Balls to AIDS

The potential power of sport in development

An investigation into how the Oceania Football Confederation can contribute to the response to HIV in Papua New Guinea.

An Independent Study submitted to the University of Derby in partial fulfillment of requirements for the degree of Bachelor of Science.

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BSc (Hons) International Relations and Global Development 2008
ABSTRACT

No single issue has had as devastating an effect on human development as the global AIDS pandemic. Papua New Guinea is a beautiful country of great diversity, which recorded its first HIV case in 1987 and today faces a health emergency with devastating consequences. Sport is rapidly gaining recognition as an effective means of achieving development goals, and the aim of this study was to examine how the Oceania Football Confederation (OFC) can contribute to the response to HIV in Papua New Guinea, delivering on the FIFA philosophy of social responsibility and development. An investigation into the nature and scope of the epidemic found it to be exacerbated by complex social and economic factors. Interviews conducted with organisations within the country ascertained levels of awareness surrounding HIV, the popularity of football and the differing organisational approaches to tackling the disease. Despite increasing levels of awareness an opportunity exists for football to make a significant contribution. Recommendations are made on how OFC can take a holistic approach to the response; by accepting the need to form meaningful partnerships and by ensuring that action has a long-term focus backed by high-level commitment, OFC has the opportunity to unlock the potential of football in the fight against HIV.
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1.0 Research aim and objectives

**Aim**
To examine how the Oceania Football Confederation (OFC) can contribute to the response to HIV in Papua New Guinea (PNG) and so deliver more effectively on the FIFA philosophy of social responsibility and development.

**Objectives**
1. To provide a clear picture of the nature and scope of HIV in PNG, including the social, economic and cultural consequences of the issue, through the analysis of existing data and statistics and research whilst in Port Moresby;
2. To evaluate the level of awareness surrounding HIV, and the popularity of football in PNG, through analysis of data from relevant organisations and existing academic research;
3. To provide an overview of the differing aims and approaches in the response to HIV by OFC and other sporting, health and development organisations, through interviews and observational studies of work carried out in Port Moresby;
4. To evaluate the advantages and disadvantages of inter-party working; and
5. To make recommendations on how best OFC can collaborate with other organisations to develop and deliver an effective football-based intervention programme to combat the growing health emergency.
1.1 HIV: A global overview

In 2007, the number of people living with HIV globally was 33.2 million and 2.1 million people lost their lives to AIDS-related illnesses (UNAIDS 2007 p1). Although this represents a reduction of around 16% on 2006 estimates (UNAIDS 2007 p3) every day over 6,800 people become infected with HIV and 5,700 die as a result of the disease, making it the most serious of infectious disease challenges to human health (UNAIDS 2007 p4).

Figure 1: Overview of estimated number of people living with HIV 1990-2007 (UNAIDS 2007 p4)

The two strains of HIV (1 and 2) were first identified around 1983 by Dr Robert Gallo and Dr Luc Montagnier respectively (Singhal; Rogers 2003). HIV (Human Immunodeficiency Virus) belongs to the group of virus called retrovirus. The virus changes its profile with deceptive flexibility, entering immune cells and causing them to reproduce virus particles (NACS 2004). When a person living with HIV reaches the stage where their immune
systems can no longer fight common infections, they become prone to diseases and opportunistic infections. This is when they are said to have AIDS – Acquired Immune Deficiency Syndrome (NACS 2004). HIV is a fragile organism – it cannot survive outside of the body below room temperature for longer than a few seconds - and this means that it can only be transmitted in a limited number of ways; through blood, semen, vaginal fluid or a mother’s breast milk. There are many misconceptions surrounding the virus, for example that it can be caught by shaking hands, kissing or sharing a toothbrush; and also surrounding the origins of HIV, such as that it is a ‘punishment from God’, or a disease which is confined to homosexual men. Such myths serve only to fuel both the spread of the disease and the stigma and discrimination surrounding those who become infected. It is believed that HIV first surfaced in Africa and quickly spread to the US and Western Europe, where prevalence increased rapidly through the 1980s and then started to decline from 1994 (Singhal; Rogers 2003). This decline was largely due to the introduction of anti-retroviral drugs (ART) which made it possible to keep blood HIV levels low, combined with large-scale public awareness campaigns. Although the epidemic is first believed to have spread in large cities between gay men, sex workers and injecting drug users, the disease quickly broke out of these groups and spread to the general population (Singhal; Rogers 2003).

Recent trends indicate that the global prevalence of HIV is static, but the number of people living with HIV (PLWH) is increasing due to an ongoing accumulation of new infections and a rising life expectancy for those able to access anti-retrovirals (UNAIDS 2007). AIDS is becoming increasingly concentrated in developing countries and the poorest people in these countries are most vulnerable; for many PLWH a low socioeconomic status is a death sentence. Although many people live long lives after becoming infected, for those people who live in poverty the costs of ART are beyond reach. ART will not be used by the vast majority of people before they die from AIDS-related illness; many are unaware of their condition or simply do not have access to the right care (McFarland et al 2002). As there is no cure prevention is crucial, and yet alarmingly 95% of all AIDS prevention money is spent in developed countries whilst 95% of people living with HIV live in the developing world (Singhal; Rogers 2003 p42).
The HIV epidemic has had a devastating effect on human development, although the long-term impacts are still not fully understood. It exacerbates many other challenges to development, such as food insecurity, conflict and issues of governance (UNAIDS 2006). Current projections suggest that by 2015, in the 60 countries most affected by AIDS, the total population will be 115 million less than it would have been in the absence of the disease (UNAIDS 2006 p81). In a statement issued on World AIDS Day December 1st 2007, UN Secretary-General Ban Ki-moon said; “AIDS is a disease unlike any other. It is a social issue, a human rights issue, an economic issue. It targets young adults just as they should be contributing to economic development, intellectual growth, and bringing up young children. It is taking a disproportionate toll on women. It has made millions of children orphans. It does to society what HIV does to the human body - reduces resilience and weakens capacity, hampers development and threatens stability.” (UN 2007 p1). This statement encapsulates the various dimensions of the disease by pointing to the ways in which it affects societies, economies, women, children and the capacity of countries to develop.
1.2 Sport as a health and development tool

“Sport has the power to unite people in a way little else can. Sport can create hope where there was once only despair. It breaks down racial barriers. It laughs in the face of discrimination. Sport speaks to people in a language they can understand.”
Nelson Mandela; quoted in Donnelly et al 2007 p12

Sport is rapidly gaining recognition as an effective means of achieving development goals. Over the past decade UN agencies, sports federations, non-governmental and inter-governmental organisations and national governments have begun to use sport as a tool for development and peace (Donnelly et al 2007). In a 2003 report from the UN Inter-Agency Task Force on Sport for Development and Peace, it was recommended that: sport be better integrated into the development agenda and incorporated as a tool in programmes for development and peace; sport-based initiatives be included in the country programmes of United Nations agencies, where appropriate and according to locally assessed needs; programmes promoting sport for development and peace receive greater attention and resources from governments and the UN system; communications-based activities using sport focus on well-targeted advocacy and social mobilisation; and that the most effective way to implement programmes using sport for development and peace is through partnerships (UN 2003 pvi). In the same report, the skills and values learned through sport were highlighted, including cooperation, understanding, leadership, respect for others, tolerance, honesty and self-respect (UN 2003 p8).

In relation to HIV, sport as an intervention has many benefits. It helps to strengthen the immune system, provides a focus on health rather than illness, an arena for social inclusion and support and offers an opportunity to raise the profile of health campaigns through the use of role models, including PLWH (IOC 2007 p1). Zakus et al (2007) argue that many studies reveal a positive relationship between healthcare systems and outcomes and physical activity. The authors however also advise caution – all forms of sport and physical activity are not the same and there are vast differences in effects, therefore generalising about the benefits of sport can be misleading. It is also important to consider the gendered nature of sport in many countries; Meier (2005) asserts that
analysis of gender inequalities in most developing countries shows that girls and women are in a disadvantaged position to men and boys in economic, social, political, legal, educational and physical matters. However the author also claims that sport can add a positive value to international development, for the benefit of all; male and female. Men and women are stigmatised in different ways, and any intervention strategy must be gender sensitive (Bulman et al 2004). If the power of sport is harnessed effectively, it can be a powerful vehicle to help mitigate the spread of HIV, reaching out to the most vulnerable populations, including girls, young people and street children (Right to Play 2004).

Figure 3: The Right to Play programme, based in Toronto, uses sport as a way of communicating health awareness messages to young people in 23 of the world’s poorest countries.

(www.theglobeandmail.com/servlet/story/RTGAM.200060817.aids-play17/BNS Story/AIDSCon/home)
1.3 A football-based intervention strategy

With increasing focus being placed on the benefits of sport as a development tool, it is becoming clear that the way forward for international sporting bodies is to take a more prominent role in the development arena. Cogan and Baggaley (2006) observe that many international sporting bodies, including the IOC (International Olympic Committee) and FIFA (Federacion Internationale de Football Association) are beginning to recognise that they are perceived as over-commercialised and out of touch with issues of poverty and disease in countries where their sport is played and watched. The IOC has responded to this with a series of steps taken to improve their contribution to the global response to HIV. This includes the development of an IOC Policy on HIV/AIDS which sets out the organisation’s moral obligation and the responsibilities of National Olympic Committees to fight the pandemic. The policy concludes with: “The HIV/AIDS epidemic poses a real and serious threat to human existence, development and security. The fact that it mainly targets and incapacitates the youth, who form the backbone of Olympic Movement programmes, raises the concern of the IOC. The IOC is therefore obliged not only by this concern but also by its own Charter, which requires that sport be placed at the service of man, to participate in the global fight to halt and reverse the HIV/AIDS epidemic” (IOC 2006 p4).

The shift from ‘sport development’ towards ‘sport for development’ has also begun in the world of international football. FIFA President Joseph S. Blatter has made it clear in various statements that the football industry has the power and influence to become a global development leader, and projects under his leadership have included joint humanitarian work with the United Nations, UNICEF and the World Health Organisation (WHO). The FIFA Mission (see Appendix 1) outlines the organisation’s aspirations to make a difference through football; to balance a social responsibility with the traditional competence of organising competitions and overseeing the rules of the game (FIFA 2006). This commitment to social responsibility manifests itself primarily in the Football for Hope movement, a strategic alliance led by FIFA and streetfootballworld which brings together, supports and advises sustainable development programmes focusing on peace,
children’s rights, education, health promotion, anti-discrimination, social integration and the environment. The health programmes place an emphasis on HIV/AIDS, in particular on disease awareness and prevention and the development of healthy behaviour in youth through the building of life skills (FIFA 2007). Grassroot Soccer, which works in Africa to promote a games-based curriculum for HIV education, is one example. Siyavuya Ntabeni, a project coordinator working in South Africa, sums up the benefits of using football in this way; “Football is a universal language, it appeals to both men and women of all ages and it’s easy. You don’t need lots of resources to play football as long as you've got something to kick around. Besides, kids like the idea of being part of a team and they understand the language of football” (FIFA 2007 p1).

