

WHO CENTRE FOR HEALTH DEVELOPMENT
ANNUAL REPORT 2012



World Health Organization

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Annual Report 2012

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Message from Director



In 2012, the Centre’s work contributed to some of the most important global public health developments, which in turn have shaped our current and future agenda.

These included: the increased recognition of the burden of noncommunicable diseases (NCDs), the implications of (super) ageing populations, and the emerging priority from Member States and our Director-General to achieve Universal Health Coverage (UHC). The Centre’s longstanding expertise in urbanization and health reflecting broader attention to social determinants of health, addressing health inequities, as well as assessing the impact on and

opportunities for health from urbanization provide an important opportunity for the Centre to contribute to the development of the UHC agenda.

For the past seventeen years, the WHO Centre for Health Development (WKC) has been recognized as a Centre for Excellence in urban health, with a vision and strategic direction of health for all in urban environments. Reflecting worldwide demographic changes, World Health Day in 2012 marked a new trajectory for WHO and the global community to maximize the potential for healthy, productive ageing.

Drawing inspiration from Japan, as well as many countries in Asia, WKC is leveraging its expertise for a new initiative to address the ageing challenge facing many countries and communities worldwide. Working with our colleagues in WHO, our focus is to advance innovative technological and social solutions that are integrated, simple, affordable, durable, acceptable and address the priority needs of populations in different country contexts.

2012 was a year of achievements for the Centre in supporting cities and countries internationally. As presented in this Annual Report, our work has advanced the evidence base, developed tools and guidance, and helped to build capacity in a number of countries. These include areas of work on urban health metrics, urban health governance, and urban health emergencies. We are particularly pleased to continue our collaboration with research institutions, universities, governments, and a variety of partners locally, nationally, regionally, and internationally.

The steadfast support and commitment of the Kobe Group (Hyogo Prefecture, City of Kobe, Kobe Steel, Ltd., and the Kobe Chamber of Commerce and Industry) has allowed the Centre to achieve its work, for which I and WHO are very grateful.

Looking ahead, WKC’s work will contribute significantly to improve the lives of people worldwide. With this legacy in mind, we commit ourselves to tackle future challenges with determination, expertise, and commitment to achieve the promise of health for all in urban environments, and healthy productive ageing.

Alex Ross
Director

I. Innovation for Healthy Ageing



WHO / Pierre Viot

Within the next few years, for the first time in history, globally the number of older adults above 65 years of age will outnumber children less than five years of age. This is a remarkable global achievement that is the result of socioeconomic development and public health interventions such as reduction in salt intake and tobacco use. It is also a consequence of reductions in child and infant mortality.

The worldwide population of older adults is projected to increase threefold and reach two billion by 2050 when one in five people on the planet will be aged 60 years or older. Life expectancy and ageing populations will continue to increase in the next 30-40 years worldwide, with the greatest growth in developing and middle-income countries. In the middle of the 20th century, there were just 14 million people in the entire world aged 80 years or older. By 2050, there will be 100 million living in China alone, and 400 million people in this age group worldwide.

Global population ageing presents many opportunities, but also portend new and significant challenges for countries, cities, communities and families. WHO's Global Burden of Disease (2004) suggests that 46 % of all persons over 60 years of age have some disabilities. Greater increases in sheer numbers of aged persons and those over 75 will create greater demands for health care and social

services, and put pressure on national health, social and family budgets.

In response, countries are encouraged to promote healthy lifestyles, increase quality of life, ensure social connectedness across generations, prevent loneliness, support social, economic and environmental policies, as well as minimize the duration of ill health, disabilities and dementia. Reducing risk factors for diseases such as unrecognized hypertension, tobacco use, lack of physical exercise, unhealthy diets, and excessive alcohol use can prevent disease, compress morbidity periods, and increase quality of life without great cost to the individual or health care system.

Leading health conditions causing disability in persons over 60 include visual impairment, hearing loss, osteoarthritis, ischemic heart disease, dementia, chronic obstructive pulmonary disease, cardiovascular disease, cancers, stroke, depression, and rheumatoid arthritis. Whereas this list is similar for high- and low-income countries, the latter have rates that are between two and six times that of high-income countries.

Conditions such as dementia further represents a “ticking time bomb” with implications for caregivers, institutions, and communities. The costs of care are equally significant causing both impoverishment of families as well as increasing burdens

on local and national health budgets. The incidence of falls is worrisome given that research has indicated that once a fall has occurred, the risk of rapid deterioration in mobility and health status of the elderly takes place.

It is estimated that 105 million people across the world need an appropriate wheelchair. An estimated 5–15% of people in low- and middle-income countries who require assistive devices/technologies actually receive relevant equipment. Hearing aid producers and distributors estimate that hearing aid production currently meets less than 10% of global need, and less than 3% of the hearing aid needs in developing countries are met annually.

Ageing is interrelated with other major global health trends such as urbanization, technological change, and globalization. These, in turn, alter social structures and relationships. They present opportunities for public health and urban planners, as well as many sectors to better plan, adapt and develop supportive solutions, policies, and programmes.

In response to the growing demands to address ageing, as well as noncommunicable diseases, WHO launched an initiative in 2012 to focus on innovation for healthy ageing.

The Director-General has outlined the important role that strategic innovation plays to transform health outcomes worldwide and contribute

to ending preventable deaths in the context of countries facing fiscal pressures, health care worker shortages, and poor populations. Innovations should emphasize simplicity and be economically viable. As she noted in a few speeches this year, “... as public expectations rise, costs soar, and budgets shrink, we must look to innovation as never before... the right kind of innovation. That does the most good when it responds to societal concerns and needs...These days, the true genius of innovation resides in simplicity...frugal, strategic innovation that sets out to develop a game-changing intervention, and makes ease of use and affordable price explicit objectives.”

Prevalence of moderate and severe disability in adults aged over 60 (in millions), by leading health condition associated with disability, and by country income group

	High-income countries	Low- and middle-income countries
Visual impairment	15	94.2
Hearing loss	18.5	43.9
Osteoarthritis	8.1	19.4
Ischaemic heart disease	2.2	11.9
Dementia	6.2	7
Chronic obstructive pulmonary disease	4.8	8
Cerebrovascular disease	2.2	4.9
Depression	0.5	4.8
Rheumatoid arthritis	1.7	3.7

Source: The global burden of disease: 2004 update, WHO, Geneva, 2008

II. Global context of urbanization and public health as it relates to the Centre's work



WHO/ F. ARMADA PEREZ

Over the past 17 years, the Centre has pursued its vision and strategic direction (2006-2015) of health for all in urban environments. Over half of the world's population now lives in cities, with the urban population expected to grow to 60% by 2030 and to 70% by 2050. The combination of population density and the political, economic and social importance of cities make increased urbanization one of the most important global health issues and opportunities for action of the century. Cities, especially in the developing world, face challenges such as an increasing proportion of urban poor residents who lack basic infrastructure, water, sanitation, education, and health services. These issues provide lessons and an important foundation for considering how to ensure Universal Health Coverage, as well as to address inequities in access to health services, and urbanization and its impact on health.

Subsequent to the Kobe Call to Action in 2010¹, and passage of three WHO regional committee resolutions on urbanization and health, a greater number of governments and institutions are paying attention to the issue of urban health equity and promoting health in urban settings.

The issue was prominent at the Rio+20 Conference on Sustainable Development and its Outcome document (June 2012), with the UN Secretary-General Ban Ki-moon

addressing local government organizations. Discussions and follow-up plans, including those in which the Centre was active, have also been part of the post-UN Declaration on NCDs. In September, the Centre was active at the bi-annual UN-HABITAT World Urban Forum meeting that took place in Naples, Italy.

Increasingly, international and national policy-makers are turning to municipal leaders to take action. The increasing visibility of the importance municipal leaders play in addressing today's health challenges demonstrates the continuing need to mainstream urban health initiatives with partners, UN agencies, and with multiple levels of government, while focusing on the issue of equity. Large scale natural disasters have equally reminded us of the central political, social and economic role that cities play.

