Dynamic Social Security for Africa: An Agenda for Development

DEVELOPMENTS AND TRENDS

INTERNATIONAL SOCIAL SECURITY ASSOCIATION

Dynamic Social Security for Africa: An Agenda for Development

DEVELOPMENTS AND TRENDS

International Social Security Association
Geneva, 2008

The report is available in electronic format: www.issa.int

Also published in French:
Une sécurité sociale dynamique pour l'Afrique: une stratégie pour le développement

Printed in Switzerland

ISBN 978-92-843-1183-5
ISSN (Print) 2071-3908
ISSN (Online) 2071-3916

Contents

ACKNOWLEDGEMENTS

This report was prepared by Michael Samson, in collaboration with Joseph Ewane Ejuba, Tharcisse Nkanagu, Christine Bockstal, Celine Felix, Luis Frota, Olivier Louis dit Guerin, Sylvia Beales and Tavengwa Nhongo.

Timo Voipio was responsible for the project management and was supported by Theo Butare, Magid Fathallah, Rick Levinsky, Jens Schremmer, Roland Sigg and Yukun Zhu. Roddy McKinnon edited the report. Frédérique Bocquet provided editorial support.

The report was finalized under the responsibility of the ISSA Social Security Observatory.

Preface

This Developments and Trends report – *Dynamic Social Security for Africa: An Agenda for Development* – has been prepared to mark the occasion of the first Regional Social Security Forum for Africa, organized by the International Social Security Association (ISSA), in partnership with the Social Security Fund of Rwanda, 18–20 November 2008, in Kigali, Rwanda. This report for Africa is the first ever regional Developments and Trends report – subsequent reports for the Americas, Asia and the Pacific, and Europe will follow – and represents a new approach to better understand and address the key challenges ISSA member organizations are facing in the different regions of the world.

African social security administrations continue to seek improvements in administrative and financial performance, with the objective of realizing more efficient and effective social security systems. African social security administrations are also actively contributing to building accessible and sustainable national social protection systems – which not only provide protection, but also encourage prevention, and support rehabilitation. These objectives, amongst others, are characteristic of what the ISSA calls Dynamic Social Security and underline social security's role, both as a "means" and an "end", in better ensuring socially inclusive and economically productive societies.

In recent years, African governments and international development partners have become increasingly focused on social security's role in national poverty reduction efforts. The ISSA welcomes this development. Social security must be a permanent ingredient in strategies aimed at realizing poverty reduction, pro-poor economic growth and sustainable livelihoods. Broadly put, social security is an essential building block of a "good society", something that supports the lives and aspirations of not only the poor but also the middle classes and the more prosperous. To be clear, social security is not only about poverty reduction; it is much more.

On this basis, and in accordance with the ISSA's mandate to cooperate in the promotion and development of social security, this publication brings to the fore significant recent developments and trends in social security policy and practice in Africa. Of course, the empirical evidence presented here represents but a snapshot in time. Social security is evolving and continuous research and analysis will be required to complement and expand our knowledge base about – and strategic approaches for providing – social security in Africa. Nonetheless, as this report rightly concludes, in the last recent years substantial progress in realizing improved social security in Africa has been achieved.

The purpose of this report is twofold: first, to synthesise and interpret the most important recent developments and trends in Africa and, second, to provide the key background document for the Developments and Trends Session of the Regional Social Security Forum for Africa. The discussions during the Regional Forum will provide an opportunity for all of us to complement this report and to debate its messages. I hope that this report will serve as an inspiring stimulus for our discussions and welcome you all to contribute actively, before, during and after the Regional Social Security Forum for Africa in Kigali. The outcome of these discussions will be carried forward to the World Social Security Forum to be held in Cape Town, South Africa, 21–27 November 2010.

Hans-Horst Konkolewsky
Secretary General

CHAPTER 1

Policy challenges and dynamic responses

An examination of the institutional variety of, and the contingencies covered by, social security organizations in Africa reveals that remarkable development has taken place since the 1960s when most African states gained their independence (SSA and ISSA, 2007). Nonetheless, and in spite of remarkable progress, access to social security and health care has faced several setbacks between the 1960s and now. For example, the structural adjustment programmes initiated in the 1980s in response to the debt crises excluded social security from their conceptual frameworks. According to the accepted wisdom that dominated during the 1980s and 1990s, social security protection was conceived as part of the problem, not as part of the solution.

Today, the situation is very different. A growing number of African governments have included social security protection as a key pillar in their national strategies for growth, poverty reduction and sustainable development (see Box 1.1.). But much remains to be done.

Social security coverage rates across sub-Saharan Africa average about 10 per cent of the population. In middle-income African countries coverage rates range

1.1. African governments committed to social security

In 2008, a series of African Union-led consultations led African governments to renew their social security commitments made in Livingstone, Zambia, and in Yaoundé, Cameroon, in 2006.
In addition to better addressing the social security needs of civil servants and employees of private formal-sector enterprises, several African governments are planning to intensify their efforts by extending tax-financed social security programmes to the informal majority.

The core agreements reached in the 2008 African Union consultations encompass commitments to:

- assert social protection as a human right and a state obligation;
- expand coverage progressively;
- establish national "minimum" packages covering non-contributory pensions, child benefits, disability allowances and access to healthcare;
- invest in national institutions and cross-sectoral co-ordination;
- set in motion costed and visible national plans linking social security to national development and poverty reduction plans;
- work closely with civil society to ensure coverage and appropriate design and delivery.

between 40 per cent and 70 per cent. Collecting up-to-date and comprehensive social security coverage statistics for Africa remains a challenge for all undertaking studies of the continent, nonetheless, the available figures underscore three fundamental requirements:

i) the need to improve governance and administrative capacity to realize cover for ostensibly already covered populations;

ii) the need to amend legislation to extend coverage under existing programmes to currently uncovered populations;

iii) the need to develop and implement new legislation introducing new, perhaps tailor-made, social security programmes to progressively extend and improve coverage for all.

Poverty rates are uniformly high in countries with the lowest levels of social security coverage. The HIV/AIDS epidemic creates new shocks compounding historical threats posed by malaria, reproductive health challenges and a range of other vulnerabilities, stretching and sometimes exhausting the informal coping mechanisms in many African countries. This has motivated the search for innovative and cost-effective public interventions, including by social security.

As one set of responses, this report identifies and interprets recent key developments and trends in social security policy and practice in Africa and does so through the analytical lens of the ISSA's Dynamic Social Security conceptual framework (see Box 1.2.).[1] As an association, the ISSA works hard to support technical improvements in compliance and the collection of social security contributions. However, the past "structural adjustment" decades imposed by the International Financial Institutions have forced many African governments to curtail public expenditures by laying off vast numbers of teachers, health care staff, other civil servants and employees of state-owned enterprises. The result has been a huge reduction in formal-sector jobs in Africa, meaning also that coverage levels under many African social security administrations has fallen, for reasons not of their own making. Nowhere are these challenges so keenly felt as in contributory social security programmes, which in Africa are predominantly social insurance programmes but also include a small, yet diminishing, number of national provident fund programmes.

Evidence suggests that non-contributory social security instruments hold great potential to reduce poverty in most African countries, at least over the short term. Over the longer term, however, extending and linking contributory coverage, and doing so in a complementary manner, to universal non-contributory programmes is at the heart of the challenge.

