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From colonialism to international aid: Social protection in former French colonies in sub-Saharan Africa, 1890–2020

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Abstract

This article examines social protection pathways in the former French colonies in sub-Saharan Africa. We identify five steps to understanding the patterns and dynamics of social protection in these countries that provide evidence of its exogenous construction. First, we characterize the main developments in social protection systems and policies from their inception, covering the colonial era to the present, underlining the role of colonial legacy and the global social policy framework. Second, we document the similarity of national social protection trajectories and lack of national ownership of the policy problem markedly that characterizes social protection pathways.

KEYWORDS
colonialism, global social policy, international aid, social protection, sub-Saharan Africa

JEL CLASSIFICATION
H55, I38, F54, F55

1 | INTRODUCTION

In the last two decades, social protection has gained in importance as a field of development cooperation.[1] At the global level, this is reflected by its prominence in the Sustainable Development Goals (SDGs) over the Millennium

Development Goals (MDGs).[2] These initiatives have marked a shift in the strategy of international organizations in poverty reduction (see, e.g., Elkins, 2014; World Bank, 2000;). Beyond this enthusiasm, the issue of the role of these organizations in defining social protection policies in developing countries has arisen and generated abundant literature (see Lavers & Hickey, 2016, and Schmitt, 2020, for a broad review).

However, the influence of international organizations on the implementation of social protection policies in developing countries needs to be contextualized. It is exercised in contexts already marked by a history that creates a path-dependency on policies. The idea of path dependency suggests that past policies influence the implementation of future policies. The path-dependency hypothesis for public development policies has been illustrated, for example, with health policies in the United States (Hacker, 2002; Wilsford, 1994), pension policies in the United Kingdom (Pemberton, 2003), housing benefit policies in the United Kingdom (Kemp, 2000) or the National Health Service reform in the United Kingdom (Greener, 2002). We do not assert that past policies determine future policies. More modestly, we consider that past policies create a framework that modulates the possibilities of future policies. Path-dependency creates a form of inertia but does not eliminate changes (Kay, 2012; Palier & Bonoli, 1999). As Hickey (2011) points out, social policy is built on multiple links with other policies and multiple actors. In particular, the interactions between domestic and international actors shape domestic policies (Lavers & Hickey, 2016; Schmitt, 2020). Despite this, diversity does not exclude a certain homogeneity linked to path-dependency. For example, Clement (2020) uses a statistical analysis of different types of social protection policies and welfare outcomes to show that sub-Saharan African countries fall into different clusters. He notes that the Francophone countries in this geographical area are all in the same cluster. Homogeneity therefore seems to characterize them. We can analyse this homogeneity using the idea of a path-dependency.

Then, understanding contemporary welfare provision in developing countries entails an in-depth examination of its historical roots and the conditions under which social protection institutions emerged (Schmitt, 2020). During colonialism, the colonial powers shaped social protection systems in their former colonies. With independence, international development organizations took over and continue to define priorities. For instance, in two decades, most sub-Saharan African countries have developed a National Social Protection Strategy driven by international financial institutions in the context of Poverty Reduction Strategy Papers (Niño-Zarazúa et al., 2012). However, the way in which policies are implemented depends in part, not only of donors context (Gerster, 2000) but also of recipient national factors (Canagarajah & Van Diesen, 2006; Wiggins, 2007) shaped by a path of dependency.

This paper analyses the formation, development and transformation of social protection in the former French colonies of sub-Saharan Africa by examining the role of external influence on their evolution. It relates to the literature on the role of external influence in shaping social policy in formerly colonized countries (Deacon, 2007; Künzler, 2020; Schmitt, 2015, 2020). It adds to this literature by documenting the historical and contemporary dimensions of the drivers and outcomes of social protection in former French colonies of sub-Saharan Africa. To our knowledge, our study is the first to document the social protection pathways of these countries as a whole. Indeed, most of the literature on the subject focuses on the English-speaking countries of sub-Saharan Africa (see, for instance, Schmitt, 2020). Furthermore, while the literature on sub-Saharan African countries stresses the influence of external actors, we emphasize the path-dependency effect when implementing social policies.

We document the similarity of national social protection trajectories and lack of national ownership of the policy problem markedly that characterizes social protection pathways. We show how the colonial legacy has created a process of path dependency with the same structure of social protection systems as in the former colonial power. Further, in the post-independence era, international organizations' global social policy framework served identical and relatively decontextualized recipes, but they are put into practice with specific features that can be explained in part by the path of dependence they enter into. As a result, most of these countries are today characterized by nascent or weak formal social protection systems (ILO, 2022).

The article is organized as follows. Section 2 traces the history of social protection in light of global social policy framework and paradigms, using five stages to explain the pathways of social protection in the former French colonies in sub-Saharan Africa. Section 3 emphasizes the role of external actors in designing and developing these countries' key social protection systems and policies. Section 4 discusses the issues raised by this external construction of social protection, while Section 5 concludes.

