Regional Meeting with Multisectoral Partners on Urban Governance for Health and Well-being in South-East Asia Region

*Bangkok, 27–29 September 2022*

Meeting Report
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EXECUTIVE SUMMARY

The Regional Meeting with Multisectoral Partners on Urban Governance for Health and Well-being on 27-29 September 2022, brought together over one hundred participants from multidisciplinary and multisectoral backgrounds. The participants were representing national and local governments, international organizations, professional associations, and academic institutes. A set of recommendations derived from technical discussions, country presentations, group works, and consultation through this meeting was suggested to the national and local governments in the Region and to WHO, UN agencies and international partners. Recognizing the importance of the complexity of urbanization, urban health issues and capacities of national and local organizational settings, the participants agreed that healthy cities approaches and urban governance for health and well-being are important strategies to systematically address urban health issues. These approaches, however, need to be adapted to the national and local contexts, and aligned with the existing urban governance structure and systems, which can help leverage institutional, administrative, and financial processes of the governments. The purpose of the adaptation is to cater to the local needs, and foster partnerships among relevant sectors and stakeholders for making cities socially, economically, culturally, and environmentally viable and sustainable. The partnerships between national and local governments as well as between international agencies and local governments should be optimized and deepened to reach the shared goals of achieving healthier population and sustainable development.

The Meeting unanimously endorsed a set of strategic recommendations for the national and local governments as well as for WHO to follow-up and accelerate actions to improve urban governance for promoting health and well-being of the urban population. A few important recommendations extracted from the main recommendation section are as follows:

- Advocate among high-level government decision-makers and multilateral partners for building responsive, efficient, and resilient health system at local level to support urban health policies, plans, and programmes effectively and sustainably.
- Mainstream healthy city parameters and urban governance for health and well-being as key performance indicators in national development plans across sectors.
- Adopt and adapt global, regional, and national standards and best practices to formulate healthy city strategies and engage with communities in the process of decision-making, planning, and implementing healthy city initiatives at the local level.
- Advocate for investments in integrating healthy city initiatives at national, provincial, district and municipality development plans.
- Establish an urban health observatory or a database to build evidence for strengthening data-driven investments in urban health development. A database can include evidence of an impact of urbanization and migration on social, economic, cultural and health aspects of cities.
- WHO to provide critical data, best practices, and guidance to countries to plan, roll out, and sustain healthy city initiatives, and facilitate local and national governments as well as other relevant stakeholders in synergistically working together and collectively supporting the programmes on urban health and well-being.
I. INTRODUCTION

1.1 Background

Nearly 750 million people resided in the major cities in the WHO South-East Asia Region. The growth rates of urban populations in Bhutan (6.66), Maldives (6.52), Bangladesh (4.28), Thailand (4.28), and Timor Leste (4.69) are significantly high. Health issues such as food-borne diseases, dengue, tuberculosis, HIV/AIDS, respiratory infections and noncommunicable diseases, including mental health (depression and anxiety disorder) as well as injuries and violence are on the rise in urban areas. The health of urban population is vastly divided between the rich and the poor as an urban setting is a breeding ground for complex vulnerabilities due to the socio-demographic, economic, and spatial factors, where the power relations are unequally distributed, and health inequities multifaceted.

Sustaining the health of an urban population has been challenging during the COVID-19 pandemic. Cities had been the epicentres of the pandemic due to their interconnectedness brought about by the national and international travels. Cities, in fact, acted as the centres of community or local transmission. On the other hand, the pandemic generated the opportunities, particularly in cities, for the health and non-health sectors and other partners to work together in concrete terms as cities have been the key operational platforms for developing and implementing the pandemic preparedness, response and recovery plans. Cities also played important roles as central administrative and coordination points in the distribution of essential services to a large proportion of the population.

WHO developed and launched a ‘Guidance on Healthy City Action Domains’ in 2021 to provide a comprehensive guidance for building healthier and more resilient societies. This new guidance provided an opportunity to the SEAR countries to revisit their existing healthy city action plans or initiatives that can support the promotion of the health and well-being of their urban populations. The lessons shared by WHO-WPRO, EMRO, and EURO revealed that the key strategic action that should have taken place in the early stages of the adoption of the healthy city was to put in place a strong urban governance system for health and well-being in order to have better health outcomes or impacts. Fragmented initiatives and issue-based activities were found less sustainable. Based on these lessons learned, WHO regional offices for Europe, Western and the Pacific, and Eastern Mediterranean have developed and are enforcing systematic procedures to accredit cities so as to give them the status of healthy cities. However, currently, such an accreditation practice is not in place in South-East Asia.

The Urban Governance for Health and Well-being (UGHW) is considered the first important domain of the healthy city guidance for enhancing the city capacities in participatory decision-making, planning and programming for health and well-being. Currently, six cities from all the WHO regions are participating in this urban governance initiative. Recently, SEARO established the Regional Laboratory on Urban Governance for Health and Well-being based in Bangkok in collaboration with the Faculty of Architecture and Urban Design, Chulalongkorn University. Its purpose was to support the local governments in the Region in addressing the health determinants by enforcing policy coherence across government sectors, and systematically generating participatory approaches for co-creating solutions through public-private and citizen partnerships. The Region’s on-going WHO healthy city initiatives laid a good foundation for redesigning plans and programmes to effectively address health and social inequities in the countries.
The ‘Regional Meeting with Multisectoral Partners on Urban Governance for Health and Well-being on South-East Region’ organized in Bangkok, Thailand was to reinvigorate the commitments and enthusiasm of all stakeholders towards building healthier and fairer cities in the Region. This meeting was intended to bring multisectoral partners from the cities and national policy-makers to arouse policy and programmatic interventions for tackling urban health issues. It was an opportunity for WHO to introduce the Regional Laboratory on Urban Governance for Health and Well-being, the healthy city regional network, and the tools and standard operating procedure for the healthy city accreditation. Several guidelines and capacity building packages developed in recent years were shared. It was also an important platform for WHO to provide its leadership in supporting cities that are preparing their COVID-19 recovery and future response plans to counter any public health emergencies.

**1.2 General objective**

To strengthen urban governance for health and well-being and country/city capacities for multisectoral actions in South-East Asia region.

**1.3 Specific objectives**

- Update implementation of healthy city initiatives across cities in the Region.
- Introduce and disseminate new tools for urban health, capacity building package for Urban Leadership training, and SOP for healthy city accreditation processes.
- Accelerate partnerships between health and city development through a healthy city network.
- Introduce the WHO Regional Laboratory on Urban Governance for Health and Well-being and the Regional Network of Healthy City.
II. INAUGURAL SESSION

Dr Jos Vandelaer, WHO Representative, Thailand welcomed the participants to the Regional Meeting, and delivered the message of the WHO Regional Director for South-East Asia titled “Multisectoral partnership on urban governance for health and well-being”.

Quote

The South-East Asia Region is home to more than a quarter of the world’s population, with 34% of its population living in urban areas. The urban densities vary greatly across cities, and the urban population is expected to increase rapidly in the next coming decades. This has important implications on health, well-being and sustainable development. The rapid unplanned urbanization, which resulted in an increased demand for goods and services, will have impacts directly or indirectly on health, well-being, and social and economic determinants, such as housing, clean water and air, sanitation, waste management, transportation systems, etc. Urban area see high rates of mortalities due to road traffic accidents, suicides and noncommunicable diseases. Also, inadequate access to goods and services negatively impact health.

Access to health and other public services in urban areas is more complex than it is in rural areas. The urban dwellers face acute financial constraints, often forcing low-income people to avoid seeking healthcare, or needing to spend a huge catastrophic health expenditure. Urban governance promoting equity can enhance rights to health and well-being, social justice, sustainable development, social and economic inclusions, and urban resilience. The WHO initiatives on urban governance health and well-being inform a global decision-making through multisectoral engagement and actions to help build cities that are more responsive, viable, livable and resilient.

The newly created Regional Lab aims to empower cities to develop their mechanisms, systems and health plans, focusing on cities’ social determinants of health and health inequity. It is critical for all the stakeholders in different sectors to establish, nurture, strength and sustain dynamic partnerships. Since the solutions coming only from the health sector cannot adequately address all the health risk factors, strong partnerships across government agencies, institutions, civil societies, private sector and communities are needed. The COVID-19 pandemic demonstrated the importance of community participation and social solidarity as well as the need to empower them, which is exactly this Regional Lab is expected to do.

Urban governance is central to transforming the cities in the Region and improving equity and well-being of our urban population. Above all, it is important to understand the socio-economic contexts of the urban settings in order to strengthen and nurture partnerships with one another in a more equitable, resilient, sustainable manner.”

Unquote

Dr Jos Vandelaer wished all meeting participants a meaningful deliberation, and fruitful outcomes.
Keynote speech by Dr Tavida Kamolvej, Deputy Governor of Bangkok, on behalf of the Governor of Bangkok, titled “The role of a city in creating health and resilience through urban governance”

Dr Kamolvej said that the COVID-19 exposed how much of difficulties and challenges that cities had to undergo in times of emergencies, exacerbated by the complexities within the urban settings, such as a high population diversity, inequity amongst minorities, urban poverty, weak health systems, poor urban governance, etc. Cities were the first to face the impact of the pandemic. At the same time, they were the first ones to take up the responsibility of responding to it, underscoring their critical roles as the front-line responders in crisis response, recovery, and rebuilding.

The Deputy Governor of the mega city, which has a population of over 10 million, revealed that the Bangkok Metropolitan Administration (BMA) earnestly looks at the minority population and their health problems, including their access to healthcare and general well-being. It implements a holistic policy that supports the provision of primary, secondary and tertiary healthcare services through a network of 69 public health centres and 73 sub-centres in Bangkok. Despite the good public healthcare infrastructure, Bangkok has the capacity to cover only about 50% of its population. Thus, it necessitates the BMA to connect a public healthcare system with the private healthcare facilities – a comprehensive cycle of healthcare facilities (private clinics, pharmacies, hospitals under different jurisdiction, and hospitals under tertiary institutions) to take care of the health and well-being of the Bangkok’s population. In addition, improving access to healthcare through the use of technologies is vital, such as telemedicine, tele-consultation, and tele-pharmacy, for a city like Bangkok. Currently, tool sandboxes are being explored to connect the patients from a primary care centre to a tertiary care or to specialist doctors through tele-consultations, which is being piloted and evaluated. The other technological innovation in healthcare includes the ‘Modulance’ (motorcycle ambulance) to combat a traffic jam and help the medical staff to reach the scene and connect to an ambulance within 8 minutes.

Bangkok is primarily focusing on primary care aiming to achieve health and well-being in three ways: i) creating healthy environment (clean air and water); ii) designing a universal model for fulfilling different needs and demands of the people; and iii) attaining happiness through activities that people enjoy doing them. Such an initiative aims at forming an environment that cares for a busy, stressful life in Bangkok, physically and emotionally. The strategies include - to offset carbon in the city for it to be more livable by implementing one million trees policy in the next 4 years; create spaces for elderly, little kids, and all people alike to enjoy their weekends; improve access to leisure activities (music, movie, festivals) for the vulnerable population such as the people with disability and older persons; boost economy of the urban communities through the “Made in Bangkok” initiative, whereby the people can create their own products in the community.

Moving forward, one of the key strategies would be to generate data as the health and well-being initiatives require a high-quality data. Dr Kamolvej emphasized the importance of data sharing through the “Open Bangkok/BMA” initiative. This initiative welcomes data from all relevant parties, connecting
the BMA with many agencies and enhancing their partnerships on data sharing. In November 2022, Bangkok would launch ‘technological volunteers’ targeting young people who would collect a ground level information and provide feedback to the government. This system would build the capacity of young people who would support the government’s work in the area of health and well-being.

Dr Kamolvej reiterated the importance of improving urban governance in all major cities in the Region as it is the foundation upon which the healthy cities initiatives can be implemented and sustained. She wished the meeting successful deliberations and hoped that it would bring out good recommendations.

### III. BUSINESS SESSION

**Day 1: Deliberations**

**Towards a global approach to urban health by Dr Nathalie Roebbel, Urban Health Team Lead, WHO headquarter**

Urban health has never been more relevant than it is today as the rapid urbanization is intensely driving the population growth in urban areas, with over half the world’s population residing in cities. By 2050, about seven in ten people will live in urban areas, and much of the urban growth will be seen in slums and informal settlements. City dwellers face and will continue to encounter a range of urban issues, from exposures to pollutions to inadequate public services to an increasing burden of noncommunicable diseases. Public health emergencies, such as the COVID-19 pandemic, also impact large populations in cities. Nonetheless, cities offer opportunities to take actions locally, respond promptly and innovate strategically based on the local needs and circumstances, invariably building resilience and improving the health of urban populations.

