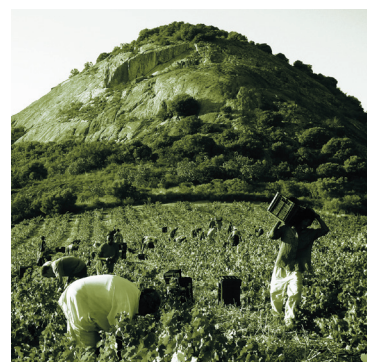


Africa: A new balance for social security



Africa: A new balance for social security

DEVELOPMENTS AND TRENDS

International Social Security Association
Geneva, 2011

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The report was prepared by Magid Fathallah, Shea McClanahan, Maribel Ortiz and Yukun Zhu, with contributions and comments from Simon Brimblecombe, Svenja Falk, Wouter van Ginneken, Florian Léger, Philippe Marcadent, Ariel Pino, Aviva Ron and Jens Schremmer.

Roddy McKinnon edited the report. Frédérique Bocquet provided editorial support. Alexander Belopopsky coordinated the design and production.

Preface

This Developments and Trends report has been prepared for the second Regional Social Security Forum for Africa, organized by the International Social Security Association (ISSA), and hosted by the National Social Security Fund (NSSF), from 5 to 7 December 2011, in Arusha, United Republic of Tanzania. This regional report for Africa—to accompany reports for the Americas, Asia and the Pacific, and Europe—supports continuing endeavours to better understand and address the key challenges facing ISSA member organizations in the different regions of the world.

This second Developments and Trends regional report for Africa builds on the conclusions of the 2008 regional report presented in Kigali and of those of the 2010 Developments and Trends global report prepared for the World Social Security Forum in Cape Town. These reports confirm Dynamic Social Security as a vital component for achieving national development in Africa and that greater effort is required to extend social security, offering opportunities for poverty alleviation and investment in human capital.

Directed by the wider findings of the last triennium, the ISSA has identified four main topics of investigation for the 2011-2013 triennium that tackle key dimensions of Dynamic Social Security: proactive and preventive approaches in social security; the extension of social security coverage; adequacy and quality of social security benefits and services; and administrative and operational efficiency and effectiveness. These topics frame the content of this report.

The choice of these topics and other regional priorities help direct the ISSA's network of liaison offices and focal points for the countries of Africa in their efforts to build an expert platform for regional cooperation and the exchange of technical knowledge. The regional network represents the true essence and force of the ISSA: a *modus operandi* to foster active cooperation among member organizations to develop and promote social security.

The purpose of this report is twofold: first, to synthesize and interpret the most important recent developments and trends in Africa and, second, to provide the key background document for the Developments and Trends Session of the Regional Social Security Forum for Africa. The discussions during the Regional Forum will provide an opportunity for all of us to complement this report and to debate its messages. I hope that this report will serve as an inspiring stimulus for our discussions and welcome you all to contribute actively, before, during and after the Regional Social Security Forum for Africa in Arusha. The outcome of these discussions will be carried forward to the World Social Security Forum to be held in Doha, Qatar, from 10 to 15 November 2013.

Hans-Horst Konkolewsky
Secretary General

CHAPTER 1

Introduction

An important element of the ISSA's mandate is to promote excellence in social security administration. The pursuit of such excellence aims to contribute toward improving the adequacy and quality of benefits and services delivered to populations, and gains achieved in improving the operational efficiency and effectiveness of programmes should make the sustainability of social security systems more certain.

To support the efforts of social security organizations to realize administrative excellence and to ensure the sustainability of social security systems more generally—objectives that are essential for improving the social security of populations—the ISSA has identified four main topics for investigation, which tackle key dimensions of Dynamic Social Security (see Box 1.1.).

A global trend toward a new balance for social security

Global analysis of developments and trends reveals an emerging movement toward what is here referred to as a new balance for social security, wherein greater importance is being accorded by many social security systems and programmes to forward-looking and earlier interventions (proactive and preventive approaches). Although the pace and scale of this trend

varies across ISSA regions (Africa, the Americas, Asia and the Pacific, and Europe), a relative overall shift is discernible.

A direct upshot of this international shift in balance—the evidence of which was first reported in the Developments and Trends global report prepared for the World Social Security Forum in Cape Town (ISSA, 2010a)—is the emerging tendency for national authorities to strengthen, where appropriate and practicable, social security's roles of prevention and rehabilitation/reintegration in particular.

On the one hand, this trend is driven in part by the need to secure the financial sustainability of social security programmes and systems. On the other hand, social security systems increasingly acknowledge the added value for society of “investing in people”: to support employment, improve indicators of health and empower covered populations. The longer-term objective is the realization of socially inclusive societies and productive economies.

From the perspective of improving the design and administration of social security programmes, forward-looking and earlier interventions necessitate

1.1. Four topics for investigation

- Proactive and preventive approaches in social security
- Extension of social security coverage
- Adequacy and quality of social security benefits and services
- Administrative and operational efficiency and effectiveness

greater institutional collaboration and coordination in the management of risks. And the delivery of such interventions requires ongoing adaptation in social security organizations' human resources, business processes and administration.

The trend toward a new balance in social security has wider resonance: it supports endeavours to extend access to coverage, improve the adequacy and quality of benefits and services, and improve administrative and operational efficiency and effectiveness — the other three topics that frame the chapters in this series of reports.

Challenges and developments in Africa

Of all the ISSA regions, it is perhaps in Africa where the shift toward a new balance in social security is the least pronounced — yet, as this report shows, in many of the continent's countries such movement is nonetheless underway, focussing mainly on supporting investments in health and employment. The challenge is to heighten further the role to be played by forward-looking and earlier interventions in social security programmes, and not least as regards the design and delivery of health care and work injury schemes.

For many countries of Africa, how best to address low levels of social security coverage — typically, as the Appendix to this report shows, for a limited number of risks only — remains the key priority and presents significant policy design and delivery challenges. Furthermore, coverage extension must be pursued in the context of multiple external challenges, such as large rural populations, widespread informal employment and an associated narrow tax base, inadequate basic social infrastructure, a high burden of infectious disease and a growing burden of chronic disease, high illiteracy rates, gender inequality and generalized insecurity. Positively, however, this report shows that the rapid extension of coverage is possible.

In recent years, African governments have embraced social protection as a means to address poverty and

inequality and to promote the general health and well-being of their citizens, as reflected in recent high-profile region-wide commitments.¹ These developments, together with growing international momentum in favour of the United Nations-led initiative for the development of a Social Protection Floor of essential minimum income security and health care entitlements, suggest that policy design, delivery and contextual challenges can be tackled. In many countries, greater dialogue to define more clearly the possible roles to be played by social security organizations in the realization of coherent national social protection strategies is still required, however.

It is accepted that each country is responsible for the progressive realization, in the first instance, of its citizens' minimum social well-being. Among the countries of Africa, political, cultural, demographic and economic differences require responses that are tailored to national priorities and institutional capacities. A necessary matching step for social security organizations in Africa is to see continuing and quantifiable improvements in the governance, financing and administration of existing contributory and tax-financed social security programmes. Such improvements should act to support broader efforts to extend effective coverage and ensure more comprehensive access to benefits and services that are adequate and sustainable.

Accordingly, it is to investigating and reporting the evidence of recent developments and trends in social security in Africa, including the identification of administrative excellence and good practice, that this report is addressed.

This does not mean that more cannot be done, however. As the evidence of this report firmly underlines, social security administrations have an important responsibility to proactively engage in national policy debates as fully as their mandates will allow. In so doing, they can make a further positive contribution to the objective of realizing social security for all.

1. For example, the 2004 Ouagadougou Plan of Action on Employment Promotion and Poverty Alleviation; the 2008 Windhoek Social Policy Framework for Africa (precursors to which were the Livingstone Call for Action for Social Protection of 2006 and the Yaoundé Call for Action of 2006); the 2010 Khartoum Declaration; and the 2011 Yaoundé Social Protection Plan for the Informal Economy and Rural Workers 2011-2015.

CHAPTER 2

Proactive and preventive approaches

In recent years, social security globally has tilted its axis toward strategies comprising proactive and preventive approaches. Albeit a nascent trend in Africa, there is emerging evidence of measures being taken by many African governments and social security organizations to better anticipate, respond to and, in some instances, mitigate the need for benefits. Approaches of this sort are particularly relevant in the areas of health care, occupational safety and health, work injury programmes, employment promotion and labour market re-integration.

