BONELA

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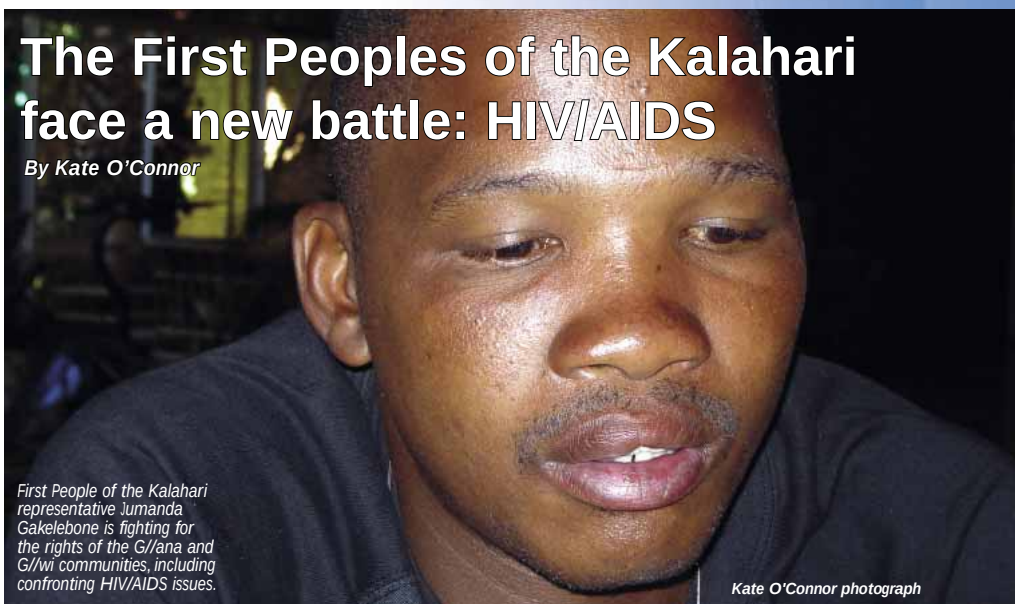
*The spread of a life-threatening, drug-resistant form of TB in South Africa should be an enormous cause for concern, reports Paula Akugizibwe (p.2-3)*

*Life behind bars is a haven for HIV transmission, writes Cynthia Lee (p.4-5)*



# The First Peoples of the Kalahari face a new battle: HIV/AIDS

*By Kate O'Connor*

*First People of the Kalahari representative Jumanda Gakelebone is fighting for the rights of the G//ana and G//wi communities, including confronting HIV/AIDS issues.*

*Kate O'Connor photograph*

***GABORONE—Having fought for land rights in a recent legal case against the government of Botswana, Jumanda Gakelebone is used to speaking about his people.***

On this morning, the 32-year-old activist is not talking about the precedent-setting case related to the Central Kalahari Game Reserve (CKGR) but a new battle that his community is facing - HIV/AIDS.

According to Gakelebone until 1997, 5000 members of the G//ana and G//wi communities were living in relative isolation in the government-assigned territory of the CKGR. Their limited contact with people from outside the reserve kept them unaware of a pandemic sweeping the rest of the country. They believe this also kept them safe from infection.

However, after the government evicted nearly 1000 G//ana and G//wi in 1997, things changed.

The First Peoples of the Kalahari were resettled in makeshift camps and experienced their first extended contact with people from outside the reserve. For example, workers from elsewhere in Botswana contracted by the Government to build houses, schools and clinics.

According to advocates for the First Peoples, this contact is linked to the emergence of HIV and alcoholism among the G//ana and G//wi communities. Today, says Gakelebone, alcoholism is rampant in the camps.

The G//ana and G//wi are suffering from depression and boredom, which has been reported as a common experience for many of the world's displaced indigenous communities. For many of the Kalahari's First Peoples, the days are long, monotonous and empty, and employment is scarce. Stripped of their land, this once self-sufficient, hunter-gatherer society has become dependent on government handouts, which some claim is not enough to sustain them. Alcohol offers some solace from the misery.

Activists from the organisation, First People of the Kalahari (FPK), link the high rates of alcoholism in the camps to the rising rates of HIV infection among the relocated communities.

Anecdotal reports indicate some women are compelled to trade sex for money and alcohol because they have no other means of earning an income. Activists claim this kind of contact with people outside the CKGR explains the introduction of HIV to the communities.

"Some of them are maybe sick, and they start to give some drinks…and then that leads to sex without condomisation. That is how [HIV] comes," says Gakelebone.

With no HIV education programmes in the camps until 2002, people were falling ill without knowing why. When these programmes were finally introduced, they were in Setswana, which is spoken by few in the camps. Interpreters were used, but still, cultural issues kept the message from reaching people effectively.

Condoms, for example, were a foreign concept to the G//ana and G//wi before the relocations. With the exception of some young people going to school, most have yet to adopt condoms into their sexual practices, says Gakelebone.

***continued on page 4***

ON THE INTERNATIONAL FRONT

# Drug-resistant **TB crisis** is no laughing matter

***By Paula Akugizibwe***

***Health care worker Zola Ngwenya* started wearing a protective mask after hearing that her small KwaZulu-Natal hospital was treating a patient with extensively drug-resistant tuberculosis (TB). Rather than sharing the concern about this life-threatening XDR-TB, some colleagues mocked her.***

"They thought I was being paranoid," said Ngwenya. "I don't understand how, but they really don't seem to realize how serious it is."

