Development of city health profiles and healthy city plan: regional workshop report
25–27 April 2023, Kathmandu, Nepal
# Table of Contents

**Background** ................................................................................................................................................... 4

**Objectives of the Meeting** ........................................................................................................................................... 5
  - General objective .................................................................................................................................................. 5
  - Specific objectives ............................................................................................................................................... 5

**Regional Director’s Opening Remark** ............................................................................................................ 6

**Technical sessions** .............................................................................................................................................. 7
  A. Global and regional overview of healthy city initiatives, ........................................................................ 7
  B. Regional urban health issues: climate change and air pollution ................................................................. 9
  C. Regional urban health system and inequities ................................................................................................. 10
  D. Cities/Countries experiences ......................................................................................................................... 11
  E. Structure and system of healthy cities: Data generation and Action plan .............................................. 15
  F. Assessing Urban Health Equity, Urban LEAD and Age-Friendly Cities ................................................. 17
  G. Advocating healthy cities: Building a Narrative .......................................................................................... 19
  H. Theory of Change improving urban governance for health and wellbeing ............................................... 20

**Conclusion and recommendations** .............................................................................................................. 22
  a. Accreditation for SEAR Healthy Cities Network ....................................................................................... 23
  b. Frequency of assessment ............................................................................................................................... 25
  c. Proposed Accreditation ................................................................................................................................. 25

**Annexes** ......................................................................................................................................................... 30
  Annex 1-Programme ......................................................................................................................................... 30
  Annex 2-List of Participants ............................................................................................................................... 35
  Annex 3-Group Photos .................................................................................................................................... 40


Background

According to the World Urbanization Prospect 2018 of UN Population Division\(^1\), WHO South-East Asia countries is hosting 750 million urban population with average of 34.3% of total population in the region. Percentage of urban population are varied: in Bangladesh (36.6%), Bhutan (40.9%) DPR-Korea (61.9%), India (34%) Indonesia (55.3%), Maldives (39.8%), Myanmar (30.6%) Nepal (19.7%), Sri Lanka (18.5%), Thailand (49.9%), and Timor Leste (30%). Growth rate of urban population between 2020 and 2025 is projecting to be considerably high in Bhutan (6.66), Maldives (6.52), Bangladesh (4.28), Thailand (4.28), and Timor Leste (4.69). Health issues such as foodborne, water borne, and vector borne diseases, tuberculosis, HIV/AIDS, respiratory infections, and noncommunicable diseases (diabetes and cardiovascular disease) including mental health (depression and anxiety disorder), injuries and violence are high in urban areas.

Health of urban population is vastly divided between the rich and the poor. Urban settings are breeding grounds for complex vulnerabilities due to socio-demographic, economic, environmental, and spatial factors, where power relations are dispersed. Health inequities in urban areas are multifaceted and increasingly challenging particularly during COVID-19 pandemic.

**Urban health** is a regional strategic action to address social determinants of health and promotion of well-being across the life-course. WHO Healthy city initiatives have been initiated over decade, without proper indicators and measurable outcomes. Urban health system has been one of the neglected topic or unclear guidance how to coordinate different players in health service deliveries. Attention on urban primary health care have only recently been mentioned in the wake of realization of needed response to essential services during the pandemic.

**New WHO development on Effective Guidance on Healthy City Action Domains launched in 2021** provides comprehensive guidance to build healthier and more resilience societies. This new guidance provides opportunities for SEAR countries to revisit their existing healthy city implementation and city initiatives that contribute to health and wellbeing. WHO-SEARO has initiated regional laboratory on urban governance for health and wellbeing and piloted approach in Bangladesh, with urban leadership trainings. WHO-SEARO assessment of urban governance and indicators for healthy cities were developed based on the new global guidance to support national and local governments to take appropriate actions.

**City health profiling** is an important step for evidence-based urban planning for wellbeing. Translation of information to planning, monitoring progress, benchmarking, and coverage of services to support people to maintain a healthy life, as well as promoting accountability/transparency of city performance towards healthier cities. City/urban health profile development will be important instrument for local governments to set priorities and develop interventions to address health determinants. These profiles will also include important markers of stages of liveable, inclusive, healthy cities responsive to

\(^1\) World Urbanization Prospects - Population Division - United Nations Note: two measures of the degree of urbanization of a population, a) urban population describes the percentage of total population living in urban areas as defined by the country; and b) rate of urbanization describes the projected average rate of change of the size of the urban population over the given period of time. Urban area is a human settlement with a high population density and an infrastructure of built environment.
people’s wellbeing, environment and social environments and their cohesive responses for multisectoral actions.

This meeting invited multisectoral partners from cities and national health policy makers to convene actions to address urban health issues. WHO introduced healthy city regional network, tools, and standards of operation for healthy city accreditation. Capacity-building packages developed in recent years were shared to support cities to prepare future response to public health emergencies and build resilience with evidence and support people participation.

Regional meeting with multisectoral partners for urban governance for health and wellbeing in October 2022 raised important partnerships between health and other sectors and interests of city governments to be accredited as healthy cities by WHO regional and/or global network in the process. Cities began to register on the website which is monitored and supported by the regional laboratory on urban health and wellbeing, established by WHO SEARO in collaboration with Chulalongkorn University, Thailand. This workshop was targeted to support the cities in countries that have started the process in order to accelerate commitments and actions. 39 participants were attended from Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand along with 9 participants from partner agencies and 10 WHO staffs from countries and regional offices.

**Objectives of the Meeting**

**General objective**
To strengthen capacity of local governments and health officials to develop city health profiles and plan for healthy cities.

**Specific objectives**
The specific objectives are:
1) To strengthen capacities of participants to investigate availability of existing data/information (from health and city development) to generate common goals and joint planning for wellbeing of the people in cities.
2) To facilitate the process of development of city/urban health profiles and build ownership for health and sustainable development outcomes.
3) To support city and key stakeholders to apply WHO guidance on healthy cities for all population groups.
Regional Director’s Opening Remark
Message from regional director of WHO SEARO was read out by representative from WHO country office for Nepal. It said quote

“Dear distinguished participants and colleagues,

In the past couple of years, we have gone through tremendous challenges from global pandemic, the COVID, climate change, and conflicts around the world that affects all of us physically, economically, and socially. Rapid and unplanned urbanization is taking place faster in low- and middle-income countries, which put pressured and more responsibilities to national and local governments to be more effective in responding to the needs of the population.

