BRIEFING NOTE
ON HIV AND LABOUR MIGRATION IN BOTSWANA

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Cover photographs: Tsvangirayi Mukwazhi, Monirul Bhuiyan
INTRODUCTION

In the United Nations General Assembly Special Session on HIV and AIDS (UNGASS) Declaration, adopted in 2001, countries committed themselves to: “By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services”\(^1\). As a Member State, Botswana has committed to pursuing this goal and is to report on its progress every two years.\(^2\)

In light of this commitment, the purpose of this Briefing Note is to provide an overall picture of labour migration patterns in Botswana, present the main sectors employing migrant and mobile workers, and highlight the particular vulnerabilities to HIV of these workers. Existing plans and policies related to HIV and migration will then be highlighted and finally recommendations made on how Botswana can better fulfil its UNGASS, and other, commitments to migrants and mobile populations.

MIGRATION: An Overview

In 2005, there were approximately 191 million migrants globally, a figure that has more than doubled since 1960: migrants now constitute almost 3% of the world population.\(^3\) The movement of migrants can be for a few days, to months, or for years. In recent years, women have migrated on their own as the primary income earner for their families and about half of the world’s economic migrants are now women. Approximately half of the migrants world-wide are economically active, with the other half having migrated to join family members or to study. Migrants contribute an estimated US$2 trillion to the economies of the countries in which they work, and financial remittances to migrants’ home countries were expected to reach US$167 billion in 2005. This sum represents more than twice the level of overall development aid.\(^4\)

Historically, some of the major causes of migration in southern Africa have been poverty, conflict, war and the apartheid policies of separate development and exclusion. In some cases, the end of colonialism resulted in arbitrary boundaries cutting across whole communities with long standing historical and kinship ties; people living in these areas move across national boundaries for various reasons such as visiting family and for work. The general decline and uneven development in South African Development Community (SADC) economies over the years has, due to the need for cheap labour and/or the skills shortage in receiving countries, set in motion a stream of migrants destined for relatively better performing countries in the region.

Because of the often undocumented nature of many migrants and mobile workers there is has been a lack of research into these groups. However, the larger sectors of employment in any country are likely to employ both internal mobile workers i.e. those from other areas within the country, as well as cross border migrants. Sectors or types of work that include significant numbers of mobile and migrant workers in southern Africa are: Mining, Commercial Agriculture, Transport, Construction, Domestic Work, Military and Uniformed Services (such as military personnel and immigration officials), Informal Cross-Border Trade, Fisheries and Commercial Sex.

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Botswana is a country with a rich migration history. Both Batswana men and women crossed colonial and international borders for decades for a variety of reasons. Post independence economic development and growth in Botswana also witnessed continuing trends in migratory movements with a significant rise in the number of migrants coming into the country. Today, Botswana has become a net receiver of labour migrants. Following South Africa’s reduced reliance on foreign unskilled labour for its mining industries, emigration from Botswana to South Africa declined drastically.

The positive performance of the Botswana economy has been the major factor in attracting labour migrants into the country. According to work permits issued by the government of Botswana, countries such as South Africa, Zimbabwe, Britain, India, and other European and African countries constitute the major sources of migrant labour to Botswana. Table 1 outlines the estimated number of paid employees by industry, citizen and sex as at March 2005.

Table 1: Estimated Number of Paid Employees by Industry, Citizenship and Sex - March 2005

