

**World Health Organization  
Centre for Health Development  
Kobe, Japan**

## **WKC Partnership Model: The Mississauga Model**

*Bridging the gap between policy and research  
as City and University meet*

**Technical Report**



**World Health Organization  
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## Preface



**Yuji Kawaguchi**  
**Director WHO Kobe Centre**



**Hazel McCallion**  
**Mayor, Mississauga**

Over the last two years the WHO Kobe Centre (WKC) has been working towards its objective of improving urban management for the sake of citizens' health. To help meet this objective Dr Kawaguchi and his Cities and Health team have evolved the "WKC method" which promotes evidence-based policy development through scientific, outcome-oriented research. The Mayor of Mississauga in Ontario, Canada, Hazel McCallion, shares Dr Kawaguchi's vision and strategies to improve health and welfare systems development in cities and also sees the need to tap into the resources of the scientific community to address the health and quality of life issues surfacing in the City of Mississauga. Her endorsement of WKC's approach is evident through her support of Mississauga's City–University partnership, which is helping to bridge the gap between research and policy-making and has come to be known as the Mississauga Model.

This report traces the early stages of the evolution of the Model and outlines future plans as other cities in the WKC's Cities and Health partnership network recognize the gains to be made for citizens' health when City meets University. The reader is reminded that the Model is very much a work in progress.

## **Bridging the gap between research and policy-making with the Mississauga Model**

The gap between research and policy-making is one of the main concerns the WHO Kobe Centre has been voicing, particularly in relation to improving health and welfare systems development to better meet the needs of populations globally. In this regard, the Director of WHO Kobe Centre, Dr Yuji Kawaguchi, has regularly organized international forums where policy-makers and researchers gather together to discuss priority health challenges and avenues of collaboration. The objective of these gatherings has been to address ways to improve the association between academia and policy-makers. The first in the series of these meetings was held in May 1999, as the International Meeting on Cities and Health where a core group of researchers and policy-makers from 14 countries met at the WHO Kobe Centre. They all recognized and agreed that there was a severe lack of research actually being used to inform policy-making. From then on WKC fully undertook to work towards bridging the gap between research and policy-making, so that the policy-makers would be able to acquire evidence-based information in a timely and comprehensible manner, the two points that emerged during this first meeting as the main concerns for policy-makers.

All partner cities of the WHO Kobe Centre have strongly applauded WKC for its leading role in promoting research and evidence-based policy development. The City of Mississauga in Ontario, Canada, one of the pioneering partner cities, was very keen to enhance its policy formulation and implementation and management areas and to infuse them with greater health awareness. Both City and University recognized that municipalities, researchers, funding agencies, nongovernmental organizations and corporations could contribute so much more to the health of the city and its citizens if they were to interact.

They also recognized that within educational institutions the problem is exacerbated by the separation between administrative and scientific education. Administrative education has tended to neglect evidence-based approaches to policy formulation and the kind of decision-making required in today's information-saturated work environments. Students often come to management courses with little or no background in science or social science and apart from some rudimentary statistical techniques are poorly equipped to assess evidence. Certainly this is so in North America where there are, in any case, few administrative programmes directed at training public sector managers.

The situation has been made more acute because government and, in particular, municipal government, has difficulty in attracting candidates with administrative training of any kind. However, there are some signs that public sector managerial training is being upgraded but those with the new skills are likely to choose a career in the higher levels of government where their talents may well, in fact, not work in line with municipal government interests.

As a result the University of Toronto, Mississauga (UTM) played a significant role in closing some of the educational gaps referred to above and is confident it has much to offer in the area of research into issues relating to health and quality of life at the municipal level.

At WKC's Global Meeting on Cities and Health held in Kobe in May 2000, the need to incorporate local health and environmental concerns into urban policy at the planning phase surfaced frequently as a discussion theme. WKC's dedicated Cities and Health Programme picked up on this and work began on exploring directions that could enrich municipal planning with research-based evidence in relation to health and quality of life concerns. The mayors of partner cities, who had attended the Global Meeting, followed these developments closely. WKC's promotion of outcome-oriented research and city-university collaboration struck a chord in Mississauga, where Mayor Hazel McCallion formally declared to take up WKC's partnership model to bridge the gap between research and policy-making, leading to the birth of the Mississauga Model.

Before the concepts, implementation and possible future directions of the Model are described, some general comments on the development of environmental health policy at municipal level are pertinent.

