



International  
Labour  
Organization



# World Social Protection Report 2020–22

Regional  
companion  
report for Africa

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First published 2022

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ISBN 978-92-2-035741-5 (print)  
ISBN 978-92-2-035742-2 (web PDF)

Also available in French: *Rapport mondial sur la protection sociale 2020-2022: Rapport complémentaire sur l'Afrique*, ISBN 978-92-2-035743-9 (print), ISBN 978-92-2-035744-6 (web PDF)

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Code: DIN-WEI-CORR-PMSEV

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# foreword

This regional companion report for Africa is intended to complement the ILO's [\*World Social Protection Report 2021–22. Social Protection at the Crossroads – in Pursuit of a Better Future\*](#). The regional companion report comprises two parts. It first gives a global perspective that is taken from the main report and outlines recent developments in social protection systems worldwide. It then highlights key developments, challenges and priorities for social protection in the Africa Region from a life-cycle perspective.

With only 17.4 per cent of the population in Africa receiving at least one social protection benefit, accelerating coverage and adequacy remains a very high priority for the continent. This low level of access to social protection is the result of several different factors, in particular the labour market structure and limited domestic resources allocated to social protection. The pandemic of coronavirus disease 2019 (COVID-19) exposed glaring social protection gaps, notably among workers in the informal economy. Acknowledging the potential of social protection to reduce poverty and inequalities, including gender inequalities, to promote decent employment and greater opportunities for youth, and to support the structural transformation of the economy and a just transition to greener economies, African countries have taken steps to guarantee social protection throughout people's lives and across all forms of employment. The ILO is deploying its full assets to support African countries in accelerating the extension of social protection coverage to reach the target of 40 per cent of the continent's population receiving at least one social protection benefit by 2025. To reach this target, the ILO Regional Office for Africa has launched the Africa Regional Social Strategy 2021–2025, which provides a framework for accelerating social protection coverage to achieve the Sustainable Development Goals (SDGs). The low social protection coverage in Africa is not acceptable. Now is the time to take decisive action about the future of social protection and pursue a high-road policy approach with vigour for our fellow people in Africa.



**Cynthia Samuel-Olonjuwon**

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# contents

<b>Foreword</b>	<b>1</b>
<b>Acknowledgements</b>	<b>5</b>
<b>Abbreviations</b>	<b>6</b>
<b>1. Global perspective</b>	<b>7</b>
<b>2. Setting the regional context for extending social protection in Africa</b>	<b>14</b>
<b>3. Pre-COVID-19 situation: Progress made and remaining gaps</b>	<b>17</b>
<b>4. The COVID-19 pandemic: Urgent need for strengthening social protection in Africa</b>	<b>19</b>
<b>5. Strengthening social protection for all throughout the life course</b>	<b>24</b>
5.1 Social protection for children and families	24
5.2 Social protection for women and men of working age	26
5.2.1 Extension of social protection for the working-age population in a context of high levels of informality	26
5.2.2 Maternity protection, paternity and parental leave benefits	26
5.2.3 Sickness, employment injury and disability benefits	27
5.2.4 Unemployment protection	29
5.3 Social protection for older women and men: Pensions and other non-health benefits	30
5.4 Towards universal coverage in health	31
<b>6. Regional priorities and policy options for further progress</b>	<b>33</b>
<b>References</b>	<b>36</b>

## Boxes

---

<b>1.</b> South Africa: COVID-19 response and renewed calls for a basic income grant	21
<b>2.</b> Togo: digital cash transfer programme supports people in the informal economy	21
<b>3.</b> Improving cooperation on migrant social protection entitlements in Southern Africa	22
<b>4.</b> Eswatini: Renewed efforts to build social protection systems – from unemployment relief to the establishment of an unemployment benefit scheme	23
<b>5.</b> Egypt: The Takaful programme	25
<b>6.</b> Extending health coverage in Senegal through subsidization of contributions	32
<b>7.</b> Universal health insurance in Egypt	32
<b>8.</b> Morocco's extension of health insurance to self-employed workers	32

## Figures

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1.	SDG indicator 1.3.1: Effective social protection coverage, global and regional estimates, by population group, 2020 or latest available year	9
2.	Public social protection expenditure (excluding health), percentage of GDP, 2020 or latest available year, and domestic general government health expenditure, percentage of GDP, 2018, by region and subregion	15
3.	SDG indicator 1.3.1: Effective social protection coverage, global, regional and subregional estimates, by population group, 2020 or latest available year	18
4.	Distribution of measures announced in Africa (percentages): (a) by type of adjustment, programmes and function in Africa; (b) by type and function	20
5.	SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children 0–14 years receiving child and family cash benefits, by region and subregion, 2020 or latest available year	24
6.	Public social protection expenditure (excluding health) on children (percentage of GDP) and share of children 0–14 years in total population (percentage), latest available year	25
7.	SDG indicator 1.3.1 on effective coverage for maternity protection: Percentage of women giving birth receiving maternity cash benefits, by region and subregion, 2020 or latest available year	26
8.	SDG indicator 1.3.1 on effective coverage for employment injury protection: Percentage of labour force aged 15+ years covered by cash benefits in case of employment injury (active contributors), by region, subregion and income level, 2020 or latest available year	28
9.	SDG indicator 1.3.1 on effective coverage for disability protection: Percentage of persons with severe disabilities receiving cash benefits, by region and subregion, 2020 or latest available year	28
10.	SDG indicator 1.3.1 on effective coverage for unemployment protection: Percentage of unemployed persons receiving cash benefits, by region and subregion, 2020 or latest available year	29
11.	SDG indicator 1.3.1 on effective coverage for old-age protection: Percentage of persons above statutory retirement age receiving an old-age pension and percentage of labour force aged 15+ years and working-age population aged 15+ years covered by pension scheme (active contributors), by region and subregion 2020 or latest available year	30
12.	Effective coverage for health protection: Percentage of the population covered by a social health scheme (protected persons), by region, subregion and income level, 2020 or latest available year	31

# acknowledgements

This Africa Regional Companion Report was prepared by social protection specialists in the Africa Region, led by Dramane Batchabi with contributions from Andrew Allieu, Pascal Annycke, Joana Borges Henriques, Ricardo Irra and Victoire Umuhire. Contributions and comments were also received from an anonymous peer reviewer, and from colleagues at ILO headquarters (in alphabetical order): Christina Behrendt, Ana Carolina de Lima Vieira, Victoria Giroud-Castiella, Valeria Nesterenko, Ian Orton, Shahra Razavi, Fabio Durán Valverde and Zhiming Yu. We would also like to express our gratitude to Gillian Somerscales for editing this regional report, to our colleagues in the ILO Publications Production Unit for assisting with the production process, and to our colleagues in the ILO Department of Communication and Public Information for their continued collaboration and support in organizing and disseminating the report.

# abbreviations

<b>AU</b>	African Union
<b>CNSS</b>	National Social Security Fund (Morocco)
<b>COVID-19</b>	coronavirus disease 2019
<b>ECOWAS</b>	Economic Community of West African States
<b>EGP</b>	Egyptian pound
<b>GDP</b>	gross domestic product
<b>ILO</b>	International Labour Organization
<b>IMF</b>	International Monetary Fund
<b>RAMED</b>	means-tested Health Medical Assistance Scheme (Morocco)
<b>SADC</b>	Southern African Development Community
<b>SDG</b>	Sustainable Development Goal
<b>SRD</b>	social relief of distress (grant) (South Africa)
<b>SSI</b>	Social Security Inquiry
<b>UHI</b>	universal health insurance
<b>UN</b>	United Nations
<b>UNECA</b>	United Nations Economic Commission for Africa
<b>ZAR</b>	South African rand

# 1 Global perspective

Despite progress in recent years in extending social protection in many parts of the world, when the coronavirus disease (COVID-19) pandemic hit many countries were still facing significant challenges in making the human right to social security a reality for all. This report provides a global overview of progress made around the world over the past decade in extending social protection and building rights-based social protection systems, including floors, and covers the impact of the COVID-19 pandemic. In doing so, it provides an essential contribution to the monitoring framework of the 2030 Agenda for Sustainable Development.

Five messages emerge from the report:

***The pandemic has exposed deep-seated inequalities and significant gaps in social protection coverage, comprehensiveness and adequacy across all countries.*** Pervasive challenges such as high levels of economic insecurity, persistent poverty, rising inequality, extensive informality and a fragile social contract have been exacerbated by COVID-19. The crisis also exposed the vulnerability of billions of people who seemed to be getting by relatively well but were not adequately protected from the socio-economic shock waves it has emitted. The pandemic's socio-economic impacts have made it difficult for policymakers to ignore a number of population groups – including children, older persons, unpaid carers, and women and men working in diverse forms of employment and in the informal economy – who were covered either inadequately or not at all by existing social protection measures. In revealing these gaps, this report shows that the pandemic has propelled countries into unprecedented policy action, with social protection at the forefront.

***COVID-19 provoked an unparalleled social protection policy response.*** Governments marshalled social protection as a front-line response to protect people's health, jobs and incomes, and to ensure social stability. Where necessary, governments extended coverage to hitherto unprotected groups, increased benefit levels or introduced new benefits, adapted administrative and delivery mechanisms, and mobilized additional financial resources. However, despite some international support, many low- and middle-income countries have

struggled to mount a proportionate social protection and stimulus response to contain the pandemic's adverse impacts in the way that high-income countries have been able to do, leading to a "stimulus gap" arising largely from significant coverage and financing gaps.

***Socio-economic recovery remains uncertain and enhanced social protection spending will continue to be crucial.*** The most recent IMF forecasts warn of a divergent recovery, whereby richer countries enjoy a swift economic rebound while lower-income nations see a reversal of their recent development gains. Ensuring a human-centred recovery everywhere is contingent on equitable access to vaccines. This is not only a moral imperative, but also a public health necessity: a deep chasm in vaccine availability will unleash new viral mutations that undermine the public health benefits of vaccines everywhere. Already, however, inequitable vaccine access, yawning stimulus gaps visible in the crisis response, unfulfilled calls for global solidarity, increasing poverty and inequalities, and recourse to austerity cuts all indicate the prospect of uneven recovery. Such a scenario will leave many people to fend for themselves and derail the progress made towards the achievement of the 2030 Agenda and the realization of social justice.

***Countries are at a crossroads with regard to the trajectory of their social protection systems.*** If there is a silver lining to this crisis, it is the potent reminder it has provided of the critical importance of investing in social protection; yet many countries also face significant fiscal constraints. This report shows that nearly all countries, irrespective of their level of development, have a choice: whether to pursue a "high-road" strategy of investing in reinforcing their social protection systems or a "low-road" strategy of minimalist provision, succumbing to fiscal or political pressures. Countries can use the policy window prised open by the pandemic and build on their crisis-response measures to strengthen their social protection systems and progressively close protection gaps in order to ensure that everyone is protected against both systemic shocks and ordinary life-cycle risks. This would involve increased efforts to build universal, comprehensive, adequate and sustainable social protection systems, including a solid social protection floor that guarantees at

least a basic level of social security for all over the course of their lives. The alternative would be to acquiesce in a low-road approach that fails to invest in social protection, thereby trapping countries in a “low cost–low human development” trajectory. This would represent a lost possibility for strengthening social protection systems and reconfiguring societies for a better future.

***Establishing universal social protection and realizing the human right to social security for all is the cornerstone of a human-centred approach to obtaining social justice.*** Doing so contributes to preventing poverty and containing inequality, enhancing human capabilities and productivity, fostering dignity, solidarity and fairness, and reinvigorating the social contract.

## ► The state of social protection: Progress made, but not enough

As of 2020, only 46.9 per cent of the global population were effectively covered by at least one social protection benefit<sup>1</sup> (Sustainable Development Goal (SDG) indicator 1.3.1; see figure 1), while the remaining 53.1 per cent – as many as 4.1 billion people – were left wholly unprotected. Behind this global average, there are significant inequalities across and within regions, with coverage rates in Europe and Central Asia (83.9 per cent) and the Americas (64.3 per cent) above the global average, while Asia and the Pacific (44.1 per cent), the Arab States (40.0 per cent) and Africa (17.4 per cent) have far more marked coverage gaps.

