Institutional Transfer from the European Union Actors to Ukraine and Moldova: the Case of Hospital Design

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Abstract

This article presents the main points of my PhD research on institutional change in Post-Soviet states. Looking at the case of the hospital design in Ukraine and Moldova, I examine the main actors and institutions that induced the process of change following the Soviet Union's collapse.

The article consists of two parts. First, I introduce the theoretical framework to study the post-soviet transformations. In line with the historical institutionalism, I present the hypothesis that both Ukraine and Moldova developed similar institutional characteristics following their independence in 1991. The second hypothesis concerns the role of external actors in the observed changes. I challenge in particular the actions of international companies. I use the Europeanization and institutional transfer concepts to explore these exogenous sources of change.

Second, I analyse the design processes of two hospital modernisation projects in Ukraine and Moldova. In a comparative perspective, I present the actors involved, the difficulties in modernising the hospital regarding the inherited paths as well as the solutions advanced in order to implement a change. An introduction to these case studies will allow conducting an in-depth study of the involvement of international actors in the post-soviet transformations.

This article examines the process of institutional change in post-soviet countries since 1991 to 2010. It uses the growing body of literature on historical institutionalism, europeanisation and diffusion while exploring the presence of exogenous actors in the hospital design transformation in Moldova and Ukraine.

Introduction

My PhD research subject concerns the institutional transfer from European Union actors to Ukraine and Moldova. Part of the studies on post-soviet states development, the thesis is focused on the transformation of institutions and the participation of exogenous sources into the observed process[1].

Following the Soviet Union's collapse, a significant number of political science research explored the postcomunism[1], the transition to a market economy and a liberal democracy[2], the idea of "returning to Europe"[3]. Until today, much of this research can be divided on two major categories: the first includes the studies on the Central and Eastern European Countries (CEEC), together with the three Baltic States (Estonia, Lithuania and Latvia), while the second includes the New Independent States[4]. It should be mentioned here, that the first category of countries, have expressed since the very beginning of the 1990's their desire to enter the European Union (EU). This process finalised with the Eastern enlargements of 2004 and 2007. Since the 2000's, an increasing number of studies have explored the transformations occurred in these countries. Based on the integration theory of the European Union, this research is more known today under the conceptual framework of europeanisation[5].

By the 1990's, the New Independent States presented an unclear political orientation, between the Western Europe and Russia. The former Soviet Union republics did not express the willingness of joining the European Union. Instead, they entered the Commonwealth of Independent States (CIS), a structure created by Russia soon after the Soviet Union's collapse in order to maintain economical ties with former "satellites". The research developed on the post-soviet states mainly focused on the roles of Russia and the European Union in the region, on the security[6] and identity[7] questions.

Over the last years, there can be observed that the studies on the CEEC, initially focused on the EU enlargement phenomenon, extended to states that have no immediate promise to join the Union[8]. My research question starts here: what happened within the post-soviet states that did not join the European Union? How did they develop their institutions following the Soviet Union collapse?

- Did they develop similarly or on contrary, rather differently?
- Which was the impact of institutional arrangements inherited from the soviet period? Have they been saved or modified since the 1990's?
- Who were the main actors of the transformation? Were they exogenous or endogenous?

Among the 12 post-soviet states[9], issued of the Soviet Union's collapse, I chose to analyse Moldova and Ukraine, due to their geopolitical strategic position: at the crossroads of Europe and Asia, at the centre of European and Russian influences (Serebrian, 2004). My aim is to explore in detail the characteristics of external influences presented in these countries following their independence. The questions to answer are: who are precisely the observed foreign actors, which are their actions, which is their role in the observed transformations? The angle of analysis will include the European Union, but will be extended to other potential

[1] Since July 2008, I realize my PhD in political science within the PACTE laboratory and the French design practice Groupe-6, in Grenoble, France. According to the grant CIFRE, of which I benefit, a research unit, a private structure and a doctoral student explore a research subject of common interest.

external sources. A detailed research on the transformation of an institution in Ukraine and Moldova will extend the conceptual framework of europeanisation to countries outside EU borders, while developing the studies on the institutional change in former soviet states.

This paper is structured in two parts. First, I expose the theoretical and conceptual framework of the PhD research. Second, I present the design processes of two hospital modernisation in the analysed countries. The comparative presentation of the Children Hospital of the Future in Ukraine and the Republican Clinical Hospital in Moldova will stress transfer elements between international and national actors[2].

[2] I present these elements following the observation of the design of a Ukrainian hospital by the French company Groupe-6, combined with a three months study visit in Moldova and Ukraine in 2010.

PART I

Theoretical and conceptual framework

1. The research subject – the hospital design process

The institution I choose to analyse in Moldova and Ukraine is represented by the hospital design. Giving its role of diagnostic and treatment, but also of teaching and research, the hospital is a major element of the health care system (Rechel et al., 2009b). Over the last decades, the hospital acquired an economical and societal role, by employing significant personnel and using the most advanced medical technologies[10]. These elements stress the fact that the design of a hospital is not only a technical concern – of using the most innovative design and construction methods, but also a political one – of providing the adapted care to the health needs of the population. As Euro WHO analysts put it, "the configuration of hospital services is not simply a technical or managerial issue, but to a large degree a political decision", hospitals often being "symbols of the welfare state and of civic pride" (Rechel et al., 2009a). Despite this, as some commentators deplore, the political science has paid little attention to the hospital as institution (McKee and Healy, 2000).