The reminiscent call for Universal Health Coverage in international arenas dedicated to global health was voiced in many instances in 2012 and is part of the post-2015 Millennium Development Goal agenda for health. The Centre's long-lasting expertise and research focus on social determinants of health (SDH) and on health equity fits well in this perspective by complementing the need for comprehensive healthcare with the importance of addressing wider SDH. Universal Health Coverage is addressing the responsibility of all



WHO/H. Events

stakeholders in the health system from users to providers, from researchers to policy-makers and from social scientists to medical experts.

Throughout 2012, the Centre has continued to build on mainstreaming urban health equity through a) working with WHO Regional Offices, b) increasing its relationship with UN-HABITAT (WKC manages an Organization-wide MOU with UN-HABITAT) and its new leadership by identifying priority areas for WHO and UN-HABITAT joint work in the next 3 years, c) continuing to work

with municipal networks such as Metropolis and the United Conference of Local Governments (UCLG), and d) working closely with the International Society for Urban Health and similar networks of organizations as well as academic institutions at the local and international levels.

Public Forum in Kobe - World Health Day 2012 (April 7) 'Will Japan's global leadership on healthy ageing succeed here at home?'

Every year, World Health Day is celebrated on 7 April to mark the anniversary of the founding of WHO in 1948. The topic of World Health Day in 2012 was Ageing and Health with the theme "Good health adds life to years". This year's topic was particularly relevant to Japan as it has the world's largest proportion of citizens over the age of 65. Taking advantage of its

location in Japan, WKC organized an official World Health Day event in Kobe to reflect the priority being attached to ageing and health in Japan.

In collaboration with Japanese researchers, the Centre will continue its research on identifying interventions and policies that can add healthy years to life.



¹ See http://www.who.int/topics/urban_health/kobe_calltoaction_urbanization_2010.pdf

III. 2012 Core Milestones



Note: This represents a selected list of milestones in 2012.

For more information, please refer to “IV. Progress in research areas in 2012” in this report. 8

IV. Progress in research areas in 2012

A. Urban Health Metrics

Urban Health Metrics (UHM) involves the development of measurements and methods to quantify the various determinants of health, their outcomes and the equity dimension of each, as specifically related to the urban environment. Good metrics are an important tool for monitoring and evaluation, which in turn, generate the evidence base for policies, programmes and further research to improve urban health and equity.

Goal of UHM

To enable Member States to measure and understand urban health equity problems and assess the impact of action

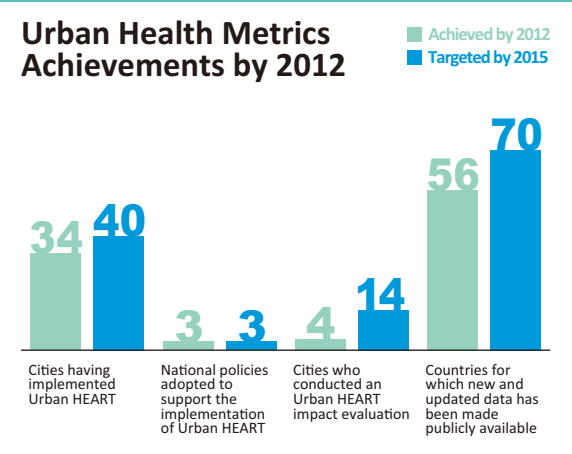
Major Research Areas

- Urban HEART (Health Equity Assessment and Response Tool)
- Urban Health Observatory
- Urban Health Indicators and Methods
 - Core set of indicators to monitor “age friendliness” of cities and communities
 - Urban Health Index
 - J-AGES HEART collaboration
 - Impact assessment to promote inter/multisectoral action for health (with Urban Health Governance)

Key Achievements in 2012

Targets as reflected in WHO’s Performance

Management System and WKC Strategic Plan 2011-2015



The Urban Health Equity Assessment and Response Tool (**Urban HEART**) is a tool that guides local policy-makers and communities through a standardized procedure of gathering evidence and planning effectively for actions to tackle health inequities. The process of this project exemplifies the general approach taken by the WHO Kobe Centre to develop, field test, implement and evaluate tools for

translating knowledge into action. Since its publication in 2010, Urban HEART has been used by local health officials in all WHO regions. While the initial implementation in earlier years was mostly in low- and middle-income areas, it has now expanded to cities in high-income countries and in small island nations for the first time. In 2012, the WHO Kobe Centre conducted Urban HEART training workshops to develop local capacity

in Egypt, Ethiopia, Fiji and India. In addition, independent evaluations of Urban HEART implementation in 13 cities across seven countries were conducted in order to learn lessons from the field. The global scale-up of Urban HEART will continue while the tool itself will be re-examined for a possible revision and update based on the evaluation results.

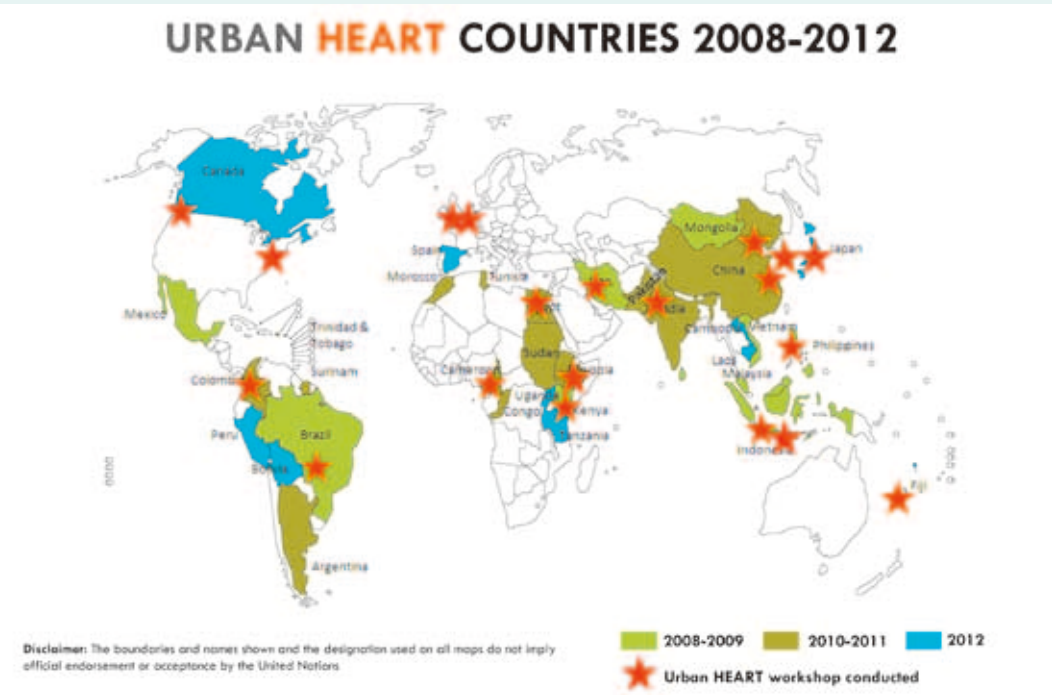
A challenge that keeps recurring, however, is the lack of data at the subnational, urban level. This led the WHO Kobe Centre to develop the **Urban Health theme page** (www.who.int/gho/urban_health) on the **WHO Global Health Observatory**, as a global repository of urban health data and information. This year, new analyses were conducted using the Demographic and Health Surveys data for 21 indicators in 67 low-/middle-income countries. The new tables, graphs and country profiles, which highlight the need to address health inequalities and noncommunicable disease risk factors, will be made available in 2013.

In the area of normative work, the Centre has been developing a new

guidance for cities on urban health indicators and assessment methods in collaboration with international experts. In response to needs expressed by health officials from Member States and others engaged in policy-making, the Centre developed an **Urban Health Index**, which has a standard method of construction but is flexible in terms of its component indicators. Thus, it can be an index of health determinants or outcomes, and is adaptable to local contexts. It could potentially be a valuable tool for assessing health inequalities within and between cities.

