APRIL 2025

Perceptions Hub

Health Perceptions Research: South Africa

Objectives & methodology

This research project is designed to answer the following questions:

- 1. What are the most salient topics in donor, middle-income, and lower-middle/low-income countries? What issues do people care about? And what's the current mood?
- 2. How does health feature in the current issue landscape? How are specific health issues perceived?
- 3. How are current efforts to address health issues globally perceived?
- 4. How can we best make the case for investing to tackle health issues globally? What messages and messengers are most effective?

Methodology (South Africa):

- 1. 2 focus groups among opinion leaders in Johannesburg and Cape Town on October 17 and 18, 2024.
- 2. Online survey among the general public in South Africa (N=1,033). Fieldwork conducted November 27 December 9, 2024.

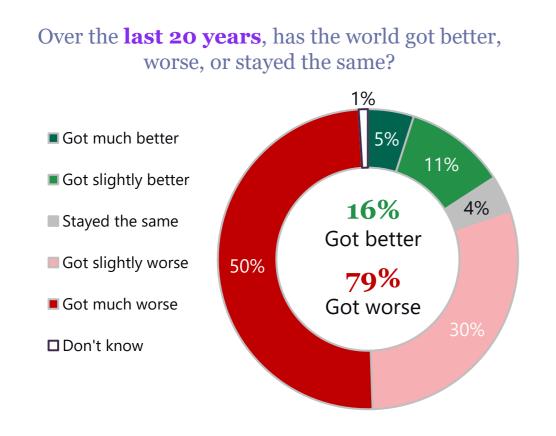
For full Wave 2 findings and detailed methodology please see the full Wave 2 report (which can be downloaded <u>here</u>).

Detailed findings: South Africa

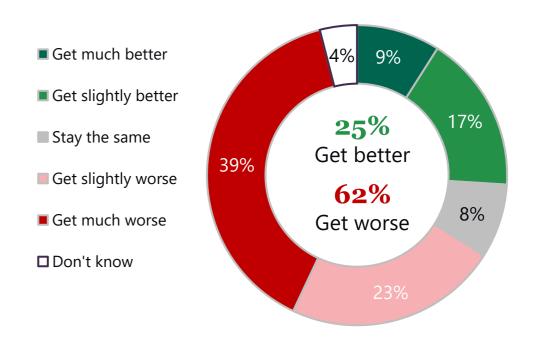


Global progress

There is strong consensus in South Africa that the world has gotten worse and is set to get worse in the next twenty years. The public is slightly more optimistic about future progress than past progress.



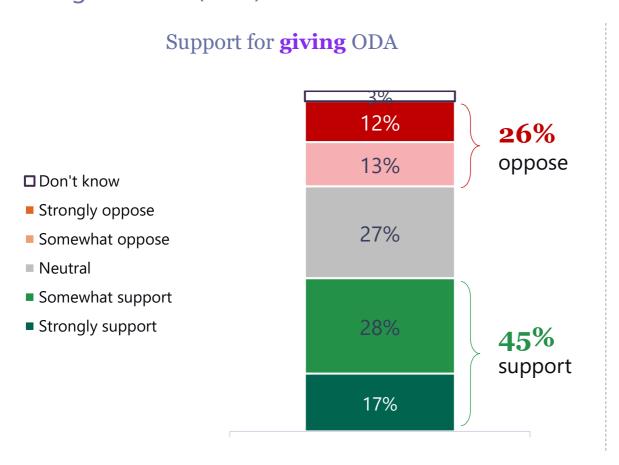
Over the **next 20 years**, will the world get better, worse, or stay the same?

