



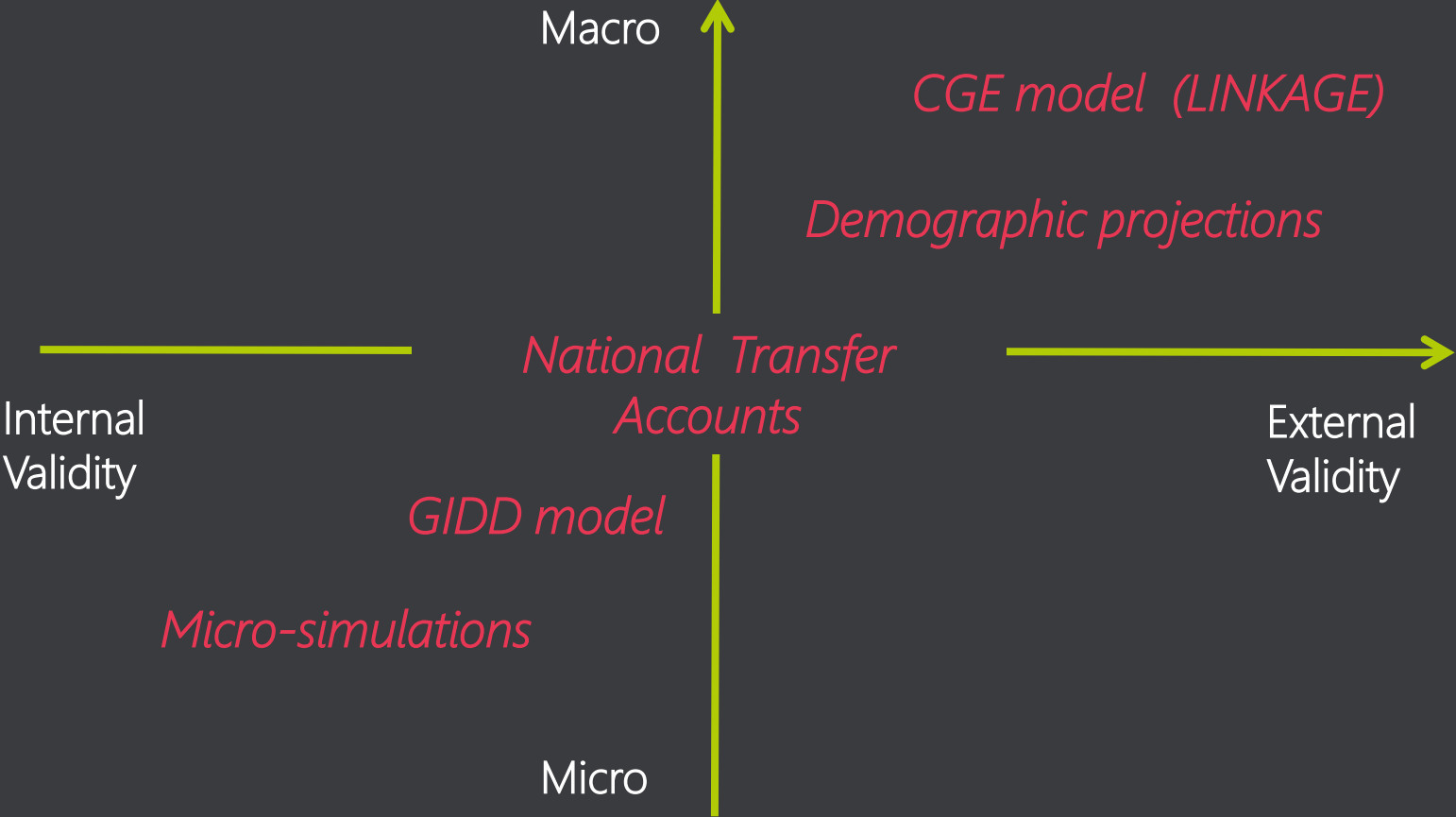
FOREVER YOUNG?

PREPARING SOCIAL SECTORS FOR A
CHANGING POPULATION IN SOUTHERN
AFRICA

By Lucilla Maria Bruni, Jamele
Rigolini, and Sara Troiano



MULTI-SECTORAL STUDY TO FEED POLICY DIALOGUE



A TEAM EFFORT

Lucilla Bruni, Jamele Rigolini, Sara Troiano (*WB Social Protection*)

Tom Moultrie, Morne Oosthuizen (*University of Cape Town*)

Servaas Van der Berg, Marizanne Knoetsen (*University of Stellenbosch*)

Amer Ahmed, Marcio Cruz (*WB Development Prospects*)

Michele Gagnolati (*WB Health/Population*)

David Margolis, Chaimaa Yassine (*Paris School of Economics*)

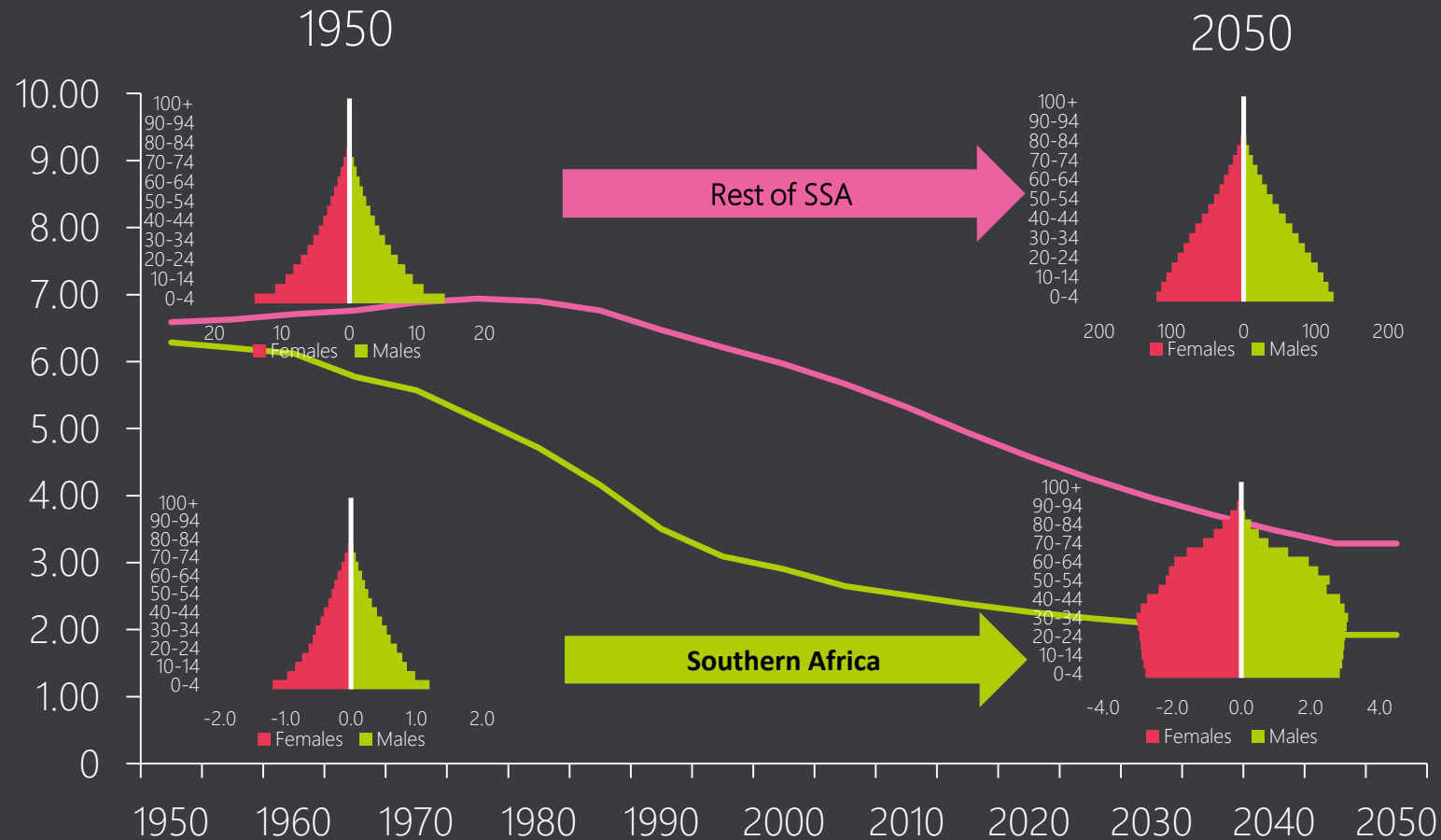
Hannah Lantos (*Johns Hopkins University*)

INDEX

- ▶ 1. Life at the crossroad: demographic dividend, or demographic bomb?
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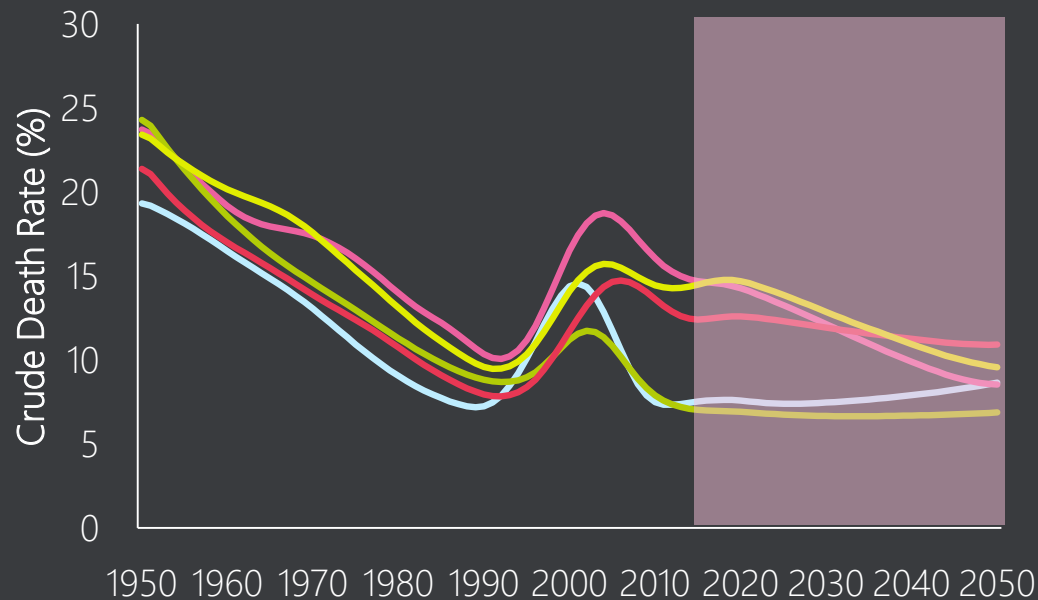
THE AGE STRUCTURE IN SOUTHERN AFRICA DIFFERS SUBSTANTIALLY FROM SSA

Total fertility rates and population pyramids

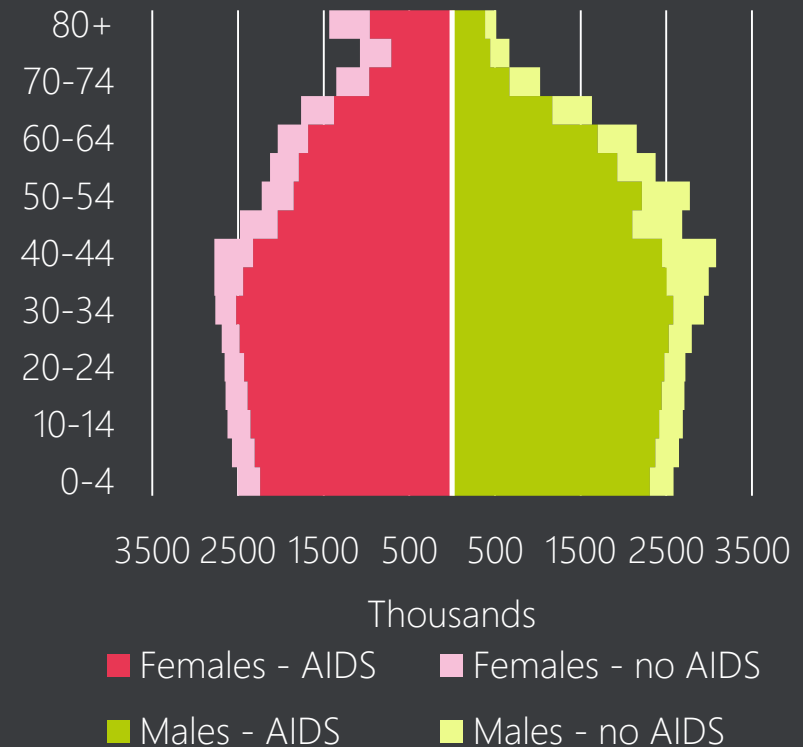


THE HIV/AIDS EPIDEMIC DID NOT STOP THE DEMOGRAPHIC TRANSITION

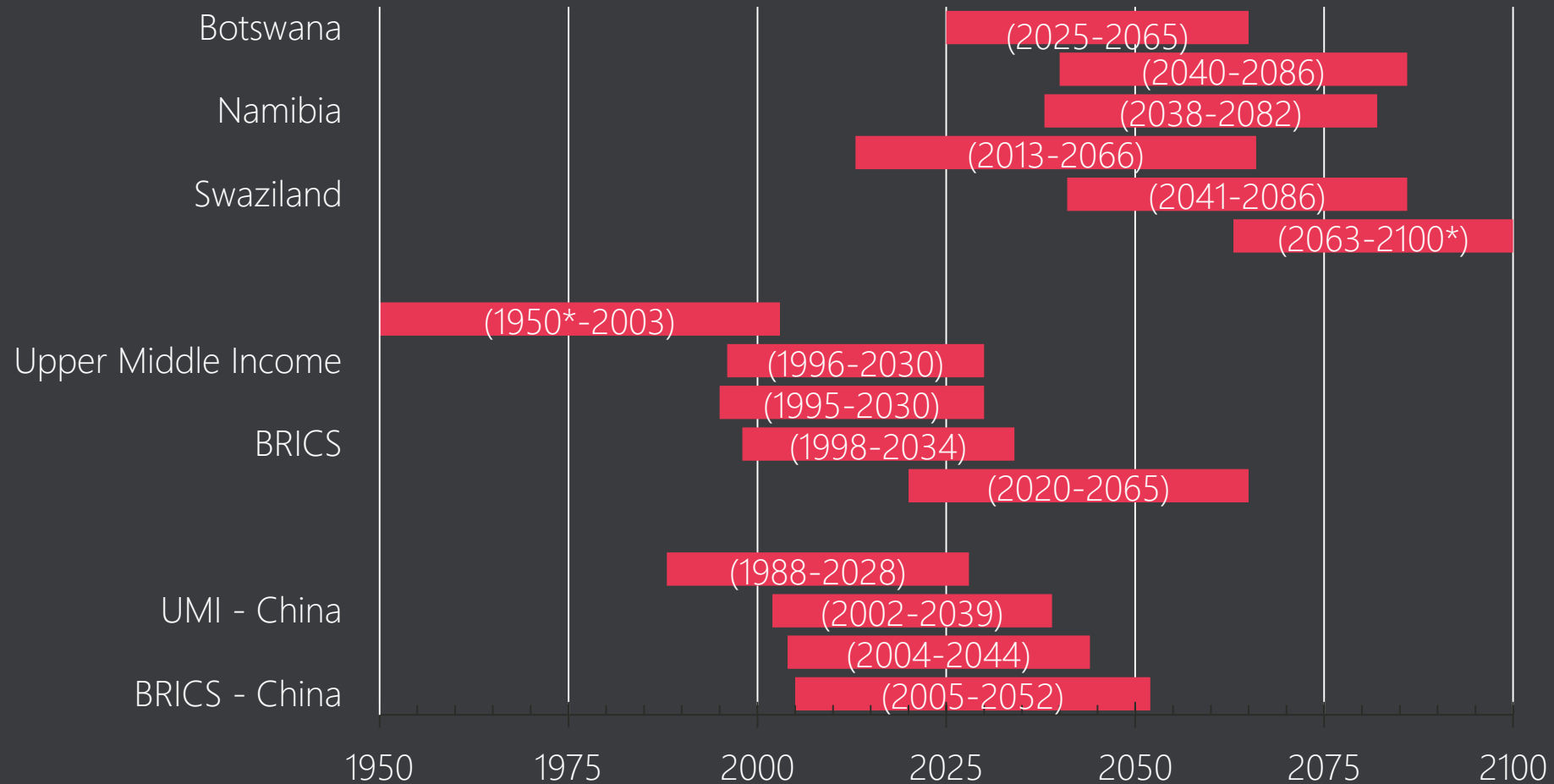
Crude death rates



2050 Population pyramids for South Africa with and without HIV/AIDS



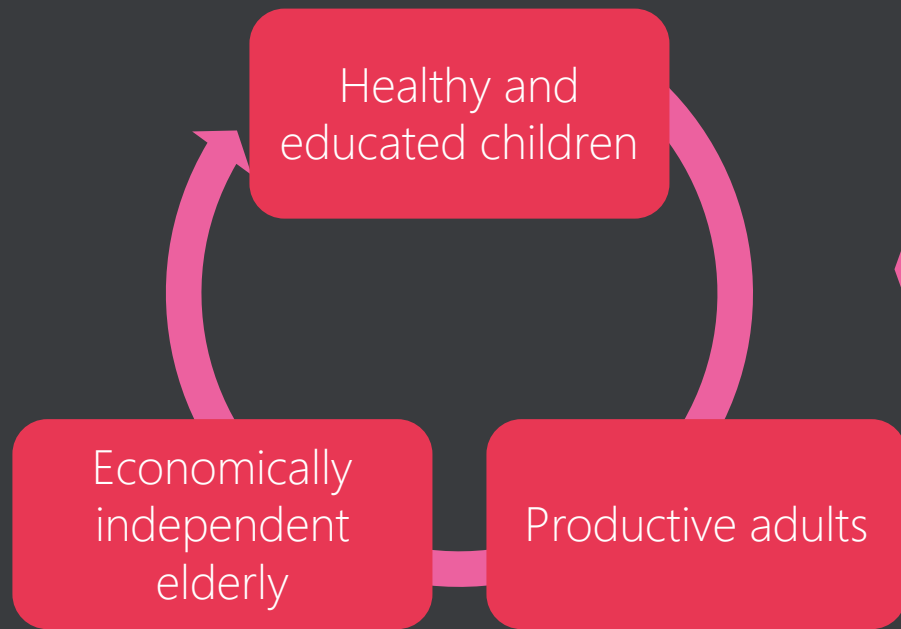
A DEMOGRAPHIC WINDOW OF OPPORTUNITY IS OPENING FOR SOUTHERN AFRICA