In WHO South-East Asia countries, 34.3% of the total population in this region live in urban areas which counted nearly 750 million people. Bangladesh, India, and Indonesia have the more than 25% of the world population and host the most populated cities in the region. If we can work together across sectors to promote health and address health determinants, we can achieve many SDGs targets and synergize our actions across sectors. Key points for your consideration as are follow:

- **Coordinated efforts to build resilient health system** in urban areas required insights on multisectoral partnership and engagement with communities and stakeholders, by which local governments play important role and have unique positions.
- National governments play important roles in supporting local governments to implement health in all policies and to develop synergies in producing equitable health outcomes.
- Capacity of local governments to act promptly to the health needs of the population, especially the people who living in vulnerable conditions and susceptible to illnesses, is critical.
- Healthy cities and actions on urban governance for health and well-being will have long-term impacts for the population and build sustainable multisectoral actions for equitable health and build resilience in communities.
- **City health profiles** and sound urban planning for health and well-being of urban population will be a foundation for creating a healthy city as per WHO healthy cities standard.
- Health sector can work together with local governments to strengthening disaggregated health information, particularly in urban areas. **Integrated health and development information system** is an important element for prompt response, inclusive recovery, and preparedness for public health issues for emergencies and beyond.

Currently, we have 14 cities interested in joining the **WHO regional healthy city network** from Bangladesh, Bhutan, Indonesia, Nepal, Thailand, and Sri Lanka. With this workshop, WHO-SEARO expected to support the cities and countries to further develop joint planning for wellbeing of the people and build ownership toward healthy cities.

We would like to encourage cities to be part of the WHO healthy city initiative with solid foundation to move forward healthier societies. With this note, I wish you a successful workshop and looking forward to having your joint plans for healthy city in your respected countries.” Unquoted

Dr Poonam Khetrapal Singh
Technical sessions

A. **Global and regional overview of healthy city initiatives**, presented by Dr Suvajee Good, Regional Advisor for Social determinants of health and health promotion (RA-SDH).

The session provided an overview of global transitions impacting health and well-being particularly the demographic changes, urbanization trends, and climate change, highlighting the importance of urban health. In South-East Asia, the urbanization became reality in all countries, including those small countries like Bhutan where urbanization growth is rapid. These global physical and social environments, such as bio-diversity, climate change, demographic change, migration, and political conflicts are impacting people health in different ways, but more directly to the most dense areas where people are resided, in urban areas. Dr Good shared background on urban health initiatives in WHO and how the healthy cities initiative was evolved over the past couple of decades.

The Global Conferences on Health Promotion in 2016, the “Health for All and All for Health” theme, and Shanghai Mayor’s Consensus in 2016, led important foundation for integrated approach implementation of governance, health literacy and healthy cities together (see figure 1). Subsequently WHO guidance for effective healthy city implementation with the nine action domains was developed and launched in 2021 (see figure 2).

![Figure 1: Shanghai Declaration for health promotion.](image)

Urban Governance for Health and Well-being (UGHW) emerged as the core domain of action for healthy city. WHO defines UGHW as the process of interaction and decision-making to generate collective solutions to enhance equitable 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.
With that note, Dr Good urged the participants to recognize important of developing city health profile because it provides information toward situation analysis and fostering evidence-based planning. City health profile can become a tool for accountability of government performance and policy effectiveness. City health profile can be also used to promote multisectoral actions and act as an outcome of the collaborative actions over the years.
B. **Regional urban health issues: climate change and air pollution**, presented by Dr Hussain, Regional Advisor on Climate Change

Through this session, participants were introduced to best practices undertaken by various cities to increase resilience and mitigate dangers. Dr Hussain highlighted why climate change and air pollution are significant to cities’ health; the effects of climate change on disasters such as floods, heatwaves, air pollution, dengue, and how these in turn impact populations’ health.

Cities were encouraged to innovate to enhance climate-resilient and sustainable infrastructure design to build healthy and climate resilient cities. Participants were also encouraged to adopt a holistic approach and foster strong leadership to champion sustainable governance of cities to improve health and well-being.

---

**Figure 3: Climate Change impacts on Health**

- **Risk to climate change:**
  - Hazards
  - Vulnerability
  - Exposure

- **Impacts:**
  - Climate sensitive outcomes
  - Systems impacts

**Climate Sensitive Outcomes**
- Adverse health (VBD, WBD, infectious disease, heat-related illness, mental health, under nutrition)
- Migration & displacement
- Conflicts

**Systems Impacts**
- Health systems
  - patient loads
  - emergency response
  - Food systems
  - Livelihood system

**Systems Impacts**
- Health systems
  - patient loads
  - emergency response
  - Food systems
  - Livelihood system

---

Regional Workshop to Develop City Health Profiles and Healthy City Plan, 25-27 April 2023, Kathmandu, Nepal
Based on the health system building blocks, Dr Good reiterated the importance of primary health care services in urban settings. Recalling the Declaration of Astana providing vision for primary care in 21st century, she highlighted the operational frameworks that include not only integrated health services and primary care but also development/strengthening of urban primary care, promotion and prevention, and health in all policies/multisectoral actions which coherence with what healthy city initiative is embarking on.

In addition, the WHO guidance on effective actions on healthy city have adopted the urban preparedness and response to emergency which required integrated approach to public health. However, health system capacities in SEA region are varied and reflected socioeconomic inequities between and within the countries. Local governments and partner agencies are the key actors responding to population’s needs at a given context. Thus, empowering communities and local governments to take actions on health determinants, promotion, and prevention at primary care level will be most beneficial and responsive. Urban health system will need to consider interlinkages between community mobilization, intersectoral action (education, housing, environment, nutrition, urban farming, etc.) along with community-based health promotion, prevention, and care, and referral systems to public and/or private hospitals and
specialists. Nevertheless, Dr Good raised important of data and communication flows between different sectors with local governments as seen in the summary slide below.

![Health Information Systems Flow](image)

**Figure 5: Health Information Systems Flow**

**D. Cities/Countries experiences in addressing urban health issues through creating enabling environment for health and well-being.**

Bangladesh, Bhutan, Indonesia, Maldives, Nepal, Sri Lanka, and Thailand shared their experiences in comprehensive presentations.

**Bangladesh** highlighted country’s vulnerabilities to climate change, and proportions of mortality caused by NCDs and injuries (74%) which is higher than communicable diseases and maternal/perinatal and nutritional condition combined (26%). Healthy city initiatives have been started in Bangladesh in different approaches namely Dhaka city: the clean Dhaka campaign, Chittagong city: the healthy Chittagong initiative; Rajshahi city: the Rajshahi green city; Khulna city: WHO’s urban governance for health and wellbeing.

Representative from Bangladesh demonstrated healthy city workplan that composed of activities that need no funding, activities that supported by governments and development partners, and activities that supported by WHO-UGHW project. There are numbers of activities that local governments already doing and need no additional fund such as promotion of tobacco free workplace, promotion of efficient and
equitable urban WASH services, promotion of green city, creation of walking-friendly city, and introduction of health insurance for low-income city dwellers. Activities that could be supported further by development partners included strengthening of primary health care to improve essential health service delivery including PEN and mhGAP implementation, community health promotion and awareness creation on healthy behaviours, increase access to water and sanitation in urban slums, and menstrual health and hygiene promotion installing sanitary napkin vending machines in schools.

From experience in Khulna city, the UGHW project have been useful in building city leader’s capacities, operational research, and develop sustainable trainings on healthy city in universities. Through the UGHW project, Khulna city is able to bring multisectoral partners and stakeholders to agree upon the actions required for improvement of the city. There is a strong commitment and ownership from pollical entities and stakeholders from multiple sectors.

