

Economic Performance and Development

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Exploring new paths, opening up fresh perspectives

Realising MDGs in South Africa

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OUTLINE

Background and status of MDGs Methodology and Data Simulations and results Conclusion

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Background

Adoption in 2000 of the Millennium Development Goals (MDG) to reach in 2015:

- Eradicate poverty and hunger
- Primary education for all
- Gender equality
- Reduce child mortality
- Improve maternal health
- Combat illnesses (HIV, TB, malaria...)
- Environmental sustainability
- Global partnership towards development
- All the MDGs are closely related to the rights as in the South African Constitution.

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	1990	1995	2000	2005	2006	2007	2008
ERADICATE EXTREME POVERTY	2015	5 target	= halve	1990 \$1	l a day j	poverty	and
AND HUNGER		malnutrition rates					
Population below \$1 a day (%)	••	6.3	11.3	••	5	••	
Poverty Gap at \$1 a day (%)	••	0.6	3.2	••	1.1	••	
Percentage share of consumption							
held by poorest 20%	••	3.6	2.9	••	2.8	••	••
Prevalence of child malnutrition							
(0/af a hildren under 5)		2			2		
(70 OI CIIIIaren under 5)	••	3	••	••	3	••	••



	1990	1995	2000	2005	2006	2007	2008
	1///	1//0	2000	2000	2000		2000
ACHIEVE UNIVERSAL							
PRIMARY EDUCATION	201	5 target	t is to ha	ave net e	enrolme	nt of 10	0%
Net primary enrolment ratio							
male (%)	90		96	98.1	97.9	98.1	98
Net primary enrolment ratio							
female (%)	90		96	98.4	98.6	98.2	98.8
Youth literacy rate (% ages 15-							
24)		93.9	93.5	88.8	89.5	90.1	90.3



	1990	1995	2000	2005	2006	2007	2008
PROMOTE GENDER EQUALITY	20)05 targ	et is to h	ave edu	cation ra	atio to 10	00
Ratio of girls to boys in primary		1:1.03	1:1.02				1:1.04
education	1:1.05	(1996)	(1999)	••	1:1.05	••	(2009)
Ratio of girls to boys in secondary		1:0.88	1:0.89				
education	1:0.89	(1996)	(1999)			1:0.95	1:0.94
Ratio of young illiterate females to							
males (% ages 15-24)		101	99.9	••	••		••
Share of women employed in the							
nonagricultural sector (%)	42.6	43.6	44.6	44	42.9	42.9	
Proportion of seats held by women							
in national parliament (%)	3	25	30	32.8	32.8	33	



	1990	1995	2000	2005	2006	2007	2008
	2015	target =	= reduc	e 1990 u	inder 5	mortali	ty by
REDUCE CHILD MORTALITY			tv	wo third	ls		
Under 5 mortality rate (per							
1,000)	61.7	63.2	77.4	78.5	74.6	69.4	65.3
Infant mortality rate (per 1,000							
births)	45	45	50	55	56	56	48
Immunization, measles (children							
under 12 months)	79	76	77	80.1	86.6	87.6	93.3



	1990	1995	2000	2005	2006	2007	2008
	2015	target :	= reduce	e 1990 m	aternal	mortalit	tv bv
IMPROVE MATERNAL HEALTH		8.	thr	ee quart	ters		J
Maternal mortality ratio (modeled							
estimate per 100,000 births)							
	230	260	380	440	400	400	410
Births attended by skilled health				92			94.3
staff (% total)		82	84	(2003)			(2009)



	1990	1995	2000	2005	2006	2007	2008
COMBAT HIV/AIDS, MALARIA	2015 ta	rget = h	alve and	l begin t	o revers	e preval	ence of
AND OTHER DISEASES		diseases					
Prevalence of HIV (% ages 15-49)	0.8	6.2	15.9	18.2	18.2	18.1	8.7
Contraceptive prevalence rate (%			56.3	59.9			
women aged 15-24)	57	••	(1998)	(2003)	14.8	12.7	
Number of children orphaned by HIV/AIDS (thousands)			660	1 200		1400	1 800
Incidence of tuberculosis (per							
100,000 people)	224	392.4	580	645	940	948	960
Tuberculosis cases detected under							
DOTS (%)	72.8	41.2	62.6	71.7	76.6	78.	72.13



