

ANNUAL REPORT 2005

**WHO Centre for Health Development
Kobe, Japan**

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FOREWORD

The 2004–2005 biennium was pivotal for the WHO Centre for Health Development. It was a period of transition and transformation that afforded the opportunity to reflect and build on the Centre's past achievements, learn from its shortcomings and chart a course for the next decade in response to the WHO Director-General's call for a Centre that stands for excellence in health research.

A broad-based participatory process was used to chart the research future of the Centre. This process reflected the importance of consultation with the Centre's Kobe Group partners¹ and the work of the 2004 Ad Hoc Research Advisory Group in developing a Research Framework focused on understanding the complex dynamics of the driving forces that shape health in development.

In 2005, the Centre focused on consolidating the key elements of the transition and transformation process begun in 2004. An extended Memorandum of Understanding (MOU) between WHO and the Kobe Group for the period 2006–2015 was signed on 15 June. This MOU ensures the Centre's programmatic and financial future for the next ten years, providing a stable budget for the scientific work of the Centre that averages about US\$ 5.4 million per year. New strategic directions for research work were developed and agreed to, building on the Centre's historical roots and experience in better positioning it to meet the priority public health challenges of the 21st century. A detailed Plan of Work for 2006–2007 was prepared consistent with these new directions. To enhance implementation of the 2004–2005 Programme Budget and prepare for the introduction of a matrix management approach to implementation in 2006–2007, the staffing and management of the Centre were streamlined to develop a sharper focus on products that respond to stakeholder needs and interests.

In November 2005, all of this work was presented to the Advisory Committee of the WHO Kobe Centre for their review and comment to the WHO Director-General. The Committee enthusiastically endorsed the on-going work of the Centre and its plans for the future. They recommended to the Director-General that he approve the recommendations of the 2004 Ad Hoc Research Advisory Group, the strategic directions for future research proposed by the Centre for the period 2006–2015, and the proposed Plan of Work for 2006–2007. In December 2005, the Director-General approved the recommendations of the Advisory Committee.

It has been a distinct honour for me to guide the Centre through this significant transition and transformation process over the past two years. I

¹ The Kobe Group provides funding for the operations of the WHO Centre for Health Development. It is comprised of Hyogo Prefecture, Kobe City, the Kobe Chamber of Commerce and Industry and Kobe Steel, Ltd.

sincerely thank the staff of the Centre for their understanding, hard work and perseverance in achieving a promising outcome. The WHO Centre for Health Development has a bright and challenging future, and I wish its staff and new Director, Dr Soichiro Iwao, all the very best as they continue in this exciting, creative venture aimed at improving health and reducing health inequity, particularly among those in greatest need.

Dr Wilfried Kreisel, Director
WHO Centre for Health Development
2004–2005

1.0 INTRODUCTION

1.1 *Background*

Following a decision by the Executive Board of the World Health Organization in 1995, a Memorandum of Understanding (MOU) between the World Health Organization (WHO) and the Kobe Group established the WHO Centre for Health Development (WKC). The Centre was directed to concentrate on issues relating to health development, with particular emphasis on health care delivery and urbanization, delineating the place of health systems in society, determining the links between population, economy, environment and health, and assessing health needs from development perspectives. Recognition was given to the importance of improving scientific knowledge on the interrelatedness of social, cultural, economic, demographic, epidemiologic and environmental factors and their effects on health development in order to support policy decisions.

With a view towards negotiating an extension of WHO's initial ten-year MOU with the Kobe Group in 2005, the Centre's 2004 Annual Report noted that:

- "2004 presented a window of opportunity ... for the Centre to take stock of the past, to envisage the changes needed for the future and to begin the process of transformation that will help the Centre to position itself in a world where health needs continue to increase despite limited resources for health research."

This Annual Report for 2005 reflects the continuation and conclusion of this initial transformation process.

1.2 *Mission and objectives*

As an integral part of the Secretariat of WHO, the WKC has a global mandate to conduct research into health consequences of social, economic, environmental and technological changes and their implications for health policy development and implementation. The Centre also has a unique local calling centred on its founding and sustaining relationship with the Kobe Group. In this context, the WKC responds to local concerns and needs by utilizing international knowledge and experience, and delineating local and national findings for global application.

In seeking to fulfill its global mandate and respond to its unique local vocation, the mission of the WHO Centre for Health Development can be characterized as seeking to improve the health of individuals and societies, and delineating the place of health in development by:

- Conducting multidisciplinary and inter-sector research to provide evidence-based information that informs decision-making;
- Promoting the development and implementation of sound public health policy and practice;
- Enhancing the development of leadership in public health; and,
- Facilitating the development of partnerships that improve public health at the global, national and local level.

In the context of this mission, the objectives of the Centre in 2005 were to:

1. Delineate the pressures and effects of specific driving forces on health;
2. Define and clarify conceptual issues that shape and determine the development and implementation of health policies;
3. Improve health and welfare systems; and,
4. Translate research outcomes into action.

In pursuing these objectives, the work of the Centre in 2005 continued, as in 2004, to be organized around the following programme and functional areas:

- Cities and Health Programme;
- Ageing and Health Programme;
- Health and Welfare Systems Development Programme, including a focus on Women and Health;
- Information Support; and
- Executive Management.

