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Comparative Social Security: The Challenge of Evaluation

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Abstract

There has been dramatic global expansion in the national provision of social security programs throughout the twentieth century. This has provided very fertile ground for the comparative analysis of social security programs and systems over the last forty-five years. Most comparative studies, however, have been content to describe and compare strategies, programs, institutions and values at the multinational or regional levels. There has been considerable reluctance either to engage in global studies or to embark on comparative-evaluative studies. This paper seeks to fill this gap by providing a framework for an evaluation methodology that permits the global ranking of social security systems and programs.

Introduction

There has been dramatic global expansion in the national provision of social security programs throughout the twentieth century. Social security entered the public policy domain in Europe and Australasia in the 1880s and 1890s, thereafter rapidly spreading throughout the developed world and then, after the Second World War, flooding into the Third World. Social security programs now exist in 172 countries and dependent territories, which constitute 78 percent of all countries and dependent territories (Dixon, 1996b). This provides very fertile ground for the comparative analysis of social security programs and systems.

Under the rubric of social security falls a wide variety of public measures that provide cash and in-kind benefits upon the occurrence of prescribed contingencies. These relate to lost or inadequate earnings (income replacement or maintenance) and to the cost of supporting dependents (income supplementation) (Dixon, 1986, 1989b, 1994, 1995, 1996a). The former embraces situations where an individual's earning power ceases permanently (due to old age, permanent disability and death); is interrupted (by short-term injury or sickness, maternity or loss of employment); never develops (due to a physical or intellectual handicap, an emotional disturbance or an inability to gain first employment); is insufficient to avoid poverty (due to inadequate work remuneration or inadequately

developed personal or vocational skills); and is exercisable only at an unacceptable social cost (such as single parenthood or individual support of elderly parents, or disabled or handicapped children or siblings). Despite the rich diversity of social security practices in evidence on a global basis, it is possible to identify seven broad strategies: social insurance, social assistance, social allowances, mandatory public savings (National Provident Funds), employee liability measures, mandatory occupational savings (defined-contributions) or pensions (defined-benefits), and mandatory individual savings or pensions.

The purpose of this paper is threefold. First, it will profile the diversity of comparative social security as a field of study. Secondly, it will offer an explanation for the paucity of comparative studies with an evaluative focus. Finally, it will outline an evaluation methodology that will permit the assessment and ordinal ranking of social security systems on a global basis.

The scope of comparative social security

Comparative social security, as a field, is overwhelmingly concerned with describing and analysing social security programs, so as to enhance understanding of the development and nature of social security systems in a comparative setting. The field of comparative social security has blossomed over the last four decades. The pioneering works of Nelson (1953), Mendelsohn (1954), Clark (1960), Gordon (1963), Wilensky and Lebeau (1965), Rodgers with Greve and Morgan (1966), Gerrig (1966), Kessler (1966) and Jenkins (1969) focused on cross-national comparisons that described and compared values, institutions, policies and programs a selection of developed countries that share a set of reasonably homogeneous characteristics. Subsequent comparative research has tended to follow in this tradition (see, for example, Lally, 1970; Kaim-Caudle, 1973; Hecló, 1974; Chow, 1975, 1981; Thursz and Vigilante, 1975, 1976; Stein, 1976; Lemam, 1977; Rodgers, with Doran and Jones, 1977; Maddison, 1980; Hechscher, 1984; Jones, 1985; Midgley, 1986; Ackerman, 1987; Dixon and Scheurell, 1987; Gordon, 1988; Guest, 1988; Crijns, 1989; Bolderson, 1991; Mitchell, 1991; Ramesh, 1995; Mok, 1996; Toft, 1996). Since the pioneering works, comparative studies have taken on a much wider variety of perspectives and focuses—although the epistemological and methodological challenges of the comparative evaluation of social security systems have been neglected—which has resulted in the emergence of a sizeable descriptive and analytical body of literature.

The initial interest in the early 1960s in the comparative study of specific social security branches across countries was, not surprisingly, with respect to *old age and retirement programs* (Clark, 1960; Shanas et al., 1968; Schulz et al., 1974; Thompson, 1979; Kaim-Caudle, 1981; ISSA, 1982a; Tracy, 1990, 1991; Dapre et al., 1984; Tracy and Ward, 1986; ILO, 1989; Schulz, 1992; Bellamy, 1993; Pratt, 1993; Williamson and Pampel, 1993; MacKenzie, 1995; Giarchi, 1996), and

to *employment injury* (Gordon, 1963; Mouton and Voirin, 1979; Palmer, 1979; Greiner, 1986; Ortolani, 1986; Waterman and Brancoli, 1986; Rys, 1988). The remaining branches became the focus of comparative research, with some conspicuous exceptions, only in the 1970s and 1980s: *unemployment* (ILO, 1955; Blaustein and Craig, 1977; Sinfield, 1983; ISSA, 1985; Rikkert, 1986; Lawson, 1987; Euzeby, 1988; Reubens, 1989; Kershen, 1990; Clasen, 1992); *disability* (Palmer, 1979; Wedekind, 1985; Aguilar, 1986; Burkhauser, 1986; Bloch, 1994; Lonsdale and Seddon, 1994; Zeitzer, 1994); *survivors'* (Crutz, 1991); *maternity* (ILO, 1985b); and *family and child benefits* (OECD, 1977; Kamerman and Kahn, 1978, 1982, 1994; Bradshaw and Piachaud, 1980; Kahn and Kamerman, 1983; Borowczyk, 1986; Oxley, 1987; Watts, 1987; Dapre, 1989; Bradshaw et al., 1993; Knyester, Strohmeier, and Schulze, 1994; McLaughlan and Glendinning, 1994).

