

ANNUAL REPORT 2008



**World Health
Organization**

Centre for Health Development

ANNUAL REPORT 2008

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MESSAGE FROM THE DIRECTOR

It has been an exciting year.

In 2008, we started a new biennium, building on the lessons learnt from the Healthy Urbanization Project, the Knowledge Network on Urban Settings (KNUS) report and from the continuing implementation of the Centre's Research Framework developed in 2004.

This current biennium brings new challenges and new accomplishments for the WHO Centre for Health Development (WHO Kobe Centre - WKC). We are now raising the agenda of urbanization and health at a global level with a clear focus on 2010, a pivotal year to invoke action to improve health in our cities for all citizens.

We have made important strides in working with partners, generating enthusiasm to address health inequities in urban settings, and increasing the visibility of the plight of those less fortunate.

In 2008, we took action to reaffirm WKC's position as an organization contributing to urbanization and health. We developed a comprehensive strategy to achieve our goal of reducing health inequities in cities and to fulfill our vision: healthier people in healthier environments.

Firmly supporting the Centre are the members of the Kobe Group, (Hyogo Prefecture, Kobe City, Kobe Steel, Ltd., and Kobe Chamber of Commerce and Industry) and I would like to express again my warm appreciation for their strong commitment to our work.

I am pleased to present the 2008 Annual Report, reflecting one of the main health challenges of our time, the Centre's pivotal role in addressing it, our strategy, achievements, and the way forward.

Dr Jacob Kumaresan



Director

WHO Centre for Health Development

A CHALLENGE TO THE GLOBAL COMMUNITY

Health gaps between countries and among social groups within countries have widened. Social, demographic and epidemiological transformations fed by globalization, urbanization and ageing populations, pose challenges of a magnitude that was not anticipated three decades ago. (The World Health Report 2008, p.1)



Urbanization as a determinant of health

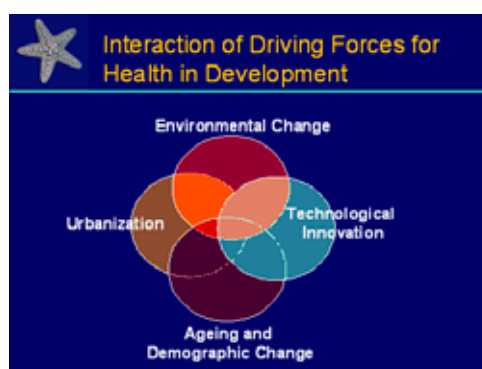
The Centre's role to focus on urbanization has never been more relevant.

Urbanization is a trend that is here to stay. In 2007, the world's population living in cities surpassed 50% for the first time in history, and this proportion is growing. By 2030, six in ten will be city dwellers, and by 2050, seven in ten. It is an irreversible trend that is now part of the world in which we live. It can be ignored, or it can be embraced as we begin to understand the effects this can and will have on public health and public policy.

Recognizing the environmental, social, and political factors that can determine the health outcomes of urban dwellers is an important first step towards action. Toward this end, WHO is taking a lead role in calling for partnerships to raise awareness of the health impacts associated with urbanization in order to spur action from countries to reduce health inequities in urban settings. Urbanization is such a powerful force and phenomenon that it is, in itself, a major determinant of public health in the 21st century.

The pivotal role of the WHO Kobe Centre

The Research Framework of the Centre, elaborated in 2004 by the ad hoc Research Advisory Group, identified urbanization as one of the four driving forces for health in development.



Since that decision, WKC has played a pivotal role in helping to shape the impact of urbanization on health. As secretariat of the Knowledge Network on Urban Settings, the Centre worked with researchers, academia, and policy-makers from across the world to produce a report and a set of recommendations in 2007. These findings formed part of the Report of the Commission on Social Determinants of Health, launched in September 2008. The evidence-based approach is leading to wider



recognition by decision-makers of the impact urbanization has on health, as demonstrated by its inclusion in the World Health Report 2008 as one of the major new health challenges in the 21st century.

As stated in its Research Framework, WKC engages in the conduct, coordination and application of research related to urbanization.

The Centre is working to provide the evidence and the tools to help policy-makers take advantage of the opportunities presented by urbanization to improve health equity. WKC plays a key role in responding to the need for research and evidence to address the social determinants of health inequity, and in disseminating relevant research findings to policy-makers.

