



DITSHWANELO
The Botswana Centre for human Rights



HIV/AIDS and Human Rights
Luncheon

4 April 2002

TABLE OF CONTENTS

	PAGE
WELCOME ADDRESS	
Ms Eileen Ndlovu Chairperson of the Board, DITSHWANELO	2
INTRODUCTION	3
Ms Alice Mogwe Director, DITSHWANELO	
ADDRESS	4
Mr Zackie Achmat Coordinator Treatment Action Campaign	
QUESTIONS AND COMMENTS	9
APPENDICES	
Appendix 1: List of Participants	14

WELCOME ADDRESS

Ms Eileen Ndlovu
Chairperson of the Board, DITSHWANELO

I want to welcome you all this afternoon and thank you very much for your presence here. I know that some of you got the invitations very late but we are most grateful that you have been able to come and I see anyway that most of the people here are the people who are always with us. Whenever we call for anything for support you are there.

We are most grateful for that and don't be tired not even tomorrow. We have been overwhelmed by your support especially since we know that the notice, which we gave you, was very short.

DITSHWANELO is currently holding a Mini Human Rights Film Festival from 13 to 22 April 2002 in conjunction with the Maitisong Festival. One of the themes covered by these films is HIV/AIDS from a collection of documentaries about living with HIV/AIDS in Southern Africa. The HIV/AIDS films which include "It's my Life", "A Miners Tale" and "Mother to Child" will be screened today at 7.00 pm. This is an opportunity to allow you to meet Zackie about whom one of the films "Its my life" was developed and also when you go to that film.

It also allows us to hear firsthand the experiences of Mr Achmat as one of the foremost advocates for access to treatment for People Living With HIV/AIDS (PLWAs) in South Africa, Southern Africa and internationally. We know that in Botswana, programmes are in place for the implementation of access to treatment and those who work directly with this can share ideas and experiences with Mr. Achmat and Mr. Achmat you are sitting with them there you can look at them. They are the drivers.

This forum also allows those who work on HIV/AIDS issues to meet each other and network more meaningfully. We urge you once again to attend the films this evening. The cost is P40.00 per person. For your convenience tickets are available at our information desk right outside or at the Grand Palm Cinema. Mr Achmat will in fact introduce one of the films tonight so don't miss it.

We hope that our efforts at this forum will go some way towards creating regionalism around the issue of access to treatment for PLWAs in Southern Africa. Thank you very much once again. Enjoy what you hear and enjoy your food.

INTRODUCTION OF MR ZACKIE ACHMAT

Ms Alice Mogwe Director, DITSHWANELO

I would like to thank very much the donors who have made this lunch possible at extremely short notice, the UN country team.

It is a great pleasure to welcome Zackie to Botswana. We last saw each other about 6 years ago and his last visit to Botswana was in 1986, so it is wonderful that he can come and spend some time with us.

Zackie Achmat is the Coordinator of the Treatment Action Campaign (TAC) in South Africa. TAC works for access to affordable treatment for all people living with HIV/AIDS in South Africa and supports the global campaign for access to essential and life saving drugs. For more information on TAC please visit their website at www.tac.org.za.

As our chairperson mentioned before, Zackie is also the protagonist of the film “It’s my Life” which will be showing tonight at the Grand Palm Cinema as part of the DITSHWANELO Human Rights film festival and tickets are available outside. On the tables, I trust that you found copies of an article which we photocopied from the weekly mail which provides some information about the TAC. Zackie was not happy to learn that we intended to distribute it this afternoon as he felt that it personalised things too much but I told him he didn’t have much of an option and we were going to distribute it so that you learn a little more about Zackie the person.

ADDRESS

Mr. Zackie Achmat Coordinator Treatment Action Campaign (TAC)

Hi, I have a bad nose so you have to excuse me. First and foremost I want to say thank you to Alice and Mrs Ndlovu for the invitation to speak to you and to be able to address you. I also want to say thank you to all the people who have come out particularly the people from our High Commission, the Office of the President, the National AIDS Coordinating Agency, Dr Khan and so on.

