

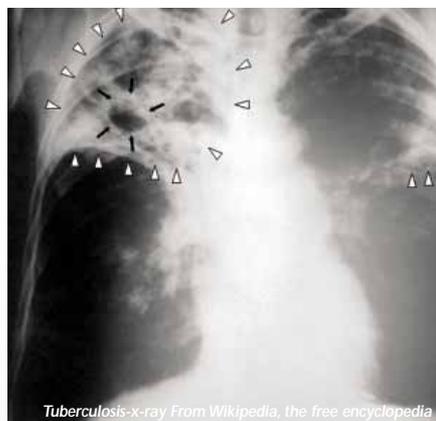


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Pictures tell a thousand words – The HIV Employment law campaign. *Prisca Mogapi photograph*



Tuberculosis-x-ray From Wikipedia, the free encyclopedia
A step towards reducing the burden of HIV on PLWHA. *Written by Cindy Kelemi.*

A research note - a situational analysis of sex workers in Botswana.

By Yorokee Kapimbua



BONELA acknowledges that the Government of Botswana has taken a strong leadership position in combating HIV/AIDS through a multi-sectoral and multilevel approach. However less has been done to find out the extent to which this response has reached marginalized groups. It is to this end, that BONELA conducted a situational analysis of 60 sex workers in three selected locations: Kasane, Tlokweng and Palapye, with the ultimate objective of ensuring that HIV/AIDS services - prevention, care and treatment - in their entirety are accessible to sex workers as their fundamental human rights.

Evidence from this project suggests that people engage in sex work because of perverse economic inequality; this creates a rife environment full of social dysfunctions and blocks people's positive aspirations and makes them resort to being survivalists which ultimately erodes or weakens their social values hence they engage in sex work. Vulnerability for one to be a sex worker can be assessed at an individual, family, community and national level as indicated by the potential factors cited that lead to sex work such as poverty, unemployment, abandonment, poor parental care during early stages of development, loss of parents and peer pressure.

The major pushing factor identified by most sex workers interviewed was poverty - both relative and absolute. Another factor was inadequate financial resources to meet basic needs such as paying rent, buying food and clothes as reasons for engaging in sex work. Unemployment was cited as both 'a cause and a result' of the poverty situation people find themselves in. It is a cause because without a job, a person has no income and cannot pay for proper housing, food, medical care, and education for herself/himself and his/her children. Unemployment is seen as a result of the poverty situation since ill health caused

by an unbalanced diet; poor housing and lack of appropriate education (all due to poverty) prevents him/her from finding and keeping gainful employment which leads this individual to becoming vulnerable to harmful and risky behaviours such as sex work.

Poor parental care and isolation of families are concerns that were highlighted as factors leading to sex work. Another emerging contributing factor is the limited or lack of positive role models. Some of the sex workers were born into polygamous families and were not properly cared for by their fathers. They did not get an opportunity to education and joined sex work as a mean to survive or 'get by'. There are however some sex workers who reported that they had some form of primary education but had dropped out of school due to pregnancy before they completed.

A trend was highlighted within sex workers that of opting for or preference for 'foreign customers' because "they have lots of money". Sex workers reported that foreigners compared to their counterparts in Botswana, offer better prices and are less difficult to engage with when it comes to these transactions.

Health care workers attitudes towards sex workers impedes access to HIV prevention and treatment and some resort to traditional medicine to avoid being stigmatised and discriminated against or being seen as vectors of the HI virus. Assertions such as "ba bo batile, o bone gore ba bodile jang?" (Here they are again, have you seen how rotten they are), "o tsenwa ke STI mo AIDS e kana 'dicondom' di le teng." (How can you have an STI in this era of AIDS when they are so many condoms). This discordant relationship between health care workers and sex workers impedes the creation of an ambient environment for the development of health seeking behaviours from sex workers. The continued breach of confidentiality also deters some sex workers to access health care services on HIV prevention, care and treatment.

ON THE INTERNATIONAL FRONT

A step towards reducing the burden of TB on PLWHA

By Cindy Kelemi

Johannesburg - In August, the AIDS Rights Alliance of Southern Africa (ARASA) in Namibia, the Treatment Action Campaign (TAC) in South Africa and the Southern African Treatment Access Movement (SATAMO) in Zimbabwe, hosted a unique meeting in Johannesburg which gathered clinicians, doctors, community educators, and HIV activists from around the SADC region to discuss issues related to HIV and Tuberculosis – TB - infection.

