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Uncovering the colonial legacy: An analytical framework for examining the long-term effects of colonialism on social policy

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Abstract

Research on the long-term impact of colonial rule on social policy remains limited, despite growing evidence that colonial legacies continue to influence welfare arrangements in former colonies in significant and often adverse ways. Existing scholarship is highly fragmented, weakly interconnected, and frequently lacks clearly articulated causal arguments about colonial legacies. These shortcomings constrain scholars, policymakers, and practitioners in international cooperation in explaining variation in welfare outcomes and in designing context-sensitive, equitable interventions.

To address these limitations, this article develops the Colonial Legacies in Social Policy (CLSP) Framework as a theoretical contribution to the study of colonialism's long-term effects on social policy. Building on a critical review of existing approaches, the framework integrates fragmented causal arguments into a coherent analytical structure that distinguishes between colonial causes, the causal mechanisms linking these causes to their effects, and institutional and distributive outcomes. Critically assessing the causal claims in the extant literature and contrasting them with insights from the broader scholarship on colonialism also identifies key shortcomings, including theoretically imprecise explanations, weak specification of causal mechanisms, and insufficient attention to the interactions among different forms of colonial intervention.

The framework provides a structured entry point and a common conceptual language for future research seeking to overcome these limitations. It strengthens causal clarity, supports more systematic comparison across cases, and facilitates more rigorous empirical strategies, including mechanism-based analysis and improved variable specification. More broadly, it advances the study of colonial legacies toward a more theoretically grounded and causally explicit research agenda in social policy.

Zusammenfassung

Die Forschung zu den langfristigen Auswirkungen kolonialer Herrschaft auf soziale Sicherungssysteme weist nach wie vor zahlreiche Limitationen auf, obwohl zunehmend Belege dafür vorliegen, dass das koloniale Erbe die Wohlfahrtsregime in ehemaligen Kolonien bis heute in bedeutsamer und häufig nachteiliger Weise beeinflusst. Die bestehende Forschung ist stark fragmentiert, theoretische Ansätze sind nur schwach miteinander verknüpft und kausale Argumente bezüglich kolonialer Langzeitfolgen bleiben häufig unklar. Diese Auslassungen erschweren es Wissenschaftler:innen, politischen Entscheidungsträger:innen sowie Akteur:innen in der internationalen Zusammenarbeit, Unterschiede in sozialpolitischen Entwicklungen zu erklären und kontextsensible, nachhaltige Interventionen zu entwickeln.

Um diese Einschränkungen zu adressieren, entwickelt dieser Beitrag das *Colonial Legacies in Social Policy (CLSP)-Framework* als theoretisches Werkzeug zur Erforschung der langfristigen Auswirkungen des Kolonialismus auf Sozialpolitiken. Basierend auf einem Critical Review bestehender Ansätze integriert das Framework vereinzelte kausale Argumente in eine kohärente analytische Struktur, die zwischen kolonialen Ursachen, den kausalen Mechanismen, die diese Ursachen mit ihren Wirkungen verbinden, sowie institutionellen und distributiven Folgen unterscheidet. Die kritische Prüfung der Kausalaussagen in der vorliegenden Literatur sowie deren Abgleich mit Erkenntnissen aus der breiteren Kolonialismusforschung deckt zudem zentrale Schwachstellen auf, darunter unpräzise theoretische Annahmen, eine unzureichende Spezifizierung kausaler Mechanismen sowie eine mangelnde Berücksichtigung der Wechselwirkungen zwischen verschiedenen Formen kolonialer Interventionen.

Das Framework bietet einen klar strukturierten Startpunkt und eine gemeinsame konzeptionelle Sprache für zukünftige Forschung, die darauf abzielt, die obengenannten Schwachstellen aktueller Arbeiten zu überwinden. Es unterstützt bei der Entwicklung kausaler Argumente, ermöglicht systematischere Fallvergleiche und hilft bei der Erstellung empirischer Forschungsdesigns, indem es Ansätze für mechanismenbasierte qualitative Analysen und eine verbesserte Variablenspezifikation in quantitativen Ansätzen bereitstellt. Im weiteren Sinne trägt es dazu bei, die Erforschung des kolonialen Erbes in der Sozialpolitik zu einem theoretisch fundierteren und kausal expliziteren Forschungsfeld zu entwickeln.

Contents

1. Introduction

Research on social policy remains largely shaped by a Eurocentric perspective. This is evident in two key ways. First, most empirical studies focus on regions of the Global North[1], and second, the theoretical frameworks employed are typically modeled on the historical development and socio-economic context of Northern welfare states (De Carvalho et al., 2021, p. 3; Kangas, 2012, p. 75; Osman, 2002, p. 38; Walker, 2013, pp. 260–261). Yet, the historical and contextual conditions underpinning social policy in the Global South differ in essential aspects and cannot be adequately captured by these approaches. In particular, many existing social policy structures in these regions originated during colonial rule and were subsequently inherited after independence (Walker, 2013, p. 260). Nevertheless, it is frequently argued that social policy scholarship overlooks the long-term impact of colonialism (e.g., Jennings, 2016, p. 171; Yuda, 2022, p. 237).

Furthermore, a preliminary assessment of the literature suggests that research on the long-term effects of colonialism on social policy remains theoretically underdeveloped and fragmented. Contributions appear weakly interconnected and rarely engage in cumulative debates on how colonial interventions shape postcolonial welfare arrangements or how these processes can be systematically conceptualized. Moreover, much of the literature seems to rely on implicit or underspecified causal claims, offering limited insight into the causal pathways linking colonial interventions to postcolonial outcomes. This lack of theoretical clarity is particularly concerning given that existing scholarship points to the substantial and enduring negative effects of colonialism on the design and implementation of social policy in the post-independence period (e.g., Ichoku et al., 2013; Jennings, 2015; Kangas, 2012). Consequently, analyzing colonial legacies should be central to the study of social policy in the Global South; however, doing so requires a more systematic and theoretically grounded approach than is currently available.

This article addresses these limitations by developing the *Colonial Legacies in Social Policy (CLSP) Framework*, which conceptualizes how colonial interventions generate long-term social policy outcomes. The framework is grounded in a critical review of the existing social policy literature, with a particular focus on healthcare. In addition, it engages with the broader scholarship on colonialism and colonial legacies to critically assess the assumptions underlying existing social policy accounts. Rather than merely summarizing extant scholarship, it reconstructs and integrates dispersed causal arguments into a coherent analytical model. To this end, it adopts a mechanistic understanding of causality that links causes and outcomes through causal mechanisms (Beach & Pedersen, 2016). Beach and Pedersen conceptualize causal mechanisms as a "system of interlocking parts that transmits causal forces from X to Y" (2016, p. 29). In its ideal-typical form, such a mechanism comprises entities — such as individuals, groups, and structural phenomena — and the activities through which they operate (Beach & Pedersen, 2016, p. 49). Accordingly, the framework focuses on three core elements: 1) causal starting points, that is, events that initiate sequences of causally linked developments culminating in colonial legacies; 2) colonial legacies, understood as the societal formations produced through these sequences; and 3) the causal mechanisms linking these events to their outcomes.

Adopting a mechanistic perspective enables a more precise and theoretically grounded analysis of colonial legacies than is currently available in social policy literature. It allows for the systematic reconstruction of causal arguments that are often stated only implicitly and helps distinguish between mere temporal associations and analytically robust explanations. Furthermore, colonial legacies typically emerge from the interaction of multiple, overlapping processes, thus a mechanis-

1 The terms "Global South" and "Global North" do not have universally accepted definitions (see Haug et al., 2021). In this paper, they refer respectively to geographies and populations that — often as a consequence of historical colonial domination—remain socially and economically marginalized and positioned at the periphery of the international system (South), and to those that exercise predominant influence over the global economy and the production of social meaning (North).

tic approach provides a structured means of tracing these complex causal pathways. While many existing studies implicitly draw on historical institutionalist approaches and assume path-dependent dynamics (Erdmann et al., 2011, pp. 6, 11; De Juan & Pierskalla, 2017, p. 164), the framework makes these processes analytically explicit by specifying the mechanisms through which early interventions shape long-term trajectories.

