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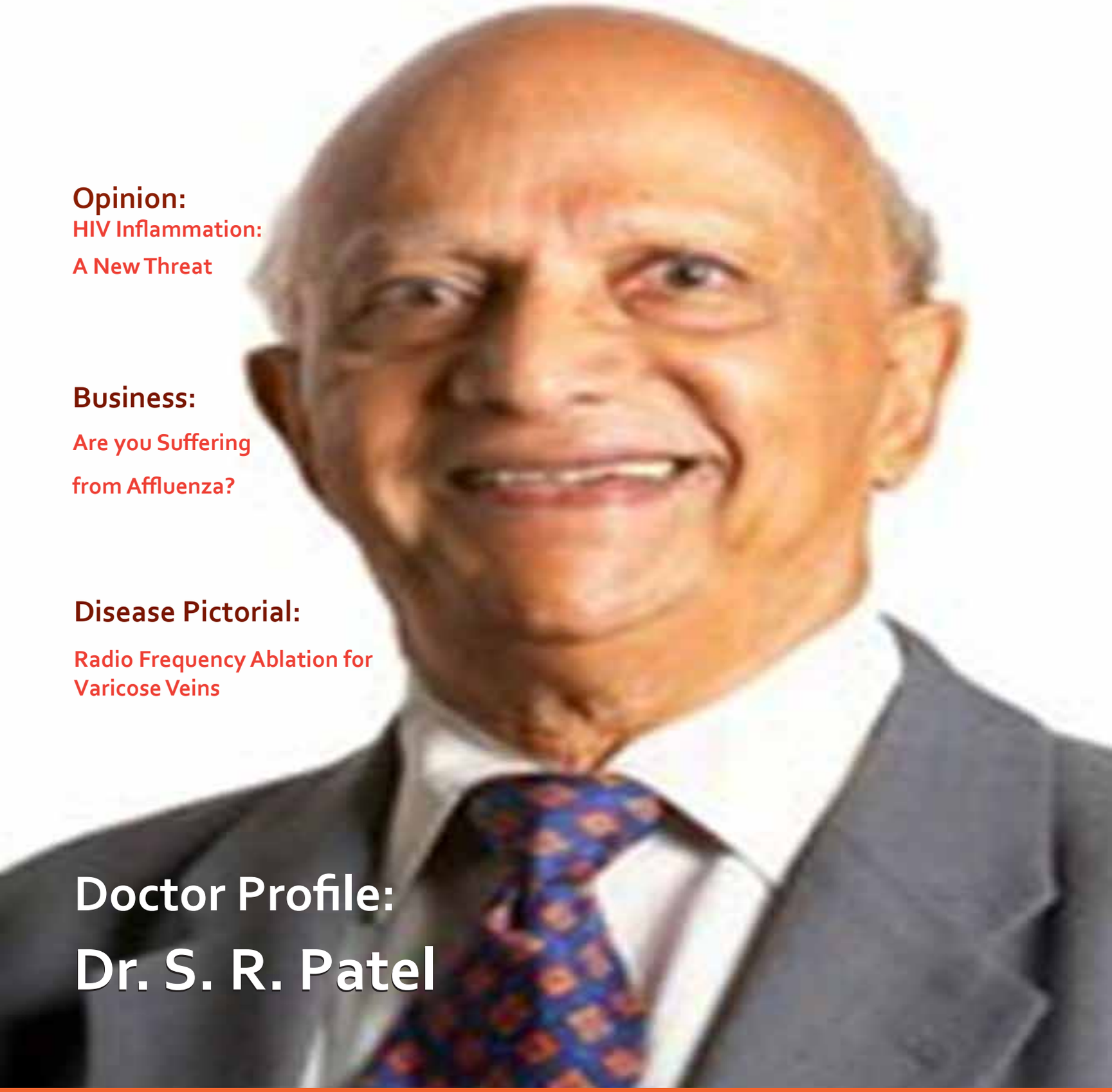

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GE Healthcare Selected as a Strategic Partner to Support Kenya Healthcare Modernization Program

GE Healthcare announced as key technology partner for wide-scale radiology infrastructure modernization program aimed at transforming 98 hospitals across Kenya's 47 counties via comprehensive, wing-to-wing solution package

As part of a wide-scale healthcare transformation program, one of the largest of its kind in Africa, Kenya's Ministry of Health has announced GE Healthcare as a key strategic technology and solutions partner, following the conclusion of an open tender process.

The announcement of GE Healthcare's selection was made in Nairobi at a State House signing ceremony presided over by His Excellency President Uhuru Kenyatta, Deputy President William Ruto, Hon. James Macharia, Cabinet Secretary for Health, on 6th February 2015.

The program covers radiology infrastructure modernization in 94 county hospitals across 47 counties and 4 national referral hospitals. The Radiology modernization lot awarded to GE Healthcare represents the largest of seven tranches of Kenya's progressive Kshs 38 billion (USD 420 million) health development plan.

Through the program, GE Healthcare will bring a comprehensive package, including its advanced technologies and capabilities in design and software, covering:

1. The deployment of over 585 units of diagnostic imaging equipment including X-ray and ultrasound systems supported by a long-term servicing contract;
2. Training and education programs in line with GE Healthcare's focus on skills development and capacity building;
3. Scope for the assessment and potential establishment of a GE Healthcare Training Center to be run jointly with an accredited local partner. If established, it would become the first training center for GE Healthcare in Africa.

