. And it adds for the question, “If applicable, are policy recommendations commensurate with the findings? No. The evidence does not support social capital and the related policy recommendations”.

This is a reasonable assessment although it should be added that Collier and Gunning mention social capital in their piece over thirty times, confining it to its impact on enforcement and learning and, otherwise, monotonously repeating the lack of social capital as a reason for poor economic performance in Africa. If genuinely and fully concerned with the role of World Bank research, Deaton might reasonably have asked why such a prominent piece, in such a prominent journal, emanating from such prominent authors should have appeared at all with such superficial analysis to the fore. And this is neither accidental nor marginal, as Collier not only served as Director of the Development Research Group at the World Bank from 1998 to 2003, but is also Director of the Centre for the Study of African Economies at Oxford University which has played a major role in training African economists in line with World Bank thinking. Further, the main Deaton Report is scathing, as already revealed, over the work with which Collier is heavily associated concerning the impact of aid, and offers mixed support for his work on civil war and violence.¹⁶ In short, particularly but not exclusively given his more recent high profile role through promotion of his latest book, Collier (2007), the example of his work, whether engaging social capital or otherwise, is evidence of the endemic nature of dissonance across scholarship, advocacy and policy at the World Bank from the highest levels down, Chief Economists excepted perhaps?

As evaluator, Duflo (2006, p. 1) is more upbeat, at least in passing, over the significance of social capital, placing it on a par with culture and poverty, “The research I was asked to evaluate is arguably all on important issues for developing countries (culture, social capital, poverty)”. Otherwise, there is reference to a project

with title, “Social Capital”. This engages in participatory econometrics, “a methodological theme that is not necessarily linked to work on social capital”, p. 7. In addition, “a theoretical paper on the possible impacts of different forms of social capital on health” is one “which I did not find illuminating”, and it would have been better to have “put some of these ideas to the test”, p. 8. Last, on a project with title “Social Exclusion and Poverty”, the chapters from WDR for 2000, “leave a little bit of a feeling of concluding that ‘good things are good’ (i.e. social capital is good, but not when it exclude the poor)”, p. 12.

The only other reference to social capital across the Reports comes from Galiani (2006, p. 30) in assessing the paper by Alatas et al (2002) on local governance in Indonesia. It is observed that “the authors seem knowledgeable of previous research on social capital, from various disciplines. They also show a deep familiarity with the history and present of Indonesia”. Indeed, they do. It leads them to be most cautious about drawing “good is good” or policy conclusions. Galiani reports that, “The findings of the paper do not directly suggest any policy recommendations, as the authors point out ... Relatively little is known about how to use ‘knowledge about the existing empirical associations between social activities and governance to engineer improvements in local governance through deliberate ... policy actions’”, pp. 31-2.¹⁷ Such caution represents a relatively sophisticated take on social capital by the authors,

Overall, they are clearly aware that social capital is hard to define. Early on, they caution, “We are self-consciously avoiding for now the obvious, but loaded and imprecise, term ‘social capital’ and are first just reporting on the empirical outcome of a survey”, p. 6. And, equally, social capital is hard to measure, and hard to locate theoretically, empirically and policy-wise. As a result, p. 42:

On a broader level this empirical work extends the literature on ‘social capital’ by demonstrating conclusively that not all local organizations are created equal. Depending on who is doing the organizing, and why, increased participation in local organizations can either be exclusionary and reinforce existing decision making powers and structures ... or can widen the base of voice, information, and participation and increase the responsiveness of local government.

In other words, social capital is useless for advocacy unless these somewhat major stumbling blocks over definition, measurement and analytical and policy location are overlooked, as in the piece by Collier and Gunning, and by the World Bank more generally albeit for other purposes, see Section 6.

4 Deaton and Health

Given its significance, Deaton could hardly neglect health in the way that it does for social capital. Yet, the Reports offer very little substantive coverage of health although it is frequently mentioned. To some extent, this reflects the low status of health within Bank research, Population and Health figuring ninth in number of contributions across eleven categories of research in terms of output, p. 33. Within the Deaton Report itself, considerable emphasis is placed upon two contributions made by Bank research. One is in the measurement of health inequalities. Indeed, “Bank economists have led the world in the measurement of poverty and inequality,

including inequality in health. Pioneering research on the organization and delivery of educational and health services is changing the way we think about these issues and the way that the Bank lends money for such projects”, p. 6. The other area singled out for praise by Deaton is the micro-level study of health delivery, especially around issues such as provider absenteeism and competence, and their implications for inequality, cost and level of (appropriate) provision. This allows Deaton to jump off the fence and offer the view that, p. 47:

Most of death and disease in poor countries is neither attributable to the absence of appropriate medicines, nor to a lack of an appropriate method of treatment, but comes, among other things, from failures of health delivery, so that work like this, which adds to our understanding of the mechanisms of failure, is of great importance.

This stance neatly complements Deaton’s (2007) own approach to health inequalities. His prestigious WIDER Annual Lecture carefully cautions over the problems of measuring health inequalities and explaining their incidence across time and place through unduly crude methods and hypotheses, not least in light of the variation of experience across countries in terms of per capita income and in response to high or low rates of economic growth. In short, in closing his lecture, p. 22:

My best guess is that health improvements in poor countries are not primarily driven by income, nor even by improvements in health knowledge and technology ... over periods as long as decades, it is the social factors that make for effective delivery of health that are vital, particularly levels of education, and the development of population health as a political priority, which itself depends on better education and on the widespread idea that better health is both a possibility and a right.

Clearly, the praise for Bank research in the Deaton Reports conforms to this stance, otherwise it can be anticipated to have received a roasting on the scale otherwise almost exclusively reserved for that on aid.

This suggests that the best way to view Deaton on health is through a counterfactual – what if Dollar, Collier and others had done an aid job on health. This is not so fanciful as the following quote reveals from a lead economist at the Bank. For, in closing an article on the global impact on growth of HIV/AIDS, Bonnel (2000, p. 849) asserts:¹⁸

Reversing the spread of the HIV/AIDS epidemics and mitigating its impact will therefore require three sets of measures:

- (i) *Sound macroeconomic policies ...*
- (ii) *Structural policy reforms ...*
- (iii) *Modifying further the system of incentives faced by individuals.*

This manages to suffer simultaneously from both what I dub the XY and the XYZ syndromes characteristic of Bank research (and advocacy). The XY syndrome takes two highly complex issues (HIV/AIDS and growth for example), and proceeds as if, by putting them together, the complexity evaporates rather than intensifying. The XYZ syndrome suggests that good policies, X, are good for growth, Y, and growth is

good for everything else, Z. The aid, growth, poverty contributions of the Bank fall into the same syndromes, if less crudely, and are duly treated contemptuously by Deaton and perceived to have been motivated by an imperative of advocacy over scholarship.

No doubt the same would have happened if health had been given the same treatment by the Bank. But it was not, certainly not to the same degree, and it is worth speculating over why, how and with what implications. First, over the period covered by Deaton, neo-liberal policies attached to health had been discredited, especially the imposition of user charges.¹⁹ Second, then, this would have been a more sensitive and contested arena into which to advocate market-based reform. Third, it is to be suspected that scholarly and personal dispositions within the field of health are more inclined to favour public provision, especially in reaching the poor. Fourth, this is all liable to be embedded in scholarly traditions of detailed micro-level research. Fifth, this explains why health research might both have enjoyed a degree of flexibility but equally to have been neglected in terms of high profile advocacy and research and policy promotion. It is not so readily amenable to the XY and XYZ syndromes.

This is borne out by reference to the Deaton Reports. First, there is a notable absence, as previously observed more generally, of discussion of the “big questions”, relating to the shift in Bank thinking, and the way in which it feeds into scholarship, advocacy and policy. There is one illustrative exception from Foster’s (2006, p. 10) evaluation of Kapstein and Milanovic (2001), quoted at length for raising the issues that are simply otherwise set aside elsewhere:

This is a big think piece combining some literature review and some analysis exploring the relationship between globalization on the one hand and the development of an efficient and effective social welfare state on the other. The article notes the increasing trend toward increased means-testing, privatization, and decentralization of social welfare programs, and seems generally supportive of these transitions. At the heart of the issue of opening an economy to the outside world, or whether they reflect particular processes inclusive of the perspective of international institutions and domestic political institutions. The paper does not seem particularly analytical in its perspective and its conclusions are correspondingly weak. One is struck by the relatively limited discussion of trends in political processes in developing countries. Arguably, democratization and increasing literacy, which may have changed the dynamics of participation among the poor, have become powerful forces promoting social welfare programs that target large groups of the poor. Another important feature may well be the effects of globalization on returns to human capital and thus the interests in a better educated/healthier workforce.

With regard to health, and welfare more generally, should Deaton not have noted and assessed the shifting positions of the Bank on provision?