The aim of the TB/HIV summit was to bring together civil society representatives, program staff, academics and clinicians of the TB and HIV communities from the SADC countries to identify the key policy and programmatic challenges to addressing HIV and TB and also to develop a joint advocacy strategy for the short and medium term to overcome these challenges.

TB is an infection caused by bacteria called *Mycobacterium tuberculosis*. TB affects the pulmonary (lungs) but it can also affect other parts of the body and when that happens its referred to as extra pulmonary TB. TB is passed from one person to another via droplets - when someone with TB infection coughs, sneezes, or talks, tiny droplets of saliva or mucus are expelled into the air, and these are then inhaled by another person.

Every person has latent TB or TB bacilli in the body, but with a strong immune system the body can fight it. Active TB is when the body has the TB bacilli but the immune system, due to HIV or other illnesses, is too weak to fight it hence causing active TB. HIV/AIDS is a condition that weakens the immune system hence TB is one of the biggest opportunistic diseases people with HIV suffer from because they have a compromised immune system. It is for this reason that it is important to discuss interventions for HIV/AIDS and TB co-jointly, a sentiment shared among participants at the HIV/AIDS summit.

Infection Control

From the constructive contributions made by delegates from the different countries who participated, it was clear that countries are not doing enough to curb the spread of TB, particularly reducing the burden of TB on HIV positive populations. The emergence of Multi-Drug Resistant (MDR) and Extreme

Drug Resistant TB (XDR) cases around the world is enough reason for the SADC region to be alarmed. Both TB-MDR and XDR have the potential to be a pandemic worse than HIV/AIDS because TB is airborne. TB also has potential to have adverse effects on the efforts made by different countries in response to the HIV/AIDS pandemic.

Infection control measures are the most important yet least costly interventions that all countries can employ without fear of budget constraints or deficits. For example, educating communities about infection control in their households, workplaces, prisons, just to mention a few. Awareness should be raised about the importance of allowing the natural free flow of air by keeping windows and doors open. Places administering HIV care are at high risk for the spread of TB because there is a high rate of undiagnosed TB, untreated TB and infectious TB. Most health care settings are frequently congested with patients closely seated together awaiting health service provision and such factors expose health care workers to the risk of TB infection. Health care facilities especially waiting rooms should be constructed in a way that allows maximized ventilation.

TB Testing

Most countries use the *smear test* which is cheap and readily available. However this test has poor sensitivity especially on people living with HIV and AIDS. *TB Culture* is another test that can be used to detect the TB bacilli - but it is a slow and complex procedure. TB culture is when the TB bacilli are given a conducive environment to grow thus confirming that the mycobacterium exists in the specimen. TB culture can take as long as 2 – 4 weeks or more for the TB bacilli to grow while the patient is waiting for the results - the likelihood is that the patient may infect other people while waiting for the results. Given the smear test has poor sensitivity or is unreliable there is a strong possibility cases of TB which are undiagnosed or untreated are continuing to spread the disease. Unfortunately testing facilities including resistance tests are not available or accessible in most countries in Southern Africa. As a result, countries should therefore commit more time and resources to the evaluation and invention of new methods of TB testing in order to control infection since the tests that are currently available are ineffective, including the widely used skin test.



TB Treatment

The current drugs used to treat TB have been in use for more than two decades. As a result, there could be different strains of TB bacilli in the air which current TB drugs cannot treat properly. In addition, the improper use of TB drugs for TB treatment, including poor adherence by patients, has led to the development of drug resistance in Botswana, Africa and the rest of the world.

Botswana is the only country in the SADC region however, that has implemented the TB preventive therapy with isoniazid (INH), also known as *Isoniazid Preventative Therapy (IPT)*, a prophylaxis for TB. The prophylaxis is offered to all people living with HIV and AIDS who do not present with symptoms of TB. Some countries have not implemented IPT because of limitations in resource while others countries are reluctant due to the possible risk of developing resistance to TB. Isoniazid Preventative Therapy, can lead to drug resistance if someone with underlying, undiagnosed TB infection is put on IPT since IPT is not sufficient to treat active infection, although it can prevent TB in people who do not yet have the disease.