## **Health research and municipal policy**

The development of environmental health and health and welfare policies at the municipal level is crucial because it is at this level that many of the impacts of environmental change are felt and municipalities are a central link in translating research results into effective public health interventions, policies and protocols.

Environmental health comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social, and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.

However, work done in the area of environmental health policy at the municipal level is marginal, so the current knowledge base for local government planning for health and quality of life is somewhat thin despite the fact that environmental contamination in water, air, soil and food is known to pose considerable threats to human health.

On the local government side there are other challenges. The various municipal departments often suffer from the "silo effect", where each department compiles its own data for its specific initiatives and fails to share it. Major stakeholders in the community also have a tendency to pull in different directions on environmental health issues.

Research helps to ensure that communities know if they have been exposed to harmful water, air, soil and food contaminants, if the exposure will affect their health, and if they can do anything to reduce the potential harm. It plays an important role in how well municipalities identify, assess and intervene in cases of community exposure to hazardous substances. It helps municipalities to improve how effectively they meet their health goals and provides a scientific basis for their decision-making. But research is likely to perform these useful roles only when researchers meet with local policy-makers and forge a partnership to address the issues affecting the communities they serve. This is where the Mississauga Model comes into play.

## Concepts behind the Mississauga Model

The Mississauga Model is fundamentally about developing a framework that will bridge the gap between research and policy-making at municipal level. Interaction with WKC through its Global Meetings on Cities and Health stimulated the City of Mississauga to focus more closely on health and quality of life issues in its planning. UTM's scientific expertise was at hand and researchers there were enthusiastic to contribute. So City, University and WKC formed a trio to lay the foundations of an interactive partnership model (Figure 1) whereby the three would work together to establish a sound evidence-base to inform and improve policy-making, with respect to matters affecting the health and well-being of citizens, the ultimate objective of the partnership. The strengths of the Model lie firstly in formally bringing the policy-making and research institutions closer together, facilitating the establishment of an integrated working relationship, and secondly, in operating in the policy-related area, thus enabling outcome-oriented and pragmatic research.

**Figure 1.**  
**The WKC**  
**Partnership**  
**Model**



In this section the theoretical workings of the Model are described in its various evolutionary phases. How the Model is beginning to work in Mississauga is referred to on page 7.

As stated in the Preface, the Mississauga Model is a work in progress. It began life as a four-step action plan for local governments (Figure 2). Firstly, local government develops a profound appreciation for the importance of health and quality of life issues. These issues are considered at all stages of policy formulation, implementation and management rather than being seen as the province of one or two departments. Secondly, it establishes close links with universities and other knowledge-creating bodies. These relationships involve a two-way flow of information. Thirdly, it opts for policies that are evidence-based and transparent. Transparency is critical to building trust among stakeholders, confidence in evidence-based approaches and also facilitates the monitoring of policies and their modification as new evidence becomes available. Fourthly, local government makes provision for exploring alternative policy options with the community. This enhances community

**Figure 2. Action plan for local governments**

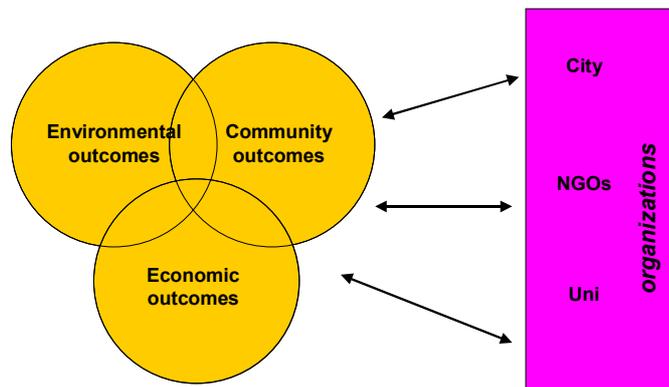
### **Mississauga Model**

- **Health awareness permeates all City Departments**
- **Links with Universities for research and information → evidence**
- **Evidence used to support transparent decision-making**
- **Explore policy options with community**

commitment to policies and thus makes policy implementation easier. The City of Mississauga has adopted this plan of action and implementation is underway.