Second, at the other extreme, of the lesser questions that might have been heavily promoted for their significance, Duflo (2006) reports on a number of “fascinating projects”, one examining the knock-on effects in Ghana on take-up of other health services (measles vaccination and ante-natal care) at the time of free

distribution of insecticide treated bed nets. She is puzzled why such projects should not be in receipt of more research support and dissemination. Duflo also looks at the cost of mental health in Bosnia and Herzegovina. She reviews one paper indicating that “faith based health providers in Uganda function better than public hospitals and that money given to them has a large impact on variables that lead to better health outcomes” although advising, without anything other than an economist’s keen eye for self-interest, that, “If one started giving more money to faith based health providers, the selection into who became a faith based health provider would very likely change rather dramatically”, p. 9. Udry (2006) suggests there is not “sufficient work on the effectiveness of rural health care delivery systems. The Bank has a responsibility to lead in this area”, emphasis added, p. 2. And Foster (2006) for example considers the impact of health on scale economies in households in transitional economies, the impact of waste management on health, the low correlation between subjective and objective measures of well-being in the presence of pesticide use.

What these, and other reviewed projects at the micro-level share in common is that they do not offer simple material for Bank advocacy, especially along the lines of market versus (or even plus) state provision. In light of section 7 below, Birdsall’s (2006, p. 5) conclusion is revealing:²⁰

Of all the potential research that could be done with health, I would put the highest priority for Bank research ... on health *systems*. The Bank is probably better placed, because of its depth in economics, than other institutions to address health financing, organization and other system issues. And it is probably better placed than most economists in academe because its operations by their nature tend to provide support to and through the health systems of member countries. Good research on health systems has as much or more chance to lead to policy changes in the way systems are organized and financed as other kinds of health research, even on inequalities. Research on health systems can be useful for program design within the constraints of health systems but less useful on the non-marginal issues that health system problems pose.

Not surprisingly, then, the research on health garners Deaton’s strongest “particular praise”, p. 46. It includes teacher and health worker absenteeism, published as Chaudhury et al (2006) and relative competence and effort of private and public doctors, Das and Hammer (2005), to which can be added equity in treatment and payment across health disasters and for different countries at different levels of development (how and whether it is possible to be pro-poor), Wagstaff and van Doorslaer (2001) and, ultimately, O’Donnell et al (2007). What is characteristic of these studies is the methodological inclination to depend upon mainstream economics, close scrutiny of the empirical evidence, and the reluctance to draw conclusions in favour of market provision alone or as priority.

There is, however, at least one exception, the paper by Galiani et al (2005) reported upon by Kremer (2006, p. 41):

The water privatization paper uses variation in ownership of water provision across time and space generated by the privatization process, and finds that

child mortality fell 8 percent in the areas that privatized their water services and that the effect was largest (26 percent) in the poorest areas. To check the robustness of these estimates, they use information on cause-specific mortality; while privatization is associated with significant reductions in deaths from infectious and parasitic diseases, it is uncorrelated with death from causes unrelated to water conditions. I highlight this paper not only because it constitutes good careful research about a policy relevant issue in infrastructure in developing countries, but also because it provides strong evidence against a widely perceived view, in this case, that water privatization is bad for social outcomes.

The conclusions from this case study are, indeed, heavily controversial. Bayliss and Fine (2007, p. 42) observe that the privatised water services were in receipt of substantial donor support, not least from the World Bank.²¹ They also argue that:

The point here is not simply to contest the statistical exercise undertaken although regression analysis is better at establishing correlation as opposed to causation. However, in order to reach these estimates, correction needs to be made for a whole host of other variables such as housing conditions, poverty, sewerage, income level, inequality, political party in power, etc. At least implicitly, this is to accept the diversity and complexity of the mechanisms by which water provision (private or public) influences health outcomes. No one, after all, got healthier simply by virtue of ownership of water supply. It follows that if benefits are to be sustained, such mechanisms from how water is owned and provided to health, need to be identified and maintained. Such would be the responsibility of water and health authorities, carefully identifying how it is that water provision has contributed to health and what balance of public and private activity is necessary for it to continue to do so.

Whilst the assessment of the treatment of the public/private divide in provision will be covered separately, it is of paramount significance for health which will continue to be profoundly affected by the shifting relationship between scholarship, rhetoric and policy, not least with the latter promoting the private sector as far as possible irrespective of the other two, Bayliss and Fine (2007).

5 Social Capital and the World Bank

In earlier work over the last decade or more, I have been the fiercest critic of social capital, arguing that it should be rejected. Whilst I have been variously accused for this of being extreme, a Marxist and an economist, the leading reason offered for doing away with social capital is that it represents and promotes the dumbing down and degradation of social science. In brief, this is because it has evolved from rational choice origins which it conceals rather than escapes; it is universally and chaotically defined and applied across multitudes of applications that have little or no connection with one another; it overlooks or subordinates standard variables in social theory such as class, power, and conflict; it claims to complement the economic with the social and to take civil society seriously whereas it at most uncritically accepts the market imperfection version of economics and parasitically appropriates, misrepresents, and reduces the understanding of both the social and civil society, elevating the significance of the latter at the expense of the state; and this all leads it to promote self-help at the collective level without challenging the root causes of deprivation and

oppression. In addition, it has fuelled opportunism in academia in research, funding and popularisation. With few exceptions, the laying down of these criticisms, by others as well as myself, has remained unanswered, another unfortunate characteristic of the literature as critique is distorted and only partially absorbed by way of legitimising continuing use, see below.

As a result of its continuing evolution across the social sciences, I have recently dubbed social capital as the McDonaldisation of social theory.²² The leading social capitalist, Robert Putnam, is the Ronald McDonald of the approach, having been the single most cited author across the social sciences in the 1990s. Almost every article on social capital cites his work, and probably at least half of them contain explicit or implicit criticism of one sort or another of his approach, his methods, his results, their significance, his interpretation, their generality, his inconsistencies, and so on. He has answered none of these and, in his latest work, arguing that diverse ethnicity is associated with low social capital, he ignores relevant literature to construct his own self-critique for response to sustain the view that bridging social capital is the way to respond, Putnam (2007). This is a significant descent into clowning even beyond the idea that social capital was laid down in twelfth century Italy at the expense of development in the south into the twentieth century, and the golden age of civil America declined over the generation dedicated to watching TV, see below on health also.

But, despite its recent vintage of essentially no more than two decades, social capital already has a substantive history and dynamic.²³ It began in the early 1980s with the radical sociology of Pierre Bourdieu, emphasising reproduction of power, stratification and context. These elements were discarded with the adoption of the term by the rational choice sociologist James Coleman in the late 1980s. His approach, though, had the fortune of escaping the scourge of postmodernist critique but the misfortune of falling out of fashion with the decline of intellectual popularity of pure forms of neo-liberalism in the 1990s.²⁴ Putnam (1993) opportunistically and casually drew upon Coleman whilst shedding his rational choice overtones, paving the way for social capital to become the key concept in that second phase of neo-liberalism, based upon both promoting the “market” at the expense of the state and ameliorating its worst excesses.

Over the past decade, social capital has grown without apparent limit both across what it is and what it can do. How is in part apparent from its status as a middle-range theory, and social capital is notable for offering little or no innovation at a grander level. Diagram 1 has given way to diagrams 2 and 3, once imposed upon one another, with social capital fragmented into any number of variables (diagram 2), potentially with positive, negative or reverse causation (diagrams 2 and 3 without reverse arrows), and able to be situated alongside conditioning or causal variables A and B (diagram 3), or even to incorporate them within the definition of social capital itself. Diagrams at end of paper before footnotes.

This has involved bringing back in, BBI, any number of those variables that were previously excluded. But it creates enormous problems for social capital. First, it has become definitionally chaotic, with each and every application potentially redefining or refining what is meant by social capital. Second, insofar as the definition of social capital and its impact depend upon variables A and B, then each and every

social capital is different from one case to the next, and there is no reason to presume there are either comparative implications or that one social capital is the same as any other. Third, there is the danger of social capital becoming little more than a descriptive tautology, with social capital being present and positive in its effects whenever outcomes are deemed to be better than if it were not present.

To a large extent, these conundrums have been, unsatisfactorily, addressed by seeking to disaggregate social capital into lower level but still broad categories. These have been the cognitive, the relational and the network, for example, as well as bonding (within groups), bridging (across groups) and the linking (variously across hierarchies and from civil society to the state). The problem is that such fixes are simply shattered by the equally broad but far less analytically neutral categories such as class, gender, ethnicity and race. But the strategy of BBI missing elements is wonderfully illustrated by Simon Szreter (2002a and b), Putnam's reduced counterpart in the UK ably complemented by Halpern (2005) who served in a research capacity in Tony Blair's Office. Szreter seeks to rescue social capital from criticism by BBI class, power, politics, ideology, mass unemployment, globalisation, inequality, hierarchy, the state, and history, alongside a whole array of other analytical fragments.²⁵ And the motivation and goals for this exercise are offered with crystal clarity, Szreter (2002b, p. 580):

It is implicit in this reading of social capital theory that there is an optimal dynamic balance of bonding, bridging, and linking social capital, which simultaneously facilitates democratic governance, economic efficiency and widely-dispersed human welfare, capabilities and functioning.

