

HEALTHCARE DEVELOPMENTS IN THE GCC COULD HELP DRIVE DEMAND FOR SPECIALIST MATERIALS



MIKE BARNES

Architect, ICME Healthcare

Healthcare is a huge industry in the GCC, in January 2017, according to BNC, there are approximately 709 healthcare construction projects with a combined estimated value of \$65 billion out of which 133 healthcare projects are each worth over \$100 million.

In Dubai the private sector healthcare industry is expected to need an additional 1500 beds by 2020, according to estimates from Colliers International, an increase in capacity likely to translate into an investment of some \$1.5bn.

As the emirate also aims to become a hub for medical tourists its clinics and hospitals represent a multibillion dollar opportunity for healthcare investors and developers. But delivering to the highest standards means dealing with the specialised requirements of the sector.

“One of the critical components across all healthcare design now is infection control,” explains Mike Barns, senior project manager and architect with ICME Healthcare, a specialist healthcare management and consultancy company.

“The requirement to provide materials that can control the spread of infectious diseases is very important and actually limits the options available to a healthcare architect quite dramatically.”

Barns, who participated in a specialist healthcare design debate at The Designers’ Forum held during the Middle East Covering and the Middle East Stone Shows in May 2016 in Dubai, says there are a number of standards that set what can and can’t be used.



ICME is helping commission a new hospital in Cairo, Egypt, which Barns says is a good example of how standards have developed. It was actually designed and built twenty years ago, but was never commissioned. ICME was brought on to bring that hospital facility into operation.

“Twenty years ago it was okay to design with exposed concrete walls, and now it isn’t,” explains Barns. “Now, they have to be plastered and treated in a certain way. Flooring in the past could be slate tiles; now, unless they don’t have an apt finishing, we can’t use that anymore.”

Now these higher standards come with demands of independent certification, where manufacturers have to be able to prove their surface materials are up to the specific requirements of a modern healthcare facility.

In addition contractors are being obliged to use the exact specified materials or go to the expense of certifying their suggested alternatives.

“A designer may specify three options for the contractor to supply, so he can go out and get alternative prices from those three suppliers,” says Barns. “But if he wants to go beyond those suppliers, there’s a lot of pressure on him to show that the alternative supplier meets the healthcare standards that are put in place.”

Suppliers that can make the grade with suitably certified products could find themselves in demand as the healthcare sector continues to demand new facilities across the GCC.



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