Many football-based interventions over recent years have been focused in Sub-Saharan Africa, which continues to be the region most affected by the HIV pandemic (UNAIDS 2007). However, with growing attention to the emergence of newer epidemics around the world, there is scope for football to be more widely utilised as a development tool in the response to HIV. This has been recognised by the Oceania Football Confederation, the umbrella organisation of the national football associations throughout the continent. OFC President and FIFA Vice-President Reynald Temarii has been credited with the revival of football in the region, showing dedication to marrying football with initiatives aimed at combating social issues such as HIV and poverty (Pacific Magazine 2007). A recent example of this is the ‘Football for Life’ series of charity matches, which raised money for disaster relief and rehabilitation in the Solomon Islands following the tsunami of April 2007. In 2006, OFC and the UN signed a Memorandum of Understanding (MOU) establishing a cooperation agreement on sports and development in the Pacific area. The MOU refers specifically to using football as a development tool to educate, empower and develop male and female Pacific youth; “to improve the quality of their lives by becoming
self-sufficient, responsible and involved, and to make and implement informed decisions about their future in line with the Millennium Declaration and the Development Goals" (OFC/UN 2006 p1). The contribution of OFC includes the provision of UN access to OFC networks and events to promote development, including that which focuses on the fight against HIV. Other partnerships have been formed by OFC with national governments in Oceania in order to implement the ‘Just Play’ football programmes into schools’ curriculum. The ‘Just Play’ programme encourages children to play football, pursue good health, eating habits and physical activity, and encourages the technical development and enjoyment of the sport (OFC 2007).

Despite the actions taken by OFC and its development partners, there is still much potential yet to be ‘tapped into’ in the world of football. OFC has made a lasting commitment to development, and in doing so has taken the first steps to making a significant contribution to the growing health emergency being brought about by HIV. Addressing the Pan-Pacific Regional HIV/AIDS Conference in Auckland on 25th October 2005, UNAIDS Asia-Pacific Regional Director Dr Prasada Rao said “We are at risk in the Pacific of a serious HIV epidemic” and “In small island nations, we are talking about the very survival of peoples, cultures, languages, and security of nations” (UNAIDS 05 p1). This study will aim to offer suggestions for future OFC programmes in Papua New Guinea, in the hope that the full power of football can be harnessed to help contribute to the halt and eventual decline of the HIV epidemic.
1.4 Introducing Papua New Guinea

Papua New Guinea (PNG) lies just south of the equator, 160km north of Australia. With a population of 5.9 million PNG is geographically and culturally diverse – there are over 800 spoken languages, 12% of the world’s total - and the topographic spread over islands, mountains and coastline make accessibility to the 87% of the population living in rural areas difficult (WHO 2006 p252). Although the country has seen progress in rising literacy rates and life expectancy over the last three decades it is now believed that living standards for a significant proportion of the population have declined since 1990 (WHO 2006 p252). PNG recorded its first HIV case in 1987 (NACS 2007 p1) and in 2003 the country became the fourth in the Asia-Pacific to have a generalised epidemic with HIV prevalent in all areas of the country (NACS 2007). Of all HIV infections recorded in the Oceanic area, over 70% of them are in PNG (UNAIDS 2007 p36) and since 1997 new cases have risen by around 30% per year (UN 2006 p3). By December 2007 the national prevalence was estimated to be 1.61% (1.38% urban, 1.65% rural) with around 59,537 people living with HIV (NACS 2008 p11). According to the National AIDS Council Secretariat (NACS), “the spread of HIV is fuelled by individual practices and behaviours and complex social, cultural, health, economic and political contexts” (NACS 2007 p2). Tobias (2007 p3) compares the situation in PNG to that of South Africa, where HIV has devastated the population and “altered the entire fabric of the nation”, claiming that PNG is only ten years away from a similar experience. Tobias also states that if the health emergency is not addressed, by 2020 around 25% of the population could be infected and PNG could lose over 1 million people (Tobias 2007 p1). Despite these stark predictions, if coordinated action is taken by a number of development partners including national governments and international organisations such as OFC and the UN, it is still possible that the spread of the disease and the social consequences of such a spread may be mitigated.
1.5 Placing the study in the context of international relations

This research is set within the context of international relations and global development. Although international relations is often defined politically, for example as a term “used to identify all interactions between state-based actors across state boundaries” (Evans; Newnham 1998 p274) it is important to understand the complexity of these relationships and the part which other actors can also play. The practice of international relations has traditionally been viewed as something which only politicians take part in, but this is not the case. All 'actors' - organisations, social groups and individuals - contribute to the development process; as individuals, we make choices in our day to day lives which can help shape the lives of others around the world; social groups can be effective in bringing about change; and organisations, whether corporate, non-governmental or inter-governmental, have both the power and the potential to help make the world a better place.

In September 2000 eight ambitious new targets were agreed at the UN Millennium Summit; since then, nearly 190 countries have committed to achieving most of these by 2015. The targets in question are the Millennium Development Goals (MDGs) which have formed a universal framework for development and a means for developing countries and various partners to work together in pursuit of a better shared future (UN 2007). Since OFC has now signed a MOU with the UN and begun to create links with other development partners, it is not unrealistic to assume that they may also play a part in helping to achieve the MDGs. Two goals in particular are most relevant to this study:

♦ Goal 6: Combat HIV/AIDS, malaria and other diseases; and
♦ Goal 8: Develop a global partnership for development.

Taking a broader view the following may also be impacted, as the study has implications for health generally as well as for the empowerment of women:

♦ Goal 3: Promote gender equality and empower women;
♦ Goal 4: Reduce child mortality; and
♦ Goal 5: Improve maternal health.
2.0 The social and economic impacts of HIV

Around 75,000 people in Oceania are living with HIV (UNAIDS 2007 p36) and only 10% of these people in need of treatment are receiving ART (UN 2007 p19). Around 70% of all new infections in this region are within PNG (UNAIDS 2007 p36) and some assert that the HIV infection rate in PNG is actually 1-2% higher than official estimates (Tobias 2007 p2). A study into HIV infection levels in 300 patients admitted for injuries or illness to Port Moresby General Hospital (PMGH) found that 18% produced positive results but due to a lack in resources these infections were not followed up; suggesting that any imminent epidemic would not be controlled effectively (Curry et al 2005). Two years later 70% of all medical ward beds in PMGH were occupied by patients with AIDS-related illnesses (NACS 2007 p20). Although PNG is the largest developing nation in the South Pacific region only 15% of the population live in urban areas, and reduced living standards, economic decline and increasing levels of poverty are all contributing to the emerging epidemic (AusAID 2007 p1).

HIV is not climate sensitive and affects every stratum of society. It brings severe economic consequences with less able workers having less income to spend and being forced to spend money on accessing treatment. A lack of employment can also mean more leisure time and therefore more risk (Tobias 2007). A number of factors provide the context to the epidemic in PNG, including high unemployment, inequitable distribution of resources, gender inequality, sexual violence, increasing population mobility and high levels of stigma and discrimination (NACS 2007). Failure to recognise the pervasive social, behavioural, economic and political aspects of HIV is self-defeating; HIV and AIDS cannot be adequately dealt with unless efforts are made to ameliorate the underlying conditions (Benatar 2002). Poverty is a major contributing factor. As parents become ill, they are unable to work; household income falls and often children are forced to work or stay at home and care for their parents; and access to adequate food, healthcare and...
sanitation suffers, increasing susceptibility to disease and illness. These factors combined may cause family members to migrate, either to work or to seek support from extended family (Booysen 2006). Poverty has been described both as a consequence and a cause of HIV – if people cannot pay for medication, they are often forced into commercial sex in order to earn money (Bulman et al 2004). HIV is not a democratic disease, it is concentrated in sectors of the population already marginalised, stigmatised and discriminated against (de Guzman 2001). The overall economic impacts of the epidemic in PNG could be catastrophic: decreasing the labour force by 13-38%, increasing the budget deficit by 9-21% and causing a decline in Gross Domestic Product of 12-48% by 2020 (Tobias 2007 p14).

Gender is the biggest single factor determining how a person is affected by HIV, defining the risk of infection, access to diagnosis and treatment, progression of the illness and consequences of being HIV positive (Clark 2007). In different cultures women experience differing degrees of choice; in PNG women are not able to assert the need for safe sex and this fuels the growing percentage of women who are affected by the disease (Bulman et al 2004). In Oceania the share of adults aged 15 and over living with HIV who are women increased from 23% in 1990 to 59% in 2006 (UN 2007 p19). The epidemic in PNG is rapidly worsening and gender based violence is common, a factor which is driving the spread of the disease. If HIV programmes are to be ‘mainstreamed’ into other development projects attention must be paid to gender inequalities and women included in the process to the same level as men (Seeley; Butcher 2006). Improving the status of women is essential to stop the epidemic, as low female status can lead to rape, commercial and casual sex, low condom use and heightened vulnerability (Tobias 2007).

Stigma and discrimination is a major problem, with women in particular portrayed in ways which cast blame on their social behaviour and implicit sexual practices (Craddock 2000). PLWH in PNG have urged policy makers to address stigma and discrimination by putting a real human face on the epidemic, embracing the principles of GIPA (Greater Involvement of People Living with or Affected by HIV/AIDS) (Gerawa 2007). Using PLWH as primary educators is effective and personalises learning experiences, as both cognitive
and emotional learning occurs (Bulman et al 2004). Agencies in PNG are involving PLWH in different ways, but at low levels partly due to barriers such as expectations relating to disclosure and a lack of organisational support (Leach et al 2006). Stigmas attached to people living with HIV can be exacerbated by the notion of ‘high risk groups’ such as sex workers and men who have sex with men. This categorisation can have severe consequences; “Epidemiologically, a focus on risk groups sends a message to those outside of the specified categories that they are not at risk of infection, and to public health workers that they need not investigate the likelihood of other routes of transmission” (Craddock 2000 p161). In an address to a joint conference of the IOC, UNAIDS and PNGSFOC Andrew Lepani (a member of the PNG Athletes Commission) “emphasised the danger of using terms such as “high-risk settings” since the definition of the setting may not reflect reality and the label itself may lead to discrimination on the one hand, and feelings that the issue exists only in particular locations” (Clark 2007 p9).
2.1 Sport and development

The benefits of sport and physical activity have long been recognised by many as a basic right. Under the UN Declaration of Human Rights (1948) everyone has the right ‘to rest and leisure’ (Article 24 p13) and ‘to participate in the cultural life of the community’ (Article 27 p14). The Convention on the Rights of the Child (1989) states that education should aim not only at developing the child’s personality, talents and mental abilities, but also the physical abilities, to the fullest extent (Donnelly et al 2007). Similarly, the UNESCO Charter of Physical Education and Sport (1978) states that: “Every human being has a fundamental right of access to physical education and sport” (UNESCO 1978 p2).