The first regional comparative studies emerged in the mid 1960s, and all the global regions have now been charted: *Africa* (Gerig, 1966; Kessler, 1966; Moulton, 1975; ILO, 1977; Ejuba, 1982; Dixon, 1987c; Gruat, 1990); *Latin America* (ILO, 1972a, 1993; Mesa-Lago, 1978, 1983, 1985, 1986, 1991a, 1991b, 1992a, 1994; Paillas, 1979; Dixon and Scheurell, 1990; McGreevey, 1990; World Bank, 1995c); the *Pacific Islands* (Wadhawan, 1972; ILO, 1985a; Dixon and Chow, 1992; ISSA, 1996c); *Europe* (Zelenka, 1974; Lawson and Reed, 1975; Ashford, 1986; Deleeck, van den Bosch, and de Lathouwer, 1992; Mortensen, 1992; Olsson, Hansen, and Eriksson, 1993; European Commission, 1996, 1992; Mortensen, 1992; Olsson, Hansen and Eriksson, 1993; European Commission, 1996; George and Taylor-Gooby, 1996); *the Caribbean* (Jenkins, 1981; Mesa-Lago, 1988, 1990); *Asia* (Wadhawan, 1972; Chow, 1975; Thompson, 1978; Dixon and Kim, 1985; Dixon and Chow, 1992); *the Middle East* (Dixon, 1987b, 1987d); and *Eastern and Central Europe* (Deakin, 1992; Dixon and Macarov, 1993; Rys, 1993; Voirin, 1993; Maydell and Hohnerlein, 1994; Standing, 1996).

Comparative studies that explore national social security systems' relationship to a variety of socioeconomic phenomena also first emerged in the mid 1960s and have focused on: the *causation of a social security system development* (Cutright, 1965; Fisher, 1968; Singer, 1968; Taira and Kilby, 1969; Perrin, 1969; Gilbert, 1981; Clark and Filinson, 1991; Habibi, 1994; Tang, 1996b); *economic development* (Hasan, 1966; Kassalow, 1968; Rimlinger, 1968; Wolfe, 1968; Gobin, 1977; Cockburn, 1980); *political regimes* (Castles, 1982; Alber, 1983); *welfare regimes* (Esping-Anderson, 1990); *income distribution* (Paukert, 1968a, 1968b; OECD, 1978; EISS, 1979; George and Lawson, 1980); *poverty* (Brown, 1984; Saunders, 1990; Deleeck, van den Bosch, and de Lathouwer, 1992; Siegenthaler, 1996; Dixon and Macarov, 1998); *demography* (Schulz, 1981); *employment and labor markets* (Tracy, 1983; Euzeby, 1988; Aaron and Farwell, 1984; Blackwell, 1990; Saunders, 1990), *structural adjustment* (Grimaud, 1995); *savings* (Koskela and Viren, 1983); *investment* (Yee, 1994); *early, partial and late retirement* (ISSA, 1985; Berthet, 1986; Bergman, Nagle, and Tokarski, 1987; Laczko, 1988; Walters, 1988; Schumahl, 1989; Tracy and

Adams, 1989; Simanis, 1994; Royers and Russell, 1995); and *absenteeism* (Prins and De Graaf, 1986).

Comparative studies of the more technical dimensions of national social security systems began to emerge in the 1970s: *benefits* (Horlick, 1970; Aldridge, 1982; Tracy and Ward, 1986; European Commission, 1993; Bolderson and Mobbed, 1995; Whiteford, 1995); *benefit take-up rates* (Oorschot, 1991); *finances* (Ijeh, 1977; Arbor, 1979; Rosa, 1982; Montas, 1983; ILO, 1984; Moulton, 1984; Gustafsson and Klevmarken, 1988; Gutierrez, 1989, 1990; Camacho, 1992; Mesa-Lago, 1992b; Noord and Herd, 1993; Ribe, 1994; Reynaud, 1995; ISSA, 1996c); *contribution ceilings* (Horlick and Lucas, 1971; Euzeby and Euzeby, 1982); *benefit adjustments* (Horlick and Lewis, 1970; Horlick and Tracy, 1974; ILO, 1980); *earning tests* (Tracy, 1983); *means tests* (Millar, 1988; Oorschot and Schell, 1989; Castles, 1996; Evans, 1996); *retirement age* (Tracy, 1979; Rix and Fisher, 1982)); *administration* (Gerdes, 1973; Ijeh, 1980; Indri, 1986; Nicolle, 1986; Bloch, 1994); *compulsory complimentary pensions* (ISSA, 1973a, 1993b, 1994; EISS, 1975; Feraud, 1975); *harmonization* (ILO, 1977; Drover, 1988; Voirin, 1992; Pieters and Vansteenkiste, 1995; Liverpool, 1995); *privatization* (Gluski, 1994; ILO, 1994); *reform and transformation* (EISS, 1980; Thompson, 1980; Maydell and Hohnerlein, 1994); *legal rights* (ILO, 1983; Perrin, 1985; Igle, 1990); *maintenance* (ISSA, 1978b; Griffith, Cooper, and McVicar, 1987; Scheiwe, 1994); *health services* (Roemer, 1973; ISSA, 1982b; Kvalheim, 1980; Zschock, 1982; Glaser, 1987; Majnoni d'Intignano, 1991; Borzutzky, 1993); *health insurance* (Fulcher, 1974; Glaser, 1988; Vogel 1990; Able-Smith, 1992); and *social services* (ISSA, 1974; Perez, 1974).

