WORLD HEALTH ORGANIZATION ORGANISATION MONDIALE DE LA SANTE

WHO CENTRE FOR HEALTH DEVELOPMENT
WHO KOBE CENTRE

ANNUAL REPORT OF THE DIRECTOR

2002

Integration of Health and Welfare Systems = a feature of quality

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MESSAGE

I have much pleasure in presenting the 2002 Annual Report of the WHO Centre for Health Development, Kobe, Hyogo Prefecture, Japan (WHO Kobe Centre – WKC). This report builds on to the developments of the Centre reported in the previous Annual Reports, 1999, 2000 and 2001 and reflects the span of work of the Centre with its expanding global network of partners in 2002 and aimed at bringing together sound evidence to support policy decision-making on matters affecting people's health and well-being.

I would therefore first like to make special reference and warmly thank WKC's partners in Japan, in particular Hyogo Prefecture, Kobe City, Kobe Chamber of Commerce and Industry and Kobe Steel Ltd., for their financial commitment and support to the Centre's work; to the Ministry of Health, Labour and Welfare of the Government of Japan for its support, despite economic constraints, and professional associations and nongovernmental organizations for their valuable input. To all high-level decision-makers, researchers and experts, in all parts of the world particularly in WKC partner cities, as well as colleagues in WHO offices and other international as well as nongovernmental organizations, I extend my sincere appreciation for your support.

WKC's global network of partners also recognize WKC as a symbol of recovery and development following the Great Hanshin-Awaji earthquake in January 1995, causing the loss of 6,454 lives and great devastation in Kobe and the surrounding area. Established in 1996, WKC is a symbol of the type of partnership that can be realized when political will and leadership converge to support activities that aim to find innovative ways to improve people's health.

The objectives and strategies of WKC's work in areas posing global challenges in the 21st century: **Ageing and Health, Cities and Health, and Health and Welfare Systems Development,** and the cross-cutting issues of **Women and Health and Traditional Medicine/ Complementary and Alternative Medicine,** are now well understood by our partners in different parts of the world. Since assuming the position of Director of the WHO Kobe Centre in January 1999, many high-level decision-makers and experts from Japan and other nations and

organizations around the world have visited WKC, situated in the eastern part of Kobe, in an area known as HAT – Kobe (Happy, Active Town – Kobe), Hyogo Prefecture, Japan. Such visits and discussions, as well as active participation in WKC's international forums in the host country of Japan and in other countries, have provided the essential elements and solid foundation for WKC's trilateral partnership model – WKC – city leaders – partner research institute – for the global action-oriented research now underway in the different programme areas.

In health there is a need to be unified in purpose and have valid information. In an increasingly complex world, bringing together and sharing the world's store of global health-related knowledge through information exchange and communication technology is a key to health development.

Dialogue and mutual understanding are precursors for meaningful action. Broad understanding of WKC's vision, programme directions, efforts to bridge gaps between research and decision-making, the need to find innovative ways to harmonize public and private sector support, is guiding WKC's coordinated research to improve total population health on a basis of equality and responsibility.

The world is at an important crossroads. There is an urgent need for different professions and sectors – public and private – communities and individuals to stand together and seize opportunities to work in solidarity, seek and share valid information and successful experiences to demonstrate the true value of health, its central place in development of individuals and nations, and the adjustments that could be made to formal and informal infrastructures to bring health to millions more people.

The WHO Kobe Centre looks forward to continued strengthening of its collaborative activities with its global partnership networks to seek the sound evidence required to support improved policy decision-making for health. I am also convinced that these networks will have significant multiplying effects in the future and bring on board new partners who are committed to improving the health and lives of all people in all parts of the world.

Yuji Kawaguchi, M.D., Ph.D.
Director, WHO Kobe Centre

INTRODUCTION

As a global research arm of the World Health Organization, the WHO Kobe Centre has a unique international perspective and mission. Through an innovative, interdisciplinary evidence-based approach, WKC is dedicated to defining practical strategies that can respond to the broad range of global health and welfare systems challenges and encourage self-reliance in health among individuals, families and communities.

The philosophy of the WHO Kobe Centre is based upon the concept of leadership and a spirit of partnership for global health development. WKC emphasizes the importance of taking a holistic view of people's health and well-being and encouraging health professionals to take the lead and look beyond the traditional confines of the health sector and be creative in involving people and communities to work together to improve people's health.

WKC seeks to identify the best ideas and practices from east, west, north and south, recognizing different traditional values and exploring how new approaches can be effectively merged with current health knowledge and practices. There is a need to look into the patterns of relationships between the different sectors and services so that there is broader understanding of these and their potential to become partners in the search for more effective human-supporting systems in communities where people live and work.

PRIORITY PROGRAMMES

WKC's carefully structured activities are addressing three major challenges of the 21st century – rapid urbanization, the global ageing phenomenon and fundamental issues relating to health and welfare systems development *per se*.

In the programme areas of Cities and Health, Ageing and Health, Health and Welfare Systems Development, and the cross-cutting issues of Women and Health and Traditional Medicine/Complementary and Alternative Medicine, WKC seeks to:

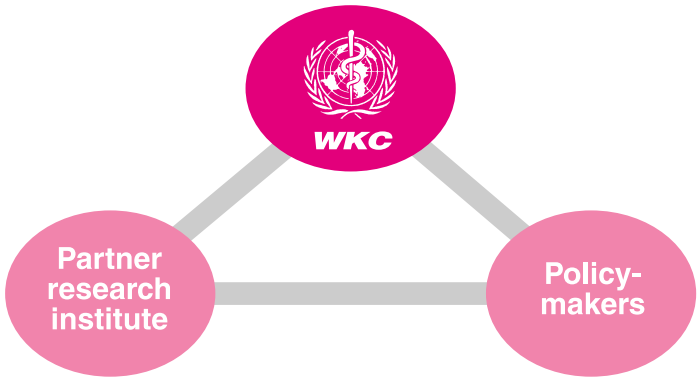
- bring research outcomes to action by focusing on topics of practical value and importance to policy-makers whose decisions impact on people's health and well-being;
- clarify and define conceptual issues which underpin the development of policies that drive health and welfare systems globally;
- bring together policy-makers and researchers to review common problems and issues and introduce improved strategies for better health and welfare systems development;
- define and implement a process based upon collaboration and utilization of intellectual capital of selected academic institutions.

CITIES AND HEALTH

By the year 2007, more than 50% of the world's population will be living in urban areas, and by 2050 this will have increased to approximately 70%. This trend is placing an enormous burden on cities with regard to citizens' health and the factors affecting people's health – housing, food, employment, water, air quality, sanitation, and waste disposal – as well as on the broader social and physical environment. These factors call for urgent attention, sound policies and timely planning. Accordingly, the Cities and Health Programme (CHP) has aligned its focus on strengthening systems to improve management of the problems and risks.

A fundamental problem is the wide gap that is observed between research and policy-making. As research tends not necessarily to be used to inform policy in an ongoing systematic manner, WKC is playing a vital role to encourage the bridging of this gap. To achieve this, there has been constant communication and dialogue with top-level policy-makers in partner cities to establish collaboration and encourage research to support evidence-based policy and systems development in the respective cities. Over the past year, partner cities have increasingly adopted these directions.

The framework for this research collaboration is a three-way partnership between city government, research institute and WKC.



***WKC* Partnership Model**

A three-way Partnership between WKC, city Policy-makers and research institute

The research collaboration has adopted three implementation initiatives:

(A) An organizational structure based upon city-university partnership (Fig. 1). This is the first step to bridge the gap between research and policy and ensures the development of research-focused evidence-based policies. The characteristics of this structure are:

1. The overall understanding of the collaboration between the highest level of the city elected leaders representing the public (Governors/Mayors) and the leaders of university/research institutes (Chancellor/Vice Chancellor) to work together on policy research and development.
2. Formation of a steering committee to oversee the collaboration, comprising a senior local government official and a senior academic of the university/research institute.
3. Identification of a principal researcher responsible for obtaining the information required of the research and submitting the progress and outcome reports and data to WKC on behalf of the city-university partnership.

WKC Partner City Research

EXAMPLE

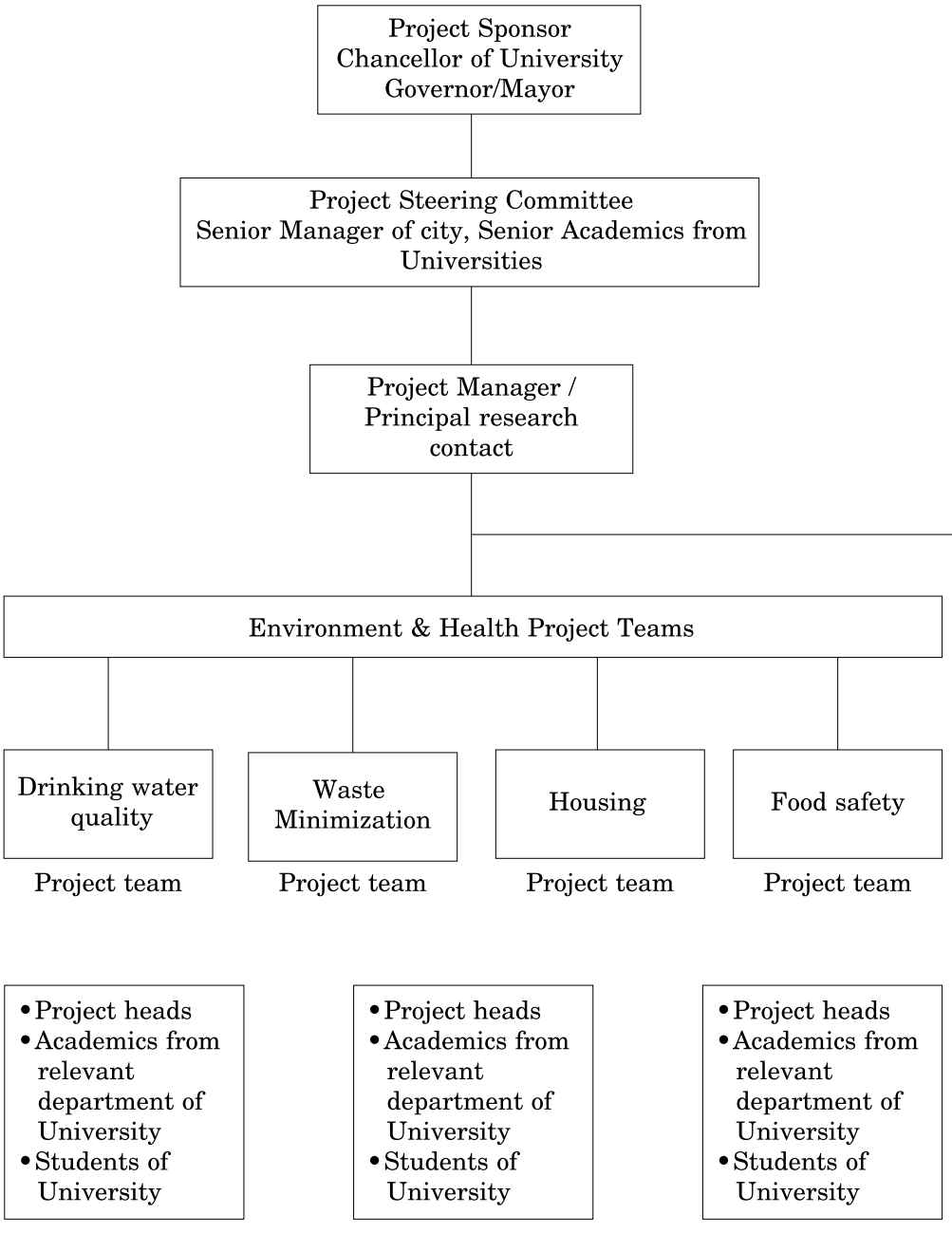
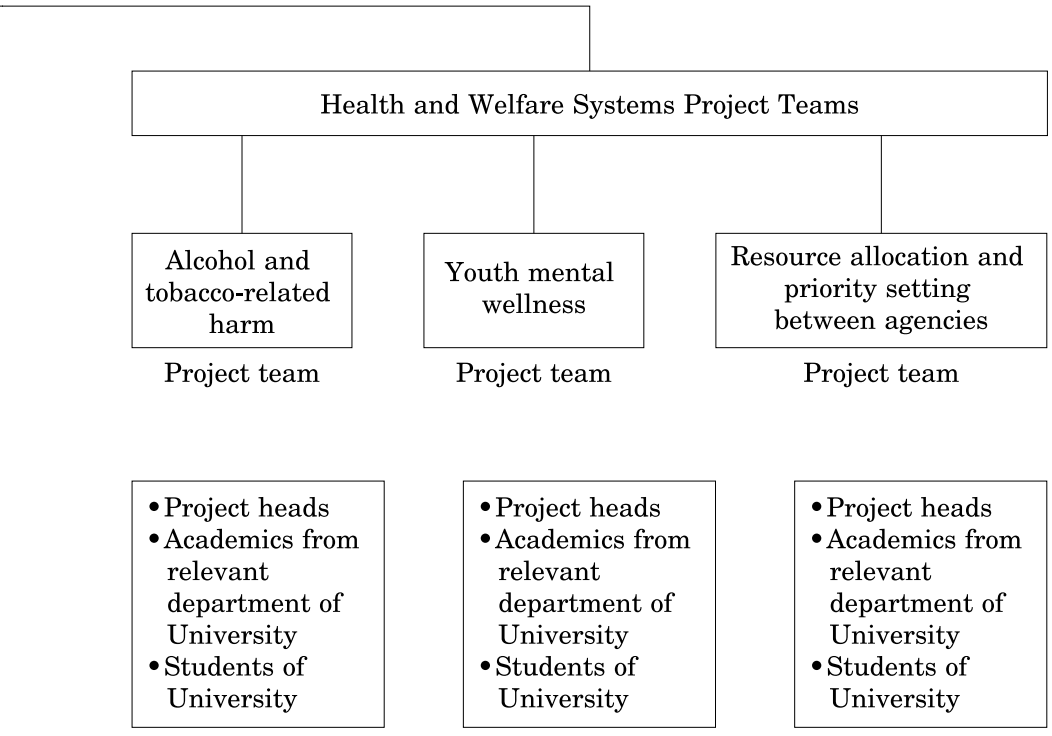


