

4 The Historicity of State Formation Welfare Services in Uganda and Cameroon

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1 Introduction

In opposition to many themes of international relations, statehood in Africa is often seen in a colonial continuum. The African state is an alleged colonial ‘import’ (Badie, 1995). In this contribution, we want to argue in a different direction. Instead of discussing the usual suspects like boundaries, official languages, or formal institutions again, we want to use ideas from critical sociology to highlight features of state rule in two African countries that usually elapse the attention of IR scholars. We aim at criticizing mainstream IR, which in an ahistorical manner only identifies deficits of ‘governance’ in ‘areas of limited statehood’ (Krasner & Risse, 2014), controlled by ‘corrupt elites’ (Zartman, 1995). Taking the historicity of state seriously, we argue, brings to the fore that what is usually considered to be recent crisis, has its long roots in the past of how states have been formed. Each state, we argue, has its own historical trajectory and complex temporalities. And while we want to avoid essentializing ‘the African state’, we argue that both states’ trajectories show a number of similarities (which however requires understanding and interpreting contexts, as Schlichte/Stetter have highlighted in the introduction, mode 4). These similarities tell us something about international politics and about state formation.

We will present the results of a structured comparison between Uganda and Cameroon. Both polities have their roots in the processes of submissions and integration into international politics, first in colonial times and then as independent states in liberal world market. There are four features of similarities that we want to highlight here. Our main

¹ Research of Klaus Schlichte for this chapter has been funded by the German Research Foundation (DFG, Deutsche Forschungsgemeinschaft) within the project ‘Figurations of Internationalized Rule’, co-directed with Jude Kagoro, and within the Collaborative Research Centre ‘Global Dynamics of Social Policy’ (CRC 1432), also funded by DFG. Research of Joël Glasman has been funded by the Cluster of Excellence at the University of Bayreuth, funded by the German Research Foundation (DFG) as part of its strategy of excellence (EXC 2052/1 – 390713894).

argument, and the first feature we want to highlight, is that African states are highly internationalized structures of domination (Schlichte, 2017). Their genesis as well as their current functioning is marked by a long history of outward orientation, at times even dependency. This core argument is based on a closer look on the fate of welfare state elements in both countries. Social policies in Uganda and in Cameroon were, as in other countries, part and result of the formation of the state. This formation of political domination was both highly internationalized from the outset and it led to a specific constellation that has had a lasting impact until present times. Corporations, mission societies and later NGOs, bilateral 'donors' and International Organisations (IOs) have played major roles in the design and provision of social services to answer the social question since the early colonial time (cf. Veit et al., 2017).

The internationalized structure of domination of African post-colonial states has been historically shaped and reinforced by further features that we want to highlight. The second feature is what Mamdani (1996) has characterized as legal bifurcation of colonial regimes, distinguishing 'citizens' from 'subjects'. While both Uganda and Cameroon are constitutional republics, sharp divides run through both between a small formal economy, a formal legal sphere and an affluent political class on the one hand, and large informal economy, popular forms of social control and a culture of eroding communalism on the other hand. These bifurcations are bridged by political systems in which patronage practices prevail, in all the diverse forms that are usually labelled 'corruption'. With regard to the modes of historicity distinguished in the introduction of this volume, we see this bifurcation as a case of complex temporality in which a colonially induced structure has been translated and survived decolonization (see the chapter by Koloma Beck in this volume).

The third feature in which we see a strong, even if not unchanged, 'tradition' from colonial patterns is the 'discharge of the state' (Hibou, 1999). It designates all those forms by which African states delegate functions to private or semi-private agencies without giving up final control of them. In Uganda and Cameroon, this can concern even the management of public investment, the production of security in urban spaces, or the provision of services in health and education. Instead of a contractual relationship between a 'society', on the one hand, and a state, on the other, the analysis of welfare in contemporary Uganda reveals a highly unequal relationship, at times even a disconnectedness between large segments of the population and the official sphere of state rule.

The fourth feature, 'power without knowledge' is one that implies a critique of the Foucauldian idea about power-knowledge nexus. Breckenridge (2008) has developed this argument referring to the nineteenth

century colonial South Africa, but we see current continuities at work in our cases as well. By delegating functions and by their particular form of rule, many African states work without an established and far-reaching bureaucratic knowledge of their population – a term which would actually presuppose such knowledge and the respective governmentality (cf. Foucault, 2004). The internationalized structure of domination does not reduce African actors to mere objects of international processes. In fact, we see in both cases confirmed what other authors (Clapham, 1996; Bayart & Ellis, 2000) have stated about the aptness and artfulness of African politicians, entrepreneurs and other actors to bend and direct external forces in ways that are beneficial to them. This ‘gate-keeper’ function (Cooper, 2002) is perhaps an observation that helps us to derive new ideas about the mutual constitution of states and the international system also with regard to statehood elsewhere.