Yet another focus that developed in the 1970 and 1980s was the comparative analysis of social security target groups across countries: *rural workers* (Savy, 1972; Thompson, 1980a); *atypical workers* (Kravaritou-Manitakis, 1988; Beiback, 1993a, 1993b; Blackwell, 1994); *women* (ISSA, 1973b; Adams and Winston, 1980; Bonnar, 1985; ISSA, 1986; Tracy and Ward, 1986; Brocas, Cailloux, and Oget, 1992; Folbre, 1993; Kingston and O'Grady-LaShane, 1993; Hauser, Rolf, and Tibitanzl, 1994; Hutton and Whiteford, 1994; Hill and Tigges, 1995); *sole parents* (Cass and O'Loughlin, 1984; Kisch, 1987; Kamerman and Kahn, 1989; Millar and Whiteford, 1993; Whiteford and Bradshaw, 1994; Duncan and Edwards, 1997), *indigenous peoples* (Dixon and Scheurell, 1994a); *migrants* (Ribas, 1968; ILO, 1977; Dixon and Magill, 1997); *public employees* (Kritzer, 1984); and *war veterans* (Dixon and Scheurell, 1994).

The comparative studies of countries that have adopted the same social security strategy are not common: *social insurance* (Koler and Zacher, 1982; Tracy and Papel, 1991); *social assistance* (Midgley, 1984b, 1984c); and *National Provident Funds* (Gerdes, 1970, 1971; Fletcher, 1976; Dixon, 1982, 1985, 1987a, 1989a, 1989b, 1993, 1996c, 1996d; ISSA, 1986a).

Comparative studies in a Third World setting have begun to emerge since the pioneering research of Gilbert (1981), MacPherson (1982) and Midgley (1984a, 1984b, 1984c, 1993) (see, for example, MacPherson and Midgley, 1987; Benda-Beckmann et al., 1988; Tracy, 1988, 1990, 1991; Ahmed et al., 1991; Gillion,

1994; Benda-Beckmann and Benda-Beckmann, 1995; Midgley, 1995; Schmidt, 1995; Tang, 1996b).

Cross-national studies across disparate cultures are also not too common (see, for example, Rimlinger, 1971; Woodsworth, 1977; Lapidus and Swanson, 1988; Kato, 1991; Imbrogno, 1991; Gould, 1993).

The realm of the global perspective has remained very thinly populated. This is despite the efforts made, over a long period of time, by the United States Social Security Administration and the International Labor Organization to collect and publish descriptive information on national social security systems (US, SSA, 1937–1995; ILO, 1936, 1942, 1952b, 1953a, 1953b, 1954–1992) and recent provision of regular but short global reviews by the International Social Security Association (ISSA, 1989, 1992, 1993a, 1993c, 1996a) (see Dixon, 1986, 1989, 1996b, forthcoming; Midgley and Tracy, 1996; Midgley, 1997).

The neglect of evaluative comparative social security

Despite the very evident growth in descriptive and analytical comparative social security research over the last forty-five years, only Kaim-Caudle (1973) has taken up the epistemological and methodological challenges of the comparative evaluation of social security systems, as distinct from individual programs (see, for example, ISSA, 1976; Bradshaw et al., 1993). Perhaps Rodgers, in the best neo-positivist tradition, summed up, thirty years ago, the reason for this general reluctance when she concluded (Rodgers with Greve and Morgan, 1968, p. 337):

...if it is so difficult to evaluate the social policies and achievements of a particular country, what of comparative evaluations? Clearly any kind of League Table, except in relation to some very clear-cut and quantifiable facts (e.g., the proportion of old people in each country living below a certain income level) is to be avoided, although one is always tempted to draw comparisons in these terms.

The intricate complexities of the mosaic that is the global social security reality—in terms of multiple and conflicting goals and objectives, and of diverse programmatic, administrative and financial arrangements—requires the adoption of an evaluation perspective that transcends the constraints of neo-positivism, even at the risk of it being cast by neo-positivists out of the realm of the objective knowledge (Popper, 1972).

Approaches to evaluating social security systems

There are, of course, a variety of evaluation methodologies applicable to the assessment of national social security systems. They could be judged by their *inputs* (by using as measures, say, public social security receipts or expenditure as a percentage of Gross National Product (GNP), public social security

receipts or expenditure per capita, indices of average annual benefit expenditure per capita over time, indices of the real average annual benefit expenditure per capita over time); by their *efficiency* (by using as a measure, say, the administrative cost per unit of social security benefit dispersed); by their *performance* (by using, say, program coverage measures (such as the percentage of population or labor force covered or the percentage program coverage of target population categories); benefit adequacy measures (such as cash entitlements as a percentage of a poverty-income threshold, of minimum wages, of average wages, or of GNP per capita); beneficiary needs-satisfaction or benefit-adequacy perception measures; measures of household financial security, poverty incidence and income distribution and a set of economic indicators, including unemployment, inflation and economic growth); or by their *design features* (by rating the adequacy of their design features). Any of these methodologies will comparatively evaluate national social security systems.

Comparative input evaluation

The International Labor Organization (ILO) has long been reporting on the public cost of selected social security programs. From this database can be compiled a comparative social security expenditure or cost indicator (ILO, 1952b, 1953a, 1954–19920; see also Aaron, 1967; OECD, 1976; Simanis, 1989). On this type of data Kaim-Caudle (1973, pp. 51–5) concluded:

The interpretation of statistics relating to [public social security] cost, even if they are based on uniform definitions, standardized accounting and free from distortion by differences in the purchasing power of money, is still exceedingly difficult....

The supposition that low cost necessarily implies low standards is certainly unjustified....

In the same way, high levels of expenditure, whether per head of population or relative to GNP, are not necessarily an indication of high standards of service.

Kaim-Caudle argued, quite persuasively, that comparing levels of public expenditure on social security has “dangers, difficulties and limitations” (Kaim-Caudle, 1973, p. 50). He considered that systemic cross-national comparisons on the basis of public social security expenditure as a percentage of GNP were of “restricted value” although perhaps useful and suggestive “if they are regarded with some skepticism” (p. 300). They should not, however, in his view, “be viewed as league tables and even less as revelations of truth” (p. 300).

