Call for multidisciplinary contributions on:

"Implementation and development of social protection systems in Africa: an overview"

For the January–March 2018 issue

This call for contributions is addressed to researchers in political science, history, anthropology, law, economics, and sociology, as well as to actors in the field of social protection.

Articles are expected by **30 June 2017.**

According to a recent report by the International Social Security Association (ISSA)[1], social security—and social protection in general—is growing rapidly in a context in which the starting point in most countries of the world is very modest. It is estimated that seven out of ten people in the world do not yet have access to minimum protection (availability and access to primary care, maternity protection, and minimum old age insurance) and there is even less social protection on the African continent, especially in sub-Saharan Africa.

However, in the wake of developments in South Africa, several African countries have set themselves the goal of joining the group of emerging countries (Brazil, Russia, India, China, and South Africa) where the gradual introduction of social protection systems has become a major issue in their social and economic development.

These systems often exist only in an embryonic state, do not cover all the usual risks of social protection, or cover only a part—often a very small part—of the population. This is a consequence of the weight of the informal sector on the continent and is perhaps also due to the persistence of traditional solidarity links for certain categories of society (extended family, community, ethnic groups, etc.).

Health indicators demonstrate that Africa—especially sub-Saharan Africa—lags behind the rest of the world. According to WHO data, life expectancy is the lowest on all continents, the infant mortality rate is often very high, and endemic, infectious diseases such as malaria and HIV (despite enormous progress in this area) are responsible for the persistently high mortality rates.

However, since the year 2000 there has been an improvement on one point: according to the International Labour Organization (ILO),[2] Pension systems have made considerable progress in

[1] *World Social Protection Report 2014/15: Building economic recovery, inclusive development and social justice*, International Labour Organization – Geneva: ILO, 2014
http://www.ilo.org/wcmsp5/groups/public/---dgreports/--dcomm/documents/publication/wcms_245201.pdf

[2] *World Social Protection Report 2014/15: Building economic recovery, inclusive development and social justice*, International Labour Organization – Geneva: ILO, 2014

several countries in terms of the proportion of retirees receiving a pension in Ethiopia, Senegal, Morocco, Algeria, Tunisia, and especially South Africa.

In those African countries where certain dimensions of social protection have been implemented, different categories of actors may be involved, mainly the national public administrations (state and social security), but also mutualist organizations, large companies themselves (for some forms of supplementary protection), private insurance companies, and non-profit institutions serving households (NPISH), including NGOs and foundations. The share of these latter institutions is significant in Africa, particularly in the health field.

In addition, it is necessary to recall the role of organizations such as the World Bank and the European Union in direct or indirect financing of social and hospital facilities through targeted debt relief directed particularly at investments in the health sector.

As social protection systems in Africa are still poorly understood, and in the light of recent progress and institutional changes (for example, Mayotte has become a French department), it seems justified to carry out a general review, tracing the diversity of existing situations, and identifying short-term development prospects in the different regions of the continent.

Articles proposed for publication could report on the situation of social protection in a single country, or make comparisons between countries belonging to the same geographical region (North Africa, for example) centring on one of the risks covered by the social protection system.

Below are some suggested areas of research, grouped into broad themes on which *RFAS* would like to bring together ***original and innovative contributions***.

[H2]Theme 1: Conditions for the emergence and development of social protection systems

Possible themes:

1. Legacy of the former colonial powers?

Does the model of the colonizing country correspond to the type of social security put in place, such as a tax-funded Beveridgian system for Anglophones versus a Bismarckian system on an occupational basis for Francophones?

What role have trade unions and social movements played in the decision-making process for setting up the first structures and extending them to other categories of beneficiaries? Have large companies been pioneers in this area?

2. Role of traditional solidarity ties

While it may be assumed that such links remain strong within kinship networks or ethnic groups in rural areas and villages, they have weakened considerably in urban areas. The population has exploded in the capitals and large cities of most countries of the continent over several decades.

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http://www.ilo.org/wcmsp5/groups/public/---dgreports/--dcomm/documents/publication/wcms_245201.pdf

To what extent do these traditional linkages still address the gaps in—or even the lack of—health and care services? Are disparities between rural and urban areas diminishing or increasing in this area?

3. Economic development policies and reduction of social inequality

Several African countries have experienced a very significant cycle of economic expansion over the last decade as evidenced by their GDP growth. This expansion seems to have encouraged some countries such as Ghana to develop their social protection devices.

What are the links and correlations between the level of social inequality and expenditures in favour of social protection? According to ILO data, it appears that the greater the inequality in countries, such as in Zambia and Madagascar, the lower are such expenditures.

More generally, what is the medium and long-term relationship between the development of collective social protection schemes for retirement, illness, unemployment, etc., and economic development? What validity is there in the idea that the development of collective coverage of social risks has effects on fertility, education, and skills of women, as well as on savings, which are favourable to the emergence of an employed and urbanized middle strata and to increasing the standard of living?

4. Influence of social movements and of various partners in economic life (trade unions and companies, for example)

Does the creation of large companies, particularly of European origin, favour the registration of employees in social security institutions? Is it synonymous with complementary social benefits?

Are civil servants and military personnel everywhere the primary beneficiaries of social insurance schemes and pension systems?