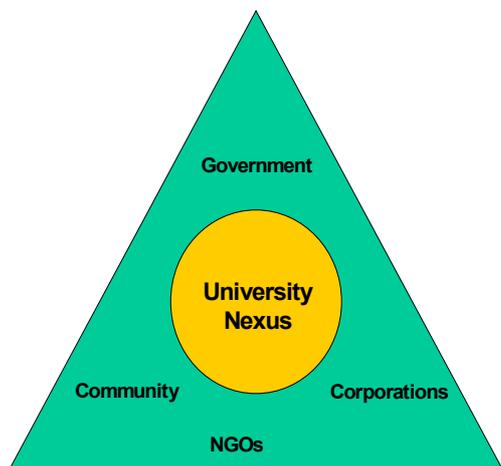
Figure 3 shows the Model further along its evolutionary path as local government reaches out to a wider variety of organizations such as nongovernmental organizations, other levels of government and the private sector. These links broaden local government resources permitting it to achieve community, economic and environmental outcomes. The close interaction of these different organizations to achieve multi-faceted outcomes is the critical element here. The way the links are built, the structures used to support them and the nature of the resources that are shared are not pre-defined elements of the Model and would vary for each city if it is adopted elsewhere. In Mississauga these broader links are at a preliminary phase of development.

**Figure 3. The enhanced Mississauga Model**



In Figure 4 the Model’s evidence base is featured. Government, universities, corporations, the community and nongovernmental organizations channel information and knowledge to a designated collection point, in all likelihood a university, which interprets and structures data into a form helpful to policy-makers. The City transforms the knowledge and information into public health policies and interventions. The City may also become involved with the conceptualization and conduct of research. Collaboration with WKC is helping to point the way forward here and UTM and the City of Mississauga are searching for ways to enhance policy-making through such links. The following section provides an overview of the process as the Model takes practical shape in Mississauga. (A detailed account of UTM–City of Mississauga collaborations is provided in Annex 1.)

**Figure 4. Model for channeling information and knowledge to promote evidence-based policy**



1. Identifying the research questions (topics) that need to be addressed is the role of the city
2. City will be involved with UTM to provide access to information
3. Process of interpreting the data is through consultation. Although UTM should make the analysis completely independent of the city’s influence, however, formal endorsement of this (make it public), with city authorities is through consultation

## **Implementing the Model in Mississauga—City meets University**

### **The Model is launched**

The process of implementing the Model began in 2000 with the City of Mississauga asking UTM for assistance in developing a focus on environmental and quality of life issues in its existing activities and possible new initiatives. UTM designed a series of projects for senior Management students on this theme. University staff supervising the projects thus familiarized themselves with some of the needs of local government policy-makers and in doing so began to build a relationship of trust with the City. The students presented their reports to City policy-makers at a workshop. As mentioned Annex 1 provides more detail on these exchanges. Next a group of Environment students were assigned projects focusing on climate change and although this theme was not directly relevant to City initiatives existing at the time, City planners were in a position to see the potential contribution of outcome-oriented research to policy-making. The vision of a collaborative relationship gained momentum.

Mississauga now has plans to set up a small steering committee to help define and explore the key information needs of the City with respect to its policy agenda. Additionally, consideration is being given to some form of hotline and directory of expertise so that the City can access information rapidly as new policies are developed and existing policies are re-evaluated.

On its side, UTM would be interested in developing a research centre specializing in areas of concern to local government. Such a centre could also gather and disseminate relevant research done elsewhere. A partnership with the University of Otago, New Zealand, is being discussed in this connection and is one of the subjects in the next section of this report. The kinds of outcomes this research might usefully address fall into the categories community, economic and environmental as illustrated in Figure 2.

In the meantime, a number of WKC meetings, most particularly the WKC International Meeting held in Mississauga from 3 to 5 September 2001, have enriched the process by exposing the Mississauga Model for comment to representatives from other WKC partner cities. The Model attracted considerable interest and, along with the dissemination of this report, efforts will be made to share its evolving concepts with both academic and practitioner forums in line with WKC's role in promoting evidence-based health and quality of life policies for cities throughout the world.

### **Benefits**

As is the case for any activity or action, there are costs associated with the collaboration featured in the Model as well. The cost/benefit analysis for each stakeholder will of course vary. In Mississauga it takes the following form:

The City stands to gain:

- The opportunity to explore health and quality of life policy options from the standpoint of existing research and, when resources and time permit, working with academic institutions to develop targeted new knowledge
- A body of knowledge and expertise useful in-house and likely to prove vital for lobbying higher levels of government, a current example being information on the likely impact on air quality of a proposed new power station
- Access to the academic networks which can locate evidence pertinent to policy development
- The opportunity to strengthen links with private interests within the community
- The chance to participate in the creation of knowledge in the community

Therefore it can be a very productive ‘investment’ for the City to make in a university.