Undoubtedly, public social security expenditure data does permit a statistically portrayal of social security system input levels and trends over time. Thus they say something about the relative state of the emperor’s cloths. The extent to which such a statistical portrayal reveals reality depends crucially on two

factors. The first is whether the social security system includes benefits provided directly by employers or individuals—the cost of which are outside the public domain. The second is whether the required data is available in a consistent and reliable form (see, for example, MacKellar and McGreevey, 1997, p. 5).

The comparative input evaluation approach is reductionist in perspective and falls well short of meeting comparative-evaluative challenge set Rys (1966, p. 728) of defining the:

...classification scales by which to judge the respective merits and shortcomings of individual members of the [social security] universe observed.

This means, of course, that, globally, social security systems cannot be comparatively assessed, in terms of their merits and shortcomings, and thus ordinarily ranked on the basis of their cost.

Comparative efficiency and performance evaluation

Social security studies routinely consider *program efficiency* and *program performance*, typically using quantitative, inferential or judgmental analysis, drawing upon whatever national data is available, perhaps utilizing simulation methodologies (see, for example, de Lathouwer, 1996; also Dixon and Cutt, 1975, 1976; Cutt, Dixon, and Nagorcka, 1977). There is, however, a general unwillingness to comparatively evaluate social security systems using these dimensions, largely because there is no straightforward, accurate and comprehensive way to do so (Merritt and Rokkan, 1966; Dogan and Pelassy, 1984). What might seem to be clear-cut efficiency or performance indicators at the abstract level become methodological quagmires when it comes to their quantification in a comparative setting, specially on a global basis.

Social security administrative cost measures are problematic because of double counting and the existence of gaps. These may occur when social security services as an adjunct to the delivery of other services, when multiple public agencies are involved in social security administration, when interagency or intergovernmental administrative subsidies are provided, or when the nongovernment sector (including employers) provide administrative inputs (ILO, 1988b, p. 6).

Social security program coverage measures are problematic because of the difficulties in determining, at any given moment, the number of people who are actually, rather than potentially, eligible for program benefits under general qualifying criteria specified, such as minimum residency, employment or contribution qualifying periods (ILO, 1972b, p. 385; Macarov, 1981, p. 24).

Benefit adequacy measures are dubious because they ignore differential social security needs and the distribution of benefit payment above or below the chosen standard or benchmark (such as a poverty-income threshold or an average wage level) (Horlick, 1970; Haanes-Olsen and Horlick, 1974; Haanes-Olsen, 1978; Bolderson, 1988; Tracy, 1991; Aldrich, 1992).

Needs satisfaction or benefit-adequacy perception measures may be biased by the form of question posed and the measurement scales used (Koniaris, 1979; Sheppard and Mullins, 1989).

The socioeconomic performance of social security systems can be judged by their impact on a set of internationally comparable indicators of, for example, material and social deprivation, household financial insecurity, family economic status, the incidence of poverty and income distribution, not to mention unemployment, inflation and economic growth (Sawyer, 1976; McGranahan, 1977; Moroney, 1979; Morris, 1979; Scott, 1981; Foster, 1984; Rainwater, Rein, and Schwartz, 1986; Deleeck, de Lathouwer, and van den Bosch, 1988; Berghman and Muffels, 1988; Stephenson, 1989; Atkinson, 1990; Deleeck, Van den Bosch, and de Lathouwer, 1992; O'Higgins, Schmaus, and Fields, 1994). To undertake, for example, cross-national income distribution comparisons is a daunting task that requires, among other things, three consistent definitions: "income" (be it gross, disposable, net cash, permanent or current, perhaps adjusted for any in-kind income received from kin groups, local communities, employers or the state), "income unit" (be it the household, family or individual) and "equivalence scales" (for weighting income units of different sizes and compositions) (Danziger and Taussig, 1979; Atkinson, 1983; Plonnik, 1984; Townsend, 1987; Buchmann et al., 1988; Berge, 1989). The ultimate methodological challenge is, of course, to be able to isolate the impact of a social security system on those indicators.

In addition to this quite formidable list of evaluation challenges, two further problems exist. The first is methodological: how do you coalesce a set of complex assessment indicators into a single indicator to permit the assessment and ordinal ranking of social security systems? The second is informational: how do you overcome the unavailability of reliable and compatible data, specially on a global basis? (Estes, 1984; McGranahan, Pizarro, and Richard, 1985). On this issue the World Bank (1995b, p. 385, similarly 1995a, p. 229) has a standard caveat:

...statistical systems in many developing economies are still weak; statistical methods, coverage, practice, and definitions differ widely among countries; and cross-country and cross-time comparisons involve complex technical problems that cannot be unequivocally resolved.

This means, of course, that, globally, social security systems cannot be comparatively assessed, in terms of their merits and shortcomings, and thus ordinally ranked on the basis of their efficiency or their performance.

Comparative system design feature evaluation

In a comparative setting, the design features of national social security systems and commonly described (see, specially, US, SSA (1937-1996), but rarely

evaluated. Kaim-Caudle (1973) is the very obvious exception. He evaluated ten national social security systems by crudely rating the adequacy of their design features, which enabled him to rank them. He was thus willing, clearly with some reluctance, to draw general comparative-evaluative conclusions (pp. 301–302):

...in spite of all the problems which arise in making detailed comparisons... based on personal judgment [about which two countries were at the top (+1) and bottom (–1) in terms of the features of seven social security programs, which he then aggregated so as to ordinally rank them] and not on slide-rule calculations, as a number of particulars have to be taken into account which, like apples and pears, cannot be added up.

