

Consultation on Urban Health in the Western Pacific Region



27–28 April 2015
Manila, Philippines

**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**

MEETING REPORT

**CONSULTATION ON URBAN HEALTH
IN THE WESTERN PACIFIC REGION**

Convened by:

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NOTE

The views expressed in this report are those of the participants of the Consultation on Urban Health in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Consultation on Urban Health in the Western Pacific Region in Manila, Philippines from 27 to 28 April 2015.

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SUMMARY

Over the past five years, since the adoption of the resolution (WPR/RC61.R6) on healthy settings approaches at the sixty-first session of the Regional Committee in 2010, there has been renewed commitment to promote the Healthy Cities approach. WHO has supported initiatives to build the capacity of national and city-level focal points, improve multisectoral planning and manage the health aspect of urban development. In the next phase of implementation of healthy settings, WHO aims to continue its support to strengthening urban governance to achieve the goals of urban health.

The Consultation on Urban Health in the Western Pacific Region was held in Manila, Philippines, from 27 to 28 April 2015 and was attended by experts, mayors and health promotion programme managers from 20 Member States.

The objectives of the meeting were to:

- (1) review progress in the implementation of the *Regional Framework for Scaling Up and Expanding Healthy Cities in the Western Pacific 2011–2015*;
- (2) discuss opportunities and challenges to urban health in the Western Pacific Region; and
- (3) outline the strategic focus areas that will contribute to updating the framework for healthy urbanization for the Western Pacific Region for 2016–2020.

During the consultation, participants discussed lessons learnt from the current phase of implementation, and defined strategic areas and activities for WHO's focus in the next phase. From an evaluation of the current phase of implementation, the Healthy Cities approach was found to have demonstrated the potential to cultivate cross-sectoral, political, financial and social support for urban health. However, impact has been limited. Moving forward, WHO proposes a proactive strategy to address new health risks brought about by rapid and unplanned urbanization, climate change, demographic ageing, and natural and human-made disasters.

Experts from different fields, such as public health, architecture, ageing, government and others, reviewed and provided inputs to the first draft of the framework. On the second day of the consultation, national health promotion focal points then reviewed the second draft and shared their insights from a country perspective. Version 3.0 of the regional framework, which incorporates all comments, suggestions and edits made during the consultation, will be sent out to all participants, healthy cities focal points, partners and WHO colleagues from headquarters and country offices on 13 May 2015 for further review. It is requested that any new comments or suggested revisions be returned on or before 27 May 2015. The draft will then be finalized by the end of May in preparation for the Regional Committee Meeting in October 2015.

Other than reviewing the third draft of the regional framework, Member States are encouraged to consider their urban health priorities and to develop a plan to achieve the Sustainable Development Goals (SDGs) and targets. WHO is requested to provide support to Member States to implement the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities* when it is finalized and to support Member States to achieve the SDGs.

Member States are encouraged to:

- (1) review the third draft of the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*, and provide final inputs; and
- (2) consider their urban health priorities and develop a plan to achieve the SDGs and targets.

WHO is requested to support countries to:

- (1) refine and finalize the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities* based on the inputs of Member States, for submission to the Regional Committee for the Western Pacific, for endorsement, in October 2015; and
- (2) provide support to Member States such as resource persons and facilitation, to achieve the SDGs and targets.

1. INTRODUCTION

1.1 Background

Urban health is a priority for the Western Pacific Region. More than half of the Region's population live in urban areas and more people are moving to cities each week. Cities benefit urban dwellers through the creation of opportunities for work, education, health care and cultural enrichment. However, if cities expand faster than the capacity of governments to manage them, the pressure on resources can adversely impact health, equity and environmental sustainability. Cities have to manage natural and climate-related health hazards, as well as risks brought by globalization and lifestyle modification, with further challenges from rapid urban growth and development.

Over the past five years, since the adoption of the resolution on healthy settings approaches at the sixty-first session of the Regional Committee in 2010, there has been renewed commitment to promote the Healthy Cities approach. WHO has supported initiatives to build the capacity of national and city-level focal points, improve multisectoral planning, and manage the health aspect of urban development. In the next phase of implementation of healthy settings, WHO aims to continue its support to strengthening urban governance to achieve the goals of urban health.

The implementation of the regional framework and the effectiveness of past activities were evaluated and the findings will be used to identify strengths, weaknesses, threats and opportunities to urban health in the Region. Strategic areas and activities to be included in the framework for healthy urbanization for the Region for 2016–2020 will also be identified.

