



Annual Report 2009



**World Health
Organization**

Centre for Health Development

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Message from the Director

For WHO and all of us in the health sector, 2009 was a surprising year. With the outbreak of a novel H1N1 virus, first in Mexico in April and now in more than 208 countries, we have seen the rise of the first influenza pandemic since 1968. It is a reminder of the necessity for preparedness and response in the face of such outbreaks, as well as disasters and emergencies. Much has been achieved on this front at a global scale, and much continues to evolve at the international, national, and municipal levels. Cities are at the forefront of this challenge.



At the same time, 2009 was worse than expected for the world economy. A financial crisis in developed countries led to an economic crisis of broad proportions, affecting the job and life prospects of millions all over the world. Employment is a key social determinant of health, particularly for urban populations.

For WHO Centre for Health Development, in turn, it has been a year of building and outreach in preparation for 2010, a year for WHO to spotlight urbanization as a key factor in health outcomes for the 21st century. As secretariat for World Health Day in April 2010, with the theme “Urban Health Matters”, the Centre is leading the *1000 cities, 1000 lives* campaign that calls on national and municipal leaders, civil society and individuals toward integrating health in urban policy throughout the world.

Research collaboration with partners in Japan and abroad continued, resulting in further analysis and evidence on smoke free cities, health equity measurement, climate change, intersectoral action, and policy.

Special mention is due to 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.

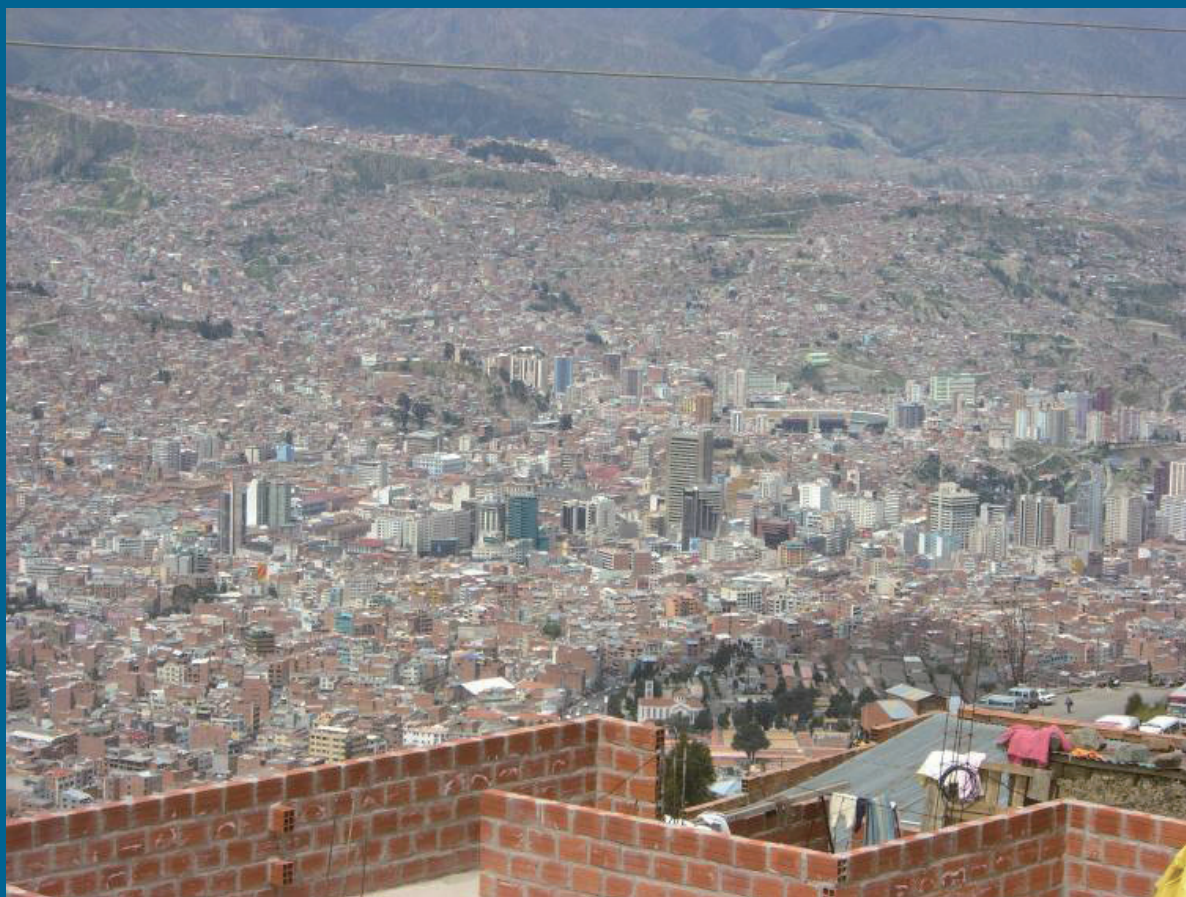
I am pleased to present the 2009 Annual Report, reflecting our Centre’s work toward key milestones for global health in 2010 and beyond, raising awareness of the need for a focus on health in all urban policy and to achieving the Millennium Development Goals in health and poverty.

