

WHO CENTRE FOR HEALTH DEVELOPMENT ANNUAL REPORT 2013



World Health Organization

Centre for Health Development (WHO Kobe Centre)
1-5-1, Wakinohama Kaigandori
Chuo-ku, Kobe 651-0073
Japan
Tel: 078-230-3100 Fax: 078-230-3178
http://www.who.int/kobe_centre/
wkc@who.int



Annual Report 2013

Table of Contents

Context of the Centre’s Work	3
2013 Key Highlights/Events	5
Summary : Progress in Research Areas in 2013	
Urban Health	7
Innovation for Healthy Ageing	10
Highlights : the Centre’s Activities in 2013	
a. Urban HEART	11
b. Measuring Age Friendliness of Cities and Communities	13
c. Analytical Tools and Resources	15
d. Smoke-free Cities	16
e. Intersectoral Action for Health and Healthy Urban Planning	17
f. 8th Global Conference on Health Promotion	19
g. City LHTE and CHEKList	21
h. Innovation for Ageing Populations	23
Looking Ahead	25
Annex 1: Recommendations of the Advisory Committee of the WHO Kobe Centre 2013	27
Annex 2: WKC Public Forums, Publications and Presentations 2013	29
Annex 3: List of Staff, Interns and Volunteers 2013	34

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Message from Director



Over the past 18 years, the WHO Centre for Health Development (WHO Kobe Centre: WKC) has effectively developed, catalyzed and researched new public health issues and needs that correspond to emerging global trends and require multi-disciplinary approaches and research skills.

Based on a determinants of health framework and a focus on health inequities, WKC has led WHO’s work to document the health implications and opportunities of rapid urbanization across the world, especially in developing countries and emerging economies. WKC also undertook initial research to document community-

based systems for caring and supporting ageing populations, as well as novel preventive interventions. As a consequence of its location in Kobe, Hyogo, Japan, WKC staff have been inspired by and relied on local and national collaborations to advance our work.

In 2013, WKC continued its longstanding work in helping cities identify and act upon health inequities, while also launching a new, expanded area of work to increase the availability and affordability of safe and effective, innovative technologies and service delivery approaches for older populations - “frugal innovations”. A number of examples of WKC’s work are provided in the following pages.

WKC has contributed, and will continue to contribute, to the emerging global movement and consensus for Universal Health Coverage (UHC). Here too, Japan’s pioneering work to institutionalize UHC over 50 years ago, based on principles of equity of access and financial coverage, contributes essential lessons for other countries. Lessons from Japan are also valuable for considering the implications and opportunities for adapting UHC for ageing populations.

In 2013, WHO Member States endorsed a new WHO General Programme of Work for 2014–19 and biennial Programme Budget for 2014–15 that encompass a set of WHO leadership priorities. Together, these define WHO’s direction in response to the most pressing public health challenges and opportunities.

The current direction and work of the Centre, its comparative advantages, and achievements made during 2013 are well aligned with and contribute to the WHO leadership priorities, in particular to a) advancing UHC, b) increasing access to essential, high quality and affordable medical products, and c) addressing social, economic, and environmental determinants of health.

None of the Centre’s work, however, would be possible without 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), for which I and WHO are very grateful.

Alex Ross
Director

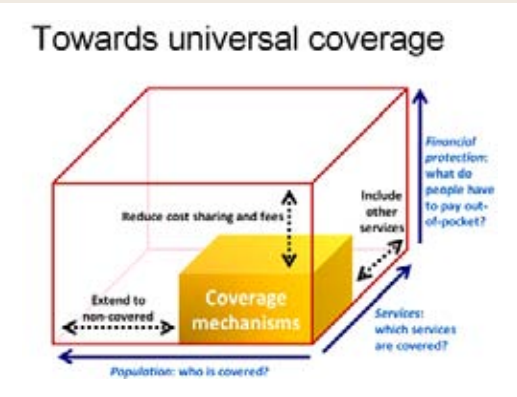


WHO/Violaine Martin

The World Health Assembly in May 2013 endorsed the new six-year WHO General Programme of Work, 2014–19 that establishes a high level strategic vision for the work of WHO. It sets out six leadership priorities (see box) that define the key overall areas in which WHO will influence global health. The priorities set the context for WKC’s contributions, notably for numbers 1, 5 and 6.

Improving the health and well-being of populations across the world is at the core of continued social and economic progress. Changing demographic and epidemiological trends, linkages between health outcomes and various risk factors, influence of the environment, economics, and inequalities on health, and continued risks from natural disasters, infectious diseases, and climate change all set the broader context for the work of WHO and WKC.

Consensus has emerged on the need to foster Universal Health Coverage (UHC) among Member States, WHO and the World Bank. UHC combines these fundamental components: access to the services needed to achieve good health (promotion, prevention, treatment and rehabilitation, including those that address health determinants) with the financial protection that prevents ill health leading to poverty. Each country will need to define UHC in its context.



Source: WHO

At the core of UHC is the need to ensure equity and social justice. Japan implemented UHC over fifty years ago, and thus has many lessons to share. WKC’s experience measuring urban health inequalities through practical indicators (including service coverage) will be of considerable value to monitoring progress on UHC. Health inequities are also likely to be at the centre of discussions on post-2015 sustainable development goals.

Two continuing megatrends influence WKC’s work. The first is rapid unplanned urbanization, particularly in low- and middle-income countries as 70% of the world population is forecasted to live in cities by 2050. Urbanization brings opportunities for health, not least from well-resourced city administrations, but equally it brings risks of exclusion and inequity.

Second is the equally rapid increase in population ageing. In almost every country, the proportion of people aged over 60 years is growing faster than any other age groups, as a result of both longer life expectancy and declining fertility rates. By 2050, 80% of the world’s older people will be

living in what are currently low- and middle-income countries. Population ageing is an opportunity, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security. Japan is the world’s leading aged society with a quarter of its population over 60 today demonstrating both solutions and challenges for the world.

New and adaptive technologies play an ever increasing role in health (medicines, vaccines, diagnostics, medical devices, assistive devices and mHealth applications). Technological and social innovations are particularly relevant to supporting ageing populations. These, however, must respond to older persons’ needs and preferences and account for local conditions, acceptability, affordability, and integration into delivery systems. Concurrently, new challenges are now emerging as a direct consequence

of increased life expectancy, notably significant increases in cognitive decline. Without cures or easy preventive measures, the need for novel community based systems of care and respite are essential for all country contexts.

Past WKC-led work enable it to contribute to the WHO priority agenda. It includes measuring health inequities based on a determinants of health approach, crafting policy options, collecting evidence and best practices, facilitating the implementation of the Kobe Call to Action, and leading a new research agenda on advancing innovation for ageing populations.

Since WKC’s inception, Hyogo Prefecture and City of Kobe have demonstrated what effective and well planned recovery from a major natural disaster can look like, as well as to ensure better emergency

preparedness and response for the future. WKC has analysed urban disaster risk reduction and urban health emergency management, transmitted lessons from such emergencies relevant to the health sector in urban settings, and in particular, during times of pandemic with countermeasures at the local level. Given limited resources, WKC is ensuring that priority urban health emergency related work is integrated into WKC’s work and core products (e.g., Urban HEART).

As changing global, national and local contexts influence priority public health issues, WKC will contribute by collecting, analysing, and disseminating the best evidence available to map health inequities, advance innovation, and craft novel approaches to help cities and countries practically respond.

WHO Leadership Priorities, 2014–20

1. **Advancing universal health coverage:** enabling countries to sustain or expand access to essential health services and financial protection and promoting universal health coverage as a unifying concept in global health.
2. **Health-related Millennium Development Goals – addressing unfinished and future challenges:** accelerating the achievement of the current health-related Goals up to and beyond 2015. This priority includes completing the eradication of polio and selected neglected tropical diseases.
3. **Addressing the challenge of noncommunicable diseases and mental health, violence and injuries and disabilities.**
4. Implementing the provisions of the **International Health Regulations:** ensuring that all countries can meet the capacity requirements specified in the International Health Regulations (2005).
5. Increasing access to essential, high-quality and affordable **medical products** (medicines, vaccines, diagnostics and other health technologies).
6. Addressing the **social, economic and environmental determinants of health** as a means of reducing health inequities within and between countries.

