NEW DAWN

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Botswana turns to evidence-based decision making

Editorial note

with
Boemo Sekgoma

The Minister of Presidential Affairs and Administration in the Republic of Botswana, Hon. Masisi, recently withdrew the country's draft HIV/AIDS Policy from the country's Parliament where it was set for debate.

The Minister's action, which is unprecedented and laudable, came in the wake of disagreements over the letter and the spirit of the envisaged policy. Among the thorny issues of the proposed policy are men who have sex with other men, the provision of condoms in the country's prisons, access to life-prolonging HIV treatment to non Batswana and decriminalisation of sex work.

After taking note of the divergent views held by various stakeholders who included lawmakers and civil society organisations, the Minister withdrew the policy from debate and organised a workshop for all of the country's Parliamentarians regardless of their political affiliation. The objective of the workshop was to increase the capacity of the lawmakers to interrogate laws and policies brought before them for endorsement on the basis of sound evidence.

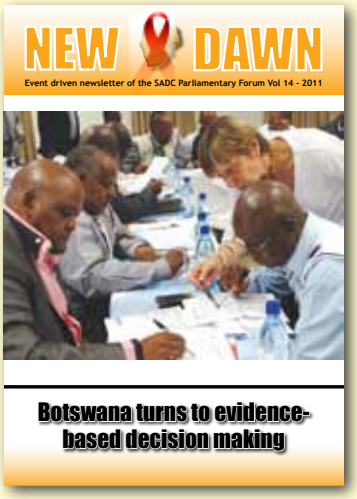
And so it came to pass that for two days approximately 30 Parliamentarians and a few cabinet Ministers met to learn how to ask the right questions, demand counter factual evidence and insist on systematic review of any evidence so that policies or laws are made, reviewed or implemented on the basis of sound evidence.

Independent facilitators in the form of distinguished Professors from different parts of the world with many years of experience in gathering and analyzing evidence were on hand to walk the lawmakers through the intricacies of evidence-based decision making.

This was the first time that any Parliament in Africa sought to empower its lawmakers in this manner. Our hearty congratulations to the Republic of Botswana for taking such a bold step. We are encouraged by the enthusiasm with which the Parliamentarians who attended this workshop embraced it. We can only hope that this workshop - which should be the start of a process and a culture of enquiry - will improve the quality of debate in Parliament so that in the end, what is passed is in the national interest.

In an era in which resources are few and far between, it makes sense to take decisions on the basis of evidence. That is how we can ensure that our interventions bring the greatest good to the greatest number of people at the best cost possible.

We look forward to other countries taking Botswana's route. This edition of New Dawn captures the proceedings at this important workshop. Happy reading and merry Christmas!



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NEW DAWN

Event - driven newsletter of the HIV/AIDS programme of the SADC Parliamentary Forum.

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Botswana Minister postpones contentious HIV-AIDS policy

Botswana's Minister for Presidential Affairs and Administration, Hon. Mokgweetsi Masisi, has deferred debate on a long-awaited but hotly contested HIV/AIDS policy in Parliament until the country's Parliamentarians have been empowered to factually debate it.

In an unprecedented move, Hon. Masisi withdrew a draft policy on HIV/AIDS from being debated in the National Assembly recently. The Minister then convened a unique workshop for all Parliamentarians from across the country's political divide from October 31 to November 1, 2011 at which the lawmakers were walked through the intricacies of evidence-based decision making. Experts said it was the first time that a government had organized such an empowering workshop for pro-government and opposition lawmakers in Africa.

In an exclusive interview with *New Dawn*, Minister Masisi said misinformation given to some MPs by lobbyists on the letter and spirit of the proposed HIV/AIDS policy prompted him to throw a spanner into the works and empower the Parliamentarians to argue on the basis of evidence.

"I willingly and voluntarily on behalf of the government withdrew the draft policy that was to be debated on HIV/AIDS because I felt that the direction and quality of the debate had been influenced by lobbyist positions which were inaccurate and unfortunate," the Minister told *New Dawn* in Gaborone.

Hon. Masisi said upon realisation of the fact that Parliamentarians were an important resource in the country's legislative process, he deemed it prudent to stay debate on the policy and allow for an exchange and capacity building process for a deeper understanding of the issues, hence the engagement of external independent consultants to run the workshop.

"I wanted the experts to build the vocabulary of our MPs and an understanding of the concepts so that a much more enriching debate could take place in Parliament."

Asked to throw light on the contentious aspects of the draft HIV/AIDS Policy, the Minister said there had generally been misinformation and manipulation by lobbyists.