MAKING AN IMPACT ON URBAN HEALTH

The foundations have been laid for reducing health inequities in an increasingly urbanized world based on an evidence-based approach.

In 2008 the Centre engaged with partners and the rest of WHO to adopt a comprehensive campaign to raise awareness and encourage action. As a result, it has been agreed by the Director-General to dedicate 2010 as a landmark year for urbanization and health. World Health Day 2010 will be devoted to this theme, a joint UNHABITAT-WHO Global Report will be launched and a policy commitment – the Kobe Declaration – is planned.



Focused approach

This focused approach to build from the evidence towards a comprehensive urban health programme aimed at reducing health inequities flows from the Centre's six-step, two-phase strategy. The two phases reflect the pre- and post- 2010 activities, with the six steps outlined below. The goal of this strategy is to ensure that health equity in urban settings becomes a mainstream concern of urban policies at national and city level.

ONE: Defining the problem

Since last biennium, the Centre has been working with a wide range of partners to gather evidence on urbanization and health, culminating in the findings of the Knowledge Network on Urban Settings.

Beyond KNUS, ongoing work continues to better define the nature and scope of the problem and challenges of urbanization and health. The Centre encourages and disseminates new research on the linkages between social determinants of health, urbanization and health equity. Some 2008 highlights to help define the problem:

- Repositioning the Centre's work to implement a more programmatic approach on urbanization and health, capitalizing on the lessons learnt from the Field Research Sites of the Healthy Urbanization Project, where valuable experience has been gained since 2006.
- Collaborating with several partners, WKC staff published a scientific paper entitled "Addressing social determinants of health inequities: what can the state and civil society do?" in The Lancet; as well as a chapter for an upcoming book on the same topic.
- Researching emerging health issues such as the effects of climate change on health in urban settings as well as the impact on health and equity of the latest medical tourism trends.

TWO: Assessing the situation

WHO has a unique role in its ability to reach out to policy-makers, while serving its Member States, who govern the Organization. WKC collaborates with municipal and national authorities in health and other sectors to gather evidence that will influence policy decisions.

The development of the Urban Health Equity Assessment and Response Tool (Urban HEART) began in 2007. The need for the tool arose from one of the recommendations made in the KNUS report. It addresses the concern of municipal leaders about how they can best assess and respond to health inequities in their cities.

The assessment component of Urban HEART is an attempt to provide ministries of health and health officers at a city level with a comprehensive mechanism to measure intra- and inter-city health inequities.

Consistent with the principle of working with Member States, the tool is being piloted in cities in 13 countries through ministries and municipal governments. The year 2008 saw several key milestones:

- April 2008 (Tehran, Iran) - More than 100 participants from five countries (Brazil, India, Iran, Philippines, Zambia) attended the launch to develop the pilot-test of the tool in their countries.
- September 2008 - An advisory group comprised of experts from all over the world was formed to help ensure the validity of the tool and provide guidance throughout the development stage. (First meeting to take place January 2009).
- December 2008 (Jakarta, Indonesia) – Municipal officials from eight countries (Indonesia, Kenya, Mexico, Mongolia, Pakistan, Sri Lanka, Tunisia, and Viet Nam) attended the second launch to develop the pilot-test and to benefit from lessons learned from the first group of countries.

Results of the pilot-tests and recommendations from the Advisory Group will be collected throughout 2009. These inputs will be reflected in the development of the tool, due for finalization by the end of 2009.

THREE: Identifying the answer

Policy-makers recognize the need to assess the extent to which health inequities exist. They then logically seek answers to the challenges an assessment may reveal. Through its research, WKC works towards proposing answers that policy-makers can adopt.

In the case of Urban HEART, the purpose is to help identify and carry out appropriate interventions that address health inequities. The tool is unique because it offers policy-makers a new way to see a combination of data on health outcomes as well as health determinants in their cities. The assessment reveals priority areas for intervention, based on which factors reveal the largest inequity across four domains: physical environment and infrastructure; social and human development; economics; and governance. Policy-makers can then select from a menu of interventions.

These proposed interventions/actions for health equity are grouped under five suggested response strategies. These are intended to guide prioritization and development of a comprehensive and context-specific set of interventions/actions. A set of core relevant indicators is being developed and refined through the process of pilot-testing the tool in cities.

