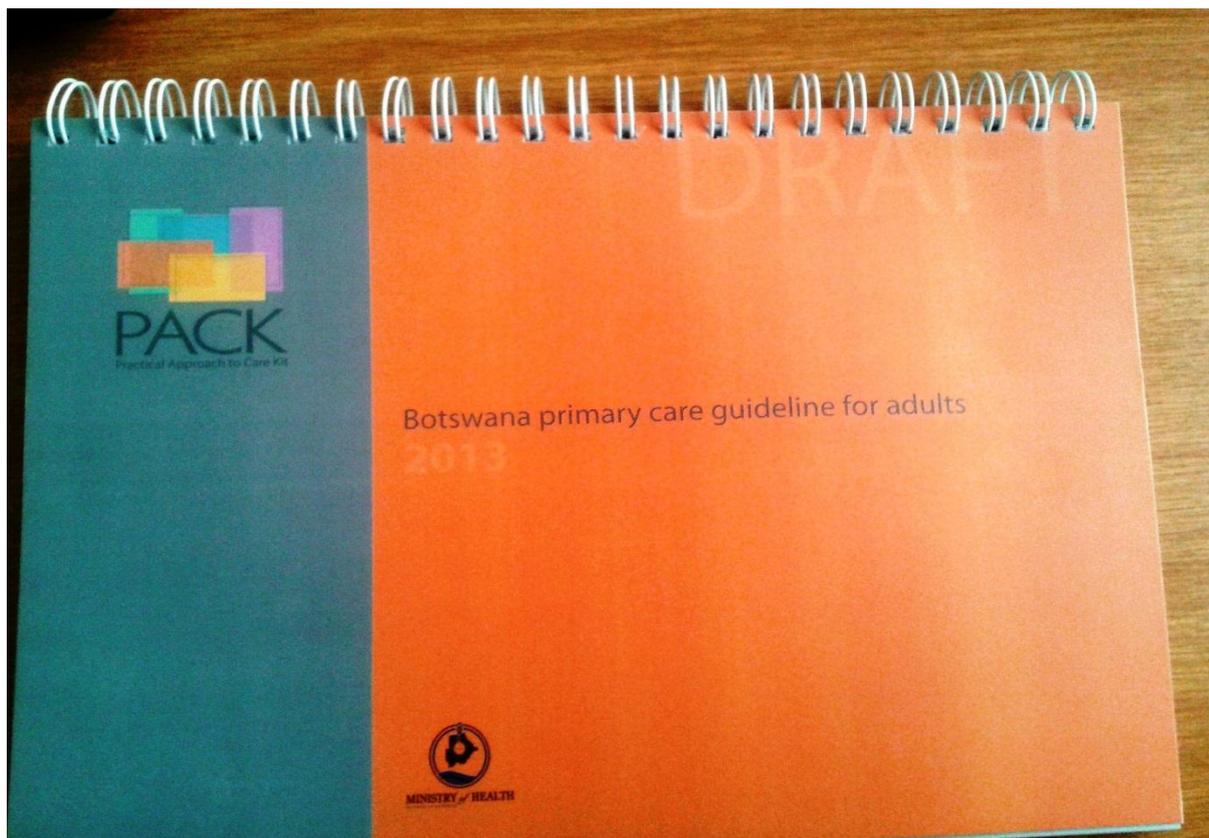


MEPI Transforming Primary Health Care in Botswana - The Journey of Developing the Botswana Primary Care Guidelines

The Botswana health care system is based on a primary care model. Primary care clinics and health posts provide a first port of entry into the health services and many patients access this every day. Like many countries around the world, primary care in Botswana is delivered mostly by nurses due to a shortage of doctors. Often this service delivery requires a nurse to carry out consultations and initiate treatment for a wide range of diseases seen in primary care. These first contact clinicians often work under enormous constraints with little preparation for the task. Doctors are being introduced in the Botswana primary care in ever increasing numbers. While this has the potential to improve patient care, most of the doctors in Botswana are ill equipped to provide the care having received training from many different countries.



