

Annual Report 2007



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Message from the Director

I am pleased to present the 2007 Annual Report.

The year brought an exciting 2006–07 biennium to a close for the Centre. Highlights of the year included the completion of the work of the Knowledge Network on Urban Settings and the establishment of three more Healthy Urbanization Field Research Sites for a total of six, a collaborative effort with WHO Regions and Country Offices. Action-research projects by multisectoral local teams raised awareness and furthered public health with an array of innovative initiatives, helped by tools and advice provided by our Centre.



Our role as hub of the Knowledge Network culminated in submission of its final report to WHO, with recommendations for improving health equity in towns and cities.

We also stepped up our efforts in support of health emergency preparedness and climate change as these impact on urban populations.

A very special visitor in November was Dr Andrzej Wojtczak, who led the Centre for three years from its inception in 1996. At the Advisory Committee meeting in November, Dr Wojtczak introduced a brief history of the first decade of WKC. We are pleased that he has been recognized for his contribution to health in Hyogo Prefecture at annual awards announced by Governor Ido in May 2008.

My warm thanks go to Hyogo Prefecture, Kobe City, Kobe Chamber of Commerce and Industry and Kobe Steel Ltd – the Kobe Group – for their commitment and support for the Centre's work.

I would like to acknowledge my predecessor, Dr Soichiro Iwao, for his leadership in transforming Healthy Urbanization from an ambitious research theme into a project with concrete impact. Advocating the "billion voices" who live in informal settlements today as a key target for public health interventions is the focus of our research efforts, as we strive for healthier people in healthier environments.

Dr Jacob Kumaresan

Milestones of 2007

The Healthy Urbanization Project: "Optimizing the impact of social determinants of health of exposed populations in the urban setting" has the overall aim of enhancing health and health equity, and was the focus of our research programme in 2007.

The project addressed the gap between knowledge and action by synthesizing knowledge on the social determinants of health in towns and cities in its role as hub of the Knowledge Network on Urban Settings for the WHO Commission on Social Determinants of Health. Action-research that started in three sites in 2006, extended to cover six Healthy Urbanization Field Research Sites (HUFERS); training materials that enable multisectoral action and health promotion in the urban setting were developed, and the work of the Centre was disseminated through advocacy activities and presentations at international events as well as scientific meetings in the local community of Kobe and Hyogo Prefecture.

Among the milestones achieved in 2007 were:

- Publication of a supplement of the Journal of Urban Health, entitled "Achieving Health Equity in Urban Settings" in May 2007, marking the first major publication by WKC in a scientific peer-reviewed journal;
- Completion of the Report of the Knowledge Network on Urban Settings to the WHO Commission on Social Determinants of Health in July 2007, positioning WKC as a significant, relevant and unique contributor to the global health agenda;
- Progress on action-research projects addressing social determinants of health in urban settings within Healthy Urbanization Field Research Sites;
- Greater awareness of the work of WHO in the local community as evidenced by the lectures, events and symposia that the staff attended, including advocacy for tobacco control and World Health Day activities;
- Initial collaboration with UN-HABITAT for sustaining action on social determinants of health in urban settings;
- Development and packaging of four innovative urban health tools.

Linkages to the global programme of work

The work of the Centre on urban health issues intersects with three technical areas of the global programme of WHO's work: **social determinants of health**, **environmental health** and **health promotion**. These in turn are further linked to topics and areas that are of high priority and particular interest to regions, countries and cities working with WKC through the Healthy Urbanization Field Research Sites. These include emergency preparedness and response, noncommunicable disease prevention and control, gender, mental health, primary health care, child health and protection, demographic change and population ageing.

Overview

In 2007, the Centre's research activities focused on its Healthy Urbanization Project. The objectives were:

1. To develop strategies to reduce health inequity in urban settings;
2. To demonstrate the applicability of strategies for reducing health inequity among exposed populations in urban settings;
3. To build capacity for reducing health inequity in urban settings,
4. To advocate the reduction of health inequity in urban settings.

The development of strategies to reduce health inequity in Healthy Urbanization resulted in new evidence and knowledge-sharing.

To demonstrate the applicability of these strategies, six sites were established in urban areas around the world where teams built capacity and carried out projects with vulnerable people in informal settlements and other parts of cities. We provide a site-by-site overview.

Advocacy efforts focused on the poor and the disenfranchised. Innovative packages and tools were created to assist with promoting and developing Healthy Urbanization.



Women and children in Bangalore, India, a WKC field research site.

Developing strategies to reduce health inequity in urban settings

Health governance research

To reduce health inequity in the urban setting, there is a need to tackle the structural determinants of health, namely physical (environmental), social, economic and political. In the urban setting, these determinants result in both positive and negative health impacts. This year's work has highlighted the links between rapid and unplanned urbanization, urban poverty and the growth of slums and informal settlements and the role of governance in addressing urban health inequity. In 2007, literature reviews were conducted to cover a wide range of topics including:

- health care access and quality of care
- forms of health governance
- accountability structures

- sustainability measures
- decentralization
- the role of civil society
- social exclusion/inclusion of vulnerable and minority groups
- social and health security
- stewardship in health promotion
- capacity building
- empowerment

Over 80 case studies were reviewed to explore useful concepts, approaches and models that show how governance in the urban setting impacts on health and health equity.

