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Understanding the origins of social policy in colonial contexts: An actor-centric approach

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Abstract

Social policy scholars seeking to understand the dynamics of social protection arrangements have advocated for an actor-centric approach. However, when seeking to understand the impact of colonialism on social policymaking, most scholars have focused not on actors but on ideas and institutions. To address this gap, this paper develops an actor-centric framework for understanding the introduction of social policies in colonial contexts. We identify and compare actor constellations of relevance to the introduction of social policies in two colonies of French West Africa that differ with respect to precolonial population density: Dahomey (present-day Benin), with a relatively high precolonial population density, and Côte d'Ivoire, with a relatively low precolonial population density. Despite evidence that precolonial population density can shape colonial strategies and policies, the results provide no supporting evidence that precolonial population density is a driver of meaningful variation in the introduction of social policies or in the composition of the actor constellations from which they originate. Instead, the results point to the key role of transnational and regional actors in the introduction of social policies in colonial contexts. They also highlight the domestic economic and societal arenas as sites where: i) heterogeneity emerges in the social policy actor constellations; and ii) local actors mediate tensions arising from imperially driven social transformations.

Keywords: Social protection; colonialism; Africa; transnational actors; Dahomey; Côte d'Ivoire

Introduction

Social protection is one of the most popular policy instruments established around the world and promoted by many international organisations to counter poverty and inequality (International Labour Organization, 2021). In most countries throughout the Global South, social policies, broadly defined as concerted measures to improve the social conditions of some over others regardless of their outcomes, were introduced when these territories were not nation states, but colonies that were subordinate to other imperial states (Schmitt, 2015; Bhambra, 2021, 2022). When seeking to understand the impact of colonialism on social policymaking, ideas, and institutions have been recognised as the key vehicles of colonial legacies, with less of a focus on actors (Mahoney, 2010; De Juan and Pierskalla, 2017). As a result, systematic, actor-centric approaches to understanding the origins of social policies in a colonial context are largely missing. This gap has also resulted in a lack of clarity on what distinguishes the emergence of social policies in colonial contexts from their emergence in nation states. Filling this gap is essential for building a more thorough understanding of the politics behind the origins and introduction of social policies in present-day countries throughout the Global South and can also contribute to a more precise understanding of when, under what conditions, and how colonial legacies impact social policymaking overtime.

To begin to address this gap, this paper develops an actor-centric framework to better understand and uncover the origins of social policies in a colonial context. Using this framework as an analytical and heuristic tool, we provide an overview of the origin of social policies in the labour, health and education sectors and identify and compare actor constellations of relevance to their origins in two formerly French colonies in Africa. Concretely, we selected Dahomey (present-day Benin) and Côte d'Ivoire within French West Africa, or *l'Afrique-Occidentale française* (AOF). These two colonies have been selected because they share similar contextual factors, but are highly different with respect to precolonial population density, which is discussed in the political economy literature as one main factor besides the nationality of the coloniser that accounts for differences in imperial strategies (Acemoglu et al., 2002; Lange et al., 2006). The results show that the composition of the actor constellations relevant for social policies do not vary according to precolonial population density but instead are rather similar within the AOF. Furthermore, the results provide no supporting evidence that precolonial population density was a driver of meaningful variation in the introduction of social policies in French West Africa. Instead, the results draw attention to the strong presence not only of metropolitan, but regional non-domestic actors of relevance to social policy. They also suggest that the domestic economic and societal arenas are key places where: i) heterogeneity in the actor constellations begins to emerge; and ii) tensions and imperially driven transformations are mediated, facilitated, and/or resisted by both colonial and indigenous actors within an otherwise hierarchical and centralised imperial governance structure.

Putting actors, their constellations, and strategic interactions at the centre of the analysis can shed light on the heterogeneous effects of colonialism (Authaler, 2016). This comparative, descriptive analysis provides insights into the kinds of distinctions, specificities, and continuities that such a framework can help to uncover and encourage further exploration through additional qualitative and quantitative analysis. While actor-centric frameworks do not have inherent explanatory power, this comparative study provides an illustrative example of the way in which they can enable theory building that goes beyond general references to colonial powers (e.g., British, French, and German among others) and their approaches to colonial governance (e.g., direct and indirect rule), thereby contributing to the resolution of tensions between competing approaches within existing literature.

By way of outline, section two introduces an actor-centric approach to examining the origins of colonial social policies, with a focus on conceptual issues, relevant dimensions of actor differentiation, and an overview of the types of actors relevant to social policymaking in a given colony. Section three discusses the methods used to apply this framework and identify actor constellations of relevance to social protection in Dahomey and Côte d'Ivoire. Section four describes the actor constellations identified in Dahomey and Côte d'Ivoire within the social policy context of the AOF, and section five discusses these early findings and their implications in greater depth before the paper concludes.

An actor-centric approach to examining the origins of colonial social policies

Conceptual issues

An actor-centric approach to social policymaking treats actors directly and indirectly engaged in a policymaking process as the primary units of observation within an institutional and ideational context. Together, the actors, as well as the institutional and ideational context in which they operate and interact, can be referred to as an actor constellation, or the primary unit of analysis of the policymaking process. When defining what constitutes an actor, we take a mid-range approach, where actors are defined as collectives of individuals who share an interest in and an ability to act together towards a common end (Huber and Stephens, 2010).

