

HIV/AIDS in Botswana  
- A matter of governance

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# Abstract

Botswana is suffering from one of the worst HIV/AIDS outbreaks in the world and the entire society and several stakeholders play a role in the containment of this pandemic.

This dissertation aims at turning the focus to the governance aspects of the disease and to examine how different stakeholders in the Botswana society adhere to their responsibilities with reference to policy, resources and implementation. There is not a single right answer to where the weaknesses and strengths of the governance lie, though clear indications suggest that specific areas need to, and could, be improved.

Our findings implicate that in the fight against HIV/AIDS a more forceful governance and response is needed. The Botswana policy on HIV/AIDS needs to be clearer and more effectively implemented, preferably through legislation. The human resource endowment needs to be significantly prioritized and strengthened to ensure that the financial resources, which are directed towards containing the pandemic, are put to good use.

*Key words:* HIV/AIDS, Botswana, pandemic, governance, stakeholders

# List of Abbreviations

ACHAP – African Comprehensive HIV/AIDS Partnership  
AIDS - Acquired Immune Deficiency Syndrome  
ARV – Anti Retroviral  
BAIS – Botswana AIDS Impact Study  
BBCA – Botswana Business Coalition on AIDS  
BDP – Botswana Democratic Party  
BHRIMS – Botswana HIV/AIDS Response Information Management Systems  
BOCAIP – Botswana Christian AIDS Intervention Programme  
BONASO – Botswana Network on AIDS Service Organizations  
BONELA – Botswana Network on Ethics, Laws and HIV/AIDS  
BONEPWA+ - Botswana Network of People Living With HIV and AIDS  
DAPC – Department of AIDS Prevention and Care  
DMSAC – District Multi Sectoral AIDS Committee  
HIV – Human Immunodeficiency Virus  
IEC – Information, Education and Communication  
MoH – Ministry of Health  
MTP – Mid Term Plan  
NAC – National AIDS Council  
NACA – National AIDS Coordinating Agency  
NGO – Non Governmental Organizations  
NSF – National Strategic Framework  
PMTCT – Prevention of Mother to Child Transmission  
SADC – Southern Africa Development Community  
TCM – Total Community Mobilization  
UNDP – United Nations Development Programme  
UNAIDS – Joint United Nations Programme on HIV/AIDS  
VCT – Voluntary Counselling and Testing

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# 1. Introduction

## 1.1 Point of departure

The UNAIDS map of the world shows the prevalence rate of HIV/AIDS infection in different shades of red. Selebi-Phikwe, where Botswana's first case of HIV/AIDS infection was discovered, is red as blood. So is the rest of Botswana, along with many of its neighbouring countries in Sub-Saharan Africa. By any measurements, the country must be considered to be struck down by a humanitarian catastrophe, literally affecting all areas of society. President Festus Mogae expressed the totality of the HIV/AIDS pandemic and the urgency to act when he stated:

“As a nation, we have relied on financial discipline, prudent economic management and frugality to prosper. These are irrelevant as far as HIV/AIDS is concerned. HIV/AIDS is reversing the many gains we have made in social and economic development. Since the first AIDS case was reported some 16 years ago, the human toll has been staggering. AIDS is a tragedy experienced by almost every family and community as well as the nation at large. One is either infected or affected.” (Foreword to ACHAP-folder)

Containing this pandemic has so far proven difficult and many efforts have been made to find out whether there is a societal remedy for this incurable disease. There is no simple answer to the question why Africa in general, and Botswana in particular, has not been able to contain the spread of HIV/AIDS. The lack of easy solutions is due to the fact that HIV/AIDS is not only a disease and a personal tragedy, it is not only a pandemic, and it is not only an economical and political issue; it is all at once and even more.

Any phenomena of such large proportions need to be dealt with, no matter how overwhelming and out of control the situations seems. This means that the issue at hand must be governed. Since there is no definite way to govern, governance must always be readdressed and evaluated to ensure progress and development. It is this question of governance that will be examined on the following pages.

## 1.2 Research questions

Earlier research has mainly focused on the cultural determinants of the pandemic. These certainly play an important role in the Botswana society. However, the answers can be found in other areas as well. Botswana is a seemingly well-developed middle income country, but in the context of the HIV/AIDS situation one cannot help asking the question: Why is HIV/AIDS still such an unmanageable problem in a country which in many other respects is well-governed? The governance of this issue is a less studied and should be highlighted and developed.

We take the standpoint that to some degree the challenges of the containment of HIV/AIDS can be explained by examining how it is governed. So we pose the question; wherein lies the weaknesses and strengths of the Botswana stake holders' fight against this pandemic? Naturally, a study of this kind will unavoidably focus on the weaknesses, since these are the elements which need to be improved.

## 1.3 Definitions

It is essential to clearly define the central concepts which will frequently be used in this dissertation.

Governance is here considered to be defined as the way in which political will is carried out. It is closely related to steering, but also takes into account funds needed to accomplish something and the features of the outcome. Governance includes a plan on how to act as well as the means to carry it out. The term governance connotes an indication that one or more actors are in control of the situation and can change the pace and direction of actions taken. The institutions, organisations and individuals involved in these actions are the stakeholders. This dissertation's focus is put on the stakeholders: the public sector, the civil society, and the private sector.

We have chosen to define policy as a written document formulated by stakeholders as a response to any given issue. The major Botswana policy document is the Botswana Policy on HIV/AIDS formulated in 1998. Since this policy for the moment is subject to revision, we have chosen to focus on the National Strategic Framework 2003-2009 (NSF), which is a more detailed and up to date action plan, which here will be considered to be Botswana's major policy document. The NSF has the characteristics of a policy document and we have therefore chosen not to be hindered by the titles of the documents.

Resources, in this context, are defined as both financial assets and human capital. By human capital we mean an educated workforce which is able to make use of the financial resources and utilise them in a targeted area. We



see no conflict in defining resources as both financial and human, because especially in this context these two components are inter-related, and it is hard to distinguish the effectiveness of one without the other.

Implementation is here defined as the ability to transform any given written statement, for example a policy, into practical measures aimed at ensuring that the policy is carried through. Implementing a policy means realising it.

## 1.4 Theoretical framework

Our dissertation aims at examining how policy, implementation and resources play a role in the governance of the issue of containing the HIV/AIDS pandemic. We wish to examine how different stakeholders influence and use these three elements and how this, in turn, affects the fight against HIV/AIDS.

This dissertation is founded on a theoretical framework. We choose to use a theoretical framework because it enables us to identify important elements of governance and to study relationships between these elements. We believe that this method is best suited to answer our research questions.

Frameworks provide means to analyse all types of institutional arrangements. They attempt to identify the universal elements that any theory relevant to the same kind of phenomena would need to include (Ostrom 1999 p 40). Our framework implies that one can understand any kind of governance by examining its different elements. These elements are: policy, resources and implementation. By doing this it is possible to define governance as a complex system of elements which are all interdependent. It then becomes possible to distinguish the weakest and the strongest of the three, and also to decide where improvements can be made. We have borrowed some of our theoretical framework from the Laswellian stages approach to the policy process. Laswell's abstract operationalisation of the policy process proved useful to us, since we focus on two of Laswell's stages namely the prescription stage (here referred to as the policy element) and the application stage (here referred to as the implementation stage) (deLeon 1999 p 20). We have also added the element of resources, with the hope that this will provide for a more comprehensive framework and analysis.