"One sad point is that they (lobbyists) chose to suggest – and the Honorable Members believed this – that there was a provision for pre-employment testing for HIV for people such as those in the uniformed forces. This is totally false."

The Minister said the situation was made worse by the fact that the MPs had not been equipped with tools of analysis to determine the worth of the policy.

BOLD DECISION:Hon. Mokgweetsi Masisi, Botswana's Minister for Presidential Affairs and Administration

"They also lacked adequate skills for policy analysis to determine if this policy was good or bad for Botswana," he said, adding that other contentious issues were to do with the provision of ART to non-citizens and to prisoners.

> **"I wanted the experts to build the vocabulary of our MPs and an understanding of the concepts so that a much more enriching debate could take place in Parliament"**

The Minister said when divergent views prevail over any issue, there is need for further consultation.

"Consultation does not mean forcing an agreement. The debate (on the HIV/AIDS draft Policy) will still take place when it is due in the National Assembly and we will look at the numbers to see if it passes or not."

He reiterated that the workshop that convened was not meant to persuade Members of Parliament to hold a particular view and expressed optimism that the skills the MPs acquired during the workshop would lead to a culture of enquiry.

Hon. Masisi revealed that there were plans to extend training in evidence-based decision making beyond the Parliamentarians to other stakeholders that include the National AIDS Coordinating Agency (NACA)

"We will have more of these sessions for MPs and those who could not attend this time and colleagues in cabinet," he said.

"Ask the right questions"

If someone tabled a document proposing to change the current HIV/AIDS strategy and investment in your country, what would you ask of them? What would you want to see? Is it OK because that is what they want to do?

If someone wanted to change the employment strategy, what would you want to see? If somebody wanted to keep the policy the same, what evidence would you want to see? Is it enough that money has been allocated like that for the past five years and so it is OK to do the same now?

These are some of the sobering questions Professor Neil Anderson, an internal medicine specialist and an epidemiologist put to Parliamentarians from Botswana at the start of a workshop on evidence-based decision making.

Prof. Andersson said that faced with a situation like this, everyone would want to know if whatever is being proposed "works".

"What does it really mean to ask if something works? One is asking about causality, not tradition because options change. Sometimes we have interventions that we did not have five years ago," Prof. Andersen said.

He explained that when people ask if something works they are asking for the evidence that it is going to cause an improvement. That involves asking hard scientific questions to determine if a particular investment will have the desired effects.

In responding to HIV/AIDS for instance, one would be interested in the evidence that shows that a particular intervention would halt and reverse the epidemic, he said.

"If a programme is about poverty alleviation, what is the number of people who will not be in poverty later?"

He said there were different dimensions in evidence-based decision making. The first one is impact. The second is who gets it or benefits.

"If you spend 10 billion Pula on agricultural development, you want to know what the coverage is and who is involved," he said, adding that coverage was crucial in understanding policy implications.

Prof Andersson said the third dimension is cost. This is important because it enables policy makers to do things for the biggest number of people for the best price possible.

He stressed the need for comparisons before a decision is taken. For example, in the often frantic response to HIV/AIDS, some people have suggested that young, unmarried women be given more access to money amid reports that poverty and deprivation were pushing some young women into transactional sex.

Epidemiologist Professor Neil Andersson

Such a proposal would require a study in which a group of young women would be given access to more money and another left in poverty and observing the behavior of the two to see if indeed such an intervention would work.

> **"Evidence has to come out of a contrast to be useful in planning. Policy should come out of counterfactual evidence"**

"Evidence has to come out of a contrast to be useful in planning. Policy should come out of counterfactual evidence," Prof Andersson said.

Sometimes evidence is produced in ways that are not helpful and to make it helpful, one should be able to ask the right questions. One of those questions according to Prof Andersen is: What is the population impact?

Prof Andersson told the Parliamentarians that it is now possible for them to demand evidence because, unlike in the past, there are a lot of people producing evidence even at national level.

"It is very legitimate to ask for the evidence."

He urged the MPs to advocate for and support a national research agenda based on national questions asked in the national interest, saying that as things stand, the bulk of research done in Botswana is conducted by American universities.

"Not everybody likes evidence-based decisions. Some people prefer interest group decisions. Others prefer what they know best and are able to deliver. What we need is the leadership to ask the right questions."

Survey shows that Bots MPs require evidence

A survey conducted on a significant number of Botswana's Parliamentarians has revealed that they lack sufficient evidence to make sound decisions as they execute their mandate of representation, lawmaking, advocacy and oversight.

Professor Lehana Thabane, one of three experts from CIET who designed a questionnaire that was administered to the lawmakers said while the respondents admitted that they lacked sufficient evidence, they were open to learning.

