



The Botswana
Network on
Ethics, Law
and HIV/AIDS

the *BONELA GUARDIAN*

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INSIDE THIS ISSUE:

BAIS: BUSINESS AS USUAL	2
BONELA ON THE ROAD	2
FYI: LIVING WITH HIV	3
AS IT HAPPENS...	3
HIV TESTING: THE BBS CASES	4
RAISING THE STAKES IN THE ELHRS	6
PATAM: SETTING EXAMPLES	7
FROM THE DIRECTOR'S DESK	8

IN FOCUS



Kgosi Kalabeng (chairperson of the House of Chiefs) and other participants consider the ELHRS strategic plan at a recent stakeholders' meeting. See p.6-7 for details.

Welcome to the new-and-improved second edition of the *BONELA Guardian*!

In the spirit of new beginnings for 2004, we are pleased to bring you the *Guardian* in colour, and at double the size. Thanks to Quick Print for their printing expertise, and to staff, board members, and volunteers for contributing articles and images to the current edition. If you're interested in contributing some reflections of your own, we'd love to hear from you, too. See p.7 for details.

Not only the *Guardian* is off to a fresh start. BONELA held its second Annual General Meeting on Friday, February 13th. The event saw old and new members alike sharing helpful ideas and giving encouraging feedback to the secretariat. Staff were especially pleased at members' willingness to help represent BONELA at the committees and other forums between which we are usually stretched. The spirit of co-operation and support found at the AGM bodes well for BONELA and

its undertakings over the course of the next year.

And the support of our members will be crucial if BONELA hopes to accomplish the projects it has set for itself. Projects discussed at the AGM include an HIV/AIDS and human rights

sector, people living with HIV/AIDS, the media, education and justice sectors, the industrial sector, the disciplinary forces, NGOs, CBOs, public and private sectors alike – for consultation regarding the manual's content and design. We will rely on your support



New members at BONELA's recent AGM consider the year's plans

training manual; a similarly-themed media campaign; baseline research into the PMTCT programme; and our ongoing community outreach efforts.

Among these tasks, the organization has marked the design and delivery of the training manual as a top priority. We will be identifying and contacting key people in a variety of sectors – including the health

and suggestions in these undertakings.

If you were not able to make it to the AGM, expect to see a BONELA Annual Report – including a report on the AGM's proceedings and details regarding these projects – soon. And for those of you who haven't yet renewed for 2004, it's never too late – call the secretariat to update your membership today!

THE *BONELA* ROUND-UP

• The **National AIDS Council's** Ethics, Law, and Human Rights Sector recently held a stakeholders' meeting to discuss and provide for the implementation of its emerg-



Participants at the NAC Ethics, Law & Human Rights sector stakeholders' meeting on February 26. See page 6-7.

ing strategic plan. See p.6-7 for a detailed account.

BONELA continues to work on getting our draft Employment and HIV bill - endorsed by the sector - to Parliament this year. A copy of the draft bill is available on BONELA's website.

• BONELA provides counsel to the **Community Advisory Board for HIV Vaccine Trials**, and the Director regularly attends CAB meetings.

• The **Lawyer's Taskforce** continues to play an active watchdog role in the implementation of routine testing policy, and has made headway in identifying potential prisoners' rights issues and test cases.

• BONELA recently identified a board member, Dr. Tiny Masupe, to sit on the **Community Advisory Committee for the Botswana AIDS Impact Survey (BAIS)**. The household

survey will assess some of the causes and consequences of the epidemic to date, and Dr. Masupe will work to ensure that a rights-conscious and confidential approach is maintained throughout. For recent news on BAIS, and BONELA's response, see p.2.

• BONELA has also taken a position on the Design Team for the newly-struck **UNDP Programme Support Document on Governance**.

BUSINESS AS USUAL: THE CENTRAL STATS OFFICE AND BAIS II



This article, published in the Mmegi Monitor (Feb.23/04), broke the shocking news of the CSO's decision to punish potential interviewees who refused to participate in the BAIS.