Drawing on the critical review and its mechanism-based approach, this paper makes four main theoretical contributions. First, it resolves existing theoretical fragmentation by synthesizing disparate literatures into a unified conceptual framework, establishing a clear baseline for how colonial legacies are defined and observed. Second, it advances a mechanistic perspective on colonial persistence, moving beyond mere correlations to specify the exact causal pathways that link historical interventions to contemporary outcomes. Third, the resulting analytical framework introduces a novel typology that systematically classifies the causal claims advanced in the existing scholarship according to their underlying logic. Fourth, the framework offers a tool that enables researchers to comparatively and systematically investigate colonial continuities across diverse policy fields and regional contexts.

The remainder of the paper proceeds as follows. It first outlines the methodology of the literature review, then defines the scope of the field, and subsequently introduces the CLSP Framework and its key causal pathways, illustrated with examples from the literature. The discussion assesses the limitations of existing research and identifies avenues for future inquiry. The conclusion summarizes the main findings and reflects on how the framework supports more rigorous and causally grounded analyses of colonial legacies in social policy.

2. Critical literature review

According to Grant and Booth (2009, p. 93), critical literature reviews are characterized by "a degree of analysis and conceptual innovation" and the development of a model or hypothesis. In this paper, the outcome of the review is an analytical framework for examining colonial legacies in social policy. While Grant and Booth (2009, p. 97) note that there are no formal requirements for conducting such reviews, the following section outlines the search methods and analytical procedures employed to ensure transparency.

While the review initially focused on healthcare policy, the scope was subsequently broadened to social policy more generally due to the limited availability of literature specifically addressing colonial legacies in healthcare. Restricting the search to this subfield would have excluded relevant contributions, including studies that do not focus on a specific policy domain but nonetheless offer applicable insights. Moreover, findings from other areas of social policy proved theoretically transferable, as they provide process-oriented perspectives on the structural features of policy development.

Searches were conducted in February 2025 across multiple databases, including PubMed, ProQuest, Google Scholar, Historical Abstracts, Pollux, and IBZ. The selection of databases reflects the interdisciplinary scope of this study as well as its original focus on healthcare. Research on colonial legacies in social policy spans multiple fields, including public health, sociology, political science, and history. PubMed ensures coverage of health policy and public health research, while ProQuest and Google Scholar provide broad access to social science scholarship and gray literature. Historical Abstracts captures historically grounded analyses of colonialism, and Pollux and IBZ strengthen coverage of political science and broader social science literature. Together, this combination enables a comprehensive and systematic identification of relevant causal arguments across disciplinary boundaries.

Search strings and parameters were tailored to the specific functionalities of each database and adjusted according to the number and relevance of retrieved publications. Initial searches were intentionally broad, for example combining the term "colonialism" with terms such as "social policy" and "healthcare." Where searches returned excessive results, search strings were refined using more specific phrases, such as "colonial legacies" and "colonial continuities." This reduced the num-

ber of studies focused exclusively on the colonial period and helped prioritize literature addressing its long-term effects. Although additional searches focusing on specific social policy fields, such as education or old-age pensions, could have provided a more comprehensive overview of the literature, the volume of retrieved publications made such an approach unfeasible. Instead, the broader search term "social policy" was used to identify major contributions, consistent with Snyder's (2019) observation that critical literature reviews aim to synthesize relevant insights and perspectives within a field rather than provide an exhaustive account of all published research. Where available, database-specific keywords or subject headings were used alongside or instead of free-text terms. Search fields were adjusted from full text to title-only searches depending on the results obtained. Overall, this strategy aimed to maximize coverage while maintaining a feasible scope for screening and analysis. Due to the high number of results returned by Google Scholar, screening was limited to the most relevant records ranked by the platform's algorithm. To ensure transparency, Supplementary Material A reports the full search strategy, including terms, filters, and results by database. Supplementary Material B lists all sources included.

The review included studies that explicitly examine the legacies of colonialism in social and healthcare policy. Studies focusing exclusively on either the colonial or postcolonial period were excluded, as were those not engaging with social policy processes (i.e., who designs policies, through which mechanisms, for which populations, and with what consequences). Consequently, research focusing solely on health outcomes, epidemiological patterns, or medical innovations was excluded. Research on ongoing settler colonial contexts (e.g., the United States, Canada, and New Zealand) was also excluded due to their distinct socio-economic and demographic trajectories. Likewise, studies focusing exclusively on developments within former metropoles were not considered. No restrictions were applied regarding geographical scope, publication date, language, or study design. Eligible sources included peer-reviewed articles, books, book chapters, and gray literature.

Screening was conducted in two stages. First, titles and abstracts were assessed against the inclusion criteria. Second, the full texts of selected sources were reviewed to confirm eligibility. The initial searches resulted in 434 results, after removing duplicates. Following the application of inclusion and exclusion criteria, 46 sources were retained. In addition, 17 sources were identified through unstructured searches. Backward reference searching was systematically conducted for all included sources to identify additional relevant literature, resulting in the inclusion of 7 more studies. The final sample consists of 70 sources.

A standardized template was used to extract data on geographical focus, policy field, methodological approach, and theoretical orientation. An additional section records each study's positioning within the existing literature, noting whether authors build on, extend, or critique prior theoretical or empirical work on colonial legacies in social policy. References to other academic fields are also recorded to identify interdisciplinary influences. The main section systematically collects information on the causal arguments regarding colonial legacies, forming the basis for the development of the analytical framework. First, it examines the causal starting points—that is, the events or conditions that trigger sequences of developments leading to colonial legacies. Second, it extracts the colonial legacy considered to be the outcome of these sequences. Third, it identifies the causal mechanisms connecting these initiating events to their outcomes. In addition, the template records whether the authors explicitly theorize causal mechanisms and demonstrate their existence using appropriate methodological approaches. Finally, it notes whether the authors identified antecedent precolonial causes that could affect the outcome or any earlier event in the relevant causal chain. Including precolonial conditions reflects an ongoing scholarly debate regarding their long-term effects and their role in mediating colonial interventions (see Lange et al., 2022, p. 973), and thus allows researchers to account for or control precolonial variation. The data extraction template is provided in Supplementary Material C. Given the interpretive nature of a critical review, no formal quality appraisal was conducted. Instead, studies

were assessed based on their relevance to the research question and their contribution to conceptual and theoretical development (see Grant & Booth, 2009, p. 97). During the development of the extraction template, a second reviewer provided feedback to improve its functionality and clarity. In addition, the reviewer independently assessed a 5% sample of the included studies, with particular attention to ambiguous cases, to ensure consistency in the extraction of causal arguments related to colonial legacies.

3. Scope of the field

The final sample is divided equally between works on healthcare and works on other areas of social policy, which display notable patterns and characteristics. Most of the research has been published relatively recently, with 27 studies from the 2010s and 24 from the 2020s. Geographically, more than half of the cases are in Sub-Saharan Africa, followed by one-fifth in Asian countries — half of which are in India — and a small number in the Caribbean. Clusters also exist in terms of common topics and similar theoretical approaches. The largest group of publications explains persistent inequality between groups or regions as a result of a colonial legacy. Among the healthcare-related works, the impact of colonialism on "traditional" healthcare is a recurring topic. The most prominent theoretical approaches center around the different legacies of empires and the lasting impact of the colonial political economy.

Methodological choices and references to other scholarship partly align with these aforementioned clusters. The most common designs among the included studies are single-case studies (33), comparative case studies (10), and statistical approaches (6). Single-case studies tend to contextualize specific features of contemporary social policy and trace their origins to the colonial period. Quantitative research predominantly focuses on differences between empires. Qualitative comparative studies also engage in inter-imperial comparison, while in some cases they examine variation across colonies within the same empire or across regions within a single colony. References to research on the long-term impact of colonialism on economic and political outcomes are the most prominent among the included sources. These references are explicitly discussed in 14 sources. References to postcolonial works and dependency theory follow, with six and five sources, respectively. However, the referenced works are only discussed in greater detail in a limited number of cases and are often used to highlight the long-term influence of colonialism in general. Although the overall number of publications is large, especially considering that research on colonial legacies in social policy is often described as neglected, the interconnectedness between research appears to be remarkably low. The literature displays little evidence that authors are aware of other existing works. Forty-one out of 70 sources in the sample do not cite any other work on the colonial legacy in social policy. Eight works only refer to sources showing that the colonial legacy varies between empires. This is mirrored by the fact that Schmitt's (2015) work, which highlights different imperial legacies, is the most cited (six times) across the reviewed literature. Of the seven works discussing colonial legacy in social policy in more detail, none provides a comprehensive overview of the existing literature. Becker and Ricart-Huguet's (2024) contribution comes closest to providing such an overview by identifying recurring patterns in colonial legacies and potential drivers of continuity and change. Nevertheless, it misses the opportunity to critically assess the state of the art. The interdisciplinary nature of the publications — ranging from political economics to sociology and historical works — might contribute to the lack of cross-references.