Prof. Thabane said this when he reported the findings of the survey to Parliamentarians and a few Cabinet Ministers from Botswana who attended a workshop on evidence-based decision making. The workshop was held in Gaborone from October 31 to November 1, 2011. Hon. Mokgweetsi Masisi, Botswana's Minister for Presidential Affairs and Public Administration, convened it.

Prof. Thabane said during the survey, the lawmakers were first asked if they felt that they needed more evidence coming from research and evaluations about HIV/AIDS.

"The great majority of you said 'Yes.'"

On whether the MPs wanted more evidence to support their decisions, all of the respondents responded in the affirmative. The MPs were asked if there was any area in which they did not need more information or whether they felt that they already had too much evidence on any issue or anything they had to do on behalf of their people. The answer was in the negative.

To determine accessibility and usefulness of information, the researchers asked the Parliamentarians if they received enough information packaged in a way they found helpful.

"The majority of respondents said 'No'. Some said 'Yes' and the others just did not know," he said.

Asked if they received evidence from reliable and unbiased sources, the respondents offered mixed responses some saying their sources were reliable but others said they were not. Some respondents said they could not vouch for the reliability of their sources.

The respondents were asked if they knew what to do with the evidence they received. The majority said they did while others said they did not. Many said they did not have sufficient training in how to make the best use of the evidence they got.

"I have made learning my career. I make it a priority to go for further training because learning is a life-long journey. The more I try to learn, the more I realise how little I know," Professor Thabane, a statistician at McMaster University in Canada, said.

Prof. Lehana Thabane

The researchers asked the Parliamentarians where they needed to handle evidence most. The majority cited committee papers, parliamentary research documents and when dealing with issues presented by lobbyists and commissioned researchers. Other sources of evidence included the local community, the media and the social media.

The respondents were asked to rate their sources of evidence. The majority highly rated NACA but complained that in general, information provided by the government was often biased or outdated. However, they tended to trust medical practitioners and other experts as well as organisations such as UNAIDS and the World Health Organization.

Turning to difficulties they encountered when using evidence, the MPs cited jargon; outdated information; complicated wording and confounding statistics; inexperienced officials; lack of resources; lack of researchers in the Parliamentary research department; and lack of user-friendly information. They said this made it difficult for them to understand the evidence, leave alone communicate it to their constituencies.

The lawmakers said if they were better equipped to deal with evidence that would increase their confidence, move them towards evidence-based decision making, enhance the speed with which they comprehend the evidence that could ultimately lead to effective policy-making.

Asked what they would like to learn most with respect to using evidence, the legislators said they wanted to be familiar with the types of evidence, their advantages and limitations. Other said they wanted the jargon of research simplified or explained and to be equipped with the right questions to ask before arriving at a decision. They also wanted to learn where and how to use evidence.

In general, the majority of the 27 Parliamentarians who responded to the questionnaire said they needed more evidence; they handled evidence in a variety of settings; and felt that they would benefit from training about the types of evidence and the language of evidence.

Prof. Thabane said knowing what and when to ask was an important skill for any Parliamentarian.

"It is a skill that you can acquire. It is an extremely important skill which I think can shift the direction or momentum on how we deal with issues of policy that affect the country as a whole," he said.

Dr Ann Cockcroft guides Parliamentarians through a discussion during a workshop on evidence-based decision making

Business unusual in Botswana

… as MPs pledge to put nation before self

Some Parliamentarians in Botswana say they are looking forward to robust, factual debates in their Parliament in the national interest after they were introduced to evidence-based policy making.

After two days of learning to ask the right questions and demanding counterfactual evidence so that policies serve the greatest number of people at the best cost possible, some lawmakers are raring to go.

Hon. Dikgang Phillip Makgalemele said given the rivalry that characterised relations between backbenchers, other MPs and the Executive in the Parliament, laws and policies were sometimes debated on partisan lines and not on the basis of evidence. He said going by facts and hardcore evidence would ensure that whatever laws or policies were passed by Parliamentarians were in the national interest.

He gave an example of a mini survey he conducted in his constituency as he explored means of empowering young people.

"What came out of the survey contrasted with what I had in mind. I had been encouraging the youth in my constituency to go into business and utilize the Youth Development Fund but the research showed that 70% of the youth were more interested in going back to school. Doing research and getting evidence is something we should encourage," he said.

He suggested that the training that he and other lawmakers got during the workshop be extended to other people in other sectors of the country including Parliamentary staff.

Another lawmaker, Hon. Gaborone concurred with Hon. Makgalemele. He called for careful consideration of all laws and policies brought before Parliament, saying that haste made waste.