If class, power, and conflict, etc, are to be brought back in, it will be in a relatively tame version.

Such considerations set the context within which the World Bank heavily promoted social capital over the first half of the period covered by Deaton. Its first major study, relatively highly profiled, suggested that joining a burial society in a Tanzanian village was more effective for the individual concerned and for the rest of the village than female education in reducing poverty, Narayan and Pritchett (1997). This was followed by a major research programme, including ten or more well-funded projects, one addressing differential mortality, health and well-being in post-transition Russia as a consequence of incidence of social capital, Fine (2001) for full account.

As I recognised at an early stage, Fine (1999),²⁶ and apparent from earlier discussion, social capital offered an ideal conduit for the transition between Washington and post Washington Consensus. But, much more than this, as also anticipated at the time, the marginalised and small minority of non-economists at the Bank saw it as an opportunity to promote their own status and way of thinking within the Bank, and as a means to civilise economists into taking their contributions and the social more seriously. This is now all accepted in retrospect, Bebbington et al (2004 and 2006) and Fine (2008a) for critique, complemented by the highly questionable judgement that the strategy succeeded and was worth the compromises that had to be made. By the early years of the millennium, the World Bank's social capitalists were already suggesting that their strategy had succeeded, social capital was no longer

needed as a wedge within the Bank, and they could move on to other issues such as empowerment.

Bebbington et al was already appearing in first drafts in 2002. It is remarkable, almost unique, for revealing some of the inner workings of the Bank and the motivation of its staff given the proscription and penalties imposed for going public. It is all anomalous, especially for the free rein given to the authors by the Bank and in light of the later commentary by Rao and Woolcock (2006)²⁷ on Deaton (see below), and, in addition, the timing embodied in the strategic confessions is problematic given the continuing momentum behind social capital displayed by the Bank's social capitalists (in publications, etc). Part of the explanation must lie somewhere within the boundaries of retrospective self-delusion, self-justification, self-promotion and, to be frank, deceit to which a disposition is both confessed and rationalised as a way of bringing progressive change within the Bank to the advantage of the impoverished without.

These might be thought to be unduly harsh and inappropriate judgements in a scholarly environment. But this is no more than descending to the level of individuals within the Bank rather than leaving the gap between advocacy and scholarship, emphasised by Deaton, at the institutional level. After all, the gap has to be the result either of poor or deceitful scholarship, or some combination of the two. And Bebbington et al do justify their account of the promotion of social capital in terms of inner workings and motives within the Bank to which they alone had privileged access and responsibility.²⁸ These considerations aside, it is more appropriate to perceive their strategy of reforming the thinking and practice of the Bank to have failed on its own terms, even more so if considered on a broader basis than for implications within the Bank alone.

For, first, economists at the Bank hardly needed to be persuaded to incorporate non-economic variables into their analysis in light of freakonomics imperialism and its application to development. As discussed above in case of Collier, and on a much broader terrain of subject matter and individuals, the promotion of social capital had the perverse effect not only of legitimising the role of economists within the Bank but also of allowing that role to be extended to the non-economic.

Second, the goal of elevating the status of non-economists has hardly been achieved and especially through the medium of social capital. Ironically, the Deaton Report could not be more scathing about social capital where it does not ignore its contribution to research within the Bank. And Rao and Woolcock (2006) feel compelled to reiterate, after the social capital deluge within the Bank, that non-economists are so marginalised that Deaton does not even consider using an assessor of research who is not an economist.

Third, irrespective of whether social capital had the effect of adding the social in some form to the economic within the Bank, what it did not do is to change the economic itself. The economics of the Bank is sorely deficient in content and scope, at most stretching to the boundaries allowed by the post Washington Consensus in scholarship, rhetoric and policy. Indeed, even those limits proved to be unacceptable to the Bank as evidenced by the departure of Stiglitz. The social capitalists within the Bank were and have remained remarkably quiet over this episode even though their

own prospects of socialising economists within the Bank surely depended upon both a more favourable economics and its more favourable marriage with the social.²⁹

Fourth, one of the most striking but only occasionally observed features of social capital is that it has had practically no (overt and established) impact upon policymaking. Where are the studies, within the Bank or otherwise, which report that we set out to create social capital to bring about this outcome, and we succeeded? Even Bebbington et al (2006) rely upon limited evidence without independent assessment. Amazingly, the Bank's website for social capital has a link for "Social Capital and Policy", <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTTSOCIALCAPITAL/0,,contentMDK:20186552~menuPK:418214~pagePK:148956~piPK:216618~theSitePK:401015,00.html#>. It is non-functional although the website itself also began to die from early 2000.

Fifth, even more significant are the policy shifts that were occurring within the Bank over which social capital had no purchase or comment to make. In particular, despite a rhetoric of retreat from dogmatic support for privatisation, the Bank has set about shifting support for infrastructural provision from the public to the private sector. However much social capital may have improved given project performance, the shifting composition of project funding was not addressed even though the impact upon "social capital" itself may have been considered to have been far from negligible with the introduction of private in place of public provision.

Sixth, the pre-occupation with promoting social capital within the Bank was complemented by an extraordinary degree of external promotion, incorporating far more progressive donor agencies and the development community more widely. This had the effect of undermining the potential for more external pressure on the Bank in deference to the putative internal force for change deriving from social capital.

Seventh, the manoeuvrings of the social capitalists at the Bank are indicative of the McDonaldisation of social theory, not least in being academically deceitful. Over the time that social capital was being promoted within the Bank, there was no engagement with external criticism although there was heavy promotion of social capital. Once it was decided that social capital had done its job within the Bank, all the criticisms that had been made of it were essentially accepted. The implications for the status of scholarship within the Bank let alone in engaging in debate are staggering, especially for a knowledge bank.

Last, with its rise and fall within the Bank, the status quo ex ante is not restored as far as social capital is concerned. For, the Bank played a major role in promoting the concept within development and more broadly, although it had an independent momentum of its own, not least through the Putnam phenomenon (who vice-versa played an initiating role at the Bank as well). Casual observation does suggest that there was a dip in the popularity of social capital across the social sciences as the World Bank withdrew its support. But it has now regathered lost momentum from within and on from the Bank, not least in the field of health.

6 Social Capital and Health

As with other applications, the study of the social determinants of health, SDH, was well-established long before social capital appeared on the scene. At that time, the field was heavily influenced by the idea that (income) inequality is a major source of ill-health as a result of stress-induced relative deprivation. This approach has the benefit of moving away from medicalised and individualised accounts, with inequality potentially serving as a proxy for oppressive social relations, practices and conditions in general. Nonetheless, there is a weakness in establishing the mechanisms through which inequality translates into health outcomes,³⁰ and a neglect of the broader determinants of inequality itself and their more immediate and direct impact on health, giving rise to the so-called political economy approach to the SDH, Navarro (ed) (2007) for example. Social capital offered the opportunity, opportunism even, for the inequality approach to support its position with the benefit of what appeared to be a well-established concept from across the social sciences.

Even so, as late as the volume of Marmot and Wilkinson (eds) (1999), from two of the leading British scholars, social capital scarcely warrants a mention. Kawachi and Wamala (eds) (2007) only contains a few passing references to social capital, none in the three contributions of Kawachi himself!³¹ This is despite Kawachi being one of the leading academics on SDH in the United States and a heavy promoter of social capital, Kawachi et al (1997) for a relatively early contribution. His own social capital is notable in this respect. He moderated the World Bank's electronic social capital newsletter, and he co-authored an article with Putnam on social capital and firearm ownership across the United States, Hemenway et al (2001). This regresses ownership against times gone bowling in the previous year, played cards, entertained at home, greeting cards sent, and dinner parties attended. It accepts that issues such as race, urbanisation and poverty were omitted, and that correlation and causation have not been distinguished.³² The National Rifleman's Association does not warrant a mention (although going to church is found, if insignificant, to raise possession).³³