A few initiatives that WHO undertook to advance urban health in the 1980s and 90s, including the Forty-fourth World Health Assembly’s resolution on ‘Urban Health Development’, paved ways for countries to scale up their programmes on urban health, healthy cities and health equity. In the last two decades, World Health Organization (WHO) produced numerous guidelines, tools and reports, including the Urban HEART, HiAP training manual, WHO housing and health guidelines, integrating health in urban and territorial planning, Healthy cities: Effective approach to a rapidly changing world, WHO Global Network for Age-friendly cities and communities, etc. to support countries in increasing dialogues and collaboration between the health and key non-health sectors. Urban health is accorded a strong programmatic recognition within the current WHO agenda. For instance, in the WHO’s 13th Global Programme of Work, urban health is identified as a priority and a key strategic area that would help WHO attain its triple billion targets by 2023.

In response to fragmented approaches and missed opportunities in the past, WHO is developing a strategic guide for urban health in order to provide strategic guidance to countries on how to initiate, grow and sustain urban health actions. Simultaneously, the urban health learning programme, which is
currently being developed, will build the capacities of multi-sectoral urban health professionals to assess the gaps, and design and roll out the urban health plans and programmes in countries and cities.

Global initiative on healthy cities and urban governance for health and well-being by Dr Faten Abdelaziz, Head of Enhanced Well-being Unit, Department of Health Promotion, WHO headquarter (presented virtually)

Between 1986 and 2021, ten global conferences on health promotion have been held on various themes, ranging from health equity to health promotion and well-being, with the governments and partners of health affirming and vouching their support to work together towards realizing health promotion goals. The healthy cities approach is founded on the health promotion declarations, including the Ottawa Charter, Jakarta Declaration and Shanghai Declaration, ensuing from these health promotion conferences. In particular, the Shanghai Consensus on Healthy Cities (2016) boosted the healthy cities movement globally. This approach adheres to the vision of ‘Health for All’, and attempts to place health high on the social and political agendas of cities by promoting health, equity and sustainable development through multisectoral actions. Healthy cities approach is a strategic tool for health development and well-being in urban settings. In 2020, WHO published a document “Healthy Cities: Effective approach to a rapidly changing world” to guide countries in developing and implementing healthy cities plans and programmes based on the nine domains of healthy cities.

Urban governance being one of the important domains of healthy cities approach, WHO is currently implementing a project on urban governance for health and well-being in Bogota (Colombia), Mexico City (Mexico), Khulna City (Bangladesh), Douala (Cameroon) and Tunis (Tunisia) focusing on (i) informal settlements, (ii) basic public services, and (iii) social cohesion in cities. The project is expected to enhance current mechanisms for participatory urban governance by promoting multisectoral actions, community engagement, and social innovations and dialogues at local levels. In due course of time, the project will be expanded to a few more cities in Asia and Africa.

Regional overview and city initiatives from healthy settings and life-course approach for health and well-being by Dr Suvajee Good, Regional Advisor, Health Promotion and Social Determinants of Health Unit, FGL, WHO Regional Office for South-East Asia

Good governance, health literacy and healthy cities approaches are the three pillars of health promotion, which put emphasis on targeting and investing in healthier populations for longer term health and other socioeconomic gains. In particular, the healthy cities approaches have gained prominence in South-East Asia as the governments in this region are trying to tackle the urban health issues arising from the rapid growth in urbanization and urban populations. One in every two persons in DPR Korea, Indonesia and Thailand live in cities. For smaller countries like Bhutan and Maldives with their total populations below one million, the rate at which urbanization is currently taking place is indisputably high (6.66% and 6.52% respectively).

By 2030, at the current pace of urbanization, more smaller cities in the region will turn into bigger ones, with each city expanded to accommodate a population between 1 and 5 million, which will happen
especially in Bangladesh, India, Indonesia and Thailand. At least two megacities will emerge in India that will host over 10 million inhabitants. Fueled by the unprecedented rate of urban population growth, pressures on delivering public services (housing, transportation, infrastructure, water and sanitation, health and education, etc.) in cities will escalate; ever expanding informal settlements and urban slums will likely jeopardize inclusive urban planning and development; and widening social, economic and political gaps between urban population groups will exacerbate health inequities, affecting vulnerable people more.

Aptly responding to the rising urban health issues in the Region, WHO SEARO implemented several healthy settings initiatives in its Member States, including health promoting schools, healthy workplaces, health promoting hospitals and healthy cities, using WHO tools. The Region’s efforts to accelerate health promotion and healthy setting actions were bolstered by the ‘Bangkok Declaration on Urbanization and Health’, which articulated that Member States of the South-East Asia Region would implement pro-poor policies, strategies and services; advocate to all sectors for a holistic and multidisciplinary approach; promote improved transportation, infrastructure and greener technologies; advocate for investing in health promoting cities; and work in collaboration with all other sectors and stakeholders to reduce and close the urban equity gap. Most countries have adopted a life-course approach to health cities, in which cities respond to the needs of all age groups.

As a part of healthy city initiatives, cities in South-East Asia are taking actions in preventing NCD risk factors particularly on tobacco control, road safety in combination of control of drunk driving, and promotion of physical activities and healthy markets. However, all healthy cities should follow the same guiding principles, including inclusive, equitable, effective, accountable and sustainable city development. WHO SEARO is taking part in the implementation of the global initiatives on urban governance for health and well-being. At the meantime, WHO SEARO encourage all local governments to improve community engagement in decision-making and planning as a lesson learnt from COVID-19; promote the use of innovative, participatory and co-design approaches. Urban Governance is a strategic action to tackle upstream health determinants and strengthen intersectoral actions at the downstream issues and health outcomes. It creates a platform for dialogues and experience sharing on urban governance for local leaders and communities.

By 2024, WHO SEARO plans to develop the models of urban governance for health and well-being that can be scaled up in the region to achieve the health and sustainable development goals, including those related to reducing health inequities and enhancing well-being.

**Regional overview of successful NCD prevention through smoke-free cities by Dr Jagdish Kaur, Regional Advisor, Tobacco Free Initiative, HPN, WHO Regional Office for South-East Asia**

Supported by Bloomberg Philanthropies in collaboration with WHO and Vital Strategies, the Partnership for Healthy Cities (PHC) was launched to save lives of city populations by preventing noncommunicable diseases (NCDs) and injuries through policy or programmatic interventions. It is a global network of 70 cities, and each of these cities implements one of the 14 interventions, including the creation of a smoke-free city, reduction of drink driving, promotion of active mobility, etc., proven to prevent NCDs and
injuries. A few cities in South-East Asia are implementing healthy city interventions as part of this Partnership.

Ahmedabad in India and Bandung in Indonesia selected the tobacco control as their themes to support a tobacco-free city initiative. It largely focusses on protecting people from tobacco smoke. In the region, all Member States have achieved to a significant extent in creating public places smoke-free. For instance, three to five public places in Bangladesh are smoke-free while all public places in Nepal and Thailand are smoke-free. Bandung City along with other four Indonesian cities is piloting a project on the smoke-free dashboard and mobile app to monitor implementation and enforcement of smoke-free laws at the sub-national level. However, cities still face challenges of enforcing smoke-free laws, mobilizing collaborative efforts and resources to support tobacco-free cities, and tackling the emergence of new tobacco products such as electronic cigarettes, heated tobacco products and nicotine pouches.

Regional review of WASH, waste management and air pollution in SEAR by Mr Hussain Rasheed, Regional Advisor, WASH and Climate Change, WHO Regional Office for South-East Asia

Environmental factors, such as air pollution, climate change and built environments, significantly affect the health of populations, and cause ill-health and deaths. Globally, 12.6 million annual deaths are linked to the environmental causes. Out of these deaths, 3.8 million deaths are taking place in the South-East Asia Region. Noncommunicable diseases associated with environmental determinants/origins are causing the largest deaths (8.2 million). Those living in urban areas face the highest risk of exposures to such environmental factors. Between 2008 and 2013, the global urban air pollution increased by 8%. Around 99% of cities in the developing world do not meet the safe air quality level. Out of the 7 million deaths in the world due to outdoor air pollution in 2016, 2 million were from the South-East Asia Region.

However, there are win-win strategies that the countries in the region could adopt and implement in tackling the health consequences of environmental causes. Such strategies include introducing clean fuels for cooking, heating and lighting and clean technologies; increasing access to safe water and adequate sanitation; passing smoking bans to reduce exposure to tobacco smoke; building better infrastructure to make cities livable; promoting healthy and sustainable lifestyle; and promoting energy efficient and cleaner production. For transforming cities, step-wise strategic actions could be taken using various tools developed by WHO, such as HEAT (Health Economic Assessment Tool for walking and cycling), SWEET (Solid Waste Emissions Estimation Tool), CHEST (Clean Household Solutions Toolkit), AirQ+ (Software tool for health risk assessment of air pollution), GreenUr (the green urban spaces and health tool), etc.

Country updates on the national implementation of healthy cities: framework, coverage, priority cities, lessons learned, and opportunities

The Member States in the Region made good strides in implementing the healthy cities approaches in the recent past, particularly in improving urban governance and applying the whole-of-society approach. Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Thailand and Sri Lanka updated the Meeting on the progress they accomplished in advancing healthy city actions.
1) **Indonesia**: After having piloted the first healthy city project in 1998, Indonesia has come a long way in expanding its healthy city programme. But what formalized the actual implementation of healthy cities in a larger scale was the Joint Ministerial Degree issued by the ministers of Home Affairs and Health in 2005, in which healthy city guidelines were prescribed to create seven healthy settings, including a healthy community, healthy tourism, healthy social life, healthy industries and office, and healthy settlement, facilities and infrastructure. As a result, urban governance had been strengthened with the institution of a “Fostering Team” at the national, provincial and city/regency levels as the decision-making and oversight body. The healthy city implementation expanded its coverage from 20 districts/cities in 2005 to 366 in 2019. Many cities received a prestigious Swasti Saba Award. Adding another milestone to the healthy cities initiatives, the National Forum of Healthy Cities/Regencies (FORNAS) was established in 2022 to improve the coverage and accelerate the implementation of the healthy city programme across Indonesia. This forum is expected to garner utmost commitments of cities and regencies to move towards increasing Human Development Index (HDI) and welfare by 2026 through the healthy city programme.

2) **Bhutan**: The country witnessed an unprecedented urbanization with the rapid growth in socioeconomic development in the last two decades, consequently, putting enormous burden on land use, infrastructure and public services. The urban growth is particularly seen in Thimphu and Phuntsholing municipalities (*Thromdes*). As the national capital city and a social, cultural, economic and political hub of the country, Thimphu has over 41% of the total urban population in Bhutan, and is continuing to grow at an alarming rate. In response to this increasing expansion of Thimphu and ever escalating urban issues, including health, the Thimphu Municipality (*Thromde*) and the Ministry of Health in collaboration with the Ministry of Works and Human Settlements and other partners developed the “Healthy City Action Plan: a multi-stakeholder framework for action (2022-2006)” with the objective of integrating ‘health and well-being’ into the Thromde’s polices and plans through multi-sectoral collaborations. The three areas of focus have been identified in the action plan: (i) urban governance; (ii) urban design and planning; and (iii) health equity. The Healthy City Coordination Committee has been formed, with well-defined terms of references drawn for its members underlining their clear responsibilities, to strengthen urban governance for Thimphu. The HiAP and SDH training modules have been drafted to build capacity of the key players in health and non-health sectors as well as those in the local government and community. All relevant partners are to support the operationalization of the action plan.

3) **Nepal**: Healthy cities approach is being used as one of the core health promotion strategies in Nepal to respond to the triple burden of communicable, noncommunicable and emerging diseases. The healthy city programme is supporting other national and sub-national health and non-health programmes to take actions on the key drivers of noncommunicable diseases in the country by enforcing legal frameworks, regulations, and standards on health risk factors such as tobacco use, alcohol consumption, physical inactivity and unhealthy diet. The following are some of the major initiatives and actions that the Ministry of Health and Population have taken in recent years supporting the efforts of the health promotion and healthy city programme:
   - drafted a health promotion strategy (2022) and alcohol policy (2021);
• developed a risk communication and community engagement guideline (2021);
• established urban health promotion centres;
• launched SAFER initiative to prevent, reduce and control alcohol-related harm and deaths in 2022;
• Initiated the total sanitation programme (7FATS) in schools in 2017, and a ‘water safe community’ concept in 2019.
• conducted advocacies for the city mayors to adopt healthy cities approaches;
• enforced the provisions of tobacco act, and motor vehicle and transport management act in major cities like Katmandu, Lalitpur, Bhaktapur and Hetauda;
• implemented various programmes to create healthy cities and communities by promoting electric vehicles for cleaner environment and designing infrastructure that encourage physical activity, urban connectivity and social mobility.