Only 30.6 per cent of the working-age population are legally covered by comprehensive social security systems that include a full range of benefits, from child and family benefits to old-age pensions, with women’s coverage lagging behind men’s by a substantial 8 percentage points. This implies that the large majority of the working-age population – 69.4 per cent, or 4 billion people – are only partially protected or not protected at all.

Access to healthcare, sickness and unemployment benefits has taken on particular relevance during the pandemic. While almost two thirds of the global population are protected by a health scheme of some kind, significant coverage and adequacy gaps remain. When it comes to income protection during sickness and unemployment, the coverage and adequacy gaps are even more pronounced. Approximately a third of working-age people have their income security protected by law in case of sickness, and less than a fifth of unemployed workers worldwide actually receive unemployment benefits.

Gaps in the coverage, comprehensiveness and adequacy of social protection systems are

associated with significant underinvestment in social protection, particularly in Africa, the Arab States and Asia. Countries spend on average 12.9 per cent of their gross domestic product (GDP) on social protection (excluding health), but this figure masks staggering variations. High-income countries spend on average 16.4 per cent, or twice as much as upper-middle-income countries (which spend 8 per cent), six times as much as lower-middle-income countries (2.5 per cent), and 15 times as much as low-income countries (1.1 per cent).

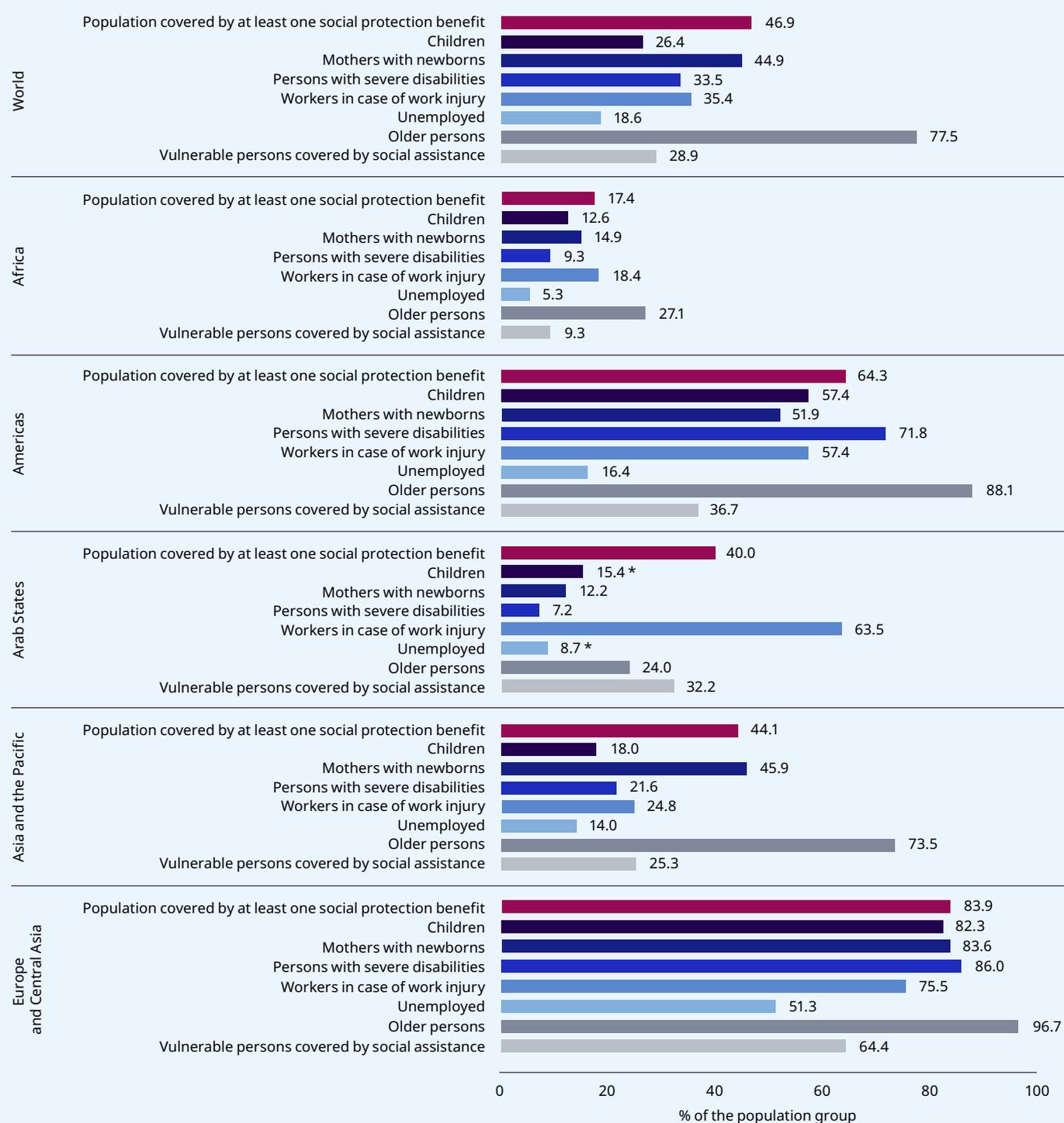
This financing gap for building social protection floors has widened by approximately 30 per cent since the onset of the COVID-19 crisis, owing to the increased need for healthcare services, income security measures, and reductions in GDP caused by the crisis. To guarantee at least a basic level of social security through a nationally defined social protection floor, lower-middle-income countries would need to invest an additional US\$362.9 billion and upper-middle-income countries a further US\$750.8 billion per year, equivalent to 5.1 and 3.1 per cent of GDP respectively for the two groups. Low-income countries would need to invest an additional US\$77.9 billion, equivalent to 15.9 per cent of their GDP.

COVID-19 threatens to imperil years of progress towards achieving the Sustainable Development Goals (SDGs), reversing gains in poverty reduction. It has also revealed the pre-existing stark protection gaps across all countries and made it impossible for policymakers to ignore the persistent social protection deficits experienced in particular by certain groups, such as informal workers, migrants and unpaid carers.

This crisis has resulted in an unprecedented yet uneven global social protection response.

<sup>1</sup> Excluding healthcare and sickness benefits.

► **Figure 1. SDG indicator 1.3.1: Effective social protection coverage, global and regional estimates, by population group, 2020 or latest available year**



\*To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by relevant population groups.

Sources: ILO, [World Social Protection Database](#), based on the Social Security Inquiry (SSI); ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

Higher-income countries were better placed to mobilize their existing systems or introduce new emergency measures to contain the impact of the crisis on health, jobs and incomes. Mounting

a response was more challenging in lower-income contexts, which were woefully ill prepared and had less room for policy manoeuvre, especially in macroeconomic policy.

## ► Social protection for children remains limited, yet is critical for unlocking their potential

### Highlights

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- The vast majority of children still have no effective social protection coverage, and only 26.4 per cent of children globally receive social protection benefits. Effective coverage is particularly low in some regions: 18 per cent in Asia and the Pacific, 15.4 per cent in the Arab States and 12.6 per cent in Africa.
- Positive recent developments include the adoption of universal or quasi-universal child benefits (UCBs/qUCBs) in several countries, and renewed awareness in the context of COVID-19 of the critical importance of inclusive social protection systems, quality childcare services and the need for social protection for caregivers.
- On average, national expenditure on social protection for children is too low, equating to only 1.1 per cent of GDP, compared to 7 per cent of GDP spent on pensions. The regions of the world with the largest share of children in the population, and the greatest need for social protection, have some of the lowest coverage and expenditure rates, especially sub-Saharan Africa (0.4 per cent of GDP).
- To address the dramatic increase in child poverty caused by COVID-19, close social protection coverage gaps and deliver the best results for children and society, policymakers must implement an integrated systems approach including child benefits and childcare services, provision of parental leave and access to healthcare.

## ► Social protection for women and men of working age provides insufficient protection against key risks

### Highlights

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- *Maternity*: Some countries have made decisive progress towards universal or near-universal effective maternity coverage. Despite the positive developmental impacts of supporting childbearing women, only 44.9 per cent of women with newborns worldwide receive a cash maternity benefit.
- *Sickness*: The crisis has demonstrated the importance of ensuring income security during ill health, including quarantine. However, only a third of the world's working-age population have their income security protected by law in the event of sickness.
- *Disability*: The share of people with severe disabilities worldwide who receive a disability benefit remains low at 33.5 per cent. Importantly, several countries now have universal disability benefit programmes in place.
- *Employment injury*: Only 35.4 per cent of the global labour force have effective access to employment injury protection. Many countries have recognized COVID-19 as an occupational injury in order to ensure easier and faster access to associated benefits under the work injury insurance system, in particular for workers in the most exposed sectors.
- *Unemployment protection*: A mere 18.6 per cent of unemployed workers worldwide have effective coverage for unemployment and thus actually receive unemployment benefits. This remains the least developed branch of social protection. However, the pandemic has highlighted the crucial role of unemployment protection schemes to protect jobs and incomes, through job retention schemes and unemployment benefits.
- *Expenditure estimates* show that worldwide only 3.6 per cent of GDP is spent on public social protection to ensure income security for people of working age.

## ► Social protection for older women and men still faces coverage and adequacy challenges

### Highlights

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- Pensions for older women and men are the most widespread form of social protection in the world, and a key element in achieving SDG target 1.3. Globally, 77.5 per cent of people above retirement age receive some form of old-age pension. However, major disparities remain across regions, between rural and urban areas, and between women and men. Expenditure on pensions and other benefits for older people accounts for 7.0 per cent of GDP on average, again with large variations across regions.
- Significant progress has been made with respect to extending the coverage of pension systems in developing countries. Even more encouraging, in a wide range of countries, including lower-middle-income countries, universal pensions have been developed as part of national social protection floors.
- The COVID-19 crisis has brought additional pressures to bear on the costs and financing of pension systems, but the impact over the long term will be moderate to low. The

massive response of countries to the crisis has highlighted the critical role that old-age protection systems, including long-term care, play in ensuring the protection of older adults, particularly in times of crisis, and the urgency of strengthening long-term care systems to protect the rights of care recipients and care workers alike.

- Pension reforms have been dominated by an emphasis on fiscal sustainability, at the expense of other principles established by international social security standards, such as the universality, adequacy and predictability of benefits, solidarity and collective financing. These are critical for guaranteeing the income security of older people, which is and should remain the primary objective of any pension system. Ensuring the adequacy of benefits is especially pertinent for women, people in low-paid jobs and those in precarious forms of employment. Moreover, many countries around the world are still struggling to extend and finance their pension systems; these countries face structural barriers linked to low levels of economic development, high levels of informality, low contributory capacity, poverty and insufficient fiscal space, among others.

## ► Social health protection: An essential contribution to universal health coverage

### Highlights

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- Significant progress has been made in increasing population coverage, with almost two thirds of the global population protected by a scheme. However, barriers to accessing healthcare remain in the form of out-of-pocket payments on health services, physical distance, limitations in the range, quality and acceptability of health services, and long waiting times, as well as opportunity costs such as lost working time. The COVID-19 crisis has highlighted the limitations of benefit adequacy and the need to reduce out-of-pocket payments.

- Collective financing, broad risk-pooling and rights-based entitlements are key conditions for supporting effective access to healthcare for all in a shock-responsive manner. The principles provided by international social security standards are more relevant than ever on the road to universal health coverage, and in particular within the current public health context. More and better data on legal coverage need to be collected as a matter of priority to monitor progress on coverage and equity.
- Investing in the availability of quality healthcare services is crucial. The COVID-19 pandemic has further revealed the need to invest in healthcare services and to improve coordination within

the health system. The pandemic is drawing attention to the challenges faced in recruiting, deploying, retaining and protecting well-trained, supported and motivated health workers to ensure the delivery of quality healthcare services.

- Stronger linkages and better coordination between mechanisms for accessing medical care and income security are needed to address key determinants of health more effectively. The COVID-19 crisis has further highlighted the

role of the social protection system in shaping behaviours to foster prevention and the complementarity of healthcare and sickness benefit schemes. Coordinated approaches are particularly needed in respect of special and emerging needs, including human mobility, the increasing burden of long-term and chronic diseases, and population ageing. The impact of COVID-19 on older people has shed additional light on the need for coordination between health and social care.

