

# **BUILDING FOR HEALTH CARE**

## **A GUIDE FOR PLANNERS AND ARCHITECTS OF FIRST AND SECOND LEVEL FACILITIES**

**Michael Hopkinson  
and  
Kees Kostermans**

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<http://www.worldbank.org/html/afr/healthb>

You may wish to send your reactions or questions to the authors' e-mail addresses:  
for Hopkinson: <106166 727@compuserve.com >  
for Kostermans: <ckostermans@worldbank.org@internet >

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# FOREWORD

The planning for infrastructure for health care seldom receives the attention it deserves. Ministries of Health tend to spend large proportions of investment budgets for the construction of facilities. These investments have large implications for the recurrent budget of these Ministries for many years after the original expenditure. For this and other reasons, careful planning of appropriate facilities is extremely important for the general future availability of funds in the sector.

Planning of facilities also deserves a lot of attention since the facilities form the premier working environment for most health workers. Only in a well-planned facility can the services be delivered efficiently. For patients it can make an enormous positive difference if the facility has a spacious waiting area or well ventilated wards.

The planning of infrastructure has many possibilities for conflict since various parties are involved in the planning process. Construction of health facilities may have a high profile for politicians. Construction of facilities often involves at least two Ministries: the Ministry of Construction and the Ministry of Health, each with its own expertise. The population at large, doctors, nurses, patients, politicians, architects, each have their own interests; the health planner will have to weigh the arguments of all parties when making a decision.

We hope that this book will be used as a guide for professionals involved in the planning of new construction or the rehabilitation of first and second-level health facilities, and that it may serve to improve the delivery of those services in the SADC region and far beyond.

**Ruth Kagia**  
Technical Manager  
World Bank  
Eastern and Southern Africa  
Human Development Group

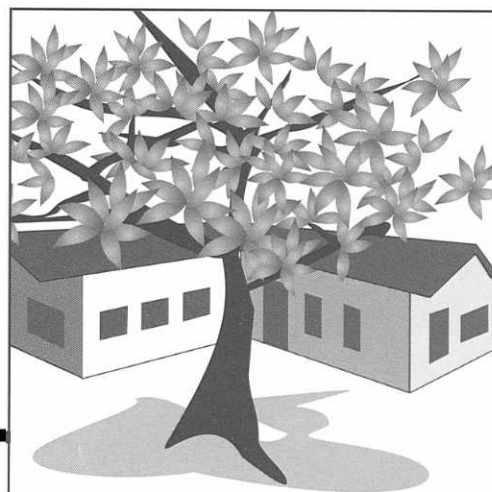
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# 1. INTRODUCTION



Expenditure on health services takes up a significant proportion of the annual budgets of governments of developed and developing countries. Good health has a high priority with all populations whose care expectations are expanding in parallel with their improved understanding of what health services with the support of modern science can achieve. The demands made in quality and quantity of services required from the public sector are becoming increasingly difficult to satisfy: most countries are studying how best to use the limited health services resources available.

These pressures have led to a reappraisal of the type of service which will most economically give the best results to improve and sustain the good health of the population. In recent years this has influenced the reorientation of health services from curative to preventive activities and shifted the emphasis to community-based rather than institution-based care. In many countries, however, the existing health infrastructure has not easily facilitated these new emphases.

Because of this, most health sector budgets and investment projects have had substantial resources allocated to realigning health facilities to the new strategies for providing health care. Many primary level facilities have been constructed to provide improved access to care with increased efficiency; at the same time, services provided at rural, district and central hospitals have been reappraised to provide the required support and supervision to the new and more appropriate referral systems.

## THE SOUTHERN AFRICAN REGION

In each southern Africa country, extensive health sector projects have been established by governments often with financial and technical support from donors. The projects have usually been promoted around themes such as equity, accessibility, emphasis on promotion and prevention activities, cost-effectiveness, community involvement, integration of programmes, and co-ordination of separate health activities. This approach generally implies changes of the alignment of health care and parallel efforts to avoid earlier mistakes.

The projects face many problems: setting clear priorities; lack of technical expertise; problems in communication between the different disciplines involved in planning and constructing health buildings, and lack of continuity from project to project. As a result, achievements being made through the new health programmes are often compromised and the anticipated benefits have not always been fully achieved. In some typical instances:

Many patients by-pass primary level for secondary and tertiary-level facilities, and many health centres and health posts are under-utilised;



- ♦ New or improved health buildings often require recurrent expenditure which is not available in the government's budgets. Buildings are often completed but staff, equipment and consumables are often years later in appearing;
- ♦ Facilities provided at new institutions are often extensive and require more staff than is available;
- ♦ Mistakes in design make it difficult to achieve required standards of functional quality and efficiency; facilities are too difficult for available expertise and resources to maintain;
- ♦ Buildings do not offer comfortable and safe places of work for health staff.

Many of these problems are caused by mistakes which could be avoided if dialogue between professionals working with building projects in all countries in the region could be improved.

## THE HARARE WORKSHOP

In May 1996 around forty-five staff members of Ministries of Health and of Ministries of Construction from Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe gathered in a Regional Workshop on Civil Works for Health Care Facilities. The group consisted of health planners, architects, engineers, quantity surveyors and economists.

In the southern African region there is a wealth of experience amongst governments and donors and their consultants on health building. This experience is not always well documented, and there is often too little contact between the groups involved, particularly those from different countries. The workshop was intended to bring individuals working with health care buildings together to exchange their individual experiences and in this way reinforce their collective expertise.

## THIS PUBLICATION

This publication captures most of the topics handled in the Regional Workshop on Civil Works for Health Care Facilities, and puts the workshop materials in a systematic order. It is an anthology of materials used by the organisers and presenters in the workshop. The comments of workshop participants have been taken into account.

The publication will mainly give guidance for the physical planning of facilities for the primary and secondary level of health care. However, since most of the same principles and caveats apply, the book will be useful for planners of tertiary facilities.