"Whenever these things are brought to Parliament there is usually a hurry to pass them and get them out of the way with no analysis of their risks or benefits," Hon. Gaborone said and held out Botswana's new Public Service Act as a case in point.

"If we had dealt with that Act with thoroughness, we would not have allowed it to pass as it was. Sometimes the Executive is in a hurry and they think Parliament plays delaying tactics for nothing. We need to carefully consider the implications of the things we pass."

Kgosi Hon. Tawana Moremi, another Parliamentarian, also called for an end to hasty endorsement of things that were brought to Parliament. He said he rued the day he and some colleagues were persuaded to pass some legislation notwithstanding the misgivings they had.

"I remember the close of Parliament's business in 2010. We were debating the Immigration Bill.

see UNUSUAL p.7

UNUSUAL from p.6

It was brought to Parliament and there were amendments to it that were motioned.

"The mover of that Bill managed to persuade us to pass it as it was with the understanding that it was going to come back so that we deal with issues that we were not comfortable with. It is now a law as we speak and we lost an opportunity to intervene," Hon. Moremi said.

He said the Botswana Parliament was marked by conflicts between the backbench, the opposition and the Executive and sometimes other debaters were bullied into silence.

"I have seen a lot of this happening to a point where I have wondered: what is the point of me next time asking a question," he said, adding that there was a need to pursue the national interest.

Prof. Neil Andersson, one of three experts who facilitated the workshop, urged the lawmakers not to despair.

"I think if Botswana were to show a legislative house that was obsessed with evidence and knew how to handle the evidence and whose debates were about evidence, it would show considerable leadership," he said.

Prof. Andersson said such an insistence on evidence was not common in most Parliaments. What was commonplace were the sort of slanging matches and the lower order tactics alluded to by the MPs quoted above.

He said the fact that the Government of Botswana had convened this workshop was proof that it was determined to do things differently.

"I think Botswana is well ahead of the pack in trying to do things based on evidence. Most legislatures don't take this approach."

Okavango MP, Hon. Bagalatia Arone said the first step towards serving the people better was to know them. He called for the formulation of regional-based policies that answer to local needs.

"If you know your people you can plan for them. The government in this country does not know its people. The Ministers and the directors don't know their people. I have always argued about policies that are discussed in Gaborone without any information of peripheral areas but are expected to work among the minorities of this country. To me that is a non-starter. We should not be concerned about the number of programmes in the country, but their effect," he said.

Another MP thanked the Minister for Presidential Affairs and Public Administration, Hon. Mokgweetsi Masisi, for convening the workshop, saying it was a welcome development in a country he claimed had begun to lose a culture of engagement and transparency.

Hon. Gilbert Mangole, the chairperson of the HIV/AIDS Committee in the Parliament of Botswana, also congratulated the Minister for organising the workshop and for taking the "bold" decision to withdraw the country's draft HIV/AIDS Policy from Parliament to allow for further consultations.

Kgosi Hon. Tawana Moremi

Hon. Bagalatia Arone

Exit gut feeling, enter evidence

An expert who attended a unique workshop for Botswana's Parliamentarians on evidence-based decisions making has hailed the initiative saying it was long overdue in an era in which resources are few and far between.

The expert spoke to New Dawn on condition of anonymity, citing bureaucratic red tape.

The broad objective of the workshop was to equip Members of Parliament with the requisite skills which they would need to discuss draft policies before they are passed. The emphasis was that they take cognizance of the importance of evidence or research findings and how best to use those findings whenever they made policy decisions.

The expert said while research was being conducted all over the world, researchers were generally not taking the evidence to the right people – the policy makers.

The expert said in some instances evidence had been presented in raw and sometimes incomprehensible form.

"Some researchers forget that evidence has to be packaged in such a way that it can be understood, interrogated and used for policy making. Most of the research that has been conducted is still at the academic level and it becomes difficult for policy makers to use it."

> **Some researchers forget that evidence has to be packaged in such a way that it can be understood, interrogated and used for policy making.**

The expert said this workshop was an important one in that it tried to create the link or dialogue between the policy makers and the people who are expected to generate the evidence.

"For me, the greatest achievement for this workshop is that it came at a time when the country is trying to pass a draft policy on HIV/AIDS which has been in the making for about 10 years. The Government has encouraged us to provide more evidence and information before they can interrogate it."

The expert expressed optimism that Botswana would get a better policy now that the lawmakers have been empowered to ask the right questions and demand counterfactual evidence.

"The Parliamentarians now know about the various studies that have been conducted and they will not just rubber-stamp laws and policies. Researchers now need to take the MPs more seriously because they will ask for evidence before they make decisions."