In the last week of February, many HIV activists were shocked to see the statutory instrument published by the Central Statistics Office (CSO) in the Government Gazette. The instrument announced possible punishment in case of non-cooperation with CSO personnel asking questions as part of the ongoing Botswana AIDS Impact Survey II (BAIS). BONELA has been part of

the preparations for the study and at no point in time did the reference group consider that non-cooperation in the study should be punishable. To the contrary, the greatest caution has been taken to emphasise the voluntary nature of the study.

Receiving participants' explicit consent is particularly crucial given that interviewees are also invited to submit a bio-sample for anonymous HIV testing.

Fortunately, after wide media coverage and several complaints, the Office of the President has issued a statement announcing that the statutory instrument would be withdrawn with immediate effect – thereby ensuring the voluntary nature of the survey.

But this whole mis-implementation of CSO policies in the

context of BAIS indicates well the importance of our continued efforts to ensure that human rights are placed at the top of the agenda in all our activities. How seriously do we take the application of a human rights approach to HIV? Surely, the office issuing the original instrument should have been cautious with regard to the effect it would have on the public's trust in the good intentions of the responsible government agencies.

BONELA will continue to monitor BAIS II's implementation, and ensure that the spirit of rights-protection in which it was conceived is maintained.

Christine Stegling is the Director of BONELA, and has played an advisory role in the planning of the BAIS.

How seriously do we take a human rights approach to HIV? Surely, the responsible government agencies should have been cautious of abusing the public's trust

BONELA ON THE ROAD

BONELA is off to another hectic year, with plenty of excursions already under its belt and many more planned for the coming months.

January kicked off with a two-day conference for peer educators in Palapye, at which BONELA facilitated a session on the human rights dimensions of HIV/AIDS. The well-attended and interactive workshop seems to have set the tone for the year, with several more workshops following close on its heels in February.

These saw BONELA staff in Mochudi giving virtually back-to-back sessions to industrial class workers and peer educators with the Kgatleng District Council, both of which groups were equally keen on the perspective we brought to issues of stigma and discrimination.

Mochudi was certainly February's destination of choice, as the Kgatleng District's HIV/AIDS Health Fair saw us there again before the end of the month. The full-day fair saw a very good turnout in spite of the heat, and a great deal of interest was shown towards BONELA's work and publications.

We were pleased to welcome new members from among the fair-going crowd, and look forward to further opportunities to attend similar district fairs throughout the year.

BONELA's Programme Officer, Milikani Ndaba, travelled back to Palapye towards the end of the month for the first phase of the Sustainable Management Development Programme training course.

Sponsored by IDM and BOTUSA, the course is de-

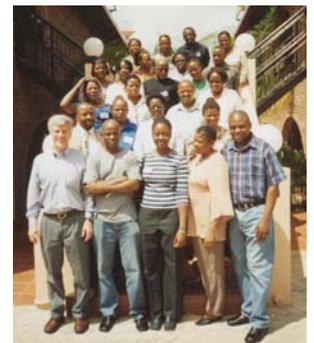
signed to develop the management skills of project managers in government, NGO, and private-sector public health and HIV/AIDS programmes. Ms. Ndaba will employ the skills she has learned over the next several months, taking over the management of certain BONELA projects as a part of the fieldwork phase of the course.

We are excited about the new expertise Ms. Ndaba is bringing to the organization, and anticipate great success in her undertakings.

For more information on BONELA's escapades on the road, including our recent trip to Zimbabwe, see page 7 – and, of course, the BONELA website.



Programme Officer Milikani Ndaba and Human Rights Education Officer Kristi Kenyon represented BONELA at the Kgatleng District AIDS fair (above); and Ms. Ndaba with other trainees at the Sustainable Management Programme Development training in Palapye (below).



FYI: LIVING WITH HIV · THIS ISSUE: *Headache and HIV*

Headache?