Figure 1

Collaboration Management Structure



(B) Collection of data/information on management experiences, for which pilot Standard Project Management Templates (SPMTs) have been prepared. A methodology is being developed to collect information on policy objectives, technologies applied to manage the city's health-related problems, partners involved, financial sources and infrastructure, and future management plans. In the pilot phase, a set of three SPMTs is being completed for each of the management strategies identified by the cities for the research projects. A description of the information collected by each template is as follows:

1. *The project proposal and plan form* is the first template collecting information on the general description, background and objectives of each strategy, as well as on the end deliverables/outputs and how the strategy will contribute to health. It also looks at the intersectoral nature of the strategy by exploring its linkages with other projects. It collects supporting information on such items as whether a risk assessment was undertaken at the outset of the project, whether a stakeholder, human resources, communications management and quality control plans were all part of the overall implementation. The template contains questions on responsible personnel (human resources) and on financial resources with information on their source and nature. This most basic of the three templates provides a comprehensive picture of the project.
2. *Project post implementation review/closure checklist* is the second template. This is mainly used to show the success of implementation of a given strategy by looking at its various aspects, such as end deliverables, records, finances, and coordination.
3. *Objectives and performance targets* is the third template. This examines the level of success versus the goals set out for each given strategy. Performance, quality, time, cost, volume and recipient satisfaction are measured. Therefore, for each of the key results of a given strategy, the objectives, performance indicators, key tasks, and results are reviewed.

(C) Once the above information has been collected and analyzed, if partner cities consider there are some areas requiring further attention, it is planned that more in-depth research will be developed to identify better management strategies. Thus, fundamental issues, such as reasons for lack of the expected higher degree of success in management will be explored, and viable options for improved management of the given strategy researched.

In accordance with the above templates, collection of information has commenced for the priority areas identified by those partner cities involved up to this stage (Fig. 2). The areas are:

1. *Environmental health:* drinking water quality improvement; waste management; food safety; housing.
2. *Health and Welfare Systems:* alcohol and smoking related harmful effects; youth mental wellness; resource allocation and priority setting among agencies; and lifestyle-related diseases, e.g. diabetes control.

For the City of Dunedin (Example)
Date: 26 August 2002

Management Strategies

	Current significant issue in the city	Policy / strategy objective	Technologies applied to control / manage the issue	Success/failure with evidence (if any)
Environmental Health	Drinking water quality • Current E-grading is unsatisfactory • High risk of protozoa epidemic	Capital upgrades project	• Reticulation System improvements • Installation of membrane technology	Not yet implemented
	Solid waste management	• Dunedin City Council Waste Management Plan • Zero waste to landfill by 2015	• Recycling systems • Waste re-use technology • Public education	Enhanced recycling to commence in 2003.
	Housing • Older, poorly insulated housing in our cold climate poses an increased health risk	National Energy Efficiency and Conservation (EEC) Strategy	• Energy management systems • Insulation and refitting	Not yet implemented
Health and Welfare Systems	Alcohol-related harm	The Dunedin Alcohol Partnership	• North Dunedin initiatives • Youth Initiatives • After function harm minimisation • Outreach • Surveys • Education	• Door staff education • Photo ID
	Youth mental wellness • Empowering young people in our community	Dunedin City Council Young Persons Policy (2001)	• Dunedin Youth Forum Child & Youth Advocate • Youthworks • Safer Schools • Street Life Project	Continual assessment of success • Surveys • Feedback
	Resource allocation and priority setting between agencies responsible for some aspect of public health	Informal meetings between agencies	• Informal meetings	• To be judged

Figure 2

Summary Chart

Resources required (human, financial etc.) and their source	Involvement and role of any partners for collaboration (private/public)	Future plan (for better management through research)	
Financial (rates funded)	• Community • Health Board	• Dunedin City Long Term Council Community Plan	Success
Financial (rates, user-charges, levies, deposits, environmental fees)	• Community • Waste facility operators • Business and Industry • Iwi	• Dunedin City Long Term Council Community Plan • Partnerships with major industries	
Financial (funds from savings, grants), with the potential for staff (dedicated community energy manager)	• EEC Authority • Housing providers • Health Board • Community	• Dunedin City Strategic Plan • Energy Wise Councils Partnership	Challenge
• Financial and staff (rates and license fees) • Shared resources with other stakeholders (Health Promotion Advisers)	• Police • Heath Board • Iwi • Community • University • Business • Other social service agencies	On-going partnership projects	Success
• Financial and staff (rates) • Funding provided by Dunedin City Council to various stakeholders	• Community • Youth groups • Iwi • Health and Social Service Providers • Education Providers • Government Departments	On-going partnership projects	
• Time commitment of senior staff in agencies • Buy in by Government Agencies' employees	• Public Health South • Otago District Health Board • Ministry of Health • Dunedin City Council • WINZ	Ongoing partnership projects	Challenge

It is planned to document the progress of this research in two stages:

1. Six-monthly report on development, especially with regard to research and related data/information.
2. Annual report on overall progress of the collaboration, new development with related data and information.

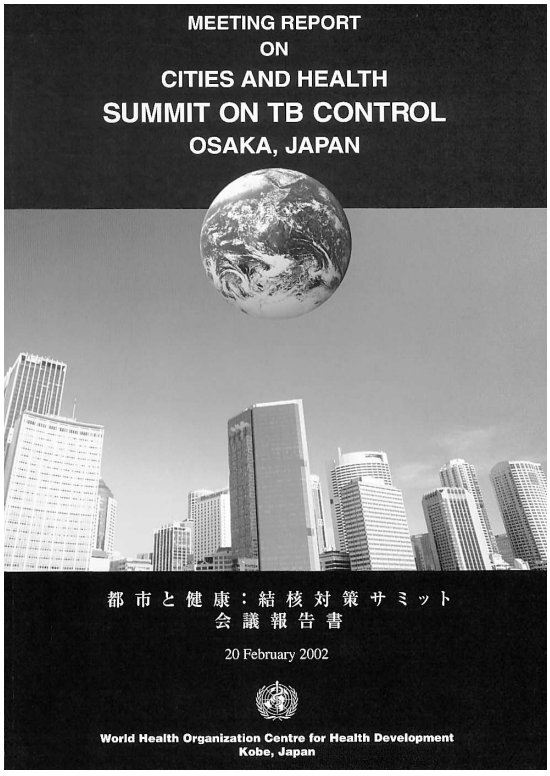
To support the research and its follow up, the Cities and Health Information Package (CHIP) has been developed. CHIP (a worthy achievement in itself) is a web-based product, containing brief city profiles of partner cities, a searchable city level database, analyzed information, and strategies file (which will contain information specifically being collected through the SPMTs). In order to make a constructive visual presentation for comparative analysis of data that promotes a good understanding for experts in the area as well as non-specialists, CHIP employs statistical analysis and Geographical Information Systems (GIS). In the future it is planned to include scenario analysis tools.

The information collected and analyzed will enable partner cities to observe how they stand in the global perspective. Secondly, it provides a clear picture of how different cities are tackling similar problems. Thirdly, the most prevalent practices and trends in management strategies in identified areas can be understood. Fourthly, it is possible to identify the city(ies) most appropriate to contact for further information regarding a specific type of management experience. This information source thus has the potential to provide a strong input to policy-making and guide policy-makers to the best resources and experiences.

International forums

The participation of policy decision-makers, leaders, other officials and academics in international forums provides opportunities to obtain and exchange much needed information on real management success and failure experiences related to environmental health and health and welfare systems development. As integral components of CHP's ongoing research collaboration with partner cities, the following forums were organized in 2002:

1. Cities and Health Summit on TB Control, Osaka, Japan on 20 February 2002 brought together Governors, Mayors and technical experts from cities in different parts of the world to address active promotion strategies to improve overall heath and welfare systems for the prevention and control of Tuberculosis. The Osaka Declaration endorsed by the participants encapsulates the issues emphasized in the discussions including the joint pledge of the participants to work together to "Stop TB".



CITIES AND HEALTH SUMMIT ON TB CONTROL
OSAKA DECLARATION
TOWARDS THE DEVELOPMENT OF NEW TUBERCULOSIS CONTROL STRATEGIES IN URBAN SETTINGS
20 February 2002, Osaka, Japan

The Cities and Health: Summit on TB Control was held on 20 February 2002 in Osaka, Japan, organized by the Ministry of Health, Labour and Welfare of the Government of Japan and the WHO Centre for Health Development, Kobe, Japan, in collaboration with Osaka Prefecture and the cities of Osaka, Sakai and Higashiosaka, the Japan Anti-Tuberculosis Association (JATA) and the WHO Regional Office for the Western Pacific Region (WPRO). The 37 representatives including governors, mayors and experts from 25 municipalities, exchanged information and opinions. We hereby jointly issue the Osaka Declaration representing our mutual opinions. We also pledge together to promote tuberculosis control measures in cooperation with the authorities concerned.