The Centre proposed healthy urban governance as the key pathway for improving health and reducing health inequity in urban settings. This is defined as structures and processes of social management that promote both a higher level *and* fairer distribution of health. In other words, it improves the health and well-being of the urban population and reduces inequities in health.¹

Healthy Urbanization subscribes to the notion of “nodal governance”² and engages multiple and multisectoral stakeholders and “nodes of power” in research activities related to situation analysis, strategy development, capacity building and advocacy. Governments both national and local are seen as key players, but other influential groups and institutions in society such as communities, NGOs, the private sector and the urban poor themselves are also recognized as agents of change. The importance of social processes i.e. building trust, enhancing social capital and power-sharing is reflected in health projects at the municipal level.

Action-research

In collaboration with its partners from the research sites, the Centre has developed a generic set of research questions to guide action-research on social determinants of health in urban settings:

1) What are the most effective approaches for reducing health inequity in urban settings through optimizing the social determinants of health?

2) What are the main implications of these approaches for formulation and implementation of effective policies and strategies (using a multisectoral, multilevel approach)?



¹ Burris S, T Hancock, et al. (2006) Emerging principles of healthy urban governance. *Journal of Urban Health* 84(1): 154-163.

² Burris and Hancock, et al. (2006).

3) To what extent can the approaches and strategies be used in the demonstration sites?

Sub-questions specific to the sites were encouraged. Where possible and relevant, the Healthy Urbanization Field Research Site (HUFERS) teams were encouraged to gather national and local data on intra-urban differentials.

Knowledge management

To achieve the objectives of Healthy Urbanization, new knowledge and evidence from research activities were systematically organized to provide stakeholders and researchers with easy access to strategic information.

To this end, the WHO Kobe Centre established an electronic databank called the "Well of Knowledge" in 2006. It contains reports, research findings, journal articles and other relevant documents on health equity and urban settings. To date there are more than a thousand items in the Well of Knowledge for electronic reference.

New publications are announced on our website (<http://www.who.or.jp>).

Knowledge Network on Urban Settings

In 2005, the WHO Kobe Centre was selected as the hub of the Knowledge Network on Urban Settings (or KNUS) of the WHO Commission on Social Determinants of Health (CSDH). Through a two-year process of synthesizing global knowledge on social determinants in towns, cities and informal settlements, a global network evolved and culminated in the completion of a report in July 2007 to the Commission.

The report, entitled *Our Cities, Our Health, Our Future: acting on social determinants for health equity in urban settings*, captured key messages from academic papers on urban health, case studies of interventions and "vignettes and stories" from around the world. A synopsis of the report was also published for a broad audience.



A highlight of the year was the publication of a special supplement of the Journal of Urban Health entitled "Achieving Health Equity in Urban Settings". The articles in this supplement were abridged versions of the 14 thematic reports commissioned by the Centre for KNUS in 2005–06 to provide the basis for its report.

This is a milestone for WKC, as it is the first time that the Centre's work has been published in a scientific and peer-reviewed journal.

Partnering with UN-HABITAT

The extensive work of UN-HABITAT on urban development, slum upgrading and good urban governance complements the current work of WHO in initiatives such as Healthy Cities, Healthy Municipalities, Healthy Villages, Community-Based Health Initiatives, Urban Health, Primary Health Care and Urban Environmental Health.

In 2006 and early 2007 discussions continued between WHO Kobe Centre and counterparts at UN-HABITAT headquarters on a partnership to combine efforts on Healthy Urbanization. The focus was on strategies to further integrate health and human settlements into the global development agenda. The evolving consensus was that this would be done through work at the country level where both agencies would collaborate.

The "UN-HABITAT/WHO workshop on sustaining action on social determinants of health in urban settings" was held at UN-HABITAT Headquarters in Nairobi, Kenya to discuss the way forward and to build consensus on areas for collaboration through a plan of action for linking health and human settlements in the global development agenda.



The workshop was attended by Dr Ana Tibaijuka, Executive Director of UN-HABITAT and Undersecretary-General of the United Nations and more than 40 participants representing all regions of WHO and key technical units of UN-HABITAT.

A document on strategic directions for sustaining action on urban social determinants of health was discussed. Two key global activities for the two agencies to pursue were recommended: a global report on urban health and a global forum on healthy urbanization to be held in 2010.

Preparing health facilities for disasters in cities and other emergency readiness activities

Consistent with WHO's efforts "to reduce the health consequences of emergencies, disasters, crises and conflicts and minimize their social and economic impact"³, WKC continued its work on preparing cities for disasters and other emergencies.

In line with WHO's priority of strengthening global health security, its all-hazard and whole-health approach⁴ and the Hyogo Framework for Action 2005-2015, the Centre aims to build the resilience of nations and communities to disasters and were developed through the 2005 UN World Conference on Disaster Reduction.

³Medium-term strategic plan 2008-2013 and Proposed programme budget 2008-2009 (WHO, 2007)

⁴Emergency preparedness and risk management: WHO five-year strategy for the health sector and community capacity building (WHO, 2007)

WKC's former priority project, "Preparing health facilities for disasters in cities", was integrated into Healthy Urbanization in 2007.

The following were achieved during the year:

An updated review of disaster risk reduction and health facility preparedness

A literature review validated the need to focus on the following priority areas of work: governance, risk identification, knowledge management, risk reduction measures and preparedness for an effective response.

Progress on assessing health facility preparedness

The "WHO consultation workshop on coordinated work for disaster risk reduction and the preparedness of health facilities in urban settings", 18–20 April 2007, highlighted the importance of protecting critical health facilities from destruction or inoperability in times of emergency, disaster or crisis. The evidence shows that risk reduction measures clearly pay off when health facilities withstand the impact and continue to function. In new health facilities, the additional cost of making a hospital safe is quite small compared to the overall cost of the infrastructure. On the other hand, the financial investment for retrofitting existing facilities can be high, but the cost of ignoring the risks can be much higher, from both an economic and socio-political point of view.

