

Social Protection as Driver of SDG Accomplishment in Post- Covid 19 Africa.

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ABSTRACT

The COVID 19 pandemic has not only affected healthcare systems around the world but it has also affected human lives in a great manner. Given the effects of this pandemic, many citizens of the world have slipped into poverty just as the cases of unemployment keeps getting on the rise and a resultant loss of income. In fact, some major economies have slipped into recession as a result of the lockdowns and shutting down of businesses which were initiated so as to contain the virus. Interestingly, the globe has just a decade left to the time lag for the accomplishment of the Sustainable Development Goals which were set in 2015 and expected to lapse in 2030. This paper argues that the COVID 19 pandemic offers the world an opportunity to begin to rethink how to achieve these set goals. To this end, the paper argues that in view of the devastating effect of the pandemic which has further impoverished the world, there is an urgent need to deploy social protection towards the achievement of the set goals. It is believed that social protection offers an umbrella to engender inclusive development which is the ultimate aim of the SDGs.

Key Words: COVID-19, Social protection, Sustainable Development Goals, Inclusive Development, and accomplishment.

INTRODUCTION

The outbreak of the COVID 19 pandemic has not only upstaged the status quo from continent to continent but has also introduced a new normal as issues of social distancing, hygiene monitoring, use of face/nose masks and shields are the new norm. The pandemic introduced panic into the hearts of many and also incapacitated many by denying them of their source of income and in some other cases pulling them into the poverty floor (UN, 2010; 10). There have been speculations in some quarters that by the end of the COVID 19, more than forty (40) to one hundred and fifty (150) million would have slipped into poverty in Nigeria alone (UN, 2010; 10). This explains why it is very imperative that governments at all levels in the continents pool resources in the quest to tame poverty. Little wonder, the need to develop the world and ensure that no country, be it developing or developed or under-developed, is left behind has been a major concern of the United Nations. This explains why it has also been the concern of the United Nations to ensure that it sees to the eradication or at worst, maximal reduction of poverty among the peoples of the world regardless of the clime they may find themselves as evidenced in the activities and mandate of developmental agencies of the organization such as the United Nations Population Fund (UNFPA), World Health Organization (WHO), International Monetary Fund (IMF), among others. It was also this quest to ensure the eradication of poverty and ensure prosperity for all that led to the idea of Millennium Development Goals (Crossette, 2004; 5).

However, the outbreak of the Coronavirus pandemic has had a sweeping effect on the globe, particularly in Africa where poverty is far-reaching and the healthcare system is as well developed as what obtains in other continents. One then begins to wonder how the Sustainable Development Goals will be accomplished by 2030 in view of the damaging effect on the income of the Africans and their countries. This paper argues that governments across Africa need to engage in inclusive development in a post-COVID 19 Africa. There

is an urgent need to provide social protection to serve as driver towards the accomplishment of SDG in the continent.

SUSTAINABLE DEVELOPMENT GOALS

The Millennium Development Goals (MDGs) were announced in 2001 after the Millennium Summit in 2000 (Crossette, 2004; 3). The eight goals were intended to collectively provide a road map for improving the overall wellbeing of all and poverty level by 2015 (Crossette, 2004; 5). These goals did not have a reference to reproductive health. The MDG process began with a report that left out reproductive health written in 1999 by the Secretariat and this was carried over to the 2000 Millennium Declaration as well as the 2001 MDGs. The only point at which there was a mention of contraception in the original version of the MDGs was in reference to Goal 6, which covers HIV/AIDS. After much lobbying on the part of the Millennium Project, an effort led by Jeffrey Sachs whose goal was primarily to deal with issues related to financing the MDGs but also to evaluate them to a certain extent, reproductive health was ultimately added as a target to MDG 5 on maternal mortality (Crossette, 2004; 7). The Canadians fought hard for the inclusion of reproductive rights language, but were unsuccessful (Crossette, 2004; 7). In general, it seems that some of the other, simultaneous issues related to reform of the UN Security Council and Human Rights Commission overshadowed other discussion (Crossette, 2004; 8).

In spite of the high expectations and enthusiasm that greeted the Millennium Development Goals, it was discovered that it was not adequate. Hence, the aim of the development of the Sustainable Development Goals is set as the need “to end poverty, protect the planet, and ensure prosperity for everyone by 2030.” (UN, 2015; 3). On 25 September, 2015, the 193 member states of the United Nations unanimously adopted the Sustainable Development Goals; this was a set of 17 goals aiming to transform the world over the next 15 years (UN, 2015; 3). These goals were designed to eliminate poverty, discrimination, abuse and preventable deaths, address environmental destruction, and usher in an era of development for all people, everywhere (UN, 2015; 3). Of these seventeen goals, goals 7, 9, 12, 14, and 15 are the ones that do not have any direct relations to humans but the environment and/or society.