Proactive and preventive approaches to social security in African countries aim not only to help address in the long run the growing benefit burden facing many social security organizations, but to respond more fully to chronic risks and needs that have historically gone unaddressed. That said, in the context of stubborn coverage gaps, all social security schemes that aim to extend coverage to difficult-to-reach population groups with the longer-term aim of reducing vulnerability may be considered, by definition, as proactive and preventive.

Supporting health

Engendering proactive and preventive approaches in health care begins with the need for existing social security systems to include health care benefits. Currently, most social security systems in Africa provide benefits for old-age, disability and survivorship and work injury, but not health care. This situation is in part due to the greater complexity for social security

systems of financing and delivering adequate health care and of meeting the more unpredictable and essentially individual nature of health care needs.

There has been a noteworthy growth in efforts to extend access to health care in Africa and, in many cases, to include explicit prevention measures. Of note, the regulations surrounding the extension of health insurance in Gabon, Mauritania and Mali, for instance, make clear reference to prevention measures. Although in a growing number of countries developments are occurring at the national level, in others they are being carried out through small schemes independent of social security systems (McIntyre et al., 2008; Carrin et al., 2008). These schemes tend to target informal workers through community-based initiatives and usually do not offer lifetime entitlement to, or the portability of, benefits.

With this in mind, some of the identified major priorities for proactive and preventive activities in African health care systems are to better address chronic diseases, including HIV/AIDS, and high maternal mortality ratios.

Chronic disease

Most African countries now face a double burden of disease (communicable and non-communicable), with chronic conditions, such as hypertension, diabetes and heart disease, becoming more prevalent. Social security organizations might consider working more closely with partners to create greater awareness of these risks and to implement programmes for early detection

and disease management. In the first instance, such investments would be justified from the perspective of reducing suffering. In turn, because the treatment of complications related to chronic diseases accounts for significant and rising proportions of health care costs, health care organizations and, in some instances, sickness and disability insurance programmes, would have a direct financial interest in supporting prevention strategies. In this regard, in the United Republic of Tanzania, for instance, the National Health Insurance Fund sponsors sports activities for insured members identified as being at higher risk of developing chronic medical conditions.

Though efforts to create special prevention programmes for chronic diseases have been limited in the region, region-wide calls for action — such as *The African Declaration and Strategy for Diabetes*, signed by 52 African Union members in 2006 (IDF, WHO-AFRO and AU, 2006) — evidence that there is political will to develop coherent national strategies to prevent and manage chronic disease. Building on its compulsory health insurance scheme initiated in 2006, Morocco's National Sickness Insurance Agency (ANAM) has partnered with the Ministry of Health and medical agencies to implement a comprehensive prevention programme for long-term illnesses, which includes national guidelines for medical good practices and the close monitoring and follow-up of patients with chronic conditions (Tazi, 2011).

Gabon's National Social Security Fund (CNSS) has created a structure for the prevention of occupational diseases that focuses on the prevention and early diagnosis

of certain illnesses, including both communicable and certain chronic diseases such as diabetes. It is important that initiatives like these be scaled up and fully institutionalized in order for prevention strategies to be effective. The recent recognition by Nigeria of mental stress as a work-related chronic health problem for which compensation may be paid draws attention to some of the broader legal, medical and administrative challenges of assessing as well as preventing chronic health problems (see Box 2.1.).

HIV/AIDS

The incidence of HIV/AIDS may be decreasing in some countries, but people living with AIDS are living longer, effective anti-retroviral treatment (ART) costs are rising as more survivors need third-generation drugs, and international donors are reducing financial support. At the country level, Zambia stands out for having pursued an aggressive HIV/AIDS prevention strategy since the 1990s, including widespread education campaigns and preventing mother-to-child transmission through state provision of ART to infected mothers and newborn infants. By 2009, an estimated 69 per cent of all pregnant women living with HIV received ART (Avert, 2011).

Most often, social security programmes, especially in sub-Saharan Africa, have responded to the social and economic impacts of HIV/AIDS by providing cash benefits that support carers and survivors (e.g. Botswana, Lesotho, South Africa), rather than seeking to support measures to prevent or treat infection directly. National social security systems should recognize the risks to many of their members, support prevention efforts in

2.1. Nigeria's Employees' Compensation Act

Administered by the Nigeria Social Insurance Trust Fund (NSITF), the reformed work injury programme legislated under the 2010 Employees' Compensation Act provides compensation for insured workers and their dependants for work-related death, injury, disease and disability. A further role is the rehabilitation of disabled insured workers. Innovatively the text of the Act also recognizes that compensation and rehabilitation be provided for mental stress established as having resulted from specific events in the course of employment. This development suggests that just as training for work accident prevention is necessary, henceforth, training for the assessment, prevention and rehabilitation of mental health problems will be required for occupational safety and health specialists and the NSITF staff responsible for awarding and administering the benefits provided under the Act.

2.2. Mauritius' Transition Unemployment Benefit (TUB)

Introduced in 2008 and administered by the Ministry of Labour, Employment and Industrial Relations, the TUB aims to prevent long-term unemployment by providing temporary assistance to laid-off private-sector workers who join a workfare programme. As a social insurance scheme, the TUB goes beyond income replacement to offer job placement, training and re-skilling services as well as assistance in starting a small business. Financed primarily by employee contributions, the benefit is paid for up to one year, but is gradually reduced every three months. The TUB provided an important buffer for laid-off workers during the global economic crisis and is a promising example of how to combine income compensation with innovative re-integration activities.

the workplace and community, and seek to offer health and cash benefits when needed. For many countries, such a holistic approach may be subject to resource constraints. In response to this, employers are taking the lead in several countries, recognizing that keeping people living with AIDS in the workplace can increase productivity. Increasingly, businesses and business organizations are partnering with governments and social security organizations to cover health risks associated with HIV/AIDS. Examples of innovative experiences can be found in Botswana, Kenya, Namibia, Nigeria, South Africa, Uganda and the United Republic of Tanzania (Fultz and Francis, 2011).

Maternal mortality

Given high maternal mortality ratios in many African countries,² the efforts of ministries of health have centred on developing medical facilities and training health workers to provide care for mothers and children. However, access to such care remains the critical challenge. Even if some governments are now waiving charges for hospital deliveries, the necessary prenatal and postnatal care still require out-of-pocket expenditures.

Some governments have introduced health insurance to cover only the “maternity risk” through non-government initiatives, as in the United Republic of Tanzania. In Nigeria, the Government has decided that deliveries should be free of charge. Though potentially positive steps, these reforms remain limited. Optimally, maternity benefits should be linked to the minimum standards advocated in the International Labour Organization (ILO) Maternity Protection Convention

of 2000 (No. 183), and should address prenatal care, paid delivery, paid maternity leave, working conditions and job security during the maternity period.

Supporting employment, income security and empowerment

Integrated approaches to improving the social security of populations that recognize the multi-dimensional nature of social risks are increasingly common across the region, blurring the distinction between reactive social insurance-type benefits and those aimed at preventing or reducing broader risks like chronic unemployment and poverty. A distinguishing feature of many employment promotion schemes, particularly in sub-Saharan Africa, is the combination of income and in-kind support to the poor with employment creation (often through public works programmes).

Employment schemes

Preventing unemployment, especially youth and long-term unemployment, is paramount in Africa. The ILO estimates that more than three out of four workers are in vulnerable employment in sub-Saharan Africa, while in North Africa, 23.6 per cent of economically-active youth were unemployed in 2010 (ILO, 2011). In sub-Saharan Africa, over 85 per cent of total employment is in the informal economy (ILO, 2010b). Successful efforts to support employment and re-integration depend often on the presence of effective unemployment benefit programmes and support for employment promotion. Unfortunately, with notable exceptions in Algeria, Egypt, Tunisia, Mauritius (see Box 2.2.) and South Africa, the vast majority of citizens in African enjoy no statutory

2. Estimates for 2005 suggest that slightly more than half of all maternal deaths globally occurred in sub-Saharan Africa (WHO et al., 2007).

unemployment protection (SSA and ISSA, 2011). This fact helps underline why participation in the informal economy is so important for the survival and livelihoods of many households. Given the absence of institutional infrastructure upon which to construct employment promotion and re-integration activities, such efforts, inevitably, will be limited in much of the region.

Other African countries are actively pursuing alternative avenues for promoting employment and re-integration, including through public works and, exceptionally, employment guarantee programmes. Public works programmes are popular tools for social protection targeted at the working-age poor because they offer a way to combine social protection (especially in response to natural disasters and food shortages), infrastructure development and employment dimensions (McCord and Slater, 2009).