Our argument thus breaks with the conventional narrative on modern statehood. We focus on the relationship between statehood and welfare provision because, in conventional social theory, the emergence of the ‘welfare state’ in the mid-nineteenth century was a key moment in the genesis of modern statehood. The main consequence of the development of a welfare state, the narrative goes, did not lie in the immediate improvement of health or education, but in the reinforcement of state apparatus as well as in the formation of national societies. Welfare policies provided economic regulation, central governance and a new kind of bureaucracy. Welfare provisions enabled the surveillance of the urban poor, the capture of peripheral peasantry and the accumulation of a state knowledge over population. According to conventional theories, the provision of welfare was key in the emergence of modern statehood, for, at least in the European experience, welfare justified state intervention and the deployment of bureaucratic technologies like birth certificates, population registers, demography statistics, vulnerability maps, programme planification, etc. (cf. Hennock, 2007; Kuhnle & Sander, 2010).

An important effect of the emergence of the welfare state in Western Europe was the ‘nationalization’ of politics and societies (cf. Noiriel, 1996). State welfare was expected to produce the healthy workers, the tall soldiers and the literate subjects that the modern state needed. Through welfare services, the state thus produced a national society that did not precede the state. This is why social theory from Norbert Elias to Michel Foucault up to Pierre Bourdieu and many others has regarded welfare services – education, health, pensions, etc. – as constitutive elements of modern statehood.

However, the four features that we identify as a colonial legacy challenge conventional theory of the state by highlighting specific modes of

historicity at play: the ‘bifurcation’ of the state, the ‘discharge’ of social services to private or semi-private actors, the lack of ‘will to know’ and the internationalization of politics are not mere signs of the ‘failures’ or ‘limits’ of statehood. Instead, they are integral parts of post-colonial statehood. This does not mean, however, that those features are mere colonial legacies and did not evolve after having gained independence. Our comparison shows that despite historical differences, low-level generalizations are possible. We argue here that we cannot understand the contemporary state in Uganda and Cameroon without a careful look at their colonial legacy, but we also highlight the fact that this legacy has been constantly reworked by the post-colonial state – to such an extent that independence (1960 for Cameroon, 1962 for Uganda) should not be seen as a clear-cut for welfare policy.

These histories of welfare in colonial and post-colonial Uganda and Cameroon will be told in three chapters each. In early colonial times (1880s–1930/1940s), into a second period of government of the late colonial period and early independence (1940s–1980s), and finally the neoliberal internationalized government that emerged since the early 1990s. This threefold distinction will structure the presentation of the two cases respectively.

2 Colonial and Post-colonial Welfare in Uganda

2.1 *Initial Observations*

On 8 November 2018, the Ugandan newspaper *The Daily Monitor* published two reports in juxtaposition. The first one, ‘Police arrest 300 in operation’, recounted that several hundred young men in Kampala had been incarcerated for at least a day as an attempt to curb street criminality. On the same page, a report entitled ‘NRM party city youth to receive Shs 3.2b’, described the donation of the equivalent of 800,000 USD to the government party youth in the capital who had complained about neglect and dire outlooks to find regular employment. The money, coming directly from President Museveni’s coffer, should be used for creating car-washing bays as income generators and ‘would help in enriching the skills’ of urban party youth.² This strange simultaneity of repressive and fostering practices of the Ugandan government are not simply traditions of colonial rule. Yet, they show how power works in a setting that still bears colonial imprints.

² Kato, J. 2018: ‘Police arrest 300 in operations’ and Wandera, D. 2018: ‘NRM party city youth to receive Shs3.2b’ in *The Daily Monitor* (Kampala), November 8, 2018: 3.

