

Annual Report 2006



**World Health
Organization**

**Centre for Health Development
Kobe, Japan**

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Foreword

I have much pleasure in presenting the 2006 Annual Report of the WHO Centre for Health Development (WHO Kobe Centre – WKC), covering the first year of our new 10-year strategic research direction under the banner of “Healthy Urbanization”.

In 2004–2005, the Centre undertook a process of consultation with its partners and the scientific community to gain perspective on its work for the period 2006–2015. An ad hoc Research Advisory Group and associated subgroups were convened to delineate the most important research questions related to health and ageing, urbanization, technological innovation and environmental change.

The product of this process was “A Proposed Research Framework for the WHO Centre for Health Development.”¹ The Framework served as a scientific reference in the development, by WHO and the Kobe Group,² of the renewed Memorandum of Understanding to 2015 and the Centre’s future research plans.

The process illuminated the importance of urbanization as a cross-cutting driving force and the key role that cities and urban municipalities are beginning to play as drivers of social change. There was consensus on the need for interdisciplinary research on priority public health issues affecting urban settings, particularly in relation to exposed populations including the poor, the elderly, women and children. It was recognized that the character of these settings in the 21st century is changing rapidly, and that the increasing complexity of the factors of change and their impact on health and well-being is not well understood.

The need to focus on the health and well-being of exposed populations in the context of urbanization and globalization raises the problem of health inequity, a theme noted in all of the discussions. A significant amount of attention during the ad hoc Research Advisory Group process in general, and in the Urbanization and Health subgroup in particular, was given to the importance of the social determinants of health in relation to health inequity and the role of health governance as a critical pathway by which social conditions translate into health impacts.

Based on these deliberations, further discussion with members of the Kobe Group, and the selection of the WHO Kobe Centre as the hub for the Commission on Social Determinants of Health’s Knowledge Network on Urban Settings, the Centre initiated research activities with a major emphasis on urban settings at the beginning of 2006. This Annual Report therefore reflects the beginning of this exciting and challenging journey to the heart of Healthy Urbanization, guided by our vision of “healthier people in healthier environments”.

Dr Soichiro Iwao, Director
WHO Centre for Health Development

1. WHO Centre for Health Development. *Health in Development – Healthier People in Healthier Environments. A Proposed Research Framework for the WHO Centre for Health Development*. Kobe, Japan, August 2004.

2. The Kobe Group provides funding for the operations of the Centre and is comprised of Hyogo Prefecture, Kobe City, the Kobe Chamber of Commerce and Industry and Kobe Steel, Ltd.



1.0 Introduction

1.1 Background

Following a decision by the Executive Board of the World Health Organization in 1995, a Memorandum of Understanding (MOU) between the World Health Organization (WHO) and the Kobe Group established the WHO Centre for Health Development. The Centre was directed to concentrate on issues relating to health development, with particular emphasis on health care delivery and urbanization, delineating the place of health systems in society, determining the links between population, economy, environment and health, and assessing health needs from development perspectives. Recognition was given to the importance of improving scientific knowledge on the interrelatedness of social, cultural, economic, demographic, epidemiologic and environmental factors and their effects on health development, in order to support policy decisions.

With a view towards negotiating an extension of WHO's initial ten-year MOU with the Kobe Group in 2005, the Centre's 2004 Annual Report noted that:

2004 presented a window of opportunity ... for the Centre to take stock of the past, to envisage the changes needed for the future and to begin the process of transformation that will help the Centre to position itself in a world where health needs continue to increase despite limited resources for health research.

The Annual Report for 2005 reflected the continuation and conclusion of this initial transformation process, noting particularly:

- the extension of the MOU between the Kobe Group and WHO for the period 2006–2015, and
- the adoption of a new strategic research agenda for the future that recognizes the central importance of health in achieving development goals: "Strategic Directions of the WHO Centre for Health Development 2006–2015".

This Annual Report for 2006 highlights the beginning of the Centre's journey under this new research agenda in pursuit of a vision of "healthier people in healthier environments."

1.2 Mission and strategic focus

As an integral part of the Secretariat of WHO, the WKC has a global mandate to conduct research into the health consequences of social, economic, environmental and technological changes and their implications for health policy development and implementation. The Centre also has a unique local calling centred on its founding and sustaining relationship with the Kobe Group. In this context, the WKC responds to local concerns and needs by utilizing international knowledge and experience, and delineating local and national findings for global application.

In seeking to fulfill its global mandate and respond to its unique local calling, the mission of the WHO Centre for Health Development is to ***nurture, support and sustain excellence and innovation in public health research on health in development by:***

- conducting multidisciplinary and intersectoral research to generate evidence that will inform decision-making;

- promoting the development and implementation of sound public health policy and practice;
- enhancing the development of leadership in public health, and
- facilitating the development of partnerships that improve public health at the global, national and local level.

In carrying out this mission, the strategic focus of the Centre's work can be described as:

- monitoring and responding to "felt needs" – aiming to complement the findings of epidemiological and public health research with information about the needs felt by exposed populations.
- packaging knowledge from a health equity perspective to inform policy and practice – to reduce health inequity by improving health governance.
- developing new knowledge to address existing and emerging areas of vulnerability – to identify and advocate effective responses and interventions in relation to driving forces.

The Centre's work is carried out with a major emphasis on urban settings, mindful of the "globalization-urbanization interface" that exists in these settings, with the overall aim of reducing health inequity by optimizing the impact of social determinants of health on exposed populations.

2.0 Programme overview

2.1 *The first ten years: 1996–2005*

Amid increasing concern over how economic growth and development models had produced both positive and negative impacts on health, the 1995 Executive Board Decision directed the Centre to focus its research activities on issues relating to health and development.

During its first ten years, the Centre concentrated on raising awareness and promoting international exchange and understanding on issues related to these themes, specifically cities and health, ageing and health (with a subprogramme on traditional medicine), and health and welfare systems development (with a subprogramme on women and health). Scientific meetings, research forums, consultations and symposiums were undertaken with participants from more than 85 countries representing national and local policy- and decision-makers, leaders, academics, scientists and other stakeholders.

In June 2005, the Memorandum of Understanding between WHO and the Kobe Group was extended for a further ten years. It was agreed that future work would build on the lessons learned in the past while preparing to meet the challenges of the future.

In 2004–2005, the Centre undertook a process of consultation with its partners and the scientific community to gain perspective on its future work for the period 2006–2015. The ad hoc Research Advisory Group and three associated subgroups were convened to delineate the most important research questions related to:

1. Ageing and health;
2. Urbanization and health;
3. Technological innovation, environmental change and health.



The product of this process was “A Proposed Research Framework for the WHO Centre for Health Development.” This served as the guiding document for negotiation by WHO and the Kobe Group of the ten-year extension of the Memorandum of Understanding, and will continue to serve as a valuable scientific reference for the future development of the Centre’s biennial plans of work for the period 2006–2015.

2.2 Strategic directions 2006–2015

Subsequent consultations among the staff and stakeholders of the WHO Kobe Centre indicated the need for a clear long-term research strategy based on the proposed Research Framework. The resulting strategy is described in the document, “Strategic Directions for the WHO Centre for Health Development for 2006–2015” that was developed to guide the Centre’s research future. This document, along with the Plan of Work for 2006–2007, was endorsed by the Ninth Meeting of the Advisory Committee of the WHO Kobe Centre to Dr J.W. Lee, the former Director-General, and accepted by him in December 2005.

