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PROGRESS MADE BY THE NON-SELF-GOVERNING TERRITORIES IN
APPLYING THE PROVISIONS OF CHAPTER XI OF THE CHARTER

Progress and application of social security legislation

Report prepared by the International Labour Office

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.. Since 1946 appreciable progress has been made by many of the Non-Self-Governing Territories in dealing with those major risks which are the province of social security. When social security measures were first adopted in some of the Non-Self-Governing Territories some ten years ago, they were concerned almost exclusively with compensation for industrial accidents; today not only is better coverage provided than in 1946 but legal provisions exist for the protection of people against other risks such as occupational diseases, disability or old age.

I. COMPENSATION FOR INDUSTRIAL ACCIDENTS AND OCCUPATIONAL DISEASES

2. In 1946 the legislation of most of the Non-Self-Governing Territories made provision for compensation for industrial accidents, but it was only rarely there was any legislation covering the risk of occupational diseases. Since then, new regulations have been issued which have in many instances modified and supplemented systems of compensation for industrial accidents and which in some Territories have provided protection, previously non-existent, against the risk of occupational diseases, securing for the victims or their beneficiaries compensation on the same general basis as applies in cases of industrial accidents.
3. The main improvements have been the widening of the scope of the regulations, the provision of more adequate medical care, an increase in the amount of compensation and a reduction in the waiting period in cases of temporary inability to work, the more extensive use made of various forms of payment by pension and an increase in the grants payable in the event of permanent incapacity or disease and the generalization of the obligation on the part of employers to insure their workers against the risks of industrial accidents and occupational diseases.

Widening of the scope of regulations

4. The restrictions which limit the scope of such regulations are usually connected with forms of discrimination based on race or nationality, the type of labour contract, the nature of the work and the causes and nature of the accident.
5. During the period under consideration changes were made in the laws of a number of the Territories which provided for different scales of compensation for indigenous and non-indigenous inhabitants; in some instances the differences were

completely abolished as, for example, in French Equatorial Africa, French West Africa and French Somaliland, and in others they were reduced as in Northern Rhodesia where rates of compensation are now the same for Europeans and Africans with monthly earnings of £50 or more. In most of the British territories the regulations do not make any discrimination on the basis of the worker's nationality although they only protect him when his earnings do not exceed an amount which varies from one Territory to another; in some instances this restriction applies to non-manual workers only. The scope of such provisions, the effect of which is to exclude a large proportion of the non-indigenous workers, particularly European non-manual workers, from the benefit of the special laws concerning compensation for industrial accidents and occupational diseases, has been progressively reduced in many of the Territories by raising the maximum earnings above which workers are excluded from the application of the law: this is what has happened, for example, in Jamaica, Barbados, British Guiana, Singapore, Nigeria, Kenya, Uganda and Northern Rhodesia.

6. Some of the systems now in force cover any accident arising in the course of a contract of service; an example of this is the Belgian Congo where the restriction which excluded domestic servants from the protection of the law was abolished in 1958. The position is the same in all those French territories in which a 1957 enactment applying to all workers, irrespective of their sex, race, nationality, legal status and occupation, is in force. Although there are still many restrictive clauses in existence which exclude wage-earners in particular occupations from the scope of regulations or which are based on the cause or nature of accidents or the nature of the undertaking, progress in this field appears to have been made by a number of Territories during the period under consideration. One of the most noteworthy improvements, in view of the high proportion of workers in the Non-Self-Governing Territories employed in agriculture and forestry in relation to the total number of wage-earners, is the extension to agricultural workers of the benefits of the laws on compensation for industrial accidents and occupational diseases. Regulations bringing agricultural workers within the scope of these laws have been promulgated in recent years in such Territories as Brunei, North Borneo, Sarawak, Singapore, Jamaica, Grenada, the Leeward Islands, Swaziland, the Solomon Islands and the Fiji Islands. In other

Territories such as Nigeria where, until 1950, there was no protection for agricultural workers employed in undertakings of more than twenty-five persons, and between 1950 and 1957, in undertakings of more than ten persons, the conditions limiting the right of such workers to legal protection have been progressively abolished. In a certain number of regulations other restrictions affecting casual workers, domestic servants employed by private persons, seamen and fishermen amongst others have also ceased to apply. For instance, casual workers have no longer been excluded from the application of the law in Nigeria since 1950; the same has been the case in Sierra Leone since 1955 and in the Belgian Congo since 1958 with respect to domestic servants, in British Guiana since 1955 with respect to non-manual workers and in North Borneo and in Hong Kong since 1954 with respect to locally-entered civilian employees of the armed forces; in Jamaica legal protection was extended in 1952 to office workers and commercial employees, to drivers of public transport vehicles and to the domestic staffs of hotels, residential clubs and other similar establishments; in Singapore, as a result of a wider definition of the term "worker", there have since 1955 been no exclusions under the regulations because of the existence of a special régime. Lastly, it should be mentioned that accidents which occur on the way to and from work are covered in legislation drawn up in 1957 applying to French Equatorial Africa, French West Africa, French Somaliland, Madagascar and the Comoro Islands. Similarly, in Papua from 1952 onwards and in the Belgian Congo since 1956, the non-indigenous victims of an accident occurring during such a journey receive legal coverage. Elsewhere as, for instance, in the Federation of Malaya since 1952 and in Singapore since 1954 an accident occurring in a conveyance provided by the employer is regarded as an industrial accident.

