

## **PERINATAL CENTERS IN CENTRAL ASIA AND SOUTHERN AFRICA: USING INTERNATIONAL DESIGN STANDARDS FOR DIFFERENT CULTURAL AND RELIGIOUS GROUPS – CASE STUDY AND LESSONS LEARNED**

Henning Lensch, Architect AKG  
RRP International, Singapore – Germany

### **Introduction**

Having the fortunate situation of being awarded with two concurrent design projects for Neonatal, Obstetrics and Gynaecology Tertiary Level Services in very different environments, we could face similar yet different cultural and religious challenges for international best medical practice facilities. Mauritius is a multi-cultural / ethnic environment in Southern Africa while Kyrgyz Republic is a former UdSSR country and since 1991 independent Central Asian country with Muslim tradition.

### **Description**

Mauritius:

The new 'Institute for Women's Health' shall offer the possibility of a new center for the provision of excellent health care for Mauritian women but also for a new approach to planning women's health care services 'from cradle to grave' and there is an urgent need to focus on the current provision and outcomes related to Obstetrics and Gynecology. This project provides an overall and unique opportunity to develop a higher tertiary service for women's health care in Mauritius, to improve health outcomes by improving the quality of care they receive and provide much needed training opportunities for doctors, specialists, midwives and ancillary staff.

Kyrgyz Republic:

In terms of the longstanding engagement of German (Financial) Development Cooperation in the Kyrgyz Republic the Perinatal Centre Programme, which comprises components IV and V of the German bilateral "Mother and Child Care" Programme, consequently builds upon previous measures and efforts. The Perinatal Centre Programme is a landmark intervention in the Kyrgyz health sector reform and in the improvement of mother and child care throughout the country. The "unique" status of the project can be summarized as follows:

- It is the establishment of the 1st tertiary care level facility for the adequate treatment of pregnant women and critically ill new-borns
- It provides the "missing link" to previous efforts and interventions and is a crucial complementary measure for the overall functioning of the decentralized system of mother and child health care
- It may thus serve as a sort of "blueprint" for further Perinatal Centres in the country that are currently planned and will be constructed in the future.

### **Method analysis**

We had to decide about the design standards in relation to the cultural and religious conditions. The applied design standards and also results from Evidence Based Design have both to integrate latest medical studies e.g. about the impact of noise for the newborn recovery process, the impact of rooming-in concepts and the specific cultural and religious background of the countries.

We had to compare especially NHS HTM (UK), Australasian AHFG, former UdSSR and adapted to Kyrgyz Republic planning regulations, RKI Robert Koch Institute and DIN guidelines (Germany), EU regulations and AIA (US) standards.

## Results / Outcomes

In both projects, we could successfully combine different requirements and conditions yet with small “specialities” to fulfill local procedures and expectations. The result is not in contradiction with international best practice yet adapting local traditions and specific requirements / conditions.

## Discussion

- Worldwide best practise and medical technology to combine with cultural and religious practises and conditions.
- Opening up healthcare planning standards for adaptations to cultural and religious conditions.
- Team members for the integrated planning, the role of the architect.

## Conclusion

- Need for stronger discussion of “international standards” against “local cultural and religious integration” and formulate recommendation for the main global standards such as NHS, HTM, AIA, AHFG and coming integration of EU standards.
- How can the UIA play a stronger role in the moderation?