Hon. Gilbert Mangole, Chairperson of the HIV/AIDS Committee in the Parliament of Botswana, said the timing of the workshop was right.

see EXIT p.9

Participants and facilitators attend a workshop on evidence-based decision making in Botswana recently.

Prof. Neil Andersson

Prof. Lehana Thabane

Dr. Ann Cockcroft

EXIT from p.8

"The draft HIV/AIDS policy has been withdrawn for further consultation and will soon be tabled in Parliament. I also think the workshop came at the right time because the debate on the general principle of the policy is now getting hot. Civil society is up in arms and urging MPs to take a closer look at the policy with a view to adding some of the things that had hitherto been taboo."

Hon. Gilbert Mangole said the workshop had given him an opportunity to acquire knowledge and tools that would help him articulate issues in Parliament, not only on HIV/AIDS issues but all issues that relate to his work as a Parliamentarian.

He hoped that MPs who attended the workshop would be able to better represent their constituencies.

"I think it will benefit the country as a whole because now when we debate an issue, the product of that debate will be well-informed because the people who debate it would have been equipped with the necessary skills and tools."

He revealed that five of the seven members of his committee attended the workshop, proof of their commitment to learning.

Organizers told New Dawn that in all, 27 MPs attended the workshop. The Parliament of Botswana has 61 MPs. Hon. Mangole expressed concern over the absence of some MPs, especially those from the ruling party at the workshop.

"Since they are the majority in Parliament they might even prevail over those of us who attended this workshop when we debate despite the fact that those who came here are well informed."

He said Botswana aspires to develop a law on HIV/AIDS and hoped that this workshop would be the beginning of more engagement.

"I see it as a beginning of a process. We need more training," he said and thanked the HIV/AIDS Programme of the SADC Parliamentary Forum for collaborating with his Parliament and CIET to organize the workshop.

"SADC PF has been very supportive. If NACA had not financed this workshop, SADC PF had agreed to support it financially," he said.

"The Parliamentarians now know about the various studies that have been conducted and they will not just rubber-stamp laws and policies."

Another participant to the workshop said it had given her a rare opportunity to interact with experts and talk about how to use evidence for policy; know the kind of questions to ask; the details to ask for; how to ask for clarifications; how to validate and decide if what one gets as evidence is useful in the discharge of one's duties.

Among the participants at this workshop were Hon. Dumelang Selashando, the president of the opposition, Botswana Congress Party; the Vice President of the Botswana National Front, Hon. Isaac Mabilitsa; the deputy speaker of the Parliament of Botswana, HON PPP; and Hon Botlogile Tshireletso, the Assisant Minister of Local Government.

The facilitators were Prof. Neil Andersson, Prof. Lehana Thabane and Dr. Anne Cockcroft. Prof. Anderson is an internal medicine specialist, a Professor of Medicine and Epidemiology. Dr. Cockcroft is a distinguished internal medicine specialist, epidemiologist andf a past editor of an international medical journal.

Prof. Thabane is an internationally renowned bio-statistician at the McMaster University in Canada. He is also responsible for significant research grants in Canada.

Evidence-based Planning: the Canadian experience

A prominent statistician from Lesotho who has been living in Canada since 1993 says Canada is relying on evidence as it deals with a plethora of social problems affecting the people there.

Professor Lehana Thabane works at McMaster University in Canada but is involved in more than 100 initiatives pre-occupied with gathering evidence which is then used to guide policy formulation and implementation.

One of the initiatives in which he is involved is the Cardiovascular Health Awareness Programme. Whereas many people in the developing world including Southern Africa are dying from diseases of poverty, heart disease in North America and in Canada is actually a disease of too much access, according to Prof. Thabane.

"People are dying because they have too much while people here (in Southern Africa) are dying of heart-related diseases because they do not have enough. The elderly in Canada are the most affected so we are trying

to run a programme to change people's behavior," he told Parliamentarians from Botswana who attended a workshop on evidence-based decision making in Gaborone.

He said the Government of Canada, through its Ministry of Health, was running a programme to try to change people's behavior which was counterproductive and very costly to the country.

"Under this programme, we go out into the community to see if we can bring partners together and try to modify behavior of the elderly and reduce the cost and the burden of heart problems on government resources," he said, adding that the Ministry of Health was funded the programme which involved 39 communities with a total population of about 60 000 and was keen to determine its impact.

"We randomly allocated these communities to the intervention to raise awareness about heart health. The other communities were allowed to continue with business as usual." The objective was to reduce hospitalizations and deaths due to heart-related problems among senior citizens over a year.

see CANADA p.11

LEADING BY EXAMPLE: Hon. Masisi (left) a cabinet Minister, in a workshop with MPs on evidence-based decision making

Hon. Dumelang Saleshando, Botswana Congress Party(BCP) President attends the workshop.

