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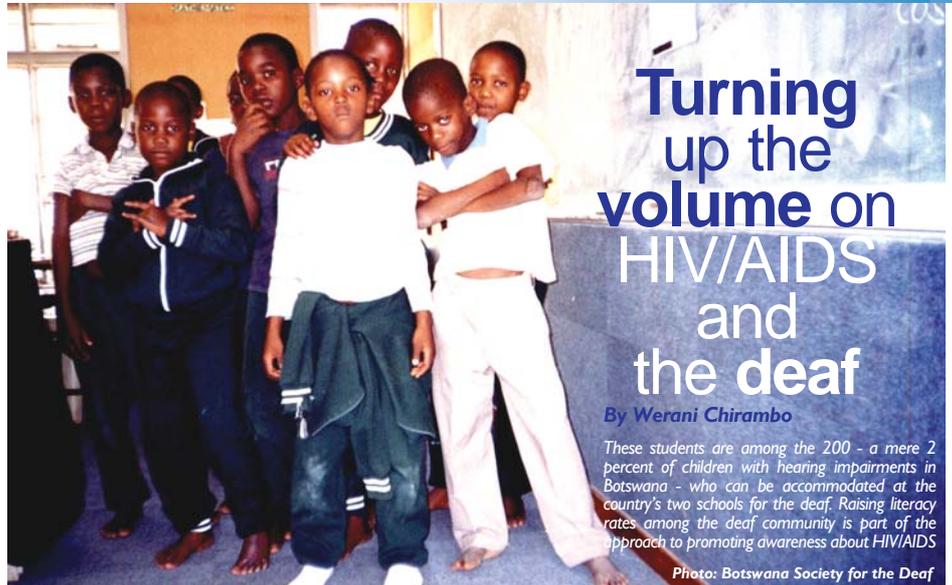
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Members of Parliament, Ntlo ya Dikgosi and the media participate in a workshop on Human Rights, HIV and Governance (p. 3).

Botswana takes its first steps towards building a law governing clinical trials

Kristi Kenyon reports (p.4)



Turning up the volume on HIV/AIDS and the deaf

By Werani Chirambo

These students are among the 200 - a mere 2 percent of children with hearing impairments in Botswana - who can be accommodated at the country's two schools for the deaf. Raising literacy rates among the deaf community is part of the approach to promoting awareness about HIV/AIDS

Photo: Botswana Society for the Deaf

Television. Radio. Leaflets. Posters. Newsletters. To raise awareness about the epidemic, organisations have pumped out information. The material is so extensive that some worry the public is getting saturated with the messages teaching the nation how to prevent, deal with and live with HIV/AIDS.

In other words, some people may have stopped listening simply because there is too much information. But at least one group may not be able to tune in.

Roughly 70 million people in the world—including one in every 1000 people in the SADC region—is culturally deaf, according to World Federation of the Deaf estimates. In Botswana, the World Health Organization (WHO) estimates there are approximately 20,000 people with hearing impairments.

Who is talking to them? Who is informing them that there is HIV/AIDS? And even though there is no cure, there are life-prolonging drugs? Who is telling the hearing impaired what every other person can hear on radio and television?

Despite the abundance of material, only one national television programme on HIV/AIDS features a sign language interpreter to communicate with those in the country who are hearing impaired.

Most publicised research about HIV/AIDS does not specifically look at prevalence rates for the disabled. This lack of information generally causes people to think that these people are not at risk, concludes Mathieu Jansen in an article entitled, "HIV/AIDS and Disability: the

Long Way from Exclusion to Inclusion." But studies have shown that individuals with disabilities are at equal or increased risk of exposure to all HIV risk factors, including the lack of education.

One might say that the deaf population can at least read the leaflets and posters that are out there. This is partly true. Literacy levels, however, are not high among the hearing impaired because they cannot go to the same schools as everyone else.

According to WHO, almost half of people with hearing impairments in Botswana are children. If their disability is detected early, they stand a chance of enrolling at one of the country's two deaf centres in Ramotswa and Francistown. These schools, however, can only accommodate 200 profoundly deaf children—that is, merely 2 percent of the children with hearing impairments.

At any given time 500 children remain on the waiting list, said Orapeleng Mokgosi, manager of the Botswana Society for the Deaf, which manages the education centres.

The only way the illiterate among the deaf community are able to understand printed information is if it is depicted in sign language symbols, she added.

But with one notable exception, virtually no one is producing AIDS education materials of this kind.

A sign language dictionary for HIV/AIDS terminology has been assembled for the Southern Africa Deaf Empowerment programme associated with Godisa Technologies.