The simultaneity mirrors the second feature listed above. Since colonial times, only a small proportion of the Ugandan economy is formalized, with a small minority of fully registered members of public social security schemes. The pension fund of the ‘National Social Security Service’, the most extended social security scheme, covers about 9.3 per cent of the total population (Munyambonera et al., 2018: 2). The provision of health and education is likewise bifurcated into a commercialized sector for those who can afford to buy such services, on the one hand, and, on the other hand, a much larger porous public system offering unreliable access to education and health services. While these services are formally free of charge in public institutions, Ugandans are used to paying informally at all levels. The only exception from that post-colonial continuity was seemingly the first decade of independence, the 1960s.³

While for a long time, the deficiencies of the Ugandan state as a ‘service provider’ – to use the parlance of the governance paradigm – has been attributed to the years of turmoil during the rule of Idi Amin (1971–1979) and an ensuing period of civil war, it has become apparent that core traits of this form of domination are part and parcel of colonial imprint in Uganda. Despite all universalist rhetoric and true ambitions of Ugandan politicians, international ‘partners’ in development, the four traits of – internationalization, bifurcation, power without knowledge and discharge – have been maintained. Their genesis and post-colonial afterlife can be narrated in three short chapters – early colonialism, the era of development in later colonialism and early independence and the current neoliberal regime of internationalized rule.

The historicity of social policies in the state formation of Uganda does, however, not consist in the survival of unchanged forms and institutions. It would also be inadequate to consider this to be an evolutionary process. Rather, it resembles what historians have called an eventful history,⁴ as major periods of crisis interrupted, stopped or derailed processes that in other cases looked like regular and purposeful.

2.2 *Early Colonialism*

Uganda was a protectorate of the British crown between 1900 and 1962. De facto a colony, it was ruled along the idea that it should contribute to the empire by producing exportable goods and consuming

³ Cf. Ssali (2018); Interviews K.S. in Kampala and Fort Portal, November, December 2018.

⁴ Cf. Sewell (2005) and the introduction to this volume.

British products. A first wave of subjectivation aimed at an enforced participation of the 'natives' in the colonial cash economy. In order to acquire the money for the imposed hut tax, the adult males had either to enter the emerging wage-labour sector or to produce for the colonial market. This was on the basis of all colonial schemes that dissolved communal forms of economies and turned them into appendixes of first the imperial, then the world markets. Up until now, Uganda's exports consist mainly of agricultural products and labour (cf. Mkan-dawire, 2010).

Cotton, coffee and tea were the early main products that centralized marketing boards bought below world market prices so that the colonial administration could be funded from this margin. The creation and fostering of a sufficiently trained and healthy workforce became main requirements that spurred early efforts of health and education in the protectorate Uganda (cf. Vaughan, 1991). The urban bias, that characterizes both forms of 'social policy' till today, has their roots in these early colonial times.

The early colonial period was also the foundational period for the 'discharge' (Hibou, 1999) of conventional state functions to private institutions: throughout the colonial period, mission schools and hospitals offered by far more capacities, even if of low quality, than the colonial state itself. The health sector had a first extension with the recruitment of the imperial forces for World War I. In the early 1920s, the first hospitals were erected in Kampala and Entebbe.

Furthermore, already in these early colonial times, a bifurcation of welfare provision could be observed. While British 'expatriates' benefited early on from medical services close to the level of the metropole, the colonized had at first only access to the sparse installations of missions, scattered on the territory, and also not void of interest:

Medical missionaries look for patients. It is true that missionary organisations need doctors to preserve the lives of missionaries. But they have also recognised in Western medicine an instrument for extending their influence among the people. To deliver their message they must find some method of attracting listeners. Where, as under direct rule, the people want education in order to get jobs, missionaries have provided schools. Where, as under indirect rule, education has less market value, they have provided hospitals. (Furnivall, 1948: 357–58)

2.3 *Late Colonialism and Early Independence*

As in the case of French colonialism in Africa, the last three decades of colonial rule (roughly 1930–1960) were a period of rapid expansion of state control and economic integration. In the case of Britain, the

'Colonial Development Act' of 1929 and the 'Colonial Development and Welfare Act' of 1940 marked a stronger interventionism and general planning that increasingly included welfare elements, but again clearly with a 'population' in Foucault's sense as target. But despite this stronger investment, service provision remained patchy and basic. Few hospitals but many dispensaries were built, and the introduction of secondary and tertiary education was not due to humanist ideals but curtailed to the necessary levels for the production of a colonial sub-elite needed to administer a growing economy.