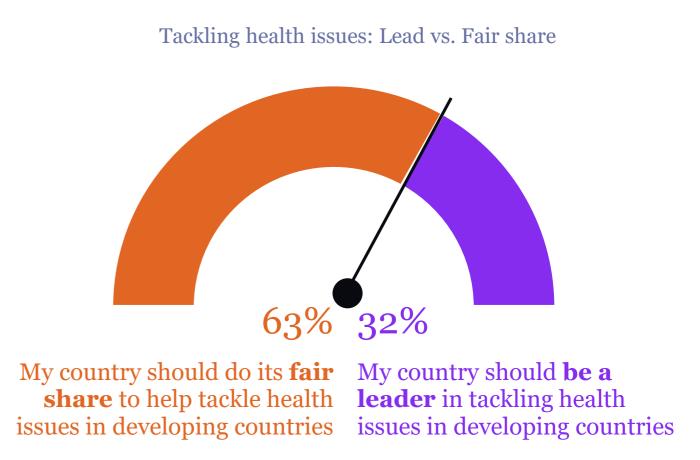




Support for giving ODA and tackling global health issues

Nearly half (45%) support South Africa providing overseas aid, with a quarter (26%) opposed. When it comes to tackling global health issues, a majority (63%) want South Africa to do its fair share, rather than being a leader (32%).

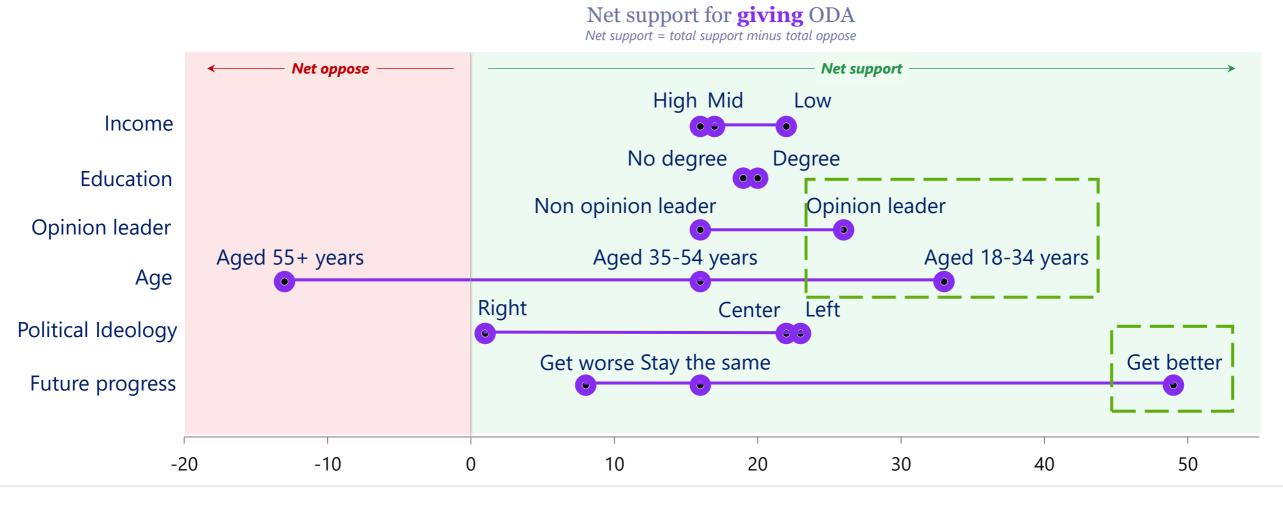






Giving ODA: net support among key subgroups

ODA supporters tend to also believe that the world is likely to get better. Opinion leaders and younger South Africans (18-34 years) are also more likely to support their country giving ODA.