The WHO Kobe Centre has also been working closely with the Centre for Society and Well-being, Nihon Fukushi University (Nagoya, Japan)

to develop health metrics for an ageing society. This tool, based on the **Japan Gerontological Evaluation Study (J-AGES)**, is being developed by Japanese researchers mainly for evaluating the long-term care insurance policy with a focus on small-area inequalities. The WHO Kobe Centre provided technical advice on how to align the tool with the Social Determinants of Health approach, using Urban HEART as an example. The use of this tool was demonstrated in the City of Kobe, where officials from various sectors engaged in a desk-top exercise to formulate policy recommendations based on results of a health equity assessment of its elderly population.



IV. Progress in research areas in 2012
A. Urban Health Metrics



That work also fed into a new initiative led by the WHO Kobe Centre to develop **indicators to assess the age-friendliness of cities and communities**. These indicators are primarily intended for members of the WHO Global Network of Age-Friendly Cities and Communities, though they can be applied anywhere. The first international consultation was held in 2012, where experts identified a preliminary set of indicators to be pilot-tested in 2013.

The Centre also initiated work to develop guidance for local health officials on setting up a **local urban health observatory**, which would be able to mobilize multisectoral partnerships to collect and process locally specific data and translate it into intelligence. It could potentially fill the gap in public health intelligence required by local policy-makers to address public health priorities in a city.

Following the need expressed for guidance on multisectoral action for health in the UN Political Declaration for the Prevention and Control of NCDs and the Rio Political Declaration on Social Determinants of Health in 2011, WKC held an expert consultation on the use of **impact assessment as a tool to promote multisectoral action for health**. The meeting was attended by a mix of decision-makers, impact assessment practitioners, academics and international organizations. The outcomes of the meeting were to confirm the key need to measure the impact of various inter/multisectoral interventions on health, and for WKC to develop short policy briefs for specific decision-maker audiences (health sector;- non-health sectors; media and the public; private sector) to advocate for such measurement. WKC is proceeding to develop and disseminate the policy briefs in 2013.

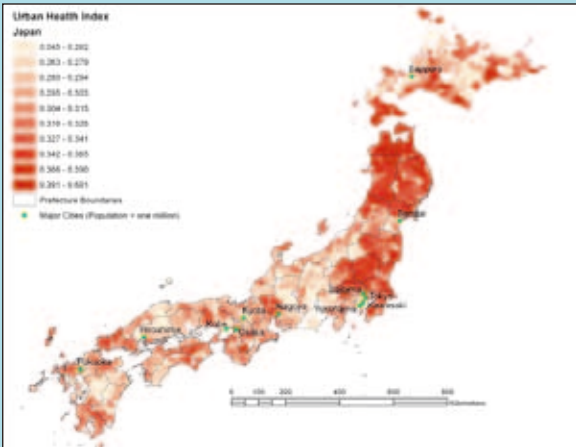
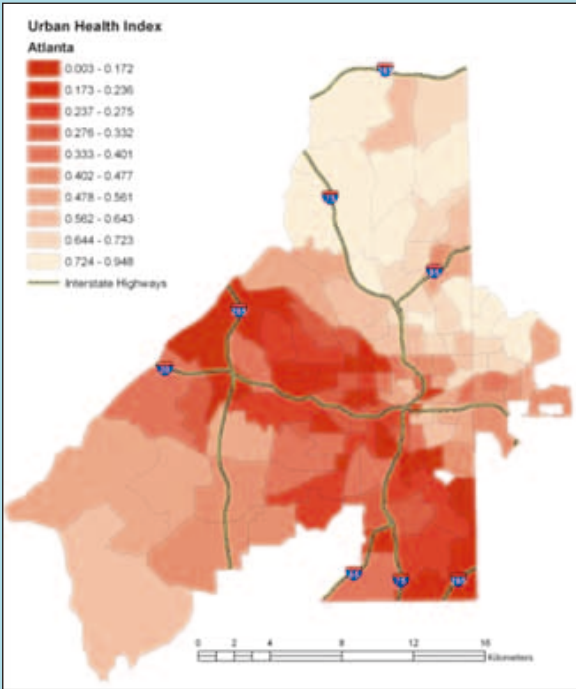
Urban Health Index
– Collaborative Research with Georgia State University (USA)

The monitoring of health inequalities is vital in urban areas where the concentration of wealth and poverty tend to widen health gaps. The health of cities are often described using a multitude of indicators, but making sense of such information is complex. A single number based on a composite index that summarizes the crucial data offers some potential advantages.

In cooperation with the Institute of Public Health, Georgia State University (Atlanta, USA), the WHO Kobe Centre developed an Urban Health Index (UHI) that can summarize information on health determinants or outcomes for small geographic units and their aggregates. Its distribution helps identify health inequalities and their geographic pattern. UHI is a flexible tool, whose method rather than content is standardized, lending itself to local adaptation for use in evaluation, monitoring and decision making.

The UHI methodology is currently being tested with data from China, the USA, Japan, and United Kingdom. The key challenge is the paucity of geocoded, small-area data. Such data provides promise for use by local decision makers and planners in implementing Universal Health Coverage.

ILLUSTRATING APPLICATION IN
USA AND JAPAN



IV. Progress in research areas in 2012

B. Urban Health Governance



There are multiple strategies and interventions that are effective in promoting health equity in urban settings. Within the Urban Health Governance (UHG) area of work, the Centre gathers and systematizes evidence to provide guidance for policy-makers on how to promote health equity in urban settings. Acknowledging the increasing complexity of urban settings and the specificity of every city, WKC avoids the “one size fits all” approach. Instead, WKC promotes learning from evidence gathered from the analysis of experience from diverse cities in specific issues, thus facilitating city to city exchanges.

Goal of UHG

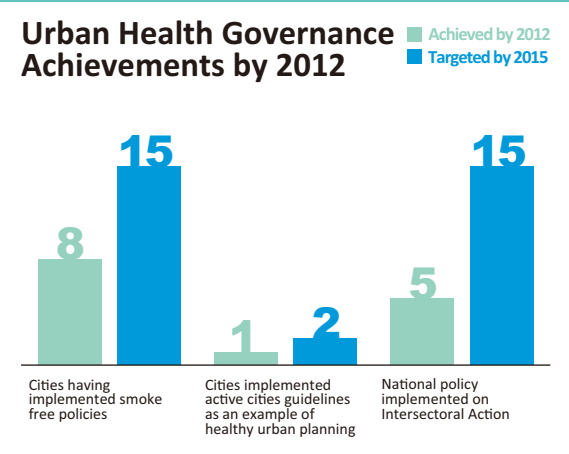
To engage cities in implementing WHO policies and guidance to promote health equity

Major Research Areas

- Intersectoral Action for Health
- Healthy Urban Planning
- Smoke-Free Cities
- Impact assessment to promote Inter/Multisectoral action for health (with Urban Health Metrics)

Key Achievements in 2012

Targets as reflected in WHO's Performance Management System and WKC Strategic Plan 2011-2015



WKC has implemented its work on **Intersectoral Action for Health (ISA)** since 2009, focusing on developing evidence-based recommendations for policy-makers both at the national and local level, and identifying practical steps to promote ISA². The latter were incorporated in the UN Political Declaration on the Prevention and Control of Noncommunicable Diseases. In 2012, the Centre continued its applied research on the role of local governments in ISA with dissemination at side events at the World Urban Forum in Naples, Italy, in September 2012, and through capacity building workshops in October 2012

at the 5th Alliance for Healthy Cities in Brisbane, Australia. In response to requests for further guidance by Member States, and in collaboration with WHO Regional Offices, WKC is documenting additional cases of ISA, particularly in city contexts. In 2012, with WKC support, the WHO Regional Office for the Eastern Mediterranean (EMRO) published summaries of case studies titled “Good practices in delivery of primary health care in urban settings” and “Effect of urbanization on incidence of noncommunicable diseases”. WKC is investigating how Health Promotion Foundations in various countries

are fostering ISA beyond their role in financing and leading health promotion projects.

In 2012, in collaboration with UN-HABITAT, WKC continued its work in advancing **Healthy Urban Planning**



as a key strategy to promote ISA and equity in cities. The Centre is supporting several case studies on cities’ experiences in Asia (with others in Africa supported by UN-HABITAT).

