



## News letter /Circular 177 |

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## From:

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Members and Guests at the seminar in Buenos Aires 2009

Dear Members and Guests

I start my News letter with my best wishes for the New Year. However I intend first to look back to the most important events of last year.

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## 1. UIA PUBLIC HEALTH SEMINAR in Buenos Aires (4.-6.Nov. 2009)

The Scientific Committee of the 29<sup>th</sup> International UIA Public Health Group Seminar has selected more than 40 papers which have been presented to the overall theme of the seminar: **New trends in Health care facilities**. It is surprising to learn that among the rich countries on the world not those spending the highest budgets for health achieve the best health results. On the other hand looking at the group of developing countries some papers presented during the seminar showed us good examples proving that appropriate healthcare facilities have been built and can provide an adequate service for the population. What is adequate and what is too much? We know what is not sufficient, but we all still have to learn, that for the future we have to provide better results with probably less and less money.

### 1. Health care in Argentina

The seminar started with information about the history of Argentina especially about the large immigration during the last century causing big health problems and the corresponding strategies and solutions. Today the autonomous center of Buenos Aires (of 3-4 million people) is a very attractive working and living area. It has a constant number of people with a modern network of health facilities covering all the specialities. For the suburbs and outer regions however of greater Buenos Aires of additional 10 million people the authorities concentrate on primary health centers and preventive medicine for the still fast growing population.

Among the following presentations healthcare policies and facilities have been explained covering several states of the South American continent. The papers have been combined with presentations from other countries around the world grouped together according to the topic trends, from which I can only mention a few ones. **Peter Sheer** from England is a very attentive and critical observer of our own activities. He did help me to make a selection.

### 2. New operational modalities

We know that the running costs have to be paid every year and they become bigger and bigger. Health care experts are searching therefore for new modalities. In England but also in other countries like the USA or Canada new tender procedures have been developed in order to fix the overall cost for planning, construction and operation for the duration of 25 years. **Martin Fiset**, architect from Canada explained the advantages and disadvantages of such Public and Private Partnerships which become now clearly visible after 10 years of experience.

**Bas Molenaar** from the Netherlands showed us some figures out of health care statistics stating that the high expenditures eg. in the USA not necessarily provide the best results compared with lower expenditures but better results in other countries: "Wealth management" versus "Health management" as he formulated this effect should be mixed up?

**Zdravko Trivic** from Singapore presented the facts, that some of the hospitals develop deficiencies due to lack of proper maintenance and not consequent hygienic processes but also based on layouts and bad procedures resulting in additional patient's sickness. There are still a lot of services needed which professional engineers and architects can identify and offer as improvements. Sustainability is one of the words often used but not specified properly. In order to compare advantages of sustainability it is important to define the basis of comparison.

There is a need for "smarter hospitals" to be developed as **Sjoerd de Hoogh** from the Netherlands explained. No progress can take place if not the authorities would set new targets and would be prepared to for controlled experiments.

**Patrick Philip Sun** from the USA showed how projects within a given low budget and within the operational targets can be developed, if a special consultant is advising the Client by steering decisions from the very beginning and that deadlines and cost limits can be kept.

### 3. Evidence based design

**Warren Kerr** from Australia showed another way how to increase the benefit for clients by controlling planning results and in a process of intermediate reviews by an external expert, comparing initial goals with the actual outcome in order to reduce project- and running cost step by step and increasing e.g. sustainability. Important are the criteria and the facts to be measured.



As we all know the biggest positive effects can be achieved at the beginning of a project and only with much more difficulties during the implementation and the operation.

#### 4. More and more special situations to cope with like . . .

Old and new buildings on the same site:

Architect **Romano del Nord** from Italy showed a hospital annex which he has added to a group of historical buildings. To integrate old and new is a more and more challenging task but providing a high degree of satisfaction for everybody.