Currently, some 167 public works programmes operate across the region in countries as diverse as Ethiopia, Malawi, Senegal, South Africa and the United Republic of Tanzania. These schemes are typically heavily donor funded and offer “cash for work” or “food for work”. However, despite being applied in contexts of chronic poverty and vulnerable employment, the vast majority operate on a relatively small scale and offer only short-term employment “safety net” opportunities, without addressing underlying labour market deficiencies (McCord and Slater, 2009). They also have limited impact on beneficiaries’ longer-term employability. Only exceptionally — for instance, in Ethiopia, Malawi, Rwanda and South Africa (Barrientos, Niño-Zarazúa and Maitrot, 2010) — do they offer any form of employment guarantee or longer-term income support.

Income security schemes

In the more-developed economies, the income security of covered populations has been pursued mainly through comprehensive social insurance schemes providing cash benefits for the loss or reduction in income resulting from labour market or life-cycle risks. Typically, African social security systems provide coverage for a more limited number of risks and effective coverage extends only to small segments of the population. Recent reforms in contributory programmes have

aimed at improving sustainability, through preventing insolvency or poor oversight, and, in some cases, extending coverage.

Taking a proactive and preventive approach to financial sustainability is an important factor for the success of any social security programme. In this vein, Algeria operates a reserve fund, financed by an annual levy on income from oil taxes, to preserve the financial equilibrium of its pay-as-you-go pension system. In South Africa, the Public Investment Corporation Limited (PIC), which is owned by the South African Government, is one of the largest investment managers on the African continent. Its clients are exclusively public-sector entities, and its role is to invest funds on behalf of these clients. Among PIC’s clients are agencies and bodies responsible for South Africa’s pension, provident and social security schemes. Also, the socially-responsible investment strategies practiced by a number of African social security organizations are contributing to financial sustainability by managing longer-term and emerging risks, as well as supporting infrastructure development and employment creation.

Empowerment

Much of the new momentum behind recent developments and trends in Africa, however, has bent toward implementing new schemes, many of which are non-contributory (tax/donor financed) and, often, means-tested in nature and which combine the goals of providing a predictable income with broader socio-economic development goals. A recurrent aim in these programmes is to encourage empowerment and active participation in efforts to improve individual and societal well-being, reflecting a preventive logic that seeks to mitigate the future need for continuous support and, for families, to reduce the transmission of poverty across generations.

Schemes in which benefits are conditioned on children’s school enrolment and attendance or meeting certain health objectives (e.g. through vaccination and check-up requirements) fall into this category. Modelled largely on earlier experiences in Latin America, African versions (see Box 2.3.) of these so-called conditional cash transfers (CCTs) exist in Burkina Faso, Egypt, Ethiopia, Ghana, Kenya, Liberia, Mali, Malawi, Uganda

2.3. Ghana's LEAP cash transfer programme

Launched in 2008 by the Department of Social Welfare, Ghana's Livelihood Empowerment Against Poverty (LEAP) programme stands out for its preventive and integrated approach to benefits and service delivery. LEAP's design incorporates complementary social services (e.g. free health care through the National Health Insurance scheme, microfinance initiatives, supplementary feeding, agricultural inputs and skills training programmes) to ensure that beneficiaries receive both subsistence support and capacity development assistance. By 2010, the programme covered an estimated 35,000 Ghanaian households. As a mechanism for proactive and preventive intervention, the scheme uses cash incentives not only to encourage behaviours like school enrolment and retention, registration at birth and meeting certain post-natal care and immunization requirements, but to explicitly prevent negative or harmful practices, including child trafficking or child labour.

Sources: ISSA web portal <<http://www.issa.int>>; Ghana. Ministry of Manpower, Youth and Employment (2007).

and the United Republic of Tanzania (Barrientos, Niño-Zarazúa and Maitrot, 2010).

Though offering encouraging signs of progress, many CCT programmes in Africa tend to be “of fixed-term, small-scale, and at the pilot stage”, and because they tend to be extra-budgetary and/or donor financed, their financial sustainability is uncertain (ILO, 2010a, p. 2). Moreover, because they often bypass traditional social security structures, they can represent a missed opportunity for implementing a comprehensive social security strategy that not only covers individuals over the life cycle for a multitude of risks, but which lays a foundation for more unified and inclusive systems.

Ultimately, the institutional mix and decisions about scheme design are context and resource dependent. Ideally, by applying a proactive and preventive lens, countries should look for ways to integrate and

coordinate new schemes — many of which are non-contributory (tax/donor financed) in nature and target the poorest — with existing schemes and institutions. Studies should look into how social security organizations might play a more direct role in administering CCT programmes, not least because they offer a means by which social security organizations can extend protection to families and to mothers and children in particular.

Moving forward on proactive and preventive approaches

A key challenge for African governments and social security organizations is to systematically incorporate proactive and preventive measures into the coherent and integrated design of nationwide strategies in support of improving the social protection of populations. To this end, a first essential step to be addressed in many countries is to deepen system-wide institutional structures and linkages (see Box 2.4.).

2.4. Key messages for proactive and preventive social security

- Albeit a nascent trend in Africa, measures are being taken by a number of governments and social security organizations to promote proactive and preventive measures, including better anticipating, responding to and, in some instances, mitigating the need for benefits.
- Promising steps have been taken toward incorporating earlier interventions into health care, employment promotion and income security schemes, as well as actively engaging new actors and institutions in ongoing efforts to extend coverage in a sustainable manner.
- Nevertheless, the potential benefits to be gleaned from these efforts are often challenged by institutional fragmentation and, in particular, weak linkages between traditional social security structures and emerging non-contributory (tax/donor financed) schemes that target the poorest.

Extension of coverage

The conventional roles of social security systems are predominantly those of addressing labour-market and life-cycle risks and alleviating poverty—and in recent years the African Union and African governments have placed a growing emphasis on this latter aspect.³ Likewise, the *ISSA strategy for the extension of social security coverage* (2010c) has acknowledged this as a priority challenge. This evolving emphasis is influencing the nature of efforts designed to extend social security coverage and to improve the social protection of populations. Alongside improvements in programme design, the wider use of information and communication technologies (ICT) and other innovative service delivery mechanisms are playing a growing role in these efforts, not least as tools to enhance compliance and contribution collection activities. As a result, rapid extension of coverage can be observed in a number of countries.

However, much work remains to be done. At present, social security coverage ranges from 5 to 10 per cent in sub-Saharan Africa and from 20 to over 70 per cent of the population in middle-income African countries. High levels of informal employment translate into large coverage gaps in many countries, where only small minorities, usually formal-sector employees, have access to comprehensive social security protection.

Taking the region as a whole, most countries have work injury insurance schemes and provide coverage also for

old age, disability and survivorship. However, the provision of programmes for cash sickness and maternity benefits as well as health care benefits, family allowances and unemployment benefits is less developed. For example, family allowances are available in just over half of the countries, while unemployment programmes exist in five only (SSA and ISSA, 2011). Typically, the rural population, self-employed workers and those marginal to formal labour markets are left vulnerable, being largely excluded from appropriate or, indeed, any social protection.

Recent major developments and achievements in coverage extension

Initiatives to improve the social protection of vulnerable groups

In spite of a multitude of formidable social, economic and governance challenges, many countries have adopted innovative approaches to, and made breakthroughs in, improving the social protection of vulnerable population groups.

One approach is through either conditional or unconditional cash transfer programmes in a growing number of countries including, but not confined to, Ethiopia (Productivity Safety Net Programme), Ghana (Livelihood Empowerment Against Poverty—LEAP), Kenya (Home-Grown School Feeding Programme), Lesotho (Old-Age Pension) and Rwanda (Vision 2020 Umurenge Programme).

3. As one measure of why this is important, about half of the population in sub-Saharan Africa live in extreme poverty (ILO, 2010b).

In addition, Senegal launched a new programme in 2010, the National Initiative for the Social Protection of Vulnerable Groups (*l'Initiative nationale pour la protection sociale des groupes vulnérables*), in an effort to help alleviate poverty, vulnerability and social exclusion among the target population groups through capacity building and enabling wider access to money transfers and direct financial products. Zambia announced in 2010 plans to scale up a social pension pilot, the Katete Programme, to the national level after its initial implementation from 2004 to 2007, with funding support from the United Kingdom's Department of International Development (DFID). In Uganda in 2011, the Government (with donor support) launched a five-year cash transfer pilot, Social Assistance Grants for Empowerment (SAGE), which will provide an Old-Age Grant and a Vulnerable Families Support Grant in three districts initially, before being rolled out to other parts of the country.

Aside from strong political will coupled with financial commitments, constitutional provision on the right to social security has also served as an important driver behind coverage extension in Africa. For instance, the 2010 Constitution of Kenya grants each person a number of economic and social rights including the right to social security and obliges the State to provide appropriate social security to persons who are unable to support themselves and their dependants (Giovannetti et al., 2010).

