State-NGO Relations in Health Care in Central Asia

Erica Johnson
PhD Candidate
Department of Political Science
University of Washington

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Introduction

Despite starting the era of independence with state-directed systems of health care and social protection, post-Soviet Kazakhstan, Kyrgyzstan, and Uzbekistan now show surprising variation in government versus private provision of health care and social services. The government of Uzbekistan has worked to retain Soviet-era welfare policies and co-opt or exclude nongovernmental organizations (NGOs) from participating in the heath care services, whereas the regime in Kazakhstan has significantly reduced the socialist welfare state and opened space for cooperation with private health care providers, including NGO actors. In a third variant, Kyrgyzstan has retained a high degree of state control in health care and social protection but also allowed for the development of NGOs that now compete with the government in health care and social protection services. Because of their similar starting points, the difference in institutional design and state-NGO relations is a puzzling outcome.

Thus my dissertation is a comparative analysis of the relationships between authoritarian regimes and nongovernmental organizations (NGOs) in post-Soviet Central Asian states. In particular, I aim to answer the following question: Under

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which conditions do states in Central Asia cooperate with, compete against, or co-opt NGOs? I explore these state-NGO relationships in the sphere of post-Soviet health care and social welfare provision. My fieldwork and secondary-source research on this topic reveal variation in Central Asian countries that scholars of social welfare states and post-Soviet political and economic institutional transition do not expect.

To explain these differences, I argue that economic self-sufficiency and levels of political contestation in the post-communist transition determine government health care and social welfare strategies and condition the resulting state-NGO relations in health care and social protection in each country. This project, therefore, analyzes the effect of state economic interests and spending policies, levels of political challenges to the ruling administration, the policy processes in which states and NGOs translate societal demands into social welfare institutions, and the institutional capacity of states and NGOs to provide social welfare services to their constituents. This project shows how authoritarian states manipulate social welfare strategies to allow or exclude NGO participation as part of their survival strategies.

The next two sections briefly outline the theoretical foundations of my research and my argument and hypotheses. Then I present preliminary findings from fieldwork interviews with government officials and NGOs working in the health care arena in Uzbekistan, Kazakhstan, and Kyrgyzstan. I conclude with a short discussion of the broader implications of my project for scholars and practitioners interested in political transitions and social welfare outcomes.

Theoretical Context

Despite starting the era of independence with state-directed systems of health care and social protection, why do Kazakhstan, Kyrgyzstan, and Uzbekistan now have

different patterns of government versus private provision of health care and social services? Because of their similar starting points, these three cases offer a natural laboratory in which to re-examine existing explanations of post-Soviet NGO development, institutional change, the social welfare state, state-NGO relations, and authoritarian survival in the context of health care and social welfare.

NGOs are new phenomena in Central Asia and, yet, since the Soviet collapse tens of thousands of these organizations have been created and they are active in all realms of social, religious, and political life. To date, most U.S. academic studies of NGOs in the post-Soviet region have been focused on the weakness of post-Soviet civil society (Howard 2003; Jowitt 1992) and relationships between local NGOs and foreign donors (Adamson 2002; Henderson 2002; Mendelson and Glenn 2002). Although a great deal of western donor support and effort has been directed toward building civil society and NGOs in the post-Soviet region, few efforts have assessed the impact of these NGOs in specific policy spheres. Moreover, this scholarship rarely focuses on state-NGO interactions, and much of this literature ignores Soviet-era patterns of state-societal cooperation in social welfare fulfillment and the implications for contemporary NGO social welfare provision. Moreover, this scholarship is primarily couched in the western expectation that NGOs operate in opposition to the state. My study therefore improves on these earlier works through an extensive exploration of state-NGO relationships in the very real policy area of health care. In addition to being a policy area with significant implications for the lives of millions of citizens in Central Asian countries, a very practical research concern motivated this focus, as health and social welfare NGOs continue to operate even as the repressive government in Uzbekistan cracks down on and closes democratization and human rights NGOs.

An important dimension of my research is to understand what is replacing the comprehensive Soviet social safety net and to capture health care outcomes since the collapse of socialism. Despite dramatically changing dynamics in the post-communist region, little knowledge has been generated about the welfare systems in these transitioning countries, the factors that influence how they are shaped, or the roles that governments and NGOs play in social welfare implementation. Most existing political-economy explanations of the welfare state assume a functioning government, a capitalist economic system, and democratic environments, in which nongovernmental actors, such as labor, interest groups, political parties, and others play roles in social spending decisions (Esping-Anderson 1990; Lindert 2004; Pierson 1994).[2] These works are sensitive to the historical legacies of welfare institutions, but the critical mechanism in these explanations is democratic elections that pressure politicians to respond to the public's social welfare preferences. As a result, this literature does not explain non-democratic, non-capitalist post-Soviet Central Asia, where working classes are not organized and societies have few or no democratic institutions in which to air their interests. In addition, welfare state explanations do not address why NGOs emerge to work with or compete against the state in social welfare provision.

