

"PRÁCTICAS DE DESARROLLO EN LOS PAÍSES DEL SUR GLOBAL. UNA COMPARACIÓN DE KERALA-INDIA Y CUBA"

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RESUMEN

Esta investigación es una comparación de las políticas de desarrollo entre Kerala en India y Cuba, dado que ambos territorios se encuentran en regiones del tercer mundo que contribuyeron con algunas lecciones en desarrollo que tienen importancia mundial. Ambas son economías con una tasa de crecimiento baja pero con un alto IDH. Después de la formulación de los primeros gobiernos en ambas regiones, las políticas sociales, especialmente en el sector de la salud, la educación y la seguridad social, cambiaron. En ambas regiones, la educación y la salud se declararon como todos los derechos. El alivio de la pobreza y el nivel de desarrollo humano en estas dos regiones están por encima de los ODM. La comparación de estos dos países en desarrollo traerá nuevas prácticas de desarrollo al resto de los países en desarrollo de todo el mundo.

Palabras clave: Desarrollo Humano, Salud, Educación, Estado de Bienestar, Políticas Públicas

Abstract

This paper is an attempt to compare the development policies of Cuba and Kerala. Cuba is a sovereign whereas Kerala is a state in India. Both are economies with low growth rate but with high HDI. After the formulation of the first governments in both regions, the social policies especially in the sector of health, education and social security changed. In both regions Education and health was declared as every ones right. Poverty alleviation and human development level in these two regions are ahead of MDG. Comparing these two developing countries will bring new development practices to the rest of the developing countries around the world.

Key Words: Human Development, Global South, Health, Education, Public policies

Fecha de recepción: 22 IV 2018 Fecha de Aceptación: 07 V 2018 Revista de Estudios Interculturales, Año 5, No.7, Número Especial, 2018. Pp. 215-233
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1. Introduction

The term development is contextualized according to different interests. The theoretical and political position of the user is much crucial in its derivations. While trying to define development, it is even more significant that the position of the one who defines and what all indices are being used to define should be closely observed. The very concept of development is defined in accordance to the approaches taken. Conceptually development is categorized in to two. The first is based on the traditional economic indicators which are largely based on statistical indicators. Urbanization, industrialization, high per capita income, high economic growth etc are considered as its indicators. It never considers the social aspects as well as the so called value neutral changes such as in living conditions of those who are involved in the process of development. The second categorization of development is the one which is largely based on the analysis of values. Unlike the conventional economic path of development evaluation, this category considers the changes in human life, the expansion of their assets etc as the indices of development. But the statistical method of development

evaluation is largely used as a mainstream analytical practice around the world. It defines the state of poverty as people who cannot afford to purchase 2100 calorie of food. So those who can afford this fall above the poverty line and the rest is below poverty line. So the multi faced problem of poverty is narrowed down just as the in-capability of purchasing food. On the other hand the second approach analysis this in a broader canvas. Economic growth, per capita income growth, changes in basic living conditions such as housing, availability of drinking water, electrification of houses, proper sanitation, education, health etc are also considered in its evaluation. This vision of combining various factors of life has led to the formation of Human Development Index [HDI]. Here while analyzing human beings and the development in their living conditions this analysis stream also gives emphasis on the sustainable relationship between human beings and nature.

The development practices in the global south and north countries in the 20th century have been based on the contemporary economic concepts and capitalism. Global north refers to the developed societies of Europe and North America which has attained democracy, wealth, technological advancement,

political stability, ageing population, zero population growth and dominance of world trade and politics. The global south represents mainly agrarian economies in Africa, India, china, and Latin America. Those countries are not economical rich and have problems of political instability, poverty etc (Odeh, 2010). This paper discusses about development practices from two countries from the global south category. The case of Kerala State in India and the case of Cuba have many a number of things in common in terms of development programmes and strategies. These two regions are located miles apart and is literally on the very opposite side of the globe. They have a very different culture, geography and historical background. Despite of all its differences, these two regions have some development programmes and social policies which enabled them to stand tall among other countries in the aspect of high human development and very low poverty.