The Sustainable Development Goals are ambitious, and they will require enormous efforts across countries, continents, industries and disciplines – but they are achievable. These goals are:

Goal 1. End poverty in all its forms everywhere;

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture; Goal

3. Ensure healthy lives and promote well-being for all at all ages;

Goal 4. Ensure inclusive and quality education for all and promote lifelong learning; Goal 5. Achieve gender equality and empower all women and girls;

Goal 6. Ensure access to water and sanitation for all;

Goal 8. Promote inclusive and sustainable economic growth, employment and decent work for all; Goal 10.

Reduce inequality within and among countries;

Goal 11. Make cities inclusive, safe, resilient and sustainable;

Goal 13. Take urgent action to combat climate change and its impacts;

Goal 16. Promote just, peaceful and inclusive societies; and

Goal 17. Revitalize the global partnership for sustainable development

SOCIAL PROTECTION

Social protection is one of the facets of social development practice as there are many other facets of it including being human capital development, social capital development, social planning, employment creation, asset building, microenterprise and microfinance, among others (Munro, 2008; 27–46). Although there have been different definitions of social protection, depending on the perspective that it is looked at. Social protection, in the words of Sepulveda and Nyst (2012), is best described as:

...all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalised. The overall objective is to reduce the economic and social vulnerability of poor, vulnerable and marginalised groups and, in particular, to support the poor to overcome the demand-side barriers which prevent them from accessing basic economic and social services. Such interventions may be carried out by the state, non-governmental actors or the private sector, or through informal individual or community initiatives.

Norton et al (2001: 21) also defines social protection as the public actions that are taken in response to levels of vulnerability, risk and deprivation of the citizens and which are considered to be socially unacceptable in a society. For the World Bank, social protection is regarded as a collection of measures that are targeted at improving or protecting human capital such as targeted income support, labor market interventions, publicly mandated unemployment, old-age insurance, among other things (See Norton et al, 2001: 21). Ortiz (2001) also defines social protection as policies and programs that are designed to reduce the poverty and vulnerability of citizens through the promotion of efforts aimed at reducing people's exposure to risks, enhancement of citizens' capacity to protect themselves against the danger of loss of income, and efficient labor markets.

Before we proceed, it is important to differentiate between social protection and related terms. These related terms are social security and safety nets. Social security is primarily associated with the developed world while safety nets is primarily associated with the developing world (ILO, 2013). It is also important to point out that there are different arguments on how social protection can generally be divided. While there is a school of thought that opines that it can be divided into two (FAO, 2016), there is another school of thought that opines that it can be divided further into five (Aiyede, et al, 2015; Munro, 2008: 32-34) namely social insurance, social assistance, labor market interventions, traditional or informal social protection, and social care/support. Social insurance refers to mandatory scheme that requires regular monthly contribution which serves as the pass to gain access to services in the future. Social insurance is used to manage risks such as death of one's spouse, sickness, unemployment, work hazards, and disability. On the other hand, social assistance, also referred to as public subsidies, refer to instruments used in public management to reduce the financial risk on households for procuring basic goods and work schemes (Oseghale, 2019). Labour market interventions refer to those interventions, either active or passive, for poor people who are able to work and aim to ensure and protect their right to work (United Nation Commission for Social Development, 2001: 2). Traditional or informal social protection comes in where the formal social protections has failed and they are mostly self-funded although there can be external donations from the state or donors (Norton et al, 2001: 24). Social care or support refers to those supports the government gives the vulnerable through services such as family support systems and home-based care (Devereux and Sabates-Wheeler, 2004: 10).

Social protection is viewed from three perspectives which also determines the angle from which a state or institution views and approaches it. It also determines the policy trend. It can be viewed as a human right, a

tool of risk management, and an expression of minimum basic need for citizens in a civilized world (Munro, 2008: 27-46). The rights-based approach is traceable to the International Labour Organization (ILO). This approach had its foundation in 1948 when it was stated clearly in the Universal Declaration of Human Rights that social protection is a basic human right (Sepulveda and Nyst, 2012). This rights approach is what is adopted by developmental specialized agencies of the United Nations. This is because the history of the United Nations is replete with reaffirmations of the right of the individual to social protection as seen in the mandate of the developmental agencies of the UN.

