



Botswana

Botswana National Policy On HIV and AIDS

Revised Edition 2012

THE REVISED BOTSWANA NATIONAL POLICY ON

HIV AND AIDS

FOREWORD

The HIV and AIDS epidemic in Botswana, as elsewhere, continues to pose significant challenges to Government, Civil Society, the private sector, religious organisations, and Development Partners. The nation's response to HIV and AIDS has consistently sought to address the emergent and changing challenges and priorities over time. From the early Short-Term Plan (STP) and the first Medium-Term Plan (MTPI) outlining a medical and then a health system response to the disease, through the Medium-Term Plan II (MTPII), which introduced a multi-sectoral response, and the current National Strategic Framework for HIV and AIDS that strengthens multi-sectoralism and shifts the focus to greater involvement of the local level, Botswana's response has been a response in motion.

The National Policy on HIV and AIDS was first developed in 1992 and then later revised in 1998. In the context of a multi-sectoral response and within a weak national legislative environment for HIV and AIDS, the policy sought to provide appropriate guidance for the development and implementation of the national response. Its design and articulation, however, often produced confusion regarding the role of the national policy versus the role of the national strategic plans for HIV and AIDS, each providing strategies and implementation guidelines. This, in addition to a number of new challenges and initiatives due to an evolving national response that requires some form of national level policy guidance has necessitated another revision of the National Policy on HIV and AIDS.

The increasing complexity of the HIV and AIDS environment requires an ever more sophisticated response that seeks to effectively address the multifarious issues and often contending priorities. To this end, this level of the response must be guided by a clear and

comprehensive regulatory framework; hence the crucial need for a revised national policy for HIV and AIDS.

This policy arises from and reflects the current socio-economic and legal situation in which the national response to HIV and AIDS is being undertaken. It takes cognizance of the fact that due to age, gender, socio-economic status, sexual orientation or disability, some Batswana are more vulnerable to the devastating effects of HIV and AIDS than others. Thus, while the current situation can often constrain the ability to address certain important issues more comprehensively and effectively, this policy makes a clarion call for new and vigorous dialogue that would alter the situation and ease operational constraints.



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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BCC	Behaviour Change Communication
CBO	Community Based Organization
FBO	Faith Based Organisation
HIV	Human Immunodeficiency Virus
NGO	Non Governmental Organizations
NSF	National Strategic Framework
OI	Opportunistic Infections
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RHT	Routine HIV Testing
TB	Tuberculosis
VCT	Voluntary Counselling and Testing

GLOSSARY OF TERMS

In the interest of clarity and common understanding, the following words and phrases used in this policy are meant to convey these particular meanings:

AIDS (Acquired Immunodeficiency Syndrome): The last and most severe stage of the clinical spectrum of HIV-related disease.

Behaviour Change Communication: Strategies for informing, educating, communicating and persuading individuals to adopt and maintain positive health behaviours/lifestyles

Child: Every human being below the age of 18 years.

Client: The person that is the direct beneficiary of a service.

Condom: One type of barrier method that can prevent sexually transmitted infections and HIV infection.

Confidentiality: means not disclosing the private or personal information of an individual to a third party without consent of that individual.

Civil Society: an institutional category including non-governmental organisations (NGOs), faith-based organisations (FBOs), community-based organisations (CBOs), as well as other organisations and structures down to the household level.

Health Care Provider: any person licensed or otherwise authorized to provide health care services, including, but not limited to, any medical doctor, nurse, physical therapist, pharmacist, home based care worker, mental health care provider, counsellor

HIV (Human Immunodeficiency Virus): The retrovirus that causes AIDS in humans.

Informed Consent: The process by which a fully knowledgeable client can participate in choices about his or her health and from the ethical duty of the health care provider or researcher to involve the client.

Legal guardian: an adult who has the legal responsibility for the care and management of the child and of the child's estate.

Mainstreaming: Changing policy and practice in order to reduce the susceptibility to HIV infection and vulnerability to the impacts of AIDS.

Orphans: a child below 18 years who has lost one (single parents) or two (married couple), biological or adoptive parents. Married couples include those married in civil or traditional marriage.

Referrals: The recommendation by a health care practitioner; referring either to the act of sending a client to another practitioner or to the actual paper authorizing the visit.