There are at least three formations taking place here that became continuous features of Ugandan statehood after independence, up until present times. First among these was the birth of a representation that distinguishes between a society as an object and a government as a ruling agency, controlling and directing this population.⁵ Second was the creation of a government staff, purposefully trained for that end. And the third element was a technology of government that became a general mode later: surveys and reports constitute the basis for the design of programmes and projects aiming at social and economic transformation under changing headings (see the chapter by Speich Chassé in this volume). This prepared the ground for the radicalized liberal government since the 1990s. The high-flying plans, however, rarely translated into social reality.

The field of education is emblematic in this regard. During colonial rule, several general reports were organized to assess the general situation. At the centre of the debate was always the question of how much education was at all desirable and affordable for a society that should consist of agriculturalists (cf. Ocheng, 2004: 90). In addition, since the 1950s at the latest, a planning logic with a ten-year rhythm was developed that should instigate a delegation of responsibility to local administration and single state agencies. The results, however, remained behind the governmental expectations, despite welcomed 'progress' in the subjectivation of Ugandans, as an exemplary quote from an annual report of a district commissioner shows:

Unfortunately it cannot be said that the Batoro themselves are ready to take advantage of the great opportunities presented to them, and 1956 must go on record as a year of frustration and doubt when the sound and orderly progress of the District was marred by political difficulties. (Toro District Annual Report, 1956: 1)

⁵ There had been, of course, pre-colonial forms of rule on the area that is now Ugandan territory. They had, however, not the governmentality of presiding a 'population' that needed to be transformed.

The period between 1930 and 1970 is thus the time in which an understanding of government emerged that later turned out to be directly compatible with neoliberal ideas. The plans stipulated development goals that should be reached through programmes and projects. Numeric benchmarks were in place already in the 1950s and 1960s. They concerned the standard number of administrative personnel per district, the achievements in infrastructure building, financial balancing of public accounts, school rates or medical service provision, while throughout the 1940s–1960s, the main worry was the size of cash-crop harvests and respective price levels.⁶

Yet despite considerable extension, welfare facilities remained chronically underfunded. The investment could not keep path with a rapidly growing population and the demand for formal education that was meanwhile generally seen as a precondition for acquiring the benefits of modernity.

District reports, like the one of Bunyoro District Annual Report for 1957 (1957: 19), reported the limiting number of teachers as the colonial administration could not even employ one teacher for each of the 334 classes. And while levels in primary schools would slowly increase, the late expansion of secondary schools had led to a shortage of buildings and teachers' houses so that again qualified teachers were lacking throughout the country.

When independence was gained in 1962, a considerable health care infrastructure had been established, consisting of urban hospitals, a number of rural health centres, nursing schools and two schools to train medical assistants, plus a network of health inspectors for the promotion of home hygiene (Okuonzi & Macrae, 1995: 125). This expansion continued during the first decade of Uganda's independence during which twenty-two new district hospitals were built. But this service provision remained concentrated in urban centres, among which Kampala stood out as only location with sophisticated health facilities.

Furthermore, secondary and tertiary education was expanded too, as the ideal of 'Africanization' especially of top echelons in the independent state ranked high on the political agenda. Yet in 1969, for example, Western expats were still the leading personnel in the Ministry of Finance. More than 242 foreign experts were in the country, together with an additional 197 volunteers. More than half of the experts stemmed from the USA, Canada and the UK, while only eight had Chinese and three Soviet passports (Mittelman, 1975: 158). The imperial

⁶ Annual Reports of Madi and Tooro districts to the Governor of Uganda from the 1950s, Archive of the Mountains of the Moon University, Fort Portal, Uganda.

internationalization of Uganda's rule slowly changed into an international one (see the chapter by Lawson in this volume).

Colonialism left Uganda 'without a middle class to speak of' (Reid, 2017: 281). A thin merchant and entrepreneurial stratum of 'Asian' Ugandans was facing ethnic resentment, while a small technological and culturally elite socialized in colonial institutions overtook the independent state, following the routines and patterns of rule that they have acquired under 'the colonial masters'.⁷ This stratum continued to rule Uganda, interrupted only by the period of turmoil under Idi Amin (1971–1979) and the years of civil war (1981–1986), during which most public institutions stopped working, in some areas for years. In Uganda's northern districts, massive political violence continued until 2005 with respective consequences for the provision of health and education.

