The Biggest Match of All:
Football Clashes with HIV/AIDS

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The world’s most popular sport is football (soccer). In recent times, the infectious disease to receive the most attention from the world has been HIV/AIDS. The world community has brought together a widespread campaign built on the cooperation and partnership of international organizations, governments, private groups, and individuals to slow, stop, and rollback the spread of HIV. Among the many strategies and tactics being used, football has become an important player. The struggle takes place on many levels and in many ways and some quite unique.
During the 90-minute span of a football match, some 400 young people, aged 15 to 24 years old, around the world will be infected with HIV; some 100 children under the age of 15 will die of AIDS, and another 400 will lose their parents to AIDS.

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I. Introduction

The world’s most popular sport, whether measured by number of fans, revenue obtained, or any of several other measures, is football (soccer). In recent times, the infectious disease to receive the most attention from the world has been HIV/AIDS. Like the earlier effort to eradicate smallpox, the

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2) See, for example, F. Fenner, et al., Smallpox and Its Eradication (Geneva: World Health...
The world community has brought together a widespread campaign built on the cooperation of international organizations, governments, private groups, and individuals to slow, stop, and rollback the spread of HIV. Among the many strategies and tactics being used, football has become a major player. Football players and fans, teams, and associations have taken on a tremendous challenge in becoming a part of the struggle against the spread of HIV and its effects upon humankind. The struggle takes place on many levels and in many ways and some quite unique tactics have been developed. This essay describes and analyzes the interactions between football and HIV/AIDS as an example of the world community in action against a common enemy.

“That smallpox has been rooted out from all parts of the world is... staggering achievement—both medically and politically one of the most remarkable achievements of the twentieth century.” Perhaps some time in the near future, a similar statement will be made about the world community’s struggle to “root out” HIV/AIDS.3)

II. The HIV/AIDS Situation

At various times in human history significant outbreaks of disease, epidemics and pandemics have significantly affected local and world events. Today, the world faces a similar situation. The relatively new4) but already infamous HIV/AIDS epidemic has rapidly expanded the number of people infected and the geographic scope of its spread, although recent reports indicate that the expansion has leveled off in some of the most hard-hit locations.5) In addition to the terrible personal and family tragedies this involves for millions of people, there are important consequences for the

4) “New”, though its origins may be between 32,000-75,000 or more years ago. Aleena Lakhanpal, “AIDS Virus Precursor Older Than Previously Thought,” The Johns Hopkins Newsletter 30 (September 2010), available at <http://www.jhunewsletter.com/home/index.cfm?event=displayArticle&uStory_id=a02de052-9cb4-4d06-97d1-f941d86d07f0> (accessed on 7 October 2010).
larger community, as well. In Sub-Saharan Africa, the current center of the pandemic, several countries have reached such levels of infection that education, agriculture, business and industry, and even the governments and military forces are being negatively impacted. Social unrest, economic disaster and political instability in some countries—and perhaps in some regions of the continent—are possibilities.

The spread of HIV has been exceedingly rapid. In 1981 the first cases were diagnosed in Great Britain and the USA. In these early years, the disease was thought to be a problem of gay men and injecting drug users. In 1985 WHO received reports of 20,303 cases, including the first case from China. Only three years later, in 1989, WHO estimated that between five and ten million people were HIV positive; by 1990 the estimate had increased to 8-10 million. All elements of the population were at risk; HIV was no longer seen as a problem only of gay men and injecting drug users, though the stigma attached to this myth remains a major problem. The latest data from UNAIDS indicate that about 60mn persons have been infected since the start of the pandemic and 25mn have died of HIV-related causes. In 2008 there were about 33.4mn people living with HIV, of whom 2.7mn were new cases reported in 2008 (1.9mn in Sub-Saharan Africa). Approximately 2mn persons died of AIDS-related causes in 2008, (1.4mn in Sub-Saharan Africa). Children and the young are an increasingly large proportion of the new victims; as of 2008 there were 2.1mn children under the age of 15 living with HIV and young people over 15 accounted for 40 percent of new adult cases. Sub-Saharan Africa contained 67 percent of all persons HIV positive and 91 percent of all new infections among children. Increasingly affected are women, who now represent 15.7mn or almost half of all persons HIV+ alive today.

Significantly, fewer than 40 percent of young people have basic information about the disease and possibly as many as 40 percent of persons carrying the virus are aware of their condition, a major factor encouraging the further spread of the disease. Sadly, as the publication of the latest UNAIDS report indicates, the number of new cases of infection outnumber by a ratio of five to two the number of persons starting treatment. Life can be prolonged by

proper treatment, though as yet there is no cure.

A number of serious problems are associated with attempts to control the spread of HIV, to care for those infected with the virus, and to assist those affected indirectly by the virus (such as orphans). Most obvious is the need to inform people of the characteristics of the disease and its transmission and the means to prevent transmission, but there is also a thick haze of myth and misinformation that must be dispelled. For example, there is a frequently heard rumor that sexual intercourse with a virgin will rid one of the virus. This encourages the spread of the disease in general but in particular to ever younger girls and boys. For those vulnerable to infection, knowledge is only the first step; behavioral change is often required.

Various local cultural values and practices may also influence the spread of HIV. Attitudes concerning the acceptability of having more than one sexual partner, referred to as the “multiple concurrent partner” problem, is an example.\(^9\) The “Sugar Daddy” practice, common in many poverty stricken areas of the world, an example of transgenerational sex, is a means whereby younger women are exposed to HIV infection. A very important cultural factor is the attitude of men toward women, who are often seen by men as having few rights (for example, the right to refuse to have sexual intercourse with their husbands) and are often subjected to violence. Education and frank discussion through the football experience may be useful in overcoming such issues.