4. The Colonial Legacies in Social Policy Framework

The analysis of the reviewed literature identifies several clusters of causal pathways, which form the foundation of the CLSP Framework. Organizing the framework around causal pathways — rather than, for example, specific actors — offers

the advantage that its categories can travel across regions and historical periods. At the same time, their applicability is not universal, as colonialism and its legacies are highly heterogeneous and vary significantly across contexts. Accordingly, the framework is not intended as a one-size-fits-all template. Rather, it aims to guide and inform analysis by distilling key patterns and arguments from a diverse and fragmented body of literature, instead of providing a set of rigid analytical tools to be directly applied to individual cases.

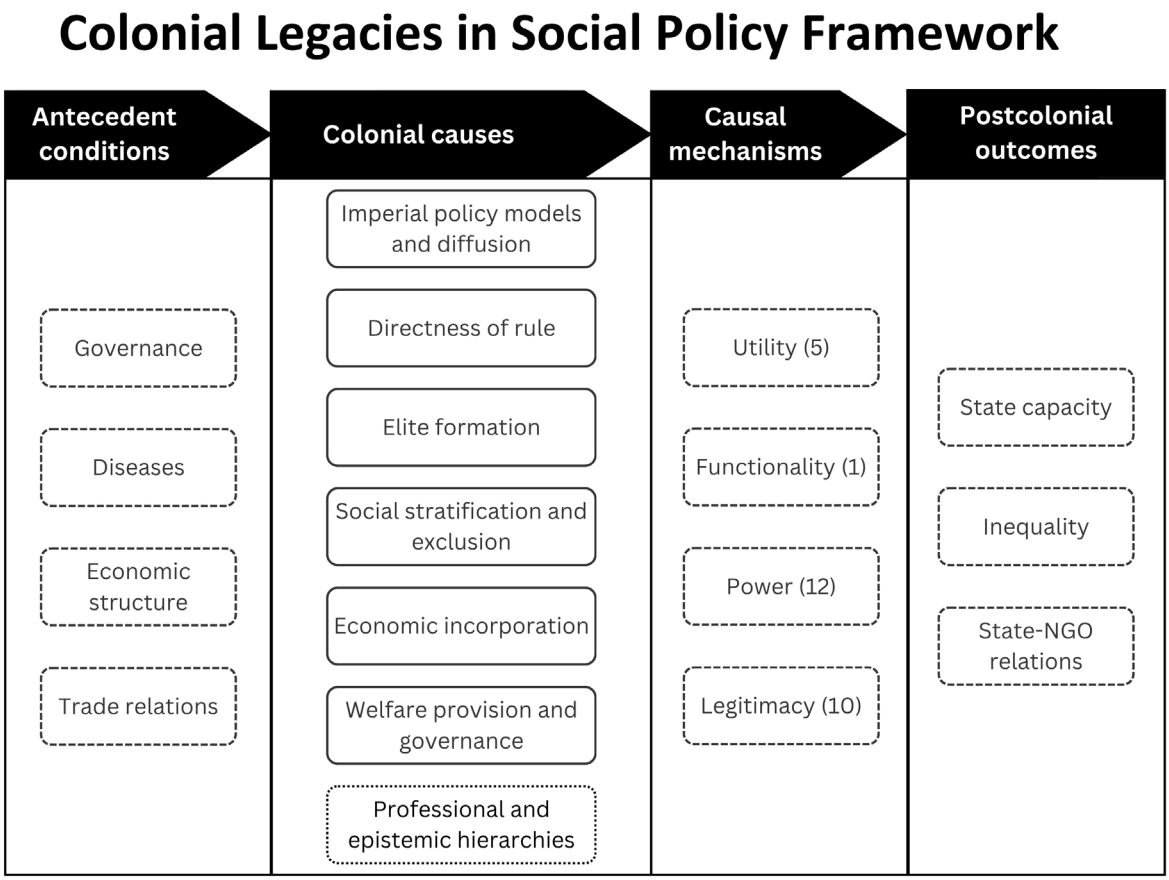
To reduce complexity and establish a stable analytical entry point, the framework focuses explicitly on the causes of colonial legacies, conceptualized as distinct types of colonial interventions. These interventions constitute the most stable elements in the causal chain, as both outcomes and even causal mechanisms may vary over time. The framework distinguishes seven categories of colonial interventions. These are not mutually exclusive empirical phenomena, but analytically distinct entry points into highly entangled aspects of colonial rule that interacted in forming colonial politics as well as its postcolonial remnants. While some of these categories could be subsumed under broader concepts — such as colonial state-building — maintaining a more fine-grained differentiation allows for the identification of important variations in the theoretical arguments found in the literature. Moreover, this level of granularity reflects the structure of the existing scholarship, in which similar claims are often advanced across studies without being systematically connected.

The categories can be summarized as follows: First, imperial policy models and diffusion capture the transfer of policy designs and administrative practices associated with different colonial powers. Second, the directness of rule captures the extent to which colonial authority was exercised through centralized administrative structures staffed by colonial officials, as opposed to indirect forms of governance that relied on existing local authorities. Third, elite formation refers to the colonial shaping of political hierarchies, including the configuration of elites and the networks of social groups that assumed state power at independence. Fourth, social stratification and exclusion capture interventions structuring the inclusion, exclusion, of specific groups and the ascription of legitimacy within colonial society. Fifth, economic incorporation describes how colonial economies were integrated into imperial and global markets, thereby structuring resource distribution, inequality, and fiscal capacity. Sixth, welfare provision and governance concern the allocation of responsibility for welfare provision between state and non-state actors and their incorporation into decision making structures. Seventh, professional and epistemic hierarchies refer to the privileging of specific knowledge systems and professional groups.

In this study, the final category is derived exclusively from the healthcare literature and is therefore highlighted in Figure 1 below. The content of these categories overlaps to some extent, particularly because causal arguments may involve sequences comprising multiple steps. For instance, colonial economic policy can directly influence the inclusion or exclusion of particular social groups, leading to enduring postcolonial inequalities. To distinguish the causal arguments presented in the literature, they are classified according to the specific colonial interventions identified as the initiating events in causal chains that subsequently produced lasting effects. In this example, the argument would be classified under the category of colonial economic interventions.

Figure 1 provides an overview of the CLSP Framework, with a particular focus on the conceptual categories of colonial causes outlined above. It also presents illustrative examples of the associated antecedent precolonial factors, causal mechanisms and resulting colonial legacies in social policy. The depiction of these elements does not imply distinct one-to-one causal pathways whereby a specific colonial intervention leads to a specific legacy through a single mechanism; such relationships would be too complex to capture in a single figure. Rather, the figure summarizes commonly identified mechanisms and legacies in the reviewed literature, while detailed causal arguments are discussed in the following subchapters. Precolonial variables are drawn primarily from related branches of research. The figure includes only selected examples, while further details are provided in the corresponding sections below. To reduce complexity, causal mechanisms are

Figure 1. Colonial Legacies in Social Policy Framework



Source: own illustration

organized according to the typology proposed by Mahoney (2000, pp. 516–525), distinguishing utilitarian, functional, power-based, and legitimation mechanisms of institutional reproduction. The utilitarian approach assumes that actors reproduce or transform institutions based on their assessment of associated costs and benefits. Functionalist explanations argue that an institution's role within a broader system drives its reproduction. In this process, the functionality of an institution promotes its expansion, which further enhances its functionality and creates a self-reinforcing dynamic. Power explanations emphasize that institutions persist when they are supported by powerful groups whose interests they serve. Because institutions distribute costs and benefits unevenly, advantaged actors may reinforce them through processes of expansion that further increase their power and sustain institutional reproduction. Finally, legitimation describes the perception of an institution's appropriateness by relevant actors as the driving force behind its reproduction. Reinforcement occurs through a cyclical process in which continued institutional reproduction further strengthens its perceived legitimacy. The number associated with each type of causal mechanism indicates how many times this kind of explanation is mentioned in the reviewed literature as a reason for the reproduction of colonial policies. This count includes instances in which the existence of the causal mechanism is not empirically demonstrated using specific methodological approaches, but is instead assumed by the authors.