Extending coverage through the expansion or consolidation of existing schemes

Another noticeable trend is coverage extension and benefit improvement through the expansion or consolidation of existing social security schemes. By innovatively using mixed financing sources (i.e. a combination of international aid, community-based health insurance schemes, government subsidies for marginalized groups and social insurance for the formal sector), nearly the entire population of Rwanda now has health insurance coverage, even though it is still classified as a low-income country (Rwanda. Ministry of Health, 2010).

In South Africa, the Government has decided to progressively extend within three years from January 2010

access to the Child Support Grant to children until they turn age 18, instead of age 15, permitting an additional two million children (on top of the existing 10 million) to qualify for the grant.

In Ghana, the National Health Insurance Scheme is financed through social insurance contributions from formal-sector (as well as some informal-sector) employees and includes state budget financial support for those unable to contribute. This programme, which is still to be fully implemented, currently covers nearly 70 per cent of the population (Giovannetti et al., 2010).

In North Africa, which is proximate to Europe and has large numbers of emigrants, governments are enhancing social protection for migrant workers and their families through bilateral agreements. For example, 218,000 Moroccan citizens living and/or working in Spain had been covered by the Spanish social security schemes by mid 2011 under the two countries' bilateral agreements. Meanwhile, the integration processes for the purpose of establishing common markets in the East African Community, Southern African Development Community and the Economic Community of Central African States have provided opportunities for the governments concerned to improve and coordinate their social security systems for the better protection of their populations.

In Tunisia, which is often showcased as a prime example of coverage extension under contributory programmes, social security schemes have adopted a variety of initiatives including education programmes, enhanced enforcement, and a more accurate income reporting system. As a result, social security coverage (for health care, old-age pensions, maternity, and work injury) has increased from 60 to 84 per cent of the workforce and their families in just ten years. Nearly all Tunisians engaged in the public and private non-agricultural sectors are now covered, and the aim is for universal coverage (Dupper and Olivier, 2010).

Extending coverage through new and mandatory contributory programmes

In Swaziland and Uganda, and reflecting a long-standing trend in the region, work is being carried out to

convert these countries' national provident funds, which provide lump-sum benefits for old age, disability and survivorship, into pension schemes based on social insurance principles (Myeni, 2011). No less important, a multitude of new and mandatory contributory cash

benefit and health care programmes have been established or are being planned (see Box 3.1). That most of these initiatives are still very recent, it is difficult to assess their performance, but it is hoped that they will prove sustainable.

3.1. The introduction of new and mandatory programmes

Cash benefit programmes

- In 2008, Mauritius introduced the Transition Unemployment Benefit programme as a new social insurance scheme, which combines income replacement with innovative labour market re-integration activities.
- In Kenya, an individual contributory pension scheme for the informal sector, the Mbao Pension Scheme, was launched in 2009. Targeting 8.5 million workers in small-and medium-sized enterprises, it is expected to grow to become the largest scheme in the country.
- In 2010, Ghana reformed its pension system into three pillars: i) a reduced earnings-related defined benefit pay-as-you-go public programme (still administered by the SSNIT); ii) a new privately-managed occupational pension programme, and iii) a new privately-managed programme that includes provident funds and personal pension plans.
- In Nigeria, the Employees' Compensation Act was enacted in 2010, and resulted in the compulsory transfer to the Nigeria Social Insurance Trust Fund of the Workers' Compensation Scheme that, previously, was operated by the private insurance industry.
- In Malawi, Pension Bill No. 14 of 2010 aims to establish a system of mandatory individual accounts for most workers under a new national pension fund. Up till now, Malawi has had no mandatory pension system for private-sector workers.
- Ethiopia introduced a mandatory pension scheme for private-sector employees in 2011.

Health care programmes

- In 2008, Burkina Faso commenced a project on universal health insurance, which aims at providing wide access to health care for communities (100 per cent for the formal sector and 30 per cent for the informal sector) by 2015 (UNDP and ILO, 2011).
- Gabon created a mandatory health insurance programme to cover low-income individuals, civil servants and workers in the private sector in 2009.
- Since 2009, Uganda has implemented a mandatory national health insurance scheme, which aims initially to target public-sector employees and gradually extend coverage to private-sector and informal-sector workers.
- In 2011, Mali implemented a mandatory health insurance scheme that protects current and retired civil servants and their dependants as well as workers covered by the labour code and their dependants.
- Ethiopia implemented a new social health insurance scheme in 2011 for all types of workers, which covers all taxpayers under mandatory social health insurance and offers voluntary coverage to non-taxpayers including farmers and unemployed persons under community-based health insurance.
- The National Health Insurance Scheme of Nigeria, which has been mandated to extend health care to all Nigerians by 2015, announced in 2011 plans to implement the community-based Health Insurance Programme to cover the informal sector that accounts for 75 per cent of the national population (Leo, 2011).
- Togo introduced in 2011 a mandatory contributory health insurance scheme for civil servants. The National Health Insurance Institute (*Institut national d'assurance maladie*—INAM), which manages the scheme, will reimburse services and medical care at 100 per cent for maternity and child care and at 80 per cent for all other care. The aim is to progressively extend coverage to other sectors.

Universal coverage via coherent multi-pillared and multi-institutional arrangements

A number of countries are moving toward coherent multi-pillared and multi-institutional national social security policies aiming at achieving universal, comprehensive coverage. Such policies comprise state-guaranteed universal minimum benefits and mandatory contributory social insurance schemes, which are complemented by voluntary supplementary insurance.

In Mauritius, there is a comprehensive five-pillar social security system, including i) social assistance schemes and a universal tax-financed social pension system for the elderly, the disabled, widows and children; ii) contributory social insurance schemes for public and private employees; iii) a provident savings scheme funded by public- and private-sector employers; iv) occupational pension schemes run by the private sector; and v) government subsidies on food and housing, free education and health services for all, and free transport for the elderly and students (AfDB, 2009).

In South Africa, where commercial insurance markets are relatively well developed and great strides have been made in the expansion of social assistance coverage, the Government approved in 2011 the long-awaited National Health Insurance Scheme, which will be piloted in ten areas in 2012 and implemented nationwide over a 14-year period. In the Department of Social Development's strategic plan 2009-2012, the introduction of a mandatory system of retirement provision and the establishment of the national mandatory pension fund is envisaged. The Department has also engaged actively in the government initiative to drive the development of a comprehensive policy dealing with the reform of the retirement system and the integration of other mandatory provisions, such as unemployment insurance, compensation for occupational injuries and diseases and road accident insurance.

Mozambique has created a sound legal framework and national strategy for comprehensive social security development. The Social Protection Law (4/2007) establishes three pillars of protection, including non-contributory (tax-financed) basic social security, contributory and

mandatory social security, and complementary private insurance. The Regulation for the Basic Social Security Subsystem (Decree 85/2009) defines four areas of intervention: direct social action (monetary and in-kind transfers), health social action, education social action, and productive social action. Further, the Regulation for Obligatory Social Security foresees the extension of access to social insurance mechanisms to self-employed workers (UNDP and ILO, 2011, p. 316).

Rapid extension of coverage is possible

The recent African experience seems to indicate that the rapid extension of contributory coverage is possible, not only in middle-income countries such as Mauritius and Tunisia but in low-income African countries such as Rwanda. In many countries, however, much remains to be accomplished in building a sound social security system covering the entire population.

In the case of donor-supported pilots and programmes, there may be a need to gradually reduce reliance on these sources of finance, to strengthen the recipient country's national ownership and to ensure their conformity with national social security strategies.

Specific objectives must be to continue to extend coverage under existing social security programmes to the excluded rural population and informal-sector workers and to establish new programmes, perhaps, among other nationally-defined priorities, for family allowances and unemployment protection. In the context of a trend toward building integrated and coherent social security policies, which in lower-income countries is linked also to growing political support for the United Nations-led Social Protection Floor initiative, social insurance organizations can contribute significantly to the extension of social security coverage by enhancing compliance and contribution collection and by administering the delivery not only of social insurance schemes but donor- and/or tax-financed programmes too.

On the basis of all of the above, the recent evidence of developments and achievements in the extension of social security coverage in different countries of Africa can be attributed to a series of enablers (see Box 3.2.).

3.2. Key messages for contributory and non-contributory coverage extension

Success in efforts to extend coverage hinges upon a series of enablers, including:

- Evidence-based research and public information programmes, with strong support from various international organizations and donors.
- Tailored social security system design, prudent planning and phased implementation.
- Coordination among social security organizations and all relevant agencies, partners and authorities.
- Strong political will coupled with state budget and/or donor financial commitments.