UN definition: child dependents <30% and old-age dependents <15%

THE DEMOGRAPHIC TRANSITION AMPLIFIES THE IMPACTS OF GOOD BUT ALSO BAD POLICIES

Virtuous cycle



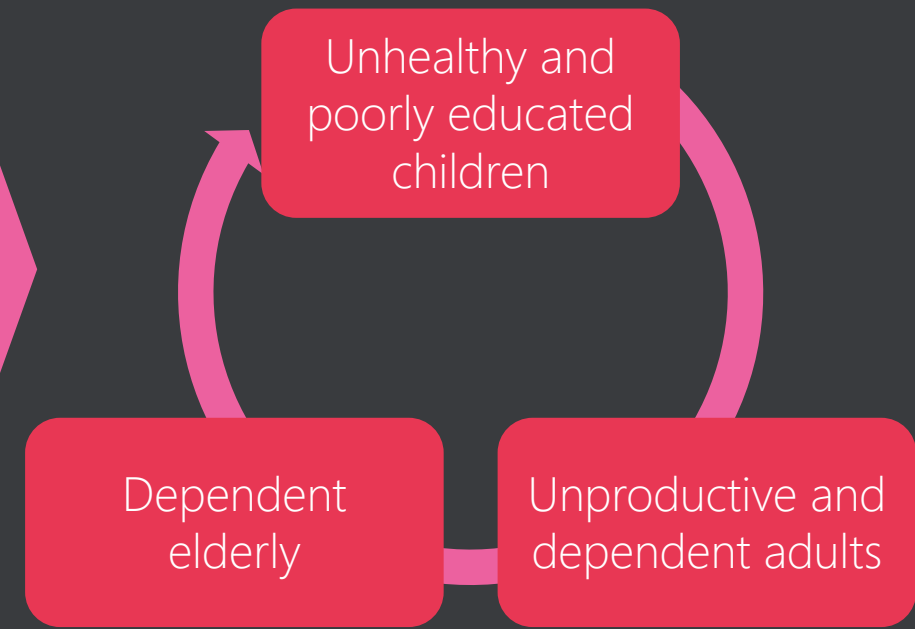
Policies



Outcomes



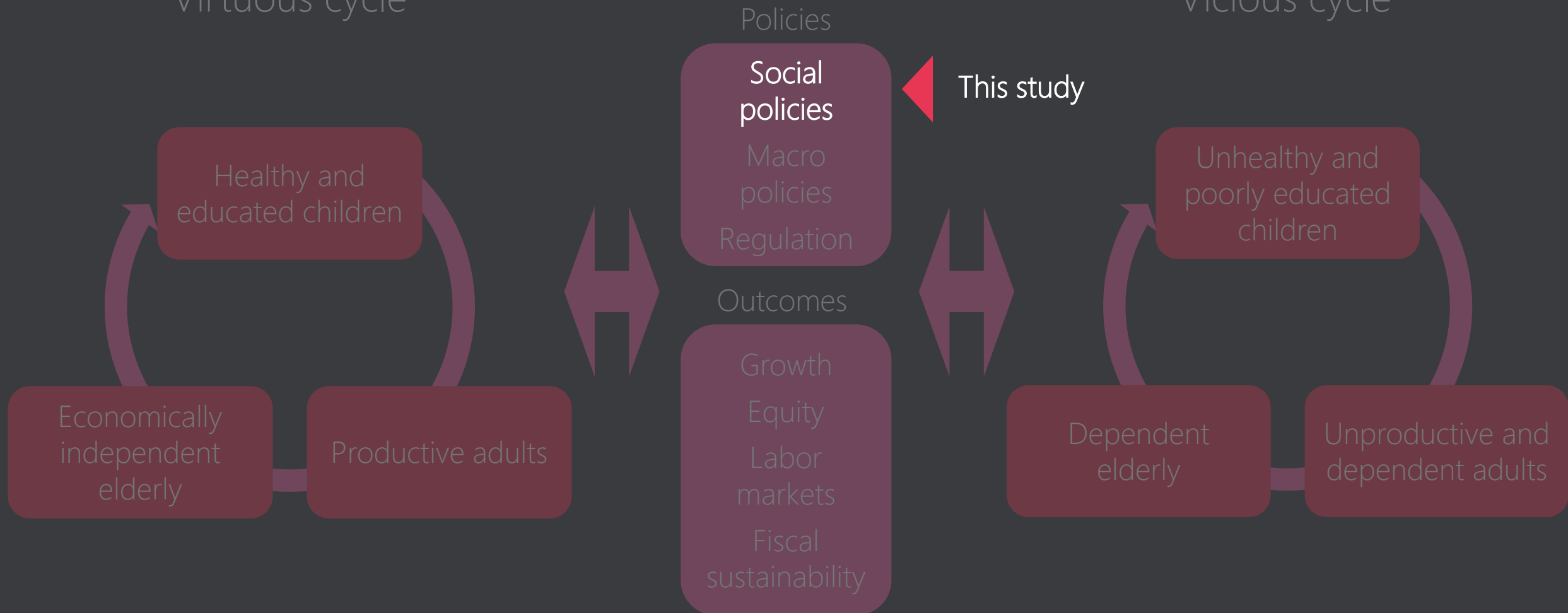
Vicious cycle



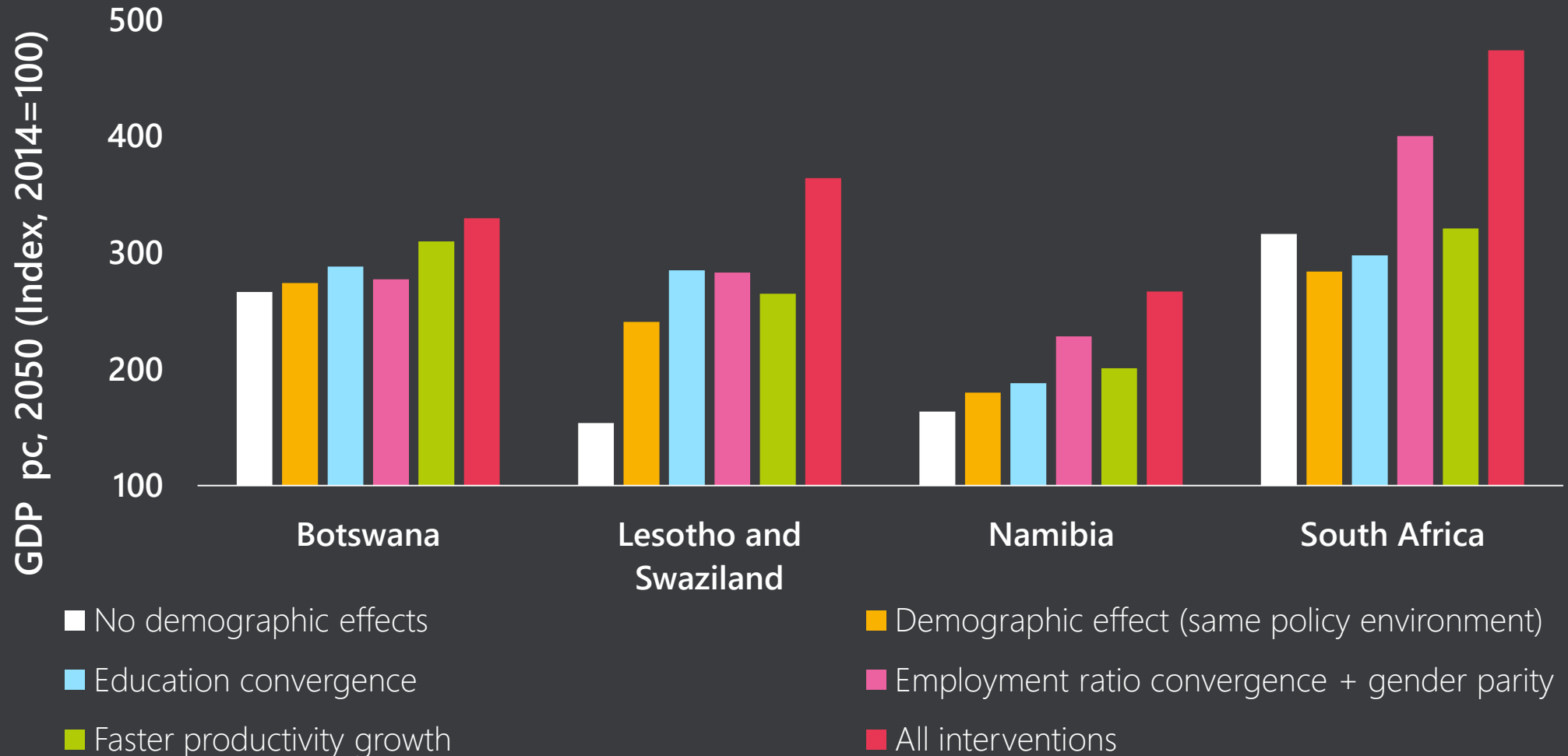
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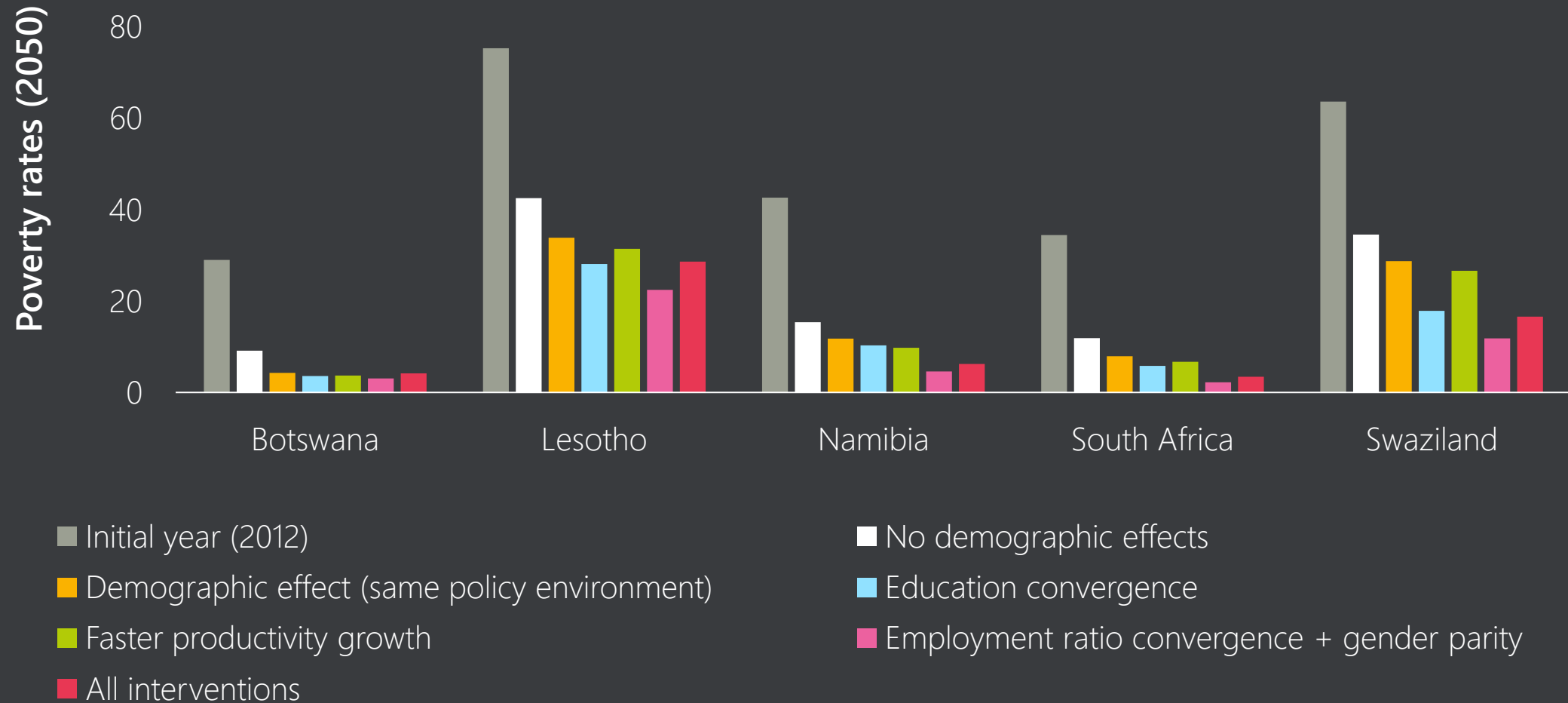
Vicious cycle



TO HARNESS THE DEMOGRAPHIC DIVIDEND, INCLUSIVE GROWTH POLICIES WILL BE NECESSARY

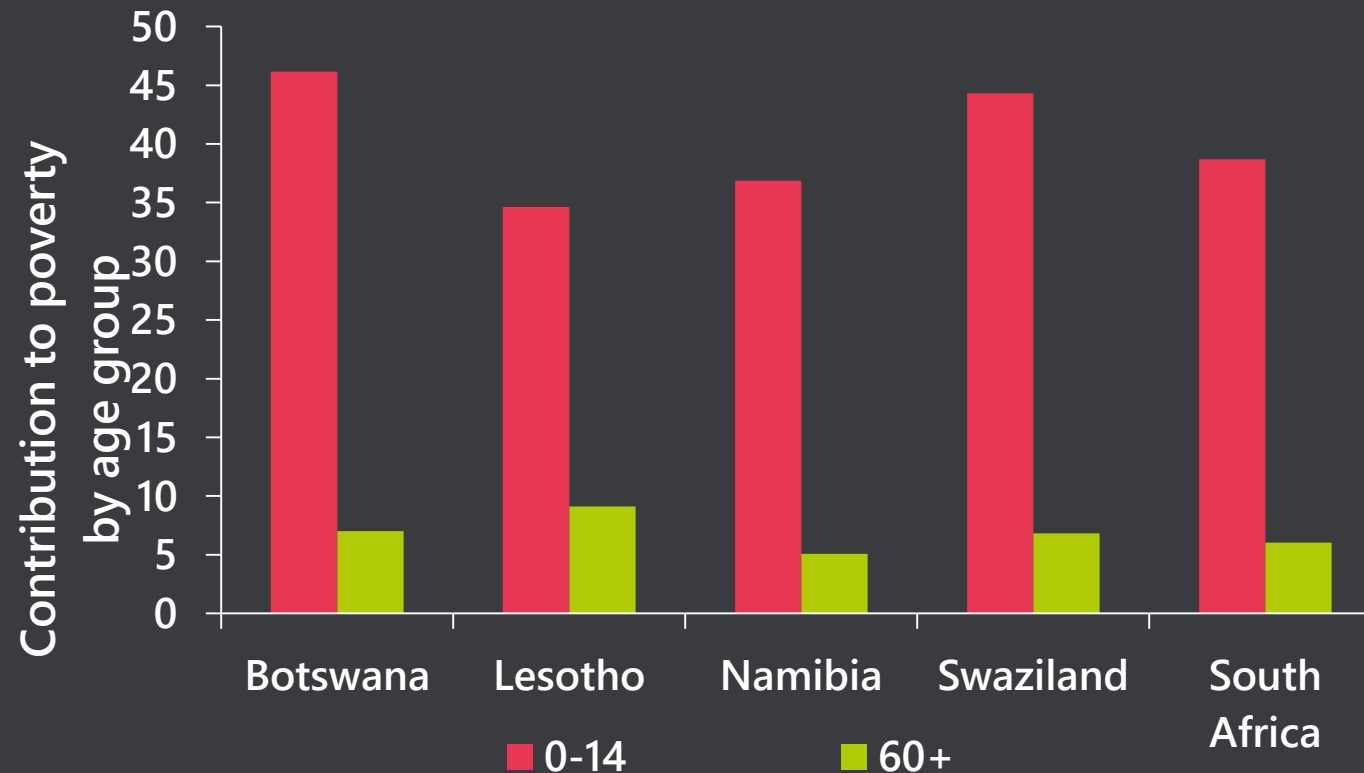


INCLUSIVE GROWTH POLICIES CAN ALSO BREAK THE INTERGENERATIONAL CYCLE OF POVERTY



HARNESSING THE DIVIDEND WILL REQUIRE A STRONG FOCUS ON THE NEXT GENERATIONS

There are many more poor children, than elderly poor



INDEX

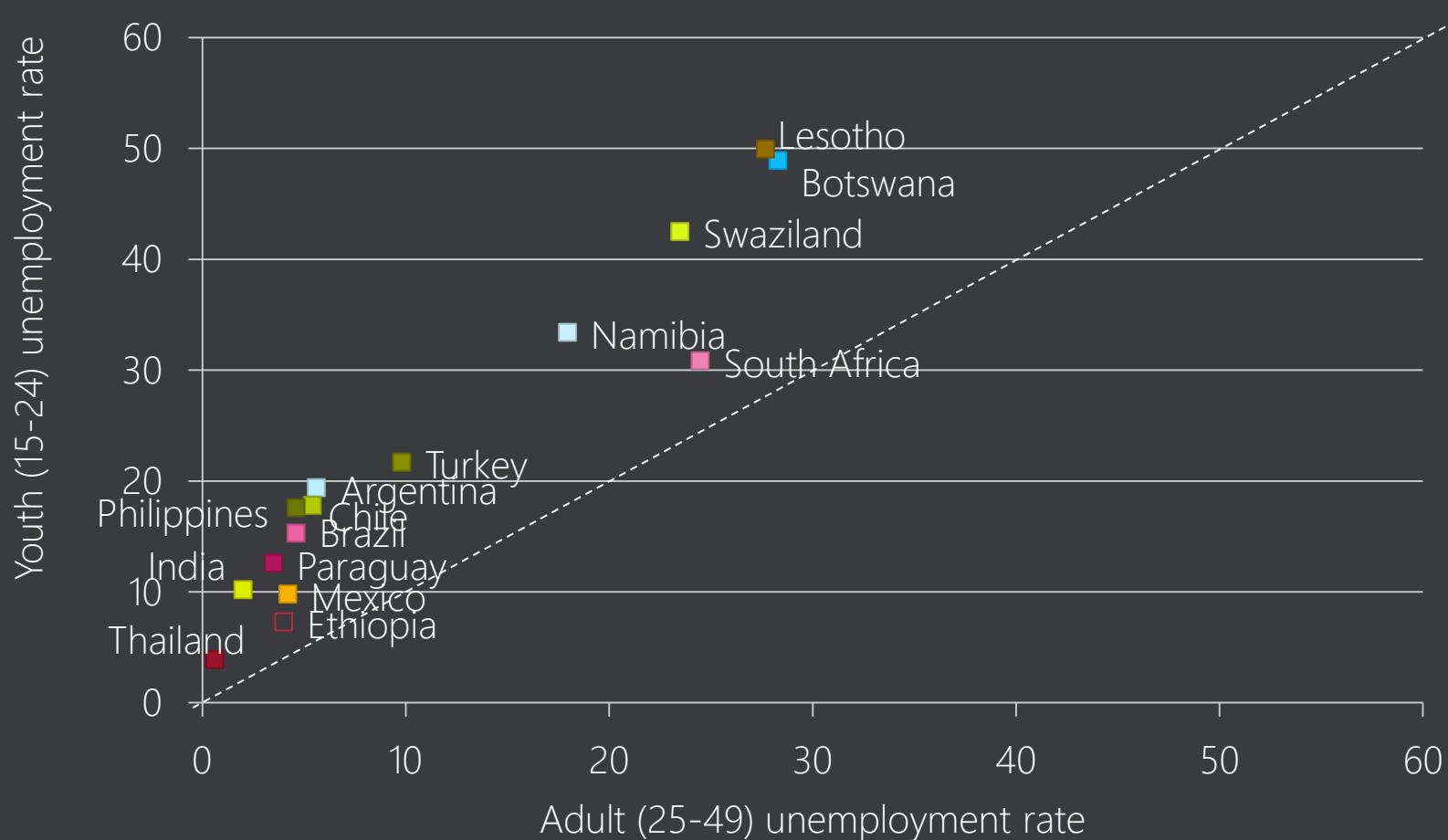
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WORKING AGE, BUT NOT WORKING

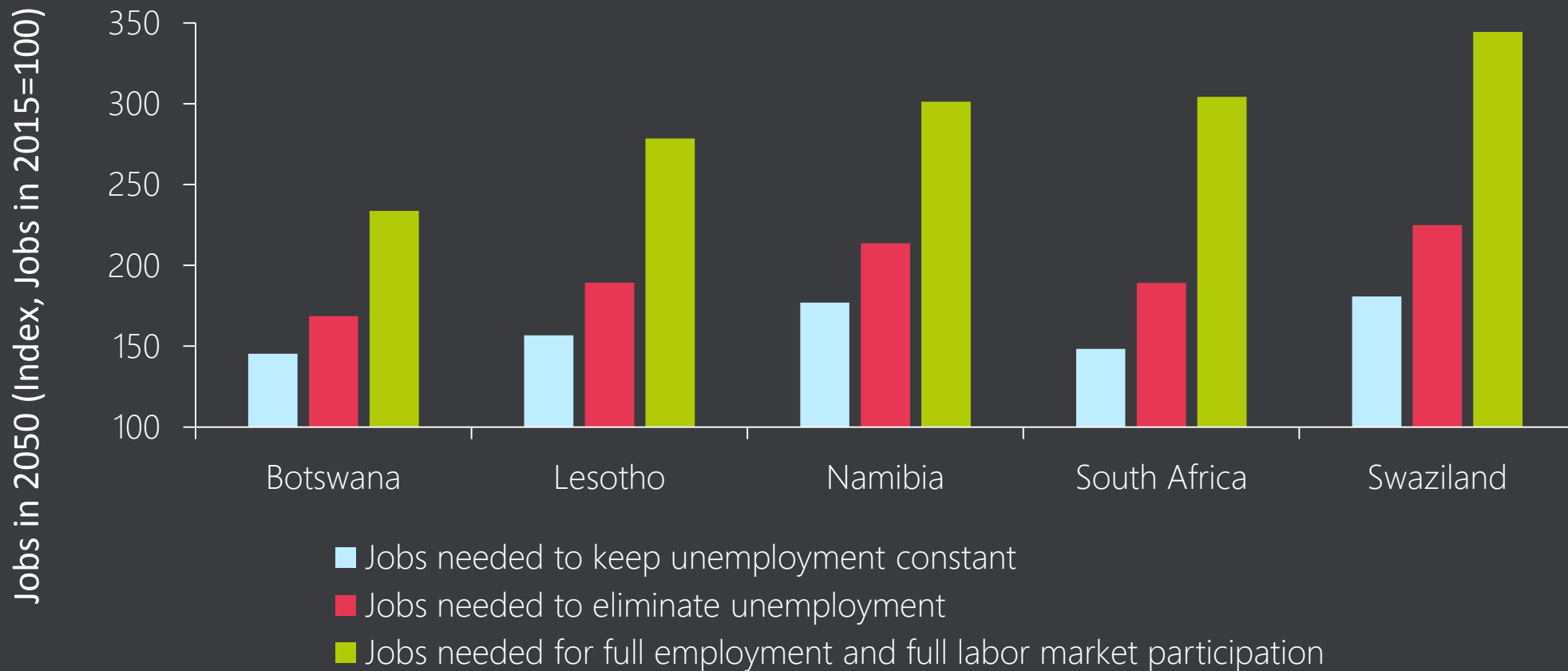


YOUTH UNEMPLOYMENT LIMITS THE CHANCES OF HARNESSING THE DEMOGRAPHIC DIVIDENDS

Youth unemployment is more dramatic than in most countries



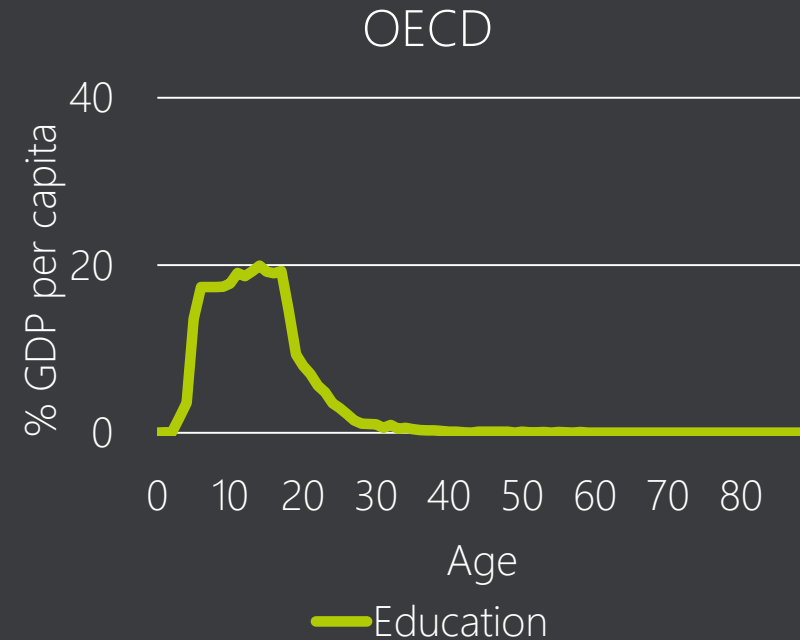
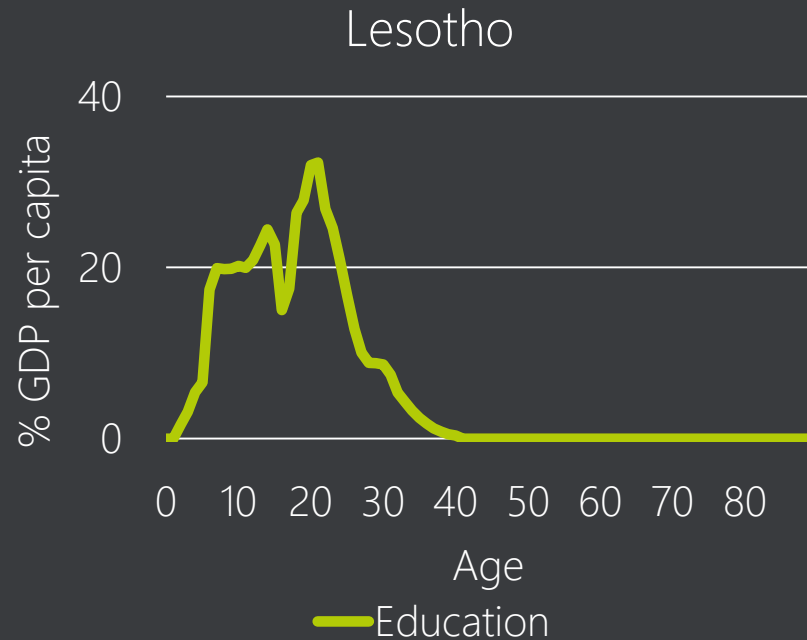
HARNESSING THE DIVIDEND REQUIRES INCREASING BOTH PARTICIPATION AND EMPLOYMENT