Despite the health care sector's significant impact on societies and state-society relations, until recently foreign scholars have largely ignored its importance in the post-Soviet transition. An emerging body of comparative political economy literature is beginning to synthesize the "varieties of capitalism" (Hall and Soskice

[2] Rudra (2002) and Wibbels (forthcoming) have begun to explore the formation of the welfare state in less developed countries, but their explanations also rely heavily on the role of democratic institutions. Rudra, Nita. 2002. Globalization and the Decline of the Welfare State in Less-Developed Countries. *International Organization* 56 (2):411-445, Wibbels, Erik. 2006. Dependency Revisited: International Markets, Business Cycles, and Social Spending in the Developing World. *International Organization* 60 (2):433-468.

2001) and "varieties of welfare states" approaches to focus on non-state actors in the design of social welfare institutions (Mares 2001; Mares 2003). In addition, new scholarship attempts to extend the analysis to post-communist countries and offers a promising approach for integrating non-state actors into understandings of social welfare institutional design and provision.[3] As an example, Wibbels and Ahlquist (2006) argue that post-communist leaders will shrink "excess" spending in human capital farther and faster in the labor-scarce, inward-oriented economies and decrease "excess" spending in social security in the region's labor-abundant, outward-oriented economies. Elite economic considerations, interaction between labor/business interests and the state, and lobbying are critical to these arguments. Nevertheless, in the postcommunist Central Asian context, labor organization is weak or non-existent, it is often difficult to untangle state and business interests, and democratic lobbying practices do not exist. As a result, social welfare NGOs may play some of these roles. These political economy arguments point to important economic factors determining politicians' institutional and policy preferences, but the studies rely on assumptions of capitalism and democracy. In addition, these studies are often "large-N" regression analyses of all post-communist cases and lack the area-specific expertise of which actors participate in bargaining processes, the specific preferences of state and non-state actors, and the relative bargaining power of the actors.

Another emerging line of comparative political economy work addresses the survival strategies of authoritarian regimes and the resulting state-society relations (Diaz-Cayeros, Estevez, and Magaloni forthcoming; Gandhi and Przeworski 2007;

[3] See, for example, the papers presented at "Post-Communist Political Economy and Democratic Politics," 2006 Comparative Politics Workshop, Duke University, Department of Political Science, April 7-8, 2006.

Haber 2006; Magaloni 2007).[4] These scholars are advancing important ideas about how authoritarian regimes manipulate political institutions to stay in power. A few of these works explore how and why autocrats use social welfare policy as a tool of governance (see, in particular, Diaz-Caveros et al forthcoming). Again, however, these works commonly focus on political parties, elections, and legislative bodies, which have lower salience in post-Soviet Central Asia. Nevertheless, this work highlights the importance of exploring social welfare policies in non-democratic, noncapitalist regimes and extends the generalizability of my study to the broader body of work on the relationship between social policy and authoritarian survival.

My dissertation also engages literature on post-Soviet institutional change and the stickiness of Soviet institutional legacies. Because of the extensive "cradle to grave" Soviet welfare system, a first wave of scholars would have expected the "one size fits all" institutional outcome of continued robust social spending (Bunce 1995; Jowitt 1992). These studies failed to predict the variation in institutional design that emerged within the Soviet successor states. Subsequent analyses have built on the Soviet legacies approach while also allowing for variation in outcomes. Recent empirical studies of institutional variation, however, tend to focus on elite level factors and neglect the social forces that pressure government leaders for change (Jones Luong 2002) or propose societal actors as alternative solutions to corruption and reform failures in government leadership (McGlinchey 2003). Applied to the design of social welfare institutions, these studies do not account for the empirics of state social welfare strategies or the resulting state-NGO relations in the same case

[4] This direction of work is also emerging in post-communist analysis, see, for example, Way, Lucan. 2005.
Authoritarian State Building and the Sources of Regime Competitiveness in the Fourth Wave: The Cases of Belarus, Moldova, Russia, and Ukraine. *World Politics* 57 (4):231-261.

countries as Jones Luong and McGlinchey use in their respective studies.[5] Whereas Jones Luong's model points to inter-elite political competition as the important explanatory variable, McGlinchey gives critical weight to the financial conditions that allow political elite to maintain Soviet institutional legacies. Neither study combines political and economic variables, which, as I argue below, better explains post-Soviet social welfare design and state-NGO relations in Central Asia.

Although the literatures discussed above have some critical weaknesses, synthesizing these approaches offers important benefits. Considering together the economic preferences motivating politicians' institutional strategies, Soviet legacies, responses to political competition, and the role of societal actors as potential competitors or collaborators in social welfare provision reveals new directions for understanding authoritarian regimes, state-NGO relations, and social welfare provision in Central Asia and elsewhere. Thus my project contributes to the emerging policy economy literature on how states manipulate social welfare policies as tools for authoritarian survival and extends the generalizability of my study to the broader body of work on social welfare policies in non-democratic, non-capitalist regimes.