History has refuted the hypothesis that increased economic development would automatically formalize economic activity and employment and, as a result, facilitate the extension of social security coverage. On the contrary, in sub-Saharan Africa, the labour force is becoming more and more informal while the formal sector is contracting. Taking this into account, a challenge is to extend social security coverage to the large majority of citizens engaged in the informal sector.

1.2. The ISSA and Dynamic Social Security

The ISSA has developed and documented a "Dynamic Social Security" framework that provides an analytical tool for observing change and mapping the potential future paths for social security in various contexts, including Africa. Dynamic Social Security may be defined as including innovative and evolving policies, programmes and processes geared to better ensure accessible and sustainable social protection systems that not only provide protection, encourage prevention and support rehabilitation and (re)integration but also contribute to realizing more socially inclusive and economically productive societies.

1. See McKinnon (2007) for the seminal work on the conceptual framework, and Sigg (2007) and McKinnon (2009) for more global analyses of "Dynamic Social Security", which provides the context for this section of the report.

Yet, for most African social security administrations, the extension of coverage is, perhaps, only the second highest priority. The current top priority is generally one of improving governance and administration. Well-governed and administered – thus credible and competent – social security administrations have an important contribution to make in the provision of income security for covered individuals and their dependants. Increasingly, these same institutional attributes are additionally seen as essential for national poverty reduction efforts, especially to better reach out to the large majority working in diverse activities in the informal urban and rural sectors.

Globally, the conventional role of social security has been considered one of income maintenance and redistribution; in many countries, the role of poverty reduction has not been considered a central role of social security. At present, views are slowly evolving, with both the above perspectives now more readily accepted as collectively defining a broader interpretation of social security. Significantly, forward-looking governments recognize that social security enables a growing number of citizens to participate in, contribute to, and benefit from economic growth (OECD, 2007). Social security also strengthens social and political stability, which can support successful economic reform. In turn, and to complete this virtuous circle, economic reforms often require mechanisms, of which social security is one, for sharing growth – or "pro-poor growth".

However, the evolution of the mandates of many social security administrations as legal entities has not kept pace with this evolving conceptual and political landscape. Regardless of whether social security administrations have the necessary budget resources, capacities and benefit programmes to play a direct role in poverty reduction, the first stumbling block often is one of political mandate.

Decisions regarding mandate lie with, and are the prerogative of, national parliaments and governments. Accordingly, in the first instance, political will followed by enabling legislation remains paramount. Thereafter, in pursuing social security's dual redistributive and poverty reduction roles, a challenging set of contextual and internal factors must be addressed (see Box 1.3.).

1.3. Challenges for social security in Africa

Contextual factors
- Widespread poverty weakens the capacity of people to pay contributions;
- Fragile tax bases create fiscal challenges for tax-financed approaches;
- Increasing informalization of the economy weakens existing contributory programmes and reduces coverage;
- The HIV/AIDS pandemic increases care burdens while weakening existing support systems;
- Wars and conflicts weaken infrastructure and capacity, destabilize communities and displace individuals;
- Climate change threatens agriculture, the main source of livelihood security for most people. Climate change also affects health security, for instance, by creating new malarial regions.

Internal factors
- Administration costs, which may be high in comparison to relatively low benefit levels, especially during the early phases of new (small) social security schemes;
- Weak governance increases administrative costs; improving governance is thus an important path to reducing such costs;
- Fragmented systems with multiple schemes; efficiencies are sought from the integration of schemes with merged and rationalized administrative structures;
- Weak regulatory and compliance authorities.

In Africa, policy-makers need the support of social security administrations in the implementation and evaluation of existing, but often variedly configured and far from comprehensive, policies and programmes (see Box 1.4.). Looking to the future, and with goal of developing social security as a "means" and an "end", policy-makers also need social security administrations' support with regard to two other aspects: first, to innovate new policies and programmes to effectively provide more adequate social security protection to already covered populations and, second, to address wider issues of poverty directly and comprehensively.

1.4. Similarities, differences and gaps: A selected overview of social security in 12 countries of Africa

Country	Old age, disability and survivors	Sickness and maternity		Work injury	Unemployment	Family allowances
		Cash benefits for both	Cash benefits plus medical care[a]			
Algeria	●	●	●	●	●	●
Benin	●	b	c	●	d	●
Botswana	e	d	d	●	d	c
Burundi	●	d	d	●	d	●
Guinea	●	●[f]	●	●	d	●
Libya	●	●	●	●	d	c
Malawi	d	d	g	●	d	d
Mauritius	●	d	g	●	c	●
Morocco	●	●	●	●	d	●
Senegal	h	b	●	●	d	●
South Africa	●[i]	●	c	●	●	●
Uganda	●	d	d	●	d	d

Source: SSA and ISSA (2007).

a. Coverage is provided for medical care, hospitalization, or both.
b. Maternity benefits only.
c. Coverage is provided under other programmes or through social assistance.
d. Has no programme or information is not available.
e. Old-age and orphans' benefits only.
f. Maternity benefits are financed under Family allowances.
g. Medical benefits only.
h. Old-age and survivor benefits only.
i. Old-age and disability benefits only, with survivor benefits provided under Unemployment.

As noted recently by the United Nations Research Institute for Social Development (UNRISD), countries that have successfully reduced poverty have not created and targeted their social security systems for the poor only: they invested in pensions, child grants, health insurance and other elements of comprehensive social policy, because it was the right thing to do, not least in order to achieve economic prosperity and social peace (Mkandawire, 2006). The factors that may eventually reduce poverty are not only those that address its proximate causes, nor are they the most obvious ones like targeting the poor. The observation that social security schemes designed exclusively for the "poor" often tend to be "poor" schemes would appear entirely appropriate here.

Evidence shows that the most pro-poor social security systems have been those that have succeeded in obtaining middle-class buy-in (Kangas and Palme, 2005; Mkandawire, 2005). By pooling the contributions – and, by inference, the political support – of the middle classes, the poor, and even the wealthiest citizens, universal schemes have been able to generate sufficiently large funds to cover the contingencies of not only their most well-off but also their poorest members.

For lower-income countries there is a strong practical case in support of national-level universal social security systems: where poverty is widespread, targeting is unnecessary and administratively costly, and fraught with problems such as information asymmetries, incentives distortion and moral hazard. For instance, the universalism that guided the – in retrospect highly successful – development of social security in some Nordic European countries, was in fact originally dictated by their poverty and underdevelopment: targeting was simply too difficult and meaningless because nearly everyone was poor.

There is historical evidence to suggest that the achievement of universal social security has been most successful when complemented by policies and disciplines outside of social security policy: fiscal policy, land reform, social legislation, regulation of the private sector, and so on. However, and despite this, in recent times poverty reduction has been more readily pursued through the means of growth, employment, social security and structural changes (Mkandawire, 2006). This observation merits serious pause for reflection.

Social security can also contribute to what may first appear to be non-social security oriented outcomes: capital accumulation through mandatory savings under contributory social insurance or provident fund schemes. In some countries, such funds have been crucial in financing major infrastructure projects. Social security also contributes to the formation of human capital, through positive impacts on education, health and women's labour force participation (Mkandawire, 2006).

Well-managed social security systems can help ensure the legitimacy of the political order and contribute to higher levels of social capital, social cohesion and political stability while supporting an enabling environment for investments and trade. Through aggregate demand effects social security can further boost economic progress. Well-managed schemes may also be one of the most effective tools against corruption: public servants that trust pension schemes to provide adequate security may be less inclined to abuse the power of their post.

