

Eduardo Dargent (2014), *Technocracy and Democracy in Latin America: The Experts Running Government*, Cambridge University Press

This study analyzes when and how unelected technocrats in Colombia and Peru autonomously determine economic and health policy. Dargent argues that, contrary to scholars' expectations that experts operate as agents of politicians or other influential stakeholders to whom they are subordinate, technocrats frequently act against the interests of politicians, the business sector, and international financial institutions (IFIs). For the most part, the book is persuasive thanks to the author's concise conceptual framework and productive use of interview data. The title of the book is misleading – the study says little about democracy and focuses instead on autonomy – but it succeeds in explaining when and how expert preferences trump those of other players to dictate crucial policy outcomes.

Dargent's theory about the sources of technocratic autonomy and its persistence over time emphasizes four factors. He refers to the first two as the politics of policy, and the second two as the technical aspects of policy. With regard to the politics, he finds that the imperative to maintain macro-economic stability, given the severe electoral costs of failing to do so, motivates reluctant politicians to cede control of economic policy to those with high-level technical skills. In contrast, in the sphere of health policy, politicians are more likely to take advantage of opportunities to award patronage since the political cost of poor policy outcomes is comparatively low. A telling exception emerges in his analysis of the Colombian case, in which health reforms have meant that policy failure would have an impact not only on the needs of the poor and powerless – as in Peru – but also those of the middle and even upper sectors; as a result, the political influence they wield could mean incumbents paying the price for ignoring expert advice. The second political factor in Dargent's theory is the existence of a plural and balanced constellation of stakeholders. He contends that the greater the number and balance of powerful stakeholders in a given policy domain, the more technocrats can sustain their autonomy from any single pressure group.

As for the technical aspects of policy, Dargent first emphasizes the importance of complexity, and argues convincingly that this often increases as a result of intentional efforts by experts to ensure that only fellow members of epistemic communities have the skills needed to design, implement, monitor, and evaluate policy. A second technical variable concerns the degree to which expert consensus exists. If everyone with technical knowledge shares a common position, the autonomy of technocrats in office is higher than when they are susceptible to being replaced by competing groups of experts with fundamentally different views.

This framework enables Dargent to account for the longstanding independence of economic policy technocrats in Colombia and, more recently, in Peru as well, following the catastrophic effects of heterodox policies of the 1980s. Peruvian health policy, however, has remained vulnerable to political interference and, until recently, this has also been true of Colombia, though both political and technical factors have worked to increase expert autonomy since the 1990s. The importance of expert cohesion is confirmed in Dargent's concluding chapter through his comparisons with Latin American countries beyond Colombia and Peru, despite these comparisons being excessively brief.

There is much to commend this book, but there are significant weaknesses. First, the second chapter's characterization of the assumptions in the existing literature regarding technocrats as agents of politicians, IFIs, or business is unconvincing. To be sure, several of the studies he cites offer a simplistic account of how capital and/or IFIs impose their will through neoliberal policies designed and enacted by technocrats. This is the case in some of the Colombian Marxist works he references. Similarly, Dargent is right to note in the conclusion that scholars err when they contend that structural accounts fail because the behaviors of politicians are simply products of electoral incentives. But other scholars he cites as failing to grasp the possibility of technocratic autonomy surely do not hold such simplistic views. That technocrats are an important component of the contemporary Latin American state is well-known, if perhaps inadequately theorized, and the scholarship that over the past 30 years has "brought the state back in" is not as blind to the circumstances that Dargent analyzes as his literature review implies.

Second, as noted, the book is successful in explaining autonomy but offers little insight regarding democracy. Indeed, the theory presented in Chapter 3 ignores regime type, even though the case studies cover not only democratic contexts but also the authoritarian rule in Peru under Fujimori. Dargent rightly emphasizes that one difference between economic and health policy lies in the political consequences of mistaken policies, but he offers no evidence of whether this weighs more heavily on leaders during democratic periods. A nuanced theory addressing how democracy and technocratic rule intersect in contemporary Latin America would need to address this and other questions, particularly the consequences of decentralization, which has had a profound impact on a number of key policy domains, including health, in both countries.

By affording attention to democracy in general and decentralization in particular, Dargent might have captured an important difference in technocratic autonomy as it pertains to first and second generation economic reforms. Experts can manage macro-economic policy autonomously if politicians will allow them to do so, but democracy creates circumstances in which policies in fields such as health or education cannot succeed without buy-in from

multiple stakeholders. Dargent contends that where there is a proliferation of stakeholders with diverse interests and perspectives, as in the health sector, technocrats gain greater autonomy. That is partially true, but in the contexts of decentralization that are fostered by democratic politics, experts may have less capacity to unilaterally implement the policies they desire, or to sustain them over time.

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