Defining the hospital design is not a simple task. Several explanations can be found in the literature of architecture and construction which describe the process of design for the specialists of the field. For an uninitiated, the language is mostly incomprehensible. Still, it can be noticed that the hospital design involves a very large amount of information from different areas: medicine, architecture, engineering, urbanism etc. The 665 pages of the "Planning the hospital space" of Maurice le Mandat, called more usually "The Bible" by the French architects, give an idea of the knowledge to at least broadly understand while designing a hospital (Le Mandat, 1989).

On the other hand, economical studies, such as "Investing in the hospitals of the future" of Euro WHO and EuHPN[11] contain useful information on the European tendency of hospital functioning, management and capital investment (Euro WHO et al., 2009). Even if we can learn how the named factors influence the hospital design, these studies do not offer an explanation of what the hospital design really represents. It is still not clear how architects and engineers collaborate for designing a health care institution, if there are some other actors associated, which are the instruments and tools they use, what are its main stages and characteristics?

The definition I adopt for my research study envisages the design of a hospital as a process according to which a large amount of actors interacts upon a significant corpus of regulations in order to deliver appropriate design solutions. The fact that a wide range of norms in architecture and construction shape the way actors will design a hospital, allows us to consider the hospital design process as an institution. More precisely, I will focus on the design of tertiary care hospitals, which deliver high-complex services of diagnostic and treatment[12]. Different of primary or secondary care institutions, these are often medical institutions of national level, with significant numbers of beds and personnel, as well as with advanced medical technologies.

2. Theoretical background

In order to analyse the characteristics of hospital design in Ukraine and Moldova between 1991 and 2010, I adopt the new institutionalism as theoretical framework. Developed essentially during the 19th century by the Government studies, the institutionalism comes back in political science in 1984 with an article of March and Olsen. The authors placed institution at the centre of explanation of the social and political phenomena (March and Olsen, 1984). Until today, the new institutionalism is organised into four main approaches: historical, rational choice, sociological and discursive (Schmidt, 2008b).

Historical institutionalism is an approach considered to explain the continuity and the variation of policies over countries and over time. It stresses the initial decisions adopted at the creation of an institution. These should impact on its further developments[13]. According to the rational choice institutionalism, actors are at the centre of the institution. They can structure it by their "calculated" decisions, oriented to maximize their interests[14]. The sociological approach defends the idea that the institutional arrangements should be considered as cultural specific forms[15]. Finally, the discursive institutionalism is presented by its authors as a complementary approach to the other three, arguing the need of taking into account the role of ideas and discourse[16]. These four approaches have differences and similarities (Hall and Taylor, 1996). Despite the many authors' suggestions of bringing together the different forms, political science still does not agree on a unique explanation through the new institutionalism theory.

For studying the transformation of an institution in two countries that shared about fifty years of common historical background, the historical approach seems the most appropriated. As Sabine Saurugger puts it in her work on theories and concepts in political science, the historical institutionalism helps to analyse the way through which the structure of relations between actors is transformed (Saurugger, 2009). The historical process serves of analytical framework for studying an institutional arrangement challenged by actor's rationality. Therefore, the tools of this approach, such as institution, path-dependency and veto-points will be used into exploring the development of the hospital design in Ukraine and Moldova. The aim is to determine the configuration of institutions and actors that induced an institutional change during the post-communist period.

Defined in the work "Structuring Politics" of Steinmo, Thelen and Longstreth, the historical institutionalism pays a particular attention to the continuity of an institution in time (Steinmo et al., 1992). The main idea is that political choices adopted for the creation of an institution will have a dominant impact on its further development (Peters, 2005). The notion of *path-dependency* is used to explain this phenomenon. The path, which concerns the initial adopted decision, will bring a determinant inertia to the evolution of the institution and will stress its original characteristics. According to the institutionalists, the path can be changed only in case of a significant external pressure (Peters, 2005). In the same time, this notion is largely debated in the literature. If the institutional change can take place only in case of an external pressure, the path-dependency is not so much about change than about continuity.

The book of Kathleen Thelen and Wolfgang Streeck "Beyond continuity", edited in 2005, presents a few explanations on the difficulties of new institutionalism in explaining the origins of institutional change (Streeck and Thelen, 2005). While underlying the limits of the path-dependency explanation, which envisages the changes either by continuity, either by radical

shifts, the authors suggest paying more attention to the minor changes that last in time. In this context, the gradual change should not be ignored, as once it lasts in time, it could contribute to fundamental transformation, without any "spectacular" and visible shifts. The authors particularly insist on distinguishing between the process of change, which can be incremental or radical of the effects of change, which can induce either continuity, either shifts (Streeck and Thelen, 2005). Consequently, an incremental process of change can produce through a gradual transformation a fundamental change.

Based on these considerations, the research on the hospital design modernisation in Ukraine and Moldova will focus on the process of change and not its effects. I examine the way in which a hospital, as a medical institution, change regarding its design, following a period where it was designed much of the same in both countries. The analysis will focus on actors, their decisions and choices, the origin of the available options, as well as the mechanisms which implement the process of change, rather than its outcomes over time.

In line with the historical institutionalism, the main hypothesis of the research is that the hospital modernisation in post-soviet states produced similarly in both countries and rather gradually. According to the historical approach, given that Ukraine and Moldova experienced a common institutional background during fifty years, their further institutional development should produce common characteristics. Therefore, the path-dependency attachments are an obstacle to completely give up the old soviet institutional arrangements, influencing the recent developments.