This is just the unacceptable tip of the iceberg of standard empiricist fare as far as application of social capital to health is concerned. Other studies, using various measures and methods have covered smoking and binge drinking (within a putative Bourdieu framework), Carpiano (2006 and 2007), impact of speaking Swedish (higher status) or Finnish in Finland, Nyqvist et al (2008) and Hyyppä and Mäki (2003), mental health, Almedom (2005) and Lofors and Sundquist (2007), de Silva et al (2007) and Miller et al (2006), coronary heart disease, Sundquist et al (2004 and 2006), self-reported health with or without ethnic discrimination, Kavanagh et al (2006), Lindström (2008) and Sundquist and Yang (2007), and Mansyur et al (2008), respectively, teen pregnancy and "risky" and pre-marital sexual activity, Crosby and Holtgrave (2006), Crosby et al (2003), Gold et al (2002) and Djamba (2003), employee health at work, Oksanen et al (2008), cancer and crime, Islam et al (2008), life satisfaction and well-being, Yamaoka (2008), being overweight, Wakefield and Poland (2005), drug addiction and treatment, Cheung and Cheung (2003) and Mooney (2005), depressed mothers of young children, Mulvaney and Kendrick (2005), , cannabis smoking, Lindström (2004), low birth weight, accidents and suicide, Folland (2008), suicide, Haynie et al (2006), indigenous health, Morrissey (2006), fatalism, Lindström (2006), alcohol consumption, Lindström (2005) and Bischof et al (2003), children's health Drukker et al (2003), violence, Galea et al (2002), volunteering,

Blakely et al (2006), kidney donation, Morgan et al (2006), keeping of pets, Wood et al (2005 and 2007), and dental caries Pattussi et al (2006).³⁴

As a result, the proliferation of studies such as these has conformed to the McDonaldisation of the study of the SDH, with similar character and dynamic, especially of definitional and operational chaos (with limited policy implications) and BBI what has previously been omitted. At a relatively early stage, Macinko and Starfield (2001) offer genuine insight into the impact of social capital on study of SDH despite, or even because of, treating social capital as an element in a production function for health. From the literature, they identify four ways that social capital affects health: pathways; networks; mediator in health policy and reform; and elements of social deprivation. Based on a literature review, they also offer seven elements for a research agenda that include: clarify the concept; explore pathways or mechanisms and distinguish from material conditions; develop a core set of social capital variables with internal consistency and psychometric testing, otherwise better to rely upon interpersonal trust, membership in groups, etc, individually rather than grouping these together in a single index; different aspects of health across different groups; sort out the effects of gender, class, region, etc; identify the origins of social capital; draw out implications for policy from creating social capital; and cause and effect. Not unreasonably, with little or no prospect of this wish list being addressed as opposed to undermined, they conclude, “the concept has been stretched, modified, and extrapolated to cover so many types of relationships at so many levels of individual, group, institutional, and state analysis that the term has lost all heuristic value”, p. 394. Equally, it has gained chaotic value.

Similarly, Muntaner et al (2001, p. 213) are able to report, “we have witnessed the rapid appearance of the concept of social capital in public health discourse”. They point, following the earlier survey of Hawe and Shiell (2000),³⁵ to the use of social capital as all that good in a community but at least allowing for non-individualised approaches to SDH to be adopted albeit along the lines of mobilising society to put the sick Humpty Dumpty back together. For, “In social epidemiology, more specifically, social capital presents a model of the social determinants of health that excludes any analysis of structural inequalities (e.g., class, gender, or racial/ethnic relations) in favor of a horizontal view of social relations based on distributive inequalities in income. As a consequence, political movements based on class, race/ethnicity, or gender are also ignored as explanations for reducing social inequalities in health”. This, in a sense, is an invitation, intended or not, to BBI all of those omitted factors, one that has been enthusiastically embraced in the subsequent literature, further adding to definitional chaos as in other applications of social capital.

But, as I have emphasised for the invasion by social capital of other fields, there are peculiarities in each case reflecting the nature of the subject matter and the traditions within which it has been addressed (as well as timing and even personalities of incursion).³⁶ For SDH, this has meant a more than normally active opposition. In part, this is based upon a closer pre-occupation with mechanisms and causation given that the end result of (individual) (ill-)health is unavoidable. As Leeder (1998, p. 7) puts it, “for social capital to be useful for public health, there is a need to link it to epidemiological inquiry, with its irritating restrictions and ineradicable connection to reductionist science ... Classical epidemiology has in fact served us astonishingly well, and to discard it in favour of something less defined, more spiritual and social-

elitist, would be a major mistake ... especially so if, as a substitute, vague descriptions of social phenomena, such as social capital, are proposed". Even Kawachi (2001, p. 32), not for the first time, confesses that "the precise mechanisms underlying the connection between social capital and health still remain to be uncovered, but a great deal of evidence from epidemiology suggests that social support is an important determinant of longevity and quality of life". In addition, social epidemiology has given birth to a strong strand of radical scholarship in identifying SDH in opposition to more medicalised and individualised approaches that are unduly undersocialised. Corresponding scholars have reasonably viewed with dismay the displacement of race, class, gender, the imperatives of capitalism, and so on, by the amorphous and bland notion of social capital.

Even more distinctive overall in the social capital contributions to study of the SDH is the level of systemic, and individual honesty and integrity in empirical work. On casual observation, across the various case studies reported, something like a third report no impact of social capital on health. I suspect this to be unusual across the social sciences in any field. There is a very strong bias, especially within economics, to solicit and report positive results in a statistical sense. Individuals search and manipulate until they find them, and outlets publish accordingly. But health is different, possibly because of its attachment to medicine and treatment, with a tradition of placebos and drug and treatment trials.

For similar reasons, a further substantial proportion of case studies suggest that, even though social capital has an effect, it is much less important than other factors with access to material resources to the fore. In addition, the traditional cautions attached to statistical work are more than normally attended to.³⁷ These include not confusing correlation with causation. The following is typical in its conclusion, and endearing in its content. Miller et al (2006, p. 1085) find, "an increase by one standard deviation (measured at the village level) in social capital is associated with a decreased propensity to report feeling sad of 2% points, a 14% decline from the mean level".³⁸ Most important seem to be the presence of a pharmacy garden and family planner's acceptance groups. "This may not be surprising given that both group activities/forms of social capital are health-related. While one cannot interpret our estimates as the causal impact of social capital on health, our findings are suggestive that a research design able to delineate the causal relationships would be worthwhile", p. 1096. Also more care than is normally found across the social capital literature is given to the definition and measurement of social capital, the relations between micro and macro effects, and to the mechanisms, or health pathways, by which social capital might be deemed to function, Milyo and Mellor (2003), Almedom (2005), Taylor et al (2006), De Silva et al (2006), Stephens (2008), and Veenstra et al (2005) for some telling and varied contributions.

Of crucial significance in these respects are the extremely diverse and unavoidable causes, consequences and mechanisms relating health to social, material and individual circumstances. As a result, not least in light of the diagrams offered previously and the more than normally careful degree of empirical investigation and qualification attached to case studies, the majority of these heavily emphasise the extent to which, if there is a social capital effect, it is highly conditioned by the presence or not of other factors. Inevitably, this raises doubts about the universal

applicability of a notion of social capital and the prospective dangers of relying upon it whilst setting aside those conditioning factors.

In this light, it is hardly surprising that the International Journal of Epidemiology should hold a fiercely contested debate over social capital, significantly introduced by Ebrahim (2004) as “Social Capital: Everything or Nothing?”. Striking is that the case in favour should be made by Szreter and Woolcock (2004a and b),³⁹ ably supported by Putnam (2004) and Kawachi et al (2004). McDonaldisation was out in force.⁴⁰ Their contributions are remarkable for their inconsistencies, misrepresentations, errors and emptiness. Thus, Szreter and Woolcock (2004b, p. 700) ambitiously locate social capital in the grand scheme of social science:

The broad dialectical challenge in social theory is (or should be) addressing the structure-agency problem (also known as the micro-macro problem) – that is, unpacking the interactions and interconnections between individual choices and larger institutional forces.

Social capital is perceived to address this challenge in the wake of its neglect under the influence of postmodernism and rational choice.⁴¹ It also offers a synthesis of the three traditional approaches to SDH - the radical political economy approach (its potential opponent), the inequality approach (in which relative deprivation causes stress and ill-health, and most closely associated with Wilkinson, and so already on board), and the social support approach (its most natural ally).

How is this to be done? First, with considerable honesty and, one suspects, to Putnam’s dismay,⁴² Szreter and Woolcock (2004a, p. 653) observe of social capital that, “Neither Robert Putnam (and his Harvard colleagues) nor Richard Wilkinson ... have undertaken fundamental theoretical work on the concept”. They rectify this by the simple expedient of positing bonding, bridging, and linking social capital. Yet, the result, by their own confession, is relatively modest. For, “the compelling point being argued by proponents of the social capital perspective is that, without taking into account the independent effects of the workings of all three forms of social capital, our understanding remains incomplete. The crucial point about social capital is not that it provides a complete explanation for anything, but that most explanations are incomplete without it”, emphasis added, Szreter and Woolcock (2004b, p. 702).