Identification of the current situation

1. Various measures to control tuberculosis have been implemented in the world, not only because it is one of the biggest health problems we face globally but also because of the effects it has on socioecomonic development all over the world. While remarkable progress has been seen in certain regions and countries, studies have revealed the need to review current control measures in view of the slowing down in the reduction of incidence, the development of drug-resistant tuberculosis bacilli, the increase in co-infection with HIV/AIDS and the resurgence of tuberculosis particularly in urban areas.

Recommendation: Measures for infectious diseases in urban policies

2.We, responsible persons for political decision-making in urban health, recognize the gravity of the needs confronting new phases of public health challenge associated with global urbanization, ageing and population mobility. We also stress the need to review ongoing disease control policies and to strengthen those that have contributed effectively — while promoting poverty alleviation programmes — from the viewpoint of urban health problems, and to improve policy development in those areas that are lacking.

Recommendation: Importance of tuberculosis control and risk management of infectious diseases

3. We stress that tuberculosis control is an important area of fundamental public health management, and that the airborne infection and the high infection risk of the disease require global partnership and solidarity with multisectoral involvement. In this connection, we affirm special consideration and political support for the development of sustainable control programme.

Recommendation: Definitive measures on tuberculosis control in urban settings

4. We stress the need for an earnest effort to formulate definitive tuberculosis control measures targeting urban areas, as follows:

(1) improving the treatment success rate by global application of DOTS (Directly Observed Treatment, Short-course);

(2) early detection of patients who pose a risk to public health;

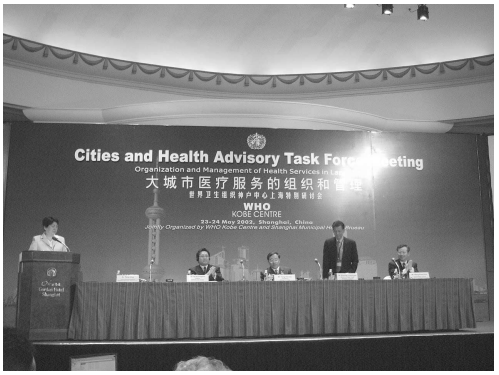
(3) provision of qualified medical care for tuberculosis patient with patient-centred approaches;

(4) proper preventive measures with due consideration for human rights, particularly those of vulnerable groups; and

(5) strengthening political leadership in public institutions and involvement of the private sector, nongovernmental organizations (NGOs) and the community for effective implementation of tuberculosis control.

Recommendation: partnership development among municipalities

5. We reaffirm the need for the commitment of the government authorities concerned to collaborate in information sharing for the development of a new landmark public health policy through tuberculosis control.



2. The Cities and Health Advisory Task Force Meeting: Organization and Management of Health services in Large Cities was held in Shanghai, People's Republic of China, on 23 and 24 May 2002. This was a different type of forum, whereby the Shanghai Municipal government, through the Vice-Mayor of Shanghai, requested WKC's support in the city's quest towards the development of better health systems through convening an international forum that would address the organization and management of health services in large cities and enable experts from cities in different parts of the world to share their valuable knowledge and experiences with the Shanghai authorities. The Task Force brought together health experts from 11 cities to share their valuable knowledge and experiences in the organization and management of health services in large cities. Altogether over 100 participants attended – mayors, politicians, government officials, health professionals, scholars and representatives from a range of key health, welfare and educational institutions, as well as various government and nongovernmental organizations. The technical and policy-oriented presentations lead to the examination of the health service systems of the presenting cities. This included studying the roles of government, hospitals, insurance systems, community and the general public in health services. This meeting was thus responding to the call of leaders in a WKC partner city to provide support so that Shanghai Municipal Health Bureau would be able to:

- modify the existing health system to meet current needs and future trends in a way that is especially geared to Shanghai;
- improve Shanghai's health system management, and present an exemplary model for other cities;
- ensure that the system provides quality in the delivery of basic medical

and health services at an affordable cost, thereby encouraging the extension in specific identified areas, as required;

- meet the challenges brought about by the rapid ageing population and related economic conditions.

3. Since May 2002, WKC has worked closely, with three partner cities and one town in Japan – namely Takarazuka, Itami, Kawanishi, and Inagawa, and with the collaboration of Kobe University. The short-term objectives of this working partnership are: (1) collection and provision of health-related policy data/analyses in a comprehensible manner, and (2) reduction of life-style related diseases, particularly diabetes and those associated with smoking.

4. The International Symposium: Achievements with WKC Partner Cities, held in Kobe, Japan, on 29 November, provided a forum for partner cities to share their experiences in managing city health problems and in working with WKC/CHP. Participants included policy-makers from some of the CHP partner cities: Bangkok (Thailand), Dunedin (New Zealand), Mississauga (Canada), Shanghai (People's Republic of China), and Takarazuka (Japan), also representing Itami, Kawanishi, and Inagawa. Presentations confirmed that the approaches expounded in the WKC Partnership Model – WKC – civic leaders – research institute(s) – were being vigorously pursued in the cities and would continue to strengthen in the future. Presenters provided examples of the growing partnerships between civic leaders and key researchers being used to tackle significant urban health issues. In addition, representatives of the Japan Wellness Foundation attended, including the Mayor of Miyakonojo, Japan, who explained the city's focus on people's "wellness" and the approaches that were in line with WKC's partnership philosophy. Researchers, scholars, representatives of NGOs, other relevant organizations, secondary school children and interested individuals also attended this meeting.

Mississauga Model

Developed in the WKC partner city of Mississauga, Province of Ontario, Canada, to take the WKC vision forward, information on this model has been provided by the Mayor of Mississauga at several WKC meetings, and the Report of the ***WKC/Mississauga Partnership Model: Bridging the gap between policy and research as City and University meet,*** has now been published. The report traces the early stages of the partnership model and outlines its potential use as other cities in the WKC/CHP partnership network recognize the gains to be made for citizen's health through close collaboration between city authorities and universities.

Action plan for local government Mississauga Model

- Health awareness permeates all City Departments
- Links with Universities for research and information→evidence
- Evidence used to support transparent decision-making
- Explore policy options with community

Publications

CHP Newsletter/CHP News issued in three languages (English, French and Japanese), aims to provide succinct information to keep those interested in WKC and CHP updated on current activities. Two issues per year are planned, the first one being issued in May 2002.

AGEING AND HEALTH

Awareness of population ageing, brought about by rapidly increasing proportion of older persons in societies, is no longer an unfamiliar experience in most countries. Ageing of societies is also a phenomenon that presents both opportunities and challenges in pursuing a vision and developing a new type of integrated health and welfare system in the 21st century that will adequately address the health and social needs of older persons – indivisuals, their families and communities at different levels of development. With this perspective, and in line with WKC policy directions, the Ageing and Health Programme (AHP) effectively implemented its Plan of Work in 2002.

AHP Objectives

- To support and make a contribution to the overall WKC mission of health and welfare systems development in response to the special needs for integrated care of ageing and older populations; and
- To advocate and promote the evidence-based policy making process with reference to WHO policy on healthy, active and well-being in ageing.

Contribution to the Second World Assembly on Ageing

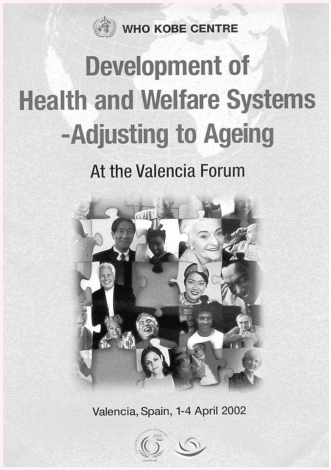
The Second United Nations World Assembly on Ageing was hosted by the Government of Spain in Madrid, Spain, from 8 to 12 April 2002, on the occasion of the twentieth anniversary of the First World Assembly on Ageing, held in Vienna, Austria in 1982. The Second World Assembly was devoted to an overall review of developments since the first World Assembly, as well the adoption of a revised outcome document and long-term strategy on ageing, encompassing periodic reviews, in the context of a society for all ages.

- **Global Consultative Meeting on Ageing and Health, Kobe, Japan, 23-25 January 2002**

The World Assembly provided a unique opportunity to promote effective policies to advance people's health and well-being into old age in all regions of the world. To ensure that WHO's messages in the area of health, well-being and care of older persons are heard and reach relevant target audiences around the world, a Global Consultative Meeting, jointly organized by the WKC Ageing and Health Programme and the Ageing and Life Course Programme at the WHO Headquarters, was held in Kobe, Japan, from 23 to 25 January 2002. Thirty world experts and representatives from Member States and other WHO offices reviewed and revised the final version of the WHO policy document entitled "Active Ageing". This document, which presents a policy framework and recommendations of WHO on ageing and health for the 21st century, was an important contribution to the World Assembly. WKC's contribution and strength in bringing togther the collective intellectual capacity of its partner institutes, as well as its innovative approaches to integrated health and welfare systems development, were well recognised and appreciated as added value and complementing the work of other WHO and UN offices.

- **WKC Thematic Activities at the Valencia Forum: Development of Health and Welfare Systems – Adjusting to Ageing, Valencia, Spain, April 2002**

While the World Assembly was a major global political event for government delegates from Member States to gather in formal session and discuss and debate the production of the outcome document – the Madrid International Plan of Action on Ageing 2002 – for subsequent endorsement by the UN General Assembly and implementation by Member States throughout the world, the Valencia Forum, under the auspices of the International Association of Gerontology, held the week preceding the World Assembly, provided opportunities for researchers, educators and service providers to convene for the purpose of formulating their input to the World Assembly. One significant aspect of this important international prelude to the World Assembly was a process ensuring



"Governments must make a political commitment to integrated health and welfare systems so as to meet the diverse needs of an increasing number of older adults and to ensure continued social and economic development. Governments, communities and civil societies must actively support the policy and programmes of the integrated health and welfare systems. The system must respect the dignity and preferences of the older adults with special attention to cultural sensitivity."

– Preamble of the WKC Thematic Activity Report, 2002

that the best scientific knowledge, information, experiences and understanding available on global ageing was provided to the policy-makers involved in the formulation of the World Assembly outcome document.

The international scientific conference offered an ideal platform for WKC to actively engage the participation of these professionals in exploring one of the eight major Forum themes "Health and Welfare Systems Development – Adjusting to Ageing". The thematic activities organized by WKC featured a keynote speech by the Director, a symposium, and a round table discussion involving 12 leading international experts.

A report on the conclusions and recommendations of the WKC thematic activities at the Valencia Forum was prepared providing expert opinions on the theme, including nine strategies recommended for the development of health and welfare systems in ageing societies. All recommendations were

Recommended strategies for Health and Welfare Systems Development in ageing societies

- *Advance the primary health care approach;*
- *Integrate health and welfare services through community health care;*
- *Develop programmes that delay the onset of disability, ameliorate its trajectory and enhance older persons' capacity to take better care of themselves;*
- *Support, encourage and accommodate family and other forms of social network care;*
- *Develop adequate funding schemes for integrated health and welfare systems;*
- *Examine public- and private-sector roles and responsibilities for innovation, resource mobilization and the development of health and welfare systems;*
- *Establish mechanisms to monitor and maintain quality assurance in health and welfare service systems for ageing;*
- *Facilitate recruitment and training of the workforce needed for health and welfare systems in ageing societies; and*
- *Support research that will promote the development of integrated health and welfare systems.*

– WKC Thematic Forum, Valencia, April 2002

incorporated into the final report of the Valencia Forum, and carried forward to the Second World Assembly. The recommendations offered support for the deliberations of United Nations Member State delegations by providing perspectives, reflections and advice of the global scientific, educator and practitioner community on ageing.