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The publication even features signs—such as “confidential,” “casual sex,” “disease” and “condom”—that have been invented by the hearing-impaired themselves.

“Their language has its own culture,” said Modesta Nyirenda, Godisa’s general manager. “Through sharing and interacting the signs will come from them.”

One might also say that they would gain access to the information from their families and other people in the community. This should be the case, but

not many of the hearing-abled actually know sign language. If we cannot communicate in a language that they can understand, how are we to talk to them about HIV/AIDS?

Mokgosi encourages people to learn sign language. (For a small fee, her organisation offers lessons.)

“We need to learn their language because they are part of us,” she said.

This has also led to awareness-raising efforts by the Society for the Deaf among the deaf community, including a National

Deaf Sport and HIV/AIDS Awareness Day held on 23 and 24 September. Since Vision 2016 includes even the deaf community, the organisation wants these individuals to join the nation in the fight against HIV/AIDS.

But two days in a year are not enough to educate a 20,000-strong population to the level of behavioural change. We all need to do something to make sure that, in this fight against the pandemic, the volume is not turned down on the deaf community because of their handicap.

With files from David Wightman

BONELA Round-up

- BONELA is delighted to introduce the third in the *Know Your Status, Know Your Rights* series of six posters: “Making your right to work a reality”
- The Ethics, Law and Human Rights Sector held a meeting with the new coordinator, Minkie Bokole, at the end of July
- BONELA hosted a seminar entitled “Botswana’s ARV Treatment Programme: Past Lessons and Future Outlook” at Maharaja Conference Centre in mid-August
- Kai Spratt, Caroline Wills and Shetal Upadhyay from the Policy Project, based in Washington and Capetown, visited Gaborone in mid-August to meet BONELA’s research team
- The Ethics, Law and Human Rights Sector held a media briefing on 29 July, followed by consensus-building workshops in August on Human Rights, HIV/AIDS and Governance for parliamentarians and members of Ntlo ya Dikgosi at Gaborone International Convention Centre
- New Programme Officer Nthabiseng Nkwe presented to the Department of Tribal Administration on HIV and Human Rights in the Workplace at the end of August
- BONELA said goodbye at the end of August to outgoing Programme Officer Milikani Ndaba who went to pursue further studies. Milikani had worked with BONELA for two years and we wish her all the best in her endeavours
- Nthabiseng Nkwe and Human Rights Internet volunteer (Media Relations) Cynthia Lee attended a meeting on the

Mid-Term Review of the National Strategic Framework on HIV/AIDS at the National AIDS Coordinating Agency on 2 September

- Research Assistants Vanisree Ramanathan, Onneile Magapa, Kasule Kibirige and Ontshegeditse Seepetswe collected data from sites in Gaborone for the HIV and Confidentiality research project—a joint venture between BONELA and the Policy Project

- Sector Coordinator Minkie Bokole attended the Joint Task Force meeting (composed of NACA and sector stakeholders looking at the national policy on HIV/AIDS) on 6 September

- Director Christine Stegling attended the launch of the Human Development Report at UN Place on 8 September

- Cynthia Lee and Sector Coordinator Minkie Bokole attended the BIDPA and BOCONGO Botswana Trade and Poverty Programme NGO Workshop at Gaborone International Convention Centre on 15 and 16 September

- Human Rights Research Officer Kristi Kenyon’s article on routine HIV testing will be published in an upcoming issue of Harvard’s *Health and Human Rights* journal

- The Sector on Ethics, Law and Human Rights hosted a consensus-building workshop with men’s and women’s organisations on 27 September followed by a legislative review meeting with sector stakeholders at Maharaja Conference Centre the next day

- At the end of September, BONELA said

goodbye to Media Relations volunteer Werani Chirambo, wishing her the very best of luck as she begins an exciting new position in Namibia

- BONELA sends sincere thanks to Lobatse Delta, particularly Brian Jacques, for their co-sponsorship with HIVOS of a new car for our organisation. We appreciate such assistance from the private sector.



Call for submissions

The BONELA Guardian is on the lookout for timely, insightful articles on topics related to HIV/AIDS and human rights, ethics, policy development or the law.

The newsletter is published quarterly by the Botswana Network on Ethics, Law and HIV/AIDS. We welcome first-person accounts, opinion pieces and responses to previously published articles. Alternative topics such as 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, please contact:

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Workshop for policy makers centres on HIV/AIDS, law and human rights

By Minkie Bokole

The last days of winter set the scene for the first-ever Ethics, Law and Human Rights (ELHR) Sector seminar held specifically for Botswana's House of Chiefs and parliamentarians.