Safe health care facilities:

The WHO has pointed out in a report made in 2009 that one of the top necessity concerns hospital safety. More than 9000 hospitals around the world are not safe in case of an earth quake. Therefore WHO has pronounced a top priority for the year 2009 to make health care facilities save in case of an emergency. What can we contribute as the PHG?

**Yasuchi Nagasawa** from Japan und **Prosperidad Luis** from the Philippines showed with impressive examples what impact natural forces can have and what disasters can happen. It is absolutely vital to adopt the new design criteria consequently and to reinforce existing facilities. Therefore there is still a lot to be analysed properly and finally to be reinforced with very limited resources.

Further more **Hans Eggen** explained with examples from Switzerland that the emergency departments are normally too small and that even after doubling the capacity only very few beds are available for more patients to come.. Therefore it becomes clear that in case of a disaster additional space is needed for hundreds or thousands of injured persons who within short hours need a place for treatment. Since it is impossible to predict the location of a disaster such additional space has to be accessible within reasonable transport distances well distributed over the country in safe zones. Assuming that such volumes are available a further problem is still the training of the staff for such situations. The number of disasters is growing (looking all over the world) and it is clear that each time to set up only tents and temporary shelters is not an acceptable solution for the refugees.

MDR TB what does this mean to everybody?

**Geoff Abbott** from South Africa explained the special requirements in his country. They have a high percentage of HIV patients (25 %). If the immune system is breaking down the patients can be infected also by tuberculosis easily. The TB virus of the third generation is multi drug resistant. Any tourist travelling to South Africa can catch TB there and bring it home where the health facilities and the procedures are not prepared to cope with MDR TB. We have to increase the number of isolation wards in all hospitals and to check the patients in out patients departments.

“Limited resources” is one of the main trend but especially in Africa:

**Marianus Jager** also from South Africa showed an excellent example with his Moses Kotane Public Hospital realised with a small budget fully adequate for the population in this area.

A more and more elderly population in developed countries:

One of the trends we are faced with is the demographic development in many western countries. Old persons require more and more treatment and care. Other types of facilities are needed.

**Peter Korneli** and **Peter Schmiegl** explained the situation in Germany and the consequences with the fast growing part of elderly persons requiring adequate facilities. We have to find solutions for this task.

Need for updated standards:

This brings me back to the original intention to start the seminar with a workshop about updating **health care facility standards** under the leadership of the WHO. This workshop did not take place because the WHO could not hold it's original promise, for which they apologized at the very last moment leaving us with many still unanswered questions? One of which is: Who is our person within the WHO with whom we can communicate and with whom we can make reliable agreements and this within reasonable time. (*The problem is not yet fully solved but the WHO really intends to establish a new and solid contact with the Public Health Group*).



We know that standards are of importance and that they have to be updated. During the seminar many of the papers coming from different parts of the world stated that minimal standards should be available however that they have to take care of the specific conditions in a country. At the beginning of the seminar a very comprehensive comparison between all today available health facility standards, have been presented by **Zakia Shafie** and **Achmed Sherif** from Egypt showing the differences of each region. However for the future and for each region having different demographic, cultural, technical and financial requirements such standards need to be reconsidered and adapted continuously.

#### 5. Thanks to the team who prepared the seminar

We all have to thank in the name of the Public Health Group once more all the persons who have dedicated so much effort for the preparation and realisation of this seminar especially Astrid Maria Debuchy. I can only add at this place a text we all have received from her:

*Professionals from 5 continents made presentations and shared their experiences: from America, Europe, Africa, Asia and Oceania. I should like to note that the Seminar was well attended with over 102 participants and that the many exciting research developments presented were warmly received. Here at the Research Center for Health Facility Planning of the Faculty of Architecture, Design and Urban Planning, at the University of Buenos Aires (CIRFS FADU UBA) we also want to extend our sincere and deep appreciation to the president of the Scientific Committee Prof. Arch. Astrid Bögedam de Debuchy and the members of Ana Juan Congressos led by Mrs. Laura Baidenbaum.*

Astrid Maria got married on the 18<sup>th</sup> of December and we wish her all the best for her new family and for the start of almost a completely new life.