Social security is imperative also for the pro-active and successful engagement of the African nations in the globalization process, as it provides more competitive and more predictable human capital for enterprises as well as the necessary "safety nets" and "springboards" for those citizens vulnerable to the adverse impacts of increasingly global competitive pressures.

CHAPTER 2

Extending complementary approaches to old-age security

Population ageing is one of the greatest triumphs of humanity. Africa presents no exception to the global trend towards falling mortality and fertility, with the consequent shift of the age distribution towards older people. Nevertheless, in comparison with all other continents, Africa still has the youngest population, on average. This is typified by Uganda, which, with a median age of 15 years, has the youngest population in the world.

Currently the number of people in Africa aged 60 or older is estimated at 35 to 40 million, representing 5 per cent of the world's population in this age group. By 2050 the number of older women and men in Africa will rise to over 200 million, with older women's life expectancy exceeding men's by 3 to 5 years. Although HIV/AIDS causes millions of premature deaths in Africa, the number of people entering old age will double by 2030.

Household survey evidence documents that older people in Africa are often disproportionately poorer than the rest of the population. And households headed by older people caring for children consistently rank among the poorest of demographic groups (Kakwani and Subbarao, 2005).

Social security administrations in Africa play an important role in providing income security to older people. Some of the most successful contributory pension systems in Africa cover a substantial proportion of the population. For example, coverage rates in Algeria and Egypt exceed 40 per cent while that of Libya and Tunisia exceed 70 per cent (Robalino et al. 2005).

Initiatives by ISSA member organizations and government institutions have demonstrated significant progress in expanding coverage under contributory and non-contributory pension schemes and improving the adequacy of benefits over the past five years.

- Algeria introduced a supplementary allowance in 2006 that tops up to DZD 10,000 (USD 170.00 approx.) all old-age, disability and survivors' pensions paid by the employees' contributory pension scheme.
- Senegal is considering a minimum income guarantee for all old-age beneficiaries through a supplement as envisaged in its Social Protection Strategy.
- Mozambique has announced that the value of the minimum monthly old-age pension will be adjusted automatically in April each year to ensure that it is never less than 60 per cent of the national minimum monthly income.
- Ethiopia's recent non-contributory pension system reform raises benefit levels for the lowest-income beneficiaries the most, with the Ethiopian Social Security Agency increasing the minimum benefit by 60 per cent.
- In Zambia, the National Pension Scheme Authority has provided for self-employed persons and other informal-sector workers to join the contributory pension scheme on a voluntary basis.

- In Ghana, the Social Security and National Insurance Trust has established a special voluntary scheme for informal-sector workers that balances contributions between a pension fund and a provident fund, which allows for the partial drawdown of individual contributions to finance school fees, health insurance or to help cope with economic shocks.
- In February 2008, Kenya's Retirement Benefit Authority submitted to Cabinet a universal non-contributory pension package designed to provide all older Kenyans with a monthly minimum guaranteed benefit from age 55. The proposed monthly benefit will equate to 70 per cent of the absolute poverty line.

Many African countries are considering non-contributory old-age benefit systems as an expedient and relatively speedy mechanism to significantly extend coverage and broaden social inclusion (see Box 2.1.). Kenya's initiative is particularly illustrative in this respect and also notable because the institution responsible for the national contributory social security fund is the one that has stressed the importance of extending coverage through a non-contributory pension.

2.1. Evaluating the impacts of pensions in Southern Africa

Non-contributory pensions in South Africa reduce the country's overall poverty gap by 21 per cent, and for households with older people by more than half (54 per cent) while virtually eliminating poverty for households with only older people (a reduction of 98 per cent) (Samson et al., 2004).

In Mauritius the share of older people in households below the poverty line is 64 per cent without the non-contributory pension but only 19 per cent with the non-contributory pension (Gopee, 2006).

Old-age pensions also help children grow into more productive adults who escape the inter-generational transmission of poverty. Girls in households receiving a non-contributory pension are more likely to attend school, succeed academically and have better health and nutrition indicators than children in similar households that do not receive the grants (Duflo, 2000; Samson et al., 2004).

Predictable and regular pension income provides the income security that households need to manage social risk and invest in the riskier but higher return activities that enable people to break free from poverty.

Some older people in Namibia, for example, use their pension to invest in livestock and other agricultural activities, and to access credit (accepted as collateral) (Devereux, 2001). Elsewhere, 21 per cent of the surveyed recipients in Lesotho spent part of their pension creating jobs ranging from general household chores to farm work.

Pensions support the successful participation of adult household members in labour markets (Samson et al., 2002 and 2004; Ravallion, 2003; Devereux and Sabates-Wheeler, 2004). This impact is significantly greater for women in the poorest households, and positively associated with a reduction in child labour (Edmonds, 2004; Samson et al., 2004).

All in all, non-contributory pensions are an effective way of redistributing income from high-income groups to the poor and promoting social cohesion and political stability. This encourages long-term investment in the local economy. In the middle of the last century, Mauritius had a vulnerable mono-crop economy and high poverty rates. Today, Mauritius has the lowest poverty rate in Africa, and the social pension established in 1950 is recognized as one factor that contributed to the social cohesion necessary to restructure the economy onto a high growth path (Roy and Subramanian, 2001).

Aiming at progressively higher levels of protection, African social security administrations are also beginning to build contributory social security systems on the foundation of a non-contributory pension, with examples including South Africa, Namibia, Mauritius and, more recently, Lesotho.

Historically, Botswana, Egypt, Mauritius, Namibia and South Africa have relied on non-contributory old-age pensions as a foundation for broad-based social security coverage. Over the past five years an increasing number of African countries have expanded, adopted or moved towards adopting this important instrument:

- In 2004, Lesotho adopted a universal non-contributory pension for all people aged 70 or older.
- In 2005, Swaziland introduced an old-age grant for poor people older than age 60.
- In April 2008, the President of Malawi announced plans for a non-contributory pension.
- In July 2008, South Africa's Department of Social Development extended its non-contributory old-age grant to men from age 60. Previously men were only covered from age 65, while women were covered from age 60.
- Ghana, Mozambique, Sierra Leone, Uganda and Zambia have implemented pilots to extend social cash transfers to older people.

Old-age pensioners often spend their pension income to purchase school uniforms, books and health-care for their grandchildren. For example, 60 per cent of the monthly pension received by persons aged 70 or older in Lesotho is redirected consistently to children. Evidence also suggests that this mechanism has halved Lesotho's hunger rate (Croome and Mapetla, 2007). Swaziland's targeted benefit, administered by the Public Service Pensions Fund, also aims to support older people while simultaneously mitigating the socio-economic impact of HIV/AIDS. It is of note that grandparents often assume additional caring roles to look after children whose parents are incapacitated, or have died, as a result of HIV/AIDS.

