
A hospital in shantytowns treating 130,000 people a year. Its founder Morino: "Doctors here are the carers of civil society"

"Forty-two 42 distinct languages are spoken in Kenya, and in most of these there is one word meaning both 'poor' and 'alone'. Whoever is left alone also becomes poor, not only in financial terms, but also with respect to ideas, strength, courage. That poverty comes with material poverty." Not being alone proved a source of richness for **Gianfranco Morino**, a surgeon born in 1958, originally from the town of Acqui Terme. He first came to Africa in 1986 for civil service, before returning in 1991 with his wife. The first of their four children was born in 1992. In 2001, together with a group of people who shared his love for Africa, his thirst for justice and his concern for public health, he set up the NGO [World Friends](#), guided by the inspiring principle that "all human beings have the right to live a healthy and dignified life, receive an appropriate education, find a job and have a home for themselves and their family." World Friends is committed to restoring justice in the world's huge shantytowns, home to poverty of all kinds, starting with healthcare, "a key to development."

The [Ruaraka Uhai Neema Hospital](#) was set up in Nairobi in 2008, offering "patient-centred healthcare services, where health is a right and not a business", Morino, founder of the hospital, told SIR The hospital currently has a 220-people workforce, 99% of whom are Kenyans, providing medical care to approximately 130,000 people a year. Morino has been visiting a number of Italian cities since 10 June to present his book entitled "*La forza di Ippocrate. Storie al tempo della pandemia*" [The strength of Hippocrates. Stories at a time of pandemic] and to share information on the poverty crisis during the Covid pandemic. **How is the world as seen from the equator?** A total of 65 walls have been built in the last 50 years, more walls than in the period that followed America's conquests until the fall of the Berlin Wall. An enemy was created in order to build those walls. And the walls we see are discriminating increasing numbers of people: access and welcome are granted to a selected few based on specific characteristics, while others are denied entry. The eyes of the world are turned to one war, while other wars are being ignored, such as those in Syria or Ethiopia, where mass rape is a weapon of war. Those are wars that no one talks about anymore, they disappeared from mainstream media outlets (with very few exceptions). However, it also became clear that walls proved useless when the true enemy - the SARS-Cov2 virus - broke through all barriers. And yet another war erupted even before the pandemic was over. There used to be a greater civic sense and a moratorium on armed conflicts during the most devastating pandemics, ever since the Plague of Athens. Nowadays not even that. **What is it like to live and be a doctor in Nairobi?** Nairobi is the third or fourth largest megalopolis in the world in terms of social inequality. Its large urban area is marked by a devious, income-based form of apartheid. Sixty-five per cent of Nairobi's population lives in slums or in areas bordering slums. This situation prevails in all large urban centres in the South, where private healthcare is the norm, and whose costs are unaffordable for a large part of the population. Sadly, health is directly proportionate to the patient's affluence, and the healthiest people are those who can afford medical care. The extent to which social factors affect people's health is well known: healthy food, clean water, employment, living conditions. The political approach to civil rights and duties also has an impact. Poverty and social injustice are the main factors leading to poor health. Martin Luther King said this already back in 1966: "Of all the forms of inequality, injustice in health is the most shocking and the most inhuman." **What kind of activities does World Friends carry out in Kenya?** Our hospital, the Ruaraka Uhai Neema Hospital, a medical centre located right next to the slums, is definitely the most important undertaking, with a model of healthcare at the service of the patient, where health is a right and not a business, where the doctor aims to serve as a carer of civil society, and medical care is practised as a combination of science and compassion, commitment and solidarity. It employs 220 people, 99% of them Kenyans, providing medical care to approximately 130,000 people a year. In 2010 it was recognised by the government as a Centre for professional training of local doctors and paramedics. Furthermore, we offer a variety of programmes, such as a

nutritional programme for mothers with malnourished babies, a mobile ultrasound service, with midwives travelling throughout the territory, and also a mobile clinic: a fully equipped medical vehicle that travels to nomadic settlements in the Maasai region and guarantees a very rapid diagnostic system. We launched a project for disabled children and a number of sports projects for street children. We manage to serve 200,000 people a year: a drop in the ocean of difficulties and problems. However, one significant achievement is the formation of highly trained local teams of doctors, nurses, physiotherapists, and educators locally. **How did the pandemic affect Africa?** We expected a tsunami but the clinical impact was definitely smaller. Kenya is a very youthful country (over 50% of the overall population is less than 15-years-old) that spends most of the time outdoors and public health at local level has ultimately been successful. It was impossible to implement preventative measures without running water, with soap representing the alternative to a meal, with masks costing 4 US\$, when the majority of the population lives on a dollar a day. Yet Covid had a devastating social impact because Kenya adopted an extremely repressive lockdown policy. The metropolitan area was shut down for months, with curfews from 7pm to 5am, checkpoints and ongoing violence, especially against the poor (only those with private cars could return home on time after work). Initially, there were more deaths from roadblocks than from Covid. Many people lost their jobs (and there are no social safety nets), malnutrition became rampant, domestic violence flared up. School closures caused huge damage, with children ending up on the streets, rising levels of delinquency, and an increase in survival sex of young girls. As many as 4,000 teenage pregnancies, clearly unwanted, have been recorded in the Machakos region, south west of Nairobi. Those girls will never return to school. We had increased school attendance by guaranteeing a school meal. When schools closed, families found themselves with an additional family burden, so young girls were forced into premature marriages, which often means subjecting them to an act of violence and oppression that amounts to genital mutilation. They have now recovered from that stage but they are still paying the consequences, with widespread malnutrition. **Is a wheat crisis looming?** A crisis is already under way and it's dramatic, because it hasn't rained for the past year and the soil is dry as dust. Even though we usually tend to avoid welfarism, we started to distribute food parcels in some villages. **The fundamental right to health: how far behind are we in guaranteeing it to all?** In the 5th century BC, Hippocrates of Kos wrote: "Wherever the art of medicine is loved, there is also a love of humanity." That was a fine start, 2500 years ago, but the situation today is that in most countries health is not a fundamental human right, but a privilege. This is also true in Italy: we seemed to have understood the value of the National Health Service established in 1978; instead, it started to be demolished in 1992, with the creation of Regional Agencies, a system based on profit and turnover, in other words a system based on an entirely different conception of medicine as a science at the service of mankind.

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