IN THE SHADOW OF THE SOCCER WORLD CUP: HEALTH CHALLENGES AND PUBLIC HEALTH IN SOUTH AFRICA

David Sanders
Chair: School of Public Health
University of the Western Cape

Member of Global Coordinating Council
Peoples Health Movement

A WHO Collaborating Centre for Research and Training in Human Resources for Health

FIFA World Cup 2010

"The success of the World Cup is our success. As a country and as a continent, we have already won... no one can take that feeling and pride away from us," President Jacob Zuma.

"We were not only ready to host the World Cup, as far as infrastructure was concerned, but also in terms of our self-belief and self-esteem as a nation.
"We are hosting the greatest World Cup in history, and we are doing it in style.“

Archbishop Desmond Tutu

FIFA World Cup 2010

But….the cost of hosting the event has been radically underestimated and the financial benefits equally overestimated.

For example:

- Construction of the 10 World Cup stadiums cost R16.5 billion – more than 10 times the estimated R1.6 billion when South Africa bid in 2003

NOTE: R7.5 = 1 USD

FIFA World Cup 2010

The cost of hosting the event has been radically underestimated and the financial benefits equally overestimated.

For example:

- The direct cost to the taxpayer – that was put at less than R3 billion in the 2003 bid – exceeds R40 billion [R40.3 billion, according to the Swiss-based finance house UBS in February] – higher than the R33.1 billion Minister of finance Pravin Gordhan said had been spent by the government in his February budget.
- Municipalities and provinces have had to dip into their pockets for the R7 billion difference between the two amounts

FIFA World Cup 2010

The cost of hosting the event has been radically underestimated and the financial benefits equally overestimated.

For example:

- R24 billion is being spent on transport. This cost is included in the R40 billion total.
- However, the total excludes the cost of the Gautrain (R20-billion), the Airport Company SA (16.1bn) and Sanral (R14.3 billion), UBS concluded that the total infrastructure cost to the taxpayer is R117 billion

FIFA World Cup 2010

The cost of hosting the event has been radically underestimated and the financial benefits equally overestimated.

For example:

- The economic impact of World Cup is put at around R27 billion. (This excludes public funding which is 'essentially taxpayer cash being re-cycled into the economy.')
- Only R8.8 billion of this R27 billion is expected to come from the 373,000 visitors to the country
- The UBS research report estimates the maintenance cost of the World Cup stadia at R140 million a year that will be borne by the national government.

FIFA World Cup 2010

The cost of hosting the event has been radically underestimated and the financial benefits equally overestimated.

For example:

- Some cities have also had to incur debt to finance the building of the stadiums.
- Cape Town raised a R1 billion bond in 2008, for example, partly to finance the R4.4 billion stadium, which will have to be recouped from ratepayers.
- The Cape Town stadium is the most expensive of the 9 World Cup stadia. It is R1 billion more expensive than the 2nd most expensive one, the Moses Mabhida stadium.

FIFA World Cup 2010

- Fifa not only will pay no taxes but also ignore SA exchange control regulations. Since the Fifa profit estimate is more than $3 billion (the TV rights alone sold for $2.8 bn), the export of funds will hit SA's current account balance hard
- Senior financier Trevor Kerst observed of stadium subsidies last month, "The return on that investment is by no means assured. Within these exclusion zones, only Fifa and its partners may sell any goods; nothing from these sales accrues to the government." Who are these partners?
- Fifa 'partners' who bought exclusive rights to monopolize commerce in SA's cities these next four weeks are Adidas, Coca-Cola, Air Emirates, Hyundai, Sony and Visa, while 'official sponsors' include Budweiser, McDonalds and Castrol.

FIFA World Cup 2010

Thousands of South African protesters marched on the United States consulate in Johannesburg on Thursday to demand the US increase its Aids funding for Africa, weeks after US officials said their biggest Aids fund would not substantially rise.

The protesters....demand that the US government increase its contribution to the Global Fund on Aids, TB and Malaria to $2.8-billion by 2013.

Protest organisers said the lack of a significant increase in the President's Emergency Plan for Aids Relief - a major funder of Aids programmes around the world - has led clinics to run out of drugs and forced providers to ration treatment.

Officials from the international programme, known as PEPFAR, say this year's budget had increased only marginally, from $6.8-billion in 2010 to nearly $7-billion for 2011.

South Africa, a nation of about 50-million, has an estimated 5.7-million people infected with HIV, more than any other country. It is the largest recipient of PEPFAR funds.

IOL, June 18 2010

Imagine a stroll by the river …

Photo: L Reynolds

You notice a movement in the water, it is a baby, drowning!

… then another infant, half-submerged, floats down in the water struggling for life

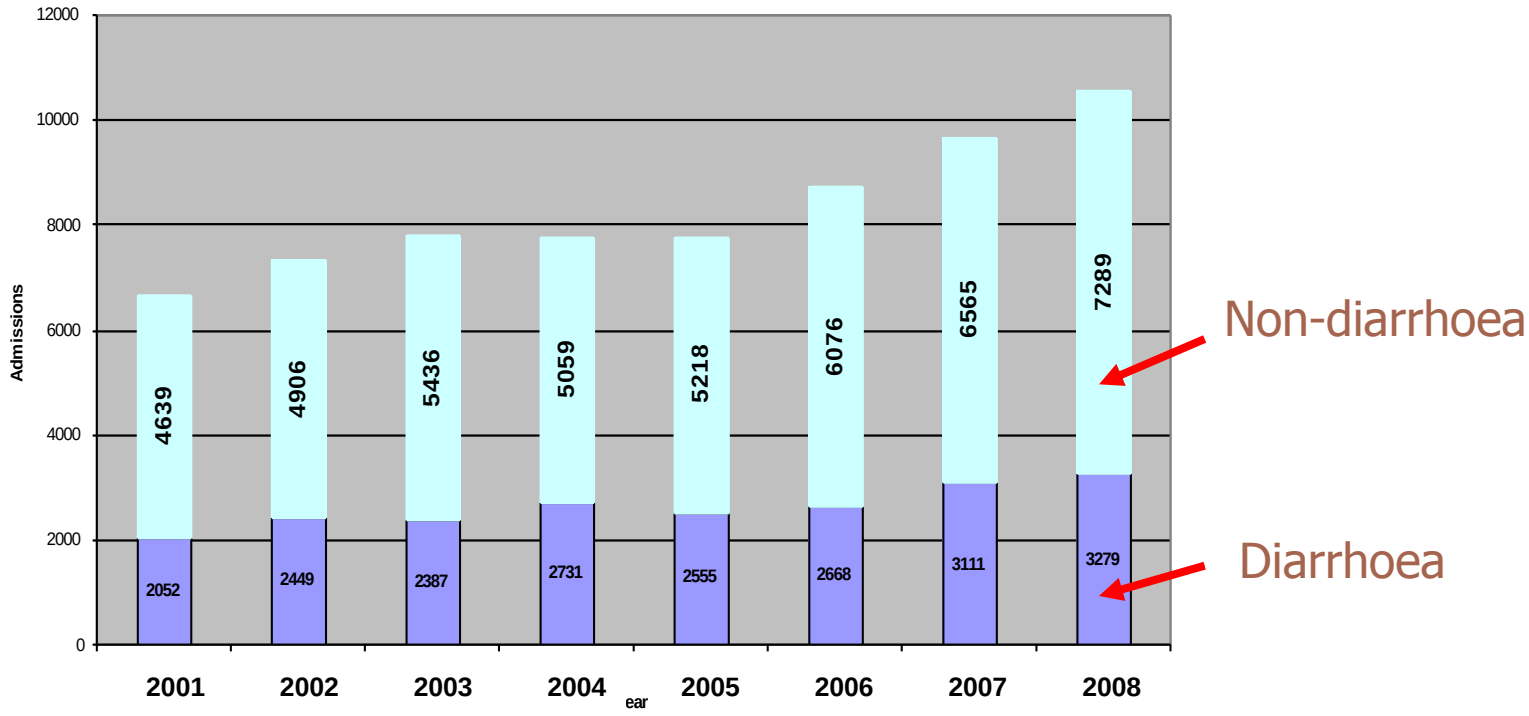
… followed by 5, 10 more -- and more and more and more

You become very good at saving drowning children, develop new methods & technology, teach others, attend international conferences

but more and more and more and more come struggling down …

An example of the impact on the health services of failing to address social determinants

Annual admissions to O/N Ward, RCCH



RCCH serves children from the poorest parts of Cape Town

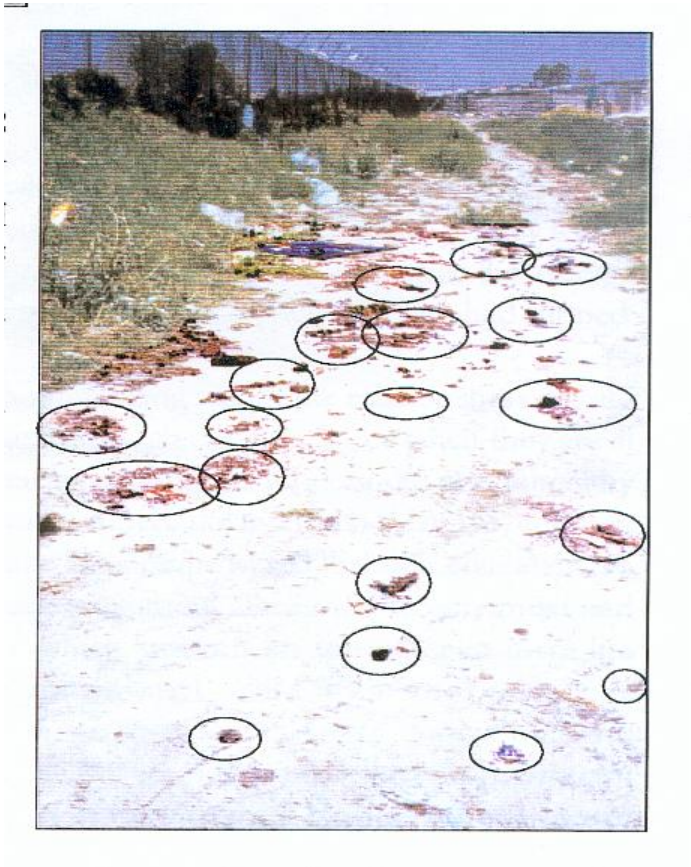
Source: Prof A Westwood.