7. While it is true that, in the Territories as a whole, regulations providing for compensation for occupational diseases are even rarer than those providing for compensation for industrial accidents, it is none the less true that in recent years measures to provide compensation for occupational diseases have been taken in an increasing number of Territories, either to make up for the complete absence of any form of regulation or to supplement existing schemes; this is especially so in the case of the French Territories as a whole, the Belgian Congo and many British Territories. In the majority of cases in which the risk of contracting an occupational disease is covered, the relevant legal provisions are included with

those concerning industrial accidents, and identical standards of compensation are adopted for both these causes of disability.

Extension of medical coverage

8. In many of the Non-Self-Governing Territories, the various statutory amendments and new regulations drawn up in the period under consideration have made the employer responsible, in the event of an industrial accident or occupational disease, for medical and surgical care, the supply of drugs, the cost of removal to a hospital or medical unit and in some cases the cost of hospitalization. There are at present very few Territories in which the victims of accidents receive free treatment in Government hospitals when employers are under no legal obligation to provide such medical care.

9. There have been various measures leading to improvement in the medical coverage afforded to the victims of industrial accidents or occupational diseases. In many British Territories and in the Australian Territory of Papua, the limit up to which the employer is liable for medical assistance has been raised; in Kenya and Uganda, for instance, this limit has been fixed at £200 since 1955, instead of £100 previously; in Papua the limit, which was £25 in 1941, was raised to £150 in 1952 under the terms of the Act applying to non-indigenous inhabitants. In recent years some Territories have made legal provision for the supply, repair and normal replacement of prosthetic and orthopaedic appliances necessitated by disability caused by an accident, for instance, in North Borneo since 1956; in Kenya and Uganda the employer has since 1955 been responsible for the cost of fitting artificial limbs up to £100, whereas the previous limit was £50; in Morocco a decree of 1954 supplemented the 1943 regulations on the supply and repair of prosthetic and orthopaedic appliances.

10. During the period under review, some of the Territories adopted the principle that the patient had the right to choose his own doctor; this was done, for instance, in Hawaii where the worker had formerly been required to undergo, on the proposal of the employer, a medical examination by a doctor chosen by the latter.

Compensation in cases of temporary inability to work

11. The principles on which compensation payments are made in cases of temporary inability to work vary widely from Territory to Territory. During the period in question, some progress was, however, made under this heading as a result of the adoption by an increasing number of Territories of the following principles: the normal wage is paid in full on the day of the accident; the waiting period is three days or less; compensation payments are normally made at the same intervals as wages; the daily compensation payment is equal to at least half of the normal rate of wages, allowing for benefits in kind which the worker was receiving at the time of the accident. These standards are now being fully applied inter alia in the Belgian Congo, in all the French Territories, in Hawaii and in a number of British Territories. There are still some laws in existence under which the employer has no liability, and the employee no right to any form of compensation, if the period of incapacity is less than a certain number of days, usually three or four but in some cases as many as fourteen. On the other hand, there have been several cases since 1946 of the reduction and even of the abolition of the waiting period; in 1944, for example, the minimum period of incapacity carrying entitlement to compensation was reduced from seven to four days at Singapore and in the same year from ten to five days in Jamaica; in 1955 a reduction from five to two days was made in Hawaii and in the same year from five to three days in Kenya and Uganda. Moreover, in the majority of Territories under United States and United Kingdom administration it is provided that the waiting period should not be taken into account if the period of incapacity exceeds a given figure, usually four weeks and occasionally two weeks.

12. In the period considered, the daily rate of compensation payments has steadily increased in most of the Non-Self-Governing Territories; for example there were increases in St. Lucia in 1949, in Northern Rhodesia in 1950, in Papua in 1951, in the Belgian Congo in 1954 for non-indigenous workers, in Singapore in 1954, in Hawaii in 1955 and in Kenya, Uganda and Nigeria in 1956. Daily compensation payments are now in most cases equivalent to half and sometimes to two thirds of wages as in the case of the Belgian Congo. In some of the other Territories, for instance, Sierra Leone, Nigeria, Northern Rhodesia, Papua, Puerto Rico, the American Virgin Islands and Barbados, there are regulations imposing a time-limit

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on allowances or establishing a maximum level of compensation irrespective of the wages of the person concerned. In several of the Territories, the scope of such restrictions has tended to become narrower since 1946.