In 2012, WKC concluded its **Smoke-Free Cities (SFC) Project** with a key guidance document “*Making Cities Smoke-free*”, and a companion Training Guide document (with materials for both facilitators and participants). These were developed in collaboration with the WHO Tobacco Free Initiative (TFI) Department in Geneva and the TFI team in the Western Pacific

Regional Office (WPRO) region. WKC led a training workshop on Making Cities Smoke-Free at the World Conference Tobacco or Health in Singapore in 2012. As a part of the SFC project, and an example of how WKC translates global action for local audiences, WKC supported two complementary research projects to study interference strategies used by the tobacco industry in Japan and, in collaboration with two Japanese universities, a study to assess the impact of a new Hyogo Prefecture ordinance on smoke-free streets in Kobe. WKC also crafted a public event

in Kobe on World No Tobacco Day 2012 highlighting the issue of tobacco industry interference.

Looking ahead, and drawing on its expertise, WKC is supporting the 8th Global Conference on Health Promotion in Helsinki in June 2013 that will focus on “Health in All Policies” by leading three topics that are expected to be addressed in that conference: a) role of local governments, b) use of impact assessment tools to promote ISA, and c) urban planning and health promotion.

Assessing the impact of the ordinance banning smoking on selected streets in Kobe City, Hyogo, Japan

The WHO Kobe Centre conducted a survey to assess the impact of a new Hyogo Prefecture municipal street smoking ban ordinance in Kobe city. This was done in collaboration with the Department of Clinical Pharmacy of Kobe Pharmaceutical University, Professor Yamato from University of Occupational and Environmental Health Japan, and the students from Kwansei Gakuin University “Cross-Cultural College – Canada-Japan Collaborative Program”. Although the ordinances on street smoking in Japan have been implemented for environmental purposes, a hypothesis was that they could have health impacts in terms of reducing exposure to second-hand smoke on streets and facilitating smoking cessation among smokers. The study documented a high level of compliance with



the ordinance although differences in awareness and compliance were reported depending on the smoking status of the interviewed pedestrians. However, the study also pointed towards the outdoor designated smoking areas as creating important sources of tobacco smoke within and near these areas. Several recommendations for policy and further research were elaborated.

² See http://www.who.int/kobe_centre/interventions/intersectorial_action/en/

IV. Progress in research areas in 2012

C. Urban Health Emergency Management



Each year, one country out of five experiences emergencies, disasters, crises and conflicts arising from multiple hazards. Disasters place sudden and intense demands on health systems, particularly in urban settings where populations are now concentrated. The Urban Health Emergency Management (UHEM) area of work addressed the health risks associated with emergencies and disasters in cities; as well as climate change and health.

Goal of UHEM

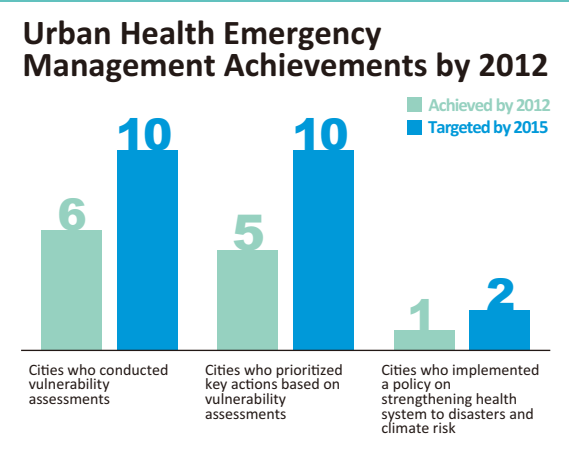
To engage cities in implementing WHO policies and guidance to promote health equity

Major Research Areas

- Forging strategic directions on UHEM
- Strengthening and expanding partnerships to support local and national actors
- Contributing to global disaster risk reduction, preparedness, response and recovery

Key Achievements in 2012

Targets as reflected in WHO's Performance Management System and WKC Strategic Plan 2011-2015



WKC's strategic role for health emergencies arose from the historical linkages between the Centre's location in Kobe/Hyogo, and the research agenda of WHO in disaster risk reduction and disaster preparedness. It was noted the past and continuing role of WKC in the development and implementation of the "Hyogo Framework for Action 2005-2015: Building the resilience of nations and communities to disasters" and its more recent contribution to health emergency assessments and reconstruction efforts of the health system in conjunction with WPRO in the areas affected by the Great East Japan Earthquake.

The three main objectives the Centre had set itself to reach in 2012 included the following: forging the strategic directions in the area of urban health emergency management, developing existing partnerships to increase support for local and national governments, and contributing to global disaster risk reduction, preparedness, response and recovery.

Following a WKC-organized meeting in Bangkok in 2012, WKC developed **an urban health emergency strategy**. The strategy further highlighted the need to put the concept of resilience at the heart of the conceptual and practical disaster preparedness and management activities at city level.

WKC undertook several activities to map potential innovations and technology needs during health emergencies, to review major urban health emergency policies, and to develop **a checklist for urban health emergency preparedness**, as well as research on climate change and health in urban settings (in collaboration with Regional Offices).

Notable work progressed with the Urban Health Metrics team to develop a new module for Urban HEART by adapting and developing specific indicators relevant to urban disasters.

Another significant and pioneering UHEM activity is the project on City Leadership for Health Innovations

and Technologies in Emergencies (City LHTE), supported in part by a grant from the Hyogo Earthquake Memorial 21st Century Research Institute (HEM21). It will focus on developing training materials for city health emergency managers which will be piloted in Hyogo prefecture, Japan.

Urbanization and urban health emergency management are considered as 21st century defining challenges and opportunities for humanity. There is a need to strategically learn from and continue working together and supporting each other – informed by history, maximizing existing multi-stakeholder

collaborative efforts and proactive in promoting and sustaining urban resilience - preparing for, responding to and recovering from emergencies and disasters towards reducing their health consequences and minimizing their social, economic and environmental impact.

10-point checklist for making cities resilient to disasters

- ☐ Put in place organization and coordination to understand and reduce disaster risk.
- ☐ Assign a budget for disaster risk reduction and provide incentives for homeowners, low-income families, communities, businesses and the public sector to invest in reducing risks they face.
- ☐ Maintain up-to-date data on hazards and vulnerabilities, prepare risk assessments and use these as the basis for urban development plans and decisions.
- ☐ Invest in and maintain critical infrastructure that reduces risk.
- ☐ Assess the safety of all schools and health facilities and upgrade them as necessary.
- ☐ Apply and enforce realistic, risk-compliant building regulations and land-use planning principles.
- ☐ Ensure that education programmes and training on disaster risk reduction are in place in schools and local communities.
- ☐ Protect ecosystems and natural buffers to mitigate floods, storm surges and other hazards to which the city may be vulnerable.
- ☐ Install early warning systems and emergency management capacities in your city and hold regular public preparedness drills.
- ☐ After any disaster, ensure that the needs of the survivors are placed at the centre of reconstruction with support for them and their community organizations.

Climate change and health research in urban settings

As of 2012, WKC supported a total of nine research projects conducted by research partners from: La Paz, Bolivia; Belo Horizonte, Brazil; Shanghai, China; Kolkata, India; Hyogo, Japan; Jhapa and Kathmandu, Nepal; and Bangkok, Thailand.

Using retrospective data, research focused on: 1) climate change and communicable diseases; 2) health "co-benefits"; 3) health-environment governance; and 4) assessment of city health system preparedness with regard to climate change and its health impacts.

These completed and ongoing studies are relevant to the overall WHO efforts to gather evidence of and raise awareness for the impacts

of climate change on health, and to help craft adaptation and mitigation strategies. Working together with WHO Offices and Departments, WKC's role has been to promote and support the generation of scientific evidence and policy formulation that would strengthen health systems to assist in coping with the health threats posed by climate change, including emergencies related to extreme weather events and sea-level rise.



V. Way Forward

Innovation for Ageing

WHO Kobe Centre's successful legacy to promote urban health in the global health agenda and sustain the importance of looking at the opportunities and challenges brought by equity issues in urban areas has paved the way to build a similar agenda for the coming century's challenge: innovation for ageing societies.

Whereas innovation is key to all aspects of public health and medicine across all population groups, WKC's focus is to support Member States' and the Director-General's priorities that have highlighted the pressing need to address noncommunicable diseases and the ageing of populations. These are particularly relevant to Japan, Asia, as well as to all developing countries and emerging economies (where the growth is most accelerated).