Diarrhoea/Worms

The context: Khayelitsha, Cape Town

DIARRHOEA

- top cause of infant and young child mortality
- high rates of helminth infestation
- significant contributor to malnutrition
- Evidence that chronic helminthic infection compromises the immune system



Why more & more sick children?

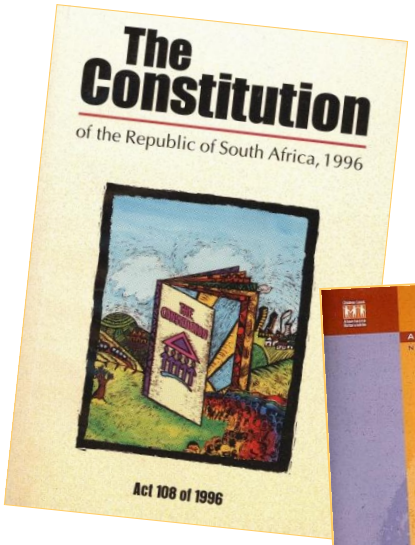
- **An increasing child population?**
  - CT population ↑ 20.9% since 2001 and 36.4% since 1996 [SA ↑ by 8.2% 2001 – 2007]
  - Overwhelmingly: black African group; informal settlements
  - 27% under-14; 14.4% under-5
  - ➔ Birth rates ↑ 10 – 15% per year over past 3 years
  - ➔ PLUS inward migration

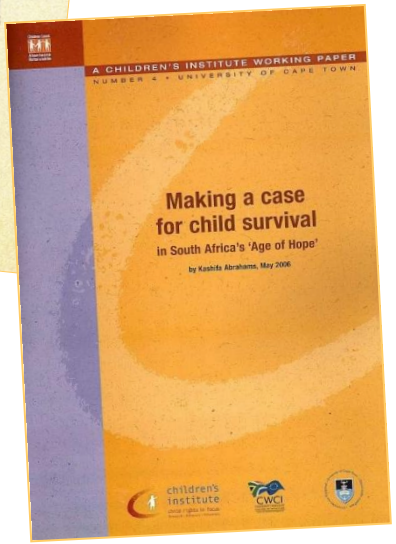
- **Deteriorating child health?**
  - **Only 52.6% Black African households had piped water by 2007**
  - **In some areas up 90 to 100 households, or 300 to 400 people share a single standpipe**
  - **6.9% of Black African households used bucket toilets, 9.1% had none**

…where a water source is distant or shared, water usage declines

Democracy: so much promise …

- Legislation
  - Constitution
  - UNCRC
  - Children's act
- Policies & programmes
  - ↑ basic services
  - ↑ in social grants &c
  - ↑ clinic building
  - Tobacco control
  - Food fortification
  - NSP
- Global
  - Adoption of MDGs

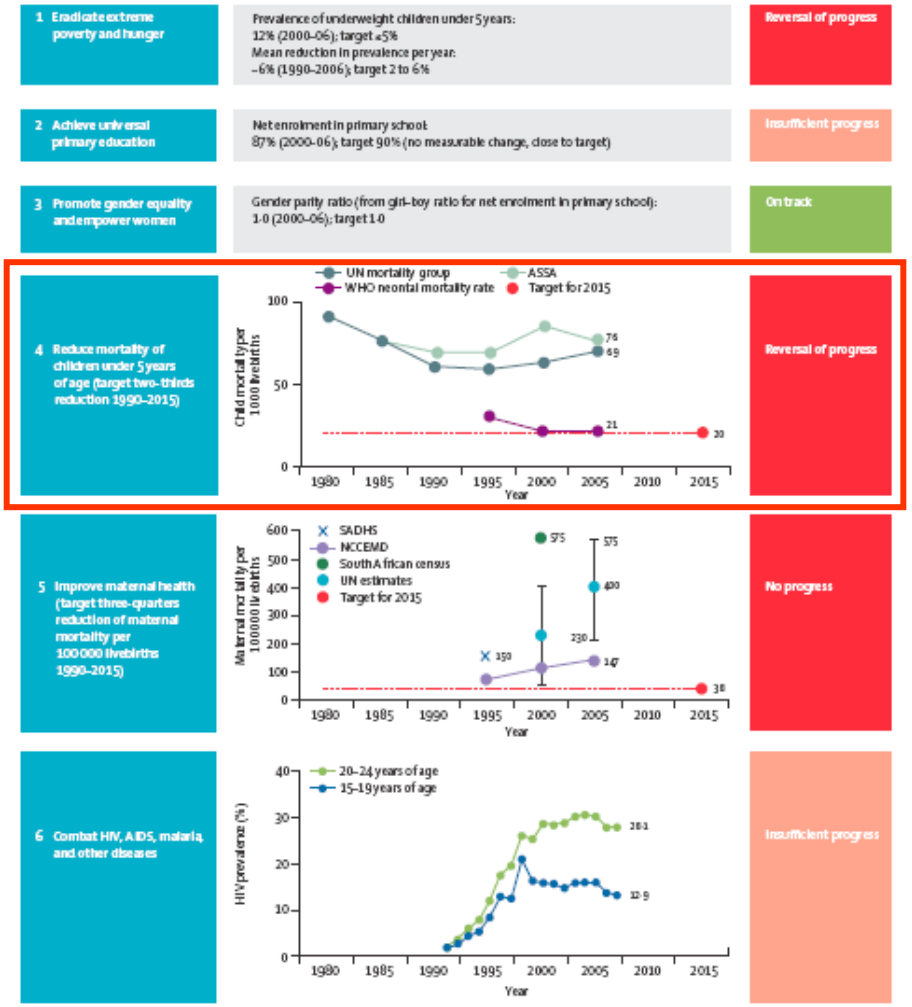




… so little progress in health

Health-related MDGs

MDG 4:
"reversal of progress"



Health Indicators in Selected Low and Middle-Income Countries

	GDP per capita (PPP US$)	Public health expenditure (% of GDP)	One-year-olds fully immunized against Measles (%)	Life expectancy at birth (years)		Infant mortality rate (per 1,000 live births)	
	2002	2001	2002	1970-75	2000-05	1970	2002
Cuba	5,259	6.2	98	70.7	76.7	34	7
Brazil	7,770	3.2	93	59.5	68.1	95	30
Thailand	7,010	2.1	94	61	69.3	74	24
China	4,580	2	79	63.2	71	85	31
South Africa	10,070	3.6	78	53.7	47.7	..	52

Millennium development goal 4

Photo: L Reynolds

Goal 4: Reduce child mortality

Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

MDG4: global progress

Progress has been seen in every part of the world:

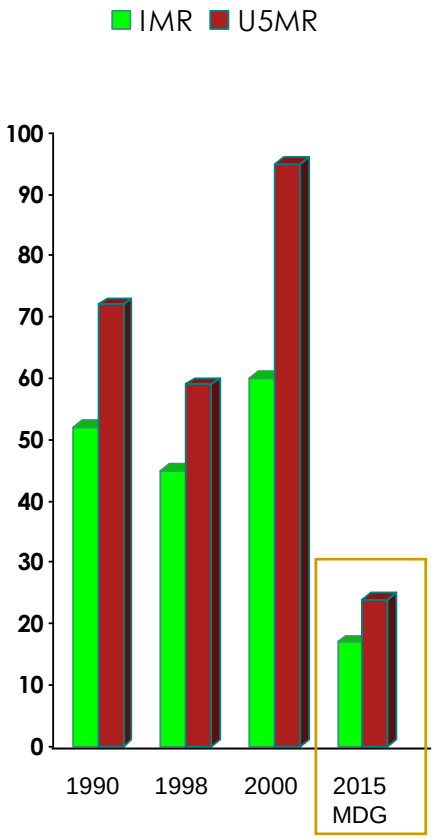
- Malawi: from 225 to 100 [1990 – 2008] ➔ on track
- Nepal, Bangladesh, Eritrea, Mongolia, Bolivia:
  - All reducing U-5MR by at least 4.5% per year: all on track
- Niger, Mozambique, Ethiopia:
  - Improving but not fully on track