Compensation in the event of permanent disability and death

13. During the period under consideration, the payment of compensation as a lump sum in the event of permanent disablement or death has been replaced in some of the Territories by the payment of a compensation allowance in the form of a pension which, in general, can only be converted to a lump-sum capital payment in cases of minor disablement or when the competent authorities are satisfied that a proper use will be made of the funds. Although the idea of a pension had only been adopted in a few isolated cases (e.g. Morocco and Tunisia) in 1946, it has subsequently spread to other Territories, such as the Belgian Congo, all the French Territories and Northern Rhodesia for non-African workers. For instance, Belgian Congo regulations have since 1950 provided for the grant of pensions to indigenous workers, whereas before that date there was no compulsory system of compensation payments for them; when some employers had taken out civil liability policies in respect of certain categories of workers exposed to special risks, the compensation payable in the event of disability or death had taken the form of a single payment. In the same Territory, before 1 January 1947, the insurance of non-indigenous workers against industrial accidents was not compulsory; and employers took out their own civil liability policies which were usually effective only when the head of the undertaking could be regarded as **liable for the** accident. Some of the employers guaranteed the payment of compensation to their employees both in the event of industrial accidents and of accidents in private life; the amount of compensation was usually limited to a multiple of the victim's annual emoluments payable in the event of death or total permanent disability. Since 1 January 1947, employers have been required to insure against industrial risks through the Colonial Disability Fund (Fond colonial des invalidités), which is under the control of the public authorities and guaranteed by them.

14. The various enactments which provide for the payment of pensions nevertheless make this dependent on a certain number of conditions of which the most important is a minimum degree of disability. There have been several instances since 1946

in which the degree of disability below which a pension is replaced by a lump-sum payment, has been reduced; in Northern Rhodesia, for instance, where the degree of disability was fixed at 35 per cent in 1955, it has been brought down to 10 per cent. Moreover, in many of the Territories, the rate of pension has been increased several times, for example, in Tunisia in virtue of decrees promulgated in 1949 and 1952, in Madagascar in conformity with regulations drawn up in 1952 and 1954 and in the Belgian Congo as a result of the putting into force of texts introduced in 1954 for the benefit of non-indigenous workers.

15. Some regulations which provided for a lump-sum payment in the event of permanent disability or death have been amended during the period under consideration to enable this sum to be paid in instalments rather than as a lump-sum; for example an amendment to this effect was introduced into Kenya legislation in 1950. In general, the level of lump-sum compensation payments in many of the Territories has risen steadily since 1946; for example increases were made in Papua in 1952, in Singapore in 1954, in Hawaii in 1955, in Kenya, Uganda, Nigeria and Gambia in 1956. In 1955 the compensation payable in the event of total permanent disability in the majority of the Territories under United Kingdom administration was, in general, equivalent to forty-two to forty-eight months pay (the maximum in 1950 was forty-two months) with a maximum payment, according to the Territory, of between £700 and £1,000; in the event of death the compensation payable corresponded to between thirty and thirty-six months wages with a maximum payment of £600 to £700. The compensation at present payable in Nigeria is equivalent to fifty-four months' pay in the event of permanent total disability and forty-two months' pay in the event of death; similarly, in Kenya and in Uganda the maximum is set at £1,700 in the event of permanent total disability and £1,200 in the event of death.

16. In 1946, it was unusual for the regulations to provide, as they did in Tunisia and Morocco, for the payment of extra compensation when a permanent disability was also total and when the victim had to have constant assistance from another person in the performance of the normal functions of life; since that date an increasing number of countries have been including such a provision in their legislation: amongst those which have done so are the Belgian Congo, Sierra Leone, Gambia, Nigeria, the former Gold Coast, Kenya, Uganda, Northern Rhodesia, Sarawak and some of the French Territories. In general, extra compensation paid is between 20 and 25 per cent; it has been as high as 40 per cent in the Ivory Coast since 1948.

17. In some Territories, such as the Belgian Congo, the French Territories, the Netherlands West Indies, the Federation of Malaya, Sierra Leone and Northern Rhodesia, the employer has been made responsible for the payment of a special allowance to meet funeral expenses in cases of death resulting from an industrial accident or an occupational disease. During the period under consideration, the upper limits of this allowance, which are fixed by local regulations, have tended to increase. Since 1946 provisions defining beneficiaries and increasing the standard rate of compensation payable to orphans of both parents have been introduced into some local regulations; this had been done, for example, in the Belgian Congo for non-indigenous persons and in the French Territories for all workers. Progress has also been made with regard to methods of reviewing and adjusting rates of compensation to take account of increases or decreases in the degree of disability; for instance, in Northern Rhodesia, such revisions which, before 1955, could only be considered within five years, can now be undertaken within ten years.

Improvement in methods of applying the regulations

18. During the period under consideration, various improvements have been made in the regulations in force in 1946 with respect to the requirements affecting the notification and investigation of cases. In many territories, employers are now required to report to the competent authority all industrial accidents which have occurred or occupational diseases which have been noted within a specified period or only those which resulted in death or in an incapacity for work lasting at least as long as the waiting period. Since 1946, the regulations of some of the Territories have been amended on this point in a manner favourable to the worker. In Hong Kong, for instance, the reporting of industrial accidents, which, prior to 1956, was compulsory only if the period of incapacity for work was three days or more, is now required even if such period amounts to only one day. Similarly, in certain cases, and particularly in the French Territories, new legislation has established the requirement that any industrial accident or occupational disease which has caused a death or appears likely to result in death or in permanent incapacity must be the subject of an administrative or judicial investigation.

