The use of inhalants in the form of sniffing glue is prevalent among street children around the world in a variety of cultures and contexts. In Eldoret, Kenya, the street children are no exception and a group of researchers sought to understand their use. Their research has demonstrated that 74% of street children have tried drugs, including alcohol and tobacco, and 62% of these children reported current use. Of those currently using, 94% reported sniffing glue. An array of factors in their lives lead them to engage in this practice, however peers and the extremely difficult living conditions on the streets strongly influence their use. The majority (71%) account that they were introduced to using drugs by a friend. One boy described the use of glue as a coping mechanism on the streets at night: “At night they sniff glue and it gives them warmth. They view the glue as a ‘blanket’ to prevent them from feeling cold. That glue provides warmth.” (Boy 10-14). With large numbers of these children sniffing glue, there is an urgent need to develop effective and innovative interventions for children in street circumstances to mitigate the harmful effects of long-term substance use and street life. The research findings demonstrate the need to integrate community, family and peers into any intervention in addition to traditional medical and psychological models for treatment of substance use dependence.
Reversing the HIV Trend by Getting To Zero New Infections

One morning during a routine third HIV test visit with AMPATH’s Provider Initiated Testing and Counseling (PITC) department, Mercy*, discovered that her HIV status had changed from negative to positive. She was now faced with the harsh realities of living with the virus.

PITC is the entry point to the HIV/AIDS care program at AMPATH and has a goal that 80% of Kenyans served by AMPATH will know their HIV status. Touched by Mercy’s experience, the PITC department headed by Margret Wandalwa sought ways in which this experience could have been prevented.

In almost all AMPATH programs, emphasis has been put on finding HIV positive individuals and then linking, treating and retaining them in comprehensive care (a program called FLTR). This has proven very successful for AMPATH patients, and treatment-as-prevention is the cornerstone of AMPATH’s HIV care program. The PITC department decided to augment these programs by also working with those that they discover to be HIV negative.

The group of people who turn out to be HIV negative make up 64.3% of Most at Risk Populations (MARPs), including IV drug users, homosexuals, commercial sex workers, discordant couples and others. However, members of this population will then account for one third of new HIV infections in Kenya. This trend had to be reversed to retain the ‘Negatives’ and to reduce chances of any new infection.

PITC identifies over 2,000 HIV-negative people per month at Moi Teaching and Referral Hospital alone. They are then evaluated based on their frequency of high-risk sex and drug-related HIV risk behaviors. Those most-at-risk are then scheduled to attend a 2-hour, peer-led intervention session at AMPATH every month to ensure their status remains HIV negative.

Walking into AMPATH’s PITC office now on a Thursday, one will notice a group of young people sitting around a table in discussion. The main idea of these clubs is to present behavior change and sex education. Each group has its own schedule with the main aim of reducing incidents of new infections by 50%.

This endeavor has not been without its challenges. “Most of the time the migrating nature of some sex workers to other towns and the stigma and social discrimination towards some of the MARPs, especially in the case of discordant couples, is an impediment to retention,” says Mrs. Wandabwa.

However, AMPATH is hopeful that this new approach will complement its treatment-as-prevention and FLTR programs and help to reverse the trend and prevent new infections as it strives toward a “Zero New Infection Society.”

AMPATH
Administration
John Kibosia
Director, MTHR
Fabian Esamai
Principal, MUCHS
Bob Einterz
Director, AMPATH Consortium
Adrian Gardner
IU Field Director
Sylvester Kimaiyo
AMPATH Program Manager

Gazeti Staff
Editor: Megan Miller
WINTER 2013 CONTRIBUTORS:
Frankie Akute, Imran Manji, Jordan Huskins, Joe Mamlin, Paula Braislstein
The AMPATH Gazeti is published by Indiana University:
AMPATH
1001 W. 36th St., OPW-M200
Indianapolis, IN 46202
P: 317.630.6770 | Fax: 317.630.7066
http://www.ampathkenya.org

One morning during a routine third HIV test visit with AMPATH’s Provider Initiated Testing and Counseling (PITC) department, Mercy*, discovered that her HIV status had changed from negative to positive. She was now faced with the harsh realities of living with the virus.