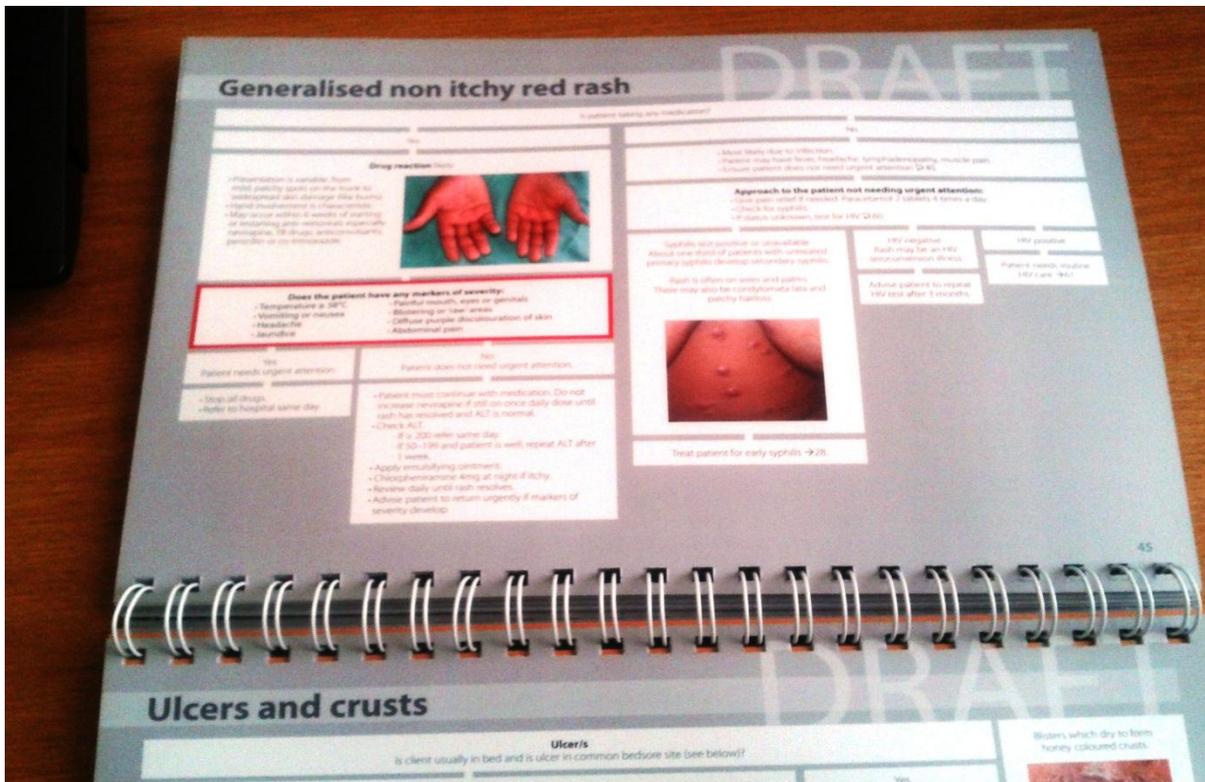
¹©BoMEPI –Outside cover of the draft Botswana Primary Care guidelines

The University of Botswana school of Medicine enrolled its first class of medical students in 2009 and family Medicine residents in 2011. The medical students spend 18 weeks of training in primary care setting in rural areas. The Medical Education Partnerships Initiative (MEPI) grant through PEPFAR has kindled the vision to transform the Botswana primary care service and support the training of current and future primary health care providers. The department of Family Medicine at UB embarked on a journey to develop a symptom-based primary care guideline aptly dubbed “Botswana Primary Care Guidelines” for training and use as a desk reference in for primary health care providers including medical students and Family Medicine residents.

The journey started with enlisting the support and collaboration of the Ministry of Health (MoH). Both parties (MoH and UB SOM) reached a consensus on the vision and agreed to identify existing guidelines in the region that could be adapted to address the unique setting of Botswana by taking into consideration the existing country specific guidelines and government policy.

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From January 2011, UB Family Medicine Department started working closely with the MoH department of Non-communicable diseases. The University of Cape Town's Knowledge translation Unit (KTU) was identified as a unique provider of a regional primary care guideline called Primary Care 101 (PC 101). This integrated symptom based guideline for adults in primary care and its predecessor, PALSA Plus continue to be proven effective in improving patient care in a primary care setting. The KTU team was awarded a contract with the support of MEPI to facilitate the adoption and development of Primary Care 101 for Botswana while simultaneously integrating existing Botswana guidelines.



©BoMEPI – Inside view of a page from the draft guidelines.²

Working groups were formed and tasked with reviewing the content of specific pages of the 101 pages of PC 101 to ensure that it is aligned with government policy and existing MoH guidelines. The groups consisted of specialists, medical officers, nurses, patient representatives, patient advocacy groups, policy makers from MoH, and Faculty from UB School of Medicine and National Institutes of Health, which train nurses and allied health technicians. This was a very fruitful exercise that provided an opportunity for the various health care workers to convene and examine local clinical practice and offer valuable input on ways to improve patient care. Some very helpful recommendations including making some medications available in primary care came from the working groups. The drug related recommendations were collated for presentation to the National Standing Committee on Drugs (NASCOD).

To date, a draft of the Botswana Primary Care Guideline has been produced. The draft will be presented to NASCOD for approval of recommended drugs at a meeting scheduled for 12 October 2012. The draft will be reviewed further by the key stakeholders before finalising it. It is expected that the final product will be finalised by December 2012 and training and implementation will begin in January 2012. The MoH plans to roll out the implementation of the Botswana Primary Care Guidelines to most of its facilities in the year 2013 and beyond with the grand vision of improving patient care and supporting the first line health care workers, the primary health care providers. The Family Medicine Department will roll them out their 8 teaching sites.

²This picture is for illustration purposes only and may not be cited or used for any other purpose by unauthorized persons