Based around the theme "Human Rights, HIV, and Governance," the consensus-building workshop was well attended by members of Ntlo ya Dikgosi and of four selected parliamentary committees—health, HIV/AIDS, labour and law reform.

Since the sector's activities are primarily implemented through its stakeholders such as parliamentarians, Dikgosi and civil society, this event had special significance because the two policy making bodies are responsible for the eventual formulation and enactment of policies and law.

The two-day seminar was timely as a review of legislation is currently underway, which is to identify any gaps in current laws, policies and regulations that have a bearing on HIV/AIDS provisions. This exercise will help direct appropriate strategies for future implementation, including a human rights approach in the fight against HIV/AIDS.

The workshop, held in Gaborone, was aimed at raising awareness about the ELHR sector as well as its mandate and activities. The sector has been tasked with facilitating an environment conducive to ensuring legislative effectiveness in the national response to the HIV/AIDS epidemic.

Highlights of the August 24 and 25 seminar included:

- In the opening remarks, NACA Programme Planning Manager Monica Tselayakgosi addressed the challenge of mainstreaming the sector's activities in line with Vision 2016. She urged the participation of different stakeholders to own up to the process. "It is important that we share ideas, engage everyone here, engage all others in the national response, individuals, communities right up to the national level. It is a collective responsibility," Tselayakgosi said. "The intention of the seminar is precisely to engage you as leaders to empower you as leaders to be able to help us deal with this war [against HIV/AIDS]."
- Principal Legal Draftsman of the Attorney General's Chambers Beulah Mgumi presented on the currently ongoing legislative review aimed at ensuring that the national response to HIV/AIDS is compatible "with the spirit and provisions of the Constitution of Botswana and international human rights instruments to which Botswana is a signatory."
- Offering experiences from South Africa and Kenya, the second day explored approaches involving human rights, the law, and governance in policies and implementing HIV/AIDS programmes. Fatima Hassan, an attorney with South Africa's AIDS Law Project, shed light on the battles by HIV/AIDS activists against the South African government and multinational pharmaceutical companies in gaining access to affordable antiretroviral treatment. Drawing also from other tools including research,



Photo by: Cynthia Lee
Members of Ntlo ya Dikgosi were among those attending a consensus-building workshop to raise awareness about the linkages between HIV/AIDS, human rights, ethics and the law.

pickets, petitions, media and defiance campaigns, the activists eventually used the law and court as a "last resort," said Hassan. "We have tried everything—lobbied individuals, talked to the government. We have done everything in our power to change policy and make sure [the government] performs its constitutional obligations."

- Ambrose Rachier, director of Kenya Ethical and Legal Network, asked whether Botswana's current body of law is adequate in the context of HIV/AIDS. Rachier, who headed the task force for Kenya's HIV/AIDS Prevention and Control Bill, described the progress and obstacles in his country's bid to draft legislation on HIV and AIDS. "We recognised that legislation was being used to achieve public health objectives," he told participants. "Law has been used to fight epidemics in the past. A human rights-based approach was the way to go."

As critical stakeholders for informing the population-at-large, members of the media had been invited and actively participated in and reported on the workshop.

Botswana's ARV treatment programme: past lessons and future outlook

By James Sams



Photo by: Werani Chirambo
Director of the AIDS Law Project Mark Heywood addressed the issue of equity in relation to Botswana's antiretroviral treatment programme at a seminar hosted by BONELA.

The sustainability, safety and equity of Botswana's antiretroviral programme were highlighted by speakers at a seminar hosted by BONELA in August.

Concerns about the cost of the Masa programme, which provides free ARVs to eligible Botswana, were among the topics discussed. The government's budget is straining from the costs of treating so many people, said Sennyne Obuseng, an economist from UNDP. He added a new revenue source is needed while making sure the poor could still afford necessities.

Even though the exact cost varies each year, the annual price tag of the programme roughly comes to US\$40 million (220 million Pula), according to Masa Operations Manager Segolame

Ramothlwa. Taxes and donations from international institutions and other donor agencies pay for these large bills—about 40 percent of which goes to buying brand-name drugs.

Reforming Botswana's existing laws could help reduce the costs of purchasing ARVs, said Jonathan Berger, head of the Law and Treatment Access Unit at South Africa's AIDS Law Project. He suggested the Industrial Property Act did not grant enough authority to the government and third parties to challenge patents, possibly increasing the price of new drugs. Changes to the law, he added, could strengthen Botswana's negotiating position when procuring drugs.