The trend towards non-contributory old-age benefits represents a significant joint commitment by ISSA member organizations and government institutions in Africa. Many countries are piloting this approach:

- Ghana's Livelihood Empowerment Against Poverty (LEAP) programme is piloting initiatives to provide the equivalent of USD 8.15 a month to poor people older than age 65.
- In Kenya, the United Kingdom's Department for International Development is supporting the government to roll out a non-contributory pension pilot for 20,000 households.
- In Sierra Leone, the National Social Security and Insurance Trust (NSSIT) is engaged in a pilot social assistance scheme, which delivers cash to the poorest elderly, and to disabled people older than age 60, in 65 of the country's 156 chiefdoms. This scheme is significant, as it is both locally designed and has been running with government funds for five years, providing improved nutrition, investments, health outcomes and well being.
- Uganda is beginning a pilot to provide a monthly benefit of UGX 18,000 (USD 11.00 approx.) to chronically poor older and disabled people.
- Zambia is implementing an old-age grant pilot in the Katete district, providing a monthly benefit equivalent to USD 15.00 to people older than age 60.

Other countries focus more squarely on the potential of multi-pillared (see Box 2.2.) universal approaches:

- In 2004, Mauritius reformed the basic retirement pension, replacing the universal approach with a poverty targeting mechanism. Following a general election, the new government re-established the universal pension. According to the Ministry of Social Security, National Solidarity and Senior Citizens Welfare and Reform Institutions, targeting created a considerable number of problems for citizens and for the administration. For example, the forms were incorrectly completed, not submitted in time and sometimes not submitted at all, which deprived many needy beneficiaries of their pension.
- In South Africa, the Department of Social Development published a comprehensive study in 2007 documenting why a universal non-contributory pension serves well as a foundational pillar in the gradual construction of a multi-pillar contributory social security system.

2.2. Morocco's multi-pillar pension system

Morocco's public-sector pension funds – the Pension Fund of Morocco (CMR) and the Collective Scheme for Retirement Allowances (RCAR) – cover civil servants, parastatal employees and the military. The private-sector schemes – the National Social Security Fund (CNSS) and the Inter-professional Retirement Fund of Morocco (CIMR) – cover private-sector employees in commerce and industry, as well as some self-employed persons.

Evidence-based analysis of solvency risks, arising largely from an ageing population and falling public-sector employment, have highlighted the need for reform. The Government of Morocco has engaged in policy dialogue with key stakeholders, including the pension funds and civil society, and is considering a multi-pillar system – potentially involving a non-contributory pension, mandatory contributory schemes and arrangements supporting voluntary savings. Options include unifying the different schemes, raising the retirement age and/or contribution rates, and revising the rules for benefit calculation.

Sources: Touahri (2008); Ben Braham (2008); Robalino et al. (2005).

These lessons may be increasingly relevant for countries like:

- Ghana, whose Social Security and National Insurance Trust was recently reformed to establish a three-pillar pension system including:
  - a mandatory contributory basic national social security scheme to provide monthly benefits;
  - a mandatory privately managed occupational mechanism providing lump sum benefits;
  - voluntary provident funds and personal pension schemes.
- Kenya, whose plan for a universal pension benefit may to some extent counteract the shift from defined benefits to defined contributions in its public-sector pension system.

Despite the fact that most African countries operate old-age social security programmes, few people in Africa can expect a pension in their old age. Moreover, few countries operate schemes to address old-age insecurity for the majority of their people. As examples cited in this chapter illustrate, donors could play a role in catalysing political will and building national expertise and implementation capacity. Likewise, the ISSA, as an association of member organizations with unequalled technical expertise in social security administration and an international platform for the exchange of good practice, has its own important role to play.

CHAPTER 3

Including the poor in social health protection

While the United Nations Universal Declaration of Human Rights enshrined access to health care as a basic entitlement 60 years ago, most people in Africa are still without adequate protection. In most African countries, the health care systems are unevenly weighted towards the privileged elites and urban centres.

Health shocks impoverish millions of people in Africa each year: either because they cannot access health care to mitigate the adverse impact or because the out-of-pocket costs of health care render households destitute and deplete their productive assets. Africa loses over 50 "disability adjusted life years" (DALYs) per 1,000 persons per year. In Europe and in the Americas the same figure is less than 17, and even South Asia, a region nearly as poor in economic terms as Africa, loses less than half the number of DALYs as Africa each year.[2]

Almost three-quarters of the life years lost in Africa are due to malaria and other communicable diseases and maternal, perinatal and nutritional conditions. HIV/AIDS accounts for 16.3 per cent of all DALYs lost in Africa.

Social health protection is provided either through tax-funded public health care or health insurance mechanisms. Governments are keen to introduce social health insurance to obtain additional funding for health. Employers are also interested in health insurance; they no longer want to bear the cost of all their employees' health risks and are looking for mechanisms to share these (Ron, 2008). For insured persons, health care is the social security benefit most frequently used, and used by all family members through the life cycle.

But in spite of clear incentives for all, even formal-sector coverage is still very limited in Africa. Health coverage is often offered by commercial insurance companies to those few who can pay, rather than by health insurance schemes. Thus, the extension of health insurance remains a key challenge (see Box 3.1.).

In this area, national social security administrations in Africa are making progress: first, by extending and improving coverage for formal-sector workers and, second, by working to extend social health protection to the entire population in their respective countries. By improving performance with respect to traditional mandates, social security institutions build the foundation of trust that supports the establishment of permanent and sustainable systems of social security for all in Africa.

In 2005, Morocco introduced two major reforms to expand health insurance coverage. The first reform concerned the payroll-based mandatory health insurance plan for public-sector and formal private-sector employees and extended coverage from 16 per cent of the population to 33 per cent. The second reform created a public fund to cover services for the poor.

2. For more information, see http://www.who.int/healthinfo/statistics/bodgbddeathdalyestimates.xls

3.1. National Health Insurance Fund of Ghana

In order to abolish out-of-pocket user fees for health services, in 2003 the Ghanaian Parliament passed the National Health Insurance Act, which introduced a compulsory health insurance scheme that covers all persons resident in Ghana. It is "an act to secure the provision of basic health care services […] through mutual and private health insurance schemes; to put in place a body to register, license, and regulate health insurance schemes and to accredit and monitor health care providers operating under health insurance schemes; to impose a health insurance levy and to establish a National Health Insurance Fund that will provide subsidy to licensed district mutual health insurance schemes". The Ghanaian Fund offers affordable medical coverage to informal-sector workers and their families for an annual premium equivalent to USD 18.00.

Source: Ghana (2003).

The largest trade union confederation in Luxembourg has supported the extension of health insurance in Ghana through financial contributions. A similar North-South partnership has occurred in Kenya, with the proposed replacement of the National Hospital Insurance Fund (covering only formal-sector workers) with a new mandatory National Social Health Insurance Fund. The German development agency, GTZ, provided important support to this reform process.[3]

The new scheme aims to cover all Kenyans with both in-patient and out-patient care. While the Kenyan Parliament passed the authorizing legislation in December 2004, implementation is not expected until 2009 (Muchuma, 2008). Like in Ghana, the Kenyan government will subsidize the contributions for the poor and disadvantaged.

In 2007, Nigeria established the Health Insurance Fund (HIF) with financial support from the Dutch Government.[4] The programme provides basic medical cover (including treatment for HIV/AIDS) for approximately 115,000 low-income Nigerians, targeting peasants, workers in the informal sector, students, and working women. Linked to one of Nigeria's major health insurance companies, the programme requires income-related contributions from participants but provides access to top-tier health care services. With a budget of EUR 100 million, the programme aims to expand to other African countries.