CANADA from p.10

"The results of this study showed that such a programme would certainly reduce hospitalisations and deaths among people exposed to it. There was a 9 % reduction in hospitalization."

Professor Thabane explained that Ontario records about 6 000 heart-related illness cases per year and said that Canada's public health care system was such that almost every citizen had a physician or other health professional taking care of their health.

Still, many people suffered from health complications that could be mitigated with better care.

In a second programme, Canadian authorities wanted to determine what would happen with respect to care if every doctor was given a checklist and encouraged to run a quick check each time a patient visited them.

"All the doctors received it (the checklist) and if they had a patient, they checked things like blood pressure, hemoglobin levels and things related to diabetics and complications of heart diseases," he said, adding that the doctors were also given guidelines as to what to do next based on the outcome of the check. Patients were also told about the checklist and encouraged to ask their doctors to run check on them.

"We found that this programme improved the process of caring for people with diabetics. However, it did not reduce the number of complications due to diabetics. Still, it was implemented throughout Ontario after we presented our findings to the government."

He said Canada, which in 2007 had 1.3 million people complaining of heart-related diseases, was now sharing the findings of its research with other countries facing similar problems all over the world.

One person dies of heart-related complications every seven minutes while 22 billion dollars is spent every year on heart-related hospitalisations in Canada, all of which, according to Prof. Thabane, was avoidable.

Prof. Thabane, who spoke at a workshop for Parliamentarians from Botswana on evidence-based decision making, urged Parliamentarians to hunger and thirst for evidence, saying that was the direction in which the world was going.

"I boldly predict that understanding statistical evidence will one day be as necessary for effective citizenship as the ability to read and write. We never thought a decade ago that today we would be talking about evidence-based medicine, evidence-based planning or evidence-based policy-making," he said, adding that the more evidence-based a country became, the more prosperous it would be and the better would be its statistics.

"I boldly predict that understanding statistical evidence will one day be as necessary for effective citizenship as the ability to read and write."

Botswana consults ahead of its own HIV/AIDS Policy

As the Republic of Botswana moves towards passing an updated policy on HIV/AIDS to guide its response to the epidemic, officials from the country's National AIDS Coordinating Agency (NACA) have been studying what other countries in the region have done in the same regard, it has emerged.

Passing the policy has not been easy due to various issues that include pre-employment HIV testing among the country's disciplined forces such as the army and the police; access to condoms in prisons; provision of ARV's to foreign inmates; provision of ARV's to foreign nationals; and de-criminalization of sex work and homosexuality.

Mr. Joseph Kefas of NACA said his organization deemed it prudent to learn from other countries before Botswana passed the policy.

"We did a small analysis of what is happening in the region as well as a few other countries outside the region in relation to some of the issues that have been raised especially pre-employment, HIV testing among discipline forces. As we looked at it, the information that we sourced from those countries: Angola, Lesotho, Nigeria, South Africa, Swaziland, Zambia and Zimbabwe we found that there is no country that mandates pre-employment HIV-testing amongst disciplined force members," Kefas told Parliamentarians attending a workshop on evidence-based decision making in Gaborone.

He said no country upheld mandatory testing for any other person for that matter. In Botswana the Employment Act is silent on HIV testing and the BDF Act, Botswana Police Act and the Prison Act are silent on the issue of pre-employment testing of disciplined forces.

"In terms of provisions of condoms in prison, we realized that in Lesotho their policy provides condoms in prisons. We are also aware that in South Africa, condoms are provided in prison. We also know that the Botswana Prisons HIV/AIDS Policy of 2003 prohibits issuing condoms to inmates."

He explained that Model Law on HIV/AIDS in Southern Africa of 2008 advocates the distribution and the possession of condoms and other safer sex material in prisons.

"In terms of provisions of ARVs to foreign inmates, again Lesotho does provide in terms of the policy. The Government there ensures that all prisoners have access to HIV prevention information including ARTs. South Africa also gives foreign inmates treatment."

Kefas said NACA did a small analysis looking at the cost of an inmate in Botswana and that came to around 170 000 Pula per year.

Mr. Joseph Kefas of the National AIDS Cordinating Agency

"This is just the cost of ARVs but then it doesn't include other related factors such as tests and other things. This is a very crude estimate," he said and stressed that access to medication was an important health intervention in the response to HIV/AIDS.

Turning to de-criminalization of sex work, the official said sex-work was illegal in many countries including South Africa, Lesotho, Zambia, Angola, Swaziland and Nigeria.