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The government does purchase generics for a number of other illnesses, but generic drugs have not yet been made a part of the HIV programme in Botswana, said Dr. Themba Moeti of the Ministry of Health.

There is a need to ensure the integrity of the country's supply of ARVs, which has been threatened due to temporary shortages in brand-name drugs, said Diana Dickinson, a physician in Gaborone. But while generics might ensure a steady supply, she cautioned that extra steps may be needed to ensure safety.

Fair guidelines also need to be established to deal with who receives treatment and who gets to be the next in line for treatment, said Mark Heywood, director of the AIDS Law Project.

Some participants at the event commented that these issues had already been raised in other forums and they would rather focus on dealing with data.

Others were concerned about the small number of government representatives present among a largely civil society crowd. BONELA Director Christine Stegling, echoing these concerns, said government experts invited to speak notified event organisers that they would be unable to attend only a few days—and, in one instance, 24 hours—beforehand.

What is a clinical trial?

A clinical trial is a type of research that involves human participants in order to investigate whether a new medicine or type of medical treatment is effective in preventing or treating a medical condition. Sometimes a clinical trial will use an existing medicine for a new purpose (for example, a trial that is looking at whether the ARV tenofovir can also prevent HIV transmission) or a completely new substance (for example, the HIV vaccine trials). Past clinical trials have given us many health and life-saving discoveries including penicillin and vaccines for polio and chicken pox. Although successful clinical trials ultimately help protect human rights by enabling us to stay healthier, in the past there have also been cases where research was carried out in a way that was unethical and resulted in human rights violations.

Legislation on clinical trials in first stages

By Kristi Kenyon



El-Halabi

For many reasons, including strong infrastructure, the national ARV programme and a high HIV prevalence rate, Botswana is becoming a favoured destination for research and, in particular, clinical trials on HIV.

The existence of these non-legislative mechanisms have, in El-Halabi's opinion, served a useful purpose in establishing the "conducive environment" that she feels is a necessary precursor to the bill's development.

One already existing law—the Drug and Related Substances Act—touches only upon a small part of clinical trials. It does not address a number of issues key to the ethical conduct of this type of research including confidentiality, informed consent, and who should and should not participate. These are issues "we need to be sure we have taken into account" in the new bill, said El-Halabi.

Direction on who should and should not participate is always an important issue in clinical trials, particularly vulnerable and marginalised groups such as children as well as people with disabilities, living with HIV, involved in stigmatised activities (such as sex work or homosexual activity) and who are economically disadvantaged.

Such people should not be excluded because their particular prevention or treatment needs may not be addressed by research. Care, however, needs to be taken because participation may also impose a heavier burden on these groups.

Guidance on the participation of children will be a particularly welcome clarification.

Currently, the definition of a child varies substantially within Botswana's legislation. Different documents define a child as someone below the ages of 14, 16, 18, 19 and 21 respectively.

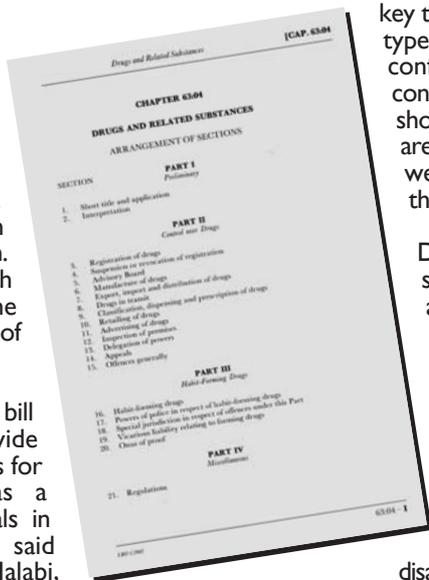
Meanwhile, the international Convention on the Rights of the Child defines a child as a person under the age of 18. Botswana is a party to this convention but, because of conflicting domestic legislation, has submitted a reservation on this particular matter. The definition of a child is important because it sets out, for example, whether or not parental consent is needed in order for a child to access medical care.

In the context of clinical trials, the age of consent is "a difficult one" because "there is no clear document that says to participate you should be this age," said El-Halabi.

The topic is assessed by looking at issues such as the ethics of participation, she said, adding that it will, however, be "easily addressed" in the forthcoming bill.

To date, the Ministry of Health has developed an outline of the proposed bill including a list of key areas to be addressed. The next step will be convening a stakeholders' workshop in which government, private institutions, academic research institutions, medical and nursing associations and, indeed, "everyone who has a stake" will be invited to review the preliminary draft and provide input.