<table>
<thead>
<tr>
<th>INDUSTRY</th>
<th>CITIZENS</th>
<th>NON-CITIZENS</th>
<th>ALL EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td>FEMALE</td>
<td>TOTAL</td>
</tr>
<tr>
<td>Agriculture</td>
<td>2,830</td>
<td>1,568</td>
<td>4,398</td>
</tr>
<tr>
<td>Mining &amp; Quarrying</td>
<td>7,811</td>
<td>1,039</td>
<td>8,650</td>
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<tr>
<td>Manufacturing</td>
<td>14,416</td>
<td>15,856</td>
<td>30,272</td>
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<tr>
<td>Water &amp; Electricity</td>
<td>1,955</td>
<td>421</td>
<td>2,376</td>
</tr>
<tr>
<td>Construction</td>
<td>19,470</td>
<td>2,925</td>
<td>22,395</td>
</tr>
<tr>
<td>Wholesale &amp; Retail</td>
<td>21,016</td>
<td>17,673</td>
<td>38,689</td>
</tr>
<tr>
<td>Hotels &amp; Restaurant</td>
<td>5,027</td>
<td>8,838</td>
<td>13,865</td>
</tr>
<tr>
<td>Transport &amp; Communication</td>
<td>8,438</td>
<td>2,949</td>
<td>11,387</td>
</tr>
<tr>
<td>Financial Intermediaries</td>
<td>1,612</td>
<td>3,257</td>
<td>4,869</td>
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<tr>
<td>Real Estate</td>
<td>9,405</td>
<td>4,932</td>
<td>14,337</td>
</tr>
<tr>
<td>Education</td>
<td>2,713</td>
<td>3,118</td>
<td>5,831</td>
</tr>
<tr>
<td>Health &amp; Social work</td>
<td>327</td>
<td>1,160</td>
<td>1,487</td>
</tr>
<tr>
<td>Other Community Services</td>
<td>1,119</td>
<td>1,779</td>
<td>2,898</td>
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<tr>
<td>Private &amp; Parastatal</td>
<td>95,939</td>
<td>65,514</td>
<td>161,453</td>
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<tr>
<td>Private</td>
<td>88,015</td>
<td>61,157</td>
<td>149,172</td>
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<tr>
<td>Parastatal</td>
<td>7,924</td>
<td>4,357</td>
<td>12,281</td>
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<tr>
<td>Central Government</td>
<td>53,880</td>
<td>41,103</td>
<td>94,983</td>
</tr>
<tr>
<td>Local Government</td>
<td>13,491</td>
<td>10,773</td>
<td>24,264</td>
</tr>
<tr>
<td>ALL SECTORS</td>
<td>163,310</td>
<td>117,390</td>
<td>280,700</td>
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</table>

Table 2 below illustrates the number of work permits issued between 1999 and 2004.

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>South Africa</td>
<td>3,084</td>
<td>3,437</td>
<td>3,408</td>
<td>3,539</td>
<td>3,152</td>
<td>2,365</td>
<td>1,946</td>
<td>1,380</td>
<td>1,308</td>
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<tr>
<td>Zimbabwe</td>
<td>2,717</td>
<td>2,627</td>
<td>2,384</td>
<td>2,575</td>
<td>2,394</td>
<td>1,964</td>
<td>1,694</td>
<td>1,177</td>
<td>1,956</td>
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<tr>
<td>Zambia</td>
<td>609</td>
<td>635</td>
<td>608</td>
<td>637</td>
<td>562</td>
<td>459</td>
<td>428</td>
<td>321</td>
<td>383</td>
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<tr>
<td>Malawi</td>
<td>262</td>
<td>266</td>
<td>266</td>
<td>269</td>
<td>226</td>
<td>174</td>
<td>152</td>
<td>109</td>
<td>126</td>
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<tr>
<td>Ghana</td>
<td>293</td>
<td>293</td>
<td>347</td>
<td>206</td>
<td>158</td>
<td>143</td>
<td>109</td>
<td>64</td>
<td>56</td>
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<tr>
<td>Other Africa</td>
<td>555</td>
<td>588</td>
<td>598</td>
<td>1,591</td>
<td>853</td>
<td>744</td>
<td>630</td>
<td>462</td>
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<tr>
<td>British</td>
<td>1,771</td>
<td>1,672</td>
<td>1,422</td>
<td>1,039</td>
<td>905</td>
<td>798</td>
<td>664</td>
<td>466</td>
<td>401</td>
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<tr>
<td>Other Europe</td>
<td>863</td>
<td>831</td>
<td>727</td>
<td>1,056</td>
<td>662</td>
<td>506</td>
<td>414</td>
<td>309</td>
<td>276</td>
</tr>
<tr>
<td>Indian Sub-Continent</td>
<td>1,578</td>
<td>1,846</td>
<td>1,866</td>
<td>1,290</td>
<td>1,299</td>
<td>1,183</td>
<td>992</td>
<td>720</td>
<td>863</td>
</tr>
<tr>
<td>China</td>
<td>445</td>
<td>548</td>
<td>689</td>
<td>799</td>
<td>846</td>
<td>681</td>
<td>513</td>
<td>335</td>
<td>605</td>
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<tr>
<td>Other Asia</td>
<td>120</td>
<td>145</td>
<td>160</td>
<td>833</td>
<td>594</td>
<td>611</td>
<td>509</td>
<td>363</td>
<td>457</td>
</tr>
<tr>
<td>Other &amp; Not Stated</td>
<td>412</td>
<td>447</td>
<td>386</td>
<td>299</td>
<td>28</td>
<td>174</td>
<td>163</td>
<td>120</td>
<td>137</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>12,709</td>
<td>13,335</td>
<td>12,861</td>
<td>14,137</td>
<td>11,879</td>
<td>9,802</td>
<td>8,214</td>
<td>5,826</td>
<td>7,127</td>
</tr>
</tbody>
</table>

Post independence economic development in Botswana was also accompanied by rapid urbanisation and internal migratory flows. The 1991 population census showed a total of 87,732 people, amounting to 7% of the country's population, who were living in a district other than the district where they had been residing a year previously.

