

**HOSPITAL DE EMERGENCIAS ENFERMERA ISABEL ZENDAL  
FIRST INTERNATIONAL MEETING ON BEST COVID-19 PRACTICES  
23 June 2021**

Welcome Address to be delivered by Mrs. Zainab Hawa Bangura, Director-General of the United Nations Office in Nairobi (UNON) and Under-Secretary-General of the United Nations

*(Check against Delivery)*

[2.06 minute video](#)

I wish to give warm thanks to the organising committee at the Hospital Isabel Zendal, to the local government of the Autonomous Community of Madrid and its President, Her Excellency Ms. Isabel Ayuso; and to Mr. Fernando Prados, General Manager of the Hospital Zendal and the Teofilo Hernando Foundation, who are coordinating the technical and administrative secretariat for this event. Thank you all for having invited me to this inspiring exchange, so that I can share with you our own journey of building a COVID-19 hospital in Nairobi, Kenya. This hospital, “The UN-Nairobi Hospital COVID-19 Facility”, serves the UN family in the entire region and beyond, as well as the citizens of Kenya.

There is an African proverb which says: “if you want to travel fast, walk alone; but if you want to make a difference, take others with you.” Please, allow me to share our journey with you.

Ever since the COVID-19 pandemic began in early 2020, we have witnessed its devastating impact across the globe, wreaking havoc in countries and territories, among communities, families, and individuals. Beyond the direct physical and mental health impacts, COVID-19 has greatly affected global economies and the basic livelihoods of countless people. You have suffered this in Spain and across all of Europe, and we have experienced the same in Africa.

In Kenya, the first case of COVID-19 was detected back in March 2020, when so much was still unknown about the virus: the cause, how it spreads, and how individuals and organizations could respond to what has proven to be the greatest health threat of our time.

In its efforts to manage the evolving pandemic, the Kenyan Government implemented stringent requirements for incoming travelers and medical evacuation cases. These requirements included mandatory quarantine, testing, and institutional isolation for travelers found to be COVID-19 positive. This was compounded by widespread restrictions on access to the national airspace. The restrictions were particularly significant for us, since Nairobi is a regional medical evacuation Hub for United Nations personnel. Initially, COVID-related medical evacuations were not approved to enter Kenya, and all Non-COVID medical evacuations

had to be screened for COVID-19 before they were allowed to enter the country.

While many countries were reeling from the disease, at the same time there was a positive development that was emerging worldwide. We began to see increased collaboration between research institutions and governments, and local and global health organizations, as they began to combine their efforts in order to stem the pandemic. Within Kenya, this collaboration could be seen in intense consultations with various stakeholders such as the Government of Kenya, the World Health Organization, UN Headquarters medical teams, UNICEF, and others among the UN Family in Kenya. We held regular crisis meetings to discuss the evolving situation, and to exchange views and knowledge.

Having seen what was taking shape in Europe and other regions at the time, it was clear that specialised resources and capacity building would be required for Kenya. Significant gaps were identified – mainly in the number of available critical care and isolation facilities, particularly outside Nairobi. Even within Nairobi itself, there were limitations in, (1) the number of ventilators, (2) infectious disease units, (3) beds in intensive care units, and (4) units for intensive respiratory care. It was clear that much more would be required if we were to experience the tsunami of infections that we were witnessing elsewhere in the world.

The silver lining, however, was that in Kenya we were fortunate to have highly experienced specialists – even though the numbers of these specialists still fell short of the anticipated requirements.

At the early stages of the COVID-19 pandemic, UN Secretary-General António Guterres began formulating a system-wide COVID-19 medevac solution, that would establish structures and procedures to grant UN personnel and other humanitarian workers access to necessary evacuation and treatment options as part of our *duty-of-care*. It would also enable the continuity of critical humanitarian programmes, which were seriously constrained by global travel restrictions.

In Kenya, the United Nations sought to secure access to medical evacuation, quarantine, isolation, and treatment facilities for UN patients and their dependents, and humanitarian personnel, in line with this medevac framework. My team and I held negotiations with the Kenyan government, and we successfully managed to agree on medevacs into Kenya on a case-by-case basis. Later, in September 2020, we also negotiated a special protocol, which made it possible to ease the functioning of UN operations across the country, and also greatly eased the facilitation of incoming COVID-19 medevacs. The UN also obtained access to the required services.

