

## 2. Context

### 2.1 Botswana



#### Demographics

Botswana is a semi-arid land-locked country in the centre of southern Africa, with a population of just over two million persons.<sup>4</sup> It is rated as a middle-income country at “medium” on the United Nations Development Programme’s Human Development Index – at 106 of 188 countries.<sup>5</sup>

#### HIV burden

Botswana has an estimated national HIV prevalence rate of 18.5%.<sup>6</sup> Due to an effective anti-retroviral treatment (ART)<sup>7</sup> programme, mortality due to AIDS has been declining over the past four years, but remains a major concern.<sup>8</sup> The Botswana government recognises that the HIV epidemic is generally driven through sexual transmission.<sup>9</sup>

#### The healthcare system

Botswana’s healthcare system includes public and private (for-profit and not-for-profit) healthcare. The public sector is, however, the predominant provider of healthcare services: more than 80% of persons who access healthcare do so through public facilities and programmes.<sup>10</sup> The system

<sup>4</sup> Republic of Botswana *Population and Housing Census: Preliminary Result Brief* (2011).

<sup>5</sup> United Nations Development Programme (UNDP) *Human Development Report 2015: Work for Human Development* (2015), available at: [http://hdr.undp.org/sites/default/files/2015\\_human\\_development\\_report\\_1.pdf](http://hdr.undp.org/sites/default/files/2015_human_development_report_1.pdf), 210.

<sup>6</sup> Statistics Botswana *Botswana AIDS Impact Survey IV (BAIS IV)* (2013).

<sup>7</sup> Standard ART is a combination of antiretroviral drugs used to suppress the HIV virus and stop the progression of HIV disease.

<sup>8</sup> Republic of Botswana *National Health Policy: Towards a Healthier Botswana* (2011) at para 2.5.1.

<sup>9</sup> Republic of Botswana *The Second Botswana National Strategic Framework for HIV and AIDS 2010-2016* (2009) at para 1.2.

<sup>10</sup> National Health Policy: Towards a Healthier Botswana, note 8 above, at para 2.7.1.

is decentralised and comprises 29 health districts based on a primary healthcare approach.<sup>11</sup> Public healthcare services are delivered through hospitals, clinics, health posts, and mobile health clinics. Despite Botswana's sparse population density, 95% of the total population (89% of the rural population) live within an 8 km radius of a health facility.<sup>12</sup>

Botswana suffers from a shortage of trained and qualified healthcare staff<sup>13</sup> with a higher scarcity of doctors than nurses.<sup>14</sup> Services in public facilities are subject a “cost recovery system”, with the exemption of “vulnerable” populations.<sup>15</sup> Additional charges include admission fees, ambulance charges, and other charges for private healthcare users and non-citizens. The government admits that the extent to which these costs compromise access to essential services has not been assessed while acknowledging that collection costs are likely higher than the funds received.<sup>16</sup>

## Stigma and discrimination

Research in Botswana has shown that stigma leads many people to seek testing and treatment services too late in the progression of the disease, beyond the optimal stages for drug intervention.<sup>17</sup> Stigma in healthcare settings has also been shown to inhibit healthcare workers themselves from seeking testing and treatment.<sup>18</sup> The Botswana government estimates that 24% of people living with HIV have experienced internalised stigma, while 13% have experienced external stigma.<sup>19</sup> The government recognises that its interventions to reduce stigma and discrimination are not being implemented on “the right scale and intensity to adequately address gender-based stigma and discrimination against people living with HIV and other key populations.”<sup>20</sup>

<sup>11</sup> Statistics Botswana *Health Statistics Report 2009* (2012), available at: [http://www.cso.gov.bw/templates/cso/file/File/Health%20Statistics%20Annual%20Report\\_2009\[2\].pdf](http://www.cso.gov.bw/templates/cso/file/File/Health%20Statistics%20Annual%20Report_2009[2].pdf), 9.

<sup>12</sup> Statistics Botswana *Statistical Brief No 2007/4: Access to Health Services in Botswana* (2007).

<sup>13</sup> National Health Policy: Towards a Healthier Botswana, note 8 above, at para 2.8.1.

<sup>14</sup> Statistics Botswana *Health Statistics Report 2009* (2012), available at: [http://www.cso.gov.bw/templates/cso/file/File/Health%20Statistics%20Annual%20Report\\_2009\[2\].pdf](http://www.cso.gov.bw/templates/cso/file/File/Health%20Statistics%20Annual%20Report_2009[2].pdf), 8.

