Forbes Middle East

SAUDI LAUNCHES $49B FUND TO SUPPORT TOURISM

THE WORLD'S HIGHEST-PAID CELEBRITIES

TOP 100 ARAB FAMILY BUSINESSES

THE WORLD'S 5 MOST VALUABLE CARMAKERS

MOST EXPENSIVE CITIES FOR EXPATS

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Forbes Middle East

Diriyah Gate Development Authority CEO

JERRY INZERILLO

"People are not only going to travel again, they're going to travel in great numbers."

VISIONARY

AS IT REOPENS IN THE WAKE OF A GLOBAL PANDEMIC, SAUDI ARABIA IS NOT PAUSING ON THE ROAD TO VISION 2030, WITH THE KINGDOM'S TREASURED DEVELOPMENT OF DIRIYAH GATE DRIVING ITS HOPES FOR TOURISM.

OMAN ..... OMR 3
OTHERS $8
BAHRAIN ..... BHD 3
KUWAIT ..... KWD 2.5
UAE ..... AED 30
SAUDI ARABIA ..... SAR 30

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By **Stas Louca,** Managing Director at H+A

Developing Autonomous Resilience In A Globalized Economy

All cities compete on an international stage, whilst remaining co-dependent on a globalized economy. However, the recent pandemic has highlighted the pitfalls of global interdependence, suggesting the need to re-evaluate how cities can become more self-reliant and re-focus resilience on healthcare, to prepare socioeconomic systems for future shocks.

While international supply chain systems have provided considerable opportunities and convenience, it has also made the systems we rely on in our daily lives vulnerable to sudden and unexpected disruption. Cities must find the right tension between resilience and efficiency, the ability to anticipate, absorb, recover and adapt to unexpected threats. Both the private and public sectors have an opportunity to come together and re-evaluate reliance on global trade, what shortcomings exist and how these might be developed locally.

Cities often demonstrate resilience time and time again, evolving or transforming in the face of resource shortages, disease, natural hazards or conflict. Looking at epidemics like MERS, SARS, Ebola and H1N1 in our recent history, there are valuable case studies as to how best we can develop resilient infrastructure. Singapore is one of the world's best examples. It began its Civil Defence Shelter program in 1983. Public shelters are constructed according to Singapore Civil Defence Force (SCDF) regulations and specifications. These are places citizens can take refuge during an emergency. Shelters perform the most effective exclusion method available, whether it be exclusion of natural or man-made disaster, warfare or disease.

In 2012, Sengkang General Hospital, one of the largest hospitals in Singapore, a 1,000 bed facility, covering 385,000 sqm of floor area, with an additional 200,000 sqm for back of house, public support spaces and future expansion, gave cities a good benchmark for resilient healthcare infrastructure. The facility was built to serve the north-east population of Singapore and build additional resilience as a result of the SARS epidemic, which took place in 2002/3, affecting over 8,000 people across 29 countries, claiming 775 lives worldwide. The design team was asked to consider scenarios for natural and man-made disasters, making sure the hospital design could be flexible and adapted at short notice, without disrupting the facility.

Another example of a country effectively implementing resilient measures, is Switzerland. The country spends more than 20% of its budget on insuring against most potential hazards. The first regulations on the subject were passed on October 4, 1963, translating into 300,000 shelters in Swiss dwellings, institutions and hospitals, as well as 5,100 public shelters, providing protection for a total of 8.6 million individuals—a coverage of 114%, as of 2006.

In the context of healthcare, the creation of country-specific Resilience Task Forces, made up of experts dedicated to future pandemics would serve citizens and economies well. Governments can start to look at mandating resilience policies such as: storing essential goods in country for emergency situations; ensuring no gaps exist in the healthcare service, such as specialty treatments that currently rely an external service or services; making provisions in all new health facilities for dealing with emergency situations, without compromising existing health needs; mandating existing health facilities that can be adapted and are flexible for re-purpose; and identifying infrastructure that can be adapted for emergency scenarios.

The UAE authorities are a good example of a swift and flexible response to the current COVID-19 pandemic. Authorities converted the Dubai World Trade Centre into a field hospital able to house 3,000 coronavirus patients and Sheikh Hamdan established "The Disease and Epidemic Control Centre" designed to develop a rapid intervention plan in coordination with the public and private sectors.

Government bodies are truly the only entities able to mandate healthcare resilience, by becoming the regulator, we can hope for the mandating of new and/or existing upgrades to be done in hospitals to incorporate pandemic resilience measures. In order to get to the finish line, there is no one-size-fits all answer, but it will require joined-up thinking if we are to create resilient cities of the future.