There are several ways in which actor-centric approaches enhance the specificity and precision of social policy analysis, including in colonial contexts. First, while the institutional and ideational context in which policies are made and implemented can be decisive, resulting in phenomena such as path dependency, these landscapes are mutually constituted by actors (Béland, 2005; Mahoney, 2010; Steinmetz, 2008). Indeed, actors seek to establish and influence dominant institutions and ideas, and thus to

alter the context in which they operate, and policymaking is part and parcel of this process, including in social policy arenas (Steinmetz, 2008; Shriwise et al., 2020; Schmitt, 2020).

Second, when seeking to understand the global and transnational dynamics of social policy, actor-centric approaches can help to address the shortcomings of methodological nationalism and methodological individualism. With respect to methodological nationalism, international relations and comparative politics scholarship often treats countries or nation states as actors, which masks the complexity of how countries interact and reinforces notions of the nation state (Slaughter, 2004). Alternatively, methodological individualism, which is commonly practiced in economics, is limited in its ability to enlighten dynamics at higher levels of aggregation, such as communities or global markets. From this view, actor-centric approaches present a third way, or a mid-range approach, that tempers the reification and reductionism inherent in methodological nationalism and individualism, respectively (Shriwise, 2020).

Third, focusing on actors also addresses shortcomings specific to the literature on colonialism and policymaking¹. This literature emphasises the importance of ideas and institutions as the vehicles through which colonial legacies are perpetuated, reproduced, and transformed overtime, with a lesser focus on actors. When actors are considered, researchers have focused predominantly on elites and on the organisational structure of imperial governments and colonial administrations and on the roles and responsibilities of key actors within them, such as ministers of colonies, as well as colonial governors and governor-generals (e.g., Cell, 1970; Thomas, 2009). The failure to systematically examine a wider range of actors when seeking to understand policymaking in colonial contexts is surprising given the fact that economic historians have highlighted the key role of transnational economic actors, such as chartered trading companies, in influencing imperial strategy and colonial economic policy (Coquery-Vidrovitch, 1975; Jones, 2000). The failure to systematically consider a wider range of actors beyond those of imperial governments, elites, and colonial administrations alone has resulted in gaps in our understanding of the origins and drivers behind the introduction of social policies in colonial contexts throughout the Global South.

In sum, a more systematic account of the actor constellations behind the emergence of social policies that puts actors, their constellations, and strategic interactions at the centre of the analysis is needed.

Relevant dimensions of actor differentiation

A first step towards an actor-centric approach is to identify the relevant dimensions along which actors can be differentiated. First, colonialism² can be thought of as a mode of trans-territorial governance, making geopolitical boundaries a key dimension of differentiation. Colonial policymaking processes were inherently transnational, involving both public and private actors, taking place between distinct territories, and affected by norms and standards operating across empires. Colonies were formally embedded in empires, and their governance was highly hierarchical and occurred to a large degree outside of their geopolitical boundaries (Abernethy, 2000; Halliday and Carruthers, 2007; Meyer et al., 1997; Sassen, 2008). Furthermore, both for-profit and not-for-profit private actors, especially international ones, gained prominence in the governance arena earlier in colonised territories than in non-colonised territories (Boli and Thomas, 1997; Roger and Dauvergne, 2016). This means that actors can be differentiated by their main location of operation, while acknowledging their transnational underpinnings.

Second, and in addition to territorial differentiation, our framework situates actors of relevance to social policy according to the institutional sector—political, economic, or societal—in which they primarily operate. The *political sector* includes intergovernmental organisations, metropolitan governments, national parliaments and regional colonial administrations, as well as colonial

¹Studies at the intersection of colonialism and policymaking have focused on economic growth (Acemoglu et al., 2001; Lange et al., 2006; Mahoney, 2010), tax policy (Frankema and Waijenburg, 2014), public investments (Huillery, 2009), and social policies (Midgley, 2011).

²Colonialism can be defined as “the conquest of a foreign people followed by the creation of an organisation controlled by members of the conquering polity and suited to rule over the conquered territory’s indigenous population” (Steinmetz, 2014, pp. 79–80).

administrations and their subordinate ministries and local and indigenous governance structures located predominantly inside each colony. This means that we do not regard national governments or states as monolithic actors but rather as imperial states constituted by multiple governmental actors located both within the metropolitan arena, as well as at the regional and colonial levels. We also include intergovernmental organisations that operate on behalf of multiple national actors in this category. Each of these actors has a mandate from a central political authority (or several, in the case of intergovernmental organisations) from which they can draw protection and other support. Mandates are usually derived from the central authority's interest in maintaining, and potentially expanding, its control over territories and populations. Despite these commonalities, relationships between different political actors, even within national bounds, can be defined by conflict more than cooperation. Conflict may arise when mandates do not neatly align. Conflict can also arise from principal-agent problems, where the individuals that make up the collective state actor have shared interests that lead them to deviate from or to reinterpret mandates. Such problems are particularly pronounced where costs of oversight are high, for example, due to long distances within colonial empires. Colonies were rarely established in places without pre-existing institutions and actors. Therefore, colonial administrations adopted a variety of techniques for working with local governments and indigenous political elites. One approach is commonly referred to as direct rule, which is distinguished by a focus on the incorporation and cultural assimilation of indigenous populations into colonial societies and the simultaneous dismantling of pre-existing collective and cultural arrangements. Alternatively, indirect rule relied on establishing mutually beneficial partnerships, backed by severe and credible threats, between local elites and colonisers. While colonisers were easily outnumbered by local populations, the ability of colonial actors to call on the metropole for resources and support was an important aspect of the power imbalance between colonial and indigenous actors, who often operated in isolation or at least without equally strong alliances (Becker, 2020).