A sustained high-profile campaign was found necessary to raise the awareness of policy-makers, health facility administrators and staff. For risk identification, the workshop recommended assessing risks and training needs for safe health facilities/systems and identifying gaps and resources. WHO was also urged to develop knowledge banks, translate, adapt and effectively communicate and disseminate safe health facility models, case studies and sound practices. It was recommended that WHO, through Member States, develop standards and indicators on disaster risk reduction and preparedness of health facilities based on sound and demonstrated practices. Lastly, it was suggested that WHO develop preparedness schemes and templates for health systems including pre-emergency event scenarios and drills.

Awareness raised at international fora

Winnipeg International Workshop on seniors and emergency preparedness, 6–9 February, Winnipeg - A Public Health Agency of Canada, the Province of Manitoba and WHO meeting to increase the visibility of seniors and their potential role in preparedness, response and recovery from disasters. WKC presented international case studies prepared by HQ.

WHO-Tohoku University Joint Forum on Emerging Diseases, 11 April, Sendai, Japan - Discussions on the need to reduce human exposure to the H5N1 avian flu virus, strengthen the early warning system, intensify rapid containment options, build capacity to cope with a pandemic and coordinate global scientific research and development.

International Council of Nurses Conference 2007: "Nurses at the Forefront: Dealing with the Unexpected", 30 May, Yokohama, Japan - The realities of the nursing practice and nurses' expertise and adaptability in dealing with the unexpected in concert with other health professionals were highlighted. WKC made a presentation on "Management of human resources in post-conflict situations".

Second 2007 Workshop on Maternal and Child Health Care in Natural Disasters, 30 August, WKC - Organized by the Asian Urban Information Center of Kobe (AUICK), WKC had a unique opportunity to inform AUICK Associate Cities of the role of WHO in emergencies and disasters and to guide them on what local governments can and should do to secure maternal and child health care in such circumstances.

Demonstrating the applicability of strategies for reducing health inequity among exposed populations in urban settings

Healthy Urbanization Field Research Sites were set up as learning environments to demonstrate strategies for reducing health inequity in urban settings in collaboration with Regional Offices of WHO.

The sites were chosen on the basis of:

- 1) national commitment to work on social determinants of health at country level, including health ministries' technical commitment to address SDH;
- 2) commitment from the WHO Regional and Country Offices, and the city;
- 3) availability of known research institutions and researchers in the city;
- 4) ability to overcome challenges and become possible models for upscaling successful interventions; and
- 5) consensus among WHO/HQ, Regional offices, Country Offices and WKC that the selected city is a worthwhile research and implementation site due to its social, economic and political environment.

Healthy Urbanization Field Research Sites, by WHO region

Africa: Nakuru, Kenya

Work on the Healthy Urbanization Field Research Site in Nakuru started early in 2007. A scoping paper found that the town of 300 000 was facing a rapid influx of rural migrants and expanding informal settlements, highlighting the need to improve environmental health, engage different sectors to increase health awareness and healthy lifestyles among residents through health education, promotion and advocacy. Nakuru also needed to improve community mobilization and participation in health programmes and increase enforcement of laws related to public health and environmental sustainability.

Long-term interventions were recommended including measures to reduce poverty, establish social security systems, develop a strategic health plan for Nakuru, rationalize allocation and management of funds for health, improve accountability, develop practical methods for monitoring social inequities and the impact of health reforms, train health personnel and improve monitoring and evaluation of city programmes.

A local consultation and town meeting was held to present the results of the scoping paper, where the Mayor and local councilors validated its findings and expressed their support for the project.

In November, a senior official of the Ministry of Health, Kenya spent a month working in the Centre to develop a health promotion strategy for the Nakuru site, based on the Healthy Urbanization Learning Circles (HULC) capacity building/action-research

approach. It was unfortunate that political unrest in the Rift Valley in following months forced suspension of the plan.



Pedal power plays a significant role in Nakuru's transport. Bicycle taxis, or "boda boda", are a cheap means to move around and provide employment for young men. *Dr A Kiyu.*

Americas: San Joaquin, Chile

The Healthy Urbanization Field Research Site in San Joaquin, one of the 13 districts of the capital city, Santiago, was launched in 2006 with strong local support stemming from the keen understanding of social determinants issues in Chile.

The district had a relatively high rate of poverty and inequity, as well as issues with domestic violence, poor housing in some areas, wide disparities in employment conditions and availability, and crime associated with drug trafficking. Health inequity was significant, with higher mortality rates in general than neighbouring, wealthier boroughs, particularly among, women in the 45–79 age group and young men. These issues were being addressed through various programmes but cross-sector coordination was difficult, hampering progress.



Children were closely involved in the San Joaquin project.

The San Joaquin team identified children as a highly vulnerable group and designed interventions on children's rights as a way to reduce domestic violence and child abuse.

Activities to address the social determinants of this issue started early in 2007 with meetings and workshops involving children, youth, municipal officers and the Mayor. The action-research was facilitated by a small team consisting of local municipal officers and students from the University of Chile who met regularly to provide feedback and record actions and reflections.

A local action-research protocol and research questions were developed. Recent baseline data about children was available from San Joaquin in the form of a UNICEF survey. Indicators for monitoring the progress and impact of interventions relating to social vulnerability were developed.

Following mapping of stakeholders in San Joaquin, their participation in multisectoral action was actively sought.