The threat presented by drug-resistant TB is very serious and frightening since it can be spread by contact—especially coughing and sneezing—with an infected patient. Resisting most of the available TB treatment combinations, XDR-TB was officially recognised by the World Health Organization (WHO) last September as a "newly identified TB threat which leaves patients virtually untreatable." It is more dangerous than its earlier predecessor, multi-drug resistant TB (MDR-TB), which although untreatable by one or both of the two most potent TB drugs, can still be cured.

Five years ago, MDR-TB was already described by the late WHO Director-General JW Lee as "a far nastier, cleverer TB genie is out of the bottle…[which] is far more difficult, and far more expensive to cure." But more than two decades have passed since experts warned the global community about the drug-resistant TB "time-bomb," calling for a vigorous multi-national response to halt its progression.

Past strategies focused on increasing access to second-line treatment that could combat drug-resistant TB strains. To deal with resource-limited settings, the WHO and its partners established the Greenlight Committee for Access to Second-Line Anti-Tuberculosis Drugs in 2000. Currently, at least 41 projects in 37 different countries have seen the results of this initiative—negotiating reductions of up to 95 percent for the price of second-line treatment.

However, the WHO estimates only 2 percent of the MDR-TB cases globally receive treatment through this mechanism—while almost a half million new drug-resistant cases emerge each year. The current strategy might be too little, too late.

As an alarming example, many point to an outbreak of XDR-TB in Tugela Ferry, KwaZulu-Natal. Last September, the WHO cited surveys that found 10 percent of TB patients were infected with the XDR strain. Of these 53 people, most of whom were HIV positive, all but one died within a month.

To date, at least 314 cases of XDR-TB have been confirmed in the country, the South African Department of Health told *The BONELA Guardian*. Of these cases, at least 215 people have died.

In the same province now working at a different hospital, health care worker Ngwenya worries that the responses from both facilities may lack urgency.

*Cynthia Lee photograph*

She said the hospital lacks proper equipment to test for drug resistance and that some hospital staff fail to take proper precautions such as wearing protective masks when dealing with the infected patients. According to Ngwenya, the hospital does not follow up with patients who have received treatment.

She said she was shocked to hear that, in her hospital, two XDR-TB patients remain in the general ward instead of being isolated despite the disease being contagious.

When contacted by the *BONELA Guardian*, a health department spokesperson said XDR-TB cases are isolated in areas reserved for MDR-TB patients. The department's Deputy Director of Media Liaison, Charity Bhengu said she could not provide details about this specific claim but indicated the inquiry could be followed up by the provincial authorities.

She denied, however, that hospital staff are not taking precautions to contain the spread of TB.

According to Bhengu, there is an ongoing training programme for staff working with TB and WHO guidelines for dealing with drug-resistant TB are widely disseminated. The guidelines have been officially adopted as protocol, she added.

"A TB Crisis Management Plan has been developed," she said, adding that it seeks to involve communities, NGOs and patients in the response.

Ngwenya agrees that the health department has taken a step in the right direction by making second-line treatment available in public health care facilities in the province.

"But treatment is not enough," she said, adding that she and some her colleagues cannot shake the uneasy feeling that the healthcare system is continuing the same mistakes that led to this crisis.

"They're taking it too lightly, but we can't afford to!" she said in disbelief. "All these TB control guidelines are just theory. It doesn't happen in practice."

International guidelines state that drug susceptibility testing (testing to determine which drugs the TB strain is resistant to) should be carried out on:

- all high-risk persons, which includes prisoners and healthcare workers;
- cases of treatment failure and treatment interruption; and,
- close contacts of drug-resistant TB patients.

But in reality, hospitals are limited by resources and do not often have the equipment or the capacity to carry out such testing, which is time-consuming and expensive and requires expertise.

"[The] challenge with the diagnosis," Bhengu said, "is the fact that it takes 10 to 12 weeks to get a confirmation of XDR-TB because of the current diagnostic tools available. This indeed is a long waiting period for a disease, which is airborne. More rapid diagnostic tools are needed to improve the response to TB."

Ideally, TB management strategies involve direct observation by a qualified treatment buddy to ensure doses are taken correctly. Health care facilities should also monitor those who have received treatment. In practice, for a variety of reasons, it is not uncommon for people to fail to complete the course of treatment and not receive a follow up.

DOH official Bhengu admitted monitoring outcomes has been challenging but added that training on monitoring for health care workers is planned.

Another pressing concern is how to contain the spread of drug-resistant TB from infected patients. While guidelines recommend that patients be quarantined, this does not often happen because public healthcare facilities in resource-limited settings are highly congested. Creative strategies will be needed to deal with this dilemma as well as serious consideration of the ethical dimensions of isolation (see side story).

Activists say the emergence of XDR in southern Africa is a symptom of failing TB control programmes.

"Simply isolating patients without fixing the crumbling state of TB prevention and care in our countries will not solve what is becoming a dangerous epidemic of untreatable tuberculosis," cautioned Gregg Gonsalves, treatment literacy coordinator for the AIDS and Rights Alliance of Southern Africa.

Managing the crisis will require massive changes in TB programmes at the community, national and international levels, which according to the WHO, comes with a minimum US$600 million price tag.

More importantly, everyone from Ngwenya's hospital to the global community must realise the urgency of the problem—and ensure these changes take place.