2 | A HISTORY OF SOCIAL PROTECTION IN FORMER FRENCH COLONIES IN SUB-SAHARAN AFRICA: A TALE OF EXTERNAL INFLUENCE

The French colonies in sub-Saharan Africa were governed by a system of direct rule, that is, the appointment of a governor directly attached to the Ministry of the Colonies during the colonial period. In contrast, the British colonies were administered through indirect rule that involved appointing local leaders, often customary chiefs, who owed allegiance to the British monarchy. While this system may not have led to a strict homogeneity of these countries, it has at least fostered a path dependency in social protection systems, whose traces have not been erased by the independence of countries, as occurred in the case of land tenure policies (Ballet et al., 2009) or the persistence of child allowances (Schmitt, 2015).

To illustrate this, we break down the history of social protection into five main periods by characterizing the main developments in social protection systems from their inception, covering the colonial period to the present.

2.1 | The colonial period (1890–1960s)

The first period concerns the pre-independence years under colonial rule. Dimier (2005) emphasized that the colonial period is divided into two phases. The first phase is colonial expansion, with the development of mechanisms for subjugating the colonized populations and exploiting resources. In the face of recurrent criticism from local nationalist movements and international organizations such as the League of Nations, the discourse on the colonies changed radically. A second phase began in the 1920s, during which colonization was justified on grounds of civilization. The natives become people to whom protection, well-being and development must be brought. In this context, Dimier quotes Robert Delavignette, colonial administrator and one of the greatest French colonial doctrinaires:

> The colonies are not separate parts of the metropolis or branches of a firm that would have its headquarters in Paris. They gather men to order a civilization. They are supportive of each other, as with the France of Europe. They make up an Empire, and this Empire tends toward a community that the social policy will animate.
>
> (Dimier, 2005, p.73, our translation)

This second phase is progressively built up and probably counterpoints a fierce first phase in the French colonies (Stanziani, 2018). The evidence is visible in the speeches of influential politicians like Jules Ferry. If the latter initially took a position in favour of a pure right of exploitation that would allow France to benefit from the wealth of the colonies, his discourse modulated in 1892 following a field study in Algeria, noting that colonial law was only constituted to the advantage of the colonists and the detriment of the colonized. It was now a question of 'rebalancing' the situation by granting rights to the colonized. The Minister of Colonies, Etienne Clémentel, supported this change in 1905 with the replacement of the policy of assimilation with that of association, known as the indigenous policy (Betts, 1960, p. 124). In the 1920s and 1930s, this trend became more pronounced and the Minister of Colonies, Albert Sarraut, transformed colonization into a project of 'human solidarity' (Dimier, 2005, p. 81). The aim was to legitimate the colonial hold through a moralizing and civilizing discourse.

Nevertheless, the well-being of people living in the colonized territories became an element to be considered when extracting wealth in the colonies. In particular, it was a matter of protecting the colonized populations against the abuses of the chartered companies operating in the colonies. In this respect, since the Villermé report of 1840 on the deplorable living conditions of workers in factories, particularly children, France has been committed to setting up systems to protect workers in the industry in metropolitan France (Sassoon, 2019, p. 368).

The first achievements of social protection in France were the development of medical assistance for sick and destitute citizens in 1893, the protection of industrial workers against work-related accidents in 1898, the development of workers' and farmers' pensions in 1910 and, finally, the establishment of sickness, maternity, disability and old-age insurance for workers with an employment contract. In the French colonies, a similar movement was observed with the development of insurance against occupational diseases and accidents from the 1950s onwards and then coverage of the risks of sickness, family and old age from the 1960s (Eckert, 2004). Thus, the social protection system was progressively linked to the wage economy in France as in the former French colonies. This led to a social protection model based on a social insurance logic (Bismarckian model) in which most resources came from compulsory employee and employer contributions (Hu & Manning, 2010).

2.2 | Post-independence and the strengthening of the insurance model (1960s–1980)

The second period covers the post-independence years (1960–1980) in which the insurance-based logic of the social protection systems follows the colonial period. This logic was justified by a common understanding of the concept of 'development' at that time. Development, seen as an improvement in the standard of living represented by key indicators such as better access to housing, health, education and employment, was the main challenge and objective of the new states (Akyeampong, 2018). The population overgrew in the new states, where poverty was deeply entrenched. A national middle class was nonexistent, and the state had to play a central role in the structural transformation of the economy to stimulate economic growth (Akyeampong, 2018), according to the postulates of the dualism economic theory (Lewis, 1954; Rosenstein-Rodan, 1943).

In the aftermath of independence, however, most sub-Saharan countries have experienced such poor growth performance that poverty rates have increased compared to other developing regions (Sala-i-Martin, 2006), especially in francophone countries (Boukaka et al., 2021). This situation is all the more critical given that in the 1970s, social protection programmes only covered civil servants and employees in the formal private sector, that is, less than 10% of the sub-Saharan population (Merrien, 2013). Robert S. McNamara's speech in Nairobi on 24 September 1973, then President of the World Bank, highlighted the recognition of the failure of this concept of development based on economic growth and its benefits.[3] Although he acknowledges the low revenues from foreign trade and the debt burden of these countries, he also points out the inadequacy of the flow of official development assistance. The objective now becomes to design development strategies that can benefit the most vulnerable groups, especially the 40% of the population that does not contribute significantly to economic growth. The discourse is marked by the idea of eradicating absolute poverty by the end of this century. However, the strategy adopted remains consistent with the logic of the dualistic model. The main lever for action is to increase the productivity of small-scale agriculture. Although McNamara's speech was a milestone in the history of the World Bank, it did not significantly change the logic of development and improvement of the living conditions of the most vulnerable. Social protection is still tied to wage employment in the modern sector. Under these conditions, social protection has not significantly improved the situation of the majority of the population. Structural adjustment programmes confirmed this strategy's failure a few years later.