India was liberated from the British rule in 1947. After the division of states, in 1957 the first democratically elected government took the rule of the state of Kerala. The government gave predominant consideration in providing free education, free health services and division of land among the farmers. This

radical move by the state government of Kerala has later proved to be the foundation of human development and social progress of the society.

Similarly, half a century ago when Fidel Castro's revolutionary forces enter the capital city of Havana and formed the government, it was the life of the poor the leader promised to improve by putting an end to capitalistic excess. One of Castro's key measures was the elimination of property market and real estate business as a lucrative business. Housing was declared a human right. Private rent was abolished and the majority of Cubans were given free properties to live in. the health sector in Cuba too had garter transformation after the revolution. Pre-Revolution era Health services and facilities are concentrated in the cities. Provision of medical supplies is heavily dependent on imports from other countries, mostly the U.S. Private Sector healthcare is primarily for the wealthy. A poorly funded and staffed public sector responds for the rest of the population. Soon after the revolution, universal healthcare is adopted and becomes a priority of state planning. U.S. government imposes embargo against Cuba, which would lead to an increase in disease and infant mortality during this decade. From that state Cuba attained

Infant mortality rate levels at 13.01 deaths per 1,000 live births, the lowest in Latin America. Health care systems have tremendously increased. Article 50 of the Cuban constitution says that everyone has the right to health protection and care. The state guarantees this right by providing free medical and hospital care by means of the installations of the rural medical service network, polyclinics, hospitals, preventative and specialized treatment centers; by providing free dental care; by promoting the health publicity campaigns, health education, regular medical examinations, general vaccinations and other measures to prevent the outbreak of disease. All the population cooperates in these activities and plans through the social and mass organizations.

The United Nations Secretary General Kofi Annan says that Cuba's achievements in social development are impressive given the size of its gross domestic product per capita. As the human development index of the United Nations makes clear year after year, Cuba should be the envy of many other nations, ostensibly far richer. Cuba demonstrates how much nations can do with the resources they have if they focus on the right priorities - health, education, and literacy.

The article compares the development models and lessons of developing countries with low economic growth. Kerala state in India and Cuba are two distinctive models which have been successful models in this aspect. Both these places with high human development achievements with the government initiative and social policy formulation have achieved this over the past century. Most strikingly, the two economies are resisting the capitalist growth policies and have achieved this through a socialistic growth method (Tharamangalam, 2010). The article examines the historical way points of Kerala and Cuba in the areas of Education and Health which are the prime indices of human development. These lessons can be better guide lines for the developing global south countries around the world.

1.1 Theoretical Discourses on Human Development

The human development index largely concentrates on people and their capabilities. These two criteria should be the predominant factors in analyzing development of a country. It can also be used to raise questions about development of a country. How two

different countries with the same per capita income can end up with different human development levels. Then the country's social, economic and political policies are being questioned. According to the United Nations Development Program, The Human Development Index (HDI) is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living. The HDI is the geometric mean of normalized indices for each of the three dimensions. It assesses the health development by life expectancy at birth, education by years of schooling and literacy rates. It also discusses the inequalities, poverty, human security and empowerment.

The difference in ideas about analyzing development is very much evident among the various global agencies. Economic growth, Gross Domestic Product, Per-capita Income, Poverty rate are some of the factors considered by agencies like World Bank, International Monetary Fund etc. United Nations Development Program considers Human development indices along with the economic factors too. While United Nations Environment program UNEP is proposing on environment friendly sustainable development ideas. The

Human Development Index, or HDI, embodies Amartya Sen's "capabilities" approach to understanding human well-being, which emphasizes the importance of ends (like a decent standard of living) over means (like income per capita) (Sen 1999).