"A combination of ignorance and a lack of resources make a very deadly combination for

a community," Ngwenya pleaded. "Those in power need to act urgently to make resources available and to create large-scale awareness of this killer strain of TB."

**name has been changed to protect individual's identity*

## Isolating TB patients and human rights

Discussions about conflicting human rights emerged after some scientists called on the South African government to force XDR-TB patients into isolation.

Many activists and academics say non-voluntary measures would violate a person's constitutional rights, such as the freedom of movement, while others have pointed out that the public's right to not be infected must also be protected.

Still others believe that forcing people into quarantine could make them less willing to seek assistance for treatment and further spread the disease.

The head of the South African Department of Health's TB programme told the media that it is not considering such measures because, even if patients were forced into isolation, no one could oblige them to take treatment and they could simply "escape from these institutions."

Measures to isolate patients need to be seen within a broader approach to TB management, says Gregg Gonsalves, treatment literacy coordinator for the AIDS and Rights Alliance of Southern Africa.

"Someone with XDR-TB, or some other highly communicable and deadly disease, should be isolated to protect others from infection…within a framework that protects individuals' human rights and gives them an avenue of redress if they are mistreated or otherwise abused."

The WHO says that limiting an individual's right to freedom of movement may be a strategy in certain cases that pose a threat to public health. The authority cautions, however, that it only be used as a last resort.

***—Paula Akugizibwe***

# BONELA Round-up

- Media and Advocacy Officer Cynthia Lee attended a 7 December BOCONGO panel discussion on the proposed Intelligence and Security Services Bill.
- In December, LeGaBiBo hosted a one-day life skills workshop aimed at empowering participants with knowledge about sexual health, human rights and advocacy.
- Director Christine Stegling attended a 14 December World Bank briefing hosted by UNDP.
- Research and Advocacy Officer Yorokee Kapimbua attended a Gaborone DMSAC meeting in early January.
- In January and February, Cynthia Lee continued participating in the steering committee for a BONEPWA/Skillshare project aimed at capacity building of PLWHA support groups.

*A participant argues the issues at a BONELA debate on condom distribution in prisons held on 21 February at the University of Botswana.*

- Undertaking an evaluation of programmes, consultants for the European Commission visited BONELA on 2 February.
- LeGaBiBo held a 2 February meeting with Nhimbe Trust of Zimbabwe, an organization that uses theatre for LGBTI advocacy, to discuss challenges faced by this community in Botswana.
- Three days later, LeGaBiBo met with the Schorer Foundation to discuss ways the Dutch donor organisation could assist LGBTI overcome their challenges as a vulnerable group in Botswana.
- Yorokee Kapimbua presented a course on Ethics, Law and HIV/AIDS to University of Botswana nursing students from 6 to 9 February.
- Training and Advocacy Officer Nthabiseng Nkwe and Cynthia Lee attended a 7 February BOCONGO panel discussion on challenges to implementing Botswana's latest national budget.
- National AIDS Council (NAC) Ethics, Law and Human Rights Sector Coordinator Diana Meswele attended a 9 February pre-NAC meeting.
- BONELA staff facilitated a 13 February meeting of the Coalition for an HIV Employment Law to plot a way forward.
- Advocacy Interns Itumeleng Semele and Shirley Keoagile participated in a 13 February taskforce meeting held at the Botswana Council for the Disabled to discuss the possible involvement of people with disabilities in the drafting of future disability legislation.
- Nthabiseng Nkwe attended a 15 February meeting of the Makgabaneng Technical Advisory Group.
- In mid-February, Advocacy Volunteer Hitomi Kubawara met with a Botswana Baylor Children's Clinical Centre of Excellence expert to discuss children's access to treatment and paediatric care for HIV/AIDS.
- Finnish Embassy in Pretoria paid BONELA a donor inspection visit on 19 February.
- BONELA participated in a Forum Syd session on organisational development on 21 February.
- Speaking about condom distribution in prisons, Yorokee Kapimbua, Christine Stegling and Oratile Moseki appeared on The Daily Grind (GABZ-FM) radio show on 21 and 22 February.
- Christine Stegling attended the 23 February NAC extra-ordinary meeting at which the Sector on Ethics, Law and Human Rights, represented by Dutch Leburu, presented the review of Botswana's laws and policies with respect to HIV/AIDS reflecting on comments made by other sectors.
- Nthabiseng Nkwe attended a 27 February reference group meeting on the amendment of the Children's Act.
- On the same day, Christine Stegling, Oratile Moseki and Yorokee Kapimbua participated in a Forum Syd organisational development meeting that also brought together BONASO, BOCONGO and BONEPWA.
- At a three-day Ministry of Works and Transport workshop for peer educators and counselors, Diana Meswele presented on the ethical, legal and human rights dimensions of HIV/AIDS. The presentation focused on how these dimensions should be incorporated in the Know Your Status voluntary testing campaigns.
- Nthabiseng Nkwe and Itumeleng Semele held the first of 15 community dialogues on sexual and reproductive health rights of women living with HIV/AIDS with a group from CEYOHO on 28 February.

**Perspective**

# Women's right to safer sex

***By Senkamile Molapisi***

***People have a right to safe sex and to prevent themselves from being infected by HIV. But we should recognise that there are some factors that make women especially vulnerable.***

The biological characteristics of women put us at higher risk of being infected by HIV and other sexually transmitted infections. And yet, we often can't control whether or not we have safer sex. In real life, it is commonly men who decide when to have sex and how to have it. Even in these times of troubles, traditional male attitudes related to sex are not breaking down. These attitudes still regularly dictate the way sex takes place.

