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Time to Deliver: Words and Images from the World AIDS Conference (p.4)



HIV EMPLOYMENT LAW. NOW!

The HIV Employment Law Campaign hits Botswana and 8)

Now more than ever: Human Rights at the World AIDS Conference

By Christine Stegling



Lise Beaudry/IAS photograph

Hundreds march on the streets of Toronto on the first day of the conference in support of more accessible and affordable AIDS treatment.

TORONTO, CANADA—At the last International AIDS Conference two years ago, they were terribly disappointed.

So, activists from around the world made a concerted effort to put human rights discourse back on the agenda at this year's colossal 13 to 18 August conference held in Toronto. They hoped to avoid a repeat of seeing HIV-related human rights issues relegated to a minor role as it was at the previous 2004 conference in Bangkok, Thailand.

Out in full force, human rights activists featured prominently at many of the 2006 conference sessions, discussing such issues as universal access to treatment, HIV testing, and the availability of HIV-related services to vulnerable groups such as drug users, sex workers and men who have sex with men.

They pointed out that many governments, including that of Botswana, have signed the 2001 UN Declaration of Commitment on HIV/AIDS, which includes a promise to take action on HIV/AIDS and human rights.

"Protection of human rights is an HIV prevention strategy. It's not an add-on," said Mark Heywood, Director of Aids Law Project in South Africa, during the plenary session on the price of inaction.

Activists pointed to the lack of protection for the human rights of women in many parts of the world. These women are often affected disproportionately by the epidemic while also facing ostracism, violence and discriminatory public attitudes concerning their reproductive health rights.

Negative attitudes towards HIV-positive women who become pregnant have an impact not only on their psychological and physical well-being but also on their uptake of HIV-related services, explained Grace Sedio, a representative of the Bomme Isago network of HIV-positive women in Botswana, at a Toronto session.

In his powerful closing ceremony speech, UN Special Envoy for HIV/AIDS in Africa Stephen Lewis also highlighted the disregard of women's rights to sexual autonomy, to sexual and reproductive health and to social and economic independence.

"All roads lead from women to social change and that includes subduing the pandemic," he said.

Lewis passionately argued that one way to diminish the impact of HIV lay in the creation of a well-funded and well-staffed "powerful international agency for women."

"There must be voice and advocacy and operational capacity on the ground for 52 per cent of the world's population," he said in his address.

The conference also played host to another current human rights debate: the increased calls for routine HIV testing, placing the spotlight on Botswana since the policy was first introduced in the country in 2004.

However, no consensus was reached on the actual definition of routine testing. The policy still remains murky on whether it is a healthcare provider-initiated offer of a test, whether counseling before and after the test is available, and what form of patient consent is required.

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HIV treatment literacy campaign planned for Botswana

By Cynthia Lee

GABORONE—You can learn about it even in the clothes they wear.

T-shirts boldly proclaiming “HIV-positive” have become a powerful part of stepping up discussion and understanding about HIV treatment and care. They are one of numerous tools used by South Africa-based Treatment Action Campaign (TAC), internationally known for advocacy on such issues as increasing access to anti-retrovirals (ARVs) as well as HIV treatment literacy.

At a recent meeting in Gaborone, TAC representatives and other advocates shed light on strategies used in their programmes to enhance knowledge of HIV-related treatment and care among those infected and affected by the pandemic.

“We use treatment literacy to impart knowledge and to mobilise,” said TAC’s Linda Mafu, whose organisation offers education on treatment through workshops, training, media, outreach initiatives and “using all different spaces,” including t-shirts, to raise awareness.

The 11 and 12 September event was hosted by

a coalition comprised of concerned individuals and organisations, including BONELA, committed to promoting knowledge of HIV treatment around Botswana.

“The benefits of treatment literacy are not just around HIV, but it’s also around strengthening health systems and making them more responsive to people’s needs,” said Gregg Gonsalves, who coordinates regional treatment literacy and advocacy initiatives for the AIDS and Rights Alliance Southern Africa. The organisation is supporting the coalition’s efforts.

While Botswana should be applauded for providing free ARVs to many, this must be accompanied by education about “better living with HIV,” said Vuyani Jacobs, a programme director for Community Health Media Trust, which produces *Siyayingqoba Beat It*, a South African TV programme on treatment literacy.

Advocates fear that, without such knowledge, those affected by HIV will be unable to overcome fear and stigma and will not stay healthy. This outcome would have consequences for individuals far beyond non-adherence to treatment.

“In Botswana, if we do not have treatment literacy programmes, in two years, we’re going to have very terrible resistant strains [of HIV],” said Jacobs at the Gaborone meeting.

All participants agreed that treatment literacy is crucial to the long-term success of Botswana’s HIV/AIDS interventions.