The *economic sector* in the colonial context was shaped by the effort of colonial powers to expand capitalism, markets, and economic exchange to the colonies, and with respect to social policy, to ensure that employers had a reliable supply of cheap labour. Property rights, commodification and clientelisation, competitive pressures, and the frequent separation between management and ownership led economic actors in colonial contexts to be primarily profit-seeking, including through exploitative means. In colonies, economic activities were often concessionary, where companies were granted monopolistic rights to resources within a portion of a territory or over the extraction of a particular commodity (Abernethy, 2000; Lewis, 2011).

Given the close relationship between colonialism and the expansionary tendencies of capitalism, political and economic actors worked together closely in the colonial project. Chartered companies, such as the Dutch and British East India Companies, were essentially the first transnational corporations. These international firms were usually granted monopoly powers by the state related to trade, and they became major sources of public finance in their respective metropolises (MacLean, 2004; Jones, 1998). Economic actors often relied on colonial administrations to provide necessary security and to address the labour shortages they faced. Firms were often granted military and policing powers by the state as needed. Larger trading companies also worked with local collectives and companies within colonies, and their profits were derived largely from their function as a broker.

The *societal sector* consists of collectives, such as labour unions, charities, missions, and autonomous service providers (e.g., schools and hospitals). Under this sector, we broadly include societal collectives that pursue the interests of groups or society at large for which public funding or markets do not exist or are insufficient. While societal actors promote a wide variety of goods and services, social welfare and poverty alleviation have been a traditional priority. At the same time, societal actors, like economic actors, heavily depend on the institutional framework governments provide. When it comes to financing their activities, societal actors lack the extractive capacities of governments, and unlike economic actors, they do not offer marketable private goods. Therefore, societal actors rely largely on public and/or voluntary contributions. Such contributions can come from actors in the other sectors as well as individuals. Their reliance on external contributions makes them vulnerable to instrumentalisation by

Table 1. Types of Collective Actors Identified in Each Social Policy Actor Constellation.

	Political	Economic	Societal
Non – Domestic	Intergovernmental Organisations National Parliaments Metropolitan Governments Regional Colonial Administrations	Enterprises/Employers	Educational Institutions Medical Institutions
Domestic	Colonial Administration Local and Indigenous Governance	Enterprises/Employers Employers' Organisation	Trade Unions/Workers' Organisations Educational Institutions Health Services

other actors. The varied interests and many interdependencies of actors in the societal sector illustrate the need for comprehensive analysis of actor constellations rather than individual actors alone.

Two sets of actors in the social sector are particularly relevant to social policymaking in a colonial context: churches and labour unions. Churches and their missions played an important role in promoting colonialism both in the metropole as well as in colonial territories (Abernethy, 2000). Centrally coordinated by Churches in Europe, the activities of missionaries in territories that later became colonies often preceded the arrival of state and economic actors. Although their primary interest was religious conversion, they often paved the way for colonial expansion by promoting Western values, literacy, and medicine (Lankina and Getachew, 2012; Woodberry, 2012). Additionally, indigenous religious leaders played a key and long-standing role in transmitting beliefs and culture overtime, and some also practiced traditional medicine.

Labour unions and movements were often pioneered by colonial settlers (Midgley, 2011) or indigenous populations exposed to Western notions of rights (Summers and Johnson, 1978), but at times, associations and labour unions also emerged within indigenous populations. In colonial contexts, labour unions were outlawed in many colonies until the eve of World War II (WWII); therefore, they grew in number and strength in the post-War era (Orr, 1966).

Actor-centric framework for examining the origins of social policy in a colonial context

Table 1 summarises the key actors for systematic inclusion and consideration when seeking to understand the origins of social policy in a colonial context, acknowledging that actors differ by sector as well as territorial location.

While these actors are categorised exclusively as a pragmatic necessity, these categories are not meant to silo or reduce the complexity of these actors and their relationships between each other and other sectors. As aforementioned, several actors, such as chartered trading companies, were enabled and empowered by institutions spanning more than one of these sectors. Instead, our intention is to use this framework as a heuristic device that helps to uncover and effectively engage with this complexity, rather than mask it. In this spirit, the framework is broad enough to include all actors of relevance to the origin and introduction of social policies in a colonial context, while providing enough specificity to ensure that relevant actors are understood within their predominant institutional context. By focusing our analysis at the atomic level of actors, this framework illuminates the component parts of colonialism to achieve a more specific and dynamic understanding of how institutions and ideas were produced during colonialism and how social policy has impacted and been impacted by this governance context.

Methods

We argued that the actor-centric approach developed and elaborated in the previous section serves as a meaningful heuristic to examine the origins of social policies in colonial contexts. When looking at the

political economy literature analysing the influence of colonialism on economic and social outcomes, most studies emphasise the importance of precolonial population density for imperial strategies and differences in colonial policymaking according to nationality (Acemoglu et al, 2002; Lange et al, 2006).

We therefore identify and compare the actor constellations in colonies with very different precolonial population densities while holding the coloniser constant, namely France. To identify those cases that are most similar within the French Empire in Africa, we use statistical matching techniques to determine the similarity of cases. Concretely, Mahalanobis distance matching³ is applied to calculate the distance between two cases based on the values of independent variables on which we want the cases to be most similar (Nielsen, 2016).⁴ Based on this analysis, the cases examined are Dahomey and Côte d'Ivoire, where Côte d'Ivoire is the low precolonial population density colony and Dahomey is the high precolonial population density colony (Becker, 2022; Frankema and Jerven, 2014). Both cases are in French West Africa, or the AOF, thereby holding the international, metropolitan and regional policy context constant.

