ORGANISATION OF TRADE UNIONS OF WEST AFRICA
(OTUWA)

The State of Social Protection in West Africa

Policy Brief



ORGANISATION OF TRADE UNIONS OF WEST AFRICA (OTUWA)

The State of Social Protection in West Africa

Policy Brief

December 2021

A Publication of the Organisation of Trade Unions of West Africa (OTUWA)
With the Support of

ULANDSSEKRETARIATET – DTDA
DANISH TRADE UNION DEVELOPMENT AGENCY

Table Of Contents

Acronyms 3

Preface 4

Introduction 5

Social Protection in a Debilitating West African Socio-Economic Context 8

The Social Protection Coverage in West Africa 11

Renewed Commitment for Universal Social Protection 19

Conclusions and Recommendations 20

References 22

Appendix 1: Seven Up to Date - ILO Social Security Conventions 23

Appendix 2: Background Information on West African Countries . . . 24

Appendix 3: Social Protection Coverage. 25

Appendix 4: Affiliation to a Social Health Protection Scheme 26

Appendix 5: Workers Contributing to Old Age Pension Scheme. 27

Appendix 6: Effective coverage by function of social protection (%) – SDG 1.3.1. 28

Appendix 7: Public Social Protection as a percentage of GDP 29

Acronyms

AU	African Union
COVID-19	Coronavirus
ECOWAS	Economic Community of West African States
GDP	Gross Domestic Products
ICESCRs	International Covenant on Economic, Social, and Cultural Rights
ILO	International Labour Congress
ILO-CD	ILO Centenary Declaration
ITUC	International Trade Union Confederation
PWLDs	People Living With Disabilities
SDGs	Sustainable Development Goals
UDHR	Universal Declaration of Human Rights
UN	United Nations
USP	Universal Social Protection
WA	West Africa

Preface

In the wake of the COVID-19 global pandemic, many shortcomings of institutions and policies were brought to light. One of such fundamental issues is the poor state of social protection among citizens of ECOWAS Sub-region. Despite the importance of Social Protection as a basic and fundamental right of the people, governments across the ECOWAS region have over the years not done enough to advance or expand its coverage.

The Organisation of Trade Unions of West Africa (OTUWA) in collaboration with the Danish Trade Union Development Agency (DTDA) organized a sub-regional workshop for trade unions in West Africa to review the State of social protection in the ECOWAS countries, and to propose recommendations on enhancing social protection measures within the Sub-region.

In the course of the deliberations, it was discovered that social protection coverage in the region is below the African average. Against the background of the fact that globally, the continent lags behind on social protection coverage; the workshop made a number of recommendations which will assist to bridge the gap in social protections legislations within the Sub-region. It also canvassed for Universal social protection within the ECOWAS region, arguing that this is one of the measures through which the citizens in general and the working class in particular will be able to overcome the catastrophic consequences of the havocs brought on the entire population of the region by Covid-19.

These recommendations are contained in the Policy Brief on the state of Social Protection in West Africa; and it is our expectation that this will be taken on board by the National governments within ECOWAS.

John E. Odah
Executive Secretary
December 2021.

The State of Social Protection in West Africa

Policy Brief

1. Introduction

The critical importance of social protection is underscored by the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCRs), the ILO Instruments[1] with particular reference to Convention 102 Social Security (Minimum Standards) and ILO Recommendation 202 on Social Protection Floors, 2012, the Sustainable Development Goals (SDGs), the ILO Centenary Declaration on the Future of Work (ILO-CD) and the African Union. The COVID-19 pandemic has exposed and exacerbated the inadequacies and limitations of social protection in many African countries, especially West Africa. It has underscored the necessity of universal social protection to realise a modicum of success with the SDGs. This Policy Brief assesses the social protection situation in West Africa and makes recommendations for the consideration of ECOWAS and member States.