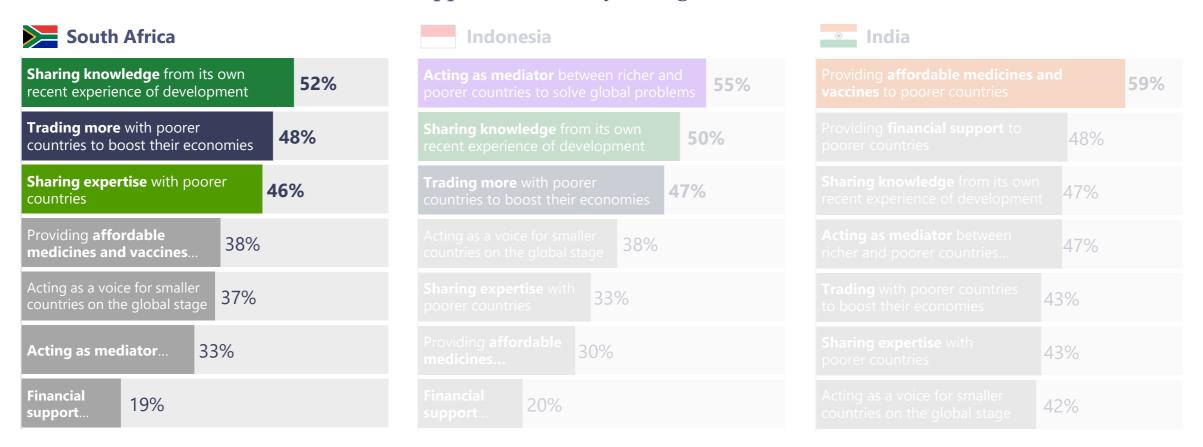




Role of South Africa in supporting development

Rather than providing financial aid, South Africans are more likely to support helping poorer countries by sharing knowledge gained from its own development experience, trading more with poorer countries, and sharing expertise.

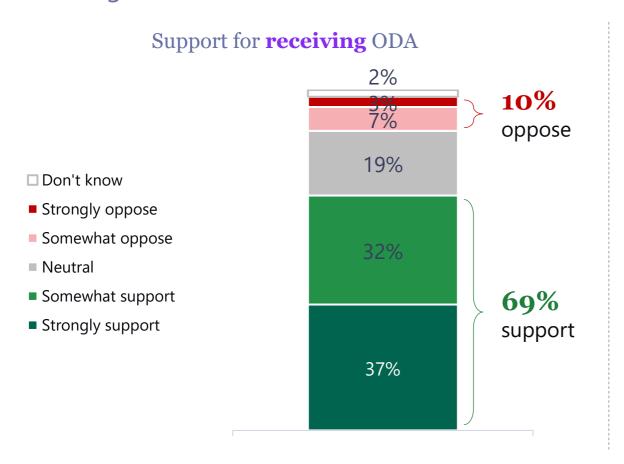
% Support for country taking each action

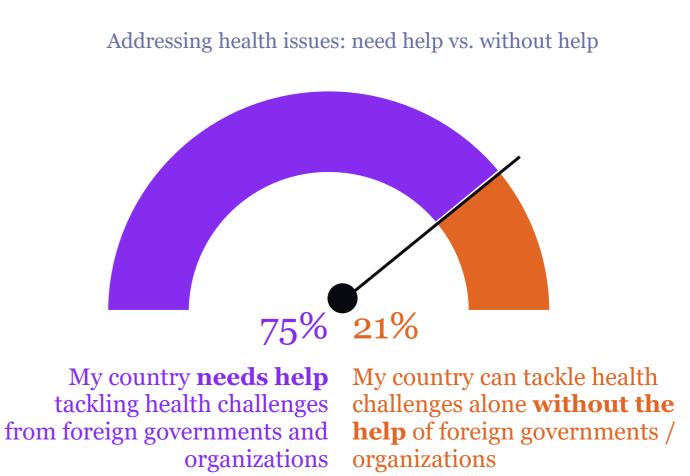




Support for receiving ODA and help addressing health issues

Seven-in-ten (69%) are supportive of South Africa receiving overseas aid. A similar proportion (75%) also agree that South Africa needs help from foreign governments and organizations to tackle health challenges.