FOUR: Assessing the response

Assessing the impact and relevance of the response is critical. The focus of WKC's health governance research is to select and validate the responses that countries and cities implement. Good urban governance is a fundamental common element in healthy urbanization. Some results in 2008:

- In San Joaquin, Chile, a Framework for a Childhood Protection Network was adopted in April to be scaled up nationally.
- In Bangalore, India, health access has been improved through a mobile clinic, stronger linkages between the police and the community to combat gender-based violence have been formed, and a more comprehensive city policy on solid waste management has been adopted.

Drawing from experience in multisectoral interventions will continue beyond this biennium, and will include collecting other sources of information demonstrating the impact governance can have on reducing health inequities.

FIVE: Engaging and informing policy-makers

In its effort to engage and inform policy-makers about the potential positive impact that action on social determinants of health can have on the issue of health inequity in urban settings, WKC will: disseminate evidence and best practices identified; foster and facilitate networking with local and national governments, and promote exchange among policy-makers and other key stakeholders.

To reach this audience, the three milestones planned for 2010 will provide more visibility to urbanization and health:

1. World Health Day 2010 (7 April) will have urbanization and health as its theme. The day will serve as a launch highlighting the issues, and will presage the events to take place throughout 2010. WKC will serve as the global secretariat throughout the year.
2. A joint Global Report on Urbanization and Health by WHO and UNHABITAT will make the case for urgent national and global action to reduce health inequities in cities. It is intended as a state-of-the-art guide to effective and feasible interventions that countries can implement to better understand and respond to the

challenges associated with living in an increasingly urbanized world.

3. Finally, in November 2010 in Kobe, a Global Forum will bring together the main actors of urbanization and health to provide an international platform for policy commitment.

The year 2008 has seen success in securing these milestones, galvanizing support from the rest of WHO and its partners and agreement on a comprehensive and consistent approach to invoke action.

SIX: Promoting and Monitoring the implementation of an urban health programme

This stage of the strategy will allow WKC to develop its future agenda for 2010 and beyond. It will be focused on continuous evidence gathering for both the assessment and response to health inequities in urban settings, and on policy advocacy to ensure the successful implementation of an urban health programme by countries and cities.

Finally, the development of indicators for monitoring would allow WHO and policy-makers to tackle the challenges of health inequities in cities with a comprehensive approach.

A NETWORK OF PARTNERSHIPS

For the WHO Kobe Centre, partnerships are crucial to meet the global challenge posed by the rapid growth of urban areas and the impacts this can have on health. Just as critical is identifying the roles and responsibilities and the potential areas of collaboration to move urbanization and health forward. In this regard the network of partners has helped the Centre in multiple ways during the year: providing strategic direction on key initiatives; informing practices and policies; working with counterparts including experts in Japan; and helping to build momentum.



Providing strategic direction

The Centre draws on a wide range of experts from multiple disciplines all over the world. This expertise is critical to assist with the development, validation and acceptance of the initiatives and products realized by the Centre.

In 2008, major initiatives included the launch of the Urban HEART country pilots and the planning for a Global Report on Urbanization and Health. While these products will not be completed until 2009 and 2010 respectively, the Centre reached out early to policy-makers, academia, researchers, and other UN agencies to get their buy-in, obtain practical advice, and seek input and areas for improvement.

Advisory committees for Urban HEART and the Global Report were formed in 2008, and each of those groups discuss progress and provide recommendations and actions for the way forward. Each group is represented by high-level experts from each of the WHO regions. The groups will continue to meet until the completion of those initiatives.

The Global Report will be produced jointly by UNHABITAT and WHO, with WKC serving as the secretariat. A

Letter of Exchange has been prepared between the agencies to formalize the partnership.

The Advisory Committee of the WHO Kobe Centre (ACWKC) composed of representatives appointed by the Director-General, met in November to discuss the strategic direction of the Centre. The Committee provided a set of strong recommendations, including encouragement to move towards the adoption of a global programme on urbanization and health. The recommendations are attached in Annex 1.

Informing practices and policies

From time to time, WKC convenes expert groups for guidance in specific areas. For example, in 2008, WKC began pursuing targeted research to generate evidence on climate change and health in urban settings in order to inform and support policy initiatives. In November 2008, a workshop on research priorities for climate change and health in urban settings called together ten experts from all over the world. Its findings helped to shape and define the specific research agenda of the Centre vis-à-vis the global health research agenda set in

Madrid in October 2008. The expert group recommended a focus on researching “co-benefits” produced by measures that both cut greenhouse gas emissions and promote health, as well as health-environment governance in urban settings. This focus will ensure the Centre is a leader in identifying and analysing health issues related to climate change with an equity perspective in urban settings.