“It does a lot to bridge the gap between providing treatment and achieving the outcomes we are hoping for,” said activist Paula AKugizibwe, who belongs to the Botswana coalition.

To enhance their own education, coalition members also attended the international HIV conference hosted in Gaborone by the Southern African HIV Clinicians’ Society on 13 to 16 September.

What is treatment literacy?

As HIV treatment is scaled up around the world, there is a need for people to understand how HIV drugs interact with their bodies (e.g., side effects and risks) as well as a holistic approach to taking care of themselves, which includes nutrition.

From the Legal Desk



In the past three months, the legal clinic has been swamped with HIV-related dismissal cases. The high volume of cases points to two crucial issues: HIV-related employment law and legal aid.

Our clinic has been working hard in both areas but we still have a long way to go. The Government must create a Legal Aid Board and must actively start the process of passing an HIV employment law. With other stakeholders, BONELA is spearheading a campaign for the passage of such a law.

I have been conducting legal awareness workshops around the country. The high cost of legal fees and fear of seeking recourse through the legal system are common barriers people face in accessing justice. Litigation is expensive; however, it is possible to minimise the costs of certain procedures. Certain legal documents, such as a summons or a will can be prepared by anyone. In future editions, we shall offer a step-by-step guide on how to prepare these basic but crucial documents.

Legally yours,
Mokoko Gaboutloeloe
legal@bonela.org

Hee Mmueleledi



I have been requesting medical leave from my employer recently to go for regular check-ups because of my HIV-positive status. My boss has been asking me questions about my illness, but I told him that I have no obligation to tell anyone about it. Can you tell me if I am right? He is pressuring me to disclose.

Pius, Mahalapye

Your steadfast refusal to disclose the nature of your illness is admirable. Your right to privacy is guaranteed under the Constitution. If the sick leave that you have been given is validated by a letter from a doctor, the employer has no right to demand further information about your illness. Inform your employer that you do not have to disclose the nature of your illness unless you want to. A word of caution: employees have been dismissed or discriminated against in their workplace after disclosing their HIV status to their employers. So until the law is settled, do not take the risk.



Representatives of civil society, trade unions and other organisations burst enthusiastically into song at a meeting to support passing a law protecting HIV-related rights in the workplace. Currently, such a law does not exist in Botswana. The 6 September event kicked off the Campaign for an HIV Employment Law, which is urging the public to sign a nation-wide petition and to participate in a march in Gaborone on 11 November.

People with disabilities

still suffering silently over rape

By Shirley Keoagile

GABORONE—Rape is a reality for many people with disabilities, but it too often goes unacknowledged.

For them, the burden of stigma attached to living with a disability weighs even more heavily. The situation faced by hearing-impaired individuals provides a good example.

"A deaf person who has been raped or sexually abused is likely not to disclose the ordeal," explained Catherine Molepo, a programme coordinator at the Botswana Society for the Deaf (BSD). "They are unable to express themselves...because of the language barrier or fear of stigmatisation."

In fact, no cases have been officially reported to the Rehabilitation Services Division of the Ministry of Health (MoH), which deals with services for and concerns of people living with disabilities in Botswana.

But even if it is not reflected in official statistics, people with disabilities are among the most vulnerable to sexual abuse and rape. For example, the elderly and people with physical disabilities cannot run away from their perpetrators. Those who cannot speak are unable to say "no." Those who are mentally challenged do not necessarily understand what is being done to them. People who are blind may not recognise their perpetrators.

According to a 1999 UNICEF-commissioned study on young people living with disabilities,

women and girls with disabilities are three times more at risk of being raped by a caregiver than those females who do not have disabilities.

Ignorance about people with disabilities helps to encourage sexual violations, particularly against women, adds Molemi Rammala, chair of the Paralympic Association of Botswana.

In addition to being seen as "easy targets," he says, they are more vulnerable because they are often assumed to be sexually inactive, and therefore, desirable virgins who would not likely infect an attacker with HIV.

Regardless of whether a person has a disability, rape is a crime punishable by law in Botswana.

"If it happens, measures will be taken. It is a criminal case," said a MoH Rehabilitation Services official.

Some, however, are concerned that even with a policy in place, people with disabilities face barriers to access.

"For a deaf person, there are no available services in place in public centres. The government might have programmes for rape victims but there are impediments which need to be dealt with," explained BSD's Molepo.

Police, lawyers, and rape crisis counselors are generally not trained in helping people with disabilities, according to a World Bank/Yale Global Survey on HIV/AIDS and Disability.

Police stations and courts may often be for instance, lacking ramps, sign language interpreters, and support systems for individuals with mental disabilities. As a result, individuals with disabilities infrequently report rape, and perpetrators may expect to go unpunished.