This is the first time I will speak publicly since our Cabinet statement last week on HIV and AIDS and it is the first time in two (2) years that I will be speaking publicly without feeling any sense of despair and so I am proud to do it here in Botswana. The reason I came here was to ask for your assistance in helping to change the mind of our government, which I still think, is necessary. The last time I was here in 1996 was to visit comrades who were here in exile, and your country gave tremendous support to us during that period of exile despite tremendous difficulty and pressure from the then South African Government. So the thank you I want to say, is not only for allowing me to speak to you this afternoon but to say thank you for that hospitality and warmth and support for South Africans during a very difficult time.

Why am I here to speak? I am here to speak because it is important to learn from each other, from our programmes, from our understanding from how we interact with each other and also to give support to each other.

Alice, has been generous throughout the years over the emails; DITSHWANELO has been very generous in promoting a human rights culture together with many other organisations in our region. One of the reasons that we are here today and one of the reasons that TAC exists is because of the strength of civil society in our region. It is not strong enough by any means but there is some strength about it.

The first thing I want to talk about the epidemic is the need for openness. That is something that I have learnt. When we started the Treatment Action Campaign in our country there were less than a hundred people prepared to speak openly about HIV. The reason I am not wearing a tie today and I am wearing my HIV positive T-shirt is because you will remember in December 1998 a young mother in Kwa Zulu Natal declared her HIV (positive) status and people stoned her to death in her community. We started this campaign by wearing this t-shirt. It is not only for people with HIV, it is for anyone in our country because the responsibility of being open with HIV is not only for people with HIV like myself, but also it is everyone's responsibility.

A critical part about the epidemic and what we need to learn from each other is that all of us need to be open about HIV and we need to speak about it. But we also need to speak about other things. The things that are difficult, like talking to our children about sex, talking to us about sex. What we enjoy what we do when we have sex, what we do not enjoy, all those things that we do not talk about, all those things,

which are difficult to talk about which we need to. So openness is an important part of the epidemic. Openness is also central to any human rights culture and that is an important part. What we have learnt from Botswana about openness is your President's willingness to speak about the disease and be open. That is a lesson that we can take home and encourage our leaders to be open. We have many national leaders who are open about HIV but not necessarily at the highest level. That has been very important for us to learn. But it is also important for anyone; whether we teach, whether we clean homes, to be open about HIV, it is an activist responsibility as well. I don't think many activists, whether we are in labour movement, in the churches and so on, are aware.

I want to say a few things about South Africa and HIV/AIDS. I want to start off by saying that South Africa had one of the best National Programmes when we elected our democratic government, for dealing with the epidemic and still today it has one of the best legal frameworks for HIV. Let's take for example our testing policy. Our testing policy says that **no one** should be forced to have an HIV test, and that when you learn of the person's HIV status irrespective of where you are; you have to respect that person's confidentiality. Why is that important to us? It is important to us because if I want to get tested, I would go there and I expect someone to protect my confidentiality so I can change my behaviour, so that I can have the time in which to tell my partner and my family when I am ready, that I have HIV. That also encourages people to go to the clinics and so on.

South Africa has a good programme of those things. It also says you can't lose

your job, you can't be tested without consent, you should not be tested when applying for bursaries or for any other things, and we don't, as many people here will remember, Nkosi Johnson, he and his adopted mother took a very courageous stand by informing the school that he was going to attend that he had HIV. Initially they were shocked then they tried to be discriminatory but they came around and discussed it and through discussing it everyone in that school from the teachers to the students could discuss HIV and AIDS.

Our government then put in place a policy that said no learner or no educator should be discriminated against, lose their post or lose their place at the school because they have HIV. What I want to say in relation to that is that the government in South Africa did put in place a very very good legal framework to enable us to do our work.

Government also did some good work on prevention but our prevention work has shortcomings in two (2) areas which hopefully will now be addressed. The one area in which we had a terrible shortcoming was the area of Mother to Child HIV transmission. As you know, in our country over the last 3 years, we have had approximately 70,000 children infected with HIV through childbirth and breast-feeding over the last few years. Treatment Action Campaign has tried to negotiate with the government since 1998, when we were formed. And organisations such as the AIDS Law Project, the AIDS Consortium, NAPWA and so on had tried to negotiate with the government since 1996 to put in place a Mother to Child HIV Transmission prevention programme.