The CS for Health, Mr. James Macharia said, "The Managed Equipment Services Project is our key flagship program that will greatly impact the lives of Kenyans by decentralizing specialized healthcare services from national referral hospitals to county hospitals. This is in line with the Government's commitment and support to counties to ensure continuous improvement of health services and expand access to quality and affordable healthcare – the right of all 46 million Kenyans.

"Disease patterns in Kenya are evolving, as are the needs of the healthcare system. In response to this, a central pillar of the health transformation strategy is aimed at strengthening preventative health services to help improve the long-term health outlook of the general population. By increasing access to preventative screenings, we aim to aid doctors in better detecting, diagnosing and treating non-communicable diseases, including cancer and cardiovascular disease, at an early stage. This has the potential to significantly reduce costs associated with late-stage diagnosis and also improve patient outcomes, enabling citizens to live fuller and healthier lives. As a leading global healthcare provider, we believe GE Healthcare is ideally placed to serve as our partner to deliver on this vision for earlier health."

Farid Fezoua, President & CEO for GE Healthcare Africa said, "GE Healthcare is honored and privileged to have been selected by the Government of Kenya, through the Ministry of Health, to support its healthcare transformation strategy in line with the country's Vision 2030 Plan.

Over the coming months the GE Healthcare team will be working in close collaboration with the Ministry of Health, local project management partners and Project Partners, including the relevant county healthcare administrators and recipient hospitals, to ensure the rapid and successful implementation of the program. Further details on the deployment schedule in the respective counties will be made available in due course.

Mediheal Hospital launches 2nd branch in Eldoret

Senate Speaker, Ekwe Ethuro has challenged Mediheal Group of Hospitals to expand its scope in a bid to provide easy access to health for Kenyans. Ethuro was speaking in Eldoret during the launch of Mediheal Group of Hospitals' second unit in Eldoret town.

The Speaker challenged the Group to extend their services to Turkana, saying this was one way of ensuring that Kenyans have access to affordable and quality healthcare.

He said the hospitals' emphasis on preventive and promotive healthcare was critical in lowering the country's disease burden.

This is the second facility of the hospital to be launched in the North rift region after the first one situated along Nairobi highway, in Eldoret, which was established in December 2004.

The function was attended by among others the Mediheal Group of Hospitals Chief Executive Officer, Dr. Swarup Mishra and Nyeri Women Representative, Priscilla Nyokabi.

Ethuro said despite devolution, partnerships were crucial in achieving the health targets for the country's economic development blue print.

The Speaker emphasized Mediheal's slogan 'Patients prevent, Doctors treat and God heals', saying the attainment of the health goals demanded for a multispectral approach, adding "universal healthcare is something we must all strive to achieve".

He also called on County governments to cultivate an enabling working environment with investors, saying this confidence will attract more investments and hence build the economy.

Ethuro also challenged Kenyans to take health insurance covers, noting that this would ease the burden of paying medical bills.

He pointed out that health insurance provides for patients to seek medical attention without thinking about how they will settle the bills. "No hospital will turn away or detain a patient who has a medical cover," he said.

Speaking during the occasion, Nyeri women representative Priscilla Nyokabi urged health stakeholders to strive for affordable healthcare, saying this will enable elected leaders to divert their contributions towards medical fundraisers to other matters of development.

She praised the newly opened clinic stating that it had state of the art equipment. "All hospitals should emulate what Mediheal is doing by bringing affordable medical care near to Kenyans," said Nyokabi.

Mediheal is a Group of private hospitals offering affordable healthcare to Kenyans, and is set to establish a 30 million shillings Highway emergency unit between Burnt Forest and Eldoret, along the Eldoret-Nakuru highway to help save lives of accident victims.

Government to equip hospitals with life saving equipment

Approximately 448 children per 1000 die at birth about 250,000 women are also said to suffer from disabilities caused by complications during pregnancy and childbirth every year.

Limited access of medical practitioners and maternal facilities have been touted as the main reason as to why the high death rates are reported in various counties.

This has informed the Ministry of Health to equip two hospitals in each 47 counties with machineries that will help mothers get neonatal and maternal services at affordable cost.

Speaking on Wednesday at a workshop held at a Nairobi hotel, Cabinet Secretary for Health James Macharia said that his Ministry will mount a course to improve skills and competences of healthcare providers to ensure enhanced quality care and thus reduce maternal and neonatal mortality.

He further added that his Ministry has put in place strategies and guidelines that are evidence based which will assist key challenges in maternal and newborn health.

"The essential Emergency Obstetric and Newborn Care (EMONC) course has been rolled out in all 47 counties," he added.

Macharia said that maternal health care goes beyond medicine and also it is therefore a family's decision to utilize the health services that are in the counties.

More medics for diabetes and typhoid

Pharmaceutical and chemical company Merck, will partner with five African universities to offer training for about 5,000 medical students by end of this year, in a bid to improve innovative healthcare for patients in under served communities in rural Africa.

The partnership will train medical students at the University of Nairobi, Makerere University, Namibia University and University of Ghana, under the company's extended Capacity Advancement Program (CAP) initiative.

Speaking on Friday during the signing of the partnership, Vice Chairman and Deputy CEO of Merck, Stefan Oschmann, said the universities which will benefit from European-accredited clinical diabetes and chronic diseases management training will equip the students with skills to avert the diabetes epidemic. He said that following three years of success providing education and awareness creation and advocacy for medical and pharmacy students in African Universities, Merck, the world's oldest pharmaceutical and chemical company has seen a great success in Asia through forging a partnership with University of Indonesia and Maharashtra University to boost diabetes and thyroid dysfunction healthcare capacity in India and Indonesia.