The consequences of contracting HIV through rape is particularly magnified since people with disabilities are among the communities most under-served with information about HIV prevention and treatment.

AIDS education messages do not often reach people who cannot hear or see. Deaf and blind people may not receive adequate attention at HIV testing centres because of communication difficulties. Counselors do not frequently receive training in sign language, for example.

Advocates for people living with disabilities demand that the rights and needs of these individuals, vulnerable to rape and sexual abuse, be met.

There is a need for "information dissemination and a thorough understanding" of their human rights "to avoid people taking advantage of people with disabilities," said Molepo of BSD, who calls the stigma of disability and rape or sexual abuse a "double tragedy."

The nation needs to have compassion for all its communities in order to attain the goals of Vision 2016, she added.

A rape survivor speaks out

By Cynthia Lee

GABORONE—Her aunt knew something was wrong when Kgomotso* arrived home many hours late from school. Her bloodied school uniform confirmed their fears.

That day, Kgomotso, who was then 18 and is hearing impaired, had headed on her usual long walk home after her Form 2 lessons. Kabelo, a male friend from a local senior school, and his friends trailed behind then ran up to her.

"I talked to him because I knew he was my friend," she said quietly.

Accompanied by the four boys, Kgomotso headed home on the road she took daily.

"I didn't think anything would happen to me there. But they decided to turn off to another path towards an isolated area near the dam," she recalled.

"When I refused, one of them took my hand and pulled me until we got there," she added, her eyes widening at the memory.

She tried to scream in her soft voice, but no passersby appeared. All four boys participated.

"They dragged me to the bush. They did what they wanted to do. They knew they wanted something, they got it," she said. "I trusted the boy. I thought he would help me but they had all planned it."

Shaken, Kgomotso arrived home after dark to an anxious aunt.

"She saw some blood somewhere on my uniform. I failed to explain because I didn't have the courage," she said. "She could tell that something must have happened to me."

At her aunt's urging and with her family's support, Kgomotso hesitantly reported the incident to the police the next day. With no one available to interpret in sign language, she had difficulty communicating with the authorities, she recounted.

"They were told that I couldn't hear properly but it didn't seem to matter at all," she said.

And even though a hospital test showed evidence of a sexual assault, the case never went to court.

"There was a time when the police asked me to bring a witness but I didn't have a witness

except the boys," she said. She has now all but given up on pursuing the case.

Still, gossip spread quickly in her community and at school.

"I couldn't hear them but I could see how they were and I got suspicious that they were talking about this," said Kgomotso, adding she was ridiculed by her classmates. "It hurts because when people without disabilities say they are raped...they are treated differently."

She feels such adversity is faced by people living with disabilities in similar situations.

"People don't believe what we say, especially if someone may be mentally challenged," she said. She is perfectly aware that such cases of rape are rarely reported.

"I wanted to talk about this case because I want people with disabilities to hear about it and so they can talk about it," she said, her voice insistent.

**Names have been changed to protect individuals' identities.*



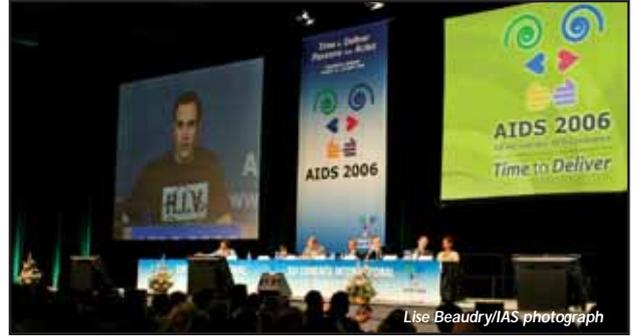
ON THE INTERNATIONAL FRONT

Time to Deliver: Words and Images from the World AIDS Conference, 13-18



Luisa Orza photograph

Former Irish President and UN official Mary Robinson (second from left) and General Secretary of the World YWCA Dr. Musimbi Kanyoro (centre) are among the speakers at the Women's Rally and March, which attracted hundreds to Metro Hall Square in Toronto on 14 August.



Lise Beaudry/IAS photograph

Activist Gregg Gonslaves of the AIDS and Rights Alliance for Southern Africa appeals for a re-energised response to the epidemic at "25 years of AIDS—Reflecting Back and Looking Forward".

"It's time to deliver, sure—but it's time to deliver right."

Sophia Gruskin, Chair of the UNAIDS

Global Reference Group on HIV/AIDS and Human Rights (Session on HIV Testing in the Era of Treatment Scale up)

"The scale-up of HIV testing has led to negative consequences where women become more disempowered. Women, most frequently infected by the husband, are blamed for bringing HIV into the home, are kicked out of the house and face gender violence." —Mary Robinson, Executive Director of Realizing Rights: Ethical Globalization Initiative and former UN High Commissioner for Human Rights



Lise Beaudry/IAS photograph

Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa, gives the keynote address at the closing ceremonies of the conference.

