THE CHRONICLE OF HIGHER EDUCATION

THE CHRONICLE REVIEW

Attention, Doomsayers: Global Quality of Life Is Improving

Wolfgang Kaehler, Corbis

Children attend an elementary school in Papua New Guinea.

By Charles Kenny | MARCH 27, 2011

In 1938, a biological expedition under Richard Archbold arrived in western New Guinea to survey the area by air. On June 23, after hours of flying over near-impenetrable jungle, Archbold's plane passed over the Grand Valley of the Baliem River. The valley was occupied by 50,000 Papuans, until that point unknown to—and unknowing of—the outside world. After six weeks, patrols from the Archbold expedition finally met with the inhabitants. That was the last substantial first contact in history.

At the time of first contact, residents of the Grand Valley were living a Stone Age existence. Early estimates of infant mortality were as high as 20 or 30 percent. Despite those very high natural mortality rates, female infanticide and the killing of twins were common. More lives were claimed from warfare and cannibalism, with war casualties accounting for as much as 10 to 30 percent of all male deaths.

Integration with the rest of the world has carried considerable costs. Not least, unique cultures and languages have faded away. The spread of imported disease led to epidemics of influenza and dysentery in the 1940s. Abuse of civil and political rights in the region remains rampant, including violent repression of independence movements. Estimated poverty rates are 50 percent or higher, suggesting that many people are little wealthier than they were at first contact.

At the same time, overall levels of violence in West Papua have decreased markedly, and the long-term trend has been toward considerably improved health and access to education. While infant mortality in the region remains as high as 9 to 15 percent, that is most likely one-half of the precontact level. West Papua's encounter with the global technological frontier has been a force for improved physical quality of life.

What is true for the Grand Valley is also true for the rest of the developing world. First contact with the people of the Eurasian landmass carried considerable short-term costs, not least in terms of disease. And it has far from guaranteed an escape from poverty. But over the long term, globalization has been a powerful force for the spread of technologies and ideas that have improved the quality of life almost everywhere. Even better, people as poor as their forebears were when they encountered the global-technology frontier are benefiting almost as much as those who have grown far richer over time.

Amid the contemporary drumbeat of bad news—war, climate change, political upheaval, economic crisis—a simple but profound and demonstrable message may be getting lost: From a global standpoint, quality of life is getting better.

Over the last 60 years in particular, the general picture is of rapid, historically unprecedented progress—progress that has been faster in the developing world than in the developed. That is true for measures covering health, education, civil and political rights, access to infrastructure, and a range of other indicators of well-being and opportunity.

For example, in the second half of the 20th century, world life expectancy increased to 69 from 51 years. Since 1960, global average infant mortality has been reduced by more than half. Nine million children born in 2006 who would have died in their first year if mortality rates had remained at their 1960 levels got to celebrate their first birthday. And the vast majority of those children lived in developing countries. In the 80 years from 1870 to 1950, the proportion of the world's population that could read increased from one-quarter to one-half, and from 1950 to 2000, it increased to four-fifths. Literacy rates in the sub-Saharan region increased to 61 from 28 between 1970 and the close of the century. Behind that progress is the rollout of schooling opportunities across the globe. Less than half of primary-age kids worldwide were enrolled in school in 1950, but by the end of the century the figure was closer to nine out of 10.

Although global average income has been growing—considerably—income change is not the driving force behind this improvement. That money isn't the largest factor in changes in quality of life is clear from looking at cases of countries as poor as they have ever been. The World Bank provides data for 12 countries where income per capita in 2005 was lower than it was in 1960: the Central African Republic, Côte d'Ivoire, Haiti, Liberia, Madagascar, Nicaragua, Niger, Senegal, Sierra Leone, Venezuela, Zambia, and Zimbabwe. Incomes in those 12 countries fell by an average of 27 percent over 45 years. Over the same

period, however, life expectancy increased, by an average of over 10 years. Only two of the countries—Zambia and Zimbabwe, both near the epicenter of the global AIDS crisis—saw life expectancies fall.

And over the period from 1970 to 2000, adult-literacy rates increased in every country, close to doubling on average. For nine countries, we have measures of civil and political rights from the Polity database, kept by Colorado State University. Between 1960 and 2001, the rights scores increased in seven countries, stayed level in one, and declined in one.