The contributions and presentations in the WKC thematic forum have been compiled into one of the WKC Ageing and Health documents aimed at reaching a broader audience around the world. Once again, WKC offered its contribution as a unique international and interdisciplinary research arm of WHO. WKC's vision, strategic leadership and innovative approaches to health and welfare systems development have been appreciated by a broad audience.

Research activities on community health care

Advocacy and promotion of community health care (CHC) for older persons is considered to be one strategic approach to advance primary health care (PHC) in ageing societies and meet the emerging demands for integrated health and social services for older persons, their families and communities. In addition, CHC is considered as one practical strategic approach to achieve WKC's mission and objectives to improve health and welfare systems development at an operational level, with special reference to ageing and older populations as adequate and cost-effective care is a primary concern and major challenge in ageing societies.

In line with WKC policy, and based on recommendations from previous activities, the Ageing and Health Programme has initiated several interlinked research activities. Through these organized research activities, mainly focusing on systematically collecting information and experiences, it is hoped to provide sound evidence proving the hypothesis that community health care is a vehicle to integrate health and social services provision and a profound approach through which the needs and demands of the individual, family and community in ageing societies are better met. During this process, the diverse needs and the heterogeneity of the ageing and older population and their cultural, social and economic characteristics are fully recognized.

- **Standardization of CHC terminology and definition**

Over the past years, seeking adequate and cost-effective care of the rapidly increasing number of older persons in societies has received enhanced attention by national and local governments, international organizations, NGOs, the scientific and service community as well as the general public. Major issues concern an integrated and more comprehensive approach to meet the special needs of older persons, their families and communities. Conflictual situations arise when the solution involves and requires multisectoral and interdisciplinary cooperation. Due to lack of common and shared definitions and terminology, some obstacles to cross-sectoral dialogue, exchange of ideas and views, policy formulation, research and education orientation and budgetary allocation, remain.

Steps in WKC's process in Community Health Care (CHC) research

- Development of a conceptual framework for understanding community health care in ageing societies (2000)
- Development of research guidelines on community health care for older persons in urban areas (2001)
- Systematic review of a group of indicators on ageing and health for older persons (1999, 2000, 2001)
- Facilitation of research collaboration among 12 WKC partner cities around the world (2000, 2001, 2002)
- Preliminary analysis and formation of a structural matrix on the collective situation of community health care for older persons in urban areas (2001, 2002)

In collaboration with the Centre for Ageing Studies (CAS) in South Australia – a designated WHO Collaborating Centre on Population Ageing – Research, Education and Policy, AHP initiated and commissioned CAS to prepare a draft International Glossary on CHC, through a global expert consulation process using information technology. The expected outcome will be based on a number of existing glossaries related to health and community care produced by various authorities in different constituencies. It is expected that the glossary, in a hard copy version, as well as a

searchable electronic version, will meet an urgent need and facilitate international exchange of information and experiences in this important area.

New care provision for older persons
Community health Care

provision (What)	Health			Social
Form (Who)	Self		Informal	Formal
Coverage (When)	Preventive	Curative	Rehabilitative	Hospise
Level (How)	Individual		Family	Community
Location (Where)	Home			Institutional

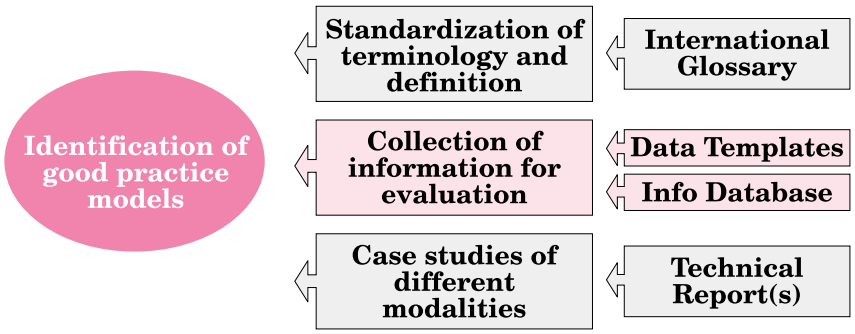
- **Information collection and development of evaluation of CHC – a minimum information set at sub-national levels (MIS-SNL project)**

There is clearly a case for development of information collection strategies and the compilation of health and social indices relating to ageing and the older population at sub-national levels where much of the policy and services planning and implementation should take place. Different degrees of deficiency in relation to advocacy versus implemented policy have been noted frequently due to lack of including a monitoring and evaluation mechanism at the initial stage.

MIS-SNL project is intended to be a long-term project essentially aiming at the development of a minimum information set on CHC at sub-national levels by refining the valid and reliable indicators, enhancing data collecting mechanisms, strengthening and expanding participating partner city networks, and facilitating information analyses and sharing to improve the policy-making process and continuous monitoring of CHC development through an established cyber network.

Thus WKC fully recognizes the issues associated with developing integrated health and social policy and services, namely through Community Health Care, for ageing and older populations. For the purpose of monitoring and evaluating policy implementation, and for the purpose of identification of 'good practice models', WKC has initiated the development of both a conceptual as well as operational framework.

CHC reserch in progress



The project is now reaching the stage of formulating an Information Collection Questionnaire and conducting a field trial for its feasibility, reliability and validity as well as usefulness for the policy-making process. Initial contact and negotiation to identify interested parties and leading partner institutions have been undertaken, particularly with Seoul National University School of Public Health in Republic of Korea. The School has recently provided a preliminary summary report on relevant information from 12 partner cities, namely Adelaide, Atlanta, Bangkok, Hong Kong, Jakarta, Los Angeles County, São Paulo, Seoul, Shanghai, Sydney, Tabriz and Tianjin through the WKC International Meeting on Community Health Care for Older Persons in Urban Areas, Bangkok, July 2001, and a refined list of 123 indicators covering 8 public health and social indices of CHC evaluation. Upon completion of the commissioned draft Information Collection Questionnaire and its user manual through collaborative work with WKC partner institutions, field trial in 10 to 12 cities is planned in 2003.

• Case study identify and promote 'good CHC practice models'

Generally, up to the time WHO introduced the Primary Health Care (PHC) approach and the Alma Ata Declaration in 1978, health systems were mainly designed to provide episodic acute care. Since then the PHC approach has been recognized by most nations as a key building block of health services development and a strategic process for progressive improvement of the health of all people. Now with rapidly increasing numbers of older adults globally, rising incidence of non-communicable diseases, disability and unaffordable health costs, health services geared to the needs of ageing and older populations should be strengthened and better integrated with other providers and at different levels to enhance the continuum of care required. The PHC approach, and particularly the community aspect, needs to develop in scope to better support individuals, families and communities, particularly those who provide long-term home-based care to fragile older persons with chronic conditions.

Many nations and international organizations have been exploring ways to achieve adequate and equitable health care systems in recent decades, and CHC of ageing and older populations has been implemented by some governments at sub-national level as an extension and new scope of PHC approach. WKC's aim is therefore to identify, collect and provide information on such 'good practice models' through a case study approach. The information and experiences obtained from 'good practice models' will offer solid evidence and facilitate a global review and advancement of the PHC approach. In line with the plan to establish 4–5 case models, initial steps have been taken with Shanghai Municipality to commission a technical report based on its experiences since 1995 in its city-wide reform of PHC provision and facilities into CHC provision and function, especially taking into consideration the needs of the increasing number of older persons in the city. Officials from Shanghai Municipal Health Bureau and researchers from Fudan University are working jointly together to collect relevant data and document experiences. If needed and requested, an international group will be convened by WKC to support the drafting of the report.

Promotional information on life-style, healthy ageing and well-being

• Good dietary practices

Balanced daily eating habits are fundamental strategies for healthier lives. Historically, whether based on scientific knowledge, experiences or cultural interchange, daily habits have influenced lives and health for years in different eras and communities. Today, on a global basis, there is evidence that food cultures are changing, but not all in a positive direction. More attention must therefore be paid to good daily habits taking appropriate and sufficient nutrition based on scientific knowledge and practices in relation to age, health behaviour and health conditions. To address some of these interrelated factors, the International Symposium on "Healthy Life from Good Dietary Practices" was held for the general public in Kobe, Japan, on 6 April 2002. The Symposium reviewed the cultural development of diet, health, dietary life-styles from historical, cultural, and medical aspects, food safety practices and professional issues internationally, and provided recommendations on approaches to good dietary practice and establishment of a 'health culture'.

• Oral health

To promote attention to oral health in ageing socieities, two symposiums were held in Tokyo and Kobe in 2001. Global health challenges, needs and demands in relation to individual general health,

oral health in a life course perspective, information on advanced technology and new knowledge on oral health prevention, treatment, and services, and creation of a practical model at community level were addressed.

The Proceedings of these two events and an issue of WKC Ageing and Health Technical Report series – Global review on oral health in ageing societies – were produced and widely disseminated in 2002.

To follow up the above activities, AHP will focus on the following in 2003:

- Data collection in identified WKC partner cities, and development of an Info Base – a minimum set of indicators for evaluation of Community Health Care (CHC) for older populations;
- Identification of two to three additional good CHC practice models through a case study approach;
- Continuation of information collection on healthy active ageing and related life-style and behaviours;
- Convening international forum for information sharing and technical consultation on strengthening public and private partnerships for community health care service delivery and resource sharing in ageing societies.

TRADITIONAL MEDICINE

Different cultures, countries and regions have developed traditional systems medicine over the past many centuries. The last decade witnessed a global upsurge of interest in Traditional Medicine (TRM) and Complementary and Alternative Medicine (CAM). Affordability, culture and changing needs, are factors that help account for this phenomenon.

Traditional Medicine, known in some countries as Complementary and Alternative Medicine, is becoming more and more important, especially for people living in rural areas who have access only to TRM or choose TRM over other therapies out of preference. The extent of use and efficacy of TRM preparations as well as their quality are therefore of growing interest to the health authorities and the public alike. If rigorous scientific investigations could be applied to reveal the inherent holistic nature of traditional medicine and if they could also be used to identify safe and effective traditional medicine practices, then complementary means to reduce the gross disparities in health status of people in the world could be identified. Because of the increasing usage of TRM/CAM, these therapies may be expected to become important in health sector reform in the foreseeable future.

The TRM programme is being implemented in the context of a traditional medicine policy framework based on the directions enunciated by Director WKC at the Centre's TRM international symposia and their recommendations. The first symposium was held in November 1999 entitled: Traditional Medicine – Its contribution to human health development in the new century held in Kobe. The second meeting was on Traditional Medicine – Better Science, Policy and Services for Health Development held on Awaji Island, Hyogo Prefecture in September 2000. These two landmark symposia of WKC lead to convening of a consultative meeting entitled: Global Information on Traditional Medicine/Complementary and Alternative Medicine Practices and

Utilization held in Kobe in September 2001.

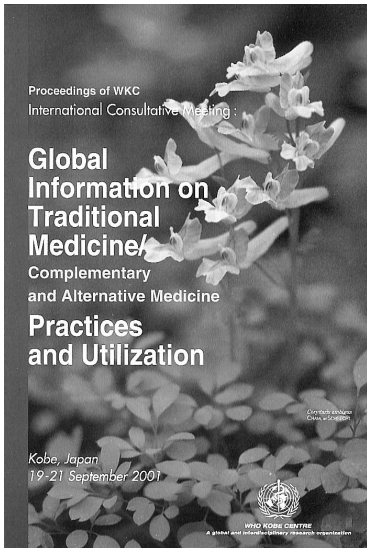
The TRM policy framework for action consists of the following components; (1) promoting TRM contribution to health and welfare systems development; (2) facilitating the holistic approach to people's health, especially for geriatric population groups; (3) generating and disseminating valid information; (4) promoting personal and national self-reliance and minimizing dependence on costly unaffordable external interventions; (5) maintaining biodiversity and protecting the environment; and, (6) protecting Intellectual Property Rights and equitable distribution of benefits in the field of TRM. With reference to the first component, a global atlas on TRM/CAM is being prepared. Similarly for the third component, an Info Base on cost-comparison, cost-benefit, cost-effectiveness and cost-utility analysis is being developed.