2.0 CITIES AND HEALTH

The Cities and Health programme for 2005 covered nine themes:

- Research to address specific public health issues in partner cities using the Mississauga model;
- Developing and sharing city health indicators;
- Violence prevention;
- Health promotion;
- Climate change and global warming;
- Environmental health;
- Disaster and emergency preparedness and response;
- HIV/AIDS, and
- Social determinants of health.

A series of research reports on specific health problems in the WKC partner cities of Dunedin, New Zealand and São Paulo, Brazil were developed using the Mississauga model of collaboration and partnership. A number of other publications and information tools were developed in-house and in collaborative research with other partner organizations. These included:

- A book on Substance Use among Young People in the Urban Environment – with the WHO (Geneva) Department of Mental Health and Substance Abuse;
- Guidance on Household Water Security and Minimum Water Requirements for Health – with the WHO Regional Centre for Environmental Health Activities, Jordan;
- An annotated Bibliography on Health Research on the Great Hanshin-Awaji Earthquake – a WKC activity;
- City Profiles on 17 partner cities – a WKC activity; and,
- The City Health Information Package, an internet-based programme that enables participating cities to have and control their own web page.

The Programme's emphasis on **emergency preparedness and response** was significantly enhanced in 2005. In this regard, collaboration with the Kobe-based Disaster Reduction Alliance included active participation in the World Conference on Disaster Reduction in January 2005 in Kobe. In the context of this Conference, WKC was actively engaged in the development of the "Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters." 160 Member States at the World Conference adopted this Framework. As a follow-up to this collaboration, the Centre developed a research framework on disaster risk reduction. The Centre also

supported the development of a training kit on climate change and human health for city-level decision-makers and public health workers.



The WKC provided strong support to the global programme on **health promotion**, including:

- Hosting a meeting of WHO Regional Advisers and focal points to discuss capacity building for health promotion;
- Hosting the Conference Organizing Committee and Programme Committee meeting for the 6th Global Conference on Health Promotion;
- Supporting the participation of teams of leaders from 15 countries in the 6th Global Conference on Health Promotion in Bangkok, Thailand;
- Conducting Prolead II, a health promotion leadership training programme involving three WHO Regions – the Eastern Mediterranean, South East Asia, and Western Pacific Regions; and,
- Holding a leaders forum on a research agenda for capacity building for health promotion, and a consultative meeting on the evidence of effectiveness of Healthy Settings.

In the area of **environmental health**, WKC collaborated with the Asia-Pacific Network for Global Change Research on a public forum on Climate Calamities and Human Health; and, with WHO Geneva in conducting a meeting of WHO Health and Environment Focal Points to discuss the development of a research agenda for the period 2006–2015. The Centre also supported, jointly with the WHO Western Pacific Regional Office, the United Nations Development Programme, the United Nations Environment Programme and the Asian Development Bank, the Scientific Conference on Asia Pacific Environmental Health in December 2005 organized by the Chulabhorn Research Institute in Bangkok, Thailand. The outcomes of this conference will, among other things, lead to a strengthening of research and capacity in environmental health in the region.

WKC was also actively engaged in strengthening its links with the worldwide movement of **Healthy Cities**. Activities included collaboration with the Alliance for Healthy Cities in a meeting of Japanese cities on the Healthy Cities approach; and, establishing linkages with the Bangalore Healthy Cities project in India, and the Healthy Municipalities and Communities programme of the WHO Regional Office for the Americas. In addition, the International Conference on Healthy Cities in Shanghai, China, was used as a platform to launch the notion of “Healthy Urbanization” and to strengthen collaboration with the healthy cities movement in the country.

In relation to **violence and health**, the Centre collaborated with WHO Geneva and the South East Asia and Western Pacific Regions in working with five countries to begin development of national reports on violence and health. Also, in response to a request by Hyogo Prefecture, a collaborative research project was undertaken to develop a report on Preventing Juvenile Delinquency and Crime: The Japanese Experience with Special Reference to Kobe.

Of particular importance to the research future of the Centre was the designation of the WHO Kobe Centre as the hub of the **Knowledge Network on Urban Settings**, supporting the work of the WHO Commission on Social Determinants of Health. The vision of the Commission, launched by the WHO Director-General in March 2005, is to increase vulnerable people’s chances to be healthy by promoting a core emphasis on the social determinants of health in relation to policy development and implementation, both within WHO and among global actors. A series of thematic Knowledge Networks will analyze and evaluate evidence, synthesize knowledge, document and assess scale-up examples and engage in dialogue on social determinants of health. In 2005, the WKC, in the lead-up to its designation, developed a project proposal for the urban settings network, along with an associated scoping document and a strategic and analytical review paper. Following its designation as the hub of the Knowledge Network on Urban Settings, the Centre developed a communication and advocacy strategy and a workplan for 2006–2007.

3.0 AGEING AND HEALTH

Ageing and Health Programme funds approximately doubled (from a little more than US\$ 2 million to a little less than US\$ 4 million) as a result of a comprehensive review and re-costing of the WKC programme budget in the second half of 2004. In 2005, the primary focus of the programme was on strengthening primary health care for ageing societies, with significant attention also being given to addressing selected additional priorities and responding to the interests of the local community.

In relation to the programme's primary focus, a project on Integrated Health Systems Response to Rapid Ageing in Developing Countries (INTRA) was launched in collaboration with the WHO Geneva's Ageing and Life Course programme. The approaches undertaken in the INTRA project include:

- Strengthening the knowledge base through the assessment of felt needs;
- Building capacity for training, research and practice; and
- Formulating and advocating policy for advancing primary health care approaches in ageing societies.

