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กองประเมินผลกระทบสุขภาพ



ศูนย์อนามัยที่ 7
ขอนแก่น

SUMMARY REPORT

**Strengthening the Capacity
of Local Administrative
Organizations for Urban
Health and Development of
Healthy City Network**

Prepared By

Health Impact Assessment Division,
Department of Health and
Regional Health Promotion Center 7,
Khonkaen



**AUGUST
2025**

Summary Report

Strengthening the Capacity of Local Administrative Organizations for Urban Health and Development of Healthy City Network

Submitted to World Health Organization Thailand

By

Health Impact Assessment Division and

Regional Health Promotion Center 7, Department of Health, Thailand

August 2025

Strengthening the Capacity of Local Administrative Organizations for Urban Health and Development of Healthy City Network

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Preface

This report has been prepared to summarize the implementation of the project titled “Strengthening the Capacity of Local Administrative Organizations for Urban Health and Development of Healthy City Network,” which was supported by the World Health Organization (WHO). The project was jointly led by the Bureau of Health Impact Assessment and Regional Health Promotion Center 7 Khon Kaen.

As the national lead agency for health promotion and environmental health, the Department of Health plays a vital role in advancing the Healthy Cities approach at both policy and implementation levels. The project aims to empower local administrative organizations (LAOs) to integrate health data, community participation, and sustainable development principles into local urban planning and governance, thereby fostering environments conducive to the well-being of people of all ages.

This initiative responds to the complex challenges and opportunities posed by rapid urbanization in the 21st century—particularly in the areas of population health, environmental degradation, access to essential services, and locally misaligned governance structures. Achieving urban environments that support health and well-being requires the active engagement of LAOs, as they are the government bodies closest to the people. Under the WHO Healthy Cities framework, this project seeks to enhance the knowledge and capacity of LAO personnel to effectively analyze, plan, and implement urban health strategies using evidence-based health data and participatory approaches as core mechanisms. The project also fosters multi-sectoral collaboration to drive sustainable change at the local level.

This report presents both quantitative and qualitative findings, as well as challenges, barriers, and recommendations gathered throughout the project period. It is hoped that this document will serve as a useful resource for policy makers, administrators, and field practitioners in expanding and sustaining healthy cities initiatives in other regions across the country.

Health Impact Assessment Division and
Regional Health Promotion Center 7 Khon Kaen

August 2025

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1. Rationale

Urban growth has been rapid and continuous in the 21st century. The United Nations predicts that by 2050, over 68% of the world's population will reside in urban areas. While urban expansion brings economic and social opportunities, it also creates significant health and environmental challenges, such as air pollution, traffic congestion, health inequalities, and unequal access to public services. Consequently, the concept of "Healthy Cities" has gained widespread attention globally

The World Health Organization (WHO) initiated the Healthy Cities project in 1986, aiming to promote the development of cities worldwide that foster good health and quality of life for their residents. WHO has defined several key characteristics of healthy cities, including clean and safe physical environments, sustainable long-term ecosystems, strong and mutually supportive communities, public participation in decisions affecting life and health, and accessible, high-quality basic public health services.

In Thailand, the Department of Health (DOH) has been driving local administrative organizations (LAOs) to implement the DOH's own healthy city initiatives since 2023. As of 2024, 346 LAOs have been certified as healthy cities across 12 Regional Health Promotion Centers (RHPC). Among 12 RHPCs, LAOs from the RHPC 7, Khonkaen performed an impressive performance for achieving top 3 of the golden level healthy cities in Thailand. To ensure the sustainable implementation of LAOs in RHPC 7, Khonkaen, the DOH recognizes the importance of developing LAOs' capacity to moving their healthy city forward. This plan includes providing decision makers with a set of evidence-based and comprehensive overview of the demographics, city health profile as well as information on a social determinants of health.

As LAOs are the closest level of government to the people. It is important to emphasize the use of data and evidence-based decision-making, promoting stakeholder

and public participation, using tools and processes appropriate to each area context, creating innovations and best practices with consideration for sustainability and scalability, and developing efficient monitoring and evaluation systems to measure progress and impact concretely. Building a collaborative network among LAOs for healthy city development is also a key strategy to enhance learning, exchange experiences, and pool resources. This will lead to the enhancement of health-related work by LAOs in RHPC 7.

This project thus focuses on developing the capacity of LAOs in the healthy city network through learning processes, experience exchange, and practical implementation, integrating knowledge from both domestic and international sources. The aim is to elevate the health-related work of LAOs and drive concrete development towards becoming sustainable healthy cities.