**Bhutan:** Healthy city action plan (2022-2026) was initiated with WHO support. Ministry of Health and Ministry of Work and Human Settlement are committed to support Thimphu Thromde as the first city of Bhutan to advance multisectoral decision making and actions for health and wellbeing in Bhutan. The city has prioritized urban governance, urban design and planning, and health equity as three prongs of actions. Operational plan and costing for each strategic priority have been developed. Through understanding of health determinants and existing information, Bhutan able to make informed decision on priorities to take actions to address health inequities, improving infrastructures appropriate to climate risks, as well as enhancing education and health literacy to the people across age groups. Bhutan demonstrated important of true self-reflection on the real conditions of the cities and found that WHO healthy self-assessment tool is useful. Coordination across sectors is important and must be done from the national level and reflected at the city level for implementation of national development agenda for health and wellbeing of the people.

**Indonesia:** Healthy city initiative in Indonesia started since 2005 and continue to foster cities actions through national healthy city forum. Representatives from Indonesia highlighted implementation of healthy city in Makassar city and Wajo regency. Like most cities, the cities in Indonesia faced with extreme climate change creating floods, earthquakes, tornado, landslides which caused many problems for people living in congested areas in cities as well as those in peripheries where there are inadequate responses. Waste management remains challenging as population growth rates increase. For the past 17 years of experiences, Makassar cities discovered that successful implementation of healthy city depended on strong political will, multisectoral collaborations, meaningful community participation, and functioning of the healthy city forum (network of cities). City of Makassar developed unique integrated programmes to support healthy alleys (Lorong Sehat Kota Makassar) that comprised of 12 actions that clean up the cities and improve quality of lives of the people in urban areas particularly the poorer ones. Wajo regency have implemented 100% health insurance for urban population and special care for aging population since 2017. Achievements of healthy city initiative in Wajo Regency are visible with significant dropped of dengue cases from 297 persons in 2019 to 45 persons in 2022 through improvement of urban environment (Gerakan Wajo Cari Jentik- GO CANTIK). This implementation was possible because of strong commitments from multiple stakeholders in Wajo Regency.
Maldives: Maldives is facing several social issues such as an increase in illegal immigration and crime rates. The country is also working to cope with high incidence of road traffic accidents, growing incidence of NCD, and climate-related challenges. Male, the capital of Maldives, has established the vision of a ‘Green Island’ to tackle climate change. Enabling environment for health and well-being is established through improve infrastructures promoting healthy active lifestyles, proper waste management, linkage of public transportation for all. The government has established annual parameters and performance indicators to benchmark the different cities’ socio-economic determinants of health. Regular project-based consultations are also conducted with the public as part of the government’s assessment and improvement mechanism.

Nepal: Nepal’s Constitution recognizes health as a fundamental right of its citizen. Health has been prioritized as a major development agenda in the country’s strategic plan. Representatives from Nepal highlighted efforts in Dhulikhel city to provide quality healthcare and to increase equitability of health services in the city. Multi-sectoral mechanisms are in place, and the city is working to address the challenges of high incidence of NCDs and suicides through partnerships with local NGOs and universities. Community and home-based care has been strengthened in recent years. People in communities also received health information on radio programmes and local medias. Dhulikhel is striving for meeting all the local SDG targets and health is one of the key areas that governor is committed to improve for all the population in this city.
**Sri Lanka:** Sri Lanka is seeing high levels of poverty due to the country’s economic and political instability, disproportionately affecting the vulnerable such as the disabled. Healthy city initiative has recently been introduced to Jaffna city and the concept is well received. Jaffna city cited numerous health challenges such as foodborne and waterborne diseases, which the city continues to grapple with. Efforts to improve health of the population include provision of health information in the local language and promotion of cycling. Multisectoral stakeholders meeting had been organized to raise important of improving city conditions and promote health in the city.

**Thailand:** Thailand’s Department of Health launched a nation-wide healthy city initiative in the country as of November 2021. Under this initiative, cities are assessed under i) Healthy Environment, ii) Healthy Settings, and iii) Healthy People, covering numerous indicators including sanitation, waste management, water management, air and noise pollution, healthy foods. The government has declared its commitment to achieve standards in international protocols such as the Ottawa Charter, Shanghai Declaration, Social Development Goals through this national effort. In August 2023, a total of 108 municipalities from 12 health districts in Thailand were awarded as healthy cities - 14 gold awardees, 39 silver awardees, and 55 bronze awardees in all.

**Example of good practices in healthy cities**

Bangkok Metropolitan is the main city that developing mechanisms and information system to tackle complex urban health issues. Digital information system generates evidence-based solution and prompt response especially in addressing environmental health, prevention of road traffic injuries, capturing NCD risk factors and conditions of urban population.
Representatives from Thailand shared about the case study of the Thailand’s Healthy Community Strengthening Plan (HCS Plan) under the ThaiHealth Promotion Foundation which was piloted as of 2012 to build communities’ capacities and has grown to cover every dimension of health promotion in communities in the country.

E. Structure and system of healthy cities: Data generation and Action plan, presented by Ms. Wan Chantavilasvong, Advisor, and Ms Foo Jia Xin, General Manager to the Regional Laboratory Urban Governance for Health and Well-being (RL-UGHW)

Participants were introduced to analytic tools that cities could explore in the building of data infrastructure, such as heat zones and network analysis of healthcare locations. Building upon the exercises to develop city health profiles based on health information as well as the factors influencing physical health and societal well-being. Cities were encouraged to consider how best to utilise the data and further develop data insights and analysis.

Beside creating information, cities will need to demonstrate or tell stories about their cities which development of narrative will be a soft skill that essentials for social and resource mobilization as well as displaying accountabilities. Evidence will also be important to understand the baseline before taking actions and support prioritization of the actions required in the cities to address inequities and promote viable healthy cities.

RL-UGHW team introduced a series of worksheets and toolkit for cities/countries to exercise and identify data availability, ownership, stakeholders, and how to build on the information to meet the healthy city accreditation criteria developed for South-East Asia cities.

The exercises that the cities were guided through, and presented on, include:

**City Data Profile**
- Data availability, ownership and stakeholders involved in the data collection of relevant health information (based on the 13 indicators in Form 1B of the SEAR Healthy City Network accreditation)
- Accessibility, frequency, validity, and aggregation of data available

**Healthy City Scale**
- Self-Assessment of the city’s current health status based on the 13 indicators in Form 1B of the SEAR Healthy City Network accreditation, on a scale of 0-5

**Equity Assessment**
- Spidergram to chart the existing state of well-being support for the various vulnerable populations: elderly, persons with disability, migrants, children and youth, women, poor/homeless, entrepreneurs and small businesses.

**Stakeholder mapping**
- Cities mapped relevant stakeholders involved in the urban governance for health and well-being of the urban population to guide analysis of strategic partnerships for information sharing and further cooperation.