Oschmann said that the company has crafted the CAP programme taking into account the critical role that medical and pharmacy students play in improving access to innovative healthcare for patients in rural areas and underserved communities

"We're excited about this partnership as it allows us to launch our Capacity Advancement Program in India and Indonesia. It will help provide sustainable access to quality health solutions and medicines in these countries. This marks another milestone in our commitment to working with governments, Universities and other stakeholders in building healthcare capacity with a focus on non-communicable diseases in various countries in Africa, Asia-Pacific, Middle East and Latin America." said Oschmann

Speaking during the event, University of Nairobi, Principal of the College of Health Sciences, Prof. Isaac Kibwage, emphasized that the partnership with Merck to implement the company's capacity advancement program in Nairobi University and to support diabetes health care in Kenya will help tackle the ever rising diabetes prevalence rate in the country.

Prof. Kibwage urged the students to fully commit to the cause as it was important for their capacity building and applauded Merck for its vision and mission to create awareness about diabetes and to promote better management of the disease.

Vice President, Head of Global Business Responsibility and Market Development at Merck Serono, Rasha Kelej said that lack of financial means is not a challenge in Africa or Asia but also the scarcity of trained health care personnel of tackling the prevention, diagnosis and management of diabetes at all levels of the health care systems,

"Our Capacity Advancement Program is part of Merck responsibility agenda that demonstrates our commitment to the global social and economic development" said Kelej

Vice Chancellor of Maharashtra University of Health Sciences, Prof. Dr Arun Jamkar, said that Type 2-diabetes is a growing epidemic in the Asia-Pacific countries as well as Africa, mainly due to the adoption of a western life-styles and the increasing occurrence of obesity.

"Moreover, thyroid disorders are very common in the Asia-Pacific region, the main reason being the endemic iodine deficiency in such populations causing goiter and gland dysfunction" said Jamkar

Merck plans to target more than 15,000 students by the end of 2018 expanding to more Universities and addressing Cancer management besides diabetes, hypertension and thyroid dysfunction in the developing countries and emerging markets.

Cabinet Secretary for Health, James Macharia opening the Amref Africa International Training Annexe

A nurse makes a presentation during the event

Faith For Life: Religious Leaders Rededicate To End Preventable Maternal Deaths In Kenya in two days meeting at Windsor Hotel from 4th-5th March 2015

Bishop Mark Kariuki addressing the conference

Inspiring visit: Uasin Gishu Governor Mandago at Pharmacies and Poisons Board Eldoret Show stand. This week PPB is showcasing in Uasin Gishu County for the A.S.K Eldoret Show.

Various corporates give their donations to AMREF Health Africa during the launch of the Save a Mum Walk, in partnership with the Chase Group Foundation

Are you suffering from Affluenza?

By Carole Kimutai

A scene at the doctor's office; a well clad lady has just walked in looking frazzled. "There is nothing physically wrong with you," says the doctor. His patient is unconvinced.

"Then why do I feel so awful?" she asks. "So bloated and sluggish. I've got a big new house, a brand-new car, a new wardrobe. And I just got a big raise at work. Why am I so miserable, doctor?"Isn't there some pill you can give me?

The doctor shakes his head. "I am afraid not," he replies. "There's no pill for what's wrong with you."

"What is it, doctor?" she asks alarmed. "Affluenza," he answers gravely. "It's the new epidemic. It's extremely contagious. It can be cured, but not easily."

The scene above is the introduction to the book titled: Affluenza: The All-Consuming Epidemic written by three authors: - John De Graaf, David Wann and Thomas H. Naylor.

The book evolved from a documentary titled Affluenza that focused on the habits of Americans - buying, having and wasting too much– and it first aired on September 15, 1997. As I went through the book, I could identify with the issues highlighted and sadly the Affluenza epidemic is also in Kenya.

Socially transmitted condition

In case you are wondering, Affluenza is a real word! The Oxford English Dictionary defines Affluenza as, "a painful, contagious, socially transmitted condition of overload, debt, anxiety, and waste resulting from the dogged pursuit of more." If you can identify with the symptoms of spending money to fuel an insatiable appetite by buying things you can comfortably live without, then you could be suffering from Affluenza.

We all have things lying around at home, in the office or in the car that we don't use – gadgets, clothes, shoes, cars, toys, kitchen appliances etc. For women, it could be a fancy dress you bought on credit for a wedding three years ago and only wore it once. Or that

gorgeous pair of red six inch killer heels from a designer store that you have only worn twice because the shoes literally killed your toes. Most of these things end up being waste and pollute the environment. I remember growing up and my mother would keep the best cutlery to be used for special guests and on special occasions. We were never allowed to use her China or silver wear that were kept under lock and key in the living room. I know many other families who were like that. Back in the day it was a fad to impress your guests with expensive cutlery.

Frugal lifestyle

Fortunately there is a cure for Affluenza – living a frugal lifestyle. It requires us to be prudent or economical in the use of consumable resources such as food, time or money, and avoiding waste, lavishness or extravagance – says the Oxford English Dictionary. The working word here is prudent.

"The amount of money you have squandered on useless things will give you a wakeup call."

There is a popular quote that says we spend money we don't have, to impress people we don't know or who don't care. Being frugal in how you spend your money does not mean you are selfish, it means you make conscious decisions in the way you spend your money and that the things you buy add real value to your life. Take communication technology for example - computers, cell phones, e-mail, digital cameras etc they are meant to make life easier and give us extra time to rest but in retrospect we now have less free time than we did 30 years ago.