The following sections present and discuss the causal arguments associated with the distinct colonial factors depicted in Figure 1. Although imperial policy models and diffusion, and directness of rule are two analytically distinct causes, they are discussed together in the same section, as the reviewed literature generally does not differentiate between them.

4.1 Imperial policy models and diffusion

The most prominent causal argument among the reviewed studies stresses the long-term impact of the colonizers' identity, primarily contrasting the British and the French empires. Becker and Ricart-Huguet (2024, p. 4) describe these "distinct colonial models as indicative of major social policy differences across the colonial world". The contrast between French and British colonialism is often framed as direct rule (French) versus indirect rule (British). French direct rule is associated with assimilating its colonial subjects, and replacing existing institutions with centralized governance (Kangas, 2012, p. 79). By contrast, British indirect rule is described as decentralized, relying on local leaders and preexisting governance structures to administer the empire (Becker & Ricart-Huguet, 2024, p. 4). In social policy, the French model is linked to greater state involvement, earlier and more generous benefits for local workers, a centralized and universal approach, and funding through direct taxes. In comparison, the British Empire is described as more passive, using indirect funding through local treasuries and implementing more heterogeneous policies later (Cassells et al., 2022, pp. 90–91; Luiz, 2013, p. 111; MacLean, 2017, pp. 372–373; Schmitt, 2015, p. 334). MacLean's (2002) comparative case study of the Gold Coast (present-day Ghana) and Côte d'Ivoire illustrates differences between French and British rule using two specific cases: On the Gold Coast, colonial officials reinforced family networks to address social security needs and provided social assistance only to those deemed "detribalized". In Côte d'Ivoire existing networks were dissolved and replaced instead. However, MacLean (2002, p. 68) argues that state-building and the establishment of foundational norms of the state, family, and community did not originate during the colonial period. To account for precolonial state-building, the study focuses on regions in Côte d'Ivoire and Ghana where residents belong to the Akan group. The different roles of the state in British and French colonies also influenced the involvement of non-governmental, often faith-based service providers. MacLean (2017, p. 2) finds that the delivery of healthcare and education by these providers was encouraged in British, but restricted in French colonies in West Africa.

In addition to different concepts of state building, empires affect social policy trajectories through diffusion of specific social policy measures from metropoles to colonies. For instance, the French *Code du Travail* extended social protection to workers in overseas territories in 1952 (Schmitt, 2015, p. 334). Moreover, many French colonies adopted social insurance systems based on occupational groups, similar to what was implemented in France in the 1930s (Olié et al., 2024, pp. 2614–2616). Kaseke (2011) demonstrates how the British Poor Law tradition was reflected in social services targeting the urban poor and employing means testing in colonial Zimbabwe. Additionally, the publication of the Beveridge Report in 1942 sparked inquiries into expanding social services across the British Empire (Surender, 2013, p. 18). Künzler (2022a, p. 57) argues that this tradition generally led to a focus on tax-financed social assistance schemes in British colonies.

The reviewed literature points out that these diverse colonial strategies and processes of policy diffusion cause postcolonial differences. Luiz (2013, p. 114) finds that former British African colonies developed more limited social systems than the French ones, where broader services such as free publicly-run health facilities are common (Künzler, 2022a, p. 58). 22 of the 24 former French territories in Schmitt's (2015, p. 337) sample introduced healthcare programs, compared to 28 of 48 former British colonies. Former French colonies in sub-Saharan Africa also maintained more homogeneous social security pathways after independence, retaining the general structure of the *1952 Code du Travail* (Schmitt, 2015, p. 340). They also established National Social Security Funds after gaining independence, modeled after France's *régime général* (Olié et al., 2024, pp. 2614–2616).

The reviewed works neither explicitly theorize the causal mechanisms that shape the long-term persistence of differences between former empires nor do they provide direct evidence for their existence. However, they mention several factors underlying postcolonial reproduction, most notably those aligning with causal mechanisms related to legitimacy and utility. Since claims regard-

ing colonial legacies are typically based either on statistical associations between colonial and postcolonial features or on qualitative temporal comparisons, these references to causal mechanisms remain highly speculative. Schmitt (2015, p. 340) argues that different colonial approaches to social policy persisted because they generated distinct experiences in implementing social security and differing notions of responsibility, shaping the state's role and institutional structures. Olié et al. (2024, p. 2616) attribute the early postcolonial inspiration by France's *régime général* to the ongoing close ties with the former metropole, which manifest as development aid and technical assistance. Moreover, prevailing expectations of "development" made the introduction of a system of insurance based on formal employment seem plausible (Olié et al., 2024, p. 2611). Further, Schmitt (2020, p. 156) argues that once an insurance-based system is introduced, shifting to a tax-based system would incur tremendous costs. Similar to Olié et al., Kaseke (2011, p. 124) attributes persisting British influence to Zimbabwe's continued dependency on British aid, ongoing training of government staff in Britain, and Commonwealth membership. MacLean (2002, pp. 81–82) explains a more centralized, worker-focused policy in independent Côte d'Ivoire in contrast to Ghana's more community-based, vulnerable-group-oriented approach to feedback processes in the form of elite norms about the appropriate role of the state (MacLean, 2002, p. 67). In addition, the legacy of the relative capacities of state and non-state actors, and norms about their appropriate role, produced a higher reliance on informal structures, as well as quicker growth of non-state providers, in independent Ghana compared to Côte d'Ivoire (MacLean, 2017, p. 359). MacLean further elaborates that the dominance of non-state providers weakens accountability and undermines state capacity, creating a feedback loop that hinders stronger state involvement.

While many studies highlight the influence of colonizers' identities on social policy, the underlying causal argument, as well as the theoretical and methodological approach, exhibits notable limitations. Critique within the reviewed social policy literature remains limited. Künzler (2022b, p. 240) argues that quantitative studies focusing on the legacies of different colonial powers can obscure similarities between empires, such as widespread healthcare coverage for civil servants. Another limitation is that precolonial conditions have been explicitly considered and controlled for only by MacLean (2002), potentially introducing systematic bias. The mention that colonial policy was mediated by local actors and precolonial conditions is additionally found in Midgley and Piachaud's (2011) work on the British Empire. Extant research further shows that colonization was not random but influenced, for example, by prior trade relations (De Sousa & Lochard, 2010, p. 7). Moreover, colonial state-building frequently built upon and adapted to existing local institutions (see Bolt et al., 2022).

Another concern is the common equation of British rule with indirect rule and French rule with direct rule. The practical distinction between British and French imperial rule — and whether it aligns with the direct–indirect contrast — has been debated since the colonial period (Lange et al., 2022, p. 973; Müller-Crepon, 2020, p. 707). While the reviewed literature does not provide precise definitions of what constitutes direct and indirect rule, the arguments revolve around the extent to which institutions based on a European blueprint were implemented during colonialism and the degree to which the colonial state was directly involved in social policy. There is also no consensus on how direct and indirect rule are defined in other academic strands (Lange, 2004, p. 906). According to Lange (2004, p. 906), the directness of colonial rule is typically defined based on the level of incorporation of indigenous institutions or personnel into the colonial state. Lange et al. (2022, pp. 984–986) attribute related differences between the French and British imperial approaches to the distinct historical trajectories of each empire[2]. Within the reviewed literature, Becker and Ri-

2 For instance, they associate the more pluralistic British policy with the incorporation of the populations of Ireland, Scotland, and Wales, which did not culminate in a fully unified national community. In contrast, the French system of governance was shaped by the legacy of the French Revolution and Enlightenment ideals, resulting in a more centralized and rationalized administrative structure.

cart-Huguet (2024), Kangas (2012), Luiz (2013), and Olié et al. (2024) equate the directness of rule with the colonizer's identity. In contrast, Schmitt (2015) identifies systematic differences between empires but does not link it to direct or indirect rule. Only MacLean (2002, p. 69) explicitly critiques this common typology as an "oversimplification".