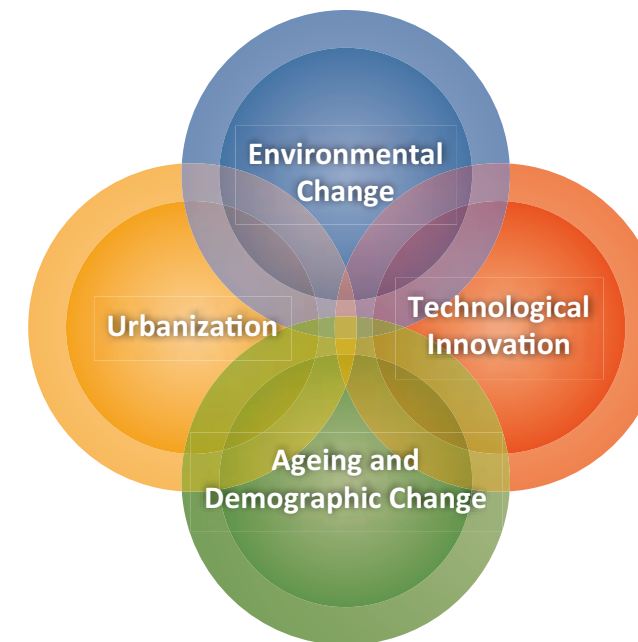
Early priorities include identifying the greatest need and gaps for medical and assistive devices, including diagnostics, to help support the elderly and contribute to productive and healthy ageing in low- and middle- income

countries. Understanding the obstacles to ensuring availability of products and the elderly's preferences are essential to encouraging industry to develop appropriate, affordable and acceptable technologies.

To achieve this ambitious objective, the WHO Kobe Centre brings its experience in measurement of inequities, multisectoral operational research and development of policy options, and ageing research that are well suited to leading integrated approaches for promoting innovation. WKC's expertise and networks of urban health and urban planning systems provide an essential platform for testing and delivering innovative solutions.

WKC's and WHO's knowledge of country situations allows it to synthesize information sensitive to large country variations in disease burden, risk factor prevalence, economic status, governance capacity, the research & development (R&D), and manufacturing capacities.

The Centre's Research Framework: Driving Forces for Health in Development



The coming year 2013 will see the consolidation of WKC's work on social determinants of health and health equity, pertaining to urban health, embracing the challenge to address the rise of ageing societies in Asia and all over the world. To achieve these ambitious objectives, the WHO Kobe Centre initiated a new area of work entitled **Innovation for Health Ageing** with the goal to **conduct integrated research promoting social and adaptive innovation for healthy productive ageing**.

Working with colleagues in WHO Geneva and Regional Offices, priority actions by WKC to increase the knowledge base for technological and social innovation for ageing include:

1. Map the needs of ageing populations in several Asian countries for medical/assistive devices, as well as for different health and social service interventions. Matching needs of the elderly with urban planning and public health efforts is one of the secondary steps.
2. Develop a more comprehensive research agenda for social and technological innovation for the elderly. WKC, with colleagues in other parts of WHO, are further exploring the roles and contributions of different stakeholders.
3. Pilot the WKC-developed core indicators to monitor the age friendliness of cities. This effort builds off of both Urban HEART and J-AGES.
4. Implement a Global Forum for Innovation for Healthy Ageing in Kobe that will assemble representatives from government, academia, industry, health workers, and civil society to catalyze further development of innovations for ageing populations. An ad hoc advisory group will support this effort.
5. Support efforts to inform stakeholders, including industry, about the epidemiology, needs, and opportunities for innovative products and approaches for the elderly.

Urban Health

The Centre will continue to lead WHO's work on investigating urbanization and health issues, with a focus on measuring and responding to health inequities. Given the implications of rapid urbanization, planned and unplanned, consideration of related health issues will be important in the development of universal health coverage policy development, as well as in identifying opportunities for achieving the MDGs and thinking ahead to the post-2015 goal development.



WHO /Chris de Bode

Annex 1 : Recommendations of the Advisory Committee of the WHO Kobe Centre 2012

The Advisory Committee having reviewed the Centre’s achievements and progress during 2011-12, and discussed issues relevant to the direction and prioritization of the Centre’s future work, unanimously reaffirmed the strategic and unique role of the WKC in addressing urbanization and health issues, with a focus on linking research to action for achieving health equity. The previous health equity work of the WKC provides a strong foundation and evidence for advancing existing and new WHO priorities for global public health, including agendas pertaining to health systems strengthening, innovation, information/ evidence, noncommunicable diseases, ageing in the life course, as well as to contributions to urban health emergency policy analysis. The Committee was pleased to hear the strong support from the Kobe Group.

In summary, the Advisory Committee

1. Highlighted the importance of cities as major hubs and laboratories for innovation in health promotion and health policy, as well as the Centre’s role in linking local experiences to regional and global fora.
2. Noted the existing and planned contributions of the WKC to developing practical guidance for multisectoral approaches for prevention of noncommunicable diseases (e.g. respectively smoke-free cities and urban planning for health).
3. Having considered the 2012 World Health Assembly resolution on Ageing and Health, the UN Political Declaration for Prevention and Control of Noncommunicable Diseases, lessons from innovations taking place in Japan and Asia, and the Centre’s current expertise, highlighted the need for the Centre to contribute to healthy ageing.
4. Encouraged the Secretariat to seek opportunities at the WHO Governing Body meetings (e.g., World Health Assembly and Regional Committees) to inform Member States about the work of the Centre and issues pertaining to urban health and health equity.
5. Expressed appreciation for the partnership with the Kobe Group, Japanese Ministry of Health, Labour and Welfare, and Japanese institutions in implementing the Centre’s programme of work; and commended the Kobe Group for its continuing support to the Centre.

The Advisory Committee recommended that the Centre:

1. Carry out its workplan for the 2012-13 biennium relying on an integrated approach with three pillars of urban health metrics, urban health governance, and urban health emergency management; and include an additional pillar addressing health innovation with a focus on ageing. The Committee further recommended that the Centre conduct its prioritization in light of available resources;
2. Develop additional evidence, models, tools and guidelines to support efficient governance and use of intersectoral actions to promote adoption of urban policies that aim to address health and health equity; and, support efforts to assess, and document the impact of such policies;

3. Identify new public health opportunities to benefit from the Urban HEART processes to generate further evidence on health equity gaps across a spectrum of city sizes. Examples include developing and piloting a core set of indicators to measure the “age friendliness” of cities and communities;
4. Maintain its historic and current linkage between its work on urban health equity and the broader Social Determinants of Health and Health in All Policies agenda;
5. Continue and strengthen its work to promote adoption by cities of WHO guidance to reduce tobacco use, as well as other risk factors for NCDs such as poor nutrition and lack of physical activity, in line with available resources;
6. Develop a response plan for the Centre’s role and engagement during emergencies in Japan; and, to document key policy and programmatic issues, including lessons learned, specific to urban health emergency management;
7. Develop and implement a new agenda to advance innovation for healthy ageing utilizing the Centre’s comparative advantages and networks, and collaborations with all levels of WHO. This should include a focus on facilitating exchange of information on needs of the aged and innovative social and technological solutions;
8. Utilize its experience to focus on social innovation, and act as a bridge between the technological innovation work in HQ and health technology research conducted within Japanese and other institutions worldwide;
9. Expand its partnering with centres of excellence, universities, and institutions worldwide to increase the impact of the Centre’s work;
10. Continue to expand its collaboration with Japanese institutions in mutually beneficial areas of work, including dissemination of the Centre’s work;
11. Give due consideration to mobilizing additional resources to achieve its goals, in light of the breadth of the proposed programme of work and the Centre’s active collaboration with HQ and Regional Offices; and
12. Consider the discussions and observations made by the Advisory Committee in the implementation of the Centre’s work, as noted in the report.



