

Meeting Summary

Consultation on Developing Guidance for Urban Health Observatories

10-11 September, 2012, Amsterdam, the Netherlands

WHO Centre for Health Development, Kobe, Japan

Background

The WHO Centre for Health Development (also known as WHO Kobe Centre; WKC) conducts research on the consequences of social, economic, and environmental change and its implications for health policies. The Centre, established in 1995, supports technical cooperation, capacity building, and the exchange of information on science and best practices with a focus on urbanization as a key driver of health outcomes. It served as the secretariat for the Knowledge Network on Urban Settings, one of nine such networks which supported the work of the WHO Commission on Social Determinants of Health. As such, the Centre supports the implementation of the Commission's recommendations, particularly as they apply to the urban setting. The Centre's current research is organized around programmes on urban health metrics; urban health governance; and urban health emergency management.

In February 2011, WKC convened a consultation meeting with an international group of experts in urban health and health metrics research as well as representatives of international organizations and regional and local public health observatories to identify ways of improving urban health metrics for action (meeting report available upon request). One key issue was the need for sustainable institutional mechanisms for generating urban health intelligence and applying it to urban (health) policy. In this regard, Urban Health Observatories were identified as one potential option. Generally speaking, an "Urban Health Observatory" is a local public health observatory, ideally based on a multisectoral partnership, whose core function is to generate information, data, and intelligence on the health and broader determinants of health of a defined urban population to assist with local policy decisions. A number of reputable Urban Health Observatories were identified by the expert group, which led to a recommendation for WKC to study such Urban Health Observatories to understand their organizational structures, functions, and good practices, and to develop a framework which can then be used to guide actions for establishing and sustaining Urban Health Observatories, especially at the local, municipal level.

Subsequently, WKC commissioned the research to the Belo Horizonte Observatory for Urban Health (OSUBH) in Brazil, which is a partnership of the Federal University of Minas Gerais and the Belo Horizonte Municipality. The study focused on a descriptive analysis of seven urban health institutions (i.e. actual or potential Urban Health Observatory), each located in a different country and region, using data collected through a review of information available on the Internet and the white and grey literature, and through a survey of key informants representing each of the institutions. Based on the research results, a preliminary conceptual framework of an Urban Health Observatory was developed.

Objectives

The present meeting was convened with the following objectives:

- To conduct an expert review of the research outcomes and its implications.
- To conduct an expert review of the proposed conceptual framework of an Urban Health Observatory.
- To develop an outline for WHO guidance on establishing (and sustaining) local Urban Health Observatories.
- To identify strategies and methods for utilizing and disseminating the research findings, conceptual framework and guidance document.

Methods

Two background documents (listed below) were distributed to the participants in advance to provide a common platform to launch discussion during the meeting.

- Caiaffa, WT, Friche, AAL, Meireles, AL, Ignacio, CF, Proietti, FA, & Dias, MAS. *Developing a conceptual framework of urban health observatories*. Belo Horizonte, Brazil, 2012. [Working paper]
- UN-Habitat. *A guide to setting up an urban observatory*. Nairobi, Kenya, 2006.

There were a total of 12 participants (see Participants list below), comprising urban health experts of mixed backgrounds, including scientists, technical personnel of public health institutions, and leader of a non-governmental organization, from different regions of the world, i.e. Africa (number of participants from this region; 1), Europe (4), Asia/Pacific (3), and America (4). Representatives from six of the seven urban health institutions that were studied in the aforementioned research project attended the meeting. (A representative of the seventh institution was also invited but could not attend.)

The meeting was conducted over two days with plenary presentations and discussions, complemented by small group sessions which allowed participants to further elaborate on issues raised in the plenary sessions. The outcomes of the small group sessions were shared and synthesized in subsequent plenary discussions.

The meeting was conducted in English.