Since its inception, the theme of the Centre’s research framework has been “Health in development.” This theme highlights the central importance of health in achieving development goals. It recognizes that the interrelatedness of health and the development process is not limited to developing countries alone. Developed countries also face serious challenges to health resulting from advances or reversals in socioeconomic development.

The development process is dynamic. In the 21st century, development is shaped by “driving forces” that impact health. Among the most important of these driving forces are urbanization, ageing and demographic change, environmental change and technological innovations, as shown in Figure 1. The interaction of these driving forces and the resultant impact on health are not yet well understood.

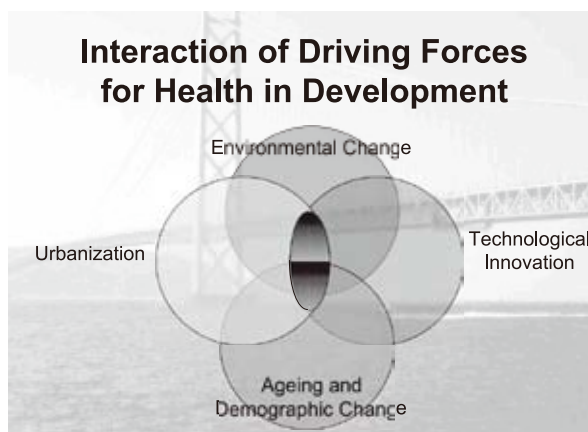


Figure 1: Aspects of development that affect health and their overlap

The interaction between health and development must be viewed in relation to different driving forces. A model is provided in Figure 2 to show how health in development is affected by driving forces that act as determinants of health.

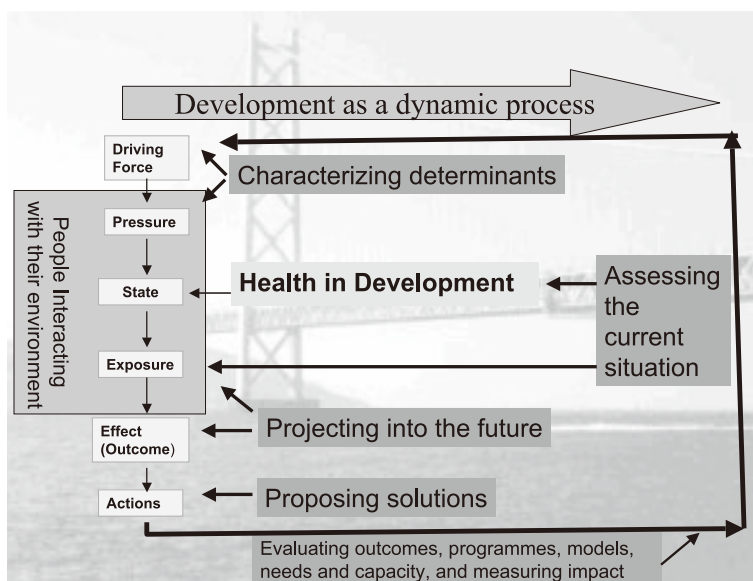


Figure 2: A model of how health in development is affected by driving forces

Five critical areas for research are identified in the model. These five areas represent entry points or steps toward an integrated process for deriving new knowledge and information and may be pursued individually or simultaneously in order to understand the complex interaction between health, development and driving forces. These areas are:

- characterizing the determinants of health of populations;
- assessing the situation;
- projecting into the future;
- providing solutions, and
- evaluating outcomes and measuring impact.

Based on this model, the Centre's research work over the next ten years will focus on the interaction between human communities, driving forces and health in urban settings. Urbanization, as a major factor affecting health, needs to be addressed systematically. The driving forces of urbanization, environmental change, ageing and demographic change, and technological innovation all converge and are most prominent in today's cities. Currently, the WHO Kobe Centre is the sole research organization with a global mandate within the World Health Organization that is specifically focused on addressing this urgent, complex and critical arena of public health research, mindful of the "globalization-urbanization interface" that exists in these settings, with the overall aim of reducing health inequity.



2.3 Plan of Work for 2006–2007

Over the next ten years, the emphasis of the Centre's projects will be on applied and participatory public health research that demonstrates how evidence can be generated to support policy initiatives that improve health governance and reduce health inequity at municipal level. This work is being supported initially through six Healthy Urbanization Field Research Sites in Member States: Suzhou, China; San Joaquin, Chile; Bangalore, India; Kobe/Hyogo, Japan; Nakuru, Kenya and Ariana, Tunisia.

The three new research projects commenced under the 2006–2007 Plan of Work are:

1. The Healthy Urbanization Project subtitled, "Optimizing the impact of social determinants of health on exposed populations in urban settings" (note that the project name was changed from "Core Project" to the more descriptive "Healthy Urbanization Project" in the course of the Project Steering Committee meeting, 30 May – 2 June 2006), and
2. Two additional Priority Projects:
 - A. "Preparing health facilities for disasters in cities" and
 - B. "The effect of urbanization on selected risk factors for noncommunicable diseases."

These projects lay the foundation for an emerging global research agenda on urbanization and health equity for the World Health Organization.

Such an ambitious global research agenda cannot be achieved by one institution alone. Hence, the WHO Kobe Centre continues to harness its strategic geographic location in the Asia-Pacific region to consolidate a global base for research operations in Kobe City and Hyogo Prefecture.

In carrying out its global mandate, the Centre is collaborating with WHO Regional and Country offices on programmes and projects related to urbanization and health equity, such as the Healthy Cities programme, as well as with the WHO European Office for Investment for Health and Development in Venice, Italy, and the European Centre for Environment and Health in Rome, Italy.

The WHO Kobe Centre is also serving as the hub of the Knowledge Network on Urban Settings of the WHO Commission on Social Determinants of Health (KNUS, CSDH). In this regard, it is playing an important role in research and policy advocacy on health inequity in urban settings.

The Centre will continue to support the work and derive knowledge from a global policy network on health and health equity in urban settings beyond the life of the Commission.



WKC organized the Second KNUS meeting held in Dar es Salaam, United Republic of Tanzania, 1–4 November 2006.

3.0 Project reports



3.1 Healthy Urbanization Project: Optimizing the impact of social determinants of health on exposed populations in urban settings

Background

The WHO Kobe Centre's Healthy Urbanization Project has the overall aim of reducing health inequity in urban settings.

The project confronts not only the issue of the widening gap in the health of people who live in cities but also the yawning chasm between knowledge and action by applying the "evidence-informed policy and practice pathway model" developed by AB Zwi and S Bowen in their 2005 article, "Pathways to "evidence-informed" policy and practice: a framework for action" (*PLoS Medicine* 2(7):e166) and action-research methods. These methods engage stakeholders in the process of identifying key social determinants and exposed populations in their municipality and assist them in developing strategies to shift these determinants, using multi-sector and participatory approaches, in ways that enhance health equity.

The project uses capacity-building as an entry point for working with field research sites. Through participation in a "Healthy Urbanization Learning Circle", key stakeholders are provided with opportunities to further enhance their leadership skills, work across sectors and improve the quality of their work with the health sector in addressing the broad determinants of health.