Over these years we have been put in a position where we could not get such a programme because our government didn't implement it. I was most surprised; I was travelling on the plane yesterday afternoon and I think it is called Marung, the Air Botswana Magazine, I don't usually read airplane magazines but I decided to read it and I was stunned. There was an advert promoting mother to child prevention programmes and reduction within the Botswana national airlines magazine. That is certainly something to be commended and something which we have a tremendous amount to learn from this country.

As you all know we had to go to court, we won in court and it was a painful decision. Me personally, I am an ANC member. The ANC is a party that stood for democracy, for human rights and so on and it was painful to take our government to court on an issue where the litigation is not a cooperative one, but where it is an adversarial one. You will remember that we supported our government last year in a court case against the drug companies when they tried to take the government to court. So it pained us to take the government to court on this issue but we had to because our constitution and also our history tells us that everyone has a right to life, everyone has a right to dignity and everyone has a right to be respected. Particularly, poor and marginalised people in our country and everywhere in the region. That is one area.

The other area is sexual assault (where the government). We have a very high rate of rape in our country and unfortunately, our government didn't respect the right of people to get anti retroviral therapy if they chose to use it to prevent HIV transmission, if they had been raped.

All of you will know that the government changed its position last week on this particular issue and there can be no-one more happier in the country than all of us in the Treatment Action Campaign. Not because we fought with the government about it but because now we get down to the difficult business of working to make sure that people get it and we can get on with that which is actually the most difficult part of our work.

Treatment for People With HIV/AIDS

It took our government fifteen (15) years to develop a Protocol on opportunistic infections. Still today fewer than 10% of our clinics have seen the guidelines, but that is not only the government's fault that is our fault also. Because we also have to make sure that those things get to the clinics because after all it is our health. But, we assisted our government. You will remember, fluconazole, which is used for cryptococcal meningitis, and it is also used for oesophageal thrush. Many women sitting here will remember that candida is a horrible infection for many women here, and fluconazole, in our country, 1 capsule, 200 milligrams, used to cost R180.00. The drug company sold to our government one (1) capsule for R56.00. We could get it, the generic version for R2.00 per capsule and because we place people's lives above profit, lives before greed, life before profit, we offered the drug company that made it, Pfizer; we said to them for the same medicine, you can charge R4.00 a capsule and you can still make a serious profit and they wouldn't. And we decided to import illegally from Thailand. Thereby breaking the patent, a medicine that was generically equivalent. We don't believe in counterfeit medicines, we don't believe in

using unsafe medicines, we don't believe in using medicines that aren't tested. So the medicine we chose was tested so we helped our government because what Pfizer did to them was, they made a donation and we don't believe that donations are the best way to run a health care system especially in countries like South Africa and Botswana which has some income, but it certainly made sure that many people could get access to a medicine that there wasn't before. And that was a medicine for opportunistic infections as Dr Khan and any of the other doctors who are here today might be able to tell you that are essential to use.

But anti retroviral therapy, when we started our campaign, cost four and a half thousand rands a month and most South Africans earn less. The majority of South Africans earn less than R2, 000 rand a month, so no one who needed those medicines could afford it. Now it costs between R900.00 and R1,800.00. It is still too high. Medicins Sans Frontier (MSF) runs a programme, an anti retroviral programme in Kayalisha (A township in South Africa). In one township we have 2,000 patients with HIV who go regularly to the clinic. Only 180 of them are on anti retrovirals and that is part of a pilot project. MSF use the best brand name products GlaxoSmith Kline. AZT and TTC and use Nevirapine in its programme. It costs more than R1200 a month per patient. They signed an agreement to use in their project, the Brazil generics which cost them less than R450.00 a month. The Thai government has brought down the medicines to about R250.00 a month, a triple therapy combination. This is an important thing for our region, in order to make Botswana, Namibia, Zimbabwe, South Africa, all of our countries in our region's HIV

treatment programmes sustainable, we have to work together to ensure that we get the lowest cost, highest quality, generic medicines and if the brand name companies are prepared to lower their prices to the same level we will use the brand name. It is not that we make a principle of generics; we need the lowest prices because it has to be sustainable. HIV is going to be with us for 50 years or more and we need the best sustainable programmes so that is one area.