In some countries, progress is slow or non-existent

- In South Africa U-5MR has actually gone up since 1990

Global child mortality continues to drop. UNICEF 10 September 2009

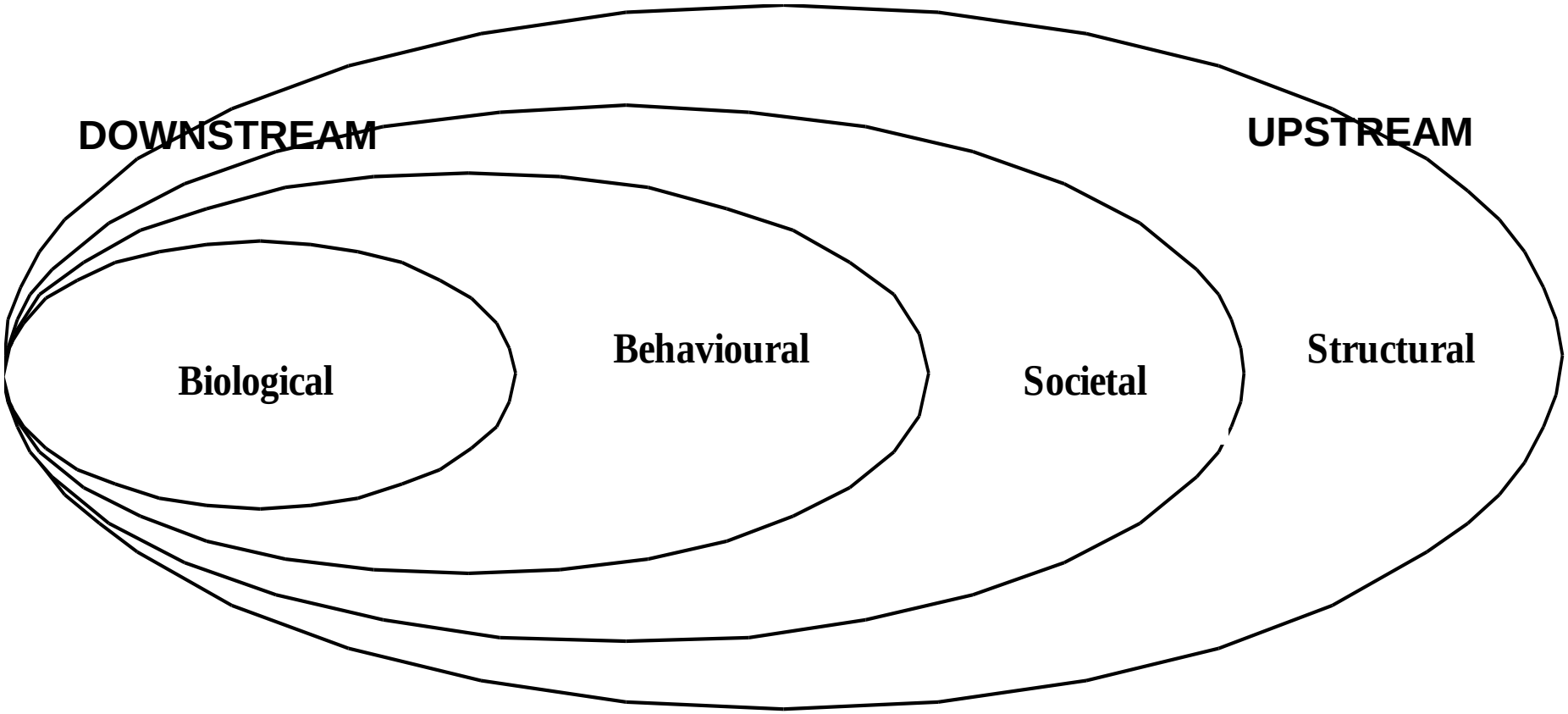
Prospects for achieving MDG 4



Children's rights to health & MDGs:

- Are we meeting the challenge?

Risk Factors/Determinants

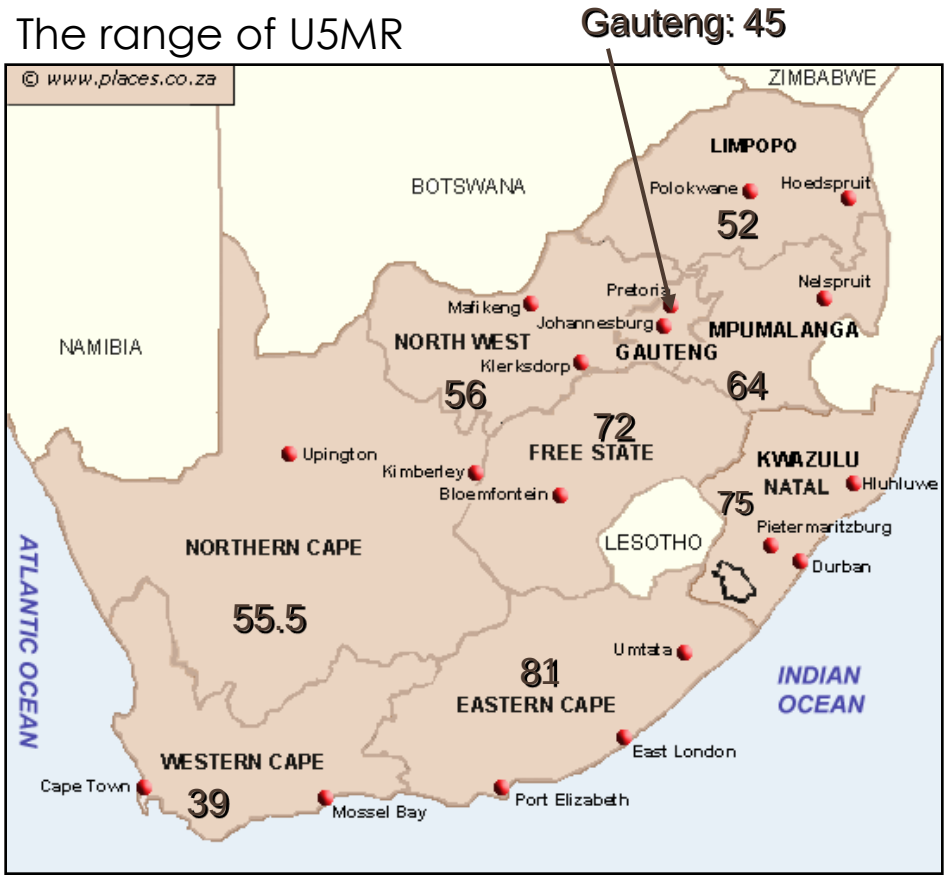


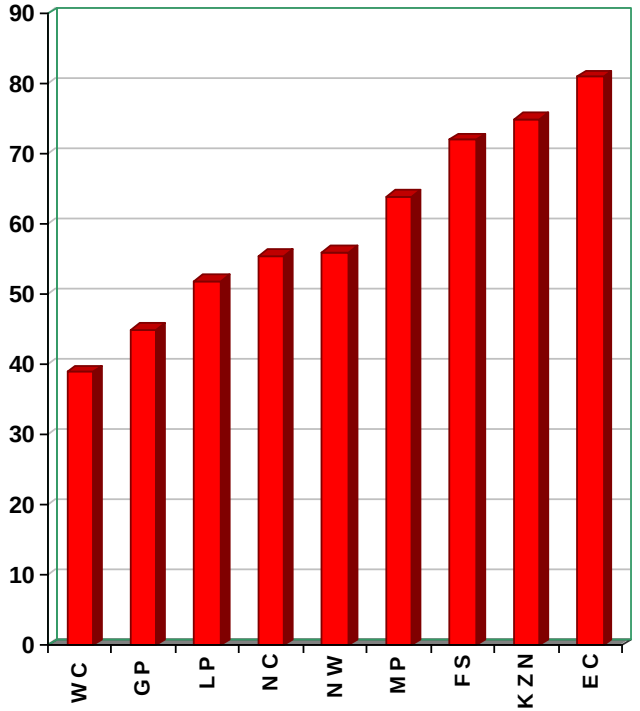
Burden of Disease study, PGWC

Health Inequalities in South Africa

Child mortality in South Africa

The range of U5MR

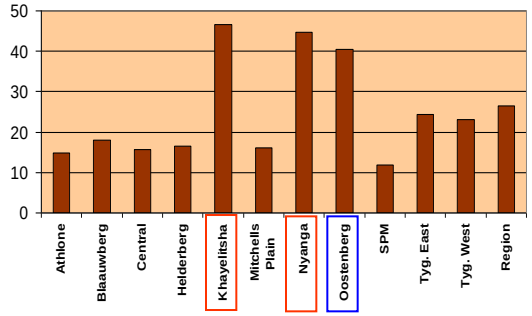




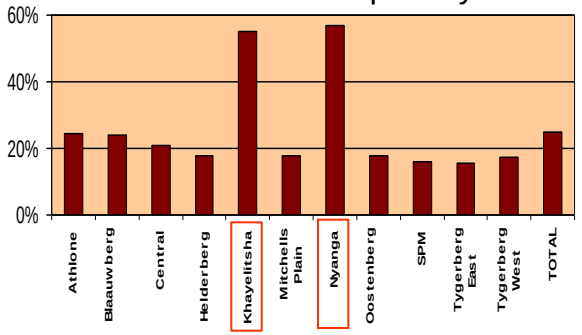
Sources: Lagerdien K. Reviewing child deaths in South Africa – a rights perspective. [CI] 2005