Twelve developing countries (Bolivia, China, Ghana, India, Jamaica, Kenya, Malaysia, Pakistan, Peru, Sri Lanka, Syria, and Trinidad and Tobago) were paired with a view towards fostering the exchange of information, knowledge and good practice models. The preliminary findings of an initial qualitative study of primary health care services included the following priority needs:

- The provision of integrated health and social care;
- The provision of mental health and psychosocial support; and
- The prevention and management of noncommunicable diseases.

A number of products that reflected the primary focus of the programme were developed:

- An Internet-based glossary of terms for community health care and services for older persons. – The basic reference document (produced in 2004) is intended to promote dialogue and exchange of views across disciplines on the development of community health care for older people.
- A Case Study of the development of community health care in Shanghai, China – A case study report aimed at sharing “good practice” regarding community participation in providing comprehensive care for older persons in large urban settings. This report documents Shanghai's successful organization, management and delivery of community-based healthcare

services in a mega-urban setting comprised of about 17 million people.

- A global review of methodologies for analyzing and projecting health expenditures for ageing populations – This review aims to identify promising mechanisms for assessing the financial pressures on health and welfare systems and meeting the challenges for enhancing national resource mobilization.

In addition to these product documents, an international meeting on oral health in ageing societies was organized to review scientific evidence on the relationship between oral health and general health.

Several additional priorities were also addressed in 2005. These included:

- The surveillance, prevention and management of noncommunicable diseases;
- Supporting implementation of the WHO global strategy on diet, physical activity and health; and,
- Promoting mental health in ageing societies, with particular reference to disasters and emergencies.

A major noncommunicable disease project was initiated in collaboration with WHO Geneva and the South East Asia and Western Pacific Regional Offices. This project focuses on capacity building, surveillance and interventions related to noncommunicable diseases in transitional and established economies. The project has three main components:

1. In the WHO South-East Asia Region, deployment of the WHO global noncommunicable disease information base (InfoBase) at country level, development of guidelines on community-based interventions for prevention and control, and development of capacity-building training modules for policy makers and programme managers;
2. In the WHO Western Pacific Region, collaboration with Kobe University (Japan) in the development of a case study of public health policy and approaches to reducing noncommunicable disease risk factors at both the national and local level; and
3. Again in the WHO Western Pacific Region, collaboration with the Regional Office and China in supporting the development of a National Strategy on Noncommunicable Disease Prevention and Control 2006–2015.

In addition to this inter-regional noncommunicable disease project, WKC also organized a WHO Expert Meeting on Childhood Obesity (June 2005). Among other things, this meeting, which involved other international

organizations and non-governmental organization partners, focused on upstream policy issues that influence the broader social environment in ways that affect childhood obesity.

In relation to the WHO global strategy on diet, physical activity and health, WKC collaborated with WHO Geneva and Regional Offices in organizing two events (one in Kobe, Japan, and one in Beijing, China) aimed at promoting implementation of the global strategy. The products of these meetings focused on two important aspects of the strategy:

- The Kobe framework for promoting fruit and vegetables (September 2004)
- The Beijing framework for promoting physical activity (October 2005)

These frameworks will enhance implementation of the global strategy in Japan and China in 2006.

In October 2005, WKC, in collaboration with WHO Geneva, organized an expert meeting aimed at developing a WHO instrument for assessing the preparedness of mental health systems for emergencies. Termed the “WHO Assessment Instrument for Mental Health Systems for Emergencies” [WHO-AIMS-E], this instrument is currently undergoing revision following field testing in Australia, China, Iran, Japan, the Republic of Korea and Sri Lanka.

To enhance WKC’s support to the local community, the Ageing and Health programme initiated several activities of local, national and international interest:

- Organized a Town Meeting on the Prevention of Childhood Obesity through Proper Dietary Practices and Sufficient Physical Activity (June 2005) in conjunction with the expert meeting noted above;
- Organized a local promotional event on the occasion of World No Tobacco Day to raise community awareness of the associated noncommunicable disease risks;
- Supported the Hyogo Dental Association in data management and analysis related to the Hyogo 8020 Campaign survey of medical expenditures and oral health; and
- Served as the focal point for WHO’s participation (in the form of a display module) in EXPO 2005 in Aichi Prefecture, Japan (March–September 2005), focusing on ageing societies and cardiovascular diseases – Active Ageing throughout the Life Cycle. During the 6-



month EXPO 2005, about 1.5 million people visited the display.



4.0 HEALTH AND WELFARE SYSTEMS DEVELOPMENT

4.1 *Health and Welfare Systems Development*

The focus of Health and Welfare Systems Development Programme work in 2005 was on public–private partnerships and welfare indicators. This focus resulted from several years of past work that looked at health and welfare system experiences in countries such as Costa Rica, Indonesia, Iran and Sri Lanka, as well as the deliberations of several global health and welfare systems meetings organized by WKC.

In relation to public–private partnerships, WKC supported two research protocol studies:

1. “Research protocol to evaluate the effectiveness of the private sector and public/private partnerships in enhancing health and welfare systems development” [Stanford University, USA]; and,
2. “Report on refining and testing a research protocol for evaluating the effectiveness of public–private partnerships in enhancing health and welfare systems development” [University of Western Sydney, Australia].