This can be considered to be an organizational study which concerns itself with the operation of political and administrative organisations and the relationship between various structures (Barrett and Fudge 1982 p 6). It also has an evaluative aim, that is to say, we wish to understand and assess the outcomes of the process of governance.

#### 1.4.1 The elements of the governance process

A strategy formulated and defined as a policy, is needed to visualize goals and to make involved stakeholders aware of what their responsibilities are as well as what their roles are going to be in the coming actions. A policy document can seem unlikely to have an effect since it is by definition only a recommendation without the power that a legally binding document holds to employ sanctions when the objectives are not being implemented. A policy document however provides an essential first move since it is an articulation of political will. The aim is often to reform an existing system, and to achieve something that is considered to lead to improvement. Therefore it is an underlying assumption that political will, formulated in a policy document, is essential for any kind of joint achievement. In the case of the HIV/AIDS pandemic in Botswana the national policy and the national strategic framework are therefore the articulation of the political will.

Perhaps it is bold to say that a policy document is by definition a document of abstractness, nonetheless this abstractness holds both weaknesses and strengths. The strength lies in the fact that since it is supposed to be a general document, it is allowed to formulate the underlying values, along with the goals and the means with which to achieve these goals. This strength also constitutes a weakness, since the abstractness makes it difficult to apply the document directly onto reality.

Consideration is also taken regarding what Dunsire calls “the implementation gap”, which recognises that policy does not implement itself and that attention needs to be focused towards the fact that policy making per se does not ensure action, but rather that there are important factors that influence the process of turning policy into action (Barrett and Fudge 1982 p 9).

A clear division between policy and implementation has been made, although we are aware of the fact that a clear distinction, between where one starts and the other one ends, is difficult to make.

Implementation of the aforementioned goals constitutes the link in the chain of governance which deals with execution. Through implementation, the policy and its goals become operational, and the goals should be transformed to reality. To bring something from an abstract level to a level of reality is of course complicated and must be considered the most difficult part of the governance chain. Implementation is the realisation of governance and without implementation policy is nothing but a wish to achieve something. This chosen approach can be defined as ‘the policy-makers perspective’, since it represents what policy-makers are trying to do to put policy into effect. A weakness of this approach can be that it generates a top-down outlook (Barrett and Fudge 1982 p 12). This has not been identified as a problem, since the Botswana response in addressing this issue has a character of being top-down. In our opinion it is clear that the public sector is the primary stakeholder and agent. However, the relationship between the involved stakeholders is far from hierarchical and

it would be misleading to identify the private sector and the civil society as agents in the public policy maker's service.

Resources are essential in political actions of any kind. Resources are closely linked to implementation, since it is the combination of these two elements that will ensure that the planned actions are taking place. Resources are the means without which nothing can be accomplished.

## 1.5 Method and material

When analysing such severe and unique circumstances as the ones which HIV/AIDS in Botswana presents, it is important to get close to the object of study. Consequently the main method of collecting material for this dissertation has been by conducting interviews. A method of interviewing allows for an interaction between the informants, and thus the object of study, and the persons studying it. The reasons for choosing this method were two-fold, firstly interviews are advantageous for studies made on an unexplored turf. Also, and most importantly, the reason for our focus on informants and interviews was because of a wish to find out the informants reflections on the governance of HIV/AIDS. Our primary aim was therefore to find out how the stakeholders themselves understood and assessed the situation in Botswana at the moment. With this aim using interviewees proved the superior way to collect material (Esaiasson, Giljam, Oscarsson, Wängnerud 2005 p 279ff).

The interviews have been conducted to allow for an informal conversation surrounding the themes that have been at the centre of our theoretical framework; policy, resources and implementation. By constructing the interviews after our theoretical framework, we fulfilled the aim to think thematically, and to constantly readdress the research questions, which are requirements one should try to fulfil in an interview situation (Esaiasson, Giljam, Oscarsson, Wängnerud 2005 p 290). We have also, to some extent, used written material. The written sources are complementary to our interviews and used in order to paint a comprehensive picture of the situation at hand.

## 1.6 Limitations

It is important to thoroughly examine the material at hand in order to be able to open-mindedly make conclusions and to ensure intersubjectivity.

This dissertation includes several primary sources, which is always advantageous. It is still important to scrutinize these sources with the same kind of incredulous approach as one would do with other kinds of material.

The informant's answers must be scrutinised both by content and context. That is to say, the answers given must be considered to be a consequence of the reality of the informant. One must acknowledge that this inevitably will restrict the informant's ability to provide objective answers. It is also important to acknowledge that the informant's subjective truths are not always coherent, like empirical scientific facts, but together their answers give a comprehensive overview of the situation from which conclusions regarding the stakeholders' opinions of the governance of HIV/AIDS can be drawn.

The list of interviews is a reflection of our efforts to collect material of such diversity that a comprehensive and multifaceted picture of the governance of HIV/AIDS in Botswana could be painted. The aim has been to gather opinions of the different stakeholders involved, because it is the stakeholders that are responsible for the governance of HIV/AIDS, and they have experience of the strengths and weaknesses of the system. This aim has been achieved, but it must be acknowledged that the selection has been limited by certain difficulties due to bureaucratic and time-consuming restrictions. For this reason the decision to leave out the local government as a stakeholder was made. It proved impossible for them to voice their opinions. Naturally, it has not been possible for all stakeholders to voice their opinions in this study, which limits the prospects to answer the question where the weakest links are. Despite this, our conclusions are based on the informants' answers, and we are convinced that our material provides a clear and inclusive picture of the situation and of the challenges the governance of HIV/AIDS in Botswana faces.

## 2. Background

### 2.1 A brief review of the political and economical development of Botswana

In 1966 Botswana became independent from Great Britain. The transition to independence was peaceful, and this fact has been used to explain the very different, and in relation to its neighbouring countries, successful development of Botswana. The country has a long democratic tradition, the Botswana Democratic Party (BDP) has ruled the country since independence and the three presidents have been democratically elected (Baxter 2006 p 38f). Transparency International rates Botswana at 37<sup>th</sup> place on the Corruption Perceived Index, with a score of 5.6. This makes Botswana the least corrupt country in Africa (www.transparency.org 2007-04-20). Inequality between sexes and between rich and poor is still a major problem in Botswana and 22 % of the households in this middle income country live below the poverty line (NSF 2003-2009 p 17).

Shortly after independence diamond resources were discovered in Botswana, and ever since, the diamond mining has been the main source of income. Largely due to the diamonds the economy has been prosperous with an average growth of 10 per cent per year throughout the 1990s (Baxter 2006 p 18). Cattle farming is also an important industry to a large part of the highly mobile but small population of approximately 1.7 million people. The economy and the small population are destined to suffer severely the coming years due to deaths caused by AIDS, and this will pose a threat to the very successful development which Botswana has experienced to date (Fried, Telemeddelande 2006).

### 2.2 HIV/AIDS in Botswana

Since the first case of HIV/AIDS was discovered in 1985 the prevalence has risen dramatically and Botswana is now, proportionally, the second worst affected country in the world with a prevalence of 17.1 % among the whole population aged 18 months or older (BAIS II) and 33.4 % among active people between the ages of 15 and 49 (2005 Botswana Sentinel Survey).

The latter figures show a slight decline in incidence<sup>1</sup> since the last Sentinel Survey in 2003.