Health & inequity in Cape Town

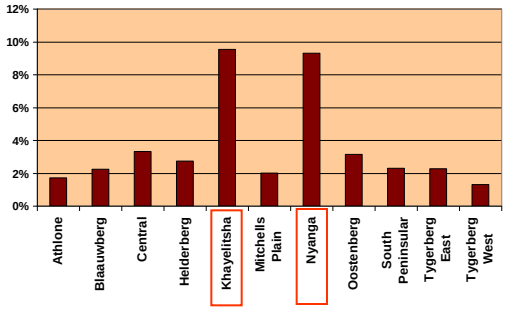
Infant Mortality



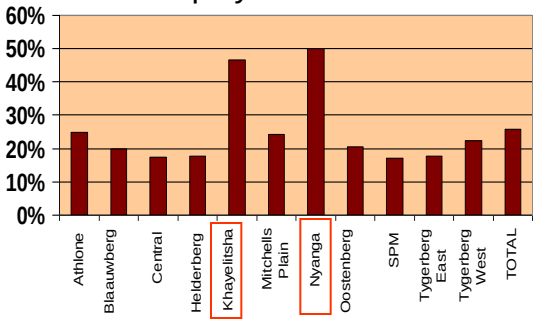
% households below poverty line



HIV prevalence (estimated)



% unemployed



Cape Town Equity Gauge, UWC SOPH, 2002

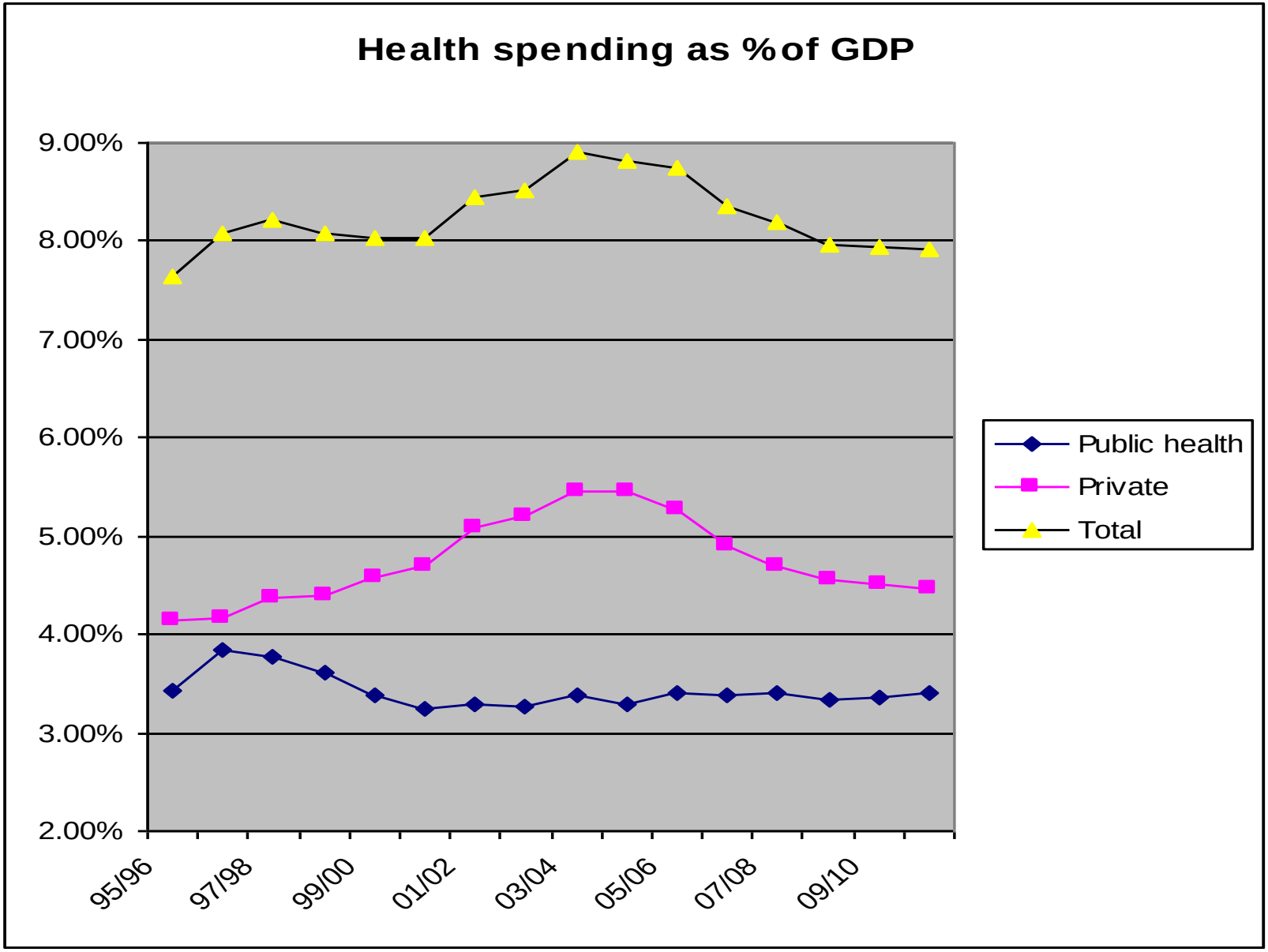
Income inequalities

Gini coefficient:

- 0.56 in 1995
- 0.73 in 2005 (0.8 without grants)

Share of income for richest 10% of population: 51% (2005)

Share of income for poorest 10% of population: 0.2% (2005)



Private medical aids cater for 16% of population and a percentage of people pay out-of-pocket

Table 1: Cross-country comparison of physician and nurse density per 1 000 population, 2006

Country	Physician density per 1 000 population	Nurse density per 1 000 population
Mozambique	0.03	0.21
Lesotho	0.05	0.62
Zambia	0.12	1.74
Zimbabwe	0.16	0.72
Namibia	0.30	3.06
Botswana	0.40	2.65
South Africa	**0.77**	**4.08**
United States of America	2.56	9.37
France	3.37	7.24
United Kingdom	2.30	12.12

Source: WHO, 2006.[1]

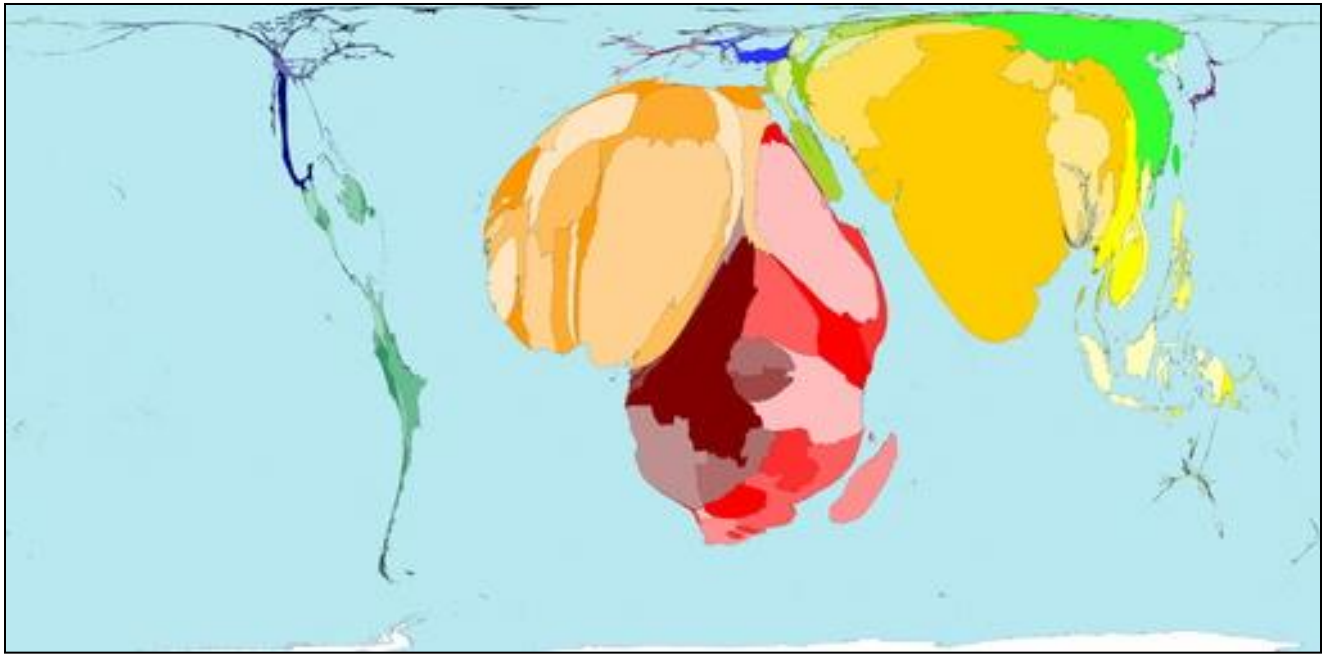
HR Situation

- Inadequate data
- Maldistribution
- Medical practitioners:
  - 34 687 registered – 10 653 in public sector
  - Western Cape - 7396 registered but only 1418 in public sector.
  - **Only 30% of doctors work in the public sector**
  - **70% serve 16% of the population with private medical insurance and some uninsured who pay out-of-pocket.**

