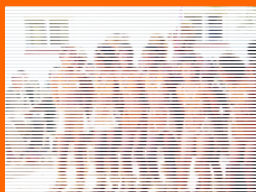




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**Background & Need**

A large proportion of the population lives in poverty. It suffers a chronic, disabling shortage of doctors and nurses. Many healthcare workers have succumbed to or experienced illness related to HIV/AIDS. Botswana has one of the highest rates of HIV infection in the world, and rates as similarly high throughout southern Africa.

There is tremendous medical need at Scottish Livingstone Hospital (indeed, at almost all public health care facilities in Botswana). HIV and tuberculosis fuel much of the medical need, but other bread and butter medical needs exist among adult and pediatric internal medicine and surgical patients, and in obstetrics / gynecology and maternal health.



Scottish Livingstone Hospital is the Government / public district referral hospital that serves the village of Molepolole and its environs / district (there is no private hospital in Molepolole). It is a 200-bed hospital, which relocated to a newly-built structure in November 2007 (see photo). SLH offers basic inpatient and outpatient medicine, obstetrics/gynecology, surgical care, and an Emergency Department.

An "Infectious Disease Care Clinic" offers outpatient antiretroviral therapy. Hundreds of patients may queue to see one physician in the clinic on any given day. There is only intermittent access to nurse anesthetists; there is one X-ray (plain film) machine, but no radiologist. Obstetric care is largely provided by nurse midwives. Certain specialists such as ophthalmologists make intermittent but relatively rare visits (from the capital city, Gaborone).

**Opportunities for Involvement**

There are opportunities for on-site physician involvement that would be of tremendous benefit both to local patients and to the local healthcare providers. There is a preference for MD rotations of longer duration (3 months or more would be ideal, but 2-6 weeks also possible depending on the specialty).

There is an opportunity for many medical specialties to be involved. Given the existing equipment / diagnostic facilities at most hospitals in Botswana (including SLH), internists, pediatricians, obstetricians / gynecologists, and infectious disease specialists would perhaps be able to perform most effectively at SLH in terms of both patient care and teaching. Nurses and laboratory personnel would also undoubtedly be welcome and helpful.



In our experience, it takes at least 1 week for new arrivals to settle in, even when accommodation etc. have been arranged ahead of time.

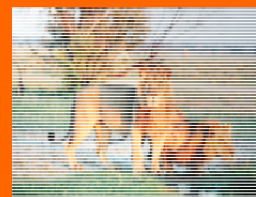
**The New SLH, Molepolole**



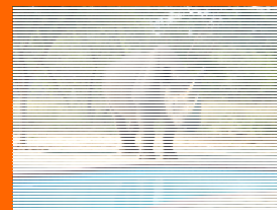
**Botswana**

Botswana is a politically stable country in southern Africa (see map). It is home to approximately 1.8 million people and is the size of France. The government has received widespread recognition for a progressive and laudable response to the HIV epidemic. Botswana was the first African nation to introduce a national program to prevent mother to child transmission of HIV.

In Molepolole, most families live in compounds with mud / thatched huts (see photo) with pit latrines, no electricity, and water from a communal standpipe.



Virtually all educated adults speak English (including all healthcare workers). Many patients at SLH speak some English, but most will not be proficient in English: they speak Setswana, the native Bantu language. Very few doctors in Botswana speak Setswana (as most doctors are foreign given the lack of medical school in Botswana), and communicate with patients through translation by other staff.



Travel to Botswana is safe and relatively easy. Accommodation in hotels, business apartments or houses can be easily found in Gaborone, the capital, and possibly in Molepolole.