A vibrant network of leaders emerged from the Healthy Urbanization Learning Circles process committed to improving urban health and reducing health inequity. Further effort in this area is supported by the Ministry of Health, and similar strategies are being adopted by five other regions in Chile.

Eastern Mediterranean: Ariana, Tunisia

Healthy Urbanization in the city of Ariana builds on the existing community-based initiative programme of the Eastern Mediterranean Regional Office (EMRO). Project partners are the WHO Office in Tunisia, the Ministry of Health and the National Institute of Public Health.

Traditionally known as the "city of roses", Ariana is the recipient of much migration from rural areas and from Medina, the old city of Tunis. The scoping paper highlighted the top five causes of morbidity and mortality in Tunisia as cardiovascular diseases (28.2%), cancer (15.1%), respiratory diseases (11.4%), metabolic diseases (9.7%) and perinatal (8.0%); the key social determinants of health being housing, employment, gender and lifestyle-related disease issues.

Urbanization in Ariana has contributed to the high prevalence of lifestyle risk factors e.g. unhealthy eating habits, smoking and lack of physical activity. Environmental factors include the spread of fast food restaurants, an increasing dependency on cars, lack of spaces to walk and weak tobacco control.



Traditional markets are a source of nutritious fresh food, and are a focus for community interaction.

Following adaptation and translation of the materials into Arabic, "activists" from the community, the municipality, the health sector and civil society were trained

to advocate for improving lifestyles and reducing risk factors for noncommunicable and chronic disease.

Action-research was undertaken in four districts: Ariana Medina, Ariana Superior, El Menezeh and Ennaser.

In the district of Ariana Superior, the project focused on the increase in obesity among disadvantaged children. The team identified children aged 7–13 as the vulnerable population group and worked with a primary school to raise awareness about good eating habits and the need for regular exercise.

In El Menezeh district, the team tackled the issue of smoking among vulnerable teenagers. The team worked with a high school known as a trend-setter for young people around Tunisia, raising awareness of the risks of smoking and passive smoking.

The team from Ennaser worked to cut passive smoking by working with coffee shop owners to encourage them to implement and enforce smoke-free environments in these highly popular and traditional venues.

Finally, the team of Ariana Medina (the old city) engaged in a project to reduce salt levels in bread, the staple food of the population. The team is working with commercial bakers serving the area.

The interventions will be evaluated in 2008 with the aim of policy development.

Southeast Asia: Bangalore, India

In Bangalore, India's "Silicon Valley", 40% of the population live in informal settlements. The city has more than 100 wards or localities, with some 800 informal settlements.

Healthy Urbanization involved seven settlements identified in collaboration with the municipal government. Action-research teams included community leaders from the slums, health workers, doctors, municipal officials, and professionals from other sectors such as transportation and education who work with informal settlements and slums.



Seminar to promote respect for women and girls, Robertson Road.

In Mathikere settlement, the focus was on building trust and bridging relationships among high schools to promote healthy lifestyles.

Actions by the Moodalapalya team included conducting health awareness and education camps, advocating for cleaner buses to counter respiratory illness,

meeting with officials to increase bus frequency, and tree planting to improve the environment.

The Vidyapeeta team increased access to health care by securing funding for a mobile health clinic for underserved communities.

The team from Robertson Road tackled violence against women. Magic shows and health camps were held to encourage women to report violence to health centres. They also worked with police to improve enforcing laws against domestic violence.

In Vasanthnagar, the team aimed to reduce gastroenteritis stemming from poor waste management. To motivate residents to put out waste every morning, a citizens litter patrol was initiated, and the city agreed to build a coin-operated, serviced toilet.

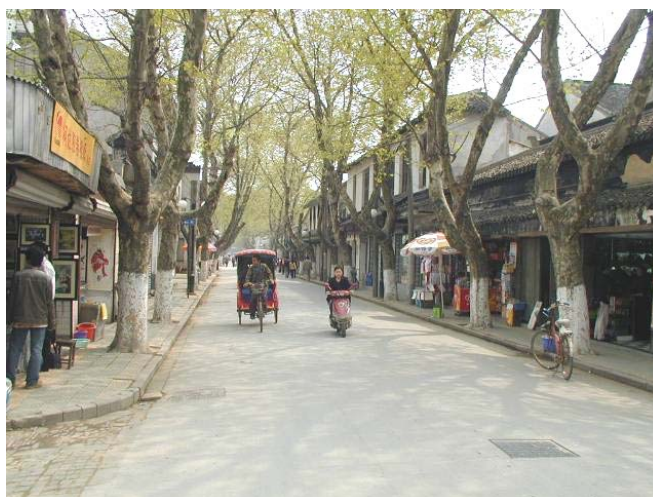
In Shanthinagar, youth volunteered to maintain a community toilet, while public health officials agreed to unblock drains during summer months.

To address the issue of malnutrition and anaemia among mothers, the Pobbathi team organized a midday meal in local anganwadi or pre-schools.

These innovative and participatory approaches were valuable in addressing difficult local health and social issues, and are a model to be implemented more widely in the city. Based on these experiences, a public health board is being established.

Western Pacific: Suzhou, China

Suzhou's population of 6.1 million people includes two highly vulnerable groups: migrant populations and the elderly. Rapid urbanization in Suzhou has been accompanied by economic and industrial growth. Compared to the rest of the population, migrants have higher exposure to occupational health and safety risks, higher prevalence rates of infectious diseases, more reproductive health problems, and poor access to basic services. Children of migrants also have fewer opportunities for education.