Day & Gray, SAHR 2008

AFRICA and SOUTH ASIA'S CRISIS

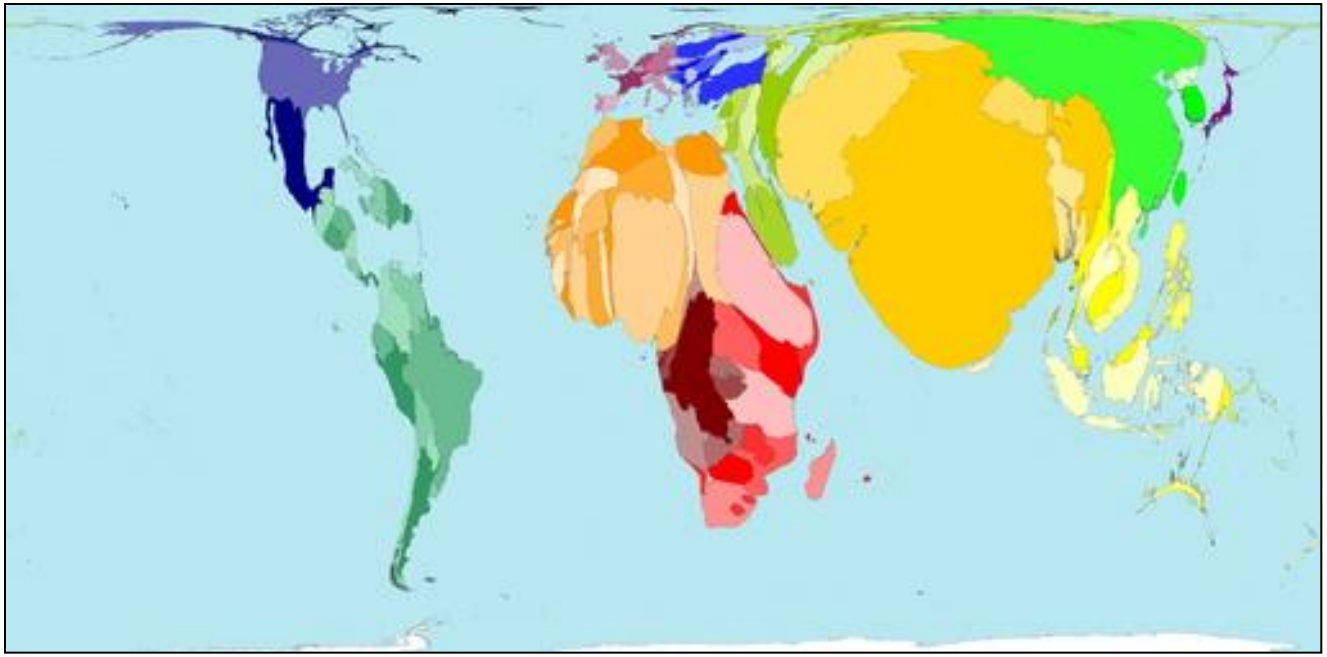
Mortality 1 - 4 year olds



Territory size shows the proportion of all deaths of children aged over 1 year and under 5 years old, that occurred there in 2002.

AFRICA and SOUTH ASIA'S CRISIS

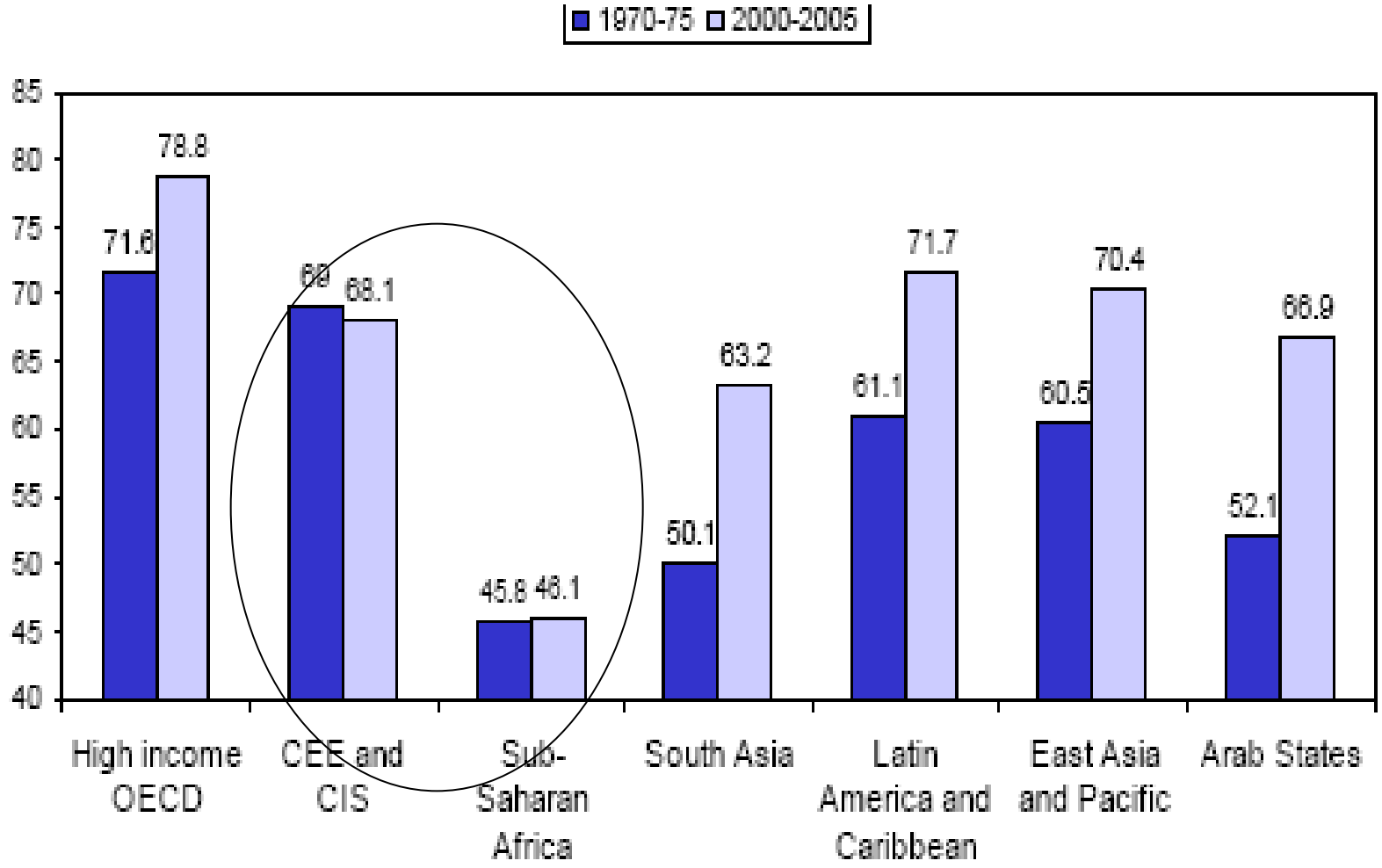
Childhood diarrhoea



Territory size shows the proportion of worldwide cases of diarrhoea found in children aged 0-4 living there.

Despite successes, growing inequalities in global health

Figure 1: Life expectancy at birth by region, 1970–1975 and 2000–2005

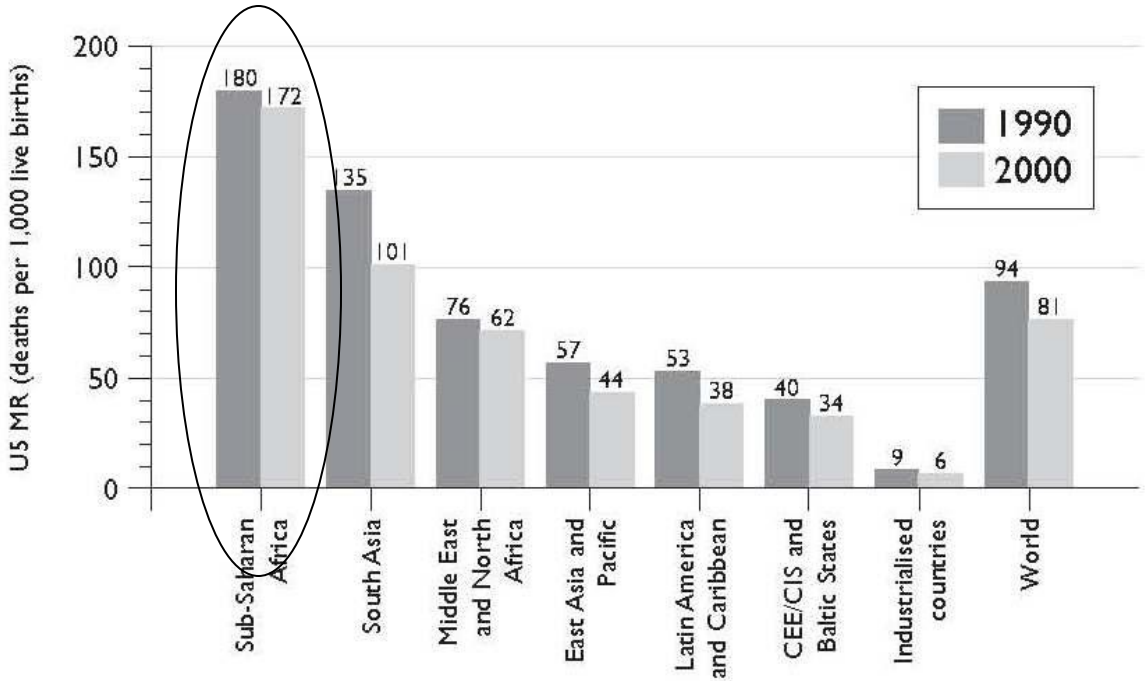


Source: UNDP, 2005.