To support evidence-based national health policy development, there is a need to better understand the current global and national prevalence in the utilization of TRM/CAM therapies and systems. Reliable information about their use is needed to determine the requirements for research and development, education, regulation, and national health policy formulation or revision.

A systematic search of the literature up to April 2001 was carried out in preparation for WKC's consultative meeting on "Global Information on Traditional Medicine/Complementary and Alternative Medicine Practices and Utilization" held in Kobe in September 2001. The result of the search shows that few TRM/CAM utilization studies have been carried out and those published are predominantly from developed countries. The majority of the studies show that the prevalence rates for visiting a TRM/CAM practitioner in the last 12 months of the review period range between 2.6% and 20.3%. The use of TRM/CAM, by self-medication and visits range between 33% and 42.1%, whereas self-medication with a medication or a procedural based TRM/CAM falls between 37% and 49%. Even though there is a wide range of utilization rates possibly due to differences in definitions of TRM/CAM as well as methodological differences between the studies, the emerging scenario is that TRM/CAM is being increasingly used even in the developed countries.

The review of the literature lent support to the need for a systematic

investigation of the TRM/CAM situation world-wide in order to have an overview of the present status of practices and utilization of TRM/CAM in WHO Member States. It is considered that information on the global situation, in the form of an atlas, would be useful for decision/policy-makers to consider inclusion of effective and useful TRM/CAM in their national health care systems. National authorities could also consider giving official recognition to TRM/CAM practised in their countries based on the global picture, which in turn would facilitate development of national TRM/CAM programmes.



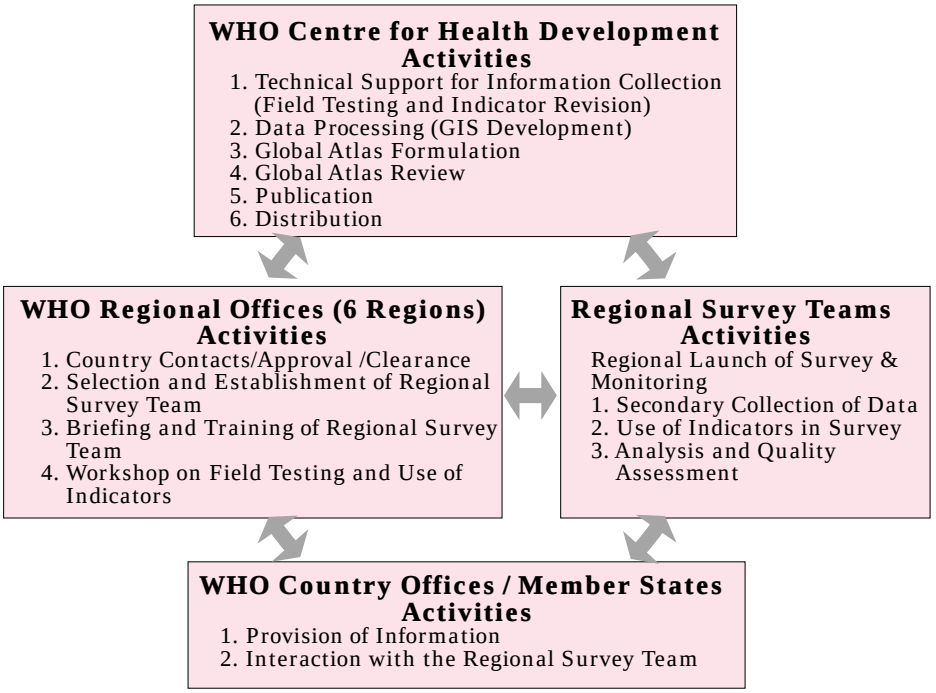
WKC therefore aims to provide Member States with reliable information regarding TRM/CAM utilization in different countries and regions as well as comparisons of TRM/CAM utilization prevalence internationally. The work involves reviewing and collection of secondary information by means of standardized indicators. The suggested 26 core indicators will explore **who** uses TRM/CAM, **why** they use it, **what** they use, **when** they use it, and at what cost. One indicator is devoted to examine the reliability of the survey(s) assessed. The outcome of this project would eventually lead to a richer and more complete picture regarding peoples' reliance on different traditional health systems around the world and would offer the possibility of a more comprehensive national health system development.

Recognizing the need for Member States to have reliable information in the form of a global atlas on TRM/CAM practices and utilization, WKC is in the process of collecting data globally from the six regions of WHO through the use of 26 core indicators after their field-testing. Linked to this activity is the development of an Info Base on cost of commonly used TRM/CAM therapies and therapeutic techniques that are being utilized by people throughout the world. The indicators are of three types – the Background Information Indicators, the Structural Indicators and the Process Indicators. The field-testing of these indicators was carried out by four institutes: (1) The National Agency for Drug and Food Control in Jakarta, Indonesia; (2)

Faculty of Pharmacy, University of Panama in the Republic of Panama; (3) the Vietnam Institute of Traditional Medicine in Hanoi, Vietnam; and (4) the National Institute of Thai Traditional Medicine, Thailand. The results of the field-testing work indicate that the selected indicators are easily understood and readily applicable for data collection. They also indicate that if information is available, the required information could be collected through the indicator mechanism. The difficulty, however, is that information on the process indicators is often not available. This is an area where primary data collection may be carried out in the future.

The collection of information for preparation of the global atlas in Geographic Information System (GIS) format is being undertaken by a regional survey team in each of the six regions of WHO. These teams, commissioned by WKC, work closely with their respective WHO Regional Office and the WHO Kobe Centre. The network for collection of data and the responsibilities of each component of the network is shown in Figure 3.

Fig. 3. Mechanism and Networking for Collecting Data on Practices and Utilization of TRM/CAM.



In addition to field-testing of the indicators, a case study on information collection system(s) in Japan for preparation of the global TRM/CAM atlas was also carried out. To strengthen systematic collection of information in relation to the WKC's work on global information collation relating to TRM/CAM practices and utilization currently underway, a consultative meeting was convened on 13 December 2002 in Kobe, Japan. As WKC progresses with its work on TRM/CAM Global Atlas development, it was timely to show one case study for promoting a successful collaborative network especially among national authorities.

In line with recent progressive expansion of WHO activities in TRM/CAM, including topical issues concerning Intellectual Property Rights, cost-analysis, rational and sound use of crude drugs, there is a need to rationalize the tremendous workloads handled by many national focal points. It is therefore essential that all relevant procedures and resources for efficient data handling and processing should be conducted in a systematic manner.

The objectives of the meeting were: (1) to secure qualitative and quantitative information for effective promotion of WHO and WKC strategies in TRM/CAM; (2) to develop systematic measures for requesting and providing information among national focal points; and (3) to develop model(s) of partnership/network development for information collection.

The outcomes of the meeting included recommendations for: (1) a mechanism for systematic collection of information on TRM/CAM from relevant national institutions, experts and WHO collaborating centres in Japan; and, (2) a reliable case study model for partnership/network development for future national information collection.

One of the important components of the WKC policy framework is generation and dissemination of information. Emphasis is placed on easy accessibility of WKC TRM information through the WKC home page. At present, Internet access to WKC TRM homepage is increasing steadily. Internet linkages have now been established between WKC TRM site and the other WHO Office sites. In the future, access to WKC TRM homepage is expected to further increase since access to information of the Regional Offices in the six Regions of WHO as well as information of WHO Headquarters is now possible from WKC TRM homepage.

It is anticipated that WKC's work in the 2002–2003 biennium to provide information in the form of a Global Atlas on Practices and Utilization of TRM/CAM could lead to development of national health programmes or facilitate health sector reform with TRM contributions. Recognition of TRM in preventing and treating a number of maladies and in maintaining and promoting health, could lead to further development and strengthening of integrated health and welfare systems where TRM/CAM plays an appropriate role. It is expected that the work described above will also strengthen WKC's overall research network in the WHO Member States as well as with WHO Headquarters, in a systematic manner.

HEALTH AND WELFARE SYSTEMS DEVELOPMENT

Health and welfare systems development is the unifying theme for all WKC activities. Development of integrated health and welfare systems is recognized as one of the most complex social issues globally. In this context, one of the main objectives of WKC's Health and Welfare systems Development Programme (HWP) is to foster the collection and analysis of relevant information to enable the countries to establish or reconstruct their health and welfare infrastructure and facilities, strengthen leadership development, build partnerships, and utilize research outcomes to formulate policies to attain an acceptable level of health and better quality of life for all people worldwide. In this connection, HWP encourages countries to conduct operational research based on the recommendations of the First, Second and Third Global Symposiums on Health and Welfare Systems Development in the 21st Century held in Kobe, Japan, in 2000, 2001 and 2002 respectively. These research activities seek to facilitate the interdisciplinary investigation of issues relating to health and welfare systems development in various parts of the world by supporting researchers in partner institutions and countries to bring together the best knowledge and experience available to support policy/decision-making for improved health and welfare systems development.

The objectives of the operational research are:

- To collect and analyse data and information on existing health and welfare innovative models in selected areas;
- To review successful examples of health and welfare systems development in some countries;
- To develop pragmatic and viable management strategies based on an analysis of information and success and failure experiences to facilitate planning improved health and welfare systems development;
- To establish a linked platform of researchers and policy/decision-makers that would share information;
- To disseminate information and share knowledge on the most pertinent aspects which are impacting health and welfare systems development in countries;
- To enhance effectiveness of health and welfare systems development emphasizing leadership and management aspects.

(1) Operational research in health and welfare systems development

A number of operational research activities in various aspects of health and welfare systems development were initiated and are currently being undertaken in countries, including Indonesia, Islamic Republic of Iran, Sri Lanka and Costa Rica.

Indonesia: Assessment and mapping of integrated health and welfare systems

The study, being undertaken by National Institute of Health Research and Development, Ministry of Health, Indonesia aims to obtain and analyse the profile of health and welfare systems of Indonesia with particular attention to the integrated health and welfare activities in communities before the economic crisis in 1997 and the situation existing in health and welfare systems after the crisis. Data collection is carried out in the communities in Western (Sumatra, Java and Bali) and Eastern region of

Indonesia (Kalimantan, Sulawesi, Papua and others) at the level of province, district and village on components of integrated health and welfare activities, the mechanism of integration, and development of possible performance indicators for integration.

The interim report submitted in October 2002 revealed that the economic, socio-cultural factors, infrastructure and geographic conditions of provinces and districts in Western region of Indonesia are more viable than those of Eastern region. The comparative study in the profile, management and mechanism of integrated community-based health and welfare activities/programmes recognizes the significant changes before and after the crisis in 1997 in both Eastern and Western regions. Based on the outcomes of the study, recommendations will be made to provide decision-makers with more policy options for the development of integrated health and welfare systems in Indonesia.

Islamic Republic of Iran: Health and welfare systems in Iran

This study is carried out by School of Public Health and Institute of Public Health Research, Teheran University of Medical Sciences, Iran. The objectives of the study are: 1) To conduct situation analysis on health and welfare systems at the national level; 2) To review historical trends in strategies culminating in the current structural organization of health and welfare systems; 3) To identify services and groups of clients in the health and welfare systems; 4) To describe financing of health and welfare systems at the national level; 5) To identify major issues of health and welfare programme; and 6) To make recommendations to improve health and welfare systems in Iran.