We then reviewed the policies and actors of relevance to social policy in French West Africa, where social policy is defined as labour, health, and education policies, during the interwar period of 1919–1939, given that this is when the vast majority of social policies were first introduced (Schmitt, 2015). However, we recognise that many of the collective actors and their associated organisations of relevance to the origins of social protection in a colonial context emerged long before this period. With this in mind, we consider evidence related to the key actors identified from the 1884 to 1885 Berlin Conference onwards. Further “thick description” of each of these actors over a greater period lies beyond the bounds of this study, and we draw from and synthesise the findings of historians who have already undertaken this work.

Relevant policy developments and the actors with interests and influence over social policies that were introduced in our two cases were identified through a semi-structured, iterative process, whereby we reviewed some primary and predominantly secondary literature of relevance to social policy in each case, using our actor-centric framework as a deductive tool. These reviews were undertaken from at least three different angles: i) written accounts of policymaking in Dahomey and Côte d'Ivoire, with a focus on social policies; ii) written accounts of labour, health, and education policymaking in formerly French African colonies more generally; and iii) written accounts of the role of key non-domestic and domestic political, economic, and societal actors in policymaking in a colonial context.

Concretely, we consider collective actors with a mandate to engage, or where we had evidence that they were present and in theory able to engage, in social policymaking, defined here as policymaking with respect to labour, health and education policies, in our two cases of interest. This includes actors with: i) direct influence over activities related to social policymaking in each of these two cases, as in the case of colonial administrations and employers; ii) direct influence over the ideational and institutional landscape in which these activities were taking place, as in the case of imperial governments and intergovernmental organisations; and iii) indirect influence over social policymaking, as in the case of chartered trading companies, who contributed greatly to imperial revenues generated through taxes and trade.⁵

³Mahalanobis distance matching is based on continuous distances from each other in the k -dimensional space defined by the k covariates. It has the advantage that it accounts for correlations between the variables and makes them unit-less and scale-invariant (see for further methodological details, e.g., Nielsen, 2016).

⁴In particular, we also consider geographical and political factors that might also determine the actor constellation relevant for social policymaking (e.g., coastal proximity, altitude, land fertility, and mineral resources, political control) and which we want to be as similar as possible.

⁵We do not consider Christian missions as available evidence suggests that their ability to impact the introduction of social policies was limited during the interwar period in the French Empire. In 1922, the French Government issued a decree that severely limited the operations of missionaries with respect to education, in line with broader trends towards secularization (White, 1996). There is some evidence that Catholic missions supported various trade union movements in French West Africa, but most of this activity appears to have taken place after the interwar period (Pfeffermann, 1967).

Results

Social policy actor constellations in the interwar period in French West Africa

Within the hierarchical and centralised structure of the French Empire, colonial policy with respect to social policy in the areas of labour, health and education was formulated largely by decrees issued at the metropolitan level. The execution and implementation were overseen by the French Minister of the Colonies. Regional federations of French colonies, such as the AOF, then adapted these decrees for implementation in colonies across the region, and colonial administrators with the rank of Lieutenant-Governors implemented these policies within individual colonies of the AOF.

With respect to labour policy, labour was scarcer than land throughout sub-Saharan Africa, and trade revenues were usually not enough to make French colonies in the region self-sufficient. As a result, the French developed several coercive labour and tax practices (von Waijenburg, 2018; Le Crom et al., 2017). The French introduced a system of *corvée* in French West Africa in 1912, which “obliged each adult African male to work a given number of days per year on local public works projects without pay” (von Waijenburg, 2018, p. 48). After the International Labour Organization (ILO) produced its first Forced Labour Convention in 1930, trade unions slowly began to emerge in French territories from the 1930s onwards, and the French finally ratified the ILO’s Forced Labour Convention in 1937 (Ginio, 2017, p. 9). After this time, the French National Assembly finally abolished forced labour in 1944 and abolished it for the *indigénat* in 1946, and they introduced the *Code du travail* for French overseas territories in 1952, which effectively supports collective bargaining between employers and trade unions with respect to work standards, minimum wages, and paid and unpaid leave (Ginio, 2017; Le Crom et al., 2017).

With respect to health policy, French interest in health policy was closely linked to its desire to enhance the security of the French Empire, including the strength of its military and also sanitation along trade routes and in cities. In 1904, a Secretary-General was introduced in the Governor-General’s office in the AOF to watch over health activities, and the responsibility for public health was devolved to the lieutenant governors of each colony (Huillery, 2009, p. 181; Snyder, 1973, p. 132). The French had also been long-standing supporters of international cooperation with respect to health and sanitary matters, and in 1922, they issued a decree calling for the application of policies established through the International Sanitary Conferences across all French colonies, including in the AOF (Gamble, 2017, p. 69). Within this policy context, the French established new actors to assist with implementation of this policy during the interwar period, with a focus on the expansion of public health and disease control efforts, including the administration of vaccines and attempts to suppress traditional medicine (Snyder, 1973, pp. 132–134; Keita, 2007, p. 124).

With respect to education policy, this was originally largely left to Christian missions, but most of them had left the AOF by the start of WWI in line with broader trends towards secularisation throughout the French Empire (Huillery, 2009, p. 185; White, 1996, pp. 11–12, 14–15). In 1922, the French government issued a decree stating that all new schools were to fall under control of the French government, including the regulation of private schools, with French as the compulsory language, and a similar decree was issued at the AOF level in 1924 (White, 1996, p. 11; Gamble, 2017, p. 69; French Government - Journal of the AOF, 1924, pp. 309–347). The 1924 decree focused on the structure and organisation of the education system in the AOF, and colonies focused largely on implementing these changes, which included the establishment of regional and professional schools, mostly at strategic economic locations throughout the AOF. By 1930, educational reforms did allow for the return of missions, but their role remained limited (Buell, 1928, pp. 68–71; Meier zu Selhausen, 2019, pp. 10–11).