Dr Jacob Kumaresan

Director

WHO Centre for Health Development

THE ROLE OF THE CENTRE IN AN URBANIZED WORLD



The pivotal role of the WHO Centre for Health Development (WHO Kobe Centre)

In 1990, fewer than 4 in 10 of the world's population lived in cities. Today, more than half live in cities, and by 2050, 7 out of every 10 people will live in an urban area. This phenomenon needs to be understood as a health determinant which can be addressed.

The role of WHO Kobe Centre (WKC) to focus on the driving force of urbanization in health in development has never been more relevant. With a vision of "Healthier people in healthier environments", the Centre's goal is to reduce urban health inequities that are a consequence of unplanned urbanization.

The focus in 2009 has been on framing urbanization as an actionable determinant of health, and generating knowledge on urban health inequities.

Framing urbanization as an actionable determinant of health

The Centre's 2004 Research Framework identifies urbanization as one of the four driving forces for health in development. Along with environmental change, demographic change and technological innovation, urbanization is a powerful driver of public health in the 21st century.

As such, 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 by countries and cities, manage urbanization strategically and reduce health inequities.

Generating knowledge on urban health inequities

The Centre generates the evidence and tools to help decision-makers take advantage of the opportunities to improve health equity. It seeks to sustain research and action on the social determinants of health – undertaking and disseminating relevant research findings for discussion by country and city stakeholders.

Raising awareness on urbanization and health equity towards a policy commitment by cities

The generation and building of an evidence base on urbanization and health equity can only be meaningful if it is owned by end users from the outset or alternatively, persuasively presented to policy-makers for uptake and further research. Therefore, parallel awareness-raising and advocacy events are needed to raise support for city governments to embrace health equity in governance structures and procedures. It is vital to make the challenge of urban health equity highly visible globally and locally. This requires scientific, communication and advocacy initiatives that demonstrate effective interventions and encourage implementation of health equity programmes as part of the public policy of city governments.

TOWARD REDUCING HEALTH INEQUITIES IN ALL CITIES



Urban health inequities – overview

Understanding urban health begins with knowing which city dwellers are affected by which health issues, and why. Health inequities refer to avoidable and therefore unjust or unfair differences in health between groups of people. They arise because of the circumstances in which people grow, live, work, and age, and the health systems they can access, which in turn are shaped by broader political, social, and economic forces.

Health inequity implies that observed differences in health are the result of avoidable factors, usually differences in living situations and/or access to health services. The Centre focuses on inequities in urban health outcomes and their associated determinants. It provides tools and guidance on measuring and responding to them, promotes health governance research to address them, and conducts research on emerging health issues related to urban health such as climate change.

Unmasking health inequities in cities means being able to identify where disparities exist. Responding to them means developing an evidence base to inform policy actions. Highlights of the Centre's work in 2009 and the related achievements are described in this section.

Measuring and responding to urban health inequities

The Urban Health Equity Assessment and Response Tool (Urban HEART) aids decision-making to address health inequities in cities. It is based on the principles elicited by the WHO Commission on Social Determinants of Health and the *World Health Report 2008 on Primary Health Care*, and is a key deliverable of the WHO Noncommunicable Diseases Action Plan. The tool, developed at WKC with inputs from WHO regional offices, was piloted in cities from ten member states in 2008–09. It was finalized in 2009 with inputs from the field and technical advice from a group of experts.

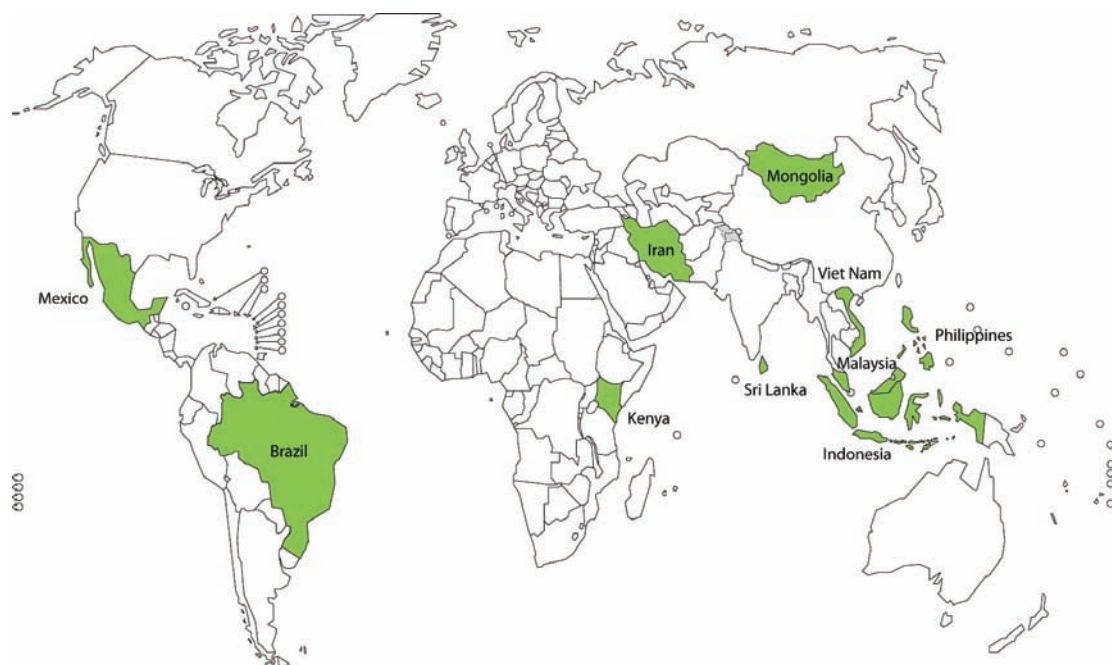
Urban HEART is a user-friendly guide for policy-makers at local and national levels to address health inequities in cities (www.who.or.jp/urbanheart). It consists of two key components:

