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MAKING AIDS HISTORY

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa

Country Profile: BOTSWANA

Despite tremendous progress scaling up AIDS treatment, care, and prevention services over the past decade, the epidemic among gay men, other MSM, and transgender individuals continues to grow. According to the UNAIDS 2010 global HIV report, an estimated 20 percent of MSM in Botswana are living with HIV,[1] yet programs funded to reverse the epidemic often neglect this population. Though international donors have adopted policies to address the epidemic among key populations, these commitments are not being upheld by current levels of funding or implementation.

Stigma and discrimination against this population are commonplace. Laws that criminalize same-sex practices further marginalize and prevent access to life-saving programs. As a result, these men and women struggle to obtain the most basic health services, such as condoms, lubricant, and HIV testing.

In the report, **Achieving an AIDS-Free Generation for Gay Men and Other MSM in Southern Africa**, amfAR, The Foundation for AIDS Research and The Johns Hopkins University Center for Public Health and Human Rights document the current state of the AIDS response for gay men, other MSM, and transgender individuals in six Southern African countries: Botswana, Malawi, Namibia, Swaziland, Zambia, and Zimbabwe. What follows is a summary of the findings and recommendations for Botswana. For the full report, please visit **www.amfar.org/gmtreport**. All data current as of May 2013.

LIMITED FUNDING FOR MSM-SPECIFIC PROGRAMS

Unlike much of the region, the bulk of Botswana's national AIDS response is funded by the government, which spends over $200 million a year to address the epidemic. Though the government is often considered a model for public-sector engagement in HIV/AIDS interventions; gay men, other MSM, and transgender individuals have rarely benefitted from its efforts.

Financing from The Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States government, primarily through PEPFAR, has generally been much lower in Botswana than elsewhere in the region, but the two bodies remain the country's primary sources of international HIV/AIDS funding. Both The Global Fund and United States government have made efforts to adopt progressive policies toward gay men, other MSM, and transgender individuals, but implementation of these policies has been inconsistent on the ground.

The Global Fund to Fight AIDS, Tuberculosis and Malaria
Botswana has received $18.6 million for HIV-specific programs from The Global Fund, but it has never received funding for MSM-specific activities.[2]

MSM were included to some degree in the country's Round 7, 9, and 10 proposals. The amount of funding earmarked for MSM activities, and the proportion of the total budget they made up, increased from $264,296 and 0.7 percent of the total budget for

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Round 7 (total: $36,911,669), to $1,634,056 and 1.2 percent of the total budget for Round 10 (total: $162,900,701). However, none of these proposals were ultimately approved by The Global Fund.

Notably, Botswana's Round 10 proposal is the only single-country proposal among the six countries surveyed for the report to include transgender populations, which were specifically targeted for epidemiological surveillance.

United States Government

Funding for MSM-specific activities was outlined only in the country's 2008 and 2009 country operational plans (COPs). In 2008, $125,000, or 0.2 percent of the eligible COP budget, was earmarked for MSM-specific activities; that number dropped to $25,000, or 0.05 percent of the eligible COP, in 2009. Botswana received $92 million from PEPFAR in 2009. For both years, the money was purportedly budgeted for disseminating "the results of a situational analysis on vulnerable groups," including MSM, for a program focused on a variety of human rights and legislative issues.

According to the Botswana Partnership Framework for HIV and AIDS 2010–2014, the annual level of support the country is expected to receive from the U.S. government is likely to decrease over the next five years.[3]

PUNITIVE LAWS, STIGMA, AND DISCRIMINATION[4]

The criminalization of same-sex practices has created barriers to HIV service provision and fuelled discrimination. Sections 164 and 167 of Botswana's Penal code make engaging in same-sex practices an offense punishable by up to seven years in prison.

Funding for MSM programs in unapproved proposals

Round 7		Round 9		Round 10	
Earmarked for MSM	% total budget	Earmarked for MSM	% total budget	Earmarked for MSM	% total budget
$264,296	0.7	$648,973	0.9	$1,634,056	1.2

What is criminalized?	What are the punitive measures?
Any person seeking or consenting to anal sex	Offense charges, punishable by up to seven years in prison for consenting or five years for seeking

Furthermore, fear of stigmatization and discrimination by healthcare providers has limited access to health services. One study found that less that 15 percent of LGBT respondents in Botswana shared information about their sexual orientation with their doctors.[5] Those who do reveal their sexual orientation run the risk of being denied services.[6] In a needs assessment conducted by the civil society group BONELA, discrimination at government healthcare facilities was cited as a key barrier to gay men, other MSM, and transgender individuals accessing HIV prevention and care services.