By 1991, 45.7% of the country’s population was classified as urban. While the level of urbanisation in Botswana continues to grow, most of those living in the towns still have strong rural roots, to which they frequently return, a trend that has resulted in cyclical migratory patterns. Significant to note also is that there are other migratory patterns in Botswana besides the rural-urban type, and these notably include urban-urban and rural-rural.

Demographic mobility and rapid urbanisation have been identified as one of the key underlying determinants of the rapid spread of the HIV epidemic in Botswana. Botswana has one of the highest HIV prevalence rates in the world estimated at 24% within the adult population 15-49 years, causing considerable strain to socio-economic gains made since independence. There are slightly higher prevalence rates observed for urban areas than in rural areas. High HIV prevalence in Botswana has been accompanied by deepening poverty, high morbidity and mortality, particularly in the rural areas where there is less access to medical treatment and adequate nutrition. The 2004 Botswana AIDS Impact Survey (BAIMS) revealed considerable variations in HIV prevalence across districts in Botswana with higher prevalence rates observed for the north and north-eastern parts compared to southern and western parts of the country.

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6 Ibid.
7 Ibid.
8 South African Migration Project (SAMP) (2000) Botswana: Migration Perspectives and Prospects, Capetown: South Africa,
Like elsewhere in the sub-region, women and girls are disproportionately affected by the epidemic than their male counterparts although the converse is true in the older age categories 39 years or older. Mobile populations have also been identified as highly vulnerable to HIV and deserving of priority attention in interventions geared towards controlling the epidemic. Mobile populations identified as vulnerable in the Botswana National HIV/AIDS Strategic Framework include sex workers, truck drivers, and miners.

Corresponding vulnerable sectors that employ or interact with the aforementioned segments of the migrant population include transport, the uniformed services, commercial agriculture, sex work, mining, and informal cross border trade. Some of the relevant sectors employing migrant workers in Botswana and the particular HIV vulnerabilities faced by these workers are presented below.

MINING

Diamond mining is the dominant economic activity in Botswana and currently accounts for more than one-third of the country’s Gross Domestic Product (GDP) and 70% to 80% of export earnings. The mining sector in totality accounts for 36% of GDP. The Debswana diamond company that is a partnership between the government of Botswana and De Beers is the largest private sector employer in Botswana.

Table 3 below shows the official employment figures in the mining industry. The total labour force in the mining industry during 2004 averaged 14,264 compared to 13,236 persons recorded in 2003. This represented an overall increase of about 7.77% from the figure observed for 2003. The proportion of expatriates employed in the mining industry rose from 6.48% in 2003 to 6.57% in 2004.

Table 3: Mining Industry Employment Figures (1998–2004)

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</thead>
<tbody>
<tr>
<td>BCL Ltd</td>
<td>4906</td>
<td>151</td>
<td>4856</td>
<td>164</td>
<td>4941</td>
<td>177</td>
<td>4931</td>
<td>206</td>
<td>4271</td>
<td>122</td>
<td>4148</td>
<td>206</td>
<td>227</td>
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<tr>
<td>OLD mines ^</td>
<td>4412</td>
<td>820</td>
<td>3654</td>
<td>575</td>
<td>2554</td>
<td>182</td>
<td>2694</td>
<td>238</td>
<td>2838</td>
<td>246</td>
<td>2853</td>
<td>428</td>
<td>3441</td>
</tr>
<tr>
<td>Jwaneng</td>
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<td>210</td>
<td>2275</td>
<td>229</td>
<td>2278</td>
<td>209</td>
<td>2478</td>
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<td>2649</td>
<td>226</td>
<td>2645</td>
<td>181</td>
<td>2856</td>
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<tr>
<td>Morupule</td>
<td>285</td>
<td>9</td>
<td>289</td>
<td>9</td>
<td>300</td>
<td>7</td>
<td>306</td>
<td>5</td>
<td>310</td>
<td>4</td>
<td>334</td>
<td>5</td>
<td>329</td>
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<tr>
<td>Botsh</td>
<td>613</td>
<td>141</td>
<td>704</td>
<td>135</td>
<td>819</td>
<td>141</td>
<td>548</td>
<td>109</td>
<td>535</td>
<td>80</td>
<td>565</td>
<td>81</td>
<td>444</td>
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<tr>
<td>Tati-Nickel</td>
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<td>35</td>
<td>347</td>
<td>35</td>
<td>358</td>
<td>33</td>
<td>467</td>
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<td>18</td>
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<td>1</td>
<td>28</td>
<td>5</td>
<td>38</td>
<td>4</td>
<td>46</td>
<td>0</td>
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<tr>
<td>Quarries</td>
<td>875</td>
<td>27</td>
<td>960</td>
<td>38</td>
<td>902</td>
<td>38</td>
<td>863</td>
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<td>1211</td>
<td>75</td>
<td>1042</td>
<td>88</td>
<td>896</td>
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<tr>
<td>Sub-total</td>
<td>13825</td>
<td>1394</td>
<td>13103</td>
<td>1186</td>
<td>12173</td>
<td>788</td>
<td>12351</td>
<td>828</td>
<td>12520</td>
<td>803</td>
<td>12378</td>
<td>858</td>
<td>13387</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15209</td>
<td>14289</td>
<td>12961</td>
<td>13143</td>
<td>13323</td>
<td>13236</td>
<td>14264</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Bats = Batswana  ** Exp = Expatriates
^ OLD mines = Orapa, Lethakane & Damtshaa mines  ^^ %Growth = Growth in employment from year 2001