1. See Appendix 1: Up-to-date ILO Social Security Conventions

The AU, ECOWAS and member States have all committed to Social protection as a fundamental human right. The UN provides detailed guidance to States concerning their obligations to respect, protect and fulfil the right to social security.[2] In pursuance of these obligations, the State has to ensure strict adherence to some interrelated and essential features, namely availability, social risks and contingencies, adequacy and accessibility. The ILO's seven up-to-date Conventions on Social Security and flag-ship Social Protection Recommendation 202 on Social Protection Floors also provide useful guidance for developing legislations at the national level. In particular, the Social Security (Minimum Standards) Convention, No. 102, 1952, provides for nine universally accepted branches of social security, namely, medical care, sickness benefit, unemployment benefit, old-age benefit, employment injury benefit, family benefit, maternity benefit, invalidity benefit, and survivors benefit. Recommendation No. 202 of 2012 is also important for its instrumentality in achieving the SDGs. This is particularly the case with SDG targets 1.3 - Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable; 3.8 - Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all; 5.4 - Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies

2. General Comment No. 19 on the Right to Social Protection, adopted 23rd Nov., 2007

and the promotion of shared responsibility within the household and the family as nationally appropriate; 8.5 - By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value; 10.4 - Adopt policies, especially fiscal, wage and social protection policies, and progressively achieve greater equality; and target 10.7 - Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies. A social protection floor may include basic income security including cash transfers, pensions, disability benefits, unemployment benefits and support, maternity and paternity protection and child benefits. Also, universal access to essential social services such as health, education, water sanitation and housing are essential elements of enhanced social protection that move Africa closer to realising Agenda 2030 and, of course, Agenda 2063.

There are also compelling socio-economic imperatives for promoting universal social protection, especially in West Africa. ITUC and other studies provide incontrovertible evidence that investment in social protection yields economic returns by stimulating growth and stability and improving the performance of national economies.[3] The result is more equitable and cohesive societies that reduce and prevent poverty, inequality, social exclusion and social insecurity. Inclusive social protection systems are necessary tools for

3. ITUC Study

pursuing social inclusion and equality, including gender equality, and to address inequalities and discrimination that suffer PWLDs, migrants and other vulnerable categories. These socio-economic imperatives are even more compelling given the West African context.

2. Social Protection in a Debilitating West African Socio-Economic Context

Even before the COVID 19 Pandemic, the West African socio-economic situation was abysmal. The pandemic has wreaked unprecedented havoc on the social and economic realities in all countries of the sub-region. With per capita GDP ranging from a low US$539.1 (for Sierra Leone) - 3,601.7 (Cape Verde), there is considerable poverty, precariousness and vulnerability among the populations. The informality of employment underpins the precariousness and vulnerability, as self-employment accounts for some 65.5 – 94.3 percent of workers in most countries.[4]

Widespread poverty, income instability, weak access to health care, education, water and sanitation and high child malnutrition in almost all West African countries underscore the striking imperative for inclusive universal social protection systems. Such systems should necessarily take account of the

4. See Appendix. 2 for Background Information on West Africa.

fact that poverty is more severe among rural people especially food producers and more pervasive among females.

To ensure that nobody falls below decent livelihood Social protection systems are necessarily a set of contributory and non-contributory benefits aimed at preventing, reducing and eliminating economic and social vulnerabilities to poverty and deprivation along the life cycle. They also institute securities to address needs arising from various contingencies, including access to healthcare and safety in work.

These may take the form of contributory and non-contributory Instruments as well as active and passive labour market interventions. Non-contributory social protection may take the form of social assistance or social care. Social assistance schemes include Social transfers (such as cash transfers, vouchers, in-kind transfers including school feeding); public work programmes (such as cash for work, food for work, vouchers for work); fee waivers (for basic health and education); subsidies (for fuel, food, rural electrification). Social Care may take the form of family support services and home-based care. It is usually for those facing social risks such as violence, abuse, exploitation, discrimination and social exclusion. Contributory schemes are a wide range of social insurance schemes such as health insurance, educational insurance, insurance for unemployment, maternity/paternity, disability, work accidents, old age pension, crop/livestock insurance. Labour market policies and interventions may also serve as social protection because they ameliorate exigencies in the world of work. Active Labour market policies may include

work-sharing, training, job-search service while passive labour market policies may include maternity benefits, injury compensation and sickness benefits for those in work, changes in legislation (such as minimum wage, safe working conditions, etc.