## ► Taking the high road towards universal social protection for a socially just future

COVID-19 has further underscored the critical importance of achieving universal social protection. It is essential that countries – governments, social partners and other stakeholders – now resist the pressures to fall back on a low-road trajectory and that they pursue a high-road social protection strategy to contend with the ongoing pandemic, and to secure a human-centred recovery and an inclusive future. To this end, several priorities can be identified.

- COVID-19 social protection measures must be maintained until the crisis has subsided and recovery is well under way. This will require continued investment in social protection systems to maintain living standards, ensure equitable vaccine access and healthcare, and prevent further economic contraction. Ensuring equitable and timely access to vaccines is crucial for the health and prosperity of all countries and peoples. In an interconnected world, a truly inclusive recovery hinges on this.
- The temptation to revert to fiscal consolidation to pay for the massive public expenditure outlays necessitated by COVID-19 must be avoided. Previous crises have shown that austerity leaves deep social scarring, hurting the most vulnerable in society. Conversely, striving for a jobs-rich, human-centred recovery, aligned with health, social, environmental and climate change goals, can contribute to income security, job creation and social cohesion objectives, expand the tax base and help finance universal social protection.
- Amid the devastation wrought by the pandemic, there are glimmers of hope that mindsets have shifted. By exposing the

inherent vulnerability of everyone – making it explicit that our individual well-being is intimately bound up with the collective well-being and security of others – the pandemic has demonstrated the indispensability of social protection. Moreover, the crisis has shown that there is significant scope for countries to adopt a “whatever it takes” mindset to accomplish priority goals if they so choose. If the same policy approach is applied as the worst of the pandemic abates, this holds promise for taking the high road to achieve the SDGs and universal social protection.

- Taking that high road requires building permanent universal social protection systems that provide adequate and comprehensive coverage to all, guided by effective tripartite social dialogue. These systems are essential for preventing poverty and inequality, and for addressing today’s and tomorrow’s challenges, in particular by promoting decent work, supporting women and men in better navigating their life and work transitions, facilitating the transition of workers and enterprises from the informal to the formal economy, bolstering the structural transformation of economies, and supporting the transition to more environmentally sustainable economies and societies.
- Further investment in social protection is required now to fill financing gaps. In particular, prioritizing investments in nationally defined social protection floors is vital for delivering on the promise of the 2030 Agenda. Fiscal space exists even in the poorest countries and domestic resource mobilization is key, but concerted international support is also critical

for fast-tracking progress in those countries lacking fiscal and economic capacities, especially in low-income countries with marked underinvestment in social protection.

- ▶ Universal social protection is supported through the joint efforts of the United Nations agencies “working as one”, and through concerted efforts with relevant international, regional, subregional and national institutions and social partners, civil society and other stakeholders, including through the Global Partnership for Universal Social Protection.
- ▶ The unique policy window prised open by COVID-19 should embolden countries to take decisive action now about the future of social protection and pursue a high-road policy approach with vigour. Doing so will empower societies to deal with future crises and the challenges posed by demographic change, the evolving world of work, migration, environmental challenges and the existential threat of climate change. Ultimately, a robust social protection system will shore up and repair a fragile social contract and enable countries to enjoy a socially just future.

# 2 Setting the regional context for extending social protection in Africa

## Pre-COVID-19: Strong economic growth but persistent poverty

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Over the past decade, Africa has witnessed sustained economic growth, making it the second fastest-growing region in the world (UNECA 2015). In 2017–19, prior to the COVID-19 pandemic, annual growth rates averaged 3.2–3.4 per cent (UN 2019).

Between 1990 and 2015, the poverty rate in Africa fell continuously, from 54 per cent to 41 per cent. However, because economic growth did not create sufficient employment to absorb the growing labour force arising from the rapidly expanding population, the number of African people living in extreme poverty (on less than US\$1.90 per day) increased from 278 million in 1990 to 413 million in 2015, posing significant challenges to the design and implementation of socio-economic policies that would effectively lift everyone out of poverty (Beegle and Christiaensen 2019). The United Nations (UN) Economic Commission for Africa (UNECA) projects that the COVID-19 pandemic will push between 5 million and 29 million more people below the extreme poverty line (Beegle and Christiaensen 2019). Furthermore, large structural gender inequalities continue to impede progress in poverty reduction in Africa.

## Turning the demographic dividend into opportunities

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The population in Africa continues to grow at high rates, exceeding 2.45 per cent every year since 2000. As a result, between 2017 and 2050, the populations of 26 African countries are projected to at least double their current size. Africa's youth population (aged between 15 and 24 years)

is growing rapidly; it is currently estimated that young people comprise over 60 per cent of the region's total population and 45 per cent of the total labour force (UNDESA 2017). In 2020, an estimated 25.9 per cent of young women were not in employment, education or training, compared to 15.8 per cent of young men (ILO 2020a). At the same time, child labour continues to blight the continent. Sub-Saharan Africa has seen an increase in both the number and the percentage of children in child labour since 2012. There are now more children engaged in child labour in sub-Saharan Africa – 86.6 million – than in the rest of the world combined (ILO and UNICEF 2021). The rapid expansion of Africa's population and intransigently high levels of child labour call for increased investment in social protection in order to seize the potential of the demographic dividend that accrues with a large young population and to combat the scourge of child labour.

## The informal economy and the working poor

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Informal employment accounts for 85.8 per cent of employment in Africa; most informal workers are living in poverty, without access to decent work or social protection. In sub-Saharan Africa, informal employment represents 82.7 and 89.7 per cent of men's and women's total employment, respectively (ILO 2018). Most of the new jobs created are in the informal economy; workers in these jobs represent the large "missing middle" of social protection systems, covered neither by contributory social insurance nor by the non-contributory schemes targeted at the poor. This pervasive informality of enterprises and employment leads not only to low coverage of social insurance, but also to limited fiscal space for tax-financed social protection schemes.

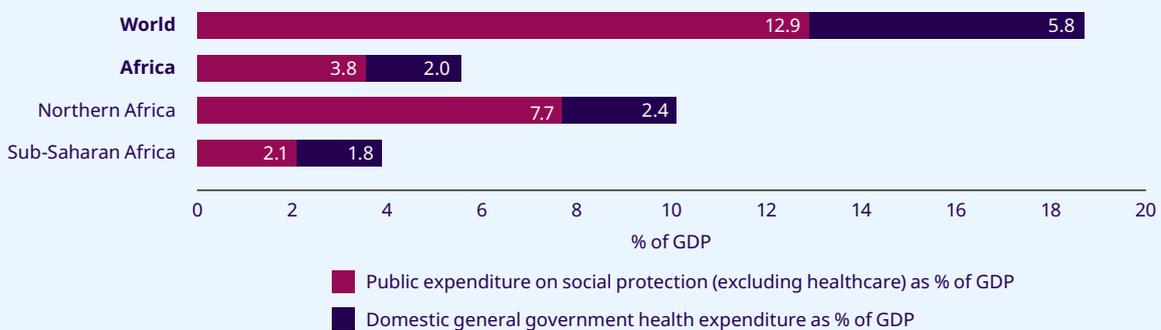
## Low public expenditure on social protection

Social protection coverage gaps in Africa are associated with significant underinvestment in social protection. African countries spend on average less than 4 per cent of their GDP on social protection (excluding health) and 2 per cent on public health expenditure (compared to the global average of 12.9 and 5.8 per cent, respectively). While countries in Northern Africa spend on average 7.7 per cent of their GDP on social protection and 2.4 per cent on health, sub-Saharan Africa lags behind, with only 2.1 per cent of GDP allocated to social protection and 1.8 per cent to health (see figure 2).

The medium- and long-term impact of the COVID-19 crisis on the economy and public finances remains uncertain; in Africa, where vaccinations are occurring at a slower rate, economic recovery is more sluggish than in other parts of the world. Economic recession and reduced public revenues may lead to austerity measures, including in social protection, that would put at risk the objective of a human-centred recovery and the achievement of the SDGs by 2030.

Several options are being discussed to increase financing for the SDGs and for social protection in particular. In some northern African countries under fiscal and budgetary constraints, reforms of price subsidies, in particular food and energy subsidies, were undertaken even prior to the COVID-19 crisis, or are being discussed. Yet in some countries, the removal of energy subsidies has generated macroeconomic instability, with uncontrolled inflation (in, for example, Egypt and Sudan), widespread concern about living standards among the population and, in some cases, social unrest. Social assistance programmes introduced to compensate for the removal of subsidies did not perform their mitigation role to the degree expected, owing to a lack of ambition in terms of coverage and benefit adequacy. Such fiscal reforms led to regressive effects, further exacerbated by the COVID-19 crisis. This example underscores the challenge and complexity of identifying sustainable financing options for social protection in the current context. Formalizing the economy and employment, and improving the management of public finances, are other possible options for increasing the State's revenues for social protection.<sup>1</sup>

► **Figure 2. Public social protection expenditure (excluding health), percentage of GDP, 2020 or latest available year, and domestic general government health expenditure, percentage of GDP, 2018, by region and subregion**



Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by GDP.

Sources: ILO, [World Social Protection Database](#), based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

<sup>1</sup> For more discussion on the different options, see Ortiz et al. 2019.

## Addressing the impact of climate change and conflict: The role of social protection

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Climate change in Africa is having direct impacts on agriculture and food security, as well as on the economy as a whole. The UN estimates that, by 2030, up to 118 million people will be exposed to drought, floods and extreme heat, which will hinder progress in alleviating poverty (WMO 2020). These climatic events cause large-scale displacements of people; the same report estimates that 1.2 million people were displaced in 2020 in Africa as a result of climate-related risks (WMO 2020). The combination of national and subregional instability and poverty, displacement and food insecurity may further increase the State's fragility and threatens to reverse the progress made in socio-economic development over the past decade. The Sahel region and the Horn of Africa are particularly affected by the combination of these different shocks and risks. Extending social protection in these particularly fragile contexts poses some challenges in relation to strengthening institutions and covering the populations with social protection. However, social protection can also act as a powerful instrument for supporting human capability development and increasing access to decent work opportunities, helping to bring about more social cohesion and stability. The situation therefore calls for expanded investment in more robust and comprehensive social protection systems.

## Strong political commitment to the extension of social protection

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Africa has shown strong political will at the highest level to put in place policies aimed at building sustainable development and combating poverty, including social protection policies that will ensure effective and adequate social security for all the population. In addition to supporting the global commitments, most notably the 2030 Agenda for Sustainable Development (ILO 2021a), at the regional level this political commitment is anchored in, among other instruments, the Yaoundé Tripartite Declaration on the Implementation of the Social Protection Floor (ILO 2010), the African Union (AU) Ouagadougou + 10 Declaration and Plan of Action on Employment, Poverty Eradication and Inclusive Development (AU 2015a), the Addis Ababa Declaration on Transforming Africa through Decent Work for Sustainable Development,<sup>2</sup> and regional instruments such as the Economic Community of West African States (ECOWAS) General Convention on Social Security.<sup>3</sup> More recently, Agenda 2063: The Africa We Want (AU 2015b) outlined the AU's strategic framework for the socio-economic transformation of Africa over the next 50 years, and the Abidjan Declaration for the Centenary, adopted by the ILO constituents during the 14th African Regional Meeting in December 2019,<sup>4</sup> calls for the progressive extension of sustainable social protection coverage.

In September 2021, the UN Secretary-General announced a Global Accelerator for Jobs and Social Protection, led by the ILO (UN 2021), to create a new era of universal social protection and of green and job-rich growth, and put the world back on track to reach SDG 1, SDG 8 and related goals. Echoing the Secretary-General's announcement, the ILO launched a Strategy for Accelerating the Extension of Social Protection Coverage in Africa, with the ambition of raising coverage from 17 per cent to 40 per cent by 2025.

<sup>2</sup> See [https://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---relconf/documents/meetingdocument/wcms\\_432579.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---relconf/documents/meetingdocument/wcms_432579.pdf).

<sup>3</sup> Supplementary Act A/SA.5/07/13 Relating to the General Convention on Social Security of Member States of ECOWAS, 2013.