Argument and Hypotheses

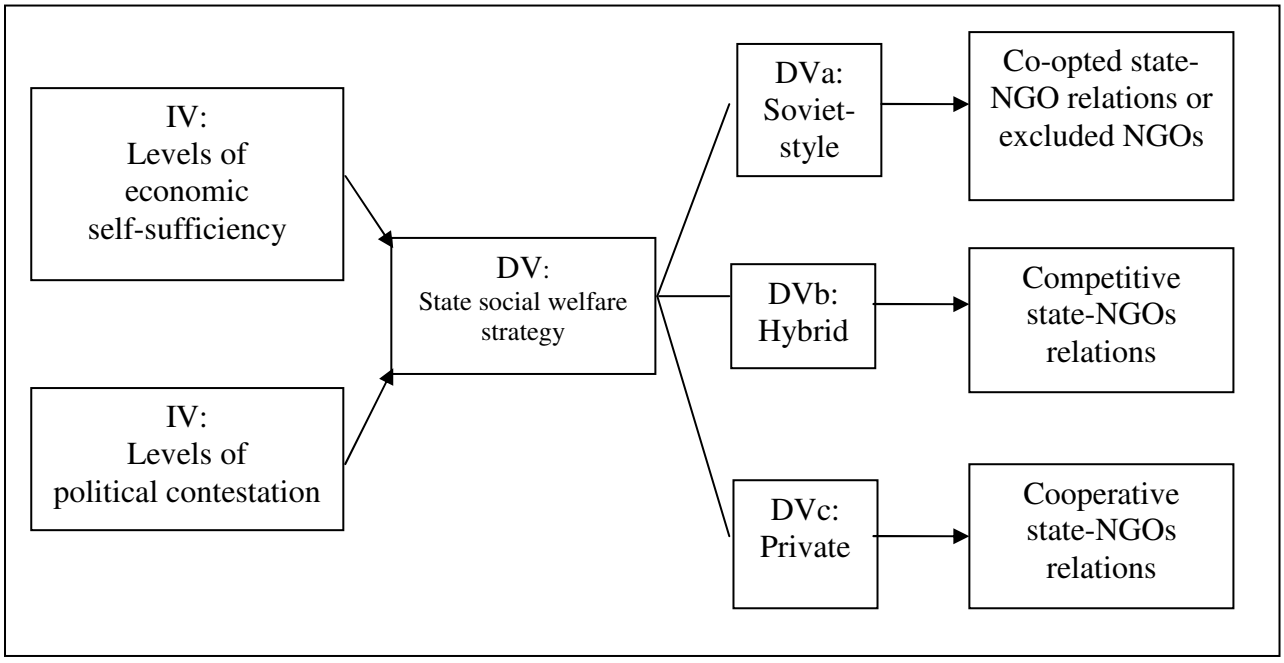
In order to address these theoretical and empirical gaps, I argue that the levels of economic self-sufficiency and political contestation present at the onset of the post-communist transition determined state leaders' social welfare strategies and conditioned the resulting state-NGO relations and the type of service provision in each country's social welfare sphere. The state's decision to continue Soviet era

[5] In a later volume, Jones Luong is attentive to state-society relations in Central Asia and the political and economic causes of these interactions. See, Jones Luong, Pauline, ed. 2004. *The Transformation of Central Asia: States and Societies from Soviet Rule to Independence*. Ithaca: Cornell University Press.

spending and policy implementation, privatize social welfare services, or adopt a hybrid regime determined whether social welfare NGOs would be co-opted by, cooperate with, or compete against the state. These factors have important implications for authoritarian survival, state-NGO relations, and social welfare provision.

I hypothesize that two factors present at the time of transition are likely to condition a state's social welfare strategy and the resulting state-NGO relations: levels of state revenue and levels of political contestation. Figure 1 outlines the argument, and the variables and processes are discussed in more detail below.

Figure 1: Sketch of Argument



In the initial moment of Soviet collapse, politicians likely had specific economic preferences and incentives that determined when they chose to keep control of and continue spending on a previous policy. For example, absent transfers from the Soviet center and the historical Soviet trade regimes, a state with low levels of

alternative sources of domestic revenues (exports, taxation, etc.) might be left with few choices but the dramatic retrenchment of social welfare spending. Conversely, higher levels of economic self-sufficiency might allow the state's political elite to choose strategies that would continue Soviet-level social welfare spending. This calculus does not, however, tell the complete story of social welfare policy or state-NGO relations in Uzbekistan, Kyrgyzstan, or Kazakhstan.