This quotation is crucial, revealing and slippery. For it falsely implies that rejection of social capital means omission of influences that are essential if not exhaustive. Indeed, this leads Szreter and Woolcock erroneously and scathingly to dismiss “political economy” critics as reductionist to class, in part by grand appeal to more rounded Marxists such as Eric Hobsbawm and EP Thompson, p. 703. But the political economy approach is much more nuanced than this in questioning the independent effect of whatever is deemed to be social capital, see below. Such social relations are not seen as reducible to class or whatever but, what is an entirely different matter, they are not allowed to be independent of it (any more, it might be added, than health is deemed by Szreter and Woolcock to be dependent upon social capital).⁴³

Second, then, at least implicit in the theory of Szreter and Woolcock is that social capital is an independent causal factor. This is made explicit in Putnam’s

contribution, p. 670, in which a causal mapping is provided with inequality, social capital and the state/political economy as the three mutually interdependent base factors determining health outcomes. And this is correctly acknowledged to be necessary by both Putnam and Szreter and Woolcock for, otherwise, if social capital attaches to the state, the theory becomes a tautology. Social capital has both to range over some but not all social relations, and those it does incorporate have to exert some sort of independent effect of their own. Ellaway (2004, p. 681) succinctly poses the conundrums involved in such analytical acrobatics:

Their definition of social capital makes it difficult to measure empirically. However, this difficulty is further complicated by the issue that social capital is likely to be a *product* of class position and intersects with other social categories such as gender and ethnicity. Different levels of networks and variations in equality in interactions with powerful groups have long been noted as a feature of class position, and measures of social stratification. This makes social capital difficult to test in statistical models with health as an outcome since controlling for social factors does not adequately remove their influence.

In addition, the more radical political economy approach is reasonably suspicious, both in terms of social capital's origins and content and dynamic in practice that the claim to BBI class, race, gender, other structural determinants, etc, is token in the sense of downplaying their significance as causal factors. For Navarro (2004a, p. 673):⁴⁴

The key determinants of power in a society are the class (and race and gender) power relations that shape both civil society and political societies. Class relations (including class struggle) traverse and shape all dimensions of society – the state and the major institutions, including the major institutions of the knowledge and practice of health and medical care. There is no such thing as the “state” separate from civil society. There are state power relations that reproduce the class, race, and gender relations dominant in civil society. Szreter and Woolcock's seeming unawareness of this also explains their lack of attention to the political context in which such power relations are reproduced ... both civil society and political society respond the same class forces.

Further, as is easily recognised, the elevation of both the status and independence of social capital as a causal variable is suggestive that policy can be effective independent of other causes, although these are confessed to be potentially if not more, important, “we are *not* arguing that social capital, however conceived, is or should be the sole or even the primary variable used to explain all public health outcomes”, Szreter and Woolcock (2004, p. 704).

In practice, their own policy prescriptions go little beyond appealing to the building of cooperative relations for a common purpose. These might be thought to border on the embarrassing in seeking solutions “to the HIV/AIDS crisis in Africa and elsewhere”. For, “If social capital's key insight is that social relationships *really* matter, the focus in policy debates needs to unpack the black box of process to appreciate just how crucial are on-going face-to-face relationships to the delivery of

key public health services, especially in developing countries”, Szreter and Woolcock (2004, p. 704). This is all seen as a complementary step to “efforts to lower the costs of producing and disseminating anti-retroviral drugs ... [and] reducing the enormous stigmas (and misunderstandings) that still surround the disease”. Who could disagree but the analytical issue is not just how to lower costs but how the (health and pharmaceutical) systems to which they are attached constrain and influence both black box and stigma. For them, this is all reduced to “relationships within communities – that is linking social capital – that will, in turn, given them the credibility and leverage to help facilitate a long process of social change” p. 704. How the latter is to be achieved in absence of the considerations posed by the political economy approach to health remains a mystery other than in advising those now wedded to the social capital approach not to neglect the linking. For they continue, “On policy issues and in contexts such as this, a social capital conceptual arsenal restricted to a dichotomous ‘bonding’ and ‘bridging’ distinction is rendered needlessly tepid”, p. 704.

This is indicative of the work that must be done by linking social capital, both analytically and strategically. The substance and limitations are beautifully and ironically summarised by Ellaway (2004, p. 681):

A related problem with subtle refinements is that, given the popularity of the concept, decision makers of all political hues will have their own ideas and agendas. As the Taoiseach (Prime Minister) for the Republic of Ireland, stated in a speech, “We all know that the level and nature of interaction between people and groups is crucial to public well-being. But social capital could, at one extreme, be seen as so general and aspirational as to be irrelevant: at the other extreme it could easily fall into being merely another way of promising old-style ideologies ... I know that Prime Minister Blair has also shown a lot of interest in Professor Putnam’s work. Indeed, it is an indication of its [lack of] quality, that both President Clinton and his successor President Bush have been influenced by it.

We have already indicated the neo-liberal roots of social capital in Buchanan and Coleman, a tradition that emphasises that both market relations, and the non-market relations to support them, are best left to individuals and which sees the spontaneous creation of social capital as an argument against state economic and social intervention. Significantly, in its modern incarnation, Meadowcroft and Pennington (2007) see themselves as “Rescuing Social Capital from Social Democracy”. For New Labour and Third Wayism have become its natural home, as explicitly promoted by Szreter (2002a) himself,⁴⁵ although there is now a burgeoning literature demonstrating how social capital has had little impact on policy as such but has rather been used as a rhetorical device to impose central control, devolve responsibility without resources, and manage dissent.

Third, in promoting social capital against these obstacles, Szreter and Woolcock simply ignore those criticisms, already laid out, that would appear to be impossible for them to answer. But they do respond when they can. Their original contribution offered an account of the role of erstwhile Liberal, Joseph Chamberlain, in promoting mortality decline in nineteenth century Birmingham. In rejoinder to Smith and Lynch (2004), that Chamberlain later became a racist imperialist is

dismissed as irrelevant for being after the event (although this might bring into question the beneficial fluidity of social capital once it leaves the Birmingham bond and bridge). When Szreter (2004 and 2005) does respond, the latter to Razzell and Spence (2005), it becomes clear that social capital as an explanatory factor is hanging on by its fingernails given account for mortality decline must address timing, age- and gender-specific rates, and the major influence of changes in child labour, real wages, nutrition, working mothers, family size, and housing, etc, against which social capital might be thought to decline into insignificance.

The final, and weakest, argument in favour of social capital despite its limitations is offered by most of its proponents and, occasionally, by its critics. This is that at least social capital puts the appropriate issues on the agenda and seeks to reconcile competing views. This is, however, reminiscent of (the errors of) Deaton on the Bank's shifting of the development agenda. This is never a neutral exercise in terms of content, limits and focal point as observed by critics across the entire social capital enterprise, with more radical and penetrating scholarship tending to be precluded or degraded if it is incorporated.

Ultimately, Kawachi et al (2004, p. 689) accept that, "Unbridled enthusiasm for the adoption of social capital in public health has generated a backlash ... Some of the criticisms – for example, the perception that social capital is a 'cheap' solution for solving public health problems, or the tendency to view social capital as a panacea whilst ignoring its negative aspects – are justified". But, irrespective of this "and the formidable conceptual and methodological obstacles that remain", they close by concluding these must be tackled "because for better or for worse (in terms of population health and outcomes), social capital is here to stay".⁴⁶ I wonder if they would have said the same of social eugenics in view of its impressive array of popular and academic support!

Nor is this entirely some cheap jibe once we substitute the more acceptable social capital inspired social engineering for social eugenics. When social capital is measured by participation in local elections and is seen to be negatively correlated to mental ill-health, this can be used as a rationale for the location of mental institutions, Lofors and Sundquist (2007). Ferguson (2006, p. 8) argues that, "Empirical precedents suggest that families with high levels of family social capital have a two-parent family structure, with the presence of a paternal figure ... Lastly, there is some evidence that regular attendance by families and parochial education at Catholic schools for children are also positively correlated with high levels of community social capital".⁴⁷ Indeed, "of all the predictive factors associated with children's well-being, social capital – second only to poverty – has the highest influence on children's development and attainment of future outcomes", p. 9. The lack of social capital as a cause of crime and as a result of ethnic diversity attends us from our childhoods to our earlier graves.

The policy implications are mind-boggling once engaged in these terms, with Walters (2002) pointing to social capital as "re-imagining politics". With its being located at both individual and collective (cultural) levels, "social capital assesses politics in terms of social norms of performance rather than ideological legitimacy", p. 386, not least because "a key presupposition of social capital theory is of the actor as a self-interested maximizing individual". In the context of a state/society duality,

social capital also holds out the promise of self-governance, as opposed to “an image of politics as a system defined by the poles of elites and the governed. With social capital this stark polarization gives way to an image of the polity as a much more *horizontal* space of multiple communities”, p. 388. This involves a shift from a “biopolitics” – governing health, education and welfare in all its aspects – to ethopolitics, that of the population’s trust, civility, volunteering, communalism, etc, which become manageable aspects of the system. “Social capital brings the ambition of positivity and calculability to ethopolitical discourses ... it offers a quantitative rendering of the ethical field, all the better to enhance its governability. It purports to make trust and civility measurable”, p. 390 – rendering a field day of critical opportunities for those trained in the tradition of Foucault.