WKC adapted and combined the work of these two efforts in a general research protocol framework that aims to assess the overall nature and extent of health-related public–private partnerships at country level, and the impact of particular public–private partnerships on health and health systems. The initial version of this consolidated protocol framework is being tested by WKC against detailed information provided by Lebanon. A more direct evaluation of the consolidated protocol is planned for the Philippines in 2006.

Work on welfare indicators focused on the development of a research protocol termed “Indicators of the impact of welfare systems and services on health outcomes,” developed by George Institute for International Health, Australia. The WKC is currently collaborating with the hub of the Knowledge Network on Measurement, WHO Commission on Social Determinants of Health, to modify this protocol with the aim of developing a theoretical framework for measuring social determinants against a list of welfare indicators. Two country-based studies are planned for 2006 using this theoretical framework: One in Kobe, Japan; and one in another Asian country to be determined.

4.2 Women and Health

The Kobe Plan of Action for Women and Health (2002) continued as the framework for research activities in 2005. These activities focused on:

- Gender, health and equity indicators;
- Gender-based analyses; and,
- Women's leadership in health and welfare.

In 2004, a project was undertaken to suggest a short list of gender, health and equity indicators to raise awareness of underlying public health issues among researchers and decision-makers. The Women and Health Programme worked with experts from various backgrounds, including public health, statistics, gender and women's health, and identified a short list of upstream, root-cause indicators from existing sets of indicators. These experts came from national and international organizations representing both the public and private sectors. The end product of this work, finalized in 2005, was a gender-sensitive core set of leading health indicators. These indicators are now being tested in a pilot project in Manitoba, Canada. Another pilot project may be conducted in the United Republic of Tanzania.

Another 2005 activity focused on mainstreaming gender considerations in health planning. This project, currently being implemented in Pakistan, is using gender analysis to examine the social roots of inequality between men and women in accessing and using health care services. With proper understanding of disparities in health seeking behavior, governments may be able to identify effective points of response for reducing inequity in related health outcomes. Among other things, this project has developed survey tools that measure health seeking behavior and access to and utilization of health care services.

The Women and Health Programme published a report on women's contributions to health and welfare, providing examples of the significant impact of women's leadership as well as recommendations on areas of research. The Programme also developed a woman's empowerment and leadership toolkit for decision-makers and policy advisers with components that provide for:

- Gender-based analysis;
- A survey of women's felt needs; and,
- Empowerment.

The toolkit was pre-tested in Kobe and Osaka, Japan, and will be piloted in Tunis, Tunisia in 2006.

5.0 INFORMATION SUPPORT SERVICES

The general areas of focus of Information Support Services included the desktop environment, the Internet, office communication facilities and software applications. Challenges faced in 2005 included issues relating to personnel, infrastructure (both hardware and software), relationships with partner institutions and funding.

Information Support Services products during 2005 included the:

- Connection to WHO's Global Private Network;
- Upgrading of the WKC local area network and user environment, video conferencing capabilities and data security disaster recovery measures;
- Upgrading of the WKC website; and,
- Restructuring of Information Support Services.

Connection to WHO's Global Private Network (GPN) greatly enhanced the Centre's communications capabilities and significantly reduced overall communication costs. The GPN facilitates communication with other WHO offices through telephone, fax and video conferencing. In the future, it will also enhance Internet access.

Upgrading of the WKC local area network included the installation of Microsoft Windows XP and Microsoft Office 2003; increasing server storage space; enhancing Internet connection speed; improving network hardware; and deploying a network back-up system.

The upgrading and maintenance of the WKC website in both English and Japanese was accomplished under the guidance of a Web Development Committee. The current, upgraded website is a greatly improved window to the Centre's activities with enhanced navigation and search functions. It is a dynamic site that is updated on a weekly basis by WKC programme staff working through the Web Development Committee.

A number of on-going improvements include:

- Further upgrading of the local area network (both hardware and software);
- Internet domain migration – from who.or.jp to wkc.who.int;
- Improved Internet access through free academic networks;
- Deployment of Microsoft Share Point Portal Server – a knowledge management mechanism;
- Improved web-based mail access and blocking of unsolicited mail;
- Internal web hosting; and,
- Readiness for the implementation of Global System Management.

6.0 EXECUTIVE MANAGEMENT

In 2005, Executive Management focused on bringing closure to the extensive process of transition and transformation begun in 2004. Particular emphasis was placed on:

- Ensuring the most effective implementation possible of the revised Plan of Work for 2004–2005;
- Achieving an extension of the Memorandum of Understanding between WHO and the Kobe Group; and
- Delineating the WHO Kobe Centre's research future.

6.1 *Revised Plan of Work for 2004–2005*

The revised 2004–2005 Plan of Work (developed in the second half of 2004) reflected changes in the focus of the Centre's work, additional priorities, changes in WKC staffing and the re-budgeting of staff costs at a realistic level. In relation to changes in the focus of work, particular attention was given to:

- New activities that focused on research rather than meetings;
- Responding better to local needs and interests; and,
- Collaborating more closely with WHO Geneva and Regional Offices.

Additional priorities in 2004–2005 included, among other things, the development of a health emergency preparedness and response programme; mental health during and after emergencies, and in the context of urbanization and ageing populations; research related to violence and health; climate change and health with a focus on urban areas; and, the development of health promotion and noncommunicable disease prevention and control initiatives.