"It is only when we assist people in becoming agents of their own destiny in an environment that protects and respects their human rights that we will make a real change to the HIV epidemic in Botswana." —Christine Stegling, Director, BONELA (Session on HIV Testing in the Era of Treatment Scale up)

"It is our firm belief that the rights and dignity of those living with HIV or those at risk, must be recognized, must be respected and defended." —Michaëlle Jean, Governor General of Canada (Opening Session)

Grandmothers gather for HIV/AIDS

By Oratile Kidd-Moseki and Nthabiseng Nkwe

TORONTO, CANADA—Their singing echoed through the halls of George Brown College, punctuated by laughter and hand claps.

households
Saharan Africa
HIV/AIDS

Arm-in-arm, nearly 300 Canadian and southern African grandmothers, who had known each other less than a day, were connecting around the pain of HIV/AIDS, which continues to take the lives of people across all generations.



Canadian grandmothers participate in a Stephen Lewis Foundation event aimed at building connections with their African counterparts.

Hosted just before the recent World AIDS Conference, the Grandmothers' Gathering was aimed at building solidarity between these women who ranged in age from early forties to mid-eighties.

As a part of the Grandmothers to Grandmothers Campaign launched by the Stephen Lewis Foundation, the 11 to 13 August event brought 200 Canadian women together with 70 of their counterparts from sub-Saharan Africa. The African grandmothers came from Kenya, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe—the 11 countries where the charity supports HIV/AIDS projects centred on grandmothers who care for their ill children and grandchildren.

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"[We have]... and are co... member of... in Kingston

In Africa, grandmothers are at the heart of the response to the HIV epidemic. According to the Stephen Lewis Foundation, it is now commonplace that grandmothers are the caregivers for orphans.

The Grand... gap betwe... experience... existing and

According to a recent UNICEF report, *Africa's Orphaned and Vulnerable Generations: Children Affected by AIDS* 40 to 60 percent of orphans live in grandmother-headed

As a lead...

August, Toronto, Canada

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...Ceremonies)

“People who are unprepared to get an HIV diagnosis find it difficult to accept all their realities that come with such diagnosis and which ultimately will have an impact on their adherence to treatment.” —Grace Sedilo, ICW Project Officer, Botswana Parliamentarians for Women’s Health Project (Session on HIV Testing in the Era of Treatment Scale up)



Supporters light up the night at the International AIDS Vigil in Toronto on 17 August.

“We must begin to make real headway in addressing the drivers of this epidemic, especially the low status of women, homophobia, HIV-related stigma, racism, and inequality.” —Peter Piot, Executive Director, UNAIDS and UN Assistant-Secretary-General. (Opening Session)

continued from page 1

For human rights advocates, particularly controversial is the growing trend toward narrowly defining the right to consent as non-refusal by patients, which is problematic and misleading because it denies patients conscious participation in their own healthcare.

The right to consent is a precious human right which should only be sacrificed for very compelling reasons, said Anand Grover, Project Director of the Indian Lawyers Collective, in his Jonathan Mann Memorial Lecture on human rights and social vulnerabilities, at this year’s conference.

He argued that because of the lack of expressed consent by patients and failure to improve counseling strategies, the Botswana routine testing programme cannot serve as a global model.

At the session on routine testing, which featured Botswana’s Minister of Health Honourable Sheila Tlou among others, activists pushed for the importance of human rights within the context of HIV testing.

“Informed consent is derived from the right to security of the person, the right to have control over what happens to one’s body as well as the right to information,” said Joanne Csete, Executive Director of the Canadian HIV/AIDS Legal Network.

It seems an effort by many policy makers and service providers to get as many people tested as possible is taking place without adequate analysis of the consequences of uptake, including patient enrolment in treatment programmes and adherence to medication.

During this challenging discussion, as the Director of BONELA and a human rights activist, I appealed to the audience that people should be a part of the decision-making process of their health care.

“Because it is only when we assist people in becoming agents of their own destiny in an environment that protects and respects their human rights that we will make a real change to the HIV epidemic in Botswana,” I said.

Many proponents of provider-initiated HIV testing—with an opt-out provision—point at the importance of having a protective legal framework in place to safeguard the rights of people living with HIV/AIDS. But little time was spent at the conference discussing workable models and enforcement, which could then be realised only when policy makers fulfill their commitments to enact appropriate legislation.

“Now more than ever,” declared activists in Toronto about the human rights agenda—a far cry from their Bangkok experience.