The result is that a new division can be added to the traditional ones between normal and pathological, sane and insane, social and anti-social, employed and unemployable, and excluded and included. It is the civic and uncivic, p. 392. But, unlike previous political theory and its notions of modernisation, “with social capital, this stagist, developmental trajectory is not evident. Across space and time, all societies are analysable in terms of social capital”, p. 395. Consequently, for the World Bank and other international agencies, “it could be that social capital will offer them another way to express concern for social injustices, but in such a way that they are not required to address the thorny matter of economic exploitation”, p. 394.

7 Social Capital, Health, and the World Bank: Towards an Alternative

In the event, with or without health, social capital has moved off the World Bank’s agenda. But its influence on health studies, in part prompted by the Bank’s erstwhile social capitalists, continues to grow apace, not least with a flush of government surveys to assess the relationship between social capital and health.⁴⁸ This raises the strategic issue of whether social capital can be reformed or whether it should be rejected. For, despite its legion deficiencies, amply documented within the literature both for health and more generally, there is always the prospect of enhancing social capital, by BBI, and/or compromising to gain progress as most obviously attempted by the World Bank social capitalists in relation to their economist colleagues.

With global warming, we have been advised that malaria may return to Italy. This reminds us of how the condition got its name – bad air. This is a totally wrong diagnosis but it is certainly conceivable that efforts to improve air quality may have inadvertently diminished the incidence of malaria. Could the same be true of social capital, a benaria for social theory?⁴⁹ And, if not in general, could social capital not be beneficial for the study of the SDH in particular?

As I have argued for other applications, attempts to reform social capital have been primarily marked by failure despite what are occasionally excellent criticisms and case studies, but with the latter more often than not critically accepting the language of social capital whilst otherwise rejecting it in its general practice. Such studies generally take the form of BBI, and especially BBI Bourdieu, to incorporate class, race, and gender, Campbell and McLean (2002) and Stephens (2008) for example. Inevitably, following Bourdieu, this involves the BBI of context, not only in the sense of full account of complementary causes and conditioning variables but also

in terms of the construction of the meaning of health to practitioners themselves. Thus, Kreuter and Lezin (2002, p. ??) accept that “failure to take *social and political context* into account is a major barrier to the effective evaluation of community-based health promotion”, and they appropriately close with the observation that, “there are different ways of knowing, and different interpretations of ‘reality’ ... an epidemiologist, an anthropologist, a health educator, and a layperson are likely to view a given problem through different lenses. More importantly, each is quite likely to detect a glimpse of reality that others may miss. All ... need to seriously explore how their various views of reality can be combined to give us new knowledge”, p. ??.

Thus, even though the social capital and SDH literature has been unusually if not absolutely diligent in qualifying the results of case studies, it still remains liable to overgeneralise and homogenise across what are different contexts both in circumstance and meaning. To this must be added the inclination to omit underlying causal factors associated with power, conflict and material deprivation. As a result, it is only possible to be pessimistic about the prospects of turning social capital into something more acceptable as an analytical tool. In principle, its diverse appeals to social relations presumes an illegitimate commonality across different case studies – one social capital is not the same as another, and one has no comparative lessons to draw from another. In practice, more nuanced studies in the BBI vein merely serve to legitimise, even to fuel, the continuing weight and momentum of standard social capital fare, offering more variables to the concept’s definitional lexicon.

Interestingly, World Bank research has, with health and more generally, become increasingly sensitive to the issue of context. But it has done so in part as a response to the criticism that one model fits all and in part as a way of introducing the effect of institutions and market imperfections. As already indicated in pinpointing the perspective of Deaton, a heavy dose of economic rationality linked to incentives is involved. Significantly, Das and Hammer (2005, p.1) begin with a vignette which concludes with a doctor’s explanation of treatment:

But if I tell the mother that she should go home and only give the child water with salt and sugar, she will never come back to me; she will only go to the next doctor who will give her all the medicines and then she will think that he is better than me.

This is to enter the world of health beliefs on which there is no commentary as opposed to shifting the incentives of those offering treatment. It is hardly remedied by offering “Six sizes fit all” as a model for health and nutrition services, World Bank (2004, p. 155).

This is not, however, to prioritise health beliefs over material factors but to see them both as attached to a health system. As argued elsewhere, especially Bayliss and Fine (eds) (2007), health and other public services are subject to systemic provision and need to be addressed analytically and through policy as such. At best, from within mainstream economics, this is approached in the following terms through Blank’s (2000, pp. C47-C48) treatment of four influences in assessing the case for or against public/private provision:

The degree of concern with agency problems and the degree of belief in government's ability to be wisely paternalistic.

The degree of concern over the difficulty in collecting and disseminating information on quality of services.

The extent that equity and universalism is emphasised.

The level of trust in the public sector.

This is remarkably similar to the insights gleaned from social capital. But their application in practice is another matter. Such abstract truisms offer very little purchase on the nature of health service provision, whether in developing countries or not. There is also little or no reference to the literature on the political economy of the welfare state from other disciplines, and the leading approach based on welfare regimes.⁵⁰

In contrast, and in practice, ranging over health and social security, Iriart et al (2001, p. 1250) point to a new ideological common sense that is being used to reconstruct “fundamentals” from which to “rethink the system”. This comprises the following elements:

- the crisis in health stems from financial causes;
- management introduces a new and indispensable administrative rationality to resolve the crisis;
- it is indispensable to subordinate clinical decisions to this new rationality if cost reduction is desired;
- efficiency increases if financing is separated from service delivery, and if competition is generalized among all subsectors (state, social security, and private);
- the market in health should be developed because it is the best regulator of quality and costs;
- demand rather than supply should be subsidized;
- making labor relationships flexible is the best mechanism to achieve efficiency, productivity, and quality;
- private administration is more efficient and less corrupt than public administration;
- payments for social security are each worker's property;
- deregulation of social security allows the user freedom of choice, to be able to opt for the best administrator of his or her funds;
- the passage of the user/patient/beneficiary to client/consumer assures that rights are respected;
- quality is assured by guaranteeing the client's satisfaction.

This ideology is being pushed by “experts”, especially in the context of critical economic performance, the conditionalities imposed by international agencies, and the privatization of health care provision smoothing the entry of multinational corporations into health and social security provision.

Yet, as is readily apparent, this new common sense has no purchase whatsoever either on the specificity of health itself or on the particular problems faced by the poorest economies. Such considerations have been “taken out” and have been

replaced by a “black box” of neo-liberal perspectives. By contrast, health care needs to incorporate the following insights, and more:⁵¹

- Health is highly dependent on socio-economic and socio-cultural determinants and not just a consequence of the direct provision of health services.
- A distinction must be drawn between preventative, primary and curative services, recognising and addressing systemic tendencies for curative to be promoted at the expense of the others, especially where commercial imperatives arise.
- Provision of health care itself ranges over diverse activities, from supply of buildings to training (and retention) of staff, and supply of drugs and equipment.
- Different conditions arise and require response in different ways according to both medical and social circumstances. The “externalities” across health itself, and with other conditions affecting welfare, are widespread with considerable economies of scale and scope that need to be identified and accommodated in practice.
- The practices, ethos or culture surrounding health are complex both for citizens and for health staff.

As Katz (2004, p. 763) puts it in response to the Sachs Report, “Primary health care is, of course, one of the public services required to provide the conditions for good population health”. Yet, “We have 100 years of solid public health experience demonstrating that access to decent food, clean water, adequate sanitation, and shelter are the major determinants of health”, p. 756. Will social capital and/or the World Bank deliver on either?