1.2 Meeting organization

The Consultation on Urban Health in the Western Pacific Region was conducted at the Diamond Hotel Philippines in Manila, the Philippines, on 27 to 28 April 2015. It was organized by the WHO Regional Office for the Western Pacific Division of NCD and Health through the Life-Course (DNH). The programme (Annex 2) started with presentations by experts and city mayors on challenges, opportunities and initiatives to improve the health and quality of life of urban populations. Experts, mayors and health promotion programme managers from 20 Member States then reviewed and discussed the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*.

1.3 Meeting objectives

The objectives of the meeting were to:

- (1) review progress in the implementation of the *Regional Framework for Scaling Up and Expanding Healthy Cities in the Western Pacific 2011–2015*;
- (2) discuss challenges and opportunities to urban health in the Western Pacific Region; and
- (3) outline the strategic focus areas that will contribute to updating the framework for healthy urbanization for the Western Pacific Region for 2016–2020.

2. PROCEEDINGS

2.1 Opening session

Dr Susan Mercado, Director, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, welcomed 12 temporary advisers to the consultation, which was convened to conduct a technical review of the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*. She explained that for the first day, technical staff and temporary advisers would work on the first draft, and on the second day, the group would review the second draft together with representatives from Member States.

Dr Vivian Lin, Director, Division of Health Systems, WHO Regional Office for the Western Pacific, then welcomed all participants. She highlighted the rapid pace of urbanization in the Region and the importance of good governance. She also emphasized the need for stakeholders to take into greater consideration the social determinants of health and to place universal health coverage at the core of the urban health agenda.

2.2 Draft Regional Framework for Urban Health 2016–2020

Dr Mercado presented the first draft of the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*. The framework sees a shift from responsive actions to a combination of “response, anticipation, mitigation, adaptation, and innovation” strategies. It articulates three levels of actions “basic, advanced and accelerated”, building on the work of Healthy Cities. The framework also emphasizes health systems strengthening for the first time.

The presentation was followed by a brief plenary discussion. There were questions regarding how actions were classified as “basic”, “advanced”, and “accelerated”; feedback to ensure consideration of demographic ageing, natural and human-made disasters and knowledge management; and an observation that system approaches to NCD prevention and control have been integrated into the framework. Dr Mercado welcomed these points and encouraged further critique as we move forward.

2.3 Health of urban populations – challenges and opportunities

Dr Sandro Galea, Dean, School of Public Health, Boston University, presented the challenges and opportunities concerning the health of urban populations. He discussed that there are more people in cities than ever before, and many of the world’s largest cities are in the Western Pacific Region. Using the subway transportation map of Boston in the United States, Dr Galea illustrated where huge disparities in health outcomes were and how these were linked to inequalities in socioeconomic indicators. Health in cities is a product of socioeconomic, cultural, and urban environments. Although the narrowing in health outcome indicators is often slower than the narrowing in process indicators, there are opportunities in cities that can be capitalized, such as higher income, better education, and better access to health care.

Dr Galea then discussed partnerships between academic institutions, the corporate sector and local communities and governments. Academic institutions are a key partner to improve quality of health programmes and faculty members can serve on health oversight boards. Regarding the corporate sector, his views were that there could be proper engagement and dialogue, though there

may be conflicts in several areas. Dr Galea also mentioned that to improve health, corporate practices need to improve; however, this is distinct from corporate social responsibility.

2.4 Panel on Innovations for Health

Dr Hu Bingjie, Deputy Director-General, Commission of Health and Family Planning, Guangzhou, China, presented the innovations in health-care reform in Guangzhou, China. The city enhanced the capacity of the primary health-care network by optimizing the medical resources network of hospitals and health centres, cultivating general practitioners and vertically integrating the different health-care facility levels. They also established a basic social medical insurance system; promoted equity in public health services through provision of a basic package and an expanded one; and developed a regional health information platform that connects the government, hospitals, public health organizations, residents and community health centres.

Dr Katsunori Kondo, Center for Preventive Medical Sciences, Graduate School of Medicine, Chiba University, presented Japan's collaborative project with the WHO Centre for Health Development to map health inequalities and the social determinants of health within and across cities. The project involved using city-level data from the Japan Gerontological Evaluation Study (JAGES) and mapping it using the Urban Health Equity Assessment and Response Tool (Urban HEART). This visualization tool revealed areas of health inequalities, potential risk factors and possible interventions. Dr Kondo also presented on the Taketoyo Project, a community intervention healthy ageing project to halt functional decline through increasing social support and participation. He concluded that evidence-informed practice may not be easy but it is possible.