Empirical findings are in line with MacLean's critique. Lange et al. (2022) suggest that British colonialism was generally moderately pluralist, whereas French rule was more integrative. Yet, Gerring et al. (2011, p. 402) note that the French empire also employed indirect governance, and Lange (2004, p. 921) shows substantial variation in indirect rule across British colonies. Within the reviewed literature, Thyen and Schlichte (2022, p. 173) observe that even the purportedly centralized and homogeneous French empire displayed significant differences in how it incorporated its territories. Other research further highlights intra-colonial variation: for example, Nigeria experienced highly indirect rule in the North but direct administration in the Southwest (Gerring et al., 2011, p. 413). The choice of direct or indirect governance often reflected strategic considerations, based on factors such as settler presence, economic potential, preexisting population density, and preexisting forms of governance (Lange, 2004, p. 908; Müller-Crepon, 2020, p. 707). Taken together, these findings suggest that French and British rule cannot be simplistically equated with direct and indirect governance, as is common in social policy literature.

Accordingly, the framework treats the directness of rule and colonizer identity as interacting yet distinct causes, enhancing explanatory power. Separating these factors allows for the analysis of variation both across and within empires as well as within single colonies. Two causal arguments emerge: first, the extent of indirect rule shapes state involvement and the role of non-state institutions post-independence through mechanisms such as legitimacy and utility; second, the colonizer's identity matters because policies diffused from the metropole persist via technical assistance, perceived legitimacy, and rising alternative costs.

4.2 Elite formation

A common causal argument among the reviewed studies is that the ways in which colonialism shaped political elites and coalitions help to explain contemporary features of social policy, particularly present-day inequalities. Ademiluyi and Aluko-Arowolo (2009) note that current healthcare services in Nigeria are primarily curative, specialized, and hospital-based. These services are located in urban areas and neglect the needs of the rural poor, much like during the colonial era. Ichoku et al. (2013, p. 302) add that the system relies heavily on out-of-pocket payments and private insurance, is rife with corruption, and the national insurance scheme only covers a small portion of the population while providing separate facilities and treatment abroad for elites. Similar inequalities have been observed in Java (Boomgaard, 1993), Uganda (Mulumba et al., 2021), Ghana (Aidoo, 1982), and throughout the British Empire (Midgley & Piachaud, 2011, p. 202).

To explain these continuities, Ichoku et al. (2013, pp. 302–303) refer to Joseph's (1988) concept of "prebendalism", which describes the appropriation of state resources by government officials and elites who became the "internal colonial masters" after independence. Ademiluyi and Aluko-Arowolo (2009, pp. 108–109) attribute this continuity, in part, to the system of indirect colonial rule in Northern Nigeria that enabled former African agents of the colonial government to assume colonial privileges. Similarly, Yuda (2022) demonstrates how Dutch colonialism created a privileged class of Indonesian aristocrats and middle classes who became agents of colonial rule, destroying cross-class solidarity. This legacy materializes in the healthcare reforms of the 2000s, which reproduced the stratified colonial logic of healthcare services. Likewise, Luiz (2013, p. 119) generalizes that postcolonial states have "not been able to build a long-term social contract with society" and instead rely on patronage.

Shifts in political power, such as the growth of the middle class, are said to have triggered the expansion of the "residual model" (Surender, 2013) of colonial welfare. Cammett et al. (2021), Thyen and Schlichte (2022), and Andersson and Marks

(1989) make similar arguments, highlighting the roles of independence movements and the political constituencies of early post-independence governments. Andersson and Marks (1989, p. 524) explain that expansions in healthcare in South Africa and Namibia reflect relatively broad popular liberation movements compared to Mozambique and Zimbabwe, where the focus was on winning rural constituents. In Tunisia, the Neo-Destour party introduced health insurance for the public sector and a comprehensive insurance system for non-agricultural private workers to secure the loyalty of state officials and their primary constituents (Thyen & Schlichte, 2022, pp. 183–185). Cammett et al. (2021) conclude that welfare expanded more broadly after independence whenever political elites represented more diverse geographical regions and social classes. Former colonies that witnessed revolutionary breaks with the colonial regime are also said to introduce schemes that cover different regions and groups and invest in welfare as part of nation-building efforts. However, the effects differ across sectors. More pronounced changes are observed in education, whereas healthcare services appear to remain relatively stable after independence. The authors attribute this difference to education's lower costs and its potential to consolidate power (Cammett et al., 2021, p. 760).

In terms of mechanisms, these works generally align with Mahoney's category of power explanations, in which institutional reproduction depends on support from powerful groups, and institutional change is attributed to shifts in power distribution. However, the presence of these mechanisms is typically assumed, for example, based on the observation that social services primarily benefited postcolonial elites in ways comparable to the access that colonizers themselves enjoyed during colonial rule. An exception are Thyen and Schlichte, as they explicitly theorize mechanisms based on empirical evidence and demonstrate why alternative explanations fail to account for the observed outcomes. The extent to which precolonial state building and elite configurations mediate or outlive colonial influences has not been assessed in this strand of the literature. However, there is evidence that associates strong precolonial statehood with autocratic rule after independence (Hariri, 2012), illustrating one of many ways in which precolonial conditions may remain relevant.

4.3 Social stratification and exclusion

Several reviewed works argue that the marginalization and exclusion of specific groups during colonialism continues to shape postcolonial social policy arrangements. Bawafaa (2023) highlights gendered inequalities in Ghana, demonstrating that colonial rule marginalized women*[3] by portraying them as ignorant, powerless, and unfit mothers in need of a "white savior". Indigenous knowledge of reproductive medicine was suppressed, foreign childbirth practices were imposed, and patriarchal norms alongside economic dependence on men were introduced. These structures persist: women's* access to healthcare remains constrained by dependence on men's* decisions and financial means, and women* continue to face abuse and exclusion by health workers who uphold norms rooted in the colonial period.

Similarly, Patel (2011) shows that during colonialism and Apartheid, South Africa's racialized legal frameworks and norms restricted access to welfare for Africans, who relied primarily on kinship networks and rudimentary poor relief. Although the liberation movement aimed to expand welfare and redistribute resources, the post-apartheid government inherited a racially segregated system, with gendered and racialized cultures of unpaid care persisting. Coovadia et al. (2009, p. 825, 830) further illustrates that South Africa's regional administrative structures reflect colonial legacies: at the end of Apartheid, the country had 14 health departments — one per Bantustan — resulting in vast disparities in access and service quality. The persistence of these inequalities is linked to a lack of institutional memory and quali-

3 The asterisk is added to highlight that gender is a social construct not adequately covered by the binary of male and female. This terminology reflects the authors' conceptual perspective and should not be taken to imply that the researchers whose work is reviewed necessarily adopt the same view.

fied personnel, itself a consequence of the systematic exclusion of Black and female* candidates from education and managerial positions during colonial rule. However, the existence of this mechanism is neither supported by empirical evidence nor systematical investigation. Precolonial factors have not been incorporated in the reviewed publications, but may nevertheless matter, as for example gender norms were not simply imposed through European blueprints during colonialism, but were mediated by and intertwined with local cultural and political systems (Ultreras Villagrana et al., 2023).

4.4 Economic incorporation

A further causal argument identified in the reviewed literature is that colonial economic policy produced long-lasting effects on social policy. Scholars primarily explain this influence by examining how colonies were integrated into imperial or global markets, often drawing on dependency theory. For instance, Mhone (2004) and Wolkenhauer (2022) show that Zambia's historical role as a copper-exporting enclave left the independent state's budget highly exposed to international market fluctuations and concentrated both economic activity and political representation within the copper sector. This, in turn, hindered the development of inclusive social policies beyond the copper economy (Wolkenhauer, 2022, p. 120). Similarly, Turshen (1977, p. 15) documents that most male* inhabitants of Tanzania's Songea district were compelled to migrate in order to earn income to pay colonial taxes (Turshen, 1977, p. 13). Because districts were expected to finance local services, including healthcare, autonomously — and taxes were collected where laborers were employed — Songea continues to experience resource deficits that impede the establishment of services and infrastructure (Turshen, 1977, p. 15). Turshen (1977, p. 29) further demonstrates that the gendered division of labor under colonial rule led to the preferential provision of social services for men*. In contrast, Andersson and Marks (1989, p. 522) show that male* labor migration to South Africa contributed to the development of family planning services in Lesotho, as women* assumed high-ranking roles in the healthcare sector and successfully lobbied for their interests, often in opposition to the preferences of the Catholic Church.