UTM stands to gain:

- The opportunity for its students to engage in relevant real-world research of benefit to their own community and of potential interest globally
- The opportunity for its faculty to design new and unique courses and to develop knowledge and research using rich, timely data. Management skills for information-/ intensive environments where policies must evolve and be responsive to change is an example of the kind of course which could be relevant
- The opportunity to raise UTM’s profile in local government circles and in the community which in turn may help to attract funds from the City and other public or private agencies

WKC as an initiator of this would provide support in initiation and establishment of this model.

### **Organizational structure**

In Mississauga monitoring and supervision of the developing links between the City and UTM are largely informal to date. Progress reports have been shared with WKC but not widely disseminated. Clearly, as the scope of cooperation between the City, UTM and other organizations matures, it will become necessary to establish more formal approaches to monitoring and supervision. However, in the climate of trust ideally developed and currently enjoyed in Mississauga, formality can be kept to a minimum. In other cities the organizational structure supporting the Model would vary but it is likely that an overly rigid approach to monitoring would run the risk of stifling relationships and curtailing the sharing of knowledge.

As more extensive collaboration develops and significant resources are involved there will be a need to set up a system of accountability involving all stakeholders. Appropriate governance structures will be developed and evaluated in the next stage of the Mississauga Model’s evolution.

## **Lessons learned to date**

The collaborative activity of the City and UTM has achieved its preliminary aims. The City sought advice on ways to infuse its planning with health and quality of life awareness and UTM has begun to share its current expertise and to produce new relevant outcome-oriented research to assist with this process. Building relationships between institutions of markedly different cultures takes time but in Mississauga the value of the intervention of skilled and enthusiastic collaborators is certainly in evidence and the Model has enjoyed support from the highest levels. However, the focus has not yet shifted to the more testing phase of policy implementation and it will be then that careful evaluation of the efficacy of the Model for promoting health and quality of life is needed. It will also be important to identify the factors that support and inhibit collaborative relationships. Municipal governments have political mandates and are required to provide a broad range of services with limited funding. There are challenges for policy-makers as they move from an issues-driven to an evidence-based approach. Universities also face challenges. They must safeguard their autonomy as they compete for funds and make room for policy-makers' needs in the conceptualization of their research activities.

## **Possible future directions**

### **Partnership with the City of Dunedin and the University of Otago**

The next two years will demand extensive efforts if the Mississauga Model is to be made ready for potential use in other partner cities. To help achieve this, a closer collaboration is planned between the cities of Mississauga and Dunedin and their respective universities, UTM and Otago.

The City of Dunedin, New Zealand, has considerable experience in developing evidence-based policies. In addition, it has introduced innovative approaches to directly involving citizens in their formulation. The University of Otago is experienced in analyzing, developing and implementing Geographical Information Systems (GIS). These systems will be critically important to the development of appropriate decision support tools for municipal management. They will also offer a key to improving collaboration among all stakeholders. The University of Otago also has extensive knowledge of the impacts of global climate change and enjoys a good relationship with the City of Dunedin.

One aspect of the Model requiring particular attention is how local government can best extend its relationships to private corporations, nongovernmental agencies, public and private funding agencies, and higher levels of government.

Specific objectives of the WKC Cities and Health Programme to enhance and expand the Mississauga Model are:

- Work towards bridging the information gap between university researchers and policy-makers by exploring and developing channels of communication and interaction
- Identify and begin to address specific knowledge gaps in municipal health and quality of life information base and management capacity
- Collaborate on the development of a model for city-university-NGO-private sector relationship in the environmental health and quality of life context that identifies components of successful partnerships that are potentially transferable to other settings, and support the model with case examples of best practice
- Utilize existing international relationships to begin building partnerships through which the Model and associated practices may be disseminated and useful information gathered
- Strengthen and develop the techniques for evaluating the effectiveness of policy interventions to improve cities' health and welfare systems development
- Further develop communication tools (e.g. the web) to enable WKC partner cities to access information on best practice and best value options

### **Closer Collaboration with WKC**

The WKC Meeting in Mississauga in September 2001 called for collaboration in the following terms in its First and Second Recommendations:

*WKC, in close cooperation with the City of Mississauga, the University of Toronto at Mississauga, the City of Dunedin, the University of Otago and other relevant parties should collaborate to further enhance, refine and extend the Mississauga Model. The meeting believes that the model could be expanded to include the evidence-based approach to problem-solving using the experience of Dunedin. Particular emphasis should be placed on the creation, implementation and evaluation of policies embracing the Mississauga Model. It is expected that these partners will also work together to develop enhanced strategies for promoting and disseminating the Mississauga Model globally.*

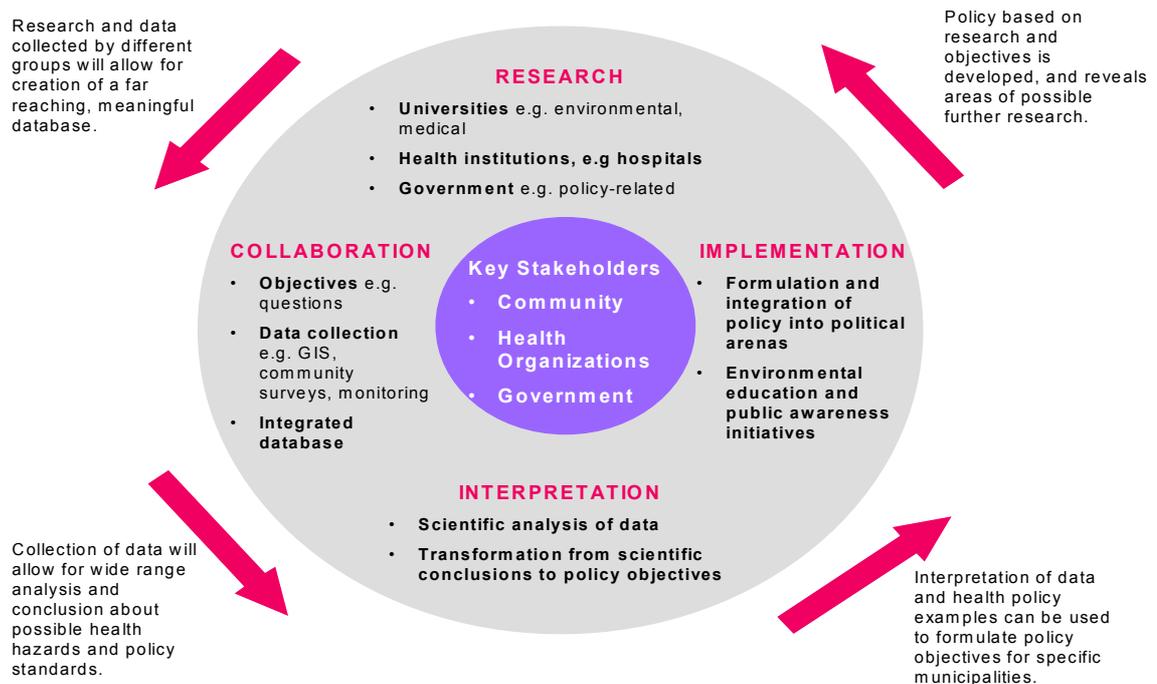
In relation to the future development of the Mississauga Model it is expected that:

- WKC will continue to provide the overall vision for the Mississauga Model
- WKC will support the enhancement of the Mississauga Model. This will include support for the development of a knowledge-sharing network among the cities of Mississauga and Dunedin, UTM, the University of Otago and WKC
- WKC will provide tools for the sharing of knowledge developed through the enhancement of the Mississauga Model. These tools will be based on an informative and user-friendly extranet site developed by WKC's Cities and Health Programme
- WKC will function as the principal nexus for the dissemination of information generated by the evolution of the Mississauga Model to its global network of partner cities

## A holistic approach to health policy development

UTM supports a holistic approach to the formulation of environmental health and health and welfare policy and envisages working closely with the City to achieve it as depicted in Figure 5. The Mississauga Model is at the core of this framework.

**Figure 5. A framework for health policy development: A self-reinforcing**



The framework envisages the following cycle. Research relevant to the creation, implementation and management of environmental health policies is conducted by a variety of different organizations ranging from universities and hospitals to government research establishments. This research is assembled and analyzed. Gaps are identified and, where appropriate, filled. Research agendas are developed for priority areas, which will differ for each organization. Central to the collection of research results is a set of integrated databases and sophisticated data analysis and data mining tools including GIS tools. Data will then be interpreted and transformed from scientific conclusions to policy objectives. Finally, implemented policies are tracked, relevant information is disseminated to raise public awareness and educational programmes are developed. All these stages can be integrated together to create a virtual circle for the creation, transfer and application of knowledge relating to health.