Source:WHO

2013 Key Highlights/Events

WKC Forum: International Health Emergencies

[18th Annual Meeting of Japanese Association for Disaster Medicine]
(Kobe, Japan) → See page 29



WHO/Miho Kishitani

World Health Day: WKC Forum "Control your blood pressure: Cut your risk of heart attack and stroke"

(Kobe, Japan)
→ See page 29



WHO/Amit Prasad

Intercountry Urban HEART Report Back Meeting in Africa

(Entebbe, Uganda)
→ See page 11



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WHO Global Forum on Innovation for Ageing Populations

(Kobe, Japan) → See page 24



WHO/Miho Kishitani

Pilot Training Course on Leadership in Health Innovations and Technologies in Emergencies

(Kobe, Japan)
→ See page 21



WHO/Arturo Pessigan

Special Symposium "Age Friendly Cities: Metrics and Evaluation Issues"

[20th IAGG World Congress of Gerontology and Geriatrics]
(Seoul, Republic of Korea)



IAGG 2013

2nd WHO Consultation on Developing Age-friendly City Indicators

(Québec City, Canada)
→ See page 13



WHO

Expert Consultation on Urban HEART

(Kobe, Japan)
→ See page 12



WHO Kobe Centre

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

Consultation on Advancing Technological Innovation for Older Populations in Asia

(Kobe, Japan)
→ See page 23



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Fellowship Visit of Dalian City (China) Health Officials to WKC

supported by the Government of Japan's Ministry of Health, Labour and Welfare
(Kobe, Japan)
→ See page 11



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Workshop on Making Cities Smoke-free

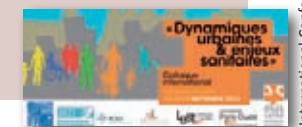
[10th Asia Pacific Conference on Tobacco or Health (APACT)]
(Chiba, Japan)
→ See page 16



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Symposium on Urban Health Observatories

[International Conference on Urban Dynamics and Health]
(Nanterre, France)
→ See page 15



International Conference on Urban Dynamics

Asian Urban Information Center of Kobe (AUICK)/WKC Joint Workshop on Urban HEART for 6 Asian Countries

(Kobe, Japan) → See page 11



WHO/Miho Kishitani

8th Global Conference on Health Promotion (8GCHP)

(Helsinki, Finland) → See page 19



8GCHP

Urban HEART Capacity Building Workshops

(Suva, Fiji and Apia, Samoa) → See page 11



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WKC Forum: Suicide Prevention and Community Support

(Kobe, Japan) → See page 29



WHO/Makiko Watanabe



In 2013, a new, consolidated Urban Health team was formed through a merger of the erstwhile smaller Urban Health Metrics, Urban Health Governance and Urban Health Emergency Management teams to improve synergies in the work on urban health.

Goal

To reduce health inequities in urban areas by supporting local stakeholders in planning and prioritizing action using an inclusive approach.

Major Research Areas

The impact of urbanization on population health, health equity and the environment are key concerns for city and national authorities, and the public. The Urban Health team supported city and national authorities through the following major areas of work:

- 1) **Setting norms and standards, and promoting and monitoring their implementation**
WKC-developed tools and guidelines support city and national officials in their efforts to act on health and health inequity. Three widely used tools include:
 - i. **Urban Health Equity Assessment and Response Tool (Urban HEART):** to support cities in identifying health inequities and develop a plan of action to tackle them;
 - ii. **Intersectoral Action on Health:** a path for policy-makers to implement effective and sustainable action on health: to give guidance to policy-makers on how to conduct intersectoral action;
 - iii. **Making Cities Smoke-free:** to assist city officials in preparing and implementing smoke-free legislation that is popular, complied with, and effective in improving health.

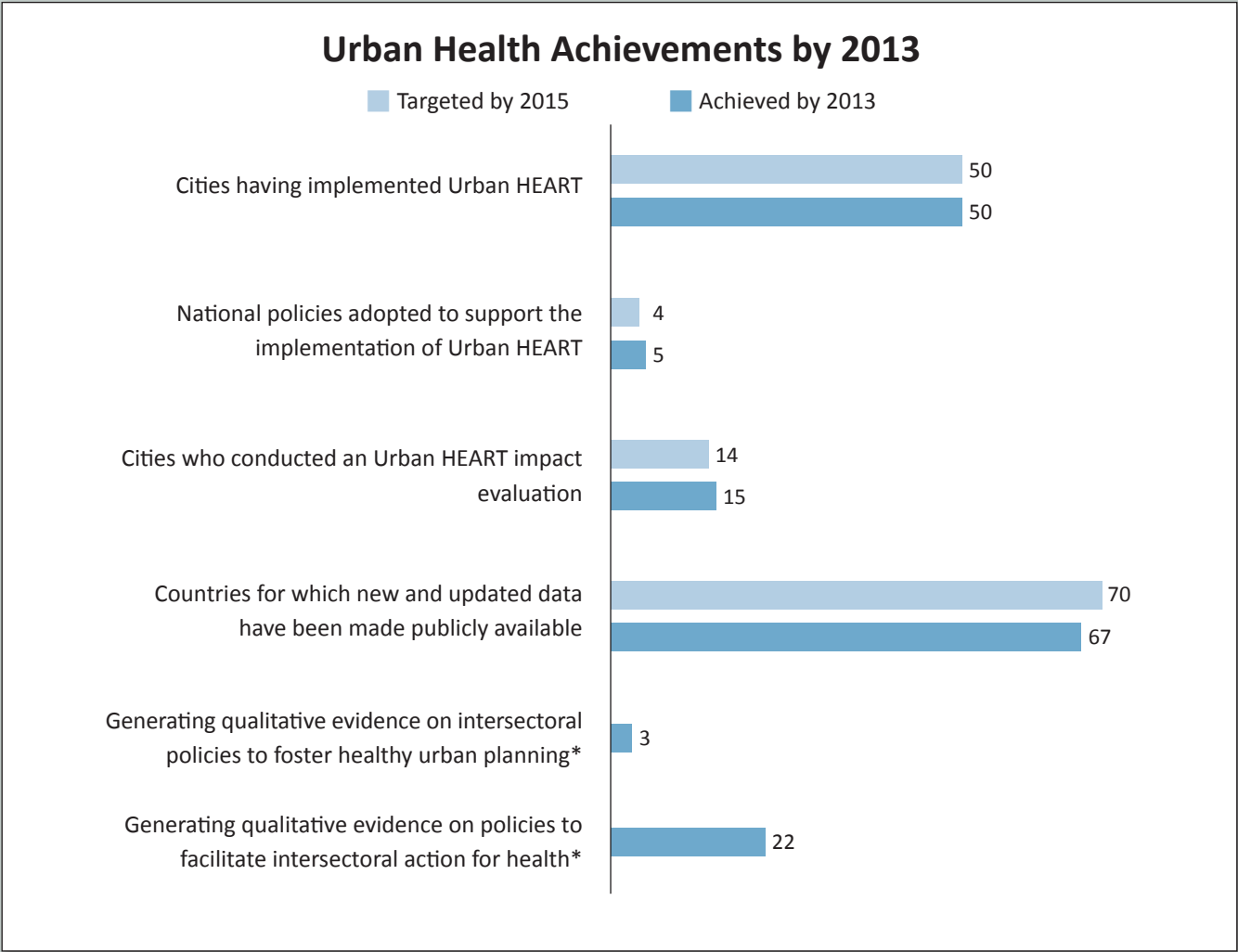
The team is also currently working on developing a variety of other tools to support city officials including an urban health index, guidance for setting up local health observatories, and indicators for monitoring age-friendliness of cities.

- 2) **Providing technical support, and building sustainable institutional capacity**
In collaboration with its partners in WHO regional offices and headquarters, as well as other international agencies, the Urban Health team builds capacity of city and country officials through workshops and seminars. In 2013, the team has conducted five workshops in Fiji, Japan, Samoa and Uganda on Urban HEART and other topics, for officials from

18 countries. The team also provides support to cities and countries where WKC tools are being implemented. In addition, lectures and seminars are regularly provided on topics of interest to students and professionals in Japan.

- 3) **Monitoring the health situation and assessing health trends**
Through its contribution to WHO’s Global Health Observatory, the Urban Health team provides data and analysis on urban health equity on 67 countries. In addition, evidence is also being collected through case studies on examples of intersectoral action for health and healthy urban planning.

Key Developments in 2013



* These activities were initiated in the 2010–11 biennium but do not have a specific target for 2015.



Urban Health Emergency Management

In 2013, WKC’s efforts have been to support cities’ ability to address health risks associated with emergencies and disasters.



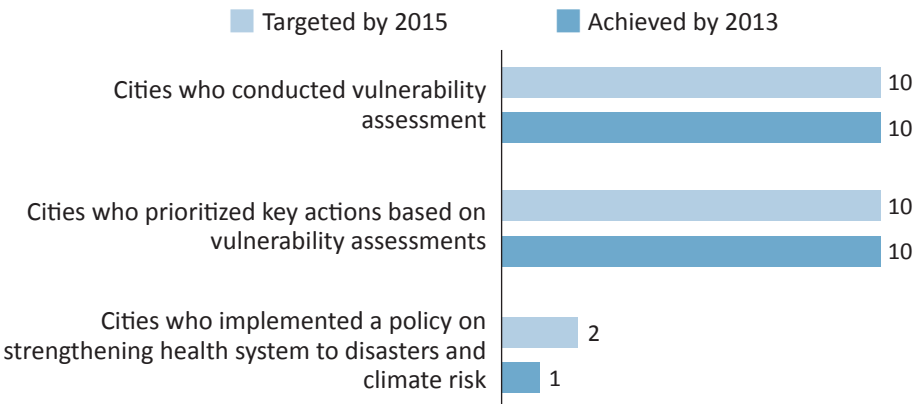
Major Research Areas

- 1) Develop specific pilot training materials for the WKC-defined Strategic Directions on Urban Health Emergency Management (UHEM).
- 2) Strengthen local and regional collaborations in support of UHEM.
- 3) Contribute to policy documents for global disaster risk reduction.