Vulnerability: Openness to negative consequences as a result of AIDS and refers to the likelihood of suffering harm from the effects of sickness and death due to AIDS. It can be applied to individuals, or to groups of people such as households, organisations, or societies. Vulnerability is made worse by poverty, fragmented social and family structures, and gender inequality.

1. INTRODUCTION

- 1.1** The HIV and AIDS epidemic in Botswana represents the greatest developmental challenges to the country. What had been decades of socio-economic gains is being reversed by the effects of the epidemic. Botswana's first case of HIV infection was reported in 1985. Since then the prevalence rates have steadily increased.
- 1.2** According to the 2008 Botswana AIDS Impact Survey III (BAIS III), the national HIV prevalence was 17.6% compared to 17.1% in 2004. The 2008 BAIS also revealed that the national incidence of HIV is currently estimated at 1.5% translating into approximately 15,000 new infections per year.
- 1.3** The nation's response to the epidemic dates from the late 1980s with the Short Term Plan (1987-1989) followed by the Medium Term Plan I (1991-1996), which promoted first a medical then a health system response to HIV and AIDS. During this period, in 1992, the first National HIV and AIDS Policy was developed. With the shift to a multi-sectoral approach to addressing HIV and AIDS, the Medium Term Plan II (1997-2002) established the institutional structures considered necessary to organise and manage the national response. In addition, the National Policy was revised in 1998. The evolution of the National Response in Botswana has continued with the development of the National Strategic Framework (NSF) for HIV and AIDS 2003-2009, which guided action to address the epidemic through the period of the National Development Plan 9. In 2010, the second National Strategic Framework (NSF II) was developed largely to outline national priorities for the national response for the period 2010 to 2016 and aligned to National Development Plan 10. The philosophy behind NSF II is one of evidence, prioritization, focus and intensification. For the first time in the history of the epidemic, a costed multi-sectoral and rolling operational plan that guides the implementation of the national response was also developed.

- 1.4** The development of the national strategic frameworks clearly illustrates the dynamic environment that characterises both the epidemic and the nation's response. To ensure the most effective response, a concurrent review of the National Policy was required to address critical and emerging policy issues such as vaccine trials, expansion of HIV testing, gender inequalities, and the public's continued access to quality health services in the face of increasing demand and overstretched resources, to name just a few. Thus, while NSF moved ahead to provide the strategic guidance necessary for the development of appropriate initiatives for the national response, an extensive consultative review of the National Policy followed in order to provide policy statements to support implementation.
- 1.5** To ensure that the provisions contained herein relate to some established context, the National Policy is guided by the cultural values and historic principles that helped to establish and develop this country. These are expressed in such national foundational documents as the Constitution and Vision 2016. The Botswana Constitution makes strong statements relative to the protection of individual privacy and property as well as shielding persons from, among others, discrimination and inhuman treatment by providing all with equal protection under the law. However, important limitations to individual rights in the context of the community good can be exercised, however, where there are specific considerations with regard to, among others, defence, public safety, public order, public morality, and public health. The Vision 2016 of Botswana, drawing on the principles and the values expressed in the Constitution, portrays a healthy, educated, ethical and caring society enjoying the benefits of the nation and reaching its fullest potential. In accordance with this vision, this policy focuses specifically on providing the necessary procedures and parameters within which the response to HIV and AIDS will be conducted to best meet the needs of the citizenry. However, all such procedures and parameters, and the services they direct will, to the extent possible, be rendered to all residents of Botswana based on accepted criteria and costs.

- 1.6** Similarly, to further inform the development of this policy document, some guidance has been found in the many international treaties, covenants and charters to which Botswana is signatory. Each of these documents reflects many of the same national values, principles and beliefs that are codified in the Constitution and the Vision 2016. The Charters of the United Nations and the Organisation of African Unity (now the Constitutive Act of the African Union), the International Covenant on Civil and Political Rights, and the African Charter on Human and Peoples Rights all reflect the basic underpinnings of Botswana's Constitution and developmental vision. These values and principles, which include but are not limited to the right to life, liberty and security of person as well as the notions of self-determination, gender equality, communal responsibilities, non-discrimination, humane treatment, privacy and equality under the law, guide the development of this policy.
- 1.7** Consistent with the 2011 UNAIDS Political Declaration on HIV and AIDS Botswana will intensify efforts to eliminate HIV and AIDS within her own national laws and national development priorities, taking into account her epidemiological and social context. The policy is closely aligned to the Public Health Bill passed by Parliament in March 2013.
- 1.8** This national policy seeks to provide the general principles by which management of the national response to HIV and AIDS in Botswana is to be guided. In addressing the issues of broad concern in responding to HIV and AIDS, the Policy cannot assume to provide all the detailed provisions that might be required at the sector or operational level. Its role is to present general, inclusive provisions that establish a framework within which sectors can develop and pursue guidelines and strategies targeting more specific issues and concerns.