19. Progress was also made in most of the Territories through the embodiment in the law of a procedure for the settlement of disputes whereby a matter that is not amenable to conciliation measures on the part of the administrative authority must be submitted, for a final decision, to an arbitrator or to the competent judicial authority. For example, an order concerning compensation for industrial accidents, which came into force in Singapore in 1954, has strengthened the conciliation powers of the officers of the Department of Labour and has also provided for the appointment of an arbitrator and for ultimate appeal to a tribunal. An increasing number of regulations provide that the amount of compensation, even if agreed to by the parties, should be fixed by an appropriate administrative authority and that the medical certificate should be prepared under the supervision of the competent authorities.

20. Since 1946, certain rules guaranteeing the actual settlement of compensation claims have been widely adopted. At present, under most legislation, annuities or lump sums payable in cases of permanent incapacity are unassignable and non-distrainable. Similarly, an injured person's claim for reimbursement of medical expenses and for cash benefits payable as a result of a temporary incapacity are considered to have the same privileged status as wages. Also, in certain Territories, e.g., the former Gold Coast and Nigeria, Kenya, Uganda, Northern Rhodesia, Sarawak and Cyprus, the legislation specifically provides that if an employer who is insured becomes bankrupt, his rights in respect of the insurance company are transferred to the injured or sick worker. As early as 1946, certain Territories such as Morocco and French West Africa had provided for the establishment of a special guarantee fund, administered by the public authorities, to ensure the payment of claims in cases where, for any reason, the employer or the insurance company might default. Since that date, similar funds have been established in other Territories, e.g., in Tunisia in 1952 and in the Belgian Congo in 1953.

Extension of compulsory insurance

21. With very few exceptions - such as Cyprus, where provision is made for equal contributions to the insurance fund by the employer and the worker - compensation for industrial accidents and occupational diseases is borne solely by the employer

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who, according to the particular Territory, may or may not be free to insure himself against this contingency. Financial difficulties, particularly in the case of small employers, and psychological difficulties - in countries where most of the workers, and even some employers, are unaware of the provisions of the law and where, for example, if there is unemployment, the workers do not dare to claim the benefits to which they are entitled - may result from the adoption of compensation systems based on the individual responsibility of the employer. Measures to overcome these difficulties were adopted in a number of the Non-Self-Governing Territories during the period under review. Reference has already been made to the establishment of special guarantee funds which are administered by the public authorities and are intended to assume the obligations of defaulting debtors. An increasing number of Territories have made it obligatory for employers to insure themselves against the risk of industrial accidents or occupational diseases among their workers. Although this requirement existed as early as 1946 in the legislation of such Territories as Papua, Puerto Rico, Barbados, Northern Rhodesia, the Netherlands Antilles, Morocco and Tunisia, the principle of requiring the employer to insure himself, either with a State insurance fund or with an approved insurance company, has since been adopted in the Belgian Congo, all French Territories, Surinam and British Guiana. In other Territories, e.g., Kenya and Uganda, such insurance is not compulsory, but the Governor in Council is entitled to require a particular employer or certain categories of employers to insure themselves. Since 1946, it has been noted that, in practice, in most of the Territories where insurance is not compulsory, an increasing number of insurance policies have been taken out. For example, the private insurance companies in Kenya received £32,900 in insurance premiums in 1948 and £141,200 in 1952.

22. In 1946, insurance funds controlled and guaranteed by the public authorities had already been set up in some Territories, e.g., Puerto Rico, Tunisia and Morocco. Since that date further progress has been made, particularly in the Belgian Congo where, since 1947, all employers are required to insure themselves against industrial accidents to their non-indigenous workers with the Colonial Disability Fund, which is controlled and guaranteed by the colony. Similarly, as regards indigenous workers, a decree of 1949 made it compulsory as from

1 July 1950 for employers to insure themselves against both industrial accidents and occupational diseases, either with the Colonial Disability Fund or with mutual funds or joint employers' funds approved by the Minister of the Colonies on the recommendation of the Governor-General. A further example of the progress made since 1946 with regard to non-commercial insurance schemes controlled and guaranteed by the public authorities is represented by the legislation that became applicable in all French Territories in 1957. Under this legislation, risks of the kind referred to above are ordinarily insured under a separate account by the compensation funds set up under family allowance schemes, such funds being governed, inter alia, by both employer and worker representatives. These funds are responsible for both the collection of contributions and the payment of benefits. There is also a general industrial accidents and occupational diseases fund supervised by the public authority, which underwrites the risks and guarantees the solvency of the compensation funds.