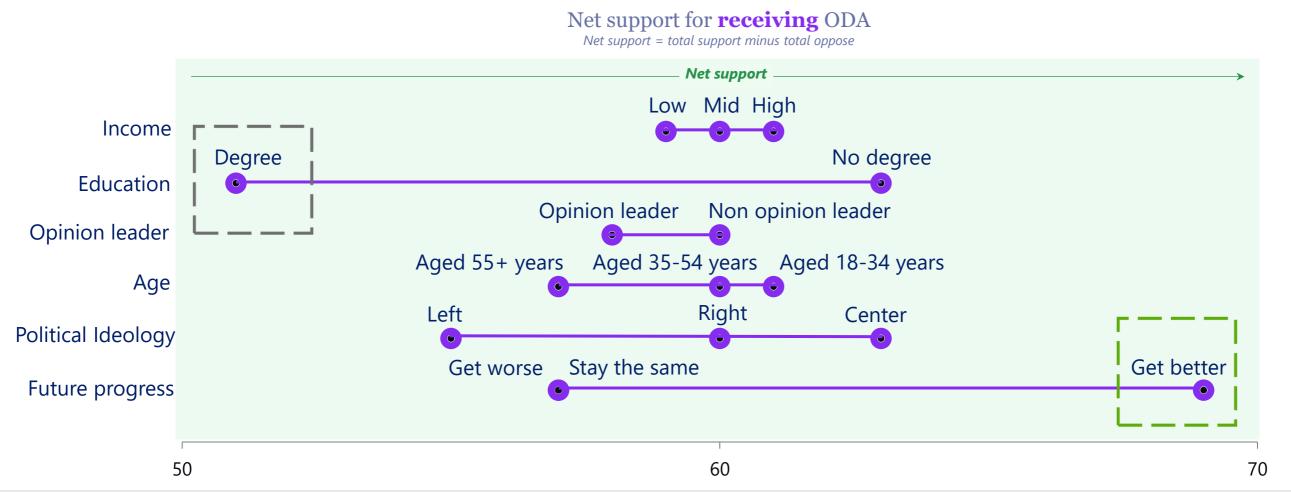






Receiving ODA: net support among key subgroups

There is net support for receiving aid across all subgroups. Higher support for receiving ODA is positively correlated with optimism about the world's future progress. Notably, those with a degree are less supportive of receiving ODA.

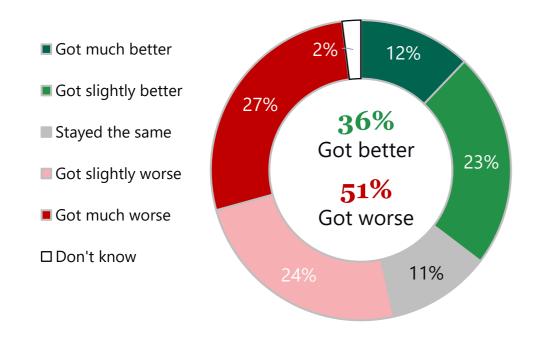




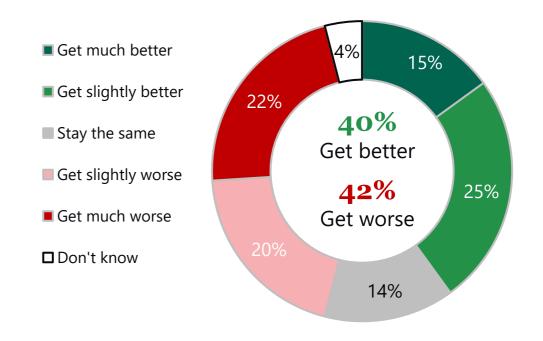
Global health progress

Half (51%) believe global health as gotten worse in the last 20 years, while opinion is split about the future direction of global health. That said, South Africans are still more likely to say *global health* will get better (40%), compared to *overall global progress* (25%).

Over the **last 20 years**, has global health got better, worse, or stayed the same?



Over the **next 20 years**, will global health get better, worse, or stay the same?



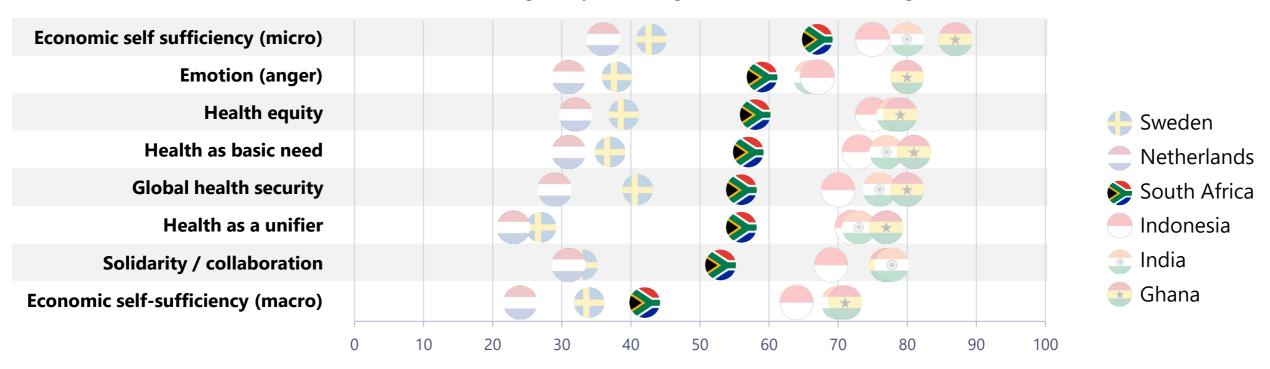


Global health messaging

Micro-economic self-sufficiency resonates as the most convincing message with South Africans. The macro-economic self-sufficiency message was the weakest by a margin.