<sup>15</sup> National Health Policy, note 8 above, at para 2.9.2.

<sup>16</sup> As above, at para 2.9.2.

<sup>17</sup> WR Wolfe et al. “Effects of HIV-Related Stigma among an Early Sample of Patients Receiving Antiretroviral Therapy in Botswana” (2006) 18 *AIDS Care* 931.

<sup>18</sup> KE Uebel et al. “Caring for the Caregivers: Models of HIV/AIDS Care and Treatment Provision for Health Care Workers in Southern Africa” (2007) 196 *J Infect Dis.* Suppl 3.

<sup>19</sup> Republic of Botswana *Progress Report of the National Response to the 2011 Declaration of Commitments on HIV and AIDS* (2015), available at: [http://www.unaids.org/sites/default/files/country/documents/BWA\\_narrative\\_report\\_2015.pdf](http://www.unaids.org/sites/default/files/country/documents/BWA_narrative_report_2015.pdf), 25.

<sup>20</sup> As above.

## 2.2 Malawi



### Demographics

Malawi is a landlocked country in southern Africa, with a population of about 15.8 million.<sup>21</sup> It is among the world's least developed countries and is heavily dependent on aid. Malawi is rated as having low human development on the Human Development Index, at 173 out of 188 countries.<sup>22</sup>

### HIV burden

HIV prevalence in Malawi is estimated by the National Statistics Office at 10.6%, with higher prevalence in urban areas than rural areas.<sup>23</sup> Malawi's Southern Region has the highest HIV prevalence nationally. The primary mode of HIV transmission is through heterosexual sexual contact.<sup>24</sup>

### The healthcare system

Health services in Malawi are provided by both public and private (for-profit and not-for-profit) facilities. Public healthcare facilities are by policy required to provide services free of charge<sup>25</sup> while user fees are usually levied in private facilities.<sup>26</sup> The Ministry of Health has, in addition, encouraged District Health Officers to sign service-level agreements with the Christian Health Association of Malawi, a private not-for-profit service provider, to expand access to health services particularly in rural areas. Since 2004, the government has implemented an "Essential Health Package" aimed at expanding healthcare towards universal access.<sup>27</sup> The healthcare system in Malawi faces "acute and complex" human resources challenges: health staff are vastly inadequate to serve population needs.<sup>28</sup>

<sup>21</sup> 2014 estimate. National Statistics Office *Statistical Yearbook (2015)*, available at: [http://www.nsomalawi.mw/images/stories/data\\_on\\_line/general/yearbook/2015%20Statistical%20Yearbook.pdf](http://www.nsomalawi.mw/images/stories/data_on_line/general/yearbook/2015%20Statistical%20Yearbook.pdf).

<sup>22</sup> Human Development Report 2015: Work for Human Development, note 5 above, 211.

<sup>23</sup> National Statistics Office *Malawi Demographic and Health Survey (2010)*.

<sup>24</sup> "The People Living with HIV Stigma Index: Malawi" *Malawi Network of People Living with HIV and AIDS (MANET+)* (2012), available at: [http://www.stigmaindex.org/sites/default/files/reports/Malawi\\_LowRes\\_ForWeb.pdf](http://www.stigmaindex.org/sites/default/files/reports/Malawi_LowRes_ForWeb.pdf), 19.

<sup>25</sup> Malawi Government *Malawi Public Service Charter: Raising the Bar of Excellence* (2013).

<sup>26</sup> The Malawi government has, however, made steps towards introducing user fees in public health facilities from July 2016. See, for example, W Mwale "User Fee in Public Hospitals Starts July" *The Times Group* (20 May 2016), available at: <http://www.times.mw/user-fee-in-public-hospitals-starts-july/>. This move has been met with criticism from non-governmental organisations in Malawi.

<sup>27</sup> AG Abiuro et al. "Gaps in Universal Health Coverage in Malawi: A Qualitative Study in Rural Communities" (2014) *BMC Health Services Research*, available at: <http://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-14-234>.

<sup>28</sup> Government of Malawi: Ministry of Health *Malawi Health Sector Strategic Plan 2011-2016: Moving Towards Equity and Quality* (2016), 30.

