Health services in Kenya have been scrambling to get life-saving antiretroviral (ARV) treatment to thousands of people displaced in a spiral of ethnic violence following the disputed presidential election on 27 December 2007. An estimated one in 20 people are infected with the virus that causes MDS in Kenya, a country of about 35 million people. By early last month, about 250 000 people had fled their homes and were living in temporary shelter, prompting fears that thousands of people with HIV/AIDS would be unable to reach health-care facilities for treatment because of the violence. WHO expressed concern for the well-being of the internally displaced who were sheltering in crowded spaces with poor water supply and sanitation, and shortages of food and medicines. The unrest has been particularly acute in western Kenya, where 62 000 HIV-positive people have been enrolled at 19 clinical sites and seven satellite clinics as part of AMPATH (Academic Model for the Prevention and Treatment of HIV), one of the largest and most comprehensive AIDS programmes in Africa.

[ILLUSTRATION OMITTED] Its clinics are located in towns and rural centres, while the main referral centre is at Moi University in Eldoret, one of the parts of Kenya that was worst affected by the violence. "The initial disruption in HIV/ AIDS care was huge and, if prolonged, could have disastrous effects on care and outcomes," said Dr William Michael Tierney, AMPATH's research director. He told the Bulletin that access to medication was "a huge problem because of patients not being able to travel and many staff being homeless, unable to travel, and perhaps leaving permanently because they are of the wrong tribes." Tierney added however that "because we have an electronic medical record system and record the tribe of every patient enrolled, we were able to identify how many of our patients--overall and by care site--were of the Kikuyu tribe and were most likely to be affected (about 4500 patients or 7.4%)." The programme's catchment area in western Kenya has a population of five million with an estimated 300 000
HIV-positive individuals. "Such information allows us to plan for which communities may need more assessment and interventions as we move forward," said Tierney, who is also a professor at Indiana University School of Medicine, which established the programme with Kenya's Moi University Teaching and Referral Hospital in the 1990s. The violence has not only affected AMPATH clients but also its workforce, according to the programme's team leader Dr Joseph Mamlin, who is based in Eldoret. In the first week of violence, less than 10% of the programme's clients and staff found their way to a clinic. "The very next week a remarkable rebound occurred in all sites, except for Burnt Forest," Mamlin told the Bulletin in an e-mail message. "We have multiple large IDP [internally displaced persons] camps, many housing 10 000 to 20 000 people, all around us now. We have been able to work closely with all relief agencies and have the programme's teams engaged in every large camp. …