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The BONELA stall at World AIDS Day commemoration in Selebi Pikwe



The BONELA stall at the Schapera Conference at the University of Botswana

BONELA Scoops Top Human Rights Award in Time for Human Rights Day

By Doris Kumbawa



BONELA's Award for Excellence in HIV and AIDS and Human Rights

BONELA hit international headlines after it scooped the 2008 AIDS and Rights Alliance for Southern Africa (ARASA) HIV and Human Rights Award in South Africa. The award is presented annually in recognition of excellence in the fight against HIV/AIDS and Tuberculosis and the promotion of a human rights based response to the twin epidemics in southern Africa.

This award came at an opportune time as the world geared for Human Right's Day on the 10th of December, in commemoration of the day in 1948 when the Universal Declaration of Human Rights was adopted by the United Nations General Assembly. Botswana has ratified international and regional instruments which guarantee human rights protections. However, despite these commendable efforts, BONELA is still concerned that the government of Botswana has not ensured translation of these instruments into the local context. International instruments are not binding as long as the Bill of Rights does not cater for them being automatically adopted into local law.

This puts emphasis on the need for a sustainable response to HIV and AIDS incorporating enactment of enabling legislation on HIV/AIDS and the workplace. Essentially, a sustainable response cannot hinge on provision of treatment alone, but has to be accompanied by the respect of human dignity and assurance for those living with HIV/AIDS, that they will not be victims of violations of their rights.

These violations have been evidenced by the number of cases that BONELA has handled to date. In 2008 alone, BONELA's legal clinic handled 50 court cases of which 30 have been settled out of court and some are still in progress. The cases highlight human rights abuses such as unfair dismissal, stigma, discrimination, wrong HIV diagnosis, denied access to tests and deportation in a specific case. Whilst the number of cases the organization has handled is significant in its own right, it would not be presumptuous to assume that there are many more cases that occur but go unreported for lack of knowledge of the ability to seek redress.

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It is BONELA's view that this status quo can be remedied and that such remedial action can only be provided through enactment of the much needed HIV Employment Law.

As we commemorate Human Rights Day this year, let it not be a public relations

exercise, but rather a remembrance that leads to tangible results. The Southern Africa Development Community (SADC) has already set the pace through the adoption of the SADC Regional Model Law on HIV and AIDS which was adopted by the SADC Parliamentary Forum during its 24th Plenary Assembly convened in Arusha, Tanzania, from the 20th – 27th November 2008.

BONELA is proud to have been one of the leading organizations in drafting this document. It is hoped that this development will prompt countries such as Botswana which are lagging behind in enacting laws to safeguard people living with HIV and AIDS from human rights violations.

BONELA Round-up

In September the Treatment Literacy department with the participation of other BONELA team members organized a symposium at the 2nd International HIV/AIDS Clinicians Conference held at Gaborone International Conference Centre. The Symposium was held under the theme *Treatment Literacy: A Tool for Community Response to TB/HIV*. BONELA used this platform to raise awareness about policy and programmatic gaps relating to TB/HIV control, management, care and support. This was also an opportunity for partnership building and networking. The symposium was attended by close to 100 people. BONELA also had a stall at the conference that was visited by close to 80 people who received leaflets and posters on various topics and signed up to receive any new materials via email.

On the 16th of October, Felistus Mpho Motimedi (PRISM Coordinator), Margaret Baffour-Awuah (BONELA Resource Center Volunteer) and Kesegofetse Mpho (Media and Advocacy Intern) went to Takatokwane to represent BONELA at the Wellness Day Commemoration exhibition.

In October, Oratile Moseki (Training and Advocacy Officer) conducted Human Rights and HIV trainings with Debswana miners in Jwaneng from the 7th to the 9th.

Nthabiseng Nkwe, Grace Sedio (Bomme Isago Project Officer) and Arnold Sokwa (Treatment Literacy Assistant) conducted a training on HIV and Stigma for Ngwapa Primary School AIDS Committee from the 14th -16th of October in Ngwapa.

Doris Kumbawa was the sole exhibitor courtesy of University of Botswana Sociology department at the Schapera Conference hosted by the University of Botswana on the 30th of October. The conference, attended by regional academics and social scientists gave the

Media and Advocacy Officer an opportunity to market the Botswana Review on Ethics, Law and HIV/AIDS, (BRELA) and to appeal to them for articles.

From the 27th to the 31st of October 2008 Arnold Sokwa, Chirwa Mahloko (BONELA Treatment Literacy Volunteer) and Kesegofetse Mpho conducted an awareness raising workshop for the Boteti District Support Groups in Letlhakane.