If you have HIV and find your head aching, you're not alone. Headache in HIV infection is common, and has a variety of different causes. Some of them are more threatening than others, though, so it's important to monitor your symptoms and get help when you need it.

The causes of headache for people with HIV infection can be broken into five broad categories. They are:

1. Aseptic meningitis
2. Systemic infections
3. Chronic meningitides
4. Depression
5. Cause unclear, or idiopathic headaches

Let's look at these causes a bit more closely.

Aseptic meningitis refers to conditions where there are features of meningeal irritation – irritation and inflammation of the coverings around your brain and spinal cord. In this type of meningitis, fluid taken from the spine (by what's called a lumbar puncture) does not show any evidence of bacteria or germs in it. In many cases, it is caused by viruses which, unlike bacteria, cannot be grown and tested in the lab. Bacterial meningitis, however, also occurs in HIV.

Many viruses can cause aseptic meningitis, including HIV; mumps; shingles

(*herpes zoster*); and the *herpes simplex* virus, which also causes cold sores.

Systemic infections that cause headaches include tuberculosis and syphilis, which are particularly common in HIV infection. Cancers which have spread to the brain can also cause headache – as well as meningitis.

A fungal infection called cryptococcal meningitis is also a frequent cause of headache in HIV. It is a treatable condition if caught early, but it can be fatal.

If you have HIV, like anyone else you may also find yourself depressed from time to time. Your status, your health, or any number of other issues you might be facing in your personal life, can cause depression, stress, and therefore headache. In battling your headache it's important to consider the possibility that you are depressed – and to find constructive ways to address the root causes of your depression.

As the above explanation shows, some causes of chronic headache are more complex than others. Keep an eye out for the following signs and symptoms: -rapid development of headache, associated with high temperature, tiredness, and

reduced alertness – over a period of 2 days -signs of irritation of the brain or spinal cord coverings, including neckache or neck stiffness; backache; a dislike of light; pain in the calf when bending the calf; and straightening the calf; nausea, vomiting, convulsions, or a rapid heart rate.

If you do discover some of these signs and symptoms, get help as soon as possible. It is important to be treated early, and it is better to know whether you have meningitis than to think you don't and find yourself deteriorating later.

Once you've asked for help, several tests may be done – including blood tests and tests on fluid taken from the spine. Sometimes a head scan is also conducted, but not always.

Treatment will vary depending on the cause, but usually it includes pain relief or sedation; cooling the patient down, in the case of high temperature; keeping the patient in a dark room; replacing fluids and nutrients; antibiotics, if the cause is bacterial; or antifungals, if the cause is fungal.

Remember that not all headaches in HIV are meningitis headaches, or headaches with equally serious

HEADACHE?

If you are HIV+, there are several possible explanations for your aching head. If your headache is persistent, be sure to consult with your doctor as soon as possible - early treatment means effective treatment

causes; people with HIV do get normal stress-related or tension headaches like everyone else.

This overview is not exhaustive, but should give you an idea of what to look out for and what to do if you are HIV+ and your head is pounding. Don't rely just on what you've read; it's important to consult with your doctor if you have any problems.

Dr. Tiny Masupe is a general practitioner at GMT Surgery, and a member of the BONELA Board.

AS IT HAPPENS...

The results are in, and the official evaluation of BONEPWA's Second National Conference for People Living with HIV/AIDS ranks BONELA on top.

Analysis of the evaluative questionnaires completed by over 150 delegates indicates that BONELA's Human Rights Session was considered the most valuable part of the conference. A strong desire to see human rights education in future

PLWHA conferences was also evident.

Congratulations to Christine Stegling, Milikani Ndaba, and Monica Tabengwa, who facilitated the popular workshop, and to the 45 active participants who made it such a success.

BONELA has identified the provision of human rights education to PLWHA support groups as a priority for 2004, and looks forward to a

continued level of interest and success on this front.



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Participants in BONELA's human rights workshop at the conference.

