

# UIA 2014 DURBAN

Sunday 03 August - Wed 07 August 2014

Other Thinking | Other Regions | Other Practice | Other Disciplines | Other Communities

ARCHITECTURE, UN AUTRE AILLEURS “Looking elsewhere for other ways of creating a better future”  
RESILIENCE, ECOLOGY, VALUES



## UIA 2014 HEALTHCARE OTHERWHERE INTERNATIONAL STUDENT COMPETITION

### anOTHER International Student Competition

#### LATE BREAK!!

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## 01 UIA 2014 HEALTHCARE OTHERWHERE anOTHER International Student Competition

Durban, like other South African metropolitan areas, recognises health challenges in its population, as expressed in its current high mortality and morbidity rates. Furthermore it is recognised that the urban environment plays an integral upstream role in population health through a variety of mechanisms which can either exacerbate or improve health status. Health challenges disproportionately affect the socioeconomically disadvantaged – who may lack instrumental, informational and emotional support. Given these issues, Durban's Warwick Junction provides an interesting setting to consider how - through architectural intervention - health-promoting, disease-preventing and care-seeking can be fostered through the three UIA 2014 Congress sub-themes of RESILIENCE, ECOLOGY, and VALUES.

The International Union of Architects Public Health Group (UIA-PHG) hereby invites architecture students to submit a proposal in which architectural intervention is explicitly used to address local public health issues.

This HEALTHCARE OTHERWHERE STUDENT COMPETITION aims to:

- i. foster collaboration between the architectural profession, government, communities and relevant development partners;
- ii. explore OTHER – namely medical and public health – practice;
- iii. reconcile alternative, traditional, conventional and contemporary emerging disciplines in medicine and public health;
- iv. reflect on how hostile aspects of urban environments can be sustainably transformed into healthy human habitats; and
- v. propose ways to enhance human health and wellbeing through architecture and design.

## 02 UIA 2014 HEALTHCARE OTHERWHERE – background and context

The UIA - PHG is one of the working bodies of the UIA, the Union International des Architectes or International Union of Architects. It was founded in 1955 and represents members and guests from all continents and a growing participation from more than 60 countries.

Within the context of the UIA philosophy it is the vision of the UIA-PHG that world public health can profit by the dedication of architects to provide efficient, safe and aesthetic health care buildings and an environment that can contribute to a more rapid healing of the patients as well as an improvement in staff operations and satisfaction.

To accomplish this vision the UIA-PHG should share its knowledge and experience not only within the group but also with other architects, engineers and consultants, health care managers and providers, health care organizations and governments, as well as with the general public. It should also initiate research projects that contribute to better health care buildings and environments. This project has been conceptualised in order to stimulate discussion on how design principles typically applied in hospital environments can be applied to OTHER settings for community health and social benefit.

## 03 UIA 2014 health-promotion, disease-prevention, care-seeking

### Healthier human habitats

Urban renewal in itself can provide healthier human habitats. But the built environment can go even further as an upstream public health enhancement. Consider that:

HEALTH-PROMOTION fosters RESILIENCE in human population;  
CARE-SEEKING behaviour (giving and receiving) expresses social VALUES; and  
DISEASE-PREVENTION enhances population ECOLOGY, quality of life and social justice.

Health systems – conventional and traditional – can also be actively and passively enhanced through urban intervention in the built environment. Consider these examples of simple interventions with public health benefit.

### *Health-promotion*

#### *Piano Stairs*

*To promote fitness, art and sustainability Piano Stairs was introduced by Volkswagen as part of their fun theory. “It was executed in Stockholm, Sweden in October 2009 as a fun musical experience that encouraged the crowd to use the stairs in preference to the escalator or the elevator. Installed at a subway stairwell, the Piano Stairs succeeded in attracting 66% more pedestrians to use the stairs instead of using the escalator. The total expense to complete the project was approximately [R500,000] and the total installation time was only a day. Since 2009, there have been many Piano Stairs installed all around the world.”*

*<http://www.dellichallenge.org/projects/piano-stairs>*

### Care-seeking

#### Universal Access

The youth are often reluctant to utilise health services as they do not perceive them as “youth friendly”. Simple structural adjustments such as layout, colour, furnishings, and enhanced privacy all can enhance youth friendliness of health facilities.

Many health facilities are not fully accessible to people with disabilities. This can include physical and functional access. This would also relate to the transport systems and transitions available to the disabled.