The main reasons for the high prevalence rate in Botswana have been identified and categorized into four groups; stigma and denial, socio-cultural determinants, socio-economic determinants and demographic mobility. Stigma and denial generates an atmosphere which makes it harder to educate the population and makes attempts to curb the spread of HIV/AIDS more difficult. Inequality between the sexes, the subordinate position of women in sexual relationships as well as in economic situations and the tradition of multiple partners are also highly contributing factors. The socio-economic factors relate to the fact that poor people are adopting a high-risk lifestyle to meet their daily needs, while people with higher income have the ability to exploit this inequality. The mobility of the Batswana, due to increasing urbanisation and the strong connections to the rural villages and cattle posts, is also affecting the prevalence rates in the country along with the country's geographical position as a transport hub for southern Africa (National Strategic Framework 2003-2009 p 16).

## 2.3 The response to HIV/AIDS in Botswana

For an overview of the history of HIV/AIDS we have chosen to divide the time after the first discovery of HIV/AIDS in Botswana, mainly using Heald's division, into different phases.

### 2.3.1 Phase one: first response

The first response to the pandemic was quick (the Botswana government acted almost ten years ahead of the neighbouring country, South Africa) (Heald 2005 p 32) as the first HIV infected person was diagnosed in the country in 1985 (Dawn Brochure from MoH 2003 p 5).

Still, the first phase was not nearly as comprehensive as the following ones and its main focus was to impede further spread of HIV/AIDS through blood transfusions (Fried Telemmeddelande 2006) .

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<sup>1</sup> Incidence is the measure of the number of new infections. Prevalence, on the other hand, measures the total number of people infected at any given time.

### 2.3.2 Phase two: trying to change behaviour

Foreign agencies were involved early on and strategies, as the National Policy on AIDS from 1993, were composed (Fried Telemmeddelande 2006) as was the Medium Term Plan II from 1997-2002 (MTP II) (Dawn Brochure from MoH, 2003 p 5). Financial resources were mainly focused on education and the use of condoms was fiercely promoted. HIV/AIDS became referred to as “the radio disease” as the message of this disease, that few people at this stage had ever heard of and even fewer had seen the effects of, was broadcasted over the radio (Heald 2005 p 33f). The campaigns for this so far quite invisible disease were not seen as trustworthy and people were insulted by the implications. Loud reactions came from church groups, parents and elders who considered the campaigns to promote promiscuity (Allen, Heald 2004 p 1144f). The policy document from 1993 was reviewed and replaced in 1998, and a multi-sectoral response was formulated (National Policy on HIV/AIDS 1998).

### 2.3.3 Phase three: ARVs and VCT

In 2000, the Botswana government lead by President Festus Mogae together with the Bill and Melinda Gates Foundation and Merck Pharmaceuticals established a public-private partnership; African Comprehensive HIV/AIDS Partnership (ACHAP). Because of this Botswana could, as the first country in the world, launch a free anti-retroviral (ARV) programme in 2001. The ARV programme, called Masa, was piloted in four sites but is now covering most parts of the country and provides testing facilities as well as free medicines to clients with a CD4 count below 200<sup>2</sup> (Dawn Brochure from Moh 2003 p 6f). To make the programme work, openness and encouragement to “know your status” became the main goals through Voluntary Counselling and Testing (VCT). The new programme was wholly supported by the government, but the ARV treatment required new amenities and lots of both human and financial resources. This was supplied predominantly by the government, but also by external donors striving to meet the new demands (Heald 2005 p 35-36).

During the third phase efforts to not only educate, but to take control, were made. In 1999 the Prevention of Mother to Child Transmission (PMTCT) programme was launched. After a slow start the programme has enrolled more and more pregnant women (Fried Telemmeddelande 2006) . In 2001 Total Community Mobilization (TCM) launched by the NGO Humana People to People started in Botswana. The idea was that “only the people

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<sup>2</sup> CD4 T-cells are co-ordinating the immune system of the human body and can be infected and killed by the HIV virus. The number 200 refers to the number of CD4 T-cells per cubic millimetre of blood. In a healthy body the count should be between 500-1500/mm<sup>3</sup> blood (www.aidsmap.com 2007-04-20).

can liberate themselves from the epidemic” and field-officers were trained to go from door to door to talk and inform about HIV/AIDS. In 2005, when the programme was completed, 900 000 people had been covered (Humana folder 2005).

As more actors were involved and new programmes started, coordination became a priority. In 2001 the National AIDS Coordinating Agency (NACA) was founded to coordinate issues regarding HIV/AIDS (Telemmeddelande, Mnr GABO/20060227-2). Despite of the numerous international actors in the country and the many actions taken, it is the Botswana government that takes the lion’s share (79%) of the HIV/AIDS related costs (The Weekly Electronic Press Circular of the Office of the President 2006-11-26).

### 2.3.4 Phase four: introducing routine testing

Despite the free testing clinics, Tebelopele, which were created to assist the Masa programme, it proved difficult to convince people to come and get tested. The VCT policy was debated and even though compulsory testing was discussed this idea was rejected due to ethical reasons. Instead, routine testing was seen as ethically justifiable and as a firmer response to the HIV/AIDS pandemic than the existing one. With routine testing all patients would be informed that they would be tested for HIV unless they explicitly say no (Rennie, Behets 2006 p 53f). In 2003 the National Strategic Framework 2003-2009, which followed the MTP II, with a goal of an AIDS free generation in 2016, was approved by the government (Fried Telemmeddelande 2006) .

The government of Botswana has moved from actions of education and surveillance to a much more resolute tactic to get people to test themselves. Without test results people have less incentive to protect themselves. Yet, national and international human rights organizations loudly state the dilemma of the routine testing; people are not always correctly notified about the possibility to “opt out”, which is a human right (Heald 2005 s 39-40).

## 2.4 The stakeholders involved

A multisectoral approach defines the current response and implies that all sectors and levels of government, the civil society, the private sector, the media and development partners have a shared responsibility in the fight against HIV/AIDS. We have identified the three most important stakeholders which are; the government (and the public sector), the private sector and the civil society.



## 2.4.1 The government and the public sector

In this dissertation the public sector is considered to be the most crucial institution involved, primarily because the government is the most significant stakeholder, since it is the main policy-maker and the law-maker with the capacity to tax people and delegate funds towards different problems, and decide which issue is most urgently in need of funding. The government is responsible for its people and its very foundation is threatened because it relies on a healthy workforce to function.

The structural response towards HIV/AIDS has historically been to treat it as merely a health issue, which has meant that the Ministry of Health (MoH) has been the sole responsible institution at governmental level. When delegation of policy, implementation, supervision and general control was not considered sufficient or successful the policy document of 1998 stated that a multi-sectoral response should define the future effort towards containing HIV/AIDS (Botswana National Policy on HIV/AIDS 1998).

In 1999 President Mogae declared HIV/AIDS to be a national emergency, and in response to this he established the National AIDS Council (NAC) which is responsible for the policy-making on all HIV/AIDS related issues. It is the highest coordinating body, mandated to advise the government on HIV/AIDS matters (ACHAP 2005 p 8). At the same time NAC's secretariat, the National AIDS Co-ordinating Agency (NACA), was created. As the name suggests NACA's role is to be the national coordinator of the multi-sectoral response (Watson 2004 p 9). This means that NACA has a broad mandate, which includes the formulation and review of policy, to facilitate implementation, to mobilise resources and strengthen institutional capacity, as well as to co-ordinate, monitor and evaluate programmes. NACA currently reports to, and is subordinate to, the Office of the President<sup>3</sup> (ACHAP 2005 p 8).