INDEX

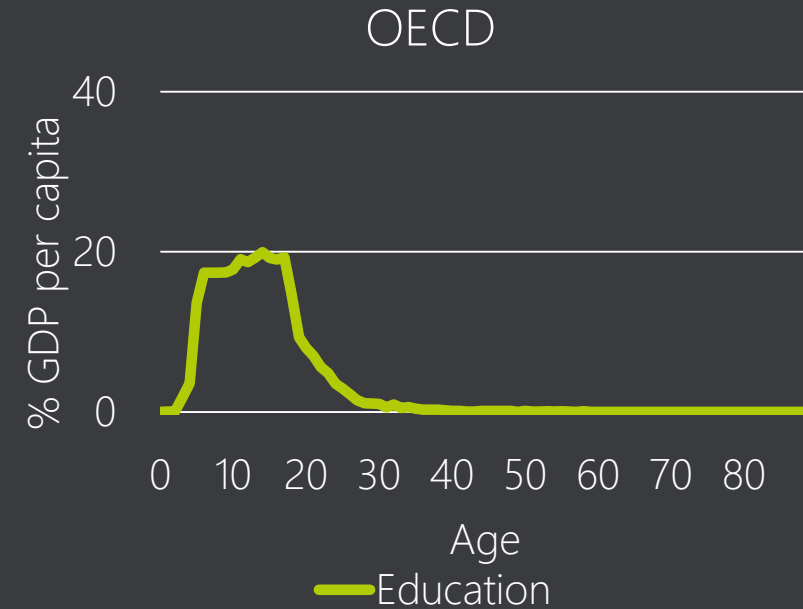
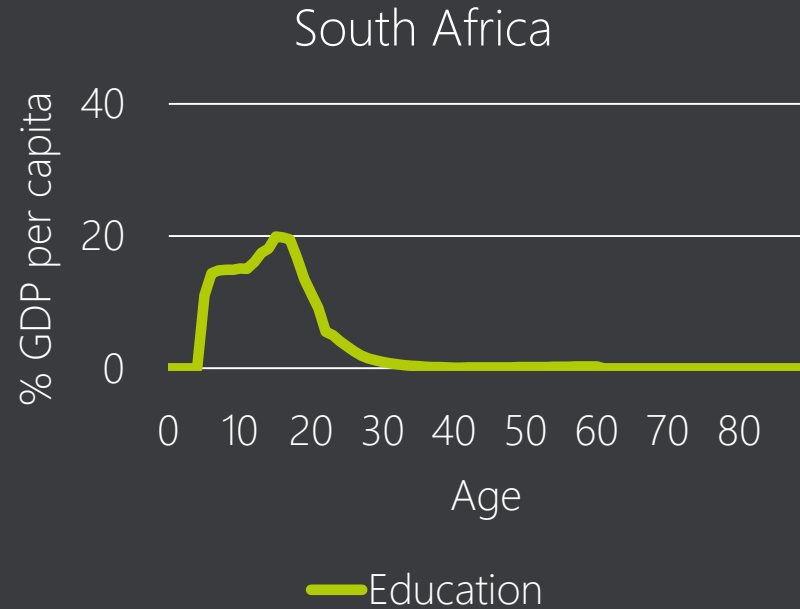
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LESOTHO'S EDUCATION SPENDING PROFILE IS HIGHER THAN OECD LEVELS (TERTIARY ED)

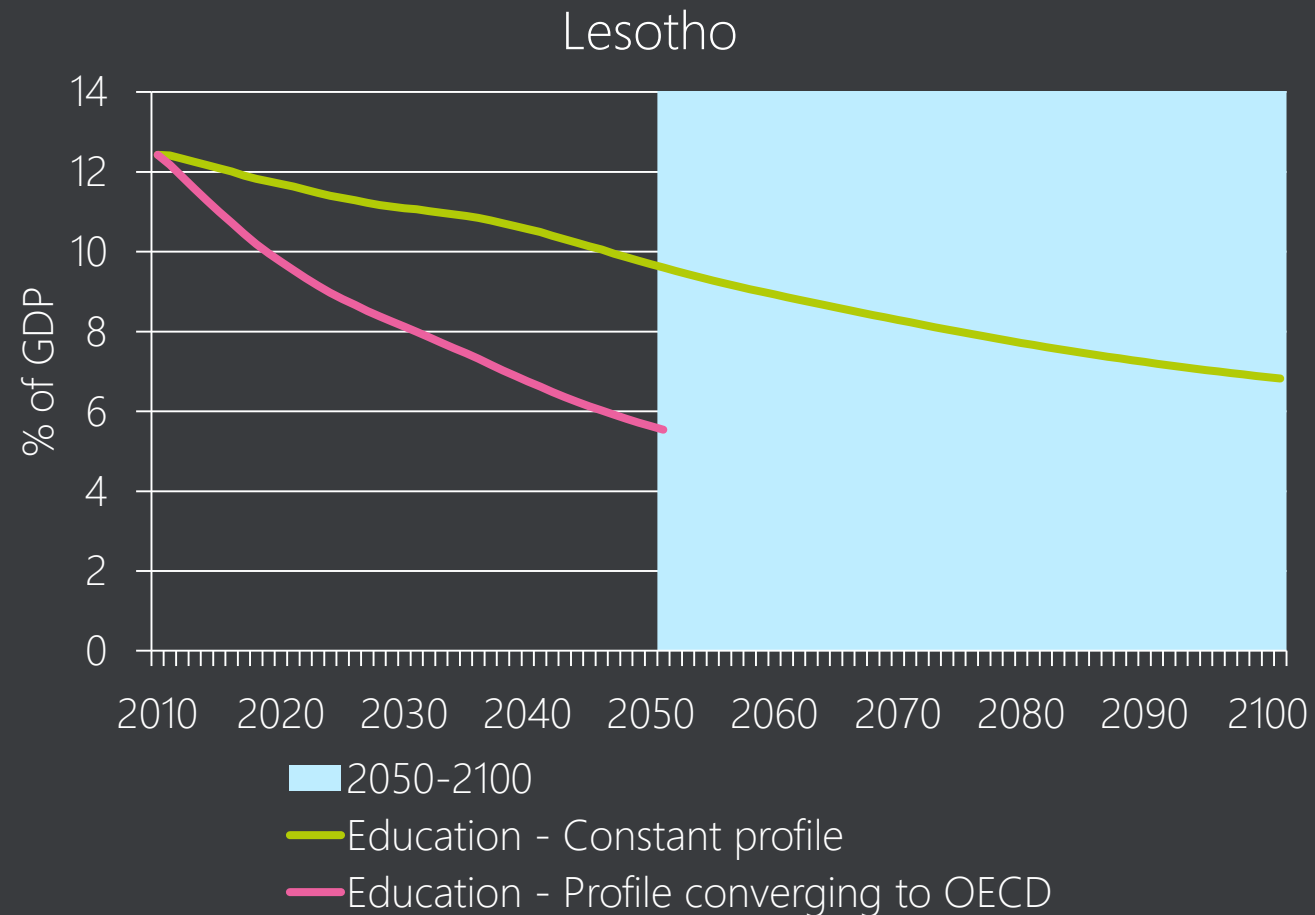


► Most of the additional spending is generated by a scholarship system (bursaries)

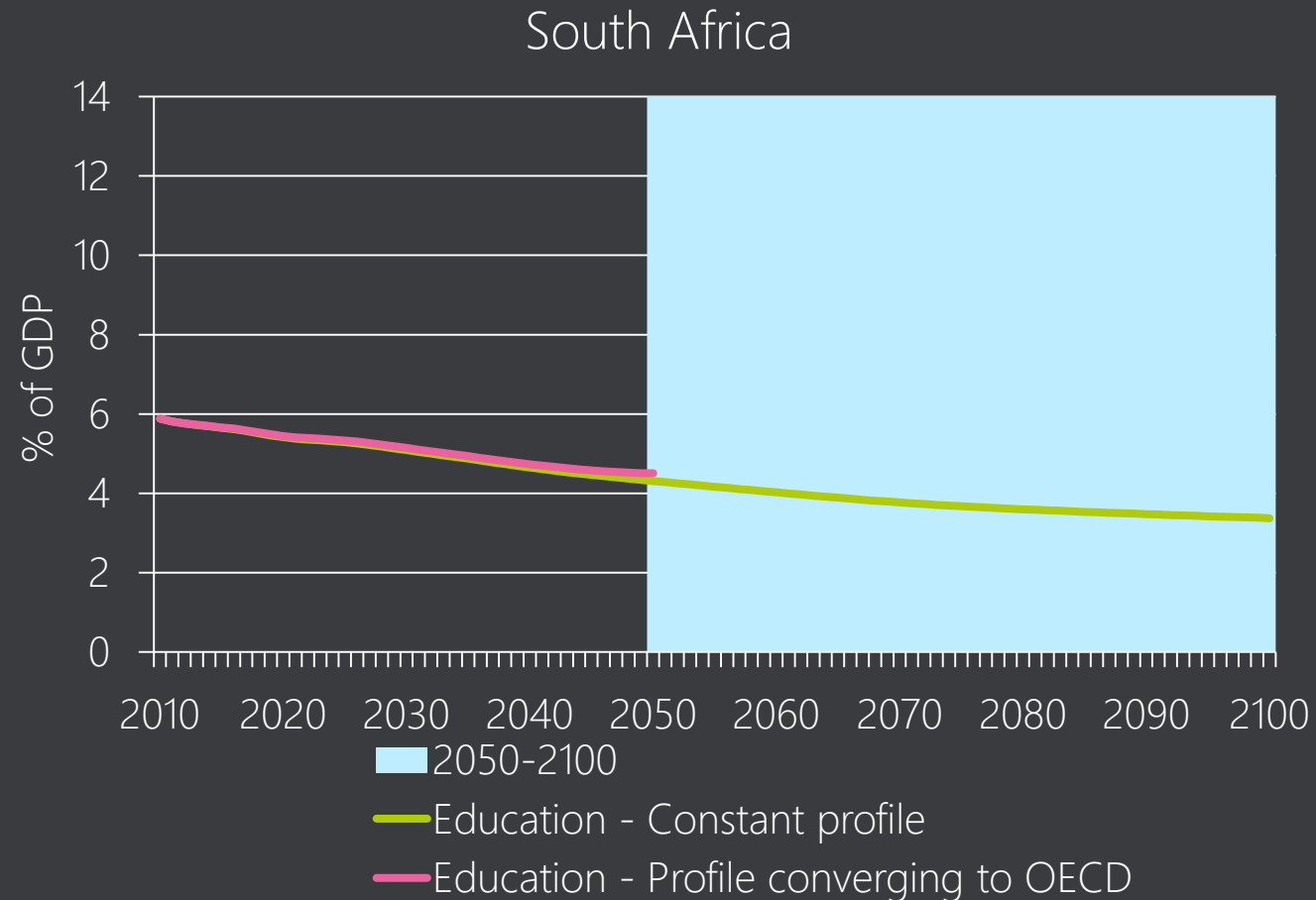
SOUTH AFRICA'S EDUCATION SPENDING PROFILE IS ALIGNED WITH OECD LEVELS



FEWER CHILDREN WILL ALLOW GREATER INVESTMENT PER PUPIL

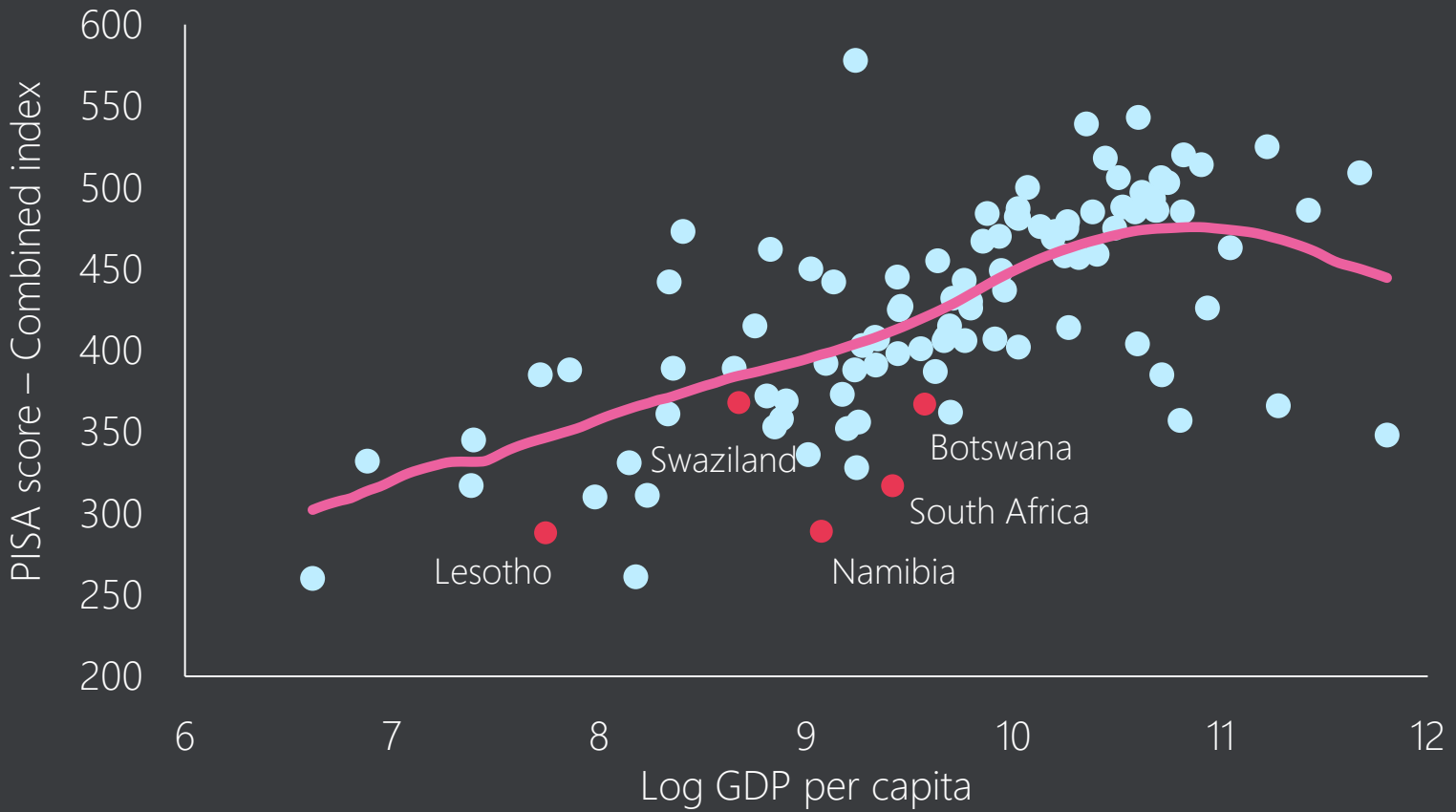


FEWER CHILDREN WILL ALLOW GREATER INVESTMENT PER PUPIL



BUT SOUTHERN AFRICA HAS AMONG THE LOWEST EDUCATION ACHIEVEMENTS

Imputed PISA scores are well below their benchmark levels



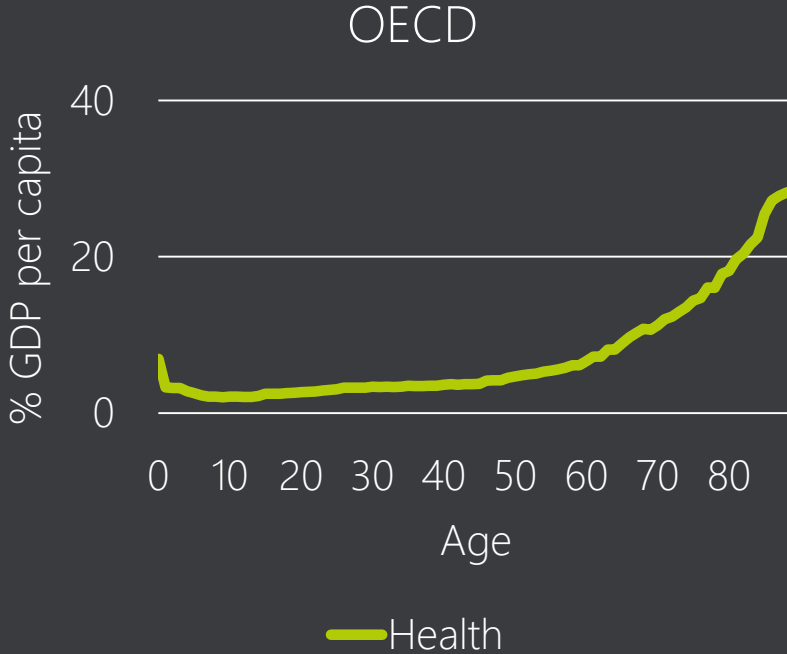
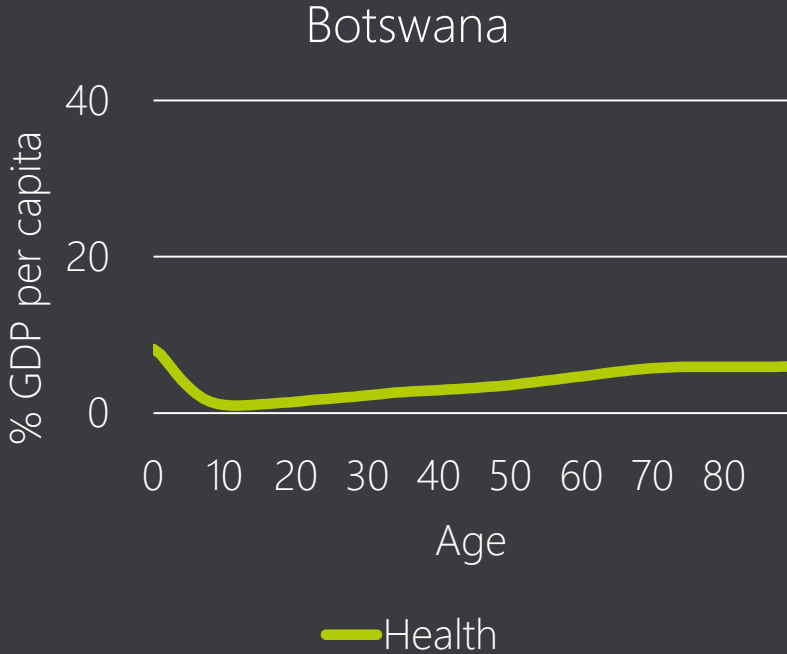
INDEX