Social policy actor constellations in Côte d’Ivoire and Dahomey

In this section, we describe the actors identified in the political, economic, and social sectors, in both the domestic and non-domestic realms in Côte d’Ivoire and Dahomey, with attention to specificities identified in each case (Table 2).

Key actors in the political sector

Non-domestic

Since Côte d'Ivoire and Dahomey happen to be part of the same colonial sub-region, the same non-domestic political actors were identified in both cases. First, France was a member of several intergovernmental organisations, including the League of Nations, the ILO, and the *Office international d'Hygiène publique* (OIHP) during the interwar period. Since Côte d'Ivoire and Dahomey were neither direct members of the League of Nations or the ILO nor were they Mandated Territories, available evidence suggests that their influence in these cases was minimal (e.g., Adebayo, 2022). The OIHP was established in Paris after 1907 to support the “collection and distribution of facts and documents of general public health interest, especially those which related to infectious diseases in particular, cholera, plague, and yellow fever” (Howard-Jones, 1950, p. 1034)⁶. While French dependencies did not participate as full members in the International Sanitary Conferences, French leadership in this area did impact its colonial strategy with respect to health in French West Africa, as evidenced by their move to implement these international policies throughout French colonies, including in West Africa, in 1922 (Pearson, 2018).

Second, not only did the centralised structure of the French Empire cascade “downwards” in a hierarchical fashion throughout its West African colonies, but there were also political actors who shifted “upwards” towards the metropole, as indicated by the Four Communes Representative to the French National Assembly. This position was established in the mid-19th century during the Second Republic, after which point it was abolished and then re-instated at various points until the end of WWI.

Third, in 1894, the Ministry of the Colonies was created and executive powers were shifted to colonial administrators (Newbury, 1960, p. 111). The structure of the French Ministry of the Colonies evolved overtime, and three pieces of its administration appear to be particularly relevant to social policy. The Ministry included an Economic Directorate, to which the Governor-General of the AOF reported. This directorate included a “General Colonial Agency,” which served as a thoroughfare of information on economic activity between the metropole and France's colonies (Dareste, 1931, p. 222). It also supported strategic purchasing and procurement across the French Empire, as well as other colonial administrative functions (Dareste, 1931, p. 222). The Ministry of the Colonies also included General Inspectorates for Public Labour and Health Services, respectively (Dareste, 1931, p. 622). The Public Labour Inspectorate General regulated and provided advice on proposed public works projects in colonies (Vacher, 1999). The Health Services Inspectorate General was responsible for directing and organising colonial medical and sanitary services, which were seen as key to ensuring an available reserve of fit men for military purposes and to enhancing the prestige of the French Empire (Dareste, 1932, pp. 790–791; Roberts, 1963[1929]; Snyder, 1974). Unlike labour and health, education remained centralised in metropolitan government, and in 1932, the Minister of Public Instruction was renamed the Minister of National Education (Tomei, 2008).

The shift of executive powers to colonial administrators led to the formation of regional federations of French colonies. Both Côte d'Ivoire and Dahomey were part of the AOF, which was formed in 1895. Côte d'Ivoire was a part of the AOF from its inception, and Dahomey was incorporated in 1904. The AOF was led by a Governor-General, with the heads of individual colonies such as Côte d'Ivoire and Dahomey holding the rank of Lieutenant-Governor. The Governor-General of the AOF presided over several direct and indirect mechanisms related to social policy (Newbury, 1960). He directly oversaw the issuance and enforcement of decrees related to social policy in the areas of labour, health, and education. He also oversaw the exercise of extractive instruments, such as taxes, licensing, and the expropriation and re-allocation of economic concessions, such as mineral rights. The AOF included several administrative entities, such as the Economic Affairs Service and the Public Labour and Mines, Education and Health Services General Inspectorates, respectively, that mirrored and linked to similar metropolitan and individual colonial entities. These entities were also guided by advice from councils, such as the

⁶The French were leaders in international health cooperation, and they convened the first International Sanitary Conference in Paris in 1851 (Howard-Jones, 1975, p. 86).

Table 2. Social Policy Actor Constellations of Côte d'Ivoire and Dahomey

	Political	Economic	Societal
Non – Domestic	Intergovernmental Organisations <ul style="list-style-type: none"> • League of Nations • International Labour Organization (ILO) • International Bureau for Education • Office international d'Hygiène publique (OIHP) French National Assembly <ul style="list-style-type: none"> • Four Communes Representative Metropolitan Government <ul style="list-style-type: none"> • Ministry of Public Instruction / National Education • Ministry of the Colonies <ul style="list-style-type: none"> ◦ Cabinet of Ministers ◦ Economic Directorate ◦ Public Labour General Inspectorate ◦ Health Service General Inspectorate Afrique-Occidentale française (AOF) Administration <ul style="list-style-type: none"> • General Governor <ul style="list-style-type: none"> ◦ Government Council ◦ Economic Affairs Services ◦ Public Labour and Mines General Inspectorate ◦ Education General Inspectorate ◦ Primary Education Superior Council ◦ Health Service Inspectorate ◦ Hygiene and Public Health Superior Council 	Enterprises/Employers <ul style="list-style-type: none"> • Senegal and the West Coast of Africa Company (CFAO) • West Africa Commercial Society (SCOA) 	Educational Institutions <ul style="list-style-type: none"> • William Ponty School Medical Institutions <ul style="list-style-type: none"> • Dakar Medical School • Pasteur Institute of Dakar
Domestic	Colonial Administration <ul style="list-style-type: none"> • *Lieutenant-Governor <ul style="list-style-type: none"> ◦ *Education and School Inspectors ◦ *Colonial Council of Hygiene ◦ *African Medical Assistance Service ◦ *General Service for Mobile Hygiene and Prophylaxis • *Administrators / Circle Commanders • *Village Local and Indigenous Governance <ul style="list-style-type: none"> • *African chiefs and elites 	Enterprises/Employers <ul style="list-style-type: none"> • *Senegal and the West Coast of Africa Company (CFAO) • *West Africa Commercial Society (SCOA) • <i>Holscherer of Côte d'Ivoire</i> • <u>French Railway Company in Dahomey</u> Employers' Organisation <ul style="list-style-type: none"> • *Chamber of Commerce 	Trade Unions/Workers' Organisations <ul style="list-style-type: none"> • *Professional Associations (Amicales) Educational Institutions <ul style="list-style-type: none"> • <i>Rural School of Dabou</i> • *Regional and rural schools • *Preparatory and elementary schools • *Qu'ranic schools Health Services <ul style="list-style-type: none"> • *Central Hospital • *Indigenous Medical Assistance Service (e.g., local dispensaries, clinics, and ambulances)