Assessment: This component analyses (a) health outcomes and (b) health determinants. Health determinants are grouped into four policy domains:

- a. Physical environment and infrastructure;
- b. Social and human development;
- c. Economics; and
- d. Governance.

Response: This component identifies strategies for action from a list of best practice interventions across multiple health issues. While interventions would be modified to address the specifics of the local context, the tool provides the basis to prioritize appropriate actions on the basis of need and feasibility.

Figure 1. Countries where Urban HEART was pilot-tested in 2008-09



Achievements

Pilot-testing Urban HEART: The key objective of pilot-testing was to determine the feasibility of implementing Urban HEART in countries and to assess its applicability in varied urban settings. In 2008, WKC in collaboration with WHO regional offices started piloting the tool in cities in Brazil, Iran and the Philippines. By the end of 2009, the process had been completed in 17 urban sites across ten countries. During this time, workshops were held in Tehran (April 2008), Jakarta (December 2008) and Yaounde (April 2009) to train city and country officials on using the tool. Two meetings were held for pilot sites to share their experiences, one in Brasilia (May 2009) and another in Nairobi (November 2009).

Urban HEART Advisory Group: An advisory group provided technical inputs on Urban HEART and contributed to its development. This group of experts from various fields including policy-makers, researchers, and health practitioners met in Kobe (January 2009) and in Amman (October 2009) to review and provide recommendations on various aspects of the tool.

Finalizing Urban HEART: Urban HEART was finalized in 2009 and will be disseminated widely in the latter half of 2010 following WHO procedures and mechanisms. It is envisioned that over time, cities will institutionalize and adapt it to their local context, while WHO will continue providing technical assistance and platforms for international learning exchange.

Box 1. Spotlight: Supporting municipal leaders to prioritize multiple health challenges

Parañaque, a city on the outskirts of Manila, Philippines, piloted Urban HEART in 2008. As a result of the assessment process, Parañaque identified infant and maternal mortality rates as the most pressing health challenge to deal with, ahead of safe water access and crime. In working through the response component of Urban HEART, the district chose to implement an initiative to provide an alternative to home births as a means to improve the infant and mortality rates.

On the basis of civil registry data, the barangay (the smallest administrative division in the Philippines) of San Martin de Porres was chosen as the site of a new birthing centre. Following renovations, the first such facility in the district opened in late October 2008. As of September 2009, the facility had delivered more than 100 babies.

The traditional birth attendants were employed at the centre to monitor the health of expectant mothers. In addition, there is an ongoing information system for pregnant women in the barangay as well as a women's health team comprised of community volunteers.

The establishment of the birthing facility has led to increased awareness of newborn screening and increased breastfeeding practices. Other districts of Parañaque are now in the process of undertaking similar initiatives.

Health governance research to inform policy

WHO Kobe Centre's research on health governance deals with the design and implementation of public policies that impact on health in urban settings. The ultimate objective is to provide guidance and recommendations to policy-makers on how to reduce health inequalities.

A three-pronged strategy was followed during 2009 to accomplish this goal. First, work in the Healthy Urbanization Field Research Sites was reviewed with the regional offices in order to build on this experience. Second, an in-depth analysis on intersectoral action was carried out, recognizing the crucial role of this approach in effectively addressing the social determinants of health. Third, research is being conducted on the development of public health policies by local governments through the Smoke Free Cities project.

Achievements

Intersectoral action on health. Urban contexts are complex and include multiple determinants of health. The need to incorporate many sectors of society in addition to the traditional "health sector" in the process of designing and implementing public policies for improving quality of life, known as intersectoral action on health (ISA) is widely recognized. The emphasis on social determinants of health and the renewed commitment to primary health care led by WHO have reinforced the need to identify successful mechanisms to promote ISA.

Dense population and the forced interaction of varied sectors of society in a relatively small political arena make cities an ideal setting for untangling the features that affect the impact of intersectoral action

on health equity. WKC conducted an analysis of ISA as relevant to urban settings through an expert consultation ("Health Equity in All Urban Policies – An expert consultation on intersectoral interventions in the prevention of noncommunicable conditions", Kobe, June 2009).

Key recommendations for policy-makers to develop intersectoral programs under a "Health in All Policies" framework were: a) to adopt a shared policy framework supported by governance structures; b) to have a capable and accountable health sector; c) to encourage community participation in the process of policy-making; and d) to assess and monitor interventions and their impact on equity. A follow-up meeting was held as a sub-plenary session during the 7th Global Conference on Health Promotion in Nairobi (26–30 October 2009).