4) Maldives: The national priorities for urban health are clearly reflected in the National Strategic Action Plan (2019-2023), including the community engagement in decision-making and planning; participation of local councils in community social groups; waste management; reducing traffic congestion and air pollution; and capacity building of engineers in water and sanitation management. The city councils for the Greater Male Region (GMR) have executed several initiatives to make their neighbourhoods in the GMR much healthier, greener, smarter and environment-friendly, some of which are as follows:
• created more green spaces in the neighbourhoods equipped with amenities for recreation and physical exercises.
• maintained a smooth flow of traffic with a well-organized network of roads for the convenience and safety of pedestrians.
• introduced Raajje Transport Link (RTL) as part of the public transport system to improve connectivity and encourage more people to use public transport services;
• established the Waste Management Corporation Limited (WAMCO) in 2016 to manage waste sustainably across the cities;
• engaged city council employees as the frontline service providers to the public during the COVID-19 pandemic.

5) Sri Lanka: With the vision of keeping estate and urban population of Sri Lanka healthy and productive, the Estate and Urban Health Unit under the Ministry of Health was set up to plan and implement comprehensive health programme and services for the urban population. Broadly, the urban health programme framework comprises six strategic action areas: (i) strengthening urban governance; (ii) improving urban health services; (iii) integrating HiAP into urban planning and development; (iv) building human resource and service capacities; (v) empowering communities; and (vi) enhancing monitoring and evaluation. Implementation of urban development strategies and projects have significantly improved many cities in Sri Lanka, invariably contributing towards making cities healthier, inclusive, livable and resilient. The following actions have been taken in the past few years:
• started housing projects for different groups of populations, including under-settled and underserved families;
• initiated urban health champion project in urban re-settlement flats in Colombo.
• implemented 100 cities beautification programme to regularize the informal developments taking place in the regional cities, and provide them with better public facilities;
• established the flood water drainage system to prevent flash floods in cities through the Metro Colombo Urban Development Project;
• started the National Tree Plantation Programme called ‘Husma Dena Thuru’ as a long term strategy to improve a forest coverage and combat urban air pollution;
• implemented a National Biodiversity Strategic Action Plan, among others, to conserve water reserves in the cities;
• improved public convenience facilities and waste collection and management in many cities;
• empowered urban underserved communities, including children and youth, with entrepreneurship and life skills;
• built capacities of health and non-health personnel, volunteers, community groups and civil societies on disaster management and resilience building.
• set up model urban wellness centres in selected urban settings for NCD risk factor screening and health promotion;
• implemented a healthy city project in Jaffna focusing on five themes, namely, WASH, waste management, healthy food, physical activity (cycling) and COVID-19 prevention.

6) **Thailand:** The Ministry of Public Health aspires to provide health security and a good quality of life to every Thai through its 5-Year Strategic Plan on the Development of Health Promotion and Environmental Health System (2023-2027) adopting life-course approach. The Plan has two primary goals: (i) health promotion for people of all ages, and (ii) provision of an environment conducive to good health. Promotion of the health of a newborn to an adult through to an elderly is key to improving the overall well-being of Thai people at every stage of their lives. In order to enable a healthy living, the government will implement this 5-year Plan to establish highest environmental health standards by supporting local administrative organizations in providing environmental services that meet standards. Until today, the following achievements have been made:

- every province implements food safety practices;
- over 98% of hospitals under the Ministry of Public Health passed the Green and Clean hospital (GCH) standard;
- more than half of all local government organizations provide environmental services that meet the environmental health accreditation standards;
- about 17% of sub-district administrative organizations passed the assessment of environmental health management for healthy communities;
- focus on the creation of healthy environments and settings to reduce the negative impacts of environmental determinants of health.

7) **India:** Three in every ten people live in urban areas in India. By 2050, half of Indian population will reside in cities. Pressures on public services, including health, education, water and sanitation, are mounting as a result of an unplanned expansion of cities and growing slums and informal settlements in and around cities. In 2013, the Government of India established the National Urban
Health Mission (NUHM) to improve the health status of the urban population. Supported by the national health policy (2017), the NUHM is positioned to address the health concerns of the urban poor; provide equitable access to health services; improve intersectoral convergent actions; and promote the participation of local governments and communities in planning and management of health interventions. Currently, the NUHM implements the three models by engaging the urban local bodies and state governments. Significant progress had been made through innovations and strategic approaches, as follows:

- established 5000 urban PHCs and 172 CHCs as well as converted 4726 urban PHCs as health and wellness centres;
- set up community dispensaries (Basthi Dawakhana) in Hyderabad led by the urban local body;
- enhanced community participation and empowerment through community-based groups in Rajasthan to raise awareness on menstrual hygiene, women safety, girl’s education, immunization, sanitation, hygiene, cleanliness, etc.
- initiated Ama clinics programme to provide comprehensive healthcare through the engagement of specialists in Odisha;
- mapped vulnerable population in Madurai using GIS;
- planned and secured budget to set up 11024 urban health and wellness centres and polyclinics in cities through PM-ABHIM project;

India intends to focus on delivering a comprehensive primary health care (CPHC) services in urban areas, and attaining health equity and quality of healthcare for everyone living in cities.

8) Bangladesh: As part of the Multisectoral Action Plan for NCD prevention and control of Bangladesh (2018-2025), the Ministry of Health and Family Welfare is creating a healthy city network, and, currently promoting Khulna city as a healthy city. There is a political will and commitment among the leaders of this city to bring positive changes by garnering multisectoral actions; and building capacities in advocacy, resource mobilization and healthy cities approaches and tools. The following opportunities have been identified to achieve a transformed Khulna city:

- assessed problems and challenges of Khulna city using quality improvement tools;
- strengthened urban governance of the city by utilizing the existing institutional mechanisms;
- established a multisectoral coordination platform to connect the urban residents and stakeholders;
- built collaborative partnerships with academia and other relevant institutions;
- empowered local citizen groups and media to act as a watchdog;
- promoted community engagement and local innovations.

City experiences in the prevention of diseases, promotion of health and well-being, and addressing health determinants

The cities of Thimphu (Bhutan), Khulna (Bangladesh), Semarang (Indonesia), Wajo (Indonesia), Yala (Thailand), Bangkok (Thailand) and Addu (Maldives) shared their healthy city situations with the meeting participants.
1) **Thimphu city**: Urbanization of Thimphu started in the 1980s and 90s with a boom in the construction sector and the government’s efforts in developing basic infrastructure for rendering public services. The first urban development plan was developed in 1984 and the Thimphu Municipal Corporation established in 1995. In the past two decades, the development of the city was guided by the Thimphu Structure Plan (TSP, 2002-2027), during which the Thimphu municipality was re-established as Thimphu Thromde managed by the elected mayors and city councilors. Today, Thimphu aspires to become a well-tempered and Gross National Happiness (GNH) city that is environmentally sustainable, culturally vibrant, economically diverse, socially inclusive, progressive and safe, and highly livable. The recent development works undertaken by the Thimphu Thromde to improve the public mobility and promote physical activity, which are as follows:

- widening of North-South Urban Corridor;
- pedestrianization of Norzin Lam (main road in the city centre);
- construction of a new footpath network;
- creation of parks and open spaces with outdoor gym facilities;
- establishment of waste drop-of centres and water supply systems;
- engagement of volunteers to support COVID-19 control and recovery efforts.

2) **Khulna city**: The city of 1.5 million population is one of the fastest growing cities in Bangladesh. Health services are provided by the city corporation, government and private sector healthcare facilities. Because of an inadequate number of government healthcare centres, most people resort to availing healthcare services from private facilities. But, poor people have limited access to health services in general. However, Khulna city, after designating it as a healthy city, stepped up its efforts and resources to implement health programme actions to improve health literacy and increase access to health services through the following activities:

- distributing health education materials on healthy lifestyle and tobacco control;
- conducting health awareness campaigns through different media;
- implementing the school health programme;
- engaging academic institute to carry out walkability assessment in Khulna;
- organizing community visits for public health services (maternal and child health, immunization, nutrition, mental health, communicable and noncommunicable diseases prevention and control, etc.).

3) **Semarang city**: The capital city of Central Java is populated with 1.7 million people. The Mayor of Semarang adopted a ‘Move Together’ approach by involving the government agencies, private sector, media and citizens in any development projects of the city in an open and transparent manner. One significant example of how Semarang is demonstrating its mettle to work towards becoming a healthy city is the implementation of its programme on ‘Urban Slum Transformation’ in Gunung Brintik. This slum transformed into a thematic village with the collaborative efforts of the mayor’s office, community and private sector. It became a centre of the community economic development in the neighbourhood, and the Healthy City Forum helped promote health education. The people of Semarang have seen their community development index and health insurance coverage improving drastically over the past years while the poverty rate declining.
4) **Wajo regency:** Trapped in poverty and with lower socioeconomic indicators, Wajo joined the healthy city/regency programme in 2010 to seek helping hands from the other sectors and partners after realizing the fact that the local government alone could not solve the urban health issues of the regency. Wajo is pursuing a goal of becoming a “Healthy and Age-friendly” regency. The local authority is using the expertise and wisdom of the retirees, who are educated, experienced and well-known, in planning and rolling out any community initiatives pertaining to services and programmes for the older people dwelling in Wajo. Since 2010, the regency has been promoting an Active Ageing Programme (U-La-M-A) and improving senior citizen’s participation in its implementation. over the years, more members have joined the programme, and garnered support from the society at large. In addition to this programme, Wajo built an early warning system to monitor some important indicators of children’s well-being, such as child nutrition, child labour, school drop-out, and child marriage.

5) **Yala city:** Yala is envisioning to become the city of multiculturism, innovation and quality life. It has various public facilities for its people to avail, enjoy and keep themselves physically active, such as sports facilities, parks and green spaces. The city’s cultural identity is accorded an utmost importance to maintain its uniqueness and preserve its traditional practices. One of its priority area is the maintenance of clean environments in and around the city through a comprehensive waste management programme, including the garbage disposal, and by planting trees to increase green spaces and improve the air quality. The Yala City Municipality has the People’s Council instituted to enhance the participation of its people in urban governance. The modern technologies are used to connect people with the local government, and increase the participation of the people in addressing governance and urban issues. During the COVID-19 pandemic, the city came up with an approach to prevent, control and manage the COVID-19 dubbed the “Yala Model”. It is a holistic approach to manage the COVID crisis through the central administration system, self-management system at the community level, and management of provincial reserves and resources with the engagement of the government agencies, private sector, civil societies and community members. By the beginning of 2022, the COVID-19 crisis in Yala subsided, the local economy steadily restored, and the lives of people sprang back to normalcy.

6) **Bangkok city:** It is the biggest metropolitan city in Thailand with over ten million inhabitants. Despite being a mega and populous city, Bangkok has an efficient and effective health service delivery system. But what is keeping the system to run smoothly at the community level is the engagement of the community health volunteers and promotion of the primary care programme in Bangkok. There are over 11,500 trained community health volunteers, stationed at the mini-health centres, serving the residents of the city. They are primarily responsible for carrying out health education and promotion activities covering primary healthcare areas from sanitation to mental health to environment control; conducting surveillance and screening; and providing referral support. They were the frontline workers during the COVID-19 crisis, and are continuing to carry out preventive activities to avert any future outbreaks. They will soon be upskilled in digital literacy and primary prevention approaches. Thus, the community health volunteers form the backbone of the primary health care system of Bangkok.
7) **Addu city**: Located in the southernmost atoll, Addu city is the second largest urban area in Maldives with a population of 35,000 inhabitants. Recently, several mega development projects have been initiated, including the land reclamation, road development, harbour construction, and the harbor construction development works. The Addu City Council has a vision to transform Addu into a city that is sustainable, productive, resilient and livable. It is gearing up to provide its residents a high quality housing, world class education, smart and fast connectivity, employment for all and well-preserved natural beauty. In order to address the social and economic inequalities, the city is going to build social housing units for the underserved people; construct homes for the elderly; establish more educational institutes and tertiary hospitals to improve the quality of education and the healthcare coverage; revamp the public transportation systems for a smarter and faster public connectivity and mobility; and carry out other vital public services like waste management, roads and drainage systems maintenance. The Addu City Council is the decision-making and regulatory body of the city that oversees all town offices, public facilities and institutions, nature parks and public works. Amongst others, the important role of the Council is to ensure healthier communities by creating more and more healthy settings.
Day 2: Deliberations

Introduction of WHO healthy city indicators by Dr Faten Ben Abdelaziz, WHO headquarter and Dr Agis Tsouros (presented virtually)

The regional development of healthy cities had been uneven and lacking coherence due to the absence of the standard framework for action. There was a minimum understanding of systematic mechanisms for dialogues and common platforms for partnerships. A joint action among the partners hardly happened. A new WHO document ‘Healthy cities effective approach to a rapidly changing world’ can guide countries and cities to look at the action domains and their core indicators. The healthy cities approach is a strategic move that engages local and municipal governments and those institutions closest to the communities because that’s where it matters, and where national and local governments need to implement their plans and approaches. It is a dynamic movement with new ideas that look at how to translate the concepts into actions, and keep on evolving and reinventing in the face of changing circumstances and new developments. The basic mechanisms and instruments described in the document, such as the nine action domains of healthy cities, can guide governments in prioritizing different targets and ensuring the relevance of healthy cities to the community. There are 52 recommended actions under the action domains, and 49 core baseline healthy cities indicators, which are linked to the relevant SDGs. The categories of indicators are: demography and socio-economic conditions (1–10); physical and built environment (11–14); health status (16–32); lifestyles (33–38); access to services – UHC (39–43); and public health measures – prevention and promotion (44–49).