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some pictures from the Tango show in Buenos Aires

During the seminar we visited some private hospitals in Buenos Aires but we also found time to meet together in an informal way during the evenings or on a visit at a typical ranch outside Buenos Aires.





## 2. International Hospital Federation Congress in Rio 2009

The International Hospital Federation (IHF) organises a congress every 2 years; this year in Rio de Janeiro from the 10<sup>th</sup> to the 12<sup>th</sup> of November 2009. The participants are hospital directors, ministers of public health, representatives of the World Health Organisation, doctors, medical equipment producers and consultants from all over the world; all together up to 2000. This year's topic theme: **"In the knowledge area"** promised a discussion about the newest developments and trends.

The WHO representatives described the actual situation of the World health, the problems and anticipated activities. There is a lot to be done on all levels and by all specialists. It is evident that the quality of the health care facilities is also an important issue. For this purpose the UIA Public Health Group has received a platform to present papers to present the newest trends. It was clear right from the beginning of the planning of such sessions that the Brazilian architects would obtain as the host a special position. Brazil, a huge country has a good health care system and excellent health care planners. Finally only 3 papers have been kept from originally 8 ones proposed and I never obtained a clear answer as to why it was handled like this. Before and during our presentations however the formal and informal discussions gave me the impression that the audience would have been interested to hear more and as anticipated originally. However since there have been several parallel sessions on different subjects including facilities, it is not easy to judge what attention we would have obtained in such a case.

It became also clear to me that big companies acting at the same time as sponsors for the whole congress obtained the chance to present their companies and special services in a plenary session. It was interesting for me to attend such sessions too and I realized that the highlight "sustainability" has been treated as a completely new idea but almost nobody questioned the relatively poor results presented as examples of a big success. It is clear that in countries where perhaps nobody is checking the actual energy consumption a reduction of 30% to 40 % is possible. Furthermore there is much more to be added under the headline of sustainability than only energy consumption and better isolation of the walls. The audience was however not in the mood of a discussion and this is probably always the case with such large congresses. The simultaneous translations cover only 4 main languages and it requires some courage to stand up and ask questions. In the parallel sessions taking place in smaller rooms the participants felt however free to ask and such questions have been answered positively.

Since there are parallel sessions, it is impossible to attend all. One of the interesting sessions I could visit myself was about "how to make the facilities earth quake proof. There were really good speakers capable to provide practical advice to clients how to obtain reports from consultants concerning the quality of the existing buildings. A special attention was also given to a session about the impact of the multi drug resistant TB virus. I had suggested that Sidney Parsons, a guest member of the PHG could present his ideas of what can be done in the facilities with relatively small budgets to prevent cross infections. Geoff Abbott presented the same ideas in the session of the architects, both taking place however at the same moment.

*The conference gave me also the possibilities to contact the responsible persons of the WHO. I received a clear statement that the WHO is very much interested to establish a reliable contact with our Public Health Group. The official announcement of the new person however will not come before spring 2010.*

The next IHF congress will take place in Dubai in 2011 (29<sup>th</sup> until the 31<sup>th</sup> of march) And I hope that we can continue on the bases of what we learned in Rio de Janeiro.





(Louise Cox president of the UIA together with Hans Eggen director of the Public Health Group)

### 3.6. IHF International Hospital Federation

With the IHF we have a good relationship since many years however we have to keep in continuous contact. This year we have received the chance again to present a number of speakers from the Public Health Group during the IHF congress taking place in Rio de Janeiro right after the seminar in Buenos Aires.

### 3.7. WHO

We have also made a big effort especially during this year to continue our collaboration with the World Health Organisation. One is the effort to take up the annual theme of the WHO day during our seminar and present papers with reference to this activity especially if it has a relation to the facilities like this year:

“safe lives, make health facilities safe in emergencies”.