HIV TESTING, WORK, & THE LAW: THE BBS CASES

Botswana may pride itself on its progressive National Policy on HIV/AIDS, but two cases recently brought against the Botswana Building Society (BBS) for its employment and HIV testing policies have shown how much farther we have to go in meaningfully protecting the rights of people affected by HIV.

In Botswana, the majority of people living with HIV and AIDS are in their most productive working years. As such, HIV/AIDS' impact on the workplace is considerable, and the workplace is a virtually unavoidable site of HIV-related stigma and discrimination. HIV testing for the purpose of screening out HIV-positive job candidates is a particularly controversial discriminatory workplace practice.

In line with international guidelines¹, the Botswana National Policy on HIV/AIDS of 1998 states that pre-employment HIV testing is unnecessary and should not be undertaken. The policy supports human rights in its recognition that the decision to test for HIV should be left to each individual. It protects people living with HIV/AIDS from losing job opportunities simply because they are HIV-positive, and further recognizes that the simple fact of being HIV-positive does not necessarily make a person incapable of fulfilling the requirements of a job or otherwise unfit to work.²

But the cases heard recently in the Industrial Court and Court of Appeal indicate just how separated policy and practice can be – and how limited the National Policy is in terms of offering legal protection for a person's rights. Both courts found that nothing in the current em-

ployment law prevents employers from instituting a policy of testing prospective employees for HIV – and rejecting those candidates that test positive.

In the first such case heard by the Industrial Court, BBS sent a prospective employee an offer of employment as a security assistant. This offer was subject to six months probation and required that the employee undergo a pre-employment medical examination. The employee successfully passed the medical examination, which did not include an HIV test.

However, nineteen days after the original offer of employment, BBS informed the employee that he was also required to undergo an HIV test. The employee went back to the doctor who had examined him, but she refused to administer the HIV test because she did not believe he had made a voluntary decision to test. Another doctor administered the test and sent the results directly to BBS, rather than to the employee. The employee then received a termination notice from BBS. His test results, indicating that he was HIV positive, were enclosed with the notice.

Judge Legwaila, Judge President of the Industrial Court, determined that the HIV test was an unjustified and discriminatory post-employment condition. He ruled the employee's dismissal unfair. However, this January the Court of Appeal reversed Judge Legwaila's decision because it found that the HIV test was part of the pre-employment medical examination.

The perceived timing of the test was critical because both courts found BBS's policy of pre-employment HIV

testing to be legal – even though National Policy counsels against such testing. The National Policy is not binding and, as the Court of Appeal stated, "[has] never been translated into law and [has] no statutory authority."³ With no specific law in place, the courts had little other option but to find pre-employment testing technically permissible. In his finding, however, Judge Legwaila condemned the practice – and called for legislation:

... it is time for the government to 'develop and implement laws and regulations...to eliminate the stigma and discrimination against PLWHA' as promised...This is not the type of prejudice that can be left to the courts to tackle.⁴

Despite Judge Legwaila's strong words, the judicial determination that pre-employment HIV testing is legal under current employment law may have the unfortunate effect of encouraging other employers to disregard the National Policy of HIV/AIDS and institute pre-employment HIV screening. The Judge's plea for legislation must be answered soon.

A second Industrial Court case suggests that there may



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The Botswana Building Society's controversial cases recently, both involving employment HIV testing policy.

AT A GLANCE

- BBS requires a recently-hired security assistant to undergo an HIV test. When they send him a termination notice - enclosing his test results.
- Justice Legwaila of the Industrial Court rules the HIV test is a discriminatory post-employment condition.
- The Court of Appeal overturns Justice Legwaila's ruling. Currently, there is no law in Botswana that prohibits pre-employment HIV testing. The Court of Appeal finds it permissible on this basis.
- A second case is brought against BBS for dismissing a security assistant. Justice Dingake of the Industrial Court finds the second employee's dismissal unfair but also acknowledges a Constitutional argument against HIV testing.
- BBS appeals Justice Dingake's ruling. All parties agree to a new Constitutional argument against HIV testing in the future.