The book Affluenza offers various treatment options that tell us how we can be frugal in the way we spend our money. It highlights several things you can do to have a better perspective on how you spend your money. Two things in the book stood out for me. First, we must make peace with our past; you can do this by calculating how much money you have earned in your life and then determine what you have to show for it.

The amount of money you have squandered on useless things will give you a wakeup call. Second is part of the budget making process, it involves tabulating all your income that you spend in a month and keeping track of every cent that you earn and spend.

Buying things may sound fun but before you buy something ask yourself four questions: Do you really need it? Can you borrow it from someone else? Are the materials in it reusable or recyclable? How much time will you need to work to afford it?

Email: kkimutai@yahoo.com

HIV Inflammation: A New Threat

By Dr. Joseph A Aluoch FRCP EBS

Introduction

Traditionally, it was thought that the natural course of HIV included a period of latency -- a time when the virus was inactive, often for years. This seemed to be a respite from the harsh effects that HIV can have on the body. But according to recent studies, this "latency period" may not be what it was originally thought to be -- in fact, HIV may have a greater impact on the body and immune system than we ever imagined.

Previously, it was assumed that the higher the CD4 count, the greater the level of protection. When CD4 counts were high, the risk for AIDS-defining opportunistic infections and other diseases was thought to be quite low, perhaps even nonexistent. But now we're seeing serious conditions like heart, liver, and kidney disease in people with higher CD4 counts. And we're also seeing more deaths in people whose CD4 counts are above 200. It appears that during this period of "latency" HIV is not silent, that CD4 levels may not indicate what is happening inside the body, and that inflammation may be affecting many organ systems. So the question is, how is this happening?

To answer this, we can look at the SMART study, one of the first to reveal this effect. In this study, people who stopped their HIV meds when their CD4 count rose above 350 had higher rates of AIDS-defining opportunistic infections and non-AIDS conditions, as compared with those who stayed on HIV therapy. They had higher amounts of virus in their blood, and those higher levels were associated with inflammation.

What Is Inflammation?

When the body fights invaders like viruses or bacteria, or repairs injured tissues, fluid and cells get transported to the site of injury. As the body heals, the cells can swell, get warm, and become sore. One theory is that as HIV chronically infects the body, cells and tissues are destroyed and then heal, activating the immune system. That

leads to an overstimulated immune system that can become burned out or weakened. So, even though a lab result may show a high CD4 count, the amount of inflammation in the body may be causing damage on a cellular level. And that can lead to heart, liver, kidney disease, and greater levels of bone loss.

Evidence shows that while HIV medications may play a role, they are not the only culprit. During the SMART trial, when people who stopped their HIV meds restarted them, levels of inflammation decreased but never became normal. There remained a residual level of inflammation (shown by increased levels of IL-6 and D-dimer) and a greater number of cardiovascular events occurred, especially in people who started the study with undetectable viral loads. Why was this of concern? Because high levels of inflammation are thought to increase atherosclerosis and heart disease even in people who don't have HIV. In the SMART trial, there were higher rates of heart, liver, and kidney disease among people with HIV at younger ages, even after controlling for differences in age and gender.

Research presented at the most recent Conference on Retroviruses and Opportunistic Infections in San Francisco provided further support of inflammation as a source of cardiovascular disease. In a study presented, the thickness of the carotid artery in the neck was measured by ultrasound among 285 people with HIV and compared with those of HIV-negative people. Among those with HIV, the carotid artery was significantly thicker, and lined with greater levels of plaque, placing them at greater risk for cardiovascular problems. In addition, they found the thicker arteries to be associated with high levels of a known inflammatory marker linked to heart disease called C-reactive protein. Another study found similar effects but found the artery thickness to be lower in people on HIV meds or with CD4 counts above 400. But it was never as low as in those who are HIV negative.