Without neglecting the path-dependency role, a second hypothesis is presented. It concerns the influence of exogenous actors. Given the fact that recent political declarations expressed the desire of integrating international standards in designing new hospitals, my hypothesis is that foreign actors influenced this process. I will challenge here the role of foreign actors that are present in the hospital modernisation of these countries, while detailing the mechanisms used for integrating the national context.

Concepts

The concept of institution is central to this research study. The historical institutionalism defines institutions as "the formal or informal procedures, routines, norms and conventions embedded in the organizational structure of the polity or political economy" (Hall and Taylor, 1996). As Steinmo and Thelen mention, this definition, rather abstract, is not very different of the one used by the rational choice institutionalists. Douglass North for example, in his book "Institutions, institutional change and economic performance" defines institutions as "formal and informal constraints that shape human interaction" (North, 1990). Until today, there is no agreement on a unique definition among institutionalists.

The definition of institution I adopt for the research is the one suggested by Wolfgang Streeck and Kathleen Thelen. Authors consider that what defines an institution is rather the obligation of actors to comply with it, independently of what they would do on their own. An institution has an obligatory character which is supported by a third party in case of non fulfilment. In this respect, I consider the hospital design as an institution which responds to the public health demand and which is designed upon a major corpus of rules and norms.

Additionally, in order to precise the framework of studying the hospital, I associate the concept of instrument, developed by French researchers Pierre Lascoumes and Patrick Le

Galès in their work on public policy instrumentation (Lascoumes and Le Galès, 2004). According to them, an instrument is "a particular type of institution, a technical device with the generic purpose of carrying a concrete concept of the politics/society relationship and sustained by a concept of regulation" (Lascoumes and Galès, 2007). The authors also distinguish depending on the levels of observation the "instrument", of the "technique" and of the "tool"[17]. I take the regulation on hospital design as an instrument. I observe how architects and engineers make use of it in order to put in practice their ideas. The notions of technique and tool will precise the hospital design elements that will be examined: architectural or engineering norms, medical equipment or documents of a medical programme? This point will be detailed further during the research.

Two more concepts will be used during this research: europeanisation and institutional transfer. The first one concerns the European Union's influence on its members as well as outside its borders. Claudio Radaelli presents the phenomenon as a "processes of a) construction, b) diffusion and c) institutionalisation of formal and informal rules, procedures, policy paradigms, styles, 'ways of doing things' and shared beliefs and norms which are first defined and consolidated in the EU policy process and then incorporated in the logic of domestic (national and sub-national) discourse, political structures and public policies" (Radaelli, 2004). Research on europeanisation increased significantly since the EU enlargement to ten CEEC of 2004. The main themes concerned the changes within the member states under direct communitarian actions.

Recently, there can be observed a tendency to enlarge the concept of europeanisation to states that do not have immediate perspective to join the European Union (Sedelmeier, 2006, Schimmelfennig, 2009). In this case, it is more delicate to demonstrate the EU influence and the mechanisms of its implementation. There are no constraints or sanctions that can be usually found in the enlargement policy and instruments. In the same time, according to Elsa Tulmets, the requirements of the European Neighbourhood Policy (ENP) of which Ukraine and Moldova are members, should not be underestimated (Tulmets, 2007). The European assistance granted to these countries is followed by arrangements that could influence their developments. Europeanisation concept will be employed for checking the hypothesis of a communitarian influence on institutional developments in post-soviet states.

The European Union is not the only actor in the post-soviet space. International organisations, such as World Bank (WB), World Health Organisation (WHO), individual states such as France, Russia and Turkey represent also potential sources of influence. In order to verify the hypothesis of the involvement of external actors in the observed changes in Ukraine and Moldova, I use the concept of institutional transfer.

Present in many sociological and political science works, the notion of transfer is related to expansion of institutions, public policies, ideas and ways of doing all over the world. Researchers use various definitions to characterise the transfer: transplant, transplantation, lesson-drawing, learning, all within the phenomena of diffusion, harmonisation or isomorphism[18].

I will employ the Dolowitz and Marsh definition of transfer according to which it is “the process by which knowledge about policies, administrative arrangements, institutions and ideas in one political system (past or present) is used in the development of policies, administrative arrangements, institutions and ideas in another political system” (Dolowitz and Marsh, 2000, p.5). This concept will help analysing the external influences on an institution in

Ukraine and Moldova, while complementing the limits of europeanisation (Saurugger and Surel, 2006b)[19].

Variables

The hospital design is the dependent variable of my research study. I observe the actors who transformed its main characteristics during the period of 1991 and 2010 in Ukraine and Moldova. I also identify two independent variables which might have influenced the hospital design in both countries. These are endogenous and exogenous forces.

By endogenous forces I understand the national context represented by political and institutional actors (Presidency, Ministry of Health and Ministry of construction, architect and engineer companies). By exogenous sources, I present the external actions coming from the European Union, but also from other international organisations (WHO, World Bank) or economic actors (foreign design practices, engineering firms and consultants). These actions could be represented by financial programs, recommendations, hospital design services such as engineering solutions, medical equipments etc.

I also identify an intermediary variable which can influence the dependent variable as well as the two independent variables. This is represented by the path-dependency. I will observe the nowadays role of the inherited soviet arrangements: which ideas, ways of doing, administrative methods etc from the past have an impact on national and international actors and on the institution itself?

The detailed study of the relationship between the independent variables (national and international actions) and the dependent variable (the hospital design) as well as the degree of path-dependency will allow establishing the mechanisms of institutional change in post-soviet Ukraine and Moldova.