Net convincing

Net convincing = very convincing (8-10) minus not convincing (0-3)



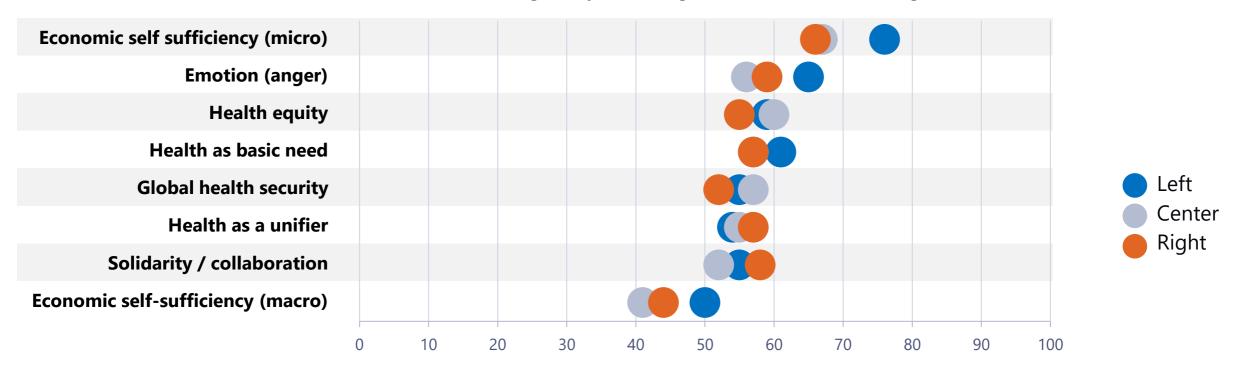


Global health messaging x political ideology

Micro-economic self-sufficiency was the most convincing message for all groups across political ideologies.

Net convincing

Net convincing = very convincing (8-10) minus not convincing (0-3)



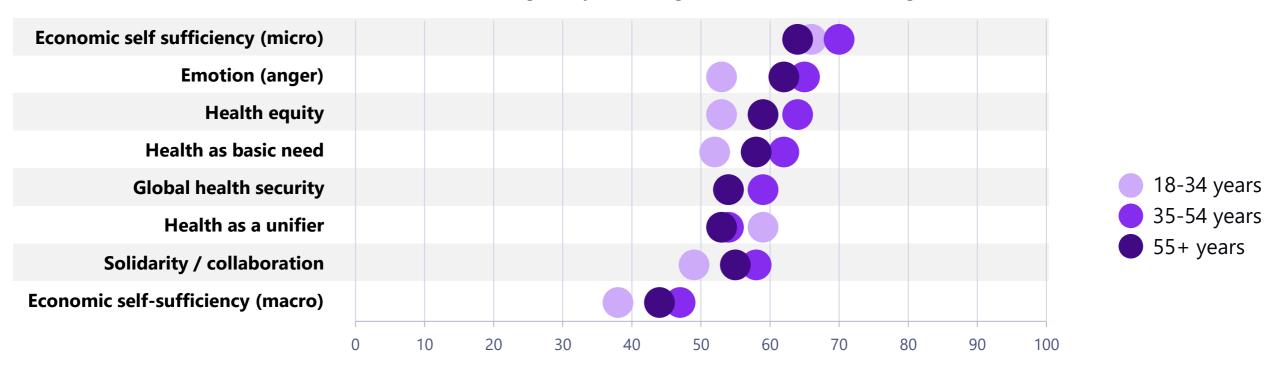


Global health messaging x age groups

Micro-economic self-sufficiency was the most convincing message across all age groups. The anger framing was next most effective for middle and older age groups, while for younger age groups, the next most convincing message framing was 'health as a unifier'.