The Pandemic has underscored the need for expanded and extended social protection to address the needs of children, men and women in the working-age category, and the aged, without discrimination. It should also cater for migrants and people living with disabilities. Even though disability benefits and disability-inclusive social protection is increasing globally, it is rather slow in Africa and more especially West Africa. Globally only about 8.5 percent of measures responding to the pandemic reached PLWD. The West African States lack of statistics should tell the likely story. The importance of Unemployment Protection has become even more obvious as a result of COVID 19. ILO Convention NO. 102 provides useful guidance: it stipulates the payment of cash benefits to unemployed people capable of and available for work but unable to obtain suitable employment and sets quantitative and qualitative benchmarks regarding coverage, the sufficiency of benefits and duration.

A systems approach is necessary for the progressive realisation of universal social protection in each West African state. Such an approach should have four main features: it should be rights-based with a strong legal framework and legally anchored across government institutions; it should be a comprehensive life cycle approach addressing the needs across the life cycle, i.e., the needs of children, sickness benefits,

disability and invalidity, family benefits, maternity, unemployment, old age, sickness benefit and health in general; it should be sustainable in terms of financing, delivery structures, governance with in-built mechanisms to adopt the system to demographic evolution and economic development and to new forms of work and employment relationships as well as on-going awareness raising that contribute to building social protection culture; and it should have effective coordination and interaction with the environment by ensuring internal harmony and coherence with other policy areas such as health, education, employment, agriculture. Such an approach to realising USP should reduce duplication and enhance inclusiveness and equitability, responsiveness, effectiveness and comprehensiveness in terms of the multiplicity of risks and categories of people covered. Leaving no on behind should address some of the most vulnerable like victims of gender violence and human trafficking.

3. The Social Protection Coverage in West Africa

Even though some progress has been made in the last decade, the State of Social Protection in West Africa remains very limited, incomprehensive and fragile. This is clear from the limited number of schemes that are anchored in legislation, the limited coverage of each of the schemes, the low level of coverage for women, girls, PLWD, migrants, the inadequacy of the benefits, the limited scope (i.e., not comprehensive

enough). Appendix 3 provides a clear picture of effective coverage by the function of social protection in the West African countries. The variables for assessing effective coverage by function are captured in Box 1 below.

Social protection coverages[5] are 46.9 and 17.4 percent for the world and Africa, respectively. In West Africa, the percentage covered are 39.2 for Cape Verde, 25.3 for Ghana, 23.2 for Togo, 20.6 for Niger and 20.0 for Senegal. The other eleven countries have social protection coverage figures ranging from 0.9 (Guinea Bissau) – 11 (Nigeria) percent.

Universal health coverage is a global goal by dint of the UDHR, ICESCRs and the SDG 3.8 which seeks to achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. In WA the proportion of the populations affiliated to some health social protection scheme shows striking deficits. Excepting Cape Verde which has a health coverage of 100 percent the other countries record abysmally low percentage coverages like 3.2 for Togo, 3.6 for Guinea, 5 for Nigeria, 6 for Liberia and 7 for Mali. The few relatively impressive figures are 50 percent for Senegal, 38.6 for Ghana, 22.6 for Niger, 20.4 for Mauritania and 10.7 percent for Cote D'Ivoire. Thus only three West African countries have social protection health coverage that is higher than the African

5. See Appendix 3 for Social Protection Coverage

average of 23.7 percent. Meanwhile, data is not available for Sierra Leone, Guinea Bissau and the Gambia.[6]

Another universally recognised social protection scheme is the provision for old age. All West African countries, except Cape Verde, have less than 18 percent contributing to such a scheme. Moreover, only three countries – Cape Verde, Ghana and Gambia – record a higher percentage than the African average of 13.4 percent. The high level of self-employment, informality and precariousness partially account for this abysmal reality. The working population contributing to old age pension ranges from 0.2 – 84.8 percent in Guinea Bissau and Cape Verde respectively.[7]

The paucity of data is evident in many respects. For example, only seven of the West African countries have reliable data on maternity protection: the lowest coverage is 0.1 for Nigeria and the highest figure is 41.7 percent Ghana. Benefits in the event of employment injury are crying out for more attention. Globally, effective coverage figures show that 35.4 per cent of workers receive benefits in the event of employment injury; in Africa, the figure is 18.4 percent. West Africa is far less.[8]

6. See Appendix 4: Affiliation to a Social Health Protection Scheme
7. See Appendix 5: Workers Contributing to Old Age Pension Scheme.
8. See Appendix 6: Effective coverage by function of social protection (%) – SDG 1.3.1

Box 1: Variables for assessing effective coverage by the function of social protection

A clearer picture of the state of social protection in the sub-region emerges with an assessment of affective coverage by the function of social protection using the following variables:

- Population covered by at least one social protection cash benefit (effective coverage): Proportion of the total population receiving at least one contributory or non-contributory cash benefit, or actively contributing to at least one social security scheme.
- Children: Ratio of children/households receiving child/family cash benefits to the total number of children/households with children.
- Mothers with newborns: Ratio of women receiving maternity cash benefits to women giving birth in the same year.