Methodology

During the research, I intend to combine Mill's methods of congruence as well as the process-tracing.

The method of congruence of John Stuart Mill will be adopted in order to study the hypothesis on the similar evolution of Ukrainian and Moldavian hospital design. According to this method, two study cases will be analysed while excluding the conditions that are absent in both of them (George and Bennett, 2005). This does not imply that the identified variables are the only ones and that no other can exist. Another study could determine that the same results are due to other variables and this method could not be sufficient. Thus, it will be completed by associating the time dimension.

The traceability of different parameters transforming the hospitals in Ukraine and Moldova will be studied with the process-tracing method, largely presented in the book of George and Bennett. According to Jack Goldstone, cited by the authors, this method seems very useful for explaining a historical sequence, taking into account the elements at the origins and the ones that intervened during the production of the latter (George and Bennett, 2005). The definition of George and Bennett of process-tracing underlines the identification of the intermediary variable (process and mechanism) which influence the independent variable, as well as the result of the dependent variable. This technique needs to be adapted to the process of the

research. I will employ it for establishing the degree of interactions between the independent variables presenting a complex causality of institutional change. Additionally, it will be used for studying the path-dependency phenomenon, by indentifying the decisions from the past that influenced the further observed developments.

In order to verify the suggested hypotheses, I will consider two case studies, one in each of the countries. In Ukraine, I chose to present the design of the Children Hospital of the Future (CHF) in Kiev. This project concerns the construction of a new medical institution. In Moldova, I will study the Clinical Republican Hospital (CRH) of Chisinau. The project concerns the reconstruction of an inherited building from the soviet period. A comparative study on the hospital design characteristics of these two medical institutions will allow establishing the mechanisms used for implementing a change during the post-soviet period of 1991 and 2010.

PART II

In the second part of this paper, I first introduce the main characteristics of the hospital design process. Second, in a comparative perspective, I present an example of hospital design project in each country in order to identify the main similarities and differences in transforming an institution that experienced over fifty years of similar background.

1. Characteristics of a design process

Before presenting the characteristics of the hospital design in the analysed cases, I briefly explain what represents the realisation of a building. There are bluntly three main stages:

- *The programming*: determines the general and detailed characteristics of organisation, functioning, areas, equipments, personnel staff and cost of the building.
- *The design*: implies the making of the plans for the future building. A design team composed of architects, engineers, programmists and economist are working together in order to prepare the drawings for the construction.
- *The construction*: according to the previous phases and the received plans, construction firms work for the realisation "in flesh" of the project.

In Ukraine and Moldova, during the Soviet Union the three usual phases can be noted. The programming was elaborated by the Ministry of Health of the Soviet Union and the Ministry of Health of each individual republic, in line with Communist's Party principles. The design process strongly depended on the centralised economy of the USSR. Architects could not choose any material for their building project, but only the ones that were on the internal market and that were considered the most cost-efficient[20].

The process of design during the soviet period was characterized by "typical projects" (called in Russian language "typovyie proekti"). On the whole territory of the USSR, there were specialised design institutes that issued "typical projects" for different objects: hospital, schools, laboratories etc. The "typical project" had the aim to study the best practices of designing a specific object in order to apply them for identical needs. For example, if the Ministry of Health of a soviet republic decided to build a hospital, it should then consult a catalogue of "typical projects"[21]. There, it could found a project-type of the wanted model (i.e. children hospital of 300 beds). The project was ordered to the design institute and applied to the territory of the republic. If the catalogue did not contain the type of hospital that was desired, then a new project could be produced. It was called an "individual project". In the same time, both in Ukraine and Moldova, the number of individual projects was rather low, as each soviet republic had a quota of "typical projects" to respect. This sort of soviet "benchmarking" was put in place in order to control the public expenditure on design and construction. Also, it partly explains why the buildings were so much similar all over the USSR territories.

Following the independence, the stages of hospital design did not really change in Moldova and Ukraine. The architects and engineers continue to work upon the old scheme. Nevertheless, a visible change represented the disappearing of the "typical projects", as the centralized soviet model collapsed. Additionally, in both countries, the change of market relations, offered more freedom to designers in choosing the preferred materials. New products and technologies, especially from abroad, gave the possibility of a wide range of solutions in the building sector. As specialists mention, if during the soviet period, the process

of design depended of the State and the centralized economy, following the independence, the design of a building became dependent of the new market relations[22].

2. The corpus of hospital design regulations

The professionals of architecture and construction see the hospital design more often as a complex process which includes the cumulating of medical, architectural, engineering, economical and spatial data for the creation of a health care facility[23]. Consequently, the representatives of each of these fields interact in order to find the best design solutions. If these are the actors of the "ground field", which put into practice their knowledge of the health care facility, there are additional actors that organize their activities. The hospital design is a process largely framed by State authorities. A significant corpus of regulations structures the functionality and the organisation of the health care facility in order to make it correspond to specific needs of the population.

The State involvement in the hospital design process is different in each country. As Maurice Le Mandat puts it "the Department of Health in the United States produces about 600 regulations per year, the Federal Republic of Germany has around 100 laws, decrees, regulations and norms, while in France, there are about 450 texts to know for designing a hospital building" (Le Mandat, 1989). In most countries, the norms and regulations for hospital design correspond to sanitary and fire safety measures, access for disabled persons etc. The aim of the regulation is to "precise and impose" the level of service to be provided. In other words, the hospital design regulations allow States to control and supervise the construction of health care institutions, which represent after all, master pieces of their national health care policies.