One of means of spreading the HIV virus is Mother to Child Transmission (MTCT) whereby an HIV infected pregnant woman can, if not receiving proper treatment, pass the virus to the fetus, the newborn child, or the nursing infant. If not properly treated, up to 30 percent of such babies will be infected; a further 5-20 percent may be infected via breastfeeding. This is almost totally preventable—if funds are available for testing and medicine and if people, especially pregnant women, have the necessary information.\(^10\)

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8) Some vulnerable groups are sex workers, young people, injecting drug users, truck drivers, miners and other migrant workers, men who have sex with men (MSM), street children and orphans, persons with multiple sexual partners, and persons in prison.


10) Claire L Townsend, “Low Rates of Mother-to-child Transmission of HIV Following
And yet, estimates indicate that 340,000 babies are born HIV+ each year.\textsuperscript{11)}

A vicious stigma is attached to HIV, such that children and spouses are frequently forced to leave their homes, children are thrown out of school, and friends disappear when a person is discovered to be HIV+. This adds a terrible burden to someone who already carries the weight of knowing that he is HIV+. It also leads to a fear of being tested for HIV, for should one be found positive and the news get out, social ostracism and job loss may result. This also means that those known to be HIV+ may suffer from severe isolation and depression. Failure to be tested is a factor in the spread of the disease, for if you do not know you are HIV+ you may not take precautions to prevent giving the disease to others. Ignorance is not bliss! For example, a recent study found that 44 percent of HIV+ gay and bisexual men in the USA are unaware that they are positive.\textsuperscript{12)}

Many more persons are affected by HIV than just the number of persons HIV+. Orphans are one such group.\textsuperscript{13)} UNAIDS estimates that (by its definition of orphan), HIV has orphaned more than 14mn children in Africa. These children face enormous difficulties in societies that may not have the financial ability to provide for their care. Many become street children, fail to get schooling, or never learn their parents’ farming or other skills. They may become caught up in trafficking or turn to prostitution to stay alive, but thus are highly vulnerable to becoming HIV+ themselves.\textsuperscript{14)}

Campaigns to prevent the spread of HIV, to assist those already infected, and to assist those otherwise affected by HIV cost tremendous amounts of money. Research for a cure and treatments, training of professionals to deal with the pandemic, and provision and administration of medicines are among

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Effective Pregnancy Interventions in the United Kingdom and Ireland, 2000-2006,”
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the many and very large costs. Large amounts of funding are provided by international organizations, donor countries, NGOs and foundations, and individuals, yet there never seems to be enough money to undertake all that needs to be done.

Football (soccer) has become a major weapon or tool in the resolution of these problems. Players, teams, associations, and fans have joined the struggle.

II. Football in the Struggle Against HIV/AIDS

The game of football is being used in numerous ways, some mundane and some unique, to provide education, fight stigma and discrimination, change behaviors, prevent MTCT, provide camaraderie and fellowship for the infected, and to raise funds. Those persons involved in the sport, from players and coaches to fans, and those organizations involved, from teams, to FIFA (*Fédération Internationale de Football Association* or the International Federation of Association Football) and international organizations have implemented numerous ways in which they take part in this struggle. Widespread use is made of the “partnership” idea whereby different types of organizations work together toward a common goal while also pursuing their individual goals. Thus, a business such as Nike might partner with FIFA and several local football associations to launch an AIDS prevention campaign. The contributions of each partner should make a stronger and better funded project.

We will describe some of these activities below. Although an organization or project may be placed under one category, most are actually multipurpose, simultaneously informing about HIV prevention while also fighting stigma and providing fellowship for HIV+ persons, for example.

1. Informing, Testing and Counseling

1) Football Pros Take the Lead: Footballers for Life

You might not think of footballers, or other professional athletes, as a “vulnerable” group, but earning money, being on the road much of the time, and being well-known heroes to many add up to giving athletes plenty of opportunity for partying and sexual activity.
The concept underlying the South African organization Footballers for Life (F4L) is that, “Football players represent the epi-centre of the male challenge; if an intervention could be designed and proven successful in changing them, then as icons and heroes of millions of other men, those changes would quickly snowball, rolling outwards as a trend that could drive new social norms.” Retired professional players receive training in coaching techniques, life skills, and health/HIV matters which they then incorporate in their work with current professional players and teams. The retirees’ status as well-known players gives them a unique opportunity to relate with boys and men on delicate and “macho” subjects such as HIV education, alcohol and drugs, sexual matters, male-female relationships including violence against women, and handling financial matters and money. Guidance for the program is provided by the NGO Johns Hopkins Health and Education for South Africa (JHHESA) and Matchboxology; funding comes from JHHESA, USAID and PEPFAR.15)

2) The Dago, Kenya Village Soccer Tournament and the Battle of the Giants in Fiji

The rural village of Dago, six hours away from Kenya’s capital Nairobi, relies on agriculture for its livelihood. Due to its distance from major centers and local poverty, health care and information (including knowledge on HIV and performing HIV testing) are generally lacking for the village. To help overcome this deficiency, local officials organized a five-day men’s soccer and women’s netball get-together, the “Kick It with Kenya Football Tournament,” in September 2009. Persons attending the tournament were given access to free health services including HIV testing and counseling. More than 550 locals were tested for HIV, 34 of whom tested positive. Funding was received from various local personalities and businesses and a U. S.-based non-governmental organization (NGO) Village Volunteers.16) A


similar program in Sudan used football matches in isolated villages as a venue for the distribution of HIV-prevention literature.\textsuperscript{17)

A similar project was undertaken in Fiji where the Fiji Association of Sports and the National Olympic Committee (FASANOC) Stop HIV Campaign partnered with the Red Cross, the Ministry of Health and the Fiji Network for People Living with HIV (FJN+) Fiji Football Association to provide HIV-prevention information to the country’s Indian population attending the Battle of the Giants tournament in Nadi in 2010.\textsuperscript{18)

3) Samdrup Jongkhar, a Football Tournament to Fight HIV in Bhutan

In a manner similar to that of Dago and Nadi, officials of Samdrop Jonghar, a Bhutanese district headquarters bordering the Indian state of Assam, invited eleven men’s teams to participate in a football tournament in September 2009 as part of an effort to disseminate knowledge of HIV and other health issues. A second tournament was planned for women’s teams at the end of the month but only two teams signed up for the event. Health officials were present at the tournaments to provide relevant information. Financial support was received from local businesses as well as the Bhutan Football Federation.\textsuperscript{19)