The history of the development of HDI is bonded with the history of welfare economics. It has its traces in the economic utility theory and Amartya Sen's human capabilities approach. The understanding of human well-being can be tracked back to Aristotle's theories. The HDI was developed by Pakistani economist Mahbub ul Haq which was further used to measure the country's development by the United Nations Development Program (UNDP). The purpose was to shift the focus of development economics from national income accounting to people-centered policies (Ul Haq, 1995). Haq believed that a simple composite measure of human development was needed to convince the public, academics, and politicians that they can and should evaluate development not only by economic advances but also improvements in human well-being. There is a need for a holistic approach towards development. It should be economic growth and human growth and well-being along with environmental

sustainability as its important objective. The economic growth, gross domestic product etc should be the prime objective. The neo liberal economic ideas suggest that countries should encourage national and foreign investment. This idea is more of a capitalist approach. It says that the economic growth of the market through investment will trickle down to the poorer sections of the society. They consider the increasing number of billionaires as an indication of development. It also emphasizes the privatization of the service sector there by minimalizing the role of the state in welfare matters. But at the beginning of the 21st century a realization happened among the global agencies of development that market expansion cannot handle development and instead it can create inequality in the society. There is a need to decrease social inequalities. The need of a proper distribution system is equally important with the increase in production. Inequality exists in the rate of Income, assets, and consumption. This has to be narrowed down. The development model based on endless production and consumption will bring about the problems of global warming, climatic change, scarcity of resources etc. Kerala and Cuba are two regions which have

been resisting the capitalist ideologies and have been progressing separately through a different path towards development. These two regions have put forth some strong politics towards it. The priority towards human development and welfare approaches are visible in the policies of these two regions.

Statistics prove that inequality (social and economic) is increasing everywhere in the world. Singapore is the country with the most inequality rate (9.7). In the United States of America it is (8.5). Paraguay, Australia and United Kingdom fall just behind USA. Japan is the country with the least rate of inequality (3.4). Scandinavian countries like Sweden (4), Finland (3.7) and Norway (3.9) are countries which have the less difference between the rich and the poor. So the statistics show that the countries with high economic growth which had been following the capitalist market growth practices are having the highest socio economic inequalities. It is underlined that just by attaining economic growth the poorer sections of the society won't benefit and the inequality rates won't come down. According to the statistics by Fobs magazine in 2014, 1% of the rich in USA is controlling the wealth which 60% of the middleclass and poor deserves. 8.7%

of the world's wealth is possessed by just 1645 multi-millionaires. And 492 of them are United States citizens. The agitations in Wall Street are a good evidence for this.

2. Development practices in Kerala and Cuba

The world development agencies lead by the United Nations has identified the problem of human deprivation and hunger all over the world. This is much more severe in the Asian, African and Latin American countries. The greater half of the global south countries have been struggling with the problems of scarcity of food, insufficient production and inefficient distributions system. This scandalous level of hunger moved the UN and other bodies to act and formulate plans to overcome this effectively. Millennium Development Goals were set targeting to overcome such issues. The Millennium Development Goals (MDGs) are eight goals with measurable targets and clear deadlines for improving the lives of the world's poorest people. To meet these goals and eradicate poverty, leaders of 189 countries signed the historic millennium declaration at the United Nations Millennium Summit in 2000. Eradicate Extreme poverty and hunger is the first objective of the millennium development programme.

Achieve universal primary education, promote gender equality and empower women, reduce child mortality, improve maternal health, combat HIV/AIDS, malaria and other diseases, ensure environmental sustainability and develop a global partnership for development. Are the rest seven goals of the MDG. Kerala and Cuba are among the very few countries which have achieved the MDG major goals. Both these countries have reduced extreme poverty, child mortality, better health and most importantly universal primary education. This article is an effort to discuss the achievements of Kerala and Cuba in the fields of education and health. Kerala and Cuba are not the only success stories in this regard. There are other such as Sri Lanka, Malaysia, South Korea and Taiwan. But there are some good reasons why comparison of these two may be particularly useful. Primarily they stand out as among the best examples of countries or regions making these achievements with relatively low income and low economic growth. Another important significance is that these two places are located in distant continents and vastly different cultural and political landscapes, the two countries demonstrate that homogenization of political system or cultures is not necessary for achieving

these social gains (Tharamangalam, 2010).