Taken alone as an explanatory variable, neither economic self-sufficiency nor political competition fully explains why authoritarian states adopt particular social welfare strategies or the kind of collaboration or competition that results between the state and NGOs. In combination, however, these factors condition states' social welfare strategies, provide clues into how state welfare strategies shape the emergence of cooperative, competitive, or co-opted state-NGO relations in welfare provision, and have important implications for the welfare outcomes exhibited in my cases and elsewhere.

Table 1: Case variation on independent and dependent variables

Country	IV: Economic Self-Sufficiency	IV: Political Contestation	DV: State Strategy
Uzbekistan	High	Mid/High	Soviet-style
Kazakhstan	Low	Low	Privatize
Kyrgyzstan	Low	High	Hybrid

Case Study Illustrations

The findings on state-NGO cooperation in the health care sector in Uzbekistan, Kazakhstan, and Kyrgyzstan are based on primary and secondary source material, interviews, local and international newspaper coverage of related issues, and five research visits to Central Asia since 2003. In June–August 2006 and January–March 2008, I conducted 85 in-depth, semi-structured interviews with representatives

of local NGO, international donor organizations, Ministries of Health, and city-level public health offices in Tashkent, Samarqand, and Buxoro in Uzbekistan, Almaty and Astana in Kazakhstan, and Bishkek and Osh in Kyrgyzstan. The interviews were conducted in Russian and English and were designed to gain a more nuanced understanding of individual views on local NGOs' social welfare roles and the state-NGO relationships.

The three country cases started the immediate transition era with similar health care sectors and social welfare institutions. They now show significant variation in state health care policies and NGO involvement in the health care sector. These cases thus provide important variation on the dependent and independent variables and allow for greater understanding of how the differences in state-NGO interactions affect health care provision in non-democratic countries. The cases, thus, offer an opportunity to make new contributions to existing explanations of social welfare states, post-Soviet institutional change, NGO development and state-NGO relations in authoritarian settings.

Uzbekistan: State-Controlled Health Care Provision

With a population of 26 million people, Uzbekistan is the most populous Central Asian country. Since independence, Uzbekistan has been economically self-sufficient chiefly due to export of cotton, gold, and limited oil and gas reserves. From independence forward, Uzbekistan's leadership adopted a stance of very gradual economic reform, retained Soviet policies and spending practices, and limited international aid and donor involvement. Comprehensive, state-controlled health care has been an important component of the continued Soviet practices, and, at least initially, the government had the financing to maintain the system.

Over time, Uzbekistan's state budget has begun to face economic constraints of sustaining Soviet-era health spending, but the ruling elite has felt the threat of political challenges and thus continue to control the social welfare arena rather than reform the system and encourage private provision. Unlike in Western Europe, these political challenges have not come from election results. Instead, Uzbekistan's central leadership has felt the threat of political competition from regional elites (Jones Luong 2002), periodic uprisings, protests, and bombings that are usually attributed to radical Islamist groups, and local and foreign NGOs. It is this combination of economic wealth and political competition that led Uzbekistan's state leaders to retain as much of the Soviet-era social welfare policy (and social control) as possible. Consistent with Soviet practices of enlisting social groups to implement social welfare policies, Uzbekistan's government leaders engage social welfare NGOs only on state terms through co-optation.

Uzbekistan is a closed, highly controlled, and difficult environment for NGO actors, especially in the areas of democracy and human rights. Nevertheless, health- and welfare-oriented NGOs have developed and continue to function but most commonly only in conjunction with state agencies as state-controlled and often even state-created organizations. A co-opted state-NGO relationship is the result.

Between the mid-1990s and early 2000s, foreign donor agencies were actively involved in providing funding, training, and encouragement for NGOs to emerge in Uzbekistan. Fearing overthrow similar to the colored revolutions in Georgia and Ukraine, starting in 2004 the Uzbekistan government began a contentious effort to re-register all foreign and local NGOs and ousted from the country many international donors that had provided the bulk of funding to local NGOs. These efforts intensified after the March 2005 Tulip Revolution in Kyrgyzstan and the uprising in Uzbekistan's

Ferghana Valley city of Andijan in May 2005. Threatened by the alleged political motivations of the foreign donors and the local NGOs that they supported, the government closed foreign donor offices in the country for "money laundering" and denied local NGOs access to foreign financial support. These crackdowns were especially targeted toward foreign and local NGOs working to track and document Uzbekistan's human rights abuses and those organizations advocating for democratic reforms in the country. NGOs engaged in health care and social welfare provision have been given more leeway to continue their activities, but they are also denied access to foreign funding. On one hand, local NGO will no longer be captured or "ghettoized" (Mendelson and Glenn 2002) by the agendas of foreign donors, many of which would not support health or social welfare activities. On the other hand, these co-opted local NGOs must now rely more heavily on state funding and their work is most commonly done in conjunction with state agencies.