Key Developments in 2013

- 1) Completion of case studies on climate change, health and cities.
- 2) Developed/piloted Project City Leadership on Health Innovations and Technologies in Emergencies (Project City LHITE).
- 3) Developed initial City Health Emergency Kit List (CHEKList).
- 4) Strengthened technical support to local and national partners, including technical advices to develop the Hyogo’s New Influenza Plan of Action.
- 5) Contributed to policy development for including health in global disaster risk reduction, preparedness, response and recovery.
- 6) Developed indicators on UHEM for possible inclusion in the next version of Urban HEART.

Urban Health Emergency Management Achievements by 2013



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. 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 ageing populations. In 2013, WKC, in coordination and cooperation with other offices at WHO headquarters working on issues relating to ageing and innovation, started the operationalization of the new workstream - “Innovation for Healthy Ageing”.

Goal

Development of a framework for advancing technological and social innovation for ageing populations.

Major Research Areas

Focus on low- and middle-income countries (and low-income settings) to;

- 1) Increase availability, affordability and acceptability of safe and effective devices, as well as their integration into community-based delivery systems;
- 2) Identify priority needs, challenges and opportunities to drive adaptive innovations;
- 3) Ensure equity in access and coverage.

Key Developments in 2013

Convening different stakeholders from across WHO and international experts, along with its historic work in ageing issues, WKC successfully began documenting and leading research work on frugal technological and social innovations for ageing populations in lower income settings. The following results advanced this work in 2013:

1) Consultation on Advancing Technological Innovation for Older Populations in Asia (February 2013)

Reviewing two new WHO-commissioned studies on medical and assistive devices in eight Asian countries, the meeting identified a set of required health system actions across stakeholders to increase frugal innovations.

2) Literature Reviews of Social Innovation in Health and in Home-based Care

WKC conducted a review of social innovation examples to understand specific interventions to support for ageing populations.

3) Systematic Reviews for Medical and Assistive Devices in Eight Asian Countries

Working with WHO headquarters and Regional office for the Western Pacific colleagues, WKC supported the technical review of two initial studies of the availability and gaps of these devices.

4) WHO Global Forum on Innovation for Ageing Populations (December 2013)

Drawing from over 170 participants from 21 countries, and from government, academia, innovators, industry, and NGOs, the Forum comprehensively presented key issues and innovation examples and identified lessons and research gaps for a number of health system and product innovation development.





WHO/Ana Karti

Urban Health Equity Assessment and Response Tool (Urban HEART) guides local policy-makers and communities through a standard procedure of gathering evidence and planning effectively for actions to tackle health inequities.

The tool was published in 2010 and is being used in more than 50 cities from 35 countries across the world (see map).

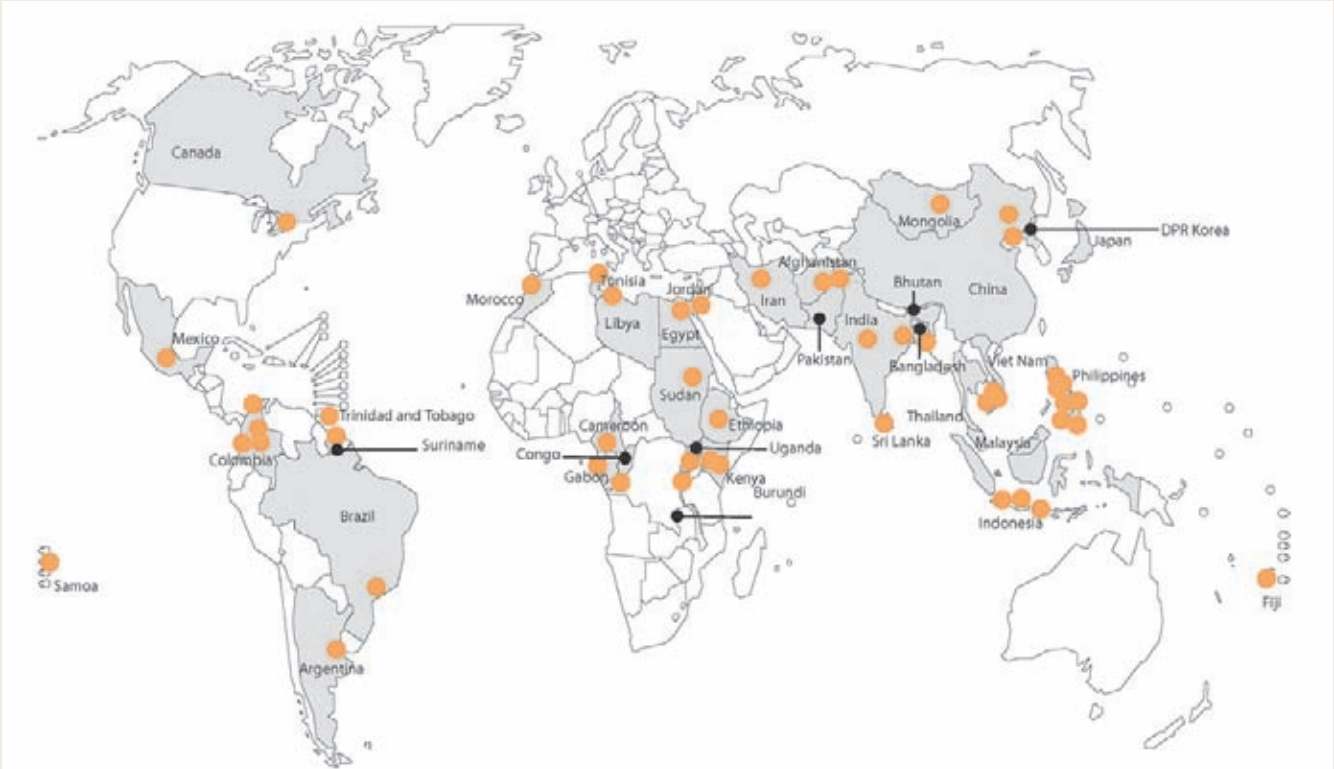
The following are the major activities and achievements in 2013.

- i. Institutionalization:**
Urban HEART was institutionalized as a tool for monitoring and planning action on health at the local (Toronto), national (Colombia), and regional (Pacific Islands) levels.
- ii. Capacity building:**
WKC has supported scaling up Urban HEART through building country capacity in workshops in Fiji, Japan (two workshops), Samoa, and Uganda. In addition, WKC used Urban HEART to train city representatives from six Asian countries (Asian Urban Information Center of Kobe (AUICK) / WKC joint workshop), and visiting officials from Dalian City, China.
- iii. Peer-reviewed publications:**
Three manuscripts on the regional and global experiences of Urban HEART are currently under peer-review for publication in academic journals. In addition, a chapter on Urban HEART was published in the book, "Strategic Urban Health Communication".
- iv. Expert consultation:**
Utilizing the feedback received over the past three years on Urban HEART from officials and experts, an expert consultation was held in Kobe to develop Urban HEART 2.0, a revised version of the original tool.

Evaluation of Urban HEART implementation
With the cooperation of respective authorities in Indonesia, Islamic Republic of Iran, Kenya, Mongolia, Philippines, Sri Lanka and Viet Nam, an independent evaluation of the process of piloting Urban HEART was conducted in 15 cities during 2011–2012 and published in 2013.

These independent evaluation reports serve as a useful resource for stakeholders who want to learn from the experiences of cities in different contexts in utilizing the tool to address health inequities. The evaluation also provides important lessons for WHO to better support cities in implementing Urban HEART. The evaluation reports have been made publicly available on WKC's website.

Countries and cities that have used or are using Urban HEART



Source: WHO
Note: Cities are represented by orange dots while countries are shaded gray.
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Revision of Urban HEART

In November 2013, WKC organized a three day expert consultation in Kobe on the further development of Urban HEART. This consultation was attended by 36 experts including city and national officials, international organization representatives, academics, and civil society organization members.



WHO Kobe Centre

Highlights : the Centre's Activities in 2013

b. Measuring Age Friendliness of Cities and Communities



WHO/SEARO/Anuradha Sarup

In response to rapidly ageing populations worldwide, WKC continued to make progress in developing **indicators for monitoring “age-friendliness” of cities** in collaboration with relevant WHO counterparts and international experts. As there is no standardized set of indicators to help cities measure progress over time, the objective is to identify a limited set of global indicators that cities can use and adapt to monitor their age-friendliness. WKC will also develop an assessment tool to support local stakeholders in the monitoring process.

In 2013, WKC conducted a survey to obtain a realistic assessment of a draft set of indicators from local health officials and community members from cities around the world. This is to ensure that the final selection of indicators considers the perspectives of the intended end-users. Responses were received from cities in 15 countries: Argentina, Australia, Canada, China, Costa Rica, France, Ireland, Japan, Kenya, Republic of Korea, Russian Federation, Spain, Sri Lanka, the United Kingdom, and United States of America. From Japan, we received feedback from Akita City, an official member of the WHO Global Network of Age-friendly Cities and Communities. In addition, we obtained collective inputs from local health officials representing 23 municipalities participating in the Japan Gerontological Evaluation Study.

The survey results provided quantitative ranking of indicators and thematic issues of importance to supporting ageing populations in different city contexts. The most important issues identified included: access to outdoor spaces and buildings; access to transportation; volunteering; employment; social participation; access to home-based care and services; access to information; and health risk factors. Qualitative feedback from the surveys indicated some key themes: the need to improve the draft definitions of the indicators; the difficulty in actually measuring the indicators; and the contextual factors which might affect the feasibility and relevance of the indicators.