2.1. Kerala: Historical Way Points

Kerala state is located in the southern end of peninsular India (Fig 1), and it continues to be the forerunner in all aspects of socio economic development among all Indian states. Kerala development is evidence that even most poor societies can attain high living standards. Despite of being a small state of India, Kerala shares its development statistics with some of the leading developing countries of the world. The state has a population of 34.8 million which is 2.76% of the total population of the country. Even though, the population of Kerala is greater than some of the developing countries like Canada, Australia, Denmark, Sweden, and is as big as some of the third world countries like Sri Lanka, Malaysia etc. (Parayil& Sreekumar 2003)

India got its freedom from the British colonial rule in 1947. It was one of the poorer countries of the time. When Britain arrived in India, India's share in the world economy was 23% and in 1947 when the British left it was 4%. The state of Kerala was formed in 1957 through combining the three provinces of Travancore, Kochi and Malabar. Alike

other Indian states Kerala was having low human development indexes and the socio economic condition was also similar to the other Indian states. Following the first legislative assembly election in 1957, a communist party lead government was formed. The government put forth revolutionary policies which made deeper impact to the social fabric of the state. The land reforms act, free public health and free public education where the most revolutionary policies. The socio cultural history of Kerala also has significant contribution in the development history. Social renaissance movements, state policies and the education attainments during the colonial era have enriched the socio political fabric of the state. (Saseendran & Martinez 2018)

Fig. 1 Location map of Kerala state.



Source: Wikimedia Commons

Kerala has a high rate of socio political and democratic population. It was gained through various movements happened in the early 1900s. Sree Narayana Guru in 1907 led a mass campaign all over the state which sensitized the people against superstitions, caste and religious discriminations. Even in the 21st century the greater half of India is still clinging on to religious superstitions and communal riots.

Unlike the other Indian states, there are no slums in Kerala and the problem of homelessness and poverty is very nominal. According to the government statistics there are 1270 families living in slums in the entire state. The conditions of the slums are even better than the urban housing in other Indian states. In the rest of India there are generations of people living on the street or slums. Communal harmony is another significant specialty of the state; it is the only state where Hindus, Muslims and Christians are on equal population strength and is evenly distributed all over the state, yet live without any problem for so long.

In the area of Human Development Kerala state stands out among other Indian states. The human development

indices of most developed Indian states are given in table 1. It has the highest rate of human development with 0.79 which is followed by the national capital state Delhi with 0.75. Kerala has the highest rate of literacy among other states. The literacy rate of Kerala is 93.91% and at the second place is the state of Goa with 87.4%. In 1985 the literacy rate of the state of Kerala was 74%. A campaign leads by the state with the support of Kerala Sasthra Sahithya Parishad [KSSP], a pioneering peoples science movement in India in the 1989-91 has made a unique record of 100% literacy in the state. This Social innovation in public education campaign lead by the government in the 1990s was the first of its kind in the world. KSSP was awarded the Right Lively Hood award in 1996 for this extra ordinary effort. The same has been replicated later all over India. Half a million volunteer acted for 2 years to make this venture a great success. In the area of public health also there has been rapid growth from the 1957 to the present age. The network of health services owned by the government has successfully penetrated to every single village in the state. This service is free for the citizens.

2.1.1 Education sector in Kerala

The rich political history of the state of Kerala has created significant impact on the educational achievements. The socio reform movements in the early half of the 20th century have significant impacts on it (Tharamangalam 2010). The revolutionary policies of the first post independent government of the state also played a major role in the high educational outcome. The social reformation activities in the state lead by Sree Narayana Dharma Paripalana yogam, and Nair Service Society took leadership in establishing educational institutions in the state. The Christian missionaries also stood along with this movement. The first democratically elected communist ministry lead by Mr. E.M.S Namboothirippadu laid the foundations for further social development. Land reforms and educational reforms were the two major reforms introduced by this government. Majority of the educational institutions of the state was formed at this period. Many a number of Private management schools were also opened at during this period. In 1901 the literacy rate of the state was 11.4%, while that of India was 5.35%. In 1951 Kerala had 40.47% literacy rate while that of India was 16.67%. In 2001 it was 90.92% and the all India statistic was just 65.38%. The total literacy campaign in the state had contributed in the expansion of the literacy during 1980-2001 periods (Parameswaran 2005). Total, literacy campaign

had a key role in declaring the state as a total literate state in 1991.