The Centre also works closely with the Alliance for Healthy Cities, the Healthy Cities initiative in the European Region, the International Society for Urban Health, and UNHABITAT.

These partnerships as well as others allow for iterative processes informing practices and policies related to the Centre’s work. Networking and forging relationships, technical staff attend key seminars and workshops on urban health, health governance, climate change and health, and other pertinent gatherings where the exchange of ideas is critical to ensuring that work remains relevant and grounded in the pursuit of applied research.

Staff participated in many international public health conferences and meetings to promote the work of the Centre and learn from others’

successful public health programmes throughout the year. Roughly 25 presentations, abstracts, and posters were presented at ten conferences. A list of the presentations, research publications and abstracts produced by the Centre can be found in Annex 2.

In addition, the internship programme was re-launched at WKC in 2008, providing an opportunity for graduate students to experience global work on urbanization and health. This has strengthened the links with the Japanese research community while enhancing the Centre with additional team members to achieve WKC’s goals. During 2008, three interns participated from two Japanese and one US university.

Working closely with Japanese counterparts

Implementing the Centre’s programme would not be possible without the support, guidance, and technical expertise of the Japanese community. In 2008, WKC reinforced existing partnerships and developed new ones to build strategic linkages with Japanese research institutions, and to increase awareness of WHO, the Centre and its work.

A well-attended meeting was called in June to explore interest among researchers at local institutions in collaborating on urban health, and learning about key issues from these researchers continued throughout the year. This resulted in several collaborations and research activities, with a specific focus on projects assessing inequities in Japanese cities. Two particular areas where work has begun are documenting tuberculosis incidence in urban areas and oral health inequities.

Seminars with WHO experts were organized by WKC in 2008 on the topics of avian influenza, neglected tropical diseases, HIV/AIDS and tuberculosis. Those seminars were attended by many health-related officials, whose feedback indicated that they provided a “good forum for informative discussion/questions and answers.” A health promotion display event and seminars on the role of WHO and WKC continued to be provided for the Kobe community.

Partnership with the local community was also reinforced through continued collaboration and communication with the Kobe Group in assessing requirements and making future information and communication technology (ICT) plans, as well as coordination and support for partnership events.

As a result of work with the Kobe community in the previous biennium, a film and e-case study package highlighting the health considerations of a rapidly ageing population in urban areas was completed in 2008 with UN University. The film was shown in several locations including Tokyo and venues with local community members who participated in the film-making. The package, entitled *The Wisdom Years: Ageing into the 21st century*, is now publicly available on the websites of both agencies.



WKC played a supporting role with the health-related issues around the G8 Summit held in Toyako, Hokkaido, including assistance to the WHO Headquarters delegation in preparing for the H8 meeting of heads of international agencies working in the area of health.

Building momentum

With numerous partners from multiple countries, interests, and areas of expertise, building momentum around urbanization and health requires collaboration and coordination.

In 2008, a mapping exercise was conducted during a UNHABITAT-WHO meeting with other partners in attendance to identify key global and regional initiatives, meetings, and high-level events related to urban health through 2010. The aim was to collaborate with partners to ensure synergies, build on each other’s work, and ensure consistency of approach in addressing the issue of health inequities in cities.

The result has been an increasing awareness around the landmark year of 2010 and the willingness of partners to work with the Centre on key milestones, including World Health Day and possible contributions to the Global Report. The Centre has learned of other opportunities such as 2010 World Expo in Shanghai, mayoral fora, urban health conferences on metrics and key initiatives of other foundations and agencies with whom the Centre will continue to work.



EXECUTIVE MANAGEMENT AND INFRASTRUCTURE SUPPORT

With the start of a new biennium, a sound strategy and state-of-the art technological support are critical elements to ensure efficient and effective programme delivery.



Towards a programmatic approach to urbanization and health

The Centre's strategic approach to health and development was reformulated with the signing of a new Memorandum of Understanding in 2005, covering the years 2006-2015. Building from the 2004 Research Framework, the Centre undertook urbanization and health as an integrated, interdisciplinary, multi-sector initiative that could support WHO regions and countries in relation to ongoing work on health and development. The implementation of the strategy to conduct research in field sites was a significant part of the work achieved by the Centre during 2006-07.