  Persons with severe disabilities: Ratio of persons receiving disability cash benefits to the number of persons with severe disabilities.
- Unemployed: Ratio of recipients of unemployment cash benefits to the number of unemployed persons.
- Older persons: Ratio of persons above statutory retirement age receiving an old-age pension to the number of persons above statutory retirement age (including contributory and non-contributory).
- Vulnerable persons covered by social assistance: Ratio of social assistance recipients to the total number of vulnerable persons (defined as all children plus adults not covered by contributory benefits and persons above retirement age not receiving contributory benefits (pensions).

The inadequacy of social protection schemes in West African countries is a reflection of various challenges including low public expenditure.[9] Public expenditure breaks down into two categories, namely, Government expenditure on social protection and expenditure on healthcare. Government

9. See Appendix 7: Public Social Protection as a percentage of GDP

expenditure on social protection includes expenditure on services and transfers provided to individual persons and households and expenditure on services provided on a collective basis. Expenditure on healthcare has a public source component which includes domestic revenue as internal transfers and grants, transfers, subsidies to voluntary health insurance beneficiaries, or enterprise financing schemes as well as compulsory prepayment and social health insurance contributions. All these transfers and subsidies represent public sources for health and indicate the overall share of government funding for health.

Appendix 7 shows the percentage of GDP that goes into public social protection, excluding healthcare. Here also Cape Verde's public social protection expenditure is 9.5 percentage of the GDP whereas other countries range from 1.2 – 5.4 percent. Only six countries record a percentage higher than the African average of 3.8 percent of GDP.

Some Country Specifics throw more light on the inadequacies and limitations of social protection in West Africa. In Cape Verde, the social protection system provides for children/family, maternity, sickness, unemployment, work injury, disability, survivors and old age. Each of these is anchored in legislation. 39.2 percent of the population are covered by at least one of the social protection schemes. 100 percent of the pop are affiliated with a social health insurance scheme. Public social protection expenditure is 9.5 percent of GDP. Needless to add that this is by far the most impressive country in West Africa.

Excepting Cape Verde, all countries have very limited coverage for social protection benefits, when they have it. For example, Benin has no unemployment benefit and it has limited provision for sickness benefits. Children/family, maternity, work injury, disability, survivors and old-age benefits are available in law, but limited coverage, inadequate and often limited in the scope of application. The population covered by at least one social protection benefit is as low as 7.8 percent and only 4.7 percent of the population is affiliated to social health insurance schema. Burkina Faso, like Benin, has no unemployment benefit and limited provisions for sickness benefits. Like Benin, it has anchored the other six benefits in legislation. 9.9% of the population are covered by at least one social protection scheme. Nigeria is the same as Benin and Burkina in terms of the status of social protection schemes. Eleven percent of the population are covered by at least one of the schemes, while only 5 percent are affiliated to at least one social health scheme. Ghana's relatively impressive National Health Insurance coverage is only about 38 percent.

Mali's social protection performance is no better as only 9.3 % are covered by at least one scheme, 5.3 are covered by work injury schemes and 7.3 are covered by an old-age pension. A paltry 3.5 percent of the GDP goes into public social protection. Niger's social protection coverage of 20.6 % is better than most West African countries. Specific benefits are not that high. Benefits for children, work injury and old-age pensions are 4.2%, 6.9% and 2.7% respectively.