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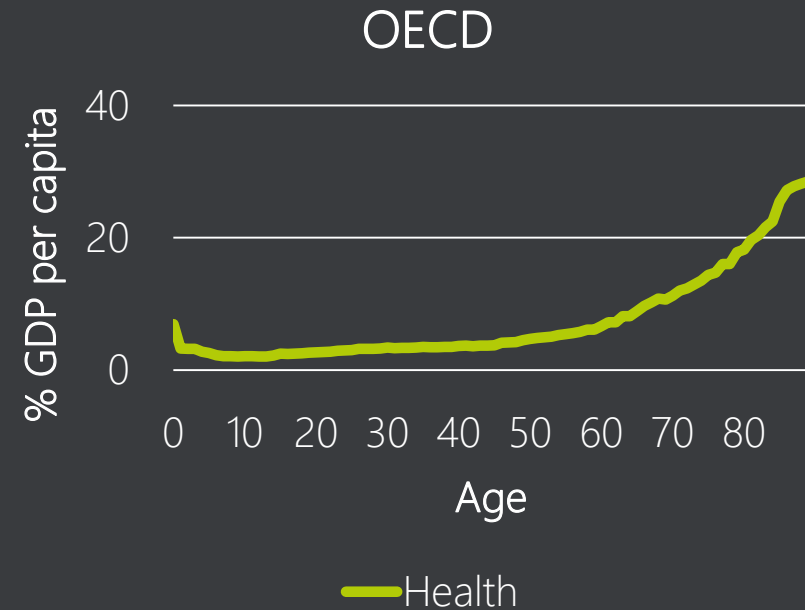
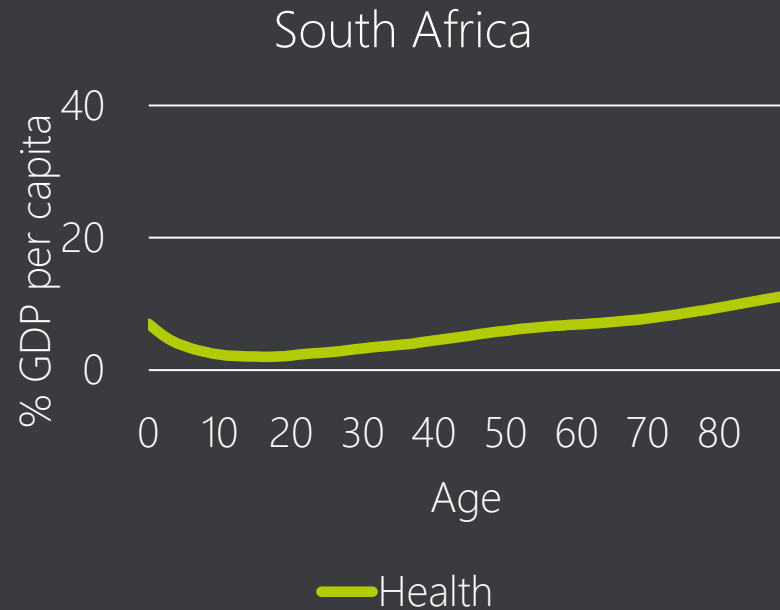
NCDS ARE EMERGING WHILE OLD DISEASES ARE STILL WIDESPREAD

Years of Life Lost	Developed	SSA	Botswana	Lesotho	Namibia	South Africa	Swaziland
1 st Cause of YLLs	Ischaemic Heart Disease Stroke Lung, tracheal, and bronchus cancers	HIV/AIDS	HIV/AIDS	HIV/AIDS	HIV/AIDS	HIV/AIDS	HIV/AIDS
2 nd Cause of YLLs		Malaria	TB	TB	TB	LRIs	LRIs
3 rd Cause of YLLs		LRI	LRIs	Diarrheal Diseases	LRIs	TB	Diarrheal Diseases
4 th Cause of YLLs	Self-Harm	Diarrheal Diseases	Diarrheal Diseases	LRIs	Diarrheal Diseases	Diarrheal Diseases	TB
5 th Cause of YLLs	Alzeheimer's	Pre-term birth	Road Injuries	Pre-term Birth	Stroke	Violence	Road Injuries
6 th Cause of YLLs	Cirrhosis	Neonatal Enceph.	Self-Harm	Violence	Self-Harm	Stroke	Pre-term Birth
7 th Cause of YLLs	COPD	Protein energy malnutrition	Pre-term Birth	Neonatal enceph.	Road Injuries	Road Injuries	Self-Harm
8 th Cause of YLLs	Colorectal Cancers	Congenital defects	Neonatal enceph.	Self-Harm	Pre-term Birth	Ischaemic Heart Disease	Violence
9 th Cause of YLLs	LRIs	Neonatal Sepsis	Maternal Death	Stroke	Ischaemic Heart Disease	Diabetes	Stroke
10 th Cause of YLLs	Road Injuries	TB	Violence	Road Injuries	Violence	Pre-term Birth	Neonatal enceph.

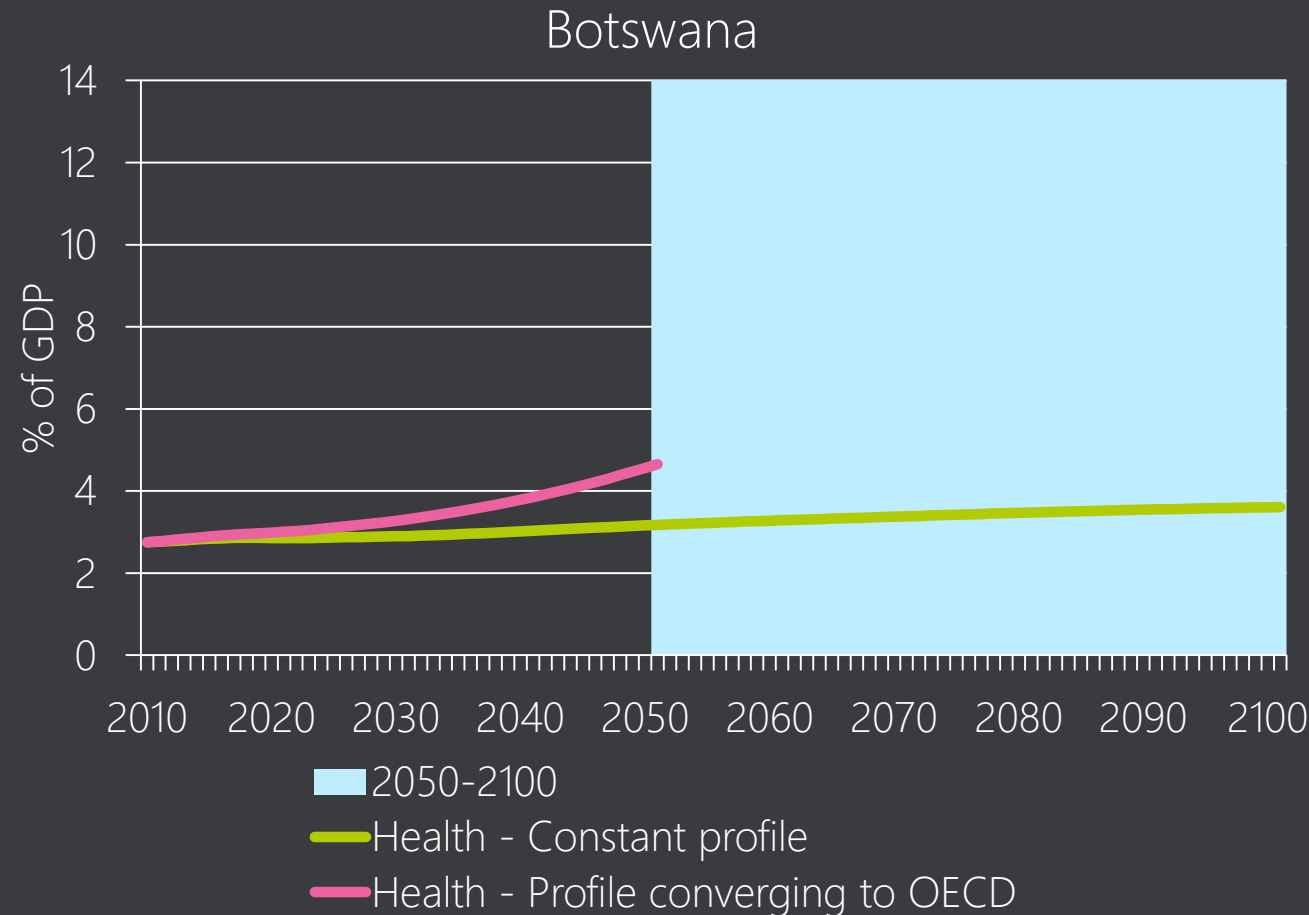
BOTSWANA SPENDS ON ELDERLY'S HEALTH CARE LESS THAN THE OECD



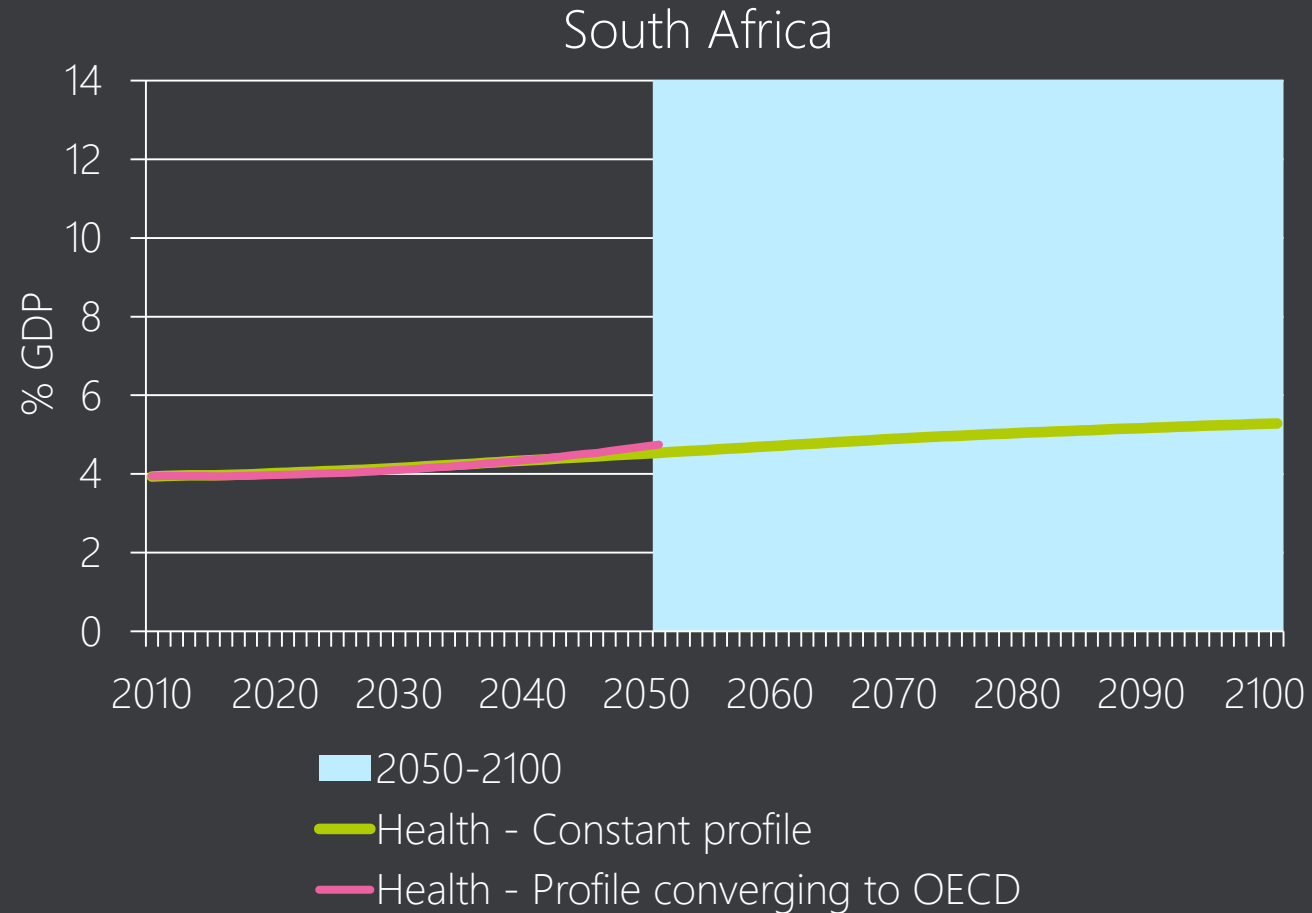
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A SLOW AGING POPULATION WILL ALLOW FACING OLD AND NEW HEALTH CHALLENGES



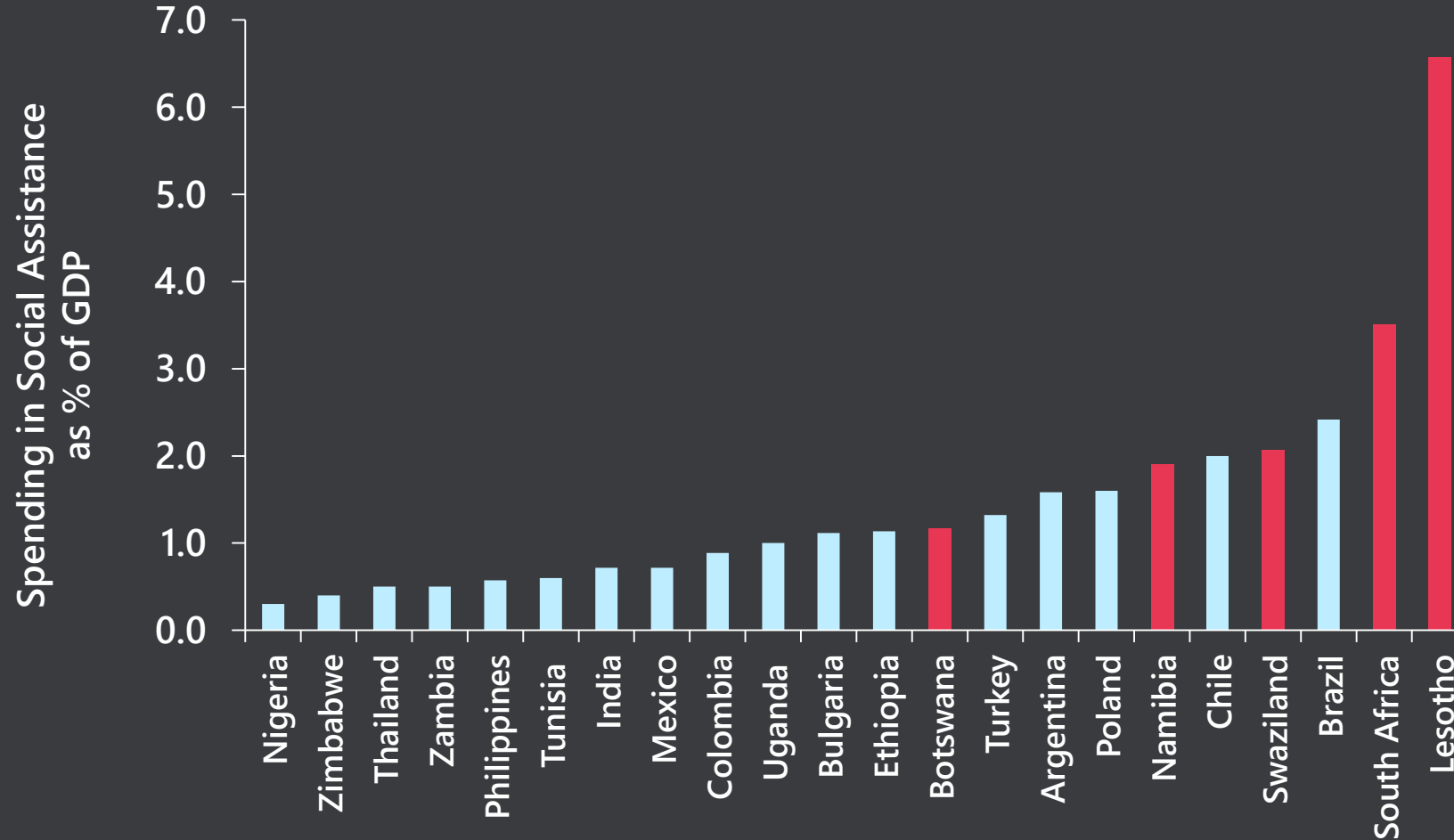
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INDEX

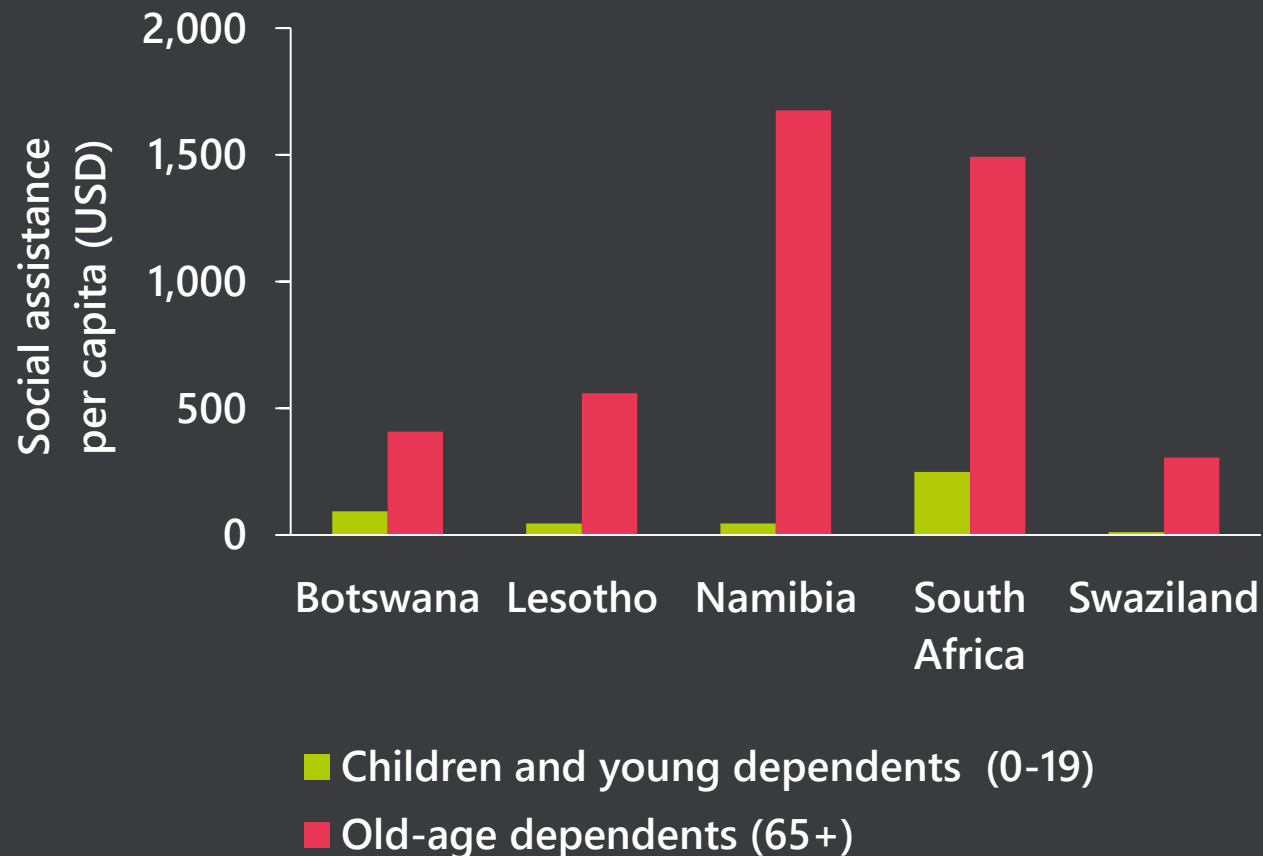
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A GENEROUS SOCIAL ASSISTANCE SYSTEM