The pilot survey study results were discussed at the second expert consultation meeting organized by WKC in Québec City, Canada, in September 2013 (a pre-conference meeting to the 2nd International Conference on Age-Friendly Cities). Progress was made to further refine the list of proposed indicators, their definitions and a framework for these indicators. Participants recognized that context-specificity of indicators is important, but nevertheless, cities should be encouraged to use a consistent set of indicators and definitions as much as possible in order to improve comparability across time, between small geographic areas within a city, and between different cities within a country, region or internationally.

Next steps are to refine the proposed set of indicators and their definitions, finalize the monitoring framework, and to develop an assessment tool which explains the indicators and their appropriate use. These will be reviewed by both experts and city representatives before it is widely distributed. WKC views these indicators and related process as an iterative process which will continue on with periodic evaluations and revisions of the indicators as necessary.



WHO/SEARO/Budi Chandra



Akita City

Age-friendly Akita City (Japan)

Akita City, the capital of Akita Prefecture in the north-west part of mainland Japan, has been an official member of the WHO Global Network of Age-friendly Cities and Communities (GNAFCC) since 2011. In 2013, the City developed an Age-friendly City (AFC) Action Plan which had two pillars: 1) government-led initiatives to disseminate the City’s AFC vision; capitalize on older people’s diverse capacities; promote barrier-free access; and secure transportation for older people, and 2) citizen-led initiatives to create age-friendly neighbourhoods and promote awareness.

The City has identified a broad set of indicators to monitor their progress, including the numbers of barrier-free parks, senior bus passes issued, earthquake resistant homes, library rentals of books in large-type font, and registered volunteers to provide home-care support. Based on their own experience, Akita City has provided valuable inputs to WKC’s work on developing core indicators for the assessment of age-friendliness of cities.

As still the only member of GNAFCC in Japan, Akita City sets an example for other cities in the country to become more age-friendly through an intersectoral process in which citizens also have ownership.

For more information on the GNAFCC:
<http://www.agefriendlyworld.org/cities-and-communities>



WHO/Milho Kishitani

Urban Health Index

WKC continued its work with the Centre of Excellence in Health Disparities at the School of Public Health of Georgia State University (Atlanta, United States of America) to develop an **Urban Health Index** in 2013. Together they started a new collaborative involving urban health researchers in Salvador and Rio de Janeiro (Brazil), Shanghai (China) and Manchester (the United Kingdom).

For example, in Rio de Janeiro, the Urban Health Index has been constructed using weighted mortality rates for select noncommunicable diseases, infectious diseases, injuries and infant mortality, at neighbourhood and administrative levels. Trends between 2002 and 2012 are being examined. The aim is to describe changes in intra-city health inequalities over time, including the potential impact of rapid development in preparation for the 2014 FIFA World Cup and 2016 Olympics. Preliminary results from this study are expected to be presented at the 11th International Conference on Urban Health, 4–7 March 2014, Manchester, the United Kingdom.

The main challenge in this area of work remains the restricted availability and accessibility of data on health outcomes and especially on health determinants for small geographic units within cities. We also find that jurisdictional boundaries can often change over time at the small area level, making trend analysis difficult. We are continuing to test and improve the robustness of the method so that it can be appropriate and useful to apply across different cities and countries.

Local Urban Health Observatories

In 2013, WKC produced a policy brief on **Local Urban Health Observatories** as an institutional mechanism for improving the availability and quality of urban health intelligence and its influence on policy decisions.

This work was a product of both an expert consultation held in Amsterdam (Netherlands) in 2012 and the research carried out with partners at the Belo Horizonte Observatory for Urban Health in Belo Horizonte (Brazil). The research findings were also published in the Journal of Urban Health in 2013.

As a further means of disseminating this work, WKC organized a symposium on "Urban Health Observatories as a Possible Solution to Filling the Gap in Urban Health Intelligence" at the International Conference on Urban Dynamics and Health, 11–13 September 2013, Nanterre, France. A panel of current and former Directors of urban health observatories in Barcelona (Spain), Belo Horizonte (Brazil), London (the United Kingdom) and Strasbourg (France) shared the challenges and successes they experienced in their varying contexts. For example, the London Health Observatory, after many years of remarkable achievements, has recently undergone a major transformation due to national health system restructuring; whereas, the City of Strasbourg has just established its new city observatory.

WKC is currently consolidating this work by developing a new resource document on key steps in establishing, operating, and sustaining a local urban health observatory. This information is intended to inspire and guide those who have a strong interest in setting up sustainable mechanisms for informing policy with locally generated data and information.



In 2011, WKC published the **"Making Cities Smoke-free"** guide intended to assist city officials prepare for and implement smoke-free legislation that is popular, complied with, and effective in improving health. The Guide supports the goals of the Framework Convention on Tobacco Control (FCTC) by focusing on cities.



Based on a comprehensive review of case studies around the world, the Guide includes a Model Ordinance. In 2012 and 2013, WKC, working with WHO headquarters and the Regional Office for the Western Pacific (WPRO), further completed two complementary training manuals for city officials (see box below). Implementing smoke-free environments – indoor and outdoor – would make an enormous difference in promoting good health and reduce the prevalence and impact of multiple noncommunicable diseases.

City of Kobe is one of the 112 (as of 2009) cities in Japan that implemented an ordinance prohibiting smoking on selected streets since 2008. In 2012, WKC conducted research on the compliance to the Kobe City's Street Smoking Ban Ordinance. In 2013, the research was also published in a peer-reviewed journal.

The 10th Asia Pacific Conference on Tobacco or Health (APACT) was held in Chiba, Japan, in August 2013 under the title "Ending the tobacco epidemic – protecting and keeping healthy lives". 785 delegates from 42 countries gathered to discuss current issues related to tobacco control and linkages with the noncommunicable disease epidemic.

At the 10th APACT, WKC, in coordination with WHO headquarters and WPRO, organized a pre-conference workshop to train city officials, civil society and health personnel in making cities smoke-free using the Guide and training manuals. This training is part of current efforts of WHO and its partners to tackle second-hand smoke exposure in cities. 22 delegates from Bangladesh, China, India, Indonesia, Japan, Republic of Korea, Singapore and Thailand attended the training, and will form a contingent of committed professionals that may in turn train city officials and tobacco control stakeholders in their countries.

WKC's research (conducted with Kobe Pharmaceutical University and University of Occupational and Environmental Health, Japan) of Kobe citizens' compliance with the Kobe City's Street Smoking Ban Ordinance was presented through three poster presentations.

Training materials - Making your city smoke-free workshop package

The "Making your city smoke-free" workshop is specifically designed to facilitate strategic planning and action at city level to implement a comprehensive smoke-free policy. The purpose of this training is to equip relevant city teams with the basic knowledge, skills and tools of adult education and with the specifics of promoting, developing, implementing, and enforcing comprehensive city legislation to protect the public and workers from exposure to second-hand tobacco smoke.

To download the training materials, please visit our website:
http://www.who.int/kobe_centre/publications/SFC_Workbook/en/index.html
http://www.who.int/kobe_centre/publications/SFC_WorkshopGuide/en/index.html



WHO/Chris de Bodeg

Intersectoral Action for Health

Since 2009, WKC has been developing evidence-based recommendations for policy-makers at the national and local level on how to encourage different government ministries and sectors to work together to support action for health outcomes (i.e. **Intersectoral Action for Health: ISA**).

ISA can help cities respond to identified health inequities, take actions on the determinants of health, and support “whole of government” and “whole of society” goals in the UN Political Declaration on Preventing and Controlling Noncommunicable Diseases. Practical steps to promote ISA are given in the guidance booklet “Intersectoral Action on Health, a path for policy-makers to implement effective and sustainable action on health”.

The following are the major activities and achievements in 2013.

i. Study on the ISA experiences of 25 local governments:

WKC conducted a review of 25 local governments in low-, middle- and high-income countries contributing to systematic evidence of ISA. The study identified several common facilitating factors and challenges to intersectoral cooperation at the local level: national and international influences, the local political context, public participation, and use of support mechanisms such as coordination structures, funding mechanisms and mandates, engaging sectors through vertical and horizontal collaboration, information-sharing, monitoring and evaluation, and equity considerations.

ii. Study of 16 national and local government level ISA cases:

Using the ISA guidance document noted above as the analytical framework,

WKC conducted an analysis of 16 ISA and healthy urban planning case studies. These provide WKC more evidence on effective ISA to revise the guidance document.

iii. Studies on ISA mechanisms:

WKC conducted studies on the role of health promotion foundations in promoting ISA, and on law as a tool to support ISA.

iv. Journal publications:

Several manuscripts have been developed out of these areas of work, and are currently under peer-review for publication in academic journals.

v. Impact assessment policy briefs:

Following the recommendations of the WKC expert consultation on impact assessment as a tool to promote multisectoral action for health in 2012, WKC commissioned four policy briefs targeted at four specific audiences: health sector, non-health sectors, private sector, and the media. The drafts have been completed and are undergoing technical review.

Looking forward, WKC aims to update its existing ISA guidance, and develop additional guidance on ISA for local governments. WKC also plans to conduct joint ISA, Urban HEART and healthy urban planning capacity building for local governments.