The Directly Observed Therapy (DOTS) model, the primary way in which TB drugs are prescribed has also failed in a number of countries because of a lack of human resources, resulting in high cases of resistance. DOTS needs patients to have a community health care worker 'monitor' them take their drugs everyday. Even if this kind of service can be provided, rates of drug resistance continue to rise and the low rates of successful treatment, suggest that we need alternatives or supplementary ways to improve adherence to treatment.

Recommendations

There were a number of recommendations that came out of the summit in Johannesburg. One of the recommendations was for the integration of TB and HIV programs. For instance, voluntary testing and counselling services for HIV could also include TB testing. This would result in early diagnosis of TB cases and early treatment, hopefully reducing the spread of infections.

Another recommendation was to change focus from a service provider centered approach to a more patient centered approach which is widely used to administer Highly Active Antiretroviral Therapy (HAART). Treatment literacy is a model that can be used to empower TB patients with information about the importance of adherence to TB treatment and HAART.

Contact tracing was also a recommendation that was proposed by participants at the TB summit. Specifically, where one family member is TB positive, other family members or any other person who might have come into contact with that person must be tested for TB. The isolation of MDR and XDR cases of TB was also recommended at the meeting. Although human rights activists emphasized the need for a comprehensive approach which respects, protects and fulfills the rights of those affected by TB.

TB and HIV are infections which threaten human existence. Governments, civil societies, development agencies, community based and faith based organizations and community activists should work together towards developing and integrating TB and HIV interventions to reduce the burden of TB on people living with HIV/AIDS. It is important to remember that the success of a TB/HIV program in one country largely depends upon the success of the program in other countries. This is especially true in the case of SADC, where there are high migrating populations within the region.

BONELA Round-up

The Media and Advocacy Officer, Boitshepo Balozwi attended a breakfast seminar on 5 July hosted by the Botswana Council of NGO's (BOCONGO) on 'Midway Point for the Millennium Development Goals'.



BOCONGO breakfast seminar.

The Advocacy Officer, Nthabiseng Nkwe, presented findings of the community consultations on the sexual and reproductive rights of people living with HIV at the Gaborone Sun Hotel during a breakfast meeting on 11 July.

On 12 July Advocacy Officer, Nthabiseng Nkwe facilitated an advocacy planning meeting for the sexual and reproductive health rights project to decide on advocacy strategies resulting from the community consultations. The meeting, held in Gaborone, was supported by the Advocacy Officer, Promise Mthembu of the regional International Community of Women Living with HIV (ICW) office and was attended by health care workers and other NGO's.

On 26 July Ditshwanelo hosted a BOCISCOZ meeting attended by BOCONGO, BOSETU, MISA, Zimbabwe Human Rights NGO Forum and Zimbabwe Watch to discuss an assessment of lobby initiatives around issues of Zimbabwe. The meeting was attended by the Media and Advocacy Officer.

The Legal Officer, Uyapo Ndadi presented a paper on the legality of the international standard that seeks to declare HIV positive pilots unfit for duty. The seminar, also attended by the Training and Advocacy Officer, Treatment Literacy Coordinator and the Media and Advocacy Officer was held in Gaborone on the 2 -3 August and organized by the Botswana Department of Civil Aviation.

On 4 - 5 August the Nhimbe Trust of Zimbabwe organized a two day workshop for LeGaBiBo members at Yarona Lodge in Mogoditshane to finalize the script for a play that will be used by LeGaBiBo as an advocacy tool.

The Training and Advocacy Officer, Nthabiseng Nkwe, and the Media and Advocacy Officer attended the Botswana Family Welfare Association (BOFWA) 'Safe Abortion Values Clarification' workshop on the 13 - 14 August.

On 21 August NAC Sector Coordinator, Diana Meswele, was invited to attend the Third HIV/AIDS Population Based Survey (BAIS III) meeting convened by NACA - BONELA is part of the reference group.

On 21 -23 August the NAC Sector Coordinator, Diana Meswele, attended the Stigma Reduction Curriculum Development workshop hosted by the National Alliance of State and Territorial AIDS Directors (NASTAD) to ensure that ethics, law and human rights issues were incorporated in their discussions.