The MoH naturally plays a pivotal role, even though the multi-sectoral response has meant that its overall responsibility has been taken away. The Department of AIDS Prevention and Care (DAPC) in the MoH implements prevention programmes, and is responsible for ARV treatment, PMTCT, routine HIV testing, other sexually transmitted infections, information, education and communication programmes (IEC's), and home based care (ACHAP 2005 p 8).

For local governments the multi-sectoral response has entailed a decentralisation of the response. This has been achieved through the creation of District Multi Sectoral AIDS Committees (DMSACs), that have the mandate to manage and co-ordinate the district-level response according to the unique needs in different districts (NSF 2003-2009 p 37). By ensuring a geographical closeness to the population, the DMSACs should also be

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<sup>3</sup> This was not the case in the inception of NACA, but in 2000 President Mogae took over the chair of NAC from the Minister of Health (Telemeddelande Mnr GABO/20060227-2 p 3).

able to model effective HIV/AIDS initiatives according to district-specific needs (ACHAP Review 2005 p 26). The DMSACs are also supposed to function as a voice of the district level toward the central levels (NSF 2003-2009 p 37).

The concept of a multi-sectoral response is intimately linked with the concept of mainstreaming, by which it is intended that all actions should be in alignment with the NSF<sup>4</sup>.

#### 2.4.2 The civil society

One can turn to the civil society for an understanding of this pandemic's consequences on a micro level and for an insight into the role of the civil society in the fight against HIV/AIDS.

The umbrella organisation for NGOs concerned with HIV/AIDS related issues is called Botswana Network of AIDS Organisations (BONASO). BONASO's goal is to be the co-ordinator for NGOs concerned with HIV/AIDS ([www.bonaso.org.bw](http://www.bonaso.org.bw) 2007-05-10).

Botswana Network of People Living with HIV and AIDS (BONEPWA+) has the conviction that very little can be achieved if the people who are already affected are not represented. BONEPWA+ aims to build capacity and leadership within support groups. BONEPWA+ covers 8 districts (of 24) and is represented in NAC (Shrestha 2006-12-04).

The Botswana Network on Ethics, Laws and AIDS (BONELA) deals primarily with the human rights aspect of HIV/AIDS. They, for instance, have organised campaigns concerning the work situation of HIV/AIDS infected people, and operates closely with the International Labour Organisation. BONELA has also brought up the question whether the rights of patients to opt out from routine testing is being respected ([www.bonela.org](http://www.bonela.org) 2007-05-10).

Humana People to People is an NGO which works with education about HIV/AIDS and which aims at the population's ownership of the issue through the TCM project ([www.humana.org/default.asp](http://www.humana.org/default.asp) 2007-05-10).

These are merely a few examples of the different NGOs which deal with HIV/AIDS related issues, but are representative of the stakeholders of the civil society.

#### 2.4.3 The private sector

“It makes business sense to care about HIV/AIDS”, says Wame Jallow, the co-ordinator at Botswana Business Coalition on AIDS. This statement

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<sup>4</sup> For further reading on the specific sectoral responsibility of each ministry see the NSF.

concludes why it is important to look at the private sector as an important stakeholder (Jallow 2006-12-14).

BBCA is a service organisation, which has the aim to build capacity within companies to help them deal with the situation that they are faced with due to the high rate of HIV/AIDS in the workforce. Even though this organisation is a NGO it is the institution which defines the private sector's role in this issue, and that is the reason we regard it as the private sectors representative in this matter.

Its vision is to ensure that every private sector company in Botswana develops a policy on HIV/AIDS which is practically implemented. BBCA wishes to strengthen the Botswana private sector's role in managing and combating the pandemic in the workplace. It does this by assisting the business community with the development of HIV/AIDS work programmes and policies, and by supporting the private sector in accessing government HIV/AIDS services. BBCA also assists the government by reaching more people, thus increasing the uptake level for its services. This organisation deals primarily with medium and small sized companies, and its support is solely of human resource character (Jallow 2006-12-14).

## 3. Findings

### 3.1 Short note on the existence of political will in Botswana

The Botswana government cannot, in comparison to other Sub-Saharan countries, be said to have taken the pandemic lightly. The free ARV treatment clearly indicates a desire to change the situation as do different programmes, such as PMTCT and VCT. In 2003 President Mogae got tested and publicly announced the negative result, an action which also exemplifies a determination to enlighten the Botswana of the importance to get tested (Heald 2005 p 39).

From our point of view, and from the opinions voiced by various informants (Muchiru 2006-12-04, Kerapeletswe 2006-12-05, Khan 2006-12-18) it is clear that there is no lack of political will which seriously incapacitates the response to HIV/AIDS in Botswana.

### 3.2 Policy

Policy formulation is the initiating stage, or the foundation, of the governance process. The goals, towards which the actions are aimed, are created. The strengths and weaknesses of a policy are due to a variety of causes and in this chapter the Botswana stakeholders' opinions about the Botswana policy on HIV/AIDS are displayed.

#### 3.2.1 The Botswana policy

Simon Muchiru, a consultant with focus on HIV/AIDS issues, states that the Botswana policy on HIV/AIDS is fine, and that it is much better than any of the other Southern African Development Community (SADC) countries' policies. When the first policy document was formulated in 1993 it was a strong document for its time, he says. This also applied for the current policy document, when it was written in 1998 (Muchiru 2006-12-04). The former head of NACA, M.D. Banu Khan, concurs with this statement, and

says that for implementation purposes the NSF is “quite a good document” (Khan 2006-12-18).

That said, Muchiru states that there are issues which the documents (neither the NSF nor the policy document from 1998) do not cover. He gives the example that condoms are not distributed in prisons (because homosexuality is illegal), and that there is no law against intra-marital rape. According to Muchiru, the reason for this is because the decision-makers are not ready to make the changes in the law that would be required. In Muchiru’s opinion this makes the policy far from perfect, due to what is missing, rather than what it covers (Muchiru 2006-12-04).

Mona Drage, Programme Officer at UNAIDS, says that defining the HIV/AIDS approach with such a clear emphasis on mainstreaming and multi-sectorality can prove to be incapacitating, because it can lead to a thinning out of the response, rather than ensuring comprehensiveness. Despite this, the idea is a good one, and the NSF reflects this, although it should be more sharply formulated (Drage 2006-12-07).

Charity Kerapeletswe, PhD and Research Fellow at Botswana Institute for Development Policy Analysis (BIDPA), is at the moment involved in the delayed midterm review of the NSF, with the aim to answer the question whether this document is aligned with the issue today. She believes that the policy needs overhauling, because the targeted people are not the ones who own the issue, due to the fact that it is a top-down policy (Kerapeletswe 2006-12-05). Even though the NSF was formulated through a very consultative process aiming to involve all tiers of society, both traditional (for example the kgotla<sup>5</sup>) and modern (for example the DMSACs) (Watson 2005 p 8f), this interdisciplinary approach was not totally successful, because for example nurses were marginalised in respect to the policy formulation, and had to accept the top-down, non-participatory character of the NSF (Phaladze 2003 p 30).