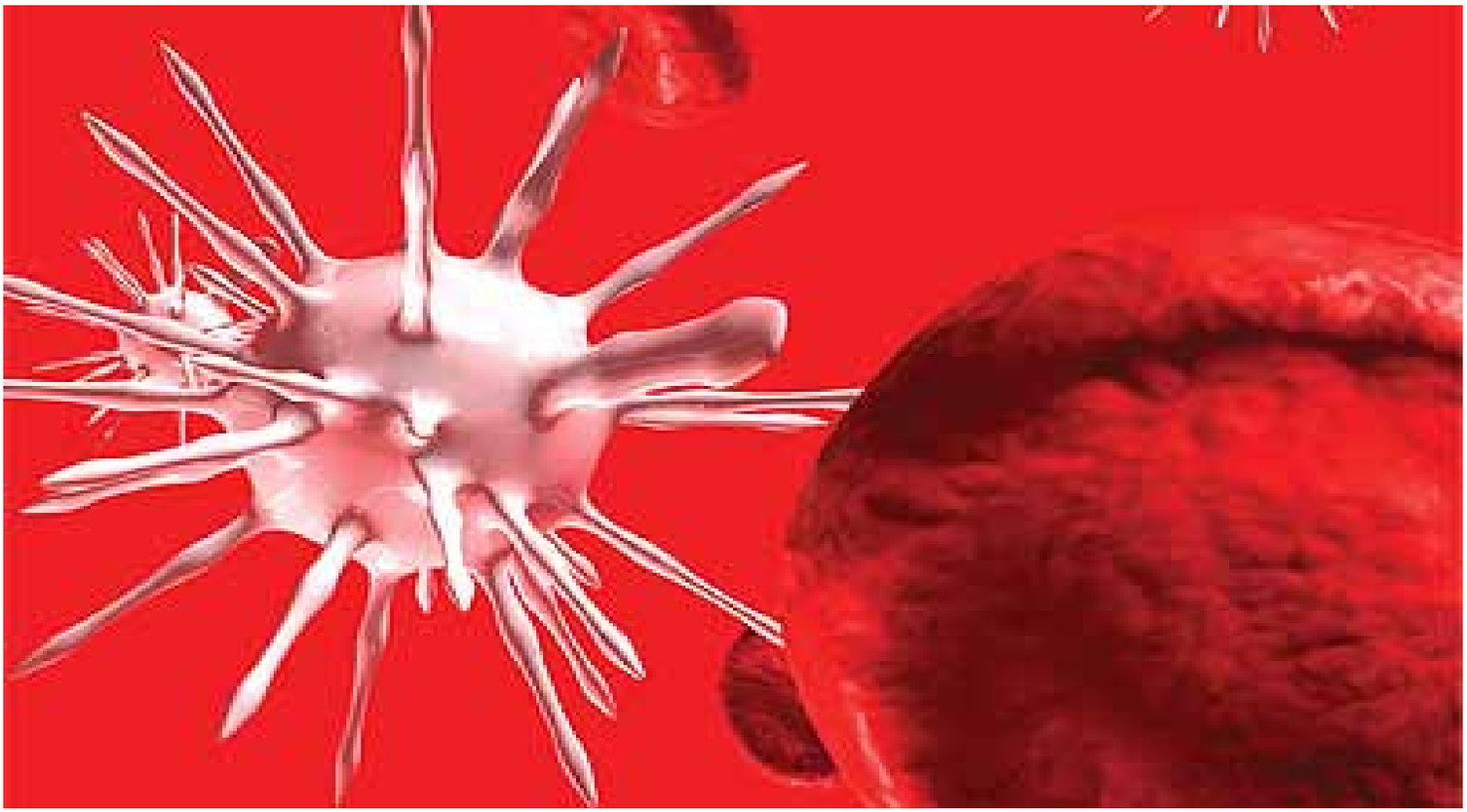
"So, even though a lab result may show a high CD4 count, the amount of inflammation in the body may be causing damage on a cellular level."

The first study also looked at how well the brachial artery could dilate, or widen, and whether it was becoming stiff due to inflammation. When they compared 98 people who were taking HIV meds with people who were HIV-negative, they found that even when HIV was well controlled with meds, the arteries were stiffer and not able to dilate in response to stress.

Increases in blood levels of several markers of inflammation have been linked with HIV disease. In addition to C-reactive protein, other markers such as interleukin-6, D-dimer, and TNF-alpha were also found to be elevated in people with HIV with thickened arteries. Higher levels of MCP-1 and RANTES are also seen in people with HIV, and can mean higher levels of protein in the urine, and kidney disease. The higher levels of inflammatory proteins seen in people with HIV (whether or not they are taking HIV meds) may suggest that HIV may be responsible for the heart, liver, and kidney disease that is seen at higher CD4 counts.

Inflammatory Markers and Mortality

The big question is whether increased inflammation affects the lifespan of people with HIV. Early studies suggest it could be linked to all causes of death among people with HIV. A study explored the link between inflammatory markers and AIDS deaths. In the study, people who had never taken HIV medications started medications during the trial. Those who later developed AIDS or died during the study had their inflammatory markers measured (specifically TNF, IL-6, CD27, and CD40). The researchers found that there were higher levels of all these markers in people who developed a new AIDS-defining illness or who died before they started HIV meds. Levels of TNF, CD27, and CD40 were higher before HIV treatment was started in people who later developed an AIDS-defining cancer or who died. This occurred about a year after they started HIV meds, even though



most of them had undetectable viral loads and CD4 counts above 200. So it would appear that inflammation may be causing damage early in the course of HIV disease, despite lower viral loads and higher CD4 counts, and that it may play a role in both HIV-related cancers and death.

Aging Before Your Time?

HIV may also lead to premature aging. In one study, vasodilation, or the blood flow, of people with HIV seemed to look like that of HIV-negative people who were 10 to 15 years older. Another study found the blood vessels of people with HIV appear to be similar to those of HIV-negative people who are 25 years older. The T cells of people with HIV look like those of people without HIV who are 32 years older -- while the median age of HIV patients in one study was 56, their T cells looked like those of patients who were 88. (The people with HIV had fewer CD8 cells, specifically those with CD28 and CD56 markers.) Further, people living with HIV for 8 to 12 years were 15 times more likely to be frail as compared with their HIV-negative peers. And the thymus gland, which helps T cells to mature, appears smaller in people with HIV.

All of these findings indicate that HIV seems to be linked with diseases normally seen at older ages, and that chronic HIV infection may create a state of premature aging and inflammation. If this is the case, what can be done to protect people with HIV from these serious non-AIDS conditions?

The short answer is that we're not sure. One idea was to try Valcyte, a drug that reduces levels ofcytomegalovirus (CMV), which was thought to lead to inflammation in people who had both CMV and HIV. But in one small trial, it didn't reduce the levels of residual inflammation. ACTG 5256 studiedSelzentry, a new HIV receptor blocker, to see if adding it to people's standard HIV meds could lower inflammation. Inflammatory markers did go down, but the study couldn't tell whether this led to fewer cardiovascular events or higher CD4 counts. The "Jupiter"

study (done in HIV-negative individuals) found that when people who had low LDL cholesterol but high C-reactive protein took the anti-cholesterol drug Crestor, they had 44% fewer cardiovascular events. But some studies have shown the opposite. We need further studies combining Selzentry with statins like Crestor to see if that could lower the markers of chronic inflammation and actually improve the health of people with HIV.

