

BOTSWANA HIV/AIDS AND HUMAN RIGHTS CHARTER

(Adopted in Kasane, 15 September 1995)

(Revised in Gaborone, 13 September 2002)

The Botswana HIV/AIDS and Human Rights Charter was drafted at a Conference on “Shared Rights - Shared Responsibilities” hosted by the Red Cross AIDS Information and Voluntary Testing Centre and DITSHWANELO - The Botswana Centre for Human Rights, in Kasane in September 1995. In 1995, the Red Cross provided the only free voluntary counselling and testing service in Botswana. The Charter was drawn up by a group of People Living With HIV/AIDS (PLWAs), including students, workers, women and men.

The Charter was revised at a workshop in Gaborone in September 2002. The writers hope that this revised Charter will assist the national and regional efforts to stop the spread of HIV/AIDS, and start to change peoples’ negative attitudes towards PLWAs.

The Charter calls on all Botswana peoples; the government, the business sector, non-governmental organisations, religious organisations, faith-based organisations, traditional healers and trade unions to join hands and share the responsibility of challenging HIV/AIDS in our society.

This Charter is not a legal document and so does not seek to assert a set of legally enforceable or actionable claims. Rather, the Charter is a statement of the aspirations and beliefs of a particular group of PLWAs.

AIMS

To enrich constitutional rights and freedoms and to highlight the Botswana National Policy on HIV/AIDS so as to give it priority and help to put it into practice.

To recognize that we, as residents of Botswana, are concerned about and affected by HIV/AIDS.

To enlighten the public about the rights and responsibilities of people living with and affected by HIV/AIDS.

To make people more aware about HIV/AIDS and the need for support from the government, the public and the private sector.

To emphasize that PLWAs have legal, civil, political, social and economic rights.

To help mobilize civil society in Botswana to prevent discrimination of people living with HIV/AIDS (PLWAs).

To impact on and improve the lives of people living with and affected by HIV/AIDS.

1. Rights to life, respect, freedom, and association

People living with HIV/AIDS have a right to be a part of a family.
They have the right to marry and have children.
They also have a right to love and be loved.
They have the right to be treated like any other person in the society.
They have equal rights.

Society should treat men, women and children who are living with HIV/AIDS with respect and compassion.

People living with HIV/AIDS have the right to full life, respect and dignity regardless of sexual orientation. They should not be segregated, condemned, or shunned.

2. Shared Responsibilities

Every family in Botswana has the right to comprehensive HIV/AIDS education in order to be able to help people living with HIV/AIDS.

Those who know their HIV status should act responsibly towards themselves and towards others. Persons living with HIV/AIDS should practice safe sex so as not to be re-infected, and so that they should not infect others.

3. HIV Testing

HIV testing should always be voluntary and only take place with the full and informed consent of the individual. All people of 14 years and over should have the right to request or refuse an HIV test.

Pre- and Post-test counseling should ALWAYS be provided when a person is tested for HIV.

HIV testing for people who cannot consent, because of mental illness or mental incapacity, should only be done with the consent of a guardian/parent, and only if it is for the benefit of the person involved.

4. Confidentiality

People living with HIV/AIDS are entitled to confidentiality in all matters relating to their health and HIV status.

Shared confidentiality or openness about their status with family and trusted friends helps people living with HIV/AIDS, but it is a matter of individual choice.

Employers have no right to know the HIV status of their employees.

Health care workers and other professionals (such as counselors, insurance brokers and public

servants) should encourage PLWAs to be open about their HIV status but they have no right to breach the confidentiality of any person infected or affected by HIV/AIDS.

People have a right to privacy and confidentiality even after death. The family and medical doctors must respect the wishes of the deceased. The status of a person who has died of HIV/AIDS related illnesses should only be disclosed with the fully informed consent of the family.

5. HIV/AIDS education and prevention

All persons have the right to comprehensive education about HIV/AIDS, prevention methods, and reproductive health. Such education should be an important part of formal and non-formal education, workplace training and training for home based care providers.