Smoke Free Cities. The Smoke Free Cities (SFC) project was established in cooperation with the National Institute of Public Health (Japan) and WHO Tobacco Free Initiative with three main objectives: a) to gather evidence for interventions at the city level that have led to public spaces free of exposure to second-hand smoke; b) to promote the adoption and implementation of policies by local governments that lead to smoke free cities; and c) to provide recommendations to policy-makers in urban settings on policies to curtail exposure to second-hand smoke in public spaces. Case studies were conducted in nine cities with smoke free city policies: Mexico City (Mexico), Recife (Brazil), Mecca and Medina (Saudi Arabia), Chandigarh and Chennai (India), Almaty (Kazakhstan), Nakuru (Kenya), and Davao (Philippines).

The Smoke Free Cities research highlights the vital influence of municipalities on global health challenges. For example, state, provincial or municipal regulations have often adapted national interventions or addressed the smoking issue with measures beyond the legal or political scope of national governments. Such regulations at the municipal level are clear examples of the importance of action by local governments for urban health.

A Regional Workshop on Monitoring Secondhand Smoke (SHS) Exposure was held in Kobe on 13–17 July in collaboration with Johns Hopkins Bloomberg School of Public Health. A total of nine countries (Bangladesh, China, India, Indonesia, Japan, Korea, Philippines, Thailand, and Vietnam) were represented by at least two participants, one specializing in tobacco control and the other in communications. This workshop aimed to enhance collaboration between these professionals by reducing the gap of scientific evidence and perspective. The objectives of this workshop were to: review and assess existing SHS data from participating countries; train participants in best-practice SHS monitoring procedures and adopt associated study protocols; develop plans of action for monitoring exposure to SHS in selected public places; and develop a process for producing a Monograph based on the results of the monitoring studies. The workshop provided an opportunity for the participants to learn about SHS exposure monitoring of air nicotine and particulate matter (PM_{2.5}) levels in selected settings.



Kobe City began enforcement of a no-smoking zone in pedestrian areas around Sannomiya station in 2008. For the launch, volunteers assisted in raising awareness and levying fines.

Box 2. Spotlight: Engaging with multiple sectors for sustained health benefits

Chandigarh, a city of nearly a million in the north of India, became the country's first smoke free city on 15 July 2007. While India had introduced tobacco control legislation for the creation of smoke-free public places at the national level in 2004, enforcement remained a challenge.

At first the public was unaware of the new laws restricting smoking in any public place. Significant effort was required to inform the public sector on its implementation and methods of enforcement. Much of this work was accomplished through an NGO, the Burning Brain Society. Under the 2005 Right To Information Act, the Society advocated and influenced the government office in Chandigarh on the enforcement of the 2004 tobacco law.

Slowly, compliance with the law began, and in March 2007 police agreed to begin enforcement. Based on a roadmap drawn up by the Society, plans for a Smoke Free Chandigarh were launched in May 2007 with various departments and enforcement agencies. Loopholes in the existing law and synergies with other existing national laws were identified, tightening the definitions for concepts such as "public place" and boosting penalties.

Climate change and emerging issues

Climate-related health risks are greatest for the urban poor, especially where they lack adequate shelter or access to health services. The Centre's main challenge in 2009 was to generate scientific evidence on climate change and health in urban settings in order to inform policy. A scientific niche among a growing number of climate change and health research actors and partners was shaped through a consultation on the global research agenda and an expert workshop in 2008. The priorities identified were population-based research (monitoring and response to felt needs), health service/system-based research (i.e. developing new knowledge to address emerging areas of vulnerability, possible solutions and health system improvements), policy and advocacy research (packaging knowledge to inform policy/practice) and partnerships research, facilitating operational relationships among multiple stakeholders. In 2009, WKC initiated evidence-based research to assess the implications of climate change for health and health systems in urban settings in collaboration with global, regional, national and local partners.

An emerging issue in cities is medical travel, a rapidly growing US\$ 60 billion global business, with more than 35 countries worldwide marketing their medical services to foreign patients. A "Workshop on the movement of patients across international borders: emerging challenges and opportunities for health care systems", was held in Kobe on 24–25 February to understand the implications of international trade and trade agreements for health. The workshop recommended developing more robust and reliable data sources, establishing common definitions, giving consideration to a global standard of care, and strengthening partnerships among countries participating in trade in health services.

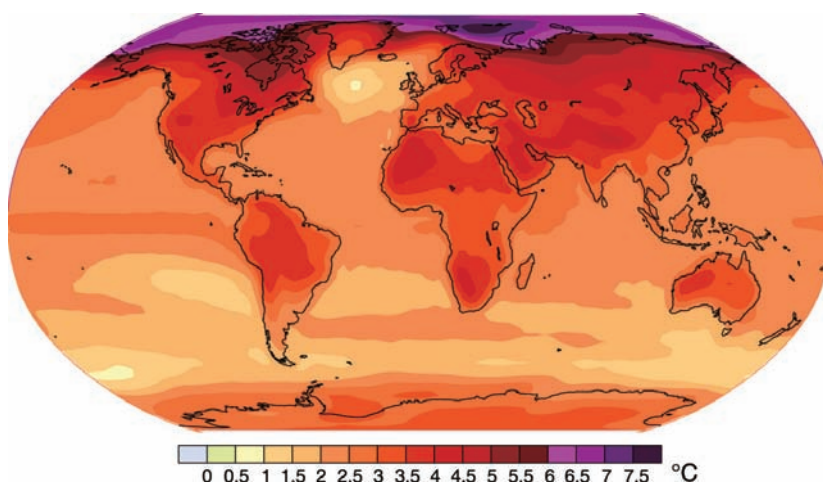
Achievements

In 2009, the Centre made progress on climate change and health in the following research areas:

- completion of a research protocol on “An inventory of practices in China’s urban settings that cut greenhouse gas emissions and promote health (health “co-benefits”): a case study of Shanghai” with the Shanghai Municipal Center for Disease Prevention and Control;
- design of a retrospective research study on the impact of climate change on the occurrence of diarrhoeal and vector-borne diseases in India and Nepal; and
- development of a draft heat-health action plan for Hyogo Prefecture in coordination with local stakeholders.

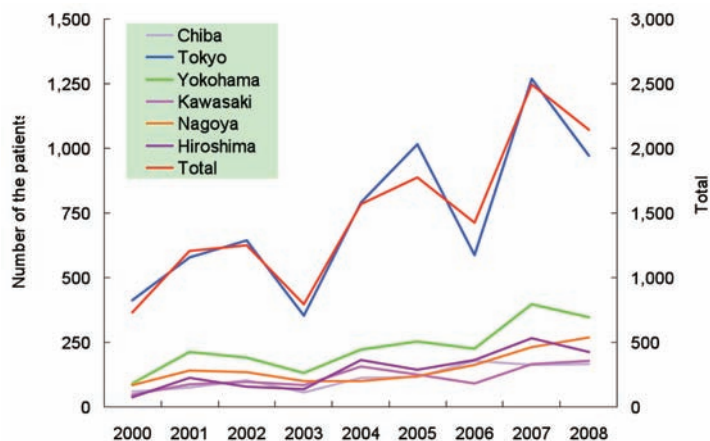
The Centre also advocated for actions to address climate change and health in urban settings. Key achievements included:

- finalization of the second edition of “Heat waves, floods and the health impacts of climate change: a prototype training workshop for city officials”;
- co-organization of an international symposium (2 March 2009) on climate change, health and the environment with the Institute for Global Environmental Strategies-Kansai Research Center (IGES-KRC) in Kobe;
- participation in strategic fora (e.g. the Fourth high level meeting on environment and health, March 2009; Asian Development Bank Institute’s Regional workshop on mainstreaming climate change adaptation into developmental planning, April 2009; the World Bank’s 5th Urban Research Symposium, June 2009; and WHO SEARO’s Informal consultation on assessing communicable disease impact of climate change, August 2009.)



Projected surface temperature changes by the late 21st century (2090-2099)

Box 3. Spotlight: Research that can lead to targeted interventions



WKC is currently working on a Heat-Health Action Framework with Hyogo Prefecture. Concerned with the recent rising trend in heatstrokes in Kobe and other cities around Japan, the Centre is applying lessons from the European heat wave of 2003 which killed more than 30 000 people. For example, Madrid and

Barcelona introduced heat plans for summer consisting of information, alert and action phases. If the maximum temperature exceeds 38°C over three days, the action phase is declared, and city workers make daily visits to vulnerable groups such as aged care facility residents to ensure safe conditions. For Hyogo, such a plan would demand different thresholds, for example paying closer attention to humidity and high nighttime temperatures. The vulnerable groups may also differ: outdoor workers, schoolchildren and elderly living alone are the most common sufferers of heat stress disorder in Japan. A consultation with stakeholders in Hyogo Prefecture will be held in early 2010 to finalize the Heat-Health Action Framework.

BUILDING PARTNERSHIPS AND ADVOCATING FOR POLICY CHANGE TO ADDRESS URBAN HEALTH INEQUITIES



Building and sustaining partnerships

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 implementation of the initiatives and products realized by the Centre.

Partnerships take many forms in the Centre and provide key functions to reach programmatic goals. They help inform strategic directions through:

- developing and guiding the production of tools such as Urban HEART;
- formulating policy recommendations, for example with the work on intersectoral action;
- identifying emerging research agendas such as climate change in urban settings;
- producing evidence-based work such as the Global Report on Urbanization and Health; and
- developing strategies to advocate for reducing urban health inequity, such as the interrelated events in 2010 to promote the issue globally.

WKC worked with partners through advisory groups, roundtable discussions, convening of meetings, developing common agendas, and by staff participating in global fora to promote the work of the Centre and to learn from others' work. These venues offer opportunities for networking, exchanging information, disseminating the findings of the Centre, and implementing the actions needed to reduce health inequities in urban settings.



Participants of ISA Expert Consultation Meeting, Kobe, 22–24 June

The Centre also cooperated closely with universities, research institutes and other key stakeholders in Japan. For example, in 2009, WKC collaborated with the Ministry of Health, Labour and Welfare, the National Institute for Public Health, and the Research Institute on Tuberculosis, to identify and promote research in Japan related to urban health inequities.