This co-opted state-NGO relationship, however, is not new. It is simply more pronounced with the absence of foreign donors. Many organizations, such as those providing services and assistance to disabled populations, continue to enjoy close ties to the government that were forged during Soviet times. Even while they applied for foreign grants as NGOs, many health organizations in Uzbekistan have been operating with state funding and are housed in government-provided office spaces, and the state often waives or subsidies utilities, phone and Internet costs, and other operating expenses. Most puzzling for western observers, these so-called NGOs are often part of government research or educational units and their staffs are comprised entirely of state employees. As a result, these organizations are termed Government-Organized NGOs or GONGOs.

In contrast to western conceptions of the role of NGOs or civil society more generally, Uzbekistan's health care and social welfare NGOs largely see their role as supporting government services, acting to ensure that government is living up to its promises to the population. Few organizations have opportunities to engage in advocacy or lobbying for their specific beneficiaries. Despite the close ties with government, few NGOs have the opportunity to present ideas for health policy reform or participate in government policy debates. NGOs working in health care follow government directives on what they do and how they operate and suggestions from NGOs would be seen as criticism of the government and opposition to be squelched. These organizations are not anti-government or opposition groups. Indeed, taking an opposition stance would be organizational suicide. Instead, the health NGOs act as an extension of government bodies and operate according to government directives (Turabekova 2008).

This co-opted relationship is increasingly visible since the June 2005 creation of an NGO umbrella organization, the National Association of Noncommercial, Nongovernmental Organizations of Uzbekistan (NANNOUZ). The government created the Association to "uniting all NGOs in Uzbekistan because they are so weak and poor" (NANNOUZ representative 2006)—in other words, to exert more state control. The Association is also tasked with managing through the Nongovernmental Nonprofit Organizations Support Fund. The NANNOUZ representative that I interviewed stated adamantly that NANNOUZ is not a governmental organization (NANNOUZ representative 2006), but the grants it awards are funded with state financing and the bulk of funding in several rounds have gone to organizations that are reported to have connections to President Karimov (ferghana.ru 2006). In addition, the grant competitions are organized around government-identified themes.

Nearly all of the NGO representatives and scholars that I met in Uzbekistan were skeptical of the association and some even refused invitations to become NANNOUz members, even though such a decision excludes their organizations from applying for financial support from the association. Not only are organizations that receive this funding bound to state conditions and oversight, their activities are also limited to those that the government has identified as priority areas. As a result, there are several cases of NGOs completely shifting their missions to be competitive for these grants. Thus even NGOs that were not completely government driven become co-opted in the new funding environment.

The mahalla and village committees are prime examples of the co-opted state-NGO interface in social welfare provision. These committees are centuries-old structures for community governance and management that were infiltrated by the Soviet state and continue to be co-opted by the independence-era government. They are neighborhood-based, quasi-state, quasi-civil society entities that provide important health and social welfare services throughout the country. Although some western observers view the mahalla committees as a devolution of central power to local communities, in fact, they extend strong government social control into the very private lives of individuals (Kamp 2004). Although the mahalla committees are elected by members of their respective neighborhoods, the city and regional authorities select the candidates. The mahalla committees thus support authoritarianism rather than democratization. Nevertheless, Uzbekistan's NGOs are eager to work with these committees because they provide important access to local communities and allow the co-opted NGOs to improve health and social services.

Uzbekistan's government's economic self-sufficiency and medium to high perceptions of political threat led to the co-optation of NGOs. Social welfare NGOs

are actively working to aid society, but government control limits the directions in which they act, the sources of funding available to them, and their ability to represent societal interests to and against the government.

Kazakhstan: State-NGO Cooperation in Health Care Provision

Kazakhstan has the largest land mass of the Central Asian countries, a population of over 15 million, and its oil and natural gas wealth now distance the country from the influences of foreign donors in both the public and civil society spheres. The national government has strong reach of social control and very limited tolerance of political competition. In the most dramatic break from the Soviet past, Kazakhstan's government identified a path to democracy and capitalism through a strategy of slashing the welfare state and expected this retrenchment to bring a self-driven, democratic impulse to society. As a result, there is a strong push for private health care and social welfare provision with numerous NGOs playing various roles to supplement and collaborate with state services. Even while the government retains tight social control, Kazakhstan is "de-Sovietizing" in a way that Uzbekistan, and perhaps even Kyrgyzstan, is not. Private actors, including NGO, have been given a freer hand in the sphere of social welfare, and this activity is largely undertaken cooperatively with the government agencies.

At the moment of collapse, Kazakhstan's state elite did not yet have access to flows of energy revenues to allow levels of social spending on par with Soviet-era practices. Nor did Kazakhstan's state elite feel political threats from societal actors or NGOs. In fact, in Kazakhstan, where patronage has historically been an important mechanism of garnering political support, political competition was relatively low and politicians adopted a strategy to privatize social welfare provision. As a result of low

economic wealth and a low level of political competition, Kazakhstan fundamentally altered the social welfare sphere through privatization of services and cooperative engagement of NGOs as health and welfare service providers.