Sport plays a major role in the development process as it is non-threatening, efficient and good value (Australian Sports Commission 2004). Sport-based activities present powerful opportunities for peer group discussion and education about issues affecting communities, including HIV (Clark 2007). They are a credible and attractive way of gaining the attention of young people in order to help prevent new infections, provide the knowledge and life skills people need to protect themselves and provide ongoing care and support to people affected by HIV (DCMS et al 2006). Mchombo (2006) found that encouraging sport through investment and training enhanced health, fitness, quality of life and ability to procreate amongst young people in Malawi, concluding that football – cheap to play and loved by young people – should be exploited as a means of health development. As half of the PNG population is under 18 the battle against HIV will only succeed if it is linked to giving young people, and especially girls, more opportunities and the power to take control of their own lives (Bloemen 2005). Alliances with international sporting organisations can also offer opportunities for small organisations to access resources to support the development of good governance. Sporting organisations are usually private associations established along democratic principles and as such may be used to raise awareness of good governance, fairness, accountability and transparency (Clark 2007 p11).
Significant research exists to suggest that participation in sport and physical education can act as a catalyst for social integration, inclusion and relationship building for women (Donnelly et al 2007). A study in South Africa found membership of sports clubs encouraged young people to take more care of their health; members of sports clubs had lower HIV prevalence than the national average and female members were more likely to use condoms (Campbell et al 2002). In many traditional settings feminine behaviour is viewed as submissive, passive, obedient and weak, with male characteristics seen as strength, power and ambition. If women want to play sport they must take on some of these characteristics and therefore challenge gender norms (Meier 2005). Sport can provide women and girls with access to public spaces where they can gather and develop new skills, gain support and enjoy freedom of expression; it can promote education and communication; it can develop a sense of ownership over one’s body and increase self esteem (Clark 2007 p27). Recent years have witnessed a move from ‘gender equity in sport’ to ‘sport for gender equity’. By promoting sport for females, gender norms are challenged. “In order to implement a sustainable sport project promoting gender equity, specific socio-cultural and socio-economic parameters have to be taken into account; including the access to and control over resources, dynamics of power, and different gender roles” (Meier 2005 p8). Any planned intervention must carefully evaluate gender dimensions before, during and after the programme is implemented.

Perhaps the most ambitious claim about the benefit of sport is that it can positively impact on the moral development of an individual. This is a difficult claim to quantify, and it is important to be aware that sport can sometimes achieve the opposite; it often encompasses some of the worst human traits such as violence, cheating, corruption and discrimination (UN 2003) and can be racist, divisive and breed intolerance (Donnelly et al 2007). It can provide the opportunity to suspend moral obligation or support unethical behaviour in the pursuit of winning and can in some cases lead to violent exchanges both on and off the field (Donnelly et al 2007).

There are a number of organisations around the world using sport as an intervention in the response to HIV. Several successful examples are referenced in Appendix 2.
2.2 Sustainable partnerships

"Whatever our role in life, wherever we may live, in some way or another, we all live with HIV. We are all affected by it. We all need to take responsibility for the response”

Ban Ki-Moon ‘Message on World AIDS Day’ 1st December 2007

In order for OFC to develop an effective intervention strategy in PNG it will be vital to create and maintain relationships and collaborations with a number of partners. Operating partnerships at this level is no easy task; no more than 50% of partnerships succeed and up to 80% do not meet the expectations of their architects (Kazemek 1991; in El Ansari; Phillips 2001 p235). Inter-organisational alliances are growing in popularity but there is little research on how organisations involved in them interact with one another (Foster-Fishman et al 2001). It is important to remember that members of a partnership have their own organisational aims and objectives which they will be working to. Collaboration between organisations is more likely to succeed where inter-organisational awareness is promoted, mutual goals developed, positive attitudes toward such collaboration fostered and relationships formalised through agreements and joint ventures (Foster-Fishman et al 2001). El Ansari and Phillips (2001) observe that partnerships which bring together different actors in the response to HIV are necessary as sectoral approaches to complex problems cannot effect long-term sustained development. The authors also state that increasing disparities in access to healthcare, a growing population of the poor, environmental changes, conflicts and the inability of technology to face epidemics all indicate that solutions to health emergencies lie in a multi-sectoral, multi-disciplinary approach.

Nicholson et al (2000) claim that the main components of multi-disciplinary collaborative practice are: organisational structure and cooperation; roles; communication; leadership; decision-making; conflict; and attention to the collaborative process. The authors also assert that the different forms of collaborative practice and many models proposed in relevant literature are too stereotyped; there appears to be no one model for collaboration involving different disciplines. Provision of effective HIV education in an international context is based on complex socio-cultural realities and any partnership needs to focus
on broad strategies to make them suitable for regional application (Bulman et al 2004). The international community must move beyond rhetoric and commit to community participation, mobilisation and empowerment, recognising the links between prevention, care and social vulnerability to HIV (de Guzman 2001). Any action undertaken by OFC and its partners will need to ensure that the social, economic and cultural dimensions of the HIV epidemic are considered and that the specialist skills of the different organisations are used to their full advantage.

![Figure 7: Over 8000 fans gathered to watch the under-12 Festival of Football in Port Moresby, PNG, showing just how popular the sport is in the Oceania region.](http://www.oceaniafootball.com/ofcorgcontent/ofc.partnerships.ofcpc)
2.3 Summary

Despite a wealth of research having been carried out into the use of sport in development there is a clear opportunity for investigation into how football specifically can help tackle the spread of HIV in PNG. This is desirable for a number of reasons. Football is a popular, cheap and effective means of mobilising resources around the issue of HIV prevention and awareness. FIFA’s shift in focus towards a more socially responsible corporate approach will allow the organisation to use it’s influence amongst young people in order to increase awareness of the disease. FIFA President Joseph S. Blatter has said “Football is a truly universal sport, and thus can be used as a medium and arena for disseminating important human rights and public health messages” (FIFA 2005 p1).

Papua New Guinea represents an opportunity for OFC to drive this focus in the Pacific region; although the epidemic is in full force, there is still time to prevent the country from succumbing to an economically and socially crippling situation such as that faced by many countries in sub-Saharan Africa today.
CHAPTER 3: METHODOLOGY

3.0 Research locations

This project involved spending one week in Port Moresby, capital of PNG, conducting interviews and carrying out observational research. A visit was also made to the OFC head office in Auckland, New Zealand.

![Location of Port Moresby](www.lonelyplanet.com)

![Location of Auckland, New Zealand](www.aneki.com)

A full risk assessment and investigation into the security situation was carried out in advance of the trip however security considerations whilst in PNG did in some ways hinder the collection of information. Travel was extremely restricted due to national elections and it was considered unsafe to travel alone. This was overcome with transport assistance from the PNGFA and other organisations visited.
3.1 Methodological approach

*“If we knew what it was we were doing, it would not be called research, would it?”*  
Albert Einstein 1879 - 1955

Having established a clear set of research objectives, investigation into the most effective methodological approach was carried out. This entailed a thorough review of the various methods available and a decision as to which of these may prove most effective. Kitchin and Tate (2000) observe that when designing a study it is essential to consider firstly how the data will be produced and then how data production is to be approached; in other words, what specific research methods will be adopted, and how will these be carried out in practice?

For the purposes of this study both primary and secondary data sources have been employed. To provide an accurate picture of the nature and scope of HIV in PNG existing quantitative data from secondary sources was used, as the specialist organisations gathering this information have carried out extensive surveys and pursue an ongoing commitment to keeping data accurate and up to date. Secondary material was also used at different stages throughout the study - existing academic research to provide a theoretical and conceptual framework and allow comparison of findings with other work in this field, and general statistical data relating to PNG from a variety of sources. Questionnaires investigating the level of awareness of HIV and the popularity of football in PNG were considered and later discounted. This was following conversations with an expert based in PNG who advised that information gained in this way, from a visit limited both in time and geographical coverage, would not produce a valid set of results in comparison with existing relevant data.

Although useful in many ways, secondary data cannot always be applied to the context of different locations and research objectives, and there is a danger that elements of a particular study may be used to refute or support findings where they are not perhaps relevant to the context. In this instance, it was felt that conducting interviews with representatives from a range of organisations working in PNG would lead to a more insightful and unique piece of research.
Interviews, as complex social encounters, offer the chance to gain rich and varied data which allows for examination of experiences, feelings and opinions (Kitchin; Tate 2000). They also require a great deal of forethought and planning, covering not only practical considerations but contemplation and selection of the correct interview strategy. A number of such strategies were considered and discounted. Closed, quantitative interviews were deemed to be too prescriptive in nature, allowing only for a limited response from the interviewee. Structured interviews consisting of open-ended questions, asked in the same way and order to all interviewees, were also discounted, as the selected organisations differ greatly in nature and scope and the interviewer required the flexibility to change the conversational direction. Informal, conversational interviews were not felt to be appropriate for a first time research project as a great deal of interviewing skill and experience is necessary to manage such a process. Semi-structured interviews were eventually decided upon – although less structured than some strategies, topics and questions can be determined in advance and used in different sequences depending on the course of the conversation. Although the propensity for omitting certain questions or topics is greater than with a more prescriptive method, the freedom to explore avenues of discussion is of great benefit. A list of questions was produced and as the interviews were not to be directly compared was adapted for each meeting.

