ORGANISATION OF TRADE UNIONS OF WEST AFRICA
(OTUWA)

The State of Social Protection in West Africa





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Acronyms

AU	African Union
CESCR	Committee on Economic, Social and Cultural Rights
COVID-19	Coronavirus
ECOWAS	Economic Community of West African States
GDP	Gross Domestic Product
ICESCR	International Covenant of Economic, Social, and Cultural Rights
ILO	International Labour Organisation
ILO-CD	ILO- Centenary Declaration
ITUC	International Trade Union Confederation
NPISH	Non-Profit Institutions Serving Households
OTUWA	Organisation of Trade Unions of West Africa
PLWD	People Living With Disabilities
SDGs	Sustainable Development Goals
SP	Social Protection
UDHR	Universal Declaration of Human Rights
UN	United Nations
WA	West Africa

The State of Social Protection in West Africa

Introduction

Social protection has received considerable attention as a socially and economically necessary policy since the 1940s. It has found a firm place in the International Bill of Rights, ILO and African Regional Instruments. In more recent times, especially since the global financial crisis of 2008/9, social protection has received even more critical attention. The ILO Recommendation 202 of 2012, the Sustainable Development Goals (SDGs) and the ILO Centenary Declaration (ILO-CD) reaffirm social protection as a fundamental right whose progressive realisation is necessary for social justice, cohesion and sustainable development. 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 social protection to realise a modicum of success with the SDGs. This Paper on the State of Social Protection in West Africa makes an assessment of social protection in West Africa and provides a framework for concerted campaigns to expand, extend and strengthen social protection in West African Countries.

This paper is contributing to discussions that should establish a framework for monitoring and tracking the effective coverage

of and increased public expenditure on social protection systems in West African countries. It discusses:

- International Instruments on social protection
- Social protection as a concept and system (examining some of the more prominent types of protection measures and schemes
- Discusses the socio-economic context of West Africa
- Assesses the state of social protection in the 16 West African countries
- Makes conclusions and recommendations for OTUWA and affiliates' actions.

2. International Conventions on social protection

The plethora of international instruments pertaining to social protection underscore its importance. For the purpose of this paper it is important to recall that Article 22 and 25 of the Universal Declaration of Human Rights (UDHR) and Article 9 of International Covenant on Economic, Social and Cultural Rights (ICESCR) highlight social protection as a fundamental human rights. In its General Comment 19, the UN Committee on Economic Social and Cultural Rights (CESCR) provided detailed guidance to States concerning their obligations to respect, protect and fulfil the right to social security. In

pursuance of these obligations the State should ensure strict adherence to a number of interrelated and essential features, namely availability, social risks and contingencies, adequacy and accessibility.

Besides ensuring the availability of social security to provide benefits to address relevant impacts on livelihoods, States' social security systems should provide coverage to the nine principal branches of social security, namely, health care; sickness; old age; unemployment; employment injury; family and child support; maternity; disability; and survivors and orphans. Adequacy of benefits should relate to both the amount and duration and this calls for monitoring the criteria used to determine adequacy.

Accessibility is a critical dimension of social protection schemes. Access to social security involves five key elements: coverage, eligibility, affordability, participation and information, and physical access. Everyone should be covered by the State's social security system, particularly the most disadvantaged and marginalised groups, without discrimination on any prohibited ground. Non-contributory schemes will be necessary to ensure universal coverage. Qualifying conditions must be reasonable, proportionate and transparent. Any termination, suspension or reduction of benefits should be prescribed by law, based on reasonable grounds, and subject to due process. Any contributions required under a social security scheme must be stated in advance, affordable for all, and should not compromise other human rights. Everyone must have access to information on

social security entitlements, and be able to participate in available social security systems. States should make sure that everyone can physically access social security services to access benefits and information and make any required contributions, with particular attention given to persons with disabilities, migrants, and persons living in remote, disaster-prone, or conflict areas. These elements of accessibility clearly confirm the need for the State and right holders to constantly engage to ensure that all persons enjoy their right to social security.

The ILO has seven up-to-date Conventions on Social Security/Protection (see Box 1 below) which are useful instruments for developing legislations at the national level.

Box 1: Seven Up To Date - 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)

Unfortunately, the ratification record for the West African countries is poor. Four countries have ratified two of the seven Conventions: Cape Verde, Guinea, Mauritania and Senegal; three countries, namely, Benin, Niger and Togo have ratified only one each; while the other nine West African countries - Burkina Faso, Gambia, Ghana, Guinea Bissau, Ivory Coast, Liberia, Mali, Nigeria and Sierra Leone – have ratified none of the seven up-to-date social protection Conventions. In seeking to anchor various social protection schemes in legislation ratifying relevant ILO Conventions would be useful.