Gender and Advocacy Officer, Lenah Baitirile participated in the Strategic Communications and Information Technology for Advocacy Capacity Building around the National Action Plan to end Gender Violence workshop from the 3rd -5th of November at Oasis Hotel in Tlokweng. The workshop was conducted by Gender Links in collaboration with the Gender and Media of Southern Africa Network.

She also attended a workshop to sensitise the media on Gender-based Violence reporting hosted by the Women's Affairs Department on the 4th of November.

On the 14th of November Margaret Awuah and Kesegofetse Mpho represented BONELA at the World AIDS Day Commemoration organized by University of Botswana (UB) Society Clubs at UB.

Arnold Sokwa and Chirwa Mahloko trained refugees at Dukwi Refugee Camp on Treatment Literacy from the 17th to the 21st of November. Doris Kumbawa also attended the workshop and compiled interviews with refugees on the lack of access to antiretroviral treatment for publication.

The trio then went to Selibe Pikwe to attend the People Living with HIV and AIDS (PLWHA) week, which coincided with the launch of the 16 Days of Activism Against Abuse of Women and Children from the 24th to the 28th of November

where they were joined by Lenah Baitirile, the Gender Officer.

The group also attended the 2008 commemoration of World AIDS Day on the 1st of December. BONELA had a stall which was used to distribute information, education and communication materials as well as to raise awareness of BONELA services, issues of human rights and to clarify issues surrounding BONELA court cases. Doris Kumbawa and Lenah Baitirile marched past the President of Botswana, Sir Ian Khama Seretse Khama with the BONELA banner, resulting in international coverage through Al Jazeera, an international news channel.

From the 2nd to the 3rd of December, Nana Gleeson (Finance Manager), Uyapo Ndadi, Diana Meswele, Oratile Moseki, Doris Kumbawa and Anna Mmolai-Chalmers (incoming Training and Advocacy Officer) attended the Forum Syd Annual General Meeting where organisations in the partnership, that is, BOCONGO, BONASU, BONELA, BONEPWA and Forum Syd reported on the interventions they had implemented in the year and to map the way forward for 2009.

Uyapo Ndadi, BONELA Legal Officer and Linny Keorapatse the assistant Legal Officer accompanied by Kesegofetse Mpho conducted a sensitization workshop on HIV/AIDS and the Law in Mochudi from the 17th to the 19th of November.

Linny Keorapatse participated in a panel discussion organized by the Botswana Business Coalition on HIV/AIDS (BBCA) in collaboration with the International Labour Organisation and the Botswana Federation of Trade Unions in Selibe Phikwe on the 1st of December. The discussion focused on issues around Human Rights and HIV/AIDS, leadership and corporate governance.

Making a Difference by Giving Information - BONELA at Dukwi Camp

Dukwi Ref. Camp
21 November
2008.

R/E : A letter of appreciations from the
Dukwi Group.

On behalf of all my colleagues, I would like to thank the Bonela team, for taking their time to come to this camp and teach us, about the HIV epidemic. You made us feel cared for, you also made us laugh and smile which is very important and healthy in our conditions. If everyone of us could agree with me, you gave us hope for our future. Your teaching stimulated many of us who were still locked up in their shells because of their different conditions. And again, you have a very good team spirit. Keep it up and may God bless you wherever you go.

I would also extend ~~my~~ our gratitude towards Rogers and his team, also for making this workshop a success.

And Lastly I thank my colleagues who also gave their time to attend this workshop, despite their conditions. I say to them let's fight this enemy and may God bless them and strengthen them physically and spiritually.
I am faithful.
Mercy Masoko



Call for submissions

The Botswana Review of Ethics, Law and HIV/AIDS (BRELA) welcomes contributions on a wide variety of relevant issues from a broad range of disciplinary backgrounds. Each contribution sent for publication will be reviewed by a peer review committee.

Submission guidelines

- * Short articles should be up to 5,000 words long. Long articles should be up to 10,000 words including footnotes.
- * Recent Development and Events should be up to 2,500 words.
- * Reviews of books and articles should be up to 2,500 words.

Format

All manuscripts should be submitted in their final form and should conform to the following guidelines:

- * Submissions must be typed, 1.5-spaced with pages numbered.
- * Contributions should include the name(s), professional details (including affiliation), and contact information of the authors (s).

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.



Flying BONELA's Flag High

By Margaret Baffour-Awuah

The BONELA Resource Centre had the opportunity of participating in setting-up and exhibiting through a BONELA stall at three different functions over the past year. The Resource Center which plays a crucial role in information dissemination mounted displays for publicity of BONELA and used the opportunities to disseminate information, education and communication materials on cervical cancer, treatment literacy, sexual diversity and the rights of prisoner's to condoms in prison to curb HIV infection and re-infection.