There are of course drawbacks to any methodological approach. In this case, the vast geographical distance between the research location and the UK and the resulting time difference of around nine hours made the planning stages somewhat more challenging. Given the short period of time available in PNG every effort was made to secure appointments before travelling. This was done by email and telephone, with all appointments confirmed by email once agreed. The research proposal was sent to all contributors in order for them to have prior knowledge of the aims of the study. It was considered important for people to see the study as worthwhile and interesting, in order for them to feel positive about contributing. Twelve interviews were conducted, all in the offices of the organisation in question apart from one which was carried out in a hotel in Port Moresby, and one by telephone in advance of the trip. A meeting with representatives of the Office of the Special Adviser to the UN Secretary-General on Sport
for Development and Peace to discuss the project content also took place at the UN office in Geneva in November 2007.

The predominant language of both PNG and New Zealand is English, so language barriers were not a problem. Given the sensitive nature of the subject of HIV, UNAIDS terminology guidelines were utilised. Attention was given to appropriate dress and setting, with the majority of meetings being held in an office or other quiet area of the workplace. Interviews were recorded and notes taken, and photographs taken with the consent of the interviewees. During the interviews every effort was made to establish a rapport with the interviewee and to make them feel at ease, a task made easier by the more conversational interview style adopted, and a deliberate attempt to personalise questions, for example “how do you feel about….” The issue of reflexivity was also considered, and care taken not to introduce interviewer bias in the way in which questions were asked (for example avoiding statements beginning with “Do you not think that…”).

“Interviews are self-reports of experiences, opinions and feelings, whereas observation relies on the observer’s ability to interpret what is happening and why” (Kitchin; Tate 2000 p219/220). Observation was used on several occasions throughout the visit: as a delegate at a conference on women’s rugby and HIV; when visiting various sports grounds in Port Moresby; and at a HIV counselling and testing drop-in centre. At the conference this took the form of participant observation, whilst on the other two occasions straight observation was employed. As a research method observation, like interviewing, has drawbacks; it is often time-consuming, the selective attention of the researcher can mean that the information gathered is less valid; and of course the presence of an unknown party may influence the behaviour of some of those being observed. At no stage was covert observation employed.
### 3.2 Contributing organisations

The nature of the organisations involved in the study in broad terms fell into three categories: those primarily involved with sport, including OFC; those specialising in HIV-related issues; and those international organisations with a more general development focus, such as the various United Nations agencies. Many of these organisations overlap in focus. Each organisation was involved either through the provision of research material, interviews or allowing observation of their activities.

#### OVERVIEW OF CONTRIBUTING ORGANISATIONS

<table>
<thead>
<tr>
<th>SPORTS</th>
<th>Nature of involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFC (Oceania Football Confederation)</td>
<td>Sponsor; interviewed</td>
</tr>
<tr>
<td>FIFA (Federacion Internationale de Football Association)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>PNG Football Association</td>
<td>Assistance in PNG; interviewed</td>
</tr>
<tr>
<td>PNG Sports Foundation</td>
<td>Interviewed</td>
</tr>
<tr>
<td>PNG Sports Federation and National Olympic Committee</td>
<td>Research material provided</td>
</tr>
<tr>
<td>PNG National Soccer team</td>
<td>Representatives interviewed</td>
</tr>
<tr>
<td>ONOC (Oceania National Olympic Committees)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>WRU (PNG) Women’s Rugby Football Union</td>
<td>Attended conference on sport/HIV</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV/HEALTH</th>
<th>Nature of involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>NACS (PNG) (National AIDS Council Secretariat)</td>
<td>Interviewed</td>
</tr>
<tr>
<td>Anglicare STOPAIDS PNG (Faith based NGO)</td>
<td>Interviewed; VCT centre observation</td>
</tr>
<tr>
<td>UNAIDS (Joint United Nations Programme on HIV/AIDS)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>WHO (PNG) (World Health Organisation)</td>
<td>Interviewed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEVELOPMENT</th>
<th>Nature of involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNDP (United Nations Development Programme)</td>
<td>Interviewed</td>
</tr>
<tr>
<td>AusAID (Australian Agency for International Development)</td>
<td>Interviewed</td>
</tr>
<tr>
<td>- PATTAF (PNG Australia Targeted Training Facility)</td>
<td>Interviewed</td>
</tr>
<tr>
<td>- Sport for Development Advisor</td>
<td>Interviewed</td>
</tr>
<tr>
<td>Burnet Institute/Tingim Laip (PNG Local grassroots NGO)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>Women Win (International sport for development NGO)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>SCORE (Sports Coaches Outreach; International NGO)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>Kicking AIDS Out (International sport for development NGO)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>Right to Play International (International sport for development NGO)</td>
<td>Research material provided</td>
</tr>
<tr>
<td>Office of the Special Adviser to the UN Secretary-General on Sport for Development and Peace</td>
<td>Research material provided; met to discuss project</td>
</tr>
</tbody>
</table>

*Figure 12: Table of collaborating organisations and the nature of their contribution.*
CHAPTER 4: FINDINGS AND DISCUSSION

4.0 The nature and scope of HIV in Papua New Guinea

Research Aim:
*To examine how the Oceania Football Confederation (OFC) can effectively contribute to the response to HIV in Papua New Guinea (PNG) and so deliver more effectively on the FIFA philosophy of social responsibility and development*

The first objective of this study was to provide a clear picture of the nature and scope of HIV in PNG. Having offered an overview of the statistics relating to the epidemic and some discussion of the consequences of HIV in previous chapters it is possible to turn to the interviews and observation to gain a more in-depth view. Figures offered in section 1.4 relating to the prevalence of HIV amongst the population (1.61%) and the number of people estimated to be living with HIV in 2007 (59,537) (NACS 2008 p11) provide a starting point for analysis. Although it was generally agreed amongst interviewees that the data available had improved in recent years there was some doubt as to the absolute accuracy of the figures provided. It was observed that despite 87% of the population being rural the four main testing areas are urban, which may indicate that HIV prevalence is much higher than official estimates (WHO). Issues of topography and communication links creating delays or duplication of information were also raised, and the high rate of STIs and the time delay between becoming infected and developing AIDS suggests that people often don’t know that they are infected. During the interview with NACS it was stated that although HIV has traditionally been seen as an urban problem it was now emerging as a major problem in rural areas, a trend which the interviewee described as “very dangerous”. Although the government according to one interviewee had done well in setting up NACS and implementing a programme of free ART, there was now a need to focus on behaviour change, as the epidemic is “a development issue – cross-cutting, with many problems”. With increasing concern about HIV other problems such as scabies, TB, the use of mosquito nets and immunisation have once again begun to increase. A statement included in section 1.4 claimed that HIV in PNG is fuelled by complex social, cultural, health, economic and political contexts (NACS 2007). Certainly a number of key issues surrounding the nature of the epidemic dominated discussion throughout the
interviews. A number of interviewees pointed to the difficulties created by the multicultural nature of PNG, in that both language and accessibility make advocacy and dissemination of information difficult. The aforementioned is compounded by topographical restrictions and poor infrastructure making it difficult to get to remote, grassroots locations. On being asked about factors contributing to the spread of HIV, one interviewee summed these up as gender-based issues, violence, poverty, drugs and alcohol and the prevalence of STIs. Others agreed that alcohol (including homebrew) and drugs were often used even by primary school children and especially in rural areas. Such practices were seen to foster more risky behaviour; youth become involved in sexual activity from an earlier age, around 14, and this problem is exacerbated by a general cultural resistance towards sex education. People’s behaviour was generally viewed as a barrier to the response to HIV, with many people ‘saying one thing and then doing another’; and a kind of ‘don’t care’ attitude from the public.

Certain cultural traditions such as the practice of polygamy (often viewed as a sign of wealth, prestige and power) were raised as barriers to an effective response. These barriers present a problem at governmental level, one interviewee observed - a bill banning polygamy could not be enforced as many politicians themselves have more than one wife. Other factors raised included a lack of discipline within the family, increasing mobility leading to different cultural groups meeting and a cultural shift towards ‘Western’ influences fuelled by films and the media. In a workshop session at the WRU conference the female rugby players highlighted a number of factors which they felt contributed to the spread of HIV, including those which they considered ‘traditional’ such as taboos regarding talking openly about sex, gender inequality, early marriage, bride price and polygamy; and those considered ‘modern’ such as pressure to take drugs and alcohol, exposure to outside influences and the media, and peer group pressure. The group also discussed positive influences, such as new policies and laws, a growing awareness of women’s rights and the ‘Wontok’ network of community support.

In support of evidence highlighting the importance of addressing poverty (see section 2), this was raised by all interviewees as being a major contributor to the growing epidemic.
Economic recessions and the high cost of living have intensified the problem, especially in the settlements. The nature of the mining and oil industries leads many workers to move around the region; people cannot afford flights home regularly (internal flights are often the only method of reaching certain areas) and so are separated for long periods of time. The increased population mobility and the large displaced population (following the tsunami in New Ireland and the conflict in Bougainville) has led to an increase in commercial sex in the country and the economic situation is being further degraded by the rapid onset of urbanisation. Poverty differs between regions in PNG: urban dwellers migrate and cannot find work; some rural areas are very poor but have good quality produce to live on; and in some areas the food is very poor but people cannot do anything about it as they have neither land nor money. In one interview the difference between the rich and poor was emphasised; “in the settlements around the cities people cannot grow food and there is no social welfare. Girls go into nightclubs just to earn some quick money. Villagers from along the coast come in to towns to earn some money. The economy is a real ‘cash versus subsistence’ economy, with lots of people stuck in between”. In section 2.0 Benatar (2002) argued that HIV cannot be dealt with properly unless efforts are made to ameliorate the underlying societal conditions; this view appears to be bourn out in the case of PNG. Despite the fact that ART is free to anyone requiring treatment for HIV (rare in a developing country such as PNG), the underlying conditions within the country mean that people are unable to access the medicine because of the cost or duration of travel or negative stigma associations. Several interviewees emphasised that any effective response would need to focus on the root causes of poverty.