Adequacy and quality of benefits and services

To date, a challenge for many African social security systems has been to offer, on a consistent basis, benefits and services that satisfy evolving public expectations as regards adequacy and quality. Realizing improvements in the adequacy and quality of benefits and services is, therefore, particularly important, not least to enhance popular support for social security programmes. However, for lower-income countries typified by narrow tax bases, low levels of social security coverage, under-developed public institutions, and low average per capita income especially, the pursuit of greater adequacy and quality in social security benefits and services may equate, in purely pragmatic terms, with what is possible.

Adequacy

Different definitions can be presented with regard to what constitutes adequate social security. Adequacy, most commonly, is understood in monetary terms as the degree to which the value of a cash benefit is sufficient to meet prescribed income needs. Here, adequacy, as sufficient to income needs, may be presented as a relative concept, defined perhaps in relation to a country's average per capita monthly income or the cost of purchasing a basket of essential commodities. It may be a comparative measure also, wherein the absolute values of the cash benefits provided by two, ostensibly similar but distinct, programmes are compared. For

national social security systems, adequacy also has a normative meaning, as defined by the International Labour Organization's Social Security (Minimum Standards) Convention of 1952 (No. 102).⁴ Looking beyond relative, absolute and normative monetary values, the concept of adequacy may suggest also that the design and delivery of benefits and services are apposite to the social, economic, cultural, geographic and institutional context and to the nature of the risks that confront populations, as well as to the capacities of populations to cope with these. Furthermore, to best meet the broader needs of some population groups, an adequate benefit may not, in every instance, be a cash benefit—on occasions, it may be in the form of an in-kind benefit, subsidized employment or food, or a reduction in the cost of access to health care.⁵ An adequate programme must also be sustainable and robust enough to withstand shocks: it must offer beneficiaries “security of adequacy”.

In the African context, the aim of adequate social security is not only to protect the population against conventional labour market and life-cycle risks. In a proactive manner, it should also be to provide individuals and families with the necessary capacities to break out of chronic poverty and to stop the intergenerational transfer of poverty, thus reinforcing their autonomy and ensuring better social inclusion. Often, the countries of

4. Convention No. 102 is the only international Convention setting the minimum standards for all nine branches of social security. However, it has limitations when it comes to ensuring a defined minimum benefit package and does not define priorities or require universal coverage. Bearing this in mind, there is a need for a normative definition of the minimum adequacy of the proposed Social Protection Floor. The 2011 International Labour Conference (ILC) concluded that a new instrument, in the form of an ILO Recommendation, to illuminate this objective should, prospectively, be discussed at the ILC 2012 (Ghellab, Varela and Woodall, 2011).

5. For a detailed examination of the concepts of adequacy and quality as they relate to health care provision, see Scheil-Adlung and Bonnet (2011).

Africa are obliged to confront enormous and pressing needs with only very limited financial resources. The intelligent design of national social protection systems is thus indispensable to permit the optimal use of limited resources, to retain the support and participation of all social actors, and to reinforce and complement the existing networks of traditional solidarity.

The continent has been the setting for numerous more or less successful experiments in recent years. These have been based on a fairly wide range of measures including income-based transfers (conditional and non-conditional), social health insurance, in-kind benefits, and public works programmes. To reinforce family and social cohesion, solidarity mechanisms that build upon traditional family and community support are often integrated into the social protection system. In South Africa, for example, following the death of both parents the eldest brother may alone be responsible for raising his younger siblings. In this instance, making the Child Support Grant dependent on school attendance would deprive a large number of families from access to the benefit. This example underlines the importance of national context in policy design and the assessment of its impact.

In spite of their diversity, many programme developments share common principles: the fight against exclusion and poverty and the promotion of increased individual autonomy. These principles underline that for much of Africa, a pertinent measure of adequate social security is the ability of programmes, in a proactive and preventive manner, to lift individuals and families out of chronic poverty on a lasting basis. Mounting evidence suggests that, alongside reducing disparities in income, social cash transfer programmes have a particular role to play in this respect (see Box 4.1.).

For some programmes, a further measure of adequacy may be how well benefits help to reduce gender inequalities (See Box 4.2.). Social protection programmes can act also as catalysts in the development of local economic activity. For instance, Kenya's Home-Grown School Feeding Programme (HGSFP) provides a conditional transfer of income toward schools for the purchase of food that benefits more than half a million schoolchildren. The programme, which provides nutritional security for the beneficiaries and improves school attendance, also provides support for local agricultural produce.

4.1. The impact of social transfers on poverty

Country	Programme	Type	Coverage	Impact
South Africa	Old Persons Grant (1)	Social pension	80% of the elderly	Combined effects of (1) + (2) is a drop of 6 percentage points in poverty
South Africa	Child Support Grant (2)	Cash transfer	70% of children	Combined effects of (1) + (2) is a drop of 6 percentage points in poverty
Ethiopia	Productive Safety Net Programme	Transfer in cash and in-kind	10% of the population	Food security improved by 11%
Ghana	National Health Insurance Scheme	Social health insurance	67% of the population	50% drop in the cost of health care for those insured
Rwanda	Vision 2020 Umurenge	Public works programme	36,000 households	Drop in extreme poverty among beneficiaries from 40.6% to 9%

Source: Giovannetti et al. (2010).

4.2. Reducing gender inequality

A survey carried out in Zomba, Malawi, has shown that an income transfer programme providing incentives (in the form of school fees and cash transfers) to current schoolgirls and recent school-dropouts to stay in or return to school led to significant declines in early marriage, teenage pregnancy and self-reported sexual activity among programme beneficiaries. In turn, it is hoped that such behavioural change will reduce women's higher exposure to the risk of AIDS, compared with men of the same age — the incidence of AIDS among women aged 15-24 is 9.1 per cent compared with 2.1 per cent for men.

Source: Baird et al. (2009).

Quality

The concept of quality in social security benefits and services can be addressed at three levels of operation. Creating quality in social security benefits and services begins first by ensuring that the necessary national and, when necessary, bi-lateral and regional legal and regulatory structures exist to provide the framework for the introduction and stable development of the social security system. Second, again at the national level, there must be a coherent and coordinated approach to ensuring that programmes are complementary and effective and that unnecessary overlaps and avoidable gaps in provision are addressed. Third, at the level of social security organizations, there must be a strategic approach to ensuring quality—as defined by general principles, guidelines and benchmarks when possible—in administration and delivery (capital infrastructure, human resources, financial management and investment, ICT, client relations, etc.). In part, this requirement is driven by widening public expectations for at least a minimum level of quality in all aspects of service provision.

A growing number of African social security organizations now integrate quality management into their strategic development plans. The 2010-2012 strategic plan of the South Africa Social Security Agency (SASSA) is built around six basic concepts, including one centred on client satisfaction. In the same way, the Ghana Social Security and National Insurance Trust (SSNIT) defines guaranteed high quality client services as an integral part of its operations.

With a view to improving quality, including building public confidence, increasing transparency and strengthening client relations, social security organizations may

actively engage their members and beneficiaries in social dialogue to disseminate information, exchange views and gain feedback on service delivery.

The National Health Insurance Fund (NHIF) in the United Republic of Tanzania conducts “Client days” to provide a forum of exchange with its stakeholders, to increase awareness on rights and obligations and to provide public information about wider issues and developments. The NHIF believes this communication strategy is effective in enhancing rapport, improving service delivery and lowering the costs of information dissemination. Realizing such improvements in client relations implies also that social security staff are trained and professionally attuned to the needs of clients and the importance of a culture of quality.

A new opening for quality improvements in the services provided by social security organizations in Africa has arisen out of technological advancements in electronic delivery systems.

In 2008, the Pension Fund of Morocco (CMR) began issuing electronic cash cards for retirees to overcome the difficulties experienced by beneficiaries when collecting their pensions from the post office and the counters of Treasury Offices. The innovation has resulted in marked quality improvements in the speed of services and, as part of a continuous quality assessment process, allows an easier monitoring of payments.

In Kenya, the Hunger Safety Net programme uses a system of electronic payment through biometric cards. The programme which is targeting 300,000 households

in its first three-year phase (2009-2012) hopes to reach 1.5 million households in its second phase. Smart cards are also used to deliver pensions and grants in Namibia and South Africa. Lesotho also expects to move over to a smart card system for the payment of old-age pensions and Ghana plans to introduce electronic payment for its Livelihood Empowerment Against Poverty (LEAP) programme. In Algeria where social security coverage has reached 80 per cent of the population, a social security electronic card, CHIFA, for the reimbursement of health care was launched in 2007 and is to be generalized to all insured persons by 2012. In all these examples, the objective is to improve the quality of service delivery.