A results-based management approach was taken to revising the Plan of Work; an assessment was made of the number of professional and general service staff that the Centre can sustain in the long term; and, staff costs were re-budgeted at more realistic, current levels. The overall result of this was a reduction in staff from a total of 40 at the beginning of 2004 to 24 at the end of 2005. In order to meet the increased budgetary requirements associated with the programmatic changes and the correct budgeting of staff costs, the Director-General approved an additional amount of US\$ 5 million for the 2004–2005 biennium, resulting in a revised budget of US\$ 17.8 million.

Responding to subsequent requests from the Kobe Group to maintain as high a level of unspent contributions as possible to support the financing of the next ten years of the Centre's operations, every effort was made to achieve further efficiencies while ensuring that the administrative policies of WHO were

respected and adequate controls were in place with regular monitoring of progress in programme implementation.

In light of all these considerations, the overall implementation rate in 2004–2005 was 74 per cent, or US\$ 13.1 million. Considering the significant changes that were made in 2004–2005, the major achievements noted in the preceding sub-sections and the Kobe Group's desire to accrue savings to support future operations, this level of implementation is viewed as reasonable.

6.2 Extension of the WHO–Kobe Group Memorandum of Understanding

In 2004, WKC officials hosted regular meetings, both formal and informal, with members of the WKC Cooperating Committee representing the Kobe Group donors. These exchanges led to a greater understanding, both by WHO and the donors, of past arrangements, programmatic expectations, and some of the constraints, including financial restrictions and WHO policies and practices. Both parties expressed their desire to commence negotiations on an extension of the existing Memorandum of Understanding.

Negotiations on the extension of the Memorandum of Understanding for an additional period of ten years started in earnest in early 2005. They took into account the global and local changes that have occurred since 1995 including economic realities. All parties concerned successfully concluded talks with the signing of an Exchange of Letters on 15 June 2005, amending and extending the Memorandum of Understanding, first concluded on 22 August 1995, to 2016.



While the basic scope of activities and functions of the Centre were still considered valid, amendments were made to enhance collaborative research with local universities and research centres as well as to strengthen the Advisory Committee of experts to the Director-General on technical and programmatic issues relating to the scientific work of the Centre. In concrete terms, the Advisory Committee now comprises one additional member from the Kobe Group. In addition, it was also agreed that the parties would conduct a joint evaluation of the programme of work at the end of the first half of the second period of operation of the Centre, with a view to determining its programme direction for the remainder of the period.

The annual budget for the scientific work of the Centre for the next ten years will average about US\$ 5.4 million, compared to an average of US\$ 6.8 million during the first ten years. In addition, the Kobe Group will continue to provide premises and overhead costs for the operation of the Centre. The Director-General Dr Lee Jong-wook, who attended the Signing Ceremony on 15 June 2005, expressed his gratitude to the Kobe Group for its generosity in continuing to support the work of WHO in meeting critical health research needs.

6.3 *Delineating the WHO Kobe Centre's research future*

In 2004, with 2005 looming as the final year of the ten-year period covered by the initial Memorandum of Understanding between WHO and the Kobe Group, WKC took an innovative approach to develop consensus among its stakeholders and technical experts on a research framework to guide the Centre's future work. The results of this effort are described in the 2004 WKC document: "A Proposed Research Framework for the WHO Centre for Health Development – Recommendations of the Ad Hoc Research Advisory Group to the World Health Organization." This Framework approaches health research from the perspective that the focus ought to be on understanding the complex dynamics of the driving forces that shape health in development.

The key driving forces that are highlighted in this Framework include ageing and demographic change, rapid urbanization, environmental change and technological innovation. The process of accomplishing the development of the research framework was deliberate and systematic. It was considered crucial to approach the task of delineating a research framework for ten years with an open mind unconstrained by eventual resource limitations. This approach turned out to be the correct one, providing the Centre with an important scientific reference for the development of its future plans of work. The development and adoption of these plans are described in Sections 7.0 – 9.0 following.

7.0 STRATEGIC DIRECTIONS FOR 2006–2015

The vision statement “*Healthier people in healthier environments*” (proposed by the 2004 Ad Hoc Research Advisory Group and adopted in the 2006–2007 Plan of Work) places the WHO Kobe Centre in a unique position as the first research centre of the World Health Organization devoted to deriving and delineating evidence for decision-making on the link between human health and the social, political, economic and physical environment.

The 2004 Ad Hoc Research Advisory Group process highlighted the growing importance of urbanization as a major factor affecting health. The driving forces of urbanization, ageing and demographic change, and environmental change and technological innovation all converge and are most prominent in today’s cities. Cities and municipalities are playing an increasingly important role in improving the health of more than half of the world’s population. Occurring against the backdrop of globalization, rapid urbanization is creating new challenges to health that we are ill prepared to handle. Some of the biggest signs of change include:

- Close to half the world’s population now lives in urban areas. In 15 years, the majority of people on this planet will live in an urban setting.
- While urbanization offers the promise of a better life and better health, we are beginning to see the reverse in many instances. Of the estimated three billion people living in urban areas, one billion live in slums.
- Inequity is an ever-growing problem in cities in both developed and developing countries.
- Cities consume tremendous amounts of energy. Unsustainable development and irresponsible energy use adversely impact the environment, contribute to climate change and are driving an impending global energy crisis.