4) Football for an HIV-Free Generation (F4) and Its Magazine

F4 was established to coincide with the 2010 World Cup. Partnering with UNAIDS, the Africa Broadcast Media Partnership against HIV/AIDS (ABMP) and other organizations, F4 developed a sustained media campaign combined with community-based organizations to use football as a means to prevent the spread of HIV. ABMP, a coalition of African broadcasting companies that have agreed to devote five percent of their daytime broadcasting for HIV/AIDS content free of charge, estimates that its broadcasts of the F4 football messages reached 200mn persons in Africa. In addition, F4 has published *Skillz Magazine*, a quarterly that features football

stars and their stories to promote healthy lifestyles for youth. Another publication using the football motif is produced by FACES, Family AIDS Care and Education Services, in Kenya. Extra Time, developed by the Sports for Life organization, is a workbook advising youths and their organizations on HIV prevention. “By design, the product has the look and feel of a football/soccer magazine,” and it is modeled after similar products of the Kicking AIDS Out program.

2. The Infected and the Affected: Fighting Stigma, Finding Social Support, Building Health

1) Rumah Cemera, an Indonesian NGO

Based in Bandung, Indonesia, Rumah Cemero is an NGO established by five former drug addicts to assist others in overcoming addiction. Many former addicts are HIV+ as a result of needle sharing while addicted. Rumah membership now includes hundreds of such persons and the organization has formed several football teams consisting of both HIV+ and negative players. At least two prison-based teams have been set up.

The teams serve to show the public that being HIV+ does not mean that life stops and that stigma and discrimination must end. Stigma is a serious issue in Indonesia: “[B]ecause of the high level of social stigma surrounding HIV and AIDS in Indonesia, the country already has the fastest growing HIV epidemic in Asia, and it is difficult for the estimated 333,200 Indonesians living with HIV to reveal their status. If stigmatized further, HIV will continue to spread, not only within populations of drug users and sex workers, but into the general population as well.” In partnership with the International HIV/AIDS Alliance, Rumah Cemero is opening the eyes of the public to the realities of life with HIV.


The teams build brotherhood amongst the members who refer to themselves as “brother” and “sister” rather than as “friends,” symbolic of the important mutual support the organization provides. “Playing with Rumah Cemara increases the players’ confidence, motivation, and ability to live a healthy life with HIV.”

2) Zimbabwe HIV+ Women’s Football League

Fighting stigma and isolation, building camaraderie, keeping physically fit and following the medicine routine required for prolonging the HIV+ person’s life are among the functions of a football league for HIV+ women in Zimbabwe. Team names such as “Stigma Eradicated,” “Virus Ambassadors,” and “ARV Swallows” symbolize the women footballers’ efforts to overcome some of the problems they face. During their matches, HIV prevention literature and condoms are distributed and a testing clinic is available. After the game, the players talk with members of the audience about their HIV related experiences. Doctors without Borders provides Anti Retro Viral (ARV) medicines to players; various organizations and individuals, including the league’s founder, make financial contributions. At least 16 teams participate in the league. The team representing the Positive Ladies Football Club, the ARV Swallows, has won local tournaments and participated in the Doctors without Borders “Halftime No Time to Quit” Tournament in South Africa during the 2010 World Cup to protest reductions in funding for HIV projects by the major foreign aid donor countries. A documentary film on the Positive Ladies states that when the team wins a match, “They would march through the clinic in their football jerseys singing uplifting songs in order to inspire other HIV-infected people like them.”

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23) Ibid.
3) Alive and Kicking: Made in Africa, by Africa, for Africa

An organization may combine purposes in unique ways. Alive and Kicking (A&K), an NGO headquartered in the United Kingdom, provides assistance for HIV orphans and other disadvantaged children but also provides income earning opportunities for adults; soccer balls bring the two groups together. Soccer balls manufactured outside of Africa are very expensive when they get to Africa. Most children cannot afford to buy these. Alive and Kicking trains adults in Kenya and Zambia the procedures to make footballs at low cost which are then provided to children’s organizations. Each ball contains an HIV or malaria prevention message. On what scale does this NGO operate? “Since 2004 A&K has produced and distributed 300,000 balls, provided 150 sustainable jobs, and targetted 40,000 children with our HIV / AIDS campaign.” A&K expects to produce 60,000 balls in 2010, half of which will be given free to recipients. The balls go to schools, orphanages, refugee camps, and youth groups. A&K provides road shows promoting good health and trains some of its stitchers to become peer educators delivering HIV prevention and other health information.27

4) Kibera Mpira Mtaani: Football, Education, and Health in Kibera

Working with A&K and other organizations, Kibera Mpira Mtaani (Kibera Football Village) coordinates football tournaments and community work in Kibera, Kenya’s and one of the world’s largest slum areas. The tournaments attract large numbers of teams as spectators; 136 teams played in one tournament in 2009. The coaches, who in many instances become surrogate fathers, provide HIV prevention materials to the players, who must attend school and refrain from smoking and alcohol. Kibera maintains a resource center and library that provides tutoring to more than 500 children. In unusual

26) Joanna Stavropoulou, “HIV+ Soccer Team Scores against Stigma,” CNN Health (19 November 2009), available at <J:\Soccer\New Folder\HIV+ soccer team scores against stigma - CNN.mht> (accessed on 5 October 2010).
twist, each team must field at least one female player at all times during games, part of an effort to eventually develop women’s teams and leagues. In another unique football-based strategy, Kibera raises money by utilizing a satellite dish to bring in football broadcasts; viewers pay a small fee.28)

3. Raising Funds

1) Little Travelers Footballers

There are numerous football-related activities for raising funds to pay part of the costs of the struggle against HIV. During and around the time of the 2010 World Cup, an organization founded in Canada and with chapters in Korea and Australia sold “Little Travelers Footballers,” beaded key chains made by HIV+ women and women affected by HIV in South Africa. The proceeds, about $2800, were sent to an HIV hospice, the Hillcrest Aids Centre in Kwa-Zulu, South Africa. Some of the funds support the hospice and some was paid to the craftswomen making the dolls. A secondary purpose of this project was to raise Canadian’s awareness of the HIV situation in Africa.29)

