



### Preparing the health sector for the 2010 Soccer World Cup

There was unanimous jubilation in South Africa and among our friends in the rest of the world when Sep Blatter announced that South Africa had won the bid to host the 2010 FIFA Soccer World Cup.

In his State-of-the-Nation speech on 6 February 2006 President Mbeki noted that the whole world would be watching South Africa to 'judge whether we will be worthy hosts of this prestigious tournament'. He added that South Africa should make every effort 'to ensure that we meet all the expectations of FIFA and the world of soccer, so that we host the best Soccer World Cup ever'. The President was clear that hosting of the Soccer World Cup was a golden opportunity to 'make a huge contribution to South Africa's efforts to improve the lives of all of its people, and give additional impetus to the development of the continent as a whole'. At the July handover of the World Cup baton to the South African and African delegation in Berlin, Blatter noted that: 'together we will make Africa and the world a better place'.

There is indeed a huge responsibility on all South Africans, indeed all Africans, to ensure that the 2010 Soccer World Cup is a success. But what must the health sector do in order to ensure that we contribute to this success? Secondly, in our determination to host a successful World Cup, how do we ensure that the legacies left behind are indeed those that benefit the most needy in our country?

A Pubmed search of published health research using the keywords 'soccer world cup' revealed 30 articles published between 1975 and 2006. Of these, 24 were in English and the remainder were in German ( $N = 2$ ), Japanese ( $N = 2$ ), Norwegian ( $N = 1$ ) and Spanish ( $N = 1$ ). Unfortunately none of the publications provides a checklist of what the health sector must do to prepare for 2010. However, the articles point to some of the key issues we must address in our planning, viz. strengthening infectious disease surveillance, including vigilance with regard to imported cases; ensuring that food preparation safeguards against contaminants; making decisions about the application of anti-smoking legislation at events; dealing with an anticipated increase in acute cardiovascular problems resulting from stress and excitement; disaster management; and increase in orthopaedic workloads as a consequence of increased physical activity on the part of the general public as well as the visiting soccer players.

Clearly the list of issues raised in the published articles noted

above is not exhaustive. We need to add a number of other issues to this list to develop a coherent and comprehensive checklist. Firstly, we need to ensure maximum collaboration between the private and public health and medical sectors to ensure that our total resources can be mobilised efficiently towards the common goal of appropriate, quality care. Achieving this high level of collaboration in preparation for 2010 will also spill over into other types of collaboration that will create the possibility of greater equity in the distribution and use of health resources in the country, between the public and private health sectors and between rural and urban areas of our country. Secondly, in making new resources available for the World Cup we must ensure that they translate into increased access to health services, especially for the poor. For example, in strengthening emergency medical services we must ensure that response times in both urban and rural areas are decreased (not only in the urban provincial capitals where the games will be played), and that there are improvements in the casualty sections of our public hospitals in particular. Thirdly, it is clear that the World Cup offers us a unique opportunity to strengthen infectious disease surveillance so that we can detect outbreaks earlier, investigate and resolve their causes, and monitor and track patients across the health system. Tracking patients across the health sector is, of course, important for all health conditions and the implementation of an electronic patient record will be a tremendous legacy, especially for users of the public health sector in South Africa. Fourthly, for those patients in need of acute care, both our primary health care and hospital systems need to be strengthened. We would like the public health sector to provide first-class affordable care for our own people, as well as for our 2010 visitors who may be in need of health care services.

The challenge is large, and collaboration and planning are paramount. The health sector – both public and private – can and must live up to the words of our President and ensure that the 2010 Soccer World Cup is the best ever.

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