Two recent cases taken against BBS for its HIV testing policies highlight an urgent need for law reform on the issue



has been on the hot seat in two cases challenging its pre- and post-

be another way to challenge pre-employment HIV screening policies in the courts: by using the Constitution.

In this second case, the employer – BBS again – offered a woman employment as a security assistant. As in the previous case, this offer was contingent on passing a medical examination, and was subject to a six-month probationary period. The woman passed the medical examination and began working for BBS. Suddenly, six months later, BBS informed her by letter that she was required to submit a certified copy of her HIV status.

The employee requested some time to consider whether she was willing to undergo an HIV test. After a month, she wrote a letter to BBS informing them of her decision not to be tested. She wrote, "As far as I know HIV status, it's a personal right, not for public or employment requirement."⁵

Two weeks later, BBS terminated the employee without giving any reason.

In the Industrial Court, Judge O.K. Dingake found

that the employee's dismissal unfair because she was dismissed after her probationary period had expired, though she had already become a permanent and pensionable employee of BBS. As a permanent employee, he noted, she could not be fired without a valid reason. Judge Dingake concluded that BBS had dismissed the employee because she refused to undergo an HIV test, which he found "harsh, unjust and grossly unreasonable."⁶

More strikingly, Judge Dingake went on to determine that the employee's constitutional rights had been violated. First, he found that the Constitution applied to a private company such as BBS. He observed:

In today's world there are private organizations that wield so much power...that to exclude [them] from the scope of the bill of rights would in effect amount to a blanket license for them to abuse human rights⁷.

Judge Dingake concluded that the employee's right not to be subjected to inhuman and degrading treatment (guaranteed by Section 7(1) of the Constitution), and her right to liberty (guaranteed by Section 3 of the Constitution), were violated by BBS.

BBS has appealed Judge Dingake's decision, and thus the Court of Appeal will have the opportunity to adopt or reject his constitutional reasoning. Under Judge Dingake's interpretation, pre-employment HIV screening would likely be found unconstitutional – setting Botswana's first real legal precedent on the subject.

In the absence of legislation, Judge Dingake's vision of the judiciary's role in the HIV/AIDS epidemic offers the courts the best way to uphold the rights of people living with HIV in the workplace and beyond. With luck, other

courts will follow his lead. But the real long-term challenge remains: legislative reform that will adequately reflect the extent of the epidemic and provide for the impact that HIV/AIDS-related discrimination can have on people's rights – and their lives.

FOOTNOTES:

¹For example, Section 4.6 of the ILO Code states that HIV/AIDS screening should not be required of job applicants and persons in employment.

²A pre-employment screening policy does not even guarantee that a company's workforce will be free from HIV - employees who initially test negative could contract HIV in the future or could be in the window period for infection.

³Court of Appeal Civil Appeal No. 37 of 2003, at 6.

⁴Industrial Court Case No. 35 of 2003 at 19.

⁵Industrial Court Case of 2003, at 4.

⁶*Id.* at 29.

⁷*Id.* at 43-44.

⁸*Id.* at 74-75.

FOR THE RECORD:

In a recent letter published in the Mmegi, Mr. P.K. Molefe (the CEO of BBS) announced a change in the company's testing policy. "The Botswana Building Society would like to inform the public," he said, "that it no longer requires prospective employees to undergo pre-employment testing for HIV/AIDS." (*The Mmegi*, p.6, 26/02/2004)

BONELA applauds this more pro-active response to the issue of HIV/AIDS testing in the workplace, and we look forward to seeing the people who have been negatively affected by BBS's policies adequately compensated in the near future.

ANCE:

undergo HIV testing. When they find him positive, test results with the letter.

employee's dismissal unfair, citing the HIV test as a

ling, determining that the HIV test was a pre-employment HIV testing.

g an employee who refuses to test. Justice O.K. Dingake found the employee's dismissal unfair on technical grounds, against HIV testing in the workplace.

wait the Court of Appeal's interpretation of the workplace.