2. POLICY OBJECTIVES

- 2.1** The objective of the National Policy on HIV and AIDS is to:
- 2.1.1** Prevent the spread of HIV infection and reduce the socio-economic impact of this disease.
 - 2.1.2** Create a policy environment for the provision of adequate and equitable care and support to those infected and affected with HIV and AIDS.
 - 2.1.3** To reduce HIV and AIDS related stigma and discrimination towards persons infected with or affected by HIV and AIDS and draw attention to the compelling public health rationale for overcoming stigmatization and discrimination against them in society.
 - 2.1.4** Promote coordination in order to enhance implementation of the National Response to HIV and AIDS.
 - 2.1.5** Provide platform to support legislative and legal reform that recognizes the impact HIV and AIDS has on individual and community rights.

3 HIV AND AIDS COORDINATING STRUCTURES & INSTITUTIONAL ARRANGEMENTS

- 3.1** The country's National Strategic Framework for HIV and AIDS serves as the ultimate strategic guide for Botswana's response to the epidemic and all programmes and interventions will be developed, planned and implemented with specific reference and linkage to the priority national objectives.
- 3.2** Government of Botswana partners must cooperate with the national coordinating body, NACA, for the national response to HIV and AIDS by sharing relevant information that may be

- requested which will assist with reviewing their contribution to response achievements as well as ensuring that a comprehensive overview of the national response is maintained.
- 3.3** Mainstreaming is accepted as an appropriate multi-sectoral strategy for responding to HIV and AIDS.
- 3.3.1** Institutions will mainstream HIV and AIDS into their core business.
- 3.3.2** HIV and AIDS will be mainstreamed into national development objectives.
- 3.4** The monitoring and evaluation of the national response is the responsibility of every level in order to generate the information necessary for management decision-making at the implementation level, and maintaining the required national strategic guidance.
- 3.5** A national monitoring and evaluation system shall exist to oversee, coordinate and guide the monitoring and evaluation of the national response.
- 3.6** To promote the necessary coordination and management of the multi-sectoral national response to HIV and AIDS at all levels, formal coordination structures with the appropriate human resources should exist in the public and private sectors and civil society.
- 3.6.1** Each formal coordinating structure must have an agreed and published Terms of Reference that defines their roles, responsibilities, and relationships with other such structures.
- 3.6.2** Each formal coordinating structure must have published membership and compendium of operational procedures.

4. PREVENTION OF HIV INFECTION

- 4.1** The Government of Botswana recognizes the most effective mechanism to halt the spread of HIV is to prevent new infections. To accomplish this task, Government of Botswana will ensure access to prevention information, techniques and services, to all persons.
- 4.2** Institutions involved in the implementation of prevention initiatives will utilize approaches that address behavioural, structural and biomedical factors.
- 4.3** Behaviour change communication (BCC) initiatives will be utilized to prevent HIV infection, as well as to promote the use of prevention, care and treatment services such as Safe Male Circumcision, use of male and female condoms, reduction of multiple and concurrent partnerships, Voluntary Counselling and Testing (VCT) and Antiretroviral (ARV) programmes.
- 4.4** Access to appropriate prevention methods will be equally ensured to all citizens of Botswana, without distinction by, but not limited to, ethnicity, gender, and age, religious or political affiliations.
- 4.5** Botswana will promote Prevention of Mother-to-Child Transmission (PMTCT) services.
- 4.5.1** PMTCT services shall be made available to all women attending ante-natal clinics in public health facilities without distinction as to ethnicity, age, religious or political affiliation.
- 4.5.2** All HIV-infected women enrolled in the PMTCT programme will be automatically enrolled in the ARV programme.
- 4.5.3** The sexual partners of PMTCT enrolees will be encouraged to get an HIV test.