An integral theme emerging from the interviews was that of gender inequality. Many interviewees made reference to the subjugation of women and how this negatively impacted upon the spread of HIV, in particular through the prolific levels of rape and violent sexual crime. One commented “women here are trampled on; quiet violence towards women here is rampant, as well as rape and gang rape being used as punishment”. Rape is now so common that the WHO have had to look at different ways of stopping women becoming infected; “we know that on long bus journeys women will be
рапед, we cannot stop it every time, so we distribute female condoms to women who have to make such journeys and teach them how to use them. They then wear them on the journeys, so that if they are raped they will hopefully not be infected”. PNG is a male-dominated society, with high levels of domestic violence. Husbands sometimes don’t give their wives enough money so some may sell sex in order to buy clothes and bride prices lead to women being seen as possessions and subjected to violence but being unable to say anything. One woman interviewed stated that it was important that men respected women so that they could negotiate safe sex, which they often cannot at present and so are putting themselves at risk of infection. These statements support the academic research previously discussed, for example Tobias’ (2007) claim that low female status leads to rape, commercial and casual sex and subsequent heightened vulnerability, and Bulman et al’s (2004) assertion that women in PNG are unable to ask their partners to use condoms. For many women, birth can be dangerous as they cannot be taken into hospital, and early marriage is common. It was observed that many workplaces are run by men, who should ensure that women have safe working conditions and a supportive working environment; and that the need for a full understanding of the role women play as carers of PLWH is required if gender inequalities are to be addressed.

In sport, the issue of family support was raised. The gender bias in decision making is high with men dominating even though women are often educated. This leads in some areas to women not being able to play due to family pressure, or not being able to wear shorts or come into contact with members of the opposite sex. A representative of the PNGFA stated that women are often only allowed to play until marriage, however the PNGFA (supported by the government and the Sports Federation) are trying to encourage women to play longer and stay healthy. There were some positive comments made regarding the status of women; for example that “women are taking a more prominent role in everything”; that “girls are now becoming more involved in all areas of life”; and that various interventions are specifically targeting women in order to raise their status in society, such as the Tingim Laip network of women’s literacy groups.
The social responsibility of sport was highlighted throughout the ‘Playing to Win: Rugby and HIV/AIDS’ conference which took place in PNG in July 2007. In the opening address, WRU President Cybele Druma stated “As sports administrators, we have a unique opportunity to reverse the growth of HIV/AIDS. In essence we are educators, and the players are our students. We have direct influence over the young minds placed in our custody and are responsible for instilling the virtues of discipline, and positive values of sportsmanship which can be applied off the field” (WRU 2007 p8). The conference represented a move by the WRU to tackle not only the issue of HIV but the issues contributing to the epidemic, including the role of women.

Several of those interviewed highlighted the importance of education with comments on high rates of illiteracy; the need to improve literacy and educate mothers; and the need to overcome the lack of awareness surrounding HIV in some areas through education. All of those involved in the response have a social responsibility to ensure that children are equipped with the necessary skills for life. With Physical Education (PE) in particular, it was felt that there was a lack of resources available to schools wanting to run effective sports classes; a needs analysis of PE reported in 2004 that there were systematic problems with all levels of the system including curriculum, teacher resources, equipment, facilities and programme design. The lack of specialist PE training for teachers has led to teachers taking on classes without being qualified to do so, resulting in children simply playing games, and although time is dedicated to PE the quality of teaching is simply not there. The curriculum has now been updated however in practice there remains a lack of teacher resources, training and sports equipment. These comments were supported by a visit to a local primary school within the capital, which found the quality of the classrooms
and in particular the outside play areas to be in poor condition. In PNG “educated people have the monopoly over the uneducated” and so it is important to consider those people outside of the formal education system. There are a number of organisations running health interventions targeted at the ‘out of school’ audience. PNG Sports Foundation (PNGSF) run a Youth Sports Programme which focuses on out of school sports as well as targeting junior development and running youth leadership and community sports programmes. Tingim Laip (TL) also coordinates a lot of work in this area. The organisation’s Joyce Bay intervention targets the settlement’s unemployed youths, encouraging them to join in sporting activities which help keep them away from risky behaviours. Participation is not allowed if the youths are believed to have been involved in either drug or alcohol abuse, and so far the group has been a success receiving visits from international sporting teams and encouraging peers to join. Despite interventions such as this, and sport being played in local church or youth groups, there is no real national coverage which means that many unemployed, out of school youth are slipping through the net.

Paradoxically, religion was viewed both as a hindrance and a help to the national response. The PNG population is largely Catholic which impedes the promotion of condom use and there has been resistance from church groups to condoms being distributed at sporting events. One interviewee stated that they were constantly fighting misconceptions with churches sometimes offering conflicting messages. On the other hand some churches were seen to have had a more positive influence in the areas of advocating positive living and helping to care for people living with HIV.

Figure 14: A primary school classroom in Port Moresby (July 2007)
4.1 HIV awareness and the popularity of football

Several of those interviewed stated that levels of awareness surrounding HIV were improving - there are lots of NGOs focusing on awareness and donor agencies setting up education programmes which are slowly changing people’s behaviour. The number of people being tested at one VCT site had increased from 10 a month in 2004 to 160 a month in 2007, indicating a general increase in the awareness of HIV. There is however a real disparity between regions in terms of awareness perhaps due to the difference in literacy levels between urban and rural areas and the ubiquitous language barriers.

Campaigns take different forms in an attempt to combat these issues: NACS for example use peer education and drama groups to promote messages through theatre, which is effective in rural areas where illiteracy is an issue and there is no access to the media. Posters from NACS attempt to appeal to all sectors of PNG society (see left). In reaching and sensitising rural communities the use of community radio in information campaigns has seen some success. One interviewee believed that the issue was already in the mind-sets of children, for example with the word ‘karamap’ (condom) now being common in everyday language.

It was generally agreed that sport could play a significant role in delivering HIV messages; messages are used at sporting events with some sporting clubs offering peer education before matches, and campaigns have received support from athletes such as Australian swimmer Ian Thorpe and Commonwealth athlete Ryan Pini. However, despite the various
successes in raising awareness there are still many misconceptions surrounding HIV.
During the WRU conference several questions were asked which illustrated this, including
one regarding whether HIV could be passed on through the sharing of a toothbrush.
People have heard about HIV but the campaigns need to be more systematic and made a
priority within public and private institutions.

Stigma and discrimination were cited as major concerns for people living with HIV,
with the use of language being an important factor in this; for example avoiding terms such as ‘killer disease’
and ‘infected person’. One interviewee gave an example of how stigma can hinder an effective medical response; “I
was recently in Mt Hagen, and a woman whose husband had died from AIDS came in and demanded to be tested. Her clan was waiting outside and her
husband’s clan too. They blamed her for his death and she claimed that there was no way she was positive. I tested her, but could see that if I gave her the results, either way there was going to be serious violence as they were all armed and ready to fight each other. I refused to give her the results, told her that she was not asking for them for the right reasons. She was positive.” Another interviewee pointed out that “a lack of education can lead to people [living with HIV] being left alone. In the Highlands people are more likely to be shut away, drowned or buried alive – on the coast they are more likely to be looked after”. Although the practice of euthanasia does exist, this often relates to all illnesses not just HIV. Despite occurrences such as these, the response to PLWH is changing. This is in part due to media attention and in part due to organisations such as IGAT Hope (There is Hope) which encourages PLWH to come forward and act as advocates for positive living and non-discrimination. Peter Momo of IGAT Hope is a well-known member of PNG society, and is used by a variety of organisations to talk openly about what it means to

Figure 16: Learning to make plant containers out of tyres; a craft class at the Anglicare STOPAIDS centre in Port Moresby (July 2007)
live with HIV. PNGSF have involved Mr Momo in talking to children aged 11-13 and NACS regularly partners with the organisation – “people living with HIV talk openly at leadership workshops, which helps to deliver powerful messages about non-discrimination”. At the Anglicare centre in Port Moresby people living with HIV or other illnesses are able to call in for advice, help or support, and classes to learn new skills are open to everyone (see Figure 16).

The popularity of football in PNG was well documented throughout the interviews. In general PNG is a sporting nation, with a wide range of sports being played and watched. Football (soccer) is one of the most popular sports across the country although popularity varies across regions. In the south rugby league, basketball, netball and volleyball are popular, in the Highlands people prefer rugby and in the north football, however “sports are now spreading between regions and becoming popular all over”. Football was stated by some interviewees to be the most played sport despite rugby attracting the most spectators. Whilst many claim rugby as the national sport this could be disputed, as football probably has the most registered players, male and female, of all sporting codes. Those with access are able to watch international matches and when the national team plays people do follow their progress, although generally support is more centred on local associations than the national team. Sport in schools is based on the Australian concept of modified sports, including ‘Kapul Soccer’ which is a modified ‘pikinini’ or ‘kids’ version of football. Female soccer is popular and played all over and is the biggest junior development sport.

The benefits of using sport in development (see section 2.1) were echoed by those interviewed. Sport was seen as being able to promote tourism, generate income for rural areas, promote personal development, keep the unemployed organised and help maintain a healthy national workforce. One interviewee saw sport as being “integral to development”, with the skills learned being transferable to all areas of life. This view supports the report from the UN Inter-Agency Task Force on Sport for Development and Peace discussed in section 1.2, where skills and values learned through sport such as cooperation, respect and tolerance where highlighted. Other benefits were also raised:
sport has a role in changing behaviour, tackling crime, promoting gender equality, bringing people together as spectators or participants, bringing about economic opportunities, tackling violence against women and drug abuse and promoting social gatherings. It was observed that there is a lack of national pride in PNG, which sport can help overcome and that young, energetic people who play sport can stay healthy for longer.

In section 3.1 the possibility that sport can promote unethical behaviour was discussed. This issue was also raised by those working in the field in PNG; there are often misconceptions from parents with children encouraged to participate simply to win, not for health reasons, and in the Highlands it can become about winning at all costs – “we try to promote good ethics and fair play, but this is often not adhered to”. There are also practical considerations; the poor road network, transportation and limited funding can all affect the success of sport in development and one interviewee believed that the structures in PNG may not be set up for sustainable ongoing sporting programmes. The development of football itself was also viewed as a barrier, with a general lack of awareness of the rules of the game and a decline in the number of sporting competitions around the country. One interviewee stated that sport no longer had the same status as it used to, as there were no links between sport being played in and out of schools and no consistent system of scouting to recognise new talent. PNGFA were planning to hold four regional football festivals in 2007, but at the time of interview (July 2007) there had only been one. One interviewee described PNG as a “sleeping giant in international football” and claimed that before football could be used to promote development, football itself had to be developed in the region. For school-age children there are sports expositions and organised competitions, and the annual PNG Games where schools are closed and each province sends 200-300 athletes; this event attracts over 5000 spectators for many sports with athletics attracting between 30 and 40 thousand. Within PNGFA it was recognised that there is a need to focus on and promote the national team whilst at the same time marketing and selling the league and improving the quality of the facilities. Observation of some local sporting grounds found that there was much work to be done in this area.
Women's football has developed since 2005, with 10% of FIFA PNG funds now spent on the female game and the OFC Women's Commission being established to discuss social problems and issues relating to health across the Pacific. Although women's sports still face some opposition from male counterparts in PNG, some efforts are being made to support women's teams.
4.2 Organisational aims and partnerships

The third objective of the study was to investigate the aims and objectives of the different organisations involved in the response to HIV, and in doing so identify possible opportunities for OFC to make a unique contribution.