People living with HIV/AIDS should be involved in and consulted about HIV/AIDS education in order to help eliminate discrimination.

Facilities and resources should be made available by the government, private companies and NGOs to assist people who are involved in HIV/AIDS education.

All people have the right to access health care facilities and services.
People living with and affected by HIV/AIDS have the right to appropriate information regarding available treatment methods and clinical trials.

6. Treatment

PLWAs have a right to treatment.

PLWAs should be well informed about clinical and traditional medications and all possible side effects associated with the treatment process.

The government, public sector, private sector and NGOs must ensure that PLWAs who are on anti retroviral therapy are placed on sustainable treatment programme. There must be effective collaboration among the programmes.

PLWAs should not be the subject of clinical trials unless it is for their own benefit.

7. Youth/Children

Youth/Children should participate in all efforts to curb the HIV/AIDS epidemic, beginning with the planning stage.

Youth/Children living with HIV/AIDS should have equal access to anti-retro viral treatment, as all other PLWA.

The best interest of the child should be the paramount consideration in all matters concerning children.

8. Women

HIV/AIDS education and prevention programmes need to focus on empowering women. In Botswana and all over Africa, young women are especially vulnerable to the HIV/AIDS epidemic, and many more women are being infected than men.

Women should be treated as equal partners in decision-making; especially in matters of sexual relationships and family planning. Women have the right to negotiate safer-sex and condom use in marriage.

Education about HIV/AIDS and pregnancy should be made available to everybody. Women living with HIV/AIDS should have the right to decide to have children. All women are entitled to abortion on medical grounds, in the interest of the health of the mother and the unborn child. Women living with HIV/AIDS also have the right to access drugs to reduce the risk of mother to child transmission.

Women living with HIV/AIDS must be treated with respect and compassion. They should have the right to take legal actions against any person who forces them to have sex against their will.

9. Employment

People living with HIV/AIDS have a right to work. HIV/AIDS testing should never be a requirement for employment. Employees and employers should be given information about the rights of people to decide on HIV testing, and the rights of people living with HIV/AIDS.

Workers living with HIV/AIDS should be treated the same as any other workers. They should have equal employment benefits and rights, e.g. to confirmation on the job, education and training, and promotion.

Workers with HIV related symptoms and AIDS should be treated the same as any other workers with an illness.

10. Access to public facilities

People with HIV/AIDS, and their families, should have equal access to all public facilities, e.g. health care services, public amenities, social welfare services and schools. All PLWAs should have access to special services which are available.

11. Finance - Money matters

People living with HIV/AIDS should not be denied access to financial services such as medical aid schemes, bank loans, insurance policies, etc. on the basis of their HIV status.

The insurer should not use the HIV status of the deceased to deny the beneficiaries any benefits accruing from the policy.

12. Prisons and facilities for care (eg mental hospitals and schools of industry)

Prisons and facilities for care should be part of the national effort to combat the spread of HIV/AIDS. Prisoners should be given comprehensive HIV/AIDS education and have the same access to preventative measures as the rest of the population. This will reduce the possibility of HIV spreading in prisons.

Prisoners and other inmates with HIV should be treated the same as their colleagues and have standard access to health care, work, and other facilities, including condoms.

13. Media & Language

The public and private media (newspapers, radio, and television) should portray or paint positive pictures of people living with HIV/AIDS. They have a duty to provide factual and accurate information.

People living with HIV/AIDS should be consulted about appropriate language and images used to portray the epidemic.

Media should respect the rights of people living with HIV/AIDS to privacy, dignity and a full life.

The media, organizations that are involved in HIV/AIDS education, as well as the public in general, should be sensitive to the language that they use when describing people living with HIV/AIDS. Words and images that depict people living with HIV/AIDS in a negative light should be avoided. Labels such as “AIDS victims” portray people living with HIV/AIDS in a negative light.

SHARED RIGHTS – SHARED RESPONSIBILITIES EQUAL RIGHTS – EQUAL RESPONSIBILITIES

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