Healthy Cities Programme in WHO Eastern Mediterranean Region: Health for All by All by Dr Maha El-Adawy, Director, Department of Healthier Population, WHO/EMRO

WHO/EMRO started the Healthy Cities Programme (HCP) in 1990 to advance multisectorality to garner commitment at the highest level of the city for addressing SDH and accelerating efforts to achieve SDGs. The HCP helped bring coordination and synergy among sectors, stakeholders and communities for promoting public health and sustainable development in cities. The programme had since been expanded to 15 countries, and the Regional Healthy Cities Network (RHCN) was established in 2012. Currently, 108 cities have registered as cities interested in the HCP. So far, only 25 cities have been awarded the Healthy Cities in Bahrain (2), Iran (1), Oman (1), Kuwait (3), Qatar (8), Saudi Arabia (9) and United Arab Emirates (1). The Healthy Cities award is valid for 3 years. The capacity building is explored after cities register in the network. There is a notable strategy of twinning cities in other regions that encourages collaboration between the two cities to work together towards the same goal of attaining a healthy city status, and maintaining the title.

The Healthy Cities Programme has nine domains consisting of 80 criteria as well as the guidelines to implement its activities. Cities need to fulfil these domains and indicators to qualify for them to become a healthy city. The nine domains are: (i) community organization and mobilization for health and development; (ii) intersectoral collaboration, partnership and advocacy; (iii) availability of information; (iv) environmental health; (v) health development; (vi) education and literacy; (vii) skill development and capacity building; (viii) microcredit activities; and (ix) emergency preparedness and response.
Experience in accreditation process: lessons WPRO Alliance for Healthy city by Prof. Keiko Nakamura, Professor, Tokyo Medical and Dental University (TMDU) & Director, WHO Collaborating Centre for Healthy Cities and Urban Policy Research

The Alliance for Healthy Cities (AFHC), an international network established in 2003, is a collaboration between the healthy cities that attempts to achieve the goal of promoting and enhancing the health of city dwellers in all settings through the approach of Healthy Cities. Its vision is to build cities and communities where all citizens live in peace and harmony, and communally committed to sustainable development. The members sign on the vision statement as a member of the network, and the members include city members, NGOs, academics and numerous stakeholders. The global conference is held every two years as a platform for sharing progress and lessons learned.

AFHC accreditation process:

- Membership recognition.
- WHO recognition at Global Conferences (city’s developments based on thematic areas). The cities can reach this stage only after demonstrating their efforts and commitments towards becoming a healthy city.
- There are the three areas that cities have to fulfill before they are awarded the healthy city status. However, the award criteria are changing overtime.
- Three aeras to complete before the award are: (i) assessment of progress in the development of Healthy Cities (infrastructure, dynamic, strong action), (ii) recognition of creative developments, and (iii) recognition of the work of pioneers.

Evidence base for Healthy Cities indicators and guidelines:

- AFHC Academic Committee.
- Collaboration between cities and academic institutions.
- Dissemination of evidence-based healthy cities development.

The Japan recommends some areas of focus to other cities to help them prioritize their areas of actions by classifying Healthy Cities indicators into 13 categories, which are: health care, education, physical environment, labor, industry, finance, residential environment, household, mobility, city planning, welfare, income and community.

Urban Governance for Health and Well-being: What is it and why now? By Ms. Yasmin Anwar, Enhanced Well-being Unit, Health Promotion Department, WHO headquarter

Urban good governance for health and well-being refers to processes of interaction and decision-making to generate collective solutions to enhance health and well-being in urban settings through co-creation practices and institutional engagement as part of the whole-of-government and whole-of-society approaches. The ultimate goal of urban governance is to improve the health status and well-being of the population in cities through participatory and multisectoral actions. WHO is developing an operation framework on urban governance for health and well-being, building evidence and information sharing tools and platforms, and strengthening city-led actions to promote good urban governance. Currently,
WHO is implementing the urban governance project in its three regions (PAHO, EMRO and SEARO). It is intended to contribute to the outcome 3.3 of the WHO’s 13th General Work of Programme (Healthy settings and Health in All Policies) as well as to the SDG goal 3 (ensure healthy lives and promote well-being for all at all ages) and SDG 11 (make cities and human settlements inclusive, safe, resilient and sustainable).

Implementation of action domains through 5 strategic actions:

- Re-orient institutions of governance through the leadership of mayors.
- Integrate mechanisms at institutional level to promote multisectoral policies and participatory processes.
- Enhance technical competence for SDH and health equity.
- Generate new evidence.
- Advocate for participatory urban health governance through global, regional, national and city’s mayor’s networks.

Focus of the project over the first 2 years:

- Create conditions for city-led actions, including mayor commitment and teams in city-level through Urban LEAD Leadership programme to create champions – 9-month coaching to develop project to address health and well-being issue through governance lens.
- Develop mechanism and consensus for action plan, evidence for information sharing, new tools, new Regional Lab.
- Aim to have a global framework for health through lessons learnt from projects.

Pilot project in 5 cities with focused areas:

- Khulna, Bangladesh: Enhance multi-sectoral collaborations and community participation.
- Douala, Cameroon: Water governance and access.
- Bogota, Colombia: Inclusion of people with disabilities in accessing health services.
- Mexico City, Mexico: Strengthening intersectoral mechanisms focusing on waste management, and an improvement on implementation.
- Hellal City, Tunisia: Improve green spaces.

Urban governance systems:

- Design conditions for healthier populations through collaborative, participatory, and innovative approaches that enhance city population’s ability to engage and be part of solutions to take control over their health.

Khulna city experience on the project and the Urban LEAD training by Professor Mustafa Saroar, Khulna University of Engineering & Technology, Bangladesh

The healthy city project for Khulna city is a joint initiative of WHO and Swiss Development Corporation to promote health and well-being through multisectoral collaboration and community engagement. It is expected to build a multisectoral platform for multi-stakeholder actions under the jurisdiction of health department in Khulna City. The following steps have been used to initiate activities for turning Khulna city into a healthy city.
Advocacy meeting with a formal agreement (MoU)

- Engagement of the champions at the local level (panel mayors, ward councilors, civil society, communication specialists, leaders of marginalized communities, focal persons of agencies), technical and advisory committee – all with specific responsibilities assigned. Around 20 organizations are engaged in the implementation of the project.

Capacity Building Programme and 1 year/5 year action plan:

- Sensitizing the people through leaflets and SMS;
- Empowering people for improving the ownership of their community’s health;
- Sharing information and knowledge with WHO and other partners;
- Upscaling of strategy – recruitment of other organizations to take part in the project.

However, the challenges were many that slowed down the project implementation, namely: The third wave of COVID-19 and successive lockdowns; diverse institutional mandates; slow uptake of the health city concept by stakeholders; and inadequate resources and poor institutional support.

Introduction to the Regional Laboratory on Urban Governance for Health and Well-being by Professor Panit Pujinda, Director, the Regional Laboratory for Health and Well-being, Bangkok, and Director and Urban Planning Specialist, Healthy Space Forum Centre of Excellence in Urban Strategies, Chulalongkorn University, Bangkok, Thailand

Guided by the past health promotion declarations, in particular, the declarations of the 9th Global Conference on Health Promotion (2016), WHO South-East Asia Regional Office (SEARO) established the Regional Laboratory on Urban Governance for Health and Well-being (Regional Lab on UGHW) in 2021. It is the social laboratory that attempts to develop appropriate city models for supporting health and well-being of the urban population through an integrated approach to advancing urban governance. The Regional Lab plans to support cities in this Region by strengthening their urban governance structures and systems for better addressing social, economic and environmental determinants of health. The regional lab is basically expanded from the early city lab, and is now a social laboratory that seeks to tackle the causes of urban health issues such as highly dense migratory urban settlements with low living standards. The Regional Lab utilizes the Healthy Cities Network (HCN) framework to support cities in building partnerships between the health sector and its partners, and achieve WHO’s triple billion targets of the 13th General Programme of Work (GPW13) as well as the relevant SDGs. With ever increasing urban populations in South-East Asia, cities in the Region will benefit immensely by joining HCN. The HCN framework follows the Healthy Cities 9 Action Domains (urban governance, health inequities, health in all policies, community engagement, physical and built environment, access to health and social services, inclusive city plan, public health services, and plan for urban preparedness, readiness and response in public health emergencies. The Regional Lab on UGHW implements the Healthy Cities Network through:

- Good governance.
- Joint learning and collaboration with mayors.
- Creation of networks.
- Building city capacities.
Community and Environment: Pillars of Habitat Governance by Professor Khee Poh Lam, Provost’s Chair Professor of Architecture & the Built Environment, National University of Singapore

Professor Lam Khee Poh presented broadly on the social, economic and environmental determinants of health with emphasis on how each of the factors influence the health outcome. For instance, the implementation of Singapore Green Plan 2030, which is a multisectoral plan to tackle challenges of climate change with bold and inclusive thematic areas, namely, city in nature, sustainable living, energy reset, green economy, resilient future and green government through grassroots leadership and community engagement programs. Singapore intends to keep this green plan dynamic and living to adapt to the evolving physiological, psychological and sociological needs of the urban population and to gain dividends on human health, equity and well-being. Having a good physical planning and design augmented by proactive governance can effect positive behavioral change towards healthy lifestyles. As a takeaway message, Dr Lam put forward the following strategic points:

- Partner with cities to advance the mission of fostering healthy, equitable communities worldwide;
- Provide a program framework to recognize city leadership in areas where they can best advance health, equity and well-being;
- Help cities deploy proven solutions and best practices aligned with the authority and levers afforded to local governments;
- Offer tailored tools and resources to support cities in taking leadership actions & amplify progress along the way.

Urban Health Equity: Framework for Action – SOPs for Healthy Cities Network by Dr Benazir Patil, CEO, Society of Community Health Oriented Operational Links (SCHOOL), New Delhi, India

The presentation from Dr Benazir Patil, India briefly touched upon the history of the urban health programme, and its swift development and expansion in India over the years, particularly following the launch of the National Urban Health Mission (NUHM) in 2013. Dr. Patil explained in detail how a rapid assessment exercise was run to understand healthy city network and initiatives in India through stakeholder analysis, desk review of policies, program documents and data, and interviews with key stakeholders. As an outcome of the assessment, Urban Equity Framework and Standard Operating Procedures were developed to guide and strengthen the network of healthy cities in India. In particular, India follows the 5-outcomes framework for urban health equity (called CHANGE) and healthy city, and the outcomes are: (i) healthy citizens; (ii) healthy communities; (iii) healthy habitats; (iv) healthy services; and (v) healthy convergence.

The CHANGE (framework) follows the principles of moving towards a common goal, being open, taking a catalytic role and having community-centered actions. The SOPs for CHANGE are divided into three phases: 1) initiation phase, 2) formation of CHANGE at city level (steps that a city should follow), and 3) operationalizing CHANGE (city profiling with health and non-health aspects and entities which contribute to health, based on determinants to be addressed).
In addition, Dr Patil proposed the following way forward to strengthen the healthy cities network and its capacities:

- A plan to transit into the preparatory phase;
- Identifying potential ways of generating resources;
- Healthy city network - mentor the cities, have defined areas, add cities who are willing to participate;
- Alliance for healthy city- asking the city to apply and then provide a small fee which can be further used by them for monitoring, planning, meetings etc. This can help them in tapping into national and international resources;
- Teaching the cities better ways of data assessment, collection and management;
- Establish alliances which can assist in providing data;
- Building capacities of cities in various thematic and operational aspects.

Urban health systems research and social development by Dr Sushil Chandra Baral, HERD International, Katmandu, Nepal

Despite well-known facts about urban issues such as the rapid increase in urban population, overcrowding and congestion, there is a persistent issue of a poor urban infrastructure design. The identification of urban poor and their health needs still remains vague. It has been observed that most surveys unintentionally exclude poor because of the limitation in the research design and the use of traditional survey methods. There is a need to give more emphasis on contextually-tailored pro-poor research approaches. The presentation by Dr Baral highlighted how the social development can influence health factors/determinants and well-being of the populations and nations. It shed light on how each factor is interlinked to the other, and how the interactions of factors influence the health outcomes at national, subnational and grassroots level. For reaping the dividends from urbanization and for a robust and resilient health system that is responsive to urban health needs, there is a need for co-creation, redesigning and commitment to invest from all levels. The following are the key observations shared:

- Progressive focus on urban health systems (gaining priority at global, national and municipal level), complexities and capacities are exposed while solutions are being explored locally.
- Foundations are laid and policies and structures are constructed, they often work in silos thus required more coherence, collaboration and dynamic partnerships.
- Urban health systems are complex, require systems thinking – health in all policies to be acted upon and accelerated.
- Urban poor are masked, scattered beyond slums – methodological challenges to identify urban poor and engage them.
- Evidence are generated and often scattered – are they used in decision making?
- City capacities exist – how best they are utilized and strengthened?
- Community engagement and being inclusive – well aimed but we lack locally tailored models.