Orphans

This report indicates that a quarter of sub-Saharan Africa’s 48 million orphans are the result of the HIV epidemic.



...Lewis Foundation event
... counterparts.

“Traumatised by the magnitude of loss and suffering, these elderly heads of households scrape together money — for funerals, school fees, food and medicine—all the while haunted by the thought of what will happen to their children when they die,” foundation officials stated to the media.

During the past few years, Canadian women belonging to several support groups across the country, have fundraised for African grandmothers who themselves formed support groups to help them care for the epidemic.

“[We have] a strong kinship with the women of Africa committed to raising monies to help,” said a representative of the Grandmother Connection group based in Canada.

The Grandmothers’ Gathering helped to bridge the gap between these women by having them share their stories as well as engage in critical discussions about future partnerships.

Up to the event, BONELA was invited to

facilitate a workshop with Canadian grandmothers about the importance of solidarity, not only with African grandmothers but also with each other, as a way of helping in the struggle against HIV.

With the grandmothers, we discussed how Canadian grandmother groups had previously worked in isolation, raising funds on their own without engaging similar organisations.

“We Canadian grandmothers worried that our capacity to help might be reduced to fundraising alone,” the women said in a public statement issued at the end of the Grandmothers’ Gathering.

By the close of the workshop discussion, they had begun to hear that their voices grew louder in unison, *mabogo dinku a thebana*. They agreed to come together to call on Canadian provincial governments to strengthen support for HIV/AIDS efforts in Africa.

The grandmothers initially expressed fears about being unable to interact with and relate to their African peers because of language and cultural differences.

We worked with the Canadian grandmothers to brainstorm on interests and values shared across their cultures. The women came up with a long list, including principles such as respect for human life and the desire to go to great lengths to preserve it.

At the end of the gathering, the doubts were worn down by their mutual concerns.

“As grandmothers from Africa and Canada,” the women said in the joint public statement, “we were drawn together in Toronto...by our similarities: our deep love and undying devotion to our children and grandchildren; our profound concern about the havoc that HIV/AIDS has inflicted on the continent of Africa, and in particular on its women and its children; and our understanding that we have within us everything needed to surmount seemingly insurmountable obstacles.”

The Pain of the Closet

By Prisca Mogapi

GABORONE—Nazz* has good reason to keep the pain to herself.

When she was 16, teachers and students at junior secondary school bullied her because they were confused about whether she was a girl or a boy. Nazz had her own dress code being the only girl in school who would never wear a dress.

Each morning, she faced discrimination. Nazz, chosen to be class monitor, was ordered to take off her earrings because the head teacher, believing that she was a boy, would not allow her to wear them. She was forced to pull up her school trousers so that teachers could check if she was wearing the "right" colour of socks that boys were supposed to wear.

"I remember one day when I snuck out of school with 'my boys' and the following day I was given the same punishment as the boys," she said, referring to her group of friends who were primarily male. At her school, students were punished according to their gender—girls were beaten on the hand and boys were beaten on their back.

More than anything, Nazz, now in her twenties, wished she could confront the head teacher about her gender identity but was scared that she would be expelled from school.

And when she got home, she still had to keep the secret.

From an early age, her parents knew that their daughter was a tomboy but she believes they would not accept her sexuality as a lesbian.

"My parents do not know my sexuality because they are religious people and cannot understand," she said, looking as if she was going to cry and shaking her head. "It is painful."

They still look forward to seeing her as a married woman with a caring husband and lovely children, but the truth is that she is "dating this durable and wonderful girl who's five years older."

"We always visit my parents but they don't know that she is my girlfriend," she added.

So, Nazz still remains in the closet. She lives with her partner but only their friends know that they are a couple.

"I am scared if people find out, then they might attack or burn our house or even call the police," she said. Although it is not against the law to have an identity as either gay or lesbian, the related sexual act is considered illegal in Botswana, similar to some other sub-Saharan African countries.

In many of these countries, including Botswana, programmes on HIV/AIDS ignore the issue of same-sex relationships.

"Today, LGBTIs are discriminated against in hospitals and clinics. We are not given proper

consultancy when we are sick," Nazz said.

She prays day and night for the legalisation of homosexuality because she can't stand being in closet for the rest of her life. She dreams of getting married one day to her life-time partner in her home country.

"Sometimes, I ask myself, 'Why do I love women, why not men?' she said, frustrated by the discrimination she encounters.

Nazz hurts herself physically to overcome the emotional and psychological pain of having to keep such a secret to herself. She has cut herself using knives, razor blades or broken bottles. She says when she sees blood, that's when she feels relief from the anger.

When she made the self-discovery about her sexuality, she tried to commit suicide several times. The first time, her friend Moggy* stopped her but she still bears the scars. Two thick, dark lines coil around her neck from where the rope was tightened and scratches appear on the left side of her neck, showing where Moggy loosened the noose.

