



## **A community based model for the implementation of the antiretroviral therapy programme in Botswana**

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### **Issues:**

Botswana has the highest prevalence of HIV in the world. In 2001 the Botswana Government together with African Community HIV and AIDS partnership (ACHAP) made the commitment to provide free ARV therapy to HIV positive citizens of Botswana. Given the high prevalence of HIV, the low doctor to patient ratio and geographical barriers to accessing hospital care in Botswana, delivering ARV therapy effectively, safely and in a sustainable manor is a major challenge.

### **Description:**

This paper demonstrates how a theoretical framework for implementing ARV therapy has been put into practice in the sub-district of Tutume, Botswana.

It describes the health care infrastructure at community and hospital levels, the demographics of the district population and it's HIV prevalence. It examines the reasons why a community based model is essential and explains how the model has been developed using diagrammatical representation of roles and structure. It also highlights how this can work in conjunction with the health care infrastructure already in place, as well as areas for concern. This paper is based on work carried out over six months by two ACHAP preceptors in Tutume.

### **Lessons learned:**

ARV therapy can be effectively delivered to a rural, resource limited community with a high HIV prevalence if a well developed model is applied from initiation. The increase in nurse responsibility has to be acknowledged. To ensure the model is sustainable, preceptor support should cover a site through all phases of implementation.

### **Recommendations:**

The delivery of ARV therapy in this setting must involve all available community resources. A clear well developed model including role definitions needs to be in place at the outset of any programme. The authors recommend that this model is fully transferable and could easily be used in other similar settings.

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