Even though these attitudes are being recognised as being unhelpful in the fight against HIV, women still seem to be blamed for transmitting HIV to their partners. It is common to hear people blaming an HIV-positive woman. In many cases of pregnancy for HIV-positive women, it is the women who are blamed for not taking precautions. That is unfair. Are they getting pregnant by themselves?

It is important that we all learn about ways to prevent HIV infection. But, let's not forget that each individual is not always in a position to take measures to protect herself. We have to look critically at traditional roles and their impact on HIV transmission.

*Senkamile Molapisi was a community empowerment intern at BONELA from June to November last year who has since returned to Maun, her home community.*

*continued from page 1*

Modern medicine was also foreign to the communities. People who began to fall ill from HIV/AIDS sought treatment from traditional healers. But when they did not recover, some came to believe that this unfamiliar and incurable illness was a curse from the ancestors for having left their ancestral lands.

"Here…there are different kinds of diseases that we do not recognise. There in Molapo it was better because you would get sick then better again. But here in New Xade when you get sick you die of that sickness," Tumelo Sebelegangwana, now deceased, once told Survival International—an organisation working on the rights of the First Peoples—about relocating to a settlement.

Currently, a small number of those living in the camps have undergone HIV tests and are taking antiretroviral drugs (ARVs). Since ARVs are unavailable in camp clinics, patients travel up to hundreds of kilometres to Ghanzi to pick up their life-saving medications. This journey will be much longer once they are back in the CKGR.

Following the 13 December court victory last year, President Festus Mogae stated that the government will not provide services to those who choose to return to the CKGR. Those who are infected and taking ARVs now face a heartbreaking decision: stay in the camps to continue accessing ARVs or return home and risk illness and death.

Young people facing this dilemma have asked for assistance from Gakelebone, who says the matter will be pursued in negotiations with the government.

"They come to me and talk to me. They can't go because there is no way they can get ARVs or treatment in the CKGR. If the treatment is not going to the CKGR, how are they going to stay there? That means they are going to be forced—not forced by anyone but forced by the situation," says Gakelebone.

Meanwhile, others have already begun to return home. Together they are "rebuilding their huts" and slowly returning to their hunter-gatherer lifestyle.

"The ancestors are happy that we are back," says Gakelebone.

But the place they used to call home has changed. Activists are concerned about the continued spread of HIV upon their return to the CKGR. The battle, it seems, is far from over.

# Paying the highest price

***By Cynthia Lee***

***GABORONE—Within seven days of life on the inside, he had been sexually abused.***

That's what one former prisoner told Women Against Rape (WAR) Coordinator Chibuya Dabutha.

"Anybody who goes in there it's a week maximum before it happens," she said. "Maybe that's just what happened to him but I thought it was really scary."

For the past few months, WAR has been hosting educational talks on sexual offences and on HIV/AIDS for inmates at the prisons.


*Women Against Rape Coordinator Chibuya Dabutha addresses a question at a BONELA seminar exploring prisoners' rights*

The educational initiative has already provided some insight into the unique nature of life behind bars that makes prisoners particularly vulnerable to HIV/AIDS.

In overcrowded conditions with no recreation and violence constantly lurking, prison life is not a healthy one. To avoid being assaulted, inmates do not have much choice but to seek protection—typically by joining a gang.


*Sociologist Tresa Galvin says prisons are the "perfect breeding ground for HIV."*

"Prisons are, in fact, the perfect breeding ground for HIV," said Dr. Tresa Galvin, a University of Botswana sociology expert, at a recent BONELA seminar exploring prisoners' rights.

Researchers have pointed out that prisoners are at high risk of HIV infection because they receive insufficient HIV/AIDS education, limited access to healthcare and poor nutrition as well as having difficulties accessing HIV prevention tools. Unhygienic tattooing and injected drugs (using shared needles) are common. For a variety of reasons—including rape and intimidation—so is sex.

Studies from around the world indicate that HIV prevalence among prisoners is higher than the general population and it is growing at a "steeper and faster" rate than in the rest of the population.

Concern about this vulnerability has been recognised by the World Health Organization (WHO), which has established guidelines specifically for HIV prevention and care for prisoners. Local groups have taken note.

"Because prisoners don't have a choice and they are confined, we are saying they should be given special attention with regard to their health," said WAR's Dabutha at the 20 February event.

In facing increased risk of HIV infection, prisoners are paying a higher price "than the crime which they have been judged for," added another participant.

Some organisations, including WAR and BONELA, say distributing condoms in prisons would decrease HIV transmission—cited by the WHO as a "successful HIV prevention measure" for prisoners based on experiences in other countries. Providing condoms in prisons is practiced in South Africa and in Thailand, which have both been seriously affected by the pandemic.

Prisoners themselves "would love to have condoms. They have admitted that sexual relationships do take place in prison," Dabutha told the *BONELA Guardian*. "Contracting HIV is not part of their sentence."

But the Botswana Department of Prisons and Rehabilitation says it does not provide condoms because of Section 164, the law that has been interpreted as criminialising homosexual acts.

"The prison setting is a government institution. Should condoms be offered?" asked Prisons Senior Assistant Commissioner, Shirley Oageng. "We wouldn't refuse going there if Botswana decriminalised the act."