PITC is the entry point to the HIV/AIDS care program at AMPATH and has a goal that 80% of Kenyans served by AMPATH will know their HIV status. Touched by Mercy’s experience, the PITC department headed by Margret Wandalwa sought ways in which this experience could have been prevented.

In almost all AMPATH programs, emphasis has been put on finding HIV positive individuals and then linking, treating and retaining them in comprehensive care (a program called FLTR). This has proven very successful for AMPATH patients, and treatment-as-prevention is the cornerstone of AMPATH’s HIV care program. The PITC department decided to augment these programs by also working with those that they discover to be HIV negative.

The group of people who turn out to be HIV negative make up 64.3% of Most at Risk Populations (MARPs), including IV drug users, homosexuals, commercial sex workers, discordant couples and others. However, members of this population will then account for one third of new HIV infections in Kenya. This trend had to be reversed to retain the ‘Negatives’ and to reduce chances of any new infection.

PITC identifies over 2,000 HIV-negative people per month at Moi Teaching and Referral Hospital alone. They are then evaluated based on their frequency of high-risk sex and drug-related HIV risk behaviors. Those most-at-risk are then scheduled to attend a 2-hour, peer-led intervention session at AMPATH every month to ensure their status remains HIV negative.

Walking into AMPATH’s PITC office now on a Thursday, one will notice a group of young people sitting around a table in discussion. The main idea of these clubs is to present behavior change and sex education. Each group has its own schedule with the main aim of reducing incidents of new infections by 50%.

This endeavor has not been without its challenges. “Most of the time the migrating nature of some sex workers to other towns and the stigma and social discrimination towards some of the MARPs, especially in the case of discordant couples, is an impediment to retention,” says Mrs. Wandabwa.

However, AMPATH is hopeful that this new approach will complement its treatment-as-prevention and FLTR programs and help to reverse the trend and prevent new infections as it strives toward a “Zero New Infection Society.”

2013 Moi University Medical School Stethoscope Ceremony

Moi University fourth-year medical students were awarded stethoscopes in a white coat ceremony. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel.

(Above) Dr. Tal Bosin with two of his fourth year medical students; Dr. Bosin teaches pharmacology every year to medical students in their first years of training.

(Below) Group photo of the fourth year medical student class.

2013 Moi University Medical School Stethoscope Ceremony

Moi University fourth-year medical students were awarded stethoscopes in a white coat ceremony. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel.

(Above) Dr. Tal Bosin with two of his fourth year medical students; Dr. Bosin teaches pharmacology every year to medical students in their first years of training.

(Below) Group photo of the fourth year medical student class.

2013 Moi University Medical School Stethoscope Ceremony

Moi University fourth-year medical students were awarded stethoscopes in a white coat ceremony. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel.

(Above) Dr. Tal Bosin with two of his fourth year medical students; Dr. Bosin teaches pharmacology every year to medical students in their first years of training.

(Below) Group photo of the fourth year medical student class.

2013 Moi University Medical School Stethoscope Ceremony

Moi University fourth-year medical students were awarded stethoscopes in a white coat ceremony. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel.

(Above) Dr. Tal Bosin with two of his fourth year medical students; Dr. Bosin teaches pharmacology every year to medical students in their first years of training.

(Below) Group photo of the fourth year medical student class.

2013 Moi University Medical School Stethoscope Ceremony

Moi University fourth-year medical students were awarded stethoscopes in a white coat ceremony. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel.

(Above) Dr. Tal Bosin with two of his fourth year medical students; Dr. Bosin teaches pharmacology every year to medical students in their first years of training.

(Below) Group photo of the fourth year medical student class.

2013 Moi University Medical School Stethoscope Ceremony

Moi University fourth-year medical students were awarded stethoscopes in a white coat ceremony. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel.

(Above) Dr. Tal Bosin with two of his fourth year medical students; Dr. Bosin teaches pharmacology every year to medical students in their first years of training.