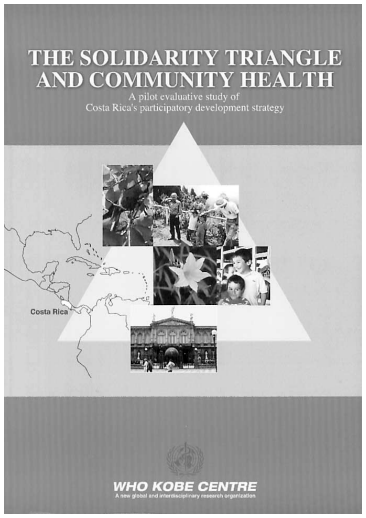
The October 2002 interim report describes the evolution of health and welfare systems in recent decades. It is argued that the current health systems in Iran face a number of challenges, such as low per cent of GDP dedicated to health, insufficient insurance coverage and effectiveness, efficiency problems in the delivery of care, primary health care for the urban population, increasing road accidents, newly emerging and re-emerging diseases, problems with the emergency medical system and temporary shortages of certain pharmaceuticals, etc. The challenges faced by today's

welfare system in Iran are identified as social insurance coverage, structural causes of difficulties in policy-making, coordination, control and overlapping of services, lack of adequate financial resources and governmental debt to the insurance organizations, unemployment, increase in the aged population, increase in the rate of social pathologies, and underserved handicapped population. The final stage of the study will address the evaluation of the current strategies formulated to meet the identified challenges and suggested priority areas in both health and welfare systems as important domains for further research.

(2) Health and Welfare Systems Development – Technical report series

The Solidarity Triangle and Community Health: A pilot evaluative study of Costa Rica's participatory development strategy

A pilot study on the Solidarity Triangle, Costa Rica's community empowerment strategy for improving health and quality of life in impoverished communities, was commissioned and conducted by the Solidarity Triangle, the Government of Costa Rica.



The Solidarity Triangle is a development strategy constituting one of the main pillars of Costa Rica's social policy. It is a new and integrated way for the three main players in development – communities, municipal authorities and national government institutions – to confront poverty, and is being implemented in 41% of the country's least developed Municipalities.

This pilot study was designed to probe the perceptions of the three main players about Solidarity Triangle's contribution to rural community health and quality of life and to provide insights into the relationships at work within the strategy. Three variables were singled out for special attention – citizen participation,

community empowerment and training for self-management. These variables relate to health development by helping to ensure health projects address community needs and by fostering the collaboration requisite for successful project implementation. A descriptive cross-sectional survey by interview was adopted as the main research instrument and validated in advance. Data was collected through face to face interviews with eighty-one community, municipal and national government representatives involved with Solidarity Triangle health projects.

In the communities surveyed, the Solidarity Triangle is revealed as a promising strategy for improving health and quality of life in impoverished communities. By involving the various social groups and promoting their active participation, it strengthens the "social production of health" as envisioned by Costa Rica's national health policy which sees health as a dynamic process reflecting the interaction of the social, political, environmental and biological forces surrounding the individual as part of the community.

The report *"The Solidarity Triangle and Community Health: A pilot evaluative study of Costa Rica's participatory development strategy"* was published in October 2002 as the first report in the WKC Health and Welfare Systems Development technical report series. This report also served as an important background document for the Third Global Symposium on Health and Welfare Systems Development in the 21st Century, held in Kobe from 6 to 8 November 2002.

In order to fully achieve the intent of the First and Second Global Symposiums, WKC organized a series of interrelated activities in 2002 including the Third Global Symposium on Health and Welfare Systems Development in the 21st Century. The recommendations of the first two symposiums had focused on, *inter alia* empowerment of the community, decentralization of health and welfare systems, partnership development and the need to reorient programmes and finances to ensure that the benefits of health and welfare systems reach the lowest two quintiles of societies.

Consultative Meeting held in Kobe, Japan, 4–5 March 2002, attended by selected senior level professionals and academics with expertise in the development of health and welfare systems, priority research areas in health

and welfare systems development were proposed the structural framework for the Third Global Symposium, its objectives, agenda and participation were identified.

- **Third Global Symposium on Health and Welfare Systems Development in the Twenty-first Century, Kobe, Japan, 6-8 November 2002**

The Third Global Symposium on Health and Welfare Systems Development in the 21st Century was attended by 74 participants from 29 countries, covering all six WHO regions, including ministers, senior level policy-makers, academics and representatives from international organizations including International Labour Organization (ILO), World Bank, Asian Development Bank, as well as non-governmental organizations, several of whom had also attended the First and Second Global Symposiums.

The Symposium took the important issue of health and welfare systems development further, including focus on the impact of the involvement of the private sector, integration of health and welfare systems development, decentralization, country experiences of innovative approaches to health and welfare systems development and research priority areas that countries were encouraged to support.

The keynote address, delivered by H.E. Achmad Sujudi, Minister of Health on behalf of H.E. Megawati Sukarnoputri, President of the Republic of Indonesia and H.E. Dr Jusuf Kalla, Coordinator Minister of People's Welfare and, highlighted the importance of establishing a national development policy in order to face future challenges and opportunities. He said that health and people's welfare were human rights and certain prerequisites, such as multisectoral approaches, community empowerment, partnership, good governance and appropriate technology and research, were needed to achieve better health and welfare systems development.

In subsequent plenary sessions issues covered in relation to health and

welfare systems development included: global and regional challenges; concepts, strategies and priorities, including innovative approaches to managing the double burden of disease; impact of the private sector; role of international agencies; successful country experiences; and priority research areas.

The outcomes of research projects conducted in Costa Rica, Indonesia, the Islamic Republic of Iran and Sri Lanka were also presented and different approaches to the development of health and welfare systems in countries discussed. The importance of secondary data collection and information required to establish a global database on health and welfare systems development was highlighted. Such a database will be a first step towards collaborating with countries to establish/reform their health and welfare infrastructure and facilities, with a view towards integration of health and welfare systems. It is expected that this database will ultimately lead to the development and testing of a viable model for delivery of integrated health and welfare services.

The scientific methodology for developing and conducting operational research to enable countries establish/reconstruct their health and welfare infrastructure and facilities, and to strengthen national institutional capacity was also proposed.

Many institutions have responded to WKC's commitment to promote research activities through collaborative partnerships and WKC is receiving proposals from countries for operational research in selected areas of health and welfare systems development, as well as for collection of information for a global database on health and welfare systems development.

Recommendations of the Third Global Symposium on Health and Welfare Systems Development in the Twenty-first Century 6–8 November 2002, Kobe, Japan

Integration of health and welfare systems represents one of the major benefits to human health and well-being to be realized in the 21st Century. Partnerships among communities, civil societies, the private sector and government represent an important strategy to pursue the achievement of health and welfare goals. Given this context, and recognizing that a careful review of existing situations of all aspects of health and welfare should be conducted as a key foundation for achieving integration of health and welfare systems, participants made the following recommendations.

1. Research on innovative processes for the integration of health and welfare systems should be conducted by countries at all levels.

2. Country case studies should be evaluated to identify what works and does not work in implementing processes for integration. These case studies should be available in database form, accessible to policy makers. Tools for evaluation of case studies should be developed.

3. Countries should be encouraged to develop indicators and tools for evaluating the extent and success of integration of health and welfare systems across policy and programmes, at national, sub-national and local levels.

4. Countries should promote research on women's leadership and their effective contribution to overall health and welfare systems development and incorporate their perspectives and needs into health and welfare reforms.

5. The Symposium recognized the impact of the private sector and its important contributions to health and welfare systems development. Thus, countries should carefully assess the potential involvement of the private sector, particularly in relation to the role of government and empowerment of communities within health and welfare schemes.

6. Countries should develop tools to assist the assessment of the impact of private sector involvement in health and welfare systems.

7. Countries should examine how best to facilitate the development of partnerships with the private sector and other partners.

8. Countries with their partners in health and welfare development are urged to promote research on the impact of public/private partnerships, integration and decentralization in health and welfare systems delivery.

The Symposium recommends that WHO Kobe Centre (WKC):

9. Should encourage governments to strengthen their leadership role in involvement of the private sector in health and welfare systems delivery.

10. Should encourage government to play its leadership role in establishing criteria, standards, legislation and regulations in relation to private sector involvement.

11. Should encourage governments to conduct research on outcomes in relation to creating sustainable, equitable and efficient financing systems for both health and welfare services.

12. Should expand its health and welfare programme and research activities in the field of health and welfare systems development to include developed, developing and least developed countries.

13. It is recommended that WKC continue this work including the extension of research activities on health and welfare systems development in the 21st Century and the organization of a follow up Global Symposium in 2003.

14. The participants highly appreciated and recognized the important initiatives of Dr Yuji Kawaguchi, the Director of WKC, to promote the best strategies for improving and sustaining health and welfare systems. His initiative, enthusiasm and energy have raised the awareness of the policy-makers in improving health and welfare systems.

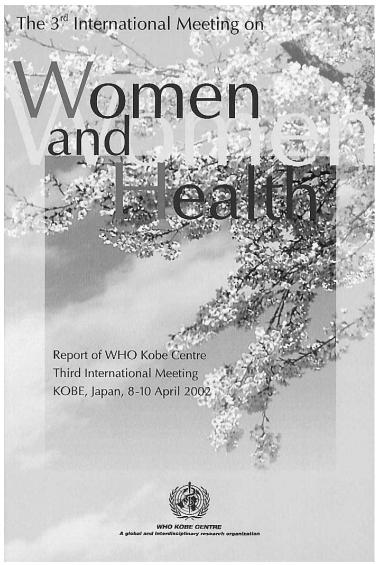
WOMEN AND HEALTH

The Women and Health Programme's (WHP) priority areas of work in the 2002-2003 biennium include two important dimensions: (1) making continued effort in advocacy and building partnerships for women, gender and health development, particularly through international meetings and their follow-up; (2) promoting information and database development through research and knowledge building with special emphasis on gender and health and welfare systems.

Building on to the First and Second International Meetings on Women and Health held on Awaji Island, Japan, and Canberra, Australia, 2000 and 2001 respectively, issues of advocacy and establishment of networks to consider women's health and social welfare against the full spectrum of social, economic and political relationships structured by gender and the importance of gender-based analysis, were taken further forward at the Third International Meeting on Women and Health, convened from 8 to 10 April 2002, Kobe, Japan.

At this meeting, Dr Yuji Kawaguchi, Director, re-emphasized the need for a holistic and multisectoral approach to the issues rising from gender bias. Such bias had hindered public policy and public health infrastructure development, health research, information-gathering and knowledge utilization and transfer. Three ways to address this imbalance – gender sensitivity analysis, gender-specific medicine and gender-specific health care – were therefore flagged for discussion. Panel discussions and working groups delved more deeply into these and related issues, as well as techniques for data collection at community level, the use of performance indicators, methods of advocacy and accessible media, and information strategies for grassroots' activists.

The Third International Meeting endorsed the "Kobe Recommendation: Action Plan", (See end of section) which provides an agenda for action-oriented research with four areas being marked for immediate attention in 2002–2003 and the remaining six areas to be followed up in the medium and



long term.

The meeting report provides an important coverage of the event including meeting documentation, policy and programme-related reports, presentations on gender-specific medicine, multi-sectoral and participatory research on gender and health systems reform.

Following the Third International Meeting on Woman and Health, research is underway in the following priority areas:

1. Comparative evaluation of indicators for gender equity and health systems performance. The output of the project is destined for policy-makers, health professionals and researchers, to be used to improve health system performance in relation to gender sensitivity, equity and equality issues.

2. Analysis of selected good practices in the use of gender-based analysis of health and health care. This activity aims to develop case studies/good practices of gender-based analysis in health care that have been applied successfully to policy and practice to improve women's health. The aim of the expected product is to serve as a user-friendly reference for policy-makers, researchers, professionals, health workers and advocates.