On this basis Kaim-Caudle compiled a national ranking of social security systems: Netherlands (first, with five points), Germany (second, with four points), Denmark (third, with three points), Austria and the UK (equal fourth, with one point), New Zealand (sixth, with no points), Ireland and Canada (equal seventh, with minus two points), Australia (ninth, with minus four points) and the US (tenth and last, with minus six points). He concluded, however, that “these scores are no more than reasonable approximations” (p. 306). He also dismissed, almost out of hand, the idea that a more sophisticated design feature scoring system could be developed to quantifies design feature merits and shortcomings:

Any attempt to produce indices by attaching weights to the different particulars would have to be so arbitrary that the results would be much less meaningful than those based on judgment (p. 302).

A systematic qualitative assessment of a very comprehensive set of social security design features permits a more complex, and, indeed more rigorous, comparative evaluation of national social security systems than is possible using Kaim-Caudle's (1973, pp. 301–302) path breaking, but relatively crude, aggregated “personal judgment” methodology. This means, of course, that, globally, social security systems can be comparatively assessed, in terms of their merits and shortcomings, and thus ordinally ranked on the basis of their design features.

A methodology for comparatively evaluating and ordinally ranking social security systems

A social security system design feature evaluation methodology judges a country's statutory social security intention not its social security system's cost or socioeconomic performance. There is, of course, a potential, sometimes an actual, implementation gap between what a social security system promises to

deliver—in terms of program coverage, benefit-eligibility and benefit generosity—and what it actually delivers. This gap can, of course, become very significant in countries where public administration and/or public finances have largely or totally collapsed, or have become severely restricted, because of war, natural disasters or severe economic dislocation.

Methodology conceptualization

Designing a methodology that evaluates systemic design features requires the conceptualization of scoring system that quantifies design feature merits and shortcomings. This approach meets Berk and Rossi's (1990, p. 31) requirement that an evaluation methodology should ensure that the empirical technique employed (the evaluation of systemic design feature merits and shortcomings) relates directly to the evaluation question posed (which countries have the best designed social security systems?). It involves, first, the comprehensive articulation of design features, categorized by whether they relate to constituent program coverage, program benefiteligibility requirements, program benefits, methods of financing or administrative arrangements. Then there must be an assignment of a score to each individual design feature, one that reflects the relative importance of that design feature.

The attachment of a subjective score to the existence (or nonexistence) of a specific design feature is the quantitative expression of a qualitative judgment about whether the inclusion of that design feature makes a social security system "more acceptable" (or its absence makes it "less acceptable"). Central to any such qualitative judgments must be a set of value premises about whether an "acceptable" social security system should seek to:

- cover all social security contingencies, which penalizes countries that have made the policy choice, whether for ideological, political or economic reasons, of either:
 - using other public policy strategies (such as taxation strategies) to achieve social security goals; or
 - not establishing social security programs for particular contingencies;
- have embodied in its constituent programs:
 - universality of coverage, which penalizes countries that have made the policy choice of restricting coverage by excluding specific population categories, whether for ideological, political or economic reasons;
 - minimal restrictions with respect to their categorizing and general qualifying eligibility requirements, and the specification of needs-assessing criteria, which penalizes countries if they have made the policy choice of restricting eligibility on any basis other than need, whether for ideological, political or economic reasons;

- provision of periodic cash entitlements that enable recipients to maintain their accustomed lifestyle, relative to the prevailing community living standards, which penalizes countries that have made the policy choice, whether for ideological, political or economic reasons, of:
 - providing benefits on any basis other than past earnings; and/or
 - not regularly adjusting the such cash entitlements so as to ensure that they remain commensurate with prevailing community living standards; and
- provision of health-service benefits that include appropriate medical, hospital and paramedical care, of a standard comparable to that available to the community as a whole, to those covered by social security programs (including dependents) and to social security recipients who are in need of such services for as long as such services are medically required, which penalizes countries that have made the policy choice, whether for ideological, political or economic reasons, of restricting the availability; and/or the range of health-care benefits provided under the auspices of their social security systems;
- minimized its costs and share them amongst employers, employees and government in such a way as to ensure that cost burden to individuals (as taxpayers and contributors) is progressive rather than regressive, which would penalize countries that have made the policy choice, whether for ideological, political or economic reasons, of:
 - not adopting tripartite financing for all social security programs; and/or
 - limiting the degree of vertical income redistribution sought; and
- have a mode of administration that is as simple and as decentralized as possible, especially from the perspective of the end user, which would penalizes countries that they have made the policy choice, whether for ideological, political or economic reasons, of constructing a complex and/or centralized social security system.

The ILO's conventions on minimum social security standards (ILO, 1952a, 1952c, 1964, 1966, 1967, 1968, 1969, 1988a) constitute a long-standing and internationally accepted set of conservative, minimum-standard benchmarks that identify the design features that should be embodied in a "minimally acceptable" social security system (ILO, 1989). (For a comprehensive account of the early development of these social security standards see Tamburi, 1981) Otting (1993, p. 169) considers that these conventions provide "an internationally accepted definition of the very idea of social security."

Methodology operationalization

National social security program design assessment. To operationalize this social security system design feature evaluation methodology requires the

articulation of a comprehensive set of design features at the individual program level. Ten social security programs can be identified: old age and retirement, disability, survivors', sickness, maternity, employment-related temporary injury and disease, employment-related permanent injury and disease, employment-related survivors', unemployment, family and child benefits. Each of these consists of one or more social security strategies.

The designated primary social security strategy requires assessment on three dimensions: coverage requirements, benefit-eligibility requirements and the benefits provided. Each of these dimensions is initially assigned a base-level point score—say 100. Deductions are then made if particular meritorious design features are missing or if design features with particular shortcomings are included. Bonuses are added if particular meritorious design features are included or if design features with particular shortcomings are included. The design shortcoming deductions and design merit bonuses assigned with respect to particular design features should generally be relatively small, so that the absence or inclusion of one design feature does not dominate the evaluation, except in instances of very significant design feature merit or shortcoming.