### *DISEASE PREVENTION*

#### *[Re]connecting with Nature*

*North West Province clinic garden project in South Africa set out to establish vegetable, orchards, and medicinal gardens in all 350 health clinics in the province. More specific aims where to support food security, protect native plant diversity, and increase knowledge about environmental and organic horticultural practices. All possible stakeholders: clinic personnel, patients, general public (patients and others – groups, churches and schools), caregivers, NGO's, traditional health practitioners, and experts were involved.*

*“Proceedings of the First Congress of the Society for Urban Ecology (SURE) 25-27 July 2013, Berlin, Germany”*

## But...

But, whilst connecting with nature has been shown decisively to improve healing, longevity and health; achieving workable and sustainable (RESILIENT) urban landscapes which incorporate nature is challenging in robust urban settings like Warwick Junction. Community connectivity could be strong in this bustling precinct because opportunities for social encounter abound. But, as it is possible to be lonely and alienated in a crowd, so the quality of those connections and encounters is important. The issue of communication is also complicated by the feature that South Africa has 11 official languages and an abundant diversity of cultures. Furthermore, whilst human thriving is improved by good social interaction, humans also have a need for quiet, and for privacy. Should such quietness be cultivated here, and if so, now?

Another issue to consider is that on and around the Warwick Junction site, there are several distinctive and generally separate modes of health-related activity. "Western" medicine (public and private sector clinics), traditional methods (muthi markets) and alternative healing co-exist. All modalities share the objective of optimising health. They are not in opposition - but there is some dis-ease - in relation to the OTHER. It is recognised that each have a contribution to make. How can it be ensured that none of these are marginalised? Can there be cooperation and synergy and how is this expressed spatially?

## 04 Competition Site 29° 51' 34.9236" S 31° 0' 51.8544" E

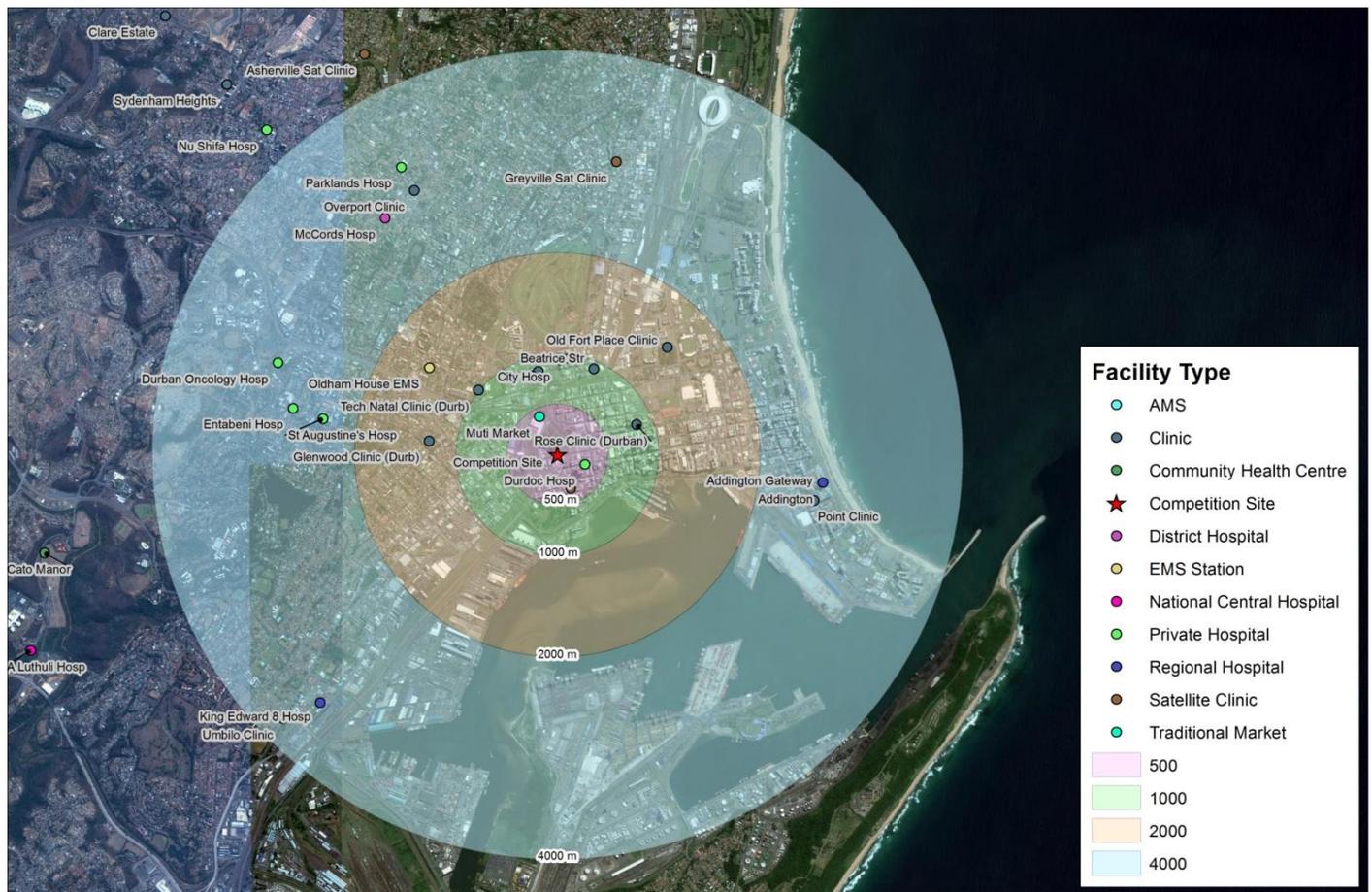
The competition site is WARWICK JUNCTION, Durban and in particular the precinct immediately around the West Street Cemetery. Refer to website for competition site details including the Cemetery Edge Study.