The paucity of data is one of the weaknesses in all countries. In

Guinea for example, available data are few covering work injury (14.5%), old-age benefits (2%) and contributors to pension (14.7%). Liberia has more data than Guinea. Concerning work injury, old-age benefits and contributors to pension the figures are 7.5, 3.4 and 7.5 percent respectively. Thus Liberia performs better than Guinea on two counts but with all three variables, both countries are far below the African average of 18.4, 27.1 and 13.4 percent respectively. Liberia's coverage for children and vulnerability are 5.8 and 2.7 percent respectively, far below the corresponding African average of 12.6 and 9.5 percent. In all the aggregate social protection coverage is 6.2 percent higher than both Niger and Guinea but far below the African average of 17.4 percent. The sordid state of social protection is striking in Sierra Leone as is obvious from the appalling data gaps and the very low social protection coverage. Aggregate social protection coverage is 4.4 percent, children 6.8 percent and vulnerability 1.4 percent. The proportion of the working population contributing to old-age pensions is 8 percent while those benefiting from the same is seven percent. It is a striking statement on gender sensitivity that in all four countries – Niger, Guinea, Liberia and Sierra Leone – there are no data for maternity benefits coverage. The social protection realities in Mauritania, Senegal, Guinea Bissau and Togo are by and large worse than the above picture.

For Africa as a whole 17.4 percent of the population is covered by at least one social protection scheme while the corresponding figure for most West African countries is less than 15 percent. Regarding health, 23.7 percent of the population are affiliated with at least one social protection

scheme. The public social protection expenditure is 5.7 percent of the GDP. These figures point to the huge gaps and inadequacies in the West African countries and the region as a whole. The average African figures for each of the specific benefits reinforce the inadequacies, not to mention the fact that data is not always available. Social Protection coverage for children in Africa is 12.6 percent whereas for eight West African countries the figure is lower than 10. Maternity coverage for Africa is 14.9 percent while that of the West African countries, to the extent that data is available, is less than 15 percent. The figure for unemployment benefits for Africa is 5.3 percent compared to a much lower estimated figure for almost all West African countries. The African average of 18.4 percent in respect to work injury benefits compares extremely favourably with the West African average of something lower than 10 percent in ten countries which had reliable data. Regarding SP schemes for disability, an area of huge data gaps, the African average is 8.3 percent; in West Africa, the figure may be lower than one percent in six of the countries with data, except Cape Verde which has 30.1 percent coverage. Old age pension schemes are present in all countries with relatively more reliable data. The African average of those benefiting is 27.1 percent compared to West African 15.38 percent. The average figure for those contributing to some pension schemes, an important determinant of the workers' security in old age, is as low as 13.4 percent for Africa whereas the reality in West African countries is even lower – 10.6 percent. Finally, social protection measures targeting the vulnerable in Africa benefits 9.5 percent on average, whiles only four countries in West Africa have a higher coverage.

The social protection coverage in West Africa is a sordid reality that needs immediate concerted effort and attention. COVID 19 pandemic exposed the realities, gaps and inadequacies and exacerbated the situation. Renewed social protection commitment arising from the pandemic and the challenges of meeting the SDGs provide the ideal conditions for addressing the challenge.

In almost all countries there are serious deficits and shortfalls and limitations regarding legislation and governance issues, universally accepted minimum standards pertaining coverage, adequacy, access, duration. In all countries public social protection expenditure is far below the 40 percent target for Africa.

4. Renewed Commitment for Universal Social Protection

In the process of recovering from the pandemic, there is a renewed commitment to universal social protection. In October 2021, the UN Secretary-General, Antonio Guterres called for accelerated action on social protection and jobs. The UN Secretary-General called for measures to achieve job-rich recovery from the pandemic, a just transition to a sustainable and inclusive economy, the extension of social protection to 4 billion women and children currently without coverage and made policy recommendations. These include:

- Development of integrated national and inclusive recovery strategies for decent job creation, especially in the care and green sectors, universal social protection, and a Just Transition, and ensure they are aligned with macro-economic and fiscal policies;

- Expand investment in Social Protection Floors as a percentage of GDP in national budgets;

- Design policy measures to extend social protection to workers in the informal economy, and to foster the progressive formalization of enterprises and employment, including in the care economy.

This renewed commitment is reverberating in the African Union, ECOWAS and other regional economic communities and within the ILO and its constituent bodies.

5 Conclusions and Recommendations

The West African social and economic realities threaten to leave many behind unless effective comprehensive inclusive social protection measures are rolled out to augment the inadequacies, limitations and deficits. ECOWAS and member States have an obligation to act in that direction in order to build back better and faster in the post COVID period.