## **Conclusion**

Keeping the above-mentioned possible future directions in mind, the City of Mississauga and UTM continue to strengthen its ties. Some of the collaborative efforts between UTM and the City of Mississauga have been outlined in the attached Annex 1. Further developments are envisaged, that would bridge the gap between policy and research, and infuse policy planning with evidence-based information. These directions emulate the WHO Kobe Centre's philosophy and mission (Annex 2) and WKC will play a vital role as a key player in the development and evaluation of this model.

## **Collaborative efforts of University of Toronto, Mississauga with the City of Mississauga**

UTM has a strong focus on research and undergraduate education in environmental science and management. Current environmental programmes encompass the following interdisciplinary areas: environmental analysis and monitoring, environmental management, and environment and human society. Faculty and staff at UTM work with government, NGOs, the private sector, and educational organizations.

UTM faculty members have developed and are continuing to develop working relationships with the staff at the City of Mississauga through environmental research, GIS initiatives and education and conservation projects. Through these projects UTM provides leadership, credibility and prestige to areas of activity important to the City and to community groups.

The courses and projects that are bringing UTM and the City together are described below.

### **Environment 400 (Professor Barbara Murck)**

This course is a part-time, unpaid work commitment, through which students apply the environmental expertise they have gained through their previous course work. Placements are made at local conservation authorities, municipal planning departments, environmental consulting companies, corporations, federal agencies and other relevant organizations. In the year 2000, for example, students were attached to the City of Mississauga's Naturalization Strategy and Transportation and Works Department.

### **Environment 491 (Dr Quentin Chiotti)**

This course examines the science and policy dimensions of environmental health from the perspective of atmospheric change and health. Students are given the opportunity to apply what they have learned in the course to a real-world situation. The course addresses the science of atmospheric change, the health risks associated with these changes, and the measures and actions required to improve the adaptive capacity of health infrastructure to these changes. Each group is asked to:

- Develop an understanding of the health risks that can be expected to result from a specific atmospheric stress for the City of Mississauga/Region of Peel
- Investigate how health infrastructure in the City of Mississauga/Region of Peel currently responds to these health issues
- Identify the greatest health risks to the people of the Mississauga/Peel as a result of atmospheric change
- Provide recommendations on how health infrastructure can improve their adaptive capacity to atmospheric change

Students produced case studies on five atmospheric change-health issues facing the City of Mississauga: temperature extremes; extreme weather events; vector and rodent-borne diseases; air pollution and indoor environments and water and food-borne illnesses. These case studies were directed at the departments and agencies within the City and Region responsible for health issues related to climate change.

### **Management 200: Decision Analysis and Control (Professor Anthony Wensley)**

Students were asked to investigate how the City of Mississauga might develop a focus on environmental health and quality of life (EHQL) that would be reflected in existing activities and new initiatives throughout the departments of the City. Some of the areas that have been studied by the students in the City of Mississauga in the framework of EHQL are: air quality monitoring services; crime prevention through environmental design; public education about transport and environmental health; reducing the number of false fire and emergency alarms and investigating alternative fuels. Subsequent to the analysis and investigation of these issues, the students were required to suggest ways in which the City department in question could focus its activities more clearly on issues relating to EHQL.

### **The Economic Atlas of Mississauga Project (Richard Tychansky of UTM's Hitachi Survey Research Centre)**

The UTM Hitachi Survey Research Centre proved to be the perfect electronic classroom for the launch of The Economic Atlas of Mississauga Project on 10 May 2001. Second-year Geography students studied the spatial and temporal dynamics of industry growth within the City of Mississauga between 1990 and 2000. They researched the diversity and prosperity of over 16 different industry sectors based on the 1980 Standard Industrial Classification Codes used by the City of Mississauga's Economic Development Office. Industries such as pharmaceutical, financial, aerospace, construction, property management, clothing, food, communications and industrial electronics enterprises provided hallmarks to explore the visual dimensions of the cartographic essays presented. The City of Mississauga was presented with an Atlas containing the results of the project.