2) “Survivor” Television Winner Joins the HIV Struggle

Ethan Zohn, a former Zimbabwe professional footballer and a winner on the television show “Survivor Africa” saw the destruction of HIV first-hand while working in Zimbabwe. He formed “Grass Root Soccer” to bring together former professional players to galvanize the world soccer community to assist in the HIV-prevention campaign. Zohn plays a very personal role in raising funds for the organization.30) In 2008 he dribbled a soccer ball for about 100 days from Boston to Washington, D.C., about 550


miles, to raise awareness and garner funds. On the way, he stopped in Manhattan to host a charity soccer game. In 2006 he organized a series of events around a charity game with the professional Milwaukee Wave team and reality television stars. The Miller Brewing Company hosted a dinner and silent auction as part of the effort.31)

3) Students Take the Initiative

In Provo, Utah, Brigham Young University students organized several events in 2009 to raise funds for Grass Root Soccer (GRS), an organization that has provided more than 300,000 youths with comprehensive AIDS prevention information in 16 countries. In addition to a pancake breakfast sale and a six kilometer run, the students organized “Lose the Shoes,” a 3v3 soccer tournament. To enter, each player was required to donate a minimum of $15.32)

A unique fund raising event was conducted by Yahoo! and (RED) (an HIV related organization). For one day during the 2010 World Cup people could go online to play the game “Penalty Shootout”. Players were to shoot online goals and for each goal scored, Yahoo! donated one dollar to the Global Fund to Fight AIDS, Malaria and Tuberculosis (up to $100,000).

4. Vulnerable Groups

1) Street Children, Orphans and Youths

Kick4Life (K4L) is an NGO operating in the United Kingdom and Lesotho, one of the most HIV-affected countries in the world, “to deliver highly effective and innovative development through football programs that address social disadvantage among children and youth...”33) It serves youth, with emphasis on orphans and vulnerable children. From 2005 until 2010 more than 25,000 children have taken part in K4L activities including:

(1) The Street Youth Initiative which organizes daily football matches for

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street children and provides support services,

(2) The Orphan and Vulnerable Children Scholarship Scheme,

(3) Children’s Health Days, a day-long event in vulnerable rural communities for adults and children that includes HIV testing and information as well as other health-related activities, and

(4) Test Your Team campaign which provides free HIV education and testing at football tournaments.

K4L has called upon a variety of resources to encourage children to take part in its activities. World-renowned footballer David Beckham, Britain’s Prince Harry, and England’s Head Coach Fabio Capello are among big name football personalities to visit K4L activities in Lesotho in 2010. The most recent project is to open a Football for Hope Center in Maseru, capital of Lesotho, to serve as headquarters for K4L’s activities. This will be one of 20 centers planned for Africa by FIFA, the world football governing body, and Streetfootballworld in the hope of increasing the impact of football as a tool for social development to achieve social change through football.

“Exodus from the Street,” was a month-long football tournament in 2002 organized by six partners – the UN Centre for Human Settlements (HABITAT), an Irish group GOAL, the African Medical Research Foundation (AMREF), the German Foundation for World Population, the Council of East and Central African Football Federations, and the Mathare Youth Sports Association. This list indicates the international nature of some partnerships and the range from local group to international organization such partnerships may take. The project organized 24 teams of males and females under the age of 16 from Nairobi Kenya’s street children population. In addition to playing football, the youths were entertained by local artists, provided with health and HIV information, and given free medical treatment.

35) “Streetfootballworld is a social profit organisation that links relevant actors in the field of Development through Football. Established in 2002, the organisation encourages global partnerships for development in order to contribute to positive social change.” Available at <http://www.streetfootballworld.org/aboutus> (accessed on 25 September 2010).
At a clinic set up by AMREF, the Colgate Palmolive Company, and the Kenyan armed forces.\(^{37}\)

In 2007 several of India's top football clubs, such as Mohun Bagan and Mohammedan Sporting, took part in matches against local teams in West Bengal to promote the protection of and to counteract the stigma attached to children affected by HIV/AIDS. UNICEF in partnership with the government's Department of Sports and Youth Services and with support from UNAIDS organized matches in six districts with attendance estimated at 100,000 persons. In addition to the public service announcements on local media made by many of the players, leaflets were distributed. UNICEF estimated that 300,000 people were reached in these ways.\(^{38}\)

2) Truck Drivers and the Media

Truck drivers spend long periods away from wives and home and often make up the loss with visits to prostitutes: truck routes have been recognized as long, thin lines of HIV infection. At the border town of Katuna, Uganda drivers may be delayed for days waiting for permission to cross into Rwanda. Katuna is thus an ideal site for interventions against HIV. An HIV/AIDS resource center has been established there by the cooperative efforts of an American labor union (the AFL-CIO), Family Health International, and the U.S. foreign aid program (USAID). The "Safe TStop" is managed by a Ugandan truck drivers' union and it provides a variety of services including HIV prevention materials, HIV testing, and counseling. "The centers link truckers to voluntary, confidential HIV counseling and testing, treatment of sexually transmitted infections, education and training opportunities, and support for orphans and at-risk children." Although football is not directly used by the center, football games presented on TV are an important draw to bring drivers into the center. Several similar centers have been opened in Kenya, Tanzania, Southern Sudan, Ethiopia, Rwanda, and Burundi as well as four in Uganda. At the centers more than 150,000 persons have received HIV


information and counseling and more than 5,000 have received free HIV testing.39)