ECOWAS and member states should immediately develop

strategies to realise USP as a matter of urgency. Such a strategy should include but not limited to the following:

1. A concerted effort to ratify relevant ILO Conventions
2. Develop national legislations in furtherance of social protection
3. Extend aggregate social protection coverage (excluding healthcare) to at least 40 percent of the population.
4. Realise universal health coverage by 2030
5. Ensure social protection for migrants and the portability of benefits
6. Raise public expenditure on social protection to 10 Percent of national GDP
7. Establish a clear benchmark against which to measure the progressive realisation of social protection as a fundamental right; Set time frames with clear objectives and targets to use as a basis for seriously monitoring the progressive realisation of the right.
8. Progressively reduce and eventually eradicate the gender gap in all social protection measures and schemes.
9. Develop a monitoring framework for tracking and institute a peer review mechanism for all social protection branches and their coverage, comprehensiveness, adequacy, duration and conditions
10. Strengthen social dialogue at the sub-regional and national levels to promote USP.

References

Andy Norton et al, (2001) Social Protection Concepts and Approaches: Implications For Policy Practice In International Development, ODA, London.

Isabel Ortiz et al, (2017) Extension Of Social Security - Fiscal Space For Social Protection And The SDGs: Options To Expand Social Investments In 187 Countries, ILO, Geneva.

A. Bonilla García and J.V. Gruat (2003) Social Protection: A Life-Cycle Continuum Investment For Social Justice, Poverty Reduction And Sustainable Development, International Labour Office, GENEVA.

Ariel Pino and Anna Maria Badini Confalonieri, (2014) National Social Protection Policies In West Africa: A Comparative Analysis, International Social Security Association, Geneva, Switzerland; International Labour Office, Dakar, Senegal

ILO: (2019) Universal social protection for human dignity, social justice and sustainable development, Geneva.

ILO: (2021) Extending social protection to migrant workers, refugees and their families - A guide for policymakers and practitioners, Geneva. https://www.social-protection.org/gimi/RessourcePDF.action?id=57584

World Social Protection Data Dashboards https://www.social-protection.org/gimi/WSPDB.action?id=13

Appendix 1: Seven Up to Date - ILO Social Security Conventions

C102 – Social Security (Minimum Standards) Convention, 1952 (No. 102)

C118 – Equality of Treatment (Social Security) Convention, 1962 (No. 118)

C121 – Employment Injury Benefits Convention, 1964 [Schedule I amended in 1980] (No. 121)

C128 – Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128)

C130 – Medical Care and Sickness Benefits Convention, 1969 (No. 130)

C157 – Maintenance of Social Security Rights Convention, 1982 (No. 157)

C168 – Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168).

Appendix 2: Background Information on West African Countries

Country	Total population	Children(0-14)	Old-age (65+)	Female Labour Force Rate(%)	Self-employment in total employment(%)	Informal employment(%)	infant mortality(%)	Maternal Mortality (Per 100.000 live births)	Human Development Index)(HDI)	Gini index	GDP Per Capita (current USD
Cabo Verde	549936.0	156218.0	25841.0	53.3	38.9	57.8	14.9	58	0.7	42.4	3601.7
Benin	11801151	4980738	385292	68.8	89	94.5	90.3	397	0.5	47.8	1218.2
Burkina Faso	20321383	9079152	489195	58.3	87.1	93.9	87.5	320	0.4	35.3	774.7
Cote D'Ivoire	25716554	10727579	738872	48.2	72.7	84.8	80.9	617	0.5	41.5	2229.6
Gambia	2347696	1035973	60119	51.2	73.5	75.9	51.7	597	0.5	35.9	774.2
Ghana	30417858	11365594	942141	63.6	74.4	83.2	46.2	308	0.6	43.5	2220.8
Guinea	12771246	5549069	375727	62.7	91.5		98.8	576	0.5	33.7	1012.5
Guinea Bissau	1920917	809737	55000	65.8	77.1		78.5	667	0.5	50.7	810.6
Liberia	4937374	2012123	162290	72.1	78.7	90.2	84.6	661	0.5	35.3	693.8
Mali	19658023	9299163	490491	61.2	81.6	88.9	94	562	0.4	33	907.3
Mauritania	4525698	1805251	142846	28.9	55.1	89.4	72.9	766	0.5	32.6	18726
Niger	23310719	11618565	605315	60.6	94.3	73.4	80.4	509	0.4	34.3	553.9
Nigeria	200963603	87796033	5512600	47.9	81.4		117.2	917	0.5	35.1	2229.9
Senegal	16296362	6981309	504949	35	65.5	90.4	45.3	315	0.5	40.3	1445.9
Sierra Leone	7813207	3181879	230312	57.3	88.7		109.2	1120	0.4	35.7	539.1
Togo	8082359	3313639	233363	76.3	82.7	85.3		396	0.5	43.1	675.3