On 23 August BONELA co-facilitated a half-day meeting hosted by Parliamentarians for Women's Health (PWH) on Gender Based Violence, HIV/AIDS and sexual and reproductive health.

On 24 August the Treatment Literacy Coordinator, Cindy Kelemi, introduced the BONELA Treatment Literacy Programme to key stakeholders, including the Ministry of Health, at a meeting held at BONELA with the support of the Regional Treatment Literacy Coordinator, Gregg Gonsalves of the AIDS and Rights Alliance for Southern Africa (ARASA).

On 4 September BONELA organized a meeting, facilitated by the Training Officer, Oratile Moseki to discuss emerging issues surrounding HIV testing in Botswana. Several local institutions made presentations at the meeting, including NACA, Tebelopele and the Department of Civil Aviation. ARASA's Advocacy Officer, Luyanda Ngonyama, addressed the meeting on regional developments and considerations.

The Research and Advocacy Officer, Yorokee Kapimbua, participated in the identification of Research Priorities on HIV and AIDS at the University of Botswana on 13 September.

On 17 September, Yorokee Kapimbua, attended the United Nations General Assembly Special Session (UNGASS) workshop on Civil Society Participation in HIV and AIDS decision making and planning processes regarding the country's report to the UN.

The Research and Advocacy Officer was live on the Gabz Fm Daily Grind show advocating for the distribution of condoms in prisons on 19 September.

25 September the Research and Advocacy Officer attended the Botswana Institute of Development and Policy Analysis (BIDPA) development policy dialogue on how best to use natural resources for development.

From the 3 - 11 October the NAC Sector Coordinator attended a series of meetings on the National Evaluation Agenda Setting as part of the BHRIMS evaluation sub-committee technical working group.

On 8 October the Research and Advocacy Officer attended the BOCONGO Civil Society Think Tank which is an advisory body to civil society on different pertinent issues.

On 10 October Yorokee Kapimbua, was on the Gabz Fm Daily Grind show with a representative from the Nkaikela Youth Group discussing sex workers in Botswana. Should they be legalized?

Pictures tell a thousand words



Members of the press with BONELA Research Officer, Yorokee Kapimbua (Far Right).



Invited guest, Eith and BONELA Intern, Phenyao Gaothobogwe.

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

Pictures courtesy of Onika Studios.

Gaborone – On 24 July, BONELA launched the first edition of its semi-academic publication, *The Botswana Review of Ethics, Law and HIV/AIDS* (BRELA). BRELA provides a forum for discussion and marks a milestone in the firm resolve of BONELA to stimulate, promote and engage in constructive and participatory discussion on the human rights dimensions and debates around HIV/AIDS.



BONELA Administration Officer, Tebogo Ngwakomonye and BONELA Intern, Hitomi Kuwabara.



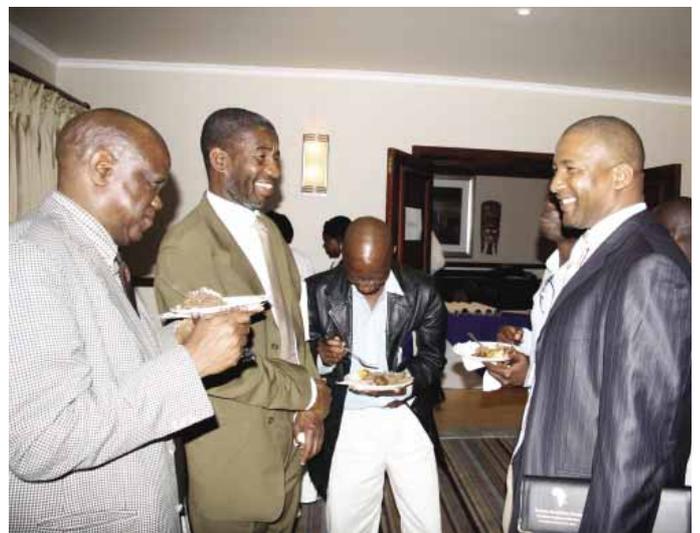
Carolyn Doyle (BONASO) and Fortune Chimbamba (WUSC).



Paul Malin (European Country Representative) and BONELA Director, Christine Stegling.



BONELA Research Associate, Shyami Puvimanesinghe and BONELA Board member, Dr. Godisang Mookodi.