Building from the lessons learnt then, and under new guidance from Director Jacob Kumaresan, the workplan for 2008-2009 concentrates on scaling up Healthy Urbanization from a project-led focus to a programmatic approach to reducing health inequities in urban settings. The six-step strategy articulated in the earlier section "Making an impact on urban health" is the foundation of the work moving forward.

This expansion in scope has allowed the Centre to engage with a broader range of partners and to push for global milestones that will reach a wider cross-section of policy-makers. Much of the work of the Centre during this biennium is focused on galvanizing support, collecting data and conducting research within this more global context.

Within the Centre, the staff was strengthened by a shift from short-term to fulltime contracts, simplifying forward planning for human resources.



Ensuring state-of-the-art support to the programme's work

Information and communication technologies 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; and
- Act as a catalyst for new and innovative services to Member States.

WHO's role is to promote public health, and ICT is crucial to its mission. It is therefore critical and of strategic importance to the Kobe Centre for effective and efficient management, administration, networking, knowledge management, advocacy and global partnerships, and health technical research activities.

A landmark in 2008 was the introduction in July of the Global Management System (GSM), an enterprise resource planning system integrating all project, human resource, and financial planning/monitoring information throughout WHO offices to improve workflow efficiency and implementation. WKC was part of a rollout to Headquarters and the Western Pacific Regional

Office. While the system has had its challenges, improvements will continue with ICT development and support to the process.

The overall ICT environment at the Centre was also substantially improved through marked enhancement of security (integrity, availability and confidentiality of systems), infrastructure (computing and data centre facilities, telecommunication systems) and application services (web, e-collaboration/e-communication, databases).

In 2008, WKC expanded its information and communication capacity significantly using current technologies such as Web 2.0 over the Internet, multimedia e-collaboration/e-communication, and other automated systems (e.g. auto-translation of web and texts, intelligent anti-spam, systems auto-monitoring and analysis, virtual private network routing, video conferencing, and real-time access to WHO global ICT applications).

Given that the Centre is gearing up for several global milestones such as World Health Day 2010 and the Global Forum, it is deemed critical to ensure that the infrastructure development and support is compatible with the increased information technology needs this will bring.

SUMMARY AND CONCLUSIONS

Galvanizing the support of the Organization and its partners has been critical to forge a prominent position for urbanization and health on the global agenda.



Key achievements in 2008

Urbanization and health higher on the international agenda

- Building on the lessons learnt from the Field Research Sites, our work on urbanization and health has been boosted in moving from a project to a programmatic approach. This expansion has allowed the Centre to engage with a broader mix of partners and to push for global milestones that will reach a wider range of policy-makers.
- Galvinizing the support of WHO and its partners to elevate urbanization and health on the global agenda with a focus on equity has been critical. The full support of the Organization is evidenced by its designation of urbanization and health as the theme for World Health Day in 2010. Other key milestones that year, the Global Report and Global Forum, will help pave the way for implementation of an urban health programme focusing on equity by policy-makers in the years to come.

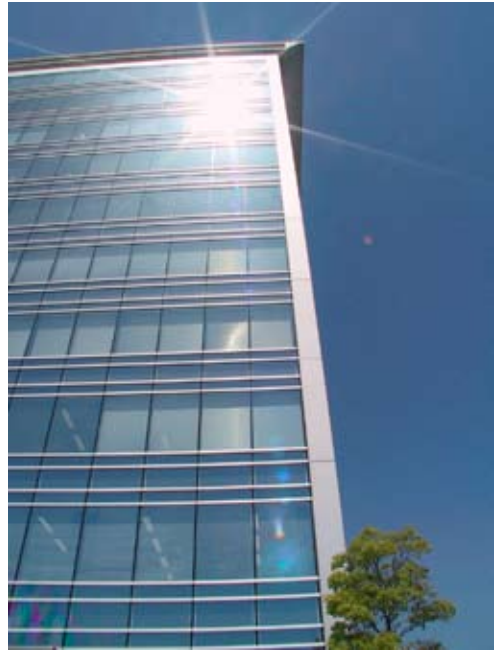
Engaging partners to develop key tools, products and guidance to help reduce health inequities

- The design of Urban HEART and implementation of pilot-testing has attracted the strong interest of cities and countries in the development of a key instrument for decision-makers eager to tackle health inequities.
- WKC has initiated the process of compiling the Global Report on Urbanization and Health (from WHO, UNHABITAT, academia, non-profit and donor partners), and put in place the organization required to ensure the successful completion of this key element in the campaign.
- WKC has contributed to the establishment of an agenda for urbanization and health by disseminating its research findings (submission of abstracts, peer-reviewed publication in journals, presentation of lectures and posters) at major conferences addressing urban health-related issues. By doing so, the Centre has built on its experience as a hub linking various interests in the field of urbanization and health equity.