Kerapeletswe also claims that little can be done before the issue of internalisation is dealt with. She says that because the policies on HIV/AIDS have been formulated to address the pandemic as an emergency the government has had the ownership of the issue. She says that “if you give people ownership, the sky is the limit of how resourceful they can be” (Kerapeletswe 2006-12-05). The treatment of HIV/AIDS as a pandemic and as a crisis situation has made both the involved stakeholders and civil society too dependent on the government in this issue, rendering them less useful than they could, and should, be (ibid).

Jallow says that the NSF is a double-edged sword, vis-à-vis the private sector, since it has provided direction for employers who take the matter of their own involvement seriously. But still it is her firm opinion there is great need for a revision, and she says that if she had been the author she would

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<sup>5</sup> Kgotla are traditional village councils, headed by the village chief, where all male inhabitants can openly discuss political issues (Leith 2005 p 36).

have used a stronger language. The minimum internal packages that companies should implement could have been far more inclusive. She considers the fact that the private sector and its responsibilities being dealt with on only half a page as telling about the limited inclusion of this sector (Jallow 2006-12-14).

Steve Jones, a representative of Bamangwato Concessions Limited (BCL), a mining company and the biggest employer in the small mining town Selebi-Phikwe, states that one must remember that in Botswana, a country the size of France, with a population of 1.7 million inhabitants, the government's influence and impact diminish as one comes further away from the capital. He describes how BCL has been awarded by the government for its HIV/AIDS policy in the workplace, but as an employee at the company he experiences that this is something to show to the outside, and that there is very little actually going on in the workplace (Jones 2006-11-30).

### 3.2.2 The legislative environment (or the lack thereof)

Drage raises the issue of whether the weakness of the legislative environment is negative for the effectiveness of HIV/AIDS programmes. There are very few laws passed based on the HIV/AIDS policy, which means that it is not as strenuously followed as a law would be (Drage 2006-12-07).

Jallow gives a somewhat ambiguous reply to the question of whether the legislative environment in Botswana in general, and for HIV/AIDS issues in particular, needs to be strengthened. She states that legislation could provide a platform, because sometimes having a workplace policy on HIV/AIDS can be only "window-dressing", but legislation will inevitably take away the good-will which exists in companies towards their employees (Jallow 2006-12-14).

Carolyn Collins, a nurse with years of experience of the health care system in Botswana, identifies the lack of legislation as a major reason for the government's problem. She exemplifies this with the fact that there is no occupational health legislation, which renders it impossible for the government to do what she thinks is needed; to order every industry to "do something" on this matter. She is confident that it is through firm legislation this issue ought to be governed (Collins 2006-12-05). Nthabiseng Nkwe', advocacy officer at BONELA, agrees with this statement when she says that: "Policy is really hopeless, because it is not binding; it is only a document that is meant to guide" (Nthabiseng Nkwe' 2006-11-27). Khan hopes that a new policy document will better enable a foundation for legislation on HIV/AIDS in the future (Khan 2006-12-18).

### 3.2.3 Centralised co-ordination – a good formula?

In response to the pandemic of HIV/AIDS in developing countries the United Nations advocates for the “three ones”, which are a national strategic framework, a national co-ordination agency, and a system of monitoring and evaluation to be set up to facilitate the governance of HIV/AIDS. NACA was already established when these goals were formulated at the HIV/AIDS and STD (Sexually Transmitted Diseases) conference in Nairobi in 2003 (Drage 2006-12-07, [www.unaids.org](http://www.unaids.org) 2006-12-19).

There is a wide consensus among our interviewees that the theory of a nationally co-ordinating body is a very good one (Muchiru 2006-12-04, Khan 2006-12-18, Nkwe’ 2006-11-27, Drage 2006-12-07, Collins 2006-12-05), though there seems also to be an agreement on the fact that this is a very difficult task to carry out in reality. To establish a co-ordinating agency, which almost everyone should answer to, in a large bureaucracy has indeed been a challenge (Drage 2006-12-07, Khan 2006-12-18). Khan explains how pressure from development partners and the government, eager to see fast results, made it difficult to set up the proper structures and build capacity (Khan 2006-12-18). NACA’s mandate is to be the overseer and co-ordinator of the implementation, but does not have a mandate to be responsible for implementation. This seems to have led to some confusion regarding what the actual role of NACA is, or should be (Drage 2006-12-07). Muchiru also believes that the concept of NACA is a good one, but the lack of capacity due to too little experience at the top makes NACA malfunctioning (Muchiru 2006-12-04).

## 3.3 Resources

No matter how good, or bad for that matter, the policy is considered to be, implementation is not possible without resources. Financial resources are often seen as the most problematical obstacle to overcome in developing countries, but Botswana has economically come a long way and is now facing new challenges.

### 3.3.1 HIV/AIDS programmes -an expensive necessity

Since the ARV programmes started in 2002 many concerns have been raised regarding the cost of the programme in the long run. The EU ambassador to Botswana, Paul Malin, raises the question about economical endurance. He considers the high costs of the HIV/AIDS programmes a difficult obstacle to overcome and also expresses concern that all funding available is not being collected because of NACAs inadequate accounting (Malin 2006-11-27).

Joshua Machao, the Information Education and Communications (IEC) Officer for the Masa programme, discusses three great challenges to the IEC element of the Masa programme and mentions, among them, the capacity constraints in the public health sector. Machao also discusses the problem of the huge costs of the ARV programme and points out the unsustainability when you eventually reach a bottleneck of too many patients and too few funds. Improving capacity, within Botswana in general and within the Botswana public sector in particular must be prioritized. Even if outsourcing could be a good short term option, reliance on foreign expertise is inevitable (Machao 2006-11-27).

Tore Steen, with the Botswana National Tuberculosis Program at MoH, is also concerned by the fact that medicines are becoming increasingly pricy (Steen 2006-11-30). Khan, however, underlines that the medicines are not the most costly part of the ARV programme, but the tests needed to diagnose and medicate the patients are. She still agrees that the costs, unrelated to its origins, may become a problem in the future (Khan 2006-12-18). Like many others, Thabo Seleke, Research Fellow at the University of Botswana, is concerned with the costs and what will happen if external donors, like the Bill and Melinda Gates foundation, withdraw their funding. He points to the fact that Botswana's only major income is diamonds, which puts the country in a dependent situation, and that the programmes started cannot be stopped without dire consequences (Seleke 2006-11-28).

### 3.3.2 Human resources

Drage is concerned over the severe lack of human resources in Botswana. She also discusses another type of bottle necks than the ones mentioned by Machao, and refers to the bureaucratic system. She says that NACA, for example, has difficulties getting money through the system and to the different implementers (Drage 2006-12-07).

Along with mentioning the intricacy of sustaining such an expensive programme as the ARV treatment, Collins concurs with Drage when she states that the health sector is nurse driven and that there are not enough educated nurses in Botswana. In her view, emphasis must be put on educating and making nurses qualified because of the characteristic of the Botswana healthcare (Collins 2006-12-07).

As a doctor, Khan sees practical solutions regarding for example the lack of doctors. Since doctors are scarce in Botswana they should not be the ones handling the counselling of HIV/AIDS patients. Instead lay counsellors could help relieve the burden on doctors (Khan 2006-12-18).