The project is grounded in the five principles of health promotion stated in the Ottawa Charter: building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

The focus on optimizing the impact of social determinants on exposed populations contributes directly to knowledge and action on social justice and health. A health promotion approach and the use of capacity-building as an entry point for action at the local level are intended to contribute to narrowing the gaps in knowledge and implementation. The project includes the activities of the Knowledge Network on Urban Settings, a global network of experts and stakeholders who are synthesizing knowledge and evidence that will help deal with the tough issues that link urbanization to globalization, the roles of other sectors in securing health for a billion slum-dwellers and informal settlers, and the need for balancing economic, social, cultural and political development in cities.





Objectives

The specific objectives of the Healthy Urbanization Project are to:

1. Develop strategies to reduce health inequity in urban settings;
2. Demonstrate the applicability of strategies for reducing health inequity among exposed populations in urban settings;
3. Build capacity for reducing health inequity in urban settings; and,
4. Advocate the reduction of health inequity in urban settings.

These objectives are proposed to be linked to specific strategic objectives under WHO's organization-wide Medium-term Strategic Plan, including, among others:

WHO Strategic Objective 7: Address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches, and

WHO Strategic Objective 8: Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

The project objectives are also linked to other Strategic Objectives in the Plan as they relate to local interventions in cities and other urban areas.

Highlights of achievements

In 2006, efforts were focused on setting up the project within the WHO Kobe Centre and selected field sites; organizing steering committees at global and local levels; developing "Guidelines for Action" to guide the implementation of activities at the sites; organizing and building a database of frameworks, guidelines and best practices; organizing an in-house database; piloting and field-testing tools for analysis; using these tools for undertaking action-research in field research sites, and hiring local contractors to assist with capacity building and advocacy at the sites.

Achievements under Objective 1

A draft "Research Framework on Healthy Urbanization" was developed and continues to evolve as a guide for research activities at the WHO Kobe Centre and the Healthy Urbanization Field Research Sites. In 2006, sites were initiated in Chile, India and Japan, and are scheduled to be established in China, Kenya and Tunisia in 2007. Tools have been developed to conduct a quick assessment of "social perceptions" about the urbanization process and its impact on health. A draft glossary of terms and concepts was also developed to promote wider discourse on the subject in the scientific community, as well as to supplement advocacy efforts in the political domain. The development of tools for projecting future trends also started. Reflecting the growing urgency of the climate issue as a public health issue, knowledge about heat waves, floods and the impact of climate change on human health in cities was synthesized and transformed into training modules which were piloted and field-tested with municipal health officials from six Asian cities at Chulabhorn Research Institute in Bangkok, Thailand, 29–31 August.

As a parallel effort, global knowledge on social determinants in the urban setting was synthesized through the work of KNUS. Two meetings of the Knowledge Network were held. As a result, 14 thematic papers were prepared, reviewed, critiqued and summarized for the

Commission on Social Determinants of Health. A growing database of secondary information has been organized based on literature reviews conducted to support the work of KNUS and the Healthy Urbanization Project.

Achievements under Objective 2

Three of six Healthy Urbanization Field Research Sites have been set up and organized in close collaboration with regional and country counterparts in WHO: San Joaquin, Santiago (Chile), Bangalore (India) and Kobe/Hyogo (Japan). For each site, a scoping paper on social determinants of health was prepared and used to identify key issues and potential stakeholders of the project. The first global Project Steering Committee meeting was held 29 May – 2 June 2006 and local project steering committee meetings were organized at each site. Action-research projects are at various stages of development in the three municipalities.



Achievements under Objective 3

The capacity-building component of the project was packaged as the “Healthy Urbanization Learning Circle” (HULC). Internal workshops were held to transform existing health promotion leadership training materials (*Prolead* – see 3.1.2 for further details) into a package that would focus on social determinants and the elements of healthy urbanization. The HULC training curriculum and a training-of-trainers programme were piloted and evaluated in Chile in September; the training process commenced subsequently in Bangalore, India. The materials have been adopted for use at municipal level in San Joaquin.

Achievements under Objective 4

A communication and advocacy strategy has been drafted for the project. Brochures and pamphlets on the project were produced and disseminated to stakeholders and partners within WHO, international agencies and other institutions. The Centre worked closely with the Alliance for Healthy Cities and, as a result, mayors from the six sites were invited to participate in the second conference of the Alliance of Healthy Cities in Suzhou, China, 28–30 October 2006. At a WKC-organized Symposium on Healthy Urbanization on 29 October, the mayors made presentations and discussed how they were addressing social determinants of health in their cities before signing a joint statement in support of healthy urbanization. Information about the Healthy Urbanization Project has also been presented in various international forums and conferences. Technical support was provided to local project steering committees for the development of local mobilization and advocacy activities. Advocacy activities were also implemented targeting local stakeholders in Kobe City and Hyogo Prefecture, Japan. An “e-case study” is being developed on the site in Bangalore in collaboration with the United Nations University in Tokyo, Japan. The e-case study will consist of a short documentary on an issue relevant to the project in Bangalore and course material that will be made available online.



3.1.1 Health Governance Research

Background

Health is an essential indicator of development, and the urban setting provides a unique environment to observe, study and promote health. The driving forces of ageing, demographic change, scope and depth of urbanization, environmental change and technological innovation create conditions for both health improvement and impairment. To achieve development goals, interdependent health and welfare systems must respond in timely, appropriate and creative ways that address both the biomedical issues of health and health governance. Health governance reflects the existing social situation and acts as one of the principal mechanisms for affecting the social determinants of health equity. The search for appropriate, practical and operational means of improving health governance is the focus of the health governance research component of the Healthy Urbanization Project.

Objective

The Health Governance Research component of the Healthy Urbanization Project is intended to explore effective actions that will optimize social determinants of health in relation to policy, strategy and operations at all levels in urban settings with the overall aim of improving health equity.

Highlights of achievements

The first meeting of the global Project Steering Committee, as noted above, reviewed plans for 2006–2007 project activities, a draft operational manual for use at the field sites and plans for 2008–2009. The participants then developed a Project Implementation Plan and suggested several research questions. Subsequently, this preliminary work of the Project Steering Committee was further developed in consultation with selected project partners at field research sites. A draft research protocol was prepared, and it was circulated for comment as part of the start-up of the first field research site in Chile.

3.1.2 Best Practice Research

Background

In 2006–2007, this project component focuses on three elements: (1) completion of Module 3, the final stage of ***Prolead II, a health governance initiative***; (2) technical collaboration with WHO HQ and regional offices for the uptake of Prolead principles and lessons learned in capacity-building for health promotion and (3) creation of a database of examples of good and best practice municipal-level interventions aimed at optimizing the social determinants of health and reducing health inequity.



Completion of Module 3, *Prolead II*

Module 3 of *Prolead II* was conducted from 17–18 May 2006 at WHO Kobe Centre. Participants from India, Japan, Lebanon, Oman, Republic of Korea, Viet Nam and a team from the academic network of South-East Asian ministries of health and education presented the outcomes of their local projects, planned and developed during Modules 1 and 2.

Collaboration with HQ and regional offices for the uptake of *Prolead*

During the biennium, technical collaboration with Headquarters and regional offices to ensure that the *Prolead* principles and lessons learned in capacity building for health promotion reach a wider audience is being pursued through information exchange, technical support and advocacy.