Conclusions and future plans

In 2008, WHO Kobe Centre continued to set the international agenda for urbanization and health, preparing a coherent strategy and workplan and thereby strengthening its role as a hub. The Centre expanded its collaboration network in Japan, as a way to tap the enormous potential that Japanese research institutions have to define the problem, gather evidence and disseminate research findings related to health equity issues in urban settings. The pilot-testing of Urban HEART offers an opportunity to provide decision-makers with an effective instrument for identifying and tackling health inequities in cities. WKC's efforts are geared towards reaching this goal with the key rallying events in 2010.

This past year, the Centre has shown its ability to engage WHO, Japanese research institutions, international policy institutions and local governments in urbanization and health as a research initiative and vital concern of public health.



The general direction of the renewed Plan of Work is to mainstream approaches and methods for achieving urban health equity in countries by developing a programmatic approach to embrace the full spectrum of challenges and opportunities presented by urbanization.

A new biennium, a strengthened team, a revised workplan and a renewed ambition are now forging the identity of the Centre as a major contributor to health development research.

ANNEX 1: ADVISORY COMMITTEE OF THE WHO KOBE CENTRE

Conclusions

The WKC Advisory Committee commended the Director and his staff for the excellent report on achievements for 2008. The importance of the role of the WHO Kobe Centre in addressing urbanization and reducing health inequities was recognized. The contribution of the Centre's activities on local concerns, particularly in relation to anti-tobacco initiatives and the provision of information on specific public health concerns (e.g. preparedness for a influenza pandemic), was also noted.

Two areas were highlighted in conclusion: 1) consolidation of the programme for urbanization and health, and 2) strengthening of the WHO Kobe Centre's collaborating network.



Recommendations

1. WKC is in a position to lead and coordinate a programme of urbanization and health and therefore we endorse WKC to establish a programme on urbanization and health, as outlined in the workplan presented.
2. We applaud the efforts of WHO for taking leadership and promoting urbanization and health by selecting this topic for World Health Day 2010. We support the strategy to develop multiple activities around this theme throughout the year with various partners.
3. We encourage and support the work around the development of the Global Report and the Global Forum. We see these as important milestones to focus efforts around urbanization and health.
4. We recommend that the lessons learned from the Healthy Urbanization Field Research Sites be incorporated into the development of the urbanization and health programme through a selection of multisectoral interventions that involves all relevant stakeholders.

5. We encourage WKC to involve mayors and policy-makers at the municipal and national level in the early stages of planning for policies and intersectoral actions to reduce health inequity.
6. WKC should continue to expand its network of institutions in Japan and worldwide, especially WHO collaborating centres where there are mutually beneficial areas of work. We also recommend that WKC continue to engage local scientific institutions in Kobe and Hyogo with a focus on issues that are a priority to the local community.
7. We endorse WKC's initiative to conduct research on climate change and health in urban areas as part of the overall WHO global research on climate change and health.
8. We endorse the process for the development of Urban HEART and support the current strategy for piloting the tool with municipal and national policy-makers.
9. We recommend that WKC strengthen its communication strategy to advocate healthy urbanization to policy-makers and to identify local and global champions and ambassadors to implement policies leading to healthy urbanization.
10. We recommend that WHO, with the support of the Kobe Group, consider long-term sustainability for the Centre and encourage it to seek funds from additional donors, given the current economic crisis.



ANNEX 2: WKC PRODUCTS, 2008

Abstracts

The following summaries were prepared by WKC staff for presentations at international scientific meetings.