Many tourists are attracted to Suzhou's old city.
Rural migrants are attracted to its new jobs.

At the same time, as a result of China's one-child policy and reversal of the dependency ratio, Suzhou's ageing population is faced with insufficient access to health services and beds in nursing homes and diminished family support. The elderly also suffer from lack of social protection and health insurance, and poor integration with the community.

Following a number of discussions with stakeholders in the government, the community and civil society, Suzhou municipality decided to focus on the issue of ageing. In 2008 it will be piloting four surveys to identify suitable interventions to address health inequities affecting elderly in the CangLang District community.

Kobe, Japan

Four areas of concern regarding social determinants of health were identified for Kobe: food environments, working conditions, child care services and the living environment of survivors of the Great Hanshin-Awaji earthquake.

WKC organized a consultation process with local stakeholders in 2007 to agree on possible ways to address the issues raised and look at ways to follow through with activities in the local community. This included experts on social determinants of health, representatives from Hyogo Prefecture and Kobe City, staff of the Translational Research Informatics Center, public health advisors from Japan and Hyogo University staff.

There was consensus about the need to develop a programme appropriate to the Japanese political and social context. In this regard, it was agreed that HULC would be difficult to implement due to local administrative structures and the need for long-term planning of human resources. It was also noted that Japan was already renowned for its equitable social system. Instead, the Centre could play a more effective role by helping to bring an equity focus to health promotion in Kobe, as a way to respond directly to citizens' needs.

Given the concern of stakeholders for the health and welfare of survivors of the 1995 earthquake, an additional proposal addressed the mental health issues of people relocated after the disaster, including many elderly who have suffered as a result of their uprooting from their traditional networks. It was then proposed to conduct qualitative research on urban stress, in particular feelings of isolation and loneliness and how these are linked to social determinants of health.



Gateball players enjoy a public park in the HAT Kobe district, where the city accommodates many earthquake survivors.

A review of literature was conducted and WKC worked with a consultant to develop a checklist to assess the community emotions, as well as a scale to measure the “feeling” of loneliness. The tool would be used by city officers or NGOs working in the area of mental health and post-disaster response. It would

- 1) increase understanding of emotional variations between different gender and age groups for the Asian context and
- 2) assess the emotions of a community.

WKC planned to consult regularly with local stakeholders on identifying ways to effectively bring WHO’s health knowledge to the service of the people of Kobe and Hyogo.



Further options for reducing health inequity in urban settings

Urban HEART

The Urban Health Equity Assessment and Response Tool (Urban HEART) is intended as a user-friendly guide for policy-makers at the national and local level to assess and respond to urban health inequities. It is a product of collaboration between WKC and regional focal points for the Knowledge Network on Urban Settings.

The “assessment” aspect of Urban HEART sets indicators relevant to health equity that cities or ministries can use to gather data from various urban areas. With a universal checklist, it is easy to see where data is missing and where more information needs to be gathered. Through the comparison, the city or ministry is able to see clearly where more work is needed to assist disadvantaged groups.



The next step is “response”, and Urban HEART provides a large menu of actions that can be taken to improve the performance of cities and towns on health equity.

The tool has been pre-tested in Sarawak, Malaysia, and is currently being pilot-tested in Brazil, India, Iran, Philippines and Zambia.

Advocating the reduction of health inequity in urban settings

Policy advocacy is a critical component of the Healthy Urbanization Project, linking research, application and capacity building to policy on health and development in countries.

The specific objectives of Policy Advocacy are to develop:

1. Setting-specific communication and advocacy strategies in support of work at the Healthy Urbanization Field Research Sites;
2. Locally-relevant communication and advocacy materials, and
3. National and global communication and advocacy materials that encourage key stakeholders and decision-makers’ efforts to reduce health inequity.

Production of advocacy materials

Materials have been developed to engage decision and policy-makers in urban health issues, including:

- Fact Files for World Health Assembly 2007: *Urban Poverty is a Global Public Health Issue*
- Posters for the World Health Assembly: *Is healthy cities for all on your national health agenda?*
- Posters of the Healthy Urbanization Field Research Sites
- Healthy Urbanization Learning Circle kit
- Healthy Urbanization Calendar for 2008

Networking and participation in international and scientific meetings

- **The 3rd National Congress of Health Promotion in Santiago, Chile (10–12 January, Santiago, Chile)** Together with the Ministry of Health and a representative of San Joaquin, the concepts and approaches of Healthy Urbanization and its alignment with local and national policies were presented to an audience of 70.
- **The 5th European Congress on Tropical Medicine and International Health: "Partnership and Innovation in Global Health" (24–28 May, Amsterdam)** Convened by the Netherlands Society of Tropical Medicine and International Health, the main theme was "Partnership to develop quality in global health and achieve the Millennium Development Goals relating to health". Healthy Urbanization was presented in a plenary session of 90 people including the Chairman of the Commission on Social Determinants of Health, Dr Michael Marmot.
- **Meeting on Preventing Disease through Healthy Environments and Settings (28–29 May, Geneva)** The WHO Public Health and Environment cluster convened to devise an action plan for further development of the holistic settings approach. WKC showed how its goal of healthier people through healthy environments is consistent with the Healthy Settings approach.
- **Meeting on Settings for Health and Learning (2–4 June, Victoria, B.C., Canada)** Healthy Urbanization was presented and discussions were held regarding practices, policies and programmes in settings such as preschools, schools, post-secondary institutions, primary health care, workplaces, prisons, cities and communities.
- **Annual Meeting of the International Network for Health Promotion (6–9 June, Vancouver, Canada)** Continuing collaboration on technical assistance for health promotion leadership training at national level through Prolead, developed by WPRO and WKC, was discussed.
- **The 19th Conference of the International Union for Health Promotion and Education (10–14 June, Vancouver, Canada)** WKC held a session on its experience of building capacity for health promotion.
- **Workshop on Climate Change and Health in South-East and East Asian Countries (2–5 July, Kuala Lumpur, Malaysia)** This landmark bi-regional meeting on climate change and health involved 16 Ministries of

Health in the development of a regional approach to promote climate change adaptation. WKC distributed its learning package, "Heat waves, floods and the health impacts of climate change: a prototype training workshop for city health officials", piloted with epidemiologist and Intergovernmental Panel on Climate Change member Dr Kristie Ebi in 2006.