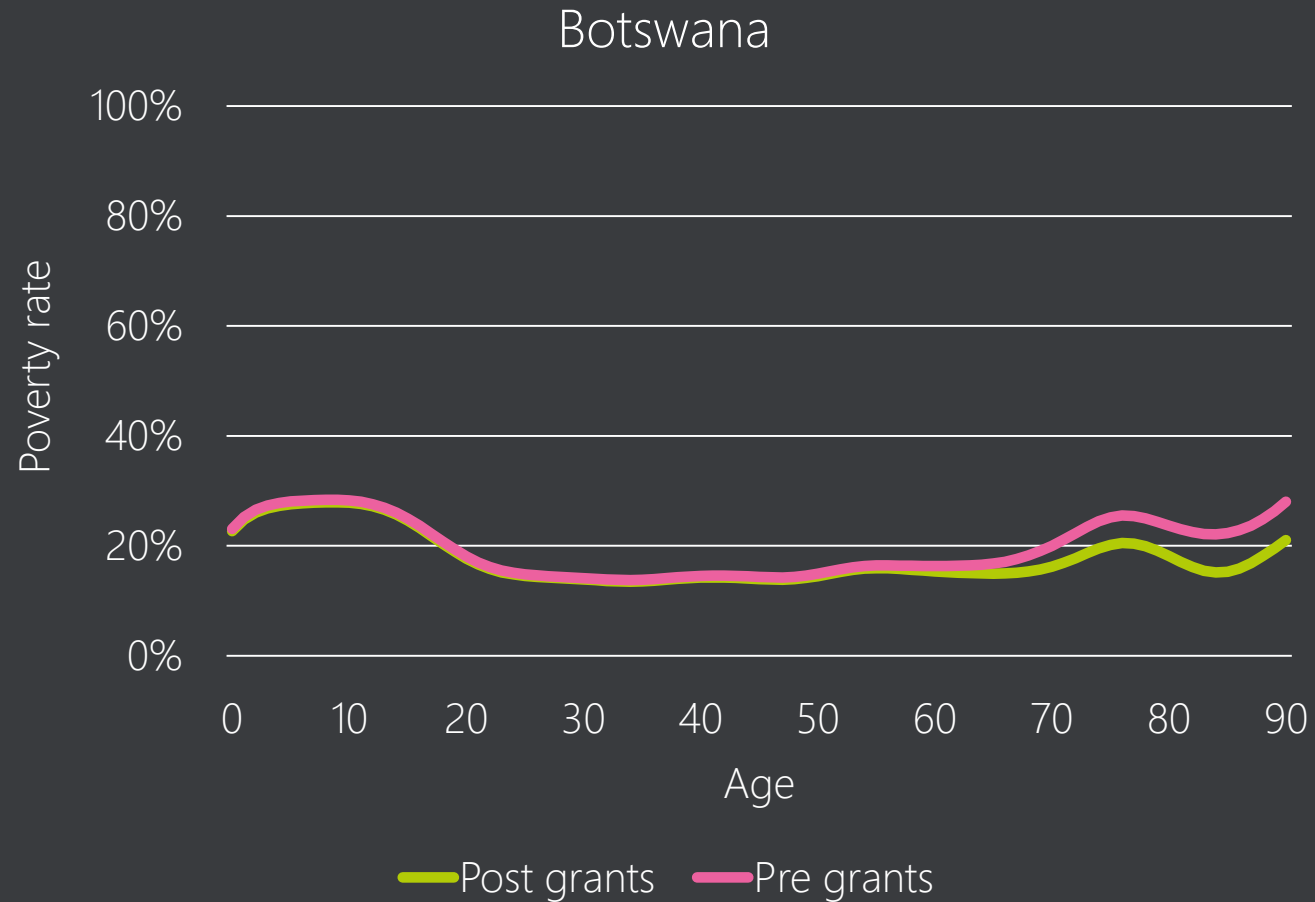


AN IMBALANCE BETWEEN PROTECTION AND PROMOTION

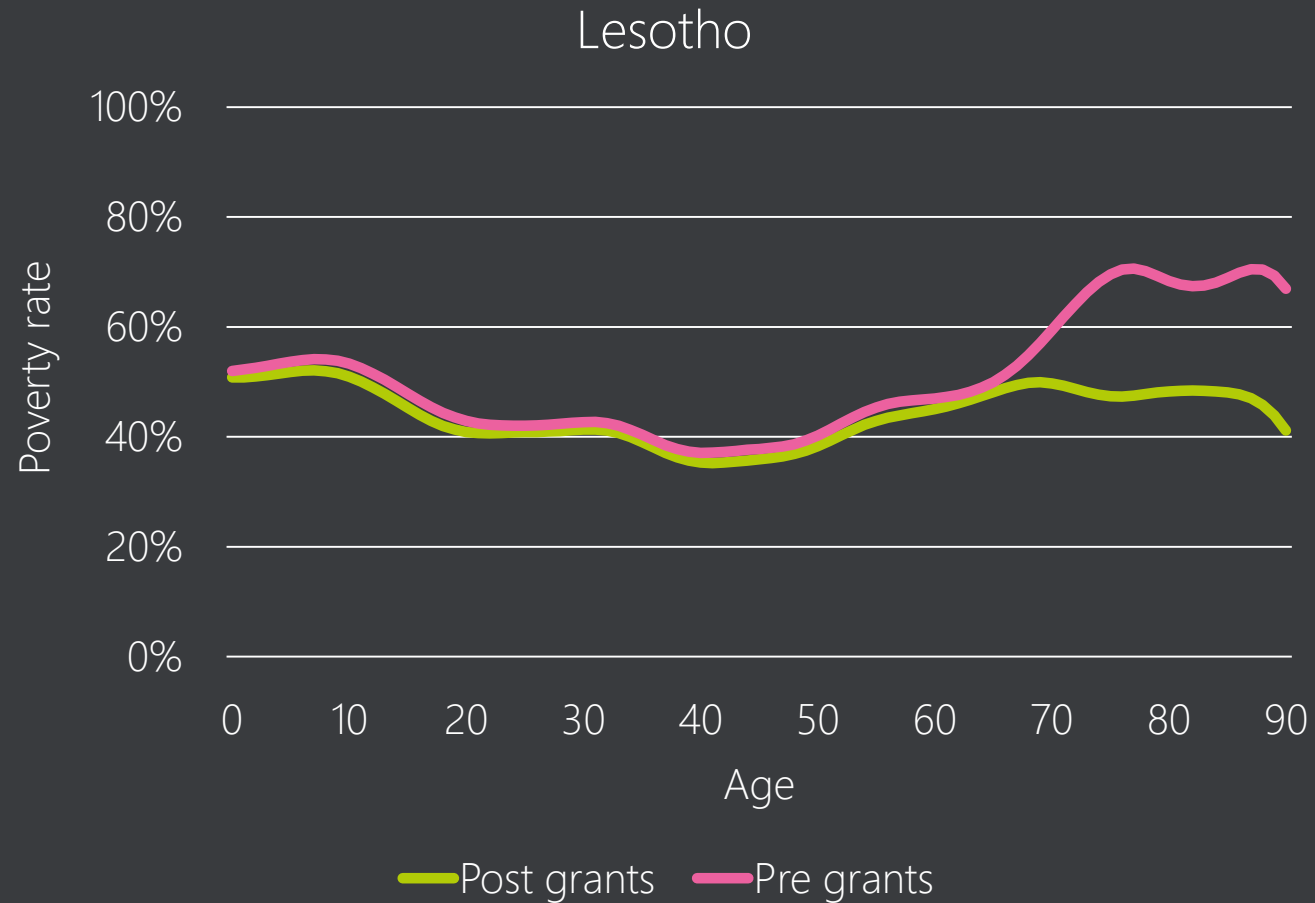
The elderly are the largest recipient of social assistance



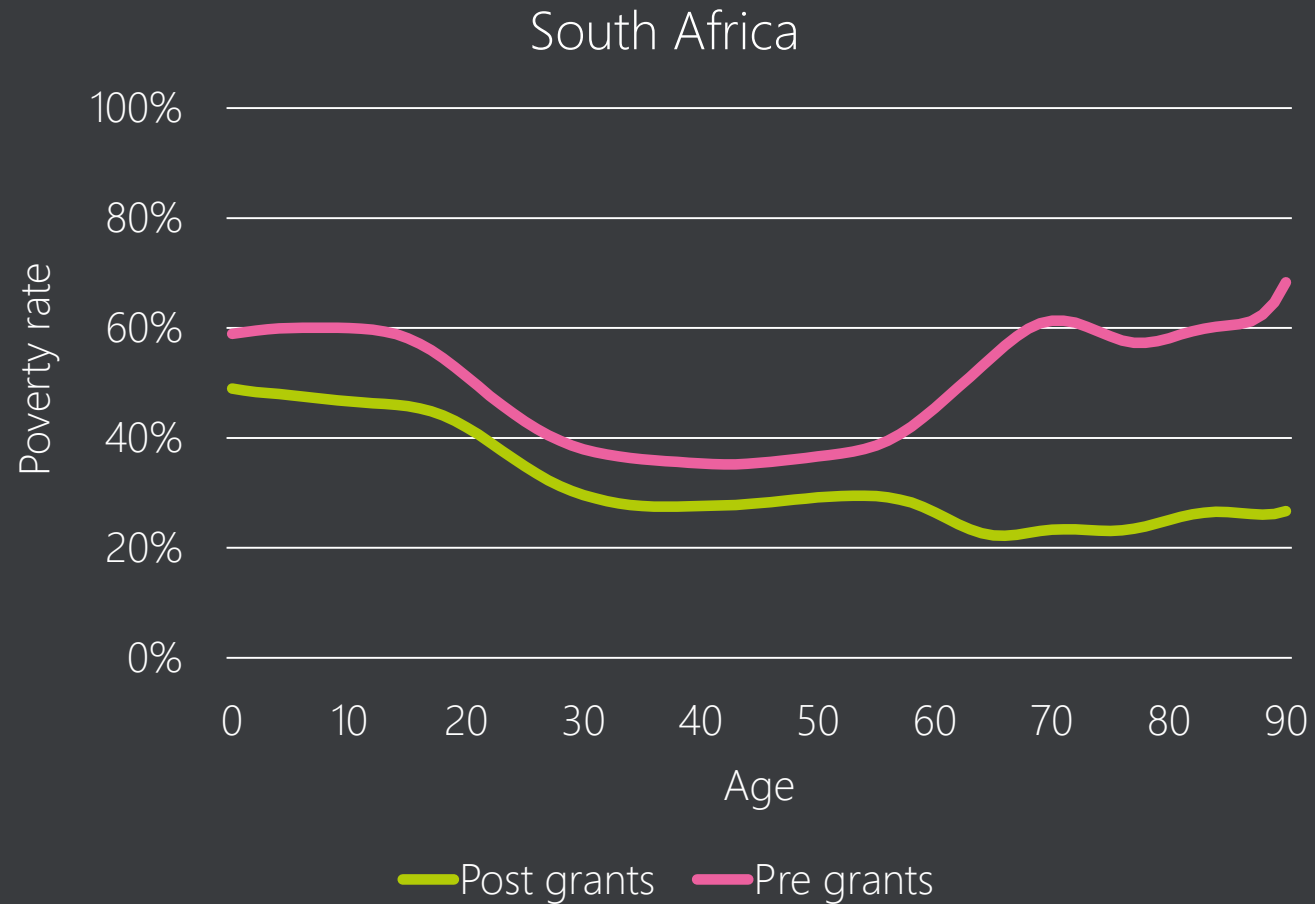
CASH TRANSFERS' POVERTY REDUCTION IMPACT IS MOSTLY TO BE FOUND AMONG THE ELDERLY



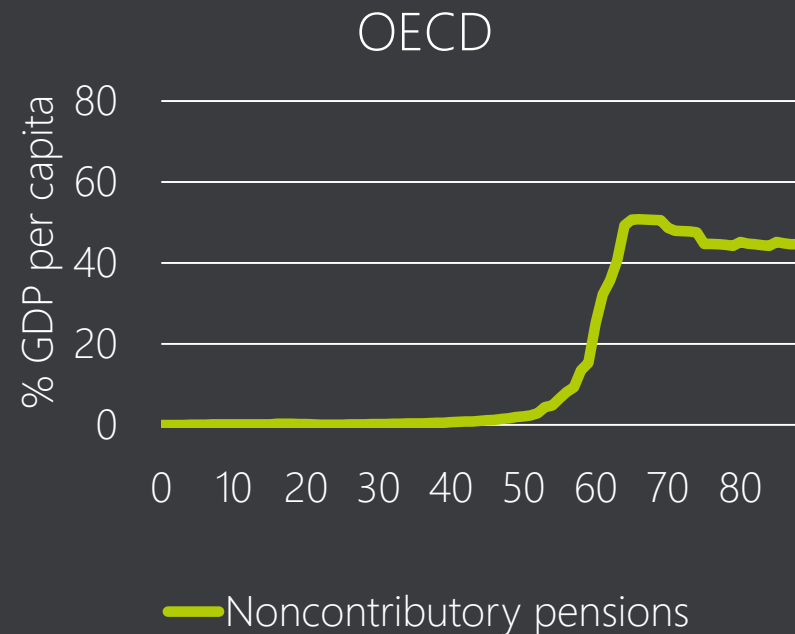
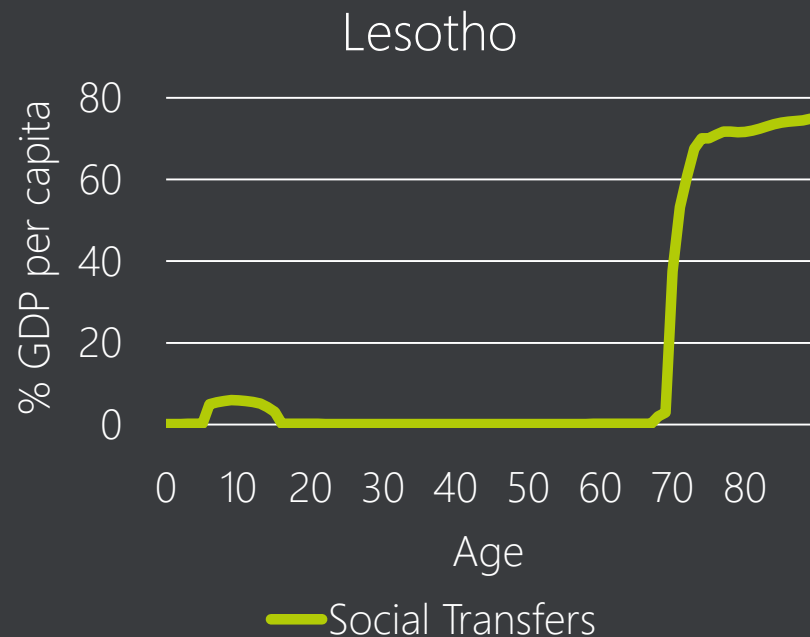
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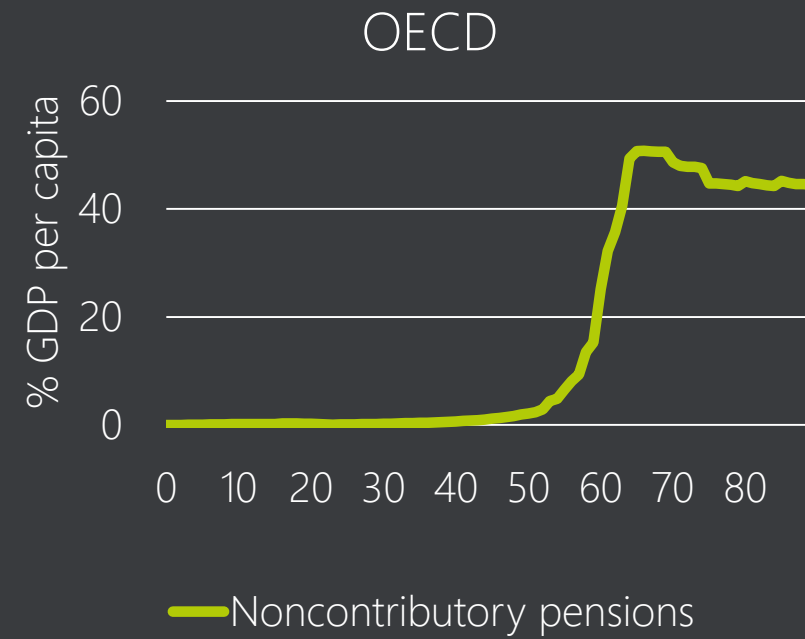
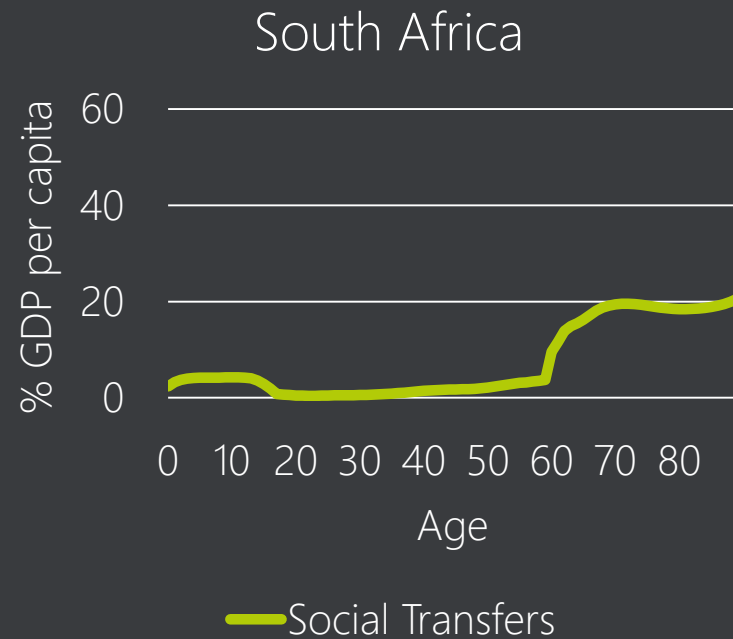
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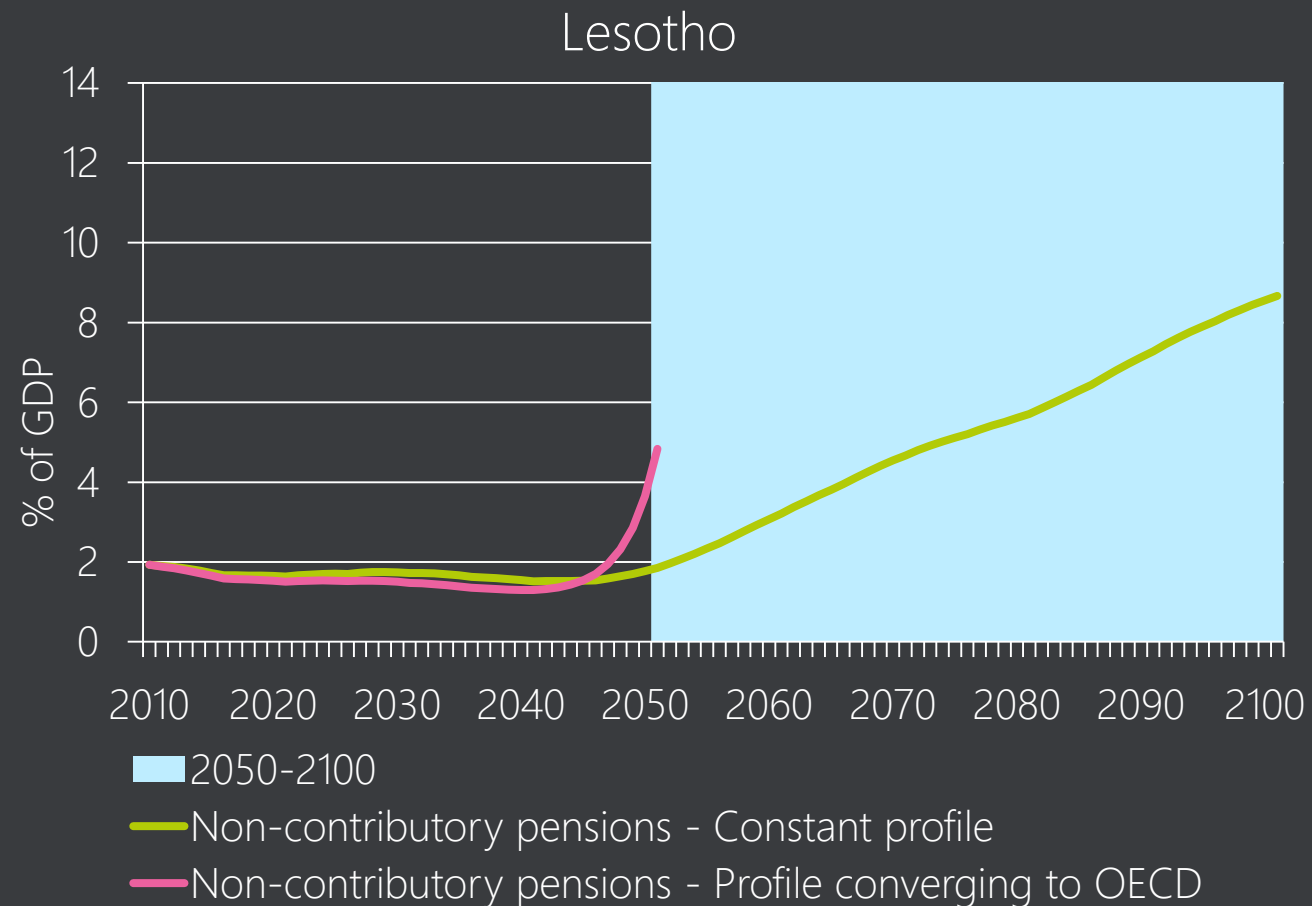
NON-CONTRIBUTORY PENSIONS ARE GENEROUS BUT STEERED TOWARDS THE VERY ELDERLY (LESOTHO)