Urban Governance for Health and Well-being (UGHW) assessment tool for the WHO South-East Asia Region by Ms.Wan Chantavilasvong, Lead Researcher, Regional Lab UGHW, Bangkok
The assessment tool was developed through research over the past year based on the existing tools and indicators, and tailored to the context of the Region, spearheaded by the Healthy Space Forum, Department of Urban and regional Planning, Chulalongkorn University, and guided by the WHO regional technical experts. There are three main categories of indicators: the category 1 is on the spatial and sociodemographic information; the categories 2-5 are on the livelihood and living conditions, socioeconomic and work conditions, urban infrastructure and facilities, public health systems and social services; and the category 3 is on the urban governance.

The tool took into account the regional contexts as each city in the Region is very different from the other. Even the indicators are made as flexible as possible. The tool was created not for the whole country but is meant only for cities, essentially focusing on the local governance responding to the health and well-being of the urban population. Cities can also add their own indicators, and will be encouraged to help one another rather than competing among themselves. A mix of process and outcome indicators have been considered as different cities have different governance structures, institutional linkages, stages of development and other circumstances. The snapshot of the categories and their indicators is as below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Spatial and sociodemographic information</strong></td>
</tr>
<tr>
<td></td>
<td>• General characteristics: 8 questions</td>
</tr>
<tr>
<td></td>
<td>• Demographic characteristics: 9 questions</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Livelihood and living conditions</strong></td>
</tr>
<tr>
<td></td>
<td>• Life expectancy (DALY)</td>
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<tr>
<td></td>
<td>• Active living, Accessibility to healthy foods</td>
</tr>
<tr>
<td></td>
<td>• Urban safety, Urban environment</td>
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<tr>
<td>3.</td>
<td><strong>Socioeconomic and work conditions</strong></td>
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<tr>
<td></td>
<td>• Income equality, Unemployment rate</td>
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<tr>
<td></td>
<td>• Employment inclusiveness, Work environment</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Urban infrastructures and facilities</strong></td>
</tr>
<tr>
<td></td>
<td>• Public utilities, Housing adequacy</td>
</tr>
<tr>
<td></td>
<td>• Public facilities</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Public health systems and social services</strong></td>
</tr>
<tr>
<td></td>
<td>• Public health facilities, Social security and insurance coverage</td>
</tr>
<tr>
<td></td>
<td>• Social security and insurance inclusiveness, Education services</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Urban governance</strong></td>
</tr>
<tr>
<td></td>
<td>• Participation, Service performance</td>
</tr>
<tr>
<td></td>
<td>• Open data and Information, Adaptiveness, Trust and strong civic network</td>
</tr>
</tbody>
</table>

Moving forward, networking from top-down, ground-up, across and horizontal at the different levels of systems, institutions and sectors in cities is the way to approach and implement urban governance.
Group formation and interactive sessions
The Regional Meeting arranged a space to hold an exhibition to share, inform, educate and promote various themes and products on urban governance and healthy cities through an interactive session. The Urban Governance for Health and Well-being network (UGHW, Bangkok), the UN-Habitat (Bangkok), ThaiHealth (Bangkok) and a few countries (Bangladesh, Bhutan, Indonesia, Maldives and Thailand) had put up an exhibition. The whole idea behind it was to make the information-sharing and learning experiences among the participants more interactive, participatory and enjoyable. The three groups were formed based on the sizes of cities that the national participants were from. These groups were joined by the members of academic institutes, civil society organizations, WHO and UN partners.

The interactive session was intended to facilitate the participants in looking at the urban issues, policies and programmes through equity lens and governance perspectives. The exhibition area was divided into three zones (Information exchange zone; Promoting health zone; and Healthy community movement zone). Each group had to spend about 25 minutes at each zone, and complete the whole interactive session in 75 minutes. The groups were guided to assess whether or not people’s voices and participations were considered while developing various development programmes for cities; the existence of proper mechanisms to ensure the promotion of inclusive and responsive policies and programmes catering to the priorities and needs of the population; and whether or not city actions/strategies were appropriate, scalable and sustainable.

The interactive session was conducted through the following exhibition booths:

WHO and UN-Habitat booth
The exhibition featured numerous resources provided by WHO, including:
- WHO-HQ tools and repository;
- information on WHO-Urban Governance for Health and Well-being framework;
- posters on WHO’s Partnership for Healthy Cities.
The posters and work of UN-Habitat in the Region were also presented at the booth.

Regional Laboratory of Urban Governance of Health and Well-being booth
A poster introducing the Regional Laboratory and Healthy City Network was showcased at the exhibition booth. The team members of the Network introduced the accreditation processes to those cities interested to join the Network and become its members. An interactive board titled, “What is most important for urban health?” was displayed, and helped engage the participants in focusing on their priorities while developing or strengthening urban governance in their respective cities.
**SEAR countries’ exhibition booth**

Indonesia, Bangladesh, Bhutan, Thailand and Maldives showcased their healthy city initiatives by displaying their posters and booklets. The following materials were on display at the booth:

- Bangladesh: Posters on urban governance project in Khulna city.
- Bhutan: Posters and booklets on the healthy city action plan.
- Indonesia: Posters on national healthy city and Semarang city’s initiatives.
- India: Posters on the Smart City Mission.
- Thailand: Posters on the Provincial Health Assembly/Community charter.

**Interactive session booth**

Several partners in Thailand organized interactive sessions to share about their on-going projects, tools, and lessons learned on various themes related to healthy cities, as below:

- **Thai Health:** The Community Health Movement and Road Safety.
- **Healthy Space Forum:** Lessons learned from the pilot projects under the CityLab Thailand; sharing of a toolkit on Healthy Community Design as well as the lessons learned from the pilot projects under the Healthy Space Next Door.
- **Healthy University (AUN-HPN) and Mahidol University’s Faculty of Public Health:** Engagement of relevant education/academic institutes in Thailand in promoting the healthy setting concept in the universities.

Before the interactive session began, a brief exercise was conducted to provide an orientation to the participants on the co-creation of an urban landscape. Khulna city (Bangladesh), Thimphu city (Bhutan), Hatauda city (Nepal), Addu city (Maldives), Semarang city (Indonesia), and Yala city (Thailand) competed against each other to get themselves on the list of top cities in the Region – cities that are healthy, livable, economically progressive, resilient and sustainable. The cities had to dwell on the following questions:

- What is the vision of your healthy urban space (within and beyond my city)?
- What are the critical urban health issues or determinants of health you want to tackle?
- How do you engage all sectors and make them responsive to health and well-being of all urban population?
- How are you going to address upstream, mainstream, and downstream determinants of health from the city perspectives?
- How do you make your city accountable to its people’s physical and mental health, and social and economic well-being?
**Group work presentations**

Based on the Day 2 group work, interactive session and discussions, the groups reported back with brief presentations on their cities with major highlights.

1) **City of Tomorrow: Healthier and Fairer Khulna City**

*Vision:* It is the third largest city located in the south-west of Bangladesh, which is an industrial area. It envisions to be a ‘Healthier and Fairer Khulna City’ by converting it into a healthy, green, clean, innovative and entrepreneurial sustainable city.

*Major issues:*
- Poor waste management.
- Water logging during a peak rainfall season.
- Traffic congestion due to the expansion of economy and an increasing number of immigrants.
- Insufficient public spaces such as parks, playgrounds, green spaces, etc.

*Strategic action:* The city plans to address the determinants of health by using downstream, mainstream and upstream approaches in the following areas of concern:
- *Water-borne diseases* – increase inpatient bed (downstream); proper waste management and stop stagnation of water (upstream); waste reduction (reduce, recycle, reuse) and increase the drain capacity (midstream).
- *Traffic congestion* - increase treatment facility (downstream); better traffic management and encouraging active lifestyles (upstream); and increase capacity of transport network, number of open public spaces (midstream).
- *Poor multisectoral coordination* – establish multisectoral coordination platforms with all representatives, including ones from media, academia, civil society, park/public management committees, etc., for providing information, sharing resources, and strengthening accountability in terms of upholding well-being, improving equity and governance, promoting citizen participation and implementing grievance mechanisms.

2) **Thimphu: A well-tempered GNH city**

*Vision:* It is located in the Himalayan mountains at 2,300 feet above sea level. Its vision is to become a well-tempered Gross National Happiness city – a city that is safe, inclusive, resilient, smart, healthy and inclusive, guided by strong governance structures.

*Major issues:*
- Inadequate Infrastructure: Encroachment into nature; weak transportation system and inadequate road networks; irregular supply and distribution of clean and safe water; and waste exceeding landfill capacity, which is resulting in illegal dumping.
- Unaffordable homes: Not an issue in rural areas, but it is a severe problem in urban areas. However, there are no strategies and engagement of public sector to provide housing for the masses.
- Other problems include a high cost of urban land/construction, a lack of private sector involvement, influx of migrants, etc.
A review of the current Thimphu Structure Plan is underway, and a robust masterplan is being drafted and to be completed by 2023. The ‘Healthy City Action Plan’ for Thimphu developed in 2022 is being implemented currently.

**Priorities of Thimphu City:**
- A mass rapid transit to curb emissions, and provide a variety of transportation choices to masses.
- Zero-waste flagship programme for Thimphu – to keep city clean and address waste management challenges.
- Portable water for every resident living in Thimphu.
- Designation of parks in open spaces.
- Access to housing through social housing schemes.
- Initiate an integrated solar power scheme to provide clean and safe energy.
- Create job opportunities to make Thimphu a thriving place to live and work.
- Engagement of stakeholders and citizens at the centre – Thimphu city, council, CSO, central agencies and corporate bodies.
- Clear, and transparent communication strategy to engage stakeholders, media, and general public.
- Accountability at central, local, corporation and citizenry levels.

3) **Health situation: Semarang City**

**Challenges:** The challenges the city faces are:
- NCDs (hypertension, diabetes, obesity, etc.).
- Communicable diseases (TB, HIV, dengue)
- Stunting, maternal death, neonatal mortality, poor water and sanitation.

**Multisectoral plan:** The city is implementing a multi-sectoral approach: (i) engaging CSR, CSOs and multiple stakeholders; and (ii) collaborating with the private sector (food delivery service start up, for data collection on consumption of unhealthy food through online food delivery).

4) **Yala City**

It is a multicultural heritage city. Its mission is to be a Healthy Eco Tourism hotspot.

**Priority:** To improve the community welfare by increasing the quality of foods – from the perspective of Health and Religious standards – for the Muslim majority population.

**Planning:**
- Increase connection to the networks of Muslim countries/cities to improve knowledge on halal foods for promoting halal tourism.
- Build the capacity of people in the production of halal food.
- Introduce a variety of foods from different ethnicities.

**Engagement:**
- Involve cities to enforce local regulations for food, raise awareness on healthy and halal city, on the importance of adhering to the government food standards.
- Strengthen accountability.
- Implement multisectoral plans.
- Provide incentive to people who support food standardization initiatives.
- Create green and healthy spaces for social and recreational activities.
5) **Hetauda City**

It is located in central Nepal, and is one of the largest and greenest cities in the country.

**Issues:** NCDs (hypertension: 25%), tobacco and alcohol use, weak enforcement mechanisms, etc.

**Addressing the issues:** Political commitment, campaigns and information, legislative and fiscal measures, and community mobilization.

**Stakeholder engagement:** “Health in all policy” approach is used to prioritize health agenda, a joint action plan and joint programme review. Accountability is facilitated by the data generated through regular reporting systems, supervision and monitoring, social auditing and digital data system.

6) **Addu City**

It is a city of natural beauty, with full of flora and fauna.

**Challenges:** People are moving out of the city for various reasons, and the root cause of it is the lack of employment opportunities. Additionally, with the geography of many islands, it is challenging to support all the islands equally.

**Solutions:**

- Promote tourism and increase publicity to create more jobs for people. This includes working with private sector and stakeholders.
- Aim to provide specialized healthcare to support the health system, and strengthen the primary health care in all the islands.
- Foster more sense of belonging which encourage people to stay in their islands by improving living conditions and providing job opportunities.
- Promote healthy lifestyles by more public spaces, and the healthy lifestyle will include mental wellness.