<sup>4</sup> See [AFRM.14/D.4 \(Rev.\): Abidjan Declaration – Advancing Social Justice: Shaping the future of work in Africa](#).

# 3 Pre-COVID-19 situation: Progress made and remaining gaps

Despite the crucial role that social protection can play in reducing poverty and inequality, supporting formalization of the economy and accompanying the transition to a greener economy, only 17.4 per cent of the population in Africa are effectively covered by at least one social protection benefit, compared to 46.9 per cent globally, with significant variation between Northern Africa (33.8 per cent) and sub-Saharan Africa (13.7 per cent) (see figure 3). While statutory social insurance schemes exist in all countries, their coverage remains limited: only 13.4 per cent of Africa's labour force was affiliated to a contributory scheme in 2020. Despite the considerable efforts and progress that have been made in extending social assistance benefits, only 9.3 per cent of vulnerable populations in Africa receive them.

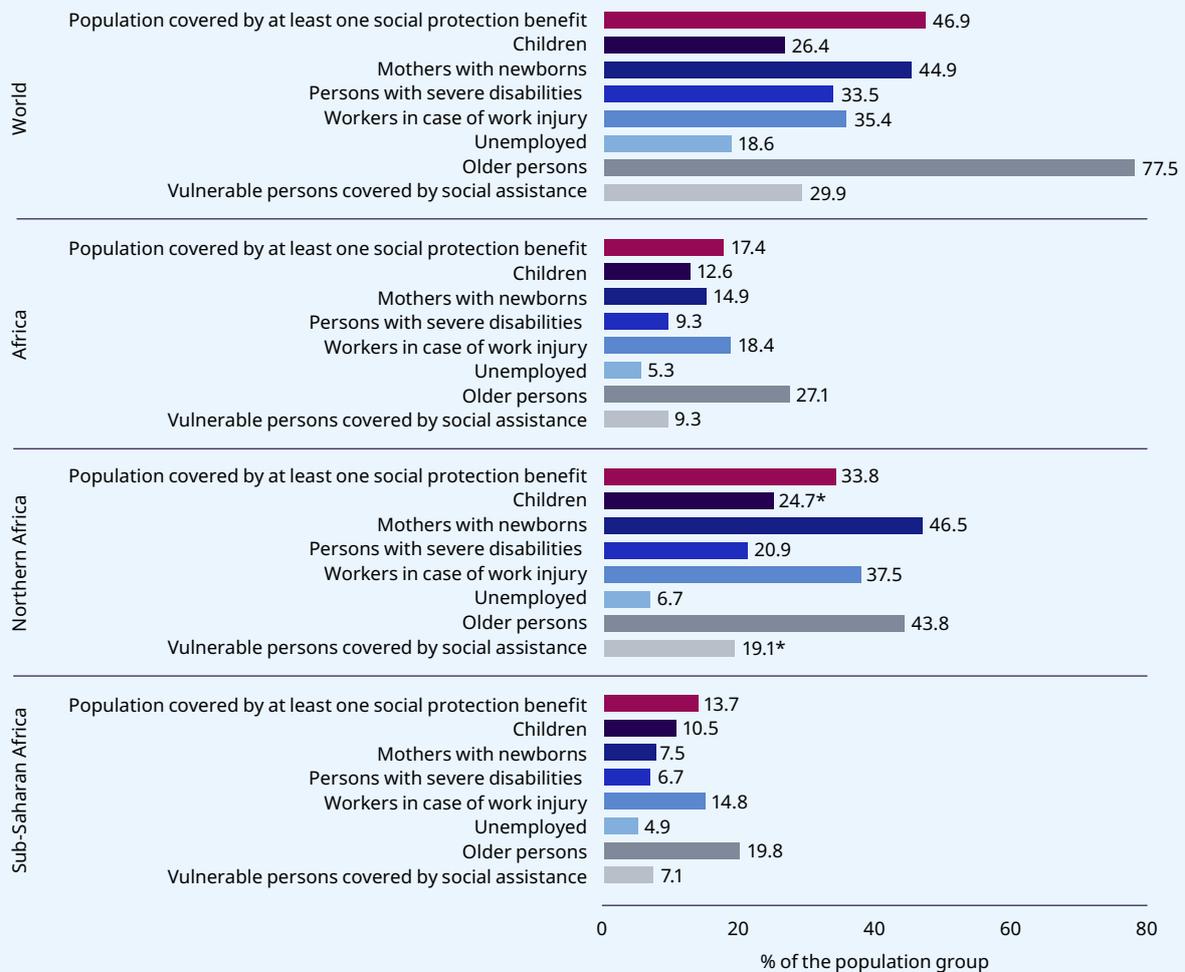
Old-age pensions remain the most common social protection benefit across Africa, with an effective coverage rate of 27.1 per cent among those over 60 years old; this relatively high coverage on the continent is boosted by Northern African countries, where pension coverage is higher (43.8 per cent). Some countries, such as Botswana, Cabo Verde, Eswatini, Lesotho, Mauritius, Namibia, the Seychelles, South Africa and Zanzibar (United Republic of Tanzania) have achieved or are approaching universal old-age pension coverage through a combination of contributory and non-contributory benefits, yet with some shortcomings in terms of benefit adequacy.

In recent years, some governments, supported by development partners, have undertaken efforts to

implement cash transfer programmes targeted on vulnerable families. This is an interesting development in a context where the level of poverty is relatively high, especially among families with children, and where social insurance schemes still have limited coverage. Despite this accelerated implementation of non-contributory programmes targeting certain groups in a vulnerable situation or with specific needs, coverage gaps persist in maternity protection, child and family benefits, unemployment protection and sickness and disability benefits, in part owing to limited coverage through social insurance. However, most of these non-contributory programmes are not yet embedded in legislation, are often disconnected from the rest of the national social protection system and cover only a limited number of beneficiaries, thereby achieving only marginal impacts on poverty rates and living conditions. Furthermore, the long-term financial sustainability of these programmes is often questionable, owing to their reliance on external funding from development partners.

Social health protection remains the priority of many national strategies for extending social protection. A number of countries (such as Algeria, Botswana, Cabo Verde, Egypt, Libya, Morocco, Namibia, South Africa and Tunisia) have embarked on the path towards universal healthcare. Despite the adoption of national legal frameworks in many countries, however, much more needs to be done to achieve universal and adequate health coverage, in particular in West and Central Africa.

► **Figure 3. SDG indicator 1.3.1: Effective social protection coverage, global, regional and subregional estimates, by population group, 2020 or latest available year**



\* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by relevant population groups.

Sources: ILO, [World Social Protection Database](#), based on the SSI; ILOSTAT; national sources.

Link: <https://wsp.spr.social-protection.org>.

# 4 The COVID-19 pandemic: Urgent need for strengthening social protection in Africa

The COVID-19 pandemic struck at a time of growing concerns regarding the fragility of social protection systems in Africa. The crisis exposed gaps in coverage, adequacy and comprehensiveness, especially for workers in the informal economy, serving as a stark reminder that functional social protection systems are critical for socio-economic resilience. Many African countries did not have sufficiently robust social protection systems in place to contend with the crisis, which consequently conferred urgency on the great and long-standing need for reforms in many African countries. The crisis compelled governments to introduce at short notice temporary measures to extend social protection to uncovered populations and reinforce existing systems.

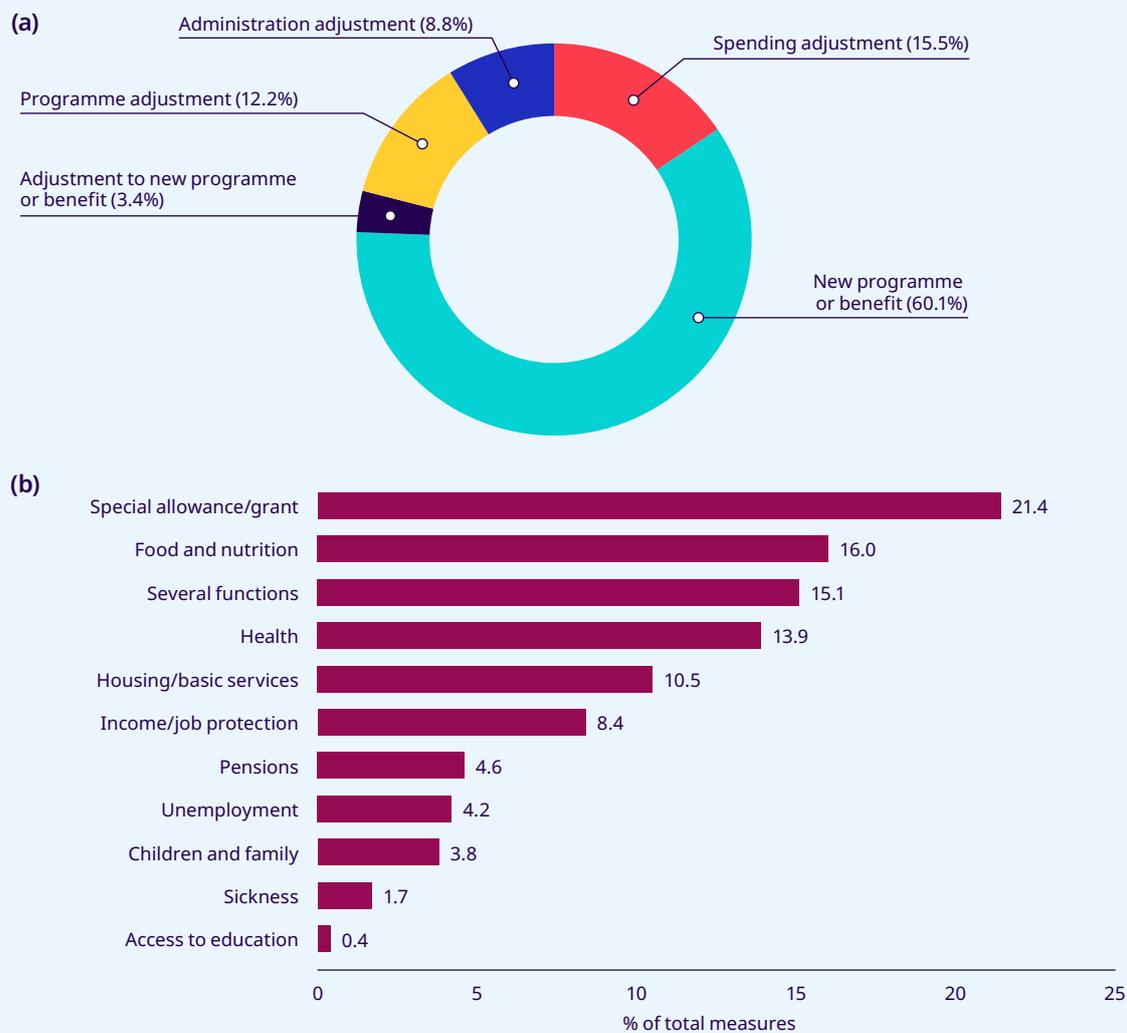
Almost all African countries introduced social protection measures – a total of 238 measures across the continent as of May 2021 – to mitigate the effects of the COVID-19 pandemic. Countries with strong social protection systems already in place were quicker to respond. The measures taken included adjustments to existing social protection programmes and new temporary interventions. Most of these measures were introduced through non-contributory mechanisms, but 14.1 per cent of them were made through contributory social protection schemes. This is not surprising, given that social insurance schemes still have limited coverage, and points to the long-standing need to make these schemes more inclusive.