Mkandawire (2020, pp. 141–142) draws on Amin (1972) and Oliver and Atmore (1994) to develop a typology of contemporary Sub-Saharan African welfare regimes based on three ways in which colonies were incorporated into international markets: as labor reserve, cash crop, or concession economies. In cash crop economies, mainly in West Africa, Africans retained control over land and production systems during colonialism, generating direct income through cash crop production rather than wage labor (Mkandawire, 2020, p. 144). Peasants could partially choose which crops to produce for cash or subsistence (Künzler, 2022b, p. 241), while metropolitan mercantile houses — and later state monopolies — controlled marketing (Mkandawire, 2010, p. 1649). Taxation relied on poll taxes and marketing channels, and social policies were either indirect, such as price stabilization, or informal and community-based, complementing "traditional" social security arrangements (Mkandawire, 2020, pp. 145–146). From a long-term perspective, Mkandawire links peasants' direct market participation to high out-of-pocket expenditures on social services and argues that weak institutions have constrained social policy development. Today, former cash-crop economies are characterized by low taxation and social spending, while aid, GDP, and industrialization exert a greater influence on social expenditure in these economies than in labor reserves (Mkandawire, 2020, p. 158). Out-of-pocket payments account for a larger share of healthcare spending than in other colonial economy types (Mkandawire, 2020, pp. 161–162).

In labor reserve economies, primarily located in East and Southern Africa, Africans were compelled into wage labor through land alienation, pass systems, and direct taxation (Künzler, 2020, pp. 81–82; Mkandawire, 1985, pp. 16–17, 2020, p. 147; Oliver & Atmore, 1994, pp. 157–159). Social policies were designed to reproduce the workforce and often modeled on the British Poor Laws, as most labor reserve economies were under British administration (Mkandawire, 2020, p.

150). Compared to cash crop economies, labor reserve economies typically displayed stronger regulatory capacity, higher tax revenue, and extensive racialized welfare systems (Mkandawire, 2020, p. 147). Welfare provision was tied to formal employment (Mkandawire, 2020, p. 148), which fostered nationalist resistance and labor militancy. Post-independence governments deracialized welfare states without fully addressing class inequalities (Mkandawire, 2020, pp. 148–149). The presence of existing institutions and a broad tax base provided a stable foundation for tax-funded social protection programs. Empirically, former labor reserve economies today exhibit high taxation and social spending, with comparatively low out-of-pocket healthcare expenditures (Mkandawire, 2020, pp. 158, 161–162).

Künzler (2022b, p. 249) describes how Middle African concession economies, neglected in Mkandawire's analysis, were characterized by services provided by concession companies in response to labor scarcity and the need to maintain a stable workforce. Service expansions were driven by pressure from competing colonial powers, international organizations, and colonial administrations' concerns about unrest. After independence, these services largely disappeared as concessions were dissolved, nationalized, or disrupted by civil wars (Künzler, 2022b, pp. 249–250). Urbanization, population growth, and global liberalization further diminished the original drivers of service provision.

While praising Mkandawire for explaining differences within empires, Künzler (2022b, pp. 240–242) critiques the opacity of his colonial classification. He also notes that Mkandawire's description of cash crop economies, based on the Gold Coast[4], overlooks regions where peasants faced forced cultivation. To address this, Künzler proposes a fourth category to differentiate non-mandatory cash crop economies from those with forced cultivation and emphasizes that many colonies combined multiple economic forms[5], as in Angola and the Democratic Republic of the Congo.

Regarding causal mechanisms, the literature generally emphasizes either utility or power-based explanations. Utility explanations highlight reduced costs of building on existing policies, prior administrative experience, and the legacy of broader tax bases. Power-based explanations, in contrast, focus on the (often unintended) empowerment of women* or formal-sector workers, who demand and sustain policies from which they benefit. Among the reviewed studies, only Wolkenhauer explicitly theorizes causal mechanisms and provides corresponding empirical evidence to support them. Precolonial factors are generally not considered; however, there is evidence that colonial economic policy was oriented around precolonial structures. For example, Oliver and Atmore (1994, pp. 148–149) explain that cash crop economies emerged in areas where colonial administrations could build upon existing peasant production systems and European trade networks.

4.5 Service provision and welfare governance

Another key causal argument in the reviewed literature is that the incorporation of non-state actors into welfare provision and policymaking during the colonial period has shaped postcolonial social policy trajectories. Jennings (2013, 2015, 2016) provides most of the in-depth analyses on this aspect. From a long-term perspective, these interventions are associated with the enduring strength of non-state providers (Jennings, 2013) and with the transnationalization of governance (Becker & Ricart-Huguet, 2024, p. 21) in the postcolonial period.

According to Jennings (2016, pp. 159–160), missions in colonial Tanganyika were crucial providers of social services. They operated in a relationship of both cooperation and competition with the state, which partially financed their services and integrated them into decision-making struc-

4 Similarly, Künzler (2022b, pp. 240–242) observes that descriptions of labor reserve economies and their legacies primarily focus on South Africa.

5 In an earlier paper, Mkandawire (2010, p. 1650) acknowledges that the three categories are ideal types and do not fully capture the specificities of every country, as some exhibit characteristics of more than one category.

tures. After independence, churches continued to appoint members to health committees at district, regional, and national levels and to provide training for health professionals (Jennings, 2015, p. 2). This continuity is interpreted as reflecting the postcolonial governments' ongoing inability to provide services independently (Jennings, 2015, p. 7).

The legacy of mission involvement also persists at a more abstract structural level. Jennings (2013) argues that the rise of NGOs in the 1980s built on pre-existing foundations, mirroring the relationship between the colonial state and missions in the 1930s. Early NGOs relied on state financing, similar to missions, and offered services according to "external perceptions of necessity" (Jennings, 2013, p. 953). This contributed to persistent gaps in accountability among service providers and funding entities (Jennings, 2015, pp. 4–5). Additionally, dependence on external financing continued to constrain the independence of NGOs, echoing the risk of state control faced by missions. The state–NGO relationship remained formally regulated by the colonial *Society Ordinance* until 1976, which allowed the state to grant recognition and direct voluntary organizations to specific regions (Jennings, 2013, p. 958).

While Jennings' extensive work on non-state providers highlights similarities between colonial and postcolonial settings, it neglects an investigation of the underlying causes of this continuity. The studies neither theorize causal mechanisms — beyond a brief reference to the state's persistent lack of resources to take on service provision — nor do they provide empirical evidence to substantiate them. Precolonial factors are not considered either. In contrast, historical research on colonialism suggests that the expansion of missions was uneven and shaped by precolonial conditions, including the relative wealth, health, and accessibility of different areas (Jedwab et al., 2022) as well as the approval of local leaders (Chiseni, 2024).

4.6 Professional and epistemic hierarchies in healthcare

A substantial portion of the reviewed literature on healthcare claims an enduring impact of colonial interventions on knowledge systems and professional hierarchies within the sector. These interventions by colonial states and Christian missions often suppressed and discredited pre-existing medical practices, reshaping their status in the long-term. Waite (2000) describes how initiatives to integrate traditional medicine into Zimbabwe's post-independence healthcare system faced opposition from political elites educated in mission schools, who associated such practices with backwardness. Similarly, biomedical practitioners, students, and faculty resisted such integration efforts.

In India, Shankar (1997) argues that the dominance of the biomedical system persists due to its embedding in a network of domestic and international educational and economic institutions supported by political patronage. Sriram et al. (2021) further note that post-independence reciprocity between Indian and British institutions regulating medical education created a mismatch between local needs and Western curricula. This mismatch was reinforced by officials' belief in the superiority of Western medical education. Hierarchies and professional behaviors within the Westernized healthcare sector also reflect structures dating back to the colonial era.

Likewise, Parashar et al. (2023) attribute the continuing influence of doctors on policy decisions in former colonies to the historical dominance of biomedicine over public health. Koon (2021) describes the competitive relationship between doctors and the postcolonial state as another enduring legacy. Hezekiah (1989) and Whiteford (1992) argue that in Trinidad and Tobago and the Dominican Republic the historical lack of training and the long-term psychological effects of colonialism undermine the autonomy of the workforce in the health sector and sustain centralized decision-making.