All of you will know and I'll say it with pain in my heart that it shocked me and most of us for the last two (2) years, that at the highest level of our government, in our President's office and our President himself there was a questioning of whether HIV caused AIDS. And that questioning is still there although our whole government through the Cabinet expressed a viewpoint, which we are happy with, but that questioning is still there and it has caused tremendous damage. Not only to treatment projects but also to prevention projects because young men now say should we use condoms, the President says HIV doesn't cause AIDS. I saw a traditional healer on television say, you know when this thing started, we said HIV doesn't cause AIDS and then the government told us HIV caused AIDS and we started working on this. Now the President tells us HIV doesn't cause AIDS, whom are we meant to believe? So it has caused tremendous damage, but it hasn't caused damage as much of the people who got most of the damage are poor people who live alone and who found out about the disease and lived in absolute misery because of it. And here I would if I may say that we still need your support, not against our government but in support of those people in our government who believe that HIV causes AIDS because the

biggest problem all of us face within our societies is our own lack of scientific literacy. We are not used to pharmacology, we are not used to virology and immunology and all those “ologies” that you get. But it is critical that all of us work together to get some understanding and therefore when the cabinet made that statement of 17 April this year (2002) it (put) first sent me into shock. I went into hiding I didn’t know what to say but after that, there is a tremendous joy in our organisation and throughout our country. But not only is there joy, we’re also cautious about it so we will continue to ask for your help in it. We will work with our government, but most importantly we want

to work with everyone in our region to make treatment and prevention (a reality). Because even though we are in an organisation that campaigns for treatment, we believe that prevention is an essential part of treatment. So all of us need to work together to make that a possibility and I want to say thank you to people here. None of it would have been possible without the support from the trade unions, the churches, the business organisations and most of all the scientists in our country. We have managed to bring all of them together to say we can beat HIV/AIDS and I am sure that if we come together in the region we can do the same. Thank you.

QUESTIONS AND COMMENTS BY PARTICIPANTS

Mr. Billy Mosedame, BOT/USA Project

Let me thank you for having shown a face that other people are afraid of showing. Let me say that I am also one of the people living with HIV in Botswana who have given HIV/AIDS the real face that it deserves. The first time I learnt about you I remember I was in South Africa. I was with those people doing “Know AIDS”, they even gave me a t-shirt like yours, and unfortunately today I am not putting it on. I am happy for the work that you are doing and I want to present to you a book that I have written on HIV/AIDS. It is a poetry book entitled “The Silent Bomb”. I have called it “Silent Bomb” because people living with this disease remain silent for fear of stigma, rejection and discrimination. It is silent because those who live with the disease do not even know that they are carrying the disease. It is a bomb that explodes at the end of the day and in this book I have written “To Mr Zackie Achmat. Silence is peaceful but a conspiracy of silence can be fatal. It is high time we break the silence. After all being told that you are HIV positive is a grammatical silence. We still have a life to lead and I am going to present this book to you.

Dr Banu Khan, National AIDS Coordinating Agency (NACA)

Thank you very much Zackie and also DITSHWANELO for organising this lunch where we have time to interact, and the film festival where we can have more time to interact with Zackie. I met Zackie in July last year (2001) but of course I have been following his activist

campaign for some time and certainly it has been a long and arduous task to win small victories step by step, but what we want to say is it that the Government of Botswana is committed to fighting HIV/AIDS not only in Botswana but also in supporting regional initiatives. And since you have made that plea, we want to assure you that we stand behind you and we look forward to not only supporting you but collaborating with you, since in as much as we can support you we believe that we can also learn a lot from you as well. Thank you

Mrs. Dambe Gro, Botswana Business Coalition Against AIDS

I have got a bit of a personal dilemma and I am just wondering if this is the forum. It is the first time I have been to a DITSHWANELO conference/luncheon because I am more from the private sector orientation. And in terms of human rights I know initially that it is within our own Botswana law and as employers we are practicing it, this confidentiality and silence and I am just wondering what people here (think) because I feel that this issue of confidentiality is really killing Botswana. It is disabling us because if somebody has cancer we are quite happy to say they have got cancer and we empathise and in our own work environment. When someone has come out people feel compassion because it has impacted on us so much. So I was wondering what people feel about this issue of confidentiality because I think it is just destroying us. I don't mean going out and shouting on the street, I mean, it is just the whole issue of confidentiality.