Modise Maphanyane (MISA), MP Nonofu Molefhi, Peter Tshukudu (Ditshwanelo) and BONELA Chairperson, Duma Boko.

HIV Employment Law Campaign

Pictures by Prisca Mogapi

Gaborone – In November 2006, BONELA, together with its partners in civil society, represented by the Botswana Federation of Trade Unions (BFTU), launched the HIV Employment Law campaign. After almost a year of campaigning, the petition carrying close to 13 000 signatures was handed over to the Honourable Minister Charles Tibone of the Ministry of Labour and Home Affairs on 14 September.



Giving a sterling performance - BONELA Intern, Phenyio 'Phegal' Gaothobogwe.



Outside - mobilizing the masses - civil society groups gaining momentum.



J. Radibe (BFTU) giving a speech on the HIV Employment Law Campaign.



BONELA Director Christine Stegling, J. Radibe (BFTU) and Honourable Minister, Charles Tibone



Hon. Minister Charles Tibone (Ministry of Labour and Home Affairs) accepting the petition.



BONELA Legal Officer, Uyapo Ndadi and Helen 'Pushie' Norwebb (BULGASA) conducting the proceedings.



Inside - Starting the session with a prayer.



BONELA staff news



Prisca Mogapi photograph

A great welcome! **Felistus Motimediso** joins BONELA's fulltime staff as the Prevention Initiative for Sexual Minorities (PRISM) Programme Coordinator. PRISM is a partnership project between BONELA and the Schorer Foundation in the Netherlands and was established in January 2007 with the aim of developing and implementing an HIV/STI prevention programme aiming to reach sexual minorities in Botswana.

Felistus holds a Bachelors degree in Social Work from the University of Botswana. She worked for the Bobirwa ARV Project as a Clinical Social Worker after which she worked as a Clinical Social Worker at Bobonong Primary Hospital. Felistus has a wide range of experiences and training in Bereavement, Grief and Trauma Counselling, Sexual Transmitted Infections, Prevention of Mother to Child Transmission of HIV (PMTCT), Couple HIV/AIDS Counselling, Adherence Counselling and Isoniazid Preventative Therapy (IPT).

Felistus joined BONELA mainly because she appreciates "how open minded the organisation is". "I do not like being stifled by bureaucracy or red tape, I love a challenge and this area will give me a platform to perform to my utmost." Felistus is the former Secretary of the Technical Advisory Committee for Bobirwa Sub District Multi Sectoral AIDS Committee (DMSAC).



Prisca Mogapi photograph

Another great welcome! **Nicole Cardinal** joins us all the way from Victoria, British Columbia, Canada. She was selected by Human Rights Internet, a Canadian NGO, to assist with BONELA's

Children's Rights project for a period of 6 months.

Nicole has degrees in history and law from the University of Victoria in Canada. "My

focus at law school was on international law and human rights and in particular the rights of children." Nicole is very well travelled and has lived in England, the Netherlands, Belgium France and now Botswana. "I really love travelling and meeting foreigners and discovering new cultures and traditions."

Prior to joining BONELA, Nicole worked as a lawyer in Canada as a law clerk for the Supreme Court of British Columbia. So why BONELA? "The position looked great and when I did my research on BONELA I felt that it was a solid, effective working NGO. It was also really important to me that it was a local NGO. BONELA's focus on human rights issues in relation to HIV/AIDS is what appealed to me most. And of course everyone looked so friendly on the website – who would not want to work with them?"

Time to say goodbye to...

...**Gabriel 'Gabes' Augustus** was with BONELA for a one month attachment in the Legal Aid Department to familiarize himself with the operations of the department. Gabes joined BONELA from The Legal Assistance Centre (LAC) an NGO in Windhoek, Namibia. Gabes is seen here with BONELA's office assistant, Mpho Puoeng at his farewell party.



All the best from the BONELA team, it was a pleasure working with you!

...**Shirley Keoagile** was an intern with the 'Disability and HIV/AIDS' project. She supported BONELA's programme activities which targeted issues of HIV and disability. Being hearing impaired herself, Shirley brought many valuable insights to BONELA's efforts to bring information and advocacy closer to people living with disabilities. All the best from the BONELA team, it was a pleasure working with you!