Participants

Carne Borrell, Director, Agència de Salut Pública de Barcelona, Spain

Waleska Caiaffa, Director, Belo Horizonte Observatory for Urban Health, Professor, Federal University of Minas Gerais, Brazil

Carlos Castillo-Salgado, Professor, Bloomberg School of Public Health, Johns Hopkins University, USA

Bobbie Jacobson, Director, London Health Observatory, UK

Amelia de Lima Friche, Professor, Federal University of Minas Gerais, Belo Horizonte Observatory for Urban Health, Brazil

Blessing Mberu, Research Scientist, Urbanization and Wellbeing, African Population and Health Research Center, Nairobi, Kenya

Ivo Rakovac, Data Manager, Health for All Information Systems and Dissemination, WHO/EURO, Copenhagen, Denmark

Shamim Hayder Talukder, Chief Executive Officer, Eminence Associates for Social Development, Dhaka, Bangladesh

Andrea Torres, Coordinator, Observatorio de Salud Urbana, Municipalidad de Guatemala, Guatemala

Arpana Verma, Senior Lecturer and Honorary Consultant in Public Health (NHS Bury), Director, Manchester Urban Collaboration on Health University of Manchester, and Honorary Consultant in Public Health (NHS Bury), UK

Organizers:

Megumi Kano, Technical Officer, Urban Health Metrics, WHO Kobe Centre

Amit Prasad, Technical Officer, Urban Health Metrics, WHO Kobe Centre

Programme

See Annex.

Summary of meeting proceedings

Background and research presentation

The first day of the meeting began with a presentation by Megumi Kano (WHO Kobe Centre; WKC) which set the context for the meeting with a description of WHO's various initiatives on developing urban health metrics led by WKC. Some specific examples included the development of the Urban Health Equity Assessment and Response Tool (Urban HEART), a new Urban Health Index methodology, and indicators for evaluating WHO's Age Friendly Cities. The importance of the present research on Urban Health Observatories was emphasized, as it addresses a potential mechanism for institutionalizing the generation of urban health intelligence and application of it to policy-making at the local level.

The next presentation was given by Waleska Caiaffa (Belo Horizonte Observatory for Urban Health) on the research that was commissioned by WKC to her research team to study extant Urban Health Observatories. This study selected seven urban health institutions, which were identified as actual or potential Urban Health Observatories, from around the world. Information was gathered about key aspects of their history, organizational structure, functions and outputs through a review of information available on the Internet

and in grey and white literature, and a survey of key informants representing each institution using a self-administered questionnaire. The analysis results were used to empirically validate and refine a conceptual framework of an Urban Health Observatory, which is being developed as part of the research to guide future research as well as actions to establish and sustain Urban Health Observatories.

Critical review of research outcomes and conceptual framework

Subsequent plenary and small group discussions on Day One focused on a critical review of the research outcomes, including the conceptual framework.

Discussion points

- The research methods should be further specified in the working paper, including the selection criteria for urban health institutions (i.e. actual and potential Urban Health Observatories) and the method for developing the a priori framework.
- Given the diversity in scope of Urban Health Observatories, a taxonomy of Urban Health Observatories and/or a clear Terms of Reference for an Urban Health Observatory should be developed.
- The narrative should include more detailed explanation about the final conceptual framework, such as its subcomponents and the relationships among them.
- The components of the framework should be further elaborated, including:
 - “Intelligence” should comprise aspects of 1) data management, 2) analysis and interpretation, and 3) dissemination.
 - Additional dimensions, such as “Research”, “Training/capacity building”, “Communication and Advocacy”, and “Accountability/Evaluation” should be considered for inclusion in the framework.
- With regard to the design of the diagram, the use of a concentric circle as well as the use of arrows with different meanings (i.e. direction of influence vs. expansion of a concept, etc.) may be misleading; design modifications should be considered.
- More information should be integrated into the central diagram. The detailed information can be placed separately in a Box, or in the narrative.
- Based on the recommendations above, the framework diagram can be simplified. This simplified framework diagram (i.e. a revised version of Figure 1, below) can be placed within another diagram (i.e. something like Figure 2, below) to represent the potential role and influence of an Urban Health Observatory in a broader context.
- The issue of Sustainability is critical. This should be discussed in more depth in the working paper. Related to this, an estimation of the core resources required for

establishing and sustaining an Urban Health Observatory would also be important (which may require additional data collection and analysis).