If nowadays in the European Union there can not be noticed a common regulation of the hospital design process, each member state having its particularity in the field, the same can not be mentioned about former USSR. During the soviet times, both Ukraine and Moldova had a unique corpus of regulations that applied to the design process of any building. The Soviet Union issued an important corpus of rules called SNIP ("building norms and regulations") which applied to every construction on its territory. Additionally, there were GOST ("national standard of USSR") which indicated the required conditions for construction materials. State control authorities checked each design project upon the conformity of the soviet SNIP and GOST before allowing the construction of a building.

In 1991, Ukraine and Moldova inherited of the soviet significant framework of rules for the hospital design. Following the independence, this corpus remained unchanged. The majority of documents concerning the hospital design are kept in their soviet form until today. In Moldova, the norms are still essentially in Russian, while the official language after independence is, according to the Constitution, Moldavian[24]. Ukraine inherited of all the soviet norms as Moldova, but rewritten them in Ukrainian and called them DBN[25]. As it can be seen, no major change produced concerning the hospital design regulation in the two post-soviet states following their independence. In the same time, a few hospital modernisations were realised between 1991 and 2010. One aspect of the research study will analyse how these could took place, despite the non-modernisation of hospital design regulations.

3. Mechanisms of change : the example of the design process of two modern hospitals in Ukraine and Moldova

In order to verify the assumption of foreign influences in post-soviet hospital design, in the next section, I present the main trends of two case studies: the Children Hospital of the Future in Ukraine and the Republican Clinical Hospital in Moldova [26]. These are the only existing projects in the field of tertiary care restructuring following the independence of these states.

A comparative description between the two examples will be used in order to reveal the similarities and the differences of the development of hospital design. The scheme I suggest here contains the following elements: the Actors involved, the Obstacles in implementing new design preferences as well as the Solutions adopted in order to move away from the inherited paths. According to this, the Actors represent the main independent variable that could influence the hospital design (dependent variable). The Obstacles will reveal the intermediary variable (as elements of path-dependency). The Solutions presented for circumventing the obstacles will identify the mechanism through which new influences can penetrate the institution. It is precisely this lasting point, together with the interaction of actors during the hospital design process that will help understanding the way through which the analysed institution is transformed.

The Actors

The idea of the Children Hospital of the Future in Kiev, Ukraine was launched by the Foundation Ukraine 3000 when Kateryna Youchschenko, the first lady and Chairman of the organization, noted the absence of medical institution for cancer diseases in the country[27]. The idea gained political support and was launched as a project in 2006. The Ministry of Health was associated from the beginning of the project in order to coordinate its realisation with the health needs of the population. The Administrative Department of the Presidency (ADP) of Ukraine prepared the legal framework of the initiative. In this context, the presidential decree N° 1694/2005 on 6th December 2005 specified the creation of the All Ukrainian Mother and Children Health Centre. The Cabinet of Ministers approved the adoption of the presidential decree by the resolution N°72 on 25th of May 2006. As some members mentioned, the fact the first lady was head of the charitable organization increased the chances of launching the hospital project at that moment in Ukraine[28].

In Republic of Moldova, the idea of restructuring the Republican Clinical Hospital was presented within the reform of the hospital sector[29]. During the implementation of a main reform project of the health care system, the Ministry of Health edited a report presenting the deplorable situation of the hospital sector. Following this state of the art, the Ministry launched in 2007 the idea of creating 4 Centres of Performance – 4 Republican hospitals (of tertiary care) in the country. The Republican Clinical institution of Chisinau, being the most important health facility, was placed on the top of the list. Together with the Ministry of Health, a main actor in restructuring the medical facility was the Republican Clinical Hospital itself. Despite several presidential declarations regarding the integration of international standards within this facility, it can not be said that the Presidency of Moldova was part of this project as it was the case in Ukraine.

If in Ukraine, the Foundation Ukraine 3000 organised a large charitable operation for collecting the resources for the Children Hospital of the Future, in Moldova, international donors actively participated at the hospital restructuring. More broadly, during the post-soviet

period, international organisations such as World Bank, International Agency for Development and recently the European Commission, the Swiss Agency for Development and Cooperation supported the development of the health care. If in the previous years the priority was given to the primary care assistance, it can be observed that since 2007, the hospital sector is subject of discussions and reform. The restructuring of the RCH of Chisinau, implemented within the World Bank's "Project of Health Services and Social Assistance", is a major expected piece of the announced modernisations.

Besides the State authorities (the Ministry of Health in Moldova and the Presidency in Ukraine together with the first lady's charitable organization), some other actors have joined the projects during its course. Both in Moldova and in Ukraine, there was organised an international competition in order to select the company that will design the future health care facility. The French-British consortium bdpgroupe6 was chosen in order to design the CHF in Kiev, while the German practice Top-Konsult was named for the feasibility study of the RCH in Chisinau. In both cases, among the presented solutions, the international experiences were preferred.

It needs to be mentioned that the international companies selected to modernise hospitals in Ukraine and Moldova made partnerships with local architecture firms. In Ukraine, the design practice Budova Centre-1 entered the bdpgroupe6 consortium. In Moldova, the architecture firm Dolmen joined Top-Konsult for their activity in the hospital sector. The role of the local consultants was to help implementing the foreign design solutions into the national specific contexts.

This is a broad presentation of the main national and international actors that participated at the hospital projects. The question that follows is how did they implement the design preferences for which they were initially selected?