The measures announced ranged across areas including income support, food and nutrition, health protection, employment retention benefits and unemployment protection, and access to education and other services (see figure 4). Unsurprisingly, the most widely adopted measures were temporary special allowances/grants in response to interruptions of economic activity and loss of livelihoods. The response included rapid programme adjustments or deployment of special cash and in-kind transfers, such as the food subsidy programmes in Angola, Botswana, Madagascar

and South Africa; a temporary increase in child and social grants, as well as a lively policy discussion and exploration of the concept of a basic income grant in South Africa (see box 1); top-up payments to beneficiaries of cash transfer programmes in Malawi; subsidies or deferred payment of utility bills in Eswatini; free water and electricity in the Democratic Republic of the Congo; and wage subsidies and tax relief in Ethiopia, Lesotho, Mauritius, Namibia and the Seychelles. However, sickness and family benefits were minimal, raising critical questions about the lack or functionality of certain branches within existing social security schemes. Similarly, despite the massive loss of jobs, unemployment protection measures accounted for only 4.2 per cent of responses, partly owing to the lack of pre-existing unemployment protection schemes in most African countries. In that area, Cabo Verde introduced temporary flexibility in the qualifying conditions for access to unemployment benefits and employment retention programmes, and Eswatini launched an unemployment relief scheme.

The COVID-19 response measures included active efforts to reach those in the informal economy and to meet the challenges typically posed by informality, including identification of potential beneficiaries, their lack of financial inclusion and their limited awareness of entitlements. In addition, administrative processes in existing schemes were adjusted, for example by efforts to reach workers in the informal economy through mobile phones to simplify processes in Angola and other countries; and through a lump-sum solidarity subsidy for informal workers in Cabo Verde and Togo (see box 2). Some of these new measures were the only form of social protection available to many, especially workers in the informal economy. Lessons learned from these efforts can help to inform future social protection policies to extend coverage to those in the informal economy, as well as to rural populations (ILO and FAO 2021; ILO 2021a).

► **Figure 4. Distribution of measures announced in Africa (percentages):**  
**(a) by type of adjustment, programmes and function in Africa;**  
**(b) by type and function**



Note: The types of coverage measured were announced February 2020 to April 2021.

Sources: ILO data for 2021 (see <https://www.social-protection.org/gimi/ShowWiki.action?id=3426>); *Social Protection Monitor*, Social Protection Responses to the COVID 19 Crisis around the World.

### ► **Box 1. South Africa: COVID-19 response and renewed calls for a basic income grant**

On 21 April 2020, the Government announced additional COVID-19 economic and social relief measures amounting to 500 billion South African rand (ZAR) (US\$35 billion), aimed at stabilizing the economy, addressing the decline in supply and demand and protecting jobs. This included ZAR50 billion (US\$3.5 billion) for social grants to those most acutely affected by the crisis for a six-month period, as well as increases in the Child Support Grant, pensions and disability grants.

The biggest intervention was the introduction of a special COVID-19 social relief of distress (SRD) grant of ZAR350 (US\$24) a month for an initial period of six months – paid on a temporary basis to individuals who were unemployed and not beneficiaries of any other form of social grant or receiving benefit from the unemployment insurance fund. The COVID-19 SRD grant was the first time unemployed working-age adults in South Africa were included in the social grant system. In July 2021, the Government announced that an extension of the COVID-19 SRD grant will be declared in March 2022.

In South Africa, as in many other countries, there are debates about the possibility of transforming COVID-19 response measures into permanent and sustainable social protection mechanisms. Proponents argue that economic distress was the reality for many South Africans even before the pandemic, given the high levels of unemployment, inequality and poverty, and that the crisis has only made this distress broader, deeper and more visible. It is argued that South Africa needs more than emergency provisions such as the SRD grant, and that what is required is a permanent form of income security, in the form of either a universal basic income or some other type of basic income support. While political support for a basic income grant has been expressed, there are concerns over the Government's fiscal position and the sustainability of such a programme. The debate looks set to continue in South Africa for the foreseeable future.

Source: Senona, Torkelson, and Zembe-Mkabile 2021.

### ► **Box 2. Togo: digital cash transfer programme supports people in the informal economy**

A digital cash transfer programme (NOVISSI) is a 100 per cent digital social protection intervention established by the Government of Togo to support eligible citizens in the informal economy whose daily income was disrupted by the COVID-19 crisis. It is a cash transfer scheme which, from April to June 2020, provided a monthly cash transfer to the most vulnerable individuals and families during the early phase of the health emergency. Potential recipients were advised to register online to benefit from the programme as soon as their profile was considered eligible to receive NOVISSI support. The payment amount varied between women (12,250 Central Bank of West African States francs (XOF) per month (US\$22.27)) and men (XOF10,500 per month (US\$19)). By December 2020, 1,632,942 individuals had registered for the programme and 819,972 had received the cash transfer, 60 per cent of them women.

The NOVISSI programme is an especially instructive response, as it shows what governments can do when they are determined to reach uncovered populations. Togo prioritized the “missing middle” of informal economy workers, reaching half a million people in just one month and using technology to reach the target beneficiaries. By bringing the programme recipients into the administrative infrastructure of the State and giving people an incentive to open mobile money accounts, which promotes financial inclusion, NOVISSI creates the possibility of permanent extension of social protection to these people.

Source: <https://novissi.gouv.tg>.

During the COVID-19 pandemic, migrant workers were among the most severely affected workers in terms of both health and economic impacts, as many of them work in high-risk sectors such as healthcare, caregiving, agriculture, agro-food processing and transport. The COVID-19 crisis acted as a reminder of the importance of equality of treatment in social protection. Experience from the pandemic revealed cases of discrimination against migrant workers, food insecurity, rising poverty, layoffs, deteriorating working and living conditions, and greater restrictions on their movements. In some cases, especially in the initial stages of the crisis, many migrant workers were excluded from COVID-19-related social protection measures. As the crisis progressed, many African migrants returned (some involuntarily) to their countries of origin, forcing some countries, such as Ethiopia, to put in place exceptional measures to support their returning migrants. Some governments and development partners implemented targeted social transfers to migrant workers (for example in Botswana and South Africa), and sub-regional attempts were made to improve coverage for migrants (see box 3).

Finally, governments rapidly strengthened their responses through stimulus packages or public spending adjustments designed to finance social protection measures: for example, the Seychelles increased its budgetary allocation to the Agency for Social Protection. The impressive deployment of social protection measures and

budget allocations demonstrated the capacity of governments to mobilize domestic resources for social protection. Of the social protection measures taken in response to the crisis, 60.1 per cent were new benefits or allowances, highlighting the fact that many countries were previously lacking robust social protection schemes and delivery mechanisms that could provide for an automatic response, such as unemployment protection schemes or social assistance schemes embedded in national legislation.

The crisis response in Africa demonstrated that extending social protection to many groups, including to those in the informal economy, is feasible. However, as the crisis continues, many questions arise regarding the sustainability of the COVID-19 response measures and how lessons from those measures can be used to inform the development of comprehensive and sustainable social protection systems for all. By the end of 2020, several countries in Africa had initiated actions or were exploring possibilities (see box 4) to fill social protection gaps and build and strengthen social protection systems, following national COVID-19 impact and response assessments. These include, in addition to the example summarized in box 4, concrete programmes such as a social protection recovery plan in Botswana; proposed reforms to extend coverage to workers in the informal economy in Kenya, Uganda and Zimbabwe; comprehensive social security reforms in South Africa; and reforms to the national pension fund in Namibia.

### ► **Box 3. Improving cooperation on migrant social protection entitlements in Southern Africa**

The adoption in March 2020 by employment and labour ministers and social partners in the Southern African Development Community (SADC) of a subregional framework for social protection for migrant workers – the SADC Social Security Portability Guidelines – provides a good example of commitment to and a concrete framework for social protection for migrant workers. The framework, based on the principle of equality of treatment, facilitates cooperation between social security institutions and ensures that workers moving within the SADC region have access to social security and do not forfeit their social security entitlements. Beyond the SADC, the COVID-19 pandemic has renewed interest in portability mechanisms to improve protection for migrant workers, as well as discussions on the establishment of migrant welfare funds.

Source: SADC 2020.

► **Box 4. Eswatini: Renewed efforts to build social protection systems – from unemployment relief to the establishment of an unemployment benefit scheme**

Eswatini confirmed its first COVID-19 case in March 2020 and the ensuing state of emergency froze economic activities in a range of sectors. By the end of May 2020, several companies had filed applications to lay off employees, resulting in over 8,000 unpaid layoffs. As part of the crisis response, the Government announced a 25 million Eswatini lilangeni (US\$1.75 million) COVID-19 unemployment relief fund to provide income support to workers in vulnerable situations. The Government later initiated feasibility studies for the establishment of an unemployment benefit scheme as part of measures aiming at comprehensive social security reforms and efforts to mitigate the impact of future crises. This marks a promising step towards the progressive realization of social protection in the country.

Source: Ministry of Labour and Social Security, Eswatini.

On the basis of these country experiences, it may be concluded that the development of comprehensive social protection systems that provide broad coverage, adequate benefits and redistribution mechanisms is crucial, to be achieved through a combination of social insurance and non-contributory programmes. Building such systems requires significant and long-term investment in Africa, beyond cash transfer programmes limited to the poorest.

The impacts of and lessons from the COVID-19 crisis revived commitments and brought an urgency to addressing the long-standing need for reforms. It is in this context that the ILO launched the strategy for accelerating the extension of social protection in Africa in November 2021.

# 5 Strengthening social protection for all throughout the life course

## ► 5.1 Social protection for children and families

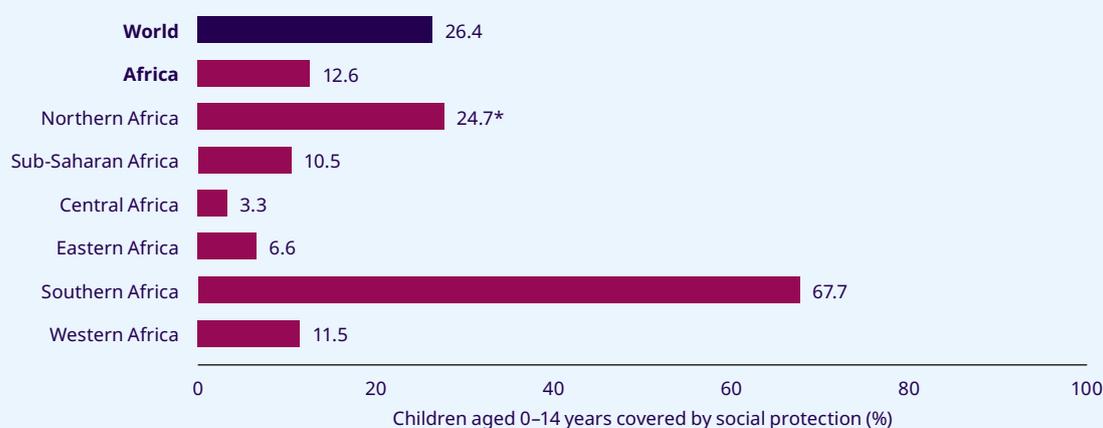
Effective social protection coverage for children is still very limited in Africa: only 12.6 per cent of children receive child benefits. This is very low compared to the global average of 26.4 per cent. Within the region (see figure 5), Southern Africa shows higher rates of coverage than countries in other African regions, where coverage is woefully low. This underscores the urgency of accelerating the extension of social protection for children.

Despite this very limited coverage, child benefits and other cash transfer programmes specifically targeting children have been introduced in Africa and were used during the COVID-19 response

to channel additional support (for an example, see box 5).

However, despite the large proportion of children in the population (accounting for just over 40 per cent of the population, compared to a world average of 25.6 per cent), African countries on average spend much less on social protection for children as a percentage of their GDP than countries in other regions. Africa is one of the regions of the world with the greatest need for social protection, for the reasons mentioned above that disproportionately affect children and women, yet it has the lowest social protection

► **Figure 5. SDG indicator 1.3.1 on effective coverage for children and families: Percentage of children 0–14 years receiving child and family cash benefits, by region and subregion, 2020 or latest available year**



\* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by number of children.

Sources: ILO, [World Social Protection Database](#), based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

### ► Box 5. Egypt: The Takaful programme

The Takaful conditional cash transfer scheme is a nationwide programme that provides means-tested conditional cash transfers to poor households with children (0–18 years). It aims to reduce poverty and produce positive human development outcomes, especially in nutrition, maternal and child health, and education, operating on the basis of soft conditionalities implemented in coordination with relevant ministries.