In contrast to many previous sections, these publications offer a rich repertoire of explanations for the reproduction of arrangements shaped by colonial interventions. They primarily emphasize mechanisms related to legitimacy, used to account for the continued marginalization of healing systems discredited under colonial rule. These arguments overlap with claims that the groups benefiting from Western medical approaches drive their

continued reproduction, and they also note that biomedical healthcare services are essential for the functioning of a broader system of related institutions, from education to drug production. Nevertheless, as with other sections of the literature, these works generally do not rigorously theorize or empirically substantiate these claims. In this strand of the literature, pre-existing knowledge systems and institutions constitute a substantial focus, as several studies describe their transformation and marginalization over time.

5. Discussion

The preceding analysis of the state of the art, structured around the causal pathways of the CLSP Framework, highlights both the key contributions and the limitations of existing literature on colonial legacies in social policy. At a general level, the reviewed works convincingly demonstrate that colonialism was not merely a historical episode, but a formative process with enduring institutional and distributive effects on social policy arrangements. At the same time, the literature remains fragmented, theoretically underdeveloped, and only partially aligned with advances in the broader scholarship on colonialism and its long-term effects. Many of these limitations appear to be linked to weak integration across studies and the resulting lack of cumulative theorizing.

One notable manifestation of this fragmentation is that associations identified in quantitative studies have rarely been systematically examined, refined, or challenged through qualitative case-based research. For instance, Mkandawire's typology of labor reserve, cash crop, and concession economies highlights this gap: its implications have not been substantively developed through in-depth empirical engagement yet. Without such analysis, it remains difficult to specify how macro-level correlations translate into concrete, case-specific institutional processes and outcomes, limiting the development of more robust theoretical explanations.

A related limitation concerns the limited attention given to the interactions between different colonial interventions. The major causal pathways identified in the analysis are typically studied in isolation, despite often pointing to similar outcomes or relying on overlapping mechanisms. For example, British rule, indirect governance, and cash crop economies are all invoked to explain limited state capacity and residual welfare provision, yet their independent contributions and interactions remain unclear. As a result, the literature struggles to account for how different dimensions may reinforce, mediate, or counteract each other, limiting the ability to explain variation in colonial legacies across cases and fostering an overly linear understanding of causal processes. This may also lead to erroneous attribution of observed effects due to insufficient consideration of relevant confounding factors.

Of course, data availability is a constraining factor in this respect, particularly for quantitative studies. For example, there is generally a lack of systematic data on the implementation of direct and indirect rule (Müller-Crepon, 2020, p. 707). However, this limitation is not absolute. Lange (2004) provides data on the extent of indirect rule in the British Empire in 1955, while Lange et al. (2022) offer information on political community models across both the French and British empires. Similarly, Ziltener et al. (2017) compile data on forms of colonial political domination as well as colonial economic policies, including distinctions between smallholder agriculture and plantation economies, and the intensity of resource extraction, among other dimensions for Africa and Asia. Future research could build on these and other datasets to model interactions between different causal arguments.

Further shortcomings in the analyzed literature become apparent when it is compared with recent work in political science, sociology, and economics, which increasingly emphasizes the importance of disaggregating explanatory factors and units of analysis, as well as identifying specific causal mechanisms when analyzing the long-term effects of colonialism (De Juan & Pierskalla, 2017). These studies also pay closer attention to temporal dynamics and local variation. In contrast, much of the literature discussed above relies on broad, under-specified categories, limiting its theoretical

precision and explanatory power. This is particularly evident in what this paper conceptualizes as colonial causes. For instance, colonizer identity is frequently equated with modes of rule, associating British colonialism exclusively with indirect rule and French colonialism with direct rule. Such simplifications obscure substantial variation both within and across empires and reflect only superficial engagement with the broader historiography on colonial governance. Distinct explanatory dimensions are thereby collapsed into composite categories, obscuring their individual and interactive effects. More precise, clearly delineated, and empirically testable conceptualizations are needed to disentangle distinct causes and their long-term effects.

Similarly, the literature rarely disaggregates the unit of analysis beyond the nation-state. Most studies treat the state as a homogeneous entity, overlooking important subnational variation in both colonial governance and postcolonial outcomes. This tendency contributes further to a monolithic conception of colonialism, in which diverse historical experiences are subsumed under broad, generalized categories, limiting both theoretical nuance and empirical validity.

Another constraint is given by the limited consideration of precolonial conditions. By largely neglecting the role of pre-existing political, economic, and social structures, the literature tends toward colonial overdetermination and a reproduction of a Eurocentric temporal framing in which local histories are subsumed under the European colonial epoch (see Ade Ajayi, 1969; McClintock, 1992, p. 86). Incorporating precolonial variation more systematically would allow for a more balanced assessment of how colonial and preexisting factors interact in shaping long-term trajectories. Although detailed data on precolonial conditions is often difficult to obtain, relevant information is available in several domains, for instance on African precolonial statehood (see Wilfahrt, 2025).

Perhaps the most fundamental limitation, however, lies in the weak theorization and empirical investigation of causal mechanisms. In this respect, the reviewed literature reflects a broader gap in social policy scholarship regarding mechanism-based explanation (see Nullmeier & Kuhlmann, 2022, pp. 5–6). While quantitative studies are, by design, primarily concerned with identifying correlations, the reviewed qualitative works also rarely move beyond implicit or assumed causal linkages. In many cases, colonial legacies are inferred from temporal continuity between colonial and postcolonial arrangements, without systematically demonstrating how such continuity is produced and sustained. In other instances, detailed historical accounts of colonial developments are not matched by equally rigorous analyses of their postcolonial reproduction. As a result, causal mechanisms are rarely explicitly theorized, empirically traced, or comparatively validated. Addressing these shortcomings requires a more systematic and theoretically explicit approach to causal inference in the study of colonial legacies in social policy. Future research would benefit from explicitly tracing sequences of events, identifying the mechanisms that link colonial interventions to contemporary outcomes, and rigorously assessing alternative explanations. Methodological approaches such as process tracing, comparative historical analysis, and mixed-method designs offer promising avenues for advancing this agenda. By moving beyond loosely connected narratives and correlational findings, such work would strengthen causal inference and contribute to a more robust theoretical understanding of how colonial legacies continue to structure social policy in the Global South.

6. Conclusion

This paper has developed the CLSP Framework as a theoretical contribution to the study of the enduring effects of colonialism on welfare policy. It builds on a critical assessment of existing approaches to identifying colonial legacies, with a particular focus on healthcare. Drawing on a mechanistic understanding of causality, the literature was analyzed in terms of its conceptualization of colonial causes, the causal mechanisms through which their effects endure, and the resulting institutional and distributive outcomes. In addition, the analysis examined whether and how antecedent precolonial factors were taken into account. These

insights were theoretically integrated into the CLSP Framework, which provides a structured approach to analyzing colonial continuities across different contexts by using distinct types of colonial interventions as analytical entry points.

The analysis demonstrates that existing scholarship converges around several recurring types of colonial interventions and associated causal pathways, including imperial policy models and diffusion, the directness of rule, elite formation, social stratification and exclusion, economic incorporation, service provision and welfare governance, and professional and epistemic hierarchies. The final category draws exclusively on healthcare-related literature, whereas the other categories reflect contributions spanning multiple social policy fields. Taken together, these accounts most commonly associate colonial legacies with persistent inequalities between regions and social groups, variation in the roles and capacities of state and non-state actors, and differing levels of institutionalization of social policy. In healthcare systems, the continued dominance of biomedical paradigms and professional hierarchies is frequently described as a colonial legacy. Across the literature, colonial causes are linked to contemporary social policy outcomes through a variety of causal mechanisms. In particular, the persistence of colonial interventions is often explained by the advantages they confer to powerful societal actors, as well as by the enduring legitimacy of institutions of colonial origin, which continue to be reproduced as colonial knowledge systems remain largely intact.

In addition to synthesizing major causal arguments and highlighting key contributions, the analysis reveals several important limitations in the existing literature. First, the literature remains highly fragmented, with limited cross-fertilization across publications. This is reflected in the weak integration of quantitative and qualitative approaches and the limited development of cumulative theoretical debates, as contributions often remain disconnected from one another. Second, colonial interventions and causal pathways are typically studied in isolation, obscuring their interactions and reinforcing overly linear causal explanations. Existing research struggles to isolate the empirical effects of major theoretical claims and often fails to account for alternative factors that produce similar postcolonial outcomes. Third, studies frequently rely on aggregated and under-theorized causal categories — for example, equating colonizer identity with the directness of rule. Likewise, units of analysis are rarely disaggregated, with most research focusing on country-level descriptions of causes and outcomes. This fosters a monolithic understanding of colonialism that obscures important variation both within and across cases. Fourth, limited attention to precolonial conditions risks overstating the explanatory power of colonial interventions and perpetuating Eurocentric temporal framings. Finally, the literature remains weak in both theorization and empirical validation of causal mechanisms, often inferring causality from temporal continuity rather than systematically demonstrating how colonial institutions are reproduced over time.