Through a variety of mechanisms, since the mid-1990s the Kazakhstan state has supported NGO involvement in health care and social services, and the government's direct involvement in the introduction of new social services has been minimal (Grebneva 2006). Private providers, particularly NGOs, are often the innovators of social programs. Despite some resistance from the "old guard" of politicians and bureaucrats, NGO leaders have been very active in introducing new issues and programs and in trying to collaborate with the government. As a result of these approaches, the government of Kazakhstan boasts that it has become "one of the leaders in social-economic and political reforms amongst the countries of the CIS" (Embassy of Kazakhstan in Japan 2005).

In general, government-NGO cooperation can be classified in two categories: the first is populated by NGOs that work on government-defined problems and the second is comprised of NGOs that are innovators, identifying new issues and challenges in society and proposing new approaches and solution. The first category is less likely to have misunderstandings with the government and more likely to have advantages in receiving government support. The second category of NGOs is more likely to encounter difficulties and government resistance. Government resistance is particularly problematic at middle-level government and higher. City-level akims and public health officials often have enough autonomy to make their own assessments of the value of NGOs' proposals and cooperation. The officials at the regional level and higher are more deferential to the position of the president and prime minister and have been reluctant to engage in government-NGO collaboration. There is also less

understanding and support of new NGO health and social services among the older generation of government officials than the younger officials, but, since nearly all the ministries are now staffed by young, western-educated officials, this trend should be on the decline.

Government licensing procedures for NGOs ensure a cooperative or supplemental state-NGO relationship. NGOs are active participants in health care and social welfare services, but are subjected to complicated state licensing if they want to offer medical services that might compete with state services. During the Soviet era, state institutions provided all medical and social welfare services. Even social problems such as treatment of alcoholism were approached through medical intervention with few opportunities for interpersonal counseling. Since independence, NGOs are filling gaps in social services by providing counseling, education campaigns, and individual, family, and community support groups. NGOs often employ medical personal (doctors and nurses) and social worker, but because of the difficult licensing they often choose not to administer medical treatments. This situation is in sharp contrast to Kyrgyzstan where NGOs are offering medical treatments as alternatives to and in direct competition with state medical facilities. In Kazakhstan, some private medical clinics have parallel NGO activities that do manage to get around the licensing issues to offer medical services.

In recent years, oil and natural gas profits buoy Kazakhstan's state budget. With increased economic capacity, the state is bolstering government provision of health care and social services, but these government benefits are provided in parallel with private services, not through monopolizing the health and social sectors. Although intolerant of political opposition and no more immune to the threat of a "color revolution" than their counterparts throughout the post-Soviet region,

Kazakhstan's presidential regime has decided to find ways to collaborate with and accommodate NGOs and other private actors to accomplish social goals (Representative of National Democratic Institute 2008; Representative of Public Health Institute 2008). Unlike Uzbekistan, the Nazarbayev government is working to find cooperative relationships with NGOs instead of attempting to eradicate these organizations from the political and social landscape.

At city and regional levels, the government-NGO collaboration is evidence and working well. Despite a history of government promotion of private health and social welfare provision, government-NGO cooperation is slower to emerge at the national level, and at all levels this collaboration occurs at the instigation of Kazakhstan's NGOs not the government officials. Nevertheless, in 2007 President Nazarbayev announced that cooperation with and support of NGOs is a central focus of government agencies, and this stance is repeated throughout the various governmental institutions. On February 5, 2008, the Minister of Health in Astana issued a memorandum to the entire Ministry staff that henceforth Ministry of Health-NGO cooperation would be a priority. Curiously, however, when I met with Ministry of Health officials on February 7, 2008, no one was able to tell me how this cooperation would take shape, what it would entail, or who among the Ministry staff was actually involved in working with NGOs. Thus it remains to be seen how government-NGO cooperation in health services will manifest at the national level.

State-NGO cooperation in Kazakhstan does not mean that NGOs are free of authoritarian control. Some of the government's steps could even be interpreted as seeds of a co-opted NGO environment. In particular, the newly introduced government social procurements (*zakazy*) are an important source of financing for NGO activities and a key to future sustainability of NGOs. So far, NGO leaders

welcome these government grants and are not concerned that government financing will result in a loss of organizational autonomy or a reduction in access to other (foreign) sources of funding. Nevertheless, as foreign donors pull out of the country because it has reached "middle-income status," government funding in health and social spheres may carry strings that limit NGO activities and innovations. At the same time, however, Kazakhstan's NGOs are sophisticated enough in their development to argue that even should the government try to prevent them from accesses foreign grants, "we will have access to international grants. There is the Internet" (Representative of Public Health Institute 2008). NGO leaders are cautious that the government might attempt to limit their independence.