Providing condoms in prisons has unsurprisingly struck a controversial chord with some segments of society who believe that the initiative would "promote homosexuality."

At the seminar, a Member of Parliament who described himself as "very conservative" did not reject the idea that prisoners have a right to be protected from HIV. But Nonofo Molefhi (MP-Selibe Phikwe East) said, rather than providing condoms, the government could explore alternatives such as single-accommodation prison cells to prevent interaction between inmates. He also asked whether allowing conjugal visits from female partners would be a remedy.


The debate is undoubtedly far from simple. Anecdotal evidence from WAR's programme shows that virtually all of the high-risk HIV transmission factors are taking place in local prisons. Although it is a gap that many argue needs to be filled, no in-depth research has yet been conducted about how and to what extent HIV/AIDS affects

# in prison

Botswana's prisoners.

Men having sex with men is a sensitive—even taboo—matter in Botswana. A common mistake is to automatically assume that prisoners who engage in sex become homosexuals.

Rather than being a change in identity, "it's a change in sexual behaviour," said sociologist Gavin. "Even heterosexuals can engage in homosexual behaviour."

She cited the example of prisoners often having to negotiate for protection from violence. "In prison, you don't have a lot of things to trade off. Sex is one of those things that can be traded off."

It is an "uncomfortable new reality" that we are "not to deny but to deal with it and move from there," Gavin added.

For the past few years, legal experts and human rights groups have argued that the law in Botswana has no business determining what happens in the bedroom between consenting adults.

Lawyer Mboki Chilisa argued that, rather than be penalised, such individuals have a constitutional right to privacy that includes a "right to a certain level of intimacy."

The only reason that homosexual acts are penalised is because they are different from the majority, he said. As a result, those representing a minority issue will find it difficult to lobby Parliament for legal protection.

At the seminar, the director of the Media Institute of Southern Africa (Botswana chapter), Modise Maphanyane said recognising differences in how we treat those inside and outside of prisons should be an ethical consideration. He asked whether providing health measures in prisons that differ from those provided outside is "morally acceptable."

"I know we sometimes want to pretend it doesn't happen but it does," he said, drawing a comparison with youth, for example, who are provided with condoms. In spite of attitudes towards sex before marriage or among young people, it is felt that preventing them from HIV infection is more important. To treat these two groups differently is a "moral question" to think about, he said.


According to Botswana Prisons officials, all HIV programmes for the public are made available to prisoners with the exception of providing condoms.

But some seminar participants questioned the value of education on HIV if there is no access to prevention tools.

In hopes of bringing the message home, many have turned the spotlight on the public health aspect of the prisoners' HIV dilemma. They point out that, once prisoners have done their time, they are no longer prisoners and return to lives on the outside.

"Prisons are not sealed off from wider communities. The lives and health of people in prisons are connected in many, many ways with others in the community," said UB's Galvin—a sentiment repeatedly expressed by different participants at the seminar.

A representative of the National AIDS Coordinating Agency (NACA) said the government does not isolate prisons from the larger picture of public health.

It has "a goal to have an AIDS-free generation by 2016" and it is committed to being "objective" and "informed" about the issues around condoms in prisons, said Richard Matlhare, head of the agency's Behavioural Change Intervention and Communication unit.

But it is "not to operate outside the laws of the country," said Matlhare, adding that the issue is one among those cited in an independent review of Botswana's laws and policies commissioned by the National AIDS Council. Consultations with stakeholders are planned regarding recommended changes to the law.

For some, this is not enough.

"While we sit here and consult, people are getting infected and they are dying," said BONELA Director Christine Stegling, pleading for a sense of urgency in dealing with the issue.

Activists and experts point to the example of successful pilot programmes in prisons that provide clean needles to prevent injecting drug users from reusing syringes. In the face of a serious HIV problem, these programmes were carried out as harm-reduction initiatives that did not require a change in laws—despite drug use being prohibited in those countries.

As situations emerge, HIV strategies lose credibility when they do not accommodate arising issues, added Gavin.

"The prison population is one such issue that could undermine Botswana's national strategy."

## You can:

- share your opinions on controversial issues like providing condoms in prisons
- exchange ideas about HIV and human rights
- engage in debate about topics important to Botswana

**Join BONELA's online community forum today in 3 steps:**

1. Go to www.bonela.org/forum/index.php
2. Register (it's free)
3. Inform and be informed. Involve and get involved. Discuss and create discussion.

## Q&A Hee Mmueledi

***I have been working for a parastatal for 25 years and was recently retrenched with others and given a retrenchment package. We were informed that, because we have been contributing to a retirement fund, we will receive a part of the money only when we turn 65 years of age. My problem is that I am HIV positive and I may not reach that age. Can I get my dues before that time?***

***Solomon, Gaborone***

*Your case is not uncommon. Employment policies typically have a terminal illness clause that applies when you can show evidence that you may not reach the age at which you should normally be able to claim. You should obtain a letter from a doctor indicating that you are suffering from a terminal disease (the letter does not have to mention the specifics of your case). Attach this letter to a covering letter from yourself, stating that you wish to claim the retirement package. Send both documents to the pension fund administrator. In some cases, the fund administrator may request you be examined by another appointed doctor for an independent assessment. If you pass the assessment, you should receive a recommendation that your dues be paid to you.*

***My well-off partner is seriously ill and already there is fighting amongst his family regarding his property. Everyone wants a stake in the estate. Is there anything my partner can do to divide his property during his lifetime?***