Appendix 3: Social Protection Coverage.

Country	Social Protection Coverage (%)
Cabo Verde	39.2
Benin	7.8
Burkina Faso	9.9
Cote D'Ivoire	
Gambia	6.1
Ghana	25.3
Guinea	
Guinea Bissau	0.9
Liberia	6.2
Mali	9.3
Mauritania	6.6
Niger	20.6
Nigeria	11
Senegal	20
Sierra Leone	4.4
Togo	23.2
Africa	17.4
World	46.9

Appendix 4: Affiliation to a Social Health Protection Scheme

Country	Population affiliated to a social health protection scheme
Cabo Verde	100
Benin	4.7
Burkina Faso	0.7
Cote D'Ivoire	10.7
Gambia	-
Ghana	38.6
Guinea	3.6
Guinea Bissau	-
Liberia	6
Mali	7
Mauritania	20.4
Niger	22.6
Nigeria	5
Senegal	50
Sierra Leone	-
Togo	3.2
Africa	23.7
World	66.0

Appendix 5: Workers Contributing to Old Age Pension Scheme.

Country	Proportion of working population contributing to old age pension scheme%
Cabo Verde	84.8
Benin	11
Burkina Faso	6
Cote D'Ivoire	7.7
Gambia	17
Ghana	18
Guinea	2
Guinea Bissau	0.2
Liberia	7.5
Mali	7.9
Mauritania	10
Niger	2.7
Nigeria	9
Senegal	11.1
Sierra Leone	8
Togo	3.7
West Africa	
Africa	13.4
World	

Appendix 6: Effective coverage by function of social protection (%) – SDG 1.3.1.

Country	Aggregate excluding health	Children	Maternity	Unemployment	Work Injury	Disability	Old age	Contributors to pension	Vulnerability
Cabo Verde	39.2	37.9	19.3	3	50	30.1	84.8	44	19.8
Benin	7.8	11.6	41	0	4		11	6.8	
Burkina Faso	9.9	14.4	0.4	0	8.2	0.3	6	8.4	3.6
Cote D'Ivoire		7.1		0	14.7		7.7	8.8	
Gambia	6.1			0	23.4		17	12.5	0.5
Ghana	25.3	25.9	41.7	0		0.2	18	12.6	5.1
Guinea				0	14.5		2	14.7	
Guinea Bissau	0.9			0		0.2	0.2	2	
Liberia	6.2	5.8		0	7.5		3.4	7.5	2.7
Mali	9.3	5.4		0	5.3	0.6	7.3	7.9	5.8
Mauritania	6.6	5.1	0.2	0	6.5	0.7	16	10	4.9
Niger	20.6	4.2		0	6.9		5.8	2.7	16.4
Nigeria	11	12	0.1	7	32.8	0.1	11	9	1.8
Senegal	20	1	3	0	10		29.9	11.1	17
Sierra Leone	4.4	0.8		0			7	8	1.4
Togo	23.2	49		0.7	8.3		19	3.7	
West Africa							15.38	10.61	
Africa	17.4	12.6	14.9	5.3	18.48	8.3	27.1	13.4	9.5
World									

Appendix 7: Public Social Protection as a percentage of GDP

Country	Public Social protection by function (% of GDP)
Cabo Verde	9.5
Benin	2.4
Burkina Faso	3.1
Cote D'Ivoire	2.5
Gambia	1.7
Ghana	2.8
Guinea	1.2
Guinea Bissau	5.4
Liberia	1.8
Mali	3.5
Mauritania	5.3
Niger	4.0
Nigeria	1.2
Senegal	4.2
Sierra Leone	2.5
Togo	1.2
West Africa Africa	3.27