...**Charles 'Chuck' Yust** was a 'Parsons Fellow' sponsored by the Open Society Institute (OSI) in New York) as part of their

Public Health Program, for a one month attachment in BONELA's Treatment Literacy Department. Chuck designed the first ever treatment literacy poster, was involved in the design and production of the 'Children's rights' leaflet and booklet and continues to assist BONELA in the production of leaflets and booklets all the way from New York. All the best from the BONELA team, it was a pleasure working with you!

...**'Children's rights and HIV/AIDS' intern, Hitomi Kuwabara.** Hitomi was with BONELA for 6 months and played a vital role in the production of the children's rights leaflet and booklet. All the best from the BONELA team, it was a pleasure working with you!



BONELA
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).

From the Legal Desk

By Uyapo Ndadi

In the past two months the Legal Aid Department has had a number of cases brought to their attention. These cases included cases of discrimination at the workplace and in society due to the clients' HIV positive or perceived HIV positive status. Approximately four of the cases were resolved successfully. Two of the cases were defamatory in nature which clients had been defamed by certain members of society. These cases were resolved by way of writing warning letters to say that those who had defamed the clients should desist from such behaviours as it is unlawful, inhuman and degrading and that serious lawful action could and would be taken against them.

In another case, a client was unfairly dismissed from work solely because of her HIV positive status. The employer did not follow standards or set out fair procedures



of dismissal due to ill health - which did not apply to the client in this case. The client was reinstated back to work after thorough assessment and consultation with client's employers which revealed that there was no concrete evidence to justify her dismissal in the first place.

In another case heard before the Extension 2 Magistrate court, the client, who is HIV positive and was dumped or deserted because of her HIV positive status, sued the father of a minor child for maintenance. The Magistrate held that a mother also has a duty to take part in the maintenance of a minor child, and that child maintenance does not only include money but that other things done or brought in kind shall be accepted. The father or defendant was ordered to pay maintenance of the minor child failing which legal action will be taken against him.

On 21 June 2007, the Legal Aid Department went live on air with their radio talk show aimed at sensitizing and raising awareness on issues related to HIV/AIDS and the law. Listen to the show which airs live at 17h15 on Radio Botswana 2 (RB2) on 'DJ Slys' drive time show on the following dates: 1 and 15 November, and 6 and 13 December 2007.

Discrimination in the workplace - a case in point

By Kabo Mathumo – Assistant Legal Officer



The Legal Aid Department continues to receive numerous cases of HIV related discrimination both in the workplace and society in general. Below is an example of a case that BONELA recently dealt with and how it intervened.

BONELA Client. Vs Employer

Client called our office in June 2007 complaining that she had been unfairly

dismissed from her job because of ill health. Client started working for the Employer in December 2006 on a temporary or part time basis - she was relieving a full time cleaner. This arrangement continued as and when it was necessary until Client was offered full-time employment in June 2007 at a monthly salary of P750. The full-time employment offer was communicated to Client through the company receptionist although the agreement was yet to be put in writing. Despite this Client continued with her duties and performed her work diligently and thoroughly.

Some days later Client asked for permission and was allowed to go and attend to her medical needs. Her Employer then instructed one of the company supervisors to go and find out the nature of Client's medical condition based on the pretext that they wanted to help Client. Client, in good faith, disclosed her HIV status to her supervisor who passed the message on to the Employer. Once Client's HIV status was established, a meeting was called with staff members who resolved to dismiss Client because, 'it was no longer necessary for her to work'. Client was given 'her notice to terminate employment'.

A letter was written to the Managing Director at the company where Client was working to address all the above issues and to indicate that the company's decision to dismiss Client was wrongful and unlawful since Client was hired on full time basis, there was no valid reason or just cause as to why Client was dismissed and there had been no statutory notice to terminate. Further, the letter stated that it was unlawful to terminate one's employment because somebody was HIV positive as it was discriminatory and violated the dismissed party's rights.

The opponents responded to the letter to say that they had never asked Client about her HIV status. A meeting was convened between Client, former employer and BONELA to discuss the case in detail and the outcome of the meeting was that Client was reinstated following her unfair dismissal and she was compensated for the last four days remaining in the month of July and she was given a letter of employment on a full time basis with the same salary.

Please send your questions to the Legal Officer at: "Hee Mmuedi" c/o BONELA, P.O. Box 402958, Gaborone or legal@bonela.org.