## Climate and natural ecology

In addition, the following climate and ecological notes may be interesting. Durban has a subtropical climate with warm, humid summers and mild winters. Most of the rain falls in the summer months. The winds blow in a predominantly north-easterly and south-westerly direction parallel to the coastline.

Durban is a coastal city with over 2000 plant species, extensive river networks and catchments and estuaries. Savana, forest and grassland biomes can all be found in and around Durban.

## Some local health services



## 05 HEALTHCARE OTHERWHERE

You are invited to propose how architectural design can actively and passively positively influence HEALTH-PROMOTION; CARE-giving & SEEKING behaviour; and DISEASE-PREVENTION at Warwick Junction. Through a combination of graphics and written English, each of the following issues are to be addressed in terms of architectural, experiential, form, surface and material:

- i. Instrumental means – e.g. improving access to health resources
- ii. Informational means – e.g. multi-media such as awareness campaigns
- iii. Emotional means – e.g. community connectivity, engagement and partnership

Care should be taken in communicating how the context specifics generate the proposed response.

**Presentation products:** 1 x A1 Poster, A4 Text

## 06 Unique health NEEDS within the WARWICK JUNCTION AREA

eThekweni Municipal (Durban) Area describes its health status as follows: “The morbidity and mortality profile of the demonstrates how the challenges of the high HIV and AIDS burden, the increased maternal and child mortality, the escalating lifestyle diseases and the high number of accidents and injuries have had an impact on decreasing life expectancy of citizens within the metro. The mushrooming of informal settlements results in less than desirable living conditions exposing the inhabitants to environmental and social health risks. Associated conditions of poverty give rise to malnutrition especially in children under 5 years.” Its’ key issues related to health are made more challenging by very limited financial and staff resources.

## Ecological scourges – communicable diseases

South Africa has a severe twin epidemic of the communicable diseases TB and HIV. HIV prevalence in KwaZulu-Natal population aged between 15 to 45 years is 25% in KZN (higher than the national average). Tuberculosis is recognised as the leading opportunistic infection amongst HIV positive persons with approximately two thirds of HIV infected persons co-infected with TB.

## Women and children

South Africa, including the Durban metropolis, is one of the few places where mortality rates have increased in children less than five years of age due to HIV and AIDS, sepsis, injuries, pneumonia and diarrhoea. The high number of maternal deaths also remains a problem with worrying trends which forecast that the country is unlikely to meet the millennium development targets in terms of reducing mortality amongst children and pregnant women. There is a high teenage pregnancy rates and high incidence of sexually-transmitted diseases.

## Emerging threats – hypertension, diabetes, violence and trauma

70 000 South Africans are killed by trauma annually, and a further 3.5 million seek trauma care. A study conducted in the eThekweni (Durban) Municipality found most injuries occurred on roads, at informal settlements and at shebeens (bars). More than 44% of injuries had a violent cause. In addition to infectious diseases, there is a growing incidence of diseases of lifestyle with leading causes of death linked to hypertension, diabetes, cancer, epilepsy and asthma.

eThikweni attributes its health outcomes in part to the health system challenges of poor quality of services, inadequate and inappropriate infrastructure, human and financial resources. Moreover disparities are recognised that exacerbate the situation.