DIAGRAM 1

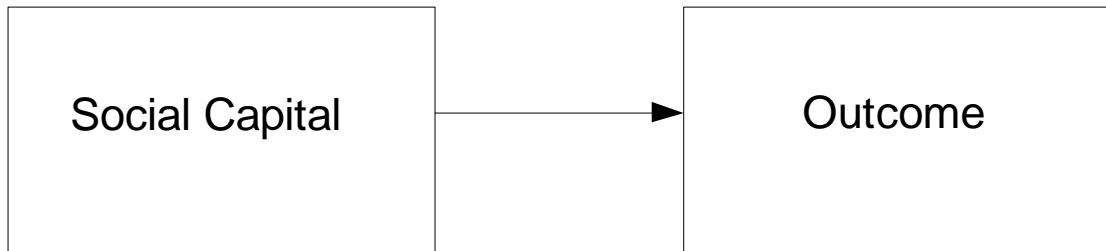


DIAGRAM 2

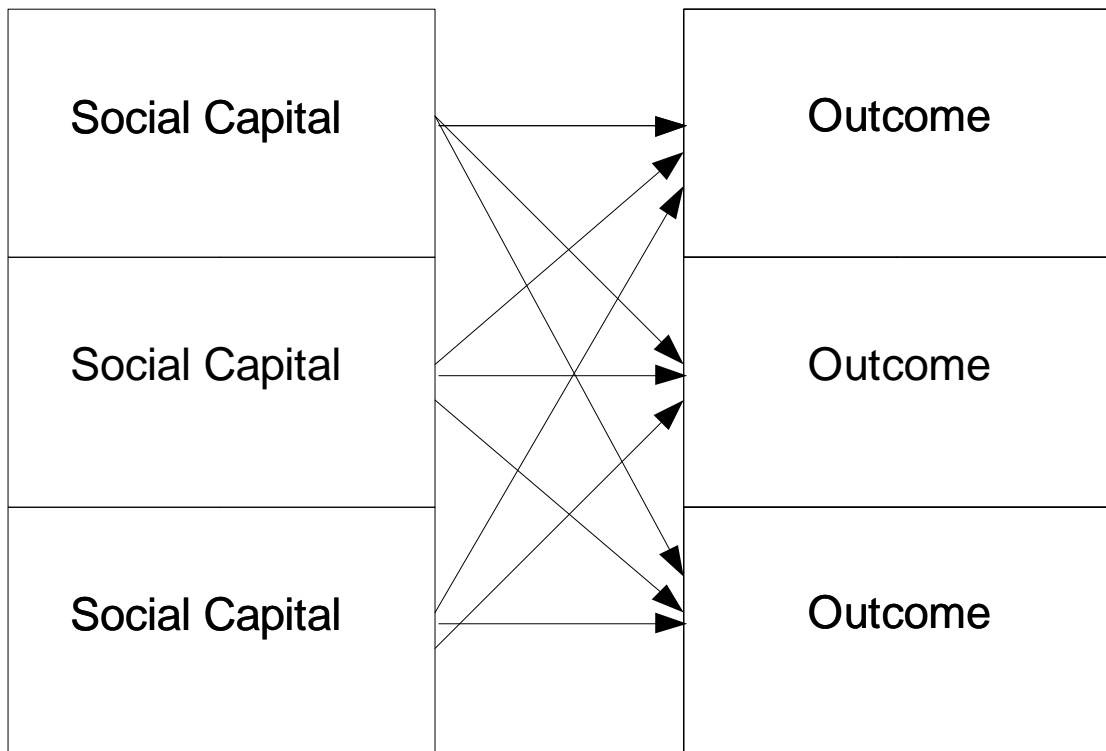
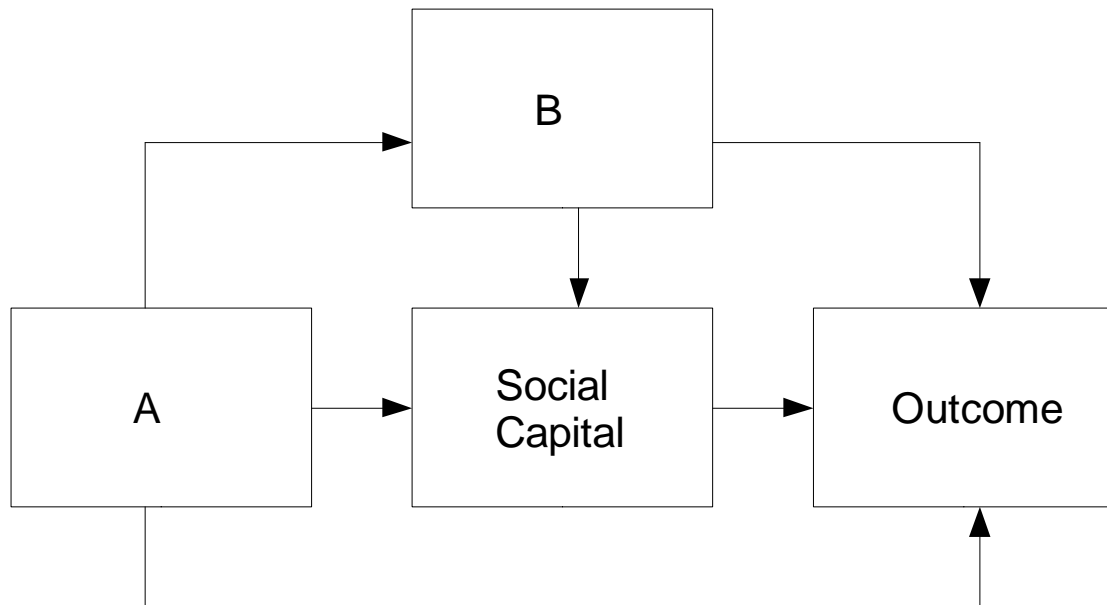


DIAGRAM 3



Footnotes

* This paper is not in its final version for various reasons and, if cited, this will hopefully be acknowledged.

¹ For Putnam’s McDonaldisation of de Tocqueville and more, see McLean et al (eds) (2002).

² A phrase infamously deployed by Grootaert (1997), a leading social capital economist at the Bank.

³ References are to Deaton (2006) unless otherwise indicated. References to evaluators’ reports will give name and bracketed date but these are not listed in references.

⁴ This research will be the focus for a separate contribution.

⁵ In summary, “Managers of research at the Bank need to maintain checks and balances that preserve the credibility of its research. In particular, it needs to resist the temptation to make strong claims about preliminary and controversial research that appears to support policies that the Bank has historically supported”, p. 161.

⁶ Fine (2001), Fine et al (eds) (2001), Jomo and Fine (eds) (2006), and Bayliss and Fine (eds) (2007).

⁷ See also Fine (2007b) and below for social capital.

⁸ It is surely no accident that Deaton himself is one of the world’s leading econometricians as opposed to development economist (if the difference is allowed these days).

⁹ For freakonomics, see Levitt and Dubner (2006) and Fine and Milonakis (2008) for critique.

¹⁰ The Report itself opines, “we find it hard to imagine a group of evaluators who would be more distinguished or more qualified to evaluate the quality of development research”, p. 41. And, “Our evaluators represent the very best in contemporary research in development, and they did what the databases [of citations] cannot do, which is to read the work”, p. 45.

¹¹ Note that the quotation continues, “A prime example of the second kind of failure [to provide intellectual public goods], research that is unlikely to be done by top academics is replication and testing ... within academia replicating what someone has already done, although widely practiced, is not done systematically, and it is perceived as derivative and unoriginal, and not highly valued”, pp.

15/16. No evidence is offered for the later assertions, and they might be thought to be contradicted by mainstream economics itself, and certainly by social capital.

¹² See also Caselli (2006, p. 12).

¹³ See also pp. 81/2.

¹⁴ See Wade (1996) on East Asian Miracle, and Fine et al (2001) and Jomo and Fine (eds) (2006) for shift from Washington to post Washington Consensus. More recently, on PRSPs, etc, see Fraser (2005) Tan (2007) and van Waeyenberge (2007).

¹⁵ It would be intriguing to know whether this piece was selected randomly for review or backfired as, “We also asked the Bank’s research director to nominate a group of ‘must read’ outstanding papers or books from DEC”, p. 41.

¹⁶ “Acemoglu also strongly criticized the work for its lack of an appropriate conceptual and empirical framework. As a result, the regression analyses in these studies cannot be used to support the conclusions that they ostensibly reach”, p. 64.

¹⁷ Quote taken by Galiani from Alatas et al (2002, p. 41).

¹⁸ Deaton and HIV/AIDS will be the subject of a separate contribution.

¹⁹ Interestingly Aye et al (2002) suggest that social capital both allows access to health services through collective support to meet user charges at times of financial stress but that this also further deteriorates health because of the obligation-related stress in being required to support others!

²⁰ Note that “(health) system” appears eight times in this paragraph! The meaning of the last clause is unclear but may point to the need to examine the interaction of health systems with economic and social reproduction more generally.

²¹ Recently, a huge study by Gassner et al (2007) of private and public sector performance for electricity and water in developing and transitional economies concluded in favour of the private sector. Mischievously, I suggested in correspondence that failure to take account of subsidy to government provision might have biased results in favour of the public sector to which I received the following response, “The data we have does not allow us to make distinctions between sources of capital. In cases where the government would provide investment without this investment being recorded in the accounts of the utility, we will miss the spending, and underestimate investment - you are right”. Of course, exactly the same applies to donor support to the privatised or private sector.

²² Fine (2007a) in a plenary address to the Critical Management Studies Conference, inspired by the presence of originator of the McDonaldisation thesis, George Ritzer, as fellow plenary speaker.