With respect to the primary strategy's coverage, the ILO's conventions on minimum social security standards establish three alternative minimum coverage standards: not less than 20 percent of all residents; all residents with means below a particular limit; or not less than 50 percent of all employees in industrial work places employing 20 persons or more. On this basis, the program coverage assessment depends on the degree of population coverage sought. Deductions are made for the exclusion from coverage of people outside formal employment, in specific regions, employed in particular occupations or industries, employed by small employers (on a sliding scale) or in their own business, earning below a minimum income or in particular program-relevant categories (such as nonmanual workers excluded from employment injury programs coverage, small families excluded for child benefit program coverage. Bonuses are added if voluntary coverage, or a special system, is available to excluded population categories or if coverage is extended to particular population categories facing distinctive social security risks (the inclusion of those incapacitated for work due to a childhood disability in disability program coverage.

With respect to the primary strategy's eligibility, the assessment depends upon a balancing of a program's degree of exclusion sought, as evidenced by the restrictiveness of its categorizing and general qualifying eligibility requirements, against the degree to which it focuses on those most in need, as evidenced by its needs assessment requirements. Deductions are made for the exclusion from the receipt of benefits of particular applicants: those who fail to satisfy restrictive categorical requirements (such as retirement ages set above the life expectancy or less than total and permanent disability); those who fail to satisfy restrictive general qualifying eligibility requirements (such as long minimum qualifying periods with respect to residency, contribution payments, covered employment, sickness and unemployment, marriage; advanced

minimum ages for widow's pensions (on a sliding scale); advanced minimum ages and/or restricted maximum ages of dependents for child and family benefits (on a sliding scale), or those who are in particular program-relevant population categories (such as pensioners, or those eligible for a pension, made ineligible for survivors' benefits; widows without children or female orphans made ineligible for survivors' benefits; the sick made ineligible for sickness benefits because they are not hospitalized; female employees being made ineligible for sickness benefits because they have an employed husband; first-job seekers or women seeking to re-enter the workforce made ineligible for unemployment benefits; employees and survivors' made ineligible for employment-related injury, disease or survivors' benefits because of the cause of the employment accident or illness; unemployed made ineligible for unemployment benefits because they refuse any work). Bonuses are added if liberal categorical requirements are specified (such as early retirement; no or minimal minimum degrees of disability (on a sliding scale)), if liberal general qualifying eligibility requirements apply (such as no minimum qualifying periods specified in particular circumstances (such as in the event of nonoccupational accidents)), or if in particular program-relevant population categories are included (such as women having an abortion or pregnant single mothers made eligible for maternity benefits; male partners made eligible for maternity benefits; the partially disabled made eligible for disability benefits (on a sliding scale); widowers made eligible for survivors' benefits; road accident victims made eligible for employment injury benefits; dependents of working age who are studying or disabled eligible for child and/o family benefits); or if income or assets test are applied to concentrate benefits on those in most need.

With respect to the primary strategy's benefits, the ILO's conventions on minimum social security standards endorse only the use of periodic payments expressed as either a percentage of a beneficiary's previous earnings, for a particular period of time, or an income-tested, flat-rate "sufficient to maintain the family of the beneficiary in health and decency" (ILO, 1952a, article 65). On this basis, the assessment of program benefits depends on both the degree of periodicity of payment and the degree of benefit generosity (relative, of course, to prevailing community living standards). Deductions are made when program benefits are paid as a lump-sum or at a flat rate, or are related to average or minimum national wages or to past contributions; when benefits vary with income, assets, the period of past covered employment, or age; when a maximum payment period is specified (on a sliding scale); when no or only ad hoc automatic benefit adjustments are made; when maximum income-replacement rates are less than 50 percent (on a sliding scale) or when additional income tests apply to supplementary or special-need benefits. Bonuses are added when maximum income-replacement rates are more than 70 percent (on a sliding scale); when supplementary and special-need benefits are provided, especially those that enhance beneficiaries ability to enter the workforce; when lump sum benefits are convertible to periodic payments and annuities; when minimum and

maximum benefit rates are specified; when minimum and maximum earnings for benefit purposes are specified; and when automatic benefit adjustments are made on less than an annual basis.

Any supplementary social security strategies require assessment on the basis of whether they extend coverage beyond that of the primary program, specially to those most in need, and/or supplement the primary program benefits provided, with bonus points being assigned accordingly.

A national social security program design assessment score can be calculated as follows, assuming equal weight is given to each primary strategy evaluation dimensions:

$$P = 0.3((100 - Cd + Cb) + (100 - Ed + Eb) + (100 - Bd + Bb) + Sb)$$

where,

Cd is the sum of all primary strategy coverage design shortcoming deductions,

Cb is the sum of all primary strategy coverage design merit bonuses,

Ed is the sum of all primary strategy benefit-eligibility design shortcoming deductions,

Eb is the sum of all primary strategy benefit-eligibility merit bonuses,

Bd is the sum of all primary strategy benefit design shortcoming deductions,

Bb is the aggregate primary strategy benefit merit bonuses, and

Sb is the merit bonus assigned to any supplementary strategies.

National social security health services design assessment. The overall assessment of a social security system's primary health service provision, in line with the ILO's conventions on minimum social security standards, depends on the degree to which adequate medical, paramedical and hospital services are intended to be provided to social security recipients and their dependents and to covered employees and their dependents.

With respect to the primary health service strategy's coverage, assessment depends on the degree to population coverage intended. Deductions are thus made if restrictive coverage requirements are included to exclude social security recipients, their dependents or the dependents of covered workers, or if coverage is restricted because of limited service provision.

With respect to the primary health service strategy's eligibility requirements, assessment depends on degree of exclusion sought. Deductions are thus made if the eligibility requirements are more rigorous than those applying to cash sickness and maternity benefits and if access is restricted exclusively to those with low incomes.