Muchiru is alarmed that, even though the government has done a lot to satisfy the shortage of doctors (for example deciding to build the first medical school in the country) the capacity achieved is being lost due to HIV/AIDS related deaths. He is also concerned with the fact that at the same time as donors are giving money to build capacity, doctors are moving



to these more beneficial employers, leaving the country and the public sector even worse off. Muchiru is one of many who claim that money is not what Botswana needs. The money is there but nobody knows how to use it, he says (Muchiru 2006-12-04).

The resource problem takes on another form, for Seleke. His research in Selebi-Phikwe and Francistown showed that the resources at clinics and health care facilities are unequally distributed. In Selebi-Phikwe the resources are scarcer than in other places, a sign of the government's less serious efforts in some parts of the country (Seleke 2006-11-28). Also Jones, working in Selebi-Phikwe mentions that government actions are less visible in the rural areas than in the larger urban centres (Jones 2006-11-30). This leads to what Seleke calls the "death row phenomena", when patients in some places have to wait sometimes up to six months after diagnosis before starting their ARV treatment (Seleke 2006-11-28). The picture is not cohesive though as Machao, in contrast, states that there are no waiting lists for ARV treatment (Machao 2006-11-27).

### 3.3.3 The lack of physical resources

Prashanda Man Shrestha, United Nations Volunteer-Programme Advisor at BONEPWA +, draws attention to the problematic fact that civil society is not, nor will ever be, self-sufficient. This is not a problem that is specific to Botswana, but the point remains that civil society will always need to rely on donors. This means that the programmes submitted should be in accordance with the NSF and other donors' policies, which Shrestha finds troublesome since it limits the scope of freedom for action for the civil society. Shrestha also explains that when it comes to funding, NGOs have immense trouble getting money for administrative and organizational purposes, since donors are more eager to support activities and programmes than the organisation as a whole. This also entails an additional problem, since this makes it difficult to employ people, with for example accounting skills, for a longer period of time. This in turn makes reporting, control and evaluation hard to achieve (Shrestha 2006-12-04).

Collins points to one of the severest lack of resources in the fight against HIV/AIDS. According to her, the condom distribution has not functioned properly despite the fact that the government has chosen to use "condomize" as one of the focal points in their campaigns. Condom dispensers are often empty and to privately distribute condoms is useless as long as the national supply is not regularly refilled. She says that "people will use them if they are available", and that the condom distribution is an easy problem to solve, if only the logistical conditions were there (Collins 2006-12-05).

Mavis Bengtsson, a nurse employed by the Centre for Disease Control draws attention to the fact that Botswana is still a developing country and this entails that resources will never be enough. There will always be a need

for improvement and advancement. She says that in her work she uses old equipment, which would be far from acceptable by Western standards (Bengtsson 2007-12-01).

## 3.4 Implementation

It is self-evident that implementation will prove to be the most difficult part of governance of an issue of such totality as the HIV/AIDS pandemic. The essence of making governance work is that the goals and objectives of a policy solution should be made real. This is bound to meet obstacles of many kinds on many different levels.

Implementation has been identified as the weakest element of governance by many of the interviewed stakeholders (Bengtsson 2006-12-01, Collins 2006-12-05, Jones 2006-11-30, Muchiru 2006-12-04, Wester 2006-12-07), and we have therefore examined what the constraints and obstacles are to successful implementation.

To identify a country's joint implementation response to the pandemic of HIV/AIDS is of course difficult. This has not been our intention; rather it has been our aim to carefully examine what the Botswana conditions are for a successful implementation.

### 3.4.1 Obstacles to implementation in the public sector

One major institutional impediment to successful implementation of HIV/AIDS programmes has been identified; this is the reallocation of the workforce employed in the public sector. This section discusses implementation and the Botswana resource endowment concertedly because we have identified the lack of human resources in the public sector as the major obstacle to efficient implementation.

Bengtsson describes a system where public sector employees are subject to involuntary reallocation, which she testifies has effects on efficiency in implementation. For example, as a nurse employed in the public sector you can, after education in Gaborone, be assigned to a very remote place in the country side with a contract stretching over a couple of years. When this contract has expired you are reassigned to some other, perhaps equally remote place. This assignment takes no consideration of family ties, of the employee's own wishes, or the suitability of the employee for that particular location (Bengtsson 2006-12-01).

Bengtsson reflects on how this structure of the public sector has two major effects on implementation in the public sector. Firstly, it leads to the public sector becoming a very unattractive employer for persons who have a choice to work somewhere else. Bengtsson herself says that this was the primary reason for her leaving the public sector. Secondly, due to the

massive turnover of public sector employees, a lack of sustainability, and more importantly, a lack of commitment to follow through an implementation process has become a problem. This system of reallocation has very little support among the public sector workforce. There is also a third factor that is not directly related to implementation facilitation, but nonetheless closely related to the pandemic. Decentralization with force does not only make people less motivated, but also parts families, which continue the spread of HIV/AIDS because it provides opportunity to have more than one partner (Bengtsson 2006-12-01).

The ubiquity of donors in Botswana is problematic, because it does not only generate the positive outcome of a lot of aid but it also has the negative consequence that the educated workforce has the opportunity to find more beneficial employment with donors as employers, rather than in the less well paid public sector (Muchiru 2006-12-04).

Drage emphasises the importance of strengthening the BHRIMS (Botswana HIV/AIDS Response Information Management System) and thinks that the bureaucracy could be downsized without making accountability and control suffer. Furthermore she questions the role of NACA as a coordinator and says that NACA has taken on implementation responsibilities which it is not supposed to do. (Drage 2006-12-07)

### 3.4.2 Private sectors response to implementation

Jallow states that there are naturally large difficulties to implementation within the private sector. The secretariat of BBICA consists of three people and its goal is to service 6000 businesses. Focus is put on helping smaller companies because they often lack the technical knowledge needed to deal with such a critical situation as the HIV/AIDS issue presents. BBICA only provides technical assistance, and performs advocacy and capacity building. Jallow adds that Botswana has gotten some of the basics right but implementation is difficult. She acknowledges the sense of corporate responsibility and the awareness of caring for the own community, because without this, there would not exist a pool to hire employees from. Companies have understood the importance of not only caring for the specific employee, but also for his or her family, and ARV is, in some cases, distributed to spouses and children (Jallow 2006-12-14).

She also points to the possibilities for the private sector, and the individual company, to play an important role as a stakeholder. At the workplace people spend eight hours a day and it is a good place to spread information. Nonetheless, the cost-sharing between public and private sector is essential and ensures sustainable implementation. However, the costly programs are sometimes unaffordable for companies. Tax relieves for companies which develop AIDS-programs are being discussed, but no decision has of yet been taken (Jallow 2006-12-14).

The private sector's response is also limited by foreign owned companies which do not have to follow Botswana policies, and which would probably leave if they were forced to. When the requirements on action become expensive and demanding they oppose the attempts to attract foreign investments. Jallow is hesitant on the issue of legislation. It is on one hand important and on the other it takes away the issue of will. Voluntarism has, according to her, created a natural source of social responsibility (Jallow 2006-12-14). Drage claims that the legislative environment in Botswana is weak and adds that a policy is something that does not have to be adhered to legally for an employer (Drage 2006-12-07).