This project will be pilot in RHPC 7 which not only will result in sustainable improvement of people's quality of life in the areas but also strengthen Thailand's local governance system and support the achievement of Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being), Goal 11 (Sustainable Cities and Communities), and Goal 17 (Partnerships for the Goals).

2. Project Objectives

- 1) To equip cities with the ability to utilize evidence from health initiative data to inform policy planning and strengthen leadership commitment.
- 2) To strengthen the capacity of personnel in local administrative organizations (LAOs) to effectively plan and implement healthy city initiatives in their areas.
- 3) To enhance the exchange of knowledge, experiences, and lessons learned among the cities and strengthen network building among the participants.
- 4) To develop intersectoral implementation plan for LAOs to address health issues in urban areas moving toward healthy city.

Project Implementation

Field Coordination with Local Administrative Organizations in Regional Health Promotion Center 7 that achieved the Healthy Cities Thailand

Field Coordination with Local Administrative Organizations in Regional Health Promotion Center 7 that achieved the Healthy Cities Thailand

Regional Health Promotion Center 7 Khon Kaen undertook field coordination and monitoring visits to assess the readiness of Local Administrative Organizations (LAOs) in Health Region 7. The objective was to promote and support the application process for WHO Healthy City certification in alignment with the WHO framework. The core purposes of these field visits included

- Enhancing knowledge and understanding of the concept, background, and principles of a “Healthy City” as outlined by the WHO Healthy Cities framework
- Clarifying the application process, procedures, and timeline for enrollment in the WHO South-East Asia Healthy Cities Network for target municipalities

Providing technical guidance on the preparation of required application forms, including

Form 1A – General city profile

Form 1B – Political commitment and future action plans

Form 2A – Preliminary urban health indicators

Form 2B – Existing urban health initiatives and innovations

Introducing the six domains and 22 indicators of the Thailand National Healthy City Standards to support systematic self-assessment at the local level.

In addition, these field activities served as a platform for receiving feedback, identifying technical and operational challenges, and responding to municipalities’ specific support needs. This enabled adjustments to technical assistance plans that are tailored to the local context, both strategically and operationally. The visits also fostered motivation and inspiration through knowledge sharing by municipalities previously certified at the “Gold” level.

As of the reporting period, the following ten municipalities under the jurisdiction of Regional Health Promotion Center 7 Khon Kaen had achieved certification at the “Gold” level

1. Ban Phai Town Municipality, Khon Kaen Province

2. Khao Suan Kwang Subdistrict Municipality, Chaiyaphum Province
3. Khon Kaen City Municipality, Khon Kaen Province
4. Maha Sarakham Town Municipality, Maha Sarakham Province
5. Roi Et Town Municipality, Roi Et Province
6. Kalasin Town Municipality, Kalasin Province
7. Somdet Subdistrict Municipality, Kalasin Province
8. Hua Na Kham Subdistrict Municipality, Maha Sarakham Province
9. Khok Si Subdistrict Municipality, Khon Kaen Province
10. Chum Phae Town Municipality, Khon Kaen Province

This initiative represents a preparatory step toward the sustainable development of Healthy Cities. Regional Health Promotion Center 7 Khon Kaen serves as the key academic and technical support agency, guiding municipalities through the self-assessment process toward national certification and eventual integration into the WHO Healthy Cities regional network.

Project Implementation

Workshop on Developing Healthy City Profiles according to WHO Healthy Cities Framework

Workshop: Developing Healthy City Profiles according to WHO Healthy Cities Framework

A summary of the workshop titled "Training Program to Develop Healthy City Profile" held on April 4, 2025, at Rachawadee Resort and Hotel, Khon Kaen Province. The workshop was jointly organized by the Bureau of Health Impact Assessment, the Department of Health, the Environmental Health Promotion Division, Regional Health Promotion Center 7 Khon Kaen, and the Urban Good Health and Wellbeing (UGHW) team.

The primary objectives of the workshop were to enhance understanding of the WHO Healthy Cities framework among local-level stakeholders and to strengthen their capacity to collect, analyze, and systematically develop Healthy City Profiles. Additionally, the workshop aimed to facilitate knowledge exchange among stakeholders and promote the development of policy recommendations to support sustainable and effective Healthy Cities implementation at the local level.

Workshop participants included representatives from local administrative organizations (particularly municipalities interested in joining the Healthy Cities program), officials from the Bureau of Health Impact Assessment, and staff from Regional Health Promotion Center 7 Khon Kaen. The target audience emphasized individuals responsible for data management, urban health situation assessment, and policy implementation—key roles in planning for livable, equitable, and health-promoting urban environments.