The obstacles

The main difficulty of international actors involved in hospital modernisations in Ukraine and Moldova was to implement their ideas of developing the medical institution. As mentioned, during the Soviet Union, hospitals had common characteristics of design both in Ukraine and in Moldova. Architects and engineers had to integrate the USSR "rule book" and thus had little space left for their creative ideas. In Western countries, the techniques of designing a hospital were related to a mutual exchange of practices and ideas all over the world[30]. These differences of view in designing the hospital as medical institution were at the core of the problems between international and national actors.

Very soon after winning the international design competition for the Children Hospital of the Future in Kiev, the consortium bdpgroupe6 understood that they will not be able to put in practice their model of hospital if they had to comply with Ukrainian regulations. A number of meetings and discussions between the Foundation and the consortium took place in order to solve this problem[31]. The position of Ukrainian part was since the beginning in favour of keeping the hospital presented at the competition along with integrating the most advanced medical technologies.

International designers were confronted to two main obstacles. First, they did not know the Ukrainian regulations. This is the reason of entering the local architect Budova Centre-1 in the team. He had to check the drawings of French architects Groupe-6 upon the Ukrainian DBN

and adapt them to the local needs. Second, bdpgroupe6 was not very disposed to change the hospital drawings presented at the competition. The architects at the origins of the hospital scheme were attached to their ideas and were not very enthusiast in transforming them into what they considered to be "old soviet style"[32].

During the first stage of the project, it was concluded that Ukrainian local architect will modify the drawings of the French architects only when strictly necessary, while trying to keep the original form as more as possible. In the same time, the Foundation Ukraine 3000 entered a major operation of breaking with the national regulations. The local architect Budova Centre-1 participated also to this process. Both national actors understood that the hospital project was deeply different of the ones that existed in their country. It became clear that it will be difficult to have the authorities' approval for the foreign design solutions[33].

The role of political climate was important during the hospital design process. The foreign companies entered the Ukrainian market under country's enthusiasm for Western solutions expressed during the Orange revolution[34]. The fact that the First Lady was the chairman of the Foundation leading the project gave a securing character to the operation. In terms of prestige, the realisation of the hospital could provide a reference in the international experience for the involved companies[35]. Although in the national arena, the political factor was not always in the favour of the hospital project. As several Foundation members mentioned, the project's difficulties were often used to criticise the President Victor Youshchenko, particularly during the pre-electoral period[36].

In the case of the Republican Clinical Hospital of Chisinau, the Ministry of Health wanted a modern health care facility as well, integrating the most advanced medical technologies and equipments. The restructuring of the RCH was decided in several steps. First, a Feasibility Study needed to present the possibilities of reconstruction, the design solutions and the reorganisation of the entire health care facility. A second step would then concern the design of the future hospital, followed by its construction. Despite the fact that the project restructuring started in 2006, the design process did not begin yet. This is the reason I analyse the feasibility study, a previous step to the design[37].

The feasibility study puts the main outline of the future hospital. Therefore, the work of Top-Konsult concerned several points of the hospital design. It stressed for example the necessary spaces, the number of beds and of rooms, the number of medical staff, the disposal of theatres as well as some medical equipment. As in the case of Ukraine, the foreign company engaged a local collaborator – the architects Dolmen[38]. It can not though be said that Top-Konsult need to go against the national regulations while preparing the feasibility study. The main reason is that there is no check out upon the design norms, as the solutions presented are at their very initial stage[39]. In the same time, this does not imply that they had no obstacles in introducing their ideas in the Moldavian health care system.

For example, the reorganisation of operating theatres was intensively debated by the Board of the Hospital and Top-Konsult. The designers suggested reducing the number of theatres, from 27 nowadays to 7. In the opinion of foreign specialists, the operating theatres had to work 24 hours a day in order to optimize their cost (estimated at around 1 million Euros). They suggested that the doctors should work continuingly during the day and until late in the evening. The theatres could even be rented to liberal surgeons who would pay the hospital. This solution was found inconvenient by the Moldavian part. Despite of declaring themselves open-minded to modern technologies, the medical personnel of the Hospital did not agree on

this concept of work[40]. They estimated that 7 operating theatres for 15 surgical services were not sufficient. Additionally, it was not possible to require for surgeons in Moldova to operate late in the evening. Doctors did not consider it as either an advantage, either an advance for the health care system. In the end, the Hospital suggested 14 operating theatres and Top-Konsult agreed to integrate 12 in the feasibility study. This point can be submitted to further discussions between the locals and the future architect, as the Moldavian party is not fully satisfied with this solution.

The political aspect was less present in the hospital project in Moldova than in Ukraine. The Moldavian hospital restructuring was not used during the electoral campaign. The foreign company appreciated the political climate as being rather favourable for the project restructuring. They convinced different Governments of the necessity of integrating their ideas into the modernisation of Moldavian health care system[41]. It can also be observed that the Moldavian political leaders declared the hospital project modernisation as an example of approaching the European standards of health care. If in the case of Moldova, this aspect is particularly linked to country's expectations of integrating the European Union, in Ukraine, the project leaders desired a health care facility corresponding to the most advanced design trends without any reference to the EU.

The solutions

Facing difficulties in adopting the design solutions for the Kiev Children Hospital of the Future, the Foundation Ukraine 3000 had two possibilities. The first was the experimental status of the hospital project. The second was the presentation of the project as such to the State organs while defending the foreign solutions. It is the first option that was adopted, especially because differences with the current norms were too important. Additionally, the experimental status allowed this project to become an example which once successfully realised, could modify the Ukrainian regulations. The Foundation members considered this aspect rather important for the country's further developments in health care[42].