***Setubi, Kanye***

*Yes, your partner can write a will, which will allow him to leave specific things to specific people. A valid will settles most potential estate disputes. A will can be written by any person who is aged 16 and above who also has the mental capacity to appreciate the nature and effect of his or her actions. This person (called "testator") must sign each page of the will in the presence of two witnesses who must be at least 14 years old and they, too, must sign each page of the will. Finally, the will should be deposited with the Master of the High Court. By law, your partner's property should be divided according to his wishes as stated in the will, thus preventing further fighting.*

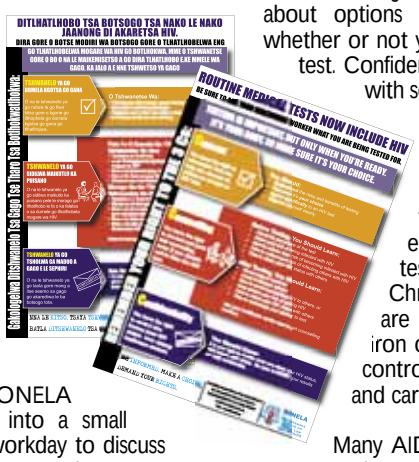
*Please send your questions to: "Hee Mmueledi" c/o BONELA, P.O. Box 402958, Gaborone or legal@bonela.org*

# Communities around Botswana discuss HIV testing

*By Kate O'Connor*

***MAUN AND GABORONE—Miles apart in two very different parts of the country, people gathered for the same purpose.***

Setting the mood with opening songs and informal introductions, a lively group of 20, made up of mostly women, came together in the Maun Young Women's Christian Association (YWCA) conference room to participate in an October public forum on HIV testing.




A week later at the Sedibeng Community Centre in Gaborone, 20 BONELA members quietly crowded into a small room at the end of a hot workday to discuss human rights implications of HIV testing.

Even more public forums are planned for this year—in Francistown, Tsabong and other locations. Like the earlier events, on the wall of the upcoming venues will hang two colourful posters in English and Setswana.

"Remember your right to the 3Cs", these recently produced BONELA posters read. Highlighting consent, counselling and confidentiality, they aim to inform community members about their rights in the context of routine HIV testing.

Consent refers to a person's right to choose or refuse to accept an HIV test. Counselling includes the right to advice and information about options before and after testing, whether or not you choose to take an HIV test. Confidentiality, not to be confused with secrecy, refers to the right to control who knows your information.

"We are not discouraging testing—in fact, we are encouraging people to test," said BONELA Director Christine Stegling. "But there are some things we need to iron out so people feel they still control their health information and care."

Many AIDS activists fear that under routine HIV testing, a controversial policy introduced in Botswana in 2004, people may be tested for HIV without their explicit informed consent.

"A lack of information on testing, compounded by a pressure to test from healthcare workers, leaves patients disempowered to make informed decisions in their own best interest. As it stands now with routine testing, their bodies essentially belong to their doctors," said Oratile Moseki, BONELA Training Coordinator and facilitator at the forums.


*Members of the public in Maun exchange views and ideas with BONELA regarding HIV testing in Botswana.*

Those who attended past events stood up to speak passionately about their concerns.

"Nobody should make decisions on our behalf," said one participant in Maun.

In Gaborone, Central Police Station HIV/AIDS Coordinator, Stephan Lekgobero says routine testing "is a desperate move for statistics. I still have rights whether I am sick or not. For me to be treated, I must consent."

Moseki encourages community leaders to participate in such forums. They provide an opportunity for exchange of information, experiences and perspectives between the community and advocates aiming to create debate for national-level policy, she said.

A third public forum was also held at the Kgotla in Ramotswa as a component of a health fair.

*With files from Yorokee Kapimbua*

## BONELA staff news

**Uyapo Ndadi**
**Legal Officer**

Now returning to responsibilities he knows well, Uyapo began his relationship with BONELA in 2004, running the legal aid clinic while completing a degree in Law at the University of Botswana.

After completing his studies last year, he started a career in the corporate world.

"But I could not find much job fulfilment. So I resigned from my position," he said, adding that at BONELA, "my work helps people facing discrimination and abuse owing to their perceived or actual HIV-positive status."

Aside from taking on legal cases of HIV-related discrimination, Uyapo also conducts legal awareness workshops around the country, sensitising people of their rights with regard to HIV.

**Cindy Kelemi**
**National Treatment Literacy Coordinator**

As chairperson of Bomme Isago, a network of women living with HIV/AIDS, Cindy has been familiar with BONELA's work for the past three years. For her, it was a dream-come-true when she was offered the post to coordinate the national treatment literacy and advocacy program.

"I have always wanted to join the BONELA team whose energy and passion has always amazed me. It is at BONELA where I hope my passion for the rights of PLWHAs will be fulfilled," says Cindy, a former secondary school teacher. She holds a Post-Graduate Diploma in Education and a Bachelor of Arts degree, majoring in English and Theology and Religious Studies.

**Boitshepo Balozwi**
**Media and Advocacy Officer**

Boitshepo is a former journalist with a degree in Media and Journalism obtained in Brisbane, Australia. She has worked at Gabz-FM, the *Botswana Guardian* and has also written for and edited *FLAIR* magazine. She joined BONELA hoping to use her media skills to continue to help raise awareness, spread the word and advocate for people living with HIV/AIDS.