2.4 *Neoliberal International Rule*

While the Ugandan government of the 1960s had displayed consistent scepticism towards foreign aid (Mittelman, 1975: 180), the new government in the late 1980s did not have any choice but to submit itself to the recipes of the International Financial Institutions (IFI). Yet, the independent government of the 1960s had continued to work with Five-Year Plans, and it had its – mostly international – commissions for the evaluation of 'development'. The colonial tradition of Five-Year Plans for 'development' had thus an afterlife in the 1990s when the World Bank introduced 'Poverty Reduction Plans' and the IMF started its 'Structural Adjustment Programs' (SAP). Aiming at reducing the role of the state, this led to a severe crisis of public service provision. Privatization was mandatory, and in Uganda like in other instances, it meant in fact the appropriation of the privatized agencies by the political class. The National Resistant Movement/Army (NRM/A) – still the current government – had started out in 1986 with an 'African socialism' rhetoric. Yet slowly, it adapted the IFI discourse as many of its members saw the new cumulative effects that the combination of political power and economic opportunity offered. Former predominantly publicly organized sectors like education and health became primary targets of private wealth accumulation by political entrepreneurs (cf. Médard, 1992), including ministers and secretaries of state (cf. Schlichte, 2008). The framing of 'national development' allows the settlement of this decisive power group with their international 'partners' (Rubongoya,

⁷ This expression is still in use in contemporary Uganda, albeit with an ironic twist.

2018), not unlike the colonial arrangement of ‘private indirect government’ (Mbembe, 1991).

The aid industry that developed in this politically locked situation could easily connect with the colonial traditions of programmes, projects and reports. Ministries function as official partners, if it is not local NGOs, often led by politicians too, which act as contractors of projects. This political arrangement is, however, hidden behind a public and international debate about ‘democratization’ as if questions of political accountability of Uganda were still merely a national affair.

This internationalization of rule (cf. Schlichte, 2008; Morcillo-Laiz & Schlichte, 2016) does meanwhile include Chinese and since long also Indian companies and single entrepreneurs. It materializes in an international life-world of malls and hotels, SUVs, private colleges and private clinics. The opportunities of this internationalized class are worlds apart from the precarious, still porous and even for sub-Saharan African low standards of education and health facilities in the countryside and for the urban poor. The bifurcation between the legal status of the metropolitan citizen and the colonial subject that Mamdani and Fanon have scandalized for colonial times, has thus its current equivalent in the distinguished worlds of expat experts, entrepreneurs and high state officials that are connected to the poor majority by volatile connections of patronage, personal favour and charity.

3 The Welfare State in Colonial and Post-colonial Cameroon: Between Hybris and Renunciation

3.1 Initial Observations

In Cameroun, school is compulsory: children are expected to spend at least six years at school learning how to read, write and count; they learn the name of the countries’ cities, its mountains, its rivers, its administrative regions and its national anthem (Cameroun: *Loi d’orientation de l’éducation* 1998, art. 17). Every year, however, some school children experience another aspect of Cameroonian statehood: they are not allowed to take the final exam because they lack any legal proof of their existence. Having no identity card or birth certificate, they eventually leave the school system without a diploma. In 2019, in the Far North Region alone, 38,163 pupils were in this situation of not being allowed to take the exam because they lacked a birth certificate (*L’œil du Sahel*, 18 January 2019). Ironically, those children had a valuable knowledge about the state, but the state, in turn, did not even manage to learn and register their names.

Cameroon does not fit into the conventional narrative of state formation. In Foucault's theory of the state for instance, clinics, hospitals or schools function as 'tiny social observatories', in which the state can observe not only the pupils or the patients themselves, but also their parents, their families, their neighbours and eventually put the whole society under a regime of 'compulsory visibility' (Foucault, 1975: 213). There are, in Cameroon, some historical examples of biopolitical endeavours. However, these endeavours were mainly circumscribed in the realm of public declarations and symbol politics. State realizations in welfare provisions remained massively incoherent, poorly financed and often limited in their effects. There was a huge gap between grand promises of social engineering on the one side, and deceiving experiences on the other side. The tension between hybris and failure was not a side effect of colonial statehood: colonialism embraced failure, renunciation and powerlessness (Lachenal, 2010; Mbembe, 2013).

The state in Cameroon bears witness to this heritage. The Cameroonian constitution made grand promises about the social character of the state (*Constitution de la République du Cameroun*, 1996, Preamble). After his re-election as President of the Republic, Paul Biya reiterated this now usual commitment for better social protection, education of all, the construction of new hospitals and the provision of affordable housing (Speech by President Paul Biya, 6 November 2018). What about our unregistered pupils not allowed taking their final exam? Did the Cameroonian government promise to equip local police stations with the material to issue birth certificate?⁸ Instead, Cameroon contracted a Dutch company with the production of a brand-new identity card and the general overhaul of its identification system. This foreign company promised to introduce a new identity card made out of polycarbonate with the 'biometric ten fingerprints' of its holder, as well as a microprocessor for electronic authentication (Gemalto, 2018). It was not merely about a modest goal of constructing a decent and functioning welfare system. It was about nurturing the utopia of biopolitical control with the help of a foreign enterprise. It was about invention of a new 'Cameroonian citizenship of the future' (Gemalto, 2018).