The Experimental status of the CHF represented an "opened window" for the international design companies. As their representatives explained, it was considered an official opportunity to integrate the foreign solutions into designing a hospital in Ukraine. From that moment, Architects from France and Engineers from United Kingdom defended in majority their positions during meetings with the local actors. Their ideas on how the building should be placed on site, which should be the technologies, equipments and materials to be used, how should the hospital function were put on drawings.

In this context, the Ukrainian architect's role decreased. If initially, Budova Centre-1 had to analyse the foreign design solutions and adapt or modify them to the national rules, following the Experimental status, it mostly accepted them, while translating into Ukrainian. Nevertheless, it should be mentioned that the local company tried to advice and explain the national particularities in Ukraine. On some points, as the fire safety or the helicopter place, he asked to keep the Ukrainian way of doing. He estimated that despite the Experimental status, such radical foreign suggestions will not be accepted by authorities. In addition, Ukrainian organ controls introduced foreign ideas only when they were deeply convinced of their utility and efficiency. The Experimental status need thus to be considered as an opportunity for the international actors to express more easily their ideas, rather than an immediate approval of the latter.

Following the Experimental status obtained in 2007, a Commission was created under the initiative of the Presidential Administration. It included members of the team involved in the project, of the Foundation, of the Ministry of Health of Ukraine, of the Ministry of Construction and other national authorities. The working group meet weekly in order to solve potential difficulties with Ukrainian design regulations. This completely innovative procedure was put in place with the help of the Ukrainian president. He expressed in favour of simplifying the hospital design process and speeding the realisation of the project.

If in Ukraine it can be observed that a mechanism was found in order to integrate the foreign ideas into the hospital design, in Moldova it is not exactly the case. After analysing the experience of Republican Clinical Hospital as well as more generally the design of a private hospital in Chisinau, I did not identify any institutional procedure for breaking the existing design regulations. The only possibility left for international design companies is to convince the State organs that their ideas are more advanced than the old rule book prescriptions. In this context, each time Top-Konsult suggested a new concept of organising the future hospital of Chisinau, it need to convince the Ministry of Health representatives, the Board of the Hospital as well as other concerned national authorities. There was no regularity on the acceptance or the refusal of authorities concerning the suggested schemes.

Contrary to the presidential actions in Ukraine supporting the realisation of the hospital project, no commission at institutional level can be noted in Moldova concerning the RCH restructuring. Despite the fact that high-ranking officials of the Ministry of Health declared that a procedure will be found in order to integrate the foreign design solutions, no such mechanism is in place at the moment[43]. For example, it can not be noted the existence of an Experimental status as it is the case in Ukraine. In the same time, the Ministry of Construction of Moldova realises significant steps into modernising the existing building regulation corpus by adopting the Euro Codes Standards. This database of construction materials of European Union is at the moment under adoption in Moldova[44].

From the ones exposed above, two major points need further careful examination. The first concerns the fact that I compare two projects that are not at the same period of evolution. If the CHF in Kiev is almost at the end of the hospital design stage, the RCH of Chisinau has not entered this step yet. However, the RCH restructuring is the main modernisation project of a tertiary care facility in Moldova and these are the available elements at the moment. Second, the CHF in Kiev is nowadays under authorities' examination. This last major approval will demonstrate the foreign elements that were accepted and the ones that were refused providing a picture of the transfer of design solutions from foreign to national actors.

It should be noted that in both post-soviet countries there is a common willingness of political and institutional actors to modernize the hospital sector by adopting international experience in the field. In independent Ukraine, the existence of the Experimental status as a mechanism of adopting foreign design solutions allowed the Foundation Ukraine 3000 to introduce ideas of international design practices. In Moldova, no legal mechanism of breaking the inherited rules during the period 1991 and 2010 was identified. Though, international actors have the possibility to negotiate and convince the national authorities of the wellness and performance of their ideas.

Additionally, it can be observed that the transfer of design solutions took place during discussions and meetings between the various international and national representatives. The multiple debates over the most appropriate way of designing an element, the most cost-

efficient engineer technique and the most advanced medical technologies stimulated the interactions between the design team members. The exchanges among specialists were at the core of the transfer of experience. The place and time where the actors expressed, discussed, modified and adopted design solutions can be considered the first step of the transformation of the hospital design. While the solutions presented for introducing the results of the exchanges – the transfer implementation – the following step of it. If the first has similar characteristics in both case studies, the second is rather different in each country: Experimental status in Ukraine and negotiation process in Moldova.

Conclusion

This paper presented the main lines of my PhD research study on the institutional transfer from the international actors to Ukraine and Moldova through the transformation of post-soviet hospital design. Main hypotheses presented in the first theoretical part were explored within the second, more descriptive section of the article. The analysis of a case study in each of the country allowed identifying the actors of the hospital design, the obstacles they meet as well as the possibilities of transforming the inherited schemes.

I adopted a definition of hospital design in line with the characteristics that the new institutionalism theory attributes to an institution in political science. According to this approach, the hospital design can be analysed as a complex process of establishing the outline of a hospital upon a specific corpus of regulations. The content of this definition – the actors, the rules and the scheme of the process can differ from one country to another as well as from one period of time to another. In this context, given that Moldova and Ukraine developed a common hospital design during the Soviet Union, this paper aimed to observe if the countries adopted similar or different solutions following their independence.