As far back as 1952 the ILO adopted the Social Security (Minimum Standards) Convention, No. 102, which 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.

The minimum standards entailed by Convention 102 should be measured in terms of

- percentage of population protected by social security schemes
- the level of minimum benefit that may accrue to beneficiaries
- the conditions for entitlement and
- period of entitlement for the beneficiaries.

Over a decade ago, the UN endorsed Social Protection Floor for Fair Globalization. Since then the ILO Convention 102, ILO Recommendation 202 and the SDG Goal 1.3 on social protection for all by 2030 have become critical reference points for social protection. Recommendation No. 202 is very important in many respects. Implementing it is instrumental in achieving the SDGs, with particular reference to 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 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 Agenda 2030.

As a human right and component of decent work, social protection entails working conditions that are safe, fosters family values, provides for compensation in case of lost or reduced income and permits access to adequate healthcare. Giving effect to it brings States closer to meeting their international human rights obligations. ITUC and other studies provide incontrovertible evidence that investment in social protection yields returns by stimulating economic growth and stability and improving the performance of national economies. They also result in more equitable and cohesive societies by reducing and preventing poverty, inequality, social exclusion and social insecurity. It provides a

system for social solidarity, including its financial aspects, which lies at the heart of social security. Universal social protection can only be achieved through inclusive social protection systems. These are necessary tools for pursuing social inclusion and equality, including gender equality, and to address inequalities and discrimination that suffer PWLDs, migrants and other vulnerable categories. The progressive realization of universal social protection entails setting time frames, objectives and targets. In applying the principle of progressive realization, States should strive to move ahead in extending coverage and levels of protection on a continuing basis, without delay.

Following the outbreak of the COVID 19 pandemic, countries have been overstretched fiscally as they roll out various measures to contain the virus, stop the spread of the disease and ensure the continued production and distribution of essential goods and services. The social and economic life of West African countries have suffered severe havoc and devastation. The pandemic has also exposed and exacerbated deep-seated inequalities and significant gaps in social protection coverage, comprehensiveness and adequacy across all countries. Furthermore, pervasive socio-economic challenges such as high levels of economic insecurity, persistent poverty, rising inequality, extensive informality and a fragile social contract have been exacerbated by COVID-19 and governments' failure to seriously work for universal social protection.

3. Social Protection: Concept and System

Social protection is about the social wellbeing of all individuals so that they do not become indigenes. It ensures that every human being enjoys a certain minimum standard of livelihood. All societies have some systems for supporting children, women and men, the aged, invalids and vulnerable social categories.

Social protection policies, measures and schemes aim at ameliorating the effects of life's contingencies. They reduce the vulnerabilities of all men, women and children. They constitute 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. Ghana categorises social protection interventions as a range of actions carried out by the state and other parties in response to vulnerability and poverty, which seek to guarantee relief for those sections of the population who for any reason are not able to provide for themselves.

Social Protection measures and schemes include a range of instruments that are contributory or non-contributory 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. Other categorisation of social protection see it as five major elements, namely labour markets, social insurance, social assistance, micro and area-based schemes to protect communities and child protection. Some social protection schemes are more pertinent in the world of work. Employment injury, maternity/paternity, sickness benefits, are top most in the list. SDG indicator 1.3.1 is seeking to track effective coverage for employment injury protection: Percentage of labour force aged 15+ years covered by cash benefits in case of employment injury (active contributors), 2020 or latest available year.

Should workers infested by COVID 19 while at work be compensated? Increasingly countries are respecting the ILO interpretation of the relevant Conventions. The Employment Injury Benefits Convention, 1964, (NO. 121), and the Social Security (Minimum Standards) Convention, 1952 (No. 102) include industrial accidents and occupational diseases. Some countries regard COVID infection as work-related injury while others regard it as occupational disease. Some have provisions for both (e.g. Germany). West African states have a long way to go in this respect.

Disability benefits and disability-inclusive social protection is increasing globally but rather slow in Africa and more especially West Africa. PLWD have been harder hit by COVID and the social protection measures responding to the pandemic did acknowledge. 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.

Unemployment Protection has become even more critical as a result of COVID 19. By mitigating the loss of income, unemployment benefits play a fundamental role in preventing individuals and households from falling into poverty and vulnerability when they become unemployed.

A number of international standards provide the normative framework for unemployment protection, including the UDHR (Article 25 (1)), International Covenant on Economic, Social and Cultural Rights (Art. V.9). ILO Conventions and Recommendations provide a broader frame for

operationalising the right by setting standards pertaining to cash and other benefits and services during periods of unemployment. For example, Convention NO. 102 stipulate the payment of cash benefits to unemployed people capable of and available for work but unable to obtain suitable employment. It sets quantitative and qualitative benchmarks regarding

1) coverage of a substantial proportion of the population;

2) sufficiency of levels of cash benefits to serves as income replacement, allowing beneficiaries and their facilities to enjoy decent living and health standards; and

3) provision of cash benefits for a sufficient period of time to serve their purpose.