RAISING THE STAKES: PUTTING ELHRS ON THE AGENDA

On February 26th, parliamentarians, lawyers, government officials, and representatives of civil society braved heavy rain to discuss the emerging Strategic Framework for the Ethics, Law and Human Rights Sector of the National AIDS Council (NAC).

Ms. Sanji Monageng (Law Society of Botswana) opened the proceedings, addressing a full room of representatives from organizations as varied as the House of Chiefs, the Ministry of Health, the Industrial Court, the National Assembly's Law Reform Committee, the Attorney General's Chambers, the Health Research Unit, DITSHWANELO, UB's Law Faculty, BONEPWA, UNDP, BOTUSA, the Ministry of Works and Transport, and BFTU. BONELA, which hosts the Sector's Secretariat, also organized and attended the meeting.

Ms. Monageng, as Chairperson, began by introducing the Sector and its mandate. She warned that "in a crisis it is possible to overlook ethics, law and human rights", noting that the Sector was established in 2002 in an attempt to guarantee a place for such concerns on the NAC agenda. The Sector, by its own definition, aims to "be the leading advocate for effective integration of ELHR issues into all sector responses to HIV/AIDS to create an enabling environment that conforms to international standards." Ms. Monageng emphasised that the sector's role is one of facilitation, reminding participants that responsibility for actual implementation "falls squarely on your tables and on your shoulders."

Professor Warren Allmand, a visiting Canadian consultant (see inset), followed Ms.

Monageng's introduction with a more in-depth look at the international context of human rights legislation. He began with an overview of international instruments, noting that treaties can afford protection to people living with HIV in several different ways. Some treaties, he noted, specifically list a right to health¹, while others include 'other status' in their anti-discrimination provisions². The words 'other status,' he explained, suggest that people living with HIV can be protected by these provisions even though discrimination on the basis of HIV status is not specifically prohibited.

Turning to national law, Prof. Allmand commented that the Constitution of Botswana did not include health status, disability or 'other status' in its anti-discrimination provisions. While reflecting favourably on the many rights-protective policies in the country, he noted that "these are not legally binding and will not protect victims of discrimination in court." He also emphasised the need for expansion or specialisation of the Ombudsman's role, or the foundation of a national Hu-



A meeting participant discusses the ELHRS strategic plan with Mr. L.A. Maine (Office of the Ombudsman).

man Rights Commission, to ensure that people had easy and affordable access to a remedy if they felt their rights had been violated.

He closed his presentation by saying that he was "only a sympathetic visitor in [our] country" and that decisions on this topic "are up to you and your political leaders."

Ms. Christine Stegling, Director of BONELA, then outlined the relevance of human rights secured in the international documents of which Prof. Allmand spoke to HIV and the situation in Botswana. She cited a number of key rights including: the right to life, privacy, to be free from inhuman or degrading treatment, to be free from scientific experimenta-

The responsibility for implementing the Ethics, Law, and Human Rights agenda "falls squarely on your tables, and on your shoulders"

Mr. Warren Allmand was an active and highly visible Member of Parliament in the Canadian House of Commons for more than thirty years. He has been



Prof. Warren Allmand

very involved in human rights issues throughout his career: he worked for tougher gun control and against the death penalty in Canada, against apartheid in South Africa, and for the protection of the rights of vulnerable groups both within Canada and around the world.

Mr. Allmand was appointed Queen's Counsel in 1977, and a member of the prestigious Order of Canada in 2000. Following his resignation from political office in 1997, he became President of the Interna-

tional Centre for Human Rights and Democratic Development. He is currently a Professor at McGill University in Montreal, and lectures on international human rights.

Mr. Allmand came to BONELA through Xtending Hope, an NGO based at St. Francis Xavier University, Canada. In Botswana, Mr. Allmand undertook a legislative review that marks an important first step in protecting the rights of people living with or affected by HIV/AIDS.

tion without free consent and to effective remedy if these rights are violated.