12 ibid
13 www.indexmundi.com
According to the 1991 Census, the vast majority of Batswana abroad were men working on legal contracts in the South African mines. This amounted to 18,200 people or 47.1% of the Batswana living abroad in 1991. The downsizing of mines in South Africa and the consequent retrenchment of mine workers in the 1990s witnessed the return home of a significant proportion of Batswana miners. While local mine workers in South Africa were laid off at a much faster rate than foreign mine workers, many Botswana returned home and were able to obtain employment in the mining industries in Botswana.

The factors that may exacerbate the HIV vulnerability of mine workers include the following:

- Dangerous working conditions: Faced daily with difficult and dangerous working conditions and the risk of physical injury, mine workers tend to be preoccupied with other immediate challenges and may regard HIV as a distant threat.

- Single-sex hostels and limited home-leave: Mine workers often have no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.

- Boredom and loneliness: There is limited availability of recreational activities such as sports or entertainment at or around mines. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of sex workers may fill the workers’ (temporary) emotional and sexual needs.

- Lack of social cohesion: The social exclusion that migrants often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding community. The social structures and norms in these environments may create feelings of anonymity, which could result in workers feeling less accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.

COMMERCIAL AGRICULTURE

In 2005 it was estimated that only 0.65% of land in Botswana was arable, and that a meagre 0.01% of land was under permanent crop cultivation. In 1998, only 10 square km of agricultural land was irrigated. Thus, the agricultural sector contributed only 2.4% to GDP in 2003 and foodstuffs are imported en masse. Agricultural exports include livestock, sorghum, maize, millet, beans, sunflowers and groundnuts. However, cattle rearing, both for commercial and traditional purposes, continues to be a significant activity.

Factors that may exacerbate HIV vulnerability of commercial agriculture workers include:

- Poor living conditions and seasonal mobility: The poor living and working conditions including lack of adequate accommodation, lack of security of tenure and the increasing casualization of labour preclude workers from bringing their families to the farm sites. These circumstances may lead some workers to seek other (multiple) relationships.

- Lack of access to health care facilities: In general, there is a dearth of health care and HIV and AIDS services in commercial farming areas. This is exacerbated by the few rights and legal protection accorded to agricultural workers.

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15 Ibid.
18 www.indexmundi.com
workers – with limited protection, especially if they are undocumented, farm workers may be unable or unwilling to access existing clinics for health related matters. In other words, the need to remain far from any type of “officialdom” may result in less access to health care facilities, impacting on health information and access to condoms, treatment for STIs etc.

- Boredom and loneliness: There is limited availability of recreational activities such as sports or entertainment at or around farms. Workers are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of sex workers may fill the workers’ (temporary) emotional and sexual needs.

**TRANSPORT**

The transport sector generally does not employ foreign workers, but the nature of work makes those involved, for example truckers and taxi drivers, mobile. The transport sector is one of the most vulnerable sectors to the HIV epidemic in Botswana due to its highly mobile workforce and inherent working conditions. Migration, short-term or long-term, of the transport sector workforce increases opportunities for sexual relationships with multiple partners, transforming transport routes to critical links in the propagation of HIV.

Botswana is a landlocked country and its transport network consists of 888km of railways and 25,233km of roadways (8,867km of which is paved). Integrated into the regional economy, Botswana’s trading route is connected to the Trans-Caprivi and Trans-Kalahari highways that link it with neighbouring South Africa, Zimbabwe and Zambia that are also hard hit by the HIV epidemic. Sex work is interwoven into the transport sector particularly along borders where long-distance truck drivers rest for the night and at road construction sites.