The full-day program included lectures, hands-on practice, group work, presentations, and interactive discussions. The workshop commenced with opening remarks by the Director of the Bureau of Health Impact Assessment, followed by a keynote presentation on “The Importance and Evolution of Thailand’s Healthy Cities and Strategic Directions Ahead.” This presentation outlined the conceptual foundations of the Healthy City initiative, Thailand’s historical implementation progress, and future expansion pathways.

Subsequently, the UGHW team presented an overview of the WHO Healthy Cities assessment framework, which comprises six domains

- 1) Spatial and demographic data

- 2) Living conditions and environment
- 3) Socioeconomic and work conditions
- 4) Urban infrastructure and facilities
- 5) Public health systems and social services
- 6) Urban governance

Participants then engaged in in-depth sessions focusing on domains 1 to 3, followed by group exercises to explore their local data availability, identify information gaps, and develop data collection strategies—essential steps in creating a robust and complete Healthy City Profile.

In the afternoon, five randomly selected groups presented the results of their group exercises within 10-minute time slots and received expert feedback. This was followed by technical lectures on domains 4 to 6, emphasizing the role of physical infrastructure, health services, and governance systems in supporting sustainable Healthy Cities.

Participants then undertook a second round of group activities to develop data collection plans for domains 4 to 6. This exercise was intended to further enhance the comprehensiveness of local urban health data systems. The day concluded with a final round of group presentations and a plenary discussion, enabling each municipality to refine its strategic plans based on the feedback received.

The UGHW team also offered strategic recommendations to improve participants' capacity for effective self-assessment and long-term program development.

The workshop concluded with a summary of key outcomes and closing remarks from a representative of Regional Health Promotion Center 7 Khon Kaen. The next steps were announced, including

- Local data collection
- Preliminary self-assessments
- Preparation of Healthy City Reports

Readiness for formal application to the WHO South-East Asia Healthy Cities Network

This workshop marks a significant starting point in strengthening the capacity of local areas to assess urban health conditions and lays a concrete foundation for sustainable policy implementation aligned with the WHO Healthy Cities framework

Background and Significance of Healthy City Implementation and Future Strategic Directions



Ms. Naiyana Chaitiamwong
Director of Health Impact Assessment Division

Healthy City Development

In the 21st century, the global demographic landscape has undergone a profound transformation marked by rapid urbanization. According to projections by the United Nations, by the year 2050, more than 66% of the global population—equivalent to approximately 2.4 billion individuals—will reside in urban areas. While urbanization offers numerous opportunities for economic advancement and infrastructure development, it simultaneously introduces significant public health challenges. These include environmental degradation, the intensifying effects of climate change, and the increasing burden of non-communicable diseases linked to urban lifestyles.

Environmental determinants of health have become a critical concern, with estimates indicating that up to 23% of global mortality is attributable to modifiable environmental factors such as air pollution, contaminated water sources, and ineffective waste and environmental management. These pressing issues have catalyzed the emergence of the Healthy City concept at the global level. This paradigm emphasizes the need for cities to create physical and social environments that are conducive to the health and well-being of all citizens.

The Healthy City approach is grounded in intersectoral collaboration, requiring active participation from government entities, civil society, and the private sector. One of the most pivotal developments in advancing this agenda was the adoption of the Shanghai Declaration at the 9th Global Conference on Health Promotion in Shanghai, China, in 2016. The declaration underscored three core pillars essential to sustainable urban health development: Good Governance, Healthy Cities, and Health Literacy. These principles now serve as a foundational framework guiding the global movement toward inclusive, equitable, and health-promoting urban environments.

Conceptualization of Healthy Cities in the Thai Context and Localization Level

The implementation of the Healthy Cities approach in Thailand has been carefully contextualized to reflect the country's unique socio-cultural landscape and decentralized administrative structure. Drawing upon the global framework established by the World Health Organization (WHO), Thailand has tailored the model to empower local communities and promote participatory governance in urban health development. At the core of this localized approach lies the strategic role of Local Administrative Organizations (LAOs), which function as primary agents of area-based management and governance. These entities are pivotal in fostering safe, equitable, and health-promoting urban environments that are responsive to the needs of diverse population groups.

The Healthy Cities model in Thailand is not merely an extension of public health services at the local level; rather, it represents a transformative structural paradigm a bottom-up process of health governance that seeks to integrate health into all dimensions of local development. This encompasses environmental determinants of health such as water safety, air quality, food hygiene, and the physical design of cities, including bicycle lanes, green spaces, recreational areas, and hygienic housing. Furthermore, it entails building community resilience, enhancing media and health literacy, and promoting civic engagement through structured community networks to ensure sustainable collaboration and action.

