ANNUAL REPORT 2004

WHO KOBE CENTRE

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FOREWORD

The year 2004 was nothing if not turbulent.

On one hand, significant advances in technological innovation were made in the fields of molecular biology, robotics, nanotechnology, agricultural science, and computer engineering. On the other hand, the world was beseiged by natural and man-made disasters. The powerful earthquake and super-tsunamis that had claimed over 150 000 lives in 11 countries by year's end served to emphasize the ferocity and unpredictability of nature's forces unleashed, and the environment's profound impact on our security and quality of life. These events, both good and bad, have undoubtedly had an impact on all of our lives and will change the global community's perspective permanently.

Change is inevitable at the WHO Kobe Centre as well. When I came on board in January 2004, I was fully aware that I was entering the institution at a time of transition. The initial 10-year period of WHO's Memorandum of Understanding (MOU) with the Kobe Group is drawing to a close in 2005, and a new MOU will need to be negotiated.

2004 presented a window of opportunity, then, 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 records the Centre's efforts in bridging the first decade and its future. It recounts the progress made in sustaining programmes and activities started in the past, while at the same time describing new initiatives that mark the beginning of the transformation process. Foremost among these initiatives is the development of a new Research Framework that maps out strategic directions and that will serve as an important scientific reference in the development of a new MOU.

This Framework takes a novel approach to health research, focusing on key "driving forces" for health in development, namely, ageing and demographic change, urbanization, environmental change and technological innovation. Its timeliness and relevance are highlighted by the health-related events and emergencies that occurred globally this past year.

Transition and transformation are the themes for the 2004 Annual Report, reflecting the new corporate image that is evolving within the Centre. By adapting to the demands and changes of today's world, by refining and sharpening the Centre's areas of competitive advantage and by streamlining operations and management, the WKC stands poised to continue its mission of providing leadership for health research that leads to practicable and sustainable solutions to the diverse challenges of health in development.

Dr Wilfried Kreisel
Director
WHO Centre for Health Development

INTRODUCTION

WHO KOBE CENTRE
ANNUAL REPORT 2004: TRANSITION AND TRANSFORMATION

2004 was a pivotal year for the global community. Catastrophic events, both natural and man-made, caused widespread devastation, particularly in the Asia-Pacific region. In Bangladesh, northeast India and parts of Nepal, heavy and incessant monsoon rains caused massive flooding in July and August, killing at least 1240 people. China suffered floods, typhoons and the worst drought in more than 50 years. A record 10 typhoons hit Japan this year, causing over 200 deaths and damage estimated at over one trillion yen (US$9.7 billion). Powerful storms in the Philippines in November and early December caused flash floods and landslides that swept away entire villages. At year's end, the huge earthquake off Indonesia triggered giant tsunamis that affected 11 countries and by 31 December 2004 had killed more than 150 000 people on two continents.

In all these, poorly planned development exacerbated the death and destruction – for example, rapid urbanization and illegal logging led to environmental degradation that contributed to massive, prolonged flooding in the countries concerned. In Japan, senior citizens accounted for most of the victims, highlighting the increased vulnerability of nations with rapidly ageing populations. Ironically, technological development, which potentially holds the key in terms of earthquake and tsunami early warning systems, failed because of the lack of availability in the Indian Ocean. Indeed, the events of 2004 highlight the critical need to address the complex dynamics of development, environment, demographic change and health.

2004 was also a pivotal year for the WHO Centre for Health Development/WHO Kobe Centre (WKC). On 1 January 2004, the Director-General of the World Health Organization (WHO) appointed a new Director for the Centre. Taking into account the fact that 2005 will mark the end of the initial 10-year period covered by the Memorandum of Understanding between the WHO and the Kobe Group, the WKC Director and Centre's staff undertook an introspective assessment of the Centre's progress in improving the health of individuals and societies through the conduct and application of research that guides public health policy development and practice. Cognizant of the rapid changes throughout the world that impact on health and the evolving nature of health in development, WKC also embarked on a novel process of transition and transformation to further hone its work, and contribute to WHO's overall mission and objectives, in anticipation of the next ten years.

WKC took an innovative approach to develop consensus among its stakeholders and technical experts on a Research Framework that will guide the Centre's future work. The proposed Framework views health as an integral component of the development process and not as a separate phenomenon. It approaches health research from a distinctive perspective, postulating that the focus ought to be on understanding the complex dynamics of the driving forces that shape "health **in** development". Reflecting the cataclysmic events that affected the world in 2004, the key driving forces that are highlighted in this Framework include ageing/demographic change, rapid urbanization, environmental change and technological innovation.

The Framework anchors this Annual Report as the symbolic bridge between the Centre's past and its potential future.

The Centre's current work evolves around:

1. Cities and health;
2. Ageing and health, with a subprogramme on traditional medicine; and,
3. Health and welfare systems development, with a subprogramme on women and health.

The progress achieved during 2004 within these programmes and subprogrammes is presented in this Annual Report.

Acknowledging the administrative infrastructure that is required to carry out this research, the contributions of information management, information dissemination and media communications are also included.

In keeping with the themes of transition and transformation, all current programmes and subprogrammes examined their achievements for the year in relation to the Centre's established goals and objectives while simultaneously linking their present work with projections for future growth and focus during the remainder of the biennium.

Transition and transformation: by building on its past work while adapting to the evolving nature of health in development, WKC strives to shine as a key showpiece of creative thinking, sound research and strategic solutions for promoting healthy development and healthy public policies at both the local and global level. Through this approach, it is believed that WKC will be able to move forward in successfully addressing the challenges of health in development in a rapidly changing world.

WKC'S PHILOSOPHY, MISSION AND OBJECTIVES

Philosophy

Health is essential to development. As the global community witnessed in 2004, driving forces such as ageing and demographic change, urbanization, environmental change and technological innovation create conditions for both health improvement and impairment. To achieve development goals, health and welfare systems must respond in timely and creative ways. The concept of "health in development" captures the notion that health is central to social and economic development, and vice-versa. The inter-relatedness of health and the development process extends throughout the span of development; hence, "health in development" applies to both developing and developed countries.

From this perspective, the complex interdependency of increasing pressures on health and welfare systems and the effects of specific driving forces shape the research framework of the WHO Kobe Centre. Appropriate and practicable solutions to related priority public health problems provide a focus for the Centre's work.

Mission

The WHO Kobe Centre (WKC) seeks to improve the health of individuals and societies by:

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

Objectives

The objectives of the Centre are to:

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

The following sections report on WKC's progress towards this mission and these objectives while beginning to delineate the strategic directions for future work for the rest of the biennium.

DEVELOPING A RESEARCH FRAMEWORK FOR WKC

Bridging the Past and the Future of WKC

Background

In 2004, at the beginning of a period of transition between the Centre's first 10 years and the future, WKC began a series of consultations with its partners and the scientific community to gain perspective into its niche in the realm of scientific research, and its future role as a research institution in a world with limited resources despite increasing health and development needs.

On the basis of reviews conducted by the Centre and others, four driving forces emerged as high priority concerns: ageing (and demographic change), urbanization, technological innovation, and environmental change. These driving forces had to be considered in the context of the Centre's programme and policy framework to determine what WKC's research future might look like.

Methodology

The process of accomplishing the development of a Research Framework was deliberate and systematic. Driving Forces Advisory Sub-Groups were first convened to delineate the most important research questions related to ageing and health, urbanization and health, technological innovation and environmental change and health. A meeting of the Ad Hoc Research Advisory Group on Health in Development, held from 23–26 August 2004, followed the initial series of Advisory Sub-Group meetings.

WKC involved numerous experts, senior WHO policy and programme staff from both Headquarters and Regional Offices, representatives of the Secretariat of the Kobe Group, other partners at the national and local levels, and observers from organizations with shared interests in this process.

The Ad Hoc Research Advisory Group worked with the research questions that emerged from the Sub-Group meetings and addressed the following questions in relation to the driving forces:

1. Is there a unifying conceptual framework for building a coherent research programme at the intersection of the driving forces?
2. What criteria should be used in identifying the most relevant research issues for WHO and the Kobe Group?
3. How could these criteria be applied to the priority research issues for the Centre?

Results

The product of this process is the proposed WKC Research Framework, "Health in Development: Healthier People in Healthier Environments". A detailed report of the process and outcome of the effort to develop this framework is contained in the WKC publication of the same name.

This Framework will serve as an important scientific reference in the development, by WHO and the Kobe Group, of a new Memorandum of Understanding and an associated detailed Research Plan that will guide the future work of the Centre.

More importantly, the proposed Research Framework embodies a new way of approaching the Centre's mission and goals. To corroborate its applicability and relevance, WKC organized a working group session at the Ministerial Summit on Health Research, Mexico City, Mexico, 16–19 November 2004. The session involved various experts from academia, WHO, other international agencies and the private sector. The participants received the presentation on the "driving forces" approach positively and indicated the appropriateness of the holistic perspective taken by the Framework in delineating the complex interrelationships between the driving forces and health in development.

The proposed Research Framework, therefore, is the bridge to link the Centre's past achievements with its new role and future work. It signals the onset of change, and initializes the process of transformation for WKC. The process of modification will alter not only the manner of work, in the administrative sense, but also the programmatic and organizational structure – the very core of the institution.

These changes are necessary, given the realities the Centre must face – such as the ever-increasing demands for answers and solutions to dilemmas in health in development, despite limited resources and competing priorities. Already, some of these changes are beginning to manifest themselves now, at the end of 2004, albeit subtly. As the work of 2004 transitions into 2005, the transformative process will likely become more evident.