Mr Alvin Yip, Director, Jockey Club Design Institute for Social Innovation School of Design, Hong Kong Polytechnic University, presented the importance of involving urban design professionals such as architects, engineers and systems people during the city-making process. He shared information about a columbarium visited only three times a year, which can be used as a vertical urban park at other times. This was possible because policy-makers, operators and service providers worked with designers early in the process to conceptualize it. In the second example, Mr Yip shared that a multidisciplinary team of engineers, designers, and social workers worked together to come up with a store design for hawkers, meaning street food vendors. The design was able to take into account safety needs, was sensitive to cultural heritage and easy to implement. Mr Yip emphasized that design and innovation are not always about using the latest technology, but about a collaborative process and making it relevant to the local and present context. When asked how "thinking outside the box" can be facilitated, Mr Yip responded that universities, which have neutral identities, can serve as an intermediary, break down silos and combine different expertise to serve society.

2.5 Mayors' Panel

Mayor Jose Garcia III, Balanga City, Philippines, shared that their city used the Ottawa Charter as a guiding framework to design health promotion actions. The local government has enacted several healthy public policies, such as regulating smoking in public places and transport, zoning ordinances and organizing community physical activity programmes. In enacting the smoking ban, the government had considered the possible impact on businesses but found that there were no adverse effects. Business had in fact improved. Health-care costs to the city government are also expected to decrease as health outcomes improve.

Mayor James Chan, Kuching South, Malaysia, elaborated on the three principles and four approaches to create a healthy, green and liveable city. The three principles are world class efficiency and effective service delivery; service delivery with a smile; and people first, performance now. The four approaches are promotion of “fresh” landscape of greens and colours; maintaining hygiene and cleanliness; a health awareness campaign; and improved infrastructure and transportation network.

Mayor Lee Hae-Sik of Gangdong-gu, Seoul, Republic of Korea, described their initiative on eco-friendly urban agriculture. This initiative contributed to the supply of fresh locally grown vegetables at local food stores; established urban agriculture parks; preserved native seeds; and served as an experiential learning centre. Mayor Lee also shared details about the Healthy 100s Counselling Centre that created a health-supportive environment, promoted healthy lifestyles, enabled early detection of noncommunicable diseases, and strengthened community health capacity.

2.6 Evaluation findings: *Regional Framework for Scaling Up and Expanding Healthy Cities in the Western Pacific Region 2011–2015*

Dr Sally Fawkes, Senior Lecturer, School of Public Health and Human Biosciences, La Trobe University, Australia, and Ms Michelle Amri, Consultant, Health Promotion, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, presented interim findings from the review of the implementation of the *Regional Framework for Scaling Up and Expanding Healthy Cities in the Western Pacific Region 2011–2015*. The review found that Healthy Cities has been valued as a strategic approach to promoting urban health. Respondents from countries and cities shared that they will apply the approach to address emerging urban health priorities. They also highlighted a need to sustain efforts in political and technical engagement at all levels; conceptual, institutional, structural and programmatic innovation; and in the production of evidence.

Healthy Cities was reported to have made some critical impacts on governance, leadership and institutional strengthening, which in turn will promote urban health and pro-health policies. WHO was regarded as having impacted political engagement, policy support, capacity-building through training and events, resource mobilization and multisectoral partnerships. A major strength identified was the consistency of vision and evidence-based approach. Areas for improvement included raising the profile of the approach, encouraging new thinking and experimentation, and applying the approach to emerging urban health priorities.

2.7 Technical group discussions on the strategic objectives of the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*

The temporary advisers and WHO staff were divided into small groups. The groups discussed the draft framework by sections and highlighted issues that needed to be addressed. Representatives from each group then presented key issues that emerged from their group’s discussions. At the end of the day, the Secretariat incorporated the groups’ feedback and developed the second draft for discussion with Member States on the following day.

2.8 Welcome address by the Regional Director

On the second day, Dr Shin Young-soo, Regional Director, WHO Regional Office for the Western Pacific, welcomed delegates of Member States and experts who arrived a day earlier to the meeting. He gave a background on the extent of urbanization in the Western Pacific Region, and the number of megacities located in the Region (nine out of the world’s 28). Dr Shin highlighted that

Healthy Cities were expected to be a key part of the post-2015 SDGs, and that all stakeholders had to move beyond advocating Healthy Cities as a response strategy to one that is proactive.

Dr Shin gave a preview of the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*. He underscored that the new framework takes a more comprehensive approach, by directly addressing the increased health risks in cities. In welcoming the delegates of Member States, Dr Shin pointed out that there is value in consultation, to make certain that the urban health strategies will address the real issues cities face. He also acknowledged the participation of mayors and other local government officials, which showed their commitment to the health and well-being of their citizens.