Figure 1: Changes in childhood mortality 1990–2000

Trend	14% reduction with 3 million fewer child deaths
1990 U5MR	94 per 1,000 live births
2000 U5MR	81 per 1,000 live births
2010 goal	Further 33% reduction
Comments	63 countries achieved the goal of a 33% reduction and in over 100 countries deaths in children under 5 were cut by 20%.

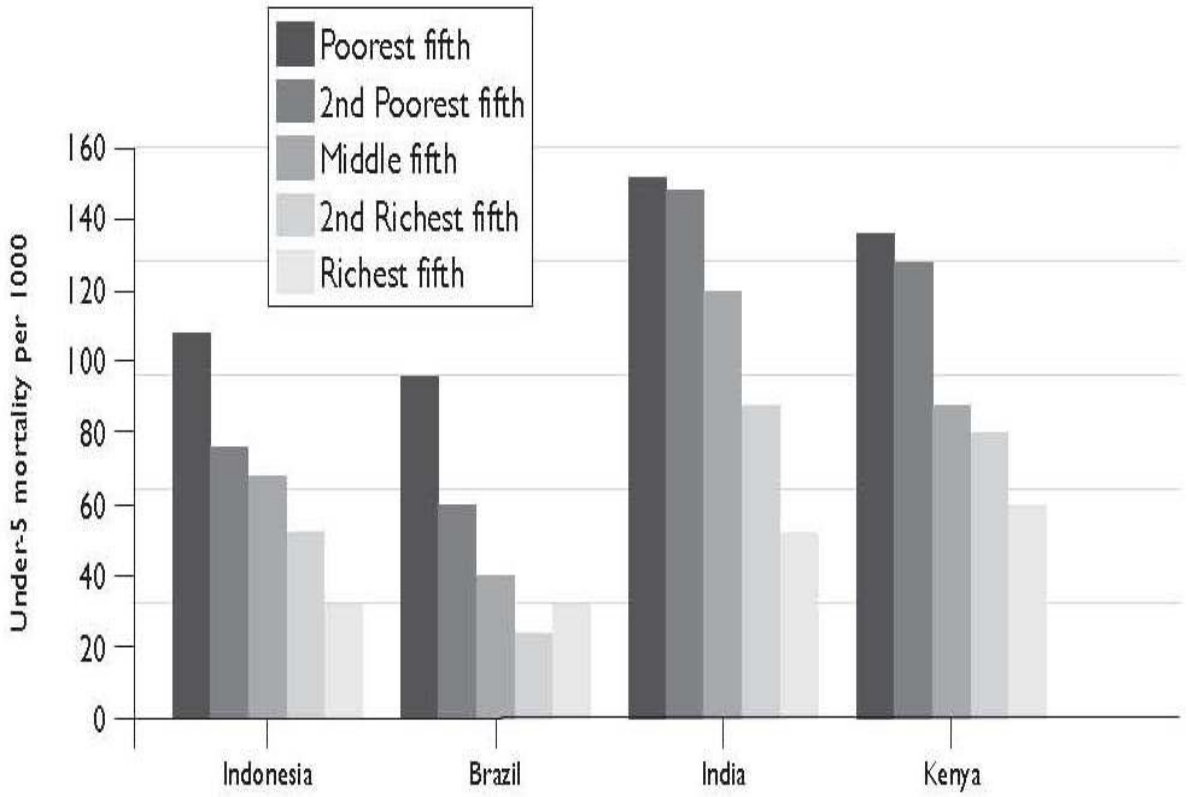
U5MR change over period 1990-2000



Source: UNICEF (2002)

Growing inequalities in child health – within countries

Figure 3: Under-five mortality rates by socio-economic quintile of the household for selected countries



Source: Jones et al. (2003), based on World Bank data.

What are the key **'Basic Causes'** of Global Health Inequities and Africa's Health Crisis?

- **HIV/AIDS**
- **Increasing poverty and inequality worsened by inequitable globalisation and poor governance**
- **and selective PHC and inappropriate health sector "reform"**

….. result in slow progress and reversals.

The debt crisis, structural adjustment and globalisation

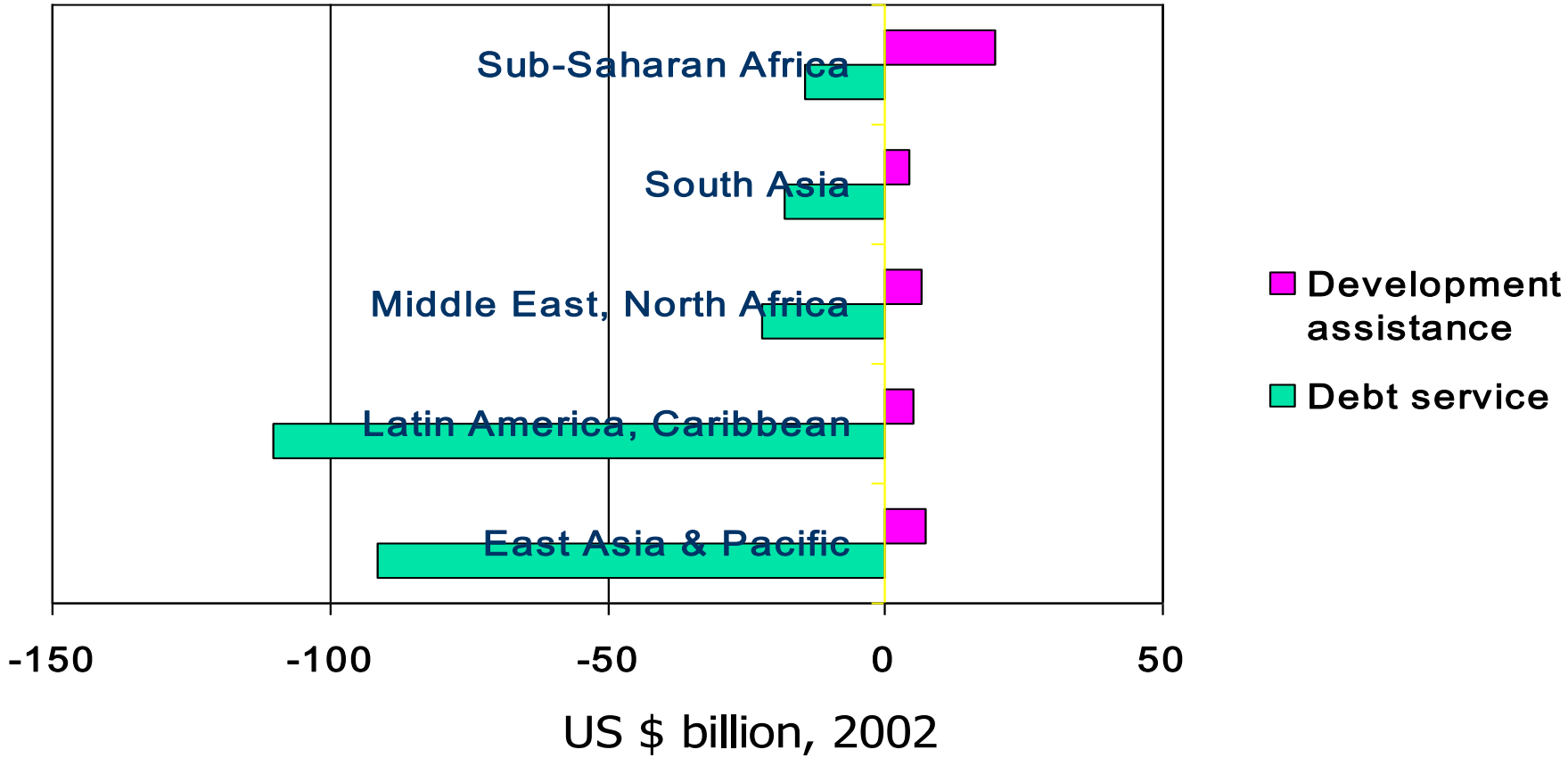
A crucial development in the current phase of globalisation…

Inequitable Globalisation
External debt and meagre aid

- Between 1970 and 2002, African countries borrowed $540 billion from foreign sources, paid back $550 billion (in principal and interest), but still owe $295 billion (UNCTAD 2004)