In 1957 the communist government brought the education bill which stressed the point of free and compulsory education for all children in the state. The bill put four steps for universalizing education. The government printed text books and study materials and distributed through schools to the students. This move made education affordable for the deprived and weaker sections of the society. The university bill by the government released universities from the direct control of the government and made them an autonomous body. About 96% of schools in Kerala are funded by the state. Thus the main obstacle of universalization of education was amounted. 95% of children at the age group 5 to 15 go to school regularly in Kerala. There is no difference in the case of girls which is not the case in any other state in India (Economic Review, 2015). In 1996 the government established school complexes each in every region of the state.

The generation which gained access to education since the 1960s started migrating to foreign countries in search of job. These educated migrants later became the main agencies of foreign money flow in to the state. Higher education plays an important role in the economic development of the state. It is essentially an important point that makes the difference between the developed and developing countries. In addition higher education is meant for public benevolence and

put much positive impact on the society by promoting economic growth.

2.1.2 Health Sector in Kerala

Kerala state, being a state with very low level of per-capita income, has achieved tremendous progress in the areas of health and education. It is one of the very few regions to have this achievement among the developing countries. The state has low birth and death rates. The population growth in Kerala is perfectly under control. The infant mortality and maternal mortality rates of the state is also low (Rajan & Zachariah, 1997). Life expectancy of male and female in India and Kerala is given in table 2. The sex ratio of the state is yet another significant statistics with more women than men in number. The health sector scenario of the state is no better than the national statistics. In the post independent era the first government of Kerala have tried to improve socio economic status of the people through promoting preventive and curative health care through providing health care institutions though out the state.

Table 2. Life expectancy in India and Kerala.

Year	India		Kerala	
	Male	Female	Male	Female
1960	42	40	46	50
1970	48	47	60	62
1980	54	54	64	69
1990	58	58	67	72
2000	62	63	71	75
2010	65	68	72	77

Source: World Bank (2017), Census India (2010), Center for Development Studies (1997), UNDP Human development report (2016).

Public health system of the state consists of modern medicine, traditional medicine (Ayurveda) and homeopathy. There are district hospitals and medical colleges in all 14 districts of Kerala under the government ownership. There are community health centers and primary health centers located in every village of the state. The accesses to these hospitals are free. And the service of the doctor is made sure at any hour of the day. Apart from this every village is having Aurvedic health centers where traditional medicine is made available along with the consultation of a physician. The private sector is also having enough stealth in the health sector of the state. In India 85% of doctors and 93% of hospitals are in the private sector.

Right from the formation of the state the government's budget allocation for health was considerable. From 1961 to 1986 the state greatly expanded its government health facilities. The number of beds and institutions increased. Total number of beds in government hospitals in the western medical sector increased around 13000 in 196 to 20000 in 1970. In 2000 it grows up to 54000 (Raman Kutty, 2000). The health sector growth in the state offer many lessons in development. The active involvement of the state government is an important factor in the rapid expansion of health care facilities. This is highly related with

the expansion of education in the state. The spread of education has created a higher level health care awareness among the people. Sanitation and cleanliness is a byproduct of this education. Vaccination and epidemic prevention measures are being taken up by the government at regular intervals which is preventing the state from falling in to trouble. 95% of pregnant women get antenatal care and 92% of deliveries are institutional. The rest of India is still at 25%. Immunization coverage of children between 12 and 24 months is among the highest in the world. The government policies of the state were focused on the need of the poor, including land reforms and the institution of social welfare measure. There are government lead health systems for the care of elderly citizen and bed ridden patients. The health center in a particular village will regularly make visits to the houses of these patients and provide them with regular medical care. There are care systems for the patients suffering from terminal illness too. The life style diseases are increasing in the state and the nuclear family system limits the possibilities of a family care system.

2.2 Cuba: Historical Way Points

Cuba is an island nation located in the northern Caribbean between the Gulf of Mexico and Atlantic Ocean and the United States of America. The location map of Cuba is given in figure 2. The early history of the Island of Cuba goes all the way back to the Mesoamerican

culture. Christopher Columbus arrived in Cuba in 1492 while his expedition to India. From that time onwards Cuba became a Spanish colony and was ruled by a Spanish governor. From there they started the conquest of the American continent. The island served as a Spanish military base from that period onwards. Later the Spanish American war resulted in the Spanish withdrawal from the island in 1898 and in 1902 Cuba gained formal Independence.