Creation of a database of good and best practice

The Centre is developing a database of good and best practice interventions that contribute to reducing inequities in health at the municipal level by optimizing the impact of social determinants of health. In doing this, the Healthy Urbanization Project uses a “learning-by-doing” approach that emphasizes the importance of engaging people who are actually dealing with urban health equity issues in identifying and documenting effective interventions. Two principal mechanisms comprise the database development process: a literature review and a capacity-building programme that serves as an entry point for identifying and further developing effective interventions.

The literature review is being done by WHO Kobe Centre staff as an integral part of the work of KNUS.

The Healthy Urbanization Learning Circle capacity-building programme follows the *Prolead* model and mainly focuses on development in areas such as leadership, interpersonal and personal skills and quality management. It is intended that participants in the programme be in decision-making or policy advisory positions.

The objectives of the Best Practice Research component of the Healthy Urbanization Project are to:

- build and enhance capacity for reducing health inequity through training, mentoring and technical assistance;
- identify, record and disseminate information on successful examples of interventions (i.e. initiatives, programmes and policies) that contribute to linking healthy urbanization, social determinants and health promotion at the local level;
- mainstream healthy urbanization locally, and
- share and scale up effective interventions nationally and globally.

Highlights of achievements

***Prolead II* completion**

Based on its successful completion of *Prolead II* as noted above, discussions are underway between the WHO Kobe Centre and WHO's Eastern Mediterranean Regional Office regarding the possibility of scaling up the programme throughout the Region.



Healthy Urbanization Learning Circles

Generic curriculum

The Healthy Urbanization Learning Circle is a nine-month capacity-building programme composed of four modules. A specific training package was developed for each of the modules. Module 1 is comprised of three days of training on key concepts of leadership, urbanization, governance and equity. It also includes the development of an applied research project proposal aimed at enhancing some aspect of health equity in the participants' local setting.

The purpose of Module 1 is to provide participants with a clear understanding of:

- the Healthy Urbanization Project and Learning Circle concepts;
- how the urbanization process affects health equity;
- how to enhance their effectiveness as leaders for taking action on social determinants of health;
- how leaders can enhance governance to promote health equity;
- the relevance of stakeholders and how to be more responsive to their needs, expectations and values;
- tools to conduct an analysis of the current health situation and better define the causes of ill health, and
- the principles and concepts of total quality management.



The HULC teaching materials were pre-tested with an education consultant

Module 2 is also a three-day training session. Participants report on the progress made in finalizing their project proposals and initiating implementation. The content of Module 2 aims to support the participants in carrying their projects forward (e.g. in relation to resource mobilization, strategic communication and working with public and private partners). The module is followed by a five-month period of intense project implementation.

The purpose of Module 2 is to provide participants with an understanding of:

- how to design an effective strategic plan to promote health equity;
- how and where to obtain further social support;
- how to ensure sustainable financial resources for activities;
- how to design an intervention to promote health equity, and
- how to effectively disseminate information about the project.

Module 3 consists of three days of training, including project progress reports by the participants. The training covers topics that will support the participants in carrying their projects forward such as management of change and conflict resolution. This module is followed by a four-month period of intensive project implementation. Finally, Module 4, which lasts two days and focuses on project outcomes, is the graduation module.

The generic curriculum for Modules 1 and 2 was pre-tested in the San Joaquin, Chile HULC in September and October, culturally adapted to the local context and translated into Spanish.

A workbook for training the trainers

Discussions at the Project Steering Meeting in the middle of the year concluded that the HULC capacity building component ought to be implemented through a local training partner to:

- help overcome language and cultural barriers;
- allow for implementation of the capacity building component simultaneously in different field research sites;
- enhance the sense of local ownership of the project.

In light of this, a workbook that includes lesson plans and notes for the facilitators was developed for the use of local training partner institutions. A reading resource book has also been prepared for trainers to provide further background information on the theoretical concepts included in the training package.

Piloting the Healthy Urbanization Learning Circle programme

The HULC programme was piloted in the municipality of San Joaquin in collaboration with the Ministry of Health, the Ministry of Housing, the Department of Psychology, Diego Portales University and the School of Public Health, University of Chile. The training took place from 23–26 October 2006 at Diego Portales University. Thirty-two participants were invited representing four different regions of the Regional Secretariat of the Ministry of Health in Chile (SEREMIS) with a view towards scaling up the project and strengthening the ongoing national programme on social determinants of health.



Seven local applied research projects were developed by the participants, with most using a community-level intervention as the entry point for mainstreaming healthy urbanization. In Module 1 the participants identified the strengthening of multi-sector collaboration as the key intervention for optimizing the social determinants of health. A pilot Internet-based distance coaching platform has been developed to assist HULC teams in the implementation of their projects. It is hosted by the University of Diego Portales.

HULC is to be progressively implemented in other Healthy Urbanization Field Research Sites from 2007.

3.1.3 Knowledge Management

Background

To achieve the objectives of the Healthy Urbanization Project, knowledge related to strategies, research methods and interventions needs to be systematically and efficiently organized to give researchers, implementers and decision-makers easy access to strategic information. The products expected from the Knowledge Management component in 2006–2007 are:

1. An interactive, Internet-based evidence base, termed the “Well of Knowledge”;
2. A report on the evidence of the effectiveness of healthy settings approaches, including Healthy Cities, in optimizing social determinants of health;
3. A global directory of stakeholders involved in integrated approaches, such as Healthy Cities, to reducing health inequity in urban settings.



Objectives

The Knowledge Management component of the Healthy Urbanization Project aims to organize knowledge in a systematic and efficient manner to give researchers, implementers and decision-makers easy access to strategic information for improving health and enhancing health equity in urban settings.

Highlights of achievements

As a method of managing knowledge, the WHO Kobe Centre has established an electronic databank called the Well of Knowledge. Materials are systematically categorized based on WHO's library catalogue standards, and basic information is entered along with keywords. To date, about 800 references have been processed for cataloguing in a user-friendly searchable format.

A system of electronic folders for documents and other materials has been created to facilitate the sharing of information among WKC staff, consultants and stakeholders. A reading room with Internet access has been created for staff to facilitate their access to books, journals, statistical data, magazines and newsletters.

Access to a number of other information databases and sharing mechanisms has been provided. These include:

- the MetaLib database that is currently used by staff, consultants and advisers who have been provided with a login-name and password. MetaLib enables cross-searching among multiple databases.
- the World Health Organization's SharePoint information site that enables the exchange of knowledge and information among the members of Commission on Social Determinants of Health and members of the Commission's various Knowledge Networks.
- the United Nations Environment Programme's ESTIS network. ESTIS is a multi-language, Information System (IS) management tool to assist the transfer of Environmentally Sound Technologies (EST).

The WHO Kobe Centre facilitates access to these mechanisms, as well as other information and knowledge, through its website, <http://www.who.or.jp/>.

3.1.4 Policy Advocacy

Background

The Policy Advocacy component of the Healthy Urbanization Project consists of developing and applying principles of strategic communication and advocacy to influence health governance at all levels. A multi-disciplinary, cross-sector approach to policy advocacy is crucial to the Project's overall aim of optimizing the impact of social determinants of health on exposed populations in urban settings.

In addition, the Policy Advocacy component is intended to provide effective liaison with other WHO programmes and offices, as well as with other organizations and Project stakeholders.