"HIV is not selective. It infects and affects everybody and it could be you tomorrow. BONELA fights for the legal, ethical and human rights of PLWHAs. This could be your mother, brother, father, aunt, niece, nephew—the list is endless. I see this as a great job with an outstanding NGO. What's better than working towards empowering the whole community and steering it towards a brighter future for all?"

**Kabo Mathumo**
**Assistant Legal Officer**

Armed with a Diploma in Human Rights (Northwest University, RSA), a Diploma in Law (University of Botswana), and a passion for both subjects, Kabo joins BONELA to fight injustices against people living with HIV/AIDS.

"Joining BONELA was an opportunity for me to work on issues of human rights.…I am a fresh graduate and believe that I will have the opportunity to do what I like best—fight for people's rights, and also to learn from the great team at BONELA," she said.

# BONELA intern takes off for African campaign on disabilities

*By Diana Meswele*

***GABORONE—Standing before Sir Seretse Khama International Airport, Shirley Keoagile felt nervous about her first time taking a plane.***

"Am I going to make it ok?" she kept asking herself. Keoagile, who lives with a hearing impairment, was headed to Cape Town for the launch of the Africa Campaign on Disability and HIV/AIDS and was the only representative from Botswana.

*Shirley Keoagile*

Like most first-time flyers, Keoagile was afraid. Because of her hearing impairment, she was feeling especially isolated.

"When announcements about turbulence and landing are made, you get left out when there is no computer monitor to show YOU what is going on. When the flight started descending before touching down at the Johannesburg International Airport, all I got was nausea and a desperate feeling that almost made me scream," she continued.

"If I could hear, I would have been prepared but, because I did not hear the announcement that the plane was landing, I thought it was falling."

Alleviating this sense of isolation experienced by people with disabilities (PWDs) is why Keoagile attended the 23 to 25 January launch organised by the Secretariat of the African Decade of Persons with Disabilities in partnership with Handicap International.

Bringing together PWDs from various African countries, the event also marked the official opening of a pan-African campaign creating awareness about the vulnerability of this population to HIV/AIDS and strengthening their ability to participate in the responses to the pandemic.

Conference presenters pointed out that attention has been focused more on how HIV/AIDS causes disability rather than reasons why people with disabilities are vulnerable to HIV infection. Others debated about how to increase meaningful involvement of PWDs in forming policies related to HIV/AIDS issues.

**"If I could hear, I would have been prepared but, because I did not hear the announcement that the plane was landing, I thought it was falling."**

"It's good to encourage us to…participate where possible and advise on active efforts to include our voice rather than deciding what is best for us," said Keoagile.

Participants also looked at how to incorporate international human rights agreements into national responses to HIV as well as successful interventions and those that need improvement.

Even though she heard not a single word, Keoagile said she learned a lot from the conference with the assistance of a Handicap International representative who took notes for her during discussions.

Despite this effort, she said she faced challenges in participating fully because no Botswana sign language interpreter was available due to the shortage of people with such skills. Her lip reading skills could not keep up with the conversations.

"When people talk, you also want to make a point. But you don't know where they are in the discussion," she said.

The campaign is targeted at international and African decision makers, donors, organisations working on HIV/AIDS and on disability issues and people living with HIV/AIDS. Scheduled for December, the next meeting is focused on the effect of HIV/AIDS on deaf women who often suffer from discrimination and abuse.

**Virginia Thekiso**
**Accounts Officer**

Once a Professional Tax Assistant at accounting firm KPMG, Virginia is now using her skills in the fight against HIV/AIDS.

A former Project Accountant with the Bobirwa ARV Project, she holds a Higher National diploma in Accounting and Business Studies from the Botswana Institute of Administration and Commerce. She is currently pursuing studies to become a Chartered Secretary.

"Working with the Bobirwa ARV project exposed me to HIV/AIDS issues and taught me that you can help save lives by sensitising those around you who have less knowledge. I am delighted by this opportunity at BONELA because it will give me more exposure to HIV/AIDS and human rights issues."

**Itumeleng Semele**
**Community Empowerment Intern**

A former Communications Officer for the Botswana Red Cross Society where she also worked for the care and support of people living with HIV/AIDS, Itumeleng joined BONELA in January. With a journalism diploma from Border Technikon in South Africa, she has also worked at the Department of Information and Broadcasting.

"I wanted to join the BONELA staff to be a part of the advocacy campaigns aimed at influencing decision makers to create laws that will protect the rights of PLWHAs. Everyone in this country is entitled to be treated fairly and equally by other people and by the government."

**Phenyo Gaotlhobogwe**
**Advocacy Volunteer**

A musician and poet at heart, Phenyo also has a passion for women's issues. While studying music at the University of KwaZulu-Natal in South Africa, she conducted research on femicide in Botswana and worked on gender and HIV/AIDS issues. Since her return, she has volunteered for the Executive Committee for the Women's Affairs Department. In December, she was involved in preparations for the 16 days of Activism to End Violence Against Women and Children.

At BONELA, she assists with the HIV and People Living with Disabilities project.

"I've always wanted to advocate for the rights of people. BONELA is an active organisation that welcomes interns to assist in implementing projects while giving us the opportunity to gain essential experience that will support us with future community-based projects."