3) Hope to Youth in Prison in South Africa

Ambassador in Sport (AIS) was founded in 1990 in the United Kingdom to develop a grassroots football ministry. Through its numerous programs and locations AIS has become deeply involved in the HIV struggle. AIS works through football camps, clinics, a prison ministry, and several other means. AIS-South Africa (AIS-SA) is establishing Hope Academies in various locations including inside prisons. The Academy uses soccer as an alternative to gangs that dominate many South African prisons. One academy at Drakenstein opened in 2008 and is in full operation. The program requires instruction in HIV prevention and coaches, players and others are encouraged to be tested and, if needed, attend counseling. Inmates are trained to use soccer and develop programs, including HIV education, in their home communities upon release from prison.40) There is a measure of the project’s success—of 18 men now released only two have been returned to prison.41)

4) Babies and Infants: Mother to Child Transmission (MTCT) of HIV

Numerous NGOs, government organizations, and international organizations struggle to prevent the spreading of HIV from infected mothers to their infants. Using the 2010 World Cup as a starting point, UNAIDS launched the “Red Card” campaign publicizing the theme “From Soweto to


Rio de Janeiro, give AIDS the red card and prevent babies from becoming infected with HIV” and using the slogan “Give AIDS the Red Card.” UNAIDS ambassadors, the captains of teams in the World Cup, and FIFA joined in the campaign aimed at eliminating MTCT by the next World Cup in 2014 in Rio de Janerio. An internet contest with prizes was also used. Grass Root Soccer (GRS) used the theme in a broader HIV-prevention project and an anti-trafficking group also used the “Red Card” idea in a campaign to halt human trafficking.

5. Stars and Heroes: The Actions of the Famous

Stars and heroes exist at all levels of football, from the international to the local. They are called upon to play many roles in the struggle against HIV. They can attract crowds, encourage fund raising, fight stigma and discrimination, and provide information and counseling that may be too delicate for most adults to openly discuss. On the eve of World AIDS Day, 30 November 2009, Didier Drogba (Chelsea), Joe Cole (Chelsea), Andrei Arshavin (Arsenal), Marco Materazzi (Inter Milan), Denilson (Arsenal), Lucas Neill (Everton), Clint Dempsey (Fulham) and Seol Ki-Hyeon (Fulham), gathered together in London to announce a partnership between NIKE, Inc. and (RED) against AIDS in Africa. These top footballers from Africa, Asia, and Europe made the news around the world with this performance. The announcement also points up the importance of another factor; partnerships between business, international organizations, NGOs, football organizations, and other institutions have become an important “piggybacking” phenomenon in recent years whereby activities are undertaken, publicity is received for all parties concerned, funds are raised, and important social endeavors are undertaken.

1) The Ambassadors

International organizations have for a long time recognized the value of having famous people join their programs, often designating them as “ambassadors.” Just prior to the 2002 World Cup in Korea, UNICEF in partnership with FIFA launched a campaign using 45 former World Cup stars that appeared in a video series given free to broadcasters around the world. Two main themes were included, a general statement about the widespread need to help children and a more specific statement on the need to struggle with HIV and its effects on children.44)

In 1996 UNICEF organized the “Play Safe” campaign to develop a working relationship with the main football organizations within several countries in order to harness the power of their communication capacity for HIV/AIDS prevention and care. Several world class players--Renaldo from Brazil, George Weah, Liberia and John Fashanu, Nigeria-- joined the effort to gain the cooperation of country football organizations in prevention education campaigns. Weah’s efforts with UNICEF exemplify the roles of these “ambassadors.” Although his work with UNICEF began as early as 1994, in 1997 Weah became UNICEF’s Special Representative for Sports and he undertook a variety of activities related to HIV and other youth issues. In a partnership arrangement of the Liberian Football Association, the Liberian National AIDS Control Program, the Ministry of Youth and Sports, and UNICEF “using sport as a vehicle to highlight the dangers of HIV/AIDS,” Weah performed public service announcements on nation-wide radio and appeared at an international match in Monrovia, the capital of Liberia. In Ghana, he took part in a football clinic for boys’ and girls’ teams in an HIV prevention program for inner-city children in Accra. This project was a partnership arrangement between UNICEF, UNAIDS, the Ghana Football Association, the Ghana National Youth Organization and others. In New York, Weah prepared numerous presentations for radio and television that aired all over Africa. And in a partnership between Rotary International and UNICEF, Weah took part in the organization of the Rotary International/UNICEF/George Weah National Football Trophy Tournament for under 18s in Ghana. In 2001 the theme of the tournament was HIV

In 2004 Weah was given the Arthur Ashe Courage Award by ESPN, the world sports network, for his many activities using football to assist children. Among other big-name football stars active in the struggle against HIV are Pelé (Brazil) as Goodwill Ambassador for UNESCO, Leo Messi (Spain) as Goodwill Ambassador for UNICEF, and Michael Ballach (Germany) and Emmanuel Adebayor (Togo) both serving as Goodwill Ambassadors for UNAIDS.

2) Local and National Stars Play the Game

It is not only the Beckhams and Peles of the football world who are significant; players less known to the world but of local significance also play a role. The 2010 World Cup in South Africa provided many opportunities for HIV-related organizations to further their activities. For example, South African and international stars from several sports became Sports Ambassadors working with Brothers for Life, a South African NGO that encourages men to work against gender violence and HIV. These Ambassadors appeared on television and radio and in outdoor advertising about the risks of alcohol, unprotected sex, and HIV, as well as encouraging participation in a national HIV counseling and testing drive begun shortly before the World Cup. Forty civil society organizations partnered with the South African National Aids Council (SANAC), UNICEF, Johns Hopkins Health and Education in South Africa (JHHESA), and the South African Department of Health on this project. Another example, Population Services International (PSI), a well-known NGO in the area of developing country health and population activities, used Olivier Karikezi, a Rwandan

professional soccer star who used to play in Sweden and is now in Norway, in a billboard campaign encouraging youth to wear condoms as a part of its HIV prevention program in Rwanda.\footnote{Personal communication, Elise Mugabo, former PSI officer in Rwanda, 20 August 2010.} During the 2006 World Cup, PSI partnered with the Tanzania Football Federation (TF) to produce radio and television HIV-educational messages from five celebrity football stars aimed at the 70 percent of the population estimated to be viewing the games.\footnote{“Enormous Response to World Cup anti-AIDS adverts” (4 August 2006) available at \url{<http://www.plusnews.org/Report.aspx?Reportid=60165>} (accessed on 20 October 2010).} A similar program associated with the 2002 World Cup saw UNICEF partnering with the Mozambique Football Federation, a FIFA national branch.\footnote{IRIN, “Mozambique: Saving Young Lives with Football” (19 June 2002) available at \url{<http://www.plusnews.org/Report.aspx?ReportId=31276>} (accessed on 7 June 2003).}