Healthy urban planning

In 2013, in collaboration with UN-HABITAT and WHO Regional Offices, WKC continued to advance knowledge for healthy urban planning through examining practical urban planning measures and intersectoral governance structures.

The work in this area focuses on diminishing urban health inequities through cooperation of public health and urban design sectors and assessing the impact of urban planning to health and well-being.

The following are the major lessons from activities in 2013.

i. Case study: Jinchang, China.

The study described the processes of improving public hygiene and reducing the burden of communicable and noncommunicable diseases in a framework of a “National Creating Hygienic City Campaign”. After five years’ intensive campaign, Jinchang, originally rated among the 10 most polluted cities in China, received the title of National Hygienic City in 2011. The change was done by implementing major infrastructural and educational improvements such as banning the operation of polluting industries within the city centre, investing in reducing the industrial emissions, improving the sanitary infrastructure, and educating local people.

ii. Case Study: Bhaktapur, Nepal.

The city used an urban planning intervention to increase the number and quality of health promoting public spaces, such as parks and greeneries, within Bhaktapur Municipality. The city, for example, preserved existing public spaces, developed new recreational areas and parks, and banned heavy vehicles entering to the city centre. As a result, healthier living environments and better access to parks and open spaces lead to greater opportunities for active, health promoting lives.

iii. Presentation at the Fit Cities Conference, New York, United States of America.

WKC presented at the annual Fit Cities meeting that reviewed the experience and impact of the NY City Active City Guidelines. These represent major developments in using urban planning to improve health outcomes, such as reduction in childhood obesity.

Looking forward, WKC will prepare a synthesis on its work on healthy urban planning. As a new contribution, WKC is beginning to collect case studies on urban planning measures to support active ageing and to highlight the effect of healthy urban planning as a tool to diminish health inequities, linking this area of work with Urban HEART.



WHO/SEARO/Homero Hernandez



Ministry of Social Affairs and Health of Finland/Sami Perttälä

One of the key events in 2013 for dissemination of WKC's work was the "8th Global Conference on Health Promotion" (8GCHP) held in Helsinki, Finland, 10–14 June 2013.

The conference is held every 3–4 years (the first one being the Ottawa conference held in Canada in 1986). The Conference theme was "Health in All Policies" (HiAP), and it was co-organized by WHO and the Ministry of Social Affairs and Health of Finland. WKC supported planning and implementation of the Conference by participating in the Organizing and Scientific Committees, commissioning case studies, and organizing three sessions.

About 800 high-level policy makers and experts participated in the Conference, representing different sectors of Member State governments, UN and international organizations, civil society and foundations representing health and other relevant actors. The conference aimed to promote intersectoral action for health and HiAP approaches at the country level, to exchange experiences in implementing HiAP, and to highlight the value of health promotion activities and their relevance for overall societal development.

WKC organized the following three sessions dealing with policy making for health in all sectors.

- i. **Impact Assessment as a tool for implementing HiAP** addressed its potential utility as a tool for policy makers. Building upon the outcomes of a 2012 WKC expert consultation on the topic, the session took a closer look at how the health community can practically contribute to strengthening attention to impacts on health through measurement of the determinants of health across various sectors.
- ii. **Health Promotion and Urban Planning** reviewed urban planning and governance mechanisms such as intersectoral policies and measures, education and training, the use of evidence-based information and impact assessments, and infrastructural improvements to encourage walking and biking. The experience from Seoul, Republic of Korea, also emphasized participatory neighbourhood projects as an effective tool in tackling risk factors of noncommunicable diseases in cities.
- iii. **Local government as a key player in implementation of HiAP** examined how HiAP is implemented in several local contexts (including of New York City, California, and Mexico City), and discussed the challenges and opportunities for HiAP at the local government level.

WKC materials, including the ISA guidance booklet and case studies, were distributed at the conference. WKC also presented on innovative financing for health promotion.

WKC contributed to the key outcome documents of the Conference - "Framework for Country Action" and the Conference Statement on Health in All Policies. The Framework will give countries concrete guidance on how to implement HiAP, and the Statement calls for action on HiAP to achieve improved health and equity.



Ministry of Social Affairs and Health of Finland/Sami Perttälä



Ministry of Social Affairs and Health of Finland/Sami Perttälä

The Helsinki Statement on Health in All Policies

"Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. It improves the accountability of public policy makers for health impacts at all levels of policy making. It includes an emphasis on the consequences of public policies on health systems, determinants of health, and well-being."

The Helsinki Statement on Health in All Policies was endorsed by the conference participants on 14 June 2013. It calls for governments to take action on HiAP, and for WHO and the United Nations family to support these efforts.

For more information:
<http://www.healthpromotion2013.org/conference-programme/framework-and-statement> and
http://www.who.int/kobe_centre/interventions/intersectorial_action/8GCHP_WKC/en/index.html



WHO/Arturo Pesigan

In 2012, WKC working with WHO colleagues and city officials, and based on a series of case studies, developed a Strategic Directions document outlining six key areas of work for cities to undertake to improve their health emergency preparedness and response/recovery capacity. Through consultations, it was also called to increase the capacities of health and health-related professionals working in cities/urban areas to manage emergencies and disasters.

Strategic Directions on Urban Health Emergency Management

Strategic directions on UHEM	Topic of concern
Enhancing resilience, risk reduction, preparedness, response and recovery among national and local health authorities in urban areas	RESILIENCE
Building technical surge capacity and urban health emergency management expertise WKC project: Project City LHITE with grant support from HEM21	HEALTH AND GOVERNANCE
Strengthening health systems to support urban health emergency management	HEALTH SYSTEMS
Ensuring the protection of the health of vulnerable urban populations	HEALTH EQUITY and SECURITY
Improving sector coordination for health by strengthening multi-sectoral partnership and community ownership	INTERSECTORAL COLLABORATION
Developing and adapting tools to urban contexts, including city health risk assessment and city plans WKC tool: City Health Emergency Kit (CHEK)	RISK IDENTIFICATION AND MANAGEMENT

In 2013, WKC developed two new tools to support cities further develop urban health emergency manager capacities.

City Leadership in Health Innovations and Technologies in Emergencies (City LHITE)

In February 2013, WKC pilot-tested a new human resource development training course (in Japanese) for city health emergency workers with participants from three Hyogo Prefecture municipalities. Based on a rigorous needs assessment and review of existing training courses on health emergencies and disasters, City LHITE is composed of three modules: a) health emergency management principles; b) leadership in health emergencies; and c) innovations/technologies in emergencies. During the pilot training, participants and resource speakers reinforced the need to design and implement training programmes at the local government level, especially in the area of strengthening coordination and collaboration between the national and local levels and between local government units and external support agencies.

The Hyogo Disaster Reduction Alliance (DRA) Researchers’ Network noted that health emergency management systems and coordination frameworks are typically discussed among health experts, but recommend involving local

administrators responsible for disaster risk reduction, response and recovery. The DRA Researchers’ Network recommended broadening city officials’ capacity building coordinated through both horizontal and vertical approaches, as well as beyond their cities and municipalities for synergistic actions before, during and after emergencies/disasters.

City Health Emergency Kit List (CHEKList)

The Strategic Directions document noted the need to develop and adapt tools on health emergency management within an urban context. In response, WKC developed in 2013 a “City Health Emergency Kit List” (CHEKList), a self-assessment tool for city emergency and disaster preparedness planners to diagnose specific areas in their health systems that are in need of strengthening. CHEKList contains a list of yes-no questions (e.g., are there guidelines/standard operating procedures (SOPs) on damage and needs assessment in emergencies and disasters) that is categorized by topics (authority, damage and needs assessment, health sector capacity, medical response, public health response, intersectoral activities, and links to development) and sub-topics. A summary sheet compiles all of the scores to identify areas in need of improvement or better preparedness planning.

Initial cut-off points of 50% and 75% do not express levels of standards to be achieved, but simply helps users visualize areas that may need to be worked on within the whole picture of city preparedness to various disaster risks. These benchmarks can be modified over time (see box below).

The CHEKList was translated to Japanese in December 2013 with a view for piloting in a city in Japan, working with the Alliance for Healthy Cities (AFHC) in 2014–15.



WHO/Arturo Pesigan

Assessment of city preparedness and areas in need of work	
<50%	Areas of poor preparedness
50–75%	Areas of fair preparedness
>75%	Areas of good preparedness



WHO/Somnath Chatterji

Balancing opportunities to maintain older person's quality of life and autonomy with preventing or managing functional and cognitive decline require advancing social and technological innovations for ageing populations. Such innovations need to meet the greatest population needs. They also need to be safe, effective, affordable, accessible and available, and acceptable to the user.

Equity concerns are at the heart of this work. Emphasis is given to low- and middle-income countries given the greatest growth of ageing populations there. WKC also seeks to maximize sharing and diffusion across countries, and of lessons from Japan's leading technology and ageing-related programmes.

Working closely with WHO headquarters and regional office colleagues, WKC is applying its research and convening role to shape WHO approach to increase frugal health technologies and applications, enhance their integration into community based delivery systems, and ultimately their acceptability and use.

The key event in 2013 was WKC's convening the **WHO Global Forum on Innovation for Ageing Populations** in December in Kobe, Japan.