2nd Botswana International HIV Clinician's Conference

The first of these information dissemination crusades was the 2nd Botswana International HIV Clinician's Conference. This was an international conference attended by several hundred people. BONELA had a big presence, as the only local non-governmental organization (NGO) full participant and exhibitor. The stall was also very strategically positioned right in front of the conference organizers room, so a lot of traffic went by, eliciting a lot of queries, interrogations and clarifications. The BONELA literature provided had to be replenished again and again, and by the end of the conference, we had to generate lists of what had been requested which had run out and so could not be provided. This will facilitate a material exchange programme and hopefully forge long and mutually beneficial partnerships.

BONELA programme officers helped with the stall as conference attendees asked questions relating to most programmes. Of major interest were issues of sexual reproductive health and treatment literacy.

Wellness Day observance in Takatokwane

The second exhibition for the Resource Centre was the Wellness Day observance in Takatokwane. In stark contrast to the magnificence of the Gaborone International Conference



BONELA Media Officer discusses BONELA with regional academics and researchers and distributes IEC materials at the Schapera Conference at the University of Botswana

Convention Centre (GICC) where the Clinician's Conference took place, the Takatokwane stalls were set up on an untarred park adjacent to the local clinic. On a very dusty day, the wind couldn't have been more aggressive. Setting up the stall was a major challenge as neither the Bostik, nor the metal tags were a match for the ferocity of the wind against the army type tents that housed the stalls. It was a challenge keeping posters and brochures in place. Ingenuity had to come into play to keep the literature visible! A simple twine or string would have been God sent to facilitate the display. In the end, the rubber bands –meant for the posters– came in very handy in securing some items. We live and we learn!

World AIDS Day Commemoration – University of Botswana

Our final stall setting and manning took place at the University of Botswana (UB), yet another stark contrast to the windswept park in Takatokwane and the grand setting of the GICC, as the UB exhibition was in one of the student common rooms. The occasion was the observance – a whole fortnight ahead of time - of the World AIDS Day Commemoration, due to impending examinations and end of year activities. Stalls shared a common roof with the guests and the speakers. The University Student's Clubs had

come together to share and explore what they were doing with regards to countering the HIV and AIDS onslaught. Other players there included Population Services International, Tebelopele and the Ministry of Health. We had the benefit of hearing all the presentations and the discussions which was an added bonus.

As the old adage says, when in Rome do as the Romans do, so we were a bit more innovative at UB. We thought to keep the students' attention by challenging them to come up with a catchy phrase about BONELA through a Winning Comment Contest that could win them a BONELA T-Shirt. It was interesting how some few students who had said that they did not know much about BONELA quickly skipped through brochures and became expert enough to come up with a winning comment! All in all we gave out about six T-shirts and four folders, and came up with quite a few comments. Who knows one day they may come in handy when we need advertising material!

One of the comments reads: ***“BONELA, the right organization for the disadvantaged and alienated in society”***



Unsung Hero in HIV/AIDS Leadership

By Doris Kumbawa



Positive Leadership: Kgosi Keleophile Pihada of Werda

Leadership and good leadership for that matter is a crucial element in the fight against HIV and AIDS. Given the way contracting the virus is inextricably linked to our day to day lives, behavioural change may not be influenced by prevention messaging alone, but on role modeling and positive living. It is thus appropriate that the 2008 World AIDS Day commemoration held in Selibe Pikwe was under the theme Leadership: Behaviour Change is My Key to Stop HIV and AIDS.

Whilst the theme was appropriate, there was need for activities in Selibe Pikwe to bring the theme to life on what the leadership is doing besides provision of testing and counselling services; antiretroviral drugs and tuberculosis treatment to mention a few, to deliver on behaviour change. Put differently, can the ordinary person recognize the voice of an opinion leader in their own community and in their daily existence?

This issue was brought to mind on a recent trip BONELA undertook to Werda through its Sexual and Reproductive Health project. Whilst the trip was meant to achieve other things,

it turned out to be more than BONELA expected. As Ms. Grace Sedio the Project Officer for Bomme Isago, a network of women living with HIV and AIDS, currently nested by BONELA handed out BONELA t-shirts with the HIV POSITIVE anti-stigma message, the Chief of Werda stood up and said, "This t-shirt represents who I am!"

Chief Keleophile Pihada is the *Kgosi* (Chief) of Werda, a village in the Kgalagadi district of Botswana located close to the border with South Africa with a population of 1 961 people according to the 2001 census. Although his rule is small in terms of area and population, this Kgosi has made a tremendous contribution not only to his people, but to the fight against HIV/AIDS in Botswana.

Chief Pihada tested HIV positive in 2004, after his wife had also tested HIV positive during her Prevention of Mother to Child Transmission programme assessment. He says that although he had not been sick, he was not surprised when his results came back reflecting a positive sero status. Following this he sought to know more about HIV from the local clinic and enrolled on antiretroviral treatment in 2005. Whilst

most people would need counselling to help them accept their results, Chief Pihada said he accepted his results positively, did not blame anybody or stress about it.

