



Determining the clinical outcomes of patients on the national public sector ARV program in Botswana during the first phase roll out of the program

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Background: The purpose of the study was to determine the clinical outcomes of treatment naïve patients on the national public sector ARV program during the first phase roll of the ARV program in the centres that are outside of Gaborone, the capital city of Botswana, a country in Sub Saharan Africa.

Methods: Patients included in the analysis were those that were 14 years and above who were started treatment between May 2002 and 31 December 2002 and were followed up until 31 October 2003 in Serowe, Francistown and Maun; towns that range from 300km to 1000km from the capital city where most of the resources are concentrated.

Results: Records of 709 patients were analysed. At registration, the majority of patients, 61.3% were female. The mean age at registration of all patients was 36.9years (36.3; 37.6years). At treatment initiation mean baseline CD4 count was 86.0cells/mm³ (1; 1725cells/ mm³). The mean number of patient visits was 6.2 (6.1; 6.3) and patients were followed up for a mean period of 5.4months. The mean viral load declined at 3 months post treatment by more than 1.5log.

Conclusions: Patients managed in a national ARV program in resource poor areas have clinical outcomes comparable with those in well-resourced areas even when they start treatment at relatively low CD4 counts. Furthermore, the fact that this programme is not a pilot programme but rather a programme that is part of the package of care provided in the public sector, will better predict the outcome of other national ARV programmes in similar settings

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