Review of Social Innovation in Health, and in Home Based Care

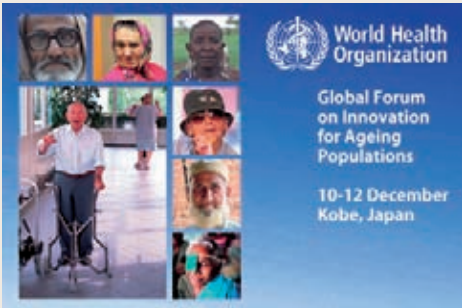
The review concluded that despite widespread usage of the expression "social innovation" (for health, and by extension for healthy ageing), there is no common reference as to the definition or boundary of the term. There is a need to develop an operational definition and a framework of analysis to identify and assess "social innovation" interventions and their impact towards specific health outcomes. WKC conducted research to identify innovations in community based models of care and to review current knowledge and future challenges. The result showed a lack of strong evidence on health outcomes of different models of community-based

services for elderly; and limited evidence of cost-effectiveness of home care and assisted living. In addition, there is a paucity of research on the impacts of home support services on the cost-effectiveness of home care, and on the ability of home care to delay admissions into long term care facilities and hospitals. More work needs to be done on documenting how home support is a critical component in making home care cost-effective. This is particularly the case now as policy makers seem to be shifting the focus of home care to short term home care.

WHO Consultation on Advancing Technological Innovation for Older Populations in Asia

In February 2013, WKC organized this Consultation convening experts from government, industry, academia, and NGOs, as well as from WHO. The first of its kind, the meeting reviewed preliminary findings from two WHO commissioned systematic reviews/ studies of the availability and status of medical and assistive devices (respectively) in eight Asian countries (supported by the Japanese Ministry of Health, Labour and Welfare). The Consultation highlighted significant gaps in availability of medical and assistive devices, and the need for a comprehensive health systems approach to practically advance innovation and increase the availability of affordable, acceptable, safe and effective health technologies. Health technologies were seen as critical tools that must be part of integrated health and social care/service delivery systems. Advancing development of such systems involves multiple stakeholders, government ministries/agencies/offices, and communities. Specific actions were identified. Synergies with systems surrounding support for disability (including rehabilitation and assistive devices) were identified.

WHO Global Forum on Innovation for Ageing Populations



WHO Kobe Centre

Based on the preparatory evidence-based research, WKC planned and convened the three-day Forum in December 2013. A total of 172 participants from 21 countries attended the Global Forum, including representatives from governments, private healthcare sectors, non-profit organizations, research labs and academic institutions, as well as international organizations such as the OECD and the World Bank.

During the Forum, stakeholders addressed the current needs for technological and social innovation to support healthy ageing, and reviewed specific examples related to assistive technologies to promote wellness, independence and

mobility, including care at home; medical technologies targeted to prevent functional and cognitive decline; and ageing-in-place innovations for community based care and home based care systems.

Priority needs emerged that supported the development of an "ecosystem for innovation". The significant increase in ageing populations across the world, and notably in lower and middle-income countries, presents great opportunities for prevention (including diagnostics), development of alternative non-institutionalized care and support systems, linking the ageing and disability communities under a paradigm of Universal Health Coverage, and planning to meet great unmet needs related to various functional and cognitive decline.

Among the issues raised was the need to document the needs and preferences of older persons to feed back into the product development and policy cycles. Similarly, new evaluation methods, including use of health technology assessments, are required to support more rapid evidence collection into effectiveness of various technologies and approaches. A hallmark of the Forum was the utility of convening multiple stakeholders to generate greater creativity and solutions. Encouraging greater adaptation for frugal and simple innovations was also required.

The conclusions of the meeting will allow WHO and WKC to articulate their research agenda and policy guidance pertaining to social and technological innovation for ageing.

Also, as a follow-up of the systematic reviews conducted in early 2013, WKC is working with WHO colleagues on a second survey designed in partnership with the International Network of Agencies for Health Technology Assessment (INAHTA) in 2014. The results of the survey will allow for a more precise and extensive collection of information from stakeholders in six countries in the WHO Western Pacific Region on elderly needs for medical and assistive devices.



WHO/Miho Kishitani



WHO/Miho Kishitani

Looking Ahead



WHO/SEARO/Isoa Soares Gusmao

The opportunity of Universal Health Coverage, Health Systems, and Urban Health

WKC's catalytic role in advancing research and attention to understanding and acting on health inequities, particularly in urban contexts, is well placed to contribute to supporting country efforts to plan for, implement, and monitor the progress of UHC. In the context of WHO Leadership Priorities, WKC's extensive work in working to develop and test analytical tools and to build local capacity will contribute to the UHC agenda. The renewed emphasis on equity in discussions on UHC and those underway for developing and reaching consensus on the post 2015 sustainable development goals will benefit from WKC's work in measuring health inequities.

In defining practical lessons for encouraging different sectors to work together locally, working with partners, WKC has sought to marry evidence on health inequities with actions to overcome it. The revision of Urban HEART presents a key opportunity to build on feedback from cities that have used it, in a manner that lays the groundwork for future contributions to UHC.

Looking ahead, WKC, in collaboration with UN-HABITAT, is developing the second edition of the Hidden Cities global report (2010) to be issued later in 2015. With an emphasis on data collection and unmasking trends in health and health inequity in urban settings, the new report offers a

unique opportunity to highlight linkages to the evolution of UHC.

Innovation, Ageing, and UHC

The results from WKC's work on ageing populations and from collaborations with WHO colleagues, present actions for WKC in the next two years to advance research and practice to support greater innovations for ageing populations. Such an effort needs to be grounded on how UHC programme(s) design can include the needs of older persons.

WKC has advanced on work to create indicators to monitor the age friendliness of cities and communities. Similarly, **WKC working with colleagues in WHO headquarters and regional offices** has begun to identify the greatest needs 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. A number of health system issues have been raised that can facilitate greater development and access to affordable technologies and models of care/support.

Working collaboratively with other partners, WKC will develop **a framework in support of UHC and ageing**, inclusive of technological and social innovations. In addition, a set of specific tools, analyses and policy briefs to address obstacles to greater

innovation. Examples include how to document the needs of ageing populations through systematic reviews, and how technology can be integrated into innovative community-based models of care. An emerging issue is the need to document models of care for cognitive decline.

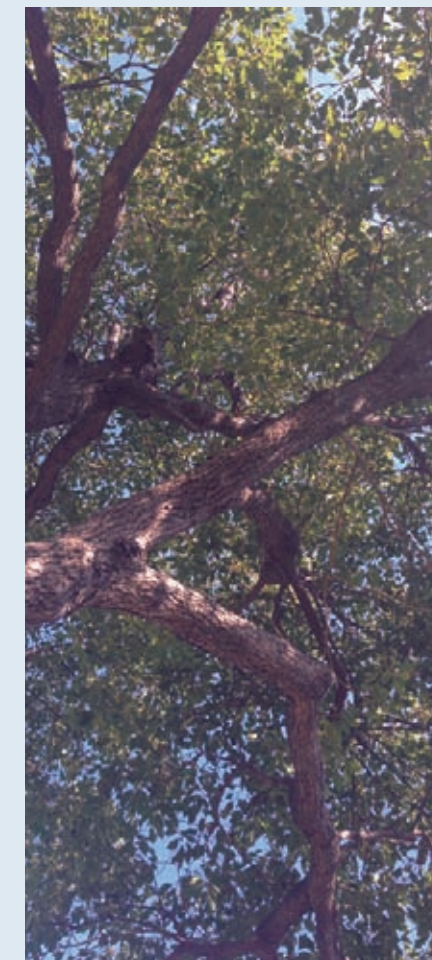
Working collaboratively

In all of its work, WKC relies on active collaborations with local, national and global institutions and experts, as well as an extensive network of WHO colleagues in headquarters, regional offices, and country offices.

Within WKC, advancing work in support of UHC, innovation, urban health and health equity, and ageing engages all professional staff and disciplines, making the best use of our skill mix and respective networks.

WKC will expand web based means of creating communities of practice and centralized portals in its core areas of work.

As in the past, WKC draws from local community lessons in key areas such as services for ageing populations, and urban health emergency preparedness and response, while also being able to contribute global lessons in public health. WKC's website (English and Japanese), public WKC Forums, and other outreach efforts help WKC disseminate its work locally.



WHO/Miho Kishitani



WHO/Swi Huikuri

WKC in the WHO Health Systems and Innovation Cluster (HIS)

WKC is part of the WHO Health Systems and Innovation Cluster. In the 2014–15 Programme Budget of WHO, WKC's work will contribute to three Outputs under the health systems category:

- Integrated People-Centered Services
- Access to Medicines and Health Technologies and Strengthening Regulatory Capacity
- Health Systems, Information and Evidence

Annex1: Recommendations of the Advisory Committee of the WHO Kobe Centre 2013

The Advisory Committee reviewed the Centre's achievements and progress during 2013 and discussed issues relevant to the direction and prioritization of the Centre's future work. The Committee recognized the significant amount of work produced by the Centre in 2013 using limited resources, and noted several capacity building efforts for cities and countries, including in Hyogo and in Japan.

The Committee further expressed appreciation for and commended the Kobe Group for its continued support of the Centre; as well as for the Centre's partnerships with the Kobe Group, the Japanese Ministry of Health, Labour and Welfare, Japanese institutions, and many international partners in implementing the Centre's programme of work. The Committee identified a number of recommendations specific to the different topics discussed and are summarized in this Report.