**Initiatives:** Current infrastructure projects include sanitation projects and solar power systems.

**Building healthier and fairer societies through Urban Governance for Health and Well-being by Ms. Wan Chantavilasvong, Lead Researcher, Regional Lab UGHW, Bangkok**

Being a healthy city would mean having economic prosperity, social equity, and preparedness plans in place for tackling the future challenges.

**Major gains for building healthier and fairer cities:**

- Attract tourists and investments.
- Uphold social equity: pride and belongingness of residents, human-centric policies for social cohesion and solidarity.
- Follow the principle of ‘preventive measures are better than corrective measures’.
- Promote fairer and sustainable infrastructure and mechanisms.
- Stay future-ready: preparedness for global urban trends, resilient to health challenges.

**What the Lab provides:**

- Assessment tool: It provides a framework for urban data acquisition, SOP for data collection and help inform cities’ policies on moving forward.
- City health profile: Data-driven decision-making at multi-level city structure for prioritization of policies and programmes.
• Strategies to create a robust city information system.
• Capacity building on healthy cities approaches.
• An opportunity to be a part of the Healthy City Network.

Multisectoral action plan:
• Uses a theory of change on key parts of action domains to bring transformation.
• Focuses on the urban governance, importance of data collection, health-in-all-policies approach, preparedness of cities, mission to not leaving anyone behind.
• Addresses socio-economic and environmental determinants of health.

City health and well-being profile by Dr Suvajee Good, WHO-SEARO
First and foremost, cities need to know what the determinants of health and well-being are, and the information on who are the ones ‘left behind’ in cities. Dr Good said if we know exactly who we are constructing the house for, it is not a hard task to make the house accessible to that intended person. However, it does not happen most of the times as anticipated. For instance, welfare houses that are meant for older persons are not always accessible to them, which can inadvertently result in their isolation, even affecting their access to health and other public services (neglected equity). Bridging the gap in information on the vulnerable population is exactly what the city health profile is going to do. As aptly put by the Mayor of Thimphu, information needs to be disaggregated by gender, age, education, income, a place of residence, etc. in order for it to be more useful.

Moreover, the city health profile needs to contain cross-sectoral data stratified by socioeconomic factors so that it can be used as a good information resource for analysis and reporting, and making governments and stakeholders accountable to the public for their performances, especially in taking up multisectoral actions. The city health profile is in fact a community data based on the house-to-house surveys supported by the internet-based analysis system. Urban communities need to provide data inputs to the city health profile as responsible community members, and engage in drawing out baseline targets for their cities as well as identifying urban groups who may be potentially ‘left behind’ and living in certain undesirable conditions. Both quantitative and qualitative information about the city, including geography, communities, buildings, infrastructure, etc. should be reflected in the city health profile. In addition, it should be able to answer certain questions, such as:
• Does it reflect the social, cultural, economic, and political landscapes of a city?
• Is it reflecting the target population groups and their real needs?
• Is it helping in setting priorities across sectors at the city level?
• Is it indicating the promotion of physical, mental and social well-being of the population?

Presentation of draft recommendations by Dr Suvajee Good, WHO-SEARO
Dr Suvajee Good presented the draft recommendations of the meeting to the participants, and invited inputs from them. The separate actions were recommended to the national governments, local governments and WHO, UN and other partner organizations. The meeting participants provided feedback, suggested new action points and improved the overall draft recommendations. [See the final list of recommendations agreed upon by all participants on the next page].
IV RECOMMENDATIONS

The three-day Regional Meeting on Urban Governance for Health and Well-being in Bangkok brought together over hundred participants of multidisciplinary and multisectoral backgrounds representing local and national governments, international organizations, professional associations and academic institutes. Recognizing the complex facets of urbanization, urban health issues and organizational settings, the Meeting churned out a set of objective, comprehensive and realistic recommendations to the local and national governments in the Region and WHO, UN agencies and partner organizations. These recommendations have been derived from the extensive technical deliberations, country progress presentations and the interactive session.

Recommendations for national governments

- Advocate among high-level government decision-makers and multilateral partners for building responsive, efficient and resilient health system at the local government level to effectively and sustainably support urban health policies, plans and programmes.
- Align the healthy city strategies with the national policies and plans in order to contribute to national priorities and SDG targets by mainstreaming the parameters of a healthy city and urban governance for health and well-being as key performance indicators in the national development plans across sectors.
- Empower local governments with capacities and resources to scale up on-going healthy city initiatives and improve the standard of practices based on the guidelines or protocols of WHO.
- Step up the use of innovative technologies as a key means to deliver urban health services; collect cross-sectoral and disaggregated healthy city profile data; link local health information to the national health management information system (HMIS); and capture data on social and health inequities in cities.
- Strengthen multisectoral coordination and actions for cities to attain a healthy city status by delegating responsibilities to relevant sectors, mobilizing and sharing resources and improving accountability of all stakeholders.
- Collaborate with academic institutes to analyze the burden of diseases in cities and their determinants to timely inform policy-makers, planners, managers and service providers for developing an appropriate urban health system to achieve desirable urban health outcomes.
- Promote the use of data to build evidence of the impact of changing urban environments, and help prioritize urban health issues and develop comprehensive interventions to reduce gaps in equity between urban rich and urban poor.
- Accelerate multistakeholder actions in the Region to integrate health and well-being into the urban design and territorial planning to accomplish the goals of the UN 2030 Agenda and the New Urban Agenda.
Recommendations for local governments

- Adopt and adapt global, regional and national standards, and best practices to formulate the healthy city strategies, and engage with communities in the process of decision-making, planning, and implementing healthy city initiatives at the local level.

- Advocate for investments in integrating healthy city initiatives at national, provincial, district and municipality development plans, fostering partnership and coordination between local and national governments.

- Advocate for utilizing local taxes to fund the local health development programmes; identify local health needs and priorities; and initiate profiling of city health (physical environment, people’s health, social, economic, and cultural well-beings) to monitor and improve urban health status.

- Strengthen the capacity of local government workforce and institutions to develop healthy city strategies, enhance leadership and urban governance for health and well-being as well as monitor and track healthy city indicators and targets, particularly those indicators related to the population living in vulnerable circumstances.

- Develop locally tailored pro-poor urban plans and programmes to reduce inequities, conduct rapid or comprehensive assessment of urban health equity to understand the health status of the urban population.

- Generate data on community health, with necessary safeguards/cyber protection, using mobile or electronic platforms, to strengthen community engagement, intensify advocacy efforts for urban health, and inform decision-making and planning for improving urban health outcomes.

- Link local governments/authorities to national, regional and global urban health initiatives and healthy city networks, and participate in information- and good practices-sharing forums.

Recommendations for WHO, UN agencies and partner organizations

- Recognize and capture the city voices (concerns and issues of global, regional, national, and local significances) in WHO resolutions through global and regional health committees, particularly those likely to have a high level of impact on health, and the potentials to address the interconnectedness between global and local health determinants (e.g., impact of climate change, food securities, vulnerabilities to health emergencies, etc.).

- Provide critical data, best practices, and guidance to the countries to plan, roll out, and sustain healthy city initiatives, and to boost evidence-informed governance and high quality partnerships among the national and local stakeholders responsible for promoting urban health and well-being.

- Establish an urban health observatory or a database to build evidence for strengthening data-driven investments in urban health development. A database can include evidence of an impact of urbanization and migration on social, economic, cultural and health aspects of cities.
• Develop a regional guideline/manual/handbook on ‘Healthy Cities Approach’ with the clearly defined parameters of a healthy city.

• Support national and local governments in developing integrated training curricula on urban health, health determinants and urban governance for non-health professional courses in academic institutes such as architecture, engineering, urban planning and design, public administration, etc., and in implementing such curricula through live-projects and living laboratories to provide trainees with hands-on experiences. In addition, build capacities of all relevant stakeholders on urban health for improving their understanding of the broader determinants of health in urban settings.

• Promote and conduct multidisciplinary/transdisciplinary training, research, and modeling aided by appropriate technologies to find innovative solutions to solve multifaceted urban health issues.

• Establish, operate, maintain, and strengthen participatory forums to support healthy city networks for exchanging either formally or informally the best practices of urban governance and other tools among governmental organizations, partners, institutes, civil societies and communities.

• Set up intergovernmental and other partnership platforms at national and sub-national levels to improve communications, coordination, and implementation of healthy city action plans and programmes.

• Support national and local governments in developing integrated approaches to assess and accredit the healthy cities to enable national and international level comparability.

• Provide due recognitions to local champions and identify them as ‘change agents’ to accelerate the networking efforts between the local and national stakeholders as well as to reinforce peer-to-peer learning by sharing and exchanging experiences of success and failure within and outside the health sector across cities.

• Extend support to Member States in networking with UN agencies and international partners within and across the regions to strengthen multilateral ties and collaboration.
V CLOSING CEREMONY

The attendees for the closing ceremony were:

- Thrompon Ugyen Dorji, Mayor of Thimphu, Bhutan.
- Ms. Chandimma Wickramasinghe, Additional Secretary to the President, the President’s Secretariat, Sri Lanka.
- Ms Francisca Castro Belo, Policy and Planning Officer, Ministry of Health, Timor-Leste.
- Dr Swapan Kumar Halder, Chief Health Officer, Khulna City Corporation, Khulna City, Bangladesh.
- Prof. Khee Poh Lam, Provost’s Chair Professor of Architecture and the Built Environment, National University of Singapore.
- Mr Rungsun Munkong, Thai Health Promotion Foundation, Bangkok, Thailand.
- Mr Tam Hoang, UN-Habitat Regional Office for Asia and the Pacific (attended virtually).
- Dr Nathalie Roebbel, WHO headquarter.

All the high level delegates at the closing ceremony thanked SEARO for hosting the Meeting, and giving them and their country teams the opportunity to learn from the subject matter experts, and the city experiences of the multisectoral partners in the Region. They regarded this Meeting as an important milestone for the Region, and a critical stepping stone for advancing the urban health agenda in the countries and cities. They reminded the participants that the urban health issues are only going to escalate in the future, and therefore, urged all stakeholders at the city, local and national levels to work towards building clean, green, livable, resilient and sustainable cities in our Region.
## ANNEX 1: AGENDA