In general, the government's promotion of private and NGO health and social welfare provision has created space for NGO actors and has defined the areas in which NGOs and other private providers might act. The regulations and licensing procedures have prevented NGOs from competing with state medical providers, although certainly private clinics, hospitals, and other medical and social welfare facilities are in direct competition with state services and highly preferred for those citizens who can afford them. NGOs are predominately involved in supplementing state services particularly in health education campaigns and counseling and usually on local (city and regional) levels. To date, NGOs have had limited involvement in national-level lobbying or policy debates, and their activities in this area would be seen as competitive and resisted by upper level elites. In sum, Kazakhstan's government-NGO relationship is characterized as cooperative although a more co-opted relationship might be expected as government funding becomes more extensive and as the national-levels of government attempt to work with NGO actors.

Kyrgyzstan: State-NGOs Competition in the Health Care Sector

Kyrgyzstan is an interesting case for comparing the state-NGO relations in post-Soviet Central Asian health and social welfare provision. Since independence, the country has offered the greatest openness to NGO actors and Kyrgyzstan has been lauded as the most democratic of the Central Asia countries. While the initial post-Soviet administration's welfare strategy was to retain a relatively high degree of state control in the welfare arena, it also tolerated NGO activities and allowed family members and other societal actors to form and participate in health and social welfare oriented NGOs. Kyrgyzstan has thus developed a hybrid system characterized by a great deal of Soviet-era state control of health and social welfare provision and a great deal of NGO pressure on the government for reforms and competition to state medical services from NGO provided health and social welfare services.

Kyrgyzstan is a small and poor state with few natural resources to exploit. In the early independence period, Kyrgyzstan had little economic self-sufficiency to retain the Soviet levels of social spending. As a result, a move to retrench state spending or privatize health care and social welfare might have been expected. Instead, the leadership elected to continue Soviet practices of health care spending. The competitive political environment facing the political elite led to this strategy.

Because the political environment was initially much more open to contestation, government elites perceived the newly formed NGOs, regional groupings, and other societal actors as real political competition. This political competition was further incentive for the state to retain control of social welfare and health care sphere. Kyrgyzstan's health care sector has undergone extensive reform, but the system remains state-controlled and the reforms have largely been state and donor driven. There is little push for privatization of health care and social services,

although many NGOs are actively engaged in these services with material support, training, and consulting from foreign donors. Because of the more liberal political environment, the NGOs active in Kyrgyzstan's health and social welfare sectors are often heavily engaged in issues of democratization and advocacy, perhaps to the neglect of providing services. Many of these NGOs see their role as opposition to the government, and some do offer treatment that competes with state medical services.

Of the three countries studied in this project, Kyrgyzstan's state and NGOs have received the greatest influences from western donors. By the mid-1990s, the Akaiev regime had welcomed large flows of foreign aid that allowed the state to continue elements of Soviet-era institutions, including control of health care policies and meant there was little need to push for privatization. Conditionality associated with the inflows of aid also led to an accommodation of NGO participation in all of spheres, including the health and social welfare sectors, and in all arenas NGOs have adopted advocacy and watchdog roles that the government perceives as competitive and are increasingly politicized. Indeed, the boundaries between political parties, NGOs, and government offices are now quite fluid and individuals switch employment and activities from one sphere to another surprisingly often. There are a handful of instances in which an NGO leader quit his/her organization in order to start a political party and become more directly involved in electoral politics (Representative of USAID 2006). These civil society actors are generally involved with organizations actively promoting democratization, political reforms, and opposition views—all of which are tolerated in Kyrgyzstan, unlike in neighboring Kazakhstan and Uzbekistan.

Indeed, health and social welfare NGOs are actively engaged in roundtable discussions and policy debates on relevant legislation with all levels of government—

city, regional, and national. NGOs in Kyrygzstan have much greater access to government leaders than their counterparts in Kazakhstan or Uzbekistan. But in these discussions, NGOs are usually critical of government policies and plans (Representative of Ministry of Health of Kyrgyz Republic 2008) and government officials are threatened by NGO representatives' capacity, knowledge, and access to information (see below). As a result, these meetings tend to be civilized "shouting matches," that emphasize the competitive nature of the state-NGO relationship and prevent collaborative development and implementation of health policy.

In addition to the competitive political environment, foreign aid to the state and NGOs is perceived to create another layer of competition for financing. Government officials and NGOs often believe they are competing for access to limited foreign donor support (See, Pugachev 2007, for an excellent discussion of this competition in the health sector). Moreover, in several cases, donors have specifically stipulated that the bulk of money for particular programs must be targeted to NGO support and government officials wonder why the state medical facilities are being neglected (Representative of Ministry of Health of Kyrgyz Republic 2008).[6] The relatively secure access to foreign grants has enabled NGO representatives to have opportunities for trainings, international exchanges, and access to information that most government officials and bureaucrats have not. Such opportunities increase NGO capacity but also threaten government officials who interact with these organizations. In addition, the access to foreign grants and increased capacity enable NGOs to provide quality services that compete with state facilities and are often preferred by the public.