### 3.8. Unique quality of the PHG

Let me finally formulate a unique quality of our Public health Group. It is the direct link from a considerable number of professors at technical universities all over the world, which are members of our group and which are teaching architecture especially for health care projects. Such professors are very often involved in research programmes. Here a list of University and research centres represented by official members of the Public Health Group. I know that this list is no complete and I would like to add all of them.

Aristotle University, Department of Architectural Design & Architectural Technology, **Thessaloniki**

Cairo University, Department of Architecture, **Cairo**

Centro de Investigación en Planeamiento del Recurso Físico en Salud,  
FADU Facultad de Arquitectura, Diseño y Urbanismo - Universidad **de Buenos Aires**

**CSIR** Health Facilities Architectural Sciences, Built Environment, **Pretoria**

International Islamic University Malaysia, **Kuala Lumpur**  
Kulliyah of Architecture & Environmental Design



Kogakuin University, Department of Architecture, Faculty of Engineering, **Tokyo**

MARU, Dept. of Property, Surveying and Construction, **London**

TESIS Inter University Research Centre "Systems and Technologies in Health care **Florence**  
By the way, **TESIS** stands for: **TE**cnologie e **SI**stemi per la **SA**nità

Texas A&M University, College of Architecture, **Dallas**

National University of **Singapore**

University of the Philippines, College of Architecture, Quezon City, Metro **Manila**

**Comment: If your University or your institute being involved with research studies is not on this list, sorry it is my fault. Please send me a mail and I am glad to add your contact immediately.**

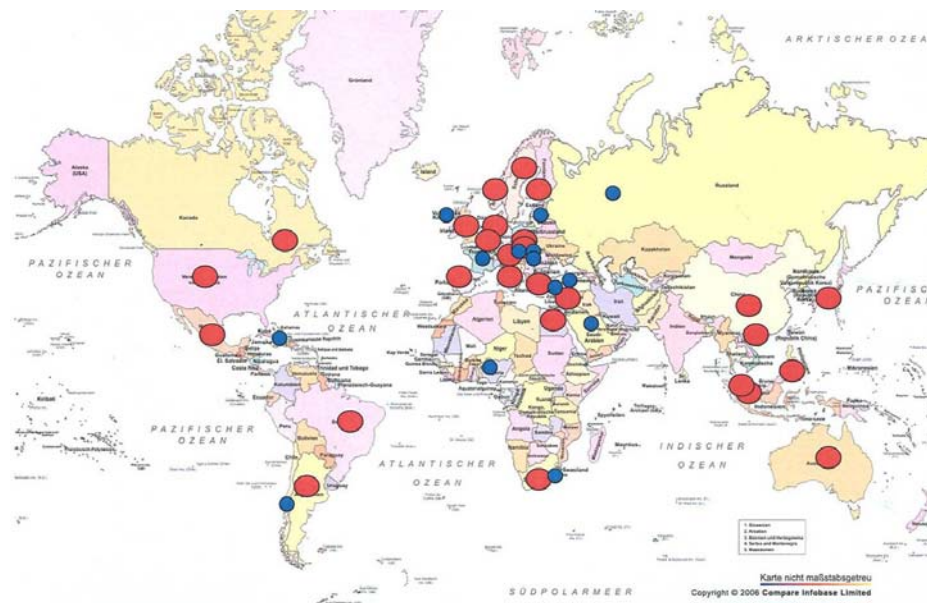
### 3.9. Summary: Annual seminar discussing new trends

During our international seminars we are in a position as the UIA Public Health Group to discuss on a high level New Trends in health care facility with other architects, engineers and consultants, healthcare managers and providers, healthcare organisations and governments; keeping always in mind the goals for the future tasks, which Louise Cox, president of the UIA has formulated so precisely and which is absolutely valid for our health care facilities:

How can we do more, better, with less.

### Hans Eggen

Director of the UIA Work Programme Public Health



The representatives and guests from more than 40 countries all over the world in 2008. In the mean time I have been in contact with quite a large number of new members and guests interested to participate in activities of the Public Health Group