The use of ICT has broader impacts on service quality (as well as adequacy) objectives. Before its merger with the Rwandaise Health Care Insurance (RAMA), the Social Security Fund of Rwanda (CSR) decentralized its operations and fully equipped its branches so that its clients could be served at points of service. Since 2010, a streamlined collection process has resulted in a one-stop

payment system under which taxpayers can pay social security contributions and pay-as-you-earn taxes in a single agency. It has also introduced online access for its members to their social security accounts by Internet and cell phone. This has contributed to an overall improvement in the quality of services, improved contribution compliance and collection, enabled the Fund to address better the needs of informal-sector workers and enhanced its public image.

Conclusions

The concepts of adequacy and quality as they apply to the design and delivery of social security benefits and services in Africa are multifaceted and, with the realization of improvements as regards their respective objectives, they should be mutually reinforcing (see Box 4.3.). Moving forward, a challenge for all African social security programmes is to pursue all possible avenues that may lead to continuing improvements in adequacy and quality.

4.3. Key messages for adequacy and quality

Adequacy

- Although adequacy is perceived often in monetary terms alone (the value of a cash benefit), adequacy in social security must be understood as more than a relative, absolute or normative measure of beneficiaries' income. An adequate programme must also be sustainable and robust enough to withstand shocks: it must offer beneficiaries security of adequacy.
- Adequacy can also, in some instances, be a measure of the capacity of a programme to contribute to the realization of country-specific and longer-term objectives, such as measurable improvements in gender equality, economic activity, nutritional intake, health indicators, social cohesion and educational achievement.
- In lower-income African countries in particular, where state budget allocations to social expenditure may be constrained and where poverty affects a large part of the population, adequacy can relate to the capacity of social security programmes, in the first instance, to lift individuals and families out of chronic poverty on a lasting basis.

Quality

- The realization of quality demands that all necessary national, bi-lateral and regional legal and regulatory structures exist to frame the operations of the social security system.
- For many African countries, quality implies also a coherent and coordinated approach to programme design to build a complementary and effective nationwide social protection strategy that works toward removing overlaps and gaps in service provisions.
- For social security organizations, realizing improvements in quality demands a strategic approach to ensuring quality in administration and delivery — as defined by general principles, guidelines and benchmarks when possible. Social security staff must work to instil a culture of quality. To support social security staff in ensuring clients' rights to quality benefits and services, clients too can make a contribution by meeting in full their obligations to social security programmes.

Administrative and operational efficiency and effectiveness

Promoting and developing the administrative and operational efficiency and effectiveness of social security programmes is an essential part of the many and diverse efforts of African governments and social security organizations to respond to the profound social security needs of the population. Realizing improvements that lead toward excellence in administration enhances the credibility of social security programmes, strengthens public support for these, and contributes to the realization of national aspirations for social inclusion and social justice.

At the level of a social security organization, programme administration involves the simultaneous management of many aspects (ISSA, 2010b). There are those that deal with the financial sustainability of the programme. These may address short-term issues such as managing the flow of programme funds, controlling administrative operating expenses and establishing metrics to gauge operational performance. Longer-term issues that deal with the continuing financial equilibrium of the programme have to be addressed also.

Social security organizations that have an investment mandate have a host of concerns to address in setting, implementing and reviewing investment and risk management strategies. Of central importance are the operations that interface with scheme members and beneficiaries, including the various modes of collecting contributions and enforcing compliance; responding to inquiries, complaints and evolving needs; and delivering the promised benefits and services of the programme. Another main preoccupation of social security administrators is to ensure the requisite human and information and communication technology (ICT) resources to complement and back-stop all business processes to ensure quality performance in all operations.

High performance in social security administration is not about one-off or periodic success stories. Rather, it refers to the deliberate, consistent and predictable delivery of high quality results in accomplishing the goals of the social security programme. The ultimate objective is to protect and promote the best interests of programme stakeholders (see Box 5.1.).

5.1. Enhancing capacities to serve the interests of programme stakeholders

- Delivering benefits that are secure, meaningful and predictable.
- Ensuring that administrative costs are kept as low as practicable.
- Guaranteeing that investment returns are maximized at accepted levels of risk.
- Making service quality responsive to stakeholder needs.
- Enabling social dialogue involving all legitimate social partners.

Challenges, innovations and solutions

Weak credibility can undermine the effectiveness of any social security programme and can harm public confidence (Musalem and Ortiz, 2011). Over and above the challenge of extending social security coverage, there is a need for many African social security organizations to improve governance as a means to strengthen programme credibility. A number of factors can pose threats to the credibility and reputation of social security programmes: poor administrative performance, mismanagement, government interference, the incidence of fraud and programme irregularities, unjustifiably high administrative costs, poor quality of services and low benefit levels (Barbone and Sanchez, 1999; O'Shea, 2008; ISSA and Accenture, 2010). The lack of transparent metrics and benchmarks to evaluate performance compounds the problem.

Nonetheless, the evidence of the recent period illustrates that positive results in administrative and operational performance leading to improvements in governance are being achieved through the application of different measures.

Using benchmarks and metrics to improve performance

Monitoring performance, for instance, to determine whether a change in strategy or approach is needed, is important. However, when performance is measured against a benchmark or a target, the evaluation and the resultant findings become more focused and useful. Within such a process, benchmarks or targets normally take into consideration the desired policy objectives or outcomes to be achieved.

In this regard, the National Social Insurance Fund of Cameroon (CNPS) uses the norms established by the Inter-African Conference on Social Insurance (*Conférence interafricaine de prévoyance sociale*—CIPRES) to reduce its operating costs and to promote a culture of good governance in the use of public resources. The Pension Fund of Morocco (CMR) uses actuarial scoreboards to monitor the financial equilibrium of the fund. Using various indicators, the public authorities in Morocco are kept informed of the financial, demographic and socio-economic status of the fund.

To improve member registrations and levels of contribution compliance, to speed up the processing of benefits, and to improve costs and resource management, the National Social Security Fund (NSSF) of Kenya has put in place a performance contracting system to measure and monitor performance against negotiated targets. From a different angle, Ghana is currently developing a new system, the Common Targeting Mechanism (CTM), aimed at providing indicators to identify potential beneficiaries for its pro-poor initiatives.

Embedding risk management in social security administration

Identifying and managing risks is a cornerstone of good governance (Ortiz, 2010). By developing a culture of risk awareness and risk management, the organization prepares itself to deal with any situation that may pose threats to its operations and performance. Several types of risk may arise in the course of administering a social security programme, both from within the organization (such as strategic, operational, actuarial, investment and principal-agent risks) and from external sources (such as demographic, political, economic, calamity and regulatory risks).

To tackle inefficiencies that hindered the National Social Security Fund (NSSF) of Uganda in providing its members with improved services and meaningful benefits, an enterprise-wide risk management framework was established to allow the organization to identify systematically possible obstacles to programme goals and to adopt risk mitigating strategies in its business processes, including those in investments. In a similar way, Nigeria's National Pension Commission (PenCom) uses a risk-based supervision mechanism to monitor operational performance.

Improving investment practices

The management of social security reserve funds can be particularly challenging, especially if government influences investment decisions in a manner that is deemed not to be in the best interests of the contributors and beneficiaries of the programme, or if programme administrators mismanage fund investments. For social security organizations with a mandate to

5.2. Regulatory and management practices

- The importance of enforcing the prudent person principle in managing fund investments and putting in place a governance structure that prescribes, among others, minimum suitability standards for all investment staff.
- A code of ethics, transparency in the investment decision-making process and an embedded system of checks and balances external to the investment unit.
- Benchmarks and standards to evaluate performance.
- Staff compensation that provides the correct incentives to do right and not to do wrong.
- Clear grounds to establish the liability of all officers and staff involved in managing the investments of fund reserves.

invest reserve funds, greater emphasis is being placed on a set of important regulatory and management practices (see Box 5.2.)

For social security organizations with representation in boards of companies, there should be a priori alignment and compatibility between the social security organization's objectives and the corporate objectives of the company, in order to avoid or minimize potential conflicts of interest. Also, there should be a clear policy on the incomes and/or profits to which representatives of the social security organization may be entitled to, if any, by virtue of their board membership in the company.

Since 2008, the Investment Committee of the National Pensions Fund (NPF) of Mauritius releases regular press communiqués and website publications regarding the investment of surplus funds and its investment portfolio. Among the positive results of this policy is the image of an organization that operates with greater transparency.