Other countries are engaged in similar efforts:

- In 2007, Zimbabwe's National Social Security Authority in partnership with the Ministry of Health launched the long-planned National Health Insurance Scheme (NHIS), aiming at providing affordable insurance for all working Zimbabweans between the ages of 18 and retirement.
- The same year, Uganda initiated the Social Health Insurance Scheme (SHI) targeting employees in both the formal and informal sectors and aiming to cover the entire population over the next five years.
- Also in 2007, Gabon designed a compulsory health insurance scheme, to be financed by specific taxes on mobile phone companies.
- Tunisia expanded health coverage to include informal-sector workers, fishermen, self-employed persons, students, trainees, domestic workers and other categories of low-income earners. Measures taken recognize the low contributory capacity of these groups of workers (see also Box 3.2.).
- Côte d'Ivoire launched a pilot of a universal health insurance scheme in 2004, but the prolonged civil war has hindered scaling up to other regions of the country.
- Botswana has made steps forward by extending health services to the rural population through a network of primary hospitals, clinics and mobile services.

3. For more information, see: http://www.gtz.de/en/themen/soziale-entwicklung/soziale-sicherheit/12604.htm

4. For more information, see: http://www.pharmaccess.org/FileLib/HIF%20Newsletter%20Issue%202.pdf

3.2. Health insurance in Tunisia

Previously, the Tunisian health insurance system was characterized by a proliferation of un-coordinated and un-harmonized schemes, with unequal charges and benefits. Members had no freedom to choose their practitioner. Also the service providers and scheme managers were dissatisfied, as was the government: health care costs kept growing faster than the Tunisian GNP.

The recent reform sought to establish a uniform system consisting of a compulsory basic scheme and optional complementary schemes. The basic scheme is managed by a new public body called the National Sickness Insurance Fund (CNAM), reporting to the Ministry responsible for social security. The CNAM also administers the scheme for occupational accidents and diseases.

The optional complementary schemes are managed by private insurance companies and mutual benefit societies. A framework defines the relations between the new Fund and health care providers, including the tariffs for medical services, cost control systems, quality service guarantees, and arrangements for settling disputes.
A body of doctors, dentists and consulting pharmacists exists within CNAM to strengthen medical scrutiny and to ensure quality. A National Health Insurance Council has also been created to monitor and evaluate the operation of the new system, and to guarantee financial equilibrium.

While these developments and trends demonstrate remarkable progress across the continent, enormous gaps still remain. Poorer people often fail to benefit from these programmes because of lack of information, lack of identity papers, shortage of supplies, poor implementation structures and the prohibitive cost of access (transport, waiting time, time away from home, corruption and other barriers).

Africa remains far from realizing the rights-based goal of universal health coverage. A major challenge is the extension of coverage to informal-sector workers, which is complicated by their unstable incomes, limited capacity to pay contributions, and a lack of organization and solidarity in the sector necessary to pool and share risks.

As one response to this challenge, there has been an expansion of voluntary health financing approaches in Africa. One notable example is community-based health insurance (CBHI). These schemes are normally initiated by community associations, cooperatives or health care providers. Targeting families excluded from formal-sector social security schemes because they work in self-employment or in the informal economy, the CBHI approach operates in the form of prepayment schemes wherein health services are provided without having to pay at the time of use (Ron, 2008).

CBHI helps prevent many families from falling deeper into poverty because of out-of-pocket health care costs. They also raise awareness about the importance of building accessible, affordable and sustainable social health protection mechanisms.

Interest in this mechanism is therefore growing, but at the same time a number of weaknesses are often identified. These range from low coverage levels, the variety of design features, differences in the portability of entitlements, and severe administrative and financial constraints.

Supported by political will, universal coverage under a pluralistic health insurance system, albeit providing higher-level benefits for those who pay more, can become a reality. Linkages between schemes are the essential starting point for pluralistic systems, whereby, eventually, the existing formal-sector social security system can assist or take on coverage of the self-employed and informal-economy population (see Box 3.3.). For instance, Senegal's approach involves developing compulsory social health insurance for

3.3. Rwanda plans a pluralistic health insurance system for all

Community-based health insurance in Rwanda, delivered through health mutual funds, has seen enormous development since its introduction in 1999. By 2008, mutual funds covered over 75 per cent of the target population in all provinces, and the use of health care has increased significantly. Contributions covering the entire household are relatively low: individual annual contributions to a mutual fund are RWF1,000 (USD2.00 approx.). The medical services covered comprise all those provided by health centres, including drugs and some limited services provided by hospitals.

The administrative costs of the mutual funds have been kept below 8 per cent of revenue and a central reserve fund has been created for emergencies. Mutual funds have committees at district and health centre levels. Apart from providing the policy, technical assistance and monitoring, central government boosts the mutual fund system through a grant to each district. With the support of GTZ, the German development agency, Rwanda recently successfully applied to the Global Fund for a health system-strengthening grant. This support covers the cost of annual premiums for about 10 per cent of the poorest.

In 2001, the Social Security Fund of Rwanda (SSFR) inaugurated a medical insurance scheme (RAMA) for public-sector workers. Private-sector workers who are members of the SSFR can also voluntarily join. A third scheme exists for military personnel, the Military Medical Insurance (MMI).

The government aims to strengthen pooling between the three pillars of the Rwandan health insurance system by merging the three schemes to cover all Rwandans.

Sources: Social Security Fund of Rwanda (2008); Ron (2008).

the formal sector in parallel with voluntary community-based health insurance for the informal sector, building linkages to create synergies within an integrative national strategy. As African Union member governments acknowledge, realizing affordable access to quality health care is vital. The challenge remains one of making this human right a reality. However, the responsibility for realizing this challenge should not fall to Ministries of Health alone. Social security organizations have a responsibility to act too, not least to facilitate the integration of health care into social security systems.

Social security administrations have an important role to play: they have the legal framework and institutional structures to add health care to the existing provision of benefits. They should also be capable of extending health care to self-employed persons and informal-economy workers. It is on this envisaged basis that progress towards universal access to health care constitutes an essential objective of Dynamic Social Security. At the same time, the Ministries of Health in all African countries must also increase health expenditure. Significantly, international development partners, bilateral donors, and global public-private partnership funds have shown to be willing to support health financing, including for social health insurance. But national ownership of the process is required from the outset.

CHAPTER 4

Comprehensive, coherent and integrated national strategies

Dynamic Social Security involves comprehensive, coherent and integrated approaches to delivering rights-based social protection to all. Such approaches prevent individual policies from working at cross purposes, enabling critical objectives to be achieved more rapidly, at lower cost and with a higher likelihood of success. They also enlist stakeholder support, since the gains to individual stakeholders are usually greater than the costs. It is easier to sell a well-designed package than the individual policies. Explicit strategies also promote transparency and thereby improve credibility, lowering the cost of policy innovation.

Most countries in Africa have not yet implemented comprehensive, coherent and integrated national social security strategies. There are several countries where each scheme has its own legislation with a different supervisory Ministry. In Tanzania, a case has been made to establish one national institution to regulate, harmonize, co-ordinate, control and evaluate the performance of its seven social security administrations. Legislative and institutional harmonization is deemed necessary to eliminate fragmentation, rationalize contribution rates and benefit entitlements and promote portable benefit rights (Baruti, 2008).