Advocacy materials for the project have been published and distributed to key stakeholders at the Healthy Urbanization Field Research Sites, the members of the Knowledge Network on Urban Settings, the local project steering committees at the Field Research Sites, other

organizations sharing common interests such as UN-HABITAT and the World Bank, and other networks with related programmes.

Local communication and advocacy activities have also been developed by the public information unit of Policy Advocacy. Enquiries concerning the work of WHO in general and the Kobe Centre in particular come from the Japanese media, academic institutions, professional associations, schools, local governments and the private sector. In addition to immediate answers by telephone or email, responses to these requests take the form of observation visits to the Centre where students and other interested parties receive an overview of research activities, interviews, telephone conferences and technical presentations by the Centre's staff.



Objectives

The specific objectives of the Policy Advocacy component of the Healthy Urbanization Project are to:

1. Develop and implement setting-specific communication and advocacy strategies in support of Healthy Urbanization Field Research Sites;
2. Develop locally-relevant communication and advocacy materials that respond to the needs and interests of key stakeholders and decision-makers, and
3. Develop nationally and globally relevant communication and advocacy materials that engage key stakeholders and decision-makers in efforts to reduce health inequity.

Highlights of achievements

Advocacy materials were developed, published and distributed to WHO Kobe Centre stakeholders and partners on the healthy urbanization concept, the Centre's three projects, and the work of the Knowledge Network on Urban Settings.

Other public information materials produced in 2006 included: a leaflet outlining the 2005 Bangkok Charter (a global health promotion mandate); the Centre's 2005 Annual Report, and a new 10-minute DVD entitled "Healthy Urbanization" profiling the projects started in 2006 and available in Japanese and English versions.

Advocacy also included the signing of a Statement of Cooperation to support the Healthy Urbanization Project by Mayors from the six Healthy Urbanization Field Research Sites during the 2nd Conference of the Alliance of Healthy Cities in Suzhou, China (28–30 October 2006). Adoption of the Healthy Urbanization Learning Circle curriculum by municipal governments was further facilitated and supported through mobilizing local project steering committees and advocating the concepts of healthy urbanization to their members.



World Health Day symposium on urbanization and health organized for the public on 7 April, under the 2006 theme of "Working together for health".



3.2 Priority Project A: Preparing health facilities for disasters in cities

Background

Health in a changing global environment is increasingly seen as a key aspect of human security and occupies a prominent place in debates on the priorities for development. Indeed, two of the seven identified priority areas in the WHO 11th General Programme of Work 2006–2015 are building individual and global health security and harnessing knowledge, science and technology.

In this context, WHO will continue to respond to health emergencies, crises and conflicts, including support for development of national emergency and preparedness plans and plans for implementing transition and recovery actions after conflicts and disasters. It will also perform its core function of shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge.

In line with the WHO priority of strengthening global health security and consistent with the Hyogo Framework for Action 2005–2015, developed as a result of the UN World Conference on Disaster Reduction, the WHO Kobe Centre has undertaken a new priority project for the 2006–2007 biennium entitled “Preparing health facilities for disasters in cities”. This project complements the Centre’s emphasis on building consensus for a global research agenda on urbanization and health.

The project seeks to contribute to the generation and dissemination of scientific knowledge on how priorities for disaster reduction actions can best be embedded in emergency preparedness policies and programmes of selected health facilities and eventually throughout health systems.

Objectives

The objectives of the project are to:

1. Conduct a situational analysis on the preparedness of selected health facilities to withstand and respond to disasters;
2. Characterize the features and attributes of effective health facility disaster preparedness policies and programmes, and
3. Advocate effective health facility disaster preparedness policies and programmes within the context of health systems development, using the disaster risk reduction framework.



The project is linked to two WHO Organization-wide Expected Results:

- Operational presence in countries strengthened in order to collaborate with Member States and stakeholders in preparing and responding to the health aspects of crises and in formulating and implementing recovery, rehabilitation and mitigation policies;
- Better knowledge and evidence for health decision-making, by consolidation and publication of existing evidence and facilitation of knowledge in priority areas.

It is also linked to two Organization-wide Strategic Objectives: (1) “to reduce the health

consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact;” and (2) “to promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.”

Highlights of achievements

Six products are intended for delivery in the 2006–2007 biennium. Progress on these products in 2006 was as follows:

Completion of a literature review on disaster risk reduction and preparedness of health facilities (Product 1). The literature review validated the project’s focus on governance, risk identification, knowledge management, risk reduction measures and preparedness for an effective response.

Ongoing work on a methodology for assessing health facility preparedness for withstanding and responding to disasters (Product 2). A survey questionnaire was sent to 91 hospitals in Kobe City (with 19 responses) and interviews were conducted with the focal points of two hospitals. In general, based on data and information gathered, the goal of establishing a database is, at present, not achievable and disaster risk reduction still needs to be advocated among the hospitals.

An assessment report on selected disaster preparedness policies and programmes and associated good practice guidelines (Product 3). This work will be carried out in 2007.

An initial inventory of health facilities in Kobe City, Hyogo Prefecture, Japan that are structurally and programmatically prepared for withstanding and responding to disasters (Product 4). This work will be carried out in 2007.

Ongoing work on a local database of experts and resources for health facilities in preparing for and responding to disasters in Kobe City, Hyogo Prefecture, Japan (Product 5). Preliminary data from the Kobe City survey covering 19 hospitals and interviews conducted at Hyogo Emergency Medical Center and Kobe City General Hospital showed that both hospitals could initially serve as resource centres using domestic experts. However, as noted above, establishing a comprehensive area-wide database will require significant advocacy work among local hospitals.

Ongoing work on strategic communication and advocacy instruments (Product 6). A brochure was produced promoting the role being played by health facilities in containing and responding to emergencies and disasters. It was also emphasized that building hospitals and clinics so that they are safe from disasters is not an impossible mission and represents a cost-effective investment.

Additionally, in collaboration with the Government of Canada and the Ageing and Life Course Programme in HQ, support for developing a case study report of the Great Hanshin-Awaji earthquake was provided as part of a global project on older persons in emergency situations.

Finally, a report was compiled by an intern on the need to improve accessibility to health services for those at a linguistic disadvantage in urban areas as part of disaster preparedness. Based on a survey of foreign residents in Kobe, the document looked at how non-Japanese speakers might be hampered and endangered in a time of emergency by the unavailability of non-Japanese language information, using the 1995 earthquake as an example.



3.3 Priority Project B: The effect of urbanization on selected risk factors for noncommunicable diseases

Background

A significant portion of the globally rising burden of disease is due to chronic noncommunicable diseases (NCDs) – primarily cardiovascular diseases, cancer, chronic respiratory disease, diabetes and hypertension. These are related to individual lifestyles, but influenced by changing physical and social environments. NCDs now make up 60% of global deaths by all causes (35 out of 58 million) and 48% of the global burden of disease in 2005. Globally, 80% of NCD deaths occur in low- and middle-income countries.

Urbanization is now a truly global phenomenon. From a demographic perspective, this is reflected in the stream of rural-urban migration. From a socioeconomic perspective, it is reflected in rapidly changing physical and social environments, particularly in the developing world. Thus, the notion that better opportunities for health and other life improvements can always be attained in an urban setting is being challenged. Cities and municipalities are often not equipped with good knowledge and policy options to cope with the rate of change, as well as the associated social, political and environmental ramifications.