**Tuesday, 27 September 2022**

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme/Topic</th>
<th>Note</th>
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<tr>
<td>8.30-9.00</td>
<td>Registration</td>
<td>To be seated by 8.45 AM</td>
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<tr>
<td>9.00-9.45</td>
<td><strong>Inaugural session</strong>&lt;br&gt;Welcome remarks by Dr Jos Vandelaer, WHO Representative, Thailand to welcome the participants and deliver RD’s Message.&lt;br&gt;WHO Regional Director’s Speech “<strong>Multisectoral Partnership on urban governance for health and well-being</strong>”&lt;br&gt;Followed by Keynote speech on “<strong>The role of a city in creating health and resilience through governance</strong>” by Dr Tavida Kamolvej, Deputy Governor of Bangkok, on behalf of the Governor of Bangkok.</td>
<td>Moderated by Dr Suvajee Good, Regional Advisor for Health Promotion and Social Determinants of Health, WHO-SEARO</td>
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<tr>
<td>9.45-10.00</td>
<td>Administrative announcement</td>
<td>Dr Suvajee Good</td>
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<tr>
<td><strong>10.00-10.30</strong></td>
<td><strong>Tea/coffee &amp; healthy break</strong></td>
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<td>10.30-10.45</td>
<td><strong>Business Session</strong>&lt;br&gt;Selection of a chairperson and a rapporteur&lt;br&gt;Chairperson of the meeting for the morning session: Ms Chandima Wickramasinghe, Additional Secretary, President’s Secretariat, Sri Lanka</td>
<td>Facilitated by Dr Suvajee&lt;br&gt;Rapporteur for the day 1: Dr Mohamed Shahnewaz Parvez, Dy Program Manager, DGHS, Bangladesh</td>
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<td>10.45-11.00</td>
<td>Towards a global approach to urban health</td>
<td>Dr Nathalie Roebbel, Head, Urban Health, Department of SDH, WHO-HQ</td>
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<td>11.00-11.15</td>
<td>Global initiative on healthy city and urban governance for health and well-being</td>
<td>Dr Faten Ben Abdelaziz, Head of Unit, Enhanced Well-being, Department of Health Promotion, WHO-HQ (virtual)</td>
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<tr>
<td>11.15-11.30</td>
<td>Regional overview and city initiatives from healthy settings and life-course approach for health and well-being</td>
<td>Dr Suvajee Good, Regional Advisor, Social Determinants of Health and Health Promotion</td>
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<td>11.30-11.45</td>
<td>Regional overview of success NCD preventions through smoke free cities and prevention of road traffic injuries</td>
<td>Dr Jagdish Kaur, Regional Advisor, Tobacco-Free Initiative and NCD prevention</td>
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<td>11.45-11.50</td>
<td>Regional overview of success in response to water, sanitation, waste management, and air pollution</td>
<td>Mr Rasheed Hussain, Regional Advisor, WASH</td>
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<td>11.50-12.00</td>
<td>Global and regional dialogues with city and health representatives: response to Q&amp;A from audience</td>
<td>Moderate by Dr Suvajee Good</td>
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<td>12.00-13.00</td>
<td><strong>Lunch break</strong></td>
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<td>13.00-15.15</td>
<td>Chairperson of the meeting for the afternoon session: Dr Mahamed Solih, Chief Executive Officer, Addu Equatorial Hospital, Addu City, Maldives</td>
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<td><strong>Country update on national implementation of healthy city:</strong> framework, coverage, priority cities, lessons learnt, and opportunities.</td>
<td>7-10 min per countries</td>
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<td>1. The implementation of Healthy Cities/Regencies in Indonesia</td>
<td>Mr Hadrian Matta, Ministry of Home Affairs and Mrs. Krisseptiana, Chairperson of the National Forum of Healthy Cities/ Regencies, Indonesia</td>
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<td>2. Healthy setting/healthy city framework and its implementation in Thimphu, Bhutan</td>
<td>Ms. Roma Karki, Senior Program Officer, MOH, Bhutan</td>
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<td>3. City initiatives taken for Healthy City in Nepal</td>
<td>Mr Sunil Raj Sharma, Director, National Health Education Information and Communication Centre, Nepal</td>
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<td>4. Country perspective on Urban Governance in Maldives</td>
<td>Mr. Nayaz Ahmed, Deputy Director General, Regional and Atoll Health Service Division, MOH, Maldives</td>
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<td>5. Healthy cities: where does Sri Lanka stand?</td>
<td>Dr Enoka Wikramasinghe, Community Physician, and Program Manager, Estate and Urban Health Unit, MOH, Sri Lanka</td>
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<td>6. 5-Year Strategic Plan on the Development of Health Promotion and Environmental Health Systems (2023-2027), Thailand</td>
<td>Dr Ponlekha Banhansupawat &amp; Ms. Sunisa Wangchaiyaphum, Department of Health, MOPH, Thailand</td>
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<td>7. National Urban Health Mission (NUHM) Implementation in India</td>
<td>Dr Sachin Mittal, Director (NUHM/NHM), MOHFW, India</td>
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<td>8. National Implementation of Healthy City in Bangladesh</td>
<td>Dr Shahnewaz Parvez, Dy. Program Manager, NCD Control, DGHS, Bangladesh</td>
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<td>15.15-15.30</td>
<td><strong>Tea/coffee &amp; healthy break</strong></td>
<td>Healthy Video or lead PA</td>
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<td>15.30-16.30</td>
<td><strong>City experiences</strong> in the prevention of diseases, promotion of health and well-being, and addressing health determinants:</td>
<td>7-10 minutes presentation per city</td>
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<td>1. City Experience: Thimphu, Bhutan</td>
<td>Mr Tashi Penjor, Director, Department of Human Settlement, Ministry of Works and Human Settlement, Bhutan</td>
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<td>2. Khulna City experiences in prevention of diseases, promotion of health and well-being</td>
<td>Dr Swapan Kumar Halder, Chief Health Officer, Khulna City Corporation,</td>
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<td>8.30-8.50</td>
<td>Recap of the day one by a rapporteur</td>
<td>Supported by Ms Thinley Zangmo &amp; Ms Fathimath Hudha</td>
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<td>8.50-9.00</td>
<td>Chairperson of the meeting for the morning session: Thrompon Ugyen Dorji, Mayor</td>
<td>Rapporteur for the day 2: Mr Mohammad Dzulfikar Arifi, Junior Planner, National Development Planning Agency, Indonesia</td>
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<td>of Thimphu city, Bhutan</td>
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<td>9.00-9.20</td>
<td>Introduction of WHO healthy city indicators</td>
<td>Dr Faten Ben Abdelaziz, WHO-HQ and Dr Agis Tsouros (Virtual speakers)</td>
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<td>9.20-9.30</td>
<td>Healthy Cities Programme in WHO Eastern Mediterranean Region: Health for All by All</td>
<td>Dr Maha El-Adawy, Director of Healthier Population Department, WHO/EMRO</td>
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<td>9.30-9.40</td>
<td>Experience in accreditation process: lessons WPRO Alliance for Healthy city</td>
<td>Prof. Keiko Nakamura, Professor, Tokyo Medical and Dental University (TMDU) &amp; Director, WHO CC Healthy Cities and Urban Policy Research</td>
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<td>9.50-10.00</td>
<td>Khulna city experience on the project and the Urban LEAD training</td>
<td>Professor Mustafa Saroar, Khulna University of Engineering &amp; Technology</td>
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<td>10.00-10.30</td>
<td>Introduction to the Regional Laboratory of Urban Governance for Health and Well-being</td>
<td>Professor Panit Pujinda, Director, the Regional Laboratory for Health and Well-being, Bangkok; and Director and</td>
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<td>Urban Planning Specialist, Healthy Space Forum Centre of Excellence in Urban Strategies, Chulalongkorn University, Bangkok, Thailand</td>
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<td>10.30-10.45</td>
<td><strong>Tea/coffee &amp; healthy break (PA)</strong></td>
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| 10.45-12.00| **Partnership building between health and city development partners through city networks:** sharing of experiences for sustainable multisectoral actions.  
- Country experiences of working on urban health issues and innovations to promote health and well-being.  
- WHO tools and resources for city actions.  
- UN-Habitat support to urban governance and city actions.  
- Regional Laboratory on Urban Governance for Health and Well-being. | Interactive session through demonstrations of best practices and innovations from cities.  
Group formation and group work guidance.  
Facilitated by Dr Suvajee |
| 12.00-13.00| **Lunch break**                                                                 |                                                                      |
| 13.00-13.30| Chairperson of the meeting for the afternoon session:  
Dr Mohammad Robed Amin, Line Director, Non-communicable Disease Control, Directorate General of Health Services, Bangladesh | Urban governance through policies and plans:  
- Community and Environment: Pillars of Habitat Governance  
- Urban Health Equity: Framework for Action – SOPs for Healthy Cities Network  
- Urban health systems research and social development | Professor Khee Poh Lam, Provost’s Chair Professor of Architecture & the Built Environment, National University of Singapore  
Dr Benazir Patil, CEO, Society of Community Health Oriented Operational Links (SCHOOL), New Delhi, India  
Dr Sushil Chandra Baral, HERD International, Katmandu, Nepal |
<p>| 13.30-14.00| Urban Governance for Health and Well-being (UGHW) assessment tool for South-East Asia Region | Ms.Wan Chantavilasvong, Lead Researcher, Regional Lab UGHW, Bangkok |
| 14.00-15.00| <strong>Partnership building between health and city development partners:</strong> critical lens to re-examine governance issues around the existing activities. | Interactive session for cities and health partners to look through equity lens and governance perspectives, facilitated by Dr Suvajee |
| 15.30-15.45| <strong>Tea/coffee &amp; healthy break (PA)</strong>                                             |                                                                      |</p>
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| 15.00-17.00 | **Group work:** Urban health a new landscape: co-design a healthier and fairer urban space for everyone  
• Visionary of healthy urban space (within and beyond my city)  
• What health issue and/or determinants of health to be tackle?  
• How to engage with all sectors to be responsive to health and well-being of all population groups.  
• How to address upstream, mainstream, and downstream of health determinants from cities perspective.  
• How to strengthen city’s accountability to people’s physical and mental health, and social & economic well-being. | Group by  
• Selected cities and their representatives  
• National level participants (health and other sectors, national network), academic, and UN partners will join the groups as appropriate.  
Facilitated by Dr Suvajee Good |

**Thursday, 29 September 2022:**

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<th>Time</th>
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| Chairperson of the meeting for the morning session:  
Ms Ivo Syayadi, Team Lead for Partnership, Directorate of Health Promotion and Community Empowerment  
Ministry of Health, Indonesia | Rapporteur for the day 3:  
Mr Kezang Dorji, Urban Planner, Thimphu Municipality, Bhutan |
| 9.00-9.30 | Recap of the Day 2 by a rapporteur                                             | Supported by Dr Lonim                                               |
| 9.30-11.00 | **Group work presentations:**  
• City of Tomorrow: Healthier and Fairer Khulna City  
• Thimphu: A well-tempered GNH city  
• Health Situation: Semarang City  
• Yala City  
• Hetauda City  
• Addu City | By city team representatives |
| 11.00-11.15 | **Tea/coffee & healthy break (PA)** |                                                                        |
| 11.15-11.30 | Building healthier and fairer societies through Urban Governance for Health and Well-being | Ms. Wan Chantavilasvong, Lead Researcher, Regional Lab UGHW, Bangkok |
| 11.30-12.30 | City health and well-being profile  
Followed by  
**Brainstorm:** Gaps in the draft city health & well-being profiles and identify existing | Dr Suvajee Good |
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<thead>
<tr>
<th>Time</th>
<th>Programme/Topic</th>
<th>Note</th>
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<tr>
<td></td>
<td>mechanisms, roles, and capacities to monitor urban governance</td>
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<tr>
<td><strong>12.30-13.30</strong></td>
<td><strong>Lunch break</strong></td>
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<tr>
<td>13.30-14.30</td>
<td>Panel discussion: Partnership between existing networks, WHO, and UN/international agencies supporting cities (sustainable cities, world heritage city and inclusive cities). The panel members were:</td>
<td>Moderated by Dr Md Khurshid Alam Hyder, Public Health Administrator, WHO Country Office, Nepal</td>
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<td></td>
<td>• Prof. Keiko Nakamura, Tokyo Medical and Dental University Tokyo, Japan.</td>
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<td></td>
<td>• Ms Krisseptiana Hendrar Prihadi, Indonesia National Forum for Healthy Cities.</td>
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<td></td>
<td>• Prof. Khee Poh Lam, National University of Singapore.</td>
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<td></td>
<td>• Mr Tam Hoang (online), UN-Habitat Regional Office for Asia and the Pacific, Bangkok</td>
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<td>• Dr Nathalie Laure Roebbel, WHO headquarter</td>
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<tr>
<td><strong>14.30-15.30</strong></td>
<td><strong>Draft Recommendation</strong></td>
<td>Moderated by Dr Suvajee Good</td>
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<td>15.30-16.00</td>
<td>Closing ceremony:</td>
<td>Moderated by Dr Suvajee Good</td>
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<td></td>
<td>• Thrompon Ugyen Dorji, Mayor of Thimphu, Bhutan</td>
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<td>• Ms. Chandimma Wickramasinghe, Additional Secretary to the President, the President’s Secretariat, Sri Lanka</td>
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<td>• Ms Francisca Castro Belo, Policy and Planning Officer, Ministry of Health, Timor-Leste</td>
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<td></td>
<td>• Dr Swapan Kumar Halder, Chief Health Officer, Khulna City Corporation, Khulna City, Bangladesh</td>
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<td></td>
<td>• Prof. Khee Poh Lam, Provost’s Chair Professor of Architecture and Building, National University of Singapore</td>
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<td>• Mr Rungsun Munkong, Thai Health Promotion Foundation, Bangkok, Thailand</td>
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<td>• Mr Tam Hoang, UN-Habitat Regional Office for Asia and the Pacific</td>
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<td>• Dr Nathalie Roebbel, WHO headquarter</td>
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</tbody>
</table>

To close the regional meeting with the solidarity song for the healthy city network (coordinated by the Indonesian country team).
## ANNEX 2: LIST OF PARTICIPANTS

### Country participants

#### Bangladesh

1. **Dr Swapan Kumar Halder**  
   Chief Health Officer  
   Khulna City Corporation  
   Khulna City

2. **Mr Abir ul Jabbar**  
   Chief Planning Officer  
   Khulna City Corporation  
   Khulna City

3. **Professor Dr Mustafa Saroar**  
   Professor & Head,  
   Department of Urban & Regional Planning  
   Khulna University of Engineering & Technology (KUET), Khulna City

4. **Mr Alamgir Hossain**  
   Joint Secretary,  
   Program Management Unit,  
   Health Services Division,  
   Bangladesh Secretariat, Dhaka

5. **Dr Mohammad Robed Amin**  
   Line Director  
   Non-communicable Disease Control  
   Directorate General of Health Services  
   Mohakhali, Dhaka

6. **Dr Mohammad Shahnewaz Parvez**  
   Deputy Program Manager,  
   Non-communicable Disease Control  
   Directorate General of Health Services  
   Mohakhali, Dhaka

8. **Mr Tashi Penjor**  
   Director  
   Department of Human Settlements,  
   Ministry of Works & Human Settlement

9. **Mr Kinga Gyeltshen**  
   Dy. Chief Thromde Health Officer  
   Thimphu Thromde, Thimphu

10. **Ms Lekzang Jayoed Dorji**  
    Asst. Environment Officer  
    Thimphu Thromde, Thimphu

11. **Ms Roma Karki**  
    Senior Program Officer  
    Urban Health Focal  
    Health Care and Diagnostic Division,  
    Department of Medical Services,  
    Ministry of Health  
    Thimphu