The factors that may exacerbate HIV vulnerability of workers in the transport industry include:

- **Duration of time spent away from home**: Transport industry workers may be away from their homes for days or months. Lengthy periods away from home can create isolation from families, social structures, and traditional and cultural norms. Isolation may create a sense of boredom and loneliness and a feeling of anonymity with a limited sense of accountability. This may induce a person to behave in a way that she or he would otherwise not, under normal circumstances such as engaging in risky sexual interactions.

- **Lack of access to health services**: This may be due to irregular working hours as most clinics are open during business hours and transport workers may be on the road during that time. Further, workers who cross borders may not have access to health services in other countries. Lack of access to health services also often includes lack of information about HIV and a belief in HIV myths, lack of treatment for STIs and lack of access to condoms etc.

- **Dangerous working conditions**: Faced daily with the prospect of accidents and dangerous working conditions and risk of physical injury, transport workers tend to be preoccupied with other immediate challenges and may regard HIV as a distant threat.
Uniformed personnel include those serving in the military services, as well as those working at cross border sites, such as customs officials, immigration officials and customs clearing agents. The nature of work for these uniformed personnel results in the mobility of its workers who are away from their homes for varying time periods.

Military service in the Botswana Defense Force is voluntary, and it was estimated in 2005 that 136,322 men between the ages of 18 to 49 were fit for military service and that military expenditures totalled 3.4% of GDP. The Defense Force consists of approximately 5000 active personnel. As of 31 August 2006, Botswana had six troops stationed in the Sudan as part of the United Nations Mission in that country.

The factors that may exacerbate HIV vulnerability of military and other uniformed personnel are similar for other sectors, including:

- **Single-sex hostels and limited home-leave:** Military and immigration personnel have limited or no choice but to live in single-sex hostels without the option of being accompanied by their partners and families. In addition, they may have limited home-leave which further distances them from their partners. These circumstances may lead some workers to seek other (multiple) relationships.

- **Boredom and loneliness:** There is limited availability of recreational activities such as sports or entertainment at military bases or at borders. Personnel are often distanced from traditional norms and support systems that regulate behaviour in stable communities, and coupled with feelings of boredom, loneliness, and isolation, this can result in a disregard for health. In addition, the proximity and availability of sex workers may fill the workers’ (temporary) emotional and sexual needs.

- **Dangerous working conditions:** Faced daily with the prospect of danger and death, military personnel may be preoccupied with other immediate challenges and may regard HIV as a distant threat.

- **Lack of social cohesion:** The social exclusion that mobile workers often feel in their new environment and the lack of community cohesiveness may lead to risky sexual behaviour among workers and members of the surrounding community. The social structures and norms in these environments may create feelings of anonymity, which could result in workers feeling less accountability and responsibility. These feelings could also be due to shifting social norms and lack of community sanction for errant individual behaviour.

- **Duration of time spent away from home:** Military and immigration personnel may be away from their homes for months. Lengthy periods away from home can create isolation from families, social structures, and traditional and cultural norms. Isolation may create a sense of boredom and loneliness and a feeling of anonymity with a limited sense of accountability. This may induce a person to behave in a way that she or he otherwise would not under normal circumstances such as engaging in risky sexual interactions.

**INFORMAL CROSS BORDER TRADE**

Due to the strength of the Botswana currency, the Pula, and the country’s position as a middle income country, many Batswana find it expedient to visit neighbouring South Africa to shop, especially for durable goods that are either not available in Botswana or cheaper in South Africa.
In a study conducted in 2000, only 2% respondents said the reason for their last visit to South Africa was to buy and sell goods, while 24% said the reason was to shop. Similarly, 3% of Batswana indicated their last visit to Zimbabwe was to buy and sell goods, and 15% went to Zimbabwe to shop. This was from a representative sample size of 423 (who went to South Africa) and 247 (who went to Zimbabwe).24

A study conducted of female informal cross border traders from Botswana, Malawi, Mozambique, South Africa and Zimbabwe found that, of the 127 women surveyed in Francistown (79 of the women were from Botsswana, the others were informal cross border traders from other countries), only half stayed away for one day and another 25% stayed away two days only.25 Further, while 33.8% used the bus to cross the border, a significant proportion (16.5%) used their private cars.26

The factors that may exacerbate HIV vulnerability of informal cross border traders include:

- **Time spent in high transmission areas:** Informal cross border traders pass through and often spend extended periods of time in high transmission areas, in particular cross border areas due to unforeseen delays.27 Reasons for delays include inadequate infrastructure and/or staff at border posts to handle the volumes of traffic, or “early” closure of border posts, particularly busy ones. There is often limited affordable accommodation, food, transport and recreational facilities at border posts. This environment contributes to the existence of an intricate web of sexual relationships among informal cross border traders, uniformed personnel (customs officials, immigration officials and customs clearing agents), sex workers, truck drivers, money-changers (‘touts’), local border-town residents and deportees, which could potentially increase HIV vulnerability for all involved.28

