

**KEYNOTE ADDRESS**  
**Safe Living Environment : Cities And Health**

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**ABSTRACT**

This paper develops three interrelated themes: that the current trend to urbanization is irreversible; that the threat to our physical and social environments posed by this movement is one of real and malignant nature; and, that if we are to survive we need “good” research to develop “better” policy to guide major health and welfare systems reform, management and resource allocation. The WHO Centre for Health Development (WHO Kobe Centre – WKC) can make a significant contribution of benefit to human development in the last domain.

Our interest in the “good – health” of our cities is more than one of academic nature. It is one of survival and eradication of life-threatening conditions. It is sobering to consider some of the population scenarios which the global statistics present.

In 1950 only 29% of the world’s population lived in urban areas. By 1990 urban population had increased to more than 45% of the total population. By the year 2000 this figure will have reached 51%. Urban growth is expected to continue and by the year 2020, 62% of world’s population then estimated 8.1 billion inhabitants will be living in cities.

Such demographic changes will continue to have an adverse ecological, economic and social impact on the environment and, as a consequence, on human health. Growth rates of this magnitude will outstrip the capacity of municipalities to provide basic services such as housing, energy, water, sanitation, security, transportation and health care.

The pressure which urban growth such as that outlined above will place on the health infrastructure of cities, and the ability of those in responsible positions to manage the system and its outcomes, are matters of major concern and uncertainty when the current health status of our global populations is considered. The development and implementation of policies which support the development of systems based on an “eco-society” principle are essential if we are to minimize and cope with the burden which urbanization will inevitably place on an already fragile environment.

Sustainable health systems should be more sensitive to the needs and demands of the population and an appropriate policy making process would be required

to form the basis of systems development. Policy making has to be closely linked to, and supported by, evidence-based information. Past experience demonstrates that decision makers are often unaware of the existing research information, and researchers are unaware of the research needs of the policy-makers.

The Cities and Health Research Programme of the WHO Kobe Centre focuses on the development of evidence-based health systems for the improvement of the health status of city dwellers. The contribution of spatial information techniques to this process is welcome.

The “population” movement towards the “cities” coincides with the emergence of a growing gap between the rich and the poor and an increase in non-communicable diseases, globally. The coincidence of these two events will test the capacity of our existing health policies and systems to cope with the situation so created. Water, air, soil and noise pollutions continue to increase at an alarming rate, worldwide. This does not augur well for “safe living environments”.

When we consider the issues of food security and supply and the loss of many plant and animal species, the issue of chemicals and pesticide use in the food chain becomes sharper and more controversial. The emergence of genetically modified food raises a further element of uncertainty in this unfolding phenomenon. It also impacts on the centuries old traditions and use of herbs and plants, as part of traditional medicine.

It is in such an environment of change and growth that the WKC will seek to engage similarly minded groups of people who are prepared to address and confront these challenges of our new millennium.