	1990	1995	2000	2005	2006	2007	2008
ENSURE ENVIRONMENTAL							
SUSTAINABILITY			2015 ta	arget = v	arious		
Area (% of land area)	7.58	7.58	7.58	7.58	7.58	7.58	7.58
Nationally protected areas (% of							
total land area)		6.1			6.1		6.05
GDP per unit of energy use (2005							
PPP \$ per kg of oil equivalent)	3.03	2.74	2.99	.3.15	3.25	3.29	••
CO2 emissions (metric tons per							
capita)	9.47	9.03	8.37	8.72	8.74	8.82	
Access to an improved water							
source (% of population)	83	84	89	91.7	92.2	92.7	92
Access to improved sanitation (%							
of population)	55	56	57	66.7	68.2	70.1	69.7



	1990	1995	2000	2005	2006	2007	2008
DEVELOP A GLOBAL PARTNERSHIP							
FOR DEVELOPMENT	2015 target = various						
Youth unemployment rate (% of							
total labour force ages 15-24)	••	••	44.2	••	••	46.9	••
Fixed line and mobile telephones							
(per 1,000 people)	94.3	116	302.3	825.1	825.1	889	••
Fixed line and mobile telephones							
(per 100 people)	9.43	11.6	30.23	82.51	93.49	97.87	101.5
Personal computers (per 1,000							
people)	7.1	28.1	66.4	84.6	84.6	••	••
Personal computers (per 100							
people)	0.71	2.81	6.59	8.46			



Aim and Objectives

- Where is South Africa, 2 (4) years prior to the deadline?
- Is South Africa "on track" to achieve the MDGs under current public policies and investments?
- If not:
 - How much additional public spending will be needed?
 - What would be the most feasible financing strategy?
 - Which trade-offs need to be made when identifying a preferred financing strategy?



Methodology

- Use of a Dynamic Computable General Equilibrium Model designed for the study of MDGs.
 - Retroaction between education sectors and labor markets.
 - Model that takes into account capital accounts for agents
- Model based on Chitiga et al (2010), Maisonnave and Robichaud (2010) and Lofgren and Dias Bonilla, C (2006)-- Maquette for MDG Simulations (MAMS)



Methodology

MDGs taken into account in the model:

- MDG2 (net completion rate)
- MDG4 (child mortality rate)
- MDG5 (maternal mortality rate)
- MDG6 (HIV prevalence)
- Targets for each MDG are taken from the South African Country report (2010).
- Some of the MDGs targets are already achieved (MDG7 and MDG8), some are likely (MDG2 and MDG6), some are still far (MDG4 and MDG5)





Logistic function to compute students' behaviours (graduation rate, graduate and continue, intake rate).

- Calibrated at the base year
- Depends on initial values and proxies such as education quality, wage rate differential, health indicator, consumption per capita
- Computation of MDG2:





 Computation of MDG2: Multiplication of the intake rate and the graduation rate for the length of the primary school



- Computation of the other MDG: Use of a logistic function. Base year value taken from observations. Then, endogenously computed.
- Depends on initial values, services per capita of health, services in water per capita, consumption per capita
- Labor supply related to education system. Model considers skilled, unskilled and semi skilled labor supply





- Social Accounting Matrix based on 2005 data, with 57 activities and products, notably primary, secondary and tertiary education sectors.
- Education data based on 2005, data from Department of Education
- Financial data taken from SARB, Quarterly Bulletin

Scenarios

- <u>Simulation 1</u>: Can South Africa achieve ALL the MDG targets by 2015 ?
- <u>Simulation 2</u>: How much *more* is needed to reach MDG2 and tradeoffs?
- <u>Simulation 3</u>: How much *more* is needed to reach MDG6 and tradeoffs?
- <u>Simulation 4</u>: Financing MDG6 through indirect tax increase

Simulation 1: Can South Africa achieve the MDGs by 2015

- Simulation 1: Can South Africa achieve the MDGs target in 2015?
 - There is no solution for this scenario. In other words, given the very tight time constraint (5 years) and given that actual values for MDG4 and MDG5 are very far away from their target, it is not feasible to reach all the MDGs.
 - Increasing the timeframe should help the model to solve.
 - Model predictions are believable. Given the actual values of some MDGs and the targets, it would be too costly for the economy to finance them by 2015.