16th Meeting of the Advisory Committee of the WHO Centre for Health Development, 13-14 November 2012

Annex 2 : WKC Public Forums, Publications, and Presentations 2012

A. WKC Public Forums, 2012

Theme	Event
An overview of WHO Kobe Centre's Research on Ageing and Metrics in 2011 WHO 神戸センターの2011 年度高齢化と健康に関する研究報告	<p>WKC Forum: “<i>Kaigo yobo</i> interventions: the state of the art and future challenges in Japan” Kobe, Japan, 21 March</p> <p>With: Dr Ichiro Kai, University of Tokyo Graduate School of Medicine Dr Kanako Masuno, University of Tokyo Dr Yumi Kimura, Kyoto University</p>  <p>© Unlisted Images / Fotosearch.com</p>
WHO's Life-course Approach to Promoting Healthy Ageing WHO が提唱する高齢 (化) 社会への取り組み	<p>WKC Forum in commemoration of World Health Day: “Will Japan’s global leadership on healthy ageing succeed here at home?” Kobe, Japan, 7 April</p> <p>With: Mr Alex Ross, WKC Dr Teiji Takei, Ministry of Health, Labor and Welfare, Japan Dr Megumi Kano, WKC Dr Tetsuo Tsuji, University of Tokyo, Institute of Gerontology Dr Takao Suzuki, National Center for Geriatrics and Gerontology Dr Katsunori Kondo, Nihon Fukushi University Ms Mariko Bando, Showa Women’s University Dr Yukio Yamori, Mukogawa Women's University Institute for World Health Development</p>  <p>© Unlisted Images / Fotosearch.com</p> <p>WHO Press Conference: National Press Club Tokyo, Japan, 3 April With Mr Alex Ross, WKC Dr Osamu Utsunomiya, Division of the Health for the Elderly, Ministry of Health, Labour and Welfare, Government of Japan Dr Atsushi Seike, Keio University</p>
JT’s Smoking Manners Campaigns and Tobacco Control Policy in Japan 日本たばこ産業のマナー戦略とたばこ規制政策	<p>WKC Forum in commemoration of the World No Tobacco Day 2012 "Tobacco industry interference" Kobe, Japan, 31 May 世界禁煙デー 2012 記念フォーラム 『たばこ産業の干渉を阻止しよう』</p> <p>With: Dr Francisco Armada, WKC Dr Yumiko Mochizuki, Japan National Cancer Center Ms Mina Kashiwabara, WKC Mr Masatoshi Sekiguchi, former member of the Kanagawa Prefecture Assembly Mr Alex Ross, WKC</p>  <p>WHO</p>

B. WHO Centre for Health Development Publications*, 2012

Development of an Urban Health Index
Prototype of an Urban Health Observatory
Measures of Healthy Life Expectancy and their Utility for Public Health Planning 健康寿命に関する国内外の研究の動向とその有用性の検討
Older Adult Health Equity Assessment Using the JAGES HEART Indicators: Case Study of Kobe, Japan
Impact Assessment as a tool for Multisectoral Action for Health, Report of a Consultation Meeting, 20-22 June 2012, Kobe, JAPAN
Developing Indicators for the Global Age-Friendly Cities, Report of a Consultation Meeting, 30-31 August 2012, St Gallen, Switzerland
Developing Guidance for Urban Health Observatories, Report of a Consultation Meeting, 10-11 September 2012, Amsterdam, the Netherlands
Strategic Directions for Urban Health Emergency Management, Report of a Consultation Meeting, 4-5 June 2012, Bangkok, Thailand

* Available on the WHO Kobe Centre website: http://www.who.int/kobe_centre/publications/en/

C. Journal Publications, 2012

“The secret to reinventing a long and happy life”, Japan Times , Alex Ross, 13 April 2012
“World Health Day 2012 - Adding Life to Years - WHO's Global Brief and Recommendations, No.1”, Megumi Kano, Bulletin of Japan Public Health Association , April/May 2012
“World Health Day 2012 - Adding Life to Years - WHO's Global Brief and Recommendations, No.2, Megumi Kano, Bulletin of Japan Public Health Association , June/July2012
“World Health Day 2012 - Adding Life to Years - WHO's Global Brief and Recommendations, No.3”, Megumi Kano, Bulletin of Japan Public Health Association , August 2012
“City Health System Preparedness to Changes in Dengue Fever, Attributable To Climate Change: An Exploratory Case Study”, Jostacio M. Lapitan, Cities and Climate Change Responding to an Urgent Agenda , Volume 2, Chap 31, August 2012
“Learning and working together towards strategic urban health emergency management”, Jostacio M. Lapitan and Arturo Pesigan, Bulletin of Japan Public Health Association , October 2012
“Smoke Free City”, Nagisa Mori and Rumi Horie, Bulletin of Japan Public Health Association , November 2012
“Walking to school practice”, Nagisa Mori, Francisco Armada, D. Craig Willcox, American Journal of Public Health , Volume 102, Issue 11, November 2012
“Understanding and taking action on health inequities in cities using Urban HEART”, Amit Prasad, Bulletin of Japan Public Health Association , December 2012
“Adaptation in Urban Settings: Asian Experiences", Jostacio M. Lapitan, Climate Change in Asia and the Pacific: How Can Countries Adapt? , SAGE Publications Pvt. Ltd, June 2012

D. Presentations (Chronological list), 2012

WKC Theme Area / Title	Event	WKC Contributors
<u>Urban Health Metrics:</u> WKC Achievements and Future Priorities	Interregional meeting to develop plan of action to facilitate the implementation of the Rio Political Declaration on Social Determinants for Health Geneva, Switzerland, 25 January	Prasad, Mr Amit
<u>Urban Health Emergencies:</u> Overview on Health Recovery	JICA-IRP Training on Resilient Recovery Kobe, Japan, 31 January	Lapitan, Dr Jostacio M.
<u>Urban Health Emergencies:</u> Making Hospitals Safer in Emergencies and Disasters	Forum on “How do we make our Hospital prepared for any Disaster?” Akashi, Japan, 19 February	Pesigan, Dr Arturo
<u>Tobacco Control:</u> Legislation process for sub-national smoke-free ordinances: introduction to the Twelve Steps An overview of the model ordinance	WKC Workshop on “Making your city smoke-free: twelve steps to an effective local smoke-free legislation” 15th World Conference on Tobacco or Health Singapore, 20-24 March	Francisco, Dr Armada Kashiwabara, Ms Mina
<u>Urban Health Emergencies:</u> Human health and climate change	UNFCCC expert meeting on assessing the risk of loss and damage associated with the adverse effects of climate change Tokyo, Japan, 26-28 March	Lapitan, Dr Jostacio M.
<u>Urbanization and Health:</u> The Global Campaign on Urbanisation and Health Challenges of Urbanization on Public Health Urban HEART training workshop	13th World Congress on Public Health , and Workshop on Urban HEART Addis-Ababa, Ethiopia, 22 April	Ross, Mr Alex Prasad, Mr Amit Kano, Dr Megumi
<u>Tobacco Control:</u> Tobacco control: Japan and the global perspective たばこ規制 ― 世界と日本	2nd WHO Association of Japan Public Seminar on Smoke-Free Cities Osaka, Japan, 31 May	Ross, Mr Alex
<u>Ageing:</u> Linking evidence to health policy for the ageing: a social health atlas of older adults in a major Japanese city Self-reported physical, psychological and financial mistreatment among community-dwelling older adults in Japan	11th International Federation of Ageing Global Conference on Ageing Prague, Czech Republic, 28 May-1 June	Kano, Dr Megumi
<u>Urban Health Emergencies:</u> Strategic Directions for Urban Health Emergency Management	WHO Consultation on Strategic Directions for Urban Health Emergency Management Bangkok, Thailand, 4-5 June	Ross, Mr Alex Pesigan, Dr Arturo Lapitan, Dr Jostacio M.
<u>Urban Health Emergencies:</u> Urban health emergency management	SEARO Regional Meeting on Disaster Risk Management in the Health Sector Bangkok, Thailand, 6-8 June	Pesigan, Dr Arturo