The goal, said El-Halabi, is to make the bill "as comprehensive as possible so that it includes all the necessary elements in the conduct of a clinical trial."



Even though a large number of these trials are being undertaken, no comprehensive piece of legislation currently exists that deals specifically with this type of research. The Ministry of Health is now in the preliminary stages of drafting a bill.

The objective of the bill will be to provide "checks and balances for everyone who has a stake in clinical trials in the country," said Sheenaz El-Halabi, Principal Research Officer of the ministry's Health Research Unit.

Some checks and balances, such as guidelines on clinical trials and the Ministry of Health's Ethical Review Board (known as the Health Research and Development Committee), already do exist but "if you don't have legislation to back up what you have, it becomes inefficient," she added.

Domestic violence and HIV/AIDS: an overview of the situation in Botswana

By Vanisree Ramanathan



For an issue potentially affecting so many, so little research has been done in Botswana.

Domestic violence is the leading cause of female injury around the world, according to Human Rights Watch. In this country, organisations focused on women’s issues report that incidents of domestic violence against women and children are on the increase.

As research from other African countries has emerged, there is growing recognition of these violations of women’s and human rights in the context of the HIV epidemic. In Uganda, a study conducted in 2002 and 2003 suggested domestic violence leads to a heightened risk of HIV transmission. In Nairobi, it was reported that of a group of 66 women who disclosed their HIV status to their partners, 11 committed suicide. In Soweto, South Africa, research conducted among 1,366 women indicated that those who were beaten by their partners were 48 percent more likely to become infected by HIV than counterparts who did not experience violence in their households. A Southern Africa AIDS Training Program study reported that women are being beaten and kicked out of their homes because they are HIV positive. The programme also stated that women are being beaten and raped if they try to suggest using condoms.

These accounts strongly suggest a link between domestic violence and HIV/AIDS. In Botswana, however, the literature on this relationship is quite meagre. Research by the Women’s NGO Coalition is helping to verify the link between domestic violence and HIV/AIDS as it is related to relationships involving alcohol abuse. And while not specific to HIV, another exception is a study conducted by Women and Law in Southern Africa suggesting that many children contract sexually transmitted infections from the offences of incest and

defilement committed against them.

Figures on cases of domestic violence have been collected by women’s and children’s rights organisations such as Emang Basadi, the Women’s Shelter Project, Women Against Rape and Childline. But even these statistics are hard to come by because of the hidden and complex nature of domestic violence. Cases are often “resolved” and mediated within the extended family—and no

one involved is willing to discuss it with outsiders.

Domestic violence can range from milder physical harm such as pulling hair to behaviours that leave marks like hitting or beating, sexual abuse, dowry-related violence, marital rape and female genital mutilation and other traditional practices harmful to women.

As research from other African countries has emerged, there is growing recognition of these violations of women’s and human rights in the context of the HIV epidemic.

Domestic violence against women generally occurs in the context of a power imbalance between men and women. Traditional beliefs and practices have led many men to believe they have the right to control the movement and behaviour of women. It has been argued this power inequity translates to a power imbalance in sexual interactions, which may increase vulnerability to HIV. This often means a woman is unable to negotiate safer sex.

On the other hand, with women and girls becoming more aware of their rights, “they are no longer ready to accept old cultural norms, which are gender-biased,” said women’s rights activist Minkie Bokole.

This shifting scenario has created conflict in traditional family structure. For example, a man may feel he failed to fulfil his traditional gender role and that could result in different forms of violence against women and possibly in HIV infection in the family. Fear of violence also prevents women from accessing HIV care,

treatment and counselling even when they know they have been infected.

“Of the HIV positive women I see, about a quarter of them have been victims of violence by their partners,” Sheila Tlou, a University of Botswana professor who specialises in gender issues (and is now the Minister of Health), told the media last year.

As a predictor of women’s capacity to negotiate self-protection, economic dependency of some women on their partners is another factor in perpetuating domestic violence. While some women financially support their families, they do not necessarily see themselves as the main breadwinner. Cultural practices such as bride-price payments at times also serve to uphold similarly patriarchal beliefs. All these false perceptions could lead to an abusive relationship that puts them at increased risk of HIV infection.

For Botswana to achieve its vision of preventing any new HIV infections by 2016, further research on the links between domestic violence and the spread of HIV is essential. It will also help to break the silence that often surrounds domestic violence—another step in promoting gender equality and human development in this country.

From the Legal Desk

Because the courts are saddled with a backlog of cases, there has not been any notable progress in the four court cases discussed in the previous issue of the *BONELA Guardian*. Two defamation lawsuits continue to sit at the High Court while before the Industrial Court are two cases regarding dismissal from employment related to HIV status.