**Priority Setting**
- Template to determine the city’s priorities strategically based on feasibility and impact

**Action Plan**
- Cities worked on developing concrete projects targeting key issues on governance of health

Through the use of the various tools in the workshop, participants were guided to consider gaps and inequity issues to be prioritized, particularly for vulnerable populations in the city. This informed action plans that cities made, including a concrete timeline, identified indicators and target outcomes, as well as resources required.

Having mapped out the data sufficiency and ownership in the city, participants also strategized on means to better engage relevant stakeholders involved in governance for urban health and well-being.

These completed plans have been compiled in a common folder for cities’ further reference and development, as well as RL-UGHW’s development of a model of governance for urban health and well-being for SEAR.
Participants were introduced to the Health Equity lens and the Urban HEART framework for integration into the local planning cycle for assessment of inequity in health outcomes. This included possible benchmarking methods as a means of identifying gaps in key policy domains, following which cities can conduct targeted interventions to address the existing equity issues.
Urban LEAD was also introduced to guide cities’ systematic approach to enhancing governance for health and well-being through Small Intersectoral Projects (SIP). This was incorporated into participants’ action plans.

Figure 6: Urban LEAD framework

Building upon the issue of health inequity, participants learnt about age-friendly city as a means to close the inequity gap, through addressing domains in the environment including housing, assistive technology, transportation and social facilities. In turn, age-friendly environments enable

Healthy environment for all age groups
all people to age well in a place that is right for them; continue to develop personally; be included; contribute to their communities; enjoy independence and good health.

Figure 7: Healthy environment for all age groups

G. **Advocating healthy cities: Building a Narrative**, presented by Ms. Wan Chantavilasvong, Advisor to RL-UGHW

Following the charting of the cities' health profiles and identification of key priorities, participants were introduced to developing of City Narratives. This included the City Context, Social & Environmental Determinants of Health, and Urban Governance Context.

Building upon the understanding of their unique challenges, cities illustrated the city’s context and pitched their respective issues and solutions to the expert panel to assess viability and robustness of their proposed strategies.

Figure 8: Components in Narrative Building

Attending members from the expert panel responded with their observations on common trends and challenges faced by participating cities, and insights on potential areas of development that SEAR cities could adopt to enhance their governance for health and well-being.

Professor Surenthirakumaran, a member of SEAR expert panel commented on the need to digitalise and maintain essential data for cities’ future development, building capacity for a policy environment that is data driven. He also advocated for the community engagement such as discussion forums, which are conducive for the Participator Research Approach research model.
Dr Sushil Baral, a member of SEAR Expert panel cited notable trends in key issues such as changing health needs and population dynamics, climate change and structural issues in the SEAR region. As such, continued capacity development and multi-sectoral engagement was necessary, on top of political commitment to being a Healthy City.

Figure 9: Insights from Dr Sushil Baral, Member of South-East Asia Regional (SEAR) Expert Panel on Urban Health and Health City Network

The session highlighted the necessity of being a Healthy City and reinforced participating cities’ commitment towards actioning development plans to advance health and well-being for the urban population.

H. **Theory of Change improving urban governance for health and wellbeing**, presented by Dr Suvajee Good, RA-SDH

Participants were introduced to the Theory of Change to map out how and why a desired change is expected to happen in a particular context. This segment put into perspective the intended change of their proposed initiatives and guided the identification and charting of the cities’ desired long-term goals through an outcome’s framework.

In particular, participants were guided to better appreciate the importance of active civic engagement for transformative change in participation and governance. In turn, cities should
develop their own theory of change based on their contexts and priority issues. Dr Good emphasize important to addressing root causes of urban health and development issues, where assessment of governance structure and system would be reflected in improving the ways local government response to problems they face.

Figure 7: Theory of Change

**Case-Study of Wellness city**, presented by Dr Khee Poh Lam, a Member of SEAR Expert Panel on Urban Health, the Provost’s Chair Professor of Architecture and the Built Environment College of Design and Engineering, National University of Singapore

Dr Lam shared the salience of good design thinking in Singapore’s urban planning and infrastructure and highlighted the impact of design on health and well-being of the population. He further shared insights from the Centre for Liveable Cities and initiatives such as the return of food trays in food courts in the country.

Dr Lam also introduced assessment frameworks for the built environment such as the International and National Well Standards, BCA-HPB Green Mark for Healthier Workplaces and Singapore Green Mark 2021.

Through the lessons learnt from Singapore, the importance of innovation in urban planning was highlighted.
Conclusion and recommendations

Given the varying contexts of cities in the region, such as levels of development, challenges, capacities, experiences in promoting health and wellbeing, and resources, measurement of healthy city by a particular set of standards may discourage some cities to achieve long term goals and put them in disadvantage for long duration. Cities that have experience in many development agendas would be able to take advantage of their experience and excel faster than those who have not. Thus, this consultation provided an opportunity for city and national representatives participating in this meeting to discuss and agree upon what would be best inclusive and equitable ways to acknowledge efforts made by local governments and their stakeholders.

A poll was conducted among participating countries to come to an agreement for regional accreditation process and elements to be accredited, as well as frequency of assessments.
a. Accreditation for SEAR Healthy Cities Network

Participants were polled on two viable models of accreditation:

**Accreditation Model 1**

The first model proposed benchmarking cities on a fixed scoring system. The cities are assessed based on the level they score on the indicators in the SEAR Assessment Tool, with Level 0 being the lowest and 5 being the highest for each indicator.

To prioritize Urban Governance as an underpinning mechanism to facilitate health and well-being in the city, indicators for Urban Governance are given double weightage in the proposed scoring system. Cities will achieve awards based on the total points achieved upon each re-assessment of the city.

### Model 1: Standardized Steps

Minimum scores in (a) Socio-Economic Determinants of Health & (b) Urban Governance to qualify for Gold/Silver/Bronze Award

<table>
<thead>
<tr>
<th>Score: (a) Socio-Economic Determinants of Health</th>
<th>(b) Urban Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Areas of assessment</td>
<td>Levels</td>
</tr>
<tr>
<td>(2) Livelihood and Living Conditions</td>
<td>0-5</td>
</tr>
<tr>
<td>(3) Socioeconomic and Work Conditions</td>
<td>0-5</td>
</tr>
<tr>
<td>(4) Urban Infrastructures and Facilities</td>
<td>0-5</td>
</tr>
<tr>
<td>(5) Public Health Systems and Social Services</td>
<td>0-5</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

*As changes in urban governance are much more difficult, each score level is worth 2 points.

**Accreditation Model 2**

Model 2 proposes benchmarking cities based on their original score in the assessment tool; cities are awarded based on their improvement relative to their original scoring in the Assessment Tool, upon re-assessment.
Model 2: Improvement focus relative on baselines

Accreditation Poll Results

70% of the 29 participants surveyed opted for Model 2, citing consideration for a city’s context and needs, as well as the opportunity to allow cities which are ‘further behind’ to gain recognition and encourage continued progress. Additionally, participants felt Model 2 ‘assesses cities real performance’ by helping to track progress relative to a city’s previous achievements.