II. SICKNESS AND DISABILITY

Expansion of public health and social welfare services

23. Measures to protect the population as a whole against sickness and disability are still limited, in many of the Non-Self-Governing Territories, to the provision by the public health services of free medical aid embracing vaccinations, consultations, medical and surgical care, daily distribution of medicines and hospital care. These services, which were generally available even in 1946, have since been intensified by the expansion of public health facilities which, on the average, account each year for 15 to 20 per cent of the local territorial budgets. There has been an increase in medical and public health staff and in the number of hospitals, dispensaries, maternity hospitals and specialized medical centres. In Hong Kong, for example, a large modern anti-tuberculosis clinic and a dentistry school were opened by the government in 1953, and in the Cook Islands and Tokelau seven hospitals and dispensaries were built in 1949. Moreover, for the past few years, particularly in the African countries, mass medical care which effectively reaches the rural inhabitants through observation and treatment teams, has proved a useful supplement to the medical care provided at fixed

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centres and has made possible an intensification of health education work among the people through the use of mobile health and prophylaxy units. During the period under review, the activities of government and private welfare agencies were expanded, and various institutions for the sick, such as homes for the crippled and schools and rehabilitation centres for the blind, were set up in many Territories. The provision of pensions for certain disabilities under social welfare schemes was also extended. Among the examples of the progress which has been achieved was the establishment in Mauritius, in 1950, of a new non-contributory old-age pension scheme under which pensions of 15 rupees a month are paid to blind persons who have attained the age of forty-five years. In Northern Rhodesia, a society for the blind was established in 1952, and in Alaska a programme of assistance to the blind was initiated in 1951. Since 1949, blind persons in Trinidad and Tobago are entitled to pensions under a scheme financed out of public funds. In Bermuda, disability benefits and medical care for government employees are provided for under an act of 1953. In Gibraltar, since 1956, adults who are incapacitated for work by illness and are in need have been entitled to financial aid - amounting to 40 shillings a week for married persons and 20 shillings for single persons - and may also be granted dependency and rental allowances. Regulations adopted in Brunei in 1954 provide for the payment of allowances to the dependants of lepers and of mentally disordered persons and for pensions to disabled or blind persons and their dependants. In most cases, free medical assistance and welfare benefits are subject to a means test.

Expansion of medical assistance provided by employers

24. As early as 1946, the legislation of many Territories had provided for special sickness benefits for employed persons, the employer being required to pay for medical care and medicines and for hospital treatment in public, or in some cases, private dispensaries or hospitals. During the period covered by this report, medical services for workers provided by employers were introduced in a number of Territories in virtue of legislative enactments. One example of the progress that has been made was the introduction in the French Territories, under the 1952 Labour Code, of a very comprehensive system of industrial medicine,

which includes both curative and preventive treatment and the medical inspection of workers. Under this legislation, every company must provide a medical and health service for its workers. This service must, among other things, provide first aid; medical care and medicines for workers and for workers' families housed by the employer; free meals for workers being cared for at the company clinic; and transport to the nearest medical establishment, at the company's expense, of patients who can be moved but cannot be given adequate treatment at the company clinic. In order to meet these requirements, companies must provide themselves with a medical and health staff, medical supplies, and health facilities. Similar progress has been made in other Territories. In Singapore, for example, where in 1951 it was estimated that only 43 per cent of the workers enjoyed free medical care provided by the employer, this arrangement was made generally applicable in 1955 under an ordinance defining the responsibility of employers for providing first aid and hospital facilities for their workers and, in some cases for the workers' families. In the Belgian Congo, under decrees adopted in 1954 and 1957, medical care must be furnished not only to indigenous workers, but also to dependent family members residing with them. Medical, dental, surgical, pharmaceutical and hospital care as well as essential prosthetic and orthopaedic devices are covered by this requirement, and such care has to be provided by the employer for a period of thirty days.

25. In Kenya, a 1948 ordinance deals with the employer's obligation to pay for medical care and, specifically, to make periodic payments during any period in which a worker is temporarily incapacitated for work and also to bear the cost of hospital care. In the Netherlands Antilles, an act of 1946 made employers responsible for providing hospital and nursing care in addition to medical treatment and medicines. Employers are also required to take out sickness insurance for their workers, unless specially exempted by the government.

The increasing tendency to pay cash benefits

26. While sickness benefits in cash were already being paid to the workers of some Territories at the beginning of the period covered by this report, this practice has, since 1946, been extended to other Territories as the result of new legislation or of the increasing trend among larger firms to make such payments

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to their permanent employees. In some cases, moreover, the amount of the payment has increased since 1946.

The following are examples of the progress that has been made. In the Belgian Congo the allowances paid to non-indigenous workers by the Colonial Disability Fund were increased by virtue of decrees that came into force in 1946, 1948, 1952, 1955 and 1956. Furthermore, under regulations applicable to indigenous workers, which were adopted in 1954 and amended in 1957, one quarter of the wages must be paid in cases of sickness, and a work contract may be cancelled by the employer only where the worker has been incapacitated for more than two months. In addition, a sickness allowances scheme for indigenous workers was introduced in 1957.

27. Throughout the French Territories, under the legislation enacted in 1952, employers are required to pay their workers, during periods of absence due to certified illness, and provided the normal notice is given, an allowance equal to their remuneration for the period of the absence. This legislation also provides that a worker's contract shall be suspended during absences due to illness for a period not exceeding six months and that this period shall be extended until such time as the worker is replaced.