<u>Tobacco Control:</u> 兵庫県受動喫煙防止条例をめぐって Oral presentation on Hyogo Prefecture second-hand smoke prevention ordinance	"Hyogo Prefectural ordinance on second-hand smoke prevention" Kobe, Japan, 9 June 2012 年世界禁煙ウィーク兵庫県民フォーラム	Kashiwabara, Ms Mina
<u>Tobacco Control:</u> Smoke-Free cities: Interventions to prevent second-hand smoke in cities 禁煙都市：都市における受動喫煙防止の取り組み	World No Tobacco Day commemoration event in Osaka: "Let's make everyone smile in Osaka by preventing exposure to second-hand smoke!" Osaka, Japan, 16 June 世界禁煙デー・大阪記念の催し：受動喫煙防止で「みんなが笑顔の大阪に！」	Kashiwabara, Ms Mina
<u>Urban Health Metrics:</u> Impact assessment - a tool to promote multisectoral action for health	WHO Consultation on Impact Assessment for Intersectoral Action on Health Kobe, Japan, 20 June	Prasad, Mr Amit
<u>Urbanization and Health:</u> 都市化と健康 Urbanization and Health	Graduate Course in Global Health Environment of the Osaka University Global Collaboration Center Osaka, Japan, 28 June	Kano, Dr Megumi
<u>Urban Health Emergencies:</u> Urbanization, Climate Change and Disasters Report on WPR Nursing and Midwifery Activities, WHO’s Life Course Approach to Ageing	9th International Conference of the Global Network of WHO Collaborating Centres for Nursing and Midwifery Kobe, Japan, 30 June	Ross, Mr Alex Pesigan, Dr Arturo Kano, Dr Megumi
<u>Ageing:</u> Ageing in Place: "Good health across life can add life to years"	World Cities Summit 2012 Singapore, 1-2 July	Ross, Mr Alex
<u>Urban Health Metrics:</u> Urban HEART	JICA training on health systems management Saitama, Japan, 5 July	Prasad, Mr Amit
<u>Urban Health Emergencies:</u> Health Sector Recovery	3rd expert group meeting on the Great East Japan Earthquake Sendai, Japan, 3-4 July	Pesigan, Dr Arturo
<u>Urban Health Emergencies:</u> Health Emergencies	Global Health Summer Programme, University of Tokyo Tokyo, Japan, 30 July	Pesigan, Dr Arturo
<u>Urban Health Emergencies:</u> Health Management in Disaster	East Asian Medical Students' Conference 2013 Planning Meeting Tokyo, Japan, 28 July	Pesigan, Dr Arturo
<u>Urban Health Metrics & Ageing:</u> Introduction to Urban HEART and Age-Friendly Cities	International Symposium on New tides of long-term care prevention and health policy management Nagoya, Japan, 4 August	Prasad, Mr Amit
<u>Urbanization and Health:</u> WHO, Global Health and Urban Health	17th Training Course of New Health Leaders, Tokai University School of Medicine Tokyo, Japan, 9 August	Lapitan, Dr Jostacio M.

<u>Urban Health Metrics:</u> Urban HEART training workshop	WHO Urban HEART Workshop for the Pacific Island Countries Suva, Fiji, 15 August	Prasad, Mr Amit
<u>Urban Health Emergencies:</u> Global Safe Hospitals Activities	WHO WPRO Regional Consultation on Safe Hospitals Manila, Philippines, 29-30 August	Pesigan, Dr Arturo
<u>Urban Health Metrics:</u> WHO's Initiatives on Urban Health Metrics	WHO Consultation Meeting on Developing Indicators for the Global Age-Friendly Cities Network St Gallen, Switzerland, 30 August	Prasad, Mr Amit Kano, Dr Megumi
<u>Urban Health Metrics:</u> Global Update on Urban HEART	WHO Intercountry Workshop on Promoting Health Equity Cairo, Egypt, 2 September	Prasad, Mr Amit
<u>Tobacco Control:</u> WHO activities including tobacco control	Graduate School of Medicine, Kobe University Kobe, Japan, 4 September	Garcon, Mr Loic
<u>Urban Health Governance:</u> WHO Ten Steps for Policy-makers to Implement Intersectoral Action on Health	6th World Urban Forum Naples, Italy, 8 September	Ross, Mr Alex
<u>Ageing:</u> Age Friendly Cities	International Workshop on ICT for an Ageing Society and Disability, OECD/APEC Tokyo, Japan, 12-14 September	Ross, Mr Alex
<u>Urban Health Metrics:</u> New Developments in Urban Health Metrics WHO's Initiatives on Urban Health Metrics	European Urban Health Conference Amsterdam, Netherlands, 14 September	Prasad, Mr Amit Kano, Dr Megumi
<u>Tobacco Control:</u> Smoke-free cities project in WHO Kobe Centre WHO 神戸センターにおける禁煙都市の取り組み	The 1st Scientific Meeting of Tobacco-free Advocacy Kobe, Japan, 16 September	Kashiwabara, Ms Mina
<u>Urban Health Emergencies:</u> Disasters, Climate Change and Urbanization	8th Association of Pacific Rim Universities (APRU) Research Symposium on Multihazards around the Pacific Rim, Tohoku University Sendai, Japan, 20-22 September	Pesigan, Dr Arturo
<u>Urban Health Emergencies:</u> Multi-Sectoral Collaboration in Public Health Emergency Response Urbanization, Climate Change and Disasters	APEC Workshop on building Public Health Emergency Capacity Shanghai, China, 25-28 September	Pesigan, Dr Arturo
<u>Urban Health Emergencies:</u> Basic concepts and principles Health emergency management Occupational Health Issues in Emergencies	KITA/JICA Training Course, Occupational Health and Preventive Medicine for Workers Kitakyushu, Japan, 4 October	Lapitan, Dr Jostacio M.
<u>Urbanization and Health:</u> WHO and Global Health	KITA/JICA Training Course, Occupational Health and Preventive Medicine for Workers Kitakyushu, Japan, 4 October	Ross, Mr Alex
<u>Urban Health Emergencies:</u> Crucial Role of Inetrprofessional Education for Health Human Resources in Emergencies and Disasters	6th International Meeting on Interprofessional Work, Kobe Gakuin University Kobe, Japan, 6 October	Pesigan, Dr Arturo

<u>Urban Health Metrics:</u> Health Impact Assessment in Decision-making	Asia-Pacific Health Impact Assessment Conference Seoul, Republic of Korea, 9-11 October	Prasad, Mr Amit
<u>Urban Health Emergencies:</u> Learning and working together towards Strategic Urban Health Emergency Management	5th Asian Ministerial Conference on Disaster Risk Reduction Yogyakarta, Indonesia, 22-25 October	Lapitan, Dr Jostacio M.
<u>Urbanization and Health:</u> Introduction to Urban HEART Smoke-free cities	5th Alliance for Healthy Cities Global Conference: WPRO course (Short course A) on Leadership in Healthy Cities Brisbane, Australia 24-27 October	Armada, Dr Francisco
<u>Urban Health Governance:</u> Opening and background on WKC and UN work Health in All Policies (HiAP)/intersectoral action (ISA) and NCDs HiAP/ISA at local level 10 steps to implement HiAP/ISA	5th Alliance for Healthy Cities Global Conference: WKC course (Short course B) on “Health in All Policies and Noncommunicable Diseases (NCDs)” Brisbane, Australia 24-27 October	Armada, Dr Francisco Rantala, Ms Riikka Elina
<u>Ageing:</u> Future of Our Global Family – Toward Healthier Ageing by Traditional Food	World Health Forum 2012 Kobe, Japan, 20 November	Ross, Mr Alex
Urban Health Emergencies: Recovery of health sector post disaster	Symposium for Urban Reconstruction after Disaster - 30 years ahead - Community-based Healthy Cities Approach Tokyo, Japan, 23 November	Pesigan, Dr Arturo
<u>Urban Health Metrics:</u> Urban HEART Training Workshop	WHO South-East Asia Regional Workshop on Urban HEART New Delhi, India, 26 November	Prasad, Mr Amit
<u>Urban Health Emergencies:</u> Health Innovation in a Post-GEJE (Great East Japan Earthquake) Disaster Era: International Cooperation Activities with the World Health Organization	Tohoku University 5 th International Industry-University Collaboration Sendai, Japan, 4 December	Ross, Mr Alex
<u>Urban Health Emergencies:</u> Urban Health Emergencies	Regional Meeting on Health Emergency Risk Management of Disasters and Health Cluster Forum Manila, Philippines, 10 December	Pesigan, Dr Arturo
<u>Urbanization and Health:</u> Urban planning and health; WKC research agenda on Second-hand smoke	Ritsumeikan Asia Pacific Uniersity Beppu, Japan, 8-9 December	Garcon, Mr Loic
<u>Urban Health Emergencies:</u> WHO, Global Health and Health Emergency Management	East Asian Medical Students’ Conference 2013 Tokyo, Japan, 29 December	Lapitan, Dr Jostacio