## Not all doom and gloom

The challenges are acknowledged and some ambitious targets have been set: Zero HIV; Zero TB; normalised child and maternity mortality rates. Whilst it may appear at first that there is little that built environment professionals can do to join this effort, closer examination shows that better buildings and public spaces can make a difference. A few direct benefits are:

- i. Improved ventilation and management of congregate settings can reduce risk of TB,
- ii. Promotion of exercise as part of daily activities by prioritising pedestrian traffic over vehicles for a variety of health benefits for hypertension, diabetes and depression,
- iii. Accessibility to healthcare services (i.e. convenient locations) promotes uptake.
- iv. Promotion of access to healthcare services and healthy lifestyle promotion are key supplementary and complementary services

There are also numerous indirect benefits.

## 07 Suggested project client/s

The client is the people who transit through, trade at and administer Warwick Junction.

## 08 Important dates

- 16<sup>th</sup> February 2014 - competition announced, registration opens
- 31<sup>st</sup> March 2014 - registrations close
- 14<sup>th</sup> June 2014 - projects submitted, competition closes
- 18<sup>th</sup> June 2014 - adjudication starts
- July 2014 - winner(s) acknowledged
- August 2014 - **UIA 2014 Congress in Durban**

## 09 Consultations with experts and availability of data

A number of identified experts will be available online and via the UIA2014 website to answer questions about UIA-PHG. Questions on the UIA 2014 Student Competition are posted at [www.uia2014durban.org](http://www.uia2014durban.org).

Address queries for the HEALTHCARE OTHERWHERE competition to **Jako Nice** [jnice@csir.co.za](mailto:jnice@csir.co.za)

## 10 Organizer and implementer of the UIA 2014 HEALTHCARE OTHERWEHERE student competition

The International Union of Architects (UIA) is the official organizer of the UIA 2014 student competition. The South African UIA2014 Organisation Committee for the Congress will oversee the implementation of the competition. Full, voluntary support will be provided by UIA-PHG to the adjudication and administrative processes, as coordinated by the UIA Organising Committee. The competition is run in conformity with the UNESCO-UIA rules for international architecture and town planning competitions.

## 11 Registration process

- i. Registration closes 31<sup>st</sup> March 2014.
- ii. Only individuals (no teams) are eligible.
- iii. Entrants must register online, via the UIA 2014 website [www.uia2014durban.org](http://www.uia2014durban.org). Only entries submitted through the website HEALTHCARE OTHERWHERE PROJECT will be accepted.
- iv. Entrants must provide contact details including email addresses.
- v. The information required includes the architecture school where the entrants are registered as students as well as the school's physical address.
- vi. Personal data will be used for UIA 2014 purposes only.
- vii. Registration fee of R 500.00 (ZAR) must be paid, as per 15, below.

## 12 Eligibility

This competition is limited to students who study architecture, landscape architecture and urban design (undergraduate and graduate levels). Copies of Student Identity Cards or documentation proving that each entrant is a student at the time of submitting the competition entry must be provided on registration. The students may submit projects that were done under the supervision of lecturers at their schools of study. Only one entry per student is permitted.

## 13 Products and submissions

Only students who have registered online and paid their registration fee prior to March 31<sup>st</sup>, 2014 will be permitted to submit entries. All entries must be submitted digitally in PDF format at 300dpi. Shortlisted candidates will be notified after the initial selection rounds have been completed. Submission packages are to be submitted in line with the instructions for submission on the UIA 2014

website, with the documents in question to be clearly named by registration number alone and marked “HEALTHCARE OTHERWHERE PROJECT” in the lower right-hand corner in minimum 20pnt font. Submission packages are to include documents in the following order:

**Document 1:** Completed and signed registration form

*NB: All following submissions (i.e. Document 2 and Document 3) **must not** include name or affiliation of the students. Document 2 and Document 3 must be identified only by the unique registration number received after the submission of the registration form and payment of the fees*

**Document 2:** Supporting text document to include

- i. a project title,
- ii. concept,
- iii. description, and
- iv. a written explanation of the response to the HEALTHCARE OTHERWHERE brief (above) [A4, Max 1000 words]

**Document 3:** HEALTHCARE OTHERWHERE graphic representation, portrait orientation. [Max 1 x A1]

## 14 Judging process

Registration for the competition closes on the 31st March 2014, midnight (CAT). Submissions are required by 14<sup>th</sup> June 2014, midnight (CAT) on the UIA 2014 online system. This is a competition of design ideas and will be assessed accordingly. Jury decision is final. During the period 14<sup>th</sup> to 18<sup>th</sup> June 2014, the UIA 2014 HEALTHCARE OTHERWHERE entries will be screened in terms of completion, anonymity and adherence to the submission requirements listed in section 13. Entries which do not comply will be disqualified at this stage. Adjudication will be anonymous - it is therefore crucial that there are no names of entrants or mention of affiliation in any of the submissions, with the exception of the application form.