Now with the full knowledge of the gaps in the COVID-19 response and the lack of facilities to cater specifically to the virus, the Secretary-General decided that the UN should build a COVID-19 hospital in Nairobi – the first specialised hospital that would respond to the pandemic in the region.

Spearheaded by the United Nations Office at Nairobi, the UN System began pursuing multiple avenues to establish this dedicated COVID-19 treatment facility in Kenya. We envisioned a partnership with existing private hospitals already handling UN patients. This approach would save on the need for bottom-up investments in new medical facilities and personnel.

We looked at all the options and identified the Nairobi Hospital, a premier private multi-specialty hospital in Kenya. Working closely with the UN Department of Operational Support, the UN Office of Legal Affairs, and with the Government of Kenya and the Nairobi Hospital, we embarked on bringing our plan to life. The Nairobi Hospital has a long history of caring for UN personnel and their dependents, and thankfully, it also had the physical facilities that could be utilized to carry the project forward, while taking advantage of the *economies of scale* already present at the main facility. The actual care of patients at the envisioned

facility would remain under the clinical leadership of the Nairobi Hospital with close oversight provided by the UNON Joint Medical Service in Nairobi and UNON management.

The project of establishing the facility included 3 key project elements - construction, the procurement of medical equipment, and the human resource and staffing aspects.

The road of our journey was certainly paved with hard stones. However, all efforts paid off and we finally established the UN – Nairobi Hospital facility, successfully completing it in 3 months at a cost of approximately 8 million US dollars. It was officially launched by the Kenyan Head of State, President Uhuru Kenyatta on 13 November 2020.

The 100-bed UN – Nairobi Hospital COVID-19 facility has 15 ICU beds, 45 HDU beds and 40 general ward beds. Of note, **all** 100-beds at the facility are equipped with the infrastructure required to allow them to be immediately converted into ICU beds. One unique feature of this facility is that it has the capacity to treat severe COVID-19 patients using ECMO technology which supplies the blood of a patient with additional oxygen. Very importantly, this represents the first equipment of its kind in all of East and Central Africa.

Due to the continued scarcity of dedicated COVID-19 resources in Kenya, after the establishment of the UN – Nairobi Hospital COVID-19 facility, it quickly became apparent that this unique resource would also be of added value to the Kenyan population who required treatment for COVID-19, augmenting the medical capacity in the host country. As such, an admission protocol was agreed between the Nairobi Hospital and the United Nations to broaden the scope of who could receive care at the facility, while maintaining a number of beds for UN personnel and their dependents.

Since its completion, the UN-Nairobi Hospital facility has taken care of about 800 COVID-19 patients (UN and non-UN) – including over 100 UN evacuees. The UN-Nairobi Hospital facility has indeed turned out to be the go-to facility for UN COVID-19 evacuees. It is worth noting that UN medevac patients who have been admitted have come from as far away as Afghanistan, Nepal, and Yemen, and as near as our neighbouring countries, including, Somalia and Tanzania, thus serving colleagues from a far wider geographical scope than first expected.

Kenya has experienced three major COVID-19 waves to date. This has been reflected at the Hospital with periods of enhanced patient admission with bed occupancy occasionally above 80%. The facility has continued to provide medical care to complex cases of COVID-19 infection with local specialist support. The involvement of the UN with

the COVID-19 facility continues with the provision of support and oversight in the context of a very collaborative partnership.

This support and oversight have involved the UNON Joint Medical Service, the UN Medevac Cell Unit in Geneva, and multiple other stakeholders to ensure continuous optimal care and follow-up of UN personnel and dependents.

This journey has followed our African proverb. We envisioned a dream, measuring what we could do from my Office to make a difference, and we then began a challenging journey with the rest of the UN System, the Nairobi Hospital, and the Government of Kenya to make a significant difference in healthcare for our colleagues and our host country during these challenging historical times.

I thank you for your attention and wish you every success in this important meeting.