A growing number of countries in Africa have developed formal social security protection strategies over the past five years, integrating them into broader development strategies:

- South Africa's Department of Social Development may have started this trend in 2000. Since then the government has progressively expanded access to social grants, reformed retirement benefits, and broadened coverage for health and unemployment insurance. The Government explicitly recognizes this expansion as an investment in human resources, nation building and economic development.
- In West Africa, Cape Verde and Senegal both have national social protection strategies as core priorities of their poverty reduction strategies, with quantified objectives including, for example, extending health insurance coverage (from 20 to 40 per cent of the population by 2015).
- Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of Congo, Ghana, Kenya, Malawi, Mali, Mauritania, Rwanda, Sierra Leone and Zambia have or are in a process of developing national social protection strategies, which are also embedded in national poverty reduction strategies.
- Tanzania is about to finalize its national social protection framework linked to its inclusive poverty reduction and growth strategy known as MKUKUTA. The social protection goal of MKUKUTA specifies that 40 per cent of eligible older people will be covered by effective social protection by 2010, that monthly pensions will be explored, that there will be enhanced support for older carers of children and families affected by HIV/AIDS and that existing entitlements for older people to free health care will be honoured.

These strategies formalize the recognition by African governments that social security constitutes a foundation for long-term social and economic development and that strategies must be national in scope and developed in line with a country's specific social and policy context.

Dynamic Social Security for Africa requires not only sustainability but also an internal logic that supports progressive realization (McKinnon, 2009). The continent is unable to immediately mobilize the resources required to assure its entire people their rights to social security. Dynamic Social Security for Africa involves implementing what is practical and feasible, and in line with a strategy that supports broader social and economic development. This requires a pragmatic attitude towards the various financing and institutional methods: contributory, non-contributory, tax-funded, community-based or micro-insurance. Dynamic Social Security for Africa is synonymous with what others may call "Developmental Social Security" – an investment in Africa's people through human capital formation, social risk management, local economic development and the support of reform processes that propel good governance and pro-poor and inclusive economic growth (OECD-POVNET, 2008).

4.1. Typology of potential effective linkages between social security schemes

1. Financial linkages:
- Tax subsidies;
- Redistribution between statutory and community-based schemes;
- Financial consolidation (risk transfers, re-insurance, guarantee fund);
- Joint pooling to broaden the risk pool.

2. Operational/administrative linkages:
- Technical advice;
- Exchange of information/good practice;
- Sharing of management functions, for example, marketing/registration, contribution collection, claims processing/procedures, fraud prevention and control;
- Information system linkages;
- Regulation and/or control.

3. Governance linkages:
- Representation on boards or other institutional decision-making bodies.

4. Linkages in health service provision:
- Contracting linkages, for example, definition of the benefit package; prevention and health education/promotion; provider-payment mechanisms and prices;
- Co-contracting with providers; quality assurance and improvement;
- Access to health services delivery networks/providers.

5. Policy planning processes:
- Joint participation in the design and implementation of national social protection strategies;
- Similarity in core policy design principles;
- Policy coherence to avoid unintended consequences through imbalanced incentive structures.

Source: Coheur et al. (2007).

Comprehensive strategies work best when they maximize the administrative and operational efficiency of the various financing methods and instruments, through an integrative approach that avoids opposition, duplication or competition between different programmes and schemes. Well-constructed strategies build synergies and linkages along many dimensions: financial, administrative, governance, service provision and planning (Konkolewsky, 2008). Box 4.1. summarizes the various administrative, governance and operational "win-win" linkages that social security administrations can create between the various formal and informal schemes.

Multi-pillar pension and pluralistic health insurance systems can link non-contributory schemes to mandatory and voluntary contributory pillars (see Box 4.2.), providing more effective social security at lower cost. However, the design of such systems also implies stakeholders debating openly on which component elements to choose.

4.2. Linking instruments into a comprehensive multi-pillar social security system

Mauritius' pension system provides an example of legislative, administrative, and fiscal synergies, by which legislation and institutions can improve policy co-ordination, reduce fragmentation in social security provision and better foster political will. Mauritius' National Pensions Act of 1976 legislates both the non-contributory pension as well as the contributory pension system. The Ministry of Social Security, National Solidarity and Senior Citizen Welfare and Reform Institutions, through the National Pension Service (NPS), administers both the non-contributory pension and the defined contribution scheme covering workers in the private sector.

Initially, policy-makers implemented the non-contributory pension as a temporary measure to provide basic old-age security until a permanent contributory scheme could replace it. Since the 1976 introduction of contributory pensions, both schemes work together in a complementary manner. The non-contributory pension represents approximately 37 per cent of a skilled worker's basic earnings, while the integrated system provides skilled workers a combined pension income equivalent to 67 per cent of his or her previous basic earnings.

Source: Gopee (2006).

CHAPTER 5

Improving governance and heightening performance

Improving administrative and operational efficiency constitutes a critical pillar of Dynamic Social Security. Globalization increases the competition – either commercial, but more often political – that social security administrations face from insurance providers who often offer more customer-oriented services, albeit only for those with the capacity to pay.

The governance challenges of African social security administrations are substantial. As an example, the administrative costs in six surveyed African countries ranged from 25 to 50 per cent of total contribution income. This is ten times higher than the rates in some OECD countries (ILO, 2008a).

ISSA member organizations in Africa are improving their operational capacities to maintain their market positions. Good governance involves strong leadership to mobilize political will, effective management to ensure high performance, and capacity building for sound delivery. Developments over the past five years demonstrate how social security organizations are differently adjusting to meet this challenge.

Ghana's Social Security and National Insurance Trust launched the Customer Service Charter in November 2005 with the objective of improving service delivery to clients. The Charter provides staff with guidelines for handling customers, inculcating in staff the core values of a customer-focused organizational culture.

In Côte d'Ivoire, the Social Insurance Institute-National Social Insurance Fund transformed itself from a national public establishment to a private institution providing public service. The Government has ceded the management of the Fund to stakeholders hoping to improve administrative performance: to reduce time lags, simplify formalities and bring social security closer to the insured population.

In order to improve efficiency, foster more assured delivery, realize economies of scale and reduce corruption, South Africa's Department of Social Development (DSD) established the South African Social Security Agency (SASSA) in 2005. SASSA was given the task to consolidate the previously decentralized delivery mechanism and to deliver the country's means-tested social grants in a co-ordinated, customer-friendly way.

The Cameroon National Social Insurance Fund outsourced the collection of contributions and enforcement of compliance to the Taxation Department of the Ministry of Finance, whose expertise in this area gave them a comparative advantage. Since the signing of the cooperation agreement in 2003, collected contributions have increased significantly.

Tunisia is undertaking a pilot to encourage informal-sector workers in fishing and agriculture to make contributions to the National Social Security Fund, and is revising its current formal-sector systems to make them more accessible to those in informal work.

5.1. Key lessons in implementing social transfer programmes

- Enrolment and targeting systems benefit from a single registry of all potential and actual members and participants;
- Documentation processes must be flexible. The poorest have the most limited access to the bureaucratic resources required to formally document age, income and other qualifying criteria;
- Payment processes must serve the poor and protect their dignity;
- Appeals processes and grievance procedures provide a critical path for addressing fiduciary risk, protecting rights, and promoting access to social security;
- Pilot programmes generate concrete evidence on how to implement social transfer programmes and should be established with appropriate monitoring and evaluation systems;
- Fiduciary risk exists in every social transfer programme. Administrative mechanisms must minimize errors of inclusion and exclusion.