2.9 Revised draft Regional Framework for Urban Health 2016–2020

Dr Mercado acknowledged the presence of representatives of Member States. She then presented the revised draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*, taking into consideration inputs during the first day of consultations. She discussed that cities are not negative for health, unless city growth and urbanization is rapid and unplanned. In the revised draft, the “urban advantage” of cities would be maximized using high priority health assets including geographic, financial, built, and human resources. She also directed attention to the upcoming SDGs as a good resource to draw urban health indicators from, which means that there will be no need to reinvent new indicators.

Participants asked Dr Mercado how local or even national governments could finance the interventions recommended by the framework. She responded by saying that having health professionals in the planning of development projects in other sectors will help. Health co-benefits can be maximized by using a health lens to examine how interventions in other sectors can improve health. New sources of money include the taxation of tobacco, and there are many successful stories, such as that of the Philippines’ sin tax reform. Existing money can also be redirected in the most productive way possible. The draft framework is one approach.

Dr Mercado acknowledged that stakeholders would have to engage much more with the corporate sector (except the tobacco and arms or weapons industries). WHO can also help point out where there are new resources, such as the Global Environment Fund, to support adaptation to climate change. Health can also work with other sectors to realize cost savings, by highlighting cost-benefit trade-offs of health promotion activities.

2.10 Measurement tools for use by other cities

Dr Megumi Kano, Technical Officer, WHO Centre for Health Development (Kobe), presented on measurement tools for use by cities. She first described the work of the WHO Centre for Health Development and their mission of promoting and leading urban health research to assess trends and build evidence for policy-makers. Dr Kano explained that urban health metrics is a system or standard of measurement; a tool for measuring and assessing the impact of a problem; a tool for advocacy; and a tool for intervention. The centre’s work on urban health metrics has been focused on producing data; developing core indicators and tools; developing new measurements; and developing guidance on institutional mechanisms for improving availability, accessibility and utilization of urban health metrics.

Dr Kano then introduced the Urban Health Equity Assessment and Response Tool (Urban HEART), which can be used by both national and local governments to identify health inequities and

plan actions to reduce them. The tool provides a set of 12 core indicators and can be compared across geographical regions. Cities code the data table in colours (red, yellow, green) to provide a visual of health inequities. Red or yellow signifies areas at higher risk. She then introduced other metrics – the age-friendly cities and urban health index. Dr Kano also highlighted some recurring challenges of urban health metrics such as no data, limited coverage, poor quality or aggregated data, fragmented data systems with no interoperability, or available but unused data.

2.11 Group discussions on the strategic objectives of the Regional Framework for Urban Health 2016–2020

Representatives from Member States, temporary advisers and WHO staff then divided themselves into small groups. The groups discussed the revised draft framework. The focus of this session was to obtain feedback from Member States who will be implementing the framework.

2.12 Feedback from group discussions

The small group discussions elicited feedback from the participants and comments included the following.

- The framework is very comprehensive and good. But what about situations where there are no “cities”, and countries use other languages, for example, Pacific island nations and areas)?
- While the technical guidance and framework is very good, how can we ensure that resources will be made available? Would it be appropriate to have a brief section or annex suggesting financing options?
- While outside aid is good, healthy cities work best from local resources. There is a need to consider differences in funding sources according to country context.
- Can we emphasize the concept of health co-benefits? For example, in maternal and child health, there is a proposed tool to provide estimates of downstream or future savings generated in public funds if certain interventions were funded.
- How can the framework be prioritized and made sustainable across political transitions and changes in leadership?
- Can a list of best practices across countries be included in the annex?
- Who is the target audience of this document? How will it be used? Actions for national-level ministries and WHO are provided. What about actions at the local level? Can there be a section for mayors, for example?
- Can there be a section or annex that develops suggested examples of governance, in particular highlighting national-local interactions such as decentralization and devolution?
- The term “resilient cities” is not well-defined. What is meant by “resilience”?
- Can the discussion on SDGs be expanded?
- Can elements from the *2015 Yanuca Island Declaration on health in Pacific island countries and territories* be integrated into the framework?

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Experts from different fields such as public health, architecture, ageing, government and others reviewed and provided inputs to the first draft of the framework. National health promotion focal points reviewed the second draft and shared their insights from a country perspective. Version 3.0 of the regional framework, which incorporates all comments, suggestions and edits to version 2.0, will be sent out to all participants, healthy cities focal points, partners and WHO colleagues from headquarters and country offices on 13 May 2015 for further review. It is requested that any new comments or suggested revisions to be returned on or before 27 May 2015. The draft will then be finalized by the end of May in preparation for the Regional Committee for the Western Pacific in October 2015.