[6] This stipulation is particularly problematic in the administration of the Global Fund HIV/AIDS program in Kyrgyzstan, where 85 percent of the funding is earmarked for NGOs.

Unlike Uzbekistan and Kazakhstan, NGOs in Kyrygzstan can provide medical services as long as they are staffed by qualified medical personnel and properly licensed. The licensing process is not complicated or expensive. NGOs providing medical treatments are mostly serving vulnerable segments of the population most at risk for contracting and transmitting HIV/AIDS, including sex workers, intravenous drug users, and migrant bazaar workers. These populations not only find the NGO services comparable to or better than those offered at state medical facilities, they also value the interpersonal provider-client relationships that NGOs offer. State medical facilities, by contrast, are cold, bureaucratic institutions, where these individuals are stigmatized and often treated as social pariahs.

Despite, or perhaps because of, the competitive state-NGO relationship, health and social NGOs in Kyrgyzstan are trying to find ways to work more cooperatively with the relevant government agencies. Most notably, the two sectors are trying to outline specific boundaries for state and NGO activity in health care and social welfare provision. The president has recently issued a statement on the importance of health and disease prevention that might begin to delineate spheres of state-NGO activity and reduced feelings of encroachment on both sides. As one observer said,

> The president's position is that... the government is responsible for healthy lifestyle, for [disease] prevention, and, as for NGOs, they are responsible for working with those who are already ill. So basically, the president has divided the responsibilities and now it is up to the NGO sector to make sure they participate in this policy so they do not miss this opportunity [to cooperate with the government] (author's translation from Russian) (Expert at Institute of Humanitarian Protection 2008).

The possibility of government funding to support NGO activities is another area under debate between the two sectors. Currently the government does not offer funding to NGOs nor does the poor state have the budget to do so. Nevertheless, independent NGOs are eager for the government to develop a political order (*zakaz)*

that would allow government funding to nongovernmental organizations. The local NGOs see government funding as a way to reduced dependence on foreign funding and achieve health and welfare goals, but they are not willing to accept government funding at the expense of their independence and role as government watchdogs. This situation is thus very different than that in Uzbekistan and Kazakhstan, because most of Kyrgyzstan's NGOs are established as independent actors with a stance against the government. They are not willing to become arms of the government even to accomplish their social welfare goals.

A hybrid health and social welfare strategy and competitive state-NGO relations exist in Kyrgyzstan. A poor government facing political competition continues to dominate the health sector, while NGOs with the support of foreign donors oppose the government policies, lobby on behalf of constituents, and provide health and social services that compete with state medical institutions. A government push toward privatization of health care could lead to more cooperative state-NGO health care provision similar to that in Kazakhstan while a decision to maintain government control of the health sector and institute government funding to NGOs could swing the balance toward a co-opted environment like that in Uzbekistan. Unfortunately, as the new presidential regime tends toward greater authoritarian control, the competitive nature of the state-NGO relationship could lead the Kyrgyzstan government to adopt a co-opted relationship in health care provision.

Conclusion and Implications

This paper begins to fill a number of gaps in theoretical and policy-relevant issues of authoritarian survival, state-NGO relations, welfare state policies, and post-Soviet transition. Although a great deal of financial support and effort has been

expended toward building NGOs and changing political institutions in the post-Soviet region, few efforts assess the impact of these NGOs in specific policy spheres and the importance of the social welfare sector in the post-Soviet transition has been ignored despite its significant impact on authoritarian survival, local societies, and state-society relations. Understanding the legacies of centralized social spending, the dynamics of who is now responsible for provision of those services, and how autocrats use social policy as a tool of governance is important in the post-Soviet countries and other non-democratic, non-capitalist countries around the globe.

The participation of communities of organized and unorganized public groups is widely argued to be an important factor in improving the performance of health systems and other social welfare policies (Loewenson 2000). As Hezbollah in Lebanon and the Muslim Brotherhood in Egypt demonstrate, state-NGO relationships in health and social welfare provision have had important outcomes in other regions. Moreover, the western assumption that NGOs acting as watchdogs of and in opposition to the government does not necessarily lead to improved policy outcomes. Rather it can lead to a more competitive relationship that might ultimately limit NGO activities. All three of the cases here illustrate state-NGO relations in health care provision in authoritarian countries. They all demonstrate how authoritarian states manipulate health care and social welfare strategies as a survival strategy, co-opting, collaborating with, or competing with NGOs and other social actors. These lessons can help scholars and policymakers understand important global issues of institutional change, authoritarian survival, and state-society relations in health and social policy.

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