Participants in favour of Model 1 felt that a standardised model ensures that minimum standards across various indicators are maintained, and that it helps to set a concrete target for cities work towards. Model 1 was also better for ‘comparability’ amongst cities, allowing for ‘comparison of different cities on a uniform scale’ and recognition on that basis.

Figure 15: Poll on Healthy Cities accreditation model
b. **Frequency of assessment**
Participants voted on the optimal regularity of assessment for awarding as Healthy Cities in the regional network.

Majority of cities polled felt that 2 years was a good benchmark for evaluation of the city’s progress, while nearly one-third of participants opted for re-assessment every 3 years.

![Figure 16: Poll on regularity of assessment for Healthy Cities award](image)

### c. Proposed Accreditation
Based on the proposed accreditation, in the 1st Round of the SEAR Healthy City Network Accreditation in 2023, cities will receive acknowledgement as ‘Affiliated HC’ or ‘Committed HC’ based on completeness of their submissions.

**1st round of Accreditation**
For the 1st round of Accreditation in 2023, the awarding of cities will be based on the cities’ completeness of submission and commitment in the SEAR Healthy City Network.
Figure 17: Proposed 1st round of accreditation for the SEAR Healthy Cities Network

- Form 1A is the application form with basic information and city’s commitment.
- Form 1B is the pre-assessment profile which looks at 13 prioritised Healthy City indicators. Cities are required to submit data, as best as possible, to validate the assessment from Levels 0 – 5.
- Form 2A is the City’s Health Profile which requires cities to submit detailed information, which will be benchmarked to the complete set of 45 indicators in the Assessment Tool.
- Form 2B is the City’s Health Development Plan where cities describe current and upcoming development plans for the city based on WHO’s 9 Healthy Cities Action Domains.

“Committed HC (Healthy City)” refers to cities which have submitted all forms and data (Forms 1A, 1B, 2A, 2B).

“Affiliated HC” refers to cities which have mid-point of their submissions, and have minimally submitted Forms 1A, 1B and relevant data.

Reiterative Assessment every 2 years:

In the subsequent rounds of accreditation, we are looking to accredit cities based on holistic improvements made in cities’ socio-economic determinants of health across a set of 45 indicators totalling a score of 250.

‘Urban Governance’ has been prioritised and hence given double weightage. The levels Budding, Blooming, Blazing etc are proposed for subsequent rounds of accreditation to acknowledge cities for improvements made.
Participating cities will be awarded based on their relative improvements in overall health and well-being, based on the scoring in the framework. The more significant the improvement, the higher the level of award – “Budding Healthy City”, “Blooming Healthy City”, “Blazing Healthy City” and “Advanced Healthy City”. Cities that have achieved the highest level “Advanced Healthy City” will be assessed for maintaining their status following re-assessment every 2 years.

**Figure 17: Scoring rubric for subsequent rounds of accreditation for the SEAR Healthy Cities Network**

<table>
<thead>
<tr>
<th>Areas of assessment</th>
<th>Rubric levels</th>
<th>Scoring weightage</th>
<th># of indicators</th>
<th>Score range</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) General information</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(1) Livelihood and Living Conditions</td>
<td>0-5</td>
<td>1</td>
<td>11</td>
<td>0-55</td>
</tr>
<tr>
<td>(1) Socioeconomic and Work Conditions</td>
<td>0-5</td>
<td>1</td>
<td>7</td>
<td>0-35</td>
</tr>
<tr>
<td>(1) Urban Infrastructures and Facilities</td>
<td>0-5</td>
<td>1</td>
<td>16</td>
<td>0-80</td>
</tr>
<tr>
<td>(1) Public Health Systems and Social Services</td>
<td>0-5</td>
<td>1</td>
<td>6</td>
<td>0-30</td>
</tr>
<tr>
<td>(1) Urban Governance</td>
<td>0-5</td>
<td>2</td>
<td>5</td>
<td>0-50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>45</strong></td>
<td><strong>5</strong></td>
<td><strong>0-250</strong></td>
</tr>
</tbody>
</table>

**Figure 18: Achievement level for subsequent rounds of accreditation for the SEAR Healthy Cities Network**

<table>
<thead>
<tr>
<th>Levels</th>
<th>Submission</th>
<th>Score</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Budding HC</strong></td>
<td>Form 1A + 1B + 2A + 2B+ Data</td>
<td>Δ10 - 40 to N_{base}</td>
<td>Encouraging improvement</td>
</tr>
<tr>
<td><strong>Blooming HC</strong></td>
<td>Form 1A + 1B + 2A + 2B+ Data</td>
<td>Δ40 - 60 to N_{base}</td>
<td>Significant improvement</td>
</tr>
<tr>
<td><strong>Blazing HC</strong></td>
<td>Form 1A + 1B + 2A + 2B+ Data</td>
<td>Δ60 - 90 to N_{base}</td>
<td>High momentum in improvement</td>
</tr>
<tr>
<td><strong>Advanced HC</strong></td>
<td>Form 1A + 1B + 2A + 2B+ Data</td>
<td>N ≥ 220</td>
<td>Achieved most indicators and are ready to take on further advancement in health and well-being</td>
</tr>
</tbody>
</table>

N_{base} = original score for 45 ind. in Form 2A

**Figure 18: Achievement level for subsequent rounds of accreditation for the SEAR Healthy Cities Network**
Further Review
Based on UGHW’s introduction of the SEAR Healthy Cities Network and partnership with member cities for a year, below are several observations and recommendations:

- **Strengthen Evidence**
Drawing reference from the [UNESCAP Asia and the Pacific SDG Progress Report 2023](https://unesdoc.unesco.org/ark:/48223/pf0000364938), indicators are assessed on their Evidence Strength based on availability of data. Participating cities in the SEAR Healthy Cities Network Accreditation face various challenges in data availability and collection. UGHW is hence exploring incorporating this dimension to better profile information availability in participating cities, building upon the suggestion by Dr Lam Khee Poh, a member of the expert panel convened for the SEAR Healthy Cities Network Accreditation.

![Evidence Strength Chart](https://example.com/evidence_chart.png)

- **Categorization of Participating Cities**
The SEAR Healthy Cities Network has been open to all applicant cities which are defined as cities within the country. However, UGHW notes that there is a significant variation in the population size and density of applicant cities. Given the diversity in issues faced and complexity of government mechanisms, UGHW recommends introducing a separate category ‘Healthy Communities’ for applicants of a smaller population density and population size. This will be validated by further research on a reasonable benchmark to distinguish between ‘Healthy Cities’ and ‘Healthy Communities’.