The first part of the paper suggested two major hypotheses. The assumption on the similar institutional development following independence was completed by the hypothesis on the role of external actors in this process. The historical institutionalists Kathleen Thelen and Wolfgang Streeck put forward that a fundamental transformation of an institution can take place gradually and not necessarily by spectacular shifts. In line with these considerations, I suggest that the exogenous actions within the hospital design change in Ukraine and Moldova take place gradually. Even if this is not part of the research, a further assumption would challenge the fundamental character of the produced change in time.

I assume that there is a similar feature of hospital design in Ukraine and in Moldova as international design companies are present in both states during the post-soviet period. As the two case studies suggest, the way a new tertiary care hospital functions upon medical technologies and equipments is decided during complex debates among foreign and national representatives. The inherited ideas, schemes and ways of doing modify precisely during these exchanges, operating a transfer of hospital design experience. Confirmed by numerous interviews during my stay in Ukraine and Moldova, none of these elements were present during the Soviet Union regime, what stresses the original character of the change following the 1990's.

At the same time, Ukraine and Moldova adopted different solutions for the introduction of foreign designs. In Ukraine, the Experimental status, a procedure available since 2007, allows some projects to adopt international experience. Though the existing rules are still on place, the Experimental status gave an opportunity to foreign designers to freely express their ideas in the creation of the Kiev Children Hospital of the Future. In Moldova, the absence of such a procedure entailed the respect of national regulations in the restructuring of the Republican Clinical Hospital though leaving the foreign designers with the possibility to directly convince the national administrations to incorporate their solutions. Consequently, the mechanisms adopted in order to transform the medical institutions in Moldova and Ukraine, either different, intended to respond to the common problem of modifying the old hospital design rules. The fact that the inherited prescriptions are more and more challenged, despite their official character, defends the assumption of a gradual transformation following the independence of both states.

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[21] Interview with Ion Moldovanu, construction engineer during forty years at the Ministry of Health of Republic of Moldova, Chisinau, April 2010.
[22] Interview with Volodimir Pidgirniak, architect director, Budova Centre-1, Kiev, Ukraine, May 2010.
[23] Information issued from interviews with architects and engineers from France, the UK, Moldova and Ukraine, April-June 2010.
[24] In the Constitution of Republic of Moldova, the name of the official language is Moldavian. The latter is identical to Romanian and there is no scientific demonstrated difference between the two. Nevertheless, the language definition is used for political questions, as for avoiding per example a closer identification of Republic of Moldova with the neighbour state Romania.
[25] Interview with Volodimir Pidgirniak, op. cit.
[26] The information of this section is issued from my participation and observation within the design practice Groupe-6 in France. The hospital design project in Ukraine, which the firm realises, started in August 2007 and finalised in May 2010.
[27] In Ukraine, there is no possibility nowadays to realise complex surgical operations due to the lack of necessary medical technologies and equipments (i.e. bone-marrow transplant from other donors than relatives).
[28] Interview with Andryi Myroshnichenko, Member Board of the Foundation Children Hospital fo the Future, Kiev, Ukraine, 15th of May 2010.
[29] Several legislative acts put the basis of the hospital sector development: the National Strategy of development for the years 2008-2011, adopted by the Law N°295-XVI of 21.12.2007, the Action Plan for implementing the National Strategy of development, approved by Government decree N°191 of 25.02.08 and the Development Strategy of the health care system for the period 2008-2017, approved by Government decree N°1471 of 24.12.2007.
[30] Interview with Conor Ellis, EC Harris, Montpellier, France, 21st of July 2010.
[31] Realising the PhD whithin the French design practice Groupe-6, I took part to the most of the meetings of the design team during January 2009 and January 2010.
[32] The main argument of the consortium during the negotiations with the Foundation concerned the fact that if they need to respect the Ukrainian design regulations, the hospital they will draw will be the same of any existing hospital in Ukraine. This situation was not convenient to the Ukrainian part, as they organised an international competition for obtaining a modern hospital integrating the most advanced medical technologies and equipments.
[33] Interview with Olena Kovalenko, Chief Executive, Fondation Children Hospital of the Future, Kiev, April 2009.
[34] Interview with Conor Ellis, op. cit.
[35] Interview with Alan Hennessy, Chairman of Groupe-6, Grenoble, France, July 2010.
[36] Interview with Olena Kovalenko, op. cit.
[37] The Ministry of Health of Republic of Moldova is selecting nowadays the international company that will produce the design of the restructured hospital.
[38] The process of work was rather similar with the Ukrainian case: foreign designers presented their solutions while the local architect informed on the non-compliance points, the ones that need to be modified because of too much difference, the ones that could be adapted etc (interview with Top-Konsult and Dolmen representatives, Chisinau, Republic of Moldova, March 2010).
[39] In the case of the feasibility study, the authorities' approval is not as exigent as in the case of the hospital design. If the first is presented to the Architecture Council of the City, the seconds needs to be presented to the Expertiza, which puts together a significant number of experts.
[40] Interview with Sergiu Ungureanu, Main Surgeon and Deputy Executive of the Republican Clinical Hospital, Chisinau, Moldova, April 2010.
[41] Interview with Andreas Mezey, Top-Konsult, Chisinau, Republic of Moldova, April 2010.
[42] Interview with Vira Pavliuc, Chairman of the Foundation Children Hospital of the Future, Kiev, Ukraine, May 2010.
[43] Interview with Gheorghe Turcanu, vice-minister, Ministry of Health of Republic of Moldova, Chisinau, Moldova, April 2010.
[44] Interview with Iurii Socol, Ministry of Construction of Republic of Moldova, Chisinau, Moldova, April 2010.