- **Limited access to healthcare services:** Because of their meagre resources, most informal cross border traders do not seek treatment in foreign countries; rather they wait until they get home where they can access subsidized treatment.30 As STIs are a major contributory factor for HIV, such delays in treatment are a major contributory factor leading to increased HIV vulnerability.31

- **Lack of HIV and AIDS interventions:** In general, there are few HIV and AIDS interventions that target informal cross border traders. For example, informal cross border traders have difficulties in accessing condoms as, in most public areas of customs or immigration buildings at border posts, there are no condoms available; rather, condoms are available at clinics, shops or AIDS service organizations, which are usually far from the border post.32 Further, difficulties in actually targeting informal cross border traders, who are constantly on the move, preoccupied with survival needs, and who may not be receptive to HIV and AIDS education and prevention messages, are experienced by some AIDS service organizations even when they do target the traders.33

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24 Ibid, p. 29.
26 Ibid.
29 IOM (2005) Mission Report on HIV/AIDS among Informal Cross-border Traders in Botswana, Zambia and Zimbabwe Pretoria: South Africa. Firstly, those who command authority (such as border officials) or who possess economic resources may sexually exploit those in weaker positions. Female informal cross border traders who find themselves in situations of unexpected delays at border posts may engage in transactional sex, or may be coerced into sex by customs officials to facilitate passage. Secondly, in some cases the sexual liaisons are in response to the loneliness arising from being away from families and supportive social support networks, or boredom. Such may be the case for truckers who spend long hours on the road and long periods away from their families. Lastly, in many cases the sexual relationships are for economic reasons, such as female informal cross border traders sleeping with truck drivers in exchange for transport or even just for the opportunity to sleep overnight in the trucks.
31 Genital ulcers and lesions caused by some STIs increase the risk of HIV infection because they allow easier entry of the virus into the body. Inflammation caused by other STIs may also increase the viral load in the semen or vaginal fluids of those who are HIV positive; this increases the probability of the transmitting the virus. Thus, prompt treatment of STIs greatly reduces the probability of HIV transmission. (Source: Grosskurth H, Mosha F, Todd J, et al. (1995), “Impact of improved treatment of sexually transmitted diseases on HIV infection in rural Tanzania: randomized control trial”. Lancet 1995,346:530-536).
33 Op cit.
CURRENT LEGAL AND POLICY INTERVENTIONS IN BOTSWANA

The importance of migration in the SADC, as well as the impact of migration on vulnerability to HIV, requires that States examine HIV and migration in an attempt to make meaningful and relevant legal and policy interventions for HIV mitigation. There are various international and regional treaties and declarations in place that, once signed and ratified/acceded, illustrate a country’s commitment to adhering to the spirit and provisions of the treaty, whether they are legally binding or not. These international and regional treaties and declarations seek to reduce the impact of the HIV epidemic on vulnerable groups and to address socio-legal and structural factors that render certain population groups vulnerable to HIV. Since most States including Botswana follow a dualist approach to treaty ratification, whereby an international or regional treaty must be officially domesticated to be relied on domestically, the most important policy document is the HIV&AIDS national strategic plan.

This section will briefly examine selected relevant international and regional treaties that impact on HIV and migration. It will then examine Botswana’s HIV and AIDS national strategy and relevant sectoral plans in some detail, examining the impact of such plans on migrant and mobile populations. The final section will make recommendations for Botswana on issues relating to HIV and mobile and migrant populations.

INTERNATIONAL AND REGIONAL TREATIES

There are various international and regional treaties and declarations in place relating to HIV, that are applicable to all persons, including mobile workers and migrants, refugees and other non-nationals within a Member State. Some of the relevant treaties are as follows:  

- The UN International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families, which has not yet been signed by Botswana, in article 23 states that: “migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health”.

- The UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which Botswana acceded to on 13 August 1996, calls for the elimination of both intentional discrimination against women and acts that have a discriminatory effect on women. It calls for equality in issues such as employment and health care.

- The UN International Covenant on Economic, Social and Cultural Rights (ICESCR), which has not been signed by Botswana, in article 12 recognizes the right of everyone to the enjoyment of the highest attainable standard of mental and physical health, which includes prevention, treatment and control of epidemic, endemic, occupational and other diseases, as well as the creation of conditions which would ensure access to all medical service and medical attention in the event of sickness.

- The AU Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Women in Africa, which has not been signed by Botswana, recognizes the equal rights of African women, including the right to health care, sexual and reproductive health and the right to be protected against sexually transmitted infections including HIV.