Mr. Zackie Achmat, Treatment Action Campaign (TAC)

You know when I first discovered I had HIV I tried to read as much as I could and I tried to read novels because I love stories and I love novels, and I must have read about 200 American novels about HIV and there isn't, still, there are some now, a few, but there are probably less than 10 African novels about HIV/AIDS. And our experience is different and yes I am a gay man but my context of being a gay man is very different to America and Europe and so on. I am in Africa and it is a very different situation here, so I think it is critical that your book gives a voice to people with HIV in Africa, in Botswana and particularly in the SADC region and I want to say thank you for that.

Dr Khan has made the point about working together in the region and I think it is critical at every level, business and so on that we work together. But its civil society working together in the region that we will ensure that we have a democratic and stable and healthy community. It doesn't mean when we criticise our governments that we don't like our governments, we might like them very much but we must also like to criticise them and they should welcome that as an expression of the best loyalty to our country.

I think Ms Dambe; I want to say two things about confidentiality. First, I think as a privacy (you have the) right to do what you want to do, to do it in your time to do it as you are. None of us wants other people to interfere with how we run our lives, (I'm) not talking about HIV, but most things. We want to do it

jointly with people and in consultation with people, (but we don't want people) I think because of the stigma and so on a lot of people hide. I think what you are right about is not privacy and confidentiality that is killing our people but it is secrecy and many people don't feel that they have the right environment to come out into. Because often at home, at school or in the workplace you are denied that right or you know you might lose your job and so on. So what we do is we promote openness so that people can talk about HIV in a way that allows everyone to talk about it, and it is not attached to a specific individual. But at the same time to offer the voluntary counselling and testing and as you are doing in Botswana, to also offer the treatment. But if people are scared that you are going to tell their husband or you are going to tell someone else, they are going to lose their home, they are going to lose..., how many women in our context, South Africa, haven't lost their homes because they told their husband that they have HIV, because they were identified in a Mother to Child programme. So those are difficult problems that I think we need to work on, but I don't think we will do it if we take people's rights away to tell people when they are ready. So we must be open and we can be confidential, we can have openness in showing that we have HIV, that all of us live with HIV and we can support people's right to privacy.

Dr Banu Khan, National AIDS Coordinating Agency (NACA)

I would also like to support Zackie where he talks about the dilemma between privacy and openness and transparency and creating an enabling environment, where people feel

comfortable to talk about the issue itself not necessarily going public, to reveal their status. But I believe that we are starting to make a little headway where we have now started to provide voluntary counselling and testing centres, we have networks of people living with HIV/AIDS and we are trying to introduce anti retroviral therapy in the public sector. At the same time, I think that we have imported a western concept of confidentiality in the early days as imposed by the Global Programme on AIDS with WHO (World Health Organisation) and I know that that has been blamed. And that had a lot to do with a group of people identified as having the virus, who were gay men in San Francisco. America had problems with gay men so the confidentiality that was imposed upon was then imported to Africa where the transmission was largely heterosexual. So I do believe that we have to of course have a different approach, because I do believe that our transmission is largely heterosexual not denying that there might be people of different sexual orientations even in our community. Thank you.

Mr. Ngakane, Mmegi Newspaper

I subscribe to the idea that it is good for people to come out in the open about their status whether HIV/AIDS or any other disease so that they may get assistance of whatever form, but at the same time I have a problem with the fact that once you come out into the open like that you are also susceptible to abuse by people who might be your adversaries. So I am looking at a country like Botswana, which at the moment is known or said to have at least 30 or 40 percent of the population being HIV

positive. I think that that might have a detrimental effect to its security arrangements. I don't know whether people in their HIV /AIDS campaign realise that these campaigns might compromise security of countries like Botswana. Say we are told that 30% of our country has HIV disease definitely that could mean to some people or to those people who perceive it that we have become weakened by disease.