"However, Lesotho has ensured provision of special services for sex workers so that they have access to confidential and user-friendly health services, sexual priority information as well as condoms and provision and free treatment."

Turning to de-criminalization of homosexuality, Kefas said research had shown that the South African Constitution protected same sex relationships but in Lesotho, Angola, Zambia, Botswana and other countries homosexuality was i llegal.

"In Lesotho their policy says that government shall put in place mechanisms. Government shall ensure that HIV and STI prevention treatment can be accessed without discrimination including by people engaged in opposite relationships.

"In Nigeria, they ensure that men having sex with other men have access to a full range of integrated HIV/AIDS prevention services, HIV counseling, treatment and so on."

Kefas reminded the MPs that many governments has pledged to reduce by 50% sexual transmission of HIV, eliminate HIV transmission, reduce by 50% TB deaths, and reduce by 50% the number of countries with HIV restrictions on entry.

Expert reflects on evidence - decision workshop

*In this exclusive interview with New Dawn, **Prof Lehana Thabane** reflects on a unique workshop on evidence-based decision making held in Botswana.*

New Dawn: What did you set out to achieve in this workshop?

Professor Thabane: The workshop is really the beginning phase of what I hope will be serious engagement towards using evidence to inform policies to deal with the serious problems, not only in this country but in the region and hopefully Botswana has set up themselves as a good example of what any country can achieve by engaging policy-makers in a process in which they can look at the evidence seriously and know what questions to ask to be able to see whether they are really making right decisions towards allocating resources in programmes.

New Dawn: Would you say that using evidence is more necessary now than before?

Professor Thabane: Yes it's always been necessary and I will say it continues to be a necessary step of any legislation or for any country for that matter. But it's even more serious now because when you think of it, the investment in HIV over the past say 20 years has not made much of a dent. It has not been an issue of awareness. We know people around the world are aware of the problem. There are still a lot of issues around stigma and change of attitudes.

New Dawn: You mentioned in one of your presentations during this workshop that 10 years ago it was difficult for people to demand the evidence but now they can. Where is the evidence for a country like Botswana?

Professor Thabane: It has to start with the realisation that there is evidence; even lack of evidence is evidence itself because it points at something. Now we are going in a direction where every government, every institution is trying to take advantage of the information technology to search for evidence.

There are now mechanisms and strategies of how to look for information, how to synthesize information and how to best use it to be able to optimize and be able to solve our problems. Definitely the use of evidence is long overdue.

New Dawn: It has been noted that some people have not been very keen to use evidence to do things. What would you say has been the hold-back?

Professor Thabane: There are several challenges, one of which is lack of capacity to do it. Some people don't know where to search for information, how to synthesize the information or how to communicate it.

There are still a lot of gaps in the system that need to be addressed but for the most part, there is one thing that remains a constant: all of us want to do the right thing. Everybody would like to solve the HIV/AIDS problem.

The issue here is: how much of the available evidence is being used to inform policies designed to solve the problem?

The majority of the evidence is not used or it is not well understood. One of the things we need to do is to determine how we can fill the gaps around the system so as to address some of these systematic deficiencies.

see EXPERT p.15

Parliamentarians and other stakeholders at the start of a unique workshop on evidence-based decision making in Botswana

Bots women still worst affected by HIV/AIDS

A cross-sectional nationwide HIV/AIDS population-based survey conducted in 2008 by the National AIDS Coordinating Agency (NACA) in Botswana shows that women continue to be disproportionately affected by HIV/AIDS in the country.

The survey was the Botswana AIDS Impact Survey which is done every four years. The main objective of the survey was to provide information on behavioral patterns of the population aged between 10-64 years. It provides national estimates on HIV prevalence and incidents among the wider age group from 18 months to 64 years.

An official from NACA told Parliamentarians attending a workshop on evidence-based decision making that the study found that HIV prevalence was estimated at 17.6%, with prevalence being high amongst females than it was in males.

"Villages were least effected than towns which has a prevalence rate of 22.1%. However, between the urban and rural there was no statistically significant difference in infection rates. We also measured the crude HIV/AIDS rate at 2.9%. That is 2.9% of those people who were at risk of contracting HIV/AIDS in 2008. Females had the more infection than male counterparts," she said, adding that the bulk of new infections occurred among the 24-40 year olds.

"When we look at HIV prevalence rates, national HIV prevalence peaked at around 35 and 39%. The female prevalence peaked at an earlier age than for the males and what that means is that the females probably got infected earlier than their male counterparts."

The survey showed that people who had no education or non-formal education had a higher prevalence than those with secondary education or higher.

Turning to HIV prevalence by marital status, the official said that the survey showed that people who were never married had the lowest HIV prevalence compared to the married or cohabiting partners.