Improving contribution collection services

In recent years, many innovations have been introduced, and “success factors” identified, to improve the contribution collection services of African social security organizations. These efforts, many of which were reported to the World Social Security Forum in Cape Town, have been prompted by clear and specific goals such as reducing delays in the payment of contributions, facilitating the efficient posting of member contributions, increasing efficiency in database management, enhancing the security of files and archives, reducing processing time and improving member services.

In many cases, these improvements aim to seamlessly link member contribution records to benefit payments, so that the right benefits will be paid to the right beneficiary without delay (ISSA and Accenture, 2010). Through its DAMANCOM Web portal, the National Social Security Fund of Morocco (CNSS) enables its members to submit their salary declarations and pay their social contributions online under secure conditions. The National Pension Scheme Authority (NAPSA) of Zambia has introduced an electronic submission system to facilitate the efficient posting of member contributions which, in turn, has made the processing of benefit payments easier and less prone to error.

To optimize the collection of contributions, the National Insurance Fund of Cameroon (CNPS) has pioneered collaboration with national tax authorities to facilitate the collection of contributions in arrears. This collaboration occasioned major changes in legislation and implementing procedures, the impact of which has been positive. Previously, only 20 per cent of all due contributions were collected spontaneously. Five years after the reform, compliance had increased significantly, with over 90 per cent of due contributions being collected spontaneously and the total volume of contributions had increased by 73 per cent.

To harness technological developments in support of more effective contribution collection, in the United Republic of Tanzania, the Government Employees Provident Fund, in partnership with Vodacom Tanzania, has launched a service (M-Pesa) enabling contributions to be remitted using cell phones (allAfrica.com, 2011).

Improving benefit processes and ICT infrastructure

Capitalizing on advances in ICT, a number of social security organizations in Africa are re-engineering business processes to improve the overall efficiency of operations, lower administrative costs and cut down the processing time of benefit claims.

Using cultural and participatory management in tandem with new ICT, the National Social Security Fund of Gabon (CNSS) succeeded in significantly increasing efficiency in the payment of benefits. Whereas previously it took, on average, four months to receive benefits, beneficiaries can now expect to wait only ten days on average.

In spite of the fact that the Social Security and National Insurance Trust (SSNIT) of Ghana has invested in the use of ICT as a strategic tool in programme administration, user-related ICT problems have slowed down services and the disorganized upgrade of ICT infrastructure has created compatibility and coherence problems with existing applications. In response, by introducing five-year service level agreements, ICT helpdesks and the deployment of management and information systems coordinators in branch offices, systems have been streamlined, costs on system maintenance have been reduced, and results have impacted favourably on performance.

The National Pension and Insurance Fund of Tunisia (CNRPS) upgraded its ICT infrastructure to improve service delivery. By harmonizing procedures, errors in the payments of benefits have been reduced and administrative costs lowered.

Mozambique expects to switch to the electronic payment of the Food Subsidy Programme (*Programa de Subsidio de Alimentos*—PSA) to reduce the programme's administrative cost. At the moment, the administrative cost involved in the payment of benefits amounts to approximately 40 per cent of the value of the transfers.

In Morocco, the Collective Scheme for Retirement Allowances of Morocco (RCAR) introduced new technology to enable its zero-paper policy. In the process, management and operating cost levels have been reduced and client services have improved.

Empowering employees as a key driver of performance

Central to high-performing social security organizations is a dynamic and empowered workforce. Putting in place the right processes, capabilities and ICT infrastructure is important, but not sufficient alone. To make these systems work together requires having the right people with the right skills-sets and competencies.

To empower employees as a key driver of performance, African social security organizations are developing the capabilities of their workforce through: investments in training and re-training programmes, performance management programmes, leadership training, a system of rewards and recognition, mapping skills within the organization, assessing gaps between market needs and customer services, and developing effective internal communication channels (ISSA and Accenture, 2010).

Overall, promoting a corporate culture of service within the organization is important. So is cascading down the strategic objectives of the organization to the individual level so that, by accomplishing their individual objectives, staff members are able to link directly with the accomplishment of the overall objectives of the organization (ISSA, 2010b).

With the aim of supporting the further development of good governance in African social security organizations, a number of key messages can be presented (see Box. 5.3.).

5.3. Key messages for administrative efficiency and effectiveness

- The many and diverse innovations implemented in recent years in Africa evidence a commitment to realize improved operational and administrative efficiency and effectiveness.
- The greater the ability of a social security organization to be efficient and effective, to deliver benefits and services on a deliberate, consistent and predictable basis, then the greater is its credibility.
- Good governance is key to high performance in social security administration.

Conclusion

In the context of an emerging global trend toward a more vigorous promotion of forward-looking and earlier interventions in social security, the assessment presented here of recent developments in Africa is, overall, a positive one. In parallel with a growing role for proactive and preventive approaches, significant progress has been achieved in many instances in extending coverage, improving the adequacy and quality of benefits and services, and making social security administrations more efficient and effective — the four broad topics of investigation that frame this report (see Box 6.1.).

Of course, across Africa immense challenges remain. For many countries, the priority remains first and

foremost the need to make social security systems truly inclusive: to realize universal coverage for affordable, sustainable and adequate benefits and services. Lying behind this priority, there is a widening belief that realizing the goals of alleviating the worst forms of poverty and preventing primary health care risks, in particular, are not only feasible but essential.

As a first step to extending coverage, improving access to health care is a common priority. In this regard, Rwanda's example is inspiring. For many other countries, the development of cash transfers directed toward the elderly and other vulnerable population groups has been prioritized. Once greater access to core benefits

6.1. Developments and trends in social security in Africa

With regard to the topics of investigation that frame this report, four key messages can be presented:

- *Proactive and preventive approaches in social security:* In Africa, improved access to primary and preventive health care and, more pertinently for social security organizations, family benefits are two areas where forward-looking early intervention (proactive and preventive) strategies are most needed and where their positive impacts are likely to be most pronounced and most immediately felt.
- *Extension of social security coverage:* Effective coverage extension to essential cash benefits and health care remains the continent's major social security priority and greatest social policy challenge. However, progress has been achieved and, in some countries, quite significantly so.
- *Adequacy and quality of social security benefits and services:* Continuing and quantifiable improvements in the adequacy and quality of benefits and services must be more fully incorporated as necessary objectives of social security reform, albeit that these will depend always on the availability of sufficient resources and administrative capacity.
- *Administrative and operational efficiency and effectiveness:* Further advances toward good governance and administrative excellence are indispensable. Such advances contribute to enhancing the efficient and effective performance of social security programmes and to strengthening the legitimacy of social security systems.

and services is achieved, a second necessary step is to move toward building more comprehensive systems of social security, as in Mauritius, South Africa and Tunisia.

Although coverage extension is important, this goal must be accompanied by a determination to meet ever-growing public expectations for benefits and services that are adequate (in monetary terms and with regard to the risks covered) and of sufficient quality (timely, accurate, value-for-money, client-oriented, etc.). In this regard, the *ISSA strategy for the extension of social security coverage* (2010c) aims to complement the United Nations-led Social Protection Floor initiative and facilitate social security organizations as they define concrete and realizable “vertical” coverage extension objectives that complement national “horizontal” extension strategies.

Positive evidence in this report of the restructuring of social security organizations reveals the putting in place of more modern and professional administrations. Also revealed are the improvements sought in indicators of governance and organizational performance at all levels of operation. Here, the evidence of a greater use of tailored and adaptable ICT solutions is important.

Well designed and appropriately resourced social security systems are unequalled as nationwide mechanisms that enhance the capabilities of individuals and families and support national economic development objectives. With the likelihood of a deepening of the trend toward enhanced proactive and preventive approaches, with its focus on forward-looking and earlier interventions, it is expected that the potential positive externalities created by social security systems for national social and economic development will be realized more fully.

Among other goals, it is anticipated that this emerging shift in emphasis will contribute to improved

indicators of health and well-being, increased levels of organizational performance and economic activity and support the longer-term financial sustainability of social security systems.

In the first instance, however, this demands national political leadership combined with a strategic vision. In turn, to implement changes, the support of social security organizations is essential. A further challenge is to encourage individuals, workers, employers and social security organizations to adopt, whenever possible, a more proactive stance vis-à-vis life-cycle, labour market and organizational risks. And just as patterns of individual behaviour must adapt, so too must the interface among all organizations and agencies that comprise national social security systems. For social security administrators, to rise to the challenge of effecting earlier interventions, appropriate skills-sets and professional competences will be needed.