- 4.6** Health facilities that utilize blood and blood products will ensure safety of the blood supply by instituting procedures that screen for HIV and other infections.
- 4.7** All facilities, including health care facilities, businesses, and public buildings will comply with universal precautions.

5 HIV TESTING AND COUNSELLING

- 5.1** HIV testing and counselling is an essential component of Botswana's comprehensive HIV and AIDS programmes, as it is an opportunity for prevention education and behaviour change counselling, as well as it is a key entry point to care, treatment and support services.
- 5.2** The Government of Botswana recognizes that antibody and viral based testing are standard methods of establishing if an individual has been infected with HIV.
- 5.2.1** HIV testing services shall be available, on a non-discriminatory basis, to all citizens of Botswana.
- 5.2.2** HIV testing will be offered on a routine basis to all citizens of Botswana visiting both public and private health care facilities.
- 5.2.3** All HIV testing in the country will be conducted in alignment with prevailing national standards.
- 5.2.4** All private institutions and facilities offering voluntary or routine HIV testing will do so in accordance with established national practice and will be obliged to share unlinked and anonymous data regarding tests with the relevant authorities.

- 5.2.5** HIV testing will be administered by an authorised practitioner with the requisite training in administering HIV antibody tests.
- 5.3** HIV testing will only be conducted with the informed consent of the individual being tested.
- 5.3.1** Any individual aged 16 years and over will be deemed capable of giving informed consent to be tested for HIV.
- 5.3.2** Any individual under the verifiable age of 16 years must obtain consent to be tested for HIV from a parent or legal guardian. If the individual cannot obtain consent from a parent or legal guardian, an HIV test maybe administered provided a medical practitioner determines the need for such a test.
- 5.3.3** An individual under the age of 16 is entitled to the same rights in terms of protection of privacy and confidentiality as an individual over the age of 16 years.
- 5.3.4** At any point in time and where practical a client visiting a health care facility can be offered an HIV test by a medical doctor or practitioner qualified to administer such a test.
- 5.4** HIV testing outside the context of the Routine HIV Testing (RHT) will be accompanied by an offer of pre- and post-test counselling.
- 5.5** All HIV testing in the country is to be accompanied by referrals to appropriate services for prevention, care, treatment and support.
- 5.6** HIV testing for surveillance purposes will be unlinked and anonymous.
- 5.7** HIV testing prior to sentencing will be mandatory for all individuals convicted of a sexual crime.
- 5.8** Survivors of sexual crime will be counselled and offered a test for HIV.

- 5.9** Women contemplating having a child shall be encouraged to take an HIV test prior to conceiving.

6 HIV AND AIDS CARE, TREATMENT AND SUPPORT

- 6.1** Universal access to comprehensive HIV and AIDS treatment, care and support services

6.1.1 Access to HIV and AIDS care and counselling services will be provided routinely to all citizens of Botswana as an integral part of other HIV and AIDS related services.

- 6.2** Access to psychosocial support will be provided to all citizens of Botswana who are infected and affected by HIV and AIDS.

6.2.1 All care and treatment of People Living with HIV and AIDS (PLWHA) will be accompanied by referrals to services for psychosocial support.

- 6.3** Access to medications and other health interventions used to treat HIV and AIDS and related diseases will be provided for all citizens of Botswana through health care system on the basis of established criteria and without distinction by, but not limited to, ethnicity, gender, age, religious or political affiliation.

6.3.1 The Government of Botswana recognizes that a well-conducted national HIV and AIDS treatment programme will bring about major improvements in the lives of Botswana, by among others, preventing many premature deaths.

6.3.2 The Government of Botswana will set criteria for the treatment of Persons Living with HIV and AIDS, guided by the goals of efficacy and sustainability.

6.3.3 The Government of Botswana will provide the most effective and sustainable treatment, including approved generic

medications, in order to ensure all citizens of Botswana have access to life-saving HIV and AIDS treatment.

6.3.4 Anti-retroviral medications will be administered to all citizens of Botswana who meet criteria established by Government.

6.3.5 Preventative therapy for Tuberculosis (TB) will be provided through public health facilities, to all citizens of Botswana who need it according to established criteria.