### 3.4.3 Civil society's response to implementation

Khan claims that the Botswana civil society is a weak one but hopes that it will grow stronger as the civil society and NGOs ought to be more occupied with implementation of the HIV/AIDS issues. She stresses that Botswana still is a developing country and that there is a limit to how much the government can pay for. But as long as health in general, and HIV/AIDS in particular, is such a politically sensitive issue it will be difficult to handle (Khan 2006-12-18). Jallow says that since the structure is in place, individuals have to have a certain element of self responsibility in this matter (Jallow 2006-12-14).

Drage underlines how important it is to strengthen the civil society to reach the objectives with their HIV/AIDS programmes which usually have awareness and education as goals (Drage 2006-12-07) but several of the interviewees have also witnessed a fatigue of the HIV/AIDS awareness (Jallow 2006-12-14, Bengtsson 2006-12-01).

Khan saw how, in the preparation of the establishment of NACA, the community needed to be mobilized. Even though the "fire" was put out by the roll-out of ARV, it was important to look at the causes of the "fire", which derive from issues of gender, culture and socio-economic situations. The grass roots level need to be engaged, but it also needed support from the government to handle the task of action-taking. A practical solution to get the civil society engaged is to use traditional structures which people are familiar with, like the "kgotla", and which are better than imported ones (Khan 2006-12-18).

### 3.4.4 An example of the challenge of marrying policy and implementation

Policy and implementation are closely linked together. An example of how difficult the introduction of a new policy can be is the Routine HIV Testing (RHT) Policy. It also presents the difficulties of proper action-taking in accordance to the new policies.

RHT is controversial, because it can be claimed to challenge a patient's right to privacy and confidentiality. Disclosure of test results could lead to discrimination and stigmatisation, and it is of utmost importance that health care staff is educated on these topics. The National Policy on HIV/AIDS recognizes the importance of respecting human rights, but it also acknowledges the predicament of the right to confidentiality and the society's right to protection from continued infections ("Healthcare Staff Knowledge and Attitudes toward Confidentiality of HIV Test Results in Botswana", 2006 p vii f).

A survey on knowledge about confidentiality of HIV test results within the health care staff was undertaken. It was conducted one year after introduction of the RHT and showed that more than one third of the health care staff was unaware or mistaken about the content of the National Policy on HIV/AIDS. 32. 7% of the interviewees reported that there were no copies of the policy or testing guidelines available at their site. 24. 2% did not know if there were any available at all (ibid p 10&14).

The report concludes that the policy lacks clarity regarding confidentiality issues and that one interpretation of the finding of this is that the policy is not being implemented in its entirety, to all of the staff and updated to the staff when needed. However, knowledge of the policy does not necessarily mean compliance with it (ibid p vii,viii &17).

If staff and civil society are not educated about the components of the National Policy on HIV/AIDS and the NSF they become irrelevant and implementation of its contents cease to exist.

### 3.4.5 Operational challenges to efficient implementation

There are several testimonies on how operational difficulties have hindered effective HIV/AIDS measures. Carolyn Wester, a Research Fellow at the Harvard Research Laboratory, explains how the roll-out of ARV treatment has been challenged by the operational difficulties which are due to bad infrastructural conditions in rural areas (Wester 2006-12-07). Aziz Haidari, the Information Technology Officer for the MASA-programme, provides an account of the great challenges he as the sole IT-officer had, when setting up the computer system to be able to efficiently keep track of the programme, and the patients enrolled. There were also great difficulties involved with creating a national database for the programme. The infrastructural challenge combined with lack of computer skills and also the lack of computers provided for a far from perfect roll-out of ARV (Haidari 2006-11-27).

## 4. Analysis

Our theoretical framework has given us the means to explore the current governance of the HIV/AIDS issue. The informants have provided us with the material needed to be able to analyse the situation and determine what might still be lacking in respect of governance.

### 4.1 Reflections on policy

Having stated that there is a clear political commitment to put a stop to the HIV/AIDS pandemic, we would like to elaborate on the fact that this has not been enough. The Botswana policy is the articulation of the multi-pronged, multi-sectoral and inclusive response, said to be needed. The consensus is clear; it is good enough. Conspicuous about the policy on HIV/AIDS is that the weaknesses, which are the most important as far as the policy goes, have to do with what the policy is lacking. The policy is formulated in accordance with the current law, and not in accordance with what would be the best and most effective response. This must surely be considered a substantial weakness. The example of condoms in prisons is in this respect very revealing, where there exists a distinguishable problem and a distinguishable solution, and where the legislation precludes the necessary linkage between these two.

If the existing laws are not formulated in a way that facilitates following a policy, then it is imperative that the policy becomes the basis for formulation of laws. However, due to the weak legislative environment in Botswana this has not been the case. Instead the policy has come to be regarded as a recommendation and as an advice.

It is our impression that the private sector as a whole is not an engaged stakeholder. The understanding that “it makes business sense to care about HIV/AIDS” is not easily achieved. We argue that it is likely that the private sector will not actively be involved in the fight against HIV/AIDS without forcing legislation. For the individual company, the short-term economical burden is perceived as larger than the unforeseeable economical benefits to the whole private sector of coming to terms with this pandemic. The lack of forcing legislation has thus weakened the policy stage of governance of the HIV/AIDS issue.

In the context of policy the Botswana civil society seems well aligned with the multisectoral approach to the issue, but the civil society should be more involved in the process of policy formulation. This, to ensure a more effective trickle-down process from the highest tiers of society to grass root

level, where a lot of change still needs to take place and plenty of forces need to be mobilised. It is difficult to change a pattern of a top-down, and hierarchical structure, but measures should be taken to include the civil society, since it would give the people ownership of the HIV/AIDS issue.

It is obvious policy is not enough as a starting point for dealing with an issue of the urgency that the HIV/AIDS pandemic presents. Throughout this dissertation we have described the response and the measures taken to impede the spread of the HIV/AIDS epidemic as a “fight”. This euphemism is a just one, because it helps portray the willingness of the stakeholders. But if policy is merely regarded to be of advisory character it seems a poor instrument with which to win a fight.

Some issues will find the perfect starting point in an advisory policy. Proper resource allocation and effective implementation would then be consequences of a policy of that character. But issues which are considered as worthy of fights need to be approached more ruthlessly than the way that the Botswana HIV/AIDS issue is being approached at the moment.

## 4.4 Enough resources?

In our discussion of resources focus is put on the public sector, which to a greater extent than the civil society and the private sector can allocate resources.

Our theoretical division between financial and human resources has proven useful as the interviewees’ answers have showed clear differences in quandary localisation. Lack of financial resources is always a problem and there might never be such a thing as “enough” resources, as Bengtsson remarks. There is still consensus that the problems with implementation do not depend on insufficient financial resources. Nonetheless there are financial barriers to overcome. One of them is NACA’s structures and methods which have lead to lost funding and difficulties to get money through to civil society. In the future, the sustainability of expensive HIV/AIDS related programmes must be dealt with.

The concerns regarding the costs of the ARV treatment and other HIV/AIDS programmes are profound and legitimate, and stopped programmes would result in a humanitarian catastrophe. Since the financial resources at the moment are not running out, the more acute problem is the lack in human resources, and represents a reason why the HIV/AIDS pandemic is such an unmanageable problem. All levels fail to satisfactorily implement the policies and goals, much due to the lack of human capacity. There are not nearly enough skilled personnel in Botswana to deal with the HIV/AIDS pandemic, and the country is educationally ill-equipped. The new medical school might solve some of the human capacity problems within the health sector, but it takes time to educate doctors and nurses and

time must be considered a scarce resource. Human capacity needs to be strengthened as multisectorally as the issue is considered to be.