In summary the Committee recommended that the Centre:

1. Build upon its work and unique focus on health equity and novel cross-disciplinary research (based on a determinants of health approach) to provide a strong foundation and evidence base for advancing WHO leadership and Member States priorities for global public health. Particular reference was made to agendas pertaining to Universal Health Coverage (UHC), urban health, innovation, and ageing in the life course.
2. Develop additional evidence and measurement tools/guidance to assess the impact of urban policies on health equity, as well as for intersectoral actions for health in response.
3. Expand work to document, develop additional evidence, tools, and to promote frugal innovations (social and technological) that can assist in helping rapidly ageing populations live with greater dignity, autonomy, well-being and social inclusion, and with a focus on promoting equity.
4. Integrate urban health emergency management issues into the broader urban health issue area to ensure greater synergies, whilst also ensuring that the Centre has an identified focal point (with preference for Japanese speaking) for emergency management and to leverage local expertise.

5. Continue capacity building efforts for cities, countries, and in coordination with WHO regional offices and departments and external partners, as relevant to the Centre's areas of work.
6. Carry out the workplan for the 2014–15 biennium within the general framework of the WHO 12th General Programme of Work, WHO Leadership Priorities, and local interest.
7. Further refine its research priorities and to update the Centre's 2005 Research Framework and the 2011–2015 strategy based on its comparative advantages, WHO leadership and Member States priorities, and interests from its donors.
8. Identify the implications and opportunities for and of Universal Health Coverage (UHC) in relation to urban settings, health equity, and for ageing populations. Urban HEART was recognized as contributing to the ultimate monitoring of UHC and equity at the urban level.
9. Develop a communications strategy to more widely disseminate its tools and resources in various contexts, and continue to expand collaborations with Japanese and international institutions in mutually beneficial areas to increase the impact of the Centre's work.
10. Continue to pursue opportunities to expand local activities to increase the visibility of the Centre.

The Committee recognized and appreciated the unique role and work of the Centre, and recommended that WHO and the Kobe Group continue their support.



17th Meeting of the Advisory Committee of the WHO Centre for Health Development, 12–13 November 2013

WHO/Romero Reroma

Annex 2: WKC Public Forums, Publications and Presentations 2013

A. WKC Public Forums

Theme	Event
<p>An overview of WHO Kobe Centre’s research on Urban Health Emergency Management</p>	<p>WKC Form in conjunction with the 18th Annual Meeting of Japanese Association for Disaster Medicine: ”International Health Emergencies” Kobe, Japan, 18 January</p> <p>第 18 回日本集団災害医学会総会・学術集会・特別企画「保健・医療危機問題に対する国際協力」</p> <p>1 月 18 日、日本・神戸</p> <p>With:</p> <p>Dr Takashi Ukai, HuMA</p> <p>Dr Arturo Pesigan, WHO Kobe Centre</p> <p>Mr Masaki Watabe, UNOCHA</p> <p>Dr Jostacio Lapitan, WHO Kobe Centre</p> <p>Mr Sanjaya Bhatia, International Recovery Platform</p> <p>Mr Hitoshi Otomo, JICA/JDR Office</p> <p>Mr Yosuke Takada, DRI/HUMA</p> <p>Dr Michiaki Hata, Nara Medical University</p>
<p>WHO’s global strategy for the prevention and control of noncommunicable diseases</p>	<p>WKC Forum in commemoration of the World Health Day:</p> <p>“Control your blood pressure: Cut your risk of heart attack and stroke”</p> <p>Kobe, Japan, 7 April</p> <p>世界保健デー 2013 「血圧管理の重要性：心臓疾患・脳卒中のリスクを減らそう」</p> <p>4 月 7 日、日本・神戸</p> <p>With:</p> <p>Dr Yoshio Iwashima, National Cerebral and Cardiovascular Center</p> <p>Dr Hatsumi Kanzaki, University of Hyogo</p> <p>Mr Yukio Motoki, Kobe Steel, Ltd.</p>
<p>Global and Japan’s trends on suicide prevention</p>	<p>WKC Forum: “Suicide Prevention and Community Support”</p> <p>Kobe, Japan, 19 December</p> <p>「自殺予防と地域ぐるみのサポート」</p> <p>12 月 19 日、日本・神戸</p> <p>With:</p> <p>Dr Yutaro Setoya, WHO HQ</p> <p>Dr Tadashi Takeshima, Director, National Institute of Mental Health</p> <p>Mr Yasuo Hayashi, Hyogo Prefecture</p> <p>Mr Shigeaki Masaoka, Kobe Inochino Denwa</p>



B. WHO Centre for Health Development Publications*

City Emergency Preparedness: Assessment Status and Action Plan: Makati City, Metro Manila, Philippines (Technical report)
Health systems in urban disasters (Technical report)
Protecting the public and minimizing health effects from heat: towards the development of a Heat-Health Action Framework for the Prefecture of Hyogo, Japan (Technical report)
Report on documentation and evaluation of Urban HEART pilot in Indonesia
Report on documentation and evaluation of Urban HEART pilot in Mongolia
Report on documentation and evaluation of Urban HEART pilot in Nakuru, Kenya
Report on documentation and evaluation of Urban HEART pilot in Sri Lanka
Report on documentation and evaluation of Urban HEART pilot in Tehran, Islamic Republic of Iran
Report on documentation and evaluation of Urban HEART pilot in the Philippines
Urban health observatories: A possible solution to filling a gap in public health intelligence (Policy Brief)
Summary Report: Consultation on Advancing Technological Innovation for Older Populations in Asia
Meeting report: 2nd WHO Consultation on Developing Indicators for Age-friendly Cities

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

C. Journal Publications

“健康な高齢社会のためのイノベーション” (Innovation for Healthy Ageing), 公衆衛生情報 (Japan Public Health Association Bulletin), Alex Ross, January 2013
“高血圧の蔓延の抑制に向けて心疾患、脳卒中、腎不全の発症を防止する ” (Overcoming the hypertension (high blood pressure) epidemic: Preventing heart disease, strokes and kidney failure), 公衆衛生情報 (Japan Public Health Association Bulletin), Alex Ross, March 2013
“WHO による高齢者にやさしい都市のグローバルネットワーク ” (WHO Global Network of Age-friendly Cities and Communities), 公衆衛生情報 (Japan Public Health Association Bulletin), Alex Ross and Megumi Kano, April 2013
Learning and Applying Lessons Towards Strategic Urban Health Management, Regional Strategic Dialogue, Jostacio M. Lapitan and Arturo Pesigan, Spring 2013
Inequalities in noncommunicable disease mortality in the ten largest Japanese cities, Journal of Urban Health, Megumi Kano, Miyuki Hotta and Amit Prasad, May 2013
Designated smoking areas in streets where outdoor smoking is banned, Kobe Journal of Medical Sciences, Hiroshi Yamato, Nagisa Mori, Rumi Horie, Loic Garçon, Mihoko Taniguchi and Francisco Armada, June 2013
“都市部における健康増進：多部門連携による事業の価値－「健康日本 21」と「食育」”(Promoting health in cities: the value of different sectors working together– Health Japan 21 and Shokuiku), 公衆衛生情報 (Japan Public Health Association Bulletin), Riikka Rantala, Tomofumi Sone and Alex Ross, July 2013
Developing a conceptual framework of urban health observatories toward integrating research and evidence into urban policy for health and health equity, Journal of Urban Health, Waleska Teixeira Caiaffa, Amélia Augusta de Lima Friche, Maria Angélica Selles Dias, Adriana Lúcia Meireles, Caroline F. Ignacio, Amit Prasad and Megumi Kano, August 2013
Mind your "smoking manners": the tobacco industry tactics to normalize smoking in Japan, Kobe Journal of Medical Sciences, Mina Kashiwabara and Francisco Armada, September 2013
“健康都市計画”(Healthy Urban Planning), 公衆衛生情報 (Japan Public Health Association Bulletin), Suvi Huikuri, November 2013