Source: Adapted from Samson et al. (2006).

Until recently, the Libyan National Health Services (LNHS) was characterised by centralized decision making and low customer responsiveness. Recent reforms have introduced vertical segmentation with horizontal integration at the municipality level, improving service delivery.

Independent regulatory/supervisory bodies are important to provide support for system reforms and to instil results-oriented management. Such a regulatory/supervisory body was established in Senegal in 2005, and Tanzania plans to establish one (Baruti, 2008).

In Nigeria, a National Pension Commission (NPC) was established in 2005 as the apex regulatory authority concerning pensions. Previously, the Federal Ministry of Labour and Productivity was the supervising body for the Nigeria Social Insurance Trust Fund (NSITF), whereas other bodies supervised public sector pensions. The new regulatory body is mandated to stipulate uniform rules, regulations and minimum standards, as well as ensure adequate supervision of all pension system operators.

The National Health Insurance Fund of Algeria introduced an electronic smartcard for medical insurance in 2007 to simplify administrative procedures and eliminate paperwork. Claim reimbursement times have been cut from 30 to 5 days, and operating costs have been reduced.

In Sierra Leone, the National Social Security and National Insurance Trust (SSNIT) integrated a biometric registration system within its existing ICT system in 2007. The biometric system aims to ensure prompt and secure payment of benefits to members and their dependants. Additionally, the centralized financing of health insurance benefits through SSNIT contributions has increased the scheme's income level, not least because insured persons who require health care now more forcefully compel employers to pay all contributions due.

Mutual learning and exchange of implementation experiences among social security administrations and implementing organizations is important. Social transfer programmes represent one area where more knowledge sharing is required (see Box 5.1.). To this end, there is growing demand for policy guidebooks[5] and training,[6] including on IT-based solutions to the delivery of cash transfers – an area where certain African social security administrations using state-of-the-art personal identification and benefit delivery technologies are globally well placed to provide lessons.[7]

5. The EPRI provides a good example, available at: http://www.epri.org.za/papers.html
6. For more information, see http://www.epri.org.za/course02.html
7. For more information, see http://www.wahenga.net/index.php/nerds/resources/

CHAPTER 6

Conclusions: Social security as a “means” and “end”

The developments and trends identified and analysed in this report demonstrate how African aspirations to achieve a broad range of social security objectives dovetail neatly with many of the ISSA’s aspirations for Dynamic Social Security. These include improvements in governance, administration, income maintenance, poverty reduction, health care, prevention and rehabilitation, which together support inclusive growth and social cohesion.

Appropriately, Africa is shaping its evolving approach to Dynamic Social Security specifically on the social and policy context unique to the continent, but with clear links demonstrating the relevance of the global learning curve. Africa is not following wealthier nations, but rather building appropriate institutions and interventions based on African priorities and resources, informed by international lessons of experience.

It has been demonstrated that many African countries can afford at least modest levels of universal social security. A modest package providing universal health care, non-contributory old-age and disability pensions, child benefits and targeted social assistance would cost less than 6 per cent of GDP in a country like Tanzania. When conjugated with political will, most countries can afford some level of domestically-financed universal social security, although some would need additional start-up help from the donor community (ILO, 2008b). The positive message is that many African countries are making significant progress in extending universal access to health care and non-contributory pensions.

Future, albeit certainly gradual, progress in Africa should lead towards realizing multi-pillar systems including complementary contributory and non-contributory cash benefits and health insurance. Inevitably this will see incremental improvements not only in coverage levels but also in the scope and adequacy of the benefits and services provided. Despite an urgent need for sustainable social security solutions for Africa, long-term challenges such as this are seldom amenable to quick fixes. It is on the basis of this observation that the first objective should be to build a solid foundation for all. Thereafter, and only thereafter, might more comprehensive benefits and services be developed in line with enhanced capacities and evolving demand and priorities.

Presently, most countries in Africa have yet to put in place adequate social security provisions across the life course. Conspicuously absent in many countries are comprehensive approaches to tackling child poverty, and this despite international research having documented the affordability and potential welfare and development enhancing impacts of universal cash benefits for children (ILO, 2008b).

Looking forward, countries increasingly recognize the value of comprehensive, coherent and integrated approaches to social security embedded within national development strategies. It will be vital for national social security administrations to work together with those Ministries charged with overseeing these developments.

African experiences and innovations in the field of social security provide a valuable evidence base for the rest of the world, with relevant applications even in upper-income countries. By harnessing information technology and institutional innovations, eliminating stigma, and promoting developmental outcomes, African successes can shed light on key issues affecting both rich and poor countries alike.

The institutional history that, to varying degrees, can act to constrain social security institutional development, underscores the critical importance of carefully thinking through the principles, practical solutions and capacity requirements prior to institutionalizing key interventions. The African and global learning curves are invaluable here, and emerging institutions and resources are helping to support capacity development and lesson sharing, with important South-South inter-regional learning initiatives[8] now beginning to complement more traditional North-South capacity building arrangements.

Realizing Africa's aspirations for social security as a "means" and an "end" is likely to hinge, to an important degree, on the commensurate realization of the improved governance of social security administrations as defined by the ISSA's framework of Dynamic Social Security. This will require the work of key institutions governing the associated interventions. Good governance starts with leadership, particularly in mobilising the necessary political will, administrative and operational capacity, delivery and management systems, and mechanisms to co-ordinate and integrate diverse schemes serving a country's population.

Certainly, the challenges Africa faces are enormous. In spite of the substantial progress over the past five years documented in this report, African countries are burdened by unacceptable backlogs in the delivery of people's rights to social security. No region of the world endures such severe disparities between people's rights and their realization.

The enormity of this challenge, however, highlights the crucial role that Dynamic Social Security can – and must – play. The required investments in African social security systems will yield not only benefits in terms of better governance, improved administrations, enhanced social security benefits, and reduced poverty, but also, by pro-actively nurturing people's productive potential and capabilities, higher returns in terms of more inclusive societies and sustainable pro-poor economic growth.

8. See for example, http://www.undp-povertycentre.org/publications/cct/brazil/news_eng.pdf

References

Baruti, E. 2008. *The social security reforms in Tanzania: Can SSIS facilitate the fight against poverty?* (Conference Paper, 33rd ICSW Global Conference, Tours, France, 30 June–3 July).

Ben Braham, M. 2008. *Pension systems generosity in North Africa* (Networks Financial Institute Working Paper, No. 2008-WP-06). Bloomington, IN, Indiana University. Available at http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1141890 (accessed on 19 September 2008).

Coheur, A.; et al. 2007. *Linkages between statutory social security schemes and community-based social protection mechanisms: A promising new approach* (Technical Paper, No. 9). Geneva, International Social Security Association. Available at: http://www.issa.int/aiss/Resources/Conference-Reports/Linkages-between-statutory-social-security-schemes-and-community-based-social-protection-mechanisms (accessed on 9 September 2008).

Croome, D.; Mapetla, M. 2007. *The impact of the old-age pension in Lesotho: Pilot survey results of the Manonyane Community Council Area, Roma*. Roma, Institute of Southern African Studies.

Devereux, S. 2001. *Social pensions in Namibia and South Africa* (IDS Discussion Paper, No. 379). Brighton, Institute of Development Studies.

