

NOTES FROM THE FIELD

MARCH 2009 ■ Botswana

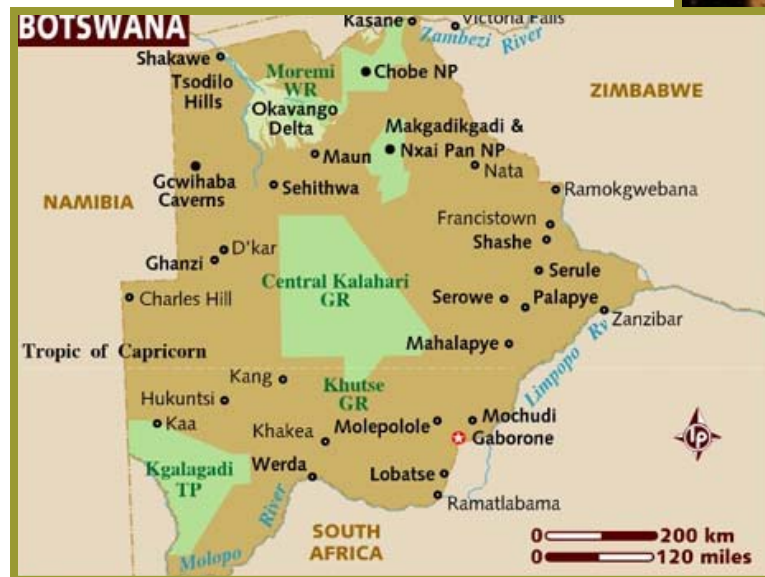
March 2009 Entry

Dumelang (Hello) Friends and Colleagues in Global Health!

Never mind the current financial crisis and the crash of the diamond market, Botswana has until now thrived on mining income and good governance and risen to middle income status. Witness shopping malls, paved roads, and plenty of nice cars. The hospitals tell a somewhat different story, one perhaps more typical of other southern African countries: men and women in their most productive years dying of AIDS and/or TB. Yes, Botswana has achieved close to 90% coverage of HIV drugs to those needing them. Still when 17% or more of 2 million people have HIV, enough fall through the cracks to fill the wards and, at times, the extra mattresses thrown on the floor. The orthopedic and surgical wards hint towards the nation's second epidemic: trauma, particularly on the roads, again disproportionately affecting young and productive members of society.

The sick and injured need infrastructure, which is limited but better than that of many of Botswana's neighbors, and capable hands, which are always in short supply. Botswana has relied to a great extent on an expatriate healthcare workforce. Lacking a medical school, the country has for many years sponsored students to study medicine abroad, but only a handful ever returned. After more than 10 years of planning and delay, the University of Botswana School of Medicine will open its doors to a first year class on August 4, 2009. Residency programs in Medicine and Pediatrics are to begin January 2010. In the coming decades, the supply of local doctors will finally be on its way to sufficiency.

Why would one leave a rewarding job at UCD and a comfortable life in Colorado and head to Botswana? How often does one have an opportunity to live and work in Africa? I am fortunate that Mary, my wife and kindred spirit shares the same interests and found the same challenges inspiring. We are fortunate that our children, Ella, 3, and Cleo 1.5, are too young to complain. One lives comfortably in Gaborone: potable water from the taps, a pleasant climate, a safe and stable civil society, plenty of nice houses with swimming pools, and a little game reserve right in town. There is no malaria, and there are no cobras or black mambas (unless you live in the suburbs).



Not entirely unexpectedly, I have quickly found myself juggling multiple responsibilities: Coordinating the 1-year transitional internship program, the only operating component of medical education to date; laying the foundation for an emergency medicine residency slated to start in 2011; and attempting to set up a national institute for trauma research and training. Working with the interns is stimulating and rewarding. On the other hand, where interns have grown accustomed to scanty supervision or accountability, you can imagine the resistance when trying to institute painful but necessary policies: a back-up call system when interns are sick, actual monitoring of sick days and leave days, etc. Accident & Emergency (A&E), as the Emergency Department is called, receives its share of honest-to-goodness emergencies, and its share of unnecessary visits, just like anywhere in the world. General practitioners in A&E toil with little access to specialists for guidance or help. Not surprisingly, A&E remains a way station for quick triage, which must necessarily evolve if it is to become a suitable environment for training.

Those of you who knew Mary as an ID fellow will be interested (and not surprised) to know that she is managing what for most would be at least 2 full time jobs. She could not be more satisfied with her case load of complicated TB patients, and with her role in establishing TB programs on a national level.

Please come visit: Botswana has some of the best game parks in Africa! Though short-term medical volunteers are not particularly needed or desired by the healthcare system, there are ample opportunities for focused educational efforts as long as the content is consistent with national priorities. On the other hand, if you really have lots of time, long-term expatriate workers will be needed and welcomed to teach and train for a long time to come.

Sala sentle! (Stay well)

Andrew Kestler, MD
Former Director of the Global
Health Track
and Associate Director of the
Center for Global Health
Colorado School of Public Health



Dr. Kestler treating a patient.



Gaborone at night