Several groups are looking at whether intensifying treatment by using more than the current standard of three HIV medications may reduce chronic inflammation. Some researchers have started to look at whether immune suppressants like prednisone, hydroxyurea, cyclosporine, and mycolic acid could help. Others are looking at medications like Renagel or colustrum supplements to keep microorganisms from leaving the gut and spreading inflammation throughout the body. Still others are looking at using chloroquine, a medication used for malaria. Common over-the-counter medications like Motrin and Aleve are also being tested for their ability to reduce chronic HIV inflammation.

In addition, some researchers are studying whether the thymus can be stimulated to produce more T cells. Clinical trials are planned of Serostim, a human growth hormone, and Sirolimus, an antirejection drug used in transplant patients, to see if they can reduce inflammation by bringing more CD4 cells onto the scene. Researchers at the French-based biotech Cytheris have studied IL-7 to see if it can increase CD4 counts in order to lower inflammation. IL-6 has also been further explored in clinical studies. And yet another group is looking at an immune-based therapy called Esbriet.

"Common over-the-counter medications like Motrin and Aleve are also being tested for their ability to reduce chronic HIV inflammation."

Some studies in rats and dogs have found that reducing the number of calories eaten may slow the aging process. A drug called resveratrol, which may have the same effect as calorie restriction, is being studied. Also, as we age a part of our chromosomes known as telomeres have been found to shorten, so researchers are looking into whether telomerase activators might slow the aging process in people with HIV. Finally, other groups are looking at vitamin D and omega-3 fatty acids as a way to slow the premature aging process seen in HIV.

Conclusion

It will take more studies before we know how to prevent heart, liver, and kidney disease in people with HIV. But one thing seems clear: HIV isn't sitting silently during its "latency period." Indeed, it is quite active, leaving a significant imprint on the body's immune and inflammatory systems.

There is further evidence that CVD is driven in part by chronic inflammation. Hypertension and possibly painful sensory neuropathy may be added to list of medical complications that are influenced by chronic inflammation in patients on ART. CKD, at least as defined by GFR declines alone, may be influenced mainly by other factors. Activation of both the inmate and adaptive immune systems drive chronic inflammation in HIV, but markers of innate immunity appear to have a stronger predictive value for mortality. Poorer CD4+ T-cell recovery is linked to higher levels of immune activation and that effect may persist even after many years of ART. Studies of adjunctive therapies to reduce inflammation are very preliminary. Potent statins and possibly ACE inhibitors or ARBs warrant further evaluation.

An ongoing ACTG randomized trial is comparing the short term effect on inflammation seen with either specific ART regimens or adjunctive therapy will require correlation with clinical outcome.

Differences in cytokine profile seen in pregnancy with different ART regimes provide a potential mechanism for the increased risk of pre-term delivery in Hiv.the sharp decline in inflammation seen in the postpartum period could mean ART discontinuation is less problematic during this period but longer follow-up and monitoring for clinical events are needed.

Radio Frequency Ablation for Varicose Veins

By Dr. Robert Mathenge

For the last 10 years Thermal Ablation of varicose veins has become the mainstay for treatment of varicose veins. Presently thermal (heat) is delivered by three mechanisms:

- Laser (endovenous Laser ablation i.e. EVLT)
- Radio frequency ablation e.g. VNUS plus technique
- Endovenous steam ablation (EVSA)

Studies including Meta analysis have shown that that these treatment methods are similar if not of better efficacy (five year rates at 90-95%) as the traditional ligation and stripping. This similar efficacy comes with added