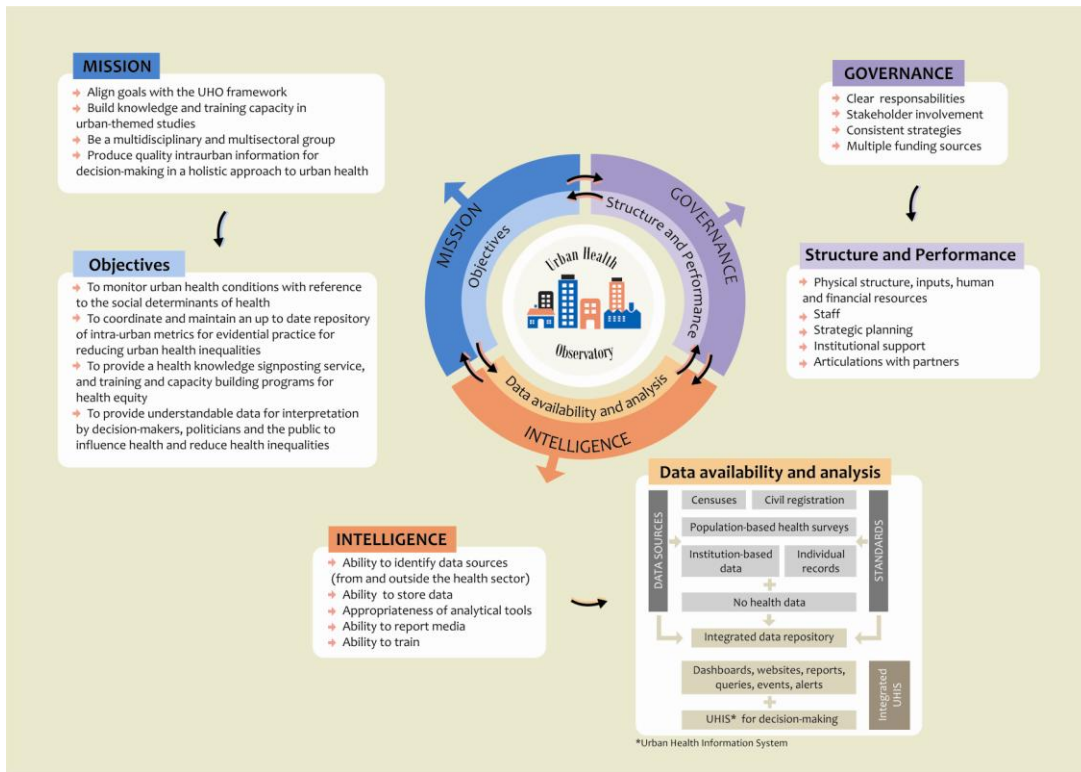


Figure 1. Conceptual framework of an Urban Health Observatory, as presented in working paper

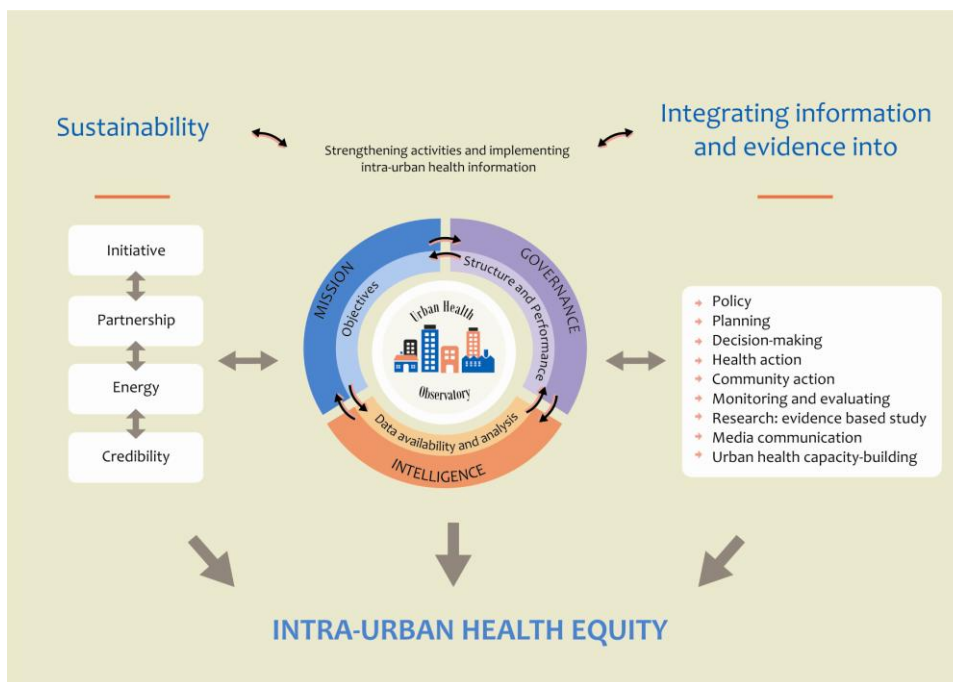


Figure 2. Contextual mechanisms of an Urban Health Observatory, as presented in working paper

Action points for follow up

- Meeting participants will send their specific comments and suggestions for revising the working paper, including the conceptual framework, to the Principal Investigator.
- The Principal Investigator, in consultation with WKC, will revise the working paper and conceptual framework based on the meeting participants' feedback.
- Once the working paper is finalized, the Principal Investigator will prepare a manuscript for publication in a peer-reviewed journal in consultation with WKC and with inputs from the meeting participants. Specific recommendations for possible journals were generated (e.g. WHO Bulletin, Journal of Urban Health, Journal of Epidemiology and Community Health, etc.).