The UIA-PHG jury will adjudicate submissions with independent scores between 18<sup>th</sup> June 2014 and 30<sup>th</sup> June. Scores will be tallied by the UIA-PHG and a winner, a second place, and third place determined by consensus. Any or all entries, at the judges’ discretion, may be exhibited at the UIA-PHG stand for the duration of the UIA 2014 Congress in August. This venue will be open to the public. The winner, first and second runner up will be notified by e-mail as soon as determination is made, but not later than the first calendar week of July 2014. Non-winners will be notified by email. Should the winner be unable to accept the prize, the second placed will be eligible etc.

The jury will assess the entries in terms of the following adjudication criteria:

- i. Has understanding of the context been achieved? Does the student express an appreciation for the morphological [urban] landscape of Warwick in its unique Durban location?
- ii. Does the student have an understanding of the context in terms of the user groups and agents that operate in the area, as well as the patterns of use of space - and have they articulated how this impacts on the design decision-making processes for the project?
- iii. Have “hostile” aspects of the existing urban environment been transformed into healthy human habitats in ways which are plausibly argued to be sustainable?
- iv. Have the UNIQUE health challenges of the Warwick Junction population been appreciated in the proposed ways to enhance human health and wellbeing?
- v. Does it convey an understanding of OTHERWHERE and OTHER PRACTICE?

- a. foster collaboration between the architectural profession, government, communities and relevant development partners;
  - b. explore OTHER – namely medical and public health – practice;
  - c. reconcile or counterpoise alternative, traditional, conventional and contemporary emerging disciplines in medicine and public health;
- vi. Is the project innovative in approach?
  - vii. Is it well presented and are the concepts graphically competent?

## 15 Application fee

No additional application fee is required other than the initial registration fee.

The registration fee is set at **R 500** (South African Rands) per competition project entry. This is payable via credit card or PayFast to UIA 2014. Instructions are available on the website:

[www.uia2014durban.org](http://www.uia2014durban.org)

## 16 Competition entry submission method

Submissions will be accepted via the UIA 2014 website. A confirmation email will be sent once the entry is uploaded. Before submitting an entry, the individual must have already registered online and submitted evidence of student status before the announced deadline. A screening process will be run to ensure that all the registration requirements are met. All entries will be given a unique number for anonymity. Every page of the submission (graphic and written) should be clearly marked “HEALTHCARE OTHERWHERE PROJECT” in the lower right-hand corner in minimum 20pnt font. Submitted entries will be saved by the UIA 2014 team and published in documents only after the adjudication process is complete.

## 17 Required drawings and language

There is no specific drawing list or scale requirement for the submitted drawings. The language of submission is English. Every page of the submission (graphic and written) should be clearly marked “HEALTHCARE OTHERWHERE PROJECT” in the lower right-hand corner in minimum 20pnt font. The winner(s) will be asked to also prepare a PowerPoint presentation of 10 slides.

## 18 Copyrights and disclaimer

While students/teams/institutes retain copyrights to the projects, the UIA maintain the right to publish the projects. Entries must not infringe on other copyrights - if deemed to do so, they will be disqualified. In the case of any disputes, this is the responsibility of the project entrant - the UIA and the South African UIA 2014 Organisation Committee and Scientific Committee will accept no liability whatsoever.

Any legal issues must be discussed with the competition entrants directly. However, if the qualified entrants are proven to have infringed on copyrights of other individuals or agencies, then the project will be disqualified and the UIA 2014 Organisation Committee and Scientific Committee will claim for prize money received and a refund of any other costs covered in good faith by the UIA 2014.

## 19 Award

The PRIZE, for one person, comprises:

- i. return economy flights from country of origin to Johannesburg, and transfer to Durban,
- ii. UIA conference fees,
- iii. UIA-PHG gala dinner entrance,
- iv. site visit to KRITH.

The winner will be acknowledged at the UIA 2014 Congress and at the UIA-PHG gala dinner.

Prizes are not transferrable or exchangeable.

Subject to number of registrations and/or additional sponsorship, additional awards may be added. This will be posted on [www.uia2014durban.org](http://www.uia2014durban.org)



XXV International Union of Architects (UIA)  
World Congress