Through the introduction of a separate category of ‘Healthy Communities’ alongside ‘Healthy Cities’, the SEAR Healthy City Network will continue to be inclusive while introducing research, tools and training which would be more applicable to the respective local contexts.
- **Review of Methodology and Effectiveness of Tool**

Presently, cities’ health are profiled based on their input in Forms 1A, 1B, 2A, and 2B. This has posed some limitations in UGHW’s assessment of cities, particularly in the domain of urban governance. UGHW is hence conducting qualitative interviews to supplement the existing means of profiling cities in order to better assess cities’ health and well-being holistically. However, this methodology requires more resources and is more time intensive. As such, UGHW will roll this out gradually, and stage it by

- I. drafting interview questions based on common gaps in information from submitted forms, followed by
- II. prioritizing interviews with cities which have completed their submissions.

UGHW is also seeking participant cities’ input on:

- I. Challenges in obtaining the data as required in Form 1B and 2A & sustaining this data collection on a regular basis
- II. The usefulness of this data in informing their city's projects and policies
- III. Suggestions of how the Application process and Network can better support the city's development in health and well-being.

Beyond acknowledging cities duly for their efforts and improvements in being a Healthy City, UGHW seeks to facilitate more effective data collection and policy/project formulation processes. While cities have committed to participating in the accreditation, there remains much room for cities to gain a deeper appreciation of the importance of the data, and to use the data accordingly to inform the local government’s decisions.
# Programme

## Day 1 Healthy city: sharing of experiences, 25th April 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Speaker / facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30-9.00</td>
<td>Registration</td>
<td></td>
</tr>
<tr>
<td>9.00-9.30</td>
<td>Opening session: Meeting Objectives</td>
<td>Dr Suvajee Good, RA-SDH WHO Representative</td>
</tr>
<tr>
<td></td>
<td>Regional Director’s Message</td>
<td></td>
</tr>
<tr>
<td>9.30 – 9.45</td>
<td>Photo Session</td>
<td></td>
</tr>
<tr>
<td>9.45 – 10.00</td>
<td>Tea &amp; Coffee break</td>
<td></td>
</tr>
<tr>
<td>10.00 – 10.15</td>
<td>Global and regional overview of healthy city initiatives</td>
<td>Dr Suvajee Good, RA-SDH</td>
</tr>
<tr>
<td>10.15 – 10.30</td>
<td>Regional urban health issues: climate change, air pollution, and waste management</td>
<td>Dr Nasir Hassan, RA Climate Change</td>
</tr>
<tr>
<td>10.30 – 10.45</td>
<td>Regional urban health issues: water, sanitation, and hygiene</td>
<td>Mr Hussain Rasheed, RA-WASH</td>
</tr>
<tr>
<td>10.45 – 11.00</td>
<td>Regional urban health system and inequities</td>
<td>Dr Suvajee Good on behalf of RA-health system</td>
</tr>
</tbody>
</table>
| 11.00 – 12:30 | Countries/cities experience in addressing urban health issues through creating enabling environment for health and well-being  
• Bangladesh  
• Indonesia  
• Bhutan  
• Maldives | One representative from country or city - 10 minute presentation                               |
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Speaker / facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.30 – 13.00</td>
<td>Q &amp; A and reflection on effectiveness of current practices</td>
<td></td>
</tr>
<tr>
<td>13.00-14.00</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>14.00 – 14.30</td>
<td><strong>Introduction of healthy city criteria</strong></td>
<td>Dr Suvajee &amp; UGHW team</td>
</tr>
<tr>
<td></td>
<td>- Nine domains of effective healthy cities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- WHO guidance and recommended actions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Core domains for SEAR cities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Key common challenges</td>
<td></td>
</tr>
<tr>
<td>14.30 – 15.00</td>
<td><strong>Structure &amp; system of healthy city</strong></td>
<td>UGHW team</td>
</tr>
<tr>
<td></td>
<td>- Core domains on Governance and related domains</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Developmental process and outcomes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- City health profile</td>
<td></td>
</tr>
<tr>
<td>15.00 – 15.30</td>
<td><strong>Exercise: pre-assessment of current city’s health situation</strong></td>
<td>UGHW team</td>
</tr>
<tr>
<td></td>
<td>- Self-rating of healthy city</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Data availability to build city health profile</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Ownership and utilization to informed healthy city planning</td>
<td></td>
</tr>
<tr>
<td>15.30 – 15.45</td>
<td><strong>Health Break</strong></td>
<td></td>
</tr>
<tr>
<td>15.45 – 16.30</td>
<td><strong>Exercise: pre-assessment of current city’s health situation</strong></td>
<td>UGHW team</td>
</tr>
<tr>
<td></td>
<td>- Mapping of stakeholders for information sharing and cross sectoral analysis (health and its determinants)</td>
<td></td>
</tr>
<tr>
<td>16.30 – 17.00</td>
<td><strong>Presentation of exercise (by country)</strong></td>
<td>One template per country</td>
</tr>
<tr>
<td>17.00 – 17.30</td>
<td><strong>Reflection &amp; Networking</strong></td>
<td>City/country &amp; Expert comments</td>
</tr>
</tbody>
</table>
## Day 2 Preparation for Transformation, 26th April 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Speaker / facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.30 – 9.00</td>
<td>Recap Day 1 &amp; cross country ice braking</td>
<td>Interactive</td>
</tr>
<tr>
<td>9.00 – 9.30</td>
<td><strong>Introduction of City Health Profile</strong></td>
<td>UGHW</td>
</tr>
<tr>
<td></td>
<td>- Generating evidence (health and its determinants)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Build a narrative of city profile</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Informing the public</td>
<td></td>
</tr>
<tr>
<td>10.30 – 11.00</td>
<td>Presenting narrative (5 minute each)</td>
<td></td>
</tr>
<tr>
<td>11.00 – 11.15</td>
<td><strong>Health Break</strong></td>
<td></td>
</tr>
<tr>
<td>11.15 – 11.30</td>
<td><strong>Assess urban health equity:</strong></td>
<td>Dr Suvajee Good</td>
</tr>
<tr>
<td></td>
<td>- Urban governance for health and well-being lens</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Urban HEART</td>
<td></td>
</tr>
<tr>
<td>11.30 – 12.30</td>
<td>Revisit city health profile: identify gaps and inequity issues to be prioritized</td>
<td>Group work</td>
</tr>
<tr>
<td></td>
<td>- Data validity &amp; availability on equity issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Develop transparency &amp; accountability profiles</td>
<td></td>
</tr>
<tr>
<td>12.30 – 13.00</td>
<td>Co-creation of city/community health profile: addressing the data gaps and equitable access</td>
<td>Lesson learnt from Thai Health Promotion Foundation</td>
</tr>
<tr>
<td>13.00-14.00</td>
<td><strong>Lunch break</strong></td>
<td></td>
</tr>
<tr>
<td>14.00-14.15</td>
<td><strong>Theory of Change: Transformation toward healthier societies</strong></td>
<td>Dr Suvajee Good</td>
</tr>
<tr>
<td>14.15-14.30</td>
<td><strong>Change through urban design &amp; architect</strong></td>
<td>Professor Lam Khee Poh</td>
</tr>
<tr>
<td>14.30 -15.30</td>
<td><strong>Exercise: Making healthy city plan</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Multiple dimensional plan (from healthy city domains (vision) to evidence-based planning)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Back casting &amp; Co-designing</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Agenda</td>
<td>Speaker / facilitator</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>15.30 – 15.45</td>
<td>Health break</td>
<td></td>
</tr>
<tr>
<td>15.45 – 16.30</td>
<td><strong>Exercise: Making healthy city plan</strong>&lt;br&gt;- Leaving no one behind: inclusive engagement with most vulnerable groups&lt;br&gt;- Designing suitable city for everyone&lt;br&gt;- Desirable urban healthy system&lt;br&gt;- Consultative process and opportunities&lt;br&gt;- City capacities &amp; attainable actions</td>
<td></td>
</tr>
<tr>
<td>16.30 – 17.00</td>
<td>Preparation for presentation</td>
<td></td>
</tr>
</tbody>
</table>