## Stigma and discrimination

Government policy recognises stigma and discrimination, difficulties reaching vulnerable populations and discriminatory legislation as drivers of the HIV epidemic in Malawi.<sup>29</sup> Despite research indicating low levels of internalised stigma, people living with HIV experience high levels of interpersonal discrimination and relatively higher levels of discrimination in healthcare settings.<sup>30</sup> In Malawi's 2012 People Living with HIV Stigma Index study, 4.5% of respondents reported being denied health services because of their HIV status in the twelve months prior to being surveyed, 8.3% reported being denied sexual and reproductive services because of their HIV status, and 7.9% reported being denied family-planning services because of their HIV status.<sup>31</sup> At the time of writing, Malawi was undertaking its second Stigma Index study. Key informants indicated that Stigma and Discrimination Guidelines were in the process of being developed.

## 2.3 Zambia



### Demographics

Zambia is a landlocked country in southern Africa. It is a lower-middle income country and is rated as having medium human development on the Human Development Index, at number 139 out of 188 countries.<sup>32</sup> The Central Statistics Office, Zambia, estimated the national population in 2016 to be almost 16 million.

### HIV burden

2012 estimates placed Zambia's HIV prevalence at about 14.3% of the adult population, with prevalence highest in the Lusaka Province.<sup>33</sup> Zambia has a generalised epidemic with HIV transmission occurring predominantly through heterosexual sexual contact.<sup>34</sup>

<sup>29</sup> Malawi National AIDS Commission *Malawi National HIV and AIDS Strategic Plan 2011-2016* (2011), 2.

<sup>30</sup> M Neuman et al. "Experiences of Stigma, Discrimination, Care and Support among People Living with HIV: A Four Country Study" (2013) 17 *AIDS Behav* 1796.

<sup>31</sup> "The People Living with HIV Stigma Index: Malawi", note 24 above. See, also: M Chirwa et al. *Stigma and Discrimination Experienced by People Living with HIV and AIDS in Malawi*, available at: <http://www.ndr.mw:8080/xmlui/bitstream/handle/123456789/974/STIGMA%20AND.pdf?sequence=1>.

<sup>32</sup> Human Development Report 2015: Work for Human Development, note 5 above, 210.

<sup>33</sup> "The People Living with HIV Stigma Index: Zambia" *Network of Zambia People Living with HIV/AIDS (NZP+)* (2012), available at: <http://www.stigmaindex.org/sites/default/files/reports/Zambia%20People%20Living%20with%20HIV%20Stigma%20Index%20Report%20%202009%20published%202012.pdf>, 17.

<sup>34</sup> Republic of Zambia: National AIDS Council *Zambia Country Report: Monitoring the Declaration of the Commitment on HIV and AIDS and the Universal Access* (2015), available at: [http://www.unaids.org/sites/default/files/country/documents/ZMB\\_narrative\\_report\\_2015.pdf](http://www.unaids.org/sites/default/files/country/documents/ZMB_narrative_report_2015.pdf), 6.

## The healthcare system

Zambia's healthcare system includes public and private (for-profit and not-for-profit) facilities, most of which are publically owned and managed. Public healthcare in Zambia is organised on three levels: primary care (predominantly health centres and health posts); secondary care (provincial and general hospitals and district hospitals); and tertiary care (teaching hospitals). In 2006, user fees were abolished from health centres and district hospitals in the rural areas, and this was extended to peri-urban areas in 2007.<sup>35</sup> ART is offered free of charge at public health facilities.

Zambia faces a significant human resource crisis in its healthcare system.<sup>36</sup> In addition, significant disparities exist in terms of accessing care for rural populations. Approximately 46% of residents live within a 5 km radius of a health centre (i.e. primary healthcare services) – but many residents must travel more than 50 km to reach a healthcare facility.<sup>37</sup>

## Stigma and discrimination

In Zambia's 2012 People Living with HIV Stigma Index, respondents were recruited through healthcare facilities. Despite this, 8.4% nevertheless reported being denied healthcare services in the twelve months prior to being surveyed.<sup>38</sup> In addition, 9.7% reported being denied family planning services and 11.8% reported being denied reproductive health services as a result of their HIV status.<sup>39</sup>

<sup>35</sup> S Carasso et al. "Health Worker Perspectives on User Fee Removal in Zambia" (2012) 10 *Human Resources for Health*, available at: <http://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-10-40>.

<sup>36</sup> E Makasa "The Human Resource Crisis in the Zambian Health Sector – A Discussion Paper" 35 *Medical Journal of Zambia* (2012).

<sup>37</sup> "Key Health Challenges for Zambia" *Association of Chartered Certified Accountants* (2013), available at: <http://www.accaglobal.com/content/dam/acca/global/PDF-technical/health-sector/tech-tp-khcz.pdf>, 7.

<sup>38</sup> The People Living with HIV Stigma Index: Zambia, notes 33 and 34 above.

<sup>39</sup> As above.