It is definitely worrying that the NGOs, which work on grass roots level and have the clearest sense of what is needed at that level, are so dependent on the state and external donors that resources are not put to the best use. A stronger civil society and a private sector that understands the value of releasing resources to fight HIV/AIDS is vital.

The risk that foreign owned companies would be deterred from investing in Botswana, if they were faced with harsher legislation, is a conundrum. Still, harsher legislation is what is needed in regard to the whole private sector. To regard this reasoning as dissuasive to foreign investment at present would disregard the outcome a stronger legislative environment, could have, for the future. The effects this will have on the economy, and what sacrifices it would entail has to be put into the context. Nonetheless, it would ensure that Botswana will continue to be a good place to invest in, even further on. Even so, if there is any area that the concept of corporate responsibility should start to cross borders, it is the HIV/AIDS issue in Sub-Saharan Africa.

#### 4.4 The constraints to effective implementation

Even though implementation has been discussed as a separate element of governance, it is more correct to consider it the last stage of a process. This stage requires forceful policy formulations and access to plentiful resources. When informants identify implementation as the weakest link in the system we consider this to be a consequence of failure not only at this stage, but also on the part of either policy or resources, or both. What has not been implemented properly, or at all, depends on what is not yet there, within the policy and resource elements. Still, it will prove useful to elaborate on implementation in its own right since it has been identified as the most difficult part of making governance effective.

Two main obstacles can be recognized. Firstly, the task of measuring such an element as implementation provides a difficult starting point. Compared to policy and resources, both which are definite and measurable, implementation provides an abstract element which strengths and weaknesses are hard to assess. There are few means for comparison between earlier programmes and existing ones since the situation of HIV/AIDS in Botswana is a very dynamic one, where the conditions for success and failure of a programme are constantly challenged.

Secondly, the time gap between policy formulation, implementation and measurable results and outcomes are preventing correct evaluation. This gap is very large, and is troublesome because it misguides external spectators. The outcomes of implementation efforts are not immediately clear and hard to assess. It is possible that the HIV/AIDS pandemic has reached a breaking



point, which is how the small decline in incidence numbers could be analyzed. This suggests that implementation efforts for some time have been more successful than its assessment shows.

The most efficient use the public sector could have of civil society, at the implementation stage, is if it were to act as one coherent body. This is not the case, nor will it ever be because NGOs exist because of a need which has been observed at grass root level. These heterogeneous needs are sometimes perceived as counterproductive to an efficient response. Nonetheless they aid the governance of the issue in a way that does not necessarily provide for the clear-cut way forward, but homogeneity is not always feasible to strive for at grass root level.

In comparison to what we above described as a scattered civil society, the private sector is even more fragmented. The private sector does not have the containment of the HIV/AIDS pandemic as its primary purpose (as the civil society at least in theory has). This has consequences for the private sector as an implementer. The realisation of programmes within the private sector is dependent on the fact that where there is a will there is a way. The dependence on good-will has led to ad hoc solutions to immediate problems, without a sustainable direction. It would be naïve to count on the employers' sense of community responsibility, and the non-involvement of the private sector has weakened the governance of the HIV/AIDS issue. The BBKA, which works to facilitate the private sector's response, is too small to carry out this task. Also, legislation and policies that are optional to companies are doomed to complicate and obfuscate effective implementation.

The coordination of the public sector is better and does not pose such a threat to efficiency, even though the confusion over the role of NACA has been identified as an obstacle to implementation. Instead, the lack of skills is an impediment, due to the system of involuntary reallocation. When the most capable and competent employees leave for workplaces with more attractive working conditions this will inadvertently have a "brain drain" affect on the public sector. This exacerbates the problem of scarcity of human capacity discussed earlier. It is essential to have well motivated and skilled workforce to executed implementation, be it in the private sector, the public sector or in the civil society. This system significantly weakens the effectiveness of the response, because it impedes a sustainable implementation, worsens the problem of "brain drain" and indirectly causes people to become infected.

Civil society needs to be strengthened at the implementation stage as well, and a fine balance between educating the public and the potential threat "awareness fatigue" might have on effective implementation has to be found.

Lastly, it is unavoidable to discuss the success and failures of implementation efforts from a governance point of view without acknowledging the fact that governance is only as good as the individuals it manages to change the behaviour of. The effectiveness of the governance of

the HIV/AIDS issue will in the end be determined by the will of the individual to be affected by the concerted efforts made possible by functioning policy, resources and implementation.

## 5. Conclusion

We have found that in terms of the governance of the HIV/AIDS issue, Botswana has come a long way. It is clear that the response to the HIV/AIDS situation in Botswana is incapacitated in all the studied elements of governance.

Policy cannot be formulated as strongly as the situation requires, because current legislation does not allow for the necessary pragmatism. The fact that the legislative environment in Botswana in general is weak has the consequence that this, already far from perfect, policy only becomes advisory, which renders it less likely to have an impact. This is troublesome because policy formulated without the pressure to reform existing flaws in the system will not generate any new solutions to neither the legal framework nor to the response to the issue.

The human capacity constraints is a great hindrance both as it affects the ability to take the existing financial resources into use and also because it poses great threats to effectiveness at the implementation stage.

Implementation needs to be both more sustainable in the long run, and effective in the short run. There are structural changes that would ease some of the difficulties identified. Still, if working policy and resource elements are not in place to ensure implementation, then little will be achieved by making changes within this stage.

What further has come to our attention is the fact that even though everyone might consider themselves to be affected by this situation, it is important that stakeholders do in fact embrace the responsibility that comes with holding stakes. The civil society needs to find a way to organise itself to become a stronger actor. The private sector needs to understand the importance of taking action in this matter and become more involved. Both the civil society and the private sector need to take, and be allowed to take, a greater part in the formulation of policy.

The weaknesses of the governance of HIV/AIDS are destructive to the containment of the pandemic and the lack of academic focus on this topic must also be considered to have its consequences. The gained knowledge should form a foundation on which one must continue to develop constructive theory and pragmatic thinking to come to terms with the situation, and to bring about better governance.

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# 7. Appendix

## 7.1 Appendix 1: Objectives of the National Strategic Framework

- Increase the number of persons within the sexually active population (especially those aged 15–24) who adopt HIV prevention behaviors in Botswana by 2009.
- Decrease HIV transmission from HIV-positive mothers to their newborns by 2009.
- Decrease the prevalence of HIV in transfused blood in the country.
- Increase the level of productivity of people living with HIV/AIDS, especially those on antiretroviral therapy.
- Decrease the incidence of tuberculosis among HIV-positive patients in the country.
- Broaden the skills of health workers (doctors and nurses) to accurately diagnose and treat opportunistic infections.
- Ensure the implementation of the NSF Minimum HIV/AIDS Response Packages by all sectors, ministries, districts, and state enterprises.
- Ensure the full implementation of all planned HIV/AIDS activities at all levels.
- Minimize the impact of the epidemic on the persons infected, those otherwise affected, public services, and the economy.
- Create a supportive, ethical, legal, and human rights-based environment conforming to international standards for the implementation of the National Response.

Taken from box 9.1 i An Economical Assessment of the National Strategic Framework by Iyabo Masha, 2007-05-18,  
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