The right to social protection is catered for in Articles 22 and 25 of the Universal Declaration of Human Rights; Article 9 of the International Covenant on Economic, Social and Cultural Rights; Article 11 of the Convention on the Elimination of All Forms of Racial Discrimination; Articles 26 and 27 of the Convention on the Rights of the Child; Article 27 of the Convention for the Protection of Migrant Workers and their Families; Articles 11 and 14 of the Convention on the Elimination of All Forms of Discrimination against Women; and the Convention on the Rights of Persons with Disabilities (FAO, 2016).

When viewed as a tool for risk management, social protection is examined based on its objectives which include reducing the incidence of the vulnerability of low income households with regard to consumption power and access to basic services. The basis of social risk management is the protection of human capital. This protection is essentially targeted at protecting the middle class whom such vulnerabilities threaten a reduction in their lifestyle (Aiyede, et al, 2015: 7; Munro, 2008: 32-34). The importance of this stems from the fact that the middle class plays a vital role in the development of any economy (Oseghale, 2019). The third perspective emphasizes social protection as a basic need. It is often traced to the United Nations which refers to social protection as: “a set of public and private policies and programmes undertaken... in response to various contingencies to provide assistance to families with children as well as provide people with basic health care and housing” (United Nation Commission for Social Development, 2001: 2). This perspective is also critical to the use of social protection as a tool for enforcing and actualizing the SDGs.

It is however necessary not to take for granted the rationale for social protection policy. The rationale include, but is not limited to, the need to: develop social support for reform programmes; promote social justice and equity – and make growth more efficient and equitable; provide policy-led support to those outside the labour market/with insufficient assets to achieve a secure livelihood; provide protection for all citizens against risk (including financial crises); ensure basic acceptable livelihood standards for all; facilitate investment in human capital for poor households and communities; enable people to take economic risks to pursue livelihoods; promote social cohesion and social solidarity (social stability); compensate for declining effectiveness of traditional and informal systems for enhancing livelihood; security; ensure continuity of access for all to the basic services necessary for developing human capital; and meeting basic needs (Norton et al, 2001: 24). These rationales for social protection are classified as protective, preventative, promotive, or transformative (Sepulveda and Nyst, 2012: 10).

SOCIAL PROTECTION AS A TOOL FOR ACCOMPLISHING SDGs

Countries across the world have rolled out various social protection programmes to ease the effect of the pandemic and the subsequent lockdown on their citizens. Ireland also initiated the COVID-19 Pandemic Unemployment Payment which is a new social welfare payment of €350 a week, besides other measures to support businesses (ILO, 2020a). In the United States of America, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) made provision of more than \$2 trillion to support families and small businesses affected by the Covid-19 pandemic (ILO, 2020b). In Japan, the government started a cash payment of ¥100k each to all residents in Japan (ILO, 2020a). In Africa, 47 countries have responded with various social protection measures to reduce the impact of COVID-19 on their citizens ranging from

Conditional Cash Transfers, providing palliatives in the form of food items, to providing grants to small and medium-scale businesses (ILO, 2020a). Unfortunately though, there may be a difference between announced policies and its implementation especially in sub Saharan Africa. While these measures taken so far are good, much more can be done by African countries.

Following what has been identified as the rationale for social protection vis-à-vis the aim of the sustainable development goals – “to end poverty, protect the planet, and ensure prosperity for everyone by 2030” – social protection will be a tool and driver for the accomplishment of the SDGs because it addresses the core of the intentions of these goals. SDGs aim at ending poverty and social protection also sets out to ensure that help is rendered to the citizens to combat poverty. Ending poverty requires redistributive policies (Norton et al, 2001: 25). This may take the dimension of increasing the range and level of the assets, such as land reform, investments in human capital through health and education, or physical capital to raise the returns to the assets they have, made available to the poorest. What this does is two-pronged. It does not only help in raising average income but it also creates a situation where the poor can have access to more necessities of life in view of the availability of more resources to get such (Norton et al, 2001: 25).

Another redistributive policy aimed at ending poverty is to raise the returns on assets held by the poor. This can be done, for example, by increasing the demand for their labour or the product of their labour (Norton et al, 2001: 25). In other words, employment schemes are provided to take care of the poor or the products are bought at a higher price. This is where subsidies come in. Governments across the continent, at this point, need to give more subsidies to their citizens particularly on goods and products that are essential. Buying products from those at the poverty floor at a higher price and making products available to them at lower price helps in boosting their consuming power.