Fig. 2.2 Location map of Cuba.



Source: Wikimedia commons.

After independence Cuban Republic was moving towards development, but the governmental corruptions and political instability and bad governance by Fulgencio Batista threw the country in turmoil. Overthrowing Batista during the Cuban revolution in 1959 Fidel Castro gained power. It declared itself as a socialist state by the communist party under the leadership of the Castro brothers ever since the revolution. The

major economic source of the country was the export revenue. It has close exchange with the United States. 65% of the inputs to Cuba were imported from the US and 75% of Cuban exports were to US. The post-revolutionary government of Cuba negated the bilateral relations with the United States and looked for another market for its goods. It began to turn towards the Soviet Union. The resistance over Cuba imposed by the US put the country in trouble for a long period. But it overcame the crisis through better international cooperation. In 1962 the missile crisis was yet another crisis period for the country. The Cuban exile group tried to capture the Bay of Pigs with the US support to overthrow Castro government, Cuba decided to take some extra security measures for the defense of the revolution. The USSR helped them on this regard and agreed to help by installing nuclear missiles in Cuba. Another important milestone in the post independent Cuba was the making of the new constitution for the country. After 15 years of governance Castro government felt the need to institutionalize the state apparatus as well as party to strengthen socialist democracy. After a long rally of debates and meetings the new constitution of Cuba as established in 1976. One of the most important features of the new constitution is that it provided elected national, provincial and local governments. The local body elections and legislative ideas strengthened the civil society movements and public organizations.

The human development achievements are even more remarkable than any other country in Latin-American. Cuba stands 68th in the HDR ranking while the richest of the Latin American countries like Brazil (79) and México (77) are ranking way behind. Argentina is the only Latin-American country with a ranking of 45 above Cuba. Universal literacy and high life expectancy is high in Cuba. Cuba is also among the top in the world in some unusual measures of achievements in education and health. (Tharamangalam, 2010). The primary level teacher to student ratio of 12 is equal to Sweden. It also has high school enrolment rate and attendance and the highest literacy rate of 99.7% which is the highest in the world. Female presence in higher education sector and strong scientific training base in the field of chemistry and medicine and continuous updating of pedagogical quality in both rural and urban areas are some of the salient features of the education sector in Cuba. One of the prime goals of the Cuban revolution was to create a new socialist person through education. For this the initial efforts were taken to expand the network of formal school system with an emphasis on primary and secondary education. This was made possible in every rural and urban sector of the country. The social welfare measures and social policies have catalyzed the development of equity in Cuba. The resources were distributed through all sections of the society irrespective of class or race differences. The weaker sections of the society especially

women were significantly benefited from the Cuban revolution. They were educated by the state and entered the labor force of the country and became productive work force. The difference between rich and poor was also reduced (Uriarte, 2002).

2.2.1 Education sector in Cuba

The Cuban education system is top ranked in the world for several decades. In 1961 after the revolution the Castro government nationalized all education institutions in the country and brought them in a single chain of administration. Before revolution and the Spanish rule in Cuba, education was a luxury for the rich only. The institutions were mainly owned by the private parties. The elite and rich of the society sent their children to private or schools and abroad and the poor sections of the society were kept miles away from education. Another major agency of education was the Catholic Church. They had great control over the education. The children were separated according to their gender and were sent to different schools.