Net convincing

Net convincing = very convincing (8-10) minus not convincing (0-3)



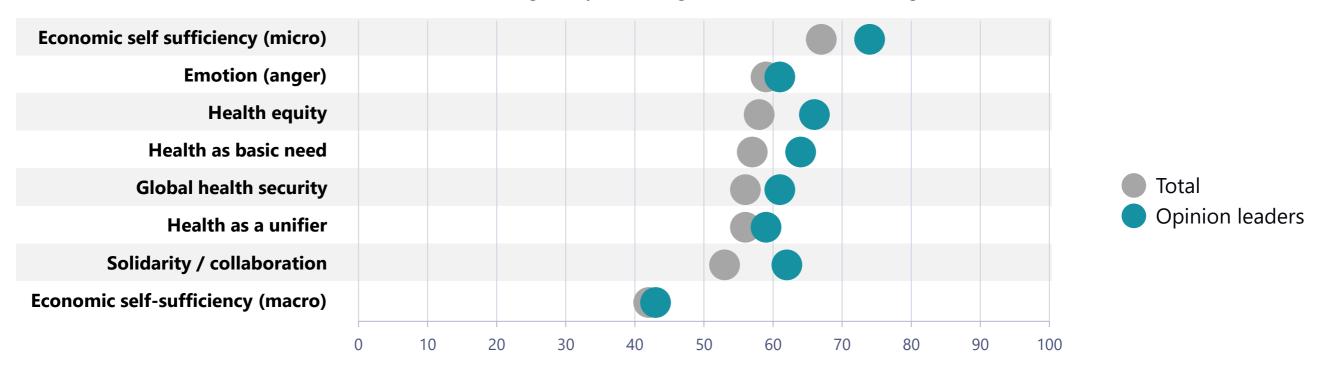


Global health messaging x opinion leaders

Micro-economic self-sufficiency tested as the most convincing message for opinion leaders, consistent with the broader public. All messages resonate more strongly with opinion leaders.

Net convincing

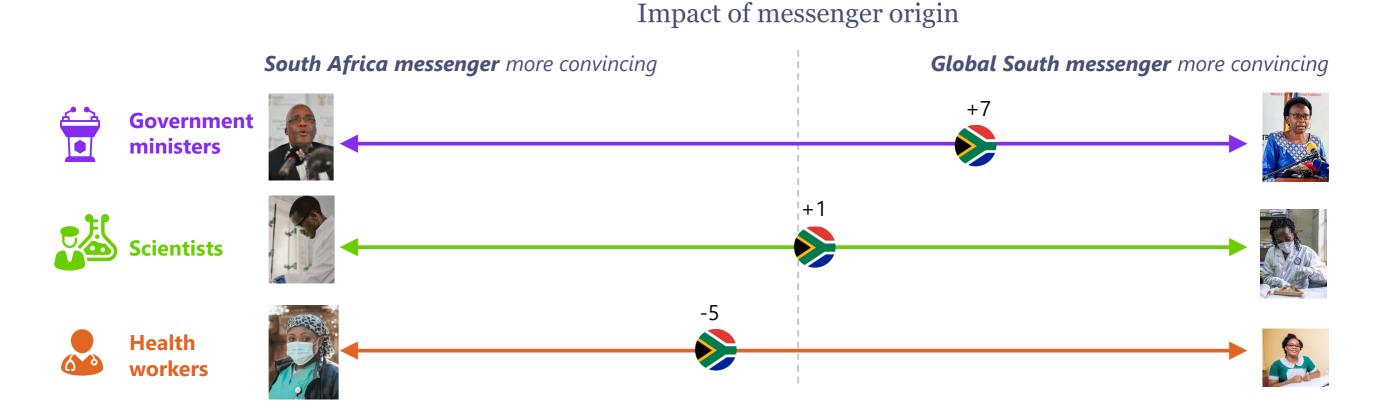
Net convincing = very convincing (8-10) minus not convincing (0-3)





