

HOSPITALS IN NAIROBI



The Karen Hospital, Karen, Kenya.

Nairobi has more than 10 hospitals, a lot more, but only the biggest ones are listed in internet search engines and reviews.

Ustawi CEO Macharia Waruingi MD, DHA worked in 2 Nairobi hospitals (Kenyatta Hospital, Nairobi Hospital) in the 1990s



before and after his neurology residency in France, until moving to the United States to Boston to work

in Harvard hospitals in 2002. The cardiology section of Nairobi Hospital was run by married cardiologists Dr Betty Gikonyo and Dr Dan Gikonyo for more than 2 decades. In 2006 their vision for an independent cardiology hospital was realized with the opening of the 102-bed The Karen Hospital. Dr Betty Gikonyo is the CEO of The Karen Hospital, Dr Dan Gikonyo is the Chief Physician (and Physician to the President of Kenya). Chairman of the Board of The Karen Hospital is Mr James Mageria of Daystar University in Nairobi.

Nairobi Hospital is a private hospital, not affiliated with the University of Nairobi with over 600 beds. I was told this had originally been a hospital for Europeans, and until recently, European medical personnel were brought in from Britain to run and staff the hospital. The hospital is now under Kenyan management, but

it remains the elite, most expensive hospital in Kenya. On my flight from Nairobi to Kenya I was sitting next to a young European school student who was returning to England, his birthplace, after his summer vacation with his family in Karen. His father is a senior health professional in Nairobi and he earnestly told me his father is doing good things in Kenya, and hopes that I was too. He told me that he had lived in Kenya since he was a baby, and his family only goes to The Karen Hospital for minor health problems; the doctors are just not as experienced as they are in Nairobi Hospital. My own observations and information I have gathered about The Karen Hospital dispute this: I tell this story to explain that prejudices from colonial times remain and need to be overturned with marketing. If we are to start selling hospital care in Kenya internationally, we need to ensure that everyone in Kenya knows the life of each human is in safe hands in Nairobi hospitals.

The biggest hospital in all Kenya is Kenyatta Hospital, which is in Nairobi and is government-owned. Kenyatta Hospital is in the grounds of the University of Nairobi; the public relations office was in a building 50 feet from the building housing the Faculty of Pharmacy. Kenyatta Hospital has 1,800



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beds and, according to its website, more than 300% bed occupancy. Which means sick humans are stuck on floors, in corridors, anywhere. The Director of Public Relations Mr Peter Kamau told Ustawi that they do not ever turn anyone away, they take everyone. And all care is free of charge. They do have a private wing, where fee-paying patients access the same care, but more rapidly, than those lying 2 to 3 in a bed in the wards.

Kenyatta Hospital is the teaching hospital for the health sciences schools of the University of Nairobi so all Kenyan medical graduates when Dr Macharia Waruingi trained (he graduated in 1994), were trained at this hospital. I heard anecdotally from physicians that the work hours are long and busy. I heard from local university students and health graduates that the physicians are too busy to be effective. One horrific story was of a girl examined in casualty by a physician who told her she was not sick, and died on the way home. This can certainly happen in non-African hospitals, I heard a similar story from my mother from when she worked as a physician in a London hospital in the 1940s.

A large hospital close to Nairobi Hospital is the 543-bed Aga Khan Hospital. I walked through the hospital with Ustawi Director Theury Mwai, and was offered a tour. They told us that Aga Khan is planning to start a medical school in 2 years. Currently in Kenya, 4 universities are training medical students: University of Nairobi, Kenyatta University, Moi University and Egerton University.

Early on a Sunday evening, one week after spending exactly 24 hours in the malaria-endemic Rift Valley town of Nakuru, I had chills and fevers and was taken to the MP Shah Hospital. This mid-sized hospital was built by members of the sizeable Indian community of Kenya. I was examined in Casualty, sent to the Laboratory for blood drawing and testing, and an hour later bought the prescribed drugs in the Hospital Pharmacy.

My experience as a patient was good: rapid diagnosis and access to treatment at a price I could afford. I was told the speed with which I was treated was because it was a Sunday night, every other time the

Below, Nairobi Hospital; right, Kenyatta Hospital.



hospital is jammed. Although the cost was affordable to me, it was higher than most humans in Nairobi could afford, and I was told it was less that charged by Aga Khan Hospital.

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