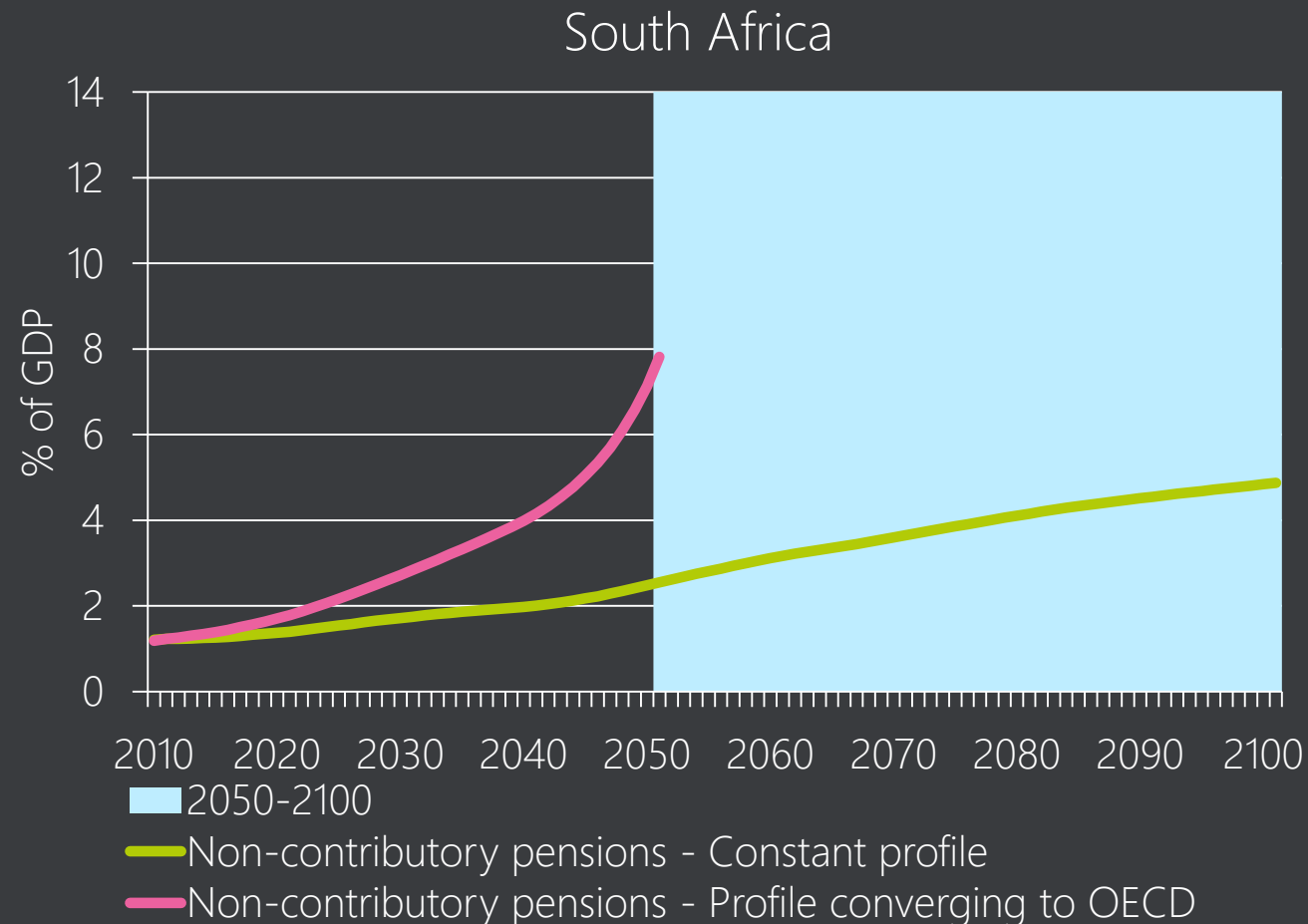
NON-CONTRIBUTORY PENSIONS REMAIN LESS GENEROUS THAN IN THE OECD (SOUTH AFRICA)



BUT CONVERGING TO OECD GENEROSITY WOULD PUT PRESSURE ON PENSIONS



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INDEX

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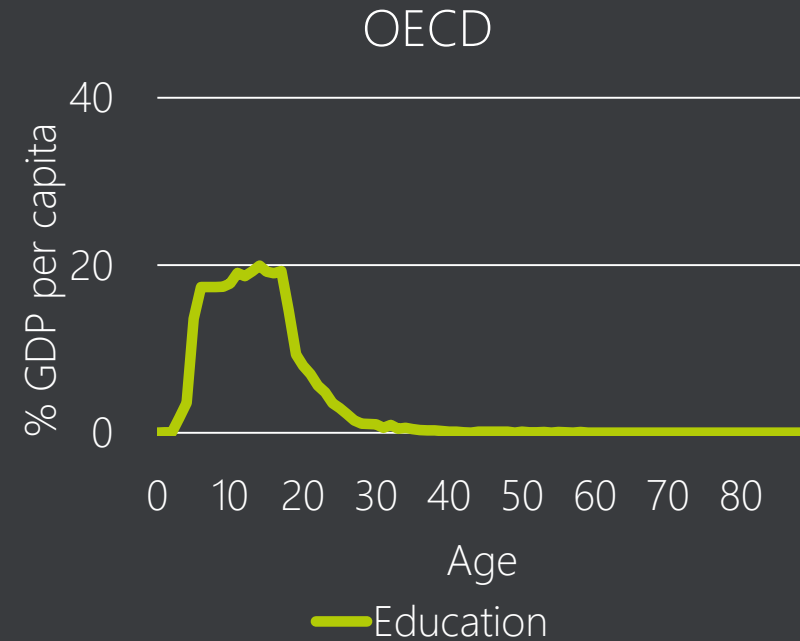
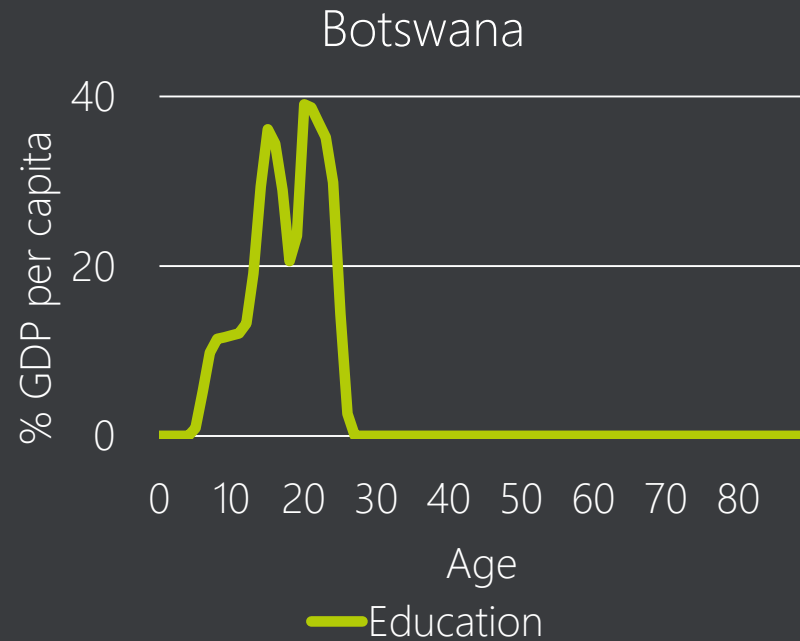
GETTING SOCIAL SECTORS READY FOR A CHANGING POPULATION

- An opening of the fiscal space to respond to changing social needs
- Start by helping youth access good jobs
- Social policies should become more balanced across the life cycle, consistent with a “promotion” approach
 - Increase investment in youth’s human capital - starting from the early ages
- Social policies cannot do the job alone

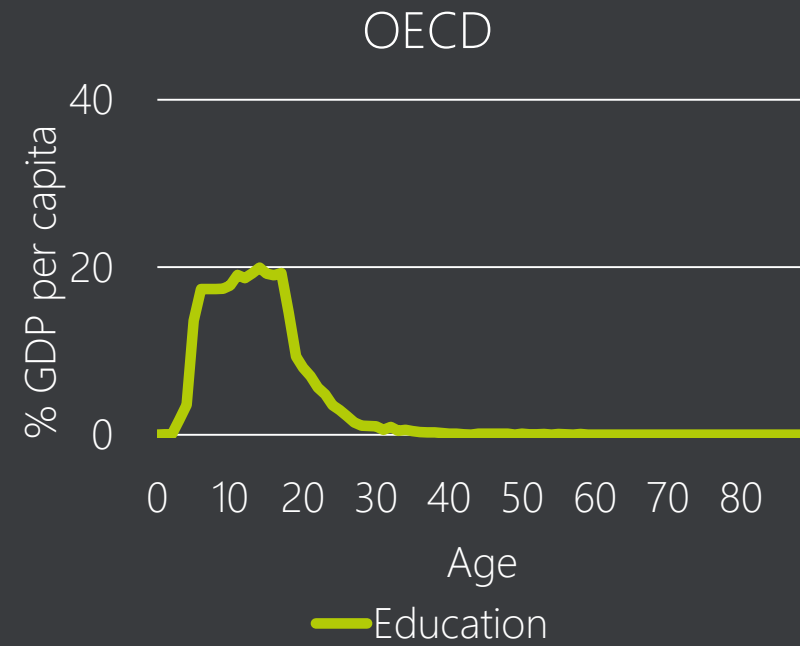
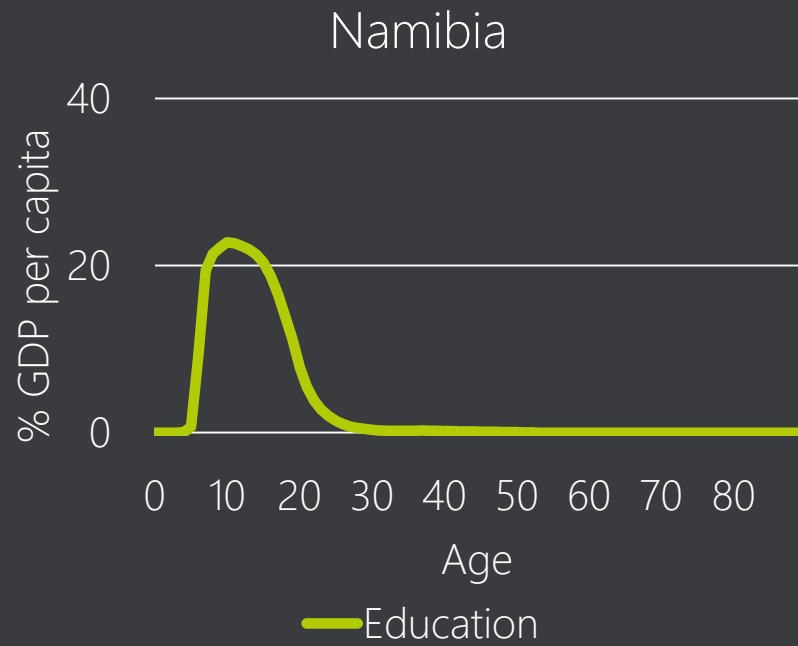
THANKS

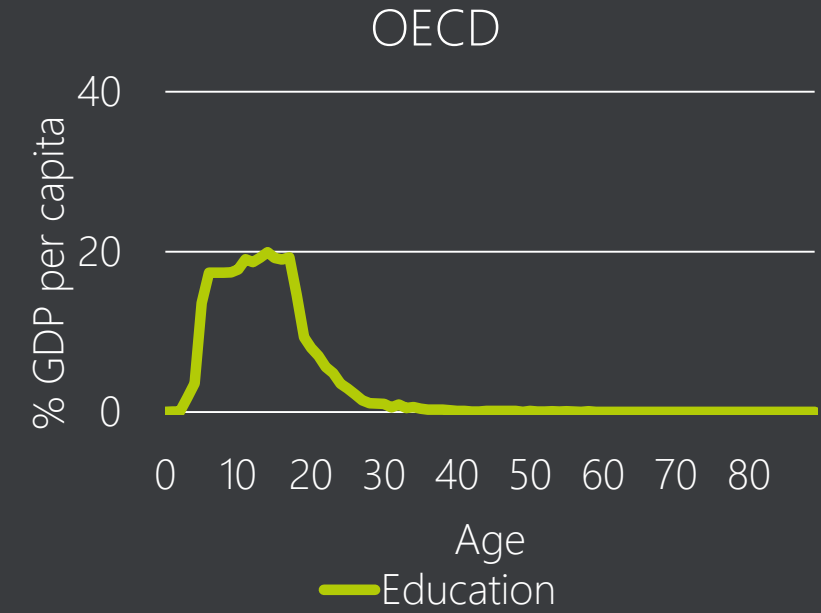
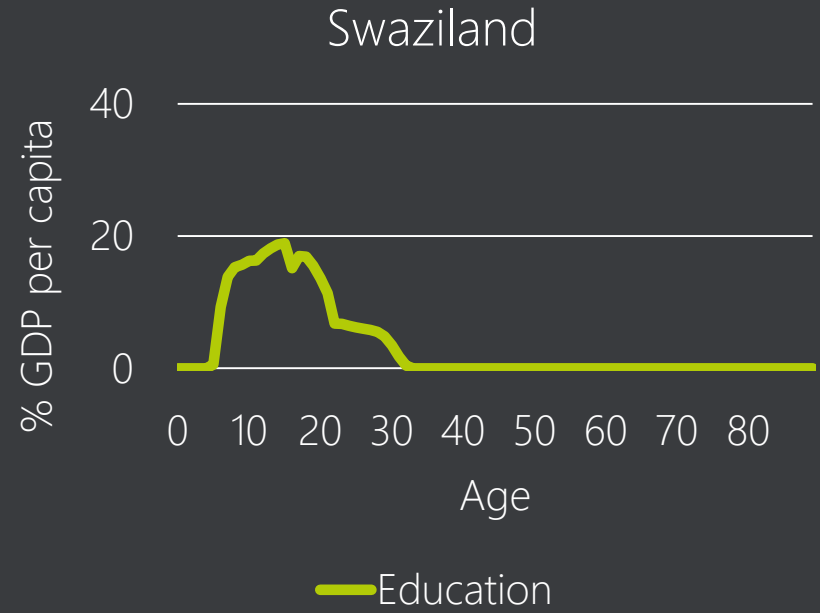


BACK UP SLIDES

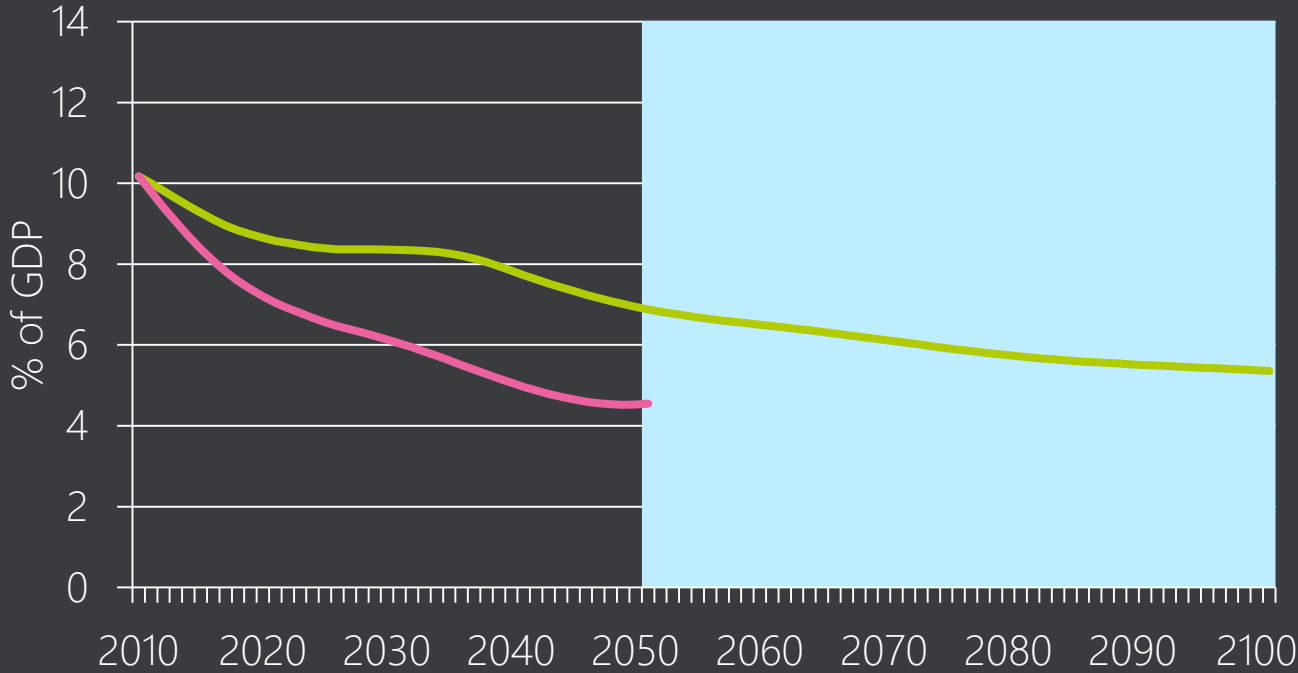


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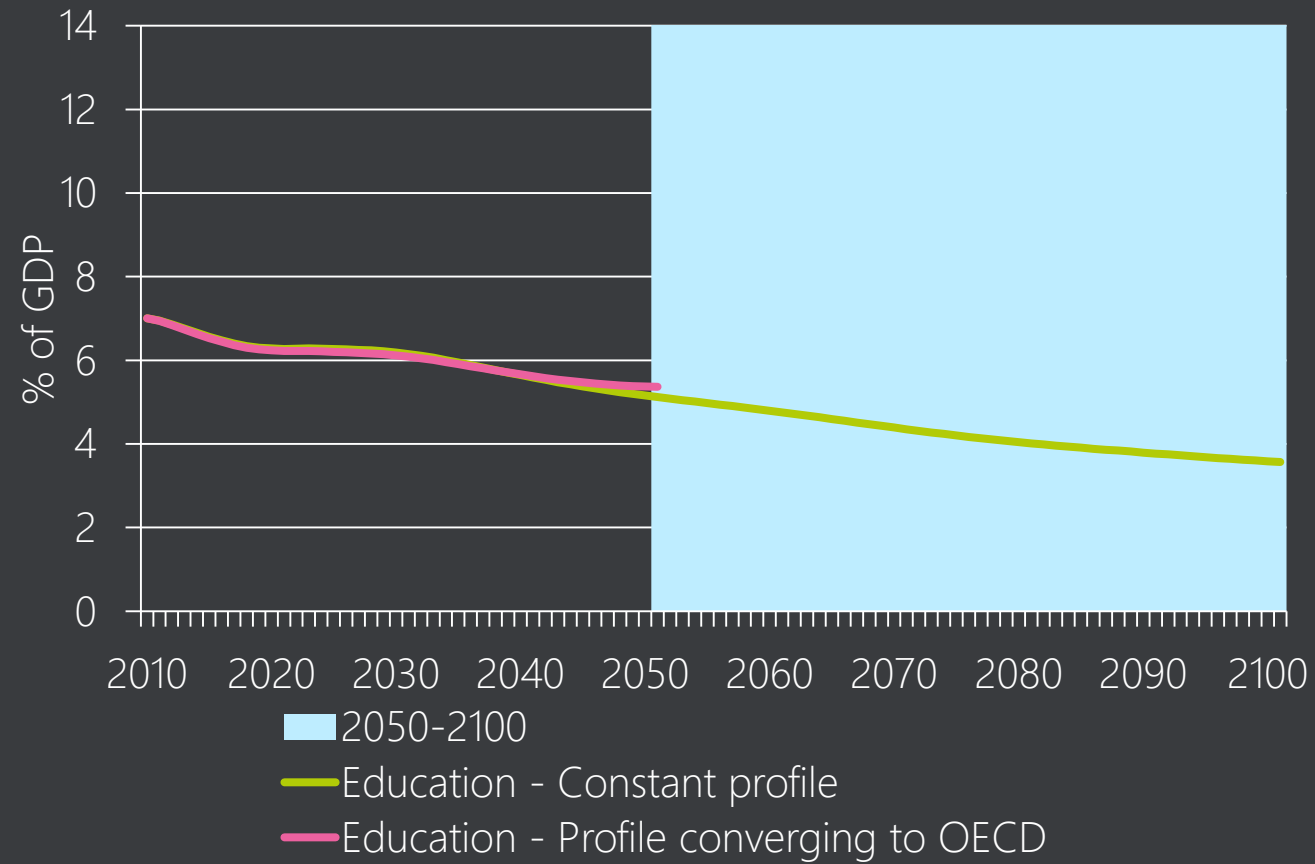