2.3 | The left behind of the Washington Consensus (1980–2000)

A third period began in the 1980s, following the 'Washington Consensus', when international organizations, notably the World Bank and the International Monetary Fund (IMF), pushed developing countries to return to budgetary equilibrium through major structural adjustment programmes. In this period, 'social security is no longer considered a legitimate objective, but an obstacle to the development of the market economy' (Merrien, 2013, p. 73). The adverse effects of this international strategy on the most vulnerable populations, especially on their nutrition, health and education (Cornia et al., 1987), forced the World Bank, under pressure from the United Nations and the African Development Bank, to design a social component of the adjustment. However, unfortunately, this social component, financed over 4 years (1988 to 1991), was a failure (Dubois, 1996).

At the Copenhagen *h*, the 20:20 Initiative was launched to ensure the poorest access to basic social services (Deacon et al., 1997; UNDP et al., 1999). The 20:20 initiative consisted of developing countries devoting 20% of their national budgets and 20% of official development assistance to ensuring primary health care, education, safe water and sanitation and basic family planning programmes. Nevertheless, this policy was quickly curtailed due to two main reasons. First, many of the projects initiated failed to reach the poor and did not involve the active participation of beneficiaries at the design and implementation levels. In addition, donor country budgets for basic needs were negligible and far from the target (Therien & Lloyd, 2000). Second, donor countries were reluctant to accept the conditionalities placed on their foreign aid budgets, and developing country heads of state or government did not find the idea attractive (Hulme, 2009).

Two opposing rationales dominated this period: on the one hand, the rationale of development through growth and openness to international trade promoted by the World Bank and the IMF and, on the other, the rationale of human development and redistribution of the fruits of growth, which should be institutionalized in domestic policy and legislative frameworks, promoted by the United Nations. These opposing rationales are also the ones that initiate the debate on pro-poor growth (Kakwani, 1993; Kraay, 2006; among others) or the poverty-growth-inequality triangle (Bourguignon, 2005; Ravallion, 2001; among others). In this period of structural adjustment, extending non-contributory social security to the non-wage-earning population is deemed too costly by international institutions that advocate pro-poor macroeconomic policies. Only economic growth would enable low-income countries to generate budget surpluses, and social risk should be managed through *social safety nets* to improve the assets and capabilities of the poor. In contrast, UN agencies support the rights-based approach to social protection in which all citizen should be ensured a minimal level of protection by implementing universal and pro-poor social policies. This twofold rationale partly explains why social protection remains fragmented in developing countries and focuses on target groups.

2.4 | Social protection as a key tool in the fight against poverty (2000–2010)

The focus on target groups becomes even more pronounced in the fourth period, from the late 1990s to the early 2000s. The advent of the millennium and the MDGs promoted at the United Nations General Assembly in 2000 clearly show a poverty reduction perspective by 2015.[4] Despite the progress in achieving these goals,[5] the 2008 food riots brought the issue of poverty back to the forefront. The MDGs promoted by the United Nations have pushed other international institutions to reposition themselves concerning poverty (Barrientos et al., 2005).

Therefore, in its report 'Attacking Poverty', the World Bank made the fight against poverty a key objective (Holzmann et al., 2003). In line with this movement, UNICEF and others are moving similarly (Baumann, 2010). The strategy is to identify the most effective social protection programmes to *eradicate* poverty. The realization that the MDGs will not be achieved on this continent prompts the fight against poverty to be considered from a specific angle (De la Brière & Rawlings, 2006). The emphasis on the *vulnerability* concept in poverty reduction strategies also means implementing a different vision of social protection (Holzmann & Jorgensen, 1999; Sirven, 2007). The trend is to identify new and promising avenues. In the 2000s, the success of social assistance programmes in Latin America, notably *Progresa* in Mexico, led the World Bank to reflect on this issue and review these schemes and their potential adaptation in Africa (Garcia & Moore, 2012). For instance, in a study on the feasibility of replicating conditional cash transfers in sub-Saharan Africa, it is stated that

> All in all, CCT [conditional cash transfers] programmes appear to have come to occupy a central place in the poverty reduction agenda of Latin America. CCT potential, which cannot be denied, provides scope for exploring whether CCT programmes can be implemented in the SSA [sub-Saharan African] region.
>
> (Kakwani et al., 2005, p. 15)

In two decades, social assistance programmes targeting poor and vulnerable populations have become widespread in almost all sub-Saharan African countries (Beegle et al., 2018). This trend towards cash transfers shifts social protection towards a logic of assistance rather than insurance.

