



LESBIANS, GAYS AND BISEXUALS OF BOTSWANA

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PRESS RELEASE: ART Treatment for all

TO: All Media Houses

FROM: The Lesbians, Gays & Bisexuals of Botswana -LEGABIBO

DATE: 09 SEPT 2019

RE: Free ART to everyone! Does it include non-citizens?

According to Botswana Government Facebook Page dated 29th August 2019, His Excellency President Mokgweetsi Masisi uttered the following statement when The Champions for AIDS Free Generation paid him a courtesy call " Botswana will continue to provide free anti-retroviral therapy to everyone without discrimination "

To civil society working on enabling access to these lifesaving medicines, this statement was understood to mean that ART will be made available to everyone including non-citizens. Human rights organizations have for some time now highlighted this gap in Botswana's efforts to enable universal access to anti-retroviral therapy, the need to be inclusive.

If indeed by making this statement the President is saying that ART will be provided by government of Botswana for free, to foreigners, LEGABIBO indeed applauds this decision. It is in line with global HIV strategic frameworks such as UNAIDS 90 90 90 goals, hence fulfilling the commitments to 'leave no one behind'. However, it is our hope that the verbal statement is translated into action that will be clearly defined in the form of policy that will enforce commitment, assign roles, and enshrine government plans to provide non-discriminatory access.

As it is, Botswana is already grappling with gaps between policy and reality; for example the NSF III has committed to provision of HIV services to KPs, however the reality on the ground in healthcare facilities are not ready to enable access and the burden is left to CSOs.

While LEGABIBO appreciates His Excellency's acknowledgement of the shortfalls in the country's health system, it is vital that such statements be backed up by policy and law because if not, depending on who is in power and what their interests are, the statements become meaningless. Subsequently civil society which has no resources will be left to fill this gap. In our experience in implementing Key Populations programming, there is often no link between high-level strategic policy decisions and practice. We foresee a situation where non-citizens will be turned down and denied access because the commitment has not trickled down to people who actually provide the service.

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We call upon the relevant government ministries and departments to be transparent about this commitment, to engage civil society on drafting policy and guidelines, and to treat this issue as urgent. This will affirm Botswana's commitment to continue upholding human rights for all by safe guarding health and dignity.

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