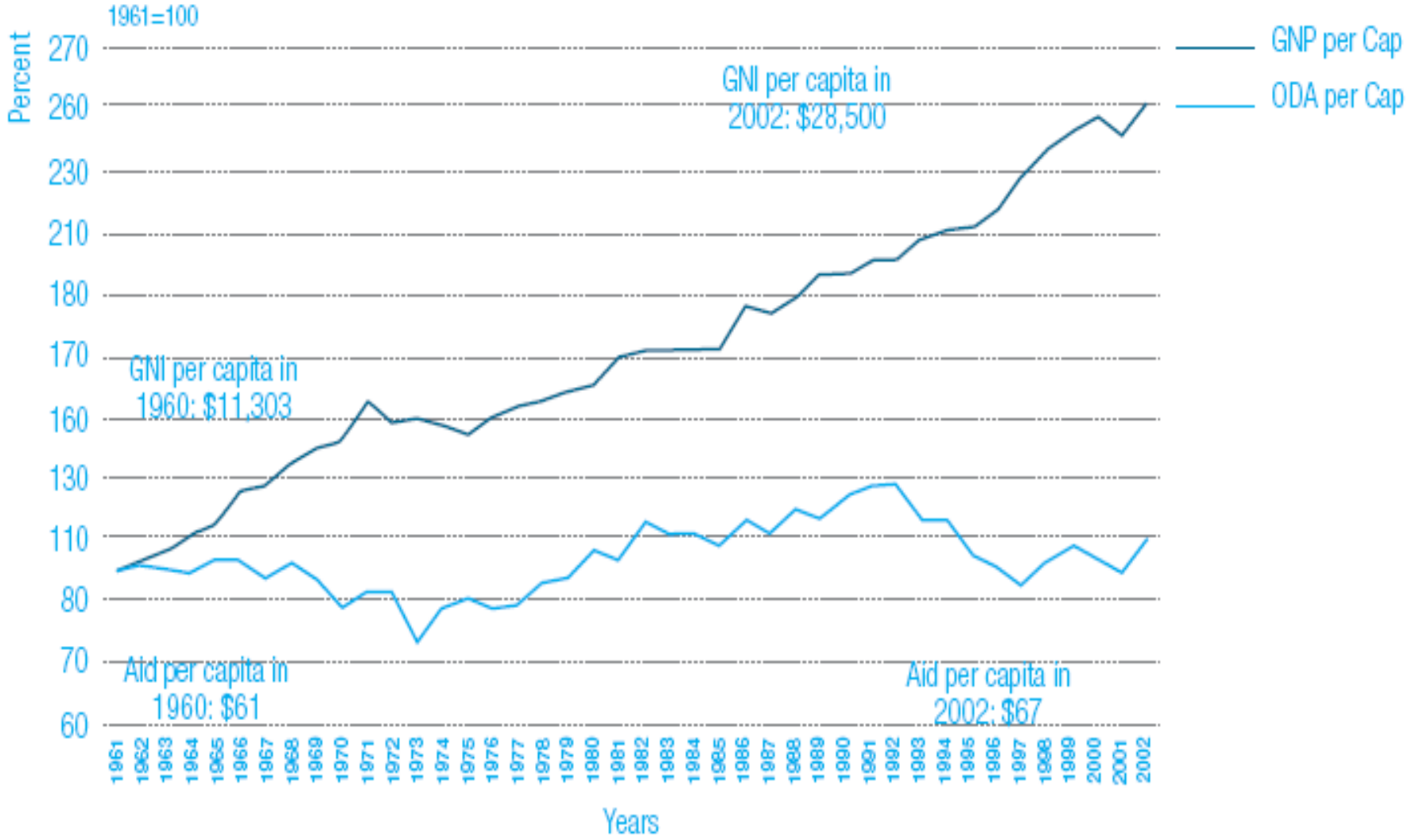
- Africa spends more on debt servicing each year than on health and education

Debt Service Payments Dwarf Development Assistance Inflows



(*Source: Calculated from World Bank World Development Indicators database*)

The growing gap: per capita aid from donor countries relative to per capita wealth, 1960–2000.



Reprinted, with permission of the publisher, from Randel, German & Ewing (2004).

Inequitable Globalisation

…imposed and unfair trade

Unfair Trade

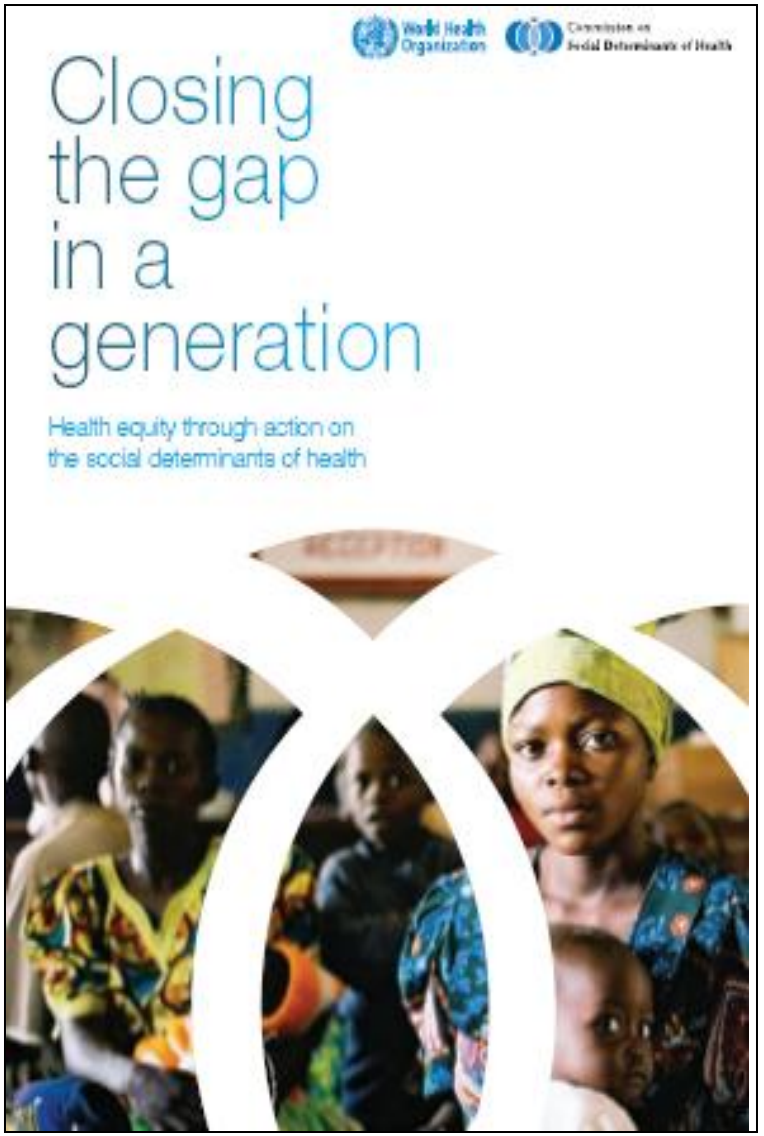
- "..drawing the poorest countries into the global economy is the surest way to address their fundamental aspirations"

  (G8 Communiqué, Genoa, July 22, 2001)

- BUT… many developing countries have destroyed domestic economic sectors, such as textiles and clothing in Zambia (Jeter 2002) and poultry in Ghana (Atarah 2005), by lowering trade barriers and accepting the resulting social dislocations as the price of global integration

"Transnational corporations .have flourished as trade liberalization has broadened and deepened. The revenues of Wal-Mart, BP, Exxon Mobil, and Royal Dutch/Shell Group all rank above the GDP of countries such as Indonesia, Norway, Saudi Arabia, and South Africa (EMCONET, 2007).

The combination of binding trade agreements .. and increasing corporate power and capital mobility have arguably diminished individual countries' capacities to ensure that economic activity contributes to health equity, or at least does not undermine it".