28. Regulations adopted in the Netherlands Antilles in 1946 provide that the sickness benefit, which is paid to workers for a maximum period of twenty-six weeks, shall amount to 70 per cent of his wages if the worker is being cared for at home, and to 50 per cent of his wages if he is hospitalized.

29. In Northern Rhodesia, a sickness-pension scheme was introduced by the copper mining companies in 1954 for the benefit of employees with at least fifteen years of service. Since then a similar scheme has been set up in Trinidad for stevedores employed by members of the Shipping Association. In Saint Vincent, paid sick-leave has been granted since 1953 to workers employed in industrial undertakings, and since 1954 to domestic employees.

30. In Singapore, since 1955, every worker who has been employed for at least twelve months is entitled to twenty-eight days of sick-leave a year at the employer's expense, subject to the production of a medical certificate.

Establishment of contributory insurance schemes

31. In some of the Non-Self-Governing Territories, sickness insurance schemes based on voluntary and equal contributions by the employer and the insured person were being operated by provident funds and mutual aid societies even in 1946. Such schemes existed in Northern Rhodesia for non-indigenous employees, and also in the British West Indies, Sarawak and Cyprus. Although, since then, the activities of these funds and societies have expanded, the most significant advance in the field of sickness and disability insurance during the period under review has been the introduction, in a very few Territories, of schemes calling for compulsory contributions by both workers and employers. Two noteworthy examples are the Belgian Congo and Cyprus. In other Territories, such as Trinidad and Tobago, consideration has been given since 1946 to the possibility of establishing a contributory sickness insurance scheme, but as yet no action has been taken.

32. In the Belgian Congo, a legislative ordinance of 1944 marked the starting point for a sickness and disability insurance scheme for non-indigenous employees. This scheme was improved under decrees issued in 1945, 1946, 1948, 1952, 1955 and 1956 and was supplemented in 1953 by a so-called health-care insurance scheme. In 1957, a contributory scheme for disability insurance, calling for compulsory contributions by both employers and workers, was established for indigenous workers. Under this scheme, disability allowances are paid to any beneficiary who is not, under other provisions, in receipt of a retirement pension equivalent to or exceeding the amount of the disability allowance, nor in receipt of an allowance paid by virtue of an occupational disease or an industrial accident.

33. In Cyprus, under the 1956 Social Insurance Law, sickness insurance is compulsory for all employed workers. The insurance scheme is administered by an official appointed under the law, and the insurance funds are administered separately from public funds. There is an advisory council on social insurance on which employers and workers have equal representation, and equal contributions are paid by the employed person, the employer and the colony. The adoption of such a system also represents a step forward from the point of view of protection of the worker against the risk of sickness.

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III. MATERNITY

34. In most of the Non-Self-Governing Territories, measures for the benefit of expectant mothers throughout the entire population are still provided by joint action on the part of the public health and social welfare services. During the period under review, these measures were in many cases made more effective by increases in the number of specialized health workers such as midwives and visiting nurses, by the establishment of additional maternity hospitals and additional maternity and child welfare centres, and by increased activity on the part of welfare institutions.

35. Since 1946, provisions for the particular benefit of working women have been adopted in a number of Territories. Generally speaking, the main features of these provisions are as follows: an expectant mother may leave her work without advance notice within a certain period before and after confinement; the employer may not discharge the expectant mother during this period; if a mother is nursing her child, she may interrupt her work every day for a period generally fixed at one hour; during her absence from work by reason of pregnancy, an expectant mother is paid an allowance designed to offset the interruption in her earnings.

36. In recent years, there has been progress in some Territories as regards the length of the period during which an expectant mother may interrupt work without advance notice. For example, in all the French Territories, this period, in accordance with the Labour Code of 1952, is now fixed at fourteen consecutive weeks, including six weeks subsequent to confinement. Before 1952, this period in Territories such as French West Africa, Madagascar and French Somaliland, was eight weeks, including four after confinement. Similarly, in British Honduras, this period was fixed at six weeks, including three after confinement, under an act of 1952 but was raised to eight weeks under a regulation adopted in 1955. Under some laws, the maternity leave may be extended in the event of duly certified sickness resulting from the pregnancy or confinement. This has been true of Morocco since 1947, and of all the French Territories since the enactment of the 1952 Labour Code.

37. A prohibition on an employer's use of the services of a woman during the six weeks following her confinement has been laid down in a number of laws,

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e.g. in Nigeria in 1946, in Morocco in 1947 and in Sarawak, where the prohibition applies for only four weeks, in 1951. Legal sanction has in the same way been given to the prohibition against discharging a woman during the suspension of the work contract and to the right of a woman to have **time off**, generally not more than two half-hour periods per working day, for the purpose of nursing her child.