A concern of both WHO and the local community in 2009 was the emerging influenza outbreak, confirmed as a Phase 6 global pandemic in June. Since the H1N1 outbreak in Kobe in May, pertinent real-time information was provided to Kobe City and Hyogo Prefecture, including progress updates on the pandemic and notification of WHO media briefings. The Centre participated in the Hyogo emergency meetings to decide on countermeasures to H1N1 and assisted the committee to gather advice from communicable disease experts within WHO and around Japan. Between May and November, opportunities for information exchange included discussion at WKC of the revised Hyogo Influenza Preparedness and Response Plan, a presentation from Professor Shigeru Omi, Chairman of the Japanese Government Counsel on Influenza with local officials, and several public lectures by WHO experts.

Finally, the WKC internship programme provides an opportunity for graduate students to experience

global work on urbanization and health. This has also strengthened the links with the Japanese research community, for example with the National Institute of Public Health, Tokyo which seconded two of its international fellows to WKC as part of their masters degree in public health.



A total of 10 postgraduate students completed research projects of 6–24 weeks contributing to WKC work in 2009.

Achievements

Some key milestones in 2009 included:

- A Memorandum of Understanding between UN-HABITAT and WHO for an ongoing partnership toward improving health in urban settings. This included an agreement to produce the Global Report on Urbanization and Health in 2010.
- Formation of the World Health Day Global Steering Committee to link 2010 milestones and galvanize global support from all regional and country offices in WHO.
- Engagement with local government networks such as United Cities and Local Governments (UCLG), Eurocities, and the European New Towns Platform (ENTP).
- Continued engagement with the Alliance for Healthy Cities, The EURO Healthy Cities Movement, and the International Society for Urban Health to plan for global events in 2010.
- Activities with the Institute for Global Environmental Strategies-Kansai Research Center, Asian Development Bank Institute, World Bank and WHO regional offices to advocate and raise awareness on climate change and health in urban settings.

Culminating the work of partnerships toward a common agenda

As part of an overall strategy to raise awareness and encourage action on reducing health inequities, 2010 has been dedicated as a landmark year for urbanization and health. This was the theme chosen for World Health Day 2010, which will serve as a launch pad to highlight the issue and signal the events to take place throughout the year. These include the release of a joint Global Report on Urbanization and Health by WHO and UN-HABITAT, planned for July 2010. In November 2010, a global forum on the issue will be organized in Kobe, bringing together municipal leaders and national ministers across multiple sectors to make a commitment to the health equity perspective in urban policies.

These efforts by WHO and its partners are crucial to galvanize and mobilize leaders and public policy officials to provide the necessary support to ensure that urbanization will be beneficial to the health and well-being of citizens.

The WHO Kobe Centre serves as the global Secretariat for World Health Day 2010 and its related events. In 2009 it focused on working with a wide range of partners on the necessary planning and preparation.

Preparation for World Health Day 2010 campaign. The aim of World Health Day 2010 is to draw attention to urbanization and health and to spark high-level political interest, recognizing that in an increasingly urban world, health issues present new challenges that go far beyond the health sector and require action at the global, national, community, and individual levels. The Centre continued to develop and promote the campaign throughout 2009 as follows:

- Campaign concept approved and endorsed, with all WHO regional offices involved in preparations.
- Promotion of campaign at over 20 events and conferences worldwide.
- Meetings with mayors from the Americas, Europe, Africa and Asia to seek participation.
- Official endorsement from Ministry of Health, Labour and Welfare, Japan.
- City registration system for participation made available on WHO HQ website in six languages.
- Launch of campaign website using Facebook, Flickr, and YouTube.

Joint WHO/UN-HABITAT Global Report on Urbanization and Health. The aim of the report is to provide policy-makers – primarily mayors, but also ministers – with evidence, tested interventions, and a tool to help assess the health inequities in their urban settings and how to respond to challenges in an evidence-based manner. The report will feature new data that highlights the epidemiological profiles of urban residents globally, regionally, and for selected countries. To ensure that the Global Report covers a breadth of knowledge on the subject, written contributions were received from over 60 experts within WHO and from partners worldwide. Milestones included:

- Global Report Drafting Committee Meeting, September 2009 with the participation of UN-HABITAT.
- First draft of the report reviewed by an Advisory Group in October 2009.

Global Forum on Urbanization and Health. Municipal leaders and national ministers from multiple sectors will be brought together in Kobe for a commitment to policy action in urban settings. The forum will showcase evidence-based interventions to reduce health inequities and share the results of cities implementing Urban HEART. The commitment will serve as the basis to promote a global urban agenda with equitable distribution of health outcomes at the core of urban policy.

In 2009, the provisional agenda, timeline, budget, and concept note were discussed with the Centre's donors and the Ministry of Health, Labour and Welfare, Japan and preparations began with partners.

Disseminating evidence and best practices, fostering and facilitating networking with local and national governments and promoting exchange among policy-makers and other key stakeholders are essential as the Centre continues its effort to engage and inform policy-makers about the positive impact that informed action on social determinants of health can have on urban health inequity.

To reach these audiences, WHO Kobe Centre is providing a platform in 2010 to create more visibility on the issue, and encourage dialogue leading to action.

EXECUTIVE MANAGEMENT AND INFRASTRUCTURE SUPPORT



Toward an urban health equity programme

The Centre continues to build on its approach to urbanization and health with an integrated, interdisciplinary, multi-sector initiative that can support WHO regions and countries in their ongoing work on health and development. The strategy to conduct research in field sites was a significant part of the work achieved by the Centre in 2006–2007.