- **The Global Urban Summit: "Innovations for an Urban World", Rockefeller Foundation (15–20 July, Bellagio, Italy)** WKC prepared a background paper on health and urbanization in Asia, entitled "Responding to the health vulnerabilities of the urban poor in the 'new urban settings' of Asia". It highlighted innovations in the region and was a joint project with the Alliance for Healthy Cities and the Southeast Asian Press Alliance. It is published under the title of "Improving Urban Population Health Systems" (see <http://www.who.or.jp/2007/Bellagio.pdf>).
- **First Chilean Public Health Congress (18–20 July, Santiago, Chile)** Healthy Urbanization was presented to the Congress, while a separate presentation about upscaling the HULC model in Chile was made to senior officials at the Ministry of Health.
- **Regional Consultation on Social Determinants of Health for South-East Asia (2–4 October 2007, Colombo, Sri Lanka)** WKC presented its work as hub of KNUS and results from Bangalore. The consultation was attended by nine Member States with representatives from health, economic planning, labour, education and housing, as well as civil society organizations, universities, development partners and UN agencies.
- **2007 International Conference on Urban Health: "Harnessing the power of technology to achieve behavior change and improve urban health" (31 October – 2 November, Baltimore, USA)** This International Society on Urban Health conference looked at how technology could enhance behavioral interventions, research and programmes. WKC presented on "Building capacity to address social determinants in an urban setting: a community partnership approach" and "Disaster risk reduction and the preparedness of health facilities in urban settings".
- **EMRO Regional Meeting on Health Promotion (29–31 October, Manama, Bahrain)** WKC shared its experience in the region in 2007 in a presentation entitled, "Prolead: Building capacity for health promotion infrastructure and financing".
- **Symposium on Social Determinants of Health (26–28 September, Rio de Janeiro, Brazil)** KNUS chair Dr Kjellstrom gave an overview of the progress of the Commission on Social Determinants of Health. New issues including climate change impacts on health equity and cash transfer interventions were raised in the session. The KNUS report was suggested to be part of the proposed chapter of the Commission's final report entitled "Growing, Living, Working, Ageing: Fostering health equity through the life cycle".

Local events and advocacy activities in Japan

Community engagement is an important part of the Centre's work. Director Dr Soichiro Iwao gave a number of interviews to the media, while he and technical staff were invited to provide lectures at conferences, schools and public venues on public health subjects ranging from gender to disaster preparedness. Groups of students and trainees also received orientations on the work of WHO and WKC. Responding to enquiries, impromptu visits and continual updates to the events and research sections of the WKC website helped keep the public abreast of developments. Details of the events are as follows:

- **A series of public seminars featuring WKC officers was held from December 2006 to February 2007 in Sannomiya, Kobe.** The Department of Academic Exchange, Hyogo Earthquake-memorial Research Institute for 21st Century (HEM21), organizes the lectures annually to commemorate the Great Hanshin-Awaji Earthquake. The six seminars provided at HEM21 were on the topics of "WHO's global role and activities in the area of public health", "WHO's global efforts on avian flu and other communicable diseases", "WHO Commission on Social Determinants of Health: its role and objectives", "WHO Kobe Centre's local activities", "Disaster preparedness among health facilities in urban settings", and "Urbanization and noncommunicable diseases".
- **As the sole representative of WHO in Japan, WKC held a display to mark both World Health Day and World No Tobacco Day on 21 April.** Under the banner of "WHO action for health promotion", the Centre displayed posters produced for the themes of 2007 World Health Day ("International Health Security") and World No Tobacco Day ("Smoke-free environments" and the dangers of passive indoor smoking). The event, part of an open day at the Translational Research Informatics Center on Port Island, Kobe, was organized in collaboration with the WKC Cooperating Committee.
- **WKC facilitated recognition of World No Tobacco Day 2007 awardees for the Western Pacific Region.** After assisting in their nomination, the forum of Healthy Hyogo 21 was an opportunity to publicly acknowledge the Japanese awardees, Drs Seo and Sono, on behalf of the WHO Regional Director of the Western Pacific, Dr Shigeru Omi. Dr Iwao handed a certificate and trophy to the dedicated anti-smoking advocates from Hyogo Prefecture.
- **The "WHO action for health promotion" display event was held at International Gallery of the Hyogo International Plaza, downstairs from the Centre, from 9 May to 6 June 2007.** The display was organized in collaboration with JCC, Hyogo International Association (HIA) and Hyogo Prefectural Chapter of the United Nations Association of Japan. In addition to WHO materials, posters, books, flyers and videos, many relevant materials were provided by Kobe City and Hyogo Prefecture. The local newspaper, *Kobe Shimbun*, reported the exhibition in its May 10 edition.
- **Dr Nikki Shindo visited the Centre in August before addressing Hyogo Prefecture officers on global communicable disease threats.** Dr Shindo, who has attracted media coverage in Japan as a woman reaching

the top levels of her profession, spoke to staff about her work at WHO HQ on influenza viruses with the potential to become pandemics.