"It hurts me day and night that I can not express my love to my girlfriend everywhere and anytime," she said with tears running down her cheeks.

**Names have been changed to protect individual's identity.*

Training Coordinator Oratile Kidd-Moseki appeared on the 20 June episode of *Talk Back* to discuss "Children and HIV Prevention, Treatment, Care and Support".

Programme Officer Nthabiseng Nkwe presented on "Human rights and Disclosure" at a 23 June workshop organised by International Video Fair. Interns Kerwele Gabautlwe and Senkamile Molapisi were among participants trained to use media in their work as community educators.

BONELA staff facilitated a 27 June meeting to discuss the creation of a Botswana Treatment Literacy programme.

Oratile Kidd-Moseki presented on Human Rights and HIV in the Workplace for the Botswana Defence Force on July 6 with support from Senkamile Molapisi.

Legal Officer Mokoko Gaboutloeloe presented on will-writing on 11 July at the Botswana College of Agriculture.

Mokoko Gaboutloeloe presented on "HIV/AIDS and the Law" to the Gaborone District Multi-Sectoral Committee on 12 July.

BONELA held a Community Leaders Legal Awareness Workshop from 25 to 27 July.

Oratile Kidd-Moseki delivered a 26 July presentation to BONASO on "Legislative Review" and "Past, Current, and Emerging BONELA Advocacy Activities".

Media and Advocacy Officer Cynthia Lee participated in a 28 July meeting of NACA's Behavioural Change Intervention and Communication section.

Diana Meswele started on 1 August as Sector Coordinator for the National AIDS Council Sector on Ethics, Law and Human Rights.

Oratile Kidd-Moseki appeared on a 3 August Gabz-FM radio show to discuss "The Rights of

Prisoners to HIV Prevention, Treatment, Care and Support".

Mokoko Gaboutloeloe presented at the Reproductive Health and AIDS Education seminar for the Botswana Police Quartermaster Division on 7 August.

Mokoko Gaboutloeloe presented on HIV/AIDS and employment to BP Botswana Franchise Owners and Managers Meeting on 13 August.

Cynthia Lee and Intern Shirley Keoagile participated in a 16 August UNICEF-hosted meeting to launch a children's rights and advocacy movement in Botswana.

Mokoko Gaboutloeloe, Kerwele Gabautlwe, and Senkamile Molapisi attended a Men, Sex, and AIDS workshop on 24 August.

Kerwele Gabautlwe and Senkamile Molapisi presented at a workshop on HIV and the Law for Tlokweng Police from 29 to 31 August.

Cynthia Lee participated in the 31 August meeting for a BONEPWA project aimed at building the capacity of PLWHA support groups.

Oratile Kidd-Moseki attended various meetings including: the Botswana Business Coalition on AIDS Breakfast Meeting; and, the Women and Law in Southern Africa (WLSA) Workshop on Sexual and Reproductive Health Rights.

The HIV Employment Law Coalition steering committee met on 20 September to create an action plan for an advocacy campaign.

BONELA staff presented to University of Botswana M.Ed. in Counseling & Human Services students on 7 September.

Diana Meswele met with BOTUSA to discuss key issues for the NAC Sector on Ethics, Law and Human Rights in 2007, including consensus building with stakeholders, capacity-building workshops, and mobilising support for reform of Botswana laws and policies.



Participants speak out at BONELA's seminar on children's rights, which was organised by Social Work intern Calvin Matsapa and facilitated by a number of BONELA staff.

Prisca Mogapi photograph

BONELA staff news

National AIDS Council Sector on Law Ethics & Human Rights Coordinator

Gladness Diana Kedumetse Meswele



In her work as a professional counselor, Diana was already familiar with BONELA through networking and referrals to the organisation's Legal Aid department.

The complicated effects of the HIV/AIDS pandemic on society drives Diana's motivation

to shift her focus to ethical, legal and human rights issues. As NAC Sector Coordinator, she is especially interested in raising awareness among stakeholders of legal and human rights issues, especially urging reform of legislation.

In addition to joining the BONELA team in August 2006, she is completing a masters in Counseling & Human Services at the University of Botswana. In the evenings, she interns at Princess Marina Hospital's surgical and orthopaedic wards, counselling on issues such as adherence to ARVs, coping with grief and coping with major operations. She also educates patients on employment legislation and human rights. Her background in counseling brings relevant insights to her new position.

"The dividing line between counseling and other fields, such as medicine, law, business and so forth, is fast disappearing. To address the spiritual, psychosocial, physical, and economic needs of individuals, all these sectors need to network about issues such as HIV."