3. Impact of women's leadership in health and welfare systems development. The expected product is an analytical framework of women's leadership in health and welfare systems which will include information on references, rationale, programme strategy, methods and materials particularly used for undertaking case studies.

Task Force Groups – Four Task Force groups have been organized on a voluntary basis to facilitate the research.

Development of communication tools

- Development of email via WKC network
- Making use of internet-based groups to meet various needs of Task Force groups (e.g. documentation, PowerPoint) to facilitate timely global communications
- Provision of stepwise manual for user suport

Knowledge transfer and information sharing

To support the research and knowledge building and information transfer on gender and health development, information and database capacities of WHP have been expanded and upgraded, with emphasis on further development of products, dissemination tools and methods of information delivery.

Development of Info Base on Women and Health

Information packeges/products
- Guidelines/tools
- Policy/programming-good practices
- Advocacy-gender analysis
- References kit
- Partnership/human resouces

Information dissemination and delivery
- Pubilcations
- Tool–Web-internet based database

- Another follow up to the Third International Meeting on Women and Health relates to filling the gaps between research and practice through research transfer and knowledge building for policy-making and to advance gender perspectives of health systems development. In this connection, an International Symposium on Gender-Sensitive medicine has been prepared with the support of Chiba Prefecture, Japan to be held on 1 March 2003. The aim is to bring researchers and policy-

makers together to consider specific gender equity issues relating to future policy directions for health care improvement. About 100 participants from health and related sectors are expected to attend.

- The Programmes participation in information sharing has also included: (i) Debriefing session on assistance from Japanese to women in Afghanistan organized by Gender Equity Bureau, Cabinet office, Government of Japan, Tokyo, 18 July 2002 (ii) with the Japan International Cooperation Agency (JICA) to conduct a training workshop on primary health and nursing care, from women's and gender perspectives, August 2002 (iii) 49th Japan Society of Child Health: "21st Century for Children – Parents and Chldren in Society"

To take the Programme work further, particularly on the basis of the outcomes of the research referred to above, an agenda for 2003 has been designed to include (i) advance advocacy through the Fourth International Meeting on Women and Health to be organized in collaboration with the Ministry of Health, Government of Tanzania, Dar es Salaam, from 7 to 9 April 2003; (ii) enhance information and database development through research and tools development with special inclusion of participatory data gathering and collating in relation to women's empowerment and promotion of gender and health systems performance.

Third International Meeting on Women and Health
KOBE RECOMMENDATION: ACTION PLAN
8–10 April 2002, Kobe, Japan

Preamble

Building on consensus expressed in the Awaji Statement and action proposed in the Canberra Communiqué, the WHO Kobe Centre's Third International Meeting on Women and Health was convened to consider enabling strategies for women to gain equal access to resources, security and empowerment and to devise an agenda for action-oriented research.

Meeting participants recognized that women's good health is critical for the development of healthy societies and economies. In order to achieve better health outcomes and better management of scarce resources, governments, non-governmental organizations, the private sector and the international community need to mobilise their resources and work in partnership for women's health, and to ensure that the distribution and use of resources are appropriate and effective.

Underscoring WKC's role in collecting, reviewing, evaluating and disseminating information on models of good practice and in facilitating partnerships, and recognizing the need for further stocktaking and evaluation of the evidence base for action and skills development, Meeting participants recommended the agenda given below for implementation in 2002–2003 and in the medium to long term beyond.

Participants agreed to form voluntary task groups to immediately advance the 2002–2003 agenda items relating to the comparative evaluation of health indicators for gender equity/equality, gender-based analysis, developing women's

leadership and enhancing research transfer. The task groups agreed that the following principles would govern their approach:

- Collaborative and participatory, with concern for issues at grassroots level
- Respecting experiential and other forms of evidence
- Valuing experiences from different countries and contexts, and learning from cultural diversity
- Inclusive of men as an approach to addressing gender-specific concerns
- Inclusive of all stakeholders, including decision-makers, to ensure translation into action
- Incorporating gender-sensitivity training
- Establishing appropriate communication strategies to accompany activities

IMMEDIATE PRIORITIES FOR 2002–2003:

1. Comparing the health indicators used by international agencies and evaluating them for gender equity/equality

- Compare institutional indicators with particular attention to the rationale and philosophy that international agencies have developed and are developing
- Select case studies from different countries to show how indicators have been used, and assess them with particular reference to such elements as gender equity, partnerships with government, NGOs and the private sector, and participation of users and producers of information such as researchers, statistical bureaus and advocates
- Analyse the utility of institutional indicators for supporting action, monitoring women's health, and promoting women's leadership
- Collate and report on gender-specific indicators for all relevant issues since traditional health indicators do not cover

broader social issues such as unplanned pregnancy and domestic violence

2. Identifying good practice in the use of gender-based analysis

- Develop and disseminate case studies about how gender analysis has been applied successfully to policy and practice to improve women's health using national action plans, clinical practice guidelines, communicable disease incidence by sex, health promotion strategies, efficacy of prevention strategies by sex and gender-specific medicine
- Assess the effectiveness of gender-sensitivity training and develop case studies of good practice

3. Describing, analysing and developing women's leadership in health

- Develop and disseminate case studies describing the types of leadership that have been effective in improving women's health including problems addressed, style and development of leadership, barriers overcome, support and alliances, and outcomes
- Describe forms and exercise of leadership by women, including formal/informal, professional, and collective leadership
- Analyse the cultural, religious, socioeconomic, political, educational and attitudinal factors that promote or hinder women's leadership in health and development
- Assess the impact of women in leadership positions, whether they help and catalyse other women and whether the way they acquired their positions is significant
- Inventory and facilitate leadership training and leadership opportunities for women, particularly those at grassroots level and from marginalized groups

4. Enhancing research transfer in specific gender equity and health issues

- Conduct smaller meetings/workshops to bring researchers and policy-makers together to consider specific gender equity issues and put them into action, possible themes being:
  - o Mental health/depression
  - o Gender-based violence linked to poverty, conflict situations disasters, and poor health
  - o Lifestyle issues, ageing, work and urban environments
  - o Socioeconomic determinants of health

PRIORITY AREAS FOR THE MEDIUM AND LONG TERM:

1. Identifying good practice in communication strategies

- Develop and disseminate examples of successful communication strategies for diverse sectors, organizations, cultural contexts, media (song, dance, radio, newspapers), target audiences (children, men, older women, teenagers), and settings (workplaces, schools, communities)

2. Identifying good practice in integrated project development

- Develop case studies of how different funding/programme streams have been successfully integrated
- Assess the effectiveness of cross-sectoral coordination mechanisms
- Examine the extent and effectiveness of the inclusion of gender and health in poverty alleviation programmes

3. Identifying good practice in addressing institutional barriers to change

- Identify the systems that need to be in place to ensure organizations such as workplaces, governments and professional associations are gender-sensitive
- Develop indicators and standards for assessing the gender-friendliness of organizations
- Examine how health services, programmes and policies that

address the specific needs of men and women can lead to improvement of services for women

- Identify models for effective organizational governance and methods of effective advocacy

4. Evaluating the impact of public policies and legislation on women and health

- Assess the impact of policies and legislation in relation to such areas as gender equity, domestic violence and reproductive health, and identify the approaches that are most effective in implementing these policies and legislation
- Document the impact of health system changes and health sector reform on women's access to health services
- Conduct case studies on the impact of globalization and structural reform (e.g. debt servicing obligations) on women's health
- Evaluate the impact of economic and social development policies such as workforce participation and micro-credit schemes, on women's health

5. Enhancing information strategies at the grassroots level

- Disseminate information useful for policy advocacy through various means, including collaboration with grassroots groups, and assess effective strategies for research transfer
- Assess and disseminate experiences in, and mechanisms for, upscaling successful public health and health service initiatives developed by women in communities

6. Improving the evidence based for women's health research

- Advocate for expanded research efforts, broader sources of information and participatory action-oriented research

1. Information Services – WKC Information Centre (IC)

• Research information

To facilitate WKC's research, subscriptions to online-journals and electronic databases for research information and full-text services were continued and new services subscribed (i.e. Encyclopaedia Britannica, etc.) to provide more general information and complement the specialized databases. Subscriptions for CDs and regular journals for research information also continued, though focus is slowly shifting towards online sources for more timely updates. Selected books were purchased on a request basis. For better retrieval of research information, the purchase of a library system is planned. IC is currently using the trial version of MetaLib system from ExLibris for testing.

IC's work also includes; (i) assisting all staff members through provision of information as required; and (ii) responding to external enquiries concerning WKC in particular and WHO in general. All responses are provided within three days.

• Cooperation with other libraries

Close links are maintained with WHO/HQ library, other academic/partner research institutions and, to develop closer links with the local academic community, IC is now developing a collaborative relationship with university libraries in the Kansai region of Japan. To set up this new relationship, the following three universities, Kobe University Medical School Library, Osaka University Life Science Library, and Kyoto Prefectural Medical School Library, were visited by IC staff.

Improved dissemination of information to libraries in developing countries is in progress through the newly started Global Library Network programme. The aim is to send publications where they are most needed. Preliminary targets are medical and academic libraries. To gauge interest in this service, a questionnaire was sent to selected libraries in the SEARO/WPRO Member States which showed great interest in receiving WKC publications in the future.

2. Public information activities

WKC's web publishing and Internet pages, in both English and Japanese, have attracted a large number of the general public. The public image of WKC has also been increasing worldwide through its issuance of press releases, activity reports, WHO Kobe Centre News, WKC news reports, Annual Report and video products (meetings, symposia), press conferences and representation at UN Day Symposium – How to Achieve the Millennium Development Goals, Tokyo, Japan.

To match WKC's technical reports that are prepared principally for policy-makers and technical experts, WKC has been preparing and disseminating advocacy material to the general public and the media. Also, while WKC programmes have a mission to build a bridge between researchers and policy makers, the Public Information Group, in close collaboration with the technical programmes, has managed to build a bridge between WKC and the general public and strengthened its relations with the media. Major efforts continue to find innovative ways to disseminate relevant information both locally and worldwide. Examples of this include:

- **Hyogo-Kobe Health Week Town Meeting, 16 November 2002, Kobe, Japan**

As a collaborative activity, WKC, with Hyogo Prefectural Government, Kobe City and the Kobe business community, this meeting was organized during Hyogo-Kobe Health Week, starting on World Diabetes Day, 14 November. The aim was to provide information, to the general public in particular, to help build up skills in recognizing health risks and to be aware of the potential means to manage them. Stress was laid on why there is a need and who had the responsibility to generate sound health information, other advocacy tools, how these can be provided as well as the strong influential role of the media.

Invited international experts addressed issues of risk management,

responsibility for promotion and management of daily health care, women's strong influential role in improving quality of life, community enhancement geared to improving health promotion and supporting activities, the search for equality in health service accessibility and psychosocial advancement for better health. In addition to the general public, high-level decision makers, local health care providers, health educators and representatives of the business community attended.