Thus, while the succeeding sections enumerate 2004's accomplishments and outline plans for 2005, these plans ought to be viewed within the context of an institution in evolution. Above all, the changes that are being introduced by the process of transformation should be considered as both necessary and valuable: that is, they add value to the Centre's work while keeping the WKC relevant and responsive to the realities of the present situation.

Meeting of the Ad Hoc Research Advisory Group Meeting on Health Development, Kobe, Japan, 23–26 August 2004

CITIES AND HEALTH

Background

The Cities and Health Programme (CHP) was established in 1999 with an overall goal of elucidating the relationship between health, welfare, environmental change and urbanization.

Work carried out in the past five years has focused mainly on the search for appropriate solutions to health-related problems brought on and frequently exacerbated by urbanization; the development of evidence-based city health policies; strategies and systems that are responsive to the evolving needs of communities undergoing rapid transition; and the facilitation of strategic partnerships within and among cities for technical exchange and support. At present, CHP is undergoing programmatic restructuring to enhance its responsiveness to pressures exerted by the major driving forces of the 21st century, enabling it to better contribute towards ensuring the safety, health and highest possible quality of life of city dwellers.

Current Structure

In the current biennium, programme activities are built on the following thematic components:

1. Linking evidence-based information and policy development
2. Expanding and promoting the Cities and Health network
3. Generating and disseminating city health information
4. Enhancing health emergency preparedness and response
5. Preventing violence and injuries
6. Promoting environmental health
7. Building capacity for health promotion

The products to be achieved as part of the plan of work for 2004–2005 under these thematic programme components are as follows:

Thematic component		Product
1	Linking evidence-based information and policy development	Research reports on specific health problems in partner cities
2	Expanding and promoting the Cities and Health network	Strengthened and newly established CHP partner cities globally
		Alliance between WKC's Cities and Health Programme and Healthy Cities Movement
3	Generating and disseminating city health information	City health information data and profiles
		City Health Information Package
4	Enhancing health emergency preparedness and response	Reports on collaborative activities with Disaster Reduction Alliance of Hyogo Prefecture
		Research framework on health emergency preparedness and response
		Consultation on fast-track diagnostic tools for newly emerging diseases
		Climate Calamities and Human Health, a side event of the World Conference on Disaster Reduction
5	Preventing violence and injuries	National reports on violence as a public health problem in Asian countries
6	Promoting environmental health	Meeting of WHO environmental health experts
7	Building capacity for health promotion	Meeting of WHO health promotion focal persons in Kobe
		Capacity building of leaders at city level; support to the global leadership forum and to the sixth conference on health promotion

Accomplishments in 2004 and Plans for 2005

Thematic Programme Component 1
Linking evidence-based information and policy development

The product under this component consists of research reports resulting from supporting research with partner cities. Key research areas relate to general health and welfare (e.g. alcohol and tobacco-related harm, diabetes, youth mental and physical well-being and interagency collaboration) or to environmental health (e.g. drinking-water quality, solid waste management, impact of housing and transport services and their impact on quality of health).

Completed initiatives for 2004 include projects on drinking-water quality, solid waste

management, the impact of housing on health, alcohol-related harm, youth mental well-being and interagency collaboration in the city of Dunedin (New Zealand). Ongoing research includes three projects on drinking-water quality, alcohol-and drug-related harm and youth mental well-being in the city of São Paulo (Brazil). In Colombo (Sri Lanka) a research project on health and social development is underway. Preparatory work has begun for a collaborative research undertaking on household water quality and minimum water requirements for health in partnership with WHO's Eastern Mediterranean Regional Centre for Environmental Health (CEHA) in Jordan.

It is envisioned that the process of developing city research plans that seek practical solutions to the challenges posed by rapid urbanization will also promote and strengthen partnerships and communication among stakeholders. This, in turn, is expected to facilitate relevant, evidence-based and outcome-oriented responses to policy, strategy and systems development needs while building capacity among key stakeholders in urban health management.

Over the initial period of the Programme, WKC developed a model that strategically links researchers and research institutions to policy-makers and local governments. The WKC "triangular partnership" model, which seeks to establish a channel of communication between those who generate data and information on the impact of health and welfare policies and systems on city populations, and those who need this data to guide future policy and systems development, was initially pilot-tested and validated in Mississauga, Canada and re-validated in Bangkok, Thailand.

In 2004, two cities, São Paulo and Colombo, began testing this model. Meanwhile, the city administrations of Hanoi (Viet Nam), Jakarta (Indonesia), Marikina and Cebu (the Philippines), and Kathmandu (Nepal) are continuing the process of formulating research project proposals in this area of study. The remaining CHP partner cities, responding to CHP's renewed calls for proposals, are in the process of establishing linkages with their local research collaborators.

As WKC transitions into its next phase, CHP is expanding the triangular partnership model into a pentagonal partnership model that will include the private sector, nongovernmental organizations and communities themselves. This proposed partnership model is expected to facilitate the involvement of all stakeholders in the policy-making process and hopefully, will result in sustainable and successful implementation of evidence-based policies and service delivery systems that support improved health and quality of life for urban dwellers.

Thematic Programme Component 2
Expanding and promoting the Cities and Health network

Through the Cities and Health network, WKC and its partner cities aim to provide a common platform for urban stakeholders to discuss issues of common concern, share experiences and disseminate lessons learned. The network facilitates coordination between partner cities and WHO and fosters communication among participants. To date, WKC has 33 partner cities worldwide.

A major area of transformation involves the proposed alignment of CHP to similar WHO-led community-based urban health initiatives such as WHO's "Healthy Cities" programme. To provide a catalyst for this endeavour, a meeting will be held at WKC in 2005. The expected outcome from this meeting is a coordinated strategy for related WHO programmes to improve the health and welfare of urban dwellers and to enhance their quality of life.

Thematic Programme Component 3
Generating and disseminating city health information

This thematic component consists of two products: the City Health Information Package (CHIP), and partner cities' health data and profiles. The main objective under this component is to develop a web-based database where validated and updated information on partner cities is readily accessible and easily disseminated.

For 2004, the main achievement involved setting up the CHIP server at WKC. Data and city profiles from a number of partner cities have already been uploaded to the database.

City Health Information Package (CHIP)

In 2005, additional data and city profiles will be collected and uploaded to the CHIP database, making it a more comprehensive data information portal. Furthermore, a complementary section involving the analysis of data trends and health impact assessments will be developed and added to the city profiles.

Thematic Programme Component 4
Enhancing emergency preparedness and response

The fourth thematic component, on Health Emergency Preparedness and Response, consisted of four products for 2004:

1. Collaborating with the Disaster Reduction Alliance (DRA) of Hyogo Prefecture;
2. Supporting research on health emergency preparedness and response;
3. Developing fast-track diagnostic tools for emerging and re-emerging diseases; and,
4. Preparing for the World Conference on Disaster Reduction (WCDR) and its side event on climate calamities and human health in 2005.

Through these four activities, CHP aimed to highlight the urgent need to strengthen and promote policies and strategies for disaster risk reduction in general, and for health emergency preparedness and response in particular. Some activities were planned by the Ageing and Health Programme (AHP) and are reported upon in that section. However, it has become clear that a matrix approach is most appropriate to activities in the field of emergency preparedness and response. CHP also sought to emphasize the importance of information dissemination to the public during emergencies, and to enhance capacity building within the health sector for emergencies and disasters, in close collaboration with WHO headquarters, regional and country offices and other international emergency and disaster reduction agencies and institutions.

WHO Consultation on a Coordinated Response for the Fast-Track Development of Diagnostic Tools for New and Re-emerging Infectious Diseases
Kobe, Japan, 20–22 September 2004

For 2004, the achievements in this area included the following:

1. Development of fast-track diagnostic tools, policy recommendations and strategies on a global coordinated response against new and re-emerging infectious diseases;
2. Preparation of a draft research framework on health emergency preparedness and response;
3. Preparation for the World Conference on Disaster Reduction (WCDR);
4. Successful conduct of the International Symposium on Mental Health in Post-Crisis Restoration/Rehabilitation, 28 March 2004, Kobe, Japan [1]; and,
5. Organization of thematic activities at the XVIII World Congress of Social Psychiatry, 24–27 October, 2004, Kobe, Japan. One topic presented at this venue focused on the preparedness and responsiveness of mental health services for complex emergency situations. The final meeting report is expected to be available by March 2005.

Planned activities for 2005 include convening a public forum on climate calamities and human health; the creation of a support desk for information on health security (see the Public Information section in the Information Support and Services chapter for details) and the holding of events at the WCDR as the focal point of WHO's participation in this global conference. The expected products include reports on collaboration with the Disaster Reduction Alliance, a research framework for health emergency preparedness and response, and a list of strategies and tools for assessing and managing health-related risks associated with emergencies and disasters.

Thematic Programme Component 5
Preventing violence and injury

The Violence and Injury Prevention (VIP) programme component aims to enhance awareness of violence as a public health issue in Asia and the Pacific. Specifically, it strives to assist countries to reduce violence-related mortality and injuries so as to improve public health and overall development.

The mandate for this component is contained in the Forty-ninth World Health Assembly resolution WHA49.25, which identified the prevention of violence as a public health priority for every country; and in the Fifty-sixth World Health Assembly resolution WHA56.24, which urged all governments to implement the recommendations of the 2002 World Report on Violence and Health. WHO is expected to collaborate with countries and to provide strong support in this area.

In 2004, working in collaboration with the Department of Violence and Injury Prevention at WHO Headquarters (WHO/HQ) and the Regional Offices for the Western Pacific

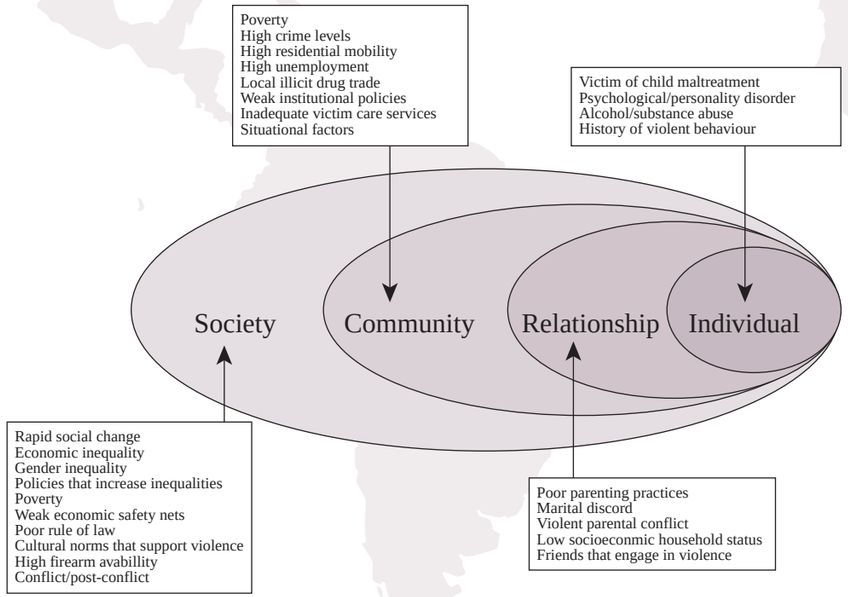
[1] Activities 4 and 5 under Thematic Programme Component 4 were organized under the Ageing and Health Programme, and are discussed in greater detail under that programme.

CITIES AND HEALTH

(WHO/WPRO) and South-East Asia (WHO/SEARO), WKC launched a project for building capacity within countries to utilize the public health approach to violence prevention, especially in the areas of data collection and the development of national reports on violence and health.

During the year, WKC started to work with six countries in Asia and the Pacific for the creation of the first national data series on violence and health. These countries are Malaysia, Mongolia, Nepal, Papua New Guinea, Sri Lanka and Thailand. Efforts are underway to include India and Japan as well. Towards this end, a working protocol was developed and a technical consultation on the development of national reports on violence and health was run successfully from 12–14 October 2004.

Figure 1 Ecological model for understanding violence
(Source: Bouchart, et al, 2004)



The meeting endorsed the working protocol and provided a timely opportunity to select and refine methodologies for data collection and reporting, and to determine milestones, timelines and action steps for implementation. The final report will be ready by 30 November 2005 (see report outline in Box 1).

Box 1

Outline of National Report on Violence and Health

1. Introduction
2. Materials and methods
3. Analysis
   - *Child abuse and neglect*
   - *Gender-based violence*
     (e.g. by intimate partners and sexual violence)
   - *Abuse of the elderly*
   - *Youth violence*
   - *Workplace violence*
   - *Stranger violence*
     (e.g. street violence and public safety)
   - *Collective/group violence*
   - *Self-inflicted violence*
4. Main findings and recommendations
5. Conclusions and next steps

References
Annexes

Through this effort, strengthening of research and information capacity for violence prevention in the participating countries has begun and awareness of violence as a public health issue is expected to increase.

In 2005, WKC anticipates continuing to support the participating countries in research and data collection for the development of their national reports on violence and health. Comparative information on the countries with special reference to their data sources and indicators on violence and health will be produced.

Thematic Programme Component 6
Promoting environmental health

CHP aims to achieve safe, sustainable and health-enhancing human environments. It seeks to build capacity for sound environmental planning and programme implementation for protection from biological, chemical and physical hazards, from global and local environmental threats, and their prevention.

WKC convened a meeting in Kobe, Japan, from 28–30 April 2004 involving all WHO environmental health directors and focal points to collectively discuss the WHO strategy on health and the environment. The recommendations that emerged from this meeting will

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contribute to forming the basis of a collaborative environmental health research agenda for the period 2006–2015.

Moreover, at a meeting at WHO/HQ in December 2004 organized by the Sustainable Development and Healthy Environments Cluster in cooperation with the Chulabhorn Research Institute in Bangkok, HRH Princess Chulabhorn, WHO and WKC agreed to establish links on priority research into environmental health issues.

Thematic Programme Component 7
Building capacity for health promotion

Capacity building for health promotion is a new programme component under CHP. The main aim of this component is to create a clear understanding of the concept of health promotion at the city level by setting up appropriate health-promoting systems and strategies, and to build leadership capacity for health in city settings through formal training, networking/partnership, or through Pro Lead, an initiative launched by WHO/WPRO to develop a critical mass of leaders who are able to lead change for the development of new and autonomous infrastructure and sustainable financing for the promotion of health.

WKC recognizes that to accomplish these, it will be necessary to:

1. Delineate the health promotion needs of key stakeholders in partner cities and build their capacity to promote health;
2. Generate evidence-based research information on health promotion;
3. Develop consensus on the important determinants of health;
4. Develop setting-specific approaches to ensure the good health of poor, vulnerable and marginalized communities in city settings; and,
5. Ensure the availability and sustainability of resources for the above purposes.

To launch this component, a meeting of Regional Advisors and focal points for health promotion was held in Kobe Japan, 27–29 October 2004. As an outcome of this meeting, it was proposed that WKC take an active role in the global programme for capacity building for leaders through the Pro Lead initiative in collaboration with WPRO. Priority will be given to capacity building of key stakeholders including community and youth leaders.

Strategic Directions for the Future

Few cities, especially in developing nations, have succeeded in involving communities and other key stakeholders in health planning, programme implementation, and evaluation. As a result, it is likely that most countries will be unable to achieve the Millennium Development Goals (MDGs) unless the root causes of urbanization are addressed and health conditions in cities improved.

To effectively support cities in achieving the MDGs, a number of critical issues such as poverty, inequity and inequality, marginalization, lack of security and the psycho-social dimension need to be seriously considered and integrated into the creation and implementation of city development plans.

The Research Framework proposes to use the term "new urban settings" (NUS) to refer to the phenomenon of rapidly expanding pockets of urban slum areas in the context of globalization and population growth. Within this evolving context, key researchable issues for CHP related to NUS could be grouped under two main headings:

1. Understanding the determinants of health in NUS; and,
2. Improving and sustaining health in NUS.

Strategically, CHP's future work shall be guided by the recommendations of the Research Framework, in particular the following:

1. The recognition that health in development is shaped by global driving forces, and effective urban planning and policy development needs to take into account the dynamic interplay of these driving forces with health in the development process;
2. The acknowledgment of the vital role of communities and local stakeholders in determining the pathways for their development, and that CHP's work must be attuned to the needs and capacities of these stakeholders;
3. The need for consistency with existing universal guiding principles, such as Health for All in the 21st Century, Agenda 21 and the Millennium Development Goals, among others;
4. An appreciation of the evolving nature of cities, and the need for a clear understanding of the determinants for sustainable health and welfare in new urban settings; and,
5. The necessity for applied and translational research on issues relevant to new urban settings.

A highly focused research agenda, as proposed by the Research Framework, could be centred on characterizing the social determinants of health in NUS, including the development of a health/poverty/NUS index and the identification and analysis of urban-rural differentials.

The Cities and Health Programme will need to be renamed. One option under serious consideration is "Urbanization and Health", which better captures the dynamics of health in development.

AGEING AND HEALTH

Background

The WHO policy framework supports active ageing, or the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. This policy framework was made as WHO's contribution to *the International Plan of Action on Ageing* (IPAA), an outcome of the Second World Assembly on Ageing in 2002.

Current Structure

The goal of WKC's Ageing and Health Programme (AHP) is to promote the concept of people being healthier throughout their lifespan, aiming primarily at enhancing healthy longevity, well-being and quality of life.

AHP facilitates, develops and coordinates research activities; it then applies the results to the development of health policies for ageing and older populations at the local, national and international level. The current biennium's programme activities are built on the following objectives:

1. To build self-care capacity and supportive community-based environments;
2. To consolidate information on the cost-effectiveness of preventive and long-term care and the policy implications; and,
3. To explore the protective effect of healthy lifestyles on healthy longevity, well-being and quality of life.

AHP intends to achieve these objectives through collaborative research with various partners among Member States and other international agencies, the collection and dissemination of scientific information using systematic approaches, and the provision of opportunities for dialogue between researchers and policy-makers.

Accomplishments for 2004 and Plans for 2005

1. Primary Health Care research initiatives for ageing and older populations

a. Glossary of terms for community-based primary health care

In recent years, local and national governments, international agencies, NGOs, the scientific and service communities and the general public have recognized the urgent need for a standardized terminology to discuss community health care for older persons. AHP initiated a project during the 2002–2003 biennium to develop an international glossary of terms and definitions for community health care services for older persons.

The aim was to define and standardize the basic concepts and functions of community health care for older persons and to organize them into a glossary, utilizing existing WHO definitions where appropriate and thus promoting a common language for the evaluation and comparison of diversified effective models across different cultural and socioeconomic settings. More than 300 terms and definitions were developed, reviewed by experts and compiled into a reference volume.

In 2004, the reference volume was further refined and formatted to make it compatible with Internet-based applications, allowing search and interactive feedback functions.

b. Sharing good practice models of primary health care development for ageing societies

Based on the positive response to the case study commissioned in Shanghai, China, during the 2002–2003 biennium on emerging patterns of primary health care for the ageing population in a megalopolis, AHP explored in 2004 various opportunities for sharing real-world experiences and lessons learned, particularly in relation to the integration of health and social services, including mental health, and the application of information technology to primary health care for the ageing.

2. Promoting healthy lifestyles for healthy ageing

a. Joint FAO/WHO Workshop on Fruit and Vegetables for Health

Adequate fruit and vegetable consumption as part of a healthy lifestyle can improve health status and prevent major chronic diseases. Although there is a substantial body of evidence supporting the benefits of daily consumption of fruit and vegetables, many knowledge gaps and barriers exist.

WKC, in collaboration with WHO/HQ and FAO, facilitated and coordinated the Joint FAO/WHO Workshop on Fruit and Vegetables for Health in Kobe, Japan on 1–3 September 2004. The outcome of the workshop was an endorsement of the FAO/WHO Kobe Fruit and Vegetables Promotion Framework for cost-effective interventions to promote

Joint FAO/WHO Workshop on
Fruit and Vegetables for Health
Kobe, Japan, 1–3 September 2004

International Symposium on
Fruit and Vegetables for Health
Kobe, Japan, 4 September 2004

adequate fruit and vegetable consumption in WHO and FAO Member States as a health promoting and preventive tool.

b. International Symposium on Fruit and Vegetables for Health

Taking the opportunity to tap world-renowned experts attending the Joint FAO/WHO Workshop on Fruit and Vegetables for Health, WKC organized the International Symposium on Fruit and Vegetables for Health for the local community in Kobe, on 4 September 2004. More than 150 local professionals who deal with nutrition and diet attended the International Symposium.

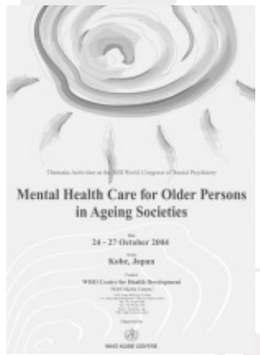
c. Promoting tobacco-free lifestyles

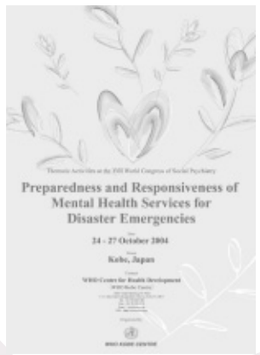
In conjunction with World No Tobacco Day 2004, WKC organized a health promotion event on the importance of tobacco-free lifestyles from 26 May to 4 June 2004 in Kobe. This activity had two main objectives: (1) to increase public awareness of tobacco-related harm and the benefits of a tobacco-free lifestyle and (2) to share updated information on local, national, regional and global approaches to tobacco control.

Following the concept of "think globally, act locally", the national government, local governments and nongovernmental organizations (NGOs) were invited to participate in this event by displaying their tobacco control materials at the exhibit venue.

3. New initiatives on mental health

Mental disorders are leading causes of disability that are prevalent among groups such as older persons and disaster survivors. However, mental health resources are often scarce, and mental health needs are given low priority in the overall delivery of health care services. Stigmatization and discrimination are additional obstacles to the adequate provision of mental health care. WKC considers mental health an important crosscutting priority that affects overall health.





a. International Symposium on Mental Health in Post-Crisis Restoration/Rehabilitation, Kobe, Japan, March 2004

WKC collaborated with the Hyogo Institute for Traumatic Stress, Kobe to organize a meeting in March 2004 on post-traumatic stress disorders in the aftermath of emergencies entitled "Strengthening Traumatic Stress Studies in Japan". This meeting highlighted a critical but often unrecognised need to protect mental health whenever disasters and emergencies occur. The report from this meeting was published in October 2004 and is available on the WKC website at http://www.who.or.jp/library/ptsd.pdf.

b. WKC participation in the XVIII World Congress of Social Psychiatry

WKC participated in the *XVIII World Congress of Social Psychiatry*, held from 24 to 27 October 2004 in Kobe. The Centre organized two symposia and one working group session focusing on two themes: new developments in mental health care for older persons in ageing societies, and mental health services preparedness and responsiveness after disasters and emergencies.

Fourteen distinguished international experts from both developed and developing countries as well as a representative of the HQ's Department of Mental Health and Substance Dependence (MSD/HQ) attended the symposia and working group session. A set of recommendations for developing the Centre's future research framework on mental health was formulated.

In 2005, AHP intends to engage in the following activities:

4. Oral health promotion

As a continuing activity of WKC, AHP plans to augment its work on oral health issues. It will review the relationship between oral health and general health status in ageing societies globally. The review will employ a life course perspective, with a focus on maintenance of

healthy teeth, the development of oral health measurement indices and other perspectives.

5. WHO participation in the UN Pavilion at Expo 2005 Aichi

The 2005 World Exposition, Aichi, Japan (Expo 2005 Aichi) is the first world exposition of the 21st century and runs from 25 March to 25 September 2005. More than 121 countries and seven international organizations, NGOs and non-profit organizations (NPOs) will participate in the Expo.

WHO will be responsible for the health-related module at the UN Pavilion. The WHO Director-General has designated WKC as the local focal point to coordinate WHO's activities during the Expo. In collaboration with the Japan Arteriosclerosis Prevention Foundation (JAPF) and NHK Educational Co., Ltd, an exhibit is being prepared on the theme, "Ageing Society and Cardiovascular Diseases – Active Ageing throughout the Life Cycle". The technical input will be provided jointly by the Noncommunicable Diseases and Mental Health Cluster of WHO/HQ (NMH/HQ) and WKC, with NMH/HQ being responsible for overall technical quality assurance and consistency with WHO policies.

6. Other activities planned for 2005

a. Case studies of good practice models of primary health care in ageing societies will be pursued in collaboration with WHO Regional Offices
b. A research project on health care expenditures among older populations in collaboration with the Health and Welfare Systems Development Programme
c. A Town Meeting with the theme of "Ensuring Proper Dietary Practices and Physical Activity throughout the Life Course", Kobe, in April 2005
d. Additional joint projects with WHO/HQ:
   i. A review of capacity building for physical activity in developing countries – with the Primary Prevention of Chronic Diseases unit (PCD) of the Department of Chronic Diseases and Health Promotion (CHP/HQ)
   ii. Prevention of overweight and obesity in Asia and the Pacific – with the Department of Nutrition for Health and Development (NHD/HQ)
   iii. A report on long and short-term mental health services after disasters and emergencies – with MSD/HQ
   iv. A comparative situational analysis and interventions on lifestyle-related diseases (LRDs) in countries with economies in transition and in Japan – with CHP/HQ, WPRO and SEARO
   v. A project on integrated systems response to rapid population ageing in developing countries ("INTRA" project) – with the Ageing and Life Course Programme (ALC) of CHP/HQ

Strategic Directions for the Future

Strategically, AHP's future work beyond 2005 will be guided by the research recommendations of the Research Framework. A well-defined goal for ageing and health has emerged, focusing on the promotion of better health in healthier environments through community health care and self-reliant healthy lifestyles. The following areas of work could be pursued in particular:

1. Developing health and welfare systems with a focus on ageing populations

One of the major challenges for ageing societies is ensuring financial sustainability for health care in the face of increasing health and social care expenditures. This issue has urgent policy and research implications, given the rapid demographic and epidemiological transitions in many countries, developed and developing alike. At the same time, societal and social transformation, and trends towards drastic privatization of health care systems in many countries highlight the need for new approaches to revive traditional social support systems.

2. Promoting healthy ageing

In many societies, older persons are often marginalized, increasing their vulnerability. Some of the key challenges for healthy ageing include the identification of the needs and capabilities of ageing populations in relation to emergency preparedness and response. Mental health and psychosocial services during and after emergencies must be delivered through primary health care with community participation, even in countries with highly specialized care. This requires collaboration between the public health system and nongovernmental organizations, social services and other community agents involved in the care of the elderly.

The Global Strategy on Diet, Physical Activity and Health (GSDPAH) was developed in response to the rising burden of lifestyle-related noncommunicable diseases (NCDs). It contains recommendations for the primary prevention of NCDs through population-based interventions to improve dietary choices and to increase levels of physical activity, as well as strategies for secondary prevention through health promotion and information technology. In this context, oral health is considered essential to maintain and enhance individual health and quality of life throughout the human lifespan. At the global level, the lack of population-based comparative measurements and data on oral health is extremely challenging. Therefore, it is important to advocate and raise awareness of the importance of oral health as a contributing factor to healthy ageing.

3. Applying appropriate technologies for wellness promotion and disease management to the health-related problems of ageing

Technological innovations have the potential to preserve functional status with increasing age, preserve independence and enhance the participation of older persons in society. These new technologies also have the capacity to markedly improve quality of life with advancing age.

On the other hand, an onslaught of new technology can create psychosocial stress among older persons who may not be able to quickly adapt to novel devices and new ways of doing things.

Developing and choosing appropriate technologies to enhance well-being and functional status without imposing additional emotional and intellectual demands on an ageing population is an area of work that will require attention in the near future.

TRADITIONAL MEDICINE

Background

Regular access to essential medicines is lacking for one-third of the world's population in developing countries. In some of the lower-income countries, more than half of the people face this daunting deficiency. For equitable access to health services, all modalities of treatment in the modern and traditional systems of medicine need to play a role in accordance with the salutary effects afforded by the different systems of medicine. Traditional medicine, prevalent in all six regions of WHO, can play a significant role in the prevention, protection, and maintenance of health, as well as in the treatment of diseases, under circumstances where a response is needed to diverse health needs.

Current Structure

Traditional Medicine (TRM) is a subprogramme within the Ageing and Health Programme. WKC has been carrying out TRM activities since 1999. To support evidence-based medicine (EBM) and/or evidence-informed practices (EIP) for people's welfare systems development, WKC, in collaboration with WHO Headquarters and all Regional Offices, has initiated activities in response to a need to better understand the status of utilization of various traditional and complementary therapies and procedures in the area of health at the global, regional and national level.

Accomplishments in 2004

In order to facilitate the contribution of TRM to national health system development and the integration of TRM into national health services, two activities that WKC started in the previous biennium have been continued in the 2004–2005 biennium.

1. Publication of the WHO Global Atlas of Traditional/Complementary and Alternative Medicine (TRM/CAM or TCAM)

The report on the International Meeting held in June 2003 was published in August 2004 (Figure 2). The recommendations of this meeting have been incorporated in the WHO Global Atlas of TCAM.

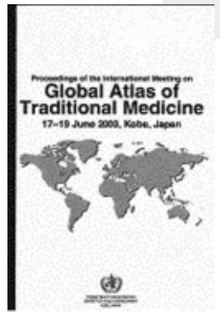


Figure 2

The Global Atlas provides information on the status of development of TCAM throughout the world. The atlas comprises two volumes, a map volume and a text volume. The map volume presents TCAM-related data in visual form in the areas of:

a. Legislation and policy (a sample map is shown in Figure 3 overleaf);
b. Availability of public financing;

c. Status of education and professional regulation;
d. Legal recognition of TCAM practitioners by therapy
e. Professionally-qualified conventional health care practitioners who are entitled to provide TCAM; and,
f. National measures of the popularity of herbal/traditional medicines, Ayurveda, Unani and Siddha, traditional Chinese medicine, acupuncture, osteopathy, chiropractic, homeopathy, bone setting, aromatherapy, reflexology and related therapies, massage and other manual therapies and spiritual and faith-based therapies.

The text volume expands and supplements the map volume through detailed accounts of TCAM development in 23 countries across the world as well as overviews of its status in each of the six WHO Regions.

Figure 3 Policy and legislation on traditional/complementary and alternative medicine

The final draft of the WHO Global Atlas of Traditional/Complementary and Alternative Medicine (Global Atlas) was completed in 2004 and will be published early in 2005.

2. Development of cost information on the use of TCAM

Beginning in 2003, a systematic review of economic evaluations of complementary and alternative medicine was carried out with the Department of Complementary Medicine, Peninsula Medical School (DCM/PMS) of the Universities of Exeter and Plymouth in the United Kingdom.

The objective of this review was to develop a cost information database (Cost InfoBase) on the four parameters of cost – cost-benefit, cost-comparison, cost-effectiveness and cost-utility – in the use of TCAM. The Cost InfoBase is intended to assist in the development of national policies for the cost-effective integration of TCAM in national health systems, where appropriate.

In 2004, collection of data continued. Some of the recently added information in the Cost InfoBase is outlined in Table 1.

Although three additional activities were planned for the biennium, it was decided to discontinue the programme as part of WKC's efforts to focus on high priority activities.

Table 1 Some economic evaluation studies of complementary and alternative therapies

Author and study type	Quality score	Intervention	Comparative treatment	Medical condition (sample size)	Setting	Results	
						Clinical Outcome	Economic Outcome
Wang *et al.* RCT, CEA	0.63	Traditional Chinese medicine	Western hypotensive drugs	Mild to moderate hypertension(n = 292)	Zhejiang provincial hospital, China	The authors created a composite score for each treatment giving a weighting to each of the following components (*).	The scores were indapamide 3.65, Lingjiao Jiangya pill 3.55, amlodipine 2.90 and benazepril 2.35
Liguori *et al.* RCT	0.88	Acupuncture	Conventional drug therapy	Migraine without aura (n = 120)	Four public health centres in Italy	Greater reduction in symptoms at 6 and 12 months after acupuncture.	Estimated saving of Lit 1 332 285 per patient per year.
Meade *et al.* RCT, CEA	0.61	Chiropractic	Hospital outpatient treatment	Low back pain	Chiropractic and hospital outpatient clinics in UK	Chiropractic was associated with greater improvements in scoring at 2 and 3 years.	Mean cost of chiropractic & hospital treatments was £165 & £111 / patient respectively.
Bachinger *et al.* CT, CMA	0.63	Homeopathic preparation	Hyaluronic acid	Gonococcal arthritis (n = 57)	Germany	No significant differences between 2 treatments in patient groups experiencing a 30% reduction in pain intensity.	Estimated savings of DM 1529.49 per patient.
Burton *et al.* RCT, CEA	0.75	Osteopathic manipulative therapy	Chemo-nucleolysis	Symptomatic lumbar disc herniation (n = 40)	Hospital orthopaedic department in UK	Leg pain, back pain and self reported disability improved in both groups.	Estimated savings of £300 per patient associated with manipulation.
StothersRCT, CEA	1.00	Naturopathic cranberry products	Placebo	Women who had experienced at least 2 urinary tract infections in the previous 12 months but were asymptomatic at study entry (n = 150)	Canada	Both cranberry juice and cranberry tablets significantly decreased the number of patients experiencing at least one symptomatic urinary tract infection per year.	Annual cost of prophylaxis was CDN$624 for tablets and CDN$1400 for juice; cost effectiveness ratios for juice and tablets were CDN$ 3333 & CDN$ 1890 per urinary tract infection prevented.
Blanchard *et al.*– study 2 RTC, CEA	0.63	Home-based relaxing training	Clinic-based relaxation training	Tension headache (n=62)	USA	Patients in both groups showed significant improvements in headache; no significant differences between groups.	Home-based treatment was more than twice as cost-effective as clinic-based treatment.

CEA = Cost effectiveness analysis CDN$ = Canadian dollar CMA = Cost minimisation analysis CT = Clinical trial
DM = Deutsche Mark Lit = Italian Lira
PMSS = Post-marketing surveillance study RCT = Randomized clinical trial.
(*) Improvement in symptoms 15%, adverse events 10%, quality of life 20%, lowering of blood pressure 45% and cost of medication

HEALTH AND WELFARE SYSTEMS DEVELOPMENT

HEALTH AND WELFARE SYSTEMS DEVELOPMENT

Background

Developing sound health and welfare systems that serve all segments of society efficiently and cost-effectively remains one of the major health challenges in most countries today.

Governments at both local and national levels face ever-increasing demands for health and welfare services from the population. Many health and welfare systems are ill-equipped to meet the challenges of increasing urbanization, the disintegration of family support systems and the rapid ageing of populations.

Integrating health and welfare systems to leverage resources and minimize duplication of services may ultimately improve the provision of services. Unfortunately, in most countries, health and welfare systems operate independently, despite the fact that they offer similar services to the same target population.

Sustainable financing poses another challenge for health and welfare systems development (HWSD). Clearly, the public sector alone cannot satisfy all of the financial and human resource needs for HWSD. Private sector financing as well as public–private partnerships (PPP) are attractive alternatives beyond the public sector for HWSD financing. Countries are thus seeking evidence-based information on PPP and the private health sector's ability to deliver good-quality care at an appropriate cost to the population.

Current Structure

The goal of the Health and Welfare Systems Development Programme (HWP) is to facilitate and enhance HWSD, resulting in the equitable provision of health and welfare services in Member States. The programme aims to achieve its goal through the following objectives:

1. Developing partnerships with Member States and research institutions;
2. Collecting, analysing and disseminating information on innovative practices and models of HWSD in different countries; and,
3. Promoting collaborative operational research on HWSD in Member States to generate evidence-based information for sound decision-making.

Accomplishments in 2004 and Plans for 2005

Activities in 2004 focused on operational research in two important areas of HWSD.

1. Research studies to assess the effectiveness of PPP and the private sector in enhancing HWSD

While preparatory work for protocol development began in the previous biennium, in March 2004, the programme convened a consultative meeting to review and refine the research protocol. Participants from Member States, WHO/HQ and Regional Offices attended the meeting. The outcome of the consultation was a set of recommendations to enhance the protocol. Meeting participants also decided to pilot-test the protocol in Lebanon and in another Member State in the Western Pacific Region (WPR). Additional recommendations on improving the implementation process for the research initiative were also made. A report on the consultative meeting was distributed to all participants.

Currently, the component on assessing not-for-profit PPPs is undergoing further refinement, in collaboration with research partners.

The protocol will be pilot-tested in Lebanon and a WPR country in 2005 to assess its validity and feasibility as a research tool in developing country settings. The protocol will be further refined by incorporating the results of the pilot tests.

The amended protocol will then be used for case studies to assess the role and impact of PPPs and the private sector in HWSD in selected Member States. Selection of countries will be done in coordination with WHO's Regional and Country Offices. The research results will be published as a series of country reports.

Evidence collected from these studies will subsequently be incorporated into a global database on PPP and private sector involvement in HWSD. Systematic analysis of the strengths and weaknesses found and lessons learnt from test countries will generate evidence-based information for sound policy development.

2. Development of indicators to document HWSD in middle and low-income countries

HWP aims to promote research in HWSD with a particular focus on health outcomes in middle and low-income countries. Organized welfare systems and services are at a very early stage of development in many developing countries. Informal welfare systems and services exist in these settings, but they are not well documented or subject to critical review.

Most of the existing indicators used to assess social welfare systems and services in high-income countries are not necessarily applicable or appropriate to developing countries. This highlights the need to develop relevant indicators that evaluate the impact of welfare systems and services on health outcomes in developing countries. The indicators would serve as a useful assessment tool to guide countries interested in establishing and enhancing their welfare systems.

In 2005, the programme aims to take the following steps:

a. Develop indicators in collaboration with social scientists from cooperating

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academic/research institutions;

b. Organize a consultative meeting to refine the draft list of indicators and to develop a research protocol for evaluating the validity of the indicators;
c. Pilot-test the list of indicators in at least two Member States, in collaboration with country research teams; and,
d. Evaluate and refine the list of indicators after the pilot test to be used for further country case studies.

In the future development of the list of HWS indicators, the programme plans to implement case studies in a number of countries representing all WHO Regions. The countries and in-country research teams will be selected in consultation with WHO's Regional and Country Offices and national health and welfare authorities.

WOMEN AND HEALTH

Background

The foundation work in 2004–2005 by the Women and Health Programme (WHP) derives from WHO's General Programme of Work as well as from the Kobe Plan of Action for Women and Health (POA) issued at the Third International Meeting for Women and Health in Kobe in 2002.

WHO's expected results in the area of women and health for the biennium 2004–2005 are:

1. Tools and guidelines on specific issues in women's health to support regions and countries;
2. The dissemination and application in advocacy and policy of evidence-based reports on the impact of gender on health and on specific women's health issues;
3. Tools and guidelines to assist the incorporation of gender considerations into WHO's technical work; and,
4. New initiatives to incorporate gender perspectives into technical programmes, with the results and analysis documented and disseminated.

The Kobe POA contains the following four action-oriented research priorities:

1. Comparative analysis of gender equity/equality indicators;
2. Use of gender analysis;
3. Women's leadership in health; and,
4. Enhancing research transfer in specific gender equity and health issues.

Current Structure

Women and Health (WHP) is a subprogramme of the Health and Welfare Systems Programme (HWP). WHP focuses on strategies which support the overall WKC goal of health and welfare systems development from women's perspectives. Thus, the planned products for 2004 and 2005 are useable and practical, building capacity for true reform and systems improvement.

In 2004, WHP continued implementing and, where agreed, expanding the Kobe Plan of Action for Women and Health. WHP's contribution is mainly in the following areas:

1. Incorporating gender considerations and perspectives into health policies, strategies and services;
2. Developing methods to analyse gender aspects in health policies; and,
3. Developing and using a core set of indicators for measuring women's health.

Accomplishments in 2004 and Plans for 2005

The Women and Health Programme originally planned six products, but reduced the number to four for 2004–2005 as follows:

1. Developing a gender-sensitive core set of leading health indicators

WHP has been working on identifying a gender-sensitive core set of leading health indicators for researchers and decision-makers to use as a tool in the development of gender-sensitive research projects and policies. WHP organized a consultative meeting from 1–3 August 2004 to determine which specific indicators should belong to the core set. The core set was subsequently finalized and the meeting report is available online at http://www.who.or.jp/women/research/index.html.

Terms of reference for the pilot project and a template for data collection were developed and shared with members of a task force organized to oversee the implementation of the Kobe Plan of Action.

In 2005, WHP plans to begin pilot-testing the core set of indicators in selected countries including the United Republic of Tanzania, in collaboration with the WHO Regional Office for Africa. The results of this initiative will be published in the form of country reports.

WHP identified Japan International Cooperation Agency (JICA) Tokyo branch as a potential collaborator to assess the validity and relevance of the indicators it is applying to its various projects.

2. Increasing the use of gender-based analysis

WHP aims to promote the integration of gender perspectives into health and welfare-related research, programmes and policies through the use of gender-based analysis. Specifically, for 2004–2005, WHP seeks to encourage:

a. Analysis of the role of women in promoting public health;
b. Development of an advocacy package for gender sensitivity; and,
c. Promotion of gender awareness among health workers.

In 2004, WHP commissioned a literature review on the role of women in promoting public health. The ensuing report provided an in-depth analysis of the different roles of women in providing care at the household and community level. The review highlighted women's role as first-line caregivers within households and as the bridge between the family and the formal health sector. The report will be electronically distributed in early 2005 after peer review.

WHO-T.KANDA

Efforts to develop an education package targeting mainly health workers as part of information dissemination on gender and health began in 2004. Subject to the availability of funds, the final package is expected in the first quarter of 2005.

WHP is developing a project on gender mainstreaming among health workers, jointly with the Women's Health in Development unit (WHD) at the WHO Regional Office for the Mediterranean (WHO/EMRO) and the WHO/HQ's Gender and Women's Health unit. Gender mainstreaming among health practitioners is crucial: with proper awareness and gender training, health workers can identify gender disparities in health and reduce inequitable health outcomes. The project will use gender analysis to identify the social roots of inequalities between men and women in accessing health care services. The initial pilot test site will be in Pakistan. A survey on access and use of health care services will be conducted in 2005 in collaboration with EMRO/WHD and HQ, and administered to health care workers and health patients. Subsequently, a workshop will be held to report the outcomes of the survey and discuss strategies to enhance gender consciousness among health workers.

3. Developing and pilot-testing a women's empowerment and leadership checklist

WHO-T.KANDA

In 2004, WHP selected Ahfad University for Women, Sudan, to develop a checklist tool to assess women's empowerment and leadership in health and welfare at different levels (household, community and national levels). The tool is intended to guide policy-makers/advisers and non-governmental organizations in the development of gender-equitable health and welfare policies, systems and programmes. WKC expects to receive the completed instrument in March 2005.

WHO-P.VIROT

WHP identified JICA Tokyo Branch as a potential partner to pilot-test the tool. In 2005, field testing of the checklist will begin in selected countries.

4. Developing WHP's website and information database (InfoBase)

WHP intends to improve its website and to develop a comprehensive, user-friendly InfoBase on women's health and gender for experts and lay people. In 2004, collaborating with WKC's IT group, WHP created a prototype for its webpage. Further work will depend on the availability of resources.

Throughout the year, WHP sustained its partnerships and network through participation in meetings and symposia as well as research collaboration. WHP contributed to and/or participated in the following local and international workshops:

1. The UN Day Event "Working for the UN", organized by the United Nations University (UNU), Tokyo, Japan, 22 October 2004;
2. A Workshop on Gender and Health, organized by UNU, Tokyo, Japan, 27–28 October 2004; and
3. The World Forum on Key Indicators "Statistics, Knowledge and Policy", organized by the Organization for Economic Co-operation and Development (OECD), Palermo, Italy, 10–12 October 2004.

INFORMATION SUPPORT AND SERVICES

Background

As a research institution, data access and storage, information management and information dissemination are crucial functions of WKC. Harnessing technology to improve the efficiency of these functions and building the Centre's information technology (IT) infrastructure are vital to its existence. Thus, Information Support and Services (ISS) is a core support programme.

WKC's mission mandates the translation of research findings into practical information that is disseminated to end-users in a timely and efficient manner. ISS aims to support WKC in delivering reliable health information throughout the world. To accomplish this goal, it is imperative to establish and maintain an up-to-date and responsive information infrastructure that can access, store, manage and disseminate relevant information to WKC and other WHO staff and consultants, collaborating partner institutions and target audiences.

Current Structure

ISS is comprised of three sub-programmes:

1. The Information Centre;
2. Public information activities; and,
3. Information technology.

The Information Centre aims to provide access to reliable health information through print, video and electronic library services, and to ensure the dissemination of WKC publications to collaborating institutions and libraries.

The Public Information group aims to promote the work of WKC through the production and dissemination of media "products" and information to the general public as well as to partner institutions and collaborative organizations. It provides information in various formats, both in English and Japanese, to ensure broad access to WKC research data and public advisories. Public Information also collaborates with other international organizations located in Japan and with local and international media to sustain an extensive information dissemination network.

The Information Technology group serves as the backbone of WKC's IT infrastructure and support system. It is responsible for the maintenance and upgrading of the Centre's IT system, ensuring consistency with WHO's IT infrastructure while keeping pace with emerging technological innovations. The group also oversees IT capacity building inside and outside the Centre, as well as creative work on the WKC website.

These ISS sub-programmes work together with the Centre's technical programmes to promote effective data management and communication, in line with the Centre's mandate and mission.

Accomplishments in 2004 and Plans for 2005

Information Centre

In 2004, the Information Centre streamlined its activities to maximize resource utilization and increase efficiency. Several new activities were implemented based on increased staff input in the library development process, enhanced delineation of library policy and procedures, and an opportunity for resource conservation by collaborating and sharing resources with the WHO Libraries and other university libraries.

New activities implemented in 2004 included the following:

1. Formation of the WKC Library Committee;
2. Creation of an electronic catalogue of library resources;
3. Initiation of informal Lunch Seminars to build WKC staff capacity for effective utilization of available information resources such as WHO/HQ Internet site, Intranet site, and MetaLib/S.F.X.; and,
4. Inclusion of the WKC Library in the WHO GIFT Programme (a programme initiated by the WHO/HQ Library for sharing electronic resources with other WHO system libraries).

The Information Centre also continued its support for ongoing activities by providing accurate information concerning WHO and WKC to the visiting public, replying to general enquiries from external parties, and providing research assistance to all staff.

Activities that will continue through 2005 include:

1. Expansion of library holdings through the acquisition of books, journals and electronic databases and the renewal of existing subscriptions;
2. Provision of research assistance to all staff; and,
3. Ongoing creation of an electronic library catalogue.

Despite budget reductions and the loss of its Librarian in 2005, the Information Centre intends to continue and expand its services by using resources efficiently.

It anticipates streamlining activities and increasing efficiency by conserving and leveraging resources with partner organizations for the rest of the biennium.

It plans to:

1. Institute quality control procedures through a periodic review of subscription and book purchases through the Library Committee to better respond to the needs of the staff;
2. Identify and utilise other opportunities for leveraging resources, such as through providing MetaLib/S.F.X. as a platform to the WHO GIFT Programme of the WHO/HQ Library in exchange for greater access to their information resources; and,
3. Continue staff development and capacity building for effective utilization of information resources through a series of presentations and informal seminars.

Public Information

The Public Information group accomplished the following in 2004, as part of its ongoing work:

1. Management of inquiries for information from the media and the general public

   Among the most valuable services provided by Public Information was the release of accurate and timely information about the SARS and avian influenza outbreaks to the Japanese media and public. Through the effective communication of scientific data on risks and preventive measures, the general public's knowledge of these newly emergent diseases was enhanced and an objective situation analysis was made possible.

2. Delivery of information products for dissemination through popular and electronic media

   Media products for 2004 included several press releases, activity reports, news reports and a WKC promotional video entitled "WHO Kobe Centre in Action".

3. Organization and oversight of media coverage of WKC activities

   Two press conferences were held in 2004: an inaugural press conference for the newly appointed WKC Director was held at the Hyogo Prefectural Government Office and covered by all major Japanese newspapers, and a press conference on SARS was held at the Centre. In addition, four press interviews with the WKC Director were organized. Two of the interviews focused on the work of the Centre and the plans for the Centre's future work, while the other two dealt with the SARS epidemic and violence prevention. Coverage was arranged for various WKC activities, including the International Symposium on Mental Health in Post-Crisis Restoration/Rehabilitation (March 2004) and International World No Tobacco Day (May 2004).

4. Maintenance of good working relations with the media and other partners

   The network for information dissemination was sustained and expanded in 2004. The group assisted in networking activities with partner agencies, and participated in four major inter-agency media events during the year.

Visual records of WKC events were produced in-house for the first time in 2004 using

newly-purchased video recording equipment. This allowed the Centre's website to be augmented with video footage and opened the way for the coordination of media releases with WHO/HQ for broader dissemination.

For 2005, the Public Information group intends to pursue the following strategic directions:

1. Enlarge its media reach through closer coordination and collaboration with WHO/HQ and the Regional Offices for the development of media products and information dissemination, and for the expansion of the media network;
2. Support the IT group in the creation of a more dynamic, interactive and up-to-date WKC website that is both attractive and useful for end-users, including the general public, media and researchers;
3. Nurture media relations to facilitate the delivery and distribution of new research findings worldwide, in user-friendly formats, consistent with the Centre's role in obtaining, translating and sharing research information; and,
4. Provide real-time, online information on breaking health news and issues of public interest through the creation of a support desk for information on health security.

WKC intends to scale up its efforts to provide integrated, comprehensive information on issues related to health security to its partners and the general public. This endeavour will be implemented as a collaborative effort with the new area of work on health emergency preparedness and response. Timely dissemination of reliable information will be made possible through equipment and software upgrades permitting a continuous electronic link to the Situation Room of the Global Outbreak Response and Alert Team at WHO/HQ.

Information Technology

In the face of multiple challenges and demands, the Information Technology group achieved the following in 2004:

1. Policy Development and Standardization

   a. Alignment of WKC IT policies with WHO/HQ IT policies

      A major accomplishment for the IT group at WKC in 2004 involved the development, documentation and implementation of various IT-related policies such as a Local Area Network (LAN) information policy, an "acceptable user" policy, and security/password policies in accordance with WHO global IT policies. These innovations provide consistency in information management within the "one WHO" system, ensure procedural continuity and facilitate the control of IT resources in an organized manner.

   b. Improved information security

      New policies were developed for data backup, archiving and off-site data storage. Hardware was purchased on the basis of a voluntary contribution to permit the implementation of these security policies. As a result, IT can provide better security for WKC's data and protect data integrity in case of unanticipated adverse events.

   c. Enhanced inventory control and asset management

      The IT inventory control policy was revisited and the entire inventory of IT resources was redone. As WKC's IT equipment is provided by the Kobe Group of donors and purchased internally, policies for asset management were updated in consultation with the donor management group.

2. Implementation of HQ System Applications

   During 2004, WKC's IT group implemented several HQ managerial information system applications including the Activity Management System (AMS), the Travel and Meetings Administration System (TMAS), and Imprest accounting packages. These applications improve the efficiency of the Centre while reducing costs and associated staff time, increasing the transparency of WKC's work, and facilitating administrative management.

3. Increased Access to HQ Resources

   a. Beginning in 2004, all WKC staff members are able to access WHO/HQ information resources using a tool known as "THIN".

   b. IT systems review by HQ resource personnel

      WKC invited a resource person from WHO/HQ to conduct a review of the Centre's IT services. The IT group developed a set of long-term objectives and facilitated the review process. The recommendations from this review will guide the strategic direction of future IT activities and the development of the new MOU for IT support between the JCC and the WHO.

   c. Software licensing agreement with HQ

      WKC plans to upgrade its current desktop environment to the MS Windows XP-based operating system and office applications. In preparation for this migration, the IT group successfully negotiated with WHO/HQ for the inclusion of WKC in HQ's software licensing agreement with Microsoft at no additional cost to the Centre.

4. Establishment of Videoconferencing Capability

In February 2004, the Centre purchased videoconferencing (VC) equipment through a Japan Voluntary Contribution (JVC) and began implementing videoconferencing services with Regional Offices and Headquarters. The VC facility provides an efficient and timely mechanism to communicate with WKC partner institutions that reduces duty travel for WKC staff and augments the ability of the Centre to broadcast information to multiple sites simultaneously.

5. Upgrading of Equipment

In accordance with UN security guidelines and to ensure compliance with minimum operating security standards, a satellite phone was purchased for the Director, for use in emergency situations. Programme Coordinators received laptop computers to facilitate work from external sites.

For 2005, the IT group anticipates stepping up its efforts to provide more efficient and cost-effective IT services by working along the following strategic directions:

1. Connecting to the Global Private Network (GPN) of WHO

In line with the "one WHO" policy promulgated by the WHO Director-General, WKC plans to connect to the GPN of WHO. This will improve efficiency and dramatically reduce the cost of intra-organizational communication. IT personnel are in the process of exploring the various networks available to find a cost-effective, reliable option for GPN connectivity.

This will also permit the establishment of a knowledge network of local, national, regional and global information resources that could be used for various purposes including surveillance/reporting/management of disease outbreaks, as well as consolidation of data to understand health-related phenomena such as the social determinants of health.

2. Increasing the bandwidth of WKC's Internet connection to enhance services

Once the bandwidth of WKC's Internet connection is increased, IT plans to implement e-mail accessibility for staff from outside sites. In addition, the upgraded bandwidth will enable the Centre to host the web server on its premises, permitting a more dynamic web page with more media content.

3. Upgrading the desktop environment to Windows and Office XP

IT plans to upgrade the current desktop environment to the MS Windows XP-based operating system and office applications. This will increase efficiency, improve security and harmonize WKC's desktop environment with other WHO offices.

4. Building capacity and augmenting resources for future IT needs

The database requirements of WKC are increasing. To keep up with increasing demand, IT needs to build capacity and augment its resources, including skilled personnel, hardware and software in 2005. The IT group also intends to strengthen the capacity of current staff, to keep them updated on the latest technologies and to provide additional training on IT-related topics to improve the work efficiency of other staff members.

5. Enhancing the WKC website

This is an absolute priority of the WKC IT group. Currently the WKC website is static and fails to fully harness the latest web-related technologies. The current web hosting provider, KDDI Corporation, does not have the required facilities to upgrade the website. IT is in the process of identifying the required personnel and anticipates moving the web hosting services to WKC premises.

EXECUTIVE MANAGEMENT

EXECUTIVE MANAGEMENT

Background

The Director's Office provided the leadership and the vision that guided the process of transition and transformation during 2004. The appointment of Dr Wilfried Kreisel as Director of WKC and the visit by the WHO Director-General, Dr Lee Jong-wook, invigorated the Centre and marked the onset of a systematic process for an introspective review of past accomplishments and the strategic development of a new WKC corporate image. The fresh perspectives and innovative approaches initiated in 2004 are expected to reshape and refine the Centre's role and focus of work as negotiations on a new Memorandum of Understanding with the Kobe Group proceed in 2005.

Accomplishments in 2004 and Plans for 2005

1. Nurturing critical relationships

In 2004, WKC officials hosted regular meetings, both formal and informal, with members of the WKC Cooperating Committee, representing the Kobe Group of 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 current Memorandum of Understanding. It is expected that an agreement will be concluded by early 2005.

Also in 2004, the WKC Director visited WHO/HQ and several Regional Offices to rekindle collaborative partnerships and to explore opportunities for joint endeavours in health development research. In return, the Centre hosted visits by the Director-General, the Regional Director of the WHO Regional Office for the Western Pacific, several Assistant Directors-General and numerous other VIPs. WKC anticipates that as a result of this outreach, greater collaboration with HQ and the Regional Offices will ensue.

Within WKC, monthly general staff meetings and weekly meetings of Programme Coordinators and Responsible Officers provided opportunities to enhance in-house communication, promulgate WHO policies and keep staff abreast of developments. In their regular meetings, Programme Coordinators and Responsible Officers had a venue for the free exchange of ideas and cross-programme discussions to stimulate a more integrated, cross-cutting approach to their technical work. These activities were indicative of the support by WKC leadership for enhancing morale and empowering staff to become vested in the process of transition and transformation.

2. Strengthening human resources management

In April 2004, the post of Assistant Director, Administration, was filled with an experienced WHO staff member who could oversee and strengthen administrative procedures and ensure compliance with WHO policies.

Early in 2004, the Terms of Reference for 33 staff members were reviewed and revised to ensure consistency with the duties being performed. Staff members set their own objectives, for the period of their contract, as the basis for their performance appraisal. Particular emphasis was placed on short-term staff members since they comprised the majority (>90%) of personnel.

Following this, management and staff held discussions to identify concerns and preferences prior to reassigning individuals, both within and between programmes.

Five Professional and five General Service short-term staff members were recruited during the period under review, while seven Professional and eight General Service staff members departed.

In order to improve cross-programme communication on technical issues, weekly scientific presentations by Professional staff members were introduced. The topics selected covered specific subjects ranging from healthy food and nutrition to private–public partnerships in health systems.

Finally, in June 2004, WKC participated in a comprehensive review of local employment conditions undertaken by the United Nations and its specialized agencies in Tokyo. As a result, the salary scale was revised for National Professional Officers, although the General Service staff salaries were maintained as they were found to be still competitive.

3. Addressing budgetary and financial matters and establishing sound fiscal policies and procedures

The Programme Budget for 2004–2005 has been recosted to accurately reflect the projected average staff costs for the biennium. As a result, the proportion of the budget required for staffing costs increased considerably. Exceptionally, the WHO Director-General agreed to increase the level of funding for the biennium to ensure that important programmes endorsed by the WKC Advisory Committee, and a few new high priority initiatives, could be implemented.

The revised programme budget for 2004–2005 was shared with the donor group. The Advisory Committee that was supposed to be held in November 2004 was postponed owing to operational reasons; the budget will be shared with its members when the Committee finally convenes, hopefully during the first quarter of 2005.

To streamline financial management, the Centre's financial and banking practices were reviewed and revised to conform to good fiscal policy. Interventions to safeguard confidentiality and bolster security were implemented. WKC management consolidated

financial operations, ensuring that a system of accountability was in place.

Early in 2004 various malpractices were identified and the Internal Auditor was requested to carry out an investigation into activities undertaken in 2002 and 2003. This resulted in the suspension of one staff member. The case is still under investigation at the time of printing.

During the past year, WKC established mechanisms to ensure the proper segregation of work functions and to guarantee procedural compliance with WHO's financial rules and regulations. A system of financial checks and balances was instituted to protect the Centre's assets. Purchasing and physical inventory procedures were improved and procedures for documenting them more stringently applied. The responsibility for monitoring personnel leave was decentralized to each programme area. The Internal Auditor visited the Centre twice in 2004 to ensure compliance with regulatory procedures.

4. Facilitating programme evaluation

Regular programme reviews commenced in June 2004. During these meetings the Director, the programme coordinator, responsible staff and relevant administrative personnel jointly assessed progress against objectives, evaluated emerging issues and challenges, discussed pertinent concerns and reviewed progress in the implementation of programmatic and financial goals. Through this systematic process of evaluation, it is hoped that programmes will be strengthened and revised as necessary to optimally contribute to WKC's mission and objectives.

5. Introducing new systems and processes to enhance work efficiency

Several new systems and computer applications were introduced in 2004 to increase work efficiency in both the technical and administrative programmes.

a. Activity Management System (AMS)

The AMS allows managers, technical staff and administrators to monitor project implementation in both programmatic and financial terms, to review and record progress, and to identify solutions when implementation is hindered. HQ staff provided training in October 2004 to WKC staff on the use of the AMS. The system is already operational at the Centre.

b. Travel and Meetings Administration System (TMAS)

TMAS is an automated system for preparing documentation related to travel and meetings. HQ staff provided training in the use of this system in 2004. As a result the processing of documentation for travel has been expedited significantly.

c. Records retention and disposal, and Registry operations

Registry operations were streamlined with the introduction of an automated franking machine. Document storage, retention and archiving policies and procedures were reviewed during staff training in November 2004.

d. Security

WKC actively participates as a member of the UN Security Team, and provides regular information to the UN Security Coordinator in Tokyo. In 2004, the Centre procured a satellite telephone for use during emergencies. It also provided information on staff movements on a monthly basis.

6. Plans for 2005

In 2005, Executive Management will be in charge of the highly critical negotiations for the renewal of the Memorandum of Understanding with the Kobe Group. The groundwork accomplished in 2004 is expected to facilitate these negotiations and pave the way for a second productive term for the Centre.

Following the renewal of the MoU, further steps will be taken to enable a smooth transition from the current biennium to the "post-10 year" period beginning in 2006. This will include:

1. Preparation of the post-10 year research plan based on the proposed Research Framework, and the development of a workplan for 2006–2007 that will further streamline programmes and human resources; and,

2. Development of a new organizational structure.

SUMMARY AND CONCLUSIONS

SUMMARY AND CONCLUSIONS

2004 marked the beginning of a period of transition and transformation for the WHO Kobe Centre. Under its new leadership, the Centre began the process of redefining its role and assessing the nature of its work for the future. A pivotal accomplishment for the year was the creation of a proposed Research Framework, using a fresh perspective and novel approaches to health development research within the context of global driving forces.

The critical changes that were initiated during this period included:

1. Creating a "new corporate personality" for the Centre while bolstering its identity as an integral WHO institution

This involved an in-depth review of various administrative and programme policies and practices, and a concerted effort to align these with WHO's policies and procedures. In addition, the Centre proactively undertook staff training for the utilization of WHO global and regional resources and facilities, such as WHO/HQ databases. 2004 witnessed numerous opportunities for technical exchange among WHO staff from WKC, HQ and the Regional Offices.

2. Enhancing the Centre's adherence to good practices in both its managerial and technical functions

Accountability and participation in a process of continuous performance evaluation were required of all staff. Human resource and fiscal management were strengthened. Programmes were obliged to move towards a results-based method of work, and to begin systematic assessment of the impact of their activities in light of the Centre's mission and goals.

3. Supporting ongoing and new initiatives that address priority health and development concerns, whilst beginning to reposition and restructure programmes and personnel to create a more dynamic organizational structure capable of more effectively responding to the needs of the global and local community

In charting a course for the future, the Centre needed to reflect and build on its past and ongoing activities while exploring new aspects, perspectives, structures and approaches for issues and challenges pertaining to health in development. To make funds available for new activities, a number of lower priority activities had to be cancelled and some restructuring has taken place. New priorities in critical areas of health research include the development of a health emergency preparedness and response programme; mental health care in and after emergencies, and within the context of urbanization and a rapidly ageing population; activities related to violence and health; and the development of initiatives for health promotion and non-communicable disease prevention and control. These activities have been developed and implementation has started with a wider range of global and local partners as the result of efforts since January 2004 to develop stronger research linkages with other WHO offices in Headquarters and Regional Offices as well as at the local and country level.

Further streamlining of structures and staffing will take place in 2005 for a stronger and more focused research agenda.

4. Harnessing technology more effectively, particularly in the areas of communication, information management and data dissemination, as well as in terms of bridging evidence with decision-making and programmatic and policy development, with particular emphasis on providing information support services to the local community in Japan

Videoconferencing equipment greatly contributed to more efficient and timely communication with partner institutions. Several press conferences and press interviews on topical issues including avian influenza, PTSD and the prevention of violence helped to provide up-to-date information to the local community. A town meeting on promoting fruit and vegetable consumption involved local researchers and the general public. These events need to multiply if WKC is to better serve local audiences' needs for relevant, up-to-date information. The linkage of WKC to the Global Private Network (GPN) of WHO will, amongst other things, enable the Centre to liaise on-line with the Situation Room of the Global Outbreak Alert and Response Network (GOARN) and to improve information exchange dramatically.

5. Expanding research parameters to include the social determinants of health, particularly in the areas of health care access, service delivery, financing and governance

These innovations and alterations in the method and substance of the Centre's work signal a commitment to the process of transformation so that WKC maintains its advantage in the area of health research. By taking control of its own future, WKC is forging ahead with its vision of "healthier people in healthier environments".

WKC PUBLICATIONS 2004

(in alphabetical order)

A Coordinated Response for the Fast-Track Development of Diagnostic Tools for New and Re-emerging Infectious Diseases. Report of a WHO Consultation, Kobe, Japan, 20–22 September 2004

A Glossary of Terms for Community Health Care and Services for Older Persons. Ageing and Health Technical Report Vol. 5, 2004

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Gender Perspective for Better Health and Welfare Systems Development. Proceedings of the Fourth International Meeting on Women and Health, 2004

Gender-Sensitive Leading Health Indicators. Report on an Expert Group Meeting, Kobe, Japan, 3–5 November 2003 (PDF only)

Gender-Sensitive Medicine. Proceedings of a WKC International Symposium, Chiba, Japan, 1 March 2003 (Japanese) [1]

Global Atlas of Traditional Medicine. Proceedings of an International Meeting, Kobe, Japan, 17–19 June 2003

Health in Development – Healthier People in Healthier Environments. A Proposed Research Framework for the WHO Centre for Health Development, August 2004

Health Planning and Delivery at City Level. Proceedings of a WKC Consultative Meeting, Kobe, Japan, 25–27 November 2003

Mental Health in Post-Crisis Restoration/Rehabilitation – Strengthening Traumatic Stress Studies in Japan. Report on an International Symposium, Kobe, Japan, 28 March 2004

The Development of Community Health Care in Shanghai – Emerging patterns of primary health care for the ageing population of a megalopolis. Ageing and Health Technical Report Vol. 4, 2004

[1] English edition published in 2003

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