School children from the Far North Region, experience here the result of a long historical heritage. The internationalized structure of domination (Schlichte, 2017), the quasi-absence of basic state and administrative service in some corners of the country in a 'bifurcated' state

⁸ Giving birth at home being one of the reasons for the absence of official registration. In the Far North, less than one out of five births is assisted by a health care professional and therefore likely to be registered (Linjuom Mbowou, 2013).

(Mamdani, 1996), the systematic incompleteness of databanks allowed by the exercise of ‘power without knowledge’ (Breckenridge, 2008) and the ‘discharge’ of state responsibilities to private actors (Hibou, 1999; Mbembe, 1999).

3.2 *The Illusive ‘Civilizing Mission’ of the Early Colonial State (ca. 1884–1940)*

Cameroon was first a German protectorate (1884–1919), before becoming a mandate territory divided between British and French administration (1920–1944). The Kaiser’s emissary obtained a protection treaty from local chiefs in 1884 and established a rudimentary administration and an armed force. Clearly, welfare services were not part of the plan.

Cameroon became a textbook case of ‘extraversion’ (Bayart, 2000). What mattered to colonial extraction was the control of the entry points to the territory (ports, urban centres, major axes) as well as productive enclaves (plantations and mines). Beyond these enclaves, the colonial territory was made up of large areas that were considered useless for the colonial economy – and therefore remained largely undocumented.

The few social services provided by the colonial administration were reserved for specific groups – German officers and administrators, white settlers, African employees of the state, soldiers, etc. The colonial administration focused on maintaining colonial order and securing European capital (Herbst, 2000). The ‘civilizing mission’ was left to the initiatives of missionaries, private companies and to welfare entrepreneurs who profited themselves as benevolent colonialists.

Cameroon was relatively rich, resourceful and densely populated – it thus was an attractive field for missionary enterprises. The coastal region had witnessed several waves of Portuguese, Dutch, English, American and Jamaican missionaries since the sixteenth century. Since the end of the nineteenth century, missionary societies from different nations provided basic welfare services for the glory of their Nation and their God: the Baptist Missionary Society of London, the Swiss-German Basler Mission, the Baptist Mission of Berlin, the American Presbyterians, the French Catholics, the Société des Missions Evangéliques de Paris, etc. (Joseph, 1980). The logics of ‘discharge’ and ‘extraversion’ worked hand in hand: services in education or health provided by missionaries became arguments in the claims of competing European colonialism.

Welfare projects emerged through mix of personal initiatives, charitable financing and administrative support. Individual doctors, teachers or missionaries played the patriotic card and applied for support from the administration for their pet welfare projects. In the British territory,

for instance, schooling remained the realm of the mission, through a system of 'Approved Voluntary Agency'. Another example was the hospital of French doctor Eugène Jamot, a centre to fight against sleeping sickness (trypanosomiasis); this received finances from the French colonial ministry as well as from private or semi-private actors (including the chemical and pharmaceutical firm Rhône-Poulenc). The field of colonial welfare provisions was structured by the competition between different churches, different private companies and different nations. The four features of state domination – internationalization, bifurcation, power without knowledge and discharge – were already entrenched before World War II.

3.3 *The Construction of a Cameroonian Welfare State (1940s–1986)*

Two factors lead to an increasing intervention of the state in welfare matters during and shortly after World War II. First, Africans massively protested against colonial domination. A series of social movements, workers' strikes and demonstrations took place in strategic cities like Dakar, Mombasa and Duala, forcing colonial powers to rethink colonial domination (Cooper, 1996). Second, international organizations now required information and minimum social provision standards for the colonized population (Article 73 of the UN Charter, June 1945; International Labour Organization Social Security (Minimum Standards) Convention, 1952).