The impacts of these changes in urban settings on the health of the countries where they are situated as well as the rest of the global population are not clear. It is becoming increasingly evident, however, that urban areas with high population densities, limited and unsustainable environmental resources and diminishing health assets are breeding grounds for communicable and vector-borne diseases, are entry points for the global spread of new viral infections and are increasingly conducive to behavioural and environmental risks for noncommunicable disease. Furthermore, social determinants of health are more pronounced in urban settings, particularly in slums that constitute the habitat of a third of the entire global urban population.

Poor sanitation, air pollution, unsafe water, and inefficient systems for waste management and energy utilization pose environmental threats and hazards to health in cities. Against the backdrop of climate change, urban settings are also particularly vulnerable to natural and man-made disasters and emergencies that can be massive and catastrophic due to the sheer size of the populations at risk.

All these factors pose serious challenges to health and human security and have strong implications for the governance of health, particularly at the municipal level. These challenges are evident in both developed and developing countries. Currently, apart from the WHO Kobe Centre, there is no research entity with a global mandate within the World Health Organization that is specifically focused on addressing this urgent, complex and critical arena of public health. Thus, the Kobe Centre has a unique opportunity to define a global research agenda on urbanization and health for the entire World Health Organization and its Member States.

Such an agenda would enhance global, national and local level public health understanding and inform responses to environmental change (including disasters and emergencies), technological innovation (including issues related to energy efficiency, transport and housing), as well as to ageing and demographic change (including noncommunicable and lifestyle related disease) as these play out in cities. The agenda should also be flexible enough to incorporate emerging priorities that relate to these driving forces, enabling WKC to be more responsive to critical public health needs associated with natural disasters and other emergency situations such as epidemics and pandemics.

While WKC will not be able to pursue such an ambitious global research agenda alone, the Centre can use its geographic location in the Asia Pacific region to consolidate a base for research operations that can start within the local community in Kobe City and Hyogo Prefecture and can extend to the rest of the world. In particular, WKC is well positioned to:

- Identify and respond to the perceived needs of people in relation to health problems they experience as a result of unsustainable urban development;
- Undertake applied research to address these needs in local urban communities;
- Effectively communicate information to political leaders and policy-makers in ways that enable them to develop better public health programmes and policies to address the determinants of health in urban settings; and

- Establish and sustain partnerships with local institutions and relevant international organizations for the conduct and application of public health research on health and development with particular reference to urbanization.

It is imperative that the work of the Centre contributes to and builds on the long history of global initiatives related to urbanization and health. These include: Health for All, the Ottawa Charter, Healthy Cities, the WHO Commission on Health and Environment, Agenda 21, the work of the WHO Commission on Social Determinants of Health and the Bangkok Charter on Health Promotion in a Globalized World. It is also critically important that the work of the Centre supports the efforts of Member States to take effective action on urbanization and health.

In March 2005, the Director-General launched the WHO Commission on Social Determinants of Health. Over the next two years, the work of the Commission will be supported by a number of Knowledge Networks that focus on various social determinants-related themes. In this regard, as noted earlier, the WHO Kobe Centre has been selected as the hub of the Knowledge Network on Urban Settings. As Knowledge Network hub, the Centre will play an important role in research and policy advocacy on health inequity in urban settings at the global level. WKC will also continue to support the work of a global policy network on health and urban settings beyond the life of the Commission.

Building consensus on a global research agenda on urbanization and health for the World Health Organization will position the WHO Kobe Centre as a centre of excellence in research. In this regard, a major challenge will be to ensure that the generation of new knowledge on urbanization and health translates into a global action plan that improves the health and lives of billions of people who live in cities. To carry out its role as the Network hub, WKC has assembled a group of experts who will consolidate and organize knowledge, review and reflect on good practices and interventions, identify models for scaling up and generate policy recommendations on social determinants of health in urban settings. Mindful that urbanization is a major driving force of the 21st century, the notion of “Healthy Urbanization” could serve as a platform for reducing health inequity. There are at least five key requisites for achieving “Healthy Urbanization:”

1. Engagement of all sectors;
2. Environmental sustainability;
3. Equity-based health programmes;
4. Energy-efficiency; and
5. Empowerment of individuals and communities.

Rapid urbanization and the challenges it poses for human health and security point to the urgent need for global action. This action needs to be

informed by evidence and knowledge and guided by continuing research that is practical and applicable both in developed and developing countries. The Centre's work in 2006–2007 will focus on a core project aimed at reducing health inequity in urban settings, and two additional priority projects on noncommunicable diseases and emergency preparedness, both with an emphasis on urban settings. The Knowledge Network on Urban Settings, the WKC Core Project and the additional priority projects will build the evidence base for effective interventions. Through Urban Health Field Research Sites, "living models" will demonstrate how the principles of "Healthy Urbanization" can be applied. Lessons learned from work in 2006–2007 will contribute to policy recommendations to the WHO Commission on Social Determinants of Health.

In 2008–2009, it is hoped that Member States engaged in "Healthy Urbanization" will initiate and support a call for action on urbanization and health at the global level.

To generate additional support for global action on urbanization and health, WKC will initiate discussions with international agencies, bilateral development organizations and other stakeholders to convene a Global Forum on Healthy Urbanization in 2010 with the intention of generating political commitment by cities and municipalities to uphold basic principles of "Healthy Urbanization." This effort will be supported by a communication and advocacy strategy. Based on the outcome of the Global Forum on Healthy Urbanization in 2010, it is envisioned that WKC will play a lead role in the urbanization- and-health-related normative functions of the World Health Organization by building capacity for Member States to achieve better health in cities through technical guidance, scientific exchange, research and international understanding.