34 From the United Nations Office of the High Commissioner for Human Rights, valid as of 09 March 2006. Available at: http://www.ohchr.org/english/bodies/docs/status.pdf. The difference between signature, ratification and accession is as follows: “Signature of a treaty is an act by which a state provides a preliminary endorsement of the instrument. Signing does not create a binding legal obligation but does demonstrate the state’s intent to examine the treaty domestically and consider ratifying it. While signing does not commit a state to ratification, it does oblige the state to refrain from acts that would defeat or undermine the treaty’s objective and purpose. Ratification is an act by which a state signifies an agreement to be legally bound by the terms of a particular treaty. To ratify a treaty, the state first signs it and then fulfils its own national legislative requirements. Accession is an act by which a state signifies its agreement to be legal bound by the terms of a particular treaty. It has the same legal effect as ratification but is not preceded by an act of signature”. From The United Nations Children’s Fund (UNICEF) (undated).Introduction to the Convention on the Rights of the Child: Definition of Terms. Available at: http://www.unicef.org/crc/files/Definitions.pdf.
Other declarations (not legally binding) have specific provisions relating to migrants and HIV such as the UN Millennium Declaration (2000), the Abuja Declaration on HIV/AIDS, Tuberculosis and Other Related Infectious Diseases (2001), and the SADC Protocol on Health (1999), Maseru Declaration and Commitment on AIDS in the SADC region (2003) and the Brazzaville Declaration on Commitment on Scaling up Towards Universal Access to AIDS Prevention, Treatment, Care and Support in Africa by 2010 (2006) among others. Botswana is a signatory of all of these declarations which illustrates a willingness to engage with the issues relating to HIV and AIDS.

NATIONAL POLICIES AND COMMITMENTS

The Botswana National Policy on HIV/AIDS provides a framework for a multi-sectoral response to the AIDS epidemic and highlights the critical role to be played by the public and private sectors, parastatal bodies and civil society in managing the epidemic. Key strategies for addressing the epidemic as outlined by the policy include prevention of HIV/STD transmission, reduction of personal and psycho-social impact of HIV/STDs, mobilisation of all sectors in HIV prevention, care and support and the provision of care and the protection of rights of people living with HIV.

The Botswana National Policy on HIV/AIDS makes no mention of migrant or mobile populations.

The Botswana National HIV/AIDS Strategic Framework (NSF) notes that:

In the last 20 years, rapid economic growth has been coupled with an equally rapid movement of people from rural to urban areas. While the level of urbanization in Botswana continues to climb, most of those living in towns still have strong rural roots to which they frequently return. The traditional system of livelihood depends on cattle and agriculture, which promotes the movement of rural people. … Botswana is also a transport hub for Zimbabwe, South Africa, Namibia, and Zambia all of which share the high prevalence rates that characterize the pandemic in Southern Africa.36

The NSF recognises mobile populations as a group requiring a priority response in the country. The NSF also acknowledges that: “Mobility increases an individual’s vulnerability to infection and, as Botswana has many and varied mobile populations each compelled to move for different reasons, this group represents a significant vehicle for the continuing spread of the epidemic.”36

In addressing the vulnerability of mobile populations the NSF calls for the segmentation of mobile populations for more appropriate targeting of interventions. In analysing the specific challenges of mobile populations defined as sex workers, truck drivers and miners, the NSF outlines the following areas of intervention; HIV testing; mobile friendly STI clinics for sex workers; truck drivers’ recreational activities at truck stops; internal HIV programmes for trucking companies; alternative income generation for sex workers; women’s empowerment through education for sex workers; male and female condom availability; and safe-sex negotiation skills for sex workers, and internal HIV programmes for mining companies.37

Goal 5 of the NSF identifies the following as successful indicators of a favourable legal and policy environment for prevention;

36 Ibid, p. 17.
37 Ibid, p. 33.
38 The minimum internal package outlines eight minimum requirements that companies should aim to fulfill i.e workplace policy, staff access to condoms, VCT, treatment, care and support, access to counseling, establishment of budget line for HIV/AIDS, staff awareness of existing clinical care programes, routine monitoring and dissemination of information on absenteeism, morbidity, mortality
• country has a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection (such groups include but are not limited to sex workers, mobile populations, cross border migrants etc)

• country has laws and regulations against discrimination of people identified as being vulnerable to HIV (sex workers, mobile populations etc)

Strategies outlined under treatment, care and support in the NSF make no mention of mobile populations. Given the difficulties in follow-up treatment for mobile populations, policy and strategies should be put in place to ensure migrants’ access to HIV and AIDS related medicines and follow-up treatment schedules.

