

# Healthcare and clientelism: comparing the Mediterranean and South America<sup>1</sup>

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## Abstract

Welfare state literature still lacks systematic comparative research on differences and similarities between healthcare systems in Latin American and their European counterpart, the so-called ‘Mediterranean regime’. The historical development of these welfare states is often explained with reference to the role of clientelism. But on closer inspection, we see that clientelism has been used to theorize only on labor market related benefits in the Mediterranean, while for Latin America the clientelistic account covers also healthcare systems. This peculiarity of the Mediterranean regime has been often explained by the ideological commitment to universalism of left parties in these countries. Why can the development of social security benefits in the Mediterranean be explained by clientelistic party competition, while the development of the universal healthcare system has to be explained by party ideologies? This study proposes an answer to this puzzle. Comparing the evolution of four national health systems that showed similarities in their origins, but followed different paths (Argentina, Colombia, Italy and Spain), it is shown that it was the mix of church ran charities, the regionalization of the public hospitals and the presence of low class unions that allowed Italy and Spain to create National Health Services. In contrast, the presence of charities and regional public hospitals controlled by the political parties together with the existence of middle class unions created the condition for a fragmented system to thrive.

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<sup>1</sup> This paper is part of a bigger PhD project on the development and evolution of clientelistic and fragmented welfare states, aimed to document and explain the similarities and differences between some selected Latin American welfare states and the main Mediterranean welfare states.

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