**Day 3 Accreditation of Healthy city, 27th April 2023**

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Speaker / facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00 – 10.00</td>
<td>City/country presentations on draft healthy city plans</td>
<td>Country/city representative</td>
</tr>
<tr>
<td>10.00 – 10.30</td>
<td>Experts’ comments and inputs for cities</td>
<td>Experts</td>
</tr>
<tr>
<td><strong>10.30 –10.45</strong></td>
<td>Health break</td>
<td></td>
</tr>
<tr>
<td>10.45 – 11.30</td>
<td>WHO Initiatives Urban leadership training and champions&lt;br&gt;- Introduction Urban LEAD&lt;br&gt;- Experience in Khulna city&lt;br&gt;- Age-Friendly City</td>
<td>UGHW team&lt;br&gt;WCO Bangladesh&lt;br&gt;Dr Suvajee Good</td>
</tr>
<tr>
<td>11.30 – 12.00</td>
<td>Urban agenda, practices, and tools from Partner agencies&lt;br&gt;- UN Habitat&lt;br&gt;- UNICEF</td>
<td>Representatives from partner agencies &amp; Hassan</td>
</tr>
<tr>
<td>Time</td>
<td>Session Title</td>
<td>Speaker</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>12.00 – 12.30</td>
<td>SOP for accreditation for healthy city in South-East Asia: Integrated approach</td>
<td>UGHW</td>
</tr>
<tr>
<td>12.30-13.30</td>
<td><strong>Lunch break</strong></td>
<td></td>
</tr>
<tr>
<td>13.30 – 14.00</td>
<td>Monitoring progress: self-assessment</td>
<td>Country’s brainstorm</td>
</tr>
<tr>
<td></td>
<td>• Mechanisms in place for assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Frequency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Accountability</td>
<td></td>
</tr>
<tr>
<td>14.00 – 14.30</td>
<td>Monitoring progress: external evaluation</td>
<td>Country’s brainstorm</td>
</tr>
<tr>
<td></td>
<td>• Expert panel &amp; public forum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provincial health assembly</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Social auditing</td>
<td></td>
</tr>
<tr>
<td>14.30 – 15.00</td>
<td>Ways forward</td>
<td></td>
</tr>
<tr>
<td>15.00 – 15.30</td>
<td>Closing remark</td>
<td></td>
</tr>
</tbody>
</table>
Annex 2-List of Participants

Country Participants

Bangladesh

1. Lt Col Md Golam Mostofa Sarwar
   Deputy Chief Health Officer
   Dhaka North City Corporation
   Dhaka
   E-mail: himusarwar@gmail.com

2. Mr Fazle Shamsul Kabir
   Chief Health Officer
   Dhaka South City Corporation
   Dhaka
   E-mail: fskabirdsc@gmail.com

3. Mr Mohammad Jasim Uddin
   Deputy Secretary and DPD
   Urban Primary Health Care Services Delivery Project (Phase-2)
   Local Government Department
   Dhaka

Bhutan

4. Mr Kinga Gyelthen
   Deputy Chief Thromde Health Officer
   Thimphu Dzongkhag
   E-mail: kingag@thimphucity.gov.bt

5. Mr Passang Tshering
   Deputy Chief Thromde Health Officer
   Phuentsholing Thromde
   Email: Ptshering@pcc.bt

6. Ms Kinzing Yangden
   Associate Lecturer
   Khesar Gyalpo University of Medical Sciences of Bhutan
   E-mail: kinzang.yangden@fnph.edu.bt

7. Mr Tika Ram Acharja
   Urban Planner
   Ministry of Infrastructure and Transport
   Norzin
   E-mail: tracharja@moit.gov.bt

Indonesia

8. Ms Yuni Dwi Purwani
   General Secretary
   National Forum for Indonesian Healthy Cities
   Republic of Indonesia
   E-mail: yuni.devdan@gmail.com ; forumnasionalkkks@gmail.com

9. Ms Sitti Maryam Burhanuddin
   Chairman
   Healthy District
   City Forum of Wajo Regency
   E-mail: SittiMaryamAmran7@gmail.com

10. Dr Ihsan Imawan Latief
    Department of Urban and Regional Planning
    Faculty of Engineering
    Universitas Hasanuddin
    E-mail: ihsanlatief.rise@gmail.com

11. Professor Sukri Palutturi
    Centre for Indonesian Healthy Cities
    Studies School of Public Health
    Universitas Hasanuddin
    E-mail: sukritanatoad72@gmail.com

12. Professor Noer Bahry Noor
    Chairman
    Healthy City Forum (FKS)
    Makassar City
    E-mail: noerbahrynoor@gmail.com

13. Ms Rida Desiana
    Nutrition and Health Promotion Program Administrator
    The Coordinating Ministry for Human Development and Cultural Affairs
    Jl. Medan Merdeka Barat No. 3
    Jakarta Pusat 10110
    E-mail: rida.desiana@kemenkopmk.go.id ; ridadesiana@gmail.com

14. Mr Hadrian Marta
    Health Analyst
15. Ms Neena Mohamed  
Senior Health Research Officer  
Ministry of Health  
Male  
E-mail: neena@health.gov.mv

16. Ms Fathimath Shabana  
Senior Public Health Programme Officer  
Health Protection Agency  
Sosun Magu, Malé 20379  
E-mail: shabana@health.gov.mv

17. Mr Shaheeb Abdul Azeez  
Health of Department of Public Health  
Maldives National University  
Malé  
E-mail: Shaheeb.abdulazeez@mnu.edu.mv

18. Ms Aminath Adhala Rasheed  
Councilor  
Addu City Council  
Addu City  
E-mail: aminath.adhala@adducity.gov.mv

19. Dr Samir Kumar Adhikari  
Senior Health Administrator  
HEOC Chief  
Ministry of Health and Population  
Kathmandu  
E-mail: adhikarispk@gmail.com

20. Mr Suman Salike  
Senior Division Engineer  
Ministry of Urban Development  
Kathmandu  
E-mail: sumansalice@gmail.com