MOVING FORWARD

UNAIDS's new Investment Framework, The Global Fund's 2012–2016 Strategy Framework, and PEPFAR's *Blueprint for Creating an AIDS-Free Generation* all emphasize the need to target MSM and transgender individuals. However, to date, implementation lags far behind these policies.

Despite the many challenges that persist, there are also signs of opportunity.

BONELA and Lesbians, Gays and Bisexuals of Botswana (LeGaBiBo), the country's two main NGOs advocating for the rights of gay men, other MSM, and transgender individuals, have been active in informing the public about LGBT issues; putting pressure on policy makers and service providers to be accountable for providing services to GMT; reducing stigma and discrimination against sexual minorities; and reforming the current discriminatory legal regime with regard to LGBT.

There is also some evidence that the government is coming to recognize the harmful effects of the country's laws against same-sex practices. In Botswana's 2012 National Commitments and Policies Instrument report, government officials acknowledged that the country's laws and policies "have created barriers to HIV service

provision and fueled negative public attitudes/stigma and discrimination."[7]

There are also signs that the government is beginning to place a stronger emphasis on the needs of MSM and other key populations in its national response. The National Strategic Framework 2011–2016 identifies care and support for most-at-risk populations (MARPs), including MSM, as one of the critical areas for the national prevention response.[8] The country's National Operational Plan also mainstreams interventions to address stigma, discrimination, and universal access to HIV services by all people, including MARPs. Furthermore, MSM have been identified as a focus population in the country's new National Condom Marketing Strategy and Implementation Plan 2012–2016, which has been designed to increase the accessibility and availability of condoms for MARPs.[9]

RECOMMENDATIONS

- The government of Botswana should decriminalize same-sex practices between consenting adults, as well as promote other equitable policies related to full access to public and private services.
- Donors should require that a share of their funding be directed toward the needs of gay men, other MSM, and transgender individuals. Part of this effort might be supporting civil society advocacy aimed at reducing discriminatory services in the health sector and the decriminalization of same-sex practices.
- UNAIDS should provide targeted technical assistance to Botswana stakeholders, including those on the Country Coordinating Mechanism, to develop proposals that adequately reflect epidemiological surveillance, the latest science, and best practices in HIV services for gay men, other MSM, and transgender individuals.
- Civil society organizations should develop a collaborative agenda that promotes accountability and the mainstreaming of the healthcare needs of gay men, other MSM, and transgender individuals in the national HIV response.

ENDNOTES

1 UNAIDS (2010). Report on the global epidemic 2010. Available at www.unaids.com.org/globalreport

2 U.S. Global Health Policy (2012). Global Fund to Fight AIDS, Tuberculosis and Malaria—cumulative distribution for HIV/AIDS grants (US$) as of November 7, 2012. Kaiser Family Foundation. Available at www.globalhealthfacts.org/data/topic/map.aspx?ind=61

3 Botswana National Strategic Framework for HIV and AIDS (2010-2016). Available at www.bbca.org.bw/Botswana%20Nat%20Strat%20Fram%202010.pdf

4 Itaborahy L (2012). State-sponsored homophobia: A world survey on laws criminalizing same-sex sexual acts between consenting adults. International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). Available at http://old.ilga.org/Statehomophobia/ILGA_State_Sponsored_Homophobia_2012.pdf

5 Open Society of Southern Africa (OSISA) (2008). Rights not rescue: female, male, and trans sex workers' human rights in Botswana, Namibia, and South Africa.

6 Baral S et al. HIV prevalence, risks for HIV infection, and human rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana. *PLoS ONE*. 2009; 4(3): e4997.

7 UNAIDS (2012). Botswana NCPI 2012. Available at www.unaids.org/en/dataanalysis/knowyourresponse/ncpi/2012countries/Botswana%20NCPI%202012.pdf

8 Botswana National Strategic Framework for HIV and AIDS (2010-2016). Available at www.bbca.org.bw/Botswana%20Nat%20Strat%20Fram%202010.pdf

9 Government of Botswana (2010). Botswana national condom marketing strategy and implementation plan 2012-2016. Available at www.bbca.org.bw/Botswana%20Nat%20Strat%20Fram%202010.pdf

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