Looking to the country evidence presented here, it is clear that the emerging global trend toward a new balance for social security is, taken as a whole, in its early days in Africa, but positive developments are discernable. Evidently, a myriad of contextual factors dictate the manner (i.e. the timing, pace and sequencing of reform) in which further changes to national social security systems are likely to be realized. What is already clear is that the countries of Africa are intent on developing institutional and policy responses appropriate to their national priorities and capacities.

Movement toward a new balance for social security must not lose sight of social security’s primary values of equity and solidarity. For Africa, as elsewhere, such movement must also support the achievement of “social security for all”. In this regard, and to conclude, the positive message of the evidence presented here is that the rapid extension of effective social security coverage—even in low-income countries—is achievable.

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Appendix

A.1. Types of social security programmes in selected African countries

Country	Old age	Disability	Survivors	Sickness	Maternity	Work injury	Unemployment	Family
Algeria	•	•	•	•	•	•	•	•
Benin	•	•	•	b	•	•		•
Botswana	•		c			•		b
Burkina Faso	•	•	•		•	•		•
Burundi	•	•	•	•		•		•
Cameroon	•	•	•		•	•		•
Cape Verde	•	•	•	•	•	•		•
Central African Rep.	•	•	•		•	•		•
Chad	•	•	•		•	•		•
Congo	•	•	•		•	•		•
Congo, Democratic Rep. of	•	•	•			•		•
Côte d'Ivoire	•	•	•	• a	•	•		•
Egypt	•	•	•	•	•	•	•	
Equatorial Guinea	•	•	•	•	•	•		•
Ethiopia	•	•	•			•		
Gabon	•	•	•	• a		•		•
Gambia	•	•	•			•		
Ghana	•	•	•	b	b	•		
Guinea	•	•	•	•	•	•		•
Kenya	•	•	•	• a		•		
Liberia	•	•	•			•		
Libya	•	•	•	•	•	•		b
Madagascar	•	•	•		•	•		•
Malawi	○		○	• a		•		
Mali	•	•	•	• a	•	•		•
Mauritania	•	•	•	• a	•	•		•
Mauritius	•	•	•	• a		•	○	•
Morocco	•	•	•	•	•	•		•
Niger	•	•	•	• a	•	•		•
Nigeria	•	•	•	•		•	d	
Rwanda	•	•	•			•		
São Tomé and Príncipe	•	•	•	•	•	•		
Senegal	•		•	•	•	•		•

A.1. Types of social security programmes in selected African countries – continued

Country	Old age	Disability	Survivors	Sickness	Maternity	Work injury	Unemployment	Family
Seychelles	•	•	•	•	•	•	b	
Sierra Leone	•	•	•			•		
South Africa	•	•	• e	b	b	•	•	•
Sudan	•	•	•			•		
Swaziland	•	•	•			•		
United Rep. of Tanzania	•	•	•	• a	•	•		
Togo	•	•	•	b	•	•		•
Tunisia	•	•	•	•	•	•	•	•
Uganda	•	•	•			•		
Zambia	•	•	•	• a		•		
Zimbabwe	•	•	•	• a		•		

Source: SSA and ISSA (2011).

Notes:

Where there is no programme or no information available, the entry is left empty.

Sickness includes income replacement and/or medical benefits.

In some countries, labour code provisions may apply for some benefits, but this may be limited in nature.

- Social security programme exists.
- Social security programme introduced since 2007.
- ^a Medical benefits only.
- ^b Coverage is provided under other programmes or through social assistance.
- ^c Orphan's benefits only.
- ^d Statutory system not implemented.
- ^e Survivor benefits provided under Unemployment.

A.2. Key demographic indicators for selected African countries

	Total population	Old age dependency ratio (%) ^a		Youth dependency ratio (%) ^b		Life expectancy at birth (years)		Statutory pensionable age		Life expectancy at age 60
Country	Millions	2010	2050	2010	2050	Men	Women	Men	Women	Unisex
Algeria	35.5	10	46	41	28	71.9	75.0	60	55	19
Benin	8.9	9	14	85	54	54.8	58.7	60†	60†	17
Botswana	2.0	10	20	53	34	53.7	51.3	65	65	17
Burkina Faso	16.5	7	12	89	62	55.0	57.0	56 ^d †	56 ^d †	13
Burundi	8.4	8	20	66	38	49.6	52.6	60	60	16
Cameroon	19.6	10	15	75	48	51.4	53.6	60	60	16
Cape Verde	0.5	12	38	52	26	70.5	77.7	65	60	18
Central African Rep.	4.4	11	16	75	45	47.7	51.3	60†	60†	15
Chad	11.2	9	11	91	54	48.6	51.6	60†	60†	15
Congo	4.0	10	16	75	52	56.6	59.3	60†	60†	16
Congo, Democratic Rep. of	66.0	9	12	94	50	47.3	50.6	65	60	15
Côte d'Ivoire	19.7	11	16	77	46	55.3	57.7	55	55	16
Egypt	81.1	13	34	52	33	71.6	75.5	60	60	17
Equatorial Guinea	0.7	8	15	70	48	50.3	52.9	60	60	16
Ethiopia	83.0	10	19	78	34	58.3	61.6	60	60	16
Gabon	1.5	11	21	61	43	62.3	64.3	55	55	18
Gambia	1.7	7	13	84	48	57.7	60.3	60	60	13
Ghana	24.4	11	20	70	45	63.7	65.8	60	60	16
Guinea	10.0	10	14	82	52	53.2	56.4	55	55	16
Kenya	40.5	8	15	80	55	56.7	59.2	60†	60†	15
Liberia	4.0	8	13	83	54	56.4	58.6	60	60	16
Libya	6.4	10	39	48	29	72.7	77.9	65	60	19
Madagascar	20.7	9	15	83	53	65.2	68.6	60	55	17
Malawi	14.9	10	9	93	74	54.9	55.2	— ^c	— ^c	16
Mali	15.4	7	10	96	61	50.9	53.1	58	58	12
Mauritania	3.5	8	17	72	48	57.4	61.0	60	55	13
Mauritius	1.3	16	53	33	28	70.4	76.9	60	60	19
Morocco	32.0	13	41	44	28	70.3	74.9	60	60	18
Niger	15.5	8	9	104	73	54.8	55.8	60	60	16
Nigeria	158.4	10	13	82	59	51.7	53.4	50	50	17
Rwanda	10.6	8	15	80	56	54.5	57.1	55	55	16

A.2. Key demographic indicators for selected African countries – continued

Country	Total population Millions	Old age dependency ratio (%) ^a		Youth dependency ratio (%) ^b		Life expectancy at birth (years)		Statutory pensionable age		Life expectancy at age 60 Unisex
		2010	2050	2010	2050	Men	Women	Men	Women	
São Tomé and Príncipe	0.2	10	20	74	40	63.5	66.5	62	57	17
Senegal	12.4	8	13	83	50	58.6	60.9	55	55	13
Seychelles ^e	0.1	15	50	32	27	68.9	78.3	63	63	19
Sierra Leone	5.9	7	12	80	44	47.5	48.9	60	60	10
South Africa	50.1	12	23	48	33	53.1	54.1	60↓	60	16
Sudan	43.6	10	18	74	45	60.2	63.8	60	60	17
Swaziland	1.2	9	13	68	38	49.7	48.5	50	50	16
United Rep. of Tanzania	44.8	10	12	89	68	58.2	60.3	60	60	17
Togo	6.0	10	19	72	41	56.2	59.4	60↑	60↑	17
Tunisia	10.5	15	52	35	29	72.6	77.1	60	60	19
Uganda	33.4	8	10	102	64	53.8	55.4	55	55	16
Zambia	13.1	10	8	95	84	49.2	50.0	55	55	16
Zimbabwe	12.6	11	19	70	37	54.0	52.7	60	60	17

Sources: ESA (2011); SSA and ISSA (2011).

Notes:

Changes in the statutory pension ages since 2007: ↑ for an increase; ↓ for a decrease.

^a Population aged 60 or older divided by population aged 15-59 inclusive.

^b Population aged 14 or younger divided by population aged 15-59 inclusive.

^c Those aged 50 to 70 or with a minimum of 20 years of pensionable service may retire.

^d Pensionable age varies from age 56 to 63, depending on the type of employment.

^e Dependency ratios and life expectancy from age 60 are ISSA estimates based on available data.

Africa: A new balance for social security

Africa: A new balance for social security identifies, synthesizes and interprets the most important recent developments and trends in Africa in social security. A key observation is that extending effective coverage for essential cash benefits and health care remains the continent's major social security priority and greatest social policy challenge – but rapid extension is possible.

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