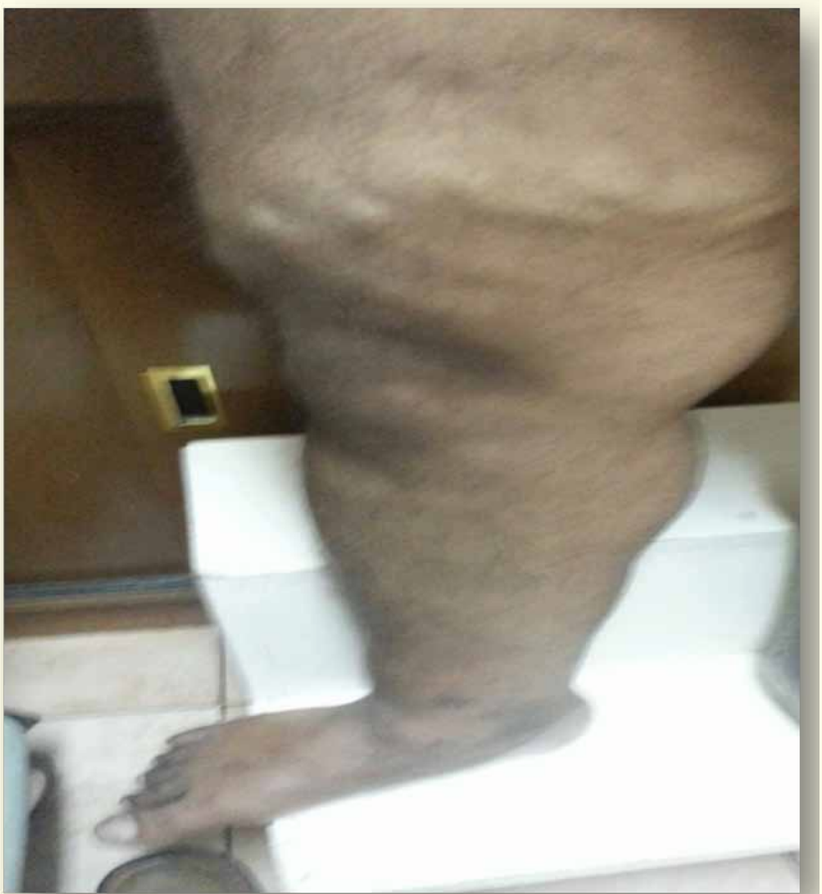
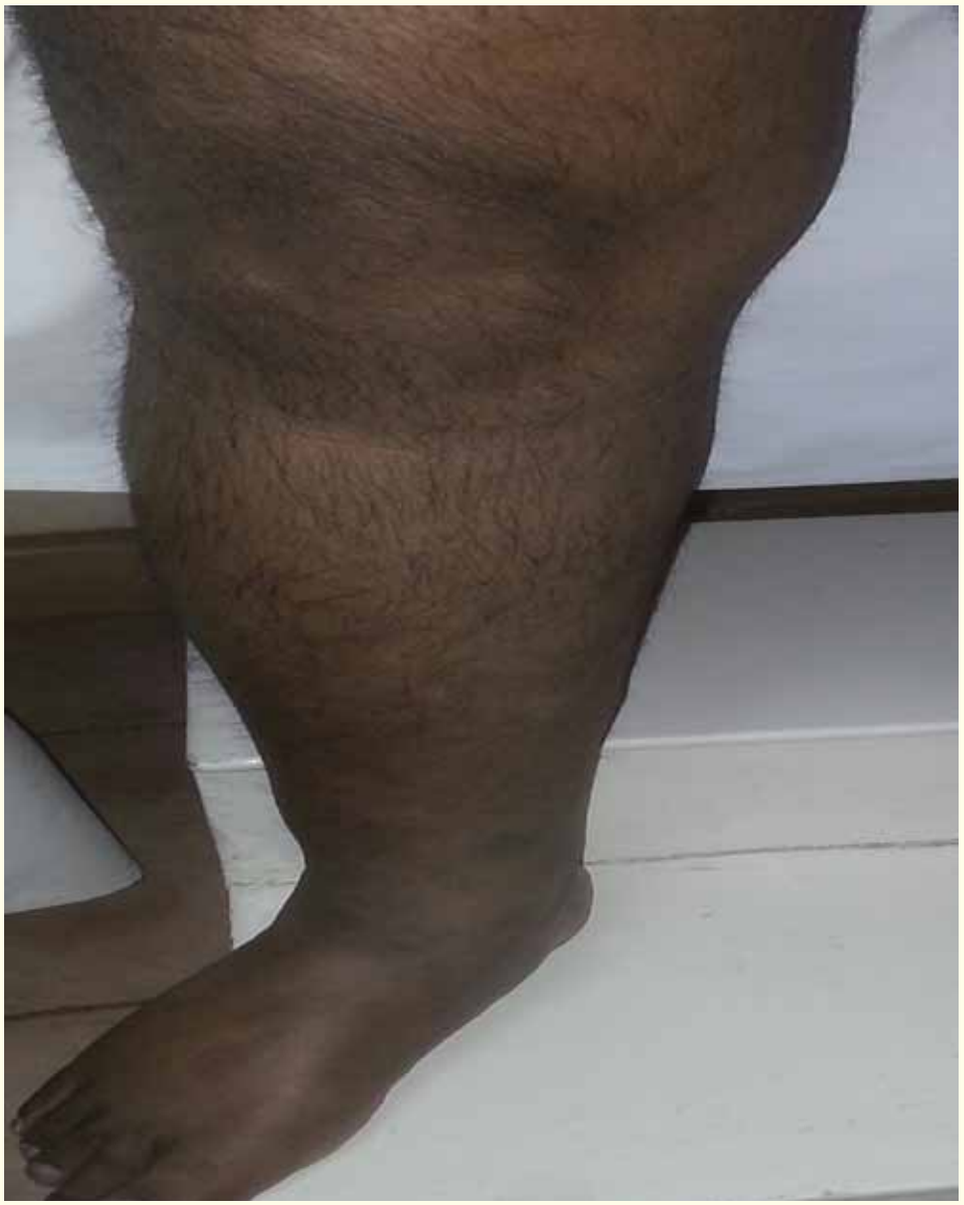


Figure 1 showing varicose veins before treatment



After treatment

advantage of same day treatment under local anesthesia, immediate ambulation and early return to work and cosmetically superior outcome.

Figures:

i) RFA:- Equivalent

ii) RFA:- Catheter

iii) Right G&V reflux before and after

For services and consultation:

The Equatorial Heart and Blood Vessel and Nairobi Laser Vein Clinic

By Doctor Robert Mathenge,

Consultant Cardiologist and Vein Specialist.

Dr. S. R. Patel

By Patricia Muigai

Dr. Patel recalls fondly the trip that helped to launch him into the medical profession. It was in 1951 when he along with about 30 other young students from different parts of Kenya set sail aboard *Langbey Castle* from Mombasa. The trip, which lasted 21 days, took him to London to study. “We landed at Tilbury Docks about three weeks later and I remember Dr. Likimani, who later became the Director of Medical Services in Kenya, was one of the students in the group,” says Dr. Patel.

