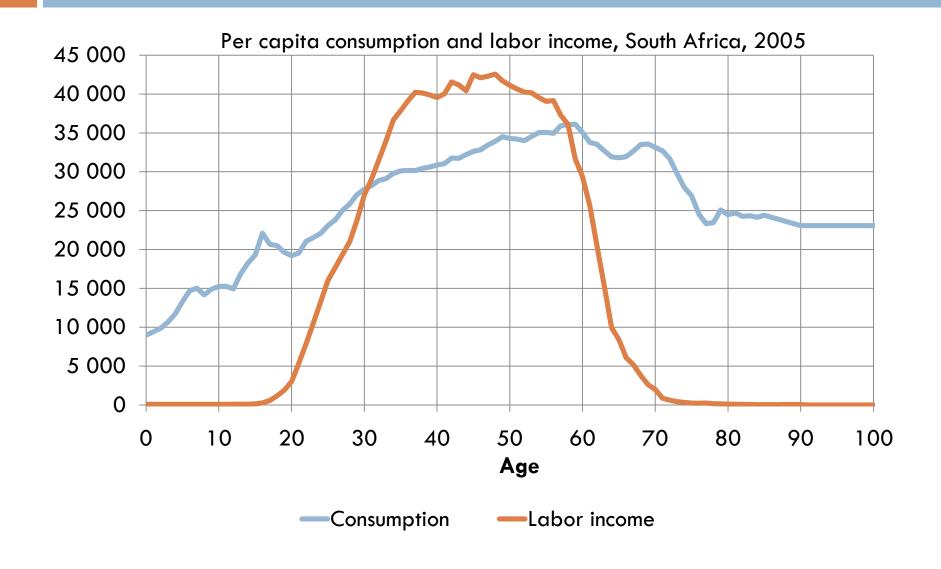
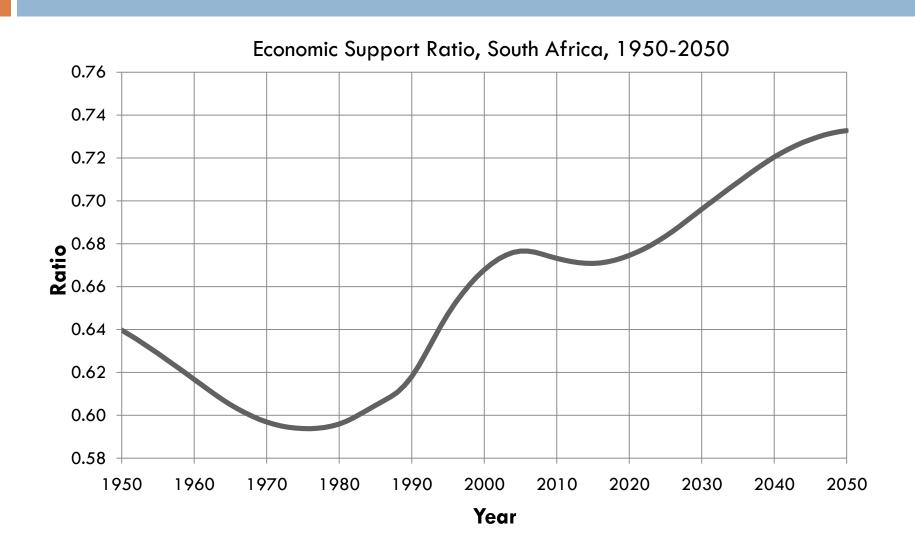
SOUTH AFRICAN NATIONAL TRANSFER ACCOUNTS

An Update – Final Presentation

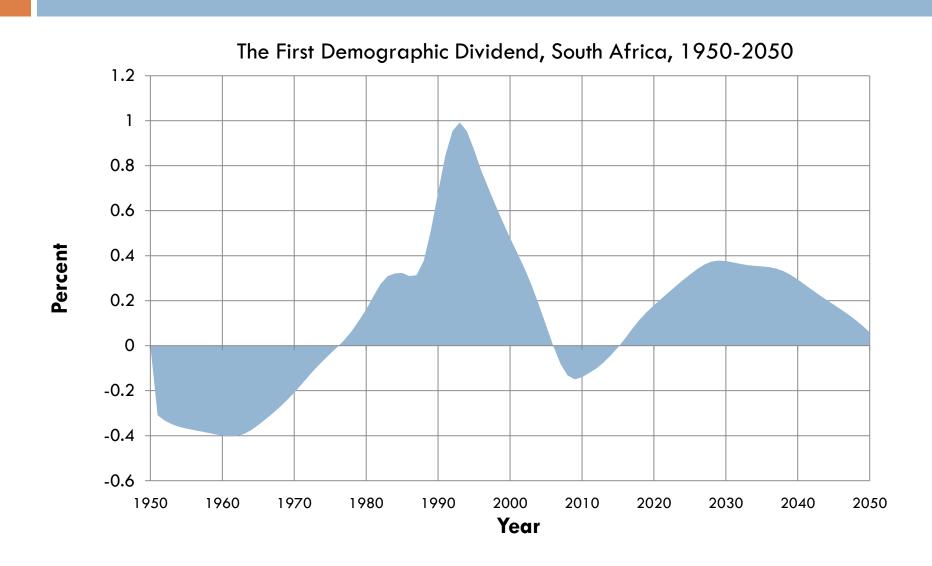
First Demographic Dividend



First Demographic Dividend



First Demographic Dividend



Where we stand now

- Constructed labour income, private consumption and public consumption profiles and LCD
- Have begun the process of going back to the start and checking, rechecking and refining calculations

Current Challenges

- □ Current division of responsibilities between different levels of government (national, provincial, local) → health, education and welfare are provincial competencies
 - Education:
 - National budget includes only tertiary education
 - Nine provincial budgets include non-tertiary education
 - Also separate budgets for ABET, ECD, FET colleges etc
 - Health and Welfare:
 - Similar situations

Where to from here

- Labour Income
 - Address the "Operating surplus/mixed income" problem in NIPA
 - $lue{}$ May result in (significantly) higher labour income: aggregate control may lack YLS instead of lack YLS
- □ Private Consumption
 - CFX is problematic
 - Will plot CFX age-profile for the separate race groups.
 - Will reconstruct the variable from its individual component to check.
 - If this doesn't work, we'll try and locate the 'problem' by inspecting individual components.

Where to from here

- Private Consumption
 - Private Education
 - Relook spending by level of education to ensure comparability with public education consumption
 - Incorporate publicly available official enrolment statistics by level of education
 - Private Health
 - Why do we keep getting negative coefficients?
 - Possibly need to disaggregate by race first?

Where to from here

Public Consumption

- Education:
 - Reconstruct from provincial and national budgets, by level of education.
 - Incorporation of age-specific programmes (e.g. ABET, ECD)
 - Consultation with DoE
- Health:
 - Reconstruct from provincial and national budgets
 - May require race-specific utilisation rates given the deep public-private split in the SA healthcare system (utilisation of public health services is correlated with income and race)