**Other Policies for Vulnerable Groups**

There are a number of policies and legislative frameworks that have been developed to protect vulnerable groups in Botswana. These include Social Welfare Policies, a National Policy on Youth (1996); National Policy on Orphans, Revised National Policy on Destitute Persons (2002); Section 3 of the Penal Code that provides for tough punishment for HIV positive rapists; a National Policy on Women and Development (1995) as well as well as a National Gender Programme.

**SECTOR POLICIES, PLANS AND PROGRAMMES**

**Botswana Business Coalition against AIDS (BBCA)**

The Botswana Business Coalition against AIDS (BBCA) is an umbrella organization for coordinating the private sector response to the AIDS epidemic. BBCA works within the context of the National HIV/AIDS Strategic Framework (2003-2009) to ensure that companies engaged in business in Botswana apply the minimum HIV and AIDS internal package.38

According to the last Botswana UNGASS country report, BBCA has made some progress in supporting member organisations, particularly large companies and enterprises in developing and implementing workplace policies and programmes. Significant progress is especially evident in the mining and financial services sectors.

The biggest challenge to the private sector however, is the inability to assist small and medium enterprises (SMEs) partly due to shortages in resources. Furthermore, a needs assessment study of the private sector that was conducted in 2004 revealed that the private sector was not ‘informing itself sufficiently of the means to meaningfully fight HIV/AIDS.39 For instance, the study revealed that a considerable proportion of managers did not know the roles of critical AIDS structures such as the National AIDS Council, and that not all members of the private sector participate actively in the activities of BBCA. The study also revealed that in some instances where HIV and AIDS workplaces were in place, their implementation remained sub-optimal.

**Public Sector**

There is a Public Service Code of Conduct on HIV and AIDS in the workplace that was adopted in 2001. It articulates the rights, responsibilities, and obligations of both the employer and employee in accordance with the Botswana National Policy.

40 The National Plan, p. 28
41 The UNGASS Progress Report, p. 44.
42 Ibid. The National Composite Policy Index (NCPI) is Annexure 2, pages 42-67.
The AIDS in the Workplace Programme was officially launched in 1991 by the Ministry of Health to provide technical assistance and guidance to all sectors to manage and control HIV transmission for employers, employees through education, training and providing access to condoms.

**Uniformed Services**

The Police Force, Immigration, Military Force and Botswana Prison and Rehabilitation Services all have policies and strategies in place.\(^4^0\) The policy covers: HIV prevention, care and support, voluntary HIV testing and routine testing.\(^4^1\)

**Commercial Agricultural Sector**

There is an HIV and AIDS Coordinating Unit within the Ministry of Agriculture that has been set up to ensure that HIV and AIDS issues are mainstreamed in the agricultural sector.

**THE UNGASS PROGRESS REPORT**

Mobile populations and migrants are not specifically mentioned in Botswana's UNGASS Progress Report.

In Annexure 2: National Composite Policy Index (NCPI)\(^4^2\) the Government affirmed that Botswana’s Departments of Labour and Works, and Transportation had plans in place, as well as a strategy or plan for national uniformed service, military, peacekeepers and police.

The UNGASS Progress Report also acknowledged that there is a plan or strategy on cross-border migrants, mobile populations or sex workers related to prevention.\(^4^3\)

**RECOMMENDATIONS FOR FUTURE POLICIES/INTERVENTIONS**

It is suggested that the Government of Botswana consider the following:

- As Botswana attracts labour migrants, it is important for the country to sign, ratify and domesticate the UN International Covenant on the Protection of Migrant Workers and their Families, ICESCR and the AU Protocol on the Rights of African Women. This would afford migrant and mobile workers with increased legal protection, such as better living and working conditions and access to health.
- Undertake a review and harmonization of existing legislation, especially labour and immigration legislation, which has a potential impact on migrants and mobile populations. This should include a review of various immigration and work visas.
- Include mobile and migrant workers in any national and sectoral plans, programmes and strategies to address HIV and AIDS including in treatment, care and support and prevention. While acknowledging the link between mobility and HIV is an important first step, the Government should ensure that mobile populations are part of the programmes and activities in the National HIV/AIDS Plan and Strategic Framework.
- Expand prevention strategies and care and support policies to include migrant and mobile populations, for example, to be included in access to ARVs; treatment of opportunistic infections; home and community based care; and psychosocial care.
- Work closely with other SADC countries to address issues related to migrants and mobile workers.
- Initiate a programme specifically addressing xenophobia and stigmatization of foreigners in Botswana, such as the ‘Roll-back Xenophobia’ campaign of South Africa.\(^4^4\)

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44 The Roll Back Xenophobia Campaign was coordinated from the office of the South African Human Rights Commission and comprised of various organizations such as Lawyers for Human Rights, UNHCR and others. For further information, refer to the Plan of Action at http://www.lhr.org.za/refugee/policy/xenonatplan.htm.