Botswana

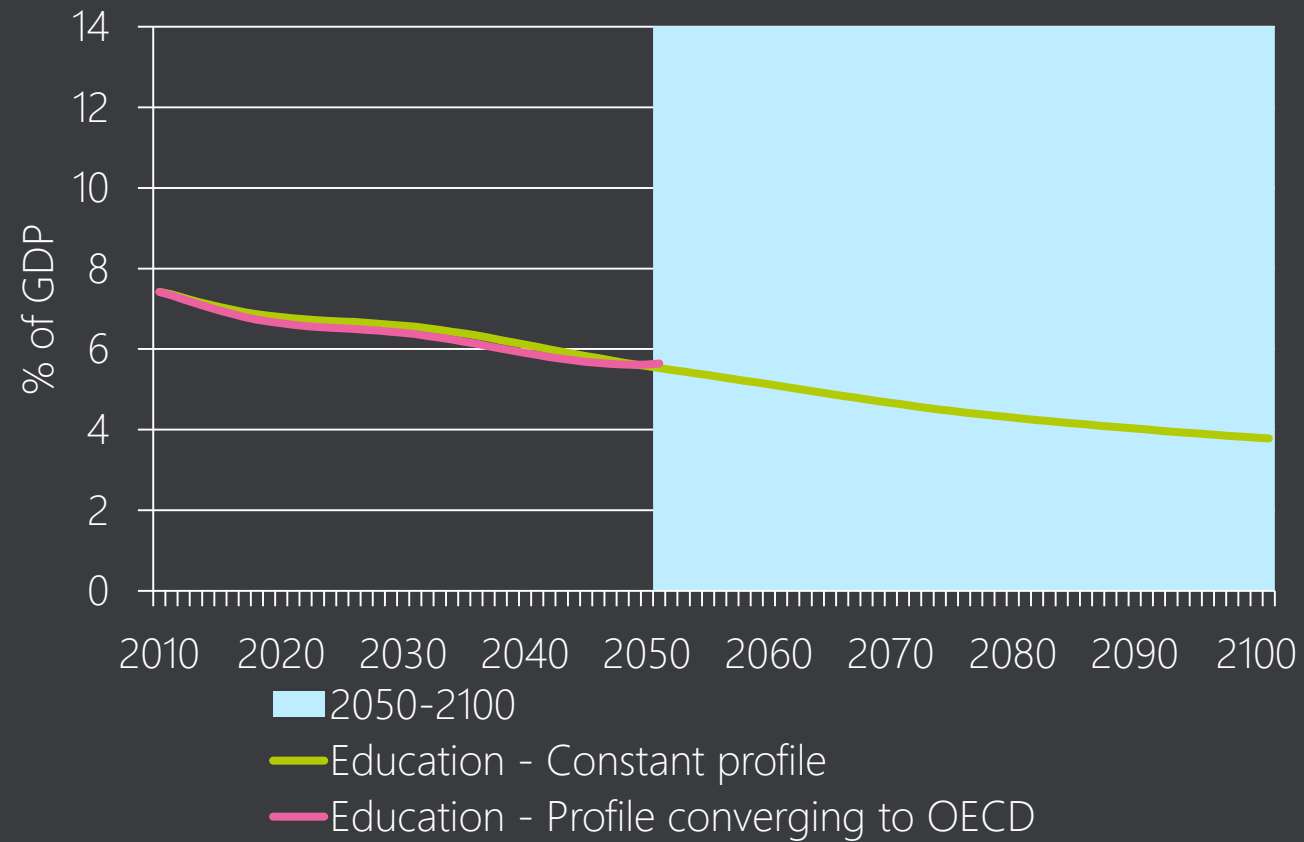


- 2050-2100
- Education - Constant profile
- Education - Profile converging to OECD

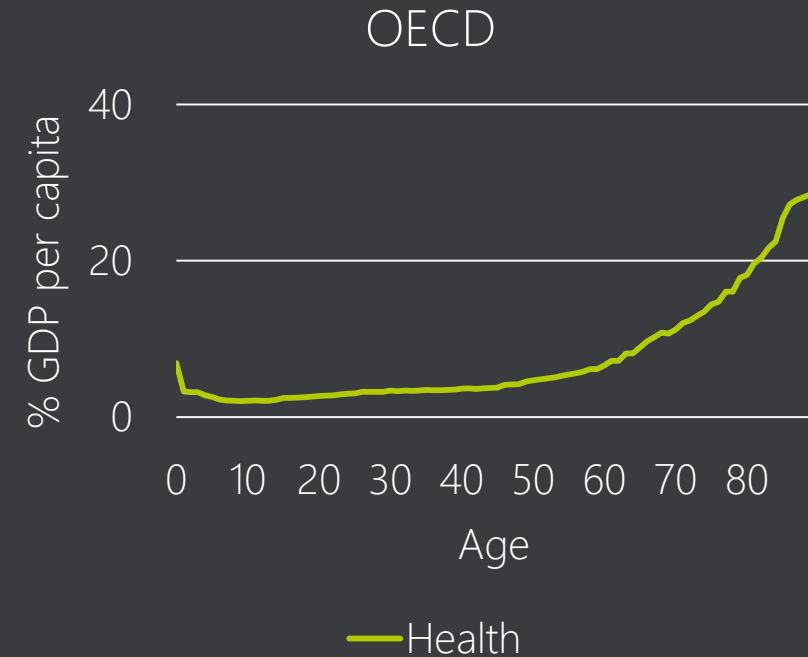
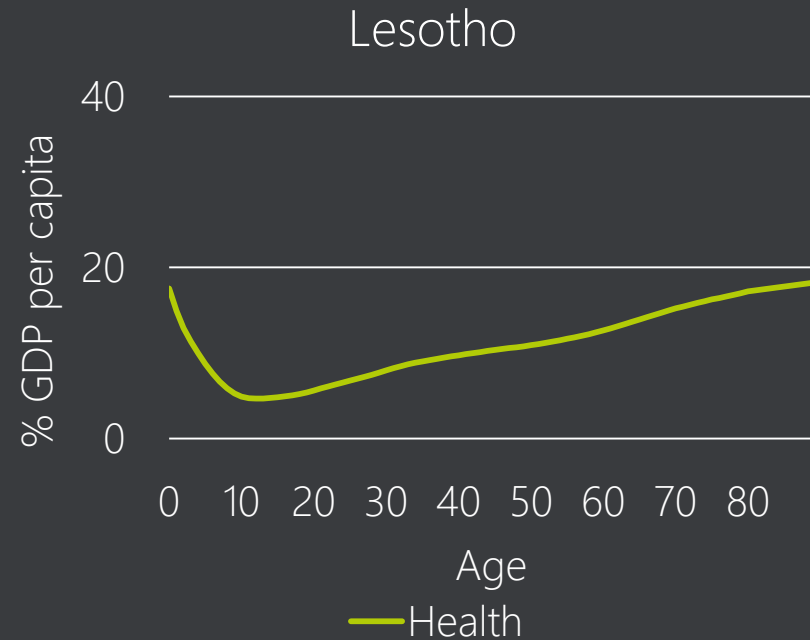
Namibia



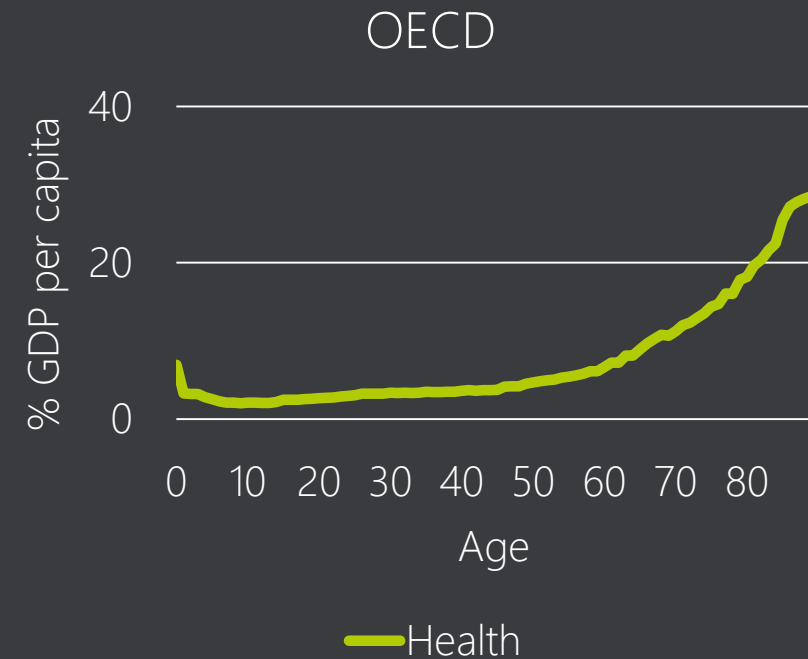
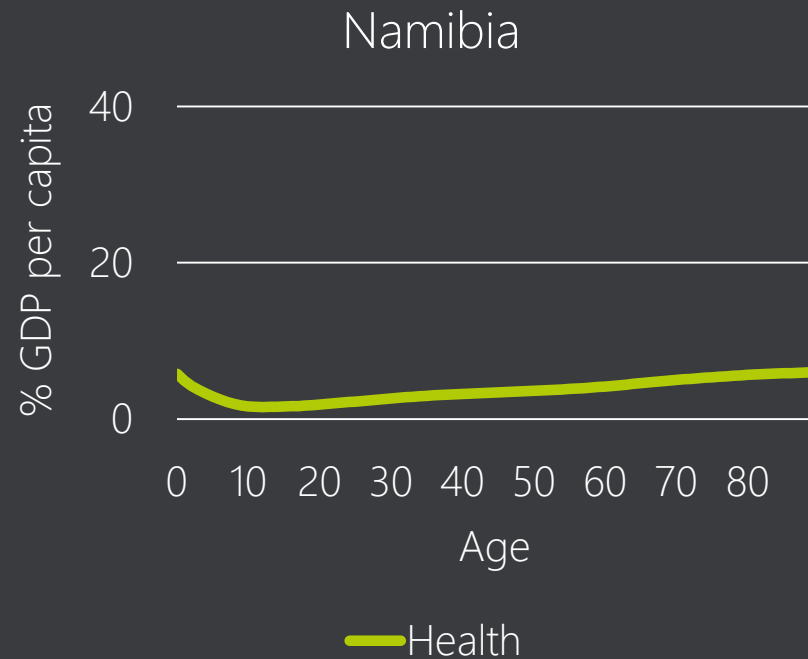
Swaziland



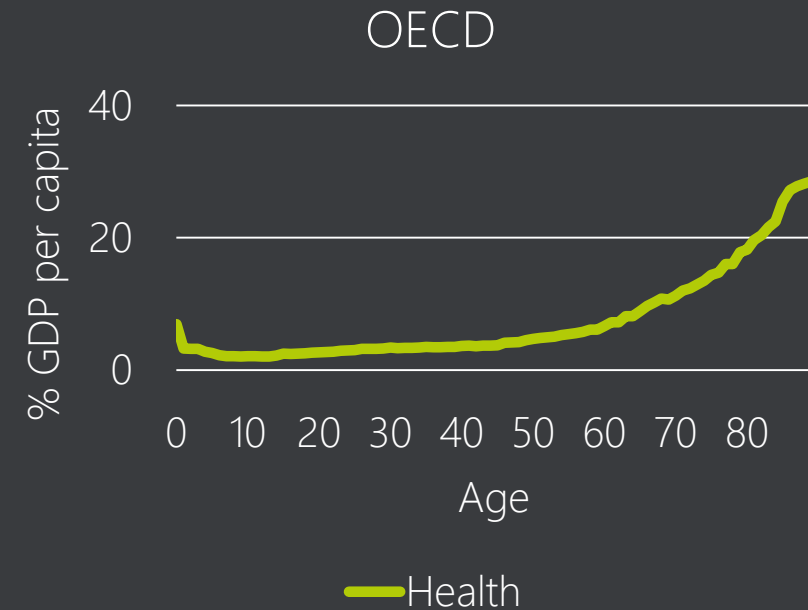
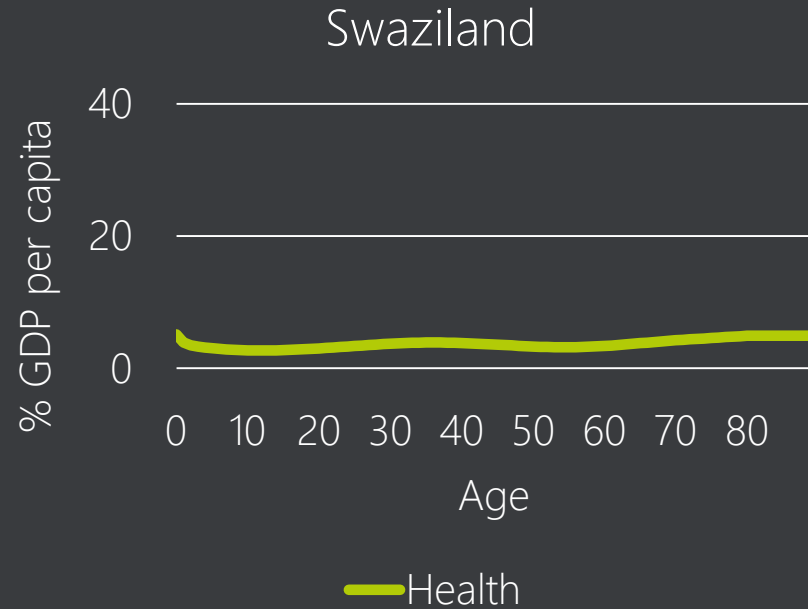
LESOTHO SPENDS MORE ON HEALTH CARE THAN THE OECD



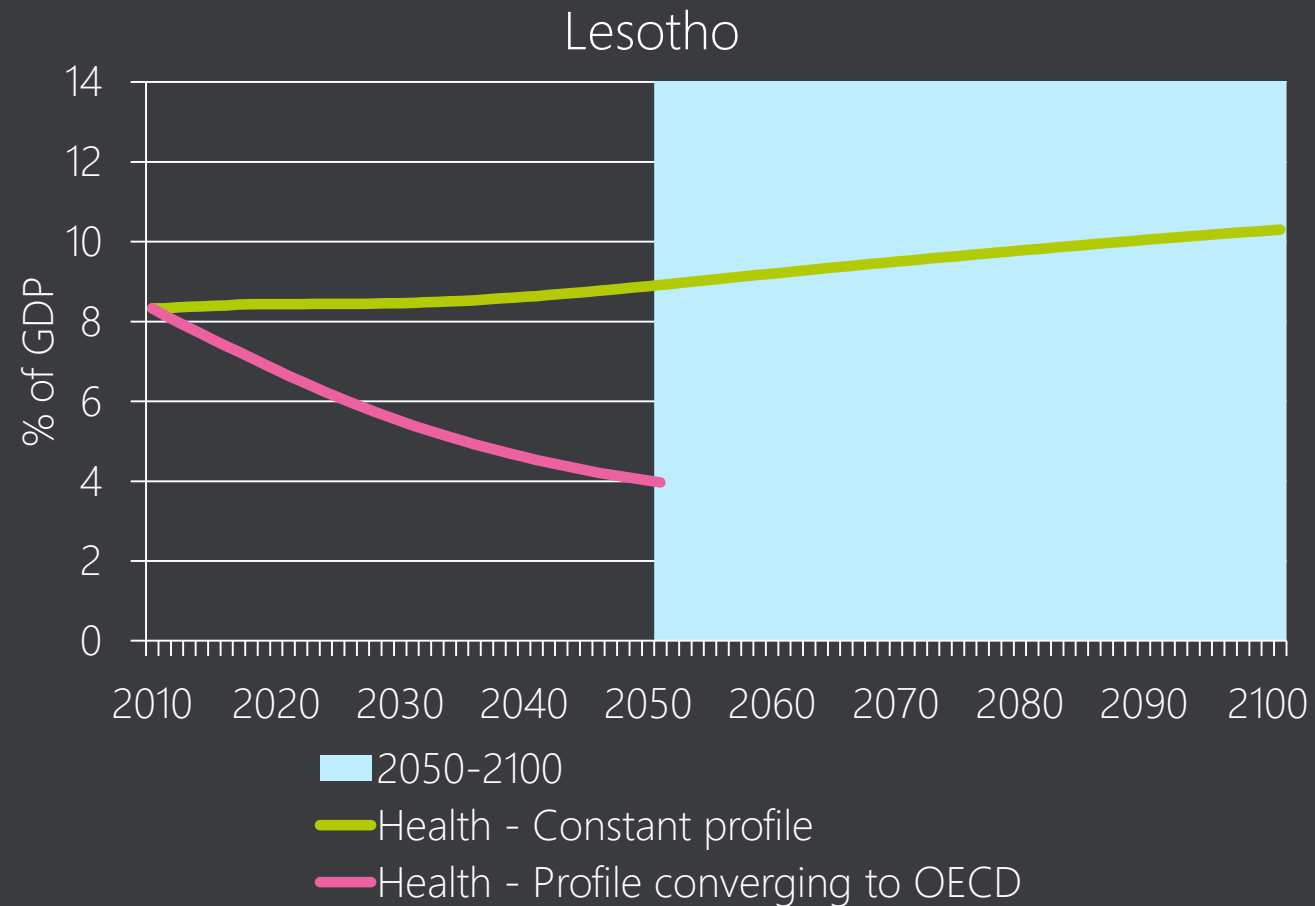
NAMIBIA SPENDS ON ELDERLY'S HEALTH CARE LESS THAN THE OECD



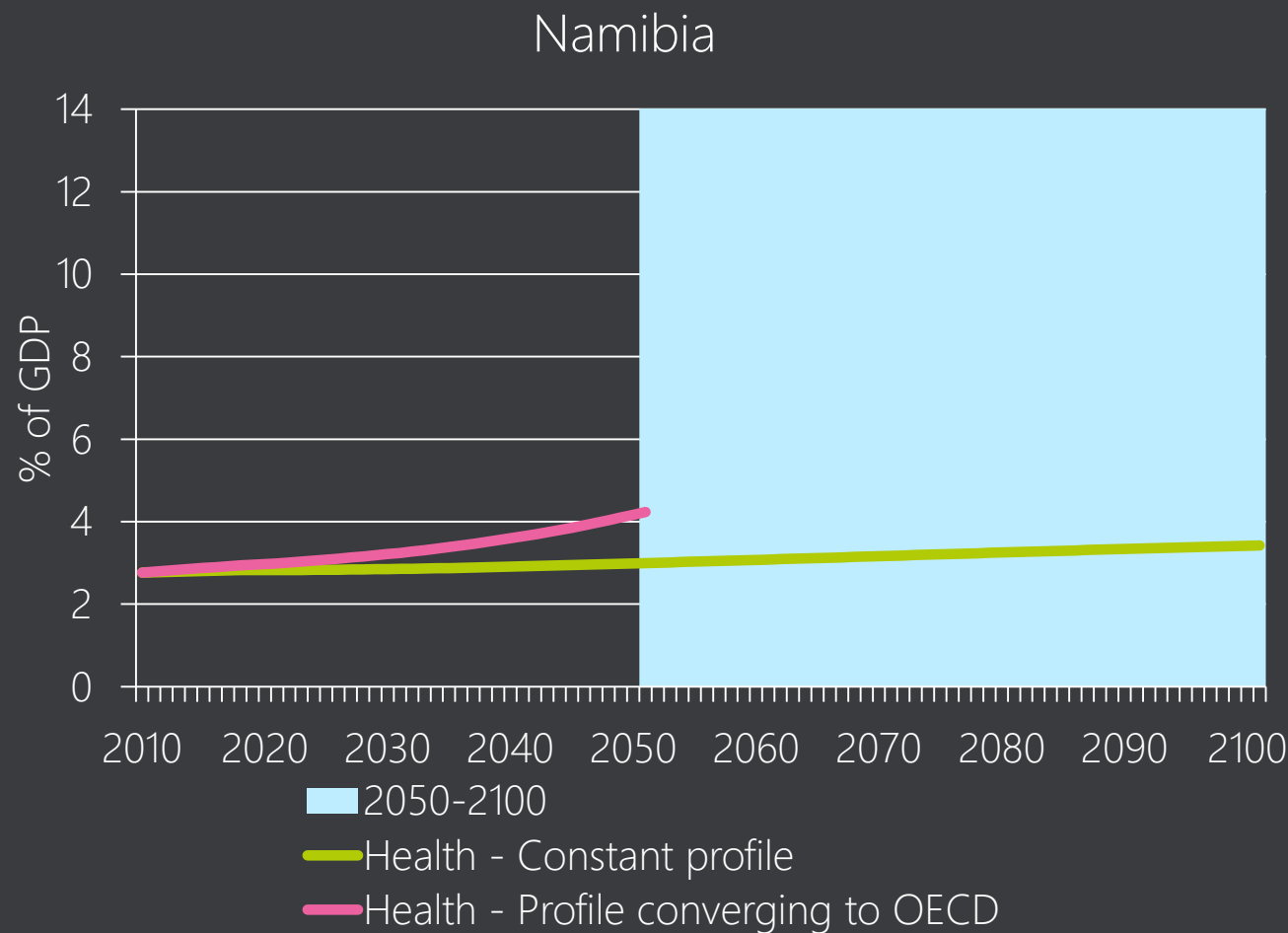
SWAZILAND SPENDS ON ELDERLY'S HEALTH CARE MUCH LESS THAN THE OECD