3.2 Recommendations

3.2.1 Recommendations for Member States

- (1) Member States are encouraged to review the third draft of the *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*, and provide final inputs.
- (2) Member States are encouraged to consider their urban health priorities and develop a plan to achieve the SDGs and targets.

3.2.2 Recommendations for WHO

- (1) WHO is requested to refine and finalize the draft *Regional Framework for Urban Health in the Western Pacific 2016–2020: Healthy and Resilient Cities*, based on Member States' inputs, for submission to the Regional Committee for the Western Pacific, for endorsement, in October 2015.
- (2) WHO is requested to provide support to Member States, such as for resource persons and facilitation to achieve SDGs and targets.

LIST OF PARTICIPANTS

1. PARTICIPANTS

Dr Susan Mercado, Director, Division of NCD and Health through the Life-Course, World Health Organization Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines,
Tel: +63 2 5289980, Fax: +63 2 5211036, Email: mercados@wpro.who.int

Dr Ernina Nisdzarinah Hj Abdul Rani, Senior Medical Officer, Ministry of Health Brunei, Commonwealth Drive, JLN Kebangsaan, Bandar Seri Begawan, Brunei Darussalam, Tel: +673 873 6136,
Email: ernina.rani@moh.gov.bn

Dr Norhayati Md Kassim, Senior Medical Officer GR 1 (Public Health), Ministry of Health Brunei, Commonwealth Drive, JLN Menteri Besar, Bandar Seri Begawan, Brunei Darussalam, Tel: +673 873 6136,
Email: norhayati.kassim@moh.gov.bn / yatts@hotmail.com

Dr Lim Pich, Deputy Director, National Center for Health Promotion, No.3 National Road 6^a, Kean Kleang, Phnom Penh, Cambodia, Tel: +855 23 428875, Email: limpich@nchp.gov.kh

Dr Shi Qi, Division Chief, Division of Health Promotion, Department of Communication and Health Promotion, National Health and Family Planning Commission, No. 1, Xizhimenwai Nanlu Road, Xicheng District, Beijing, China, Tel: +8610 68792307, Fax: +8610 68792323, Email: shiqi@nhfpc.gov.cn

Dr Susana Matila Delai, Acting Divisional Medical Officer, Western Health Office, Ministry of Health, P.O. Box 45, Lautoka Post Office, Lautoka, Fiji, Tel: +9906951, Email: susana.nakalem@govnet.gov.fj / susanadelai@yahoo.com

Ms Roselie V. Zabala, Health Service Administrator, Department of Public Health & Social Services Bureau of Community Health Services, Guam, Tel: +735-7304, Email: roselie.zabala@dphss.guam.gov

Dr Fung Yu-kei Anne, Assistant Director, Health Promotion, Centre for Health Education Unit, Department of Health, 130 Hennessy Road, Wan Chai, Hong Kong, Tel: +852 2835 1822, Fax: +852 25749585,
Email: anne_fung@dh.gov.hk

Dr Tomohiro Terahara, Tobacco Control Initiative Officer, Cancer Control and Health Promotion Division, Health Service Bureau, Ministry of Health, Labour and Welfare Government of Japan, 1-2-2 Kasumigaseki, Chiyoda-ku, Tokyo, Japan, Tel: +81 3 52531111, Fax: +81 3 35023099, Email: terahara-tomohiro@mhlw.go.jp

Dr Khatthanaphone Phandouangsy, Deputy Head, Health Promotion Division, Hygiene and Health Promotion Department, Ministry of Health, Simuang Road, Vientiane, Lao People's Democratic Republic, Tel: +85621 214010, Email: tphandouangsy@yahoo.com

Ms Azila Azmi, Senior Assistant Director, Health Education Division, Ministry of Health, Level 3, Block E10, Complex E, Federal Government Administrative Complex, Putrajaya, Malaysia, Tel: +603-8883 4428, Fax: +603-8888 6200, Email: azilaazmi@moh.gov.my

Ms Norleen Oliver, Program Manager, National Public Health Improvement Initiative, P.O. Box PS70, Palikir, Pohnpei, Federated States of Micronesia, Tel: +691 3202619, Fax: +691 3205263,
Email: norleeno@mail.fm