Recognizing the importance of chronic NCDs as an issue of current and immediate public health interest, a Priority Project on “The effect of urbanization on selected risk factors for noncommunicable diseases” was established as part the 2006–2007 Plan of Work.

Objectives

“The effect of urbanization on selected risk factors for noncommunicable diseases” is an integral part of the Centre’s focus on urbanization and health, with a particular emphasis on enhancing health equity. The project also contributes to the WHO global priority area of work on chronic NCD surveillance, prevention and management.

Specific objectives are to:

1. Systematically review existing evidence and knowledge on associations between the demographic dimensions of urbanization, social and environmental determinants of health and risk factors for NCDs;
2. Develop a research methodology for identifying vulnerable populations (e.g. urban migrants) and comparing their relative risks for NCDs with reference to less vulnerable groups;
3. Study the interactions between lifestyle and environment for vulnerable populations and examine the associations between the demographic dimensions of urbanization, the social and environmental determinants of health and risk factors for NCDs; and,
4. Determine the municipal capacity to address risk factors for NCDs among vulnerable populations in urban settings.



Highlights of achievements

During 2006, activities included the following:

1. Support to Member States and the WHO global programme of work through extensive collaboration with WHO offices at global, regional and country levels.

In the South-East Asia Region, work begun in 2005 with the WHO Regional Office for South-East Asia and selected WHO country offices continued on:

- capacity-building for development of national NCD InfoBases in Bhutan, D.P.R. Korea, Maldives, Myanmar, Nepal, and Thailand. Projects were completed in Bhutan, Myanmar and Thailand;
- development of guidelines for community-based interventions on NCD prevention and control and support of related demonstration projects in Bangladesh, India, Indonesia and Sri Lanka. In 2006, final project reports were completed in Bangladesh, India and Indonesia, and
- development of capacity-strengthening training modules for policy-makers and programme managers in the South-East Asia region. The modules have been drafted, revised and are now ready for discussion and review by an editorial committee.

In the Western Pacific region, work begun in 2005 with the WHO Western Pacific Regional Office and China Country Office continued:

- support for the development of the National Strategic Plan for Chronic NCD Prevention and Control 2006–2015 through (1) a multi-sector study on NCD determinants and prevention; (2) an analytic study on economic arguments of the burden of hypertension and overweight/obesity in relation to future healthcare expenditures for chronic NCDs and (3) a pilot study on a prototype of community-based surveillance for NCD risk factors.

Contributions to other WHO global work:

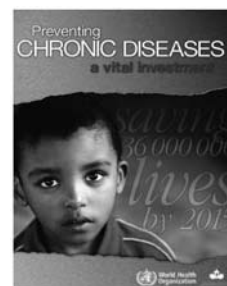
- collaboration with the Department of Chronic Disease Prevention and Health Promotion in WHO HQ, Geneva on the development of a guide for population-based approaches to increasing levels of physical activity as part of the implementation of the WHO Global Strategy on Diet, Physical Activity and Health;
 - A Report of the meeting on “Oral health in ageing societies – integration of oral health and general health” was jointly prepared with the Oral Health Programme in HQ;
 - a global review of projected health expenditures for older persons in developing countries was supported;
 - support for preparation of a volume of the WHO Technical Report Series: Obesity in Childhood, in collaboration with the Department of Nutrition for Health and Development in HQ;
 - co-organizing and hosting the WHO International Clinical Trials Registry Platform Meeting, 29 November – 1 December 2006, in collaboration with the Department of Research Policy and Cooperation in HQ.
2. Development of new knowledge and methodologies for examining the associations and pathways between urban physical and social environments and NCD risk factors. This will focus on issues related to:



- development of an urban surveillance protocol for NCD risk factors;
- consideration of chronic NCD prevention among urban migrant populations;
- evaluation of the underlying social determinants of health related to chronic NCD prevention, and
- strengthening urban community-based primary health care for chronic NCD prevention.

During 2006, several related research activities were initiated, including:

- (a) a global review of urban and rural inequalities in relation to risk factors, morbidity and mortality for chronic NCDs;
- (b) a literature review and an ecological study of the correlation between urbanization and NCD risk factors, morbidity and mortality, and
- (c) development of a proposed set of indicators for the construction of a prototype urban surveillance protocol for chronic NCD risk factors and preparation for a related expert consultation.



4.0 Information and Communication Support

Background

Providing accurate and appropriate health-related information to stakeholders in a timely and efficient manner is an important part of WHO's mission. In order to accomplish this, efficient information and communication support services and the required information and communication support (ICS) infrastructure are vital.

Objectives

- To provide an efficient, cost effective and user-friendly working environment with data, voice and video communication, maintain data security, provide individual user support and logistical support for WKC events;
- To advise and assist programmes in planning for ICS-related needs;
- To liaise with HQ and regional counterparts to ensure implementation of the global standard computer desktop environment and required applications;
- To disseminate reliable and timely information at local, national and global level on emerging health problems through a well-maintained website;
- to provide information to visitors from the local community on WHO Kobe Centre's research and other WHO-related issues;
- to promote the work of the Centre.

Highlights of achievements

The ICS infrastructure, hardware and software were updated, including the server operating systems, exchange, anti-virus/spam and firewall components. Outlook web access was implemented to facilitate easy access by staff to their email accounts from outside the Centre. All Professional staff were also provided with laptop computers for use outside the office to enhance timeliness and efficiency. At the Centre, four new units consisting of printer, scanner, copier and fax were installed. In addition, a binding unit and CD/DVD multiplier were deployed to enable

more in-house printing.

In line with the downsizing of the office in early 2006, ICS planned the resources and supported the rearrangement of the IT and communication infrastructure, and a new conference room was planned, designed and set up.

WHO is phasing in the Global Management System (GSM) at HQ and other offices. In relation to this move, the previous Internet domain “who.or.jp” was migrated to “wkc.who.int”, the Local Area Network (LAN) was integrated with the HQ LAN to create a secure Wide Area Network, and stringent information security measures were implemented. In addition, the Centre’s shared file system was reviewed and overhauled and a new file server was deployed with increased storage capacity.

Maintaining a quality website provides a key window on the Centre's activities for the public and all stakeholders. The site, www.who.or.jp/, attracts most interest from the audience in Japan. The work included refreshing the site to present the new research programme, then keeping it updated with meeting reports, WKC events, a special section on avian flu and other developments, with input from technical programmes.

Meeting the equipment and service demands of WKC from a limited budget is always challenging. Any major ICS project requires not only negotiation of these funding issues locally but liaison with other WHO offices around the world.

5.0 Administrative Support Programme

The main purpose of the Administrative Support Programme (ASP) is to help the technical projects deliver their work as effectively as possible. While striving to be timely, flexible and thorough, ASP aims to ensure that the Centre complies with all WHO rules and regulations and optimizes the use of its resources. This requires judicious action across a number of administrative areas:

- ASP must provide effective and consistent human resources in a timely manner to enable the right people to be in the right place at the right time;
- financial management is essential to maintain the Centre’s integrity and transparency;
- sound procurement practice enables the centre to have the most suitable supplies and equipment at the best value;
- registry and records management ensures that the Centre keeps accurate records and document flow, and
- safety and security are essential for staff and the Centre’s resources whether on the premises in Kobe or travelling worldwide.