Ms. Stegling noted that many international instruments are in various stages of 'translation' into domestic law, which will strengthen their enforceability. She stressed the need for all sectors to ensure that Botswana's international commitments "are implemented and made meaningful in a local context." Ms. Stegling also commented that human rights, legal and ethical issues "come from our own communities and are not something that has been brought from elsewhere to Botswana," calling on participants' enthusiasm and cooperation to help bring the Stra-

tegic Plan alive.

The afternoon was dedicated to a more detailed examination of the Strategic Plan. Mr. G.L. Tebogo Maruping (Industrial Court) led the group through the goals, mission, strategy and objectives of the Sector, noting comments and changes suggested by participants. The meeting then broke into smaller groups, by profession, and worked to identify activities each could undertake in aid of the Sector's goals.

The meeting was characterized by lively debate on many topics, including routine vs. compulsory testing, the recent BBS cases (see p.4-5), the role of the media, and whether a revised office

of the ombudsman or a new national Human Rights Commission would be best-suited to Botswana. The high level of interest in the latter led to a commitment by BONELA to hold a workshop on the topic.

Dr. Banu Khan, of the National AIDS Co-ordinating Agency, closed the proceedings. "The passion and enthusiasm in this room is palpable," she said, further urging all participants to "share [their] passion on this issue" and to "become change agents, role models in your own homes."

A full report on the ELHRS stakeholders' meeting is in preparation, including documents outlining the ways forward for each sector. Contact BONELA.



Dr. Themba Moeti (Min. of Health) and Ms. Nancy Kgegwenyane (UNDP) at the ELHRS meeting.

FOOTNOTES:

¹The International Covenant on Economic, Social and Cultural Rights (not ratified by Botswana), the Convention on the Rights of the Child (ratified by Botswana), and the Convention on the Elimination of All Forms of Discrimination against Women (ratified by Botswana).

²The International Covenant on Civil and Political Rights (ratified by Botswana), the African Charter on Human and Peoples Rights, and the Universal Declaration on Human Rights.

Kristi Kenyon is a Human Rights Education Officer placed with BONELA through World University Services of Canada (WUSC).

PATAM: SETTING EXAMPLES

As we go to print, HIV/AIDS activists from around southern Africa – including six delegates headed by BONELA – have converged on Harare, Zimbabwe, for the Pan-African Treatment Movement (PATAM) conference on HIV/AIDS and Governance.

The conference, which takes as its theme "Scaling up Access to Antiretroviral Treatment", opened on March 3rd with a moving speech from Bishop Trevor Manhanga. "At this conference," he urged participants, "we must ask the right ques-

"If debt-ridden, bankrupt African nations can find the money to buy luxury vehicles for their government ministers and political cronies then why can they not find the money to ease the suffering of their people?"

-Bishop Trevor Manhanga, opening the conference

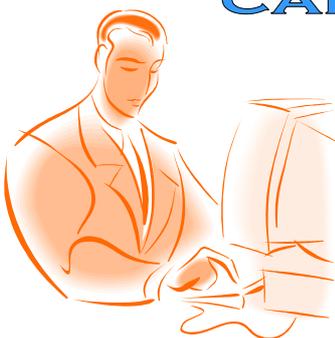
tions and get to the right answers; we have to find out what is going wrong."

Over the three days of the conference, participants will attempt to do just that by discussing challenges and opportunities for accessing treatment in the SADC region; seeking a consensus on possible regional actions to reduce drug prices; and investigating ways to build a people's health campaign.

BONELA staff members Christine Stegling and Milikani Ndaba were joined by board members Maame

Awuah and Tiny Masupe, and by BONEPWA+'s Ms. Ruth Baloyi and Princess Marina's Dr. Ndwapi Ndwapi, in the Botswana delegation. As representatives of one of the only countries in Africa to offer free ARV treatment, the Botswana delegates hope to offer suggestions and guidance to their counterparts from neighbouring countries. Watch for more information about PATAM in future BONELA communication.