Main types of unemployment protection schemes

- unemployment protection schemes, provided through social insurance or social assistance, to support jobseekers while they find suitable employment;
- employment retention schemes, which provide full or partial income replacement during a temporary suspension of work without any break in the employment relationship; and
- public employment programmes, including employment guarantee schemes, whereby the State guarantees employment (as employer of last resort), usually to provide local assets or services, in cases of unemployment or severe underemployment.

In a number of countries, such as Ghana and South Africa, certain forms of employment guarantee schemes or public work programmes have been introduced for persons in poverty. This is an example of active labour market policy and one that trade unions in particular should track and influence.

Globally, effective coverage figures show that 35.4 per cent of workers globally receive benefits in the event of employment injury. In many countries there are no statistics to monitor the proportion of injured workers effectively compensated. In Africa the figure is 18.4 percent. West Africa is far less. Besides, the legislative basis for employment injury is weak and oftentimes not enforced because of the limitations and weaknesses of institutional mechanisms. The other concerns include the inadequacy of benefits and delays in payment.

4. West Africa - The Socio-Economic Context

For the purpose of this paper, it is important to outline some critical background information of the 16 West African countries (15 being ECOWAS members). It is region with the highest level of poverty as the per capita GDP ranges from as low as US$539.1 - 3,601.7 for Sierra Leone and Cape Verde respectively. The high level of informality among the working population reflects the high level of self-employment, precariousness and vulnerability. With exception of Cape Verde which has some 38.9 percent in self-employment the

corresponding figure for all other countries ranges from 65.5 – 94.3 percent in Senegal and Niger respectively. Table 1 below provides Background Information of West African Countries. The infant mortality and maternal mortality rates are both relatively high in the countries . Regaining infant mortality, Cape Verde records 14.9 percent while the figure for all other countries ranges from 45.3-117.2 percent. Maternal mortality per every 100,000 births underscore the poverty of the region. Cape Verde has a low figure of 58 but the other countries have figures ranging from 315 (Senegal) - 1120 (Sierra Leone).

The above background information point to widespread poverty, income instability, weak access to health care and education in almost all West African countries. Child malnutrition is as high as old age poverty. The working age population is largely self-employed or informally employed and therefore largely in precarious employment that do not ensure stable incomes, not to mention the limited access to safe safety and health and maternity/paternity protection. Poverty is more severe among rural people especially food producers; it is also more pervasive among females. Gender and locational inequalities tie in with the prevailing income inequalities of the various West African countries.

Table 1: Background Information of 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

5. 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).

Social protection coverage are 46.9 and 17.4 percent for the world and for 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. See Table 2 below. It may thus be surmised that overall social protection coverage in West Africa is lower than the African average of 17.4 percent. This has serious implications for SDGs with particular reference to SDG 1.3.1.

A major social protection measure is health coverage. Universal health coverage is a global goal. It is also a fundamental human right covered by the UDHR and ICESCRs. The SDG 3.8 seeks to 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.

Table 2: 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
West Africa	
Africa	17.4
World	46.9

Table 3: 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
West Africa	-
Africa	23.7
World	66.0

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 West African countries have a low percentage coverage 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 average of 23.7 percent. Meanwhile data is not available for Sierra Leone, Guinea Bissau and the Gambia. Table 3 shows proportion of the population affiliated to a health social protection scheme.

One of the universally recognised social protection schemes is provision for old age. As shown in Table 4 – Workers Contribution to Old Age Pension Scheme – the proportion of the working population contributing to old age pension ranges from 0.2 – 84.8 percent in Guinea Bissau and Cape Verde respectively. 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. The high level of self-employment, informality and precariousness partially account for this abysmal reality.

Table 4: 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	

Maternity protection coverage figures are available for only some seven countries; the lowest is 0.1 for Nigeria and highest figure is 41.7 percent Ghana. Even though some maternity protection rights are anchored in legislation they are largely not well enforced due to a multiplicity of factors including pervasive precariousness and informality and weaknesses of enforcement institutions.

A clearer picture of the state of social protection in the sub-region emerges with an assessment of affective coverage by function of social protection as shown in Table 5 below. The variables outlined are as follows:

- 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 new-borns: 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).

Table 5: 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									

The inadequacies of social protection schemes in West African countries is a reflection of various challenges including low public expenditure. The public expenditure breaks down into two categories, namely, Government expenditure on social protection and expenditure on healthcare. Government 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, NPISH 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.[4]

Table 6 shows the percentage of GDP that goes into public social protection. 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.