In short, this is where the extensive consultation process the Centre has engaged in during 2004–2005 is leading. The public health challenges reflected in urban settings are enormous, but the WHO Centre for Health Development is uniquely positioned to take up these challenges in partnership with others.

8.0 THE PLAN OF WORK FOR 2006–2007

The Plan of Work for 2006–2007 reflects a consensus shared by WHO, the Kobe Group and other stakeholders of the growing importance of urbanization as a cross-cutting driving force for health in development, and is comprised of the logical first steps required in developing a global research agenda on urbanization and health. In particular, the Plan:

- Is consistent with the Centre’s global mandate and its amended Memorandum of Understanding;
- Builds on the historical roots of the Centre, focusing on public health research related to urbanization and exposed groups;
- Responds to the interests of the Kobe Group;
- Takes into account the recommendations of the 2004 Ad Hoc Research Advisory Group;
- Emphasizes bridging from science and research to public health policy and action;
- Shifts the focus of the Centre’s work from managing research to doing research;
- Responds to the priorities of the 6th Global Conference on Health Promotion and the WHO Commission on Social Determinants of Health;
- Is built on realistic cost estimates that are consistent with the financial resources provided by the amended Memorandum of Understanding; and
- Is consistent with the 11th General Programme of Work of the World Health Organization.

The Plan of Work for 2006–2007 is comprised of a Core Project and two additional Priority Projects. The Core Project, “Optimizing the Impact of Social Determinants of Health on Exposed Populations in Urban Settings”, is an integrated, interdisciplinary and multi-sector initiative that will frame the WHO Kobe Centre’s work over the next ten years. It will anchor the development of specific products for the 2006–2007 biennium. The two additional Priority Projects address areas of special importance to both the Centre’s Kobe Group partners and WHO Member States, one focusing on preparing health facilities for disasters in cities, the other on the effects of urbanization on selected risk factors for noncommunicable diseases. The total budget for 2006–2007 is about US\$ 10.85 million, and the total number of budgeted staff resources is 24.

To help ensure the most effective use of these resources, a matrix management-type approach to project implementation will be utilized in 2006–2007. Under this approach, WKC will be organized along team lines that allow it to maintain a thematic focus while implementing the Core Project and two Priority Projects. In this context, in 2006–2007, WKC research resources will be organized into five teams:

- **Health Governance Research** – Identifying what influences health governance decision-making and learning how to improve it in ways that enhance health assets and resources.
- **Best Practice Research** – Assessing promising initiatives that aim to reduce health inequity, and developing ways to improve them, scale them up and transfer them to other settings.
- **Policy Advocacy** – Ensuring that the best knowledge is available for decision-making.
- **Knowledge Management** – Organizing knowledge to improve accessibility to a wide range of users.
- **Information and Communications Support** – Providing a user-friendly infrastructure for information exchange; providing advice and assistance to users on the various applications of computing and database resources with regard to the development of scientific and administrative applications; and overseeing website management.

The Centre's Plan of Work for 2006–2007 is fully integrated in WHO's Global Programme of Work, contributing to the Office-Specific Expected Results and the Organization-Wide Expected Results in the areas of work set out in WHO's Programme Budget for 2006–2007. It is also consistent with WHO's General Programme of Work covering the period 2006–2015.

9.0 WHO KOBE CENTRE ADVISORY COMMITTEE

The flexibility of its research programme is a specific trait of WKC that allows periodic updates and adjustments to the Centre's research agenda. In order to ascertain the scientific soundness of the research agenda, particularly since it involves a complex inter-sector health programme, an Advisory Committee supports the Centre. The terms of reference of the Committee are to:



- Advise the Director-General on the general orientation of the research programme of the Centre;
- Advise the Centre on the intersectoral health research options according to the current WHO programme priority requirements;
- Advise on the general aspects of programme development and direction;
- Advise on, and support international links with networking research institutions and the research community;
- Review the research activities of the Centre, monitor their execution, and evaluate their results, from the standpoint of scientific and technical soundness; and,
- Ensure coherence and integrity of the research efforts of the Centre with overall global research policies and strategies, specifically in cooperation with the WHO Advisory Committee on Health Research.

In this context, the Advisory Committee of the WHO Centre for Health Development (ACWKC) held its ninth meeting from 16–17 November 2005 at the Centre's office in Kobe, Japan. Based on a thorough review of the work carried

out in 2004–2005, the proposed strategic directions for future research and the proposed Plan of Work for 2006–2007, the Advisory Committee reached the conclusions and recommendations presented in sub-sections 8.1 and 8.2 following. The response of the WHO Director-General to the recommendations of the Advisory Committee is presented in sub-section 8.3.

8.1 Conclusions

General

- There is a significant need for public health research based on good science and to develop associated sound public health research methodologies. The WHO Kobe Centre should play a lead role in public health research over the next ten years, particularly in relation to urbanization and health.
- “Active Ageing” is an important approach and policy framework in responding to public health issues related to urbanization and ageing populations.
- The WKC emphasis on emergency preparedness and response is highly relevant and timely for local, national and global stakeholders.
- The WHO Kobe Centre has achieved significant and good outcomes and accumulated a wealth of experience in relation to health development. These outcomes need to be better communicated and disseminated to Member States. The profile of the Centre needs to be raised and attention should be paid to actively publicizing and promoting its work.
- The WHO Kobe Centre should strengthen its linkages and relationships with other centres, including academic centres and organizations with shared interests, as well as with the WHO Regional and global Advisory Committees on Health Research.