This was also the turning point for the illustrious chief as he decided he could no longer keep silent about HIV and AIDS, and this saw the birth of his lone campaign on HIV/AIDS in Werda. "When I found out I was HIV positive, I started encouraging people to go for testing as I now knew the importance of knowing one's results. I am not ashamed of my status and I encourage other leaders to do the same because more people have gone for testing since I revealed my status", he says.

About BONELA

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 the Editor Doris Kumbawa at media@bonela.org.

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BONELA Holds AGM and Membership Forum



Judge Mathiba gives the Keynote Address at the 2008 BONELA AGM

BONELA held its Annual General Meeting (AGM) and Membership Forum on the 7th and 8th of November 2008 respectively at Boipuso Hall in Gaborone. The AGM was held under the theme “Claiming our human rights...key to dignity for people affected by HIV and AIDS”. The theme gave due attention to the need for service providers and the public to recognize the dignity inherent in all people whether HIV positive or negative. This will divert attention from the status of a person to the very essence of humanity, thus nipping stigma, discrimination and other human rights violations in the bud.

Echoing this sentiment, the speech by the Guest of Honour, Judge Anna

Mathiba of the Industrial Court, read in part: “If we treated one another with dignity, equality and as we would all like to be treated, HIV discrimination cases would surely not reach my court or any other for that matter.” Further, Judge Mathiba said that people living with HIV and AIDS are faced with stigmatizing attitudes and beliefs which in turn lead to discrimination and the denial and violation of human rights such as unfair treatment, harassment, loss of work and

school opportunities, gender based violence and restrictive immigration laws.

The Membership Forum, held the following day presented members and staff of BONELA with an opportunity to review BONELA’s work and make recommendations for improvement. Some recommendations included the need for: BONELA to reach out further into communities and ensure that materials produced, especially the newsletter have a Setswana component; training in BONELA areas of specialization such as human rights and treatment literacy and greater involvement in BONELA work through recruitment as focal people in communities.



BONELA members and staff map the way forward at the 2008 Membership Forum

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BONELA staff exchange gifts at the 2008 Christmas event



Refugees participate in a BONELA treatment literacy training session using a participatory approach



Journalists at a human rights for sexual minorities training session for the BONELA PRISM programme

Highlights of 2008 at BONELA



Christmas party



BONELA Legal Officer Uyapo Ndadi consults with his client Hendricks Moreetsi, a prisoner at First Offenders who is suing the government of Botswana for P500 000.00 for denial of his constitutional right to treatment



Finance Manager / Acting Director, Nana Gleeson and Training Coordinator, Oratile Kidd-Moseki present at the 2008 Forum Syd AGM



Learning at Dukwi Refugee Camp. Here they learn about the



BONELA 2008 AGM



Interview conducted by



Uyapo Ndadi, Acting Director and Legal Officer of BONELA is interviewed for a documentary on governance for the Office of the President of Botswana



Treatment Literacy Programme Assistant, Arnold Sokwa distributes materials at the BONELA stall at World AIDS Day commemoration in Selebi Pkwe

Linking Gender and HIV/AIDS: Commemorating 16 Days of Activism Against Violence of Women and Children

By Lenah Baitirile

The 16 days of activism against gender-based violence is an international campaign that starts from the 25th of November which is the International Day for the Elimination of Violence Against Women, November 29th the International Women Human Rights Defender's Day, 1st December the World AIDS Day, December 6th which marks the anniversary of the Montreal Massacre to the 10th of December which is International Human Rights Day.

The 16 days campaign has been used to raise awareness about Gender-based Violence as a human rights issue. The international human rights day is included in the campaign to affirm that women's rights are human rights and violence against women is a violation of human rights. The theme for Botswana this year was **Defending Women, Defending Women's Rights**. The 16 days of activism gives women the opportunity to reflect back on how

much they have achieved in eliminating violence against women and also mapping the way forward in making women's rights visible.

For Botswana to achieve one of its Vision 2016 pillars of a "Safe and Secure Nation," it is important for the government to implement the issues included in the Convention on Elimination and Discrimination Against Women which emphasises that women's rights are human rights and that they need to be included in the legislation. Women's NGO movements in Botswana have managed to facilitate changes in the legislation in Botswana to recognise women's rights such as abolition of marital power and the enactment of a Domestic Violence Act. One can say that women are slowly making their way but they have to struggle with unequal power relations between men and women perpetuated by the cultural set up within our community. Also, few women hold positions of decision making which makes women struggle

in influencing legislation that includes women's human rights.