In addition, ASP assists the projects with the supervision of their contracts to ensure that the correct product is delivered on time, and facilitates communications with all interested parties on administrative and management issues. WKC followed recent Organization-wide initiatives to make staff contracts more equitable.

Following the endorsement of the programme of work for 2006, and completion of the restructuring of the Centre’s staffing profile, staff numbers stabilized at 23. Further economies were made possible in reducing the overall floor space by 40%, thus reducing overheads and



associated utility, janitorial and maintenance costs. Monthly electricity costs were lower by an average of 18% year-on-year during the six months of April to September 2006, in spite of the deployment of a more powerful IT server. 2006 also included a major exercise in acquiring essential equipment, as noted under Information and Communication Services.

The downsizing of the Centre also resulted in a smaller space available for storage of publications. However, the utility of the remaining books and magazines was assessed for relevancy with regard to the new research programme, with the most valuable works retained. A sizeable wall display on noncommunicable diseases developed for Aichi Expo 2005 was handed over to local authorities for public information purposes.

ASP assisted in reviving the Centre's internship programme this year. After submitting project proposals, assessed by administrative, personnel and technical staff against competing graduate students from around the world, the two successful interns were assigned to the Priority Projects.

The year also saw increased participation in the United Nations Language Proficiency Examination, held yearly at the Centre and administered by ASP. Six staff members underwent oral and written testing for English and one for French. Weekly Japanese language lessons were also offered to all staff as part of a continuing agreement with local volunteers.

As the Centre has continued to broaden its activities at the country level, particular attention has been paid to facilitating smooth administration for programme delivery in different locations worldwide, both in terms of international conferences and research work at field sites.

6.0 Executive Management

Background

Following the transition and transformation of the preceding biennium, 2006 was the first year of the 10-year Healthy Urbanization research programme. The appointment of Dr Soichiro Iwao, a former senior official with the Ministry of Health, Labour and Welfare of Japan, as Director has contributed to steering the WHO Kobe Centre in its new direction and cementing the Centre's place in the local community. The impetus which the new programme gained in the course of the year has ensured the sustainable progress of the Centre in its strategic direction.

Providing policy strategic direction and technical leadership

The Director continued to review progress in programme implementation through regular meetings with technical staff to discuss research work and direction.

The annual meeting of the Advisory Committee of the WHO Centre for Health Development (ACWKC) was held in November 2006 during which general agreement was reached on the focus of the Centre's programme and the revised 2006–2007 Plan of Work, including the associated budget. The proposed research programme for 2008–2009 was welcomed as being consistent with the Centre's strategic direction and representing an ambitious and commendable way forward in pursuing the Centre's mission and vision. (For more details, refer to Section 8.)



Revising the Plan of Work for 2006–2007

In 2006, a major exercise was held to review and revalidate the 2006–2007 Plan of Work. The main revisions were: the designation of an additional Healthy Urbanization Field Research Site in China; the co-hosting by the Centre, in response to the request of the former Director-General, WHO, of the WHO International Clinical Trials Registry Platform Meeting; the strengthening of information support services to provide more up-to-date information on emerging health problems and to better support WKC information technology needs; the reallocation of resources to conclude some activities carried over from the 2004–2005 biennium and to accommodate the most recent assessment of the Centre's human resources needs. Programme changes for 2007 were also agreed to ensure the smooth consolidation of Priority Projects A and B under the Healthy Urbanization Project for 2008–2009.

Fostering key relations and representing WKC and WHO

Regular meetings were held with representatives of the Kobe Group to ensure that as donors, they were full appraised of the work and progress of the Centre. These meetings helped deliver a full understanding of programmatic issues and direction.

The First Programme Review Meeting with representatives of the Kobe Group was held on 30 March 2006. In addition to a thorough and formal review of the Centre's programme, this event also helped to secure the support of the local authorities for activities related to Hyogo-Kobe Healthy Urbanization Field Research Site.

In order to nurture relationships and promote collaboration with relevant programmes in HQ and regional offices, the Director participated in the annual meetings of the WHO Executive Board and World Health Assembly as well as the Regional Committee of the WHO Western Pacific Region.

Executive Management also contributed to raising public health awareness by providing presentations on WHO and WKC's overall activities and in specific areas at technical meetings and public forums in Japan and abroad. These included presentations to: the No Young Smokers Project in Higashi Harima District (January, Kakogawa City); the 4th International Conference of the International Society for Equity in Health (September, Adelaide, Australia); a forum to commemorate the 4000th issue of Iryo Renaissance, Yomiuri Shimbun (November, Tokyo); the 8th Asia Pacific Conference on Disaster Medicine (November, Tokyo); and "UN Day 2006: Japan at 50 in the UN – International Cooperation and Humanitarian Assistance in Disaster Management Activities" on 17–18 December organized jointly with interested parties including OCHA-Kobe, UNCRD, Hyogo International Association, JICA-Hyogo and Hyogo Prefecture.

7.0 Future directions

From September 2006, administrative and technical staff engaged in intensive planning for the coming biennium. The research programme for 2008–2009 will be guided by the following principles:

- building on the outputs, products and achievements of 2006–2007;
- mobilizing stakeholders toward a global platform for action on urbanization and health;
- expanding use of research and policy tools within countries hosting Healthy



Urbanization Field Research Sites;

- advocating for a social determinants and health promotion approach to urban settings, linking this to capacity building at the national level in those countries;
- conducting regional consultations on social determinants, health promotion and urban settings;
- integrating the technical themes of emergency preparedness [Priority Project A] and NCD prevention and control [Priority Project B] under the Healthy Urbanization Project at the WHO Kobe Centre, as these continue to be priority urbanization and health issues. The consolidation aims to ensure more effective coordination of the Centre's work in an increasing number of field research sites with more stakeholders and partners, and
- preparing for the Global Forum on Healthy Urbanization 2010 as an international event that will disseminate new knowledge on health in urban settings.



The Healthy Urbanization Project objectives will continue to guide the work of the Centre within the current Memorandum of Understanding. It is recognized that from biennium to biennium the approaches to achieving these objectives may evolve somewhat and that the products associated with them may vary significantly.

In the years to come, it is envisioned that activities at the country level will be part of WHO country and regional budgets, leaving the WHO Kobe Centre to focus on “servicing” the research and information needs of countries and regions of WHO. This period is also expected to be a time for the consolidation of research findings and generation of a true global database on urbanization and health, and would be devoted to preparation of a World Health Report on healthy urbanization. The Centre will continue to pursue efforts to raise funds and mobilize resources through independent mechanisms that engage other international partners and stakeholders.

8.0 Advisory Committee of the WHO Kobe Centre

8.1 Introduction

The flexibility of its research programme is a specific trait of WHO Kobe Centre that allows periodic adjustments to its research agenda. In order to ascertain the scientific soundness of what is a complex and intersectoral agenda, the Centre is supported by an Advisory Committee. The terms of reference of the Committee are to:

- advise the Director-General on the general orientation of the research programme of the Centre;
- advise the Centre on the intersectoral health research options according to the current WHO programme priority requirements;
- advise on the general aspects of programme development and direction;
- advise on and support international links with networking research institutions and the research community;
- review the research activities of the Centre, monitor their execution and evaluate their results from the standpoint of scientific and technical soundness, and

- ensure the coherence and integrity of the research efforts of the Centre with overall global research policies and strategies, specifically in cooperation with the WHO Advisory Committee on Health Research.