Since the June edition, we have accepted the case of an individual who alleges she was defamed by a former roommate after their friendship turned sour. She asserts that, during an altercation, the roommate screamed in the full-hearing and sight of friends and neighbours that the client is HIV-positive and taking antiretroviral drugs.

Three other potential cases were brought to us. But though the complainants are living with HIV, their specific situations did not raise issues of discrimination on the basis of their positive status. One scenario involved a dispute purely over an employment contract. The other requested assistance to get her job back even though she voluntarily left her position in 2003 due to illness.

Uyapo Ndadi

ON THE INTERNATIONAL FRONT

World AIDS Campaign wants promises kept

By Cynthia Lee

Around the world from Australia to Zimbabwe, organisers are hoping a new theme and a new approach to the World AIDS Campaign will boost AIDS awareness into action.

The theme, “STOP AIDS: Keep the Promise,” is aimed largely at holding governments and policy makers accountable to commitments they had previously pledged in international and regional agreements to combat the pandemic.

For the first time since the birth of the World AIDS Campaign in 1997, a theme has been enlisted for a five-year period, significantly longer than previous one- or two-year motifs.

“We’ve been with the epidemic for almost two decades,” said UNAIDS Botswana Country Coordinator Kwame Ampomah, adding that after an initial response of denial, there has been “a serious change of heart.”

“That in many ways has translated into good will, but we’re not there yet,” he said.

The 2005 to 2010 campaign urges the world community to take steps necessary to realize goals such as those outlined in the Three by Five initiative to get antiretroviral treatment to 3 million people by 2005 and the 2001 Declaration of Commitment on HIV/AIDS by the UN General Assembly Special Session (UNGASS).

Signed by 189 governments to take “global action” against a “global crisis,” UNGASS lists among its 103 targets to reduce HIV prevalence by 25 percent among those aged 15 to 24 and increase spending on HIV/AIDS to up to \$10 billion annually in low- or middle-income countries or those experiencing a rapid rise in HIV rates.

Even with the establishment of the Global Fund to Fight AIDS, TB and Malaria, a great deal more resources could be committed to combating HIV/AIDS, said Ampomah, similar to the way they have been spent on fighting the war in Iraq.

“The call is to go beyond the rhetoric and to be more practical,” he added.

International bodies such as UNAIDS and World AIDS Campaign (WAC)—now an independent NGO—are coordinating the campaign’s core message and providing some materials and support.

But in another break from the past, the new strategy emphasises building campaigns at the national level, intending to allow for more adaptation to local

needs and cultures. Led by a partnership between NACA and UNAIDS, the Botswana campaign is focused on realising the goals set out in Botswana’s National Strategic Framework for HIV and AIDS.

“What will be unique about the campaign for us as a country would be what promises we have made to ourselves as a country,” said Richard Matlhare of the National AIDS Coordinating Agency (NACA).

The responsibility is to be shifted to each individual organisation whether in government, private sector or civil society to take appropriate action to meet the objectives they have set out, Matlhare added.

“Let us all reflect on our own promises...as BONELA, or the Minister of Education or BONASO, how do I move towards these targets that I have set for myself? It’s for every sector, every organisation to reflect, to make an introspection to the promises made in the past.”

Many see the campaign format as an improvement over observing World AIDS Day as an annual one-off event as was the case from the late 1980s to mid-1990s.

“We have been doing well mobilising the nation to come together one day a year to reflect on the challenges...that awareness has been achieved,” said Matlhare who heads NACA’s Behaviour Change Intervention and Communications unit. “My personal feeling is that we do well on December 1, but then we abandon everything.”

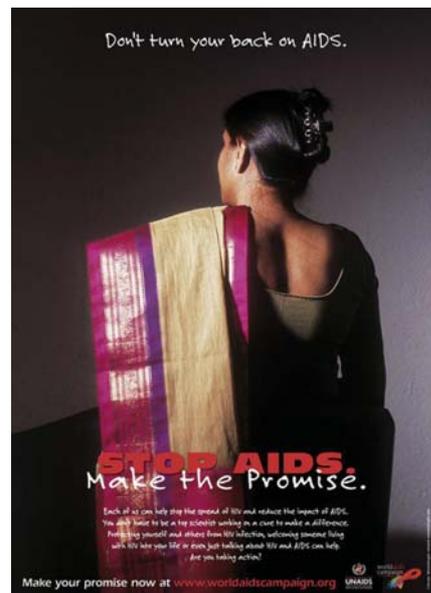
It has raised concerns about whether a campaign can be kept up for half a decade, the success of which would require constant innovation.