Devereux, S.; Sabates-Wheeler, R. 2004. *Transformative social protection* (IDS Working Paper, No. 232). Brighton, Institute of Development Studies.

Duflo, E. 2000. *Grandmothers and granddaughters: Old age pension and intra-household allocation in South Africa* (MIT Department of Economics Working Paper, No. 00-06). Cambridge, MA, Massachusetts Institute of Technology.

Edmonds, E.V. 2004. *Does illiquidity alter child labor and schooling decisions? Evidence from household responses to anticipated cash transfers in South Africa* (NBER Working Paper, No. 10265). Cambridge, MA, National Bureau of Economic Research.

Ghana. 2003. *National Insurance Act, 2003* (Act 650). Accra, Assembly Press.

Gopee, R. 2006. *The adequacy of current social security benefits* (Conference paper, ISSA Meeting of Directors of Social Security Organizations in English-speaking Africa, Mahe, Seychelles, 3–6 October). Geneva, International Social Security Association.

ILO. 2008a. *In Africa* (Social Security Department Information Sheet). Geneva, International Labour Office. Available at http://www.ilo.org/public/english/protection/secsoc/projects/africa.htm (accessed on 17 September 2008).

ILO. 2008b. *Can low-income countries afford basic social security?* (Social Security Policy Briefings, No. 3). Geneva, International Labour Office. Available at: http://www.ilo.org/public/english/protection/secsoc/downloads/policy/policy3e.pdf (accessed on 29 August 2008).

Kakwani, N.; Subbarao, K. 2005. *Aging and poverty in Africa and the role of social pensions* (Social Protection Discussion Paper Series, No. 0521). Washington, DC, World Bank.

Kangas, O.; Palme, J. (eds.). 2005. *Social policy and economic development in the Nordic countries* (UNRISD Social policy in a development context series). Basingstoke, Palgrave.

Konkolewsky, H.H. 2008. *Keynote address* (Conference paper, ISSA International Conference on Comprehensive Social Security, Cape Town, South Africa, 10–14 March). Geneva, International Social Security Association.

McKinnon, R. 2007. "Dynamic social security: A framework for directing change and extending coverage", in *International Social Security Review*, Vol. 60, No. 2–3.

McKinnon, R. 2009. "The ISSA and dynamic social security: Global social governance and local social action", in *Global Social Policy*, Vol. 9, No. 1 (forthcoming).

Mkandawire, T. (ed.). 2004. *Social policy in a development context* (UNRISD Social policy in a development context series). Basingstoke, Palgrave.

Mkandawire, T. 2005. *Targeting and universalism in poverty reduction* (Programme on Social Policy and Development Paper, No. 23). Geneva, United Nations Research Institute for Social Development. Available at: http://www.unrisd.org/unrisd/website/document.nsf/(httpPapersForProgrammeArea)/955FB8A594EEA0B0C12570FF00493EAA?OpenDocument (accessed on 29 August 2008).

Mkandawire, T. 2006. "Transformative social policy – Lessons from UNRISD research", in *UNRISD Research and Policy Brief*, No. 5.

Muchuma, I. 2008. "New health insurance scheme bill to be tabled", in *KBC News*, 28 August. Available at: http://www.kbc.co.ke/story.asp?ID=52131 (accessed on 22 September 2008).

OECD. 2007. *Promoting pro-poor growth: Policy guidance for donors* (DAC Guidelines and reference series). Paris, Organisation for Economic Co-operation and Development.

OECD-DAC/POVNET. 2008. *Good practice notes*. Paris, Organisation for Economic Co-operation and Development – Development Assistance Committee Network on Poverty Reduction.

Ravallion, M. 2003. *The debate on globalization, poverty and inequality: Why measurement matters* (Research Working Paper Series, No. 3038). Washington, DC, World Bank.

Robalino, D.; et al. 2005. *Pensions in the Middle East and North Africa: Time for change* (Orientations in Development Series). Washington, DC, World Bank.

Ron, A. 2008. *Health care in social security systems* (Conference paper, ISSA Regional Social Security Forum for Africa, Kigali, Rwanda, 18–21 November). Geneva, International Social Security Association.

Roy, D.; Subramanian, A. 2001. *Who can explain the Mauritian miracle: Meade, Romer, Sachs, or Rodrik?* (IMF Working Paper, No. 01/116). Washington, DC, International Monetary Fund.

Samson, M.; et al. 2002. *Research review on social security reform and the basic income grant for South Africa* (EPRI Research Paper, No. 31). Cape Town, Economic Policy Research Institute. Available at: http://www.epri.org.za/rp31.htm (accessed on 19 September 2008).

Samson, M.; et al. 2004. *The social and economic impact of South Africa's social security system* (EPRI Research Paper, No. 37). Cape Town, Economic Policy Research Institute. Available at: http://www.epri.org.za/rp37.htm (accessed on 19 September 2008).

Samson, M.; et al. 2006. *Designing and implementing social transfer programmes* (EPRI Research Paper, No. 38). Cape Town, Economic Policy Research Institute. Available at: http://www.epri.org.za/rp38.html (accessed on 19 September 2008).

Sigg, R. 2007. "Introduction: Supporting dynamic social security", in *Developments and trends: Supporting dynamic social security*. Geneva, International Social Security Association.

Skweyiya, Z. 2008. *Second reading of Social Assistance Amendment Bill* (16/05/2008). Cape Town, Government of South Africa. Available at http://www.polity.org.za/article.php?a_id=133568 (accessed on 22 September 2008).

Social Security Fund of Rwanda 2008. *Social Security Fund of Rwanda* (Conference paper, ISSA Regional Social Security Forum for Africa, Kigali, Rwanda,18–21 November). Geneva, International Social Security Association.

SSA; ISSA. 2007. *Social security programmes throughout the world: Africa 2007*. Washington, DC, Social Security Administration. Available at: http://www.issa.int/aiss/Observatory/Country-Profiles (accessed on 19 September 2008).

Touahri, S. 2008. "As Morocco faces ageing population, pension funds get renewed attention," in *Magharebia*, 30 March. Available at http://www.magharebia.com/cocoon/awi/xhtml1/en_GB/features/awi/features/2008/03/30/feature-01 (accessed on 21 September 2008).

Dynamic Social Security for Africa: An Agenda for Development

Dynamic Social Security for Africa: An Agenda for Development identifies, synthesises and interprets the most important recent developments and trends in Africa in social security. The report highlights witnessed progress in relation to a wide array of key policy objectives including improvements in governance, administration, income maintenance, poverty reduction, and access to health care. As the report's conclusions underline, significant and substantial steps forward have been taken in improving social security in Africa.

This is the first in a four-volume set of regional ***Developments and Trends*** reports designed to accompany and inform the ISSA's programme of work during the triennium 2008-10. In combination with reports on the Americas, Asia and the Pacific, and Europe, the regional format of this series presents a new approach to better documenting, understanding, and learning from the key challenges facing ISSA member organizations in the different regions of the world.

The International Social Security Association (ISSA) is the world's leading international organization bringing together government departments, social security administrations and agencies administering social security. Globally, the ISSA has 350 member organizations in 150 countries, including 81 organizations in 44 countries of Africa.

ISBN 978-92-843-1183-5
ISSN 2071-3916

4 route des Morillons
Case postale 1
CH-1211 Geneva 22

T: +41 22 799 66 17
F: +41 22 799 85 09
E: issacomm@ilo.org | www.issa.int