This vulnerability of women due to power imbalances makes them susceptible to contracting HIV/AIDS as they cannot negotiate use of condoms or testing for HIV before unprotected sex. It is in this context that BONELA recently introduced a programme that seeks to address issues of domestic violence.

The 16 days of activism highlights the need for more activism in Botswana around the 16 days campaign to ensure the respect of women's rights and elimination of gender-based violence. However we should shift from commemorating and move into real activism. Clearly, sitting the whole day and deliberating on speeches without action does not show any real activism. Our strategy should focus on tackling the advocacy issues emanating from the community with the aim of eliminating domestic violence.

BONELA Staff News



Lenah Baitirile joins BONELA as the Gender Officer for a new project on the Domestic Violence Act that BONELA has embarked on with the financial

support of the Canadian AIDS Legal Network. Lenah holds a degree in Social Work and has experience gained in government and in the NGO sector where she has worked as a counsellor.



The Finance department recently recruited Oogopoleng Robson. Oogopoleng has a Higher National Diploma in Accountancy and Business Studies. Prior to joining BONELA, she was a Finance Officer at

Kgothatso AIDS Care and Prevention. Speaking on what prompted her to apply for this position, she said that "BONELA is a reputable organisation thus I appreciate the opportunity to work for such an organization".



BONELA says goodbye to Oratile Kidd-Moseki, the Training Coordinator who will be leaving at the end of the year to pursue full time Law studies with UNISA. Oratile has been with the organization since 2006 in which she was a true inspiration to the BONELA staff. She approached her work with diligence, passion, energy and was always willing to help. You will be sadly missed "Rati".

As we say goodbye to one, we welcome



another. Anna Mmolai-Chalmers will be joining the BONELA team in January 2009 as the Training and Advocacy Officer. Anna holds a Master's of Education degree in Gender.



Another sad goodbye goes to Kesegofetse Mpho the Media and Advocacy Intern who left at the end of November.

*A very special and warm welcome to baby Zindzi, Christine Stegling's baby girl who was born in October. As reported in the previous issue, Christine is on maternity leave and will be back in January 2009.

BONELA Cited at World Conference for Tackling TB Head-on

By Cindy Kelemi

BONELA represented by Cindy Kelemi, the Treatment Literacy Coordinator, participated in the International Union Conference on Tuberculosis and Lung Disease in Paris, France from the 13th to the 20th of October 2008. The theme of this year's conference was *Global Threats to Lung Health: the Importance of Health System Responses*. In light of this theme, a number of sessions, discussions and presentations focused on health care systems strengthening. Most if not all of the presentations and discussions acknowledged the need to build strong partnerships and meaningful community involvement in tuberculosis (TB) /HIV prevention, care and support.

The World Health Organisation (WHO) understands community involvement as engaging communities in TB care, for instance in the Directly Observed Treatment Short-course expansion initiative, where community members offer directly supervised treatment to patients on TB treatment. Malawi and Kenya presented on these issues as models for best practices. However, community activists trashed this approach and called for involvement of communities in design, planning, implementation, monitoring and evaluation of programmes. Activists called for equal partnership and warned against the view that communities are passive service recipients. It was also acknowledged that activism in the TB world is not as vibrant as in the HIV/AIDS field. BONELA was cited as one of the few advocacy groups working on TB issues even though law, human rights and ethical dimensions are often neglected when addressing TB issues.

The conference also acknowledged lack of awareness and subsequent implementation of the Patient's Charter. The charter is a tool that aims at promoting the rights and responsibilities of TB patients and forms part of the *Stop TB Strategy*. This charter can be adapted to form part of the national *Stop TB Strategy*. BONELA has plans

to advocate for implementation of the Patient's Charter through establishment of necessary structures to support it.

There are a number of new diagnostic tools that are being developed. It is hoped that these new tools will strengthen intensified case finding- one of the *three I's* (Infection Control, Intensified Case Finding and Isoniazid Preventative Therapy) promoted by WHO. New drugs for Multi-drug Resistant (MDR) TB are also being tried. Delay in registration of new drugs with the regulating bodies was cited as one of the negative factors that characterize the TB world while hundreds of thousands die from MDRTB across the world.

Tuberculosis poses one of the greatest risks to people living with HIV. Although preventable and curable in most cases, TB is the biggest killer of people living with HIV (PLWHA). In sub-Saharan Africa, up to 50% of people living with HIV will develop TB, and without proper treatment, approximately 90% of them will die within months.

It is clear that the fight against AIDS will not be won without also fighting TB- a reality the HIV community has known for over two decades. Surprisingly, the TB agenda is still inadequately addressed at world stage HIV/AIDS conferences such as the recent International Conference on AIDS and STIs in Africa (ICASA) 2008, where the highest level of commitment is expected to be demonstrated.