38. During the period under review, the principle of paying compensation to a mother to offset the interruption in earnings and to ensure that she and her child will be able to enjoy satisfactory hygienic conditions has gained sanction in such territories as Nigeria, British Honduras, Sarawak, the Federation of Malaya and in all the French Territories. The advances made in this regard are apparent from the fact that before the application of the French Labour Code of 1952, there was no provision in French Equatorial Africa for compensation unless otherwise agreed between the parties; in French West Africa, paid maternity leave was granted only to women in government employment; in Madagascar and the Comoro Archipelago, the right to compensation was not sanctioned by any provision of law; and in French Somaliland, there was a provision, introduced in 1936, for payment of half the woman's wages for a period of four weeks. At the present time, working women in all the above-mentioned territories are entitled, throughout a period of absence not exceeding seventeen weeks, to continue to receive benefits in kind and are granted a cash allowance which is equivalent to half their wages and which, since 1956, has been paid by the compensation funds of the family allowance schemes.

39. While the payment of birth grants is still rather exceptional in the Non-Self-Governing Territories, some progress along these lines has been made in recent years, notably in Cyprus, under the Social Insurance Law of 1956; in Gibraltar, under a general contributory social insurance scheme set up in 1955; and in all the French Territories, as the result of the establishment of family allowances schemes in 1955 and 1956.

IV. OLD AGE

Aid to the needy and assistance to elderly workers

40. During the period under review, aid to needy old persons has been increased in many Territories through the establishment of additional homes for the aged and the introduction of schemes financed exclusively by the Governments under which regular allowances are granted solely on the basis of age, residence and means. Schemes of this kind have been introduced for the first time in a number of Territories, for example, in Mauritius in 1950, in St. Kitts in 1951 and in Brunei in 1955. A similar scheme, applicable to Europeans, came into force in Northern Rhodesia in 1950. In other Territories, such as Trinidad, British Guiana, Barbados, Puerto Rico and Morocco, improvements have been made in similar schemes which have been in existence from as early as 1946.

41. In the absence of old-age insurance schemes based on contributions by employers and workers, there has been a trend in recent years towards a generalization of the practice of voluntary grants of pensions or benefits by undertakings to their older workers. In some cases, this practice has even become the rule: for example, a non-contributory insurance scheme was inaugurated in St. Helena in 1952 for the benefit of government employees. Similarly, since 1954, African workers employed in the copper mines of Northern Rhodesia may on the basis of age and service, apply for retirement pensions. Also since 1954, the dockers of Trinidad employed by members of the Shipping Association receive a retirement pension under a scheme supported exclusively by employer contributions.

Contributory pensions

42. In most of the Non-Self-Governing Territories, civil servants - and in some cases manual workers employed by the government - have for many years been entitled to retirement pensions. In the private sector, there has been progress since 1946 as a result of the introduction, in some Territories, of old-age insurance schemes whose operation is ensured by Government provident funds to which both employers and workers contribute.

43. During the period under review, further progress as regards private provident funds was made in a number of the Non-Self-Governing Territories, and specifically in Sierra Leone, Kenya, Nigeria, British Guiana, Antigua and Morocco. In Morocco,

for example, the Caisse interprofessionnelle marocaine des retraités (Moroccan Interoccupational Pensioners' Fund), a private organization formed by various Casablanca industrialists and businessmen in 1949, had a membership of 520 employers and 10,000 wage-earners in 1951. Similarly, the British Guiana Sugar Producers' Association in 1951 inaugurated a system of voluntary contributions for sugar workers, under which the employer's contribution amounts to 7 per cent and the worker's to only 3 per cent.

44. As regards the contributory schemes for old-age pensions which, as mentioned above, have been introduced in a number of Non-Self-Governing Territories since 1946, the progress achieved during the period under review has been particularly noteworthy in the Belgian Congo, French West Africa, Madagascar, Gibraltar, Cyprus, the Federation of Malaya, the Falkland Islands, Singapore and Mauritius.

45. In the Belgian Congo, a pension scheme for indigenous workers was established under a decree of 1956, thus supplementing a 1945 regulation applicable to European employees. The scheme, which is financed by equal contributions of employers and workers and also by a government grant, is run jointly by the Workers Pension Fund and the Colonial Pensions and Family Allowances Fund for European Employees, which have merged into one administrative body.

46. In French West Africa, under an agreement entered into between the trade unions and the employers' organizations, a compulsory retirement scheme was set up for the benefit of all workers in the private sector. The scheme is run by a joint board and is financed by contributions from the employers (60 per cent) and the workers (40 per cent). In Madagascar, an interoccupational friendly society for workers' retirement pensions was organized in 1957 with the participation of trade-union, employer and worker organizations. The membership of employers is entirely voluntary, but affiliation of the entire staff of any employer member is compulsory.

47. In Gibraltar, under the social insurance regulations introduced in 1955, a contributory old-age insurance scheme for resident workers has replaced the scheme previously in force. In Cyprus, the Social Insurance Law of 1956 provided that, with a few exceptions, all persons employed in Cyprus under an employment or apprenticeship contract were covered by compulsory old-age insurance. The age of retirement is fixed at sixty-five years for both men and women, and the

payment of the pension is not subject to any residence requirements. In the Federation of Malaya, a provident fund set up under an ordinance of 1951, as amended in 1954, is administered by a committee made up of government, employer and worker representatives. In the Falkland Islands, male employees and self-employed workers residing in the Territory have, since 1952, been receiving a pension at the age of sixty-five years; two-fifths of the contributions to the provident fund are paid by the employees and three-fifths by the employers. Under an amending ordinance of 1956, old-age pensions are now payable to pensioners residing overseas, regardless of the country of residence. At Singapore, as the result of a report prepared by a commission of inquiry with the assistance of experts from the International Labour Office, a contributory scheme of retirement pensions for wage-earners was inaugurated in 1953. In Mauritius, an ordinance of 1951 introduced improvements in the old-age insurance scheme that was set up in 1945 for the benefit of workers in the sugar industry.