The framework developed in this paper, together with the critical engagement with the literature on which it is based, is subject to several limitations. First, the literature search relied exclusively on English-language search terms, which may have excluded relevant contributions in other languages, particularly those spoken in many former colonies. Second, the search strategy focused explicitly on healthcare and social policy more broadly, while other related sub-fields were not systematically included. Although this approach may have omitted relevant insights and resulted in an imbalance favoring contributions on healthcare, conducting explicit searches across each policy field and in multiple languages was beyond the scope of this research. Future research could address both limitations by assessing and comparing scholarship in other languages, such as Spanish or French, as well as across additional policy fields. Third, the framework synthesizes research across diverse regions and policy domains without systematically assessing the comparability of underlying causal processes. Many identified causal pathways are rooted in specific contexts — most notably sub-Saharan Africa — and may not travel seamlessly across cases. Researchers should therefore remain attentive to contextual and sectoral variation. Finally, while the paper critically engages with the literature on colonial legacies, it does not system-

atically interrogate the potentially Eurocentric assumptions underlying dominant understandings of what constitutes social policy, as this lies beyond the scope of the article.

Despite these limitations, the CLSP Framework constitutes a theoretical contribution by transforming fragmented and often implicit causal claims into a coherent and systematically specified model of colonial persistence in social policy. It provides an analytically structured account of how colonial interventions generate long-term outcomes by explicitly linking causes, mechanisms, and effects. In doing so, it offers both an analytical entry point and a common conceptual language for future research. The framework enables scholars to navigate a dispersed body of literature, to build cumulatively on existing insights, and to develop more precise and comparable analyses across cases. In this sense, it also contributes to integrating the study of colonial legacies into mainstream social policy scholarship. At the same time, it extends theoretical approaches better suited to the historical trajectories of the Global South than models derived from the Global North, by consolidating existing knowledge, and simultaneously identifying key gaps that must be addressed to further advance the field. In addition, the framework supports methodological rigor. It facilitates the selection of cases for comparative research designs, enabling the systematic examination of variation across contexts and the interaction of multiple colonial factors. For quantitative studies, it helps identify relevant control variables and disentangle aggregated explanatory factors, thereby enhancing the precision of empirical analyses. By linking macro-level legacies to specific institutional and policy processes within individual cases, it also supports the tracing of causal pathways while accounting for local context. Overall, the paper contributes to shifting the study of colonial legacies in social policy from a fragmented field characterized by limited theoretical and causal clarity toward a more theoretically grounded and causally explicit research program.

Future research should build on this foundation in several ways. First, the proposed causal pathways require more systematic empirical testing across diverse historical and geographical contexts. Second, greater attention should be given to the interaction between multiple colonial interventions — for example, the interplay between the colonizer's identity and economic structures — to develop more nuanced explanations of variation in colonial legacies. Third, scholars should further disaggregate causal factors, outcomes, and units of analysis, moving beyond state-level comparisons to incorporate subnational, sectoral, and actor-centered perspectives. Closer engagement with the broader literature on colonialism and colonial legacies is needed to refine theoretical assumptions and develop more context-sensitive explanations. Finally, future research must engage rigorously with causal mechanisms by tracing historical sequences, identifying intervening processes, and systematically evaluating alternative explanations to establish stronger claims about the persistence of colonial institutions.

Advancing research along these lines would address current shortcomings, as studies of colonial legacies in social policy remain undertheorized and insufficiently grounded in causal analysis. More importantly, it would enable a more nuanced understanding of social policy trajectories in the Global South. Such an understanding has implications beyond academia. Recognizing the long-term effects of colonialism can contribute to more historically informed and context-sensitive approaches among policymakers and by practitioners in international cooperation. In particular, a clearer grasp of the mechanisms through which institutional arrangements persist can help explain why exclusionary or ineffective systems — such as healthcare schemes that cover only a limited share of the population — continue to endure. This, in turn, can support the design of policy interventions that are better equipped to address entrenched inequalities and foster more inclusive forms of social protection.

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Appendix

Supplementary Material A – Search terms, settings and results by database

Database	Search terms	Settings	Results	Date
Pubmed	((colonial* AND (heritage OR legac* OR continuit*)) AND ((healthcare OR "health care" OR "health policy" OR "health care policy" OR "healthcare policy") OR "social polic*")) OR (("colonialism"[MeSH Major Topic] OR "colonialism/history"[MeSH Major Topic]) AND ("health policy"[MeSH Major Topic] OR "health policy/history"[MeSH Major Topic]))	All fields + mesh terms major subjects	167	02.20.2025
ProQuest	title((colonial* OR imperial* AND (heritage OR legac* OR continuity*)) AND ((healthcare OR "health care" OR "health policy" OR "health care policy" OR "healthcare policy") OR "social polic*")) OR publication((colonial* OR imperial* AND (heritage OR legac* OR continuity*)) AND ((healthcare OR "health care" OR "health policy" OR "health care policy" OR "healthcare policy") OR "social polic*"))	Title Publication title	134	02.20.2025
Google Scholar	intitle:(colonial* AND (heritage OR legac* OR continuity*)) AND ((healthcare OR "health care" OR "health policy" OR "health care policy" OR "healthcare policy") OR "social polic*")	Title	~ 2.120 (first 100 included)	02.20.2025
Historical Abstracts	(colonial* AND (heritage OR legac* OR continuit*)) AND ((healthcare OR "health care" OR "health policy" OR "health care policy" OR "healthcare policy") OR "social polic*")	All fields	20	02.20.2025
Pollux	(colonial* AND (heritage OR legac* OR continuit*)) AND ((healthcare OR "health care" OR "health policy" OR "health care policy" OR "healthcare policy") OR "social polic*")	All fields	60	02.25.2025
IBZ	4 Searches were performed because the engine allowed to connect maximum two terms with operators.	Keyword search	39	02.25.2025
	keyword: colonialism AND keyword: health care		(27)	
	keyword: post-colonialism AND keyword: health care		(6)	
	keyword: social policy AND keyword: colonialism		(3)	
	keyword: social policy AND keyword: post-colonialism		(3)	
		Sum:	467	
		After removing the duplicates:	434	
		After applying the inclusion criteria:	46	
		Included based on backward reference searching:	7	
		Included based on unstructured searches:	17	
		Total number of included sources:	70	

Supplementary Material B – List of included literature

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Supplementary Material C – Extraction template

Source No.	

Bibliographical data	
Publication Reference	
DOI (if available)	
Publication type	

What is the scope of the research field?	
Geographical Focus	
Aspect of social policy/healthcare	
Methodological approach/research design	
Data type	
Research question/ interest	

Is the existing research on colonial legacies interconnected?
Is there a systematic discussion on how to study the colonial legacy in social policy and healthcare? *For example, which aspects of colonialism are theoretically considered to shape postcolonial social policy and healthcare, according to the literature? How do these aspects influence social policy and healthcare outcomes after independence?*
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Which authors and works are cited on this topic? How are their contributions evaluated? Are gaps identified, findings critiqued, or previous results and ideas confirmed?
-
Are references made to other academic subfields, such as the broader political economy literature or postcolonial studies?

What is the colonial legacy in social policy/healthcare?
Which colonial interventions are identified as causing lasting effects on postcolonial social policy *(e.g., specific colonial policies, ideas and concepts, economic structures, etc.)*?
What effects did these colonial interventions have in the postcolonial period *(e.g., unequal distribution of health facilities, vocational training modeled on European systems, the persistence of schemes covering only formal-sector workers, etc.)*?
What causal mechanisms have contributed to the reproduction of colonial legacies *(e.g., political elites maintaining institutions from which they benefit, or the normative legitimacy of existing institutions)*?
Do the authors explicitly theorize causal mechanisms, employ specific methodologies (such as process tracing), and provide empirical evidence to support their claims?
Do the authors identify and account for precolonial antecedents in their research design?