(Below) Group photo of the fourth year medical student class.

2013 Moi University Medical School Stethoscope Ceremony

Moi University fourth-year medical students were awarded stethoscopes in a white coat ceremony. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel. The symbolic stethoscopes are donated annually by a fund established by the late Dr. Angenieta Biegel.

(Above) Dr. Tal Bosin with two of his fourth year medical students; Dr. Bosin teaches pharmacology every year to medical students in their first years of training.

(Below) Group photo of the fourth year medical student class.
Reversing the HIV Trend by Getting To Zero New Infections

One morning during a routine third HIV test visit with AMPATH’s Provider Initiated Testing and Counseling (PITC) department, Mercy*, discovered that her HIV status had changed from negative to positive. She was now faced with the harsh realities of living with the virus.

PITC is the entry point to the HIV/AIDS care program at AMPATH and has a goal that 80% of Kenyans served by AMPATH will know their HIV status. Touched by Mercy’s experience, the PITC department headed by Margret Wandabwa sought ways in which this experience could have been prevented.

In almost all AMPATH programs, emphasis has been put on finding HIV positive individuals and then linking, treating and retaining them in comprehensive care (a program called FLTR). This has proven very successful for AMPATH patients, and treatment-as-prevention is the cornerstone of AMPATH’s HIV care program. The PITC department decided to augment these programs by also working with those that they discover to be HIV negative.

The group of people who turn out to be HIV negative make up 64.3% of Most at Risk Populations (MARPs), including IV drug users, homosexuals, commercial sex workers, discordant couples and others. However, members of this population will then account for one of the most-at-risk individuals suffering from the virus.

PITC identifies over 2,000 HIV-negative people per month at Moi Teaching and Referral Hospital alone. They are then evaluated based on their frequency of high-risk sex and drug-related HIV risk behaviors. Those most-at-risk are then scheduled to attend a 2-hour, peer-led intervention session at AMPATH every month to ensure their status remains HIV negative.

Walking into AMPATH’s PITC office now on a Thursday, one will notice a group of young people sitting around a table in discussion. The main idea of these clubs is to present behavior change and sex education. Each group has its own schedule with the main aim of reducing incidents of new infections by 50%.

This endeavor has not been without its challenges. “Most of the time the timing nature of some sex workers to other towns and the stigma and social discrimination towards some of the MARPs, especially in the case of discordant couples, is an impediment to retention,” says Mrs. Wandabwa.

However, AMPATH is hopeful that this new approach will complement its treatment-as-prevention and FLTR programs and help to reverse the trend and prevent new infections as it strives toward a “Zero New Infection Society.”
Sustainable Innovations: The Revolving Fund Pharmacy

The revolving fund pharmacy (RFP) model was initiated with the hope of improving access to essential medicines in rural health facilities. The RFPs provide back-up supplies of crucial medications in the event that pharmacies in government health facilities stock out of them. Patients purchase the medicines from the RFPs when those medicines are not available in the government pharmacy, and the money collected is used to restock the pharmacy thereby ensuring continuous availability of essential medicines and eliminating life-threatening shortages of medicine. The prices of medications at the RFPs are slightly higher than the government pharmacies, making it the second place a patient would try, but are much lower than in private pharmacies.

The RFP model has been implemented at three AMPATH primary health care sites and the AMPATH Centre in Eldoret. In addition, a smaller-scale version has also been implemented.

The revolving fund pharmacy (RFP) model was initiated with the hope of improving access to essential medicines in rural health facilities. The RFPs provide back-up supplies of crucial medications in the event that pharmacies in government health facilities stock out of them. Patients purchase the medicines from the RFPs when those medicines are not available in the government pharmacy, and the money collected is used to restock the pharmacy thereby ensuring continuous availability of essential medicines and eliminating life-threatening shortages of medicine. The prices of medications at the RFPs are slightly higher than the government pharmacies, making it the second place a patient would try, but are much lower than in private pharmacies.

The RFP model has been implemented at three AMPATH primary health care sites and the AMPATH Centre in Eldoret. In addition, a smaller-scale version has also been implemented.