The African Cup of Nations is the continental version of the World Cup and like the World Cup; it serves as a focal point for HIV-related activities. For example, in 2002 the African Cup was held in Mali, USAID in Partnership with Johns Hopkins University used the opportunity to recruit African footballers participating in the Cup to join a new HIV awareness program, Play for Life. Footballers were trained to serve as HIV prevention spokesmen on radio and TV, during visits to schools and youth clubs. In Ghana, the Play for Life road show visited nine communities and communicated with 45,000 people; in Mali visits to an HIV clinic doubled after the presentation. A follow-up program, Sports for Life, was begun the following year. It “raises HIV/AIDS awareness and encourages HIV testing and counseling among at-risk youth involved in community basketball, volleyball, and football teams.”\footnote{USAID, “West Africa: Football Players Urge Game Plan Against HIV/AIDS,” available at \url{<http://www.usaid.gov/our_work/global_health/aids/News/successpdfs/westafricastyry.pdf>} (accessed on 4 October 2010).}

Coaches and local heroes can speak to young people in their own language and often have a bond with youth that enables them to be very frank, very straightforward, and very influential. Thus, as indicated in several of the paragraphs above, there is much emphasis on working with coaches and well-known players to give them the expertise and skills they need to become change agents. As an example, Tackle Africa, a British-based charity, funds several projects in an effort to prepare football coaches to educate their players about HIV. Local coaches attend workshops, a coaches’ manual has been prepared, and funding is provided to partner organizations in Africa.\footnote{USAID, “West Africa: Football Players Urge Game Plan Against HIV/AIDS,” available at \url{<http://www.usaid.gov/our_work/global_health/aids/News/successpdfs/westafricastyry.pdf>} (accessed on 4 October 2010).}
3) Amateurs Have a Role, Too

Andrea Yetter, a graduate of Lehigh University (USA) and a member of Lehigh’s women’s soccer team, volunteered to spend a year (2008-9) in South Africa as part of a group teaching professional soccer players “how to use their status to teach children HIV/AIDS prevention.” Although she received some financial assistance from Grass Root Soccer (GRS), the organizer of the project, most of the expenses were her responsibility. Friends, family, and church assisted her in this regard.54)

Such volunteers often add their creativity to the volunteer assignment. Tyler Spencer, a graduate of Georgetown University, was another GRS volunteer in South Africa (2007-2008). His “life-changing experience” there led him to form upon his return to the USA the Grassroot Project, a youth HIV/AIDS education and awareness program in the Washington, D.C. area. The project uses about 40 current and former athletes from Georgetown University to teach D.C. children about HIV prevention.55) Sean Hinkle, a graduate of the University of Virginia, is another year-long Grass Root Volunteer, paying costs mainly from his own pocket and from money earned as an intern with the U.S. Soccer Federation. Prior to departing to Cape Town he spent several months collecting used soccer equipment and sending it to various sites around the world.56) While in South Africa he organized a project for South African youth to earn money by making “ragballs” which are marketed in the USA.

6. Business Partners with Football

Nike has been mentioned above as partner, but much more can be said about this company’s efforts in the HIV struggle than space will allow in this

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article; some examples of Nike’s many activities must suffice. In 2010 Nike announced its support for a world-class football training facility in Soweto, South Africa. This program will provide football training and HIV-prevention education to 20,000 young people per year. Nike’s partnership with (RED) involves the sale of shoe laces made by Nike, the profits from which are split 50 percent to the Global Fund to Fight AIDS, Tuberculosis and Malaria and 50 percent to football-based community initiatives to fight HIV in Africa. The “Lace Up. Save Lives” campaign was supported by three European football leagues which used specially-produced red balls for all home games to advertise the project. Such partnerships involve many organizations and many partners. The “ninemillion.org” is a partnership with the UNHCR to bring attention to the situation of the world’s refugees which includes HIV-prevention activities for refugees. “Let Me Play,” a partnership with the humanitarian NGO Mercy Corps, uses football and other sports to reach vulnerable youth with HIV prevention education. Nike donates 300,000 pieces of sports equipment per year to this project. “Fighting HIV/AIDS through Soccer” is an organization supporting numerous local programs such as Grass Root Soccer in South Africa, Zimbabwe and Malawi; Kalusha Bwalya Foundation, Zambia; Kids League, Uganda; AKWOS, Rwanda; and KickAIDS, South Africa. Nike and the NGO Mercy Corps also partner with USAID, the U.S. foreign aid office, in the Sports for Life and Peace project which uses football as a focus for HIV prevention programs.

One of many HIV activities spinning off from the 2010 World Cup, “Public Viewing in Africa” was a partnership between a major corporation (Sony), an international organization (the United Nations Development Programme or UNDP), and a government agency (the Japan International Cooperation Agency or JICA). The project showed 26 World Cup matches to 24,000 people living in Cameroon and Ghana. The shows were combined with an AIDS-awareness campaign. Large screen equipment was set up at locations with limited television access. The locations then became sites for drama.