5. Various obstacles to the development of social protection systems

There can be many obstacles: the considerable importance of the informal sector in the labour market; precarious jobs that give no access to rights; the lack of financial resources as well as equipment; the lack of technical means; preferences for traditional medicine, and resistance of a cultural nature. What are the difficulties in accessing health services given the still widespread illiteracy in some countries and the gaps in public transport? Do the great poverty and geographical remoteness of the rural population contribute to reinforcing the division between the middle classes living in urban areas and the populations living dispersed throughout the national territory?

It would be useful in this context to point out the current obstacles that hinder the development of social protection and reduce conventional coverage rates.

A final factor has to be taken into consideration: do employers fulfil their duty to register employees and to pay their social security contributions? Is the state itself a bad payer?

[H2]Theme 2: Retirement systems: Who finances them? Who manages them? What is the coverage rate?

What are the expenditures and receipts for social protection in different countries (percent of GDP and per capita) and how have they evolved since 2000?

Are there multiple schemes or a single pension system? What are their characteristics? For example, pension systems in North African countries are governed by Bismarckian principles and are composed of mandatory public schemes on an occupational basis. They offer benefits with high pension rates but for relatively low average amounts and the coverage rate is limited.[3] Has the counterposition of distribution versus capitalization been an issue in the public debate?

Are there progressive, alternative solutions which gradually adjust to the idea of social protection? In Kenya, for example, the Mbao pension scheme is designed to provide a mechanism that responds to the specificities of the informal sector and to encourage saving by these workers. It is a voluntary individual savings account system which all Kenyan workers can join, without condition of resources or age. Workers with low incomes can easily participate, as contributions and balances may be small amounts. Participants may also make their payments using their mobile phone.

What role does the private sector generally play in this area? Does it show interest only in the wealthiest residents (senior managers, civil servants)? It seems that private insurance companies are increasingly interested in this new market and are being solicited by African governments.

What are the financing modalities? Social security contributions or taxes? Has the development of pension systems, linked to and interacting with the increasing schooling of girls in some countries, e.g. Tunisia, contributed to lower fertility rates?

In countries where life expectancy has increased significantly and thus changed the balance between age groups, are there social minima for the elderly?

[H2]Theme 3: Health and health insurance schemes: Who finances them? Who manages them? What is the coverage rate?

According to the World Bank, the share of public spending in total health expenditures in 2012 ranged from 48.2% in South Africa to 25.1% in Nigeria (in 2012, Source: World Bank). Has this heterogeneity been reduced since then?

Are we heading towards universal health coverage? Discussions are currently taking place in several countries, particularly in sub-Saharan Africa (Ivory Coast, Benin, etc.). A regional testing phase is being considered.

What is the extent of legal coverage and its divergence from real coverage?

- Have prevention policies, such as immunization campaigns, HIV prevention, etc., been undertaken by public authorities, particularly concerning the most disadvantaged sector of the

[3] See Dupuis Jean-Marc, El Moudden Claire, Petron Anne, "Les systèmes de retraite du Maghreb face au vieillissement démographique", *Revue française d'économie*, 1/2010 (Volume XXV), p. 79–116.

population? In this respect, it would be interesting to analyse the impact of these policies on infant mortality and the health of the general population.

- Has the question of access to quality primary care by rural populations been put on the agenda of public decision-makers?

- How are the risks related to pregnancy and maternity treated? Are NGOs and NPI associations able to at least partially reduce the gaps in the health system or are they the only available recourse in the absence of a health insurance scheme?

What is the cost of health care and how is it financed? What part of health costs are charged to the beneficiaries? Have health professionals had quality training? Do they tend to leave the continent or migrate to another country once they have completed their training?

To what degree are generic medicines used, given the often prohibitive cost of drugs?

Do public or private insurance schemes occasionally give partial coverage for dental care?

The problem of illegally imported fake drugs is of great importance on this continent. Africa is the main victim of this contraband. What are its consequences? And who helps relieve its adverse health effects of users ?

[H2]Theme 4: Other social risks and needs

1. Are workers in the formal sector covered in case of work accidents? Do large multinational companies have work accident insurance? Is the concept of autonomy—disability, dependency—subject to political, social, or academic debates?

2. Family assistance and parental leave

What are the conditions for beneficiaries with children in terms of services and equipment for early childhood?

For example, in Ghana today women working in large enterprises receive maternity leave. Is this the case today in many African countries, given the growth of women working in the formal sector?

[H2]Theme 5: The social protection system in South Africa: history, objectives, and results

South Africa devotes the largest share of wealth to social protection of any country on the African continent. The share of public expenditure in total health costs is the largest (48.2%) of all countries on the continent. Almost all retired workers receive a pension, which places the country well ahead of other countries in this area. It is also the only country to pay unemployment benefits (ILO, 2014) to certain categories of workers.

South Africa (with Algeria and Tunisia) also wins top prize in terms of the number of occupational sectors (eight according to the ILO) with at least one social security program. The relative size of the social protection system has given rise to an abundant literature. However, have recent budgetary restrictions had an impact on health and retirement?

Further information on the content of this call for papers can be obtained from Jean Pierre Dupuis and Jeanne Fagnani, who are in charge of the preparation of the issue, at the following addresses:

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Authors who would like to propose an article for the review on this question should send it with a summary and a presentation of the author (see the "advice to authors" of the *RFAS* [online] http://drees.social-sante.gouv.fr/etudes-et-statistiques/publications/revue-francaise-des-affaires-sociales/)

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