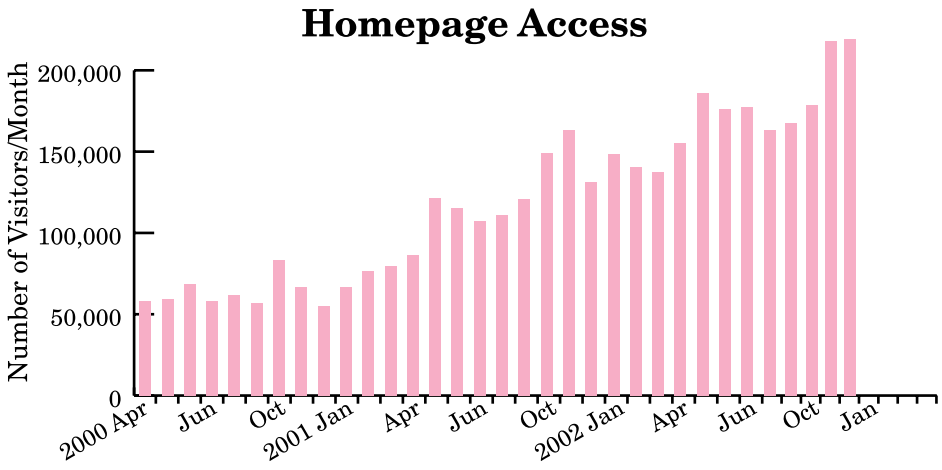
- **Third WKC Global Image Competition, 29 November 2002, Kobe, Japan**

This was the third annual competition organized by WKC to increase health awareness through inviting children and adults to submit drawings, photographs or computer graphics on a specific health-related theme. In 2002 the theme was "Happiness, happiness and HAPPINESS". Prizewinners were honored at a highly successful special evening event organized by WKC at Portopia Hall, Kobe, on 29 November and the prize winning images displayed globally via Internet.

3. Information Technology (IT)

To provide a suitable working environment ensure the stability and security of WKC data, IT hardware/software is separated into internal and external administration, centrally coordinated by the IT Group. This has worked satisfactorily and, in order to improve further, negotiations are underway with appropriate authorities to acquire/lease additional hardware and software.

Facilitating the hosting of WKC's research outputs on internet, providing professional support to WKC global/international symposiums and meetings, progressed smoothly. As indicated in the Table below, the number of people accessing the homepage of WKC has increased three-fold in the



past two years.

To cope with the evolving partnership contacts and information dissemination of WKC, a partnership management database is currently being developed based on each programmes's needs and individual requirements. Emphasis is on: an integrated system to eliminate duplication; simplification of recording of data; improvement in accuracy of the mailing list; strengthening of the security; user-friendly programme for use of the registered information. Discussions were held with various external service providers to develop the most appropriate integrated database.

With respect to the Cities and Health Programme, the City and Health Information Package (CHIP), developed by University of Otago, New Zealand, discussions were held with external sources to explore the optimal way of hosting the CHIP for controlled web access. For the Women and Health Programme (WHP) a mailing list using the WKC Mail server and a discussion group, facilitated through use of internet, were created.

Administrative applications (Financial Monitoring System, Office automation etc.) have been implemented, including the development of the Intranet service to make management and reference to administrative data and information easier and more efficient.

PARTNERSHIP NETWORKS

WKC continued to expand and strengthen its global partnership network. This has been achieved through constructive and well-organized discussions held by Director WKC with policy decision-makers and experts attending WKC's global or international meetings and symposia in Kobe or abroad, for example in Shanghai, People's Republic of China, on the occasion of CHP's meeting there in May 2002, and during specially arranged field visits headed by Director of WKC to Nepal, Tanzania, Thailand, United Arab Emirates and Zambia.

In the host country, Japan, the dialogue maintained on a continuing basis with decision-making authorities and technical experts and representatives of professional associations, non-governmental organizations and the media, at local and national levels, continued to provide considerable and invaluable support to WKC's activities.

- **WKC's Programme Review Meeting, WKC International Conference Room, 24–28 June 2002**

The Director of WKC, senior consultants and four temporary advisers with expertise in health policy and management, planning and programming, research design, budget and information technology, came together for this programme review. The meeting was held at a critical point after three years' intensive groundwork in the major programme areas. The principal purposes were to ensure a good understanding of the future directions in the research areas and to exchange information on the directions and the tools that would be required to support the future WKC coordinated research. To facilitate this work the Coordinators of WKC's major programme areas reported on developments in the respective areas and presented an outline of the directions of future activities.

- **Third WKC Staff Retreat for Programme Evaluation, 2–3 July 2002, Awaji Island**

This third retreat was both a successful and rewarding experience for all WKC staff and consultants, as well as a unique opportunity to clarify future directions in various programme areas among both professional and support staff. This year, a different strategy was set up whereby, in addition to plenary meetings and discussions, group activities were organized. All staff were actively involved during these with ample time being afforded for all concerned to get a broader insight into the overall goals of WHO in general and WKC in particular.

SEVENTH MEETING OF THE WKC ADVISORY COMMITTEE

The Seventh Annual Meeting of the Centre's Advisory Committee was convened in Kobe on 11 and 12 November 2002. The Advisory Committee reviewed and endorsed the Director's report on the activities implemented in 2002 and the directions of the the work planned for 2003, in particular the forums that would be organized to present the research results in the various programme areas.

Dr Wendy McCarthy, Chairperson, emphasized that WKC meetings and conferences created solid networks and links among different interest groups. She stressed the importance of WKC's international interdisciplinary studies and research in order to learn how things operated in different parts of the world and drawing conclusions for a better understanding among all groups and individuals.

Dr Kawaguchi expressed his appreciation to all participants and WKC's many supporters. A wholehearted thanks was extended to the Advisory Committee Members whose term of office would be expiring: their counsel and support to the Centre had been invaluable. A special thanks was extended to Dr McCarthy, Chairperson, for her continuing support to WKC over the past many years. In closing Dr Kawaguchi said "We all seek peace. Indeed the origin of the WHO Kobe Centre in 1996 followed the traumatic experience of the earthquake in 1995 and is a symbol of the commitment of the people in this area and of the country of Japan to work to avert manmade disasters and heed the human call for improved health and security".

SUMMARY

The WHO Kobe Centre completed another year in full confidence that the interrelated activities of the various Programmes, carried out with its expanding global network of partners, were particularly relevant and timely. WKC's vision and directions to seek evidence to improve policy-making with respect to health and welfare systems development, including closer integration and interaction within and among the systems to address population health in a holistic manner, are particularly appreciated.

Presentations of experiences and exchange of information at WKC's global and international meetings attended by high-level decision-makers and researchers have underscored the importance of the areas WKC is pursuing. These include research on innovative processes for the integration of health and welfare systems at national, sub-national and local levels; management aspects relating to specific environmental health and health and welfare issues at city level as identified by the cities; the impact of public/private partnerships in health and welfare systems development; evaluation of case studies to establish strengthened community involvement in health and welfare, and particularly important, for example, for the global ageing population and their caregivers; promoting research on women's leadership and their effective contribution to overall health and welfare systems development and incorporation of their perspectives into health and welfare reforms; and a reliable set of information on utilization and practices of traditional medicine/complementary and alternative medicine and areas of potential contribution to overall health and welfare systems development.

The mission and objectives of WKC's work are well understood by an expanding network of partners in different parts of the world. WKC's innovative partnership approaches involving high-level policy-makers, other leaders and researchers ensure that the research will be most relevant for policy makers to improve or establish systems that can better bring global health knowledge further down the implementation line and address the needs of all people, particularly the most needy. The wealth of intellectual capital coming together through WKC's networks augurs well for the findings of the research to be utilized through the innovative types of approaches advocated by WKC.

WKC PUBLICATIONS IN 1999–2002

1998

Ageing and Health: A Global Challenge for the 21st Century. Proceedings of a Symposium, Kobe, 10–13 November 1998.

1999

Global Atlas on Violence and Health. 1999.

Active Life – Positive Ageing. Proceedings of a Symposium, 7 April 1999. (Japanese only)

Report of the International Meeting on Cities and Health. Kobe, Japan, 5–7 May 1999.

Tobacco or Health: It's time to leave the pack behind. Report of an International Symposium, Kobe, Japan, 31 May 1999.

Report of the International Consultative Meeting on Healthy Ageing Development. Kobe, Japan, 1–3 September 1999.

Violence and Health. Proceedings of a Global Symposium, Kobe, Japan, 12–13 October 1999.

Traditional Medicine: Its contribution to human health development in the new century. Report of an International Symposium, Kobe, Japan, 6 November 1999.

World AIDS Campaign with Children and Young People. Meeting report on an International Symposium, Kobe, Japan, 29 November 1999.

Annual Report of the WHO Centre for Health Development 1999. (English and Japanese)

2000

Global Parasite Control for the 21st Century. Meeting Report of the G8 Follow-up International Symposium: Hashimoto Initiative, 27 March 2000.

Women and Health: Better health and welfare systems: women's perspectives. Proceedings of an International Meeting, Awaji Island, Japan, 5–7 April 2000.

Global Meeting on Cities and Health. Meeting report, Kobe, Japan, 29–31 May 2000.

Community Health Care in Ageing Societies. Proceedings of an International Meeting, Shanghai, China, 12–14 June 2000. (English and Chinese)

Traditional Medicine: Better Science, Policy and Services for Health Development. Proceedings of an International Symposium, Awaji Island, Japan, 11–13 September 2000.

Health and Welfare Systems Development in the 21st Century. Proceedings of a Global Symposium, Kobe, Japan, 1–3 November 2000.

Annual Report of the WHO Centre for Health Development 2000. (English and Japanese)

2001

Private Sector Involvement in City Health Systems. Proceedings of a Consultative Meeting, Dunedin, New Zealand, 14–16 February 2001.

Global Health Expectancy Research among Older People. Ageing and Health Technical Report (1). March 2001.

A Framework for Understanding Community Health Care in Ageing Societies. Ageing and Health Technical Report (2). March 2001.

Women and Health: Maximizing Women's Capacities and Leadership. Proceedings of the Second International Meeting, Canberra, Australia, 4–6 April 2001.

Good Oral Health in Ageing Societies: Filling the Gap between Dental Health and Life Expectancy. Proceedings of an International Symposium, Tokyo, Japan, 2 June 2001.

Second Global Meeting on Cities and Health Management of Priority Health Issues. Proceedings of the Second Global Meeting, Awaji Island, Japan, 26–28 June 2001.

Community Health Care for Older Persons in Urban Areas. Proceedings of an International Meeting, Bangkok, Thailand, 10–12 July 2001.

International Meeting on Cities and Health, Towards the Betterment of Citizens' Health and Welfare Systems. Proceedings of an International Meeting, Mississauga, Canada, 3–5 September 2001.

Global Information on Traditional Medicine/Complementary and Alternative Medicine Practices and Utilization. Proceedings of an International Consultative Meeting, Kobe, Japan, 19–21 September 2001.

Health and Welfare Systems Development in the 21st Century. Proceedings of the Second Global Symposium, Kobe, Japan, 29–31 October 2001.

Good Oral Health in Ageing Societies: to Keep Healthy Teeth for Your Healthy Life. Proceedings of an International Symposium, Kobe, Japan, 10 November 2001.

Urban Violence and Health: Determinants and Management. Report on A Study in Jakarta, Karachi and Conurbation Ruhrgebiet, 2001.

Annual Report of the WHO Centre for Health Development 2001. (English and Japanese)

2002

Cities and Health: Summit on TB Control. Meeting Report, Osaka, Japan, 20 February 2002. (English and Japanese)

Development of Health and Welfare Systems - Adjusting to Ageing. Proceedings of the WHO Kobe Centre thematic activities at the Valencia Forum, Valencia, Spain, 1–4 April 2002.

Women and Health. Report of the Third International Meeting, Kobe, Japan, 8–10 April 2002.

WKC Partnership Model: The Mississauga Model: Bridging the gap between policy and research as City and University meet. Technical Report, 2002. (English and Japanese)

The Solidarity Triangle and Community Health: A pilot evaluative study of Costa Rica's participatory development strategy. Technical Report, 2002. (English and Japanese)

Global Review on Oral Health in Ageing Societies. Ageing and Health Technical Report (3). October 2002.