

Owing to pre-election sensitivity, the advertised session in the programme on Monday 10 June will no longer be presented. Involved personnel are unavailable for comment. We thank you for your understanding. The following presentation and panels have replaced the original content in Session 2.



Session 2

**Transforming health systems and infrastructure:
Exploring global, community and human perspectives**

Chairs: Sunand Prasad, EHD programme director, UK; **Sasha Karakusevic**, NHS Horizons, UK

10.45 **Transforming health systems and infrastructure**

Brian Kowalchuk, Global design director, HDR, USA
Brian Niven, Technical principal, global health, Mott MacDonald, UK



11.00 **Panel 1: Global perspectives panel**

Panel: Prof David Allison, Director of architecture and health, Clemson University, USA;
Prof Harry Van Goor, Professor of surgical education, Radboud University Medical Center, Netherlands;
Tania Wee, Executive director, National University Health System, Singapore;
Kate Copeland, Chair, Australian Health Design Council, Australia

11.40 **Panel 2: Community and human perspectives**

Hank Adams, Global director of health, HDR, USA;
Clare Wildfire, Global cities lead, Mott MacDonald, UK
Robby Chibawe, Chief executive officer, Puntukurnu Aboriginal Medical Service, Australia;
Nicola Bertrand, Head of architecture and construction, Asklepios Kliniken, Germany

12.20 **Closing remarks**

12.30 **LUNCH, EXHIBITION AND VIDEO+POSTER GALLERY**

Abstract

The way in which global health systems have independently and interdependently evolved over time is an incredibly diverse study of competing priorities and interests. At one extreme is the open, privatised healthcare market in the United States, where more resources are invested per-capita to achieve modest health outcomes, and a significant health disparity exists across a broad socio-economic spectrum. At the other extreme is China, where healthcare has been optimised for throughput, resulting in a monolithic response that often lacks a humanistic experience. Canada, Australia and other Commonwealth countries are somewhere in the middle and more akin to the dynamics of European healthcare systems, but these markets are not without their own challenges in delivering quality healthcare at scale.

What are the common challenges and factors that should be considered in the design of an effective, climate-smart healthcare system, to deliver quality care efficiently, accessibly and equitably to those who need it most? In this session, a multi-dimensional framework of design-drivers will be outlined to contextualise each major global healthcare system. They will question them at three key scales:

- **Global** – How do we responsibly design, build and maintain the most technically advanced and humanistic facilities at the same time as promoting planetary health? How do we apply a two-way knowledge transfer of lessons learned between high- and middle/low-income countries, and between wealthy and poorer communities in the same country, to improve global and population health overall?
- **Community** – How does a healthcare system or facility benefit diverse communities at a local, regional and national level? How do communities most effectively invest their finite resources in healthcare solutions that return the highest social value?
- **Human** – How do patients and providers personally experience healthcare? What are their expectations, hopes, fears and aspirations?