21. Ms Sarita Maharjan  
Public Health Section Chief  
Lalitpur Metropolitan City  
Kathmandu  
E-mail: saritamaharjan.lmc@gmail.com

22. Mr Mukti Nath Khanal  
Under Secretary (Stat)  
Management Division  
DoHS  
Kathmandu  
E-mail: mukti_khanal@yahoo.com

23. Mr Sandip K.C  
Chief of Health Section  
Dhulikhel Municipality, Kavre  
E-mail: sandipkc678@gmail.com

24. Dr Jeevan Thapa  
Assistant Professor  
Patan Academy of Health Science  
Lagankhel, Lalitpur  
E-mail: Jeevanthapa@pahs.edu.np

25. Mr M R H Swarnathilake  
Chief Finance Officer II  
Ministry of Health  
Colombo  
E-mail: hswarnathilake@yahoo.com

26. Mr H M W Dinipriya  
Deputy Director General (Logistics)  
Ministry of Health  
Colombo  
E-mail: dinipriya@gmail.com

27. Mr H M C I Herath  
Director Buildings (Engineering)  
Ministry of Health  
Colombo  
E-mail: heraal1974@yahoo.com

28. Dr M H B Ariyaratne  
Actg. Consultant  
Health Informatics  
Ministry of Health  
Colombo  
E-mail: buddhika.ari@gmail.com
Thailand

29. Ms Siripun Bootsri
   Public Health Technical Officer
   Expert Level
   Deputy Director
   Metropolitan Health and Wellness Institute
   Department of Health
   Ministry of Public Health
   Nonthaburi 11000
   E-mail: puingbee@hotmail.com

30. Dr Supharerk Thawillarp
   Medical Officer
   Senior Professional Level
   Digital Health Group
   Strategy and Planning Division
   Office of the Permanent Secretary
   Ministry of Public Health
   Nonthaburi 11000
   E-mail: raynus.blueray@gmail.com

31. Ms Kunnikar Charoenchit
   Registered Nurse, Professional Level
   Deputy Chief, Development of Reproductive
   Age, Early Childhood and Family Well-being
   Group
   Metropolitan Health and Wellness Institute
   Department of Health
   Ministry of Public Health
   Nonthaburi 11000
   E-mail: cardiac5011@gmail.com

32. Dr Ungsinun Intarakamhang
   Director
   Behavioral Science Research Institute
   Srinakharinwirot University
   Ministry of Higher Education
   Science, Research and Innovation
   Bangkok
   E-mail: ungsinun@gmail.com

33. Dr Rossucone Chartprasert
   Policy and Plan Analyst
   Senior Professional Level
   Chief, Public Health Strategy Section
   Strategy and Evaluation Department
   Bangkok Metropolitan Administration
   Bangkok
   E-mail: rossucone.c@gmail.com

Special invitees

34. Dr Supattra Srivanichakorn
   The consultant of NCD division
   Disease control Department
   Ministry of Public Health
   Muang District, Nonthaburi
   Thailand
   E-mail: spsrivanich@gmail.com

35. Ms Foo Jia Xin
   Lab Manager
   Chulalongkorn University
   Faculty of Architecture, Level 8
   254 Phaya Thai Rd, Wang Mai,
   Pathum Wan, Bangkok 10330
   Thailand
   E-mail: jiaxin.foo@who-ughw.com

36. Ms Wan Chantavilasvong
   Adviser
   Chulalongkorn University
   Faculty of Architecture, Level 8
   254 Phaya Thai Rd, Wang Mai,
   Pathum Wan, Bangkok 10330
   Thailand
   E-mail: wan.c@who-ughw.com

37. Ms Netnapa Netroj
   Network Coordinator
   Chulalongkorn University
   Faculty of Architecture, Level 8
   254 Phaya Thai Rd, Wang Mai,
   Pathum Wan, Bangkok 10330
   Thailand
   E-mail: netnapa.n@who-ughw.com

38. Professor Khee Poh Lam
   Provost’s Chair Professor of Architecture
   and the Built Environment
   College of Design and Engineering
   National University of Singapore
   4 Architecture Drive
   Singapore 117566
   E-mail: akilkp@nus.edu.sg

39. Professor R Surenthirakumaran
   Dean
Observers

40. Dr Sushil Chandra Baral
   Managing Director
   Health Research and Social Development Forum (HERD)
   Prasuti Griha Marg
   Kathmandu 44600
   Nepal
   E-mail: sushil@herdint.com

Partners / Other agencies

41. Dr Arjanne Rietsema
   Health Specialist
   UNICEF Regional Office for South Asia
   Lekhnath Marg, Kathmandu
   Nepal
   E-mail: arietsema@unicef.org

42. Dr Chahana Singh Rana
   Programme Officer
   UNICEF Regional Office for South Asia
   Lekhnath Marg, Kathmandu
   Nepal
   E-mail: csingh@unicef.org

43. Ms Pragya Pradhan
   Habitat Programme Manager
   UN Habitat
   Lalitpur 44600
   Nepal
   E-mail: pragya.pradhan@un.org

44. Mr Milan Bagale
   Project Coordinator
   UN-Habitat
   Lalitpur 44600
   Nepal
   E-mail: milan.bagale@un.org

45. Mr Bishaz Shiwakoti
   LIS Assistant
   UN Habitat
   Lalitpur 44600
   Nepal
   E-mail: bishaz.shiwakoti@unhabitat.org.np

46. Ms Sudha Shrestha
   National Professional Officer (WASH)
   UN Habitat
   Lalitpur 44600
   Nepal
   E-mail: sudha.shrestha@un.org

Secretariat

WHO Country Office

47. Dr Farzana Akter Dorin
   National Professional Officer
   Policies for Prevention of NCDs
   WHO Country office Bangladesh
   E-mail: dorinf@who.int

48. Ms Rinzi Om Dorji
   Executive Associate
   Administrative & Programme
   WHO Country office Bhutan
   Email: rinji@who.int

49. Dr Atreyi Ganguli
   Ag. Technical Lead (NCD)
   WHO Country office India
   E-mail: ganguliat@who.int

50. Ms Fransiska Mardiananingsih
   National Professional Officer
   Social Determinants of Health and Health Promotion
   WHO Country office Indonesia
   E-mail: mardiananingsihf@who.int

51. Dr Gampo Dorji
   Team Leader (NCD)
   WHO Country office Nepal
   E-mail: dorjig@who.int

52. Dr Lonim Dixit
   National Professional Officer (NCD)
   WHO Country office Nepal
WHO/SEARO, New Delhi, India

53. Dr Suvajee Good
   Regional Adviser
   Social Determinants of Health and Health Promotion
   Department of UHC/ Family Health (FGL)
   E-mail: goods@who.int

54. Dr Nasir Hassan
   Regional Adviser
   Air Pollution, Environment & Chemical safety

55. Mr Hussain Rasheed
   Regional Adviser
   Water, Sanitation and Climate change
Annex 3-Group Photos

Expert panel sharing insights based on countries’ sharing

Group photo at Regional Workshop