Key: Both Côte d'Ivoire and Dahomey; *Côte d'Ivoire and Dahomey each; Côte d'Ivoire only; Dahomey only.

Government Council, which provided advice to the Governor-General of the AOF, as well as the Hygiene and Public Health and the Primary Education Superior Councils, respectively. These councils were populated by political elites with various degrees of experience and relevance to the subject area of the council.

Domestic

Since Côte d'Ivoire and Dahomey were both part of the AOF, both colonies had similar, but separate, sets of domestic political actors. The colonial administration consisted of a Lieutenant-Governor, to whom *Commandant de Cercles* reported. *Commandant de Cercles* were colonial administrators at the district level. Districts, also referred to as *cercles*, were typically the smallest formal political entities in the French Empire, and there were approximately 15 districts per colony. Each district consisted of several villages, or *cantons*, some of which also had a *Chef de subdivision*, or a junior colonial administrator assigned to them as well (Huillery, 2009, p. 181; Zolberg, 1966, p. 114). As explained by Huillery (2009, p. 181), their tasks included, "...overseeing tax collection; representing the lieutenant governor in all official events; counting people living in the district; drawing up the district's map; steering elementary schools; watching Koranic schools; planning and supervising the building of roads, bridges, wells, and tracks; arresting criminals and judging them according to the "native population code." The *Commandant de Cercles* also set targets for local African Chiefs, who were expected to collect taxes and to recruit workers for labour and military service (Huillery, 2009, p. 181). While some, or even many, of the African Chiefs may have been recognised as leaders by indigenous populations, "[t]he colonial administration nominated local chiefs as village's chiefs and limited their influence to small areas" (Huillery, 2009, p. 181).

Institutions of relevance to social policy and health and education service provision were part and parcel of the dual processes of cultural assimilation on the one hand and dismantling of indigenous culture and governance structures on the other. With respect to labour in Côte d'Ivoire, "...every adult male was required to contribute 12 days' work a year to the *commandant*," until 1946, and similar labour requirements in support of public works projects were common throughout the AOF (Zolberg, 1969, p. 55). In education, the Education Inspector, or *Inspecteur de l'Enseignement*, served as a technical advisor to the Governor-General in the AOF and managed education services throughout the AOF, including in each colony (Eizlini, 2012, p. 89). The School Inspectors, or *Inspecteurs des écoles*, served as educational advisors to the Lieutenant-Governor, and they were selected from the available pool of teachers and held wide ranging powers, the abuse of which was not uncommon (Autra, 1956; Garcia, 1971). With respect to health, in addition to the Colonial Council of Hygiene that reported to the Lieutenant-Governor, there were two key entities: the African Medical Assistance Service, or the *Service de l'Assistance Médicale Africaine*, and the General Service for Mobile Hygiene and Prophylaxis, or the *Service Général d'Hygiène Mobile et de Prophylaxie*. The African Medical Assistance Service was under the control of the Lieutenant-Governor, and it was responsible for responding to general health questions and needs (Snyder, 1974, p. 13). The General Service for Mobile Hygiene and Prophylaxis was responsible for addressing and preventing the spread of infectious diseases, and this aspect of public health was overseen by the AOF (Snyder, 1974, p. 13).

Key actors in the economic sector

Non-domestic

Again, the same key economic actors – the West African Commercial Society, or the *Société Commerciale de l'Ouest Africain*, and the Senegal and the West Coast of Africa Company, or the *Compagnie Française d'Afrique Occidentale* – were identified. By the end of WWII, these two firms accounted for nearly 30% of private investment and 10% of total investments in the AOF and French Equatorial Africa, or *l'Afrique-Équatoriale Française* (Coqueray-Vidrovitch, 1975, p. 595). These companies had multiple overlapping interests and were interlinked with interests of the political sector. Their operations were enabled by and

dependent on the economic concessions and military protections provided by the French Government; in return, they played a disproportionate role in generating economic growth, employment, and imperial revenues. They had strong interests in the availability of cheap labour and in relevant government subsidies and investment, as well as in trade, tariff and tax policies that affected their profit margins and stock prices.