Centrally important is the continued roll-out of ARVs for co-infected people as one of the best strategies for reducing the burden of TB among PLWHA. We must reach the country-level targets of Universal Access by 2010. However, we continue to see people living with HIV dying unnecessarily of TB. A Universal Access approach that does not include comprehensive TB services will continue to leave hundreds of thousands of PLWHA to die of a disease that has been curable for over half a century.

Botswana continues to be one of the few countries in Africa that has reached 70% access to ARV treatment for people living with HIV/AIDS who are eligible for antiretroviral therapy. Moreover, Botswana released new treatment guidelines with improved regimens. For instance, baseline CD4 count for initiation on antiretroviral therapy has increased from 200 to 250. Second line treatment that consisted of drugs called d4T and ddI, which both cause lactic acidosis and peripheral neuropathy were removed in the new treatment guidelines. Exposure to Nevirapine during Prevention of Mother to Child Transmission (PMTCT) is considered before initiation on antiretroviral therapy and all HIV positive pregnant women are eligible for ARV treatment according to the new guidelines. These are commendable achievements aimed at improving the lives of HIV positive Botswana. We need to see equally significant improvements in the TB response.



To Die Now or to Die A Bit Later: The Case of Refugees and Access to ARVs

By Doris Kumbawa

"My name is Lelani Mpfu and I am 27 years of age. I came into Botswana in April 2008. When I arrived at Dukwi Refugee Camp a friend of mine persuaded me to date a friend of his from Namibia. I asked him several times if his friend was not sick and he said his health was fine. After much persuasion, I agreed to be in a relationship with his friend, even though he refused to go for an HIV test. When we had sex, he refused to use a condom and since his friend had given me assurances that his health was good, I agreed to sex without a condom. In October, I started having severe stomach pains and ... when I bled, it would be dark blood almost black. I decided to go for an HIV test and I was told I am HIV positive..."

This is just one story out of many similar ones from Dukwi Refugee Camp. The camp was established by the Government of Botswana and accommodates over 3 000 refugees from Angola, Namibia, Somalia and lately, Zimbabwe. Botswana is a signatory to various international laws including the 1951 United Nations Convention relating to the Status of Refugees and the 1961 Protocol relating to the refugees, which means that asylum seekers or recognized refugees will be protected by the law in Botswana or through international law.

At the camp, the Government of Botswana offers all refugees with basic health care, education and housing, whilst the United Nations High Commission for Refugees (UNHCR) fills in gaps through provision of food and supplementary shelter, health and education. Through its implementing partner, the Botswana Red Cross, the UNHCR also provides additional food baskets for those on antiretroviral treatment (ARV) and those on Isoniazid Preventative Treatment (IPT). Other services offered by the Red Cross include psycho-social support especially for refugees who are HIV positive.

However, according to a joint publication by Ditswanelo, a local human rights



Treatment Literacy trainers Arnold Sokwa (seated in red t-shirt), and Chirwa Mahlolo (extreme right in striped t-shirt) as well as Botswana Red Cross Programme Coordinator, Boitumelo Segwabanyane (next to Arnold) at Dukwi Refugee Camp pose for a group photo with refugees who attended the BONELA training

advocacy organization and UNHCR entitled *Know Your Law: A Guide for Asylum Seekers*, although one will have free medical healthcare through the Dukwi Refugee Settlement Clinic, "... you would not have access to free Anti-Retroviral HIV/AIDS medications."

This means that whilst most of the refugees are grateful that they have escaped their most immediate fear, that is, war or political victimization, they are faced with a more daunting reality of not being eligible for antiretroviral treatment if they test positively for HIV. Few are toying with the idea of going back to their country of origin, especially to Zimbabwe, to face the nightmares they ran away from in the first place just so that they can get ARVs, whilst others look expectantly to the Botswana Red Cross and UNHCR for a promise to access the much needed ARVs in the safety of Botswana. For those living with HIV at the camp, the uncertainty of life and the imminence of death cast a dark shadow on their daily existence. As the future remains bleak some refugees are now faced with a hard decision of going back to their known enemy in their countries of origin or to stay and die of AIDS.

With this scenario, death is no stranger, but a constant companion at the

camp. According to Botswana Red Cross Project Coordinator, Boitumelo Segwabanyane, whilst the Red Cross has a home-based care programme run with support from PEPFAR, 95% of the clients die, registering about 40 deaths in any given year. The situation also becomes complicated with the lack of provision of PMTCT to pregnant mothers, which means failure to prevent new infections and/or HIV transmission to children. Further, children have to wait until they are one year old to get an ELIZA test or a Rapid test as the PCR is too expensive. This lag may mean the difference between life and death for children who will most likely be born HIV positive at the camp.