- **Groups visited the Centre to hear about the work of WHO and WKC.**

In 2007 as in other years, most visits were by groups of international training programme participants and university students. The Centre is represented by the public information officer or, at the special request of the visitors, a technical officer or the Director may speak on a specialized topic. The orientation places the Centre in the context of the WHO's global role and takes a close look at Healthy Urbanization and the concepts behind the research programme. Technical officers also provided lectures to universities and one international high school for a Model United Nations event.

- **Community outreach initiative.** Four staff members were invited to the Nagisa Elementary School near the Centre in November to spend an hour with third-grade students sharing songs, images and stories from their home countries.

E-case study including video documentary with UN University

WHO and the United Nations University (UNU), Tokyo, started collaboration on a video documentary and e-case study in 2007. The aim of the e-case study is to document the efforts, accomplishments and challenges in addressing the social determinants of health of an exposed population and promoting health equity. It is intended to 1) showcase successful examples of local interventions; 2) share experiences and lessons learnt from Healthy Urbanization; 3) enhance awareness of the social determinants of health; 4) gain support for health equity initiatives; and 5) engage key health governance decision-makers in efforts to promote health equity. It will be completed in 2008 and hosted on a public website for use by learners of all kinds, and policy-makers in particular.

Website advocacy and information dissemination

Our website is a major tool for communicating with all stakeholders. In 2007, work on tailoring the website to the demands of the Healthy Urbanization research theme continued. The homepage was updated and a new section introducing the Centre was added.

Regular postings from technical staff appeared as well as news from field research sites, research papers and a course on climate change and health.

A section hosting an extensive cross-section of materials arising from the Centre's role as hub of the Knowledge Network on Urban Settings was added.

The Epidemic and Pandemic Response section provides links to the latest WHO information on avian influenza and international travel.

New questions were added to the FAQ section in response to a large number of enquiries from the public, providing advice on where to find data about life expectancy and electromagnetic radiation.

Information and Communication Services (ICS)

Information and communication technologies (ICT) are strategic resources to:

- Empower individuals working to improve the health of all people;
- Increase the productivity of teams and individuals;
- Facilitate knowledge sharing and new ways of working within WHO;
- Act as a catalyst for new and innovative services to Member States.

In view of the nature of WHO as essentially an information clearinghouse for global public health, the role of ICT is crucial to its mission.

A new video conferencing system was deployed to enhance communication with partners and enabled the Centre to initiate multi-location meetings; the facility was also made available to collaborating organizations at their request.

Hardware equipment, such as network switches and printers, was upgraded with the sponsorship of the Kobe Group, and the data centre was redesigned to reduce noise levels in the main meeting room. Lighting was enhanced for the reception area, and a new security system was implemented for the office in line with UN minimal operational standards, with reinforced glass at the entrances and card-controlled entry. As a collaborating activity with regional and HQ counterparts, WKC hosted the WHO Global ICT Management Meeting in March.

ICS prepared for deployment of the new Global Management System, an Enterprise Resource Planning System that will integrate all planning, financial and personnel systems throughout all offices of WHO beginning in July 2008. Management applications appropriate for the Centre were identified and tested ahead of implementation and staff training.

To aid the Centre's mission, the ICS team maintains databases, provides daily individual advice and support to staff facing technical challenges, as well as training and refresher sessions on new applications and systems.

Conclusions and future plans

Over the year, the Centre managed a global network of researchers and practitioners through the Knowledge Network on Urban Settings, facilitating its synthesis of global knowledge and experience on social determinants of health in urban settings.

Supporting the programmatic work of WHO in Member States and to link research and evidence to action in countries, the Centre established six action-research sites in partnership with regions during the 2006-07 biennium. Working directly with communities in countries was a tremendous challenge, but each site has already rewarded the Centre with distinct lessons for the future of Healthy Urbanization.

For the 2008-09 biennium, the Plan of Work reflects the overall strategic directions of WHO as articulated in the Medium Term Strategic Plan for 2008-2013. The Plan will sustain the niche of the Centre by striving to elevate the health of urban populations and the issue of urbanization on the global health and development agenda, in line with the *Strategic Directions for the WHO Centre for Health Development 2006-2015*.



Nakuru, Kenya. Dr A Kiyu.

Annex 1

Advisory Committee of the WHO Kobe Centre

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 mission, 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;
- 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 eleventh meeting from 13–14 November 2007. Its conclusions and recommendations follow.

Conclusions

General

- Recognition was given to the role of the WHO Kobe Centre in addressing priority urbanization and health equity issues. The contribution of the Centre's activities to local area (Hyogo Prefecture-Kobe City) concerns, particularly in relation to disaster preparedness and the provision of information on specific public health concerns (e.g. preparedness to the influenza pandemic), was also noted.
- It was considered important that the Centre's research activities always be linked to concrete action in the field. Implementing appropriate training sessions on the research methodology in each field research site would become more crucial as interventions were scaled up over a wider region.

Healthy Urbanization

- The desirability of varying research methods and approaches among the six field research sites, depending on the nature of the problem being addressed, was mentioned. It was also acknowledged that there might be difficulty in

synthesizing conclusions from relatively heterogeneous case studies conducted on different research questions. Yet these field studies should not be seen in isolation from the other work of the Centre with specific reference to the Knowledge Network on Urban Settings and the framework for healthy urban governance. It was also noted that the project had been guided by an action-research protocol drafted to assess and measure improvements in governance, building the capacities of leaders and empowering communities.