It was a memorable journey for the doctor, who spent the next 15 years in London preparing for his career in Obstetrics and Gynecology. “We docked at Aden, Port Said, Port Suez, Genoa, Merseilles and finally Tilbury. It cost me only Ksh 1500 at the time and this included the daily meals for the entire trip!

London was a world apart from Mombasa, his home town. “One could still see the damage the war had left behind on some buildings. I found the buses fascinating and of course the tube was also there.” The best part of his stay was the sponsorship by the government, which gave them a handsome allowance. “We lived like princes and were the envy of many local students.”

Dr. Patel returned to Kenya in 1966 with FRCS and FRCOG and MBBS qualifications qualifications. “I joined the Ministry of Health and I was posted to Kisumu to develop the Obs/Gyn services in Nyanza. I think I was the first MRCCOG posted to Nyanza. My contemporaries in Kisumu were Mr. Roy Miller, Mr. Nasir Ahmed and Dr. W. Koinange. There was a lot of work and the challenges were many, but we did as much as we could.”

About a year later in 1967, the University of Nairobi was developing its medical school. “A group of experts from Glasgow, which included Mr. Ian Donald, had arrived in Nairobi to assist in setting up the Department of Obstetrics and Gynecology. The MoH transferred me to the Kenyatta National Hospital to work with this team,” he says.

At Kenyatta, Dr. Patel also taught. “We taught some students from Makerere and in 1970, medical students from the UoN joined KNH from Chiromo for clinical studies. The first batch consisted of about 18 students. Later the medical school initiated a postgraduate program. The department of Obstetrics and Gynecology had its first M. Med postgraduate students graduating in 1975.”

Dr. Patel says his time working and teaching at KNH was most fulfilling. “I enjoyed every moment. But this was cut short by a roadside proclamation by the then president of Kenya in 1980, which led to massive exodus of doctors from government institutions to private practice.” And that is how Dr. Patel got into and settled in private practice at the Nairobi Hospital, where he practices to date.

“For several years, the Nairobi Hospital struggled to establish itself. Occupancy was low and the bed charges were low, too. The hospital ran on lean staff and I remember the A&E initially had one doctor then three doctors; one Mr. Dinniz solely ran the accounts section. But the hospital started to expand after the economy improved.”

Dr. Patel served in the MAC and as head of the department of the Obstetrics and Gynaecology at the Nairobi hospital in the 1990s. A new separate Obstetrics theatre was created during his tenure and he performed the first caesarean section at the theatre to mark its opening in 1994.

“The Nairobi Hospital has grown rapidly in recent years. Over the years, the Obs/Gyn department has organized successful symposia, which are well patronized with impressive participation. I hope the hospital will develop a new, well-equipped maternity unit.”

Narok Cottage Hospital

Limited access to quality healthcare is a chronic problem in many parts of Kenya. Health facilities are few and far between in most rural areas, and some are ill equipped and lack adequate personnel to provide much needed healthcare. A group of doctors noted the pressing need for quality but affordable medical services in Narok County and decided to pool resources to build the Narok Cottage Hospital.

One of the doctors behind this project, Dr. Allan Soita says, "After seeing the suffering of the residents of Narok, including my own family, many of whom have to do without proper medical care for lack of facilities, and also lack of specialized facilities at a private and cost effective setting, we set out to explore ways in which to bridge this gap."

So in early 2013 after the idea was conceived, the groundwork began for setting up the facility, which is located along the Nairobi-Narok-Bomet highway. "We got a land buyer willing to sell his land, and then we bought it in installments. We were also fortunate to get a lawyer and an architect who were willing to provide their services at a subsidized cost when they heard what we were trying to do," says Dr. Soita.

Construction was complete within just 11 months. But despite the fact that the work progressed fast, it was not without setbacks. Dr. Soita says one of the biggest hurdles was funding. Getting funding from the banks was difficult and those that were willing to lend them money set stringent conditions, which they could not meet. "Sometimes funds ran out as we built everything from personal savings. Suppliers often failed to keep their side of the bargain and would not deliver

in time," he says. Nevertheless, most of the work was complete by early 2014 and the hospital was launched in March, starting with the outpatient then inpatient.

So far, the response is positive and Dr. Soita says the beds are 80 percent occupied at any given time. The facility serves an average of 25 patients per day. Some of the infrastructure available to facilitate service delivery includes ultrasound, backup generator, incubators for newborns, delivery beds, theatre anaesthetic machine, theatre table, ear nose and throat equipment, diagnostic equipment, hematology and a biochemistry machine.

A vast majority of women in Narok lack sufficient maternity care. Vaccination coverage is still low and malnutrition is high among children. Because of this, maternal and infant mortality is high. The Narok Cottage Hospital is committed to improving this scenario by providing maternity services. The hospital has a newborn unit, paediatrics and paediatric outpatient and a maternity unit. Other facilities include pharmacy, theatre, in-patient wards for male and female patients, radiology and laboratory services.

"In terms of personnel, our experience cuts across several fields. We have general practitioners, a pharmacist, dentist, paediatrician and an ENT surgeon. Together, we are dedicated to providing our patients with quality care and service delivery, specialized theatre services and closer access to diagnostic and curative care to the population. Our vision is to deliver quality diagnostic and curative services for the whole family in a cost effective way," says Dr. Soita.

As more doctors take an active role in providing communities with solutions to medical needs, Dr. Soita says that doctors too can serve the population quite effectively by also owning part of the health service chain.