Impact of messenger origin

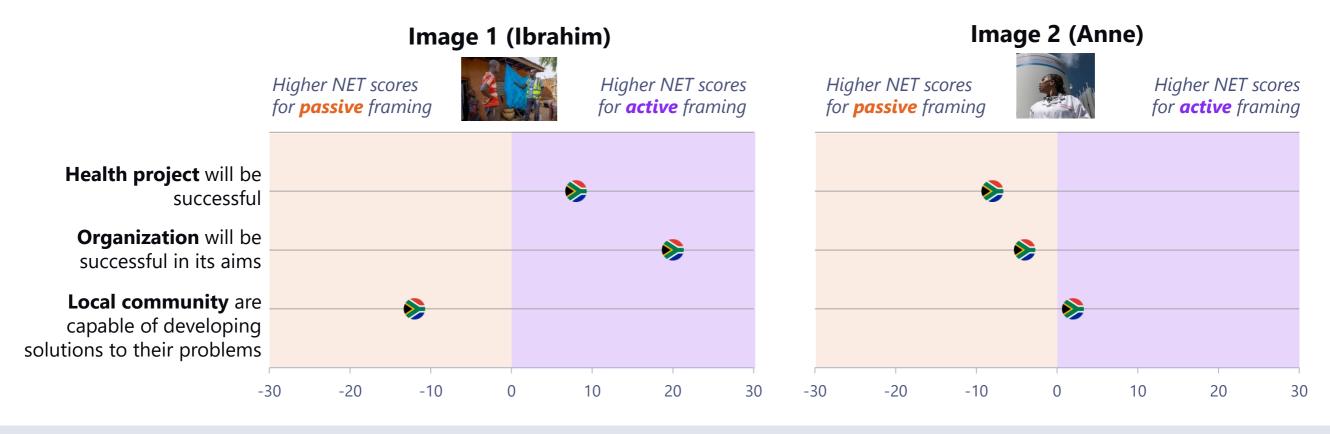
Messaging attributed to a government minister from the Global South (i.e., not South Africa) tests as more convincing than when attributed to a minister from South Africa. However, for health workers, the reverse is true – attributing a message to a South African health worker makes it more convincing.





Recipient framing

An experiment to test the impact of two framings of aid recipients gave mixed results in South Africa.



Caveats to consider when reviewing this data: This question was asked at the end of a long survey; a small sample of respondents saw each image/framing (N=c. 250 per market per framing) meaning differences must be large to be statistically significant; survey respondents saw just one framing, rather than both "passive" and "active" and making a direct comparison. Therefore, focus group insights may carry more weight. For more details, please refer to the main report.

Q. Please review the image and caption and then answer the questions below. Based on the image and caption, which of the following pairs of statements do you agree with more? Health project success / Organization success / Local community capability to develop solutions to their problems. [Base size per market per framing: N=c. 250]

Appendix: Messages tested



We tested the top 8 performing messages from wave 1

As a "health check" to see if these messages continue to perform well in wave 2 markets / 6 months on.

Frame	Message
Economic self-sufficiency (micro)	Good health is vital for people to stand on their own feet. Healthy children can go to school, healthy parents can go to work and support their families. Investing in health is one of the smartest economic decisions we can make.
Global health security	Investing in better health internationally is not just about charity, it's about making the world a safer place for everyone. As Covid-19 has shown, a health crisis somewhere can become a health crisis everywhere.
Health equity	Everyone in the world deserves the chance to lead a healthy life. By tackling health issues globally, we can provide access to basic medicines and vaccines which protect people from life-threatening and life-changing diseases.
Health as a basic need	We all need good health, wherever we live, it is a basic human need. By investing to tackle health issues globally, we can help ensure everyone has access to basic healthcare services, and essential medicines and vaccines.
Emotion (anger)	It is an outrage that in 2024 millions of people are still dying from health issues we know how to treat. We cannot, and must not, stand by while this happens.
Solidarity / collaboration	Investing to tackle health issue globally is an act of solidarity, transcending borders and differences. By working together, across countries, we can ensure that everyone has access to the healthcare they need, regardless of geography or circumstance.
Health as a unifier	Good health allows us to experience life's moments, both big and small. No one should be deprived of these moments: by tackling health issues globally, we can help ensure no one misses out.
Economic self-sufficiency (macro)	Only countries with healthy populations can lift themselves out of poverty. Healthy adults can contribute to the economy and lead productive working lives. Investing in health is one of the smartest economic decisions we can make.



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