Title	Event	WKC contributors
Building a social protection network for children in San Joaquin, Santiago, Chile	7th International Conference on Urban Health (ICUH), Vancouver, Canada 29-31 October 2008	*
Development equity assessment indicators in urban areas; Empirical methodology framework	7th International Conference on Urban Health	*
Governance vs politics for urban health. Or are they the same?	7th International Conference on Urban Health	Armada, Dr Francisco
Health equity in the urban context: A review of assessment and response tools	7th International Conference on Urban Health	Grenier, Dr Francis Prasad, Mr Amit
Healthy Urbanization Project – Early lessons for community and multisectoral participation	7th International Conference on Urban Health	Armada, Dr Francisco Kumaresan, Dr Jacob Lapitan, Dr Jostacio
Medical travel: A challenge for urban primary health care systems	7th International Conference on Urban Health	Grenier, Dr Francis
New perspectives on urban health and their application in public policies and services	7th International Conference on Urban Health	*
Promoting the “Health-Conscious City”	7th International Conference on Urban Health	Ueda, Dr Hiroshi
Realizing the role of older people in urban emergencies and disasters: Age-friendly learning from the Great Hanshin-Awaji Earthquake	7th International Conference on Urban Health	Lapitan, Dr Jostacio
Towards a healthier Bengalooru, India: Learnings from a Healthy Urbanization Field Research Site	7th International Conference on Urban Health	*
Trade and globalization: emerging issues for urban health care systems	Annual WHO Healthy Cities Network meeting, Zagreb, Croatia, 15-18 October 2008	Grenier, Dr Francis

*Contribution by external party

Powerpoint presentations

Title	Event	WKC contributors
Adaptation: putting health at the heart of the climate change agenda	Asia-Europe Meeting (ASEM) Seminar on Adaptation to Climate Change, Tokyo, 2 October	Lapitan, Dr Jostacio
Population ageing and ageing-related activities by WHO and WKC	Lecture with Asian Urban Information Center of Kobe, 28 October	Ueda, Dr Hiroshi
Global situation of tuberculosis and the Stop TB Partnership	Media lecture/interview on TB, Kobe, 9 September	Kumaresan, Dr Jacob
Health equity in the urban context: A review of assessment and response tools	7th International Conference on Urban Health, Vancouver, Canada, 29-31 October	Grenier, Dr Francis Prasad, Mr Amit
Healthy urban governance vs. healthy urban politics. Or are they the same thing?	7th International Conference on Urban Health	Armada, Dr Francisco
Internship programme at WHO Kobe Centre	Intern's final report, WKC, 3 October	Sakurai, Ms Keiko
Keynote speech: Urban health and the challenge of sanitation	SDE Regional Symposium: Sanitation: Essential Health Determinant, Santiago, Chile 11 October	Kumaresan, Dr Jacob
Public health and climate change in urban areas	C40 Cities – Climate Leadership Group: Tokyo Conference on Climate Change, 23 October	Kumaresan, Dr Jacob
Realizing the role of older people in urban emergencies and disasters: Age-friendly learning from the Great Hanshin-Awaji Earthquake	7th International Conference on Urban Health	Kumaresan, Dr Jacob Lapitan, Dr Jostacio
Special Guest Lecture: Lung health: Can health systems affect equity?	39th Union World Conference on Lung Health of the International Union Against Tuberculosis and Lung Disease, Paris, France 18 October	Kumaresan, Dr Jacob
The urban setting: a key social determinant of health	World Urban Forum, Nanjing, 3-6 November 2008	Lapitan, Dr Jostacio
The urban setting: a key social determinant of health	3rd Global Conference of the Alliance for Healthy Cities, Ichikawa, Japan, 24-26 October	Prasad, Mr Amit

Posters

Title	Event	WKC contributors
Healthy Urbanization Project – Early lessons for community and multisectoral participation	7th International Conference on Urban Health (ICUH), Vancouver, Canada 29-31 October 2008	Armada, Dr Francisco Lapitan, Dr Jostacio Kumaresan, Dr Jacob
Medical travel: A challenge for urban primary health care systems	7th International Conference on Urban Health	Grenier, Dr Francis

Articles and publications

References	WKC contributors
Crimmins EM, Hayward MD, Ueda H, Saito Y, and Kim JK. (2008) Life with and without heart disease among women and men over 50. <i>Journal of Women and Aging</i> , 20(1/2); 5-19.	Ueda, Dr Hiroshi
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WHO Commission on Social Determinants of Health (CSDH). <i>Closing the gap in a generation</i> . Final report, August 2008.	Prasad, Mr Amit

ANNEX 3: LIST OF STAFF, 2008

Office of the Director

Dr Jacob KUMARESAN
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