²³ See debate between Farr (2004 and 2007) and Fine (2007c) on the “history” of “social capital”, my position being there is none and, if there is, it is more one of social capital as the systemic properties of capitalism than of the contribution of non-economic relations to society. Note that Szreter and Woolcock (2004b, p. 1) boldly assert, in a sort of legitimising exercise, following Farr, that “Marx ... was the first person to coin the phrase social capital”. This is not only totally wrong empirically but overlooks that Marx is using the term, as did others at the time and before, in a way totally at odds with its modern usage. More recent use of social capital in other ways that elevate the systemic and the economics of capitalism to the fore have also been overlooked by “histories” of the term. See Fine (2008b and 2009) for a fuller account.

²⁴ The real neo-liberal origins of social capital, and Coleman’s use of it possibly to the point of plagiarism, are to be found with James Buchanan, the two sharing membership of the The Public Choice Society from its origins. Buchanan (1986, p.108) suggests, cited in Amadae (2003, p. 151) that:

My diagnosis of American society is informed by the notion that we are living during a period of erosion of “social capital” that provides the basic framework for our culture, our economy, and our polity – a framework within which the “free society” in the classically liberal ideal perhaps came closest to realization in all of history. My efforts have been directed at trying to identify and to isolate the failures and breakdowns in institutions that are responsible for this erosion.

This piece was, though, first published as Buchanan (1981) and must surely have been known to Coleman.

²⁵ Note that the social capital literature has also begun to BBI Bourdieu, BBBI, and context, although these are inevitably reduced relative to the original, especially in Bourdieu’s emphasis upon the diverse social construction of the meaning of social capital from one application to another.

²⁶ See Fine (2001) for fuller account, and also Fine (2003).

²⁷ See also Rao and Woolcock (2007). Note that they potentially misread the highly criticised report from Duflo (amongst a group of scholars, Sen and Douglas are judged to be senior without necessarily implying all others in the mix are unknown) and, for the topic of culture addressed by these scholars, she judges, “We are now in the presence of serious scholarship. The overall topic is relevant for the World Bank’s poverty reduction strategy. Still, this is a difficult subject, and I sometimes have the sense that the World Bank’s economists are stepping outside their comfort zone when they discuss it”, p. 6. This seems to go at least as far as the critique!

²⁸ This leads to an unwittingly ironic appeal to critical discourse and institutional change as a rationale for their role within the Bank even though such an approach has always been used to criticise as well as to explain the Bank’s unacceptable postures.

²⁹ Presumably, to his credit, Stiglitz seems to have borne no grudges for an apparent lack of overt support from the Bank’s social capitalists in his hours of need. The leading non-economist social capitalist, Michael Woolcock, is now Director of Research at the Brooks World Poverty Institute, University of Manchester, headed by Stiglitz. This is a nice bit of social capital but, on this and other casual evidence, suggests a potentially worrying and increasing fluidity between Bank and academic postings, further consolidating the agenda setting monopoly of the knowledge bank.

³⁰ See Deaton (2003) for the idea that inequality of income is not in and of itself a determinant of health outcomes, although it is accepted that it may be correlated and attached to other important determinants.

³¹ The book is entitled Globalization and Health, indicative of a dualism between globalisation and social capital, the latter especially confined to the level of the community in health studies. See the Reader of Douglas et al (eds) (2007), for which social capital appears primarily within Part V, devoted to “Promoting Public Health at a Local Level”, with public health through public policy and impact of globalisation covered in the previous section.

³² Would you play cards with, invite to dinner, etc, someone with a gun?

³³ Firearm ownership aside, Kunitz (2004, p. 70) observes of social capital, “the destruction of President Clinton’s plan for health care reform by a coalition of voluntary associations including the National Rifle Association, the Christian Coalition, the National Federation of Independent Businesses and the Health Insurance Association of America”. Muntaner (2004, p. 675) appropriately suggests that if social capital had been dubbed social anarchy in view of its potentially negative effects, (or social socialism because it is beneficial), it would have received short shrift even though, it should be added, reference could be made to negative social anarchy (or socialism).

³⁴ Note for health, as with application of social capital in other fields, particular factors seem to exert strong influence, Scandinavia for case studies and authors and Social Science and Medicine as outlet, for example.

³⁵ For other surveys, see Almedom (2005), Hawe and Shiell (2000), Szreter and Woolcock (2004), and Kawachi et al (2004) for example, and also www.socialcapitalgateway.org/NV-eng-health.htm

³⁶ It is unfortunate but not necessary, for example, that Wilkinson, Kawachi and others should have jumped the social capital bandwagon.

³⁷ As Forbes and Wainwright (2001, p. 811) observe, “as with most health inequalities research these theorists do not describe the philosophical approach of their work. However, from the implicit metaphysical and epistemology positions adopted, their approach can be largely located within the positivist tradition, which is about constructing ‘objective’ realities or prototypes based on observable phenomena”.

³⁸ Apart from sadness, they also examine impact upon insomnia, anxiety and short temper.

³⁹ Before attaching himself to it, Szreter was writing about SDH without the benefit of social capital. The term does not appear in Szreter and Mooney (1998) at all. Reminiscent of Putnam’s (1993) Italian study where social capital only appears at the end, the same is true of Szreter (1997), with first reference to it within his conclusion – the lag to appear in print for the former contribution may have been longer than for the latter. Note that Labonté and Schrecker (2007, p. 2) can interpret Szreter’s contributions as appealing for formation of effective political coalitions for health provision without reference to social capital. Subsequently, Szreter (2002a and b) jumps the social capital bandwagon and ties it to New Labour politics, but the substantive dependence of his analyses on social capital as such is limited. By contrast, Woolcock has already abandoned social capital by the time his contributions are appearing with Szreter. It is far from clear how writing about social capital in the International Journal of Epidemiology brings about an influence upon the World Bank’s economists especially in view of the timing involved. Note also that Woolcock’s (1998) first appearance as a social capitalist is

in critical as much as synthetic vein. But this is before he is incorporated into the employ of the World Bank.

⁴⁰ Smith and Lynch (2004, p. 691) note that whilst, in 1993, Putnam “explicitly states that health should not be considered an outcome of social capital”, seven years later “he had dramatically reversed his opinion”. Muntaner and Lynch (2002, p. 262) highlight Putnam’s ludicrous website claim that, “If you smoke and belong to no groups, it’s a toss up statistically whether you should stop smoking or start joining”. They tartly observe, “We are unaware of any study that has shown that the act of joining a group conferred the same health protective effect as not smoking”.

⁴¹ Putnam (2004, p. 667) also sees the social capital initiative as responding to “several decades of intellectual and political hegemony on the part of an individualistic philosophy that claimed that ‘there is no such thing as society’”.

⁴² Putnam (2004, p. 670) observes, “In short, I agree with Szreter and Woolcock that the state (or public policy) must be embraced in any understanding of how social capital influences well-being, including health, while being slightly bemused by the claim that this view is novel”. It is surely truly astonishing that there should be even a tame dispute over the significance of the state for health in the context of any variable, social capital or otherwise.

⁴³ In one response in the debate, Szreter (2004a, p. 708) closes with the assertion that, “Thinking in terms of social capital explains what went so wrong in the 1830s and why the 1850s represented only an alleviation of those problems, not a solution, whereas the 1870s constitutes the birth of something very new – a practical programme engendered by a new configuration and imagination of the social and political relationship between classes composing a city – new forms of social capital”. This might be thought to out-reduce class reductionism!

⁴⁴ See also Navarro (2004b).

⁴⁵ See also Bridgen (2006, p. 43) for a positive gloss on social capital, New Labour and health, “an opportunity, rather than a threat”, in closing – at least the alternatives are recognised! See also Muntaner et al (2001).

⁴⁶ This too is reminiscent, of the contribution to the World Bank’s email discussion group on social capital, suggesting the social capital “calves are out of the barn and into green pastures and not likely to return soon. The term social capital is now firmly entrenched in the language of social scientists. Thus, for now and for some considerable time in the future, the term ‘social capital’, will be in common use amongst social scientists if not economists”. See Fine (2001, p. 241/2).

⁴⁷ In an empirically flawed study, omitting levels of resourcing, etc, Coleman argued that Catholics did better at school for being better endowed with familial social capital.

⁴⁸ And the World Bank’s social capital assessment tool, SOCAT, is still available at <http://siteresources.worldbank.org/INTSOCIALCAPITAL/Resources/Social-Capital-Assessment-Tool-SOCAT-/annex1.pdf>

⁴⁹ And it will come as no surprise that social capital is deemed to be important for addressing malaria, Mozumder and Marathe (2007) for example.

⁵⁰ Esping-Andersen (1990 and 1999) and Fine (2002 and 2005) for critique. Gough (2000) seeks to apply the welfare regime approach to developing countries.

⁵¹ For this in the context of globalisation, see Labonté and Schrecker (2007a-c). For contrasting fortunes of the Colombian and Cuban health systems in the era of neo-liberalism, see de Groote et al (2005) and Vos (2005), respectively.

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