**Hitomi Kuwabara**
**Advocacy Volunteer**

Having lived in London, Tokyo, Dhaka (Bangladesh), and Dubai, Hitomi can now add Gaborone to her list. She holds a History degree from Cambridge University in England and a Law degree from BPP Law School in London. Hitomi spent a summer interning in Bangladesh where she was responsible for a comparative study of education programmes for adolescent boys. At BONELA, she is working on a children's rights project addressing issues of HIV testing and access to treatment.

"Children are always vulnerable, but when it comes to HIV/AIDS this point is especially true. Because the issue of HIV/AIDS involves difficult topics like sex, death and illness, children are often sidelined. I really wanted to do work for the children who are infected and affected by HIV/AIDS."

# From the **Director's desk**

This year started with a public announcement about the withdrawal of a Global Fund to Fight AIDS, TB and Malaria grant from Botswana, which was the result of poor reporting and challenges experienced in financial management and programme implementation. In response, BONELA joined the other HIV networks—BONASO, BONEPWA and BOCAIP—to clarify some misconceptions about what led to the termination of the grant and the loss of more than 54 million Pula.

Losing the grant affects the ability of not only community-level organisations, including BONELA, to effectively respond to HIV but also government agencies, like the Ministries of Health and of Local Government, that ran programmes with Global Fund funds. As NGOs and government, it is our responsibility to find strategies to close the gaps that have been created with the withdrawal of this funding. It means there is an even greater responsibility to hold all stakeholders—including Government—accountable for funding aimed at responding to HIV in Botswana.

To move forward, we need to seriously interrogate our experiences and understand our weaknesses with the management of this grant. This is crucial for receiving future funding from donors like the Global Fund. The international donor community will undoubtedly want to understand why a safe, peaceful and accountable country like Botswana did not absorb half of its grant money and failed to adequately show the impact of the grant money on the community. We hope that this experience will lead to greater accountability and coordination of donor funds by all involved in the response to HIV.

On a less political note, BONELA has its own announcements to make. The organisation has grown substantially in the past year and, from the beginning of April, we will be located in bigger premises. We would like to invite you to visit our new offices (Plot 1227, Haile Selassie Rd., Gaborone). There you will meet some of the recent arrivals to the BONELA secretariat: the new Legal Officer Uyapo Ndadi; Assistant Legal Officer Kabo Mathumo; new Media and Advocacy Officer Boitshepo Balozwi; National Treatment Literacy Coordinator Cindy Kelemi; and, Accounts Officer Virginia Thekiso. They are joined by new national and international volunteers, Paula Akugizibwe, Fanny Chabrol, Phenyo Gaotlhobogwe, Itumeleng Semele and Hitomi Kuwabara. I welcome them warmly to the ever-growing BONELA team.

***—Christine Stegling***

# On the road

- Director Christine Stegling attended the AIDS Rights Alliance of Southern Africa (ARASA) 5 December trustees meeting in Johannesburg.

- Training and Advocacy Officer Oratile Moseki facilitated sessions at the 5 to 8 December Training of Trainers hosted in Johannesburg by ARASA. She addressed the topics of confidentiality and routine HIV testing while Research and Advocacy Officer Yorokee Kapimbua also participated in the annual event.

- In Lusaka, Zambia, Oratile Moseki and Christine Stegling attended an 18 to 20 December Forum Syd session dealing with upcoming capacity support from the Swedish organisation. BONELA also held network meetings with the Zambian Non-Governmental Organisation's Coordinating Council and Zambia AIDS Law Research & Advocacy Network.

- At the 7 to 8 February Regional Steering Committee Meeting on Training, Advocacy, and Treatment Literacy, Christine Stegling and Oratile Moseki served on the advocacy and training committees, respectively. These groups provide guidance and technical expertise to ARASA projects. Christine Stegling also attended the ARASA board meeting on 6 February.

- Christine Stegling met with Hivos in its Harare regional offices on 13 February. In the two days following, she attended the SafAIDS Advisory Board Meeting.

- In Johannesburg, Training and Advocacy Officer Nthabiseng Nkwe co-facilitated a skills training workshop on rights-based HIV/AIDS programming and advocacy on 13 to 16. The Southern African AIDS Trust event targeted organisations from the region involved in advocacy, coordination, capacity development, support, networking, and service delivery related to HIV/AIDS interventions.

- National AIDS Council Ethics, Law and Human Rights Sector Coordinator Diana Meswele conducted a capacity-building workshop on ethical, legal and human rights issues for District AIDS Coordinators in Francistown from 22 to 23 February.

BONELA

## Call for submissions

to

## The Botswana Review of Ethics, Law and HIV/AIDS

Exploring ethical, legal and human rights dimension of HIV/AIDS, this newly established journal will showcase research and promote dialogue on a wide range of issues related to the HIV/AIDS pandemic.

Contact
**bonela.journal@gmail.com**
for further information.

# About **BONELA**

The Botswana Network on Ethics, Law and HIV/AIDS (BONELA) is a non-governmental organisation committed to integrating an ethical, legal and human rights approach into Botswana's response to the HIV/AIDS epidemic. To learn more, visit us online at www.bonela.org.

**Interested in becoming a member?**
We welcome those from the legal community, academia, community-based organisations, and public and private sectors as well as people living with HIV/AIDS and concerned individuals.

**The BONELA Guardian**
This quarterly publication is on the lookout for timely, insightful articles on topics related to HIV/AIDS and human rights, ethics, policy development or the law. We also accept first-person accounts, opinion pieces and responses to previously published articles. For further information, please contact Editors Cynthia Lee or Boitshepo Balozwi at media@bonela.org.

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