48. Progress was made in still other territories during the period under review, especially as a result of inquiries into the feasibility of contributory old-age insurance schemes. Inquiries of this kind were undertaken, for example, in the Netherlands Antilles, British Guiana, Barbados and Kenya. In the last-mentioned Territory, the Social Security Committee appointed in 1954 made a proposal in 1958 for the introduction of a government-sponsored scheme of compulsory old-age insurance for wage-earners of all races.

V. CHILD CARE

49. Owing mainly to the diversity of the existing economic and social structures and to differences in the wage policies in operation, provision for the granting of family allowances for dependent children has as yet been made in only a few of the Non-Self-Governing Territories. Some progress, however, was made during the period under review as a result both of the general advances made in regard to the various types of social assistance granted to families and of the inauguration, in a few rare instances, of a family allowances scheme. Developments in the Belgian Congo and in all the French Overseas Territories have been particularly noteworthy.

50. In the Belgian Congo, two separate schemes - one for indigenous and the other for non-indigenous workers - were instituted in 1946, thus making universally applicable a custom by which a considerable number of large undertakings had for several years been granting family allowances to their workers. The scheme applicable to non-indigenous persons came into force in 1948 and was modified and improved in 1951, 1953 and 1954. The terms of the scheme applicable to indigenous workers were laid down in a decree of 1951, which was amended and supplemented in 1952, 1956 and 1957. Whereas the benefits for non-indigenous workers are paid in cash, the indigenous workers are granted a family housing allowance and also, in areas specified by the competent authority, an allowance either in the form of healthy and abundant food or in cash.

51. Great progress has been made in all the French Overseas Territories with respect to child care and family assistance as the result of a 1951 act applying to indigenous civil servants and of the application, during 1956, of the family allowances scheme provided for in the Overseas Labour Code of 1952. Under this scheme, any wage-earning worker may apply for benefits in respect of pregnancy, birth or child dependency. Among the benefits provided for are a household allowance on the occasion of a birth, and prenatal, maternity and family allowances. In addition to these allowances, which are all paid in cash, benefits in kind may be granted to a worker's family for the exclusive use of the children. The administration of the various benefits, which are financed by employer contributions and if necessary by annual government grants, is in the hands of territorial compensation funds, which are managed on a tripartite basis by employer, worker and local-government delegates.

VI. UNEMPLOYMENT

52. During the period under review, the measures taken by the governments of the various Non-Self-Governing Territories against the possibility of unemployment consisted mainly of a revision of their employment services, especially the establishment of free public employment offices, the registration of workers and the carrying-out of surveys on fluctuations on the labour market. Further information on the progress achieved is given in the section of the report dealing with employment services.

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53. In some Territories, such as Tunisia, the government authorities have attempted to counteract unemployment through such large-scale public works as roads, dams and so on. Public works have also been undertaken for this purpose in such Territories as Barbados, Trinidad, Jamaica, British Honduras, British Guiana, Tunisia and French Equatorial Africa.

54. Of particular interest is the progress that has been made in Puerto Rico, Cyprus and Gibraltar.

55. In Puerto Rico, an unemployment insurance scheme for the sugar industry was introduced in 1948. In this connexion, the term "sugar industry" comprises all agricultural and industrial activities and all operations and services connected with the production of cane and sugar. This scheme, which is administered by an official of the Department of Labor and is financed by employer contributions paid into an employment security fund, has proved from its inception to be completely workable. Thus, by way of example, a total of more than \$421,000 was collected by some 68,000 workers during the first week of the financial year 1950-1951.

56. In Cyprus, under the Social Insurance Law of 1956, a cash unemployment benefit is payable in respect of insured employment in an amount proportional to the contributions paid or credited. The benefit is payable for every day of unemployment as from the fourth day of any period of interruption of employment.

57. In Gibraltar, the minimum rates of unemployment benefit as provided for under the financial aid scheme were increased both in 1953 and 1955. A 1955 regulation on non-contributory social insurance, which came into force in 1956, supplemented the financial aid scheme already in operation. The new regulations apply to all persons who are domiciled in Gibraltar or are British subjects and who are insured under the social insurance scheme. If, moreover, a person who is involuntarily unemployed does not receive any benefits under the insurance scheme, he is entitled to assistance under the financial aid scheme.

58. Some surveys were also made during the period under review in a number of Territories - including Trinidad, Barbados and British Guiana - for the purpose of determining the conditions under which the establishment of an unemployment insurance scheme might be considered.