All organisations had a degree of focus on issues relating to gender, although the level and intensity of this focus varied greatly - from the inclusion of women and girls in their activities to interventions targeted specifically at promoting gender equity. Several organisations had specific programmes aimed at leadership and capacity building, either at community level or within the corporate sector. One of these was UNDP, which has a five-year country programme with the emphasis on reaching communities through top-down capacity building. Many cited the development of sport itself within PNG as a major function of their organisations, including OFC, PNGSF and WRU. All organisations with the exception of OFC and PNGFA had consistent involvement in HIV awareness and education programmes. One example of this is the ‘Toolkit on HIV & AIDS Prevention’ designed by the IOC and UNAIDS for use by National Olympic Committees, coaches, athletes, sports clubs, federations and administrators. The Toolkit is designed to empower people to deal with HIV, provide a guide to programme implementation and foster appropriate behaviour change (IOC/UNAIDS 2005 p16). Despite not having a consistent awareness campaign OFC has begun to collaborate with ONOC and UNAIDS, including to stage a ‘STOP HIV Day’. If successful this partnership has the potential to bring HIV awareness messages to a large audience in the Pacific area, particularly through the use of sporting personalities. An example of this is the campaign involving French international player and FIFA Ambassador Christian Karembeu from New Caledonia (see Figure 20).

Figure 20: Footballer Christian Karembeu promoting awareness (OFC/ONOC/UNAIDS 2008)
The majority of awareness campaigns focused on condom promotion. Despite being a faith-based organisation, Anglicare STOPAIDS is independent from the church and thus has freedom of advocacy, and its work involves both preventative education and clinical testing and counselling. WHO are also involved in a variety of awareness campaigns, with the principal objective being to increase the number of people who are tested and who access treatment. One organisation in particular appeared to have gained respect from peers in its approach to tackling not just HIV but a number of development issues. Tingim Laip, a non-governmental organisation previously known as High Risk Setting Strategy (the name was changed due to negative stigma associations) has 24 sites in 12 provinces and uses sport, drama and other interventions in the response to HIV. The organisation advocates a ‘bottom-up’ approach focusing on community mobilisation and is thus able to reach areas where other organisations are yet to have presence.

Few organisations specifically referred to programmes focusing on behaviour change. NACS, as the government body mandated to coordinate a multi-sector response to minimise the effects of the epidemic, is beginning to focus on behaviour change following initial work on raising awareness. PNGSF (the government’s agency for sport) have recently changed focus from ‘sport development’ to ‘sport for development’, with an overall mission “to lead and coordinate the delivery of quality sport and physical activity into the lives of all people in PNG and to create opportunities for sporting excellence”. PNGSF operate a number of initiatives, including those focusing on youth leadership and women in sport. One such initiative is the AusAID ‘Sport for Development Initiative’, a holistic and strategic programme with the primary objective of supporting nation-building in PNG by enhancing capacities and strengthening community links and cohesion. The secondary SFDI objective is to use sport as a medium to provide information about and promote gender equality, promote HIV/AIDS prevention messages and contribute to behaviour change (Clark 2007 p4). Another PNGSF initiative, the ‘Pikinini Sports Programme’ (PSP), is notable in that it is already in receipt of support from OFC. With the goal of “enriching the lives of children through sports” PSP is a joint initiative with the National Department of Education which focuses on the development of sports within schools for children aged 7-15. Established in 1994 PSP has now been made a sub-strain
of the national curriculum, and consists of around 75% practical skills and 25% personal development. OFC provide assistance with equipment, resources and training, focusing on the OFC ‘Just Play’ concept.

An essential aspect of any successful development programme is the process of monitoring and evaluation, and this was generally agreed to be a weakness in the national response. Organisations with an international, multi-sector focus (WHO; UNDP; UNAIDS) appeared to have consistent, clear targets enabling them to monitor and evaluate the success of their work. Other organisations employed various methods including site group discussions, regional reports, focus group feedback and behaviour change reporting (TL) and qualitative appraisals (‘most significant change stories’) measuring outcomes but not impacts (PATTAF).

It was noted during the interviews that it is very difficult in PNG to change or add new development programmes and that a lack of understanding of organisational operations and networking systems can be a barrier in the response. A range of partnerships exists between organisations working in PNG, whether international, national, local ‘grassroots’, governmental, non-governmental or faith-based. Some organisations such as TL have close links with community leaders and village chiefs which help their work to gain respect. The importance of collaboration in the response to HIV is underpinned by the UN ‘3 Ones’ key principles. “To leverage resources and have the maximum impact on the global response to AIDS, all parties should strive to target their programmes on the priority needs of affected countries, seeking to avoid duplication of effort” (UN 2004 p1). There is a strong consensus that all stake-holders in a country-level response to HIV should follow these principles.

ONE agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners. ONE National AIDS Coordinating Authority, with a broad based multi-sector mandate. ONE agreed country level Monitoring and Evaluation System.

The UN ‘3 Ones’ key principles (UN 2004 p1)

In PNG the coordinating authority is NACS. All action should be recorded as part of the national framework of action, to avoid duplication of work, and all organisations should strive to follow one agreed method of monitoring and evaluation.
CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.0 Summary of findings

The nature of the epidemic
♦ HIV in PNG is indiscriminate and affects the entire population. The epidemic is exacerbated by a number of socio-economic factors including: access to and communication with rural areas; language barriers and high levels of illiteracy; high rates of STIs and rising occurrence of health problems such as TB; gender-based violence and rape; severe gender inequalities and poor status of women in society; widespread use of drugs and alcohol; early starting age for sex; cultural/religious resistance towards sex education; traditions such as polygamy and ‘bride price’; high levels of poverty; increasing geographical mobility in the workforce; the process of urbanisation; and an increase in commercial sex.
♦ Although women do participate in sport gender inequality is a serious problem which prevents women from becoming involved in all areas of society.
♦ There are many organisations focusing on awareness and preventative education in various forms including peer education, drama, sport, radio and TV.
♦ HIV awareness levels have increased although misconceptions are still common.
♦ Stigma and discrimination can discourage testing, accessing care and treatment and prevent people from remaining active community members. This is changing due to the work of some organisations but remains a serious problem.

Sport for development in PNG
♦ Football is believed to be the most played sport in PNG although rugby attracts the most spectators. The popularity of football varies between regions although this is beginning to change and it is becoming popular all over the country.
♦ Spectator support is focused around association teams; although the national team is followed there is work to be done on raising the profile of the players.
♦ Football is popular with both sexes and women’s football has grown in PNG since 2005. Opportunities exist to increase female participation, although women’s football still faces some opposition and some cultural barriers to full inclusion.
Sport is believed to have a number of development benefits including: promoting tourism; generating income for rural areas; promoting healthy living and personal development; promoting gender equity; teaching skills and values which are beneficial in everyday life; providing economic opportunities; building community ties; promoting social gatherings; changing social behaviour and tackling crime.

A revitalisation of national and grassroots level football programmes could have a direct impact on national pride and community cohesion.

OFC can provide HIV organisations with access to a wide audience of players, spectators and fans, and can offer excellent opportunities for peer group discussion focusing on awareness and behaviour change.

Despite these advantages there are also risks to a sports-based strategy, including the promotion of unethical behaviour in the pursuit of winning.

There are opportunities to further develop the game of football within PNG as there is often a lack of awareness regarding rules of the game; and there does not appear to be a systematic system for spotting/developing new sporting talent, partly due to a lack of organised interregional and national competitions.

The school PE syllabus has now been updated however there is still a lack of equipment, resources and specialist teachers trained to deliver effective PE.

Organisational activity and partnerships

Most organisations are operating awareness raising programmes and have a degree of focus on gender although this varies greatly in nature and scope.

Few organisations are managing interventions which specifically focus on social behaviour change or capacity building and leadership.

OFC’s current involvement in the response is limited to support of the Pikinini Sports Programme and awareness raising in collaboration with ONOC/UNAIDS.

There are opportunities for OFC to become involved with existing programmes which already offer effective intervention strategies; the aim should not be for OFC to specialise in delivering HIV programmes but to collaborate with those that do.

Monitoring and evaluation is weak in many programmes and so any intervention planned by OFC would need an effective plan to manage this process and ensure the ongoing sustainability of the programme.
5.1 Recommendations for Oceania Football Confederation

This final section aims to make recommendations on how OFC can better contribute to the response to HIV in PNG, and in doing so deliver more effectively on the FIFA philosophy of social responsibility and development. It is recommended that these initiatives are implemented under the ‘Football for Life’ banner for continuity of branding and awareness.

**Overall aims of OFC action:**

- To develop and implement a programme in PNG which uses innovative ways to promote healthy living and participation in sport and physical activity.
- To develop a strategy which places OFC as leaders in the delivery of sport-for-development initiatives of excellence.
- To promote the game of football and create ambassadors and champions: in sport and in the fight against HIV.

**Guiding principles**

- To take a holistic approach to programme design which considers underlying social problems and aims to tackle the root causes of these problems.
- To ensure that the programme is gender-inclusive, facilitating the participation, development and leadership of women and girls.
- To demonstrate a clear long-term commitment from OFC at all levels to tackling HIV in Oceania, with adequate funding and human resource allocated to achieving the programme aims.
- To recognise that as a sporting organisation OFC will need advice on social and medical issues outside of its expertise, and so must develop sustainable partnerships with other sporting and/or non-sporting organisations.
- To ensure that the programme is subject to ongoing monitoring and evaluation to guarantee efficacy and sustainability.
- To follow the UN ‘3 Ones’ key principles.
Partnerships

♦ Any partnerships to which OFC commit should be entered into only with a set of structured, issue-oriented, specific goals, clearly established from the outset.

♦ Increasing the number of organisations collaborating in a programme can bring valuable additional skills, ideas and resources. It can also however increase the complexities of the programme management; careful consideration must therefore be given to entering into any such arrangement.

♦ The support of ‘third party’ organisations may be required to promote and advocate the work of OFC and its partners.

Monitoring and evaluation

♦ All specific programme objectives should be time-bound and a framework for M&E put in place prior to activities commencing, i.e. How will the progress of the programme be monitored? When will actions be reviewed? Who will be involved in the evaluation process?