The programme covers a maximum of two children per household, and the recertification of beneficiaries' eligibility as part of the means-testing mechanism occurs every three years. The monthly base household entitlement is 325 Egyptian pounds (EGP) (US\$21) and a combination of transfers to children ranges between EGP60 (US\$ 3.8) for children aged below 6 years to EGP80 (US\$5.11) for a primary education student, EGP100 (US\$6.38) for a preparatory education student and EGP140 (US\$8.93) for a secondary education student.

The monthly basic household entitlement represents about 44 per cent of the national poverty line (EGP736), and therefore its adequacy still needs to be improved to ensure families are lifted out of poverty.

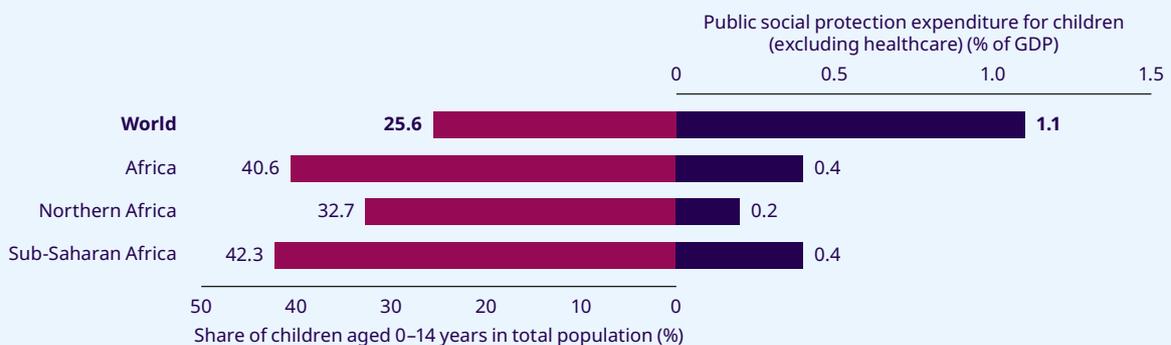
Amid the outbreak of COVID-19, the Government increased coverage of the programme to include an additional 160,000 households – equating to a total of 3.11 million households (11 million individuals) covered in 2021. Almost 4 million children benefit from the programme.

Source: Gentilini et al. 2021; [Egyptian Ministry of Social Affairs](#).

coverage and expenditure on children – on average, just 0.4 per cent of GDP (see figure 6). Demographic trends will further exacerbate these challenges, especially in sub-Saharan Africa where children represent 42.3 per cent of the population; this discrepancy underscores the need to close the financing gap for children and the need for

substantial investment in children across the continent, not only to ensure the realization of children's rights, but also to enable the countries of the region to reap the latent “demographic dividend” in the form of healthier, more skilled and more productive future adults able to contribute to greater prosperity.

► **Figure 6. Public social protection expenditure (excluding health) on children (percentage of GDP) and share of children 0–14 years in total population (percentage), latest available year**



Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by GDP.

Sources: ILO, [World Social Protection Database](#), based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

## ► 5.2 Social protection for women and men of working age

### 5.2.1 Extension of social protection for the working-age population in a context of high levels of informality

Informal employment is the main source of income-earning work in Africa, accounting for up to 85.8 per cent (82.7 per cent for men and 89.7 per cent for women) of all forms of employment and for nearly 9 in 10 young workers (ILO 2018). This population is highly vulnerable to poverty, low earnings and irregular incomes, and is for the most part excluded from existing employment-related social protection schemes and from the limited tax-financed social assistance provision available.

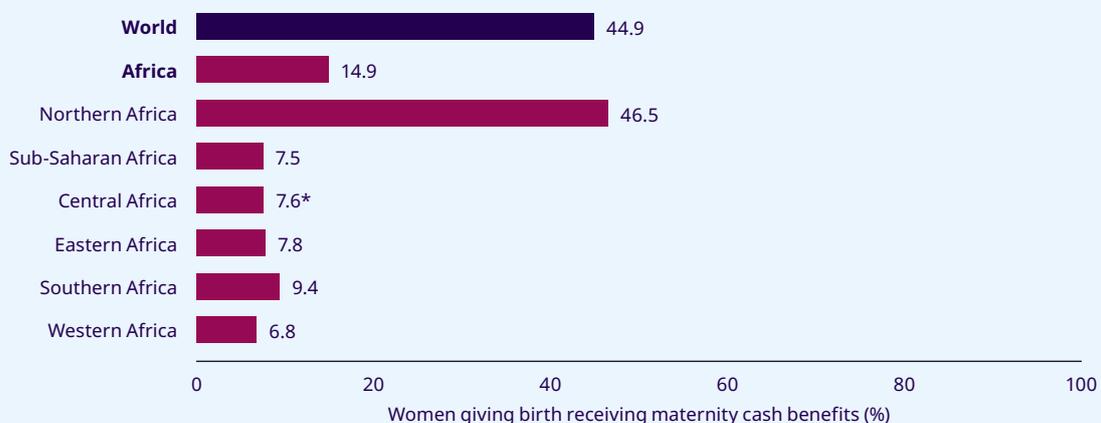
Social protection coverage for women and men of working age usually refers to work-related contingencies, such as maternity, or temporary or permanent incapacity to work due to sickness, work injuries, job loss or disability. This section provides an overview of the extent of provision for the working-age population in Africa.

### 5.2.2 Maternity protection, paternity and parental leave benefits

Most women giving birth in Africa do not have access to maternity cash benefits, with coverage extending to only 14.9 per cent of childbearing women (see figure 7).

More specifically, the exclusion of a large number of women in both formal and informal employment from adequate maternity protection increases the associated risks of maternal and perinatal morbidity and mortality, and negative consequences for child development. The COVID-19 pandemic has further reduced the coverage rate of maternity protection, as a result of many women having lost jobs in adversely affected sectors such as accommodation and food services and administrative activities (ILO 2021b). Moreover, as employer liability is still a strongly prevalent financing mechanism in Africa, discriminatory practices against women in the labour

► **Figure 7. SDG indicator 1.3.1 on effective coverage for maternity protection: Percentage of women giving birth receiving maternity cash benefits, by region and subregion, 2020 or latest available year**



\* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 of the *World Social Protection Report* for methodological explanation. Global and regional aggregates are weighted by number of mothers with newborns.

Sources: ILO, [World Social Protection Database](https://socialprotection.org/), based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

market are common. While 18 countries have social insurance maternity benefits, another 18 have employer liability provisions only, and 11 others combine employer liability with social insurance. The Seychelles is the only country to have non-contributory maternity benefits. Women own-account workers, those working in small and medium-sized enterprises and those working in rural areas are the ones most severely affected by the lack of maternity coverage.

As reported previously (ILO 2021c), some African countries have undertaken efforts to move from employer liability to social insurance coverage for maternity benefits. However, in the period covered by this report, no significant progress was made in the transition from employment liability to social insurance coverage for maternity protection.

As a consequence of limited social insurance maternity provision, extensive support is required in the form of social assistance for the majority of mothers with newborns in rural areas and in the informal economy to provide them with at least a basic level of income security during the last stages of pregnancy and after childbirth as part of a nationally defined social protection floor. Such basic maternity benefits are fairly cost-effective, because they are limited in duration, and would contribute to the realization of women's rights and gender equality, which is a priority for African states. However, national commitment needs to be fostered, as only eight countries have ratified the ILO Maternity Protection Convention, 2000 (No. 183).<sup>5</sup> Typically, differences in the provision of maternity benefits exist between the public and private sectors in Africa. Informal employment dominates the private sector, which excludes women from any maternity cash benefits based on social insurance principles. Therefore, women suffer disproportionately and adversely from the impacts of informal employment. When women are in formal employment, the duration of maternity benefits offered in the private sector is often shorter than in the public sector, and in many cases the benefit amounts provided are also lower.

Despite a burgeoning political debate (in, for example, Cabo Verde and Tunisia), to date no significant progress has been recorded regarding paternity benefits.

### 5.2.3 Sickness, employment injury and disability benefits

Sickness, employment injury and disability benefits are areas where no significant progress has been made in extending coverage. Existing schemes for these benefits remain based on employer liability (29 countries) or on contributions through social insurance (30 countries), and exclude workers in the informal economy. Very limited data are available to measure the effective coverage of sickness benefits, reinforcing the need for both better data collection on effective coverage and improvements in provision, as has become clear during the COVID-19 pandemic. At present, 13 countries provide legal coverage through social insurance, and 31 countries through employer liability.

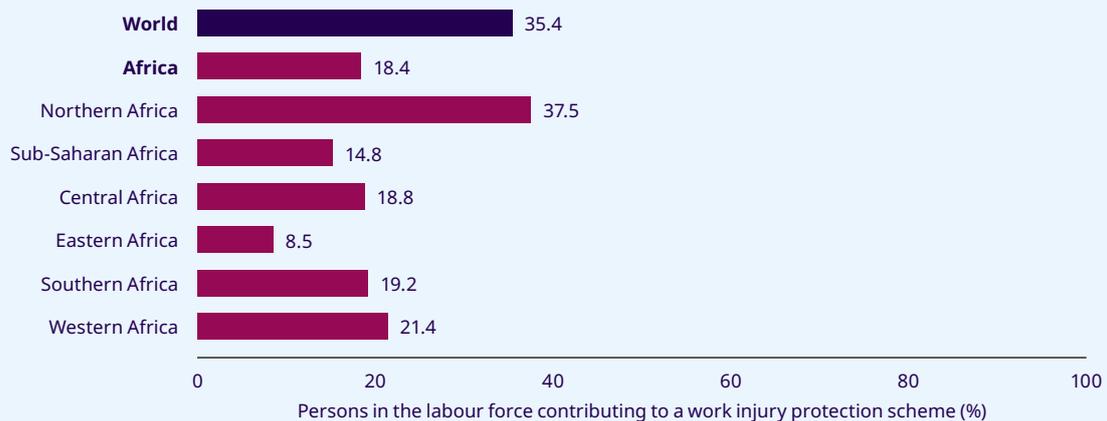
Only 18.4 per cent of the labour force (aged 15 and over) are actively contributing to an employment injury scheme and are thus covered in case of employment injury and occupational diseases; 30 countries currently provide coverage through social insurance and another 29 countries through employer liability provisions, with higher coverage rates in Northern Africa (37.5 per cent), compared to only 14.8 per cent in sub-Saharan Africa (see figure 8).

Most people with severe disabilities remain unprotected in Africa, with only 9.3 per cent having access to social protection benefits (see figure 9). There are significant disparities within the region. Southern Africa has a coverage level of 61.8 per cent, which is way above the global average, while in the other subregions, especially Central, Western and Eastern Africa, coverage is very limited.

Of the 47 countries for which information is available, 35 provide coverage through social insurance only, and several others through a mixed system of social insurance combined with provident funds or social assistance. Just six countries provide universal non-contributory benefits. A few countries are implementing new programmes for the protection of people with disabilities. In Senegal, the *Carte d'Égalité des Chances* programme allows people with disabilities to access a range of services including healthcare, education, transport and cash transfers. Legal frameworks in some countries whereby employers can choose to compensate employees directly or to buy private insurance present another key challenge for extending these benefits.

<sup>5</sup> Benin, Burkina Faso, Djibouti, Mali, Mauritius, Morocco, Niger and Senegal.

► **Figure 8. SDG indicator 1.3.1 on effective coverage for employment injury protection: Percentage of labour force aged 15+ years covered by cash benefits in case of employment injury (active contributors), by region, subregion and income level, 2020 or latest available year**

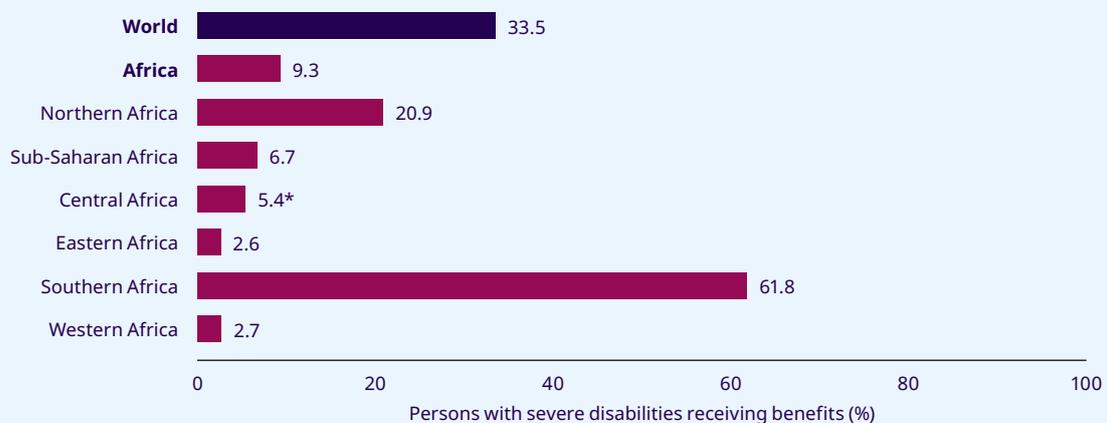


Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by labour force.