This triggered a new ideology of 'development', 'welfare' and 'modernization'. The reformation of colonialism was meant to save empires. The British government pushed the 'Colonial Development and Welfare Acts' of 1940 and 1945, while the French government implemented a *Fonds d'investissement pour le développement économique*. In official discourses at least, the idea that 'traditional solidarities' ('family ties', 'tribal community', 'villages', etc.) would take care of the African workers' problems, was now complemented by a discourse on colonial welfare.

However, African syndicalists and politicians appropriated the notion of 'development' to criticize colonial rules and push for reform or even independence (Cooper, 1996; see also the chapter by Speich Chassé in this volume). It was a formative moment for the formation of an African discourse on welfare. After independence, the notion of 'development' remained a cornerstone of moral politics: the language of development and welfare enabled political and administrative elites to act as 'brokers' between international donors and local institution, that is, to articulate the language of modernization and the idioms of kinship, ethnicity and patronage.

In practice, however, social services largely followed a logic of ‘enclaves’ (Ferguson, 2005). In some territorially circumscribed areas, state servants, private companies and charitable organizations claimed for grand ambitions for social improvement. Military barracks, labour camps, sleeping sickness stations and leproseries were examples of biopolitical heterotopias. An example of such enclaves were the plantations of the ‘Cameroons Development Corporation’ a private enterprise that ran hospitals, dispensaries, schools, community institutions, water supply systems, roads, for its employees and their family. Another example was the ‘medical government’ of Haut-Nyong. The authority of the whole region was given exclusively to medical doctors by the French governor (Lachenal, 2010). Despite the investment and the (often brutal) medical administration, this episode was a fiasco for public health (diseases such as sleeping sickness and pneumonia actually spread) but it contributed nonetheless to the myth of the benevolent colonial state.

Cameroonian nationalists, especially the Union des Population du Cameroun (UPC) described colonialism not as a welfare state, but as a pathology (Mbembé, 1985). While French colonial elites marvelled about the ‘good deeds’ (*les bienfaits*) of French administration (*Marchés Coloniaux du Monde*, 1952), Ruben Um Nyobè accused France of not respecting its duty under international law to work for the political, economical, social and educational advancement of the population. France retaliated with one of the most brutal counter-insurgency wars in its history (1955–1971), with the systematic internment of the population, systematic tortures and concentration camps (Mbembe, 1996; Deltombe et al., 2011). Thus, the former colonial power ensured that formal independence (1960) and the unification of the two Cameroon (1961) could not mark a clear break with colonial legacy.

Under President Ahmadou Ahidjo (1961–1982), Cameroon became a single-party state led by the Cameroon National Union, and a stereotypical case of ‘underdeveloped’, ‘neopatrimonial’ and ‘authoritarian’ state (Eboko & Awondo, 2018). Cameroon benefited from sustained economic growth – at an annual rate of 5.4 per cent a year between 1960 and 1986 (Carbone, 2012). In spite of widespread corruption and low welfare expenditures, most macro-social indicators improved. Schooling rates were among the bests in Africa South of the Sahara – and they improved (from around 45 per cent in 1959 to 65 per cent in 1971 and 75 per cent in 1985) (Njiale, 2006: 55). Life expectancy at birth was of 41.7 years at independence, and already 54.2 years in 1985 (Carbone, 2012: 157–83). Some spoke of a ‘Cameroonian miracle’ (Aerts et al., 2000: 7).

3.4 The Demise of the Embryonic Welfare State (1986–today)

After the mid-1980s, the worsening terms of trade for major exports (cocoa, coffee, cotton) and the rapid decline in oil output led to one of the quickest impoverishment in Central Africa (Aerts et al., 2000: 8–10). Cameroon's economy contracted by 3.8 per cent a year between 1986 and 1994 (Carbone, 2012). This took place in a period of rapid demographic growth: there were 7.4 million inhabitants in 1975, there are ca. 24 million today. When President Ahidjo surprisingly resigned in 1982, his successor, Paul Biya (1982–today) invented a new, caricatural version of the neo-patrimonial state that Mbembe calls a 'government by negligence' (Mbembé 2017). As the saying in Cameroon goes: 'Corruption was corrupted.' The reproduction of a predatory political elite became the sole political ideology.

Eventually, SAPs came in as an antidote to debt and economic crisis. But the cure almost killed the patient. Cameroon signed for the first SAP with the IMF in 1988, swearing to implement massive cuts in state expenses. In spite of rapid demographic growth, the state employed less teachers, less physicians and less nurses in 1990 than it did fifteen years before (Kamdoum, 1994). State employee's salary were cut by 70 per cent, many taking jobs on the side or required tips and bribes for services that were supposed to be free (Dujardin et al., 2003). Schooling remained theoretically free of charge, but parents frequently now had to pay for their children to attend or for exams to be corrected. Access to basic health care was also theoretically free, but the real costs for accessing consultations and treatment rose.