NACA is advising organisations to break down the period into five separate, manageable one-year plans of action “to start small” and build from there.

In August, the coordinating agency and UNAIDS introduced the campaign theme at a press conference—in other words, a small launch before the big, official launch. It was the first step to get organisations thinking about preparations for the worldwide December 1 inauguration of the new campaign.

“Whatever theme we have, it’s them [the organisations] that have to be implementing and not NACA. The ownership lies with institutions and organisations,” said Matlhare.

In recent years, civil society has increasingly emerged as a stronger player



in the campaign than when it was originally conceived as a UNAIDS initiative.

World AIDS Campaign itself became an independent NGO last year and is pushing

for broader involvement of other sectors including worker's unions, faith-based groups, youth movements and business. With affiliates in Germany, the UK, the USA and Denmark, the Netherlands-based WAC admits one of its biggest challenges is increasing the participation and voice of developing countries. It is currently considering changes to its governing structure.

"We are constantly aware of the need to have a strong southern voice in everything we do—this will take time to achieve effectively and not in a tokenistic way," WAC spokesperson Edwin Nichols stated in an email to the *BONELA Guardian*.

"We need our attention focused on increasing the amount of support to

develop national campaigns especially in the global south." Many have expressed that, whether north or south, civil society is in a better position to rally support for the campaign.

"It is very clear that it is a big mobiliser," said UNAIDS' Ampomah. "We know civil society is more capable of doing that than government."

BONELA welcomes new staff

Nthabiseng Nkwe



My name is Nthabiseng Nkwe. I joined BONELA at the beginning of August as a Programme Officer. I have an undergraduate degree in Social Work from the University of Botswana. My chosen field of work does not come out of desire to work but is rooted in my passion for the realisation and protection of human rights. I have been involved in the area of human rights for over a year now and my passion for human rights just seems to grow with each day.

I feel very fortunate to have joined such an open-minded and dynamic team that is driven by passion for fairness, a team that will not rest until it has attained its goal. I hope to contribute as much as I can to the foundation that BONELA has established. I look forward to working with all the BONELA staff, members and stakeholders.

Minkie Bokole



BONELA extends a warm welcome to Minkie Bokole as the Sector Coordinator for the National AIDS Council's Ethics, Law and Human Rights Sector (ELHRS).

Since her arrival in June, she has been steadily implementing the Sector's activities outlined in the ELHRS Strategic Plan and held a number of consensus workshops with selected parliamentarians, members of Ntlo ya Dikgosi and civil society representatives.

Minkie brings a diverse wealth of experience to her new position, including her previous roles as an Acting National Coordinator for Women and Law in Southern Africa, a Youth Program Officer for the Botswana Youth Council, and a Social Welfare Officer in South East District, Kgalagadi District, and Lobatse Town Councils. Earlier this year, she participated in the Beijing+10 conference in New York as a representative of Botswana's Women's NGO Coalition. Minkie also served as an observer in the 2004 national elections. Already holding a Bachelor's degree in Social Work from the University of Botswana, she is currently working towards a Master's degree in Clinical Social Work.

...and a new Human Rights Internet Intern

Cynthia Lee



Ke bidiwa Cynthia Lee. I am thrilled to join BONELA, fulfilling my long-time goal of contributing to the work of an NGO in Africa. My arrival in Botswana marks the beginning of a six-month media relations internship facilitated by Human Rights Internet based in Canada, my home country.

I hold a Master's degree in International Relations (London School of Economics and Political Science, UK). My studies focused on the links between conflict,

development and peace building. Prior to my post-graduate degree, I worked as a news reporter for major daily newspapers in Toronto, Canada and Washington, DC. I have also volunteered with British and Canadian NGOs centred on refugees and people affected by political violence. Over the years, I have taken special interest in issues surrounding sub-Saharan Africa and the HIV/AIDS pandemic. Undoubtedly, I am delighted to participate in the empowering approach of BONELA's work.

Thanks and best wishes to an Intern



BONELA wishes to thank James Sams for his valuable contributions during his three-month winter internship. Among his many activities while at BONELA, James was a key organiser of a successful seminar on Botswana's ARV treatment plan. He also played a role in the ongoing process of establishing the support and advocacy group Legabibo (Lesbians, Gays, and Bisexuals of Botswana).