In southern Africa, Botswana is the only country which does not offer free anti-retroviral treatment to refugees. The UNHCR Head of Field at Dukwi, Marcela Rodriguez-Farrelly confirmed that in Uganda for example, there is universal access to ARVs, including refugees. Further afield, in Ireland, refugees and asylum seekers have access to ARVs.

As part of ongoing efforts to influence Botswana to shift its current position, the refugees presented a petition at the World AIDS Day commemorations held at Dukwi refugee camp on the 3rd of December, where they expressed

the urgency of their need to access ARVs if they are to live, otherwise the government of Botswana will be condemning them to death.

Although efforts are underway by various stakeholders to ensure access to treatment, there is clearly need for political commitment from the custodians of the law to save the lives of refugees. One such effort is through a meeting that was held on the 4th of December at Princess Marina Hospital in Gaborone to discuss the issue. To date, a proposal was prepared and presented to the United States Ambassador to Botswana and a meeting will be held to discuss the proposal.

Ms. Segwabanyane of the Botswana Red Cross also confirmed that since 2005, high level meetings have taken place to discuss the issue of access to ARVs by refugees and this year, Botswana was supposed to roll out ARVs but this has not been done. She also said: "As the Botswana Red Cross Society, we look forward to policies governing health services, especially ARVs that are flexible to ensure that refugees can access them... If policies are not enabling, no matter how much humanitarian services we provide refugees, it will not help."

A lot of positive things have come out of Dukwi Refugee Camp. The Government of Botswana has successfully provided

shelter, education and a place of safety for refugees in Botswana. With the help of UNHCR, in 2006, a total of 374 houses were constructed in the camp. Every month, all refugees receive food rations which meet the World Health Organisation guidelines of 1 000 calories per day and children under five years of age get supplementary feeding. UNHCR also supports pre-school, primary education and uniforms as well as a vocational training centre and long distance learning at the University of Botswana through a bursary scheme courtesy of the government of Germany. However, the missing link is provision of ARV treatment that is desperately needed.

ICASA Demands Recognition of LGBT in STI/HIV and AIDS Responses

By Felistus Motimedi

The 15th International Conference on AIDS and STIs in Africa (ICASA) held from the 3rd to the 7th of December 2008, in Dakar, Senegal, was a forum by Africans for Africans and with the support of African friends worldwide to assist in finding solutions to the AIDS pandemic. The forum provided the African continent an opportunity to assess the many actions that are currently being taken in response to the epidemic, as well as emphasise on the fact that the response to HIV must rest on the three pillars of prevention, treatment and research because without these three essential elements, our most sincere efforts cannot succeed. This year's theme was "Africa's Response: Face the Facts". The theme did not only signify the state of the HIV epidemic in Africa but also the developmental plans of Africans, which could only be achieved by facing the realities truthfully, speaking out and collectively making decisions as Africans.

There were many sessions, in the form of plenary sessions, parallel sessions and skills building workshops that targeted different populations and these brought various stakeholders

and/or implementers together to exchange knowledge and encourage the dissemination of information such as research results, popularization of scientific information and debates on topical issues for synergy in future activities.

Men who have sex with men (MSM), women who have sex with women (WSW) and commercial sex workers (CSW) were for the first time, the highlights of the conference as Africa was facing the realities of the existence of marginalized populations within the broader society. A wide range of sessions thus focused on MSM/WSW and CSW issues of politics, religion, culture, media and HIV prevention, treatment, care, support and human rights as they relate to HIV and their impact on AIDS interventions. The discussions evidently showed that in Africa (as in other parts of the world), people who are already marginalized in other ways like sexual minorities suffer from grievous human rights abuses, both generally and as related to HIV. BONELA representatives who participated at these sessions were vocal and significantly visible in challenging human rights abuses within the LGBTI community, demonstrating

that lasting and sustainable change must be built upon rights as well as claiming rights in order to generate public health and developmental gains for all.

Overall, it was clear from the conference that Africa needs to acknowledge the existence of sexual minorities for effective programmes and that in the absence of effective prevention as well as care and support, especially in most at risk populations such as MSM, WSW and CSW, the number of infected persons will continue to grow, threatening to destabilize first our health systems and then our society as a whole. Africa needs to vigorously conduct research because once research is neglected, we cannot guarantee that the preventive and therapeutic tools we have today will suffice to combat an ever evolving and expanding epidemic.

This year's conference proved that STIs/ HIV and AIDS is still a huge problem in Africa that needs total commitment by governments, civil societies, communities and donors to ensure a total response that is inclusive of all social groups to achieve low prevalence rates in the continent.

From the Director's Desk



As highlighted in the September issue, the Director of BONELA Christine Stegling is on maternity leave (she gave birth to a bouncing baby girl in October!) hence this particular column is in rotation amongst members of staff until her return.