D. Presentations (Chronological List)

Title	Event	WKC Contributors
Globalization and Health	University of Tokyo School of Public Health Tokyo, Japan, 10 January	Megumi Kano
WHO Age Friendly Cities	Takarazuka City Government Takarazuka, Japan, 14 January	Megumi Kano
Health Cluster and How it Works in the Field	WKC Forum on International Health Emergencies Kobe, Japan, 18 January	Jostacio M. Lapitan
Introduction: UN, WHO and WKC	Group visit by Takarazuka Nishi High School Kobe, Japan, 18 January	Miho Kishitani
Urban Health Emergencies	International Recovery Forum 2013 "Resilient Recovery in Cities and Municipalities: Lessons on Integrating DRR into Recovery and Development Planning-Tohoku and Global Experiences and the Post 2015 Framework for DRR" Kobe, Japan, 21 January	Arturo Pesigan
World Trends on Disasters and Health Emergencies	Disaster Nursing Global Leadership programme Kobe, Japan, 3 February	Arturo Pesigan
Health Emergencies in ASEAN Countries	Kobe University School of Medicine Kobe, Japan, 20 February	Arturo Pesigan
Health emergency management	International Conference on Health Sector Recovery from Disasters Morioka, Japan, 5–6 March	Arturo Pesigan
Health Emergency Risk Management	International Conference on Health Sector Recovery From Disaster Iwate, Japan, 6 March	Alex Ross
Public health recovery after natural disaster: principles and challenges	International Symposium on Public Health Recovery after the Great East Japan Earthquake Sendai, Japan, 7 March	Alex Ross
Recovery of Health Sector	International Symposium on Public Health Recovery after the Great East Japan Earthquake Sendai, Japan, 8 March	Arturo Pesigan
Public health recovery after natural disaster: principles and challenges	Sasakawa Peace Foundation Workshop on Recovery Tokyo, Japan, 11 March	Arturo Pesigan
WKC's activities on ageing and health	Informal experts' consultation on ageing and health in the Western Pacific Region Manila, Philippines, 8–11 April	Megumi Kano
Health Emergency Management in an Urban Setting	World Health Summit (an annual conference of the “M8 Alliance of Academic Health Centers, Universities and National Academies”) Singapore, 10 April	Arturo Pesigan
Urban HEART	Post Graduate Public Health program at the National Institute of Public Health Tokyo, Japan, 11 April	Amit Prasad
Urbanization, climate change, disaster and Human Security	Human security programme of Tohoku University Sendai, Japan, 22 April	Arturo Pesigan
· Intersectoral Action for Health · Smoke-free cities · Urban planning and public health · Introduction to Urban HEART and city experiences of using Urban HEART · Health emergency management	Workshop for the Dalian city (China) health officials Kobe, Japan, 25–26 April	Riikka Rantala Suvi Huikuri Megumi Kano Amit Prasad Arturo Pesigan

Title	Event	WKC Contributors
Introduction: UN, WHO and WKC	Group visit by Ashiya International Junior and High School Kobe, Japan, 10 May	Miho Kishitani
Career guidance: working at UN	Osaka University Osaka, Japan, 13 May	Miho Kishitani
Introduction: UN, WHO and WKC	2013 Rotary Global Peace Forum Hiroshima Hiroshima, Japan, 16 May	Miho Kishitani
Globalization and Health	Osaka University Osaka, Japan, 17 May	Megumi Kano
WHO’s role in public health	Kobe University Graduate School of Medicine, Departments of Paediatrics and Epidemiology Kobe, Japan, 17 May	Loïc Garçon
Urban Health Risks	WHO Thematic Platform on Emergency and Disaster Risk Management for Health (4th Session of the Global Platform for Disaster Risk Reduction) Geneva, Switzerland, 20–24 May	Arturo Pesigan
Sustaining Action to Prevent & Control NCDs	Second International Conference on Prevention and Control of Major NCDs and Injuries Ulaanbaatar, Mongolia, 28 May	Alex Ross
Innovative financing for health promotion	8th Global Conference on Health Promotion, session on Financing health promotion and primary care Helsinki, Finland, 10–14 June	Alex Ross
Urban Health and WKC work	Fit City 8: Promoting Physical Activity through Design New York, United States of America, 24 June	Alex Ross
International Cooperation: Approach of UN, WHO in the international cooperation activities	University of Tokushima Tokushima, Japan, 26 June	Miho Kishitani
Urban Health and WKC work	Festival of Public Health Manchester, the United Kingdom, 4 July	Alex Ross
Ageing and Health Systems Technological and Social Innovation	Meeting on Ageing and Health in the Western Pacific Region Manila, Philippines, 10 July	Alex Ross
Introduction: UN, WHO and WKC	Group visit by Kio University Kobe, Japan, 22 July	Miho Kishitani
Urban Health Emergencies	Alliance for Healthy Cities (Japan chapter) Nagoya, Japan, 30 July	Arturo Pesigan
Introduction: UN, WHO and WKC	Group visit by Kio University, Kobe University, Kyoto University Kobe, Japan, 27 August	Miho Kishitani Megumi Kano
Introduction: UN, WHO and WKC	Group Visit by Osaka Police Nursing College Kobe, Japan, 6 September	Miho Kishitani
City Emergency Preparedness: Assessment Status and Action Plan	Disasters Conference (DwD 2013) and the fourth Conference of the International Society for Disaster Risk Management Newcastle upon Tyne, the United Kingdom, 6 September	Jostacio M. Lapitan
Technological and Social Innovation for Age-Friendly Cities and Communities: Opportunities and Challenges	2nd International Conference on Age-Friendly Cities Quebec, Canada, 9–11 September	Alex Ross
Age-friendly Cities: An inclusive urban environment for the new millennium	ALIAS international summer school on "The complexity of the ageing society: Research and technological challenges" Como, Italy, 16–21 September	Megumi Kano
Monitoring health inequity: Urban HEART and Age-friendly Cities	51st Annual Congress of Japan Society for Healthcare Administration Kyoto, Japan, 27–28 September	Megumi Kano

Title	Event	WKC Contributors
Developing indicators for monitoring WHO’s Global Age-friendly Cities Network	International Istanbul Initiative on Ageing Istanbul, Turkey, 4–6 October	Megumi Kano Alex Ross
Innovations for ageing populations: A WHO initiative for new models of care and support		Alex Ross
Introduction on principles of health emergency management and the emergency response framework	Group visit by Kobe University Kobe, Japan, 11 October	Jostacio M. Lapitan
Innovation for healthy ageing	Group visit by Tokai University Kobe, Japan, 15 October	Alex Ross
WHO and global health; Climate change and health in urban settings: priorities for action and research	Kobe University Kobe Japan, 15 October	Jostacio M. Lapitan
Introduction: UN, WHO and WKC	Group visit by Kobe Nursing College Kobe, Japan, 18 October	Miho Kishitani
Ensuring Healthy, Liveable Cities: Ensuring healthy, liveable cities: The role of participatory governance and measurement	3rd International Forum on Future City Kitakyushu, Japan, 19 October	Loïc Garçon
Introduction: UN, WHO and WKC	Group visit by Nishinomiya Imazu High School Kobe, Japan, 25 October	Miho Kishitani
Salt and Public Health	Meeting of the Japanese Society for Hypertension (JSH) 2013 Osaka, Japan, 26 October	Jostacio M. Lapitan
Globalization and Health	WHO CC Hyogo University College of Nursing Art and Science Akashi, Japan, 31 October	Megumi Kano
WHO's Urban HEART: Measuring health equity and social determinants of health	28th Japan Association for International Health Congress Nago, Japan, 3 November	Megumi Kano
Introduction: UN, WHO and WKC	Hirakata Rotary Club Osaka, Japan, 5 November	Miho Kishitani
Promoting Health & Preventing Disease: Ensuring Productive and Healthy Ageing	34th World Health Forum Mukogawa, Japan, 7 November	Alex Ross
Toward a New Paradigm for Healthy Ageing and Vibrant Economy	International Parliamentarians Conference on Population and Aging Tokyo, Japan, 18–20 November	Alex Ross
Living longer, living healthier	10th International Conference of International Association of Homes and Services for the Ageing Shanghai, China, 21 November	Loïc Garçon
Introduction: UN, WHO and WKC	Oita University of Nursing and Health Sciences Oita, Japan, 21November	Miho Kishitani
Introduction: UN, WHO and WKC	Group visit by Takarazuka Nishi High School Kobe, Japan, 18 December	Miho Kishitani

Annex 3: List of Staff, Interns and Volunteers 2013

Director’s Office	Administration	Technical Teams
Alex Ross	Romero Reroma	Francisco Armada
Akiko Imai	Miki Sakaguchi	Loïc Garçon
Miho Kishitani	Lihong Su	Suvi Huikuri
	Junko Takebayashi	Yoko Inoue
		Megumi Kano
		Jostacio M. Lapitan
		Arturo Pesigan
		Amit Prasad
		Riikka Rantala
		Makiko Watanabe
		Mariko Yokoo

Interns

Name	Nationality	WKC work focus
Astuko Ito	Japan	Prepare tables and figures to be used for updating the Global Health Observatory theme page on Urban Health.
Momoko Kitami	Japan	1) Review literature on health emergency management toolkits. 2) Develop or refine existing city health emergency kit (CHEK) appropriate to be used in urban settings. 3) Discuss policy and management implications of utilizing CHEK in urban settings.
Gatien de Broucker	Canada	1) Develop, research and produce a background paper for use in the WHO Global Forum on Innovation for Ageing Populations, specifically focusing on health literacy of older populations, with emphasis on developing countries. 2) Contribute to WKC research for other aspects of social and health technologies for ageing populations.
Ying Huang	China	1) Analyze available data on inequalities in Tuberculosis (TB) across and within 13 cities in Japan and draft a technical paper describing the situation and trends. 2) Conduct a literature review of TB policies in Japan including specific interventions undertaken by various cities.
Meredith Knaak	United States of America	Assist in reviewing case studies on Intersectoral Action on Health (ISA) and Healthy Urban Planning (HUP) and draft a report on the case studies based on the ISA ten steps.

Volunteers

Name	Nationality	WKC Focus
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. 2) Assist in the logistical and technical aspects of organizing and conducting expert meetings (e.g. identifying relevant background papers and experts, etc.). 3) Provide technical support for the organization of the WHO Global Forum on Innovation for Ageing Populations in December 2013.
Yuko Yamakawa	Japan	1) Research on public policies related to the prevention and control of tuberculosis in Japan. 2) Research on health inequalities in Japan.