The workplan for 2008–2009 concentrated on gathering evidence on urban health inequities and defining strategies and approaches to reduce them.

The Centre expanded its scope to engage with a broader range of partners to collect data, conduct equity analysis and engage multiple stakeholders globally.

A solid foundation has been established to make a global effort to involve and work with a wide range of partners in the coming years. Building on the Centre's research over the last 15 years, the coming biennium will focus on the development of a global programme on urban health equity to ensure sustained support for action to reduce health inequities in urban settings.

Ensuring infrastructure support to the programme's work

To promote WHO's role in public health, information and communication technology (ICT) is crucial to its mission. ICT is critical and of strategic importance to WHO Kobe Centre for effective and efficient management, administration, communication and networking, knowledge management, advocacy and technical research activities.

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

In 2009, WKC expanded its ICT capacity significantly using cutting-edge technologies such as a new ISO-base anti-seismic data centre facility, MPLS (multi-protocol label switching) Wide Area Network service, high performance firewall/VPN (virtual private network), Internet Web2.0, high definition video-conference facility and multimedia e-collaboration, and other automated systems such as auto-translation of web and text, intelligent anti-spam, web portal-based remote monitoring and analysis, and realtime high speed access to WHO global ICT applications.

WHO Kobe Centre acknowledges the generous and continuous support of our donors for updating this technology in preparation for the forthcoming global events.

SUMMARY AND CONCLUSIONS



Conclusions and future plans

In 2009, WHO Kobe Centre has proven that it is in a strategic and strong position to lead and coordinate progress toward urban health equity. Building on its past experiences and efforts, WKC will support WHO regional offices to scale up Urban HEART and to evaluate and document the pilot experiences. The gains in the area of climate change and urban health will be continued through evidence-based research studies. In line with the WHO's renewed focus on primary health care, WKC plans to document successful examples of primary health care in urban settings. The Centre will further develop an overarching global programme on urban health equity.

Efforts geared towards placing urban health high on the international agenda will be realized in 2010 with the implementation of three interlinked and mutually-reinforcing global events coordinated and led by the WHO Kobe Centre highlighting the importance of urbanization and health as an issue.

In conclusion, the achievements and the lessons learned from 2009 will pave the way for successful implementation of the WKC Plan of Work for 2010–2011, allowing the Centre to seize opportunities to work with partners to promote health and urban health equity. The work also contributes to attainment of the Millennium Development Goals, specifically towards achieving significant improvement in the lives of at least 100 million slum dwellers by 2020, and more generally facilitates the global health and development agenda.



ANNEXES

Advisory Committee of the WHO Kobe Centre 2009

The flexibility of its research programme is a specific trait of WKC that allows periodic updates and adjustments to the Centre's research agenda. In order to ascertain the scientific soundness of the research agenda, particularly since it involves a complex inter-sector health programme, an Advisory Committee supports the Centre. The Advisory Committee of the WHO Centre for Health Development (ACWKC) held its 13th meeting from 10–11 November 2009 and reached the following conclusions and recommendations.

Conclusions

The Advisory Committee congratulated the Director and WKC staff on the work towards the goal of reducing urban health inequities. Members appreciated the progress made in the past year on the campaign on urbanization and health. The Committee recognized that the foundation laid by the Centre and the commitment of WHO to address health impacts due to urbanization place WKC in a strong position to lead and coordinate the global efforts on urbanization and health. It also endorsed the consistent support provided by the Kobe Group, and encouraged the Centre to continue to support and contribute to local public health concerns such as the H1N1 outbreak. The Committee commended WHO for dedicating the 2010 World Health Day to urban health matters and agreed to advocate and support the Centre in implementing the campaign on urbanization and health.



Recommendations

In summary, the Advisory Committee recommended that the Centre:

1. implement the workplan for the 2010–11 biennium;
2. develop the programme on urban health equity with a focus on strengthening health systems and primary health care in urban settings;
3. pursue its work on “Health in All Urban Policies”, acknowledging the need for strong governance and leadership of local governments supported by intersectoral action and effective communications to reach decision-makers;
4. finalize the development of Urban HEART and expand its implementation in collaboration with WHO Regional Offices;
5. continue the research on climate change and health in urban areas, with a focus on the causes of urban migration, adaptation, equity and co-benefits;
6. promote the year-long campaign in 2010 on urbanization and health with the launch on World Health Day;
7. collaborate with UN-HABITAT, particularly in the publication of the Global Report on urban health inequities;
8. organize the Global Forum in Kobe in November 2010, and urge the Kobe Group to support this event and participate in the preparations;
9. engage more partners and stakeholders on urbanization and health, and identify champions to advocate and promote actions on urban health equity; and
10. consider the discussions and observations made by the Advisory Committee in the implementation of the Centre’s work.