Lettie Gaelesiwe, GABS FM

I don't have a question for you Zackie. I wish that it were President Thabo Mbeki who was standing in front of me because I really have issues with him. I think that your President has gone and has confused a whole lot of people. I think that I might share similar ideas with him that things like poverty do exacerbate or they provide a forum for the spread of the disease in the same manner that I would say alcoholism for instance does that but I think as a Head of State he has acted a little bit irresponsibly. And I wish he were standing in front of me so that I could ask him what exactly he means. For you I was going to say, when you talk to him as TAC what exactly does he say to you and does he convince you in his argument because he seems to have put a lot of resources towards coming up with this think thank that was looking at this whole issue of how is AIDS spread. And how difficult does it make your job as the Treatment Action Campaign with the fact that a whole Head of State goes around confusing his people the way I think he has done. Moreso because even if we try it in Botswana, (and believe me we have got beautiful strategies that we have on paper on how we can combat this even though now it might appear

like we are failing), even if we do try as a country, we still live in this region and it would be useless to try and combat it here as a country while South Africa is doing the same thing. So I would like to find out how difficult it is for you as TAC to deal with this issue with a Head of State like that and just what he says to you are his reasons for expressing the opinions that he has expressed. I think I also heard on Radio Botswana this morning, I am not sure, I was just waking up, that the government has said that it is going to be providing Nevirapine (Anti-retroviral drug) in Morule, now Morule I have been asking my colleagues is December, that seems to be a little bit far away. Is there any reason that has been expressed by the (South African) Government for this?

Mr. Zackie Achmat, Treatment Action Campaign (TAC)

The discussion on confidentiality is a difficult one that Dr Khan raised. And I think that at some other point we can take that further because as raised by the colleague from Botswana Business Coalition, I think we are not far away from each other. We just need to clarify what the things are that we need to talk about and how we need to talk about them. On the issue of security and living openly with HIV, I think the greatest threat to our security is to be secret about it and to hide the facts, because if we are secret and we hide the facts we will undermine the capacity of every part of our society to respond to the epidemic. If we are open about it, we can treat people and we can strengthen the capacity of our economy, of all our social institutions and also our armies where we need those. So I think that openness will assist with the

development of human security broadly not only the question of security as a military threat, but human security in terms of food and housing and education and shelter and so on. I would say that is something that we don't take sufficiently into account, the issue of human security in the broader sense. I am glad that that question was raised.

For Lettie from Gabs FM, the sad thing, (and I hope it is changing now) about what has happened is that it has caused confusion within our Country. Serious confusion, we have tried to get appointments with our President for a long time and his office has not responded to us at all. They won't speak to us and that has been sad, but without wanting to President bash, which I think we can very easily do that if we want to, what I want to say about what has happened is that the arguments put forward by our President have been the arguments of a small minority of scientists, in the United States, Australia, Greece, those three (3) countries in particular. They basically say that HIV does not exist. It is a pseudo-scientific argument and all the science, the enormous evidence from a country like Uganda, from Senegal, from a whole host of countries within our Region, all that scientific evidence has been ignored and it has led to despair in our country. And it could lead to despair in the Region but the statement, the Cabinet Statement, which has legal force in our country, of 17 April [2002], gives us the opportunity to change that around and it is important for people in the region to strengthen all the people in Government who believe that HIV causes AIDS. And you are absolutely right that Botswana can't deal with HIV on its own if we don't deal with it as a region. We would

like still to meet with our President but tomorrow we are meeting with the African National Congress (ANC) in our country to discuss formally for the first time since our campaign started.

**Ms Alice Mogwe, Director,
DITSHWANELO**

Thank you very much. For those of you who would like to continue discussing with Zackie, please buy tickets outside for P40.00 for the show this evening. Thanks very much Zackie.