In 1950 the enrollment of students to school was 34% in rural areas and 65% in urban areas. The revolutionary government had to deal with an immediate problem that is more than one million illiterate people and 600000 children without school in the country. The primary aim of the government was to expand the primary education system. There were efforts taken for integrate education with job oriented skills. The

first move was to make a new ministry of education and decentralized administration but had authority over curriculum control. Another problem was the adult literacy. There were 52% of the citizens illiterate. The government launched a mass campaign to fight illiteracy. Civil society and bureaucracy also stood as volunteers in this programme. Evening classes and week end schools were the places of education in the programme. School teachers and every educated member of the society joined with this effort. In 1962 a mass convocation was held the nation wise to announce the success of the literacy campaign. It was the first step of many a number of education reforms to come. Vocational education was also provided. The concept of school cities housing more than ten thousand students each especially for those students from rural areas. Those students will be given technology education and agricultural skills too (Youngs, 2005)

Cuban education system is a very carefully structured and comprehensive plan. Its major characteristics are: Promoting Quality basic education and universal access to primary and secondary school, Comprehensive early childhood education and student health programs (established as part of the commitment to basic education), Complementary educational programs for those outside school-literacy, adult and non-formal education (again as part of the basic education commitment), Mechanisms to foster

community participation in management of schools, Great attention to teachers (extensive pre- and in-service training, high status and morale, incentives, transparent system of accountability, strategies for developing a culture of professionalism, rewards for innovation), Low-cost instructional materials of high quality, Teacher and student initiative in adapting the national curriculum and developing instructional materials locally, Carefully structured competition that enhances the system rather than the individual, Explicit strategies to reach rural students and students with special needs, Strategies to link school and work, An emphasis on education for social cohesion (Gaspèrni, 2000). The governmental policies which clear intention to promote the above mentioned aspects along with a strong governance mechanism have enabled Cuba to attain high educational achievements in a very short span of time. Cuba devotes about 10 percent to 11 percent of its GDP to education, a very high percentage (table 3) compared with the rest of the regions.

Cuba's success in overcoming a catastrophic economic and humanitarian crisis and sustaining its human development achievements is regarded as one of the most remarkable achievement for a state and society in recent times (Tharamangalam, 2010). The educational success has a high relation with this bondage of civil society and government. Educating 52% of the citizens of a country, reaching to the most remote corners, with a

large group of volunteers are a model which can only be related to the total literacy campaign launched by the government of Kerala in 1989.

2.2.2 Health Sector in Cuba

In the Cuban Constitution, these basic principles form the foundation of their philosophy: 1. Health care is a human right rather than a product for economic profit. Therefore, all Cubans have equal access to health services, and all services are free. 2. Health care delivery is the responsibility of the state. It is the government who operates the entire health system of the country. There are no private hospitals or clinics in Cuba. The state guarantees this right by providing free medical and hospital care by means of the installations of the rural medical service network, polyclinics, hospitals, preventative and specialized treatment centers; by providing free dental care; by promoting the health publicity campaigns, health education, regular medical examinations, general vaccinations and other measures to prevent the outbreak of disease. All the population cooperates in these activities and plans through the social and mass organizations.

The doctor to patient ratio of Cuba in 1950s was 9.2 doctors per 1000 population. The policy changes of the revolutionary government increased the figure to 58.2 doctors per 1000 population in 2000. The universal vaccination

programme of the state helped to eradicate the many harmful diseases. Infant mortality rate in Cuba is the lowest in the third world. The health system of Cuba is structured in many layers. 1) The community containing individuals and families 2) family doctor-and-nurse teams, 3) basic work teams, 4) community polyclinics, 5) hospitals, and 6) medical institutes. The system offers intensive care system to the needful. The country has produced more doctors and has gone far ahead in the medical science research. They are now sending doctors abroad to give services in needy places and emergency programmes. Cuban medical research team has performed wonders in several areas. They have claimed to have developed medicines for lung cancer and many cardiovascular diseases. The community based support system enables the patient to reach the hospital in less than 30 minutes. With a few exceptions, almost 99% of Cubans are seen least once a year by their doctor. At least a yearly blood pressure measurement is done for almost the entire population.

Even though the island had been under long years of trade embargo imposed by the US, they still managed to attain high quality health system which later became a model for the rest of the world. The small island nation became the first to have 98% full immunization for children under the age of 2. Infant mortality is 5 per 1000 births. The most striking achievement in the health sector is that the

Cuban medical system invented medical solution to prevent HIV transmission from mother to child. The next progressive step will be to eliminate AIDS. Development of lung cancer vaccine by the Cuba's center for molecular immunology is yet another greater achievement in this sector. It can be used as a curative medicine and also a preventive vaccine. Apart from that Diabetic illness, head and neck tumors etc are also great achievements.