57) “European Football Leagues Turn (RED) to ‘Lace Up. Save Lives’,” op. cit.
58) This section is derived from several pages found at <http://www.nikebiz.com/company_overview/> as well as several news reports. Adidas, a major competitor of Nike, also has been involved in the HIV prevention campaign. For example, see “Adidas Encouraging Learning,” at <http://www.fifa.com/worldcup/organisation/ticketfund/partners/adidas.html> (accessed on 10 October 2010).
performances, quizzes and song contests relating to HIV and AIDS prevention, as well as the free distribution of condoms. In Cameroon, UNDP mobilized approximately 5,350 people in five locations; in Ghana, JICA brought together 18,650 people at 18 places. In addition, 4,800 attendees took HIV tests.\(^5^9\)

Smaller businesses involved in the HIV struggle often at the local level. For example, Tati Nickel Mining Company in partnership with two South African government organizations funded a football tournament in 2008 the main purpose of which was the spreading of HIV-prevention information and awareness. Free HIV testing was provided.\(^6^0\)

7. Sports Organizations

From individual teams to the world-wide sport organizations the HIV crisis has provoked a powerful response. Several examples have been presented above of team and leagues roles in this effort. The Africa Cup of Nations,\(^6^1\) the continent’s major football tournament has been mentioned above. In partnership with the UN Population Fund, UNAIDS, and the Global Fund, the 2007 Africa Games, the continent’s Olympics-type event, offered a wide-range of HIV activities, from free testing and condoms for the athletes to propaganda for all attending and viewing the games.\(^6^2\) We review here a few examples of sports’ organizations contributions.

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1) **The Team Effort**
Deportivo Chivas USA, a team in the American Major League Soccer group, used the World Cup 2010 excitement to host the 4th annual AIDS awareness night in California. The program was particularly aimed at the Latino community, the racial group suffering the most from HIV in the area. This was a prime example of partnership for among the groups involved were the Greater East LA Meth Task Force, Lincoln Heights Neighborhood Council, AltaMed Health Services, JWCH, East Los Angeles Women’s Center, Our Lady Queen of Angels Church, Iglesias Luterana Church, and the Latino Family Center. The Erase The Doubt Campaign, Chivas USA, and Wall Las Memorias Project were the major participants. Persons attending could receive free tickets as reward for being tested for HIV, HIV-prevention and anti-stigma literature was distributed to all attendees and star players were publicly HIV-tested to encourage fans to follow their example.63)

2) **The International Olympic Committee (IOC)**
One may debate whether it is the Olympics or the World Cup that draw the most interest and the greatest number of viewers, but both play important roles in a wide range of social, health and development efforts. In its “Policy Statement on HIV/AIDS,” (2004) the IOC makes the following points:

(Th)e fight against HIV/AIDS is one that the Olympic Movement must of necessity address by joining international partnerships to boost up the global response to this catastrophe. Furthermore, the IOC is unique in that it is one organization that brings together the largest number of disparate international sports federations and youth from around the world and organizes the biggest and most popular sports festival on earth... There is indeed a need for innovative actions and partnerships to scale up the global response to the epidemic. A new powerful and vibrant voice must be heard... This voice is that of the Olympic Movement.

The IOC will play a leading role in the Olympic Movement’s contribution to the global fight against HIV/AIDS by committing effort and mobilising

resources. It will encourage its constituents to participate fully in the effort.

From time to time, the IOC will participate in HIV/AIDS awareness programmes.

It will also as a policy issue statements of support for the fight against HIV/AIDS on such symbolic occasions as the World AIDS Day.

The IOC is neither a health organization nor an institution that traditionally addresses social issues. The IOC will, therefore, collaborate with existing expert structures of major organizations which are already in the field, in particular UN agencies with which it already has agreements of co-operation. It will also seek new partnerships with multi-lateral organizations such as the World Bank in this regard.64)

The statement goes on to note that all organs of the Olympic movement will be urged to take positive action against HIV. The two Olympic Games, Youth Games, and Olympic Day Run will carry messages on HIV/AIDS. National Olympic Committees (NOC) and other related associations will be encouraged to cooperate with relevant HIV-organizations (private, governmental, and international) and, repeating themes that we have seen frequently above, “The IOC urges NOCs and their structures to include in their training programmes for coaches, administrators and athletes, HIV/AIDS awareness sessions. NOCs are urged to particularly encourage high-profile sports personalities to be involved in anti-HIV/AIDS campaigns as role models.”65) A follow-up statement in 2008 notes a variety of programs undertaken by the IOC in cooperation with UN agencies and the Red Cross (IFRC) and presents brief descriptions of programs undertaken by NOCs in several countries. For examples, in India sports organizations and stars have made more than 29,000 presentations on trains in the “Red Ribbon Express” campaign, training manuals and “toolkits” have been produced in several countries including Lesotho, and in Barbados special seminars were established for sportswomen.66)

65) Ibid.
3) FIFA and Football for Hope

FIFA, as suggested by the several examples discussed above, is involved on a continuous basis in numerous HIV-related activities. FIFA establishes programs, provides funding to additional programs, encourages its member organizations to undertake appropriate activities, and prepares training manuals, “toolkits”, and seminars to enable numerous individuals—such as coaches, players, teachers, and community leaders—to spread the HIV-prevention, anti-stigma, and social inclusion messages. Partnership at all levels of organization is a major strategy by which FIFA fulfils its desires in the HIV struggle. One of FIFA’s largest projects in this respect is Football for Hope, an alliance between FIFA and “Streetfootballworld,” a social profit organization organized in 2002, linking relevant actors for development through football. Partnership with governments, businesses and NGOs is its major tactic. The Football for Hope program provides financial support to 39 local-initiative organizations around the world, many of which have HIV/AIDS programs as a major component of their activities. The examples below indicate a multifaceted and complex combination of partner organizations:

(1) Coaching for Hope (Mali) – Development of HIV/AIDS awareness and prevention program through football. Partners include Adidas and the U.K. Football Association (The FA);

(2) Mathare (Kenya) Youth Sports Association (MYSA) - Decentralization of MYSA’s work, an increase of number of tournaments and creation of a MYSA archive and database. Among the 49 partners are the Ministry of Health, the Norway Cup, Kapa Oils Ltd, and the ILO;

(3) Search and Groom (Nigeria) - Development and implementation of an education and arts program using Fair Play Football. In addition to the FIFA and streetfootballworld partnerships. United Action for Children (below) is a partner;