BONELA has witnessed exciting times in this quarter and as the year comes to a close, we could not have asked for a happier ending than being recipients of the 2008 AIDS and Rights Alliance for Southern Africa Award for excellence in HIV and Human Rights. This award brought both smiles and tears of joy for BONELA staff which expended passion, time and energy into various activities to achieve BONELA's mandate.

The 2008 PLWHA Week and subsequent World AIDS Day commemorations in Selibe Phikwe represented a sober moment for the nation as the two events gave time and space to reflect on the issues surrounding prevention, mitigation and

support for Botswana's HIV and AIDS response. However, thoughts that came to mind are whether the activities translate to meaningful change in the lives of people living with HIV and AIDS? What did the 1st of December 2007 do that was worth the difference between life and death in 2008 and what will the 2008 commemorations teach us as a nation? Is it just a public relations exercise? How will we address the real challenges that people living with HIV and AIDS face? Do we know the challenges they face? What are our commitments as a nation to address human rights violations, most of which are avoidable? Are we doing enough to uphold the dignity of people living with HIV?

As BONELA zeroes in on ethics, law and human rights dimensions in the response to HIV and AIDS, we cannot overemphasise the need for an HIV Employment Law in Botswana to effectively deal with human rights violations and to act as a preventative mechanism for them occurring in the first place. Our Annual General Meeting and Membership forum held on the 7th and 8th of December respectively, underscored the need for human rights protections through appropriate legislation. This was echoed

in the theme for this year: **"Claiming Our Human Rights...Key to Dignity for People Affected by HIV and AIDS"** and in the speeches of the Guest of Honour Judge Anna Mathiba and BONELA Chairperson, Duma Boko.

Internally, BONELA has to say goodbye and this time around it is to Oratile Kidd-Moseki the Training Coordinator who is leaving at the end of December. Another sad goodbye goes to Kesegofetse Mpho the Media and Advocacy Intern who left at the end of November. However, the organization welcomes into its fold Ogopoleng Robson the Finance Officer Lenah Baitireli, the Gender Officer and Anna Mmolai-Chalmers the incoming Training and Advocacy Officer.

At this juncture, BONELA wishes all staff, members, volunteers, partners and stakeholders safe, happy and restful holidays. We hope 2009 will bring great tidings of joy and that we remain united in our common cause.

Doris N. Kumbawa BONELA Media and Advocacy Officer

On the Road

On the 27th of September, PRISM Assistant Prisca Mogapi attended the Soweto Pride an annual gathering of the black gay community organised by Forum for Empowerment Women, a black lesbian organisation in South Africa. The gathering was a learning experience for Prisca to adopt best practices on how a homophobic town mobilised the gay community in a place where there are a lot of hate crimes despite the fact that Soweto has a big black gay community.

From October 20 to 25 2008, Diana Meswele (BONELA's Policy Advisor) and Doris Kumbawa (Media and Advocacy Officer) attended a Planning, Monitoring, Evaluation and Research (PME&R) training in Cape Town, South Africa. The training was hosted by the Community Development Resource Association to provide participants with greater knowledge and confidence to develop and implement PME&R processes appropriate to their own practices.

On the 21st and 22nd of October,

Nthabiseng Nkwe (Advocacy Officer) attended a regional advocacy workshop in Johannesburg on Sexual and Reproductive Health organized by AIDS and Rights Alliance of Southern Africa (ARASA).

Cindy Kelemi, the Treatment Literacy Coordinator was in Paris, France from the 13th to the 20th of October where she attended the 49th International Union Conference Against Tuberculosis and Lung Disease. It was held under the theme *Global Threats to Lung Health: The Importance of Health System Responses*. The Treatment Literacy Coordinator was supported by the World Health Organisation to participate in a series of meetings with other key stakeholders with the aim of amplifying community voices with regard to TB/HIV and AIDS.

Uyapo Ndadi the Legal Aid Officer attended a UN AIDS meeting on Human Rights, Gender and HIV in Johannesburg from the 25th to the 28th November 2008.

PRISM Coordinator, Felistus Motimedi; Grace Sedio, Bomme Isago Project Coordinator; Treatment Literacy Coordinator, Cindy Kelemi and PRISM Assistant, Prisca Mogapi attended the 15th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) held from the 3rd to the 7th of December 2008, in Dakar, Senegal under the theme *"Africa's Response: Face the Facts"*. The forum provided the African continent an opportunity to assess the many actions that are currently being taken in response to the epidemic.

Prisca Mogapi also attended the first ever African Strategic Workshop for Transgender Activists from the 10th to the 14th of December in Cape Town, South Africa together with 14 other activists from East and Southern Africa. From the 15th to the 16th, Prisca did an interview, photo shoot and portrait to document the lives of the transgender community which was one of the aims of the strategic workshop.