2.5 | The extension of social protection post-MDG (since the 2010s)

A fifth period started in the early 2010s with the idea of a Social Protection Floor for developing countries. Social Protection Floor is an initiative driven by a coalition of UN agencies, development agencies and international organizations promoting universal social protection coverage in the form of a set of fundamental social rights and transfers to ensure a minimum income and livelihood security for all (Turshen, 2014). The UN initiative for a social protection floor defines this floor as follows:

> The term Social Protection Floor is a global and coherent social policy concept that promotes nationally defined strategies that protect a minimum level of access to essential services and income security for all in the present economic and financial crisis and beyond. A national Social Protection Floor is a basic set of rights and transfers that enables and empowers all members of a society to access a minimum of goods and services and that should be defended by any decent society at any time.
>
> (UN Chief Executive Board, 2009, p. 1)

This definition was expanded upon on 20 February 2011 by Ban Ki-moon, the UN Secretary-General, in his message on the World Day of Social Justice. He emphasizes that the multilateral system should work towards a social protection floor that guarantees everyone a certain level of income, access to essential public services such as water and sanitation, health and education.[6]

The Social Protection Floor initiative was therefore enshrined in 2012 by ILO Recommendation No. 202, adopted by member countries, expressing their commitment to extending social protection coverage by prioritizing the establishment of national social protection floors (United Nations, 2012). In addition to poverty reduction objectives, the Social Protection Floor also considers the emergence of new risks to be covered. The increasing impact of climate change and the 2008 crisis underline the need to consider social protection mechanisms adapted to all. Social Protection Floor then includes the need for protecting informal workers, designing social protection mechanisms adapted to climate change and providing access to essential healthcare.

Concerning the first point, the UNDP and the ILO argue in favour of expanding social protection to informal workers since they are marginalized from current social protection policies (Torm, 2023; UNDP, 2021). The second point is tackled from the perspective of *Adaptive Social Protection*. This concept refers to specific social protection mechanisms that improve households' capacity to respond to the consequences of climate change and, more generally, to the various shocks they experience (Bowen et al., 2020; Kundo et al., 2021). Finally, to ensure health for all—involving equitable access to quality care for those in need while protecting them from the risks of financial hardship and strengthening health systems—is addressed by promoting universal health coverage, which remains a priority on the global health agenda (Scheil-Adlung, 2020). The new international benchmark for developing universal health systems is then included in the SDGs (SDG 3, Target 3.8). Universal Healthcare Coverage (UHC) is embedded within the SDGs and is defined by the WHO as all individuals having access to required health services of sufficient quality without suffering financial hardship (WHO, 2010). Then, UHC becomes a flagship policy, and the mechanisms for extending it to all populations must be integrated into the national social protection strategy papers (Brooks, 2015).

3 | THE PRACTICAL IMPLEMENTATION OF SOCIAL PROTECTION: THE FRENCH COLONIAL SETTING AND GLOBAL SOCIAL POLICY AGENDAS

The French system of colonial administration has left its mark on the post-independence development of national policies. Indeed, the French social protection system was replicated in its former colonies and lasted even after their independence since policymakers have often pursued the strategies of former colonial powers within an institutional framework created during the colonial era (Eckert, 2004). Andersson (2017) highlight how the colonial regime shaped the structures of the state system in francophone sub-Saharan Africa based on what existed in the metropole, with marginal differences according to the context of each country. France's influence over its former colonies was primarily maintained through its development aid policy (Cumming, 2000; Golan, 1981). Since 1990, the intensification of multilateral aid has gradually changed the situation. The 1998 Saint-Malo agreement attested to this change in relations between France and Great Britain, transforming the logic of competition for control of Africa through aid into a logic of cooperation (Chafer & Cumming, 2010). The weakening of France's influence over its former African colonies has given way to that of international institutions (Chafer, 2002). In this section, we examine how the historical and contemporary construction of key policies, reforms and programmes have affected the social protection pathways of the former French colonies in sub-Saharan Africa in light of the five periods presented in the previous section.

3.1 | The French colonial legacy of social security

Figure 1 presents a timeline of the history of social protection and identifies the key dates that mark the creation of the leading social protection mechanisms. This figure shows only the main developments in social protection. It should be noted that special schemes (e.g., military civil servants) are not considered as they concern only a tiny fraction of the population.

The origins of social protection systems in former French colonies in sub-Saharan Africa can be traced back to the colonial era before the 1960s (the independence period). This first step was part of the Bismarckian social insurance model applied in France and replicated in its former colonies, covering family and professional risks. Indeed, France replicated its 1952 *Code du Travail* (French Overseas Labor Code) in all its former colonies (Cooper, 1996), which set the grounds for institutionalized social security systems establishing rights for formal labour market workers comprising family, maternity and sickness benefits. The provisions of this law were supplemented by the 1957 decree on the compensation and prevention of industrial accidents and occupational diseases in the colonies.[7] Social protection instruments guaranteeing the implementation and effectiveness of these laws were gradually set up in each colony (see Table 1).

The 1952 legislation introduced the first family allowance for colonial workers with dependent children. This law led to the first management fund, the *Caisses de Compensation des Prestations Familiales* (CCPF),[8] responsible for managing contributions and paying family and household benefits for colony workers, including sickness and maternity. This scheme was set up between 1955 and 1957. A few years later, a second fund covering work-related illness and injury—the *Régime des Risques Professionnels* (RRP)—was integrated into the coverage of family risks and set up between 1957 and 1966.