With respect to the primary health service strategy's benefits, assessment depends on the degree to which limits are placed on service provision and on the range of paramedical services provided. Deductions are thus be made if health service provision is limited (by the specification of maximum hospital stay

periods, statutory waiting periods, maximum health expenditure limits, cost reimbursements limits of less than 90 percent (on a sliding scale), co-payment requirements, limited fees-for-service payments) or if the range of health services offered excludes certain services (prostheses, pharmaceuticals, transport and rehabilitation) or is very limited (maternity health care only). Bonuses are added if additional paramedical services are provided, say dental and optical care.

With respect to any supplementary health-services strategies assessment depends on the degree to which they extend health care coverage, with bonus points being assigned accordingly.

A national social security health services design assessment score (H) can be calculated in exactly the same way as a national social security program design assessment score (P). Hence:

$$H = 0.3((100 - \text{HCd} + \text{HCb}) + (100 - \text{HEd} + \text{HEb}) + (100 - \text{HBd} + \text{HBb}) + \text{HS})$$

where,

HCd is the sum of all primary health service coverage design shortcoming deductions,

HCb is the sum of all primary health service coverage design merit bonuses,

HEd is the sum of all primary health service benefit-eligibility design shortcoming deductions,

HEb is the sum of all primary health service benefit design merit bonuses,

HBd is the sum of all primary health service benefit design shortcoming deductions,

HBb is the sum of all primary health service benefit design merit bonuses, and

HSb is the design merit bonus assigned to any supplementary health service strategies

National social security financing assessment. The ILO's conventions on minimum social security standards require that the costs of social security protection be met by means of contributions or taxes "in a manner of which avoid hardship to persons of small means" (1952a, article 67). Thus the assessment the social security financial arrangements depends on the degree of statutory cost burden carried by employers, employees and government and on the degree of regressivity of the cost burden to individuals (as taxpayers or contributors). Deductions are thus made if employer contributions are, say, 15 percent or more (on a sliding scale); if employee contributions are, say, 7.5 percent of more (on a sliding scale); if flat rate contributions are paid (on a sliding scale); if flat rate contributions (on a sliding scale) or health insurance contributions are paid; if either employers or employees pay either the whole cost of a social security program or make no contributions whatever; if lower contribution rates

apply to higher income earnings; if either maximum contributions or maximum earnings for contribution purposes are specified; or if government deficit funds health services. Bonuses are given if total contributions are less than 15 per cent (where no more than three programs are entirely paid either by employers or individuals) (on a sliding scale); if employer contributions substitute for employee contributions at low earnings levels; if those receiving low earnings pay either a lower or no contribution; or if a minimum earnings level for contribution purposes is specified.

A national social security financing assessment score (F) can be similarly calculated as follows:

$$F = (100 - F_d + F_b)$$

where,

F_d is the sum of all social security financing design shortcoming deductions, and

F_b is the sum of all social security financing design merit bonuses.

Social security administration assessment. The assessment the social security administrative arrangements depends on the degree of administrative complexity and on the degree of administrative decentralization. Deductions are thus made if a social security system's administration is particularly complex, such as where there are multiple lines of accountability; multiple agencies delivering social security services (on a sliding scale); or where either inter-agency or intergovernmental collaboration is required. A bonus is added if benefit administration is decentralized.

A national social security administration assessment score (A) can also be similarly calculated:

$$A = (100 - A_d + A_b)$$

where,

A_d is the sum of all social security administration design shortcoming deductions, and

A_b is the sum of all social security administration design merit bonuses.

National social security system design assessment. A national social security system design assessment score—the basis for an ordinal ranking of social security systems—can be calculated as follows:

$$R = a((P_{sum} + H)/11) + b(F) + c(A).$$

where,

P_{sum} is the sum of all the national social security program design assessment scores,

A is the national social security administration assessment score, and

a , b and c are coefficients of relative importance that sum to unity.

Data base

A ready source of information on social security system design features is the US, Social Security Administration's (US, SSA) *Social Security Programs Throughout the World*, which was first published in 1937, and has since been published biennially, the latest edition relating to 1997 (US, SSA, 1998). As to the information sources used to compile the national social security system profiles, the US, SSA notes (1998, p. v):

Much of the information used in this report was received through the Annual Survey on Developments and Trends conducted by the International Social Security Association (ISSA) under the sponsorship of the United States Social Security Administration....

Other sources include official publications, periodicals, and other documents received from social security institutions, foreign embassies, or the Law Library of the Library of Congress. Information transmitted by Labor Attaches and Labor Reporting Officers at American Embassies abroad has been invaluable. Other important sources of information include the International Labor Office and other international organizations such as the Permanent Inter-American Social Security Committee, the Organization for Economic Cooperation and Development, the European Communities, the World Bank, the International Monetary Fund, the Inter-American Development Bank, as well as foreign social security officials, and social security experts in the United States.

This information source is unique in both its scope, global, and its content, program specific, although it is not without its blemishes (US, SSA, 1996, 1998).

Certain benefits and programs included fail to meet the definition requirements to be classified as social security measures. This applies to the public employment wages and voluntary supplementary pensions in the Seychelles and to child-care service in Mexico. Some voluntary insurance measures have, with the passage of time, become de facto social security programs, as with the voluntary unemployment insurance in Denmark and Finland, where they are state subsidized, and in Sweden, where it is temporarily deficit funded; and as with voluntary sickness insurance in Switzerland, where it attracts special government subsidies. Moreover, some social security systems provide social benefits that fall outside the scope of social security. The Philippines' social security institutions, for example, make available educational and housing loans to their recipients (Gerdes and Pehrson, 1998, p. 198). National Provident Funds

commonly give their members withdrawal rights in the event of emigration and marriage, to permit the purchase of housing and real estate, property insurance, or to meet the cost of children's education, health care or natural disasters; or loan rights to permit the purchase of housing and real estate or to meet the cost of social obligations or to purchase capital items (Dixon, 1989, pp. 34–37).