The LIFT Project Interns, University of Toronto

Between June and July, Canadian students Graeme Hamilton and Shanna Spring assisted BONELA in drafting a report on the reproductive and sexual health rights of HIV-positive women,

Founded in 2005 by law students, LIFT's mission is to focus on human rights issues within humanitarian crises and offer assistance to local NGOs by providing legal research support, conducting fundraising campaigns, and raising awareness.

"My time at BONELA has raised my awareness about gender inequality and discrimination and how they are perpetuating the HIV/AIDS pandemic in Africa," said Graeme, who recently completed his first-year of law school. "It has also opened my eyes to how laws can be used to address some of these injustices and barriers."

The report also involved the participation of Women and Law in Southern Africa, the International Community of Women Living with HIV/AIDS and other groups. Shanna, a student in the Faculty of Medicine, additionally prepared a "medical backgrounder" on HIV and pregnancy.

Community Empowerment Intern Kerwele Gabautlwe



Formerly a counselor at the Coping Centre for People Living with HIV/AIDS, Kerwele joined BONELA as an intern in June. Since her arrival, Kerwele has developed an appreciation for the significance of human rights in the context of HIV.

"The right to privacy and other issues that involve living with HIV are serious challenges to people affected and infected by HIV/AIDS. A lot of people don't seem to know that they can use BONELA services, such as the legal aid clinic. You can also call BONELA for legal presentations and trainings," she said.

Kerwele hopes that, through her internship, she will develop skills and acquire knowledge necessary to respond to human rights concerns. Once finished her placement, she plans to continue working hand in hand with BONELA to close the human rights gaps in those places BONELA cannot reach.

Human Rights Internet Intern Kate O'Connor



Kate comes to BONELA from Canada as the latest HRI intern. After finishing a History degree at the University of Toronto, Kate worked with TakingITGlobal before heading out to see a bit of the world for herself. Trained in teaching English as a foreign language, she

made Ecuador's capital her home last year while teaching adults. Shortly before arriving in Botswana, she spent time in Guatemala working both in an elementary school and as a tutor with disabled children.

Kate is delighted to be working with BONELA. Since hearing Stephen Lewis deliver a keynote speech on AIDS in Africa, she has felt compelled to join the global effort in fighting the pandemic. As a media intern, she hopes to contribute valuable work to the BONELA media campaign by drawing on her passion for the cause, her experience in education, and her knowledge of social marketing. Kate hopes to pursue a master's degree in International Education Development and has great interest in learning more about the relationship between education and HIV/AIDS.

Volunteer Marie-Catherine Bartels

BONELA would like to extend warm thanks to Marie-Catherine for her valuable assistance during her three-week apprenticeship under BONELA's media programme. Her dedication and capable support were great contributions to the organisation. BONELA wishes her the best of luck as she returns to her studies at Carl-von-Ossietzky Universität in Germany.

Community Empowerment Intern Senkamile Molapisi



Senkamile came to BONELA in June after taking leave from her home organisation, Maun Counselling Centre. At BONELA, she will be developing community trainer and facilitator skills, and learning about the ethical, legal, and human rights dimensions of HIV/AIDS. Since joining the

team, Senkamile has assisted with presentations on human rights and HIV and contributed to the development of programmatic strategies to build awareness and capacity in communities' responses to HIV/AIDS from a human rights perspective.

PERSPECTIVE

Research to realise a dream

By Femi Odunsi



I dream, presumably along with so many others, of a day when Southern Africa will no longer be "the epicenter of the global AIDS pandemic". However, I

am afraid that the realisation of this dream may take long if prisoners do not have unfettered access to HIV treatment and measures of prevention, including condoms.

Restricting prisoners' access to condoms and HIV/AIDS medication violates human rights norms and constitutes a threat to HIV control efforts in Southern Africa. Prisoners remain part of society; leaving them unprotected amounts to leaving open an avenue of HIV transmission or re-transmission.

It may be unfair to dump the blame only on the government. As the public, our own attitudes ordinarily influence the government's stand.

Negative attitudes towards homosexuality and prisoners' welfare contribute significantly to the restriction of prisoners' access to treatment and effective means of prevention. The courts have alluded to this fact, even if indirectly.

The need to curtail the spread of HIV/AIDS in Southern Africa should outweigh any satisfaction we could receive from segregating and stigmatising certain groups in society because of what some call "unacceptable behaviours".

Predictably, civil society will continue to strive for effective solutions to the HIV/AIDS crisis. Public support through more open-minded attitudes would make the task of civil society easier.

These messages are central to my research at BONELA, which focuses on barriers to HIV prevention and treatment based on discrimination centred on "moral judgment". Only through more openness can we realise the dream.