From the Director's desk



On Friday September 14th, the campaign to lobby the Botswana Government to enact protective legislation addressing HIV and employment was taken to another height when BONELA, jointly with the

Employment Law Coalition, handed over 13 000 petitions to the Minister of Labour and Home Affairs, the Honorable Charles Tibone. The great attendance by community members, civil society organizations and trade unions at the hand-over event is another indication of the enormous support for law reform to ensure that people living with HIV are able to participate in the labour market. At BONELA, we sincerely hope that our Government acts swiftly on these demands without any further delay. Nevertheless, we are aware that handing over the petitions is not the end of our campaign and BONELA and its partners in the campaign are committed to continue working on this issue until a law has been passed in Parliament, which will provide

guidance to employers and protect the lives of all workers affected by HIV.

Another exciting new development at BONELA is our new programme, the Prevention Initiative for Sexual Minorities (PRISM) run by our newest member of staff, Felistus Motimedi, whom we warmly welcome to the team. The aim of this programme is to meaningfully address prevention issues within marginalized communities, enabling such communities to access appropriate health care services and assisting health care providers to provide such services in a targeted and comprehensive manner. This programme undoubtedly fills a gap which has not been addressed in the national response to HIV and AIDS. BONELA hopes that this project will find support among key stakeholders who provide HIV and STI prevention and care services.

Lastly, I would like to draw your attention to the recently developed BONELA Strategic Plan for the next five years (2007-2012). The strategic plan addresses the many challenges that we have been facing as a rapidly growing organization with a very unique mandate. Looking back at our previous activities and thinking strategically about core thematic areas to target in the next five years, has

helped the BONELA team and Board to focus our attention and energy. The final plan will be presented at our Annual General Meeting at the beginning of December which will be followed by a members' conference to discuss many HIV and human rights issues in more detail, allowing space for mutual learning and lively discussion. We believe the plan gives new impetus and guidance to BONELA, making all of you partners in our vision to making human rights a reality in the response to HIV and AIDS in Botswana.

—Christine Stegling

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 the Editor Boitshepo Balozwi at media@bonela.org.

Botswana Network on Ethics, Law and HIV/AIDS

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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.



On the road

- The Legal Officer, Uyapo Ndadi and his assistant, Kabo Mathumo ran a Legal Awareness Workshop on the Law and Human Rights as they relate to HIV/AIDS on the 10-12th July 2007 at Selibe-Phikwe.
- On the 18 – 23 July four members of LeGaBiBo went to Gaborone, Mahalapye, Palapye, Serowe, Maun and Lobatse to conduct a Coalition of African Lesbian (CAL) fact-finding mission.
- The PRISM Programme Coordinator, Felistus Motimedi, attended a workshop in Palapye from 13-18 August on the 'National operational plan for scaling up HIV prevention in Botswana' organized by NACA.
- From September 10th to 13th, the Director attended the Parliamentarians for Women's Health Regional Workshop in Nairobi at which she made a presentation on 'Informing Policy Action for Women's Health'.
- The Director attended a funders meeting for the AIDS Rights Alliance Southern Africa in her capacity of the ARASA chairperson at the UNAIDS Regional Office in Johannesburg on September 21st.

- On 26-27 September Media and Advocacy Officer attended the Southern Africa sub-regional campaigners meeting in Ezulwini, Swaziland to make a presentation on the HIV Employment Law campaign. The meeting was hosted by the World AIDS Campaign (WAC) in conjunction with The African Civil Society Coalition.
- Legal Officer, Uyapo Ndadi, attended an International Volunteers conference in Montreal, Canada on 16 – 19 September. He then proceeded to a meeting with the Canadian AIDS Legal Network and the Stephen Lewis foundation on the 20 – 21 September.
- From September 26th to October 6th, the Director, Christine Stegling and the Research and Advocacy Officer, Yorokee Kapimbua joined officers from BOCONGO, BONASO and BONEPWA on a study tour to Stockholm, Sweden to visit our partner organisation Forum Syd.
- The Open Society Institute (OSI) hosted a Health Media Project Seminar on "HIV/AIDS and Human Rights" to explore journalists' needs when covering stories on HIV/AIDS and human rights. The seminar held in Johannesburg on 1-3 October was attended by the Media and Advocacy Officer.

With the support of

