

In Search of Inclusive Development: Social Policy in the Sub-Sahara African Context

Jimi O. Adesina, PhD
Professor of Sociology,
Rhodes University,
Grahamstown 6140, Republic of South Africa.
E-mail: J.Adесina@ru.ac.za

Abstract

This paper reflects on eight studies which the author coordinated, as part of the UNRISD project on *Social Policy in Late Industrializers: Sub-Saharan Africa and the Challenge of Social Policy*. The studies involved sub-regional and thematic social policy concerns. We conclude with a reflection on six *imperatives* in rethinking social policy in sub-Saharan Africa, which are based on three normative concerns: inclusivity, development, and democracy—where ‘public reasoning’ (Sen 2004) is the basis of public and civic relationships.

We understand social policies to be specific and deliberate policies (enacted and pursued) that positively affect social wellbeing and security. The critical areas of focus therefore were education, health and sanitation, and social security. The latter we defined more widely to include social insurance, pension schemes, and policies directed at reducing socio-economic vulnerability. The idea of a tolerable, minimum level of livelihood and decency is intuitive and socially constructed; and normative (ideological) rather than technical. These define the links between economic and social policies; the desirable system of social relations and governance; and the specific instruments for achieving the perceived minimal level of well-being.

We examine the gaps that may exist between macroeconomic policies, social policies and social policy outcomes; between the intended and unintended outcomes of social policies and social forces that impact on this. The variation in social development outcomes, in the countries we examine point to the importance of human agency in mitigating the worst impacts of a debilitating policy environment and a country’s ability to manoeuvre. Equally important is the configuration and orientation of social forces within the state and “civil society” that shape (initiate, contest, enact) social policies. A final dimension is the issue of *time sensitivity* and spatial disaggregation in making sense of social policy “transitions” and outcomes.

Central to our project is the issue of time sensitivity. The period from 1960 to 1980 witnessed a significant improvement in a range of social development indicators. Taken as a whole, domestic resources outstripped domestic investment in sub-Saharan Africa. However, the post-1980 period—a period of neoliberal adjustment programmes—showed two patterns: significant volatility in GDS and GCF, and shortfall in gross domestic savings relative to gross capital formation.

Our survey of the education and health policy environments highlighted the influence of the wider, dominant, perception of education in the early (nationalist) post-colonial period. Education was not only about the national strategy for raising literacy levels and providing the human resources needed for the economic growth objective, it was the individual’s means of securing better livelihood. The crisis that was to become emblematic of the early 1980s emerged differently in the countries. The education dimension of social policy objectives raises the twin issues of gender disparity and the role of agency in the pattern of achievement. There is evidence, however, of the adverse impact of the adjustment years. In countries where there has been a dramatic rise in student enrolment, the increase has been ‘financed’ by overcrowding,

decline in quality of teaching and the neglect of research activities. While “user-fee” was promoted on the grounds of equity of access, there is little evidence that it achieved equity—indeed the reverse has been the case.

As with education, two patterns of health provisioning emerged: the pre- and post-1980s. It was perhaps in the area of health care provisioning that the aggressive retrenchment of the state and cuts in social expenditure had its genocidal effects. The adjustment policy merchants made three erroneous assumptions. First, that there was a market in health care service to take care of the impact that the fiscal retrenchment of the state would create. Second, they assumed, as unproblematic, resource endowment for all the citizens for procuring their health care needs in the new market place. Third was that public resources spent subsidizing the citizens were a waste. The consequence has been particularly grim across most of sub-Saharan Africa. People did not as much fall through the net of social provisioning; they died!

In countries already faced with rapidly declining household income levels and rising tide of poverty, the imposition of user-fees or ‘cost-sharing’ had the effect of mediating citizenship with capacity to engage in the market. The HIV/AIDS pandemic and the phenomenal way in which it has spread across much of sub-Saharan Africa is emblematic of the massive entitlement failure and how the retrenchment of public health care provisioning undermined the capacity of many of the countries to cope with the pandemic. As the impact of the efforts to retrench the public realm in social provisioning has become clear, and the user-charges have turned out to be more ideological than a financially sound mechanism, efforts are being made to find new mechanisms for funding national healthcare needs. What is instructive about some of the schemes is that there is no defined contribution from the fiscus to fund the scheme.

On the broad social policy front, the current pursuit of the claimed objectives of reducing poverty and inequality, through a raft of targeted mechanisms, is paradoxical in the light of the existing body of knowledge, about the relationship between institutional frameworks or models of social policy on the one hand, and poverty and inequality on the other hand. Extensive studies on targeted social policies have demonstrated that even in the most administratively robust state with extensive surveillance systems, targeting suffers from extensive problems of Type I error and Type II error. Our study drew important lessons from South Africa. What is significant for policymaking and policy outcomes, generally, is that the decline in under-coverage emerged not out of a conflict between a virtuous civil society and a vicious state. Key policymakers and state functionaries took the leadership role, *in partnership with* advocacy agencies.

In many ways, the last 20 years have highlighted the crisis of citizenship and statehood in most African countries. The implications of the widespread deprivation and social development crisis, highlighted in our study and summarised in this paper are evident in the rising number of state implosions and genocidal conflicts. While not wishing to suggest that the adjustment policies created these horrendous events, I would however suggest a link between the retrenchment of state capacity for social provisioning and the tide of crisis of statehood. The retreat of state from social delivery (healthcare, education, human security, etc) undermined the relevance and the legitimacy of the state in the eyes of its citizens.

We conclude this paper by highlighting six imperatives of rethinking social policy in sub-Saharan Africa, beyond the neoliberal policy thrusts of the last twenty-five years.