A third approach of ending poverty through redistributive policies is to direct engage in cash transfers (Norton et al, 2001: 25). These could be in “the form of direct financial transfers, or transfers in kind through free or subsidized access to merit goods” (Norton et al, 2001: 25). This can be achieved by allocating and giving out food rations for free or at subsidized prices (It should be noted that given that the poor are an endangered demography, it is best to target getting these supplies to them for free and at no cost). It is also achieved by making sure that such merit goods are provided to them at no user fees at best. This comes with a huge challenge in Africa where the data are largely unavailable and corruption is largely entrenched. There is a possibility of these provisions getting to the hands of the non-poor. There is also the challenge of, keeping costs manageable, avoiding incentive problems, and the creation of dependence (Norton et al, 2001: 25).

It must be added that another redistributive policy that will not only end poverty but engender better healthcare among the poor, and by extension lead to the accomplishment of the SDGs is the provision and subsidization of healthcare and education. According to a special release by the UNICEF and the UNFPA, impoverished women suffer disproportionately from unintended pregnancies, unsafe abortion, maternal death and disability, sexually transmitted infections (STIs), and related problems. Young people are also extremely vulnerable, facing disproportionately high HIV rates as well as barriers to reproductive health information and care. There is a need to promote sexual and reproductive health, including family planning, comprehensive sexuality education and maternal health services. This requires working with partners to strengthen health systems, including through the training of midwives, who – when properly trained – could avert two thirds of maternal and neonatal deaths. There should also be supports for the integration of HIV-prevention and treatment programmes into sexual and reproductive health care, so that it can be as readily available as possible.

In the area of education, there is a need for subsidies to help take many of the citizens out of the region of non-literacy. Africa, among other continents, is burdened with the highest illiteracy rate in the world as over 40% of her population of 15years of age and above is non-literate and less than 40% of these are female

children (UNESCO Institute of Statistics Global Database, 2019). In the light of this, there is need to promote gender equality as well as investments in education and opportunities for young people. There must also be initiation of support programmes that teach literacy, numeracy, human rights and life skills to vulnerable adolescent girls. Efforts must also be targeted at developing and implementing comprehensive sexuality education, which teaches young people about their bodies, health and disease prevention. The redistributive policy also involves the distribution of “*dignity kits*” in disaster- and conflict-affected communities (Norton et al, 2001: 25). These kits should normally contain menstrual pads, soap, underwear, and other essential supplies to help women and girls maintain their health, hygiene and sense of dignity, even under grave circumstances.

Suffice that African countries have been involved in social protection for their citizens before the COVID 19 outbreak although it is only about 10 per cent of the economically active population in sub-Saharan Africa is covered by statutory social protection much of which are old-age pension schemes (ILO, 2020c). In Ethiopia, there is the National Food Security Programme (NFSP) which includes the country’s flagship social transfer programme, the Productive Safety Net Programme (PSNP) (Gavrilovic and Jones, 2012). Kenya has social protection enshrined in Article 43 of her constitution (Kenyan Ministry of Gender, Children and Social Development, 2011). In Lesotho, the Food Security Policy, social welfare programmes, and disaster management interventions are drafted to provide social protection (Singizi, 2012). In Rwanda, the Ministry of Local Government developed a Social Protection Policy in 2005 in which the degrees of vulnerability were captured to include genocide survivors, orphans, minors in difficult situations, widows, people living with HIV and AIDS, youth from destitute families, demobilised soldiers, disabled people, repatriates, refugees, the elderly, victims of catastrophes, and underdeveloped and marginalised victims of socio-cultural history (Ruberangeyo, Ayebare, and de Laminne de Bex, 2015). In Nigeria, there have been efforts, since the introduction of the Structural Adjustment Programme, at creating some form of social protection for Nigerians. This range from conditional cash transfers, pension schemes, poverty alleviation/eradication programmes captured in the National Economic Empowerment and Development Strategy (NEEDS) as well as the Pensions Reforms of 2004 (Aiyede, et al, 2015; Munro, 2008: 32-34).

CONCLUSION

There is no gainsaying that Africa is imbued with so much in human and capital resources and very little is done to harness these resources for capacity building and for enhancing the living standards of vast segments of the African demography. Harnessing these resources will only be possible if conscious effort is made to alleviate or even end poverty. This is because poverty and lack of proper citizenry inclusion have been the breeding ground for continued insecurity in the continent. From Nigeria to Mali to Libya to South Africa, the lack of inclusiveness for citizens has created a disconnection between the people (particularly the poor the vulnerable, the disabled and other segments of society) and governments and has become the bait used by dissidents, insurgents, religious bigots, etc., to rally these poor into supporting their (the dissidents) often antisocial cause.

It is just ten years to 2030 that SDGs are expected to have been accomplished but Africa is still miles away from meeting these goals. Social protection schemes are available in Africa but they are not as well articulated and executed as they are expected to be. With an extensive social protection policy, the SDG goals will be easily accomplished and the targets met in due time.

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