♦ M&E should focus on the attainment of the overall aims; the efficacy of the programme in terms of the achievement of the specified targets, within the specified time frame; the satisfaction of those involved in the programme (participants and leaders); and the outcome of the activities.

♦ For long-term positive impact where possible specified outcomes should focus on social behaviour change.

♦ All activities should be reported through the PNGSFOC Committee on HIV Prevention through Sport which has direct links with NACS.

Recommended action
The recommended action fits within 3 broad headings:
### 1: DEVELOP THE FRAMEWORK

**Aims**

1. To ensure that OFC has the relevant HIV guidelines and policies in place to sensitise and protect management, staff and players.
2. To create a culture of inclusion and non-discrimination within the organisation.
3. To formalise agreements with collaborating organisations and create a framework for successful partnerships.

**Audience**

OFC employees and players at all levels.

**Partnerships**

- Member Football Associations.
- Other signatories to National Declaration on HIV Prevention through Sport.
- May require input from specialist HIV organisations such as UNAIDS in order to develop policies and guidelines.

**Detailed action**

1. Develop an HIV Policy for OFC. This should detail the organisation’s responsibility and role it will play in combating HIV within the region; details of partnerships required to do so; and implications for member associations. This should then be issued to all relevant parties and made available on the OFC website.
2. Review and amend where necessary any written player’s ‘Code of Conduct’ guidelines to ensure that they include reference to HIV and other disease prevention. These guidelines should also incorporate guidelines to promote inclusion and protect players who are living with HIV from stigma and discrimination from their football peers.
3. Sign up to the National Declaration on HIV Prevention through Sport (NDHS) developed in July 2007, committing to work in partnership with other organisations to achieve the 7 aims of the Declaration.

**Benefits**

- Clarification for all OFC staff and players on the organisation’s ‘stance’ on HIV. Shows commitment and dedication to taking action on HIV therefore enhancing profile of organisation. Provides framework for disciplinary action should members contravene guidelines. Advantages gained by working in partnership with other signatories of the NDHS.

**Risks**

- If expert advice is not sought from a specialist HIV organisation when creating documentation there is a risk that offence could be caused through the use of inappropriate terminology.

**Sustainability**

These guidelines and policies will need to be reviewed quarterly to ensure that their content is still relevant and up to date with new developments. Partnerships developed through the NDHS are anticipated to be long-standing.

**Monitoring and evaluation**

The Policy and Code of Conduct guidelines relating to HIV should be in line with any developed at PNG level as part of the commitment made by the NDHS. These are due to be launched by April 2008. Player’s conduct should be measured against the updated Code by whichever part of the organisation or its associates currently has responsibility for this. Consider carrying out research amongst staff and players to measure attitudes and behaviour in relation to HIV. This should be done before, during and after any interventions and expert advice sought on the practicalities of conducting such surveys.
# 2: DEVELOP THE GAME

## Aims
1. To improve the status, standard and accessibility of football within PNG in order that the sport can be used effectively as a tool for development.
2. To enhance public awareness of national team players (male and female) in order that they can become role models within their communities and advocates for healthy living.
3. To contribute to the stated aims of the PNGSF Sport for Development Initiative (SFDI).
4. To increase the number of people taking part in football as participants or spectators, thus increasing the potential audience for health and development messages.

## Audience
- PNG population as spectators and players; PNG national team; community sporting organisations.

## Partnerships
- PNGFA.
- AusAID and PNGSF (through SFDI).
- OFC Women’s Committee.

## Detailed action
1. Increase the number of competitive football events in PNG, creating a consistent calendar of events which has national coverage. This should include national, inter-regional and community events.
2. Implement a plan to increase the profile of the national team. This could include for example visits by the players to schools/community programmes in their local areas to assist with coaching.
3. Carry out a full audit on facilities and grounds within PNG to ensure that they are suitable for use by both male and female players, to encourage maximum participation. This could be done in collaboration with the OFC Women’s Committee.
4. Develop the existing partnership with PNGSF by becoming a key partner in the SFDI Strongim Komuniti Klabs programme, supporting SKK with technical assistance and/or equipment.

## Benefits
Focus on gender equity in sport through ensuring that facilities are accessible and through the profile-raising of female players. Increased support and audience for football within the region/increased spectator numbers will increase revenue. Stronger ties between OFC/PNGFA and community level sport. Overall long-term improvement in quality of football played in PNG. Opportunity to discover and nurture new talent.

## Risks
If organisation and delivery of activities is expected to be managed through PNGFA then some capacity building may be required. If commitments are made and not met this may harm image of PNGFA/OFC. Reliance on provision and maintenance of facilities and equipment may be cost intensive.

## Sustainability
Any calendar of events should be long-term (min. 1 year). Programmes delivered through SFDI will aim to be community capacity enhancing and therefore more sustainable in the long-term. Sustainability will depend on a commitment to renewing material resources as and when required.

## Monitoring and evaluation
Outcomes should include an increased number of competitions and football events; increased spectator numbers and increased participation of both men and women in the game. There should also be an increased awareness of and support for the national team. All activities carried out within SFDI will be subject to M&E and a framework should be put in place to communicate this feedback between AusAID/PNGSF and OFC.
| **Aims** |  
| --- | --- |
| 1. To encourage children and young people in PNG to live active, healthy lives free from HIV and other diseases. |  
| 2. To facilitate the revitalisation of physical education within the school system in PNG. |  
| 3. To encourage young people to become community leaders and advocate healthy living and participation in sport. |  
| **Audience** | School-age children and young people aged 15-24. |
| **Partnerships** | PNGSF; NDOE. |
| **Detailed action** |  
| 1. Continuing support of the PSP in partnership with PNGSF. This should include further development of teacher resources both for new and existing teachers who deliver physical education in schools. These resources should focus on practical and personal child development. |  
| 2. Plan and facilitate teacher training days in each region, hosted by OFC in conjunction with NDOE and PNGSF. These days should be used to launch updated teacher resources and provide training on planning and delivering sporting activities as part of the school curriculum. |  
| 3. Investigate the possibility of developing a volunteer programme which encourages young people (within PNG or internationally) with relevant coaching skills to commit to placements within schools around PNG, working with teachers to improve the delivery of PE. (See case study on SCORE in Appendix 2). |  
| 4. Consider extending support to the PNGSF Youth Leadership Programme (YLP). This age group (15-24) requires more targeted support in the response to HIV. This could take the form of an ‘OFC Football for Life Young Ambassador’ competition, open to all on the YLP and aiming to reward those who work within their community to promote healthy living/HIV prevention/participation in sport. |  
| **Benefits** | Sensitising children at an early age to issues relating to healthy living will reduce the risk of risky behaviour in later life. Revitalisation of PE in schools throughout PNG will increase the popularity of sport and the health of the general population. Partnering with schools provides OFC with an opportunity to nurture new talent and promote and develop football. A ‘Young Ambassador’ competition will raise awareness of OFC and contribute towards its sport for development agenda. |
| **Risks** | Increasing number of partners and volunteers increases the complexities of managing a programme. The success of any training programme depends on having skilled, enthusiastic coordinators. Ongoing support of PE development in schools requires long-term commitment of resources and funding. |
| **Sustainability** | Running teacher training days will provide the opportunity to discover those teachers with a special talent for PE who may with further support be able to act as regional trainers to other schools in their area, increasing the long-term sustainability of the project. Involving volunteers is a cost-effective way of enhancing programmes as rewards for volunteers are often emotional/symbolic as opposed to monetary/career led. |
| **Monitoring and evaluation** | M&E should focus on the effective delivery of the updated PE curriculum; feedback from teachers and students; and should take advantage of the existing M&E structures within the PSP/YP partnership. |
## Aims

1. To develop a resource to be available to community leaders, youth leaders and development organisations wishing to implement sports-based activity programmes.
2. To raise awareness amongst rural communities of the importance of living a healthy lifestyle and how to achieve this.
3. To engender social behaviour change through promoting the positive life-skills learned through sport.

## Audience

Rural communities; PNG population

## Partnerships

UNAIDS; WHO; Tingim Laip; ONOC

## Detailed action

1. Continue to develop the existing partnership with ONOC/UNAIDS aimed at raising awareness of HIV. This could be developed to incorporate other health/development messages as well as those focusing on HIV (TB; immunisation; domestic violence; non-discrimination of PLWH) and should become a consistent feature of football events.
2. Create a ‘Football for Life’ resource pack for use by community leaders, youth leaders and development organisations, to contain activities focusing on healthy living/sport. Focus of the activities should be nutrition, obesity, drugs/alcohol, HIV and other disease prevention, non-discrimination for PLWH. There should be a focus on activities specifically for women, such as health in pregnancy, breast feeding. The second part should include sport-focused activities, including how to set up sporting teams, rules and regulations of the game, health and safety. This could be developed in conjunction with Tingim Laip which has existing projects in all provinces. The organisation’s network of contacts at ‘grass roots’ community level provides an opportunity for the resource to reach rural areas and have a wider impact.
3. Investigate the possibility of investing in a mobile ‘Football for Life’ unit/s which can travel to sporting and other events promoting awareness of the issues contained within the resource pack. People could visit the unit to obtain information, watch pre-recorded messages from sportspeople promoting healthy living and HIV prevention and get advice on how to set up sports teams in their community.

## Benefits

Despite there already being a number of organisations contributing to HIV awareness there is still an opportunity for football to have a further impact. If distributed through the TL network the resource pack will reach rural communities otherwise inaccessible. Gender focus throughout the resource pack and mobile unit activity. Holistic approach focuses on healthy living and sport, not solely HIV but should impact this. Raises profile of OFC throughout PNG.

## Risks

Cost of producing resource pack and units. Need to ensure that units are run by trained, enthusiastic staff (volunteers?). Expert advice needs to be obtained on all issues contained in the resources which are not within OFC expertise. Danger that resource may become outdated quickly.

## Sustainability

Resource will need to be updated as and when required to ensure that advice is accurate. Mobile unit/s will need to be maintained to enable them to travel to events around the country.

## Monitoring and evaluation

TL has comprehensive M&E processes (including behaviour change) which could be used to evaluate success of the resource pack. Targets would need to be set for unit’s activities, for example number of events visited, number of visitors to unit, feedback from public.
5.2 Final conclusion

It is hoped that this study has provided valuable insights into the nature of HIV in PNG and how football can make a positive impact in the national response. If unchecked, HIV will have devastating consequences for the lives and livelihoods of the PNG population, and is already dividing communities, depleting the workforce and creating a national health emergency. Despite this, the situation is by no means beyond all hope if a concerted effort is made by the government, public and private organisations, business sector and population at large.