After independence, the new states pursued the colonial model by creating the National Social Security Funds (NSSF), whose aim was to manage primary social risks (family, sickness and old-age) within a single fund. This structure replicated the French management system model prevailing until the 1967 measure, known as the 'Jeanneney

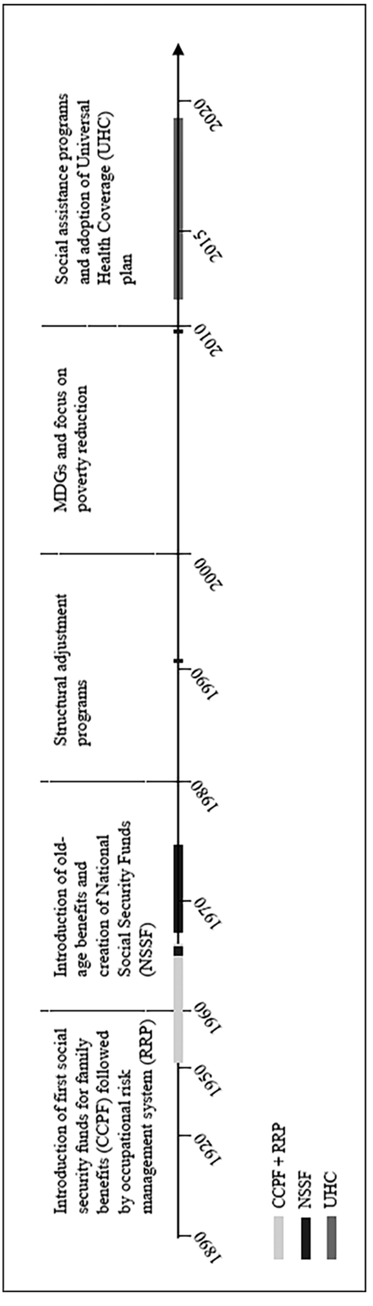

FIGURE 1 Timeline of the main social protection policies and reforms in former French colonies in sub-Saharan Africa.

TABLE 1 Year of implementation of the leading social security schemes and healthcare reform.

Countries	Family allowances (CCPF)	Occupational risk (RRP)	Old-age benefits	Independence[a]	National Social Security Fund (NSSF)	Universal Health Coverage (UHC)
Benin	1956	1959	1970	1960	1970	2014
Burkina Faso	1955	1959	1960	1960	1972	2015
Cameroon	1956	1959	1969	1960	1967	**2016**[b]
Chad	1956	1966	1977	1960	1970	**2015**[b]
Central African Republic	1956	1959	1963	1960	1964	**2015**[b]
Congo (RC)	1956	1957	1962	1960	1986	2014
Côte d'Ivoire	1955	1957	1962	1960	1968	2014
Djibouti	1957	1962	1976	1977	2008	2014
Gabon	1956	1967	1963	1960	1975	**2017**[b]
Guinea	1955	1959	1960	1958	1994	**2014**[b]
Madagascar	1956	1963	1968	1960	1969	2016
Mali	1956	1961	1961	1960	1993	2018
Mauritania	1963	1967	1965	1960	1967	2017
Niger	1956	1961	1967	1960	1985	**2012**[b]
Senegal	1956	1958	1975	1960	1973	2015
The Comoros	1956	1957	1963	1975	2012	**2014**[b]
Togo	1956	1964	1968	1960	1973	**2017**[b]

Note: This table presents the years in which the main mechanisms structuring social protection were set up in each of the former French colonies in sub-Saharan Africa. Data relating to the *Caisses de Compensation des Prestations Familiales* (CCPF), *Régime des Risques Professionnels* (RRP) and *Caisses Nationales de Sécurité Sociale* (CNSS) come mainly from the official websites of the national social security funds (e.g., Côte d'Ivoire, available at www.cnps.ci) or the website of the International Social Security Association (ISSA, available at www.ww1.issa.int). The primary data source for UHC is the ILO's NATLEX database of national legislation on labour, social security and human rights (available at www.ilo.org). Figures in bold indicate that the country has not yet legislated and, therefore, refers to the year of publication of the governmental policy document considering CMU as a national health policy goal (available at www.uhc2030.org).
[a]Independence dates are drawn from the resources of the Leiden Centre for African Studies (available at www.ascleiden.nl).
[b]Adopting a Universal Health Coverage (UHC) plan involves signing a government decree.
Source: Authors.

reform' which reshaped this type of organization (Vahabi et al., 2020). All of these countries set up social security funds from 1968. The strong similarities observed stem mainly from the close ties between the countries regarding cooperation in various fields. After independence, in addition to development aid, France's cooperation with its former colonies included technical support, particularly in public administration and public finance (Mahieu, 1983).