CALL FOR SUBMISSIONS



THE BONELA GUARDIAN is looking for timely, insightful articles on any topic related to HIV/AIDS and human rights, ethics, policy development, or the law. We welcome first-person accounts, opinion pieces, and responses to articles we have published. Alternative topics, including articles about the medical or social dimensions of living positively with HIV, will also be considered. Submission of relevant photographs or other artwork is encouraged.

For further information, or to submit your ideas, please contact Milikani Ndaba or Kristi Kenyon at BONELA (tel:393-2516).

Submission deadline for the next issue is May 28th, 2004.

have your say!

FROM THE DIRECTOR'S DESK

The recent BBS case (see p.4-5), as disappointing as it is, may have had an unexpectedly positive side effect: it has helped increase the public's understanding that Botswana's current lack of protective legislation in the area of HIV/AIDS has dire consequences for many of us. BONELA has been publicly advocating for a comprehensive law reform since its inception, and we have already produced a draft bill on HIV and Employment that is currently with the Ministry of Labour and Home Affairs (also available on the BONELA website). Unfortunately, it seems that we need decisions such as the recent one by the Court of Appeal to remind ourselves that creating an adequate legislative framework is urgently required if we want to meaningfully address stigma and discrimination in Botswana.

Because the creation of such a framework is a major strategy for the realization of BONELA's goals, we were especially pleased to welcome Prof. Warren Allmand (see inset, p.6) to Botswana in late February. Through extensive meet-

ings with a variety of key figures in government, a thorough review of Botswana's laws and policies, and in his participation at the ELHRS stakeholders' meeting (see p. 6), Prof. Allmand has been an important catalyst to the process of law reform in this country. Thanks to Prof. Allmand, and to Xtending Hope, for their invaluable support to our ongoing efforts on this front.

Legislative challenges and setbacks in the court room aside, BONELA started the year on a very positive note with our successful AGM, held in mid-February. It always gives the management and staff of BONELA a big boost to see that our membership and other people 'out there' are appreciative of our work. It was especially encouraging to see that people from extremely diverse sectors are considering human rights a priority, and we welcome the ways in which their diverse expertise will expand our capacity and relevance as an organization.

Among the various tasks we have set ourselves for the year, we sincerely hope that our human rights

and HIV training programme will become a reality – and that we will be able to use it to provide an even higher standard of training services to many of our constituents. The conceptualization of the training manual is now well underway, aided by the expertise of our newest member of staff, Kristi Kenyon. Kristi joined us as a development worker from World University Services of Canada, and will be working closely with our project officer Milikani Ndaba in the realization of this project.

While we are welcoming Kristi to our team, we sadly have to say good-bye to Koreen Reece, whose six month placement through Human Rights Internet comes to an end this month. We greatly appreciate Koreen's contribution to the work of BONELA, and we wish her all the best for the future.

We hope that this newsletter enables all of you to get a better understanding of the issues and projects on which we are working, and we are looking forward to your continued support during 2004.

Yours, Christine



THE BOTSWANA NETWORK ON ETHICS, LAW, AND HIV/AIDS

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BONELA is...

The Botswana Network on Ethics, Law, and HIV/AIDS (BONELA) is a non-governmental organization committed to integrating an ethical, legal, and human rights approach into Botswana's response to the HIV/AIDS epidemic. Through training and education, research, advocacy, and litigation, BONELA strives to promote the destigmatisation of HIV/AIDS and to prevent discrimination against those who are infected. In so doing, we hope to create an enabling and just environment for those either infected or affected by HIV/AIDS.

...interested in becoming a member?

We welcome members from the legal community, academia, community-based organizations, and public and private sectors, as well as people living with HIV/AIDS and concerned individuals. Contact the secretariat for your membership application form today!