Strategic directions for the WHO Centre for Health Development for 2006–2015

- The recommendations of the 2004 Ad Hoc Research Advisory Group are realistic and represent the output of a comprehensive process aimed at providing thoughtful scientific guidance for WKC’s research future.
- The members of the Advisory Committee endorse the vision for the future work of the WHO Kobe Centre embodied in the draft paper, “Strategic directions for the WHO Centre for Health Development 2006–2015.” This document is consistent with the recommendations of the Ad Hoc Research Advisory Group and the WHO 11th General Programme of Work 2006–2015 and the provisions of the amended Memorandum of Understanding between

WHO and the Kobe Group for the period 2006–2015.

- The members of the Advisory Committee support the idea of developing a global programme on “Healthy Urbanization” and the associated plan to promote a World Health Assembly Resolution in 2008–2009 and a Global Forum on the subject in Kobe, Japan, in or around 2010.

Proposed Plan of Work for 2006–2007

- The members of the Advisory Committee generally endorse the Proposed Plan of Work for 2006–2007.

9.2 Recommendations

Strategic directions for the WHO Centre for Health Development for 2006–2015

- It is recommended that the WHO Director-General approve the Recommendations of the Ad Hoc Research Advisory Group to the World Health Organization and the “Strategic directions for the WHO Centre for Health Development 2006–2015.”
- Over the next ten years, the Plans of Work for the WHO Kobe Centre should be generally based on these documents, while recognizing the need to accommodate new knowledge that is gained from implementation experience in intervening years.
- The Kobe Centre, the Kobe Group and the Ministry of Health, Labour and Welfare, Japan, should initiate a planning process for the proposed Global Forum on Healthy Urbanization in 2010 in Kobe, Japan.

Proposed Plan of Work for 2006–2007

- Before final submission of the Proposed Plan of Work for 2006–2007 to the Director-General, revisions should be made to accommodate the inclusion of an African site [possibly Dar es Salaam, Tanzania] in the implementation of Priority Project B on urbanization and noncommunicable diseases, with a view towards establishing an African Urban Health Field Research Site under the Core Project in 2008–2009.
- The WKC Core Project and the additional Priority Projects should emphasize the development of sound public health research methodologies.
- “Active ageing” should be a WKC priority consideration in the ageing- and health-related aspects of its urban settings research future. In this context, WKC should identify and promote good preventive care models that

effectively merge consideration of health, social determinants, and economic and political issues related to active ageing.

- Ongoing consideration of issues related to women and health should be integrated into the implementation of the WKC Core Project and Priority Projects.
- In further developing the WKC emphasis on emergency preparedness and response, consideration should be given to both the immediate and long-term impacts of disasters and emergencies, and differences in rural and urban impacts should be recognized and accommodated.

9.3 *Approval of the Advisory Committee's recommendations by the WHO Director-General*

In December 2005, Dr Lee Jong-wook, the Director-General of the World Health Organization, approved the recommendations of the Ninth Meeting of the Advisory Committee of the WHO Centre for Health Development.

**WKC publications in 2005
(in alphabetical order)**

Annotated Bibliography on the Great Hanshin-Awaji Earthquake

Annual Report of the WHO Centre for Health Development 2004 (English and Japanese)

APN/WHO Public Forum on Climate Calamities and Human Health, 22 January 2005, Kobe, Hyogo, Japan: Proceedings

Fruit and vegetables for health: Report of a Joint FAO/WHO Workshop, 1–3 September 2004, Kobe, Japan

Public health policy and approaches for noncommunicable disease prevention and control in Japan: a case study. Ageing and Health Technical Report Vol. 6

Recommendations on mental health research for the WHO Centre for Health Development: Report of a working-group session and international symposia organized at the XVIII World Congress of Social Psychiatry

Report of the Consultative Meeting to Finalize a Gender-Sensitive Core Set of Leading Health Indicators, 1–3 August 2004, Kobe Japan

Report on Consultative Leaders Forum on Capacity Building for Health Promotion, Bangkok, Thailand, 4–6 August 2005

Substance Use among Young People in Urban Environments

WHO Global Atlas of Traditional, Complementary and Alternative Medicine (Text and Map Volumes available)

Reports in collaboration with Dunedin, New Zealand:

- *Alcohol-related Harm in Dunedin City*
- *Health Impact Assessment of the Changes in the Quality of Dunedin's Drinking Water 1995–2003*
- *Impact of Housing on Health in Dunedin, NZ*
- *Interagency Cooperation Between the Dunedin Police and the Dunedin*
- *Solid Waste Management: Kerbside Recycling and User Pays Refuse Collection*
- *Young People at Risk?*

Reports in collaboration with São Paulo, Brazil:

- *An Evaluation of the Harm Reduction Project in São Paulo*
- *An Evaluation of the Satisfaction Level of Inhabitants in Two Slums Upgraded under the Guarapiranga Programme*
- *Youths on Duty: Reception and Care for Adolescents and Young People at Testing and Counselling Centres*

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