The branches not covered by the 1952 Code are unemployment insurance, disability and old-age. As it can be observed in Table 1, it is only after independence did the former French colonies in sub-Saharan Africa set up their first public and legal old-age protection schemes, except for The Comoros which were still under the control of the former colonial power with retirement schemes introduced by a French government decree in 1963.[9] Grünewald (2022) shows that pension benefits were reserved solely for salaried workers—based on the French principle of social insurance and bound by national labour codes, for the majority of countries borrowing the definition of salaried workers from the 1952 code—failed to provide adequate social protection for the elderly as a whole. Unemployment benefits have remained largely absent in the countries covered, although progress has been made in this area with some laws obliging employers to pay severance to dismissed employees. The left behind of these contributory social security schemes initially linked to salaried employment were the self-employed workers, mainly in the informal sector, and farmers.

To sum up, the social protection systems introduced during this period are France's legacy. The form, mechanisms and scope of these systems in terms of risks covered, financing and coverage were not endogenous and explain the poor results in terms of efficiency.

3.2 | From social insurance to social assistance (1980–2010)

While France has gradually lost some of its influence over its former colonies (Chafer, 2002), the influence of international institutions in implementing social protection policies is hampered by the legacy of the social protection system in place.

3.2.1 | Social insurance pitfalls

Until the 1980s, it was impractical to expand social protection according to the insurance model. This failure of the mechanisms inherited from colonization is due to many active workers remaining in agriculture and the informal sector. Even today, the insurance system based on labour market regulations covers only about 10% of the population in most concerned countries (World Bank, 2020). The macroeconomic situation has deteriorated significantly since the implementation of structural adjustment plans in various countries. States could not stimulate new dynamics in terms of social protection because they were forced to meet the expectations of structural adjustment programmes (e.g., reducing government spending to reach budget balance and assuring debt repayment). This period marks a gap in institutional reforms in social protection.

The period 1980–2000, which we describe as 'crossing the desert', is thus characterized by the absence of significant policies in the field of social protection. During this period, occasional social protection interventions can be observed to mitigate the adverse effects of structural adjustment. In the south of Madagascar, for example, in response to the increasing number of droughts starting in the 1980s, international donors developed an early warning system accompanied by food aid programmes. Such mechanisms were also developed in Mali and Chad in 1986 and Niger in 1989 (Egg & Gabas, 1997). The food aid programmes assistance was the forerunner of social assistance programmes (Alderman et al., 2017). Such a system of ad hoc assistance is easily assimilated by the social protection system set up after independence, because in accordance with the French model, assistance occupies an ad hoc and residual place (Barbier et al., 2021). And food aid has a long tradition in France, dating back to the 1930s (Retière, 2021).

3.2.2 | Social assistance boom

The fight against poverty declared by international financial institutions in the 2000s and the failure of social insurance mechanisms to cover population social risks, especially the most vulnerable, encourage the generalization of noncontributory transfer schemes to sub-Saharan countries. Garcia and Moore (2012) identified over 120 cash transfer programmes in sub-Saharan Africa that had been implemented between 2000 and mid-2009. A small number can be found in the former French colonies—two programmes in Burkina Faso, one in Côte d'Ivoire, one in Mali, three in Niger, five in Senegal, one in Togo, and two in the Republic of Congo. They are mainly devoted to helping vulnerable children and orphans (Burkina Faso, Côte d'Ivoire, Senegal, Congo, Niger, Togo), involving women in children's schooling (Mali and Senegal) or enhancing food security (Niger and Senegal). Moreover, the data provided in Garcia and Moore's (2012) review allow us to observe the specificity of Former French colonies. First, cash transfers were introduced later (around 2008) than in English-speaking African countries (already in place by the early 2000s). Second, most cash transfer programmes developed in the former French colonies are conditional. Third, they are not general but are targeted at restricted populations identified by specific needs. These three characteristics are typical of the French assistance model. Cash transfers seem to have been implemented in conditions that do not call into question the social protection system developed in these countries, unlike English-speaking countries, where the universalism of the Beveridgian model allows for unconditional cash transfers.

Further, social assistance was reinforced during the recent COVID-19 crisis, wherein most government responses to mitigate this shock have relied on introducing new (or relying on existent) cash transfer programmes (Gentilini, 2022).[10] This initiative is part of a new direction in the World Bank's approach to social risk management, considering the adoption of national social protection plans, known as National Social Protection Strategies. These plans make the protection of vulnerable populations their priority objective, and social assistance is favoured in this approach as a social protection mechanism.

3.3 | Aid donors and their global social policy agendas (2010–)

From 2010 onwards, the international social protection agenda has evolved with three main thrusts: climate risks, universal health coverage and integrating informal workers. These three areas pose different challenges for existing social protection systems in the concerned countries. They can, however, be seen as attempts to extend social insurance or social assistance.