4. Source: ILO World Social Protection Data Dashboards https://www.social-protection.org/gimi/WSPDB.action?id=19

Table 6: 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	3.27
Africa	

Some Country Specifics

The country examples should throw more light on the inadequacies and limitations of social protection in West Africa. In Cape Verde 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 to 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.

All other countries fall short in social protection. Benin has no unemployment benefit and it has limited provision for sickness benefit. Children/family, maternity, work injury, disability, survivors and old age benefits are available in law, but limited coverage, inadequate and often limited in scope of application. The population covered by at least one social protection benefit is as low as 7.8 percent only 4.7 % of the pop is affiliated to social health insurance schema. The public social protection expenditure is 2.4% of GDP.

Burkina Faso, like Benin, has no unemployment benefit and limited provisions for sickness benefit. Like Benin it has anchored the other six benefits in legislations. 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% are affiliated to at least one social health scheme. In Ghana the National Health Insurance Scheme covers only about 38 percent. In both countries the health coverage is far from being comprehensive. The public social protection expenditure is only 1.2 percent of the GDP.

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 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.

Paucity of data is one of the weaknesses in all countries. This is however strongest in countries like Guinea. 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. In relation to work injury, old age benefits and contributors to pension the the figures are 7.5, 3.4 and 7.5 percent respectively. Thus Liberia performs better than Guinea on two counts but in relation to 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. Proportion of working population contributing to old age pensions is 8 percent while those benefiting from 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 the above picture.

For Africa as a whole 17.4 percent of the pop 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 to 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 always available. SP 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 Africa countries. The African average of 18.4 percent in respect 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 relation to West African situation 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 vulnerability in Africa benefits 9.5 percent on the 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.

6. Renewed Commitment for universal social protection

In October 2021, the United Nations 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 and a just transition to a sustainable and inclusive economy. He specifically called for some 400 million jobs and the extension of social protection cover to 4 billion women and children currently without coverage. He recommended policy measures to achieve the goal of Jobs Investment, Social Protection, Poverty Eradication and Sustainable Recovery.

- 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.

Perspectives for Action

The social protection measures leave many sections of the population behind. Informal sector operators account for more than 90 percent of the population in most West African countries and yet social protection covers mostly formally employed workers. Again, females are disproportionately covered as compared with males with regard to all schemes except maternity protection benefits. Migrant workers are hardly covered in most of the schemes. Extending access to social protection and portability of benefits to migrant workers and their families is a major challenge affecting even formally employed migrants. This is an issue that ECOWAS continues to grapple with and should require actions in individual West African countries.

Formalising the informal economy is necessary in seeking to expand coverage, enhance benefits, extend the scope of SP without discriminating against any category of workers. Drawing strength from the ILO Centenary Declaration, the Recommendation 204 on formalising the informal economy becomes a necessary plank for addressing some challenges of social protection in West Africa. Establishing a clear bench mark for each country and for the region as a whole should enable OTUWA and affiliates to monitor and track progress in developing social protection systems.

Such a monitoring frame will capture, among others:

1. The schemes for protecting children
2. Measures to protect women and men 15+ years

a. medical care

b. sickness benefit

c. old-age benefit

d. employment injury benefit

e. maternity benefit

f. invalidity benefit, and

g. survivors benefit.

h. unemployment benefit

i. family benefit

3. Universal health coverage

   a. proportion of population covered by social health insurance

   b. the comprehensiveness of the health coverage

4. Labour Market Policies and their social protection implications

For each of these schemes the monitoring/tracking system should track:

* No. of WA Countries ratified various social protection Conventions

* Number of countries in WA with various SP measures that are anchored in law

* Proportion of females, males, migrants, PLWDs covered

* The adequacy of the benefits

* Public spending on SP as a proportion of GDP

The post COVID quest for recovery forcefully provide the environment for renewed campaigns for universal social protection. This should be done by the concerted efforts of OTUWA and affiliates drawing strength from the renewed global commitment. Organising for solidarity action in support of specific demands in selected countries may be necessary. Using the ITUC-Africa, ECOWAS and AU to leverage the efforts is critical. Targeting with time frames should form the basis for annual reporting. Besides there is growing recognition that social protection are necessary for advancing the SDGs in Africa. Universal social protection is an imperative that West African trade unions have a historical responsibility to promote.

ECOWAS and member states should immediately address the social protection concerns as a matter of urgency. To this end OTUWA is demanding of ECOWAS and member states:

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

8. Progressively reduce and eventually eradicate the gender gap in relation to all social protection measures and schemes.

Finally, OTUWA should immediately undertake consistent advocacy and campaign activities targeting the ECOWAS and the member States.

References

Andy Norton et al, (2001) Social Protection Concepts And Approaches: Implications For Policy And 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.