12. **Mr Kezang Dorji**  
    Urban Planner (Architect),  
    Thimphu Thromde, Thimphu

#### Bhutan

7. **Mr Ugyen Dorji**  
   Thimphu Mayor,  
   Thimphu Thromde, Thimphu

#### India

13. **Dr Sachin Mittal**  
    Director (NHM-IV & NUHM),  
    MoHFW, Govt. of India,  
    Room No. 309-D, Wing ‘D’, Nirman Bhawan  
    New Delhi -110011

14. **Dr Jyoti Rawat**  
    Additional Commissioner (NUHM),  
    Ministry of Health & Family Welfare,  
    Room No 433 C, Nirman Bhawan, New Delhi – 110011

#### Indonesia

15. **Mr Mohammad Dzulfikar Arifi**

16. Ms Nur Aisyah Nasution
   Coordinator for Water and Sanitation

17. Mr Hadrian Marta
   Health Analyst,
   Directorate of Synchronization of Local Governance Affairs III,
   Directorate General of Regional Development,
   Ministry of Home Affairs,
   Republic of Indonesia, Jakarta

18. Mr Andi Pallawarukka
   Head of Development, Planning Agency Research and Development,
   The Wajo District,
   Jl. Rusa Kompleks Kantor Bupati Sengkang

19. Ms Dewi Marlina Sanitarian
   Directorate of Environmental Health,
   Ministry of Health,
   Republic of Indonesia
   Jakarta

20. Ms Ivo Syayadi
   Head of Partnership Team,
   Rehabilitation Directorate of Health Promotion and Community Empowerment,
   Ministry of Health,
   Republic of Indonesia
   Jakarta

21. Ms Dewi Sadtyaji
   Head of Employee Development Division,
   Semarang City Employment,
   Education and Training Department,
   Semarang Municipal Mayor’s office

Maldives

22. Dr Mohamed Solih
   Chief Executive Officer (CEO),
   Addu Equatorial Hospital,
   Addu City

23. Mr Moosa Haneef
   Director,
   Dhamanaveshi Majeedhee Magu Rd
   Malé

24. Mr Nayaz Ahmed
   Deputy Director General,
   Regional & Atoll Health Services Division,
   Ministry of Health,
   Malé

25. Ms Shamhooza Ahmed
   Council Executive,
   Malé city Council

26. Ms Aminath Adhala Rasheed
   Council member,
   Addu City Council

Nepal

27. Mr Sunil Raj Sharma
   Director,
   National Health Education, Information and Communication Centre, Department of Health Services,
   Teku, Kathmandu

28. Mr Surya Bahadur Khadka
   Statistical Officer,
   Ministry of Health and Population
   Ramshah Path, Kathmandu
29. Mr Bhola Nath Chaulagain
   Chief – Public Health Section,
   Hetauda, Makwanpur District,
   Bagmati Province, Nepal

30. Mr Gyan Bahadur Oli Kabiraj,
    Health Officer,
    Kathmandu Metropolitan City,
    Bagmati Province,
    Nepal

Sri Lanka
31. Mr K P Yogachandra
    Senior Assistant Secretary (Development),
    Ministry of Health,
    Colombo

32. Dr (Ms) S Subaskaran
    Acting Director,
    Estate & Urban Health,
    Ministry of Health,
    Colombo

33. Dr (Ms) Enoka Priyangani Wickramasinghe
    Consultant, Community Physician,
    Estate & Urban Health,
    Ministry of Health,
    Colombo

34. Ms Chandima Wickramasinghe
    Additional Secretary to the President,
    Presidential Secretariat,
    Galle Face,
    Colombo

35. Mr Nimesh Herath
    Chairman
    Urban Development Authority (UDA)
    Sethsiripaya Stage I
    6th and 7th Floors, - "Sethsiripaya"
    Battaramulla

Thailand
36. Dr Teerawee Viravan
    Director,
    Health Promotion Division,
    Health Department,
    Bangkok Metropolitan Administration

37. Mr Anuchit Kanjananuchit
    Deputy Mayor,
    Yala City Municipality

38. Mr Piyaphong Anurat
    Director,
    Public Health and Environmental Promotion
    Division
    Yala City Municipality

39. Dr Ponlekha Banhansupawat
    Medical Officer, Expert Level,
    Bureau of Health Promotion,
    Department of Health,
    Ministry of Public Health, Bangkok

40. Ms Sunisa Wangchaiyaphum
    Public Health Technical Officer,
    Practitioner Level,
    Bureau of Environmental Health,
    Department of Health,
    Ministry of Public Health, Bangkok

41. Dr Chanuanthong Thanasukarn
    Former Dean,
    Faculty of Public Health,
    Mahidol University

Timor Leste
42. Ms Rita Maria Soares
    Health Promotion Officer,
    Ministry of Health,
    Caicoli, Dili

43. Ms Eva Sequeira de Jesus
    Department of Partnership and Cooperation
Officer, Ministry of Health
Caicoli, Dili

44. Ms Francisca Castro Belo
Department of Policy and Planning Officer, Ministry of Health, Caicoli, Dili

**Special invitees**

45. Dr Tavida Kamolvej
Deputy Governor of Bangkok, Bangkok, Thailand

46. Associate Professor Panit Pujinda, Director and Urban Planning Specialist, Healthy Space Forum, Centre of Excellence in Urban Strategies, Chulalongkorn University Bangkok, Thailand, and Director of the Regional Laboratory for Health and Well-being, Bangkok

47. Ms Wan Chanchai Chanavilasvong
Team lead, Regional Laboratory on Urban Governance for Health and Wellbeing, Chulalongkorn University, Bangkok

48. Dr Benazir Patil
Chief Executive Officer, Society of Community Health Oriented Operational Links (SCHOOL), A 16, Pocket A, Sukhdev Vihar New Delhi 110 025, India

49. Dr Sushil Chandra Baral
Managing Director, Health Research and Social Development Forum (HERD), Prasuti Griha Marg Kathmandu 44600, Nepal

50. Ms Krisseptiana Hendrar Prihadi
Chair, Indonesia National Forum for Healthy Cities, Indonesia

51. Professor Keiko Nakamura
Professor and Head, Department of Global Health Entrepreneurship, Division of Public Health, Tokyo Medical and Dental University, Tokyo, Japan

52. Professor Khee Poh Lam
Provost’s Chair Professor of Architecture and the Built Environment, Department of Architecture, College of Design and Engineering, National University of Singapore, 4 Architecture Drive Singapore 117566

**Observers**

53. Ms Sakonwan Khaimarn
Technical officer, Regional Laboratory on Urban Governance for Health and Wellbeing and technical lead for Healthy space forum, Chulalongkorn University, Bangkok

54. Dr Peerapong Boonsawatkulchai
Deputy Director of Center for Research and Development in Community Health Care System, Faculty of Nursing, Khon Kaen University, Khon Kaen, Thailand, 40002

55. Dr Wiwat Seetamanotch
Program Manager of WHO-RTG Country Collaboration Strategy on Road Safety 2022-2026, Road Safety Foundation, 65/84 Sapum village Moo 1 Khokaew Muang Phuket 83000

56. Dr Mochamad Abdul Hakam
Chief of Semarang City Health Office, Indonesia
<table>
<thead>
<tr>
<th>No.</th>
<th>Name and Position</th>
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</table>
| 57. | Ms Yuni Dwi Purwani  
Deputy to the Chair Person of National Health City Forum, Indonesia |
| 58. | Ms Yuni Sailawati  
Head of Women and Children's Protection Division, The Office of Women Empowerment and Child Protection, Semarang City, Indonesia |
| 59. | Mrs Yuli Kurniasih  
Chief of Public Health, Semarang City Health Office, Indonesia |
| 60. | Ms Lely Purwandari  
Member of Semarang City's House of Representatives, Indonesia |
| 61. | Ms Nateetip Jungsomprasong  
Director of Public Health and Environmental Strategy Division, Department of Strategic and Evaluation, Thailand |
| 62. | Ms Kannika Sakulkaew  
Plan and Policy Analyst, Practitioner Level, Department of Strategic and Evaluation, Thailand |
| 63. | Ms Veeranuch Naowasak  
Foreign Relations Officer, International Affairs Office, Thailand |
| 64. | Ms Uraiporn Tinsatit  
Public Health Practitioner level, Thailand |
| 66. | Mr Jirut Mavai  
Assistant Secretary to the Governor of Bangkok, Thailand |

**Partners / Other agencies**

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<th>No.</th>
<th>Name and Position</th>
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| 67. | Mr Riccardo Maroso  
Project Team Leader, ASEAN Sustainable Urbanization, UN-Habitat (United Nations Human Settlements Programme), Bangkok, Thailand |
| 68. | Mr Clinton Moore  
Capacity and Data Development Analyst, ASEAN Sustainable Urbanization, UN-Habitat (United Nations Human Settlements Programme), Bangkok, Thailand |
| 69. | Dr Pairoj Saonuam  
Assistant Chief Executive Officer and Director of Healthy Lifestyle Promotion Section, Thai Health Promotion Foundation (ThaiHealth) 99/8 Ngam Duphli Alley, Thung Maha Mek, Sathon, Bangkok, Thailand |
| 70. | Dr Nuttapun Supaka  
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| 71. | Dr Phudit Tejativaddhana  
Director of ASEAN Institute for Health Development and Executive Director ASEAN University Network for Health Promotion Network (AUN-HPN), Mahidol University, Salaya, Nakhon Pathom, Thailand 73170 |

**Accompanying high level delegates**

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<th>No.</th>
<th>Name and Position</th>
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</table>
| 65. | Mr Thawatchai Palakhamarn  
Secretary to the Deputy Governor of Bangkok - chief of policy coordination, Thailand |
72. Dr Wiwat Rojanapithayakorn
   Advisor of Director of ASEAN Institute for
   Health Development and Advisor of
   Executive Director of AUN-HPN,
   Mahidol University, Salaya, Nakhon
   Pathom, Thailand 73170

73. Dr Khanitta Nuntaboot
   Director of Center for Research and
   Development in Community Health Care
   System, Faculty of Nursing, Khon Kaen
   University Khon Kaen, Thailand, 40002

74. Mr Suriya Yeekhun
   Mayor of Prik Municipality, Sadao, Songkhla
   Thailand 90120

75. Dr Faten Ben Abdelaziz
   Head of Enhanced Well-being Unit,
   Department of Health Promotion

76. Ms Yasmine Anwar
   Technical Officer,
   Enhanced Well-being Unit,
   Department of Health Promotion

77. Dr Nathalie Laure Roebbel
   Technical Officer,
   Social Determinants of Health

78. Dr Maha El-Adawy
   Director,
   Department of Healthier Populations (HPD),
   Cairo- Egypt

79. Dr Jos Vandelaer
   WHO Representative,
   WHO Country Office, Thailand

80. Dr Sadhana Bhagwat
   Medical Officer (NCD),
   WCO Bangladesh

81. Ms Thinley Zangmo
   National Professional Officer,
   Health Systems, WCO Bhutan

82. Ms Fransiska Mardiananingsih
   National Professional Officer,
   Social Determinants of Health and Health
   Promotion,
   WCO Indonesia

83. Ms Fathimath Hudha
   National Professional Officer,
   WCO Maldives

84. Dr Md Khurshid Alam Hyder
   Public Health Administrator,
   WCO Nepal

85. Dr Lonim Dixit
   National Professional Officer (NCD),
   WCO Nepal

86. Ms Teeranee Techasrivichien
   National Professional Officer (Public
   Health),
   WCO Thailand

87. Dr Olivia Corazon Nieveras
   Medical Officer (NCD),
   WCO Thailand

88. Dr Suvajee Good
   Regional Adviser,
   Social Determinants of Health and Health
   Promotion,
   Department of UHC/ Family Health (FGL)

WHO/EMRO

80. Dr Maha El-Adawy
   Director,
   Department of Healthier Populations (HPD),
   Cairo- Egypt

WHO/SEARO, New Delhi, India

88. Dr Suvajee Good
   Regional Adviser,
   Social Determinants of Health and Health
   Promotion,
   Department of UHC/ Family Health (FGL)
89. Dr Jagdish Kaur
   Regional Adviser,
   Tobacco Free Initiative,
   Department of Healthier Populations and Noncommunicable Diseases (HPN)

90. Mr Hussain Rasheed
   Regional Adviser,
   Water, Sanitation and Climate change
   Department of Healthier Populations and Noncommunicable Diseases (HPN)

91. Dr Sonam Rinchen
   Consultant,
   Social Determinants of Health,
   Department of UHC/ Family Health (FGL)

92. Mr Ankur Saxena
   Executive Associate,
   Department of UHC/ Family Health (FGL)

93. Ms Shalini Khattar
   Executive Assistant,
   Social Determinants of Health,
   Department of UHC/ Family Health (FGL)