Sources: ILO, [World Social Protection Database](#), based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

► **Figure 9. SDG indicator 1.3.1 on effective coverage for disability protection: Percentage of persons with severe disabilities receiving cash benefits, by region and subregion, 2020 or latest available year**



\* To be interpreted with caution: estimates based on reported data coverage below 40% of the population.

Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by number of people with disabilities.

Sources: ILO, [World Social Protection Database](#), based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

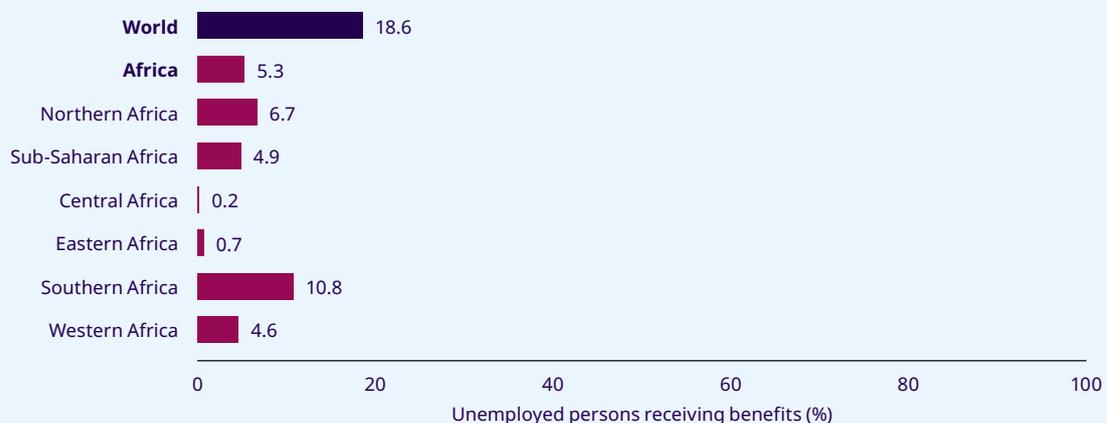
## 5.2.4 Unemployment protection

The global economic crisis generated by the COVID-19 pandemic resulted in a fall of 7.7 per cent in hours worked in Africa in 2020, which is equivalent to the loss of 29 million full-time jobs (ILO 2021b). Consequently, unemployment has drastically increased, revealing the lack of social protection for many workers, in particular the lack of unemployment benefits or other forms of income support. In addition, the absence of unemployment protection schemes in many countries and the limited presence of active labour market programmes, such as employment retention benefits and wage subsidies, which have proven to be effective COVID-19 response measures, left many workers with no income during periods of lockdown, with particular impact on those in sectors badly affected by the restrictive measures taken to combat the pandemic in Africa.

Unemployment protection in Africa remains limited. Effective coverage for unemployment protection for the working-age population is relatively low: only 5.3 per cent of unemployed people receive unemployment benefits, owing to a lack of schemes in many countries and high levels of informality (see figure 10).

Eight countries have implemented unemployment benefit schemes (Algeria, Cabo Verde, Egypt, Gabon, Mauritius, Seychelles, South Africa and the United Republic of Tanzania). Many African countries still rely on severance pay provisions regulated in national labour codes based on employers' liabilities, but companies often face economic challenges that inhibit payment of these benefits, and dismissed workers rarely initiate legal action to claim their rights. Therefore, unemployment benefits would constitute a better mechanism to provide income security for jobseekers. One of the challenges that African countries face, however, is to fulfil the second objective of an unemployment protection scheme: namely, the promotion of employment through effective linkages with active labour market policies and job centres, which are limited or non-existent in most African countries. Another challenge lies in the limited coverage that unemployment insurance schemes provide in countries largely dominated by informal employment and where youth unemployment is high. Even globally, only 18.6 per cent of the unemployed effectively receive unemployment benefits. Many countries in Africa have chosen to address other pressing priorities, such as universal social health protection, social protection for children or universal old-age benefits, before unemployment insurance benefits, which has also been the trend in most developed social security systems.

► **Figure 10. SDG indicator 1.3.1 on effective coverage for unemployment protection: Percentage of unemployed persons receiving cash benefits, by region and subregion, 2020 or latest available year**



Notes: See Annex 2 of the [World Social Protection Report](#) for methodological explanation. Global and regional aggregates are weighted by number of unemployed.

Sources: ILO, [World Social Protection Database](#), based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

## ► 5.3 Social protection for older women and men: Pensions and other non-health benefits

While African societies are relatively young, with relatively low proportions of older people, population ageing will eventually become a reality here too, with very large numbers of older people. In addition, elderly people in Africa tend to be more prone to poverty, largely owing to the absence of old-age benefits. Currently, only 27.1 per cent of the continent’s population over retirement age have effective pension coverage (see figure 11). Only 8.5 per cent of Africa’s working-age population actively contribute to pension schemes.

Some countries have started to explore innovative mechanisms for the extension of old-age pensions to informal economy workers and uncovered populations, either through the extension of social insurance, or through universal or means-tested non-contributory basic old-age pensions. Cabo Verde, for example, has had an old-age social pension for more than 15 years that is entirely tax-financed; similar schemes exist in Botswana, Lesotho, Namibia and Zanzibar (United Republic of Tanzania). South Africa covers around two thirds of its older population through

the old-age grant. Some other countries have extended contributory old-age pension coverage to previously uncovered workers, such as the self-employed or workers in the informal economy, through simplified and adapted mechanisms attached to their general schemes. In 2019, Côte d’Ivoire adopted a law to establish a mandatory scheme for self-employed workers, managed by the National Social Security Fund (CNPS). In 2019, Zambia passed Statutory Instrument No. 72,<sup>6</sup> which has established the legal basis for the extension of social protection to informal workers through the National Pension Authority (NAPSA). Egypt recently adopted a law (El-Din 2019) that includes a plan to extend coverage to informal economy workers.

Some countries started to reform their pension systems through parametric adjustments to ensure sustainability, with increases in contribution rates, revision from an end-of-career to a career average pension formula, and even by raising the retirement age, as has been done in Egypt, Mauritania, Morocco and Tunisia.

<sup>6</sup> See <https://www.enotices.co.zm/download/statutory-instrument-no-72-of-2019-the-national-pension-scheme-informal-sector-membership-etc-pdf/>.

► **Figure 11. SDG indicator 1.3.1 on effective coverage for old-age protection: Percentage of persons above statutory retirement age receiving an old-age pension and percentage of labour force aged 15+ years and working-age population aged 15+ years covered by pension scheme (active contributors), by region and subregion 2020 or latest available year**



Notes: See Annex 2 of the *World Social Protection Report* for methodological explanation. Global and regional aggregates are weighted by relevant population groups.

Sources: ILO, *World Social Protection Database*, based on the SSI; ILOSTAT; national sources.

Link: <https://wspr.social-protection.org>.

## ► 5.4 Towards universal coverage in health

In recent years, many African countries have initiated discussions, adopted laws and implemented reforms to enhance social health protection with a view to achieving universal health coverage. The general trend shows an evolution from highly fragmented systems, made up of a few free healthcare mechanisms and community health-based schemes, to coherent and comprehensive national systems combining contributory and non-contributory financing mechanisms, under the responsibility of the State.

However, significant challenges remain in relation to ensuring universal access to healthcare. With very high out-of-pocket health expenditures for households, most of the population still cannot afford any healthcare. Beyond financial barriers, rural populations still face difficulties in accessing health services. While primary healthcare facilities may be more widely available, specialized health services are usually only accessible in the main cities, with a mix between public and private health providers the most common modality. More than other parts of the world, Africa relies on faith-based institutions to provide healthcare and reduce the gaps in accessibility to health services. Nevertheless, lack of access to healthcare and the paucity of pre-financed mechanisms is a major source of impoverishment, sometimes compelling people to sell their assets to be able to access treatment.

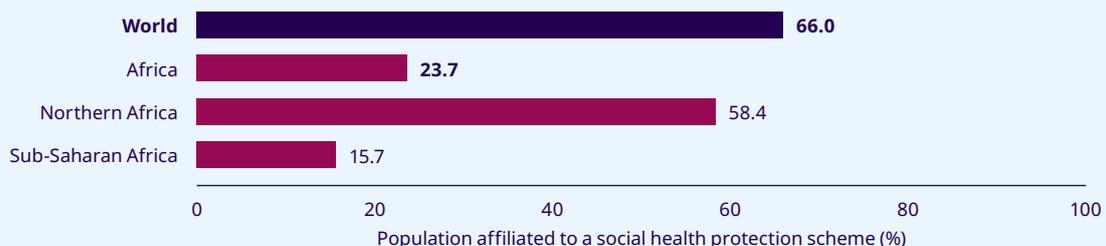
Effective coverage for social health protection in Africa stands at 23.7 per cent (58.4 per cent in Northern Africa, and only 15.7 per cent in sub-Saharan Africa), well below the global average of

66 per cent (see figure 12). One of the reasons for such pronounced coverage gaps is under-investment in health systems, as reflected in average public health expenditure of only 2 per cent of GDP on average, compared to the global average of 5.8 per cent of GDP (see figure 1 above). However, even where legal coverage is provided, barriers to accessing healthcare remain in the form of out-of-pocket payments for health services, physical distance, limitations in the range, quality and acceptability of health services and long waiting times, as well as opportunity costs such as lost working time.

In spite of these long-term challenges, some health systems are becoming more equitable with the adoption of pro-poor policies, for instance the State subsidization of health insurance contributions for poor households in several countries (see boxes 6 and 7) and for the self-employed (see box 8).

The development of an appropriate architecture for a universal health protection system, and in particular the role of community health insurance schemes, is an important subject of discussion in several countries. The experience of some countries shows that a better link between a national health insurance institution and social economy institutions can improve outcomes. When linked to national schemes, community health insurance schemes can implement local functions such as social mobilization and registration, as well as the collection of contributions and their transfer to the national scheme. Such integration facilitates the extension of coverage to workers in the informal economy.

► **Figure 12. Effective coverage for health protection: Percentage of the population covered by a social health scheme (protected persons), by region, subregion and income level, 2020 or latest available year**



Notes: Share of persons protected by a healthcare scheme for their primary coverage. Mechanisms include national health insurance; social health insurance mandated by the State (including subsidized coverage for the poor); national healthcare services guaranteed without user fees or with small co-payments; and other programmes (user fee waivers, vouchers, etc.). Global and regional aggregates are weighted by population.

Sources: Based on data from the ILO SSI and OECD Health Statistics 2020; national administrative data published in official reports; information from regular national surveys of target populations on awareness on rights.

Link: <https://wspr.social-protection.org>.

### ► Box 6. Extending health coverage in Senegal through subsidization of contributions

In 2013, Senegal set up a universal health coverage system, intended especially to extend coverage to workers in the informal economy and their families, and other vulnerable groups. The monthly contribution is subsidized at 50 per cent for informal economy workers and 100 per cent for poor people identified through the single social register. Almost half (49 per cent) of the population is currently covered by this health insurance scheme. Despite some challenges in maintaining regular contributions and therefore effective coverage, this represents promising progress in the extension of health provision, and indicates how governments can incentivize affiliation to social health protection schemes through subsidies. It also shows how people working in the informal economy, including the agricultural sector, who are excluded from schemes for formal sector workers, can become eligible to benefit from the Government subsidy. The only criterion for eligibility is registration in a community health insurance scheme.