Technical reports

(available at <http://www.who.or.jp/CORE/HUpublications08-09>)

Climate change exposures, chronic diseases and mental health in urban populations: a threat to health security, particularly for the poor and disadvantaged

City health system preparedness for changes in dengue fever reasonably attributable to climate change: an exploratory case study of Bangkok

Megacities and urban health

Public presentations

Title	Event	WKC contributors
Introduction of WKC	Consortium for Global Health meeting, 10 January, Tokyo	Garçon, Mr Loïc
Climate change and health in urban settings: priorities for action and research	HEM21 Seminar, 21 January, Kobe	Lapitan, Dr Jostacio
Progress of the 2008-2009 World Disaster Reduction Campaign: Hospitals Safe from Disasters	Disaster Risk Reduction Forum (DRA Forum) 2009, 25 January, Kobe	Kumaresan, Dr Jacob
Measures to ensure the structural resilience of medical facilities and the continuity of medical services, and the way forward	Disaster Risk Reduction Forum (DRA Forum) 2009, 25 January, Kobe	Lapitan, Dr Jostacio
Global measures to control communicable diseases	Conference on Joint Research and Survey: Countermeasures to Combat Infectious Diseases in Asia, 3-5 February, Tokyo	Kumaresan, Dr Jacob
Healthy urbanization actions to improve daily living conditions	Regional Consultation on Social Determinants of Health: Addressing health inequities 19 February, Colombo, Sri Lanka	Kumaresan, Dr Jacob
WHO and WKC: An overview	HEM21 Seminar, 20 February, Kobe	Sloate, Ms Lori
Smoke-Free Cities	NIPH Tobacco, 20 February, Yokohama	Armada, Dr Francisco and Ueda, Dr Hiroshi
Public health and climate change	IGES-WHO Joint International Symposium on Climate change, environment and health, 2 March Lagos State Maiden Summit on Climate Change, 25 March	Kumaresan, Dr Jacob
Health and environment in urban settings	Fourth High Level Meeting on Environment and Health in South-East and East Asian Countries, 24 March Shanghai Municipal CDC, 27 March	Lapitan, Dr Jostacio
Adaptation in urban settings: Asian experiences	Regional workshop on Mainstreaming climate change adaptation into developmental planning, 14 April, Tokyo	Lapitan, Dr Jostacio
Megacities: Challenges and lessons for global health; Smoke Free Cities	12th World Public Health Congress 2009, 30 April, Istanbul, Turkey	Armada, Dr Francisco
Healthier People in Healthier Environments Part I: WHO / Part II: WKC role and activities	Special guest lecture, Tokyo Medical and Dental University, 1 June	Kumaresan, Dr Jacob

Global public health issues and WHO's activities	Lecture series: International Health, Kobe University, Health Sciences Campus, 26 June	Ueda, Dr Hiroshi
City health systems preparedness for changes in dengue fever attributable to climate change: an exploratory case study	Urban Research Symposium 2009, 29 June, Marseille, France	Lapitan, Dr Jostacio
Healthier People in Healthier Environments (via videoconferencing)	International Seminar on Health Systems Management, 29 June, Saitama Prefecture, Japan	Kumaresan, Dr Jacob
Healthier People in Healthier Environments	Global Research Network on Urban Health Equity, 1st meeting, 9-10 July, Cuernavaca, Mexico	Kumaresan, Dr Jacob
Health Promotion and the New Paradigm	The First Asia-Pacific Conference on Health Promotion and Education, 18-20 July, Makuhari, Chiba	Kumaresan, Dr Jacob
MDG-6: Combat HIV/AIDS, malaria and other diseases – the global response and WHO's role	24th Conference of the Japanese Association of International Health Open Forum, Sendai, 4 August	Afzal, Dr Muhammad M.
Health in development	School of Health Sciences, Kobe University, 1 September	Afzal, Dr Muhammad M.
Urban HEART in the Philippines	Teleconference seminar for NIPH students, 19 October	Prasad, Dr Amit
Mental health inequalities and their determinants in urban Japan	The 8th International Conference on Urban Health (ICUH), Nairobi, Kenya, 18-23 October	Prasad, Dr Amit Sakurai, Ms Keiko
- What can urban health learn from studying megacities? - Street smoking restrictions in Japan: do they make a difference?	The 8th International Conference on Urban Health (ICUH)	Armada, Dr Francisco
A climate change and health information base for cities	The 8th International Conference on Urban Health (ICUH)	Afzal, Dr Muhammad M.
Urban HEART	The 8th International Conference on Urban Health (ICUH), Roundtable for Urban Living Environments Research	Afzal, Dr Muhammad M.
Health in All Urban Policies Intersectoral Action on Health	7th Global Conference on Health Promotion, 26-30 October	Armada, Dr Francisco
An overview of WHO and WKC activities	HIA study tour, 22 October, Kobe	Bradford, Mr Richard Kawase, Ms Chiaki
Optimizing the impact of social determinants of health in urban settings: A community partnership approach in Bangalore city, India	Symposium on Urbanization and Health, 3 November, Sapporo, Japan	Lapitan, Dr Jostacio
Healthier People in Healthier Environments	WHO/PAHO Collaborating Centers and National Regional Institutions Regional Meeting, 16-18 November, Sao Paulo, Brazil	Kumaresan, Dr Jacob
Building Health Equity into Urban Planning: Urban HEART	Inaugural program of the McGill World Platform for Health and Economic Convergence Think Tank, 17-19 November, Montreal, Canada	Kumaresan, Dr Jacob
How does urbanization affect access to food and physical activity?	WHO Forum and Technical Meeting on Population-based Prevention Strategies for Childhood Obesity, Geneva, 15-17 December	Armada, Dr Francisco

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