In operationalizing this model, the Department of Health, Ministry of Public Health of Thailand, has led efforts to adapt the Healthy Cities framework to fit the nation's decentralized governance system. The overarching aim is to improve the quality of life and well-being of all citizens through the creation of environments that support physical, mental, social, and environmental health.

The Thai approach to Healthy Cities is thus characterized by:

A holistic and integrative health promotion strategy,

The development of enabling environments,

The formulation of coherent local health policies, and

Capacity-building initiatives to enhance the competencies of local leaders and citizens alike.

This comprehensive framework enables the institutionalization of health within the planning, development, and operational systems of LAOs. It aligns with international standards while ensuring contextual relevance, thereby reinforcing Thailand's

commitment to advancing health equity and sustainability through localized action under the WHO Healthy Cities framework.

Healthy City Standards: 3 Components, 18 Domains, and 22 Indicators

Thailand's Healthy City initiative is guided by a comprehensive national standard structured around three fundamental components:

Healthy People – individuals who are health-literate, well-informed, and capable of self-care and informed health decision-making;

Healthy Settings – physical and social environments such as homes, schools, markets, and public spaces that are hygienic, safe, and conducive to health and well-being;

Healthy Environments – environmentally sound systems and infrastructures that ensure safety, sustainability, and resilience.

To ensure effective operationalization, the Department of Health, Ministry of Public Health, has developed a set of 22 measurable indicators, organized under 18 key thematic domains, to serve as benchmarks for local health development and monitoring.

These indicators comprehensively reflect critical aspects of urban health, including the availability of safe drinking water and clean air, the presence of standardized public sanitation facilities, health promotion in schools and religious institutions, and the development of quality-assured early childhood centers. Additionally, they emphasize access to inclusive green spaces and the management of environmental determinants across all age groups.

One of the major strengths of Thailand’s approach lies in its emphasis on contextual relevance and comprehensive evaluation, ensuring that local governments—particularly Local Administrative Organizations (LAOs)—can effectively assess and improve health conditions within their jurisdictions. The indicators are designed to facilitate self-assessment, planning, and continuous improvement based on evidence and community input.

For instance, under the Healthy People component, indicators include life-course health promotion, geriatric health planning, the provision of social connectivity programs, and health literacy assessments, particularly for vulnerable populations such as children, older adults, and informal workers.

The Healthy Settings component evaluates the hygiene and safety standards of local facilities such as schools, markets, public toilets, and religious sites. It also includes assessments of inclusivity through the application of Universal Design principles, ensuring that environments accommodate people of all abilities.

The Healthy Environments component emphasizes comprehensive environmental management—including solid waste and wastewater management, air quality improvement, expansion of urban green spaces, and protection from environmental hazards and public nuisances.

The achievement of these indicators not only demonstrates the administrative capacity and commitment of local governments but also reflects the degree of community participation, multisector integration, and the institutionalization of health across all dimensions of local governance. This framework reinforces the vision of health as a cross-cutting priority and supports Thailand’s broader commitment to the WHO Healthy Cities agenda.

Accreditation Mechanisms and Incentive Structures

To ensure the effectiveness, accountability, and sustainability of the Healthy City initiative, the Department of Health, Ministry of Public Health of Thailand, has established a tiered accreditation system comprising three levels of recognition

Basic Level (Bronze): Localities must meet at least 80% of the 19 selected core indicators.

Intermediate Level (Silver): Localities must meet at least 80% of the indicators designated for the intermediate level.

Advanced Level (Gold): Localities must meet at least 80% of the full set of 22 indicators.

The operationalization of the Healthy City initiative is supported by a multi-tiered governance structure, encompassing national, regional, and provincial mechanisms. Key oversight and support bodies include the Healthy City Standards Development Committee, the Healthy City Assessment Committee, and the Technical Support Working Group, each playing a pivotal role in guiding implementation and ensuring technical rigor.

Local Administrative Organizations (LAOs) serve as the primary implementation units. Participation is voluntary, and interested LAOs may apply for accreditation by conducting self-assessments based on the national standards.

Municipalities and local governments that achieve accreditation receive formal certificates of recognition, honorary plaques, and are publicly acknowledged at national platforms. These forms of recognition serve as both a reputational incentive and a catalyst for continued performance improvement. In addition, an annual national recognition forum is organized to honor certified localities, facilitate peer learning, and inspire wider adoption of the Healthy City framework across the country.