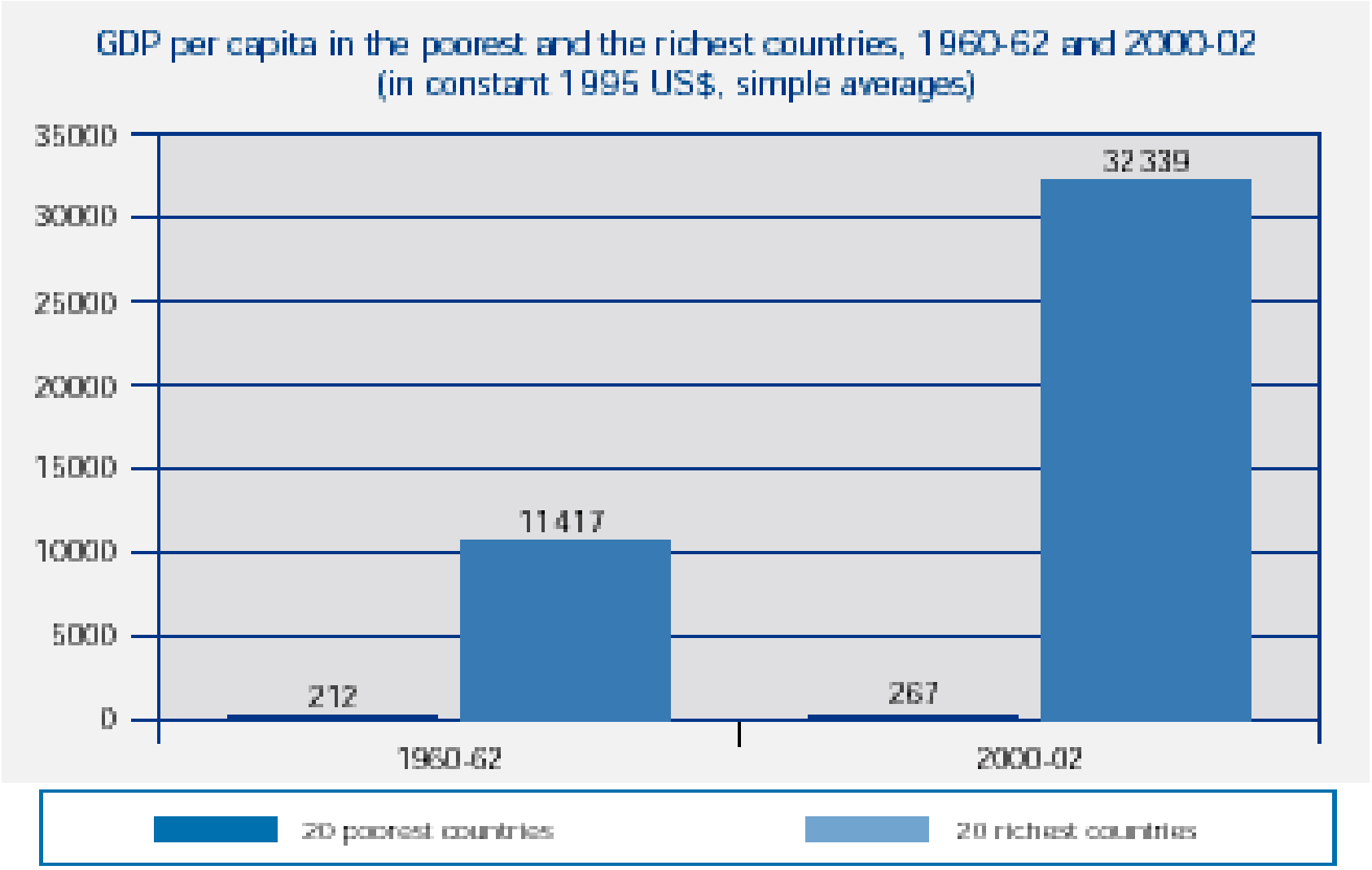
Governance - Bribery & Corruption

- Superpowers in Africa "backed venal despots who were less interested in developing their national economies than in looting the assets of their countries…"

- Amongst worst MNC bribery offenders are those located in G8 countries

  (*Transparency International)*

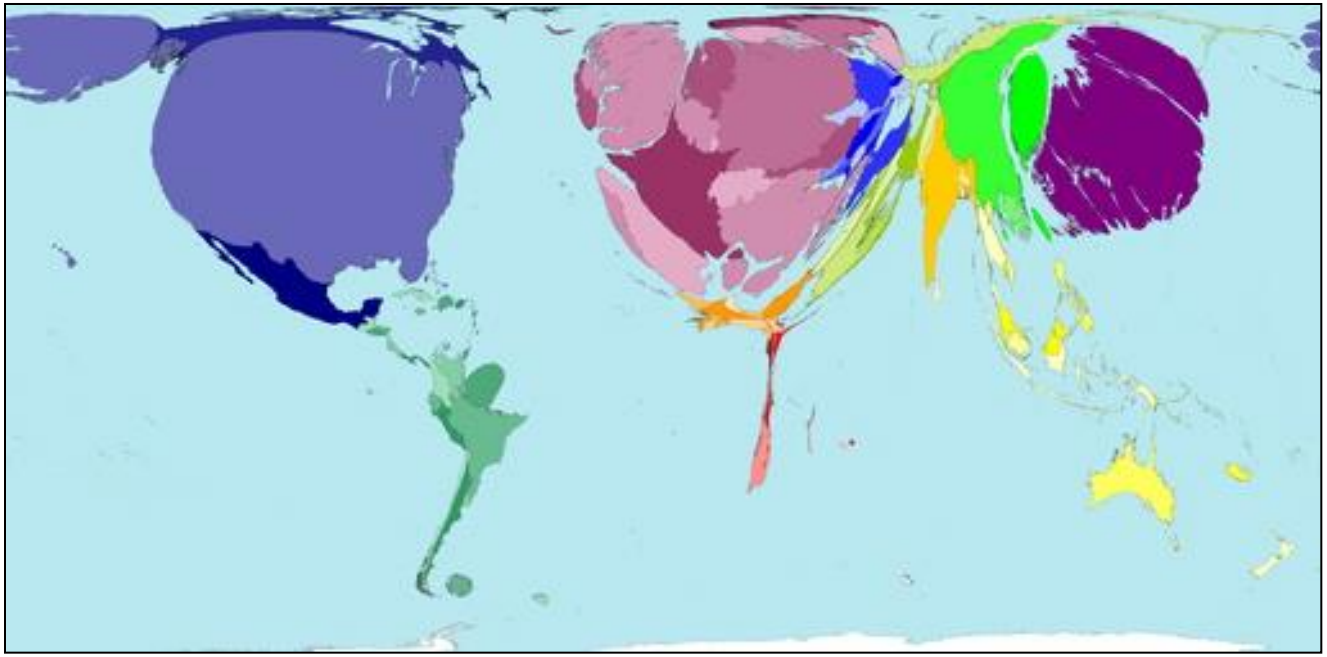
The result… unequal growth of wealth between countries



Source: Based on a sample of 94 countries and territories with continuous time-series data from 1960 to 2002, as available from World Bank *World Development Indicators 2003* (online version).

AFRICA and SOUTH ASIA'S CRISIS

GDP wealth



Territory size shows the proportion of worldwide wealth, that is Gross Domestic Product based on exchange rates with the US$, that is found there.

..and growth of poverty

- In spite of decades of global economic growth, the numbers of people living in poverty have grown

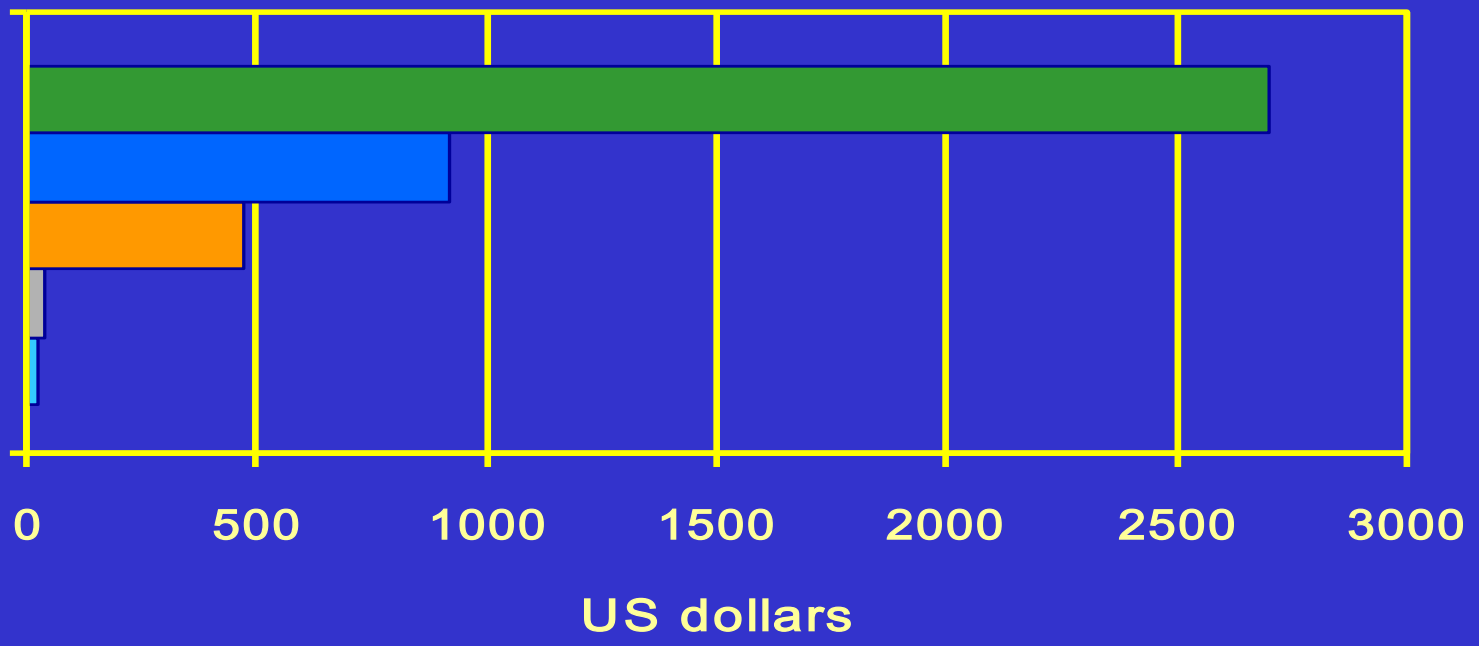
Income Poverty line		**1981**	**2004**	**Change**	
$1		1,470	970	-500	- 34.0%
	(excl China)	836	841	+ 5	+ 0.1
$2		2,450	2,550	+ 100	+ 4.1%
	(excl China)	1,576	2,096	+ 520	+ 33%

..and growth of poverty in Africa

•According to the World Bank's most recent figures, in sub-Saharan Africa 313 million people, or almost half the population, live below a standardized poverty line of $1/day or less (Chen and Ravallion 2004).

•**Sub-Saharan Africa is the only region of the world in which the number of people living in extreme poverty has *increased* – indeed, almost doubling between 1981 and 2001.**

Why should a Japanese cow enjoy a higher income than an African citizen?



Look upstream!

Photo: L Reynolds