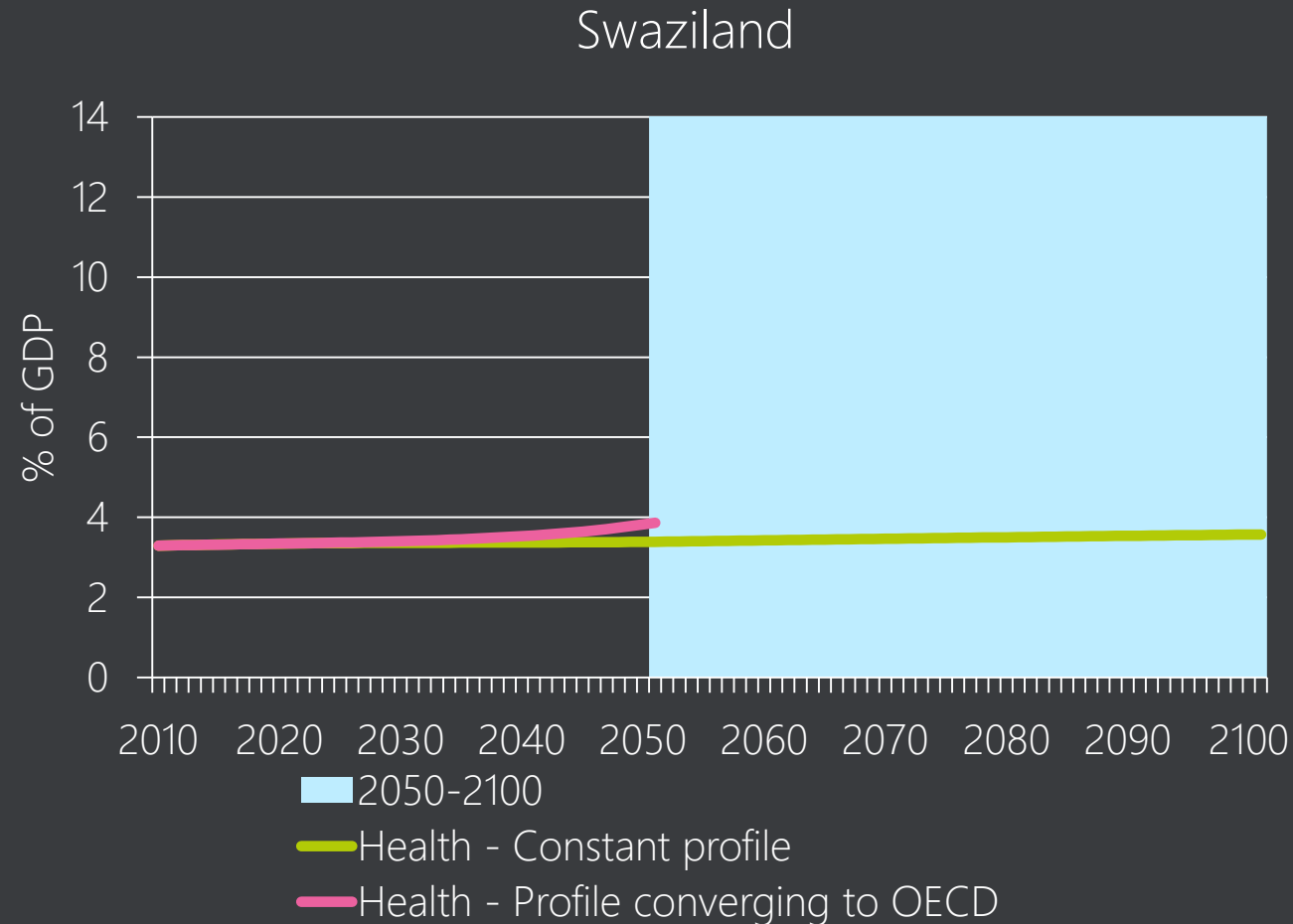
A SLOW AGING POPULATION WILL ALLOW FACING OLD AND NEW HEALTH CHALLENGES



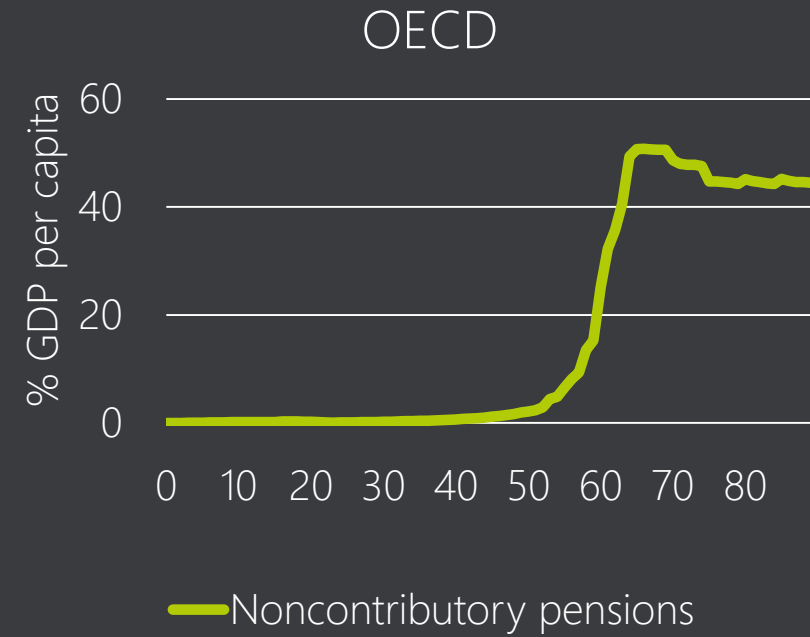
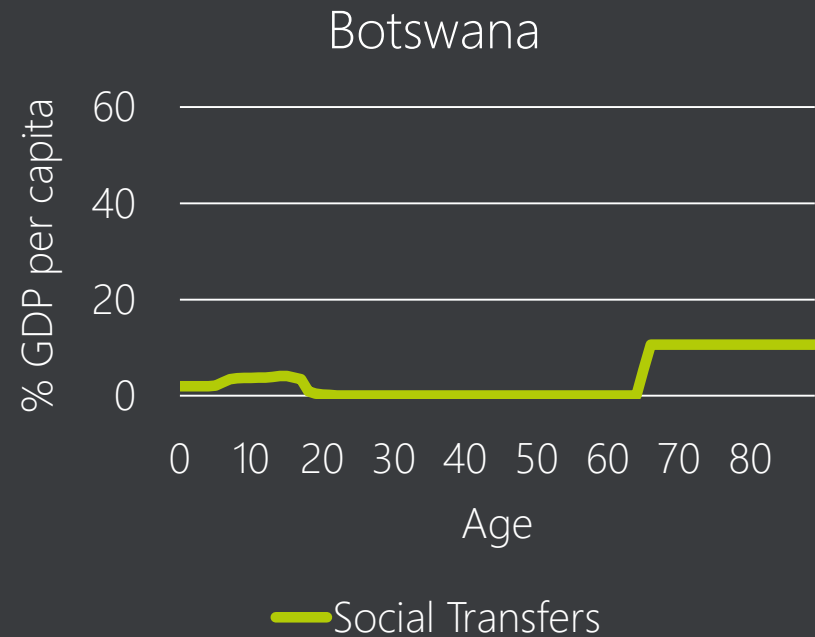
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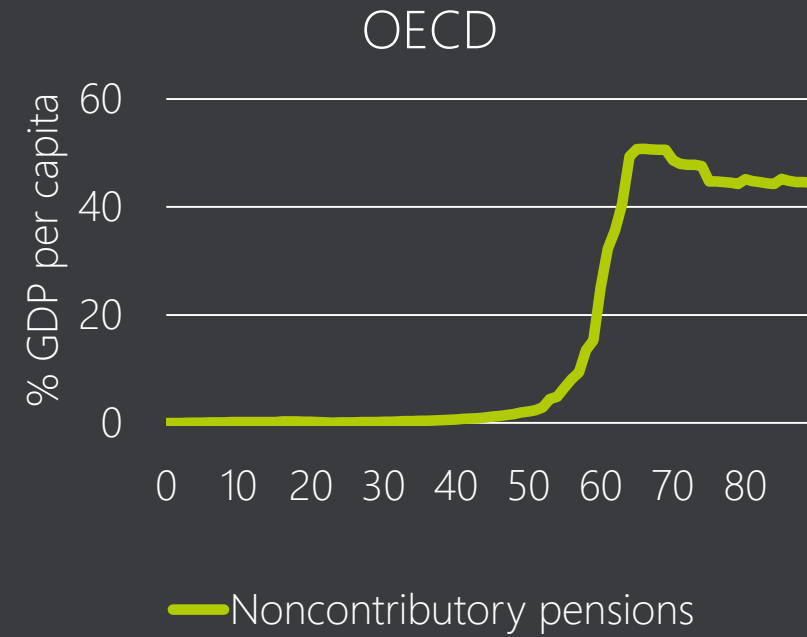
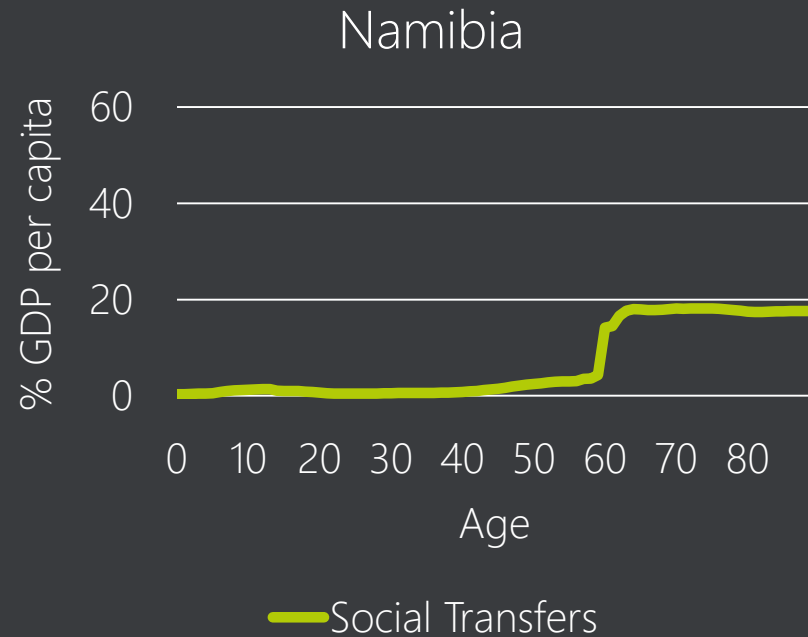
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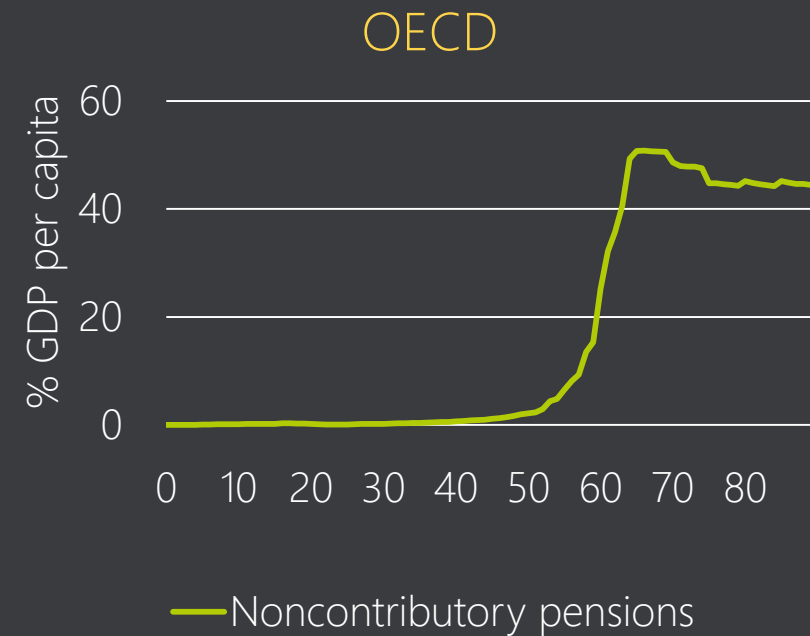
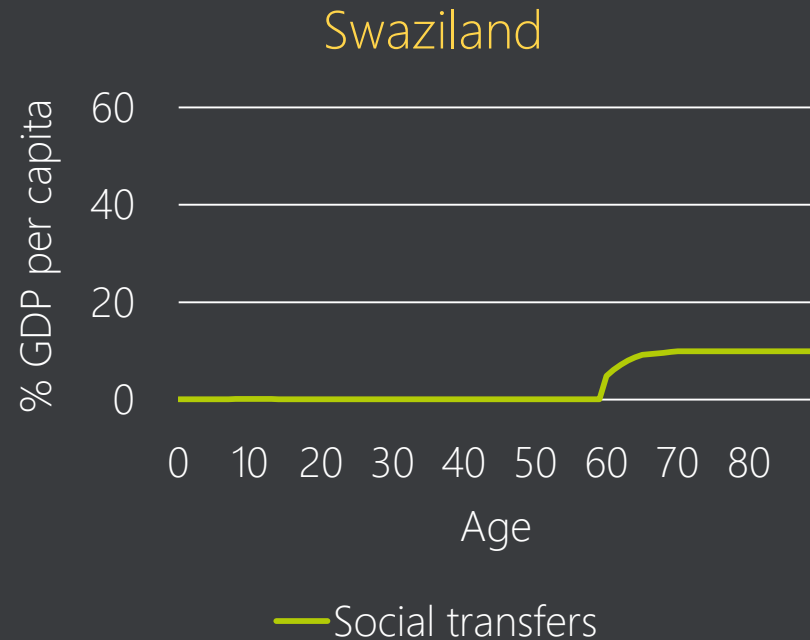
NON-CONTRIBUTORY PENSIONS REMAIN LESS GENEROUS THAN IN THE OECD (BOTSWANA)



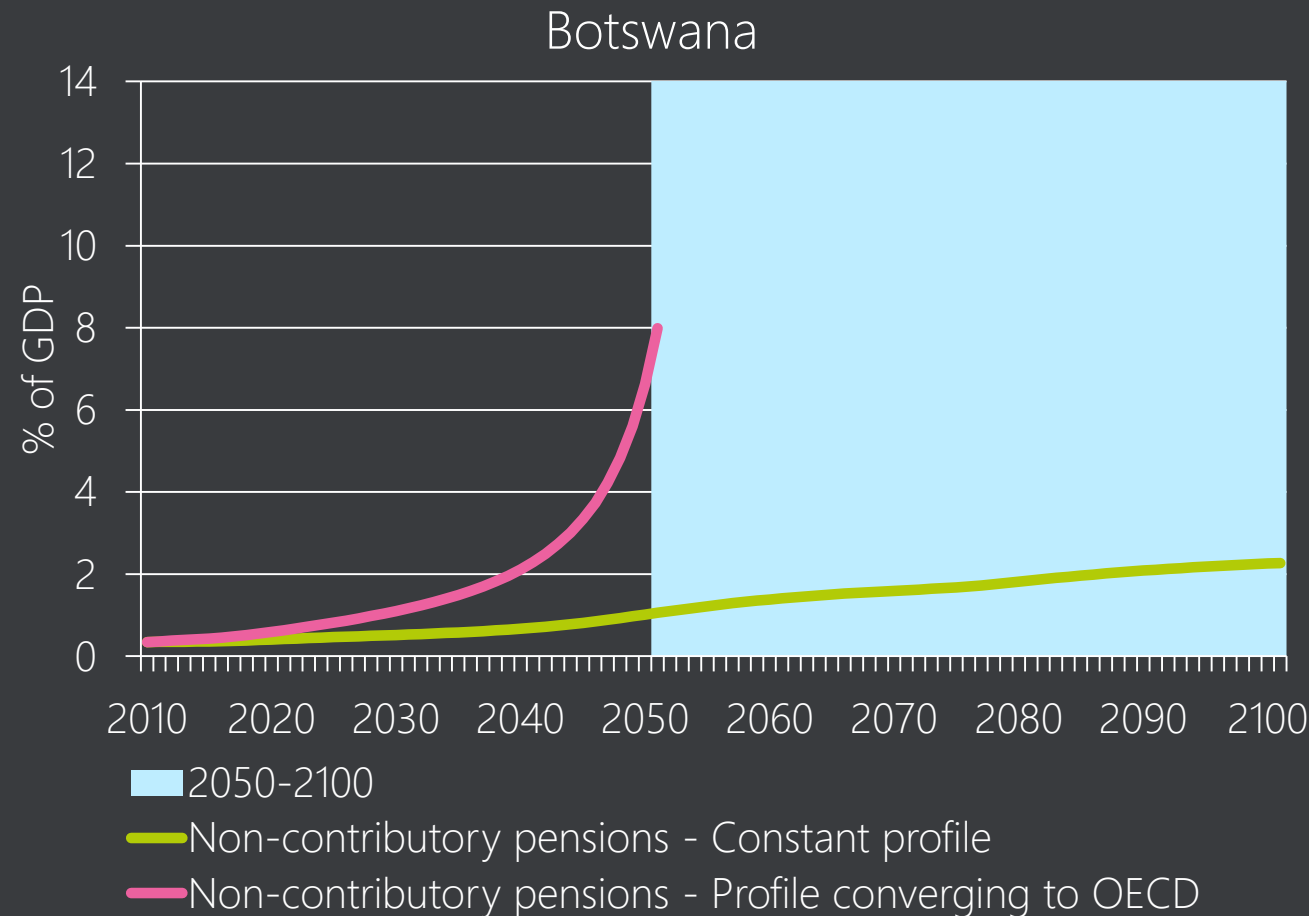
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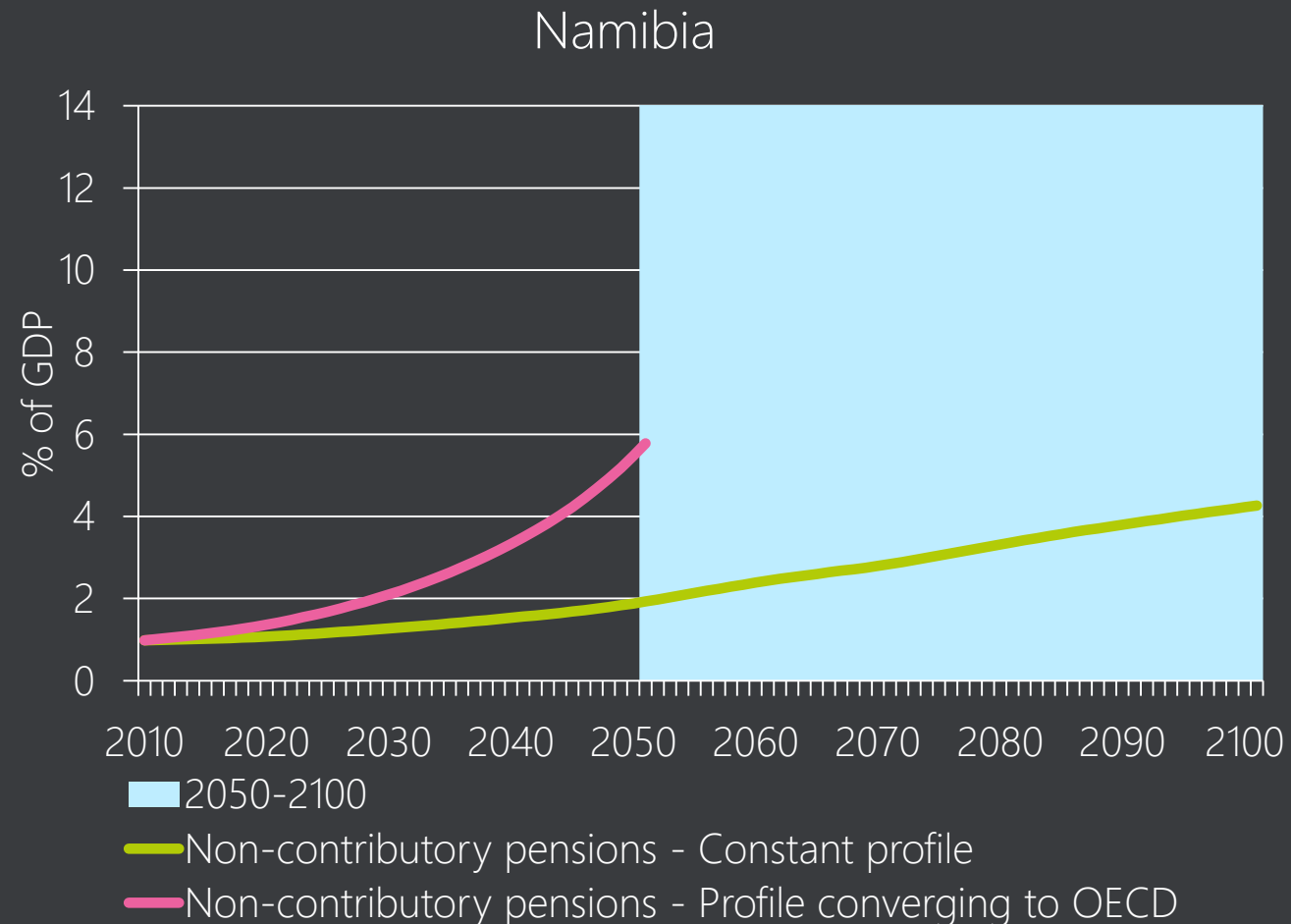
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