This accreditation and incentive system not only enhances motivation and institutional commitment at the local level, but also strengthens horizontal learning networks and multi-sectoral partnerships, reinforcing Thailand's strategic pathway toward sustainable urban health governance under the WHO Healthy Cities framework.

Thailand's Milestones in Healthy City Development

Through sustained and strategic implementation, Thailand has achieved significant milestones in advancing the Healthy City agenda. By 2023, a total of 108 municipalities had been officially recognized as Healthy Cities, a number that increased to 274 by 2024. In 2025, an impressive 1,606 Local Administrative Organizations (LAOs) expressed interest in joining the initiative, with 1,108 completing self-assessments in accordance with national standards. These figures reflect a remarkable surge in local interest and mobilization, particularly in Health Region 7, which recorded the highest number of participating LAOs nationwide.

Self-assessment results from 2025 reveal that

50.72% of LAOs achieved the Bronze level,

24.46% reached the Silver level, and

24.82% attained the Gold level,

Demonstrating both the scalability and effectiveness of the framework across diverse local contexts. Beyond the quantitative expansion, Thailand has also undertaken proactive measures in several dimensions, such as Capacity-building for local health leaders, Development of an integrated Healthy City data platform, and Collaboration with international organizations to elevate Thailand's cities into the WHO Healthy Cities Network.

Five-Year Roadmap for Healthy City Development (2023–2027)

The Department of Health, Ministry of Public Health of Thailand, has set a national target of achieving no fewer than 1,000 certified Healthy Cities across all 76 provinces by the year 2027 (B.E. 2570). In support of this vision, a five-year strategic plan (2023–2027) was established to provide a systematic framework for implementation, capacity building, and monitoring.

In its first year, the initiative focused on the development of national Healthy City standards and launched 108 pilot cities. In the subsequent years, the Department has prioritized the enhancement of evaluation tools, capacity-building programs in collaboration with the World Health Organization (WHO), and scaling-up enrollment into the WHO Healthy Cities Network. Notably, 2025 (B.E. 2568) marks a critical phase, with increased investment in leadership training, the development of a Healthy City Data Platform, and a significant expansion in city-level participation. The Department of Health aims to achieve an annual cumulative target of 1,000 certified cities by the end of the five-year period.

The roadmap outlines key milestones for each year as follows

2023 (B.E. 2566) Development of national standards and pilot implementation in 108 Healthy Cities.

2024 (B.E. 2567) Expansion to 274 cities, establishment of formal collaboration with WHO, and development of the Healthy City Platform.

2025 (B.E. 2568) Integration of Health Impact Assessment (HIA) training into Healthy City development, and continued expansion of certified cities.

2026 (B.E. 2569) Development of outcome measurement tools, revision of assessment criteria, and elevation of standards to include “Challenge-Level” Cities, with thematic focuses such as climate resilience.

2027 (B.E. 2570) Nationwide scaling to ensure that at least 1,000 Local Administrative Organizations (LAOs) are certified as Healthy Cities, fully covering all 76 provinces.

This roadmap reflects Thailand’s strategic commitment to sustainable urban health development and aligns with the WHO Healthy Cities framework to promote health equity, environmental sustainability, and inclusive governance at the local level.

Next Step

The Department of Health of Thailand aims to advance the development of Healthy Cities by supporting Local Administrative Organizations (LAOs) that have achieved the national Gold-level certification to transition into the WHO South-East Asia Healthy Cities Network. Simultaneously, efforts are underway to develop “Challenge-Level” standards that focus on climate change adaptation, community resilience, and strengthening local health systems in times of crisis.

Looking ahead, Thailand’s Healthy City initiative will place greater emphasis on measurable health outcomes, such as Reducing mortality from waterborne diseases and unsafe sanitation Lowering incidence of illnesses related to air pollution Improving levels of health literacy across the population. These indicators will serve as critical metrics for evaluating the true success of Healthy City implementation in a tangible and evidence-based manner. Importantly, the Healthy City agenda is not merely a project or standalone campaign, but rather a long-term structural transformation process that aims to build cities conducive to health in all dimensions. This includes Promoting inclusive citizen participation Fostering good governance Ensuring continuous policy and technical support from the national level The long-term success of the Healthy Cities initiative will depend on multi-sectoral collaboration, sustained knowledge development, strong institutional

mechanisms, and rigorous outcome monitoring. Collectively, these efforts will elevate Thailand’s cities to become exemplary Healthy Cities in the regional and global landscape, aligned with the strategic vision of the World Health Organization

Technical Workshop on Urban Health Indicators under the WHO South-East Asia Healthy Cities Network

Ms. Foo Jia Xin, Manager,