A political science and economics student at the University of Chicago, James has a background related to both human rights and HIV/AIDS, including his academic research on the political economy of HIV/AIDS in sub-Saharan Africa. In Chicago, he heads his university's chapter of the American Civil Liberties Union and a student group advocating the equal rights of same-sex couples. He has also previously served as a legal assistant involved in anti-trust litigation against pharmaceutical companies and in the defence of impoverished persons accused of murder.

We wish him the best of luck as he returns to pursue his studies in the United States.

From the director's desk

Let me start my remarks by bidding farewell to Milikani Ndaba, our programme officer who has been with BONELA since the very early days.

Milikani joined BONELA when the organisation consisted only of myself, our administrator, Tebogo, and a very energetic and committed board. Since then, much has changed and Milikani has been instrumental in making BONELA what it is today. All of us are sad to see Milikani leave but we wish her all the best for her legal studies in the UK. Milikani's position has been filled by Nthabiseng Nkwe who I would like to warmly welcome to the BONELA team.

In August, we were joined by Cynthia Lee who is our new Human Rights Internet intern from Canada and will be responsible for our media campaign. I am also delighted to welcome Minkie Bokole who will be supporting the National AIDS Council Sector on Ethics, Law and Human Rights as sector coordinator. Finally, I would like to take this opportunity to thank both Werani Chirambo and James Sams for all their

dedication while volunteering at BONELA.

I hope that this issue of the *BONELA Guardian* has once again given readers food for thought with regard to the many complexities of the HIV epidemic in Botswana. As you will have noticed in the articles, BONELA has recently stepped up our advocacy work. We believe that advocacy on policy change is central to any civil society work. It is through continued advocacy that civil society is able to complement government initiatives and ensure that commitments made by all stakeholders are being followed through.

It was in this spirit that BONELA and the National AIDS Council Sector on Ethics, Law and Human Rights invited members of Ntlo ya Dikgosi and parliament to engage in dialogue about applying a human rights approach to HIV and AIDS. Starting this dialogue was timely since the legislative review on HIV/AIDS is about to be completed and policy makers will be instrumental in passing the necessary legislative changes.

Continuing our advocacy work with regard to the inclusion of marginalised communities, we are glad to announce that through a generous grant by HIVOS, BONELA is able to support the work of LeGaBiBo (Lesbians, Gays and Bisexuals of Botswana). The group meets regularly at BONELA and will use the grant to hold two retreats, the first one addressing sexual health issues at the end of October. The grant will also support a media campaign that you will soon see in the print media.

In order to live up to the new World AIDS Campaign theme of "STOP AIDS: Keep the Promise," we need to continue to be as inclusive as possible in our work and that will involve tailoring our programmes to include not only people with disabilities but also marginalised groups such as those with a non-heterosexual sexual orientation. It is only when we think outside the box that we can keep the promise to stop HIV infections by 2016 in Botswana.

Christine Stegling

On the road

- Human Rights Research Officer Kristi Kenyon and Research Assistant Ontshegeditse Seepetswe travelled to Ghanzi and Tsabong from 29 August to 3 September to conduct data collection for the HIV and Confidentiality research project
- In Molepolole, Research Assistants Vanisree Ramanathan, Kasule Kibirige, Onneile Magapa and Ontshegeditse Seepetswe collected data for the HIV and Confidentiality research project
- Kristi Kenyon and Ontshegeditse Seepetswe journeyed to Maun in mid-September to collect data for the HIV and Confidentiality research project while Onneile Magapa and Kasule Kibirige similarly travelled to Francistown
- Nthabiseng Nkwe attended the Zero Transmission Conference in Francistown from 20 to 22 September



Photo by: Kristi Kenyon

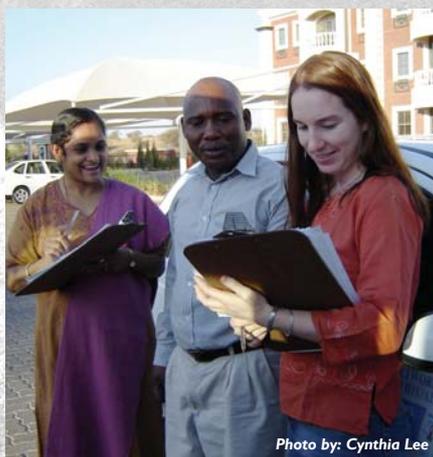


Photo by: Cynthia Lee

Members of BONELA staff and research team involved in the HIV and Confidentiality research project



BONELA is...

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 on the web at www.bonela.botsnet.co.bw.

Interested in becoming a member?

We welcome those from the legal community, academia, community-based organisations, support groups, and public and private sectors as well as people living with HIV/AIDS and concerned individuals. Contact us today.

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