3.3.1 | Addressing climate change and disaster risk

The concept of Adaptive Social Protection is set up to support vulnerable people by enabling them to respond more effectively to climate shocks, combining social protection with disaster risk reduction and climate change adaptation (Daron et al., 2021). This multi-donor project managed by the World Bank was tested at scale in 2017 in six Sahelian countries (Burkina Faso, Chad, Mali, Mauritania, Niger and Senegal) with access to cash transfers for the most vulnerable people in the face of the consequences of climate change as core interventions.[11] Depending on climatic hazards, it provides cash transfers to agricultural populations, particularly during pre- and post-harvest periods, to cope with food insecurity and other related shocks (Daron et al., 2021). Although this initiative has demonstrated some effectiveness in the agricultural sector in Asia (Davies et al., 2013), its evaluation remains early in the study region. A recent policy report on how to effectively ensure the delivery chain and shock response highlights several limitations that limit the ability of cash transfer programmes to meet the needs of poor and vulnerable households in practice (Smith & Bowen, 2020). These include (i) a limited coverage among people experiencing poverty, near poor and nonpoor of households spatially vulnerable to the impacts of disasters; (ii) lower coverage of the population in terms of any form of social protection mechanisms deepened by lack of access to identification systems, cell phones and bank accounts for receiving electronic transfers and by the physical remoteness of service points and (iii) difficulties in maintaining the delivery of cash transfers in the face of disruptions caused by shocks.

Important questions arise with regard to social protection systems. First, can cash transfers be used as a preventive instrument, or only as a repair mechanism? In other words, should they be provided before shocks arrive, to ensure ex ante resilience, or are they merely ex post corrective assistance mechanisms? (Asfaw & Davis, 2018). The choice of an ex ante mechanism represents a real break with the logic of the assistance model. It ensures a logic of promotion. On the other hand, an ex post mechanism does not raise any major conceptual issues. It simply extends the logic of ad hoc assistance. Second, should cash transfers be generalized or, on the contrary, restricted to target populations? Here again, the question is whether the logic of assistance as a residual form of social protection should be maintained, or whether a new logic is required. For instance, the UNDP World Centre for Sustainable Development proposes to go beyond assistance in order to promote resilience and suggest generalizing cash transfers through climate finance (UNDP, 2016).

3.3.2 | Social health protection: achieving UHC

Since the 2005 World Health Assembly resolution and the release of the 2010 WHO report promoting UHC as a guiding principle to strengthen primary health care and health systems, the International Health Partnership, led by the WHO, started to provide the technical assistance needed to strengthen health systems in countries, while the World Bank essentially provides funding (Tichenor & Sridhar, 2017). Table 1 shows the institutional efforts to promote UHC in the region studied. We analyse the timeframe for the law in favour of UHC (institutional reform) or for the commitment of states to consider UHC as a goal of national health policies (political will), providing information on state agendas. The result is stark: Between 2012 and 2018, just over half of countries (8/14) committed to guaranteeing equitable access to quality, affordable healthcare and protecting against financial hardship through the adoption of legislation, while the remaining countries made UHC a goal of their national healthcare plans. Countries are at different stages towards universal coverage and different stages in developing financing systems since most of them do not have strong state instruments (e.g., tax system) that can impose the shift from voluntary to compulsory contributions (Ridde, 2021). Moreover, the related literature highlights a fragmentation and lack of coherent overview of health financing as well as limited use of data in Francophone Africa, which delays progress towards UHC (see Akhnif et al., 2018; Paul et al., 2018). Paul et al. (2018) argue that such an information deficit is problematic, especially as universal public health financing tends to be built on existing systems, not from scratch. Concerning the current state of progress, there are many failures to underline, notably in population coverage, financing of UHC mechanisms and health system governance due to multiple stakeholder involvement and a lack of government ownership (Ridde & Hane, 2021; Tichenor & Sridhar, 2017). On tracking UHC evolution and distribution in Africa, WHO report shows that except for Senegal and Gabon, the other countries studied still have plenty of room for improvement when it comes to establishing equitable, quality services and improving financial protection, two essential components of UHC (WHO, 2022, p. 21).[12]

3.3.3 | Integrate informal workers

The social protection issue for men and women working in the informal sector in the countries studied is one of the most pressing. Some international and regional instruments and policy frameworks support social protection as a right for informal workers. Initiatives are being developed, but workers generally see their coverage limited to alternative (often non-state) schemes rather than being integrated into mainstream schemes (UNDP, 2021). These schemes do not provide for any specific measures that might be needed to convince informal workers to join.[13] Other significant initiatives have also been tested, such as extending the social insurance scheme to the informal sector through lump-sum transfers. For example, a large-scale pilot programme concerning health care for informal workers in Senegal between 2012 and 2017 (Bossyns et al., 2018); pension insurance was also being piloted for informal sector workers in Côte d'Ivoire, Cameroon and Senegal (Gbongué et al., 2015). However, the coverage of informal workers is still largely inadequate (see Guven, 2019). We argue that there is a clear will to extend social insurance, but on a non-compulsory basis, which explains the low success rate.

4 | DISCUSSION

Devereux (2020) outlines the central role of these external actors as 'policy pollinators' for social protection due to the colossal resources deployed to encourage African governments to establish social protection systems and implement social assistance programmes. It also highlights the reluctance of some governments to implement such programmes, or often only partially. This could explain some difficulties in developing social protection systems in the region.