APPENDICES

Appendix: List of Participants

AIDS/STD Unit
L N Motlhabane
P B 00451, Gaborone
312492 tel; 302033 fax

Botswana Harvard Partnership
I Thior
Box 320, Gaborone
302632 tel; 301284 fax
ithior@bhp.org.bw

BONASO
D Motsatsing
Box 312, Gaborone
570582 tel; 570582 fax
bonaso@botsnet.bw

BONELA
E Mamuremi
Box 402958, Gaborone
3932516 tel; 3932517 fax
bonela@botsnet.bw

BONEPWA +
E M Montsheng
Box 1599, Mogoditshane
306224 tel; 306224 fax

BONEPWA +
J P Ramolelo
Box 1599, Gaborone
306224 tel; 306224
bonepwa@botsnet.bw

BOPA
B Gabotlale
P B 0060, Gaborone
3653134 tel; 357792 fax
bgabotlale@gov.bw

Botswana Life
T S Groth
Box 486, Gaborone
3645100 tel; 371130 fax
bgroth@lifeinsurance.bw

BOTUSA
T Ethoringtam
Box 90, Gaborone
tael@cdc.gov

Botswana Red Cross Society
E Mtsuuke
135 Independent Avenue, Gaborone
352465 tel; 312352 fax

Botswana Red Cross Society
K Gasennelwe
Box 485, Gaborone
352465 tel; 312352 fax
brcs@info.bw
kgasennelwe@mega.bw

DEBSWANA
T C Fantan
Box 329, Gaborone
3614213 tel; 300946 fax
tcfantan@debswana.bw

DITSHWANELO
J Anderson
Box 1421, Gaborone
372904 tel, 582893 fax

E B Lunga
P B 001, Gaborone
71779690 tel

Gabs FM
L Gaelesiwe
P.B BO 319, Gaborone
72118962 tel 581443 fax
lettie@gabzfm.co.bw

Holy Cross Hospice
P P Maputle
Box 727, Gaborone
302980 tel; 302980 fax

Law Society
R Lyons
Box 160
Gaborone
352364 tel; 352019 fax

LeGaBiBo Project (DITSHWANELO)
M Olivier
Box 2600, Gaborone
72111962 tel; 584331 fax

MISA
S Motseta
Box 397, Gaborone
3930708 tel; 3930708 fax
s_motseta@yahoo.com

Mmegi
G Ngakane
P.B. BR 50, Gaborone
374784 tel; 305508 fax
gale@mmegi.bw

National AIDS Coordinating Agency
B Khan
P.B. 00463, Gaborone
303188 tel; 570960 fax
akhan@gov.bw

Northside Primary School
G C Kitching
Box 897, Gaborone
352440 tel; 353573
deputy@northside.info.bw

S A High Commission
C Stegling
P B 00402, Gaborone
303800 tel; fax 305501

SABC
D Molewa
P B X 2150, Mmabatho
South Africa
0027 (018) 3897552 tel; 0027 (018)
3897532 fax

SABC
N Makhongoama
P B X 2150, Mmabatho
South Africa
0027 (018) 38975552 tel; 0027 (018)
3897532 fax

Treatment Action Campaign
Z Achmat
32 Main Road, Muizenberg
Cape Town
South Africa
0027 (0) 217885058
zackie@pixie.co.za

Tebelopele
B Mosedame
Box 90, Gaborone
314023 tel

Tebelopele
M Mogapi
P.B. 90 Gaborone
314023 tel

Tirisanyo Catholic Commission
Sister M Jose Garcia
Box 42 Gabane
356970 tel; 356970 fax
tcc@info.bw

UNDP
A Hoybye
Box 54, Gaborone
352121 ext 121 tel; 356093 fax
anna.hoybye@undp.org

University of Botswana
Sheila Tlou
Box 1004, Gaborone
71841956 tel; 3555054 fax
tlousd@mopipi.ub.bw

US Embassy
J Stone
Box 90, Gaborone
353982 tel
stonejr@state.gov

Write On
K Mogami
Box 201698, Gaborone
3931276 tel
writeon@2by2.net

World University Services Canada
M Gondrean
Box 1856, Gaborone
352208 tel
wusc@info.bw

Youth Health Organisation
K Nzwaligwa
P B 90, Gaborone

Youth Health Organisation
R Ntebela
P.B. 90, Gaborone
3933537 tel,
dironzo@hotmail.com