The Advisory Committee of the WHO Kobe Centre (ACWKC) held its tenth meeting from 14–15 November 2006. The conclusions and recommendations of the Tenth Advisory Committee follow.

8.2 Conclusions

General

The work of the WHO Kobe Centre in addressing priority urbanization and health equity issues is important, and its “learning, reflection and action” approach to research development and implementation, based on “listening to the voices of the cities,” is consistent with the Centre’s mandate.

The “learning” that results from the Centre’s work represents a distinct, valuable and innovative asset of the entire World Health Organization that needs to be more widely shared within WHO and among Member States and partners.

Healthy Urbanization Project

The focus of the Healthy Urbanization Project on health governance as a major pathway for influencing social determinants of health in ways that enhance health and reduce health inequity is appropriate and relevant to WHO’s 11th General Programme of Work and the associated urbanization and health equity issues.

Consideration of different research methods and approaches, depending on the nature of the problem being addressed, is important and a key strength of the WHO Kobe Centre programme. For example, in addition to applied research and traditional medical research approaches, systems research that examines the contextual factors affecting system success or failure may be particularly valuable in some settings and situations.

In relation to health governance research, different local governance contexts for municipal-level interventions should be considered, such as in the case of municipalities that have no power or authority over health matters. Research on social determinants of health is supported by a number of different research methodologies and approaches across a wide variety of organizations. In general, there is a lot of fragmentation, even within single organizations.

Priority Project A

Post-disaster settings are often characterized by a number of health problems such as worsening communicable diseases, but also other issues including increases in substance abuse and associated violence, and forgotten or abandoned patients with mental health problems.



The utility and relationship of various vertical programme “disaster preparedness and response tools” to similar or complementary health systems tools has not yet been considered in the context of Priority Project A.

Priority Project B

While in theory, including consideration of mental health problems under the NCD umbrella is sound, in practice mental health tends to receive minimal attention or is ignored in the development of programme plans and resource allocation.

Priority Project B should include consideration of the health and welfare system response to the increasing needs of ageing populations and the associated NCD issues.

Proposed Research Programme for 2008–2009

The proposed Research Programme for 2008–2009 is also consistent with the Centre’s Strategic Directions 2006–2015 and represents an ambitious and commendable way forward in the next biennium in pursuing the Centre’s mission and vision.

The integration of the Centre’s work on urbanization and emergency preparedness (Priority Project A) and noncommunicable disease prevention (Priority Project B) with the Healthy Urbanization Project will help ensure more effective coordination of activities in an increasing number of Healthy Urbanization Field Research Sites and its collaboration with a growing network of stakeholders and partners.

8.3 Recommendations

General

The Centre should refine and enhance its strategy and plans for communicating the “learning” that results from its work among a wide variety of urbanization and health equity stakeholders, including those within WHO. Among other mechanisms, this should be done through the continuation of the Knowledge Network on Urban Settings beyond the life of the WHO Commission on Social Determinants of Health, and the Global Forum on Healthy Urbanization 2010.

Healthy Urbanization Project

Recognizing that the WHO Kobe Centre is the only WHO entity with a global mandate to consider issues of urbanization and health equity on a full-time basis, the Centre should become the Focal Point (or “clearing house”) within WHO for harmonizing programme and research activities related to urbanization and health equity. The Centre should therefore work toward developing consensus on what comprises health research in the urban setting.

While the focus of the WHO Kobe Centre on action research approaches and methodologies is appropriate and consistent with its mandate, mission and vision, due consideration should be given to the use of different research methods and approaches that may be more relevant to particular problems being addressed.

Emphasis on a wider range of policy options relevant to different local governance contexts should be considered in health governance research. These considerations could be particularly

important in evaluating strategies to promote health equity in urban settings.

Priority Project A

This project should ensure that consideration of the following issues is reflected in disaster preparedness and response protocols:

- increases in substance abuse and associated increases in violence following disasters, and
- adequate and appropriate provisions for patients with mental health problems following disasters.

In developing “disaster preparedness and response tools,” the project should include consideration of relevant and complementary health systems tools.

Priority Project B

This project should give consideration to moving the topic of mental illness out from under the general NCD umbrella and handling it as a separate priority issue.

Proposed Research Programme for 2008–2009

It was recommended that the proposed Research Programme for 2008–2009 be accepted by the Director-General, WHO.



WKC publications in 2006

KNUS thematic papers

1. *Improving health and building human capital through an effective primary care system and healthy setting approach*
2. *Social capital and healthy urbanization in a globalized world*
3. *Healthy governance/participatory governance: towards an integrated approach of social determinants of health for reducing health inequity*
4. *Emerging principles of healthy urban governance*
5. *Social determinants of the healthy urban populations: implications for intervention*
6. *A conceptual framework for organizing determinants of urban health*
7. *Approaches to the prevention and control of HIV/AIDS, TB and vector-borne diseases in slums and informal settlements*
8. *Cities and calamities: learning from post-disaster response in Indonesia*
9. *Emerging disease burdens for the poor in cities of the developing world*
10. *Improving the living environment*
11. *The design of housing and shelter programmes*
12. *The health equity dimensions of urban food systems*
13. *What makes cities healthy?*
14. *Urbanization and slum formation*

Healthy Urbanization Project documents

Guidelines for Action on Healthy Urbanization 2006–2007

Stakeholder analysis for healthy urbanization

Survey Report on Selected Public-Private Partnerships for Health in Hyogo Prefecture-Kobe City, Japan

Scoping Papers for Healthy Urbanization Field Research Sites

Bangalore Scoping Study

Health equity in Chile, a pending challenge

Social determinants of health in Hyogo Prefecture and Kobe City

Meeting reports

Report of the First Healthy Urbanization Project Steering Committee Meeting, Kobe, Japan, 30 May – 2 June 2006

Report of the First Meeting of the Knowledge Network on Urban Settings, Kobe, Japan, 7–9 February 2006

National reports on violence and health

National Report on Violence and Health in Malaysia

National Report on Violence and Health in Nepal

Report on Preventing Juvenile Delinquency and Crime: the Japanese Experience with Special Reference to Kobe



Annex 2

Staff employed at WHO Kobe Centre in 2006

Office of the Director

Dr Soichiro IWAO
Dr Takeo MOROOKA
Ms Keiko OKUDA

Technical programmes

Ms Mina ARAI
Dr Faten BEN ABDELAZIZ
Dr Guojun CAI
Ms Suet Cheng CHUNG
Dr Kirsten HAVEMANN
Ms Yoko INOUE
Dr Jostacio LAPITAN
Dr Susan MERCADO
Mr Toshio OGAWA
Ms Merisa ROMERO
Ms Mojgan SAMI
Mr Stephen TAMPLIN
Dr Hiroshi UEDA
Ms Kazumi UEDA
Ms Mariko YOKOO

Administrative Support Programme

Mr Nigel BOND
Mr Koichi EBINA
Ms Akiko IMAI
Ms Iku KARUKOME
Ms Naomi KOSAKA
Mr Colin NATHAN
Mr Romero REROMA
Ms Junko TAKEBAYASHI
Ms Rika WERNER

Information and Communication Support

Mr Richard BRADFORD
Mr James OPERE
Dr Kukan SELVARATNAM

Interns

Mr Frank GRENIER
Ms Naomi KITE



**World Health
Organization**

**Centre for Health Development
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