

ARE WE LEVELLING THE PLAYING FIELD? A QUALITATIVE CASE STUDY OF THE AWARENESS, UPTAKE AND RELEVANCE OF THE IOC CONSENSUS STATEMENTS IN TWO COUNTRIES

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APPENDIX 1: comparison of settings

Australia has a gross domestic product (GDP) of US\$59,934, while South Africa has a per capita GDP of US\$6,994. English is the official language in Australia and the only language spoken in the home for 73% of the population. There are eleven official languages spoken across South Africa (8% of South African households speak English as their home language).

The Australian healthcare system, while not without challenges, is considered one of the better health care systems globally.¹ The universal public tax-funded health coverage includes free public hospital care as well as substantive and means-tested subsidies for general practice, specialists and pharmaceuticals. The public health services are further supported by a privately funded system of care through a multitude of large health insurers and non-government organisations.² South-Africa's pre-democracy healthcare system was characterised by racial segregation and discrimination.³ This health system continues to face massive challenges, partly due to the persistence of economic inequalities between races, resulting in inequitable health access for poor, uninsured South Africans, and rural groups. The majority (84%) of the population relies on a national, tax-funded, public health sector, staffed by only 30% of the doctors in the country, as their sole provider of healthcare.^{3,4} In short, South Africa has been classified as one of the most inequitable countries in the world.[<https://data.worldbank.org/>]⁵

The AOC and SASCO are the key organisational structures behind Olympic and Paralympic sport in the respective countries. The AOC is a non-government, not-for-profit organisation, with dual roles of Olympic sport (selection and organising Australian Teams to the Olympic Games) and youth sport development. Amongst its objectives, the AOC develops, promotes, and protects the principles of Olympism and the Olympic Movement in Australia in accordance with the Olympic Charter and all regulations and directives issued by

the IOC. The AOC has several different advisory committees including an Athletes' Commission and Medical Commission. The Athletes' Commission provides advice on all matters of the Olympic movement from the perspective of athletes and its members are elected by peers. The Medical Commission is an advisory body that provides advice on matters related to the health and wellbeing of athletes as well as what services are required to support athletes and teams. The SASCOC is a national multi-coded sporting body responsible for the preparation, presentation, and performance of South African teams to the Olympic Games, Paralympic Games, Commonwealth Games, World Games, All Africa Games, Olympic Youth Games, Commonwealth Youth Games and Zone VI Games (SASCOC website). The main focus of SASCOC is to promote and develop high performance sport in South Africa, as well as to act as controlling body for sport in South Africa.⁶ The mission of SASCOC is to develop, promote and protect the Olympic movement in South Africa, according to the Olympic charter. The SASCOC has several advisory commissions, including a Medical and Health Sciences Commission and an Athlete's Commission.

Australia has participated in every modern Olympic Games since 1896 and hosted the Olympic Games in 1956 and 2000. In contrast, South Africa's participation in global sporting events was restricted between 1960-1990 due to Apartheid boycotts. South Africa re-joined the Olympic movement after the start of negotiations to end Apartheid in 1990, returning to the Games at the 1992 Summer Olympics and Paralympics. In the Tokyo Summer Olympics (2020), South Africa had 179 athletes participating from a population of over 60.0 million people, while Australia had 478 athletes from a population of 25.7 million.

Table 1. Snapshot of health, population and Olympic participation statistics for South Africa and Australia

	South Africa	Australia
Population 2021	60.0 million	25.7 million
GDP current US\$ 2021 per capita	6994	59934
Health expenditure	9.11	9.91
Life expectancy at birth, total (years) 2020	64	83
Mortality rate, under-5 (per 1000 live births) 2020	32	4
Official languages spoken	11	1
2020 Tokyo Olympic Games	179 in 19 sports	478 in 30 sports
2020 medals	3 (1 gold, 2 silver)	46 (17 gold, 7 silver, 22 bronze)

Source: <https://data.worldbank.org/?locations=ZA-AU>; www.teamsa.co.za/commission-details; www.olympics.com.au/the-aoc

1. Dixit S, Sambasivan M. A review of the Australian healthcare system: A policy perspective. *SAGE Open Med* 2018;6:205031211876921. doi: doi:10.1177/2050312118769211
2. Duckett S. The Australian health care system: Oxford University Press 2004.
3. Mayosi B, Benatar S. Health and health care in South Africa - 20 years after Mandela. *N Engl J Med* 2014;371:1344-53. doi: 10.1056/NEJMs1405012
4. van Rensburg H. South Africa's protracted struggle for equal distribution and equitable access - still not there. *Hum Resour Health* 2014;12:26-42. doi: 10.1186/1478-4491-12-26
5. Gordon T, Booysen F, Mbonigaba J. Socio-economic inequalities in the multiple dimensions of access to healthcare: The case of South Africa. *BMC Public Health* 2020;20:289. doi: 10.1186/s12889-020-8368-7
6. SASCO. Constitution of the South African Sports Confederation and Olympic Committee 2004 [Available from: <https://www.teamsa.co.za/history/>].