(4) Whizzkids United (South Africa) - Support for the school-based peer education program and a new youth counseling center both aimed at

making young people more aware about HIV/AIDS. The program is a project of the U.K.-based Africaid which includes as partners the Sport for Social Change Network, Abbott Labs., and the Life Channel (U.K.); (5) United Action for Children (Cameroon)-Using football to provide education and vocational training for youth that do not attend school. 68) Twenty-eight “partners and sponsors” are listed including the Malian Foundation (Australia), Coordinating Committee for International Voluntary Service (CCIVS of UNICEF), the Qids-Future Foundation of Switzerland, the European Foundation for Street Children, and the Canadian International Development Agency (CIDA) 69); and (6) Breakthrough Sports Academy (Zambia)-The development of the Zambia Street Football Network. Among the numerous partners and cooperating organizations are the German Embassy (Lusaka), Chiparamba Youth Football Academy, National Sports Council of Zambia, Football Association of Zambia, EDUSPORT Academy, International Organisation for Migration, Sports In Action, EDUSPORT Foundation, HEROES United Football Club, Youth Basketball League, United Nations High Commissioner for Refugees, Grassrootsoccer, Zambia Street Football Network, and Youth Development Football. Also mentioned are Standard Chartered Bank, Miles Ahead, GaEduSport, SCORE volunteers, ASA volunteers, GTZ Zambia, Aquaman Consultants, Tackle Africa, Haugesund Football Club, Premier Soccer Academies, SKF, Gotthia Cup management, Norway Cup, Nissan Zambia limited, Cercle Brugge and Belrose School.70)

The World Cup is a focal point of many of those undertakings, but it is also the generator for many special actions. A partial list of activities generated by

the 2010 World Cup includes several mentioned previously, but also several others: Give AIDS the Red Card, Brothers for Life, Public Viewing of Games in Africa, World Cup in My Village, South African Business Coalition on HIV/AIDS Condom Distribution Initiative, Doctors without Borders blog “Extra Time,” Half Time Football Tournament, African Goal Campaign, Kenya World Cup Testing Drive, and Football for Hope centers.71)

Ⅳ Is Football an Effective Weapon in the HIV/AIDS Struggle?

Is sport in general and football in particular an effective means for fighting HIV/AIDS? It is not the purpose of this paper to present an evaluation of the many football-related HIV projects described. However, some indication of effectiveness is worthwhile. There is a frequently made argument72) and a large amount of activity based on the assumption that sport is effective in the HIV campaign. There is some, but much less, data-based research to support the idea.

A recently published report, “Using Football for HIV/AIDS Prevention in Africa,” provides some valuable findings.73) The report was based on case studies of 16 organizations including some discussed above.74) The authors

conclude that football is “an ideal vehicle for HIV efforts focused on
behavior change, with the potential...to achieve widespread prevention
throughout Africa.” They find that: football is a flexible platform for HIV
prevention; football-based HIV prevention programs can empower
individuals, coaches, and players; such programs can be an important means
of teaching condom use and of serving vulnerable populations; combined
with use of the media, football can effectively transmit prevention messages
to large audiences; celebrity footballers and coaches can have powerful
influence; and, matches and tournaments provide opportunities for education,
testing, and fighting discrimination/stigma.

A survey comparing sexual behavior and its determinants compared youth
from the Mathare Youth Sport Association (MYSA, discussed above) and a
control group of non-members. On a variety of measures of condom use, the
MYSA members tended to score somewhat better than the non-members,
though the “levels of condom use remain disturbingly low.” The authors
conclude that more research is needed! Another program discussed above
was partially evaluated. Coaches who had participated in the Burkina Faso
Coaching for Hope project were compared on several measures of HIV
knowledge to coaches who had not undergone training. The trained coaches
scored significantly higher in their knowledge. However, the sample was
small and this was not an evaluation of the results on the intended objects of
the project, youth.

A Grassroot Soccer program in Zimbabwe was designed to train 14 well-
known soccer heroes to educate 7th grade children about HIV/AIDS. At the
time of evaluation, about 3,000 children had been in the program. A study of
those children found that the program “significantly improves student
knowledge, attitudes, and perceptions of social support related to
HIV/AIDS...” These changes were sustained for at least five months. Also,
there was a significant decrease in prejudice towards people infected with HIV/AIDS, but no increase in willingness to support HIV/AIDS sufferers. 79)

Other very partial measures mentioned in the text above include amounts of money raised, number of persons hearing promotional messages, and number of persons receiving HIV testing. While the reported studies indicate some success, there is overall a dearth of evaluative studies. In particular, there is a need for studies to determine if knowledge and attitude changes are maintained over significant lengths of time and there is a need to see if knowledge and attitudinal changes result in prolonged behavioral changes.

V. Conclusion

The material presented in this essay shows the myriad number of organizations using football as a weapon in the struggle against HIV. The picture would be even more complicated if we had added additional popular sports such as cricket, tennis, and golf. If to this we added the hundreds of marathon races and “walk for HIV/AIDS” fund-raising projects the picture would be highly complex.

In this complicated picture several things stand out. First is the great number of organizations involved. Indeed, there is considerable overlap and duplication in projects that may cause waste and dilution of effort.

Second is the multilevel nature of these organizations, ranging from the actions of individuals, to NGOs and community-based organizations, to businesses, governments, and international organizations as well as to major funding organizations.

Third is the powerful role of partnering that links these organizations across the various levels at which they exist. Partnering brings funding sources and activists, entrepreneurs and humanitarians together in pursuit of common goals. Information as well as funding may be shared. However, as indicated by a study of partnering in Zambia, this process has its problems. Among these are fragmentation of efforts, domination of local organizations by

external partners, and exacerbated competition for funding by local organizations.\textsuperscript{80)}

Fourth, although not formally organized or structured, this multiplicity of organizations is an example of the interconnectedness of today's world. There is a world community that comes to action in regard to certain focal points, in this case the international struggle to prevent, contain, and overcome HIV/AIDS, a significant threat to health faced by all the peoples and countries of the world.

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7 October 2010.