However, focusing on the influence of external actors does not explain the differences between countries in the practical implementation of social protection policies. Countries' negotiating skills in relation to international institutions may explain some of the variations in practices (Hickey, 2011). Nevertheless, why some countries have homogeneous social policies remains to be explained. Indeed, there is no heterogeneity in the construction and evolution of social protection policies and reforms in the former French colonies. The patterns leading to the implementation of central social protection policies and schemes, including the basic fund instruments, social assistance programmes and healthcare reforms, are similar and are in line with the international agenda, which testify to the external influence in developing national social protection policies in these countries. Furthermore, national parties—civil societies and local and professional organizations—are hardly involved. Homogeneity may stem from a dependence on previous policies. The system put in place during the colonial era continues to leave its mark on implementing new policies driven by international organizations.

The combination of external actors' influence and path dependency raises several issues. First, during the first decades after independence, France's influence helped shape social protection mechanisms that were not always adapted to the context of his former colonies. This influence creates a path-dependence for future social protection policies. International institutions do not seem to pay much attention to the specificities of the countries where they promote programmes and policies. Then, social protection policies appear relatively decontextualized and, therefore, disconnected from the needs of local populations. The social protection agenda is less about income levels than a decontextualized definition of social protection. For instance, Ballet et al. (2021) show that this exogenous definition of social protection is constructed through priority projects funded by international development agencies and international NGOs rather than through an unifying national framework in Côte d'Ivoire. These projects are then associated with ministries without coordination with other critical social protection ministries. As a result, a logic of competition between ministries to capture aid resources takes precedence, to the detriment of constructing a unifying and coherent, logical framework for social protection. Social protection policy then becomes a quasi-market.

Therefore, promoting domestic ownership of social protection policy issues to reconcile social protection systems with national issues seems essential. As stated by Devereux (2021), the COVID-19 pandemic opened a policy window for civil society to re-evaluate the social contract around the state's duty of care towards its citizens in most African countries with poor social protection schemes.

5 | CONCLUSION

In this article, we aimed to study the formation, development and transformation of social protection in the former French colonies of sub-Saharan Africa. To this end, we identified five significant stages in developing social protection systems and policies in these countries. We provide evidence of the exogenous construction of the social protection system in the former French colonies since the colonial era. We show that the construction and trajectory of social protection in these countries can be explained first by the influence of the colonial legacy and then by the predominant place of international donors in national policymaking. This twofold influence is particularly perceptible in the similarity between the architecture of social protection systems and regimes in these countries and those in France, even after independence, and the reform agenda in line with the global social policy agenda pursued by international organizations. However, the practical implementation of the international agenda follows the path of dependence of previous policies built up under French influence, which gives specificity to the group of countries analysed.

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DATA AVAILABILITY STATEMENT

No data was used for the research described in the article.

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ENDNOTES

[1] In this paper, we borrow the definition of social protection from the ILO (2017), which defines it as the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle. Social protection includes benefits for children and families, maternity, unemployment, industrial accidents, sickness, old age, disability, survivors and health protection. Social protection systems then cover all these fields of action, combining contributory schemes (social insurance) and non-contributory benefits (social assistance) as well as labour market interventions.

[2] Although eradicating extreme poverty and hunger requires social measures, the MDGs did not contain specific targets that promoted the large-scale development of social protection in developing countries. In contrast, in the SDGs, social protection is identified as an effective lever for poverty reduction (Target 1.3), the development of universal health systems (Target 3.8), gender equality (Target 5.4), the promotion of decent work (Target 8.b) and the reduction of inequality (Target 10.4)—available at https://sdgs.un.org/goals (last accessed 2 January 2022).

[3] Available at http://documents.worldbank.org/curated/en/930801468315304694/Address-to-the-Board-of-Governors-by-Robert-S-McNamara (last accessed January 2023).

[4] See de Haan (2014) for examples of how donors, especially the World Bank, have forged political alliances with national governments to introduce targeted poverty reduction programmes in sub-Saharan Africa.

[5] Progress on Goal 1 is evident. In sub-Saharan Africa, the share of the population below the international poverty line ($1.90/day) has fallen from 59.4% in 2000 to 41.5% in 2018.

[6] Available at https://www.un.org/press/en/2011/sgsm13403.doc.htm (last accessed 13 February 2023).

[7] Available at https://www.legifrance.gouv.fr/loda/id/JORFTEXT000000850790/1957-03-01/ (last accessed February 2022).

[8] This fund is known as the Central Provision Fund in former British colonies (Hu & Manning, 2010).

[9] Available at https://www.caissederetraites.km/portail/apropos?mot_cle=crc_presentation (last accessed February 2023).

[10] For example, see the programmes implemented in Togo (Togo's Novissi Cash Transfer), Burkina Faso (Solidarity Fund) and Madagascar (Tosika Fameno). Moreover, the coverage rates—percentage of people having benefited from at least one cash transfer program—vary considerably across countries between 0.5% (Côte d'Ivoire) and 31% (Mauritania).

[11] Available at https://www.worldbank.org/en/programs/sahel-adaptive-social-protection-program-trust-fund (last accessed 2 January 2022).

[12] WHO uses two indicators of UHC status (the service coverage index, which represents two components of UHC: availability and coverage of services) to compare the proportion of households spending more than 10% of their income on health, a parameter that reflects protection against financial risks.

[13] The share of informal employment in total employment is highest (92%) in sub-Saharan African countries, excluding Southern Africa (Bonnet et al., 2019).

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