6.3.6 Screening for TB will be offered routinely for those testing HIV positive.

6.3.7 Access for all citizens of Botswana to adequate health care facilities will be ensured for the purposes of early diagnosis and treatment of Opportunistic Infections (OIs).

6.3.8 Access to information regarding nutrition and nutritional values of foods, particularly locally available foods, will be provided to all citizens of Botswana, especially through support networks of PLWHA.

6.4 The Government of Botswana recognises that the family is the basic social unit of society, which must be protected to ensure the development of Botswana and the reinforcement and maintenance of national values and morals. Further, Government considers the family, and the communities of which they form a part, as important sources of care, support and inspiration in the fight against HIV and AIDS. As such, disclosure of HIV status amongst family members forms a fundamental first step in positively addressing the epidemic and mitigating its impact.

6.4.1 Family members of HIV positive individuals will have access to all the appropriate information, counselling and care services without distinction by, but not limited to, ethnicity, gender, and age, religious or political affiliations.

6.4.2 Family members of HIV positive individuals will have access to training and information to assure that quality care is delivered in the homes without distinction by, but not limited to, ethnicity, gender, and age, religious or political affiliations.

6.4.3 Household caregivers will have access to counselling and support services without distinction by, but not limited to, ethnicity, gender, and age, religious or political affiliations.

7. DISCRIMINATION AND STIGMA

7.1 The Government of Botswana recognises the fundamental rights of all individuals as set out in Chapter II of the Constitution, including the right not to be discriminated against. The Government acknowledges that such discrimination especially in relation to an individual's HIV status has a detrimental effect on the ability of individuals to make informed choices about their own welfare and, further, limits the efficacy of the national response to the epidemic.

7.1.1 There should be no mandatory pre-employment testing of citizens of Botswana.

7.1.2 Where circumstances demand, HIV testing may be required.

7.1.3 The Government shall, through guidelines or the enactment of legislation, regulate mandatory testing for HIV.

7.1.4 HIV positive citizens will access education, insurance, legal and financial services, housing and employment where available without being subjected to any form of discrimination or stigma.

7.1.5 Every person in Botswana shall not be discriminated against in terms of access to health services. That notwithstanding, the Government may confer preferential treatment on its citizens.

7.1.6 HIV and AIDS management structures inclusive of information dissemination bodies at all levels of society are to be equally open to every person in Botswana irrespective of their HIV status.

8 **RESEARCH**

- 8.1** The Government of Botswana recognizes the important role research plays in identifying and implementing a strategic response to important public health issues and for the purpose of facilitating access to health-related programmes and services. The Government is therefore committed to ensuring that current and relevant information is available for guiding the national response to HIV and AIDS.
- 8.2** Any HIV and AIDS research undertaken in Botswana will be transparent and conducted with full knowledge and approval of relevant national regulatory bodies within the agreed national professional and ethical standards and practices. In pursuance of this, the Government of Botswana shall issue confidentiality guidelines relating to the recording, collecting, storing and security of information, records or forms used in respect of HIV tests and related medical assessments.
- 8.3** All HIV and AIDS research undertaken in Botswana shall be conducted only with informed consent of the individuals to be used as participants.
- 8.4** A national multi disciplinary research coordinating body shall be established for the purpose of coordinating HIV and AIDS related research in the country.

9 LEGISLATIVE AND ETHICAL CONSIDERATIONS

- 9.1** The Government of Botswana recognizes the fundamental rights and freedoms of all individuals as set out in Chapter II of the Constitution, to be the overriding framework for this policy.
- 9.2** The Government of Botswana recognizes privacy as one of the fundamental rights of the individual, in accordance with the Constitution, and acknowledges the importance of confidentiality regarding an individual's HIV status. The Government therefore regards such information as private and appropriately restricted and withheld from public scrutiny.
- 9.3** However, where circumstances require, the Constitution allows for such disclosure, in the interest of public safety, public order, public morality, and public health.
- 9.3.1** In recognizing this, The Government shall, through guidelines or the enactment of legislation, regulate the disclosure of confidential information regarding an individual's HIV status.
- 9.4** Resources permitting, the Government shall provide support services to people infected or affected by HIV and AIDS.