The consequences of the SAPs on the population's health and education has been highly debated (Cornia et al., 1987; Pongou et al., 2006; Thomson et al., 2017). In Cameroon, governmental spending in welfare provisions dropped. Educational spending for every child aged six to fifteen years was divided by two between 1986 and 2000 (Njiale, 2006: 56). Health expenditure was reduced both in absolute terms and in share of national budget. Overall per capita health expenditure almost halved (Carbone, 2012). There was one teacher for 49 pupils on average in 1971, but only one teacher for 82 or 120 pupils in 2004 (Njiale, 2006: 62). Eventually, primary schooling rates dropped. The health system followed. The number of physicians per 1000 habitants had risen from 0.03 in 1960 to 0.8 in 1989, then dropped to 0.7 in 2008. In the 1990s, Cameroon was one of the few countries in which, in spite of an absence of war, life expectancy at birth was constantly dropping: one could expect to live 54.6 years in 1990, but only 50.5 in 2007 (Carbone, 2012).

Surprisingly, the claim for better welfare services rose at the moment when it was being attacked by the SAPs. Cameroon signed a series of international agreements promising profound ameliorations of the welfare states, from the Alma-Ata Declaration on Primary Health Care/Health for All (1978) to the Jomtien World Declaration on Education for All (1990). However, state's investment in the welfare sector remained low. In 2019, the spending for welfare (18.6 per cent of state budget for health and education put together) was lower than the costs for the reimbursement of the debt (22 per cent of state budget) (République du Cameroun, *Loi de Finances*, 2019). The real spending probably looked even weaker, because 'only about two thirds of official allocations actually reached local facilities' (Carbone, 2012) because of corruption.

Thus, the delegation of social responsibilities and the dependence towards external donors are historical features of the Cameroonian state. The state's lack of interest for some categories of populations in certain regions, including school pupils in the Far North, is not an accident, but a legacy and part of a political strategy. For Francis Nyamnjoh, using Mahmood Mamdani's terminology, Ahmadou Ahidjo and Paul Biya borrowed and perfected the colonial legacy of 'decentralized despotism' (Nyamnjoh, 1999): Cameroon is a reliable and supporting state for some categories of citizens close to the government (as well as for international companies), and a contemptuous and distant despot for others. Thus, the politics of internationalized domination has a purpose: If a project is successful, the state can claim it and gain legitimacy. If a project fails, it justifies for a nihilistic ethos of 'non-interventionist intervention' led, once again, by external actors (Lachenal, 2015).

4 Conclusion

In this contribution, we have argued that the – albeit limited – competences of states are, like in 'developed' ones, neither new nor just of 'foreign origin'. Instead, they are the result of decades of transcontinental encounters and they show the historicity of both states. They also continue to operate in a highly internationalized manner, inserted into regional relations of power but also mirroring global claims and attempts of control and to care, but also of negligence and loopholes.

With our focus on the genesis and changes of social policies and their historicity, we find a further avenue promising to follow. What looks so strange and so different, is at the same reminiscent of processes and forms elsewhere. Accepting the historicity of political developments in Uganda and Cameroon actually allows us to see much clearer that

similar processes, perhaps less visible and less pronounced might be at work elsewhere. Writing off entire segments of the society, establishing mere surveillance over ‘ungoverned spaces’ while celebrating ‘charity’ is not a foreign pattern to other parts of the world.

The criminalization of politics (Bayart et al., 1999) is not without echoes to what has happened in the former socialist parts of the world or in the West. There is, for example, a clear analogy between the historical bifurcation of the social question from the criminal question taking place at the end of the 19th century (Wacquant, 2010: 157) and ‘poverty reduction’ and policing in Uganda and Cameroon since the mid-1990s. The unequal distribution of the gains of privatization, the capture of state apparatuses by an entrepreneurial political class is by no means an African exception.

If we look at the genesis of the bifurcations, at the history of this internationalized production of a political situation, other aspects become visible. The interplay of mutual projections like the genealogy of racism in imperial times (cf. Arendt, 1951), the accepted paternalism of humanitarian aid (Barnett, 2011) are part of this and already established results of historical perspective on state formation and its international embeddedness.

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