Findings

	SIMULATION	SIMULATION 2	SIMULATION 3	SIMULATION 4
Variable	1			
MDG2_Education	INFES	Attained	++	—
MDG4_Child Mortality	INFES	+	++	++
MDG5_Martenal	INFES	+	++	++
Mortality				
MDG6_HIV Prevalence	INFES	+	Attained	Attained
MDG8_Investment/GDP	INFES	_	_	++
Household Consumption	INFES	±	±	±
Government Savings	INFES			
Borrowing	INFES			BAU
Education Spending	INFES	1.2% to 23.5%	BAU	BAU
Health Spending	INFES	BAU	3.3% to 17.4%	2.73% to 14.85%



Simulation 2: Reaching MDG2

How much would it cost to reach this target?

- Impact on other MDGs
- Impact on agents
- Impact on borrowing

Impact on government's primary education spending (in % to BAU)

Years	CG'primary'
2011	1.24
2012	3.38
2013	6.46
2014	10.84
2015	23.57



Evolution of MDG4



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Evolution of MDG5



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Evolution of MDG6



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But impact on MDG8 is negative

Impact on government:

	YG	YGTR	SG
2011	0.03	0.03	-0.86
2015	0.83	0.72	-23.66

• Impact on domestic borrowing:



Investment of agents:

			Rest of the
	firm	households	world
2011	-0.2	0.28	0.11
2015	-4.27	3.84	2.41

• Impact on investment:

	IT	IT_PRI	IT_PUB
2011	-0.11	-0.13	0.00
2015	-2.40	-2.86	0.03



Impact on government's health spending (in % to BAU)

Years	CG'health'	
2011	2.73	
2012	4.96	
2013	8.31	
2014	11.49	
2015	14.85	



Simulation 4: Reaching MDG6 with indirect tax Results: impact on MDGs

Evolution of MDG4

Years	% Variation	
2011	-0.36	
2012	-0.63	
2013	-1.02	
2014	-1.36	
2015	-1.69	

Evolution of MDG5

Years	% Variation	
2011	-0.47	
2012	-0.83	
2013	-1.35	
2014	-1.80	
2015	-2.24	

Evolution of MDG2

Years	% Variation	
2011	-0.07	
2012	-0.17	
2013	-0.32	
2014	-0.50	
2015	-0.72	

Evolution of MDG8

Years	% Variation
2011	-0.11
2012	-0.21
2013	-0.35
2014	-0.50
2015	-0.65



Impact on households:

	YH	YHTR	SH
2011	0.01	-0.01	-0.01
2015	0.08	-0.09	-0.04

- Real consumption per capita decreases:-0.4% in 2015
- Total indirect taxes increases by 5.9% in 2015



Impact on government:

	YG	YGTR
2011	0.33	-0.01
2015	1.88	-0.11

• Impact on domestic borrowing:



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Investment of agents: (in % compared to BAU)

			Rest of the
	firm	households	world
2011	-0.06	0.08	0.01
2015	-0.36	0.26	0.00

• Impact on investment:

	IT	IT_PRI	IT_PUB
2011	-0.02	-0.04	0.05
2015	-0.18	-0.29	0.34



MAJOR INSIGHTS

- Results show changes in the intermediate variables, notably the importance of MDG6 (HIV) on the computation of other MDGs
 - HIV reduction seems to have a massive impact on maternal mortality and child mortality
- Costs of attaining all outstanding MDGs simultaneously by 2015 too high – implied costs too high to allow model resolution
 - Same for MDG4 and MDG5 because there is too much to do in 4 years



Conclusion

- Government should prioritise MDG2 (universal education) and MDG6 (HIV indicators) in the interim as their attainment will have positive impacts on the other MDGs (*positive spillovers*); and
- The time frame for attaining all outstanding MDGs simultaneously should be extended beyond 2015 to make the task feasible
- Government should explore alternative ways of financing the MDGs Tax Vs Deficit Finance,
 - (maybe also private sector incentives (to be explored))