Annex 3 : List of interns and volunteers, 2012

Interns

Name	Nationality	WKC Work Focus
Ms Shiori Eguchi	Japan	1) Review of health impact assessment tools and the success of practical application of the tools in the field; and 2) Collaborate with University of New South Wales and other experts on the development of specific guidance on health impact assessment within the planning cycle identified in WHO’s Urban Health Equity Assessment and Response Tool (HEART).
Ms Kendra Anne-Masako Dagg	USA	1) Assist in the Centre’s technical work on generating an evidence base, assessing climate change vulnerability and adaptation, and formulating policy recommendations towards urban adaptation to climate change and its health impacts, with a focus on the effects of climate change on vector-borne diseases; 2) Support the technical team in developing draft communication materials for city policy makers on the links between climate change adaptation to infectious diseases and strengthening urban health emergency management systems; and 3) Review campaign cities under UNISDR’s “Making Cities Resilient: My City is Getting Ready” Campaign 2010-11 identifying and analyzing health projects/ programmes covered.
Dr Kana Saito	Japan	1) Review literature on (1) health and health system effects of emergencies; (2) health emergency management; and (3) essential health services package in urban settings; 2) Develop integrated essential health services package for emergencies as a strategy in preparedness and response in primary and secondary health care in urban settings; and 3) Discuss policy, planning, implementation, monitoring and evaluation implications in other settings.
Ms Risako Shirane	Japan	1) Prepare a literature review on ongoing/completed subnational smoke-free initiatives since 2010. 2) Contribute to a pilot research on the impact of local street smoking bans by conducting literature reviews and participating in the analysis. 3) Identify some local examples of municipal tobacco control interventions beyond enforcement of smoke-free environments, and prepare a case study.
Ms Jane Yao	Canada	1) Review of indicators to monitor the age-friendliness of cities primarily applying the framework developed in WHO’s Global Age-Friendly Cities; and 2) Support the organization of international expert consultations on (i) Impact assessment for Inter-sectoral Action on Health, and (ii) Age-Friendly Cities indicators.

Mr Friedrich Dengel	USA	1) Assist in the preparations of an expert consultation on intersectoral action on health and impact assessments; and 2) Conduct research on intersectoral action for health (ISA) and/or urban planning (e.g. law as mechanism of intersectoral action for health)
Ms Rumi Horie	Japan	1) Prepare a scientific report on Hyogo’s legislation on second-hand smoke; and 2) Contribute to a survey research on the impact of local street smoking bans by assisting in the execution of the survey and in the analysis of data.
Ms Murielle Timbo	France	Conduct research on intersectoral action on health (ISA) and/or health promotion foundations (e.g. on ISA mechanisms such as joint budgets, legislation and coordination mechanisms and/or on promotion of physical activity through the projects of health promotion foundations).
Mr Takashi Ushijima	Japan	1) Review literature on safe hospitals, health business continuity plans (BCP), and disaster base (core) hospital system of Japan with a particular focus on local government planning for and assurance of BCP for health care facilities; and 2) Draft a paper on a) a review of Japan’s approaches to business continuity planning (BCP) for hospitals and health care facilities, with particular emphasis on local government planning and assurance of BCP in case of emergencies; b) as available, broader review of BCP-related issues from Asia and global perspectives; c) an analysis of and recommendations for strengthening interactions between local government and health care facilities for BCP, and for the design of BCP for hospitals/health care facilities.
Mr Martin Bortz	Germany	1) Assist in conducting and reviewing case studies on Intersectoral Action for Health (ISA)/ Health in All Policies (HiAP).; and 2) conduct research on the role of local government in ISA.
Ms Hanako Mori	Japan	1) Analyze data on child health inequalities in urban areas and draft a technical paper describing the global situation and trends; and 2) Support the drafting and analysis of a technical paper on the utility of the Urban Health Equity Assessment and Response Tool (Urban HEART) as a tool to measure and act on the social determinants of health.
Ms Mizuki Sata	Japan	1) Assist in the follow-up to the consultation meeting on developing indicators for Age-friendly Cities, including researching operational definitions of the proposed indicators. 2) Assist in the development of Japanese materials on the WHO Global Network of Age-friendly Cities and Communities. 3) Assist in the collation of information about Age-Friendly City-related programmes and activities among Japanese cities.

Volunteers

Name	Country	WKC Work focus
Mr Yosuke Takada	Japan	1) Mapping of organizations supporting activities for Great East Japan Earthquake; 2) mapping of organizations in Japan doing work on health emergency management; and 3) liaison to Japanese organizations working on health emergency management.
Ms Nagisa Mori	Japan	1) Work on a literature review on interventions at the city level to promote physical activity in different urban contexts and contribute to the development of guidelines in that area; and 2) Contribute to research in Urban Health Governance (UHG), including research on tobacco control.
Dr Kentaro Morita	Japan	1) Review literature on making hospitals safer in emergencies (Japan and internationally); 2) Document the processes, inputs and outputs done in Japan to ensure safer hospitals in emergencies; 3) Identify strengths from the Japanese model that may be adapted in other settings; 4) Identify challenges/gaps that resulted to damages and disruption of hospital services after the Great East Japan Earthquake and how these gaps can be addressed; and 5) Discuss implications of findings for health policy and health research in urban settings (high-, middle- and low- income countries, if possible).
Ms Yorin Watabe	Japan	1) Conduct literature reviews (including summarizing findings and developing reference databases), and draft papers and abstracts to support WKC’s production and dissemination of research publications; 2) Assist in the logistical and technical aspects of organizing and conducting expert meetings (e.g. identifying relevant background papers and experts, etc); and 3) Conduct secondary data analysis to examine topics of relevance to WKC’s research agenda (e.g. health equity among the urban elderly population in Japan).
Ms Johanna Chow Chuen	France	1) Conduct literature reviews (including summarizing findings and developing reference databases), and draft papers and abstracts to support WKC’s production and dissemination of research publications; and 2) Assist in the logistical and technical aspects of organizing and conducting expert meetings (e.g. identifying relevant background papers and experts, etc.).
Dr Noriko Nagai	Japan	1) Review literature on the general situation of older people and people with disabilities in emergencies and disasters and the specific situation on the impact of the Great East Japan Earthquake (GEJE) to older people and people with disabilities (e.g., morbidity, mortality, availability and access to health services, etc); 2) Document the good practices about the health and welfare support provided to older people and people with disabilities immediately after the GEJE and during the recovery phase; and 3) Identify and annotate innovations and technologies that were used to assist older people and people with disabilities in areas affected by the GEJE.

Dr Keiko Yamada	Japan	1) Contribute to the preparation of a scientific report on Hyogo’s legislation on second-hand smoke; 2) Assist in a research project on the impact of local street smoking bans, particularly with the analysis of data; and 3) Contribute to the dissemination of the research results on smoke-free cities project by assisting in preparing relevant materials for international and local conferences.
Ms Junko Miyamoto	Japan	1) Review and develop indicators to monitor and assess health emergency preparedness of cities/urban settings; and 2) Support the implementation of a planned research in Japan currently under WHO ethics review.
Dr Liao Kaiju	People’s Republic of China	1) Review literature on China’s experiences on urban health emergency management with focus on the following area: information systems for health emergency management, public information and risk communication in health emergencies, planning and policy development, planning for health emergency response operations and safe health facilities/safe hospitals; 2) Review literature and visit health agencies in Kobe and Hyogo Prefecture on case studies on urban health emergency management; 3) Identify strengths from the Japanese model that may be adapted in other settings; and 4) Identify challenges/gaps on urban health emergency management that would be relevant to help strengthen disaster management in China.