Source: Agence Nationale de la Couverture Maladie Universelle du Sénégal <https://www.agencecmu.sn/>.

### ► Box 7. Universal health insurance in Egypt

The 2018 universal health insurance (UHI) law provides the basis for the progressive extension of health insurance coverage to the whole Egyptian population. In addition to the population previously covered by the Health Insurance Organization, the new national health insurance scheme will cover the population below the poverty threshold (with fully subsidized health insurance contributions) as well as other categories of the population. The UHI law earmarks a number of taxes (including those on tobacco products, cars, motorway tolls and driving licences) for the subsidization of contributions and healthcare financing.

Source: [Law No. 2 of 2018 promulgating the Health Insurance System](#).

### ► Box 8. Morocco's extension of health insurance to self-employed workers

Morocco has extended health protection to its entire population. As a priority, a compulsory health insurance scheme for self-employed workers was adopted in 2017. The progressive implementation of the scheme was set up by a 2020 ministerial decree to make health coverage a reality for 800,000 retailers and craftpersons, 1.6 million farmers, 220,000 self-employed workers in the transport sector and 80,000 independent professionals by the end of 2021.

The new specific health insurance scheme for these self-employed people will also be managed by the National Social Security Fund (CNSS), which already manages the scheme for salaried workers. It will therefore benefit from the CNSS's experience and economies of scale, in particular for management and administrative charges. Overall, more than 3.5 million self-employed workers are expected to benefit from this health coverage extension. In addition, the 2021 bill is intended to integrate the means-tested Health Medical Assistance Scheme (RAMED) into the compulsory health insurance system, a process which should be completed by 2022. The State is expected to cover the insurance contributions of RAMED's vulnerable groups.

Source: See [Law 98.15 adopted in 2017](#).

# 6 Regional priorities and policy options for further progress

If Africa is to achieve its commitment to social protection and meet the SDGs, it will have to address the root causes of social protection deficits in coverage, comprehensiveness and adequacy through strategies that rally governments, workers, employers and other stakeholders around a common agenda, which may be summarized in the following seven points.

**Need for a rights-based approach embodied in legislation:** A prerequisite for universal social protection systems is the translation of the human right to social security into effective entitlements to benefits, as prescribed by national law (ILO 2021d, para. 4). Intensified efforts to embed social protection programmes in law are essential for ensuring effective coverage and more stable financing of those programmes.

**Addressing underinvestment in social protection systems:** The large social protection coverage and adequacy gaps in Africa are associated with significant underinvestment in social protection, with social protection expenditure (excluding health) reaching only 3.8 per cent of GDP on average (Durán Valverde et al. 2020). Sustainable financing of social protection is an important prerequisite for the development and implementation of universal social protection systems (Ortiz et al. 2019). For Northern Africa and sub-Saharan Africa, closing the financing gap for national social protection floors – consisting of four social protection benefit guarantees (covering children, working age and old age) and healthcare – would require allocations of 8.3 and 8.2 per cent of GDP, respectively (ILO 2020b). Filling these financing gaps in the region requires greater efforts to expand fiscal space, both by mobilizing domestic resources through progressive taxation (such as income and wealth taxes) and by increasing social security contributions, with solidarity as a key underlying principle. The principle of solidarity is also relevant at the international level: some countries will need external financial support to complement domestic efforts, in the short term, through official development assistance, and more sustained support from the international financial institutions (Ortiz et al. 2019).

**Extending adequate social protection to those in the informal economy:** The exclusion of workers in informal employment, whether in the informal or the formal sector, from social protection is one of the key challenges facing Africa (ILO 2017). There has been some success in extending social security provision to those in the informal economy; examples are the inclusion of domestic workers in maternity and unemployment insurance in South Africa, and the adoption of an adapted and simplified social insurance regime in Côte d'Ivoire (ILO 2021a). Yet much more needs to be done to achieve universal coverage. Addressing the various barriers to coverage for enterprises and workers, including exclusions from legal coverage, limited financial and administrative capacities, weak governance and compliance frameworks, and a lack of awareness and trust, is critically important in achieving economic and social development through a comprehensive approach that is adapted to national contexts and the diverse realities of workers and enterprises, and supports their progressive transition from the informal to the formal economy (ILO 2021a). In addition to addressing informality more generally, particular attention is needed to enhance coverage for rural populations, migrant workers and workers in other vulnerable situations.

**Engaging the humanitarian–development–peace nexus in contexts of protracted fragility:** Many African countries were already experiencing humanitarian crises before the pandemic, as a result of civil unrest, armed conflicts and climate-change-related disasters such as drought and flooding. In some of these countries, humanitarian cash transfer programmes are in place to support vulnerable populations. There is a growing call for the implementing actors and stakeholders to engage in the humanitarian–development–peace nexus. This is key to the success (or failure) to plan, fund and implement an effective and scalable response to the COVID-19 crisis that builds on existing systems and/or supports the building of new sustainable social protection systems (ILO 2021c). Countries such as Mozambique have adopted a legal framework to leverage humanitarian aid to support vulnerable populations.

**Attenuating the challenges posed by climate breakdown:** In a world poised to be riven by climate breakdown, comprehensive and adaptive social protection systems will be of critical importance in managing the socio-economic challenges that will ensue. Consequently, countries should strengthen their social protection systems to ensure that they can play a key role in supporting the just transition to a green economy (AFD and ILO 2019).

**Strengthening governance and administration of social protection systems and schemes:** In many countries, social protection systems are not implemented with sufficient regard to good governance and administration. Efforts to strengthen tripartite social dialogue, and to increase efficiency in administrative processes such as registration, collection of contributions, financial management and monitoring, are crucial to improve trust in public institutions and build stronger social protection systems.

**Reinforcing policy and institutional coordination:** The fragmentation of social protection systems is often a hindrance to their efficient functioning and can lead to protection gaps and adverse effects on the functioning of labour markets. For this reason, coherence and integration across social protection systems, and between social protection, employment and economic policies, including policies that promote the transition from the informal to the formal economy, need to be strengthened to achieve better results (ILO 2021a).

## Moving forward: The ILO's strategy to accelerate social protection coverage in Africa

Taking into account the political, social and economic imperatives for accelerating the extension of social protection in Africa, as called for by the 2019 Abidjan Declaration, the ILO Regional Office for Africa has launched a regional strategy to support constituents in expanding social protection coverage to reach the target of 40 per cent of the continent's population receiving at least one social protection benefit by 2025 (ILO 2021e).

This strategy is structured in three action areas.

► **Action area 1:** Enhance coverage and adequacy through robust social protection strategies, legal frameworks and programmes. This action area will support constituents in extending social insurance to workers in the informal economy and rural areas; in designing and implementing effective and sustainable social assistance schemes; and in achieving universal health coverage.

► **Action area 2:** Close financing gaps by ensuring adequate and sustainable financing for the extension of social security coverage.

► **Action area 3:** Develop strategic partnerships.

This strategy was developed at a critical juncture in the light of the socio-economic challenges presented by the COVID-19 pandemic, which reinforced the urgency of establishing and strengthening universal social protection systems that are responsive to the needs of the population to support their resilience over the long term. This strategy is in line with the UN Secretary-General's Common Agenda Report,<sup>7</sup> especially its call for a renewed social contract between governments and their peoples, and within societies, that includes a new era of universal social protection. It is built on recent developments in social protection at both the global and regional levels, including the Global Accelerator for Jobs and Social Protection (UN 2021), announced by the UN Secretary-General in September 2021 and led by the ILO, with the aim of ushering in a new era of universal social protection, green and job-rich growth, and putting the world back on track to reach SDG 1, SDG 8 and other related goals.

Workers in the informal economy have been disproportionately affected by the COVID-19 pandemic owing to their lack of social protection (ILO 2020c) and containment measures such as lockdowns, social distancing requirements and mobility restrictions, which continue to have unequal effects. As shown in the previous sections of this report, African governments have implemented a wide range of measures to throw a lifeline to vulnerable workers and their families, helping many enterprises to survive. However, the development of effective social protection systems cannot be achieved through one-off crisis response measures. The regional strategy therefore seeks to support ILO constituents and stakeholders in building on COVID-19 response measures to strengthen existing social protection

<sup>7</sup> See [Our Common Agenda | United Nations](#).

schemes and systems in line with international labour standards, with due regard to national needs and circumstances.

The need for adequate social protection has never been more evident or more urgent. In most developing countries, this requires significant increases in public spending. Some of this spending must be directly allocated to the effort to contain and deal with the health challenges posed by the COVID-19 crisis, including vaccine procurement, while also funding continued treatment of other health conditions. In addition to healthcare needs, there is growing food insecurity, necessitating income support for the many millions of people who have lost their employment and livelihoods during lockdown (Ghosh 2020). To respond to these needs, African countries need to find innovative ways to improve financing for social protection, as part of the agenda on financing the pursuit of the

SDGs. National social dialogue between government and employers' and workers' organizations, as well as civil society and other stakeholders, is fundamental to generating the political will to exploit all possible financing options and adopt the optimal mix of public policies for social protection, in line with international social security standards (ILO 2020d). In the short to medium term, domestic resource mobilization efforts will have to be complemented and supported by global solidarity and a more enabling global financial architecture.

To extend social protection and move towards universal coverage, African countries will need to act decisively on many fronts. Building strategic partnerships at the national, regional and international levels will enable them to unlock policy and fiscal solutions that will reform and transform national social protection systems and meet the promises of the 2030 Agenda.

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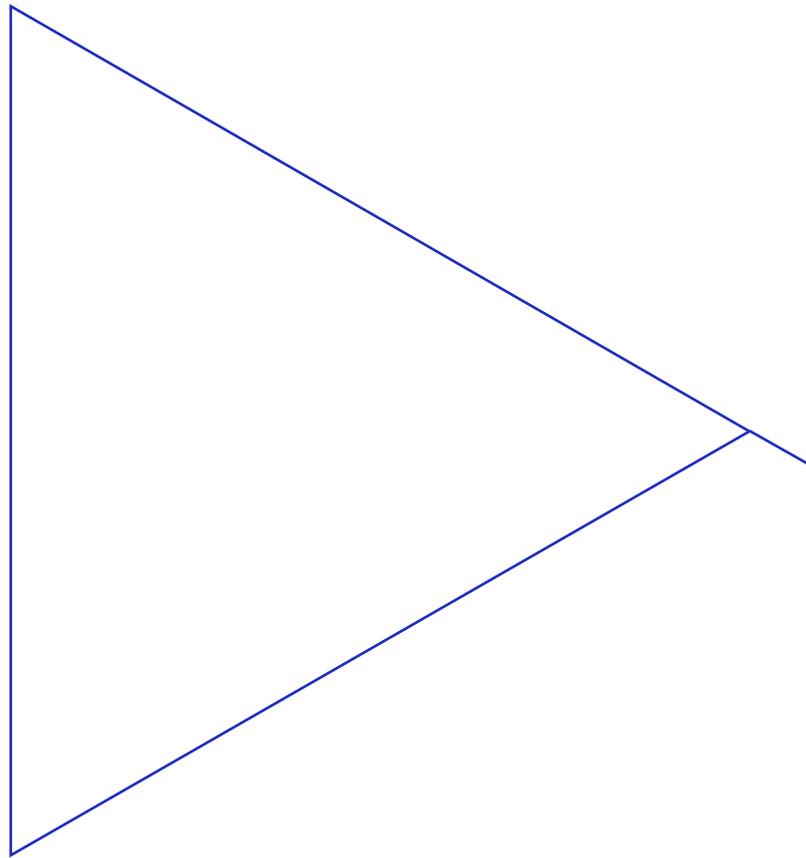
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## Advancing social justice, promoting decent work

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The International Labour Organization is the United Nations agency for the world of work. We bring together governments, employers and workers to drive a human-centred approach to the future of work through employment creation, rights at work, social protection and social dialogue.

This regional companion report is intended to complement the ILO's *World Social Protection Report 2020–22*. It includes a section summarizing the status of social protection worldwide, followed by a section highlighting key social protection developments, challenges and priorities for this region from a life-cycle perspective.



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