3. Conclusion

The above mentioned models of Kerala and Cuba are examples of how the human development of a region is made possible through state initiatives. It also states an example for how the states investment in human capability formation will bring more returns in to the state development in the future. The above mentioned governments have attained social progress through an alternative path of development. The article highlights the aspects of health and education, but apart from the two, both the states have strong base in public distribution system, social security etc. there are many problems still continuing in these regions. There are socially isolated classes, marginalized sectors, and gender inequality etc still prevailing in these societies. But still, paying attention towards these examples is worth. The two cases bring to light the centrality of public action for human

development. Public action encompasses public and democratic institutions as well as public space for public discourse and public reasoning. The central public institution is the state which in both cases has been proactive in public provisioning for education, health, social security and food security (Tharamangalam, 2010). They have achieved this through fighting with the neo-liberalized market practices and have done far better than many other third world countries and of course than any other Indian state.

There are a lot of areas in these two regions where their development achievements has yet to reach. In the case of Kerala, the most marginalized sections of the society are the tribals' community and the fishermen community. They are the least benefitted from the Kerala model of development. The land reformation act of 1957 which enabled the peasants and farmers to poses the land never benefits the tribal and fishermen. Tribal land was forest land and the fishermen lived in sea shores. They couldn't capitalize from the land. While rest of Kerala largely made use of this land for their further social mobility (Tharakan, 2007). Another important limitation of Kerala community is the gender gap. In a highly patriarchal society like Kerala, women were not given equal status in the society. Deliberate efforts were taken up by the government for their Upliftment and have proved to be successful to a certain extent. But even in the

21st century gender equality is yet to be achieved. There are some problems of racism in the Cuban community also. There have been many occasions of Fidel Castro himself condemning racism and affirmed his government's commitment to equality. A report by Minority Rights Group International [MRGI] on the afro-Cubans states that Afro-Cubans have not, for example, been widely represented in the higher echelons of the ruling Communist Party nor in the upper levels of the civil service or state industries. And, with few exceptions, Afro-Cuban women have not yet reached the highest professional strata. 70% of the Cuba's total prison population is Afro-Cubans. In the early 1950s there has been class struggles and public action which transformed the entire social structure and power structure of both Kerala and Cuba. And both the governments of these two regions turned into an agent that acted in the interest of the poor.

Acknowledgement: Prasanth Saseendran would like to acknowledge CONACyT for the graduate fellowship.

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Table 1. HDI ranking of 10 leading Indian states

Rank	State	HDI	Literacy rate	Life expectancy	Open defecation	Poverty rate	Electrified houses	Sex ratio
1	Kerala	0.792	93.91	74.9	2.3	7.05	99.9	1084
2	Delhi	0.750	86.34	73.2	12.1	9.91	99.8	868
3	Himachal Pradesh	0.670	83.78	71.6	8.5	8.06	99.5	972
4	Goa	0.667	87.40	71.6	4.1	8.09	99.8	973
5	Punjab	0.665	76.68	71.6	7.1	8.26	99.6	895
6	Maharashtra	0.664	82.91	71.6	42.8	17.35	92.5	929
7	Tamil nadu	0.660	80.33	70.6	54.1	11.28	98.3	996
8	Haryana	0.663	76.64	68.6	11.4	11.16	91.7	879
9	Jammu and Kashmir	0.649	68.74	72.6	35.4	10.35	97.4	889
10	Gujarat	0.616	79.31	68.7	47.1	16.63	98.9	919

Planning Commission, Government of India (2011)

Table 3. Human development indices of Cuba, Argentina, US, Brazil and México

	HDI ranking	Life expectancy	Infant mortality rate	Literacy rate	Public health expenditure (% of GDP)
Cuba	68	79.6	4	99.7	10.6
Argentina	45	76.5	11.1	98.1	2.7
México	77	77	11.3	94.4	3.3
United States	10	79.2	5.6	Not reported by UNESCO 2015	8.3
Brazil	79	74.2	14.6	92.2	3.8

Source: Human Development Report 2015, UNESCO