Domestic

The CFOA was involved in expanding railways across both Côte d'Ivoire and Dahomey (Coqueray-Vidrovitch, 1975, p. 596). Additional key industries and exports from these colonies included wood from Côte d'Ivoire and palm kernels from Dahomey (Coqueray-Vidrovitch, 1975, p. 597). Holscherer de Côte D'Ivoire was a large forestry company that also recruited cheap labour from beyond Côte D'Ivoire alone, particularly in Koudougou, Upper Volta⁷ during the interwar period (Cordell and Gregory, 1982). In Dahomey, *Compagnie Française de Chemin de Fer au Dahomey* was a railway company that was purchased by the French Government in 1930 (*Les Archives commerciales de la France*, 2023[1932], p. 109). Both territories also had chambers of commerce that lobbied on behalf of business and commercial interests.

Key actors in the societal sector

Non-domestic

At least three regional colonial institutions, one in education and two in health, were relevant to social policy in Côte d'Ivoire and Dahomey. The William Ponty School was founded in 1903 named after AOF Governor-General William Ponty. In line with one of the two goals of French colonial education policy in the AOF⁸, the School was developed to create a handful of indigenous elites who were loyal to the French Empire (Sabatier, 1978, p. 247). During the interwar period, the education system was limited, "with even African lycée graduates having only very limited opportunities for higher education" (Sabatier 1978, p. 248). *Pontins*⁹ also became elite teachers in the education system as it developed and expanded, making them important "... intermediaries between French culture and traditional African society" (Chafer, 2001, p. 203).

With respect to health, the Dakar Medical School was created in 1918, "largely as a by-product of World War I" (Sabatier, 1978, p. 252). The School was divided into medical, pharmaceutical, obstetrics and veterinary sections, and the students were selected from William Ponty School through a competitive examination process (Snyder, 1974, p. 14). The School only provided half as much medical training as was provided in the metropole, and therefore "channeled them [West Africans] into subordinate roles in the colonial medical hierarchy" (Snyder, 1974, p. 14). By the end of WWII, "a total of 301 African doctors, thirty-nine pharmacists and 109 veterinarians had been trained, for a population of over 15 million" (Sabatier, 1978, p. 253). With limited medical personnel available, the French placed a high premium on disease control and public health; to this end, the Pasteur Institute of Dakar opened in 1896¹⁰. The Institute played a key role in containing disease outbreaks and epidemics, such as the 1929 outbreak of Plague in West Africa (Cooper, 2010). The conduct of public health institutions in this effort in French African colonies has been proven to have long-term effects on health and developmental

⁷The Koudougou, Upper Volta is city in present-day Burkina Faso.

⁸The other goal of French colonial education policy in the AOF was to spread the use of French language and provide a basic education to indigenous populations to increase economic productivity and consumption (Sabatier, 1978, p. 247).

⁹*Pontins* is a colloquialism for alumni from William Ponty School.

¹⁰The Pasteur Institute of Dakar is still open to date. It is a leading public health institute in Africa, operating in 25 countries (Burki, 2022, p. 2174).

outcomes, particularly in areas where indigenous populations were subject to forcible examinations and injections (Lowes and Montero, 2021).

Domestic

As in the domestic economic sector, this sub-sector displays many similarities in Côte d'Ivoire and Dahomey, with some differentiation. While trade unions were outlawed until 1937, professional associations, or *amicales* began to emerge in both territories during the interwar period (Fall, 2006). Workers employed by colonial governments and transportation companies were usually the first to unionise in French West Africa, while workers in these sectors accounted for approximately one-third of employment, they accounted for approximately half of all trade union members (Orr, 1966, p. 79).

In the education sector, a few specialised rural schools, or *Écoles normales rurales*, were opened – one of which opened in Dabou, Côte d'Ivoire in 1934 (Qloruntiməhin, 1974; Conklin, 1998; Niane, 2016). In line with findings in the economic sector, this school was focused on training 15–30 pupils to teach forestry practices (Sabatier, 1978, p. 253). Beginning even before WWI, the French also invested in village schools to counter the influence of Qu'ranic schools, including in Côte d'Ivoire and Dahomey (Qloruntiməhin, 1974, p. 350). By 1920, the AOF had only 400 primary schools, with approximately 22,000 pupils (Qloruntiməhin, 1974, p. 350)¹¹. In 1924, AOF reforms gave Lieutenant-Governors more powers in implementing centrally designed education policies by dividing village schools into preparatory (or *école préparatoire*) and elementary schools (or *école élémentaire*), respectively (Chafer, 2001, p. 200).

In the health sector, the AOF stressed preventative, rather than curative, approaches to medicine (Snyder, 1974, p. 13). This was driven largely by the lack of trained medical professional, particularly in rural areas. Every colony had a central hospital in the corresponding capital city that was run by a European doctor, and the goal was to have one European doctor overseeing each district, or *cercle* (Cooper, 2010, p. 61). In 1925, the AOF had approximately 133 European medical doctors, half of which served in civilian military services that were presumably preoccupied with military conscription efforts (e.g., Echenberg, 1975); even if the target of 165 European doctors in the AOF was met, this left a ratio of one European doctor for every 72,000 patients (Snyder, 1974, p. 13). *Cercles* also corresponded with sanitary districts for disease control and public health purposes, and they were meant to have dispensaries and clinics, some of which were mobile, though these were not always available. African medical workers served under European doctors in various capacities as doctors, nurses, pharmacists, midwives, and sanitary guards, many of which were trained at Dakar Medical School (Cooper, 2010, p. 61 and p. 70). In Côte D'Ivoire, medical services expanded in line with economic activity, as the opening of a north–south railway line increased economic investment; in the 1930s, most new clinics and dispensaries were found where Europeans were establishing new plantations (Lasker, 1977, p. 284; Morgenthau, 1964, p. 167). This expansion was financed predominantly by import duties and taxes imposed on local and indigenous populations; by 1940, health accounted for 20% of the colonial budget (Lasker, 1977, p. 284; Sainz and Marchant, 1952, p. 15).