The northern part of the country had the highest prevalence rates than the western part.

"We need to look deeper and do more analysis by district and we are encouraging districts to do district-specific research to get to the bottom of their HIV/AIDS prevalence trends."

In addition to females being the most affected by HIV, the official said HIV prevalence was higher in the older age groups thanks to ARVs.

She said HIV prevalence had decreased steadily as education increased and incidents trends appeared to follow the same trends as the HIV problem.

" We went further to do trend analysis on all three surveys. The first was done in 2001, then 2004, then 2008. We were just basically looking at changes in behavior over time and identifying factors influencing behavior likely to influence behavioral change in Botswana."

There was evidence of behavior improving over time and some worsening.

"Knowledge in general has improved over time as we see 15-24 year olds who correctly identify ways of preventing HIV and rejecting major misconceptions about HIV transmission. If we look at the 15-49 year olds who had sex with more than one partner, that is not a good trend. In 2001, 17.4% reported having sex with more than one partner in the last 12 months and it has gone up to 24.8% so that's quite substantial."

see WOMEN p.15

Ms. Mpho Melesi of the National AIDS Cordinating Authority of Botswana gives an overview of HIV/AIDS in Botswana

WOMEN from p.14

She said ideally people should have sex when they are older rather than younger than 15.

The survey showed that 46 percent of the respondents felt that it was fine to have more than one sexual partner, while 11% said a husband could force his wife to have sex even if she did not feel like doing it.

"We went on to do some further analysis to look at the likelihood of odd-ratios. Those who can persuade a sex partner to use a condom were 7.1 times more likely to have used a condom in their last sexual encounter compared to those who believed they could persuade a sex partner to use a condom."

It also showed that people who held traditional gender-role attitudes where 1.7 times more likely to engage in risky sexual behavior.

The study also sought to determine perceptions on some of the programmes that NACA was implementing such as the ARV distribution and PMTCT. About 24% of people said they believed that ARVs cure AIDS.

"People who believe that ARVs cure AIDS were 1.3 times more likely not use a condom while those who had sex while drunk were 1.7 times more likely to engage in multiple sexual partnerships."

Respondents who believed that they could persuade their sexual partners to use a condom were about 7.1 times more likely to use a condom so they practiced what they believed.

"Those who believed that men can have more than one partner at a time were 1.2 times more likely to have multiple sexual partners."

Some of the recommendations were made from the second trend analysis.

"We saw a substantial proportion of people engaging in multiple sexual partnerships and people need to be equipped with the necessary life-skills to enable them to refuse to indulge in risky sexual behaviors that expose them. Programmes should move beyond awareness raising. We see that awareness levels are high so we need to move from awareness raising to sustaining behavioral change."

She said knowledge levels were high but some people were still engaging in risky behaviour.

"There must be something there. They need to be equipped. There is need to strengthen initiatives that empower both men and young people."

She said that data from the National Monitoring and Evaluation system showed that ART coverage stood at around 94%.

Under the mother to child transmission 1.9% of babies born to HIV positive mothers were HIV/AIDS free and there had been an increase in the uptake of the safe male circumcision programme in which 1 685 circumcisions were performed under the safe-male circumcision programme against a target of 15 000 per quota.

EXPERT from p.14

New Dawn: Botswana is on the verge of passing a national HIV/AIDS policy. What might this kind of exposure or this kind of enlightenment do to the Parliamentarians who are going to pass this policy?

Professor Thabane: I have to say that Botswana is one of the luckiest countries on this continent because they have the kind of leaders at least in some areas of the government that have noticed that for this legislation to benefit the country, there needs to be serious discussions about it and there needs to be some attempt to actually provide the members of Parliament with the tools to be able to debate.

So it starts with knowing what to ask about what was put in place to inform the policy. So hopefully at the end of the discussion they will come up with better ways or strategies to develop policies to with the problem, finding ways to evaluate whether the policies work or do not work. One of the tragic challenges is that we have well-intended policies but no plans or methods devised to evaluate whether they actually achieve the intended outcomes.

New Dawn: The workshop has ended. Would you want to see it as an event or as the beginning of a process? If you want it to be a process, what would you want to see going forward?

Professor Thabane: I see it as just an opportunity to plant a seed; an opportunity to actually raise awareness about how they need to be approaching the issues of evidence in policy. This is a long journey which requires a lot of commitment. There will be obstacles, but I think of it as the beginning phases of what I hope will be a sustained movement towards approaching evidence in a much more open manner. My hope is that it not only happens in Botswana, but begins to happen in a lot of countries in Africa.

Workshop in pictures

Workshop in pictures