Looking at a wider range of measures and countries, William Easterly, an economist at New York University, explored "life during growth" around the world and found that rates of improvement in almost all of the quality-of-life indicators that he studied were only weakly related to the rate of economic growth. Over all, Easterly's study suggested that income change was a driving factor behind improvements in only three out of 69 measures of the quality of life: calorie intake, protein intake, and fixed-line telephones per capita. It was not a significant cause (not strongly related or negatively related) to the other 66 measures, covering life expectancy and health, quality of government, political instability, education, access to transportation and communication, and environmental quality.

Put another way, while rich countries do tend to have more doctors and nurses per capita, more access to clean water, more education, fewer war deaths, and better human-rights records, growth of income over the last 30 years is not strongly related to the speed of improvement in any of those indicators of the quality of life.

That suggests that the biggest success of development has not been making people richer, but rather making the things that really matter—things like health, education, and liberty—cheaper and more widely available.

The invention and spread of technology and ideas are the forces behind that success, and they have literally reduced the global cost of living. That means that today, even people who remain as poor as their parents, grandparents, and ancestors back through time have seen quality-of-life improvements that would astound their grandparents, and, in many cases, would have been beyond the reach of their ancestors, however rich they might have been.

For example, probably no country in the world saw much more than 90 percent of children survive their first year of life in 1900. It did not matter how rich the parents; the state of health technology placed a significant upper limit on an infant's chance of survival. The United States saw an infant-mortality rate of nearly 15 percent, despite an average annual income that was one of the highest in the world at the time—a little above $4,000 measured in today's dollars. At the start of the 21st century, countries as poor and wretched as Congo, Haiti, and Myanmar have infant-mortality rates today that are lower than those that any country in the world achieved in 1900.

One major factor that lies behind health progress is the spread of vaccinations. The percentage of the world's infants vaccinated against diphtheria, pertussis (whooping cough), and tetanus—the DPT shot—climbed from one-fifth to nearly four-fifths between 1970 and 2006. And the range of other useful technologies that have become ubiquitous in developing countries is considerable. In health they include antibiotics, oral rehydration, and bed nets (to protect against malaria-carrying mosquitoes). In transportation and communications, they include bicycles, cars, trucks, televisions, and mobile phones. Around the household, they include plastic sheeting and containers. The list goes on.

But the story of global progress is not only one of the *supply* of new technology—it is one of *demand,* both for those technologies and for new ways of doing things. People around the world are better-informed consumers than they used to be. They demand soap to wash their hands; they want schools to educate their girls; they want governments that respect their rights. Urbanization and the spread of communications technologies have helped to diffuse new ideas about ways of living to communities that had previously seen little change in health, education, or governance over decades, if not centuries.

In particular, changing attitudes have had deep implications for the role of the state, which is expected to do far more today than were states at similar income levels in the past. Spreading knowledge that governments could provide such services, and pressure on governments to commit to providing such services may have helped foster demand and accountability.

And that brings us to another, and very important, factor that rich and poor countries alike have seen develop over the past century—large governments. In 1788, government revenues as a percentage of gross domestic product in the United Kingdom were around 12 percent—almost certainly one of the highest rates in the world. Today, government revenues are closer to 45 percent of GDP in Britain, and that number is hardly out of the ordinary. In the recent past, poor countries have averaged larger government expenditure as a percentage of GDP than have rich countries. There has, in other words, been global growth and convergence in the size of the state.

As a result, the most corrupt and inefficient of countries in Africa are still providing services of a quality and extent far in advance of what any country offered prior to the Industrial Revolution. Even though teachers are educating perhaps only half of the kids who are there, and more are absent, schools are

getting built and staffed. Even though health-care systems are laden with half-trained staff working with looted dispensaries, people are getting vaccinated, and antibiotics are widely available.

Valuing ABC's and getting shots for DPT: Those are the forces behind global improvements in the quality of life. As the case of today's West Papua suggests, there is still a very long way to go to ensure worldwide that easily preventable deaths are a thing of the past, that all have access to educational opportunities, and that security and rights are properly protected. And governments worldwide could do considerably better both in respecting those rights and in providing access to basic services. But the immense progress that we have seen over the past 60 years should give us greater confidence that we can create a world where those things happen all of the time. And what a wonderful world that would be.

Charles Kenny is a senior fellow at the Center for Global Development and a Schwartz Fellow at the New America Foundation. This essay is adapted from his new book, Getting Better: Why Global Development Is Succeeding—and How We Can Improve the World Even More (Basic Books).