### **Community Health Initiative**

GIS is seen as not only in terms of facilitating the spatial analysis of environmental and health-related data in the City of Mississauga, but also as a new media which will enable UTM to promote an understanding of epidemiological concerns related to disease and wellness. Staff are in the process of designing a study, which will involve partnership with medical associations, health related services, public health offices and hospitals. The project will identify critical environmental health issues then formulate the necessary environmental policy changes at the municipal and provincial levels.

### **Credit River Environmental Monitoring and Education Initiative (Professor Barbara Murck)**

The Credit River Environmental Monitoring and Education Initiative is an attempt to strengthen the contributions of UTM faculty and students to understanding environmental change through two projects. The first, a pilot project called UTMonitor, aims to: initiate a water quality monitoring programme using state-of-the-art monitoring technologies, develop educational programming for youth that builds on the technologies and data gathered by the monitoring programme, and enhance public awareness of environmental information by making the data and educational programming available online. The second project, the Environmental and Quality of Life Project, will expand UTM's activities to create a sustainable programme integrating research, education, public awareness, and information management. Through partnerships with local community groups, government, NGOs, and the private sector it will highlight innovative ways of acquiring and managing environmental information and educational programmes for elementary, secondary, and undergraduate students.

### **Riverwood Estate Stewardship**

A significant emerging opportunity involves the cooperative stewardship of the Riverwood estate across the Credit River from the UTM campus, with the City of Mississauga and the Credit Valley Conservation Authority. UTM has set up water and air quality monitoring in this area. Currently it is an all-natural habitat. Unique garden spots within the natural habitat for the enjoyment of this and future generations are planned.

### **New Health and Wellness Centre**

To expand campus recreation facilities while reinforcing physical activity's relationship to health, UTM proposes construction of a new recreation, health and childcare facility. The Wellness Centre will also encourage the use of the trail system in UTM's natural surroundings for many outdoor recreational activities.

## **WHO Centre for Health Development, Kobe, Japan - WHO Kobe Centre (WKC)**

The philosophy of the WHO Kobe Centre, established in 1996, is based upon the concept of leadership and a spirit of partnership for global health development.

WKC's mission is that of international and interdisciplinary investigations of issues relating to global health and welfare systems. WKC seeks to improve the health of individuals and societies worldwide by bringing together the best knowledge and experiences available.

WKC's carefully structured activities are addressing three major challenges of the 21<sup>st</sup> century – rapid urbanization, the global ageing phenomenon and the fundamental issue of health and welfare systems development. Its major programme areas are thus Cities and Health, Ageing and Health and Health and Welfare Systems Development *per se*. Some cross-cutting issues are also receiving particular attention, including Women and Health, Traditional Medicine and Violence and Health.

The interrelated activities of WKC proceed within the unifying theme of global health and welfare systems development. If we are to place people at the centre of development and encourage self-reliant health behaviour, there is a need to ask and address many fundamental questions about current and future health and welfare systems. Are we living in a safe and healthy environment? Do the current health and welfare systems meet people's needs? Are we planning now for future generations' health and safety? How could we work together to build better and fairer health and welfare system to serve our people?

The WKC focuses on issues relating to relationships among social, cultural, economic, demographic, epidemiological and environmental factors and health, with a view to:

- demonstrating the place of the health system in society and the need for intersectoral action in analyzing and solving health problems;
- assessing health needs from development perspectives and indicating the process of translating these development needs to political demands and action;
- highlighting the ways that health improvements contribute to increased economic and social productivity and the mechanisms involved in breaking the “ill-health-poverty-ill health” cycle; and
- providing an improved understanding of the linkages between population, economy, environment and health and developing new ways of integrating health into overall international and national development strategies.

Consistent with its mission WKC is pursuing three major programme areas of activity: (i) promotion of research of an international and interdisciplinary nature; (ii) collection, analysis and dissemination of useful, evidence-based information; and (iii) organization of international forums where successes and failures of national and international experiences and evidence-based recommendations for better health and welfare systems are shared.

To achieve the above, WKC is dedicated to collecting and analyzing relevant data and information from established and new sources. The purpose is to inspire new and appropriate approaches to health and social systems. The Centre thus aims to provide evidence-based information required to inform decision-making and encourage both developing and developed countries to improve all levels of their health systems. Simultaneously, the Centre provides a global platform for high-level decision-makers, researchers and other partners to share experiences and pursue mutually supportive agendas to improve the health and quality of life of citizens.