Discussion

Despite their differences in precolonial population density, Table 2 reveals striking homogeneity among the transnational actors in the non-domestic realm with the ability to shape and influence social policy in Côte d'Ivoire and Dahomey. Most of these actors fall within the political sector, followed by the societal sector, reflecting not only the strong degree of centralisation and integration within the metropole but also the strong regional federal structure of France's colonial administration in West Africa. The large number of transnational actors in the political sector is also driven by the rise of intergovernmental

¹¹To put this in perspective, the former German colony of *Kamerun* had more pupils in school than the whole of the AOF combined in 1913 (Qloruntiməhin, 1974, p. 350).

organisations during the interwar period. The relatively small number of transnational actors in the economic sector reflects the dwindling number of chartered trading companies and the rise of non-chartered, local corporate entities during this time (Jones, 2000; Carlos and Nicolas, 1988; Coquery-Vidrovitch, 1975).

Across the domestic realm, heterogeneity in the social policy actor constellations emerges in the domestic economic and societal sectors, illustrating the way in which this framework helps to uncover sites of differentiation that are otherwise missed in approaches preoccupied with a focus on colonial administrations alone. Within Côte d'Ivoire and Dahomey, we see some differentiation in the key enterprises/employers that may have an interest in social policy. Their interests may have influenced, and even determined, the geography of health and education provision. There is also minor differentiation in the range of actors who provided health and education services, with the presence of a regional school in Côte d'Ivoire. Together, this highlights the way in which interactions between colonial actors located in the domestic realm (e.g., junior colonial administrators, European transnational enterprises/employers, European doctors and teachers) and indigenous actors in the domestic realm (e.g., African chiefs, local non-chartered corporations, *amicales*, African doctors and teachers) were central to mediating, facilitating and/or resisting the social transformations promoted by French imperialism, with important implications for understanding the introduction (or lack) of social policies.

When considering the transnational dynamics across and between these sectors, there are several starting observations for further exploration in future research. First, heterogeneity in social policy actor constellations in the domestic realm, particularly in the economic and societal sectors, may also suggest a need to make strong distinctions between social policymaking and social policy implementation in colonial contexts. While the results provide no supporting evidence that precolonial population density is a driver of meaningful variation in the introduction of social policies or in the composition of the actor constellation from which they originate, precolonial population density may be an important driver of how social policies are implemented in colonies and of the policy instruments and infrastructure available to support this process, which may also impact policy outcomes.

Second, in line with the findings of Schmitt (2015), the homogeneity in the non-domestic actor constellations suggests that transnational actors may be a key determinant of social policy arrangements in colonies beyond other factors, such as population density. In particular, regional transnational actors appear to be just as, if not more, influential than metropolitan actors in the introduction of social policies in Côte d'Ivoire and Dahomey. This pattern may well be unique to the French Empire given its regional federal structures, but it may also be relevant in other contexts, for example, in the case of Mandated Territories administrated by neighbouring colonies.

Finally, the inclusion of colonial representation within the French National Assembly reinforces Bhambra's (2021) assertion that the flow of influence within Empires was not only "downwards"; France also incorporated colonial representatives at higher levels of governance, though they were few and always in a relatively subordinate position.

Fully capturing the interplay and meaningful divergence in social policymaking at the intersection of colonial strategy and population density will require in-depth comparison of carefully selected labour, education, and health policy process beyond a simple comparison of the actor constellations themselves. Nevertheless, use of a deductive frame through which to identify key actors for consideration and examination is critical for striking the right balance between drawing from available literature and empirical evidence and taking a more objective, unbiased approach to collecting and analysing data related to these actors and policymaking processes, which inevitably influences the results and conclusions drawn.

Conclusion

This paper argues that an actor-centric approach is needed to fully capture the origins and introductions of social policies in a colonial context. To support this, we have introduced and applied an actor-centric

framework in two French colonies in Africa that differ according to precolonial population density: Côte d'Ivoire; and Dahomey. The results reveal three key findings. First, we find no evidence of meaningful variation in the actor constellations of relevance for social policymaking with respect to precolonial population density, and further research will be required to see if precolonial population density has a stronger impact on methods of social policy implementation in colonial contexts. Second, transnational actors may be a key determinant of social policy in colonies beyond other factors. In particular, regional, non-domestic actors appear to have played a crucial role in the introduction of social policies in the AOF. Third, heterogeneity in the social policy actor constellations appears in the domestic economic and societal realms, both of which have been largely overlooked in scholarship preoccupied with a focus on colonial administrations alone. These findings draw attention to the way in which political tensions and imperially driven transformations are mediated, facilitated, and/or resisted by both colonial and indigenous actors, within an otherwise hierarchical and centralised imperial governance structure.

Social policy actor constellations are not explanatory devices in their own right. However, they can be used effectively as heuristic devices and deductive tools to support a more rigorous and comprehensive understanding of the drivers, determinants, and key mechanisms behind the introduction of social policies. A more systematic inclusion of relevant economic actors, such as chartered trading companies, influential colonial firms, and chambers of commerce, may help to make important distinctions between the introduction of social policies in imperial states compared to colonial territories. It also supports a more comprehensive understanding of the emergence of welfare state regimes within the context of the broader political economy that enabled their rise (Bhambra, 2022). Ultimately, a more systematic and deductive approach to the study of actor constellations of relevance to social policymaking can help to better specify what exactly distinguishes the emergence of social policies in a colonial governance context from those that have emerged in nation states post-independence throughout the Global South.

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