The US, SSA's treatment of social assistance, especially supplementary assistance programs, is perfunctory and desultory, for they are, at its own admission, only "generally noted, but no details concerning it are given" (US, SSA, 1998, p. vii). Thus it is not surprising that supplementary social assistance programs are identified variously as income-tested benefits (Libya) or allowance (Austria), means-tested allowances (Bahamas, Brazil and Belgium) or income support (Israel), noncontributory schemes for needy aged (Liberia), means tested social pensions (Czech Republic and Italy) and special systems for the indigent (Gabon and Nicaragua). Data on such social assistance programs needs to be supplemented from other sources.

The US, SSA's treatment of mandated occupational or personal pension or savings programs is also perfunctory and desultory (in the cases of Bolivia, Cote D'Ivoire, France, Switzerland, United Kingdom, Venezuela) or even nonexistent (Australia). In Finland, "statutory earnings-related pension plans" constitutes a mandated occupational pension program on the basis that both employers and employees contribute and that the carriers include private sector organizations. The "private termination indemnity program" in Colombia is a mandated personal savings program as it is administered by the private sector. Similarly, Guatemala's compulsory savings approach to unemployment provision is a mandated personal savings program because it involves "savings accounts" into which employees must contribute (US, SSA, 1996, p. 143). Data on these programs needs to be supplemented from other sources.

The US, SSA's treatment of social insurance measures is rather confusing at times. Social security measures classified as "employment-related" (30 countries), "compulsory insurance systems" (10 countries) or just "pension schemes" (Gambia) need to be classified as social insurance measures, on the grounds that employer contributions are paid to separate social security agency. Employment injury programs in Ethiopia constitute social insurance rather than employer liability measures, because they are funded from social insurance pension contributions, while in Sudan they are employer liability measures rather than social insurance measures, because they require employers to insured their employment injury risks with private insurance company (see also US, SSA, 1992, 1994). Sickness and maternity programs in Bangladesh are employer liability measures rather than social insurance measures because the employer is required to pay the "total cost". The unemployment program in Hungary, Slovenia and Yugoslavia are all social insurance measures not social assistance measures, because they are contributory and not means tested, whereas in Slovakia it is a social allowance measure not social insurance measure, as it is both noncontributory and not means tested. Social security programs that require only employee contributions to a public agency, but where

employers are obliged to reimburse employees for part of that contribution (as in the Netherlands and Slovenia) must remain social insurance programs. Social security programs with two-tier benefits cause definitional dilemmas. Where basic and complimentary benefits are integrated and the social security program is explicitly classified as "social insurance" it should be treated as a social insurance program, even though the delivery of the complementary benefits is by nongovernmental carriers—such as "joint employer-employee bodies" (the Netherlands) or "pension funds" (Iceland). Medical benefits programs should be included under the rubric of social insurance where they are the only form of social security benefit offered in the event of sickness and/or maternity (Indonesia and Gabon) and/or when the contributions are collected by a social security administrative agency, which differentiates them from health insurance systems, where health insurance agencies collect the contributions and arrange service deliver or cost reimbursement.

The US, SSA's treatment of social allowances measures is also a little confusing at times. Family allowances in Albania are more appropriately classified as social allowances given that the government pays the whole cost. Child allowances in Austria are classified should be classified as a social allowance measure because it is tax financed even though one of the revenue sources is an payroll tax paid by employers. The unemployment program in Luxembourg is a social allowance rather than social insurance measure, because it is explicitly financed by an income tax surcharge—a solidarity tax. Unemployment programs are social allowances programs in Chile and Estonia, because they are entirely funded by government and not means tested, even though in Chile coverage is restricted to employed persons. The special pensions paid in Egypt to all those who fail to qualify for a social insurance pension must also be considered social allowances. Bermuda's noncontributory disability pensions are social allowances, because they are not means tested.

The US, SSA's treatment of employer liability measures is also somewhat confusing at times. The family allowance programs in Bolivia and Iran need to be classified as employer liability measures because the employer pays the "total cost". China's post-socialist transitional arrangements with respect to oldage, disability, survivors', sickness and maternity benefits need to be classified as a social insurance measure rather than an employer-provided measures, as they all requires contributions from both employees and employers.

The US, SSA's treatment of National Provident Funds is also very incomplete necessitating the drawing of supplementary data from other sources.

Conclusion

The pioneers in the study of comparative social security in the 1950 and 1960s contented themselves with describing and comparing programs, strategies, institutions and values. And subsequent developments over the ensuing twenty-five years have certainly broadened the focus of comparative social security

research. But there has been considerable reluctance either to answer Midgley's (1987, p. 53) call for more comparative studies that encompass the "world system in its entirety", or to embark on comparative evaluative research, despite the considerable efforts made by the International Social Security Association, the United States Social Security Administration and the International Labor Organization to publish relevant national data on a global basis.

The unwillingness of social scientists to engage in the comparative evaluation of national social security systems reflects their self-imposed epistemological blinkers—the tenets of neo-positivism. Kaim-Caudle (1973) lifted those blinkers just a shade, albeit somewhat reluctantly, to take up Rys' (1966) methodological challenge of designing an evaluative methodology that assesses the respective merits and shortcomings of social security systems. This he did by assessing their design features. This is, clearly, an assessment of the statutory intentions of a national social security system, rather than its cost, efficiency or performance.

Axiomatically, the evaluation of social security system design features is based on the judgments about what design features make a social security program "more acceptable" or "less acceptable". Central to these judgments are, of course, a set of value premises. This paper has sought to provide a framework for such a evaluation methodology—based on the ILO's conventions on minimum social security standards—that can be applied to national social security systems on a global basis.

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