Developing guidance on Local Urban Health Observatories

Day Two of the meeting featured presentations by each of the six urban health institutions that were included in the aforementioned research project and were also represented at this meeting (see Programme). The presentations provided a brief overview of the institution and identified some of the key enabling factors and challenges. The subsequent plenary and small group discussions centred on identifying key themes and issues that would be important to address in developing guidance on establishing and sustaining Urban Health Observatories; developing a rough outline of the guidance; and generating recommendations on the format and dissemination strategy for the guidance.

Discussion points

- There are some important initial considerations in establishing a Local Urban Health Observatory including:
 - The political landscape (both political will and official political engagement)
 - The level of organization required (*vis a vis* the resources and infrastructure already in place)
 - The organizational positioning of the observatory (e.g. sustainability of the host organization, level of autonomy)
 - The political capacity, knowledge and skills required to access and manage relevant data, as well as to influence policy
 - Stakeholder engagement

An array of options exists for each issue, the choice of which would depend on the objectives and scope of the observatory being established.

- Commonly faced challenges in establishing and sustaining an observatory include:

- Defining the scope of the observatory (e.g. specialist vs. generalist)
- Low prioritization of “urban health” on political agenda
- Data limitations (e.g. availability, quality)
- Ensuring an appropriate mix of skills (e.g. data analysis, interpretation, communication)
- Sustainability of financial and human resources and stakeholder engagement
- Maintaining sensitivity to local priorities
- Establishing and maintaining credibility
- Some strategies to avoid or manage the challenges identified above include:
 - Peer-support and collaboration between observatories (e.g. coaching by more experienced observatories) through regional, national or global networks and associations
 - Ensuring relevance of the work to local priorities through governance mechanisms and stakeholder relations
 - Maintaining some degree of flexibility to respond to new pressures or priorities
 - Broad stakeholder engagement to promote sense of local ownership of the observatory
 - Aligning the work with relevant political agendas at local, national and global levels
 - Support initiatives to improve the public availability and quality of data (e.g. from Google, UN agencies, etc.)
- An outline of the guidance on establishing and sustaining a Local Urban Health Observatory may include the following sections:
 - **Rationale:** Define key concepts and present the conceptual framework
 - **Initiation:** Present a schematic flow chart of the steps required for setting up an observatory with corresponding Frequently Asked Questions; Discuss important initial considerations (mentioned earlier) with guidance on how to choose from various options

- **Development:** Describe in detail each step required for setting up an observatory; Provide references to existing tools, guidelines and other resources for guidance on specific activities (e.g. data sourcing, geocodification)
- **Sustainability:** Present strategic options for setting up finance mechanisms, surviving political change, and establishing credibility
- **Coordination and network:** Provide guidance and resources on coordinating and networking with other observatories
- **Leadership and management:** Provide guidance and resources on effective leadership and management structures for an observatory
- Suggestions for information products to be developed include:
 - Policy brief in support of Local Urban Health Observatories
 - Guidance on establishing and sustaining Local Urban Health Observatories
 - Global urban health web portal which may include access to the following:
 - The policy brief as a downloadable PDF file
 - The guidance in a point-and-click interactive format as well as in a PDF file
 - A toolbox for Local Urban Health Observatories, primarily comprising already existing tools (e.g. those available from the London Health Observatory, WHO's Urban HEART, etc.)
 - Links to existing Urban Health Observatories
 - Other general information and resources on urban health including data, maps and graphs, policy documents, examples from Healthy Cities and other related programmes, etc.
- The information products listed above may be peer-reviewed and later disseminated through relevant networks (e.g. ISUH, EQUIDAD, EURO-URHIS), partner institutions, and other urban initiatives at the global level (e.g. UN-HABITAT, WUF).
- The impact of these products may be measured through monitoring indicators such as the number and sources of downloads from the website and number of citations (e.g. on Google scholar), or by mobilizing relevant networks to conduct an impact assessment.