Proposed Plan of Work for 2008-2009

- The focus of Healthy Urbanization on health governance as a major pathway to influence social determinants of health in ways that enhance health and reduce health inequity was considered appropriate. It was also noted that it was relevant to and consistent with the WHO's Medium Term Strategic Plan 2008–2013 and the associated urbanization and health equity issues (Strategic Objective 6, the Organization Wide Expected Result 6.1 and HQER 6.1.1.) as well as the particular needs of the local community.
- The proposed Plan of Work for 2008–2009 was agreed to be consistent with the Centre's Strategic Directions 2006–2015 and to represent an ambitious and commendable way forward over the next biennium in pursuing the Centre's mission and vision.

Recommendations

General

- The Centre should refine and enhance its strategy and plans for communicating the "learning" that results from its work. It should target a wide variety of urbanization and health equity stakeholders, including those within WHO. Among other mechanisms, this could be done through the continuation of KNUS beyond the life of the WHO Commission on Social Determinants of Health, and a global forum on Healthy Urbanization in 2010. It was also suggested that the Japanese government's firm commitment to support the Centre's work should become more visible to the global community.
- The Centre was urged to increase its efforts to mobilize resources in support of its activities.
- The Director was commended for converting many existing short-term staff to fixed-terms, enhancing stability and continuity.
- It was considered important that the Centre maintain a high priority for the ageing issue in tackling urbanization, as research on this theme had made it unique among research institutions from its inception.
- It was suggested that one potential research area for the Centre could be to investigate and report on the causes (e.g. environmental safety, sanitation, diet and budgetary means) of the Japanese population successfully achieving

the world's longest life expectancy, with particular reference to the period of rapid health gains after World War II.

- In relation to issues of particular local concern, a growing shortage of doctors and uneven distribution of health workers was highlighted as a social determinant of health. It was also suggested that the Centre should take a closer look at not only the "downside" but also the "upside" of the urbanization process.

Healthy Urbanization

- WKC should be cautious in selecting methodologies for Healthy Urbanization and evaluation of interventions emerging from HULC in each field research site. While the action-research protocol is a technically sound and effective methodology, the Centre may consider augmenting this with other quantitative methods, especially since the interventions address complex problems.
- A systematic peer review of methodology for generating evidence might need to be conducted by a select group of research advisors who would act as a "sounding board" for the Centre.
- The Centre should continue to maximize the use of existing data, approaches, tools and information already produced by WHO.
- Multidisciplinary research with experts from different sectors should be considered to generate new knowledge on urban health, and WKC needs to strike a better balance between health promotion action-oriented approaches that produce immediate results, and strategic and long-term research activities.



WKC publications in 2007

Healthy Urbanization Project

- ❖ *Healthy Urbanization Learning Circle Interim Package (HULC)* (a guide to WKC's multisectoral capacity building course, designed for policy-makers)
- ❖ *Report of the Bangalore Health Urbanization Project 2006-07: an enquiry into the social determinants of health through Healthy Urbanization Learning Circles* (published in Bangalore)

Knowledge Network on Urban Settings

- ❖ Fact File, based on the editorial in the supplement, in English, French and Spanish – disseminated at the 2007 WHA along with posters
- ❖ *Journal of Urban Health*, special supplement (June 2007) with abridged versions of the 14 thematic papers of KNUS (hard copies available)
- ❖ *Our Cities, Our Health, Our Future: Report of the Knowledge Network on Urban Settings to the WHO Commission on Social Determinants of Health*
- ❖ *Report of the Second Meeting of the Knowledge Network on Urban Settings, Dar es Salaam, Tanzania, 1–4 November 2006*
- ❖ "Vignettes and stories" on our Knowledge Network webpage (stories from the urban setting: Ghana, India, Kenya)

Urbanization and Emergency Preparedness

- ❖ *Heat waves, floods and the health impacts of climate change: training workshop for city health officials*
- ❖ *National Report on Violence and Health in Mongolia*
- ❖ *National Report on Violence and Health in Thailand*
- ❖ *Report: WHO consultation workshop on coordinated work for disaster risk reduction and the preparedness of health facilities in urban settings, 18-20 April 2007*

General

- ❖ *Annual Report 2006*
- ❖ *First Decade in Review: WHO Kobe Centre, 1996-2005* (available online in About WKC/History section)
- ❖ *Healthy Urbanization Calendar 2008*

Annex 3

Staff of WKC in 2007

Office of the Director

Dr Soichiro IWAO
Ms Keiko OKUDA
Dr Toru TAKIGUCHI

Healthy Urbanization Project

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
Ms Merisa ROMERO
Ms Mojgan SAMI
Dr Hiroshi UEDA
Ms Mariko YOKOO

Administration

Mr Nigel BOND
Mr Koichi EBINA
Ms Akiko IMAI
Mr Romero REROMA
Ms Miki SAKAGUCHI
Ms Junko TAKEBAYASHI
Ms Rika WERNER

Information and Communication Support

Mr Shunichi AKAZAWA
Mr James OPERE
Dr Kukan SELVARATNAM

Public Information

Mr Richard BRADFORD

WHO Centre for Health Development

I.H.D. Centre Building, 9th Floor 1-5-1 Wakinohama-Kaigandori, Chuo-ku, Kobe 651-0073, Japan
Tel: 078-230-3100 Fax: 078-230-3178 E-mail: wkc@wkc.who.int <http://www.who.or.jp/>