Femi Odunsi, LL.M, is a BONELA Research Associate sponsored by the Open Society Initiative for Southern Africa and the University of Pretoria's Centre for Human Rights and Centre for the Study of AIDS.



From the director's desk

"Human Rights and HIV/AIDS: Now More than Ever" was the theme for human rights activists at the recent World AIDS Conference in Toronto. Undoubtedly, BONELA has embraced this theme wholeheartedly in our local context, scaling up our many activities to promote the rights of people living with HIV/AIDS.



As several of the articles in this newsletter show, marginalised communities, such as people living with disabilities and those with a non-heterosexual sexual identity, face challenges that have a direct impact on their ability to prevent HIV infection. BONELA continues working with such communities to ensure that their issues are addressed at policy fora.

By now, many of you will have signed our employment law petition and, because of media coverage it has received, will be familiar with our campaign for an HIV employment law. We are excited about the tremendous public support this campaign has gathered and are hopeful it will make all the difference in speeding up the process for Parliament to enact appropriate legislation. While we continue to work with government from

within their structures to finalise the policy on HIV and employment, we feel that the time has come for the public to assert support for a law that protects people from discrimination in the workplace.

I would also like to take this opportunity to welcome the new staff members. Our Community Empowerment Internships have gotten off to a great start with Kerwele Gabautlwe and Senkamile Molapisi supporting our training and advocacy programmes. The National AIDS Council Sector on Ethics, Law and Human Rights was strengthened in August with the addition of Diana Meswele. Kate O'Connor has joined us as our new Human Rights Internet intern, supporting the media and advocacy programme. As well, our Nigerian Research Associate Femi Odunsi has extended his stay at BONELA until early next year to intensify our work on HIV/AIDS in prisons. I would like to thank Marie-Catherine Bartels, an international volunteer who, during her short stint at BONELA, made an amazing contribution by re-organising some of our administrative systems.

—Christine Stegling

On the road

• Legal Officer Mokoko Gaboutloeloe, Programme Officer Nthabiseng Nkwe, and Intern Kerwele Gabautlwe conducted a Community Leaders Legal Awareness Workshop in Francistown in late June.

• Training Officer Oratile Kidd-Moseki, Mokoko Gaboutloeloe and Intern Senkamile Molapisi traveled to Masunga to conduct a workplace-policy development workshop with the local DMSAC on 27 to 28 June.

• Finance Manager Nana Gleeson attended a Partnership Forum organised by the Global Fund to Fight TB, HIV/AIDS and Malaria in Durban from June 30th to July 4th.

• Oratile Kidd-Moseki attended the Universal Access Target-Setting Conference, a high-level policy meeting in Kasane from 9 to 13 July. Jointly organised by NACA and UNAIDS, its purpose was to set 2010 targets and mid-term targets for Botswana.

• Nthabiseng Nkwe attended a consultative meeting in Johannesburg, South Africa organised by International Planned Parenthood Federation in partnership with Open Society Initiative. The 10 to 14 July meeting was aimed at developing ways to integrate young people living with HIV/AIDS into sexual and reproductive health programmes.

• Organised by the Kenyan section of the International Commission of Jurists, a Regional Right to Health Seminar in Windhoek, Namibia was attended by Mokoko Gaboutloeloe from 29 August to 2 September.

• In Toronto, Canada, Nthabiseng Nkwe and Oratile Kidd-Moseki participated in a 12 August symposium organised by the International Center for Research on Women held on the eve of the International AIDS Conference.

• Director Christine Stegling attended a 12 August networking meeting of organisations working on HIV and human rights around the globe. The Toronto event was organised by the Canadian AIDS Legal Network.

• Christine Stegling, Research Associate Femi Odunsi, Nthabiseng Nkwe, Oratile Kidd-Moseki and Volunteer Coordinator Prisca Mogapi attended the International AIDS Conference in Toronto from 13 to 18 August.

• At the conference, Christine Stegling presented at a panel discussion on HIV testing in the era of increased treatment access.

• Christine Stegling was elected Chairperson of the ARASA Board of Trustees at a 7 September meeting of the regional body in Windhoek, Namibia.



Lise Beaudry/IAS photograph
The AIDS Memorial Quilt is displayed at the World AIDS Conference in Toronto.

HIV EMPLOYMENT LAW. NOW!

Currently there is no law in Botswana protecting your HIV-related rights in the workplace.

Help us make Botswana more secure for workers infected and affected by HIV.

Take action. Make a difference. Be a part of the HIV Employment Law Campaign.

JUST BECAUSE YOUR HEALTH IS AT RISK DOESN'T MEAN YOUR JOB SHOULD BE.



- Sign the petition
- Talk to your MP
- Keep up the momentum

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 Editor Cynthia Lee at media@bonela.org.

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