OFC has a considerable role to play. As a well-known, well-established organisation with influence within the Pacific region, OFC can use their power to unlock the potential of football as a development tool. By taking a holistic approach to the response and targeting activities at children, young people and those in the difficult to reach rural areas; by accepting that in order to achieve success there is a need to form meaningful, sustainable relationships with other organisations with differing areas of expertise; and by ensuring that any action has a long-term focus and is backed by commitment from the most senior members of the organisation, OFC could become leaders in the global sport for development movement. Everybody wins – with a healthier, more active general public with a keener interest in sport, with a revitalised focus on football within the region, with the economic and social gains this brings and with an eventual contribution to the halt and decline of the HIV epidemic. In achieving these goals OFC can contribute to the FIFA philosophy of social responsibility and development in sport – to “use the power of football as a tool for social and human development, by strengthening the work of dozens of initiatives around the globe to support local communities in the areas of peacebuilding, health, social integration, education and more” (FIFA 2007 p1).

This study was not without limitations; more time spent in PNG and in particular in the rural areas would have added great benefit, and attempts to meet the objectives of the research have inevitably produced many more questions in the process. Opportunities for further study include those which focus on the dynamics of social behaviour change –
PNG has been running awareness campaigns now for a number of years and the logical next step would be to investigate what impact this has had on affecting behaviour. In particular, future research into how successful sport has been in advocating and engendering any such changes in behaviour would be desirable. PNG is a unique, culturally diverse country however there may be aspects of this study which can be applied to other areas of the world facing similar threats to health and stability. Football is the most universal of all sports, played everywhere and loved by millions, and its role in making the world a better place has yet to be fully realised.

![Figure 21: View of PNG coastline (July 2007)](image)
BIBLIOGRAPHY


Donnelly P; Darnell S; Wells S; Coakley J (2007) ‘The use of sport to foster child and youth development and education’. In: Sport for Development and Peace International Working Group Secretariat Literature Reviews on Sport for Development and Peace p7-47 University of Toronto


Meier M (2005) ‘Gender Equity, Sport and Development’ Swiss Academy for Development


United Nations Development Programme (UNDP) (Date not specified) ‘Corporate Strategy on HIV/AIDS’ UNDP/UNAIDS


Web resources

www.anglicare.org.au  Anglicare
www.ausaid.gov.au  Australian Agency for International Development
www.burnet.edu.au  Burnet Institute
www.dfid.gov.uk  Department for International Development (UK)
www.fco.gov.uk  UK Foreign Office
www.fifa.com  FIFA
www.grassrootsoccer.org  Grassroot Soccer
www.kickingaidsout.net  Kicking AIDS Out!
www.nacs.org.pg  National AIDS Council Secretariat (PNG)
www.oceaniafootball.com  OFC
www.oceaniafootball.com  Oceania National Olympic Committees
www.oceansport.com  International Olympic Committee
www.olympic.org  PNG Football Association
www.pngfootball.com  Right To Play
www.righttoplay.com  Swiss Academy for Development
www.sad.ch  SCORE
www.score.org.za  Information on PNGSFOC
www.sportingpulse.com  UN Sport for Development and Peace
www.un.org/themes/sport  UNAIDS
www.unaids.org  UNDP
www.undp.org  UNICEF
www.unicef.org  World Health Organisation
www.who.int  Women Win
www.womenwin.org
APPENDIX

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1. The FIFA Mission

Mission

OUR PROMISE
For the Game. For the World.
The world is a place rich in natural beauty and cultural diversity, but also one where many are still deprived of their basic rights. FIFA now has an even greater responsibility to reach out and touch the world, using football as a symbol of hope and integration.

Only with the unwavering dedication of every FIFA team member, every member association and every business partner can football in all its forms contribute to achieving FIFA's goals at a high level by protecting standards, encouraging competition and promoting solidarity in the world game.

OUR MISSION
'Develop the game, touch the world, build a better future'.

Played by millions around the world, football is the heart and soul of FIFA and as the guardian of this most cherished game, we have a great responsibility. This responsibility does not end with organising the FIFA World Cup™ and the various other world cup competitions; it extends to safeguarding the Laws of the Game, developing the game around the world and to bringing hope to those less privileged. This is what we believe is the very essence of fair play and solidarity.

We see it as our mission to contribute towards building a better future for the world by using the power and popularity of football. This mission gives meaning and direction to each and every activity that FIFA is involved in - football being an integrated part of our society.

OUR APPROACH
Develop the game. Improve the game of football constantly and promote it globally in the light of its unifying, educational, cultural and humanitarian values, particularly through youth and development programmes. Football development means investing in people and society at large. Football is a school of life.

Touch the world. Take world-class football action and passion at all levels to every corner of the planet through our 208 member associations. The broad range of competitions shows the many faces of football, spearheaded by the FIFA World Cup™.

Build a better future. Football is no longer considered merely a global sport, but also as unifying force whose virtues can make an important contribution to society. We use the power of football as a tool for social and human development, by strengthening the work of dozens of initiatives around the globe to support local communities in the areas of peacebuilding, health, social integration, education and more.

WHAT WE STAND FOR
Our core values of authenticity, unity, performance and integrity are at the very heart of who we are.

Authenticity. We believe that football must remain a simple, beautiful game played by, enjoyed by and touching the lives of all people far and wide

Unity. We believe it is FIFA’s responsibility to foster unity within the football world and to use football to promote solidarity, regardless of gender, ethnic background, faith or culture

Performance. We believe that FIFA must strive to deliver football of the highest quality and as the best possible experience, be it as a player, as a spectacle, or as a major cultural and social enabler throughout the world

Integrity. We believe that, just as the game itself, FIFA must be a model of fair play, tolerance, sportsmanship and transparency

A CHANCE AND A CHALLENGE
"For the Game. For the World" reflects the core element of our mission and represents both a chance and a challenge: a chance for us to contribute to making a difference to people’s lives, and a challenge to balance this social element with our traditional competence of overseeing the rules of the game and organising world-class competitions.

"We see it as our duty to take on the social responsibility that comes hand in hand with our position at the helm of the world’s most loved sport.

Join us in uniting forces to develop the game, touch the world and build a better future!"

The FIFA Mission (http://www.fifa.com/aboutfifa/federation/mission.html)
2. Sport for Development Case Studies

Kicking AIDS Out!
Kicking AIDS Out! is an international network of organisations which work together using sport and physical activity as a means of raising awareness about HIV and promoting behaviour change. Programmes implemented by member organisations focus on both sport and life skills, building awareness about HIV and encouraging people to talk about the issues facing their communities. The network incorporates a number of organisations, who use Kicking AIDS Out! to share best practice, resource material and develop effective policies. (www.kickingaidsout.net)

Right to Play
Right to Play (formerly Olympic Aid) uses specially designed sport and play programmes to improve health, build life skills and foster peace for children and communities affected by war, poverty and disease. The organisation has projects in more than 20 countries in Africa, Asia and the Middle East. Under the banner of health promotion and disease prevention, programmes are designed to educate and mobilise communities around national health priorities such as HIV and immunisation. The current Red Ball campaign involves French international footballer Zinedine Zidane and is supported by Adidas. In over 300 Adidas stores shoppers have the opportunity to learn about the work of Right to Play through in-store displays and videos. A special red ball can be purchased which helps to raise funds and awareness. In Tanzania Right to Play work closely with local volunteers, training local coaches in the delivery of HIV prevention messages and discussing sensitive issues around sexual
behaviour and HIV in their communities. Girls’ SportHealth ‘Bonanzas’ are held every two months to target women and girls, who are extremely vulnerable to HIV. These ‘Bonanzas’ include discussions on HIV and sexuality and games and tournaments, and move location ensuring that different communities are reached and the wider participation of girls, women and local coaches achieved. (www.righttoplay.com)

SCORE

SCORE (Sports Coaches’ Outreach) is a non-governmental, non-profit organisation which uses sport and physical activity as a means for development. The SCORE mission is to use sport to provide children and youth with valuable skills and opportunities needed to succeed in life and contribute to their communities. SCORE recruit and train international volunteers who are then placed in rural communities in South Africa, Namibia and Zambia for up to a year, implementing SCORE’s programmes. Such programmes include implementing physical education in primary schools, introducing new sports in schools and broadening participation, involving people with disabilities in sport, training coaches in order to establish clubs and teams, increasing gender equity in sport by involving women and girls, training community leaders to ensure that any programmes are sustainable and building facilities. Since 2002 SCORE has been a member of the Kicking AIDS Out! network. Rather than implementing a separate HIV programme, the organisation now incorporates KAO activities into all of its programmes, ensuring that messages about HIV reach the greatest number of people. Since 1991 more than 650 volunteers from 22 countries have worked with SCORE; more than 500,000 children, 30,000 teachers and 380 schools have participated in the programmes; and more than 20 different sporting codes have been coached. (www.score.org.za)
Grassroot Soccer works primarily in Zimbabwe, Zambia and South Africa, with partnerships in several other African countries extending their work. The mission is to use the power of soccer to fight HIV, providing African youth with the knowledge, skills and support to live HIV-free. Their goals are ambitious – to put 1.25 million youth through their programmes by 2010, to use soccer and role models to reduce HIV transmission among youth and to have the most effective HIV prevention education and life skills programme in Africa. In 2003 Grassroot Soccer launched a HIV education programme in Bulawayo, Zimbabwe. The aim of the programme was to reduce the spread of HIV by using adult soccer players to educate 7th grade children in nine schools. The goals included: to increase understanding of and communication about HIV; to improve recognition of HIV-related negative attitudes; to develop and deliver their own HIV prevention messages and to increase the teaching skills of the soccer players. Practically this involved one week of educator training and a 4-day educational intervention carried out over two weeks. An evaluation of this programme carried out by The Children’s Health Council in 2004 found that it had been a success, with knowledge and attitudes relating to HIV improved and a high level of satisfaction with the programme both from students and teachers (Botcheva; Huffman 2004).

“Soccer is an integral part of local cultures across the world. It is something so positive that it brings smiles to children’s faces even in the worst of circumstances. In most places even arriving at a field with a soccer ball will win you instant friendships and immediate access into a local community. Soccer teams and leagues are ubiquitous structures in even the most impoverished areas. And professional soccer players are heroes to the kids who watch them play”.

Why Soccer? www.grassrootsoccer.org