Action points for follow up

- Taking into consideration the various comments and suggestions raised during the consultation, WKC will take the initiative to coordinate the development of: 1) a policy brief, 2) guidance on establishing Local Urban Health Observatories, and 3) a global urban health web portal to serve as a resource for all stakeholders.
- Meeting participants will contribute technical input to the development of the products listed above, as well as assist in the dissemination of the completed products, as necessary.
- Meeting participants will send additional resources (e.g. list of active local public health observatories, tools for the toolkit), as applicable, to WKC to be considered for wider dissemination as part of, or as a complement to, the guidance on Urban Health Observatories.

Conclusions

This meeting enabled a focused expert review of research commissioned by WKC which will provide the foundation to develop guidance on establishing and sustaining Local Urban Health Observatories. This guidance, in turn, may help promote the institutionalization at the local level of generating urban health intelligence and applying it to policy-making. The discussions during the consultation highlighted key issues to be addressed in such guidance, and also resulted in specific recommendations for the content, format and dissemination methods for the guidance and other complementary resources. WKC will coordinate the development of these products to support the establishment and sustainability of Local Urban Health Observatories, taking into consideration the concrete recommendations generated in this consultation.

Annex

Meeting programme

PROGRAMME
CONSULTATION MEETING ON LOCAL URBAN HEALTH OBSERVATORIES
10-11 September, 2012
Amsterdam, Netherlands

Day ONE: 10 September, 2012		
Time	Item	Speakers
0900 – 0915	Welcome and meeting objectives	Amit Prasad
0915 – 0930	Self-introductions	All participants
Session ONE: Background and context		
0930 – 1000	WHO's initiatives on urban health metrics	Megumi Kano
1000 – 1030	Research on developing a conceptual framework of urban health observatories	Waleska Caiaffa
1030 – 1045	Coffee break	
Session TWO: Peer-review of research paper I		
1045 – 1200	Plenary discussion about the research paper	Plenary
1200 – 1300	Lunch	
Session THREE: Peer-review of research paper II		
1300 – 1400	Small group discussion to articulate feedback on the paper	Groups
1400 – 1420	Group presentations (10 mins each)	Plenary
1420 – 1500	Plenary discussion to synthesize the review outcomes	Plenary
1500 – 1515	Coffee break	
Session FOUR: Refinement of conceptual framework		
1515 – 1615	Small group discussion about the conceptual framework	Groups
1615 – 1635	Group presentations (10 mins each)	Plenary
1635 – 1715	Plenary discussion on recommendations for the framework	Plenary
1715 – 1730	Wrap-up of Day One	Amit Prasad

Day TWO: 11 September, 2012		
Time	Item	Speakers
0900 – 0905	Overview of Day Two	Megumi Kano
Session FIVE: Case examples of Local Urban Health Observatories I		
0905 – 0920	London Health Observatory	Bobbie Jacobson
0920 – 0935	Barcelona Public Health Agency	Carme Borrell
0935 – 0950	Belo Horizonte Urban Health Observatory	Amelia Friche
0950 – 1015	Plenary discussion on the case examples	Plenary
1015 – 1030	Coffee break	
Session SIX: Key challenges and success factors		
1030 – 1130	Small group discussion about key challenges and success factors for the observatories	Groups
1130 – 1150	Group presentations (10 mins each)	Plenary
1150 – 1230	Plenary discussion on challenges and success factors	Plenary
1230 – 1345	Lunch	
Session SEVEN: Case examples of Local Urban Health Observatories II		
1345 – 1400	Guatemala Urban Health Observatory (Guatemala City)	Andrea Torres
1400 – 1415	Nairobi Urban Health and Demographic Surveillance System/African Population and Health Research Centre	Blessing Mberu
1415 – 1430	Bangladesh Urban Health Network (Dhaka)	Shamim Hayder Talukder
1430 – 1445	Coffee break	
Session EIGHT: WHO guidance on Local Urban Health Observatories		
1445 – 1545	Small group discussion about the guidance document	Groups
1545 – 1605	Group presentations (10 mins each)	Plenary
1605 – 1630	Plenary discussion on recommendations for the guidance document	Plenary
Session NINE: Conclusion		
1630 – 1700	Summary of meeting outcomes	Megumi Kano
1700 – 1715	Conclusion and way forward	Amit Prasad