Dr Enkhzaya Taznaa, Officer-in-charge of Policy Implementation and Coordination, Noncommunicable Diseases, Division of Public Health, Ministry of Health of Mongolia, Government Building VIII, Olympic Street 2, Ulaanbaatar 14210, Mongolia, Tel: +976 51 263925, Email: enkhzayatazna@yahoo.com

Mr Tane Mark Cassidy, General Manager, Communications and Capacity, Health Promotion Agency,
P.O. Box 2142, Wellington, New Zealand, Tel: +64 4801 0963, Fax: +64 4473 0890,
Email: t.cassidy@hpa.org.nz

Dr Sibauk Bieb, Executive Manager, Public Health, National Department of Health, Level 3,
Aopi Centre, Waigani Drive, P.O. Box 807, Waigani, Papua New Guinea, Tel: +675 30137073754,
Fax: +675 3239710, Email: svbieb@gmail.com

Ms Edna Nito, Health Education and Promotion Officer IV, Department of Health, Bldg. 18, San Lazaro
Compound, Rizal Ave., Sta. Cruz, Manila, Philippines, Tel: +63 943 5519782, Email: edna_nito@yahoo.com

Ms Shim Eunhye, Deputy Director, Division of Healthcare Policy, Ministry of Health and Welfare, Sejong
Government Complex, 13, Doum4-ro, Sejong Special Governing City, Republic of Korea, Tel: +82 44 2022807,
Fax: +82 44 2023937, Email: danaeh@gmail.com

Ms Joung So Young, Senior Researcher, Korea Health Promotion Foundation, Namsam Square Building,
24/F Toegyero 173, Jung-gu, Seoul, Republic of Korea, Tel: +82 23 7813532, Fax: +82 23 7813583,
Email: soyoungjung@hotmail.com

Ms Ualesi Silva, Assistant CEO, Health Protection and Enforcement Division, Ministry of Health, Motootua,
Apia, Samoa, Tel: +685-68100, Email: ualesiS@health.gov.ws

Mr Albino Lovi, Director Health Promotion Services, Ministry of Health and Medical Services Headquarters,
P.O. Box 349, Honiara, Solomon Islands, Tel: +677 20207, Fax: +677 20085, Email: aлови@moh.gov.sb

Dr Ofakiokalani Tukia, Acting Senior Medical Officer I/C NCD/Health Promotion and Communicable
Diseases Unit, Ministry of Health, PO Box 59, Nuku'alofa, Tonga, Tel: +676 23 200, Fax: +676 24 291,
Email: o.tukia@gmail.com

Mr Jerry Iaruel, Public Health Officer, Ministry of Health, PMB 9009, Port Vila, Vanuatu, Tel: +678 5397457,
Email: ijerry@vanuatu.gov.vu

Mr Tran Quoc Bao, Head of Division of NCD Control and School Health, General Department of
Preventive Maintenance, Ministry of Health, No. 135, Nui Truc Street, Ba Dinh District, Hanoi, Viet Nam,
Tel: +84 912170778, Email: baomph@gmail.com

2. TEMPORARY ADVISERS

Dr William Bellew, Adjunct Professor, Principal Research Fellow, Prevention Research Collaboration
Sydney Medical School/School of Public Health, The University of Sydney, Charles Perkins Centre D17,
Level 6, The Hub, Sydney, NSW 2006, Australia, Tel: +61 2 8627 1852, Email: william.bellew@sydney.edu.au

Dato Chan Khay Syn James, Datuk Bandar, Majlis Bandaraya Kuching Selatan, Jalan Padungan, 93675
Kuching, Sarawak, Malaysia, Fax: +60 82 417372, Email: mayor@mbks.gov.my

Dr Cho Chong Hee, Director of Health, Gangdong-gu District Office, 25, Seongnae-ro, Gangdong-gu, Seoul
134-700, Republic of Korea, Fax: +82 2 34257200, Email: chcho@gangdong.go.kr/drchcho@gmail.com

Dr Sally Fawkes, Senior Lecturer, School of Public Health and Human Biosciences, La Trobe University
Bundoora, VIC 3086, Australia, Tel: +61 3 94791135, Email: S.Fawkes@latrobe.edu.au

Professor Sandro Galea, Dean, School of Public Health, Boston University, 715 Albany Street -
Talbot 301, Boston, MA 02118, United States of America, Tel: +1 617 6384644, Fax: +1 617 6385299,
Email: sgalea@bu.edu

Honourable Jose Enrique S. Garcia, City Mayor, City Government of Balanga City, Balanga City, Bataan Philippines, Email: joet.garcia@gmail.com

Dr Hu Bingjie, Deputy Director-General, Commission of Health and Family Planning, of Guangzhou Municipality, 182 Dongfengxi Road, Guangzhou, 510180, China, Tel: +86 20 81083427, Email: hubingjie@126.com / hubj@gzmed.gov.cn

Ms Zuraida binti Idris, Manager, Public Health and Licensing, Majlis Bandaraya Kuching Selatan, Kuching City South Council, Jalan Padungan, 93675 Kuching, Sarawak, Malaysia, Fax: +60 82 417372

Ms Jeon Sang Won, Gangdong-gu District Office, 25, Seongnae-ro, Gangdong-gu, Seoul 134-700, Republic of Korea, Fax: +82 2 34257200

Dr Andrew Kiyu, Consultant Epidemiologist, Sarawak Health Department, Jalan Diplomatik, Off Jalan Bako, 93050 Kuching, Sarawak, Malaysia, Tel: +60 82 442985, Fax: +60 82 442981, Email: andrew.kiyu@moh.gov.my

Professor Katsunori Kondo, Center for Preventive Medical Sciences, Graduate School of Medicine Chiba University, Chiba, Japan, Tel: +81 43 2262534, Fax: +81 43 2262018, Email: kkondo@chiba-u.jp

Honourable Lee Hae-Sik, Mayor, Gangdong-gu District Office, 25, Seongnae-ro, Gangdong-gu, Seoul 134-700, Republic of Korea, Fax: +82 2 34257200, Email: enrico13@gangdong.go.kr

Ms Lilian Liew, Manager, Public Relations and Corporate Development Unit, Kuching City South Council, Jalan Padungan, 93675 Kuching, Sarawak, Malaysia, Fax: +60 82 417372, Email: lieqli@mbks.gov.my

Professor Keiko Nakamura, Head of Secretariat of the Alliance for Healthy Cities, Head of International Health and Medicine, Graduate School of Tokyo Medical and Dental University, WHO Collaborating Centre for Healthy Cities and Urban Policy Research, Kanda-surugadai 2-1-19-1112, Chiyoda-ku, Tokyo 101-0062, Japan, Tel: +03 5577 6780, Email: nakamura.ith@tmd.ac.jp

Ms Park Gyung Hwa, Gangdong-gu District Office, 25, Seongnae-ro, Gangdong-gu, Seoul 134-700, Republic of Korea, Fax: +82 2 34257200

Dr Mario C. Villaverde, Associate Dean, Ateneo School of Government, Pacifico Ortiz Hall, Social Development Complex, Ateneo de Manila University, Katipunan Avenue, Loyola Heights, Quezon City, 1108 Philippines, Tel: +63 2 4266001 loc. 4621, Fax: +63 2 4265997, Email: villaverdenc@gmail.com

Mr Alvin Yip, Director, Jockey Club Design Institute for Social Innovation, School of Design, The Hong Kong Polytechnic University, 12F Jockey Club Innovation Tower, Hung Hom, Kowloon, Hong Kong, Tel: + 85 2 34003435, Email: sday@polyu.edu.hk

3. SECRETARIAT

Dr Susan Mercado, Director, Division of NCD and Health through the Life-Course, World Health Organization Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 5289980, Fax: +63 2 5211036, Email: mercados@wpro.who.int

Dr Vivian Lin, Director, Division of Health Systems, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 5289951, Fax: +63 2 5211036, Email: linv@wpro.who.int

Dr Hai-Rim Shin (Responsible Officer), Team Leader, Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 5289860 Fax: +63 2 5211036, Email: shinh@wpro.who.int

Mr Byung Ki Kwon, Technical Officer for Health Promotion, Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 528 9091, Fax: +63 2 526 0279, Email: kwonb@wpro.who.int

Ms Trinette Lee, Consultant for Health Promotion, Noncommunicable Diseases and Health Promotion Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 528 9866, Fax: +63 2 526 0279, Email: leet@wpro.who.int

Mr Kelvin Khaw Chuan Heng, a/Coordinator, Tobacco Free Initiative, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 5289979, Fax: +63 2 5211036, Email: khawk@wpro.who.int

Dr Katrin Engelhardt, Technical Lead, Nutrition, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 5289328, Fax: +63 2 5211036, Email: engelhardtk@wpro.who.int

Ms Anjana Bhushan, Coordinator, Equity and Social Determinants, Division of Health Systems, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 528 9814, Fax: +63 2 526 0279, Email: bhushana@wpro.who.int

Ms Britta Baer, Technical Officer for Gender, Equity, Human Rights and Ageing, Equity and Social Determinants, Division of Health Systems, World Health Organization, Regional Office for the Western Pacific United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 528 9084, Fax: +63 2 526 0279, Email: baerb@wpro.who.int

Dr Jason Ligot, Consultant for Health Communications, Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 528 9876, Fax: +63 2 526 0279, Email: ligotj@wpro.who.int

Ms Michelle Amri, Consultant for Health Promotion, Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +63 2 528 9893, Fax: +63 2 526 0279, Email: amrim@wpro.who.int

Dr Albert Francis Domingo, Intern for Noncommunicable Diseases and Health Promotion, Division of NCD and Health through the Life-Course, World Health Organization, Regional Office for the Western Pacific, United Nations Avenue, Ermita, Manila, Philippines, Tel: +632 528 9996, Fax: +632 526 0279 Email: domingoa@wpro.who.int

Dr Angela Pratt, Technical Officer, Tobacco Free Initiative, World Health Organization, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, Beijing 1000600, China, Tel: +86 10 65327189, Fax: +86 10 65322359, Email: pratta@wpro.who.int

Dr Temo Waqanivalu, Team Leader, Surveillance and Population-based Prevention, Prevention of Noncommunicable Diseases, World Health Organization, CH-1211 Geneva 27, Switzerland, Tel: +41 22 7912617, Fax: +41 22 7914832, Email: waqanivalu@who.int

Dr Megumi Kano, Technical Officer, WHO Centre for Health Development, World Health Organization 1-5-1 Wakinohama-Kaigandori, Chuo-ku, Kobe, 651-0073 Japan, Tel: +81 78 2303111, Fax: +81 78 2303178, Email: kanom@who.int

**WORLD HEALTH
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**ORGANISATION MONDIALE
DE LA SANTE**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL**

**CONSULTATION ON URBAN HEALTH
IN THE WESTERN PACIFIC REGION**

**WPR/DNH/NCD(01)/2015.1
18 April 2015**

**Manila, Philippines
27-28 April 2015**

English only

PROGRAMME OF ACTIVITIES

Expert Consultation

Day 1, 27 April, Monday

08:30–09:00	Registration	
09:00–09:15	Welcome address	Dr Susan Mercado
09:15–09:30	Brief introductions	
09:30–09:50	Draft Regional Framework on Urban Health 2016-2020	Dr Susan Mercado
09:50–10:15	Photo-taking & Coffee/Tea	
10:15–10:45	Health of urban populations-challenges and opportunities	Prof Sandro Galea
10:45–11:20	Panel on Innovations for Health (Moderator: Dr Andrew Kiyu) 1) Mr Alvin Yip, Jockey Club Design Institute for Social Innovation, Hong Kong Polytechnic University 2) Dr Hu Bingjie, Deputy Director-General of the Commission of Health and Family Planning of Guangzhou Municipality (Metropolis Regional Office for Asia Pacific) 3) Dr Katsunori Kondo, Dean of the Graduate School of Health and Social Services Management, Nihon Fukushi University, Japan	
11:20–12:00	Mayors' Panel (Moderator: Prof Keiko Nakamura) 1) Mayor Joet Garcia III, Balanga City, Philippines 2) Mayor James Chan, Kuching South, Malaysia 3) Mayor Hae-Sik Lee, Gangdong-gu, Republic of Korea	
12:00–13:30	Lunch	
13:30–14:00	Evaluation findings: Regional Framework for Scaling Up and Expanding Healthy Cities in the WPR 2011-2015	Dr Sally Fawkes Ms Michelle Amri
14:00–16:00	Three small technical groups: Discuss the three strategic objectives of the Regional Framework on Urban Health 2016-2020	

Member State and Expert Consultation

Day 2, 28 April, Tuesday

08:30–09:00	Registration (for Member States delegates)	
09:00–09:15	Welcome address	Dr Shin Young-soo Regional Director, WHO-WPRO
09:15–09:30	Brief introductions	
09:30–09:45	Photo-taking & Coffee/Tea	
09:45–10:00	Draft Regional Framework on Urban Health 2016-2020	Dr Susan Mercado
10:00–11:00	Plenary: Technical group presentations on the Draft Regional Framework on Urban Health 2016-2020	
11:00–11:30	Measurement tools for use by cities	Dr Megumi Kano
11:30–11:45	Open floor discussion	
11:45–13:00	Lunch	
13:00–15:00	Group discussions (with Member States): Discuss the three strategic objectives of the Draft Regional Framework on Urban Health 2016-2020	
15:00–15:15	Healthy break	
15:15–16:00	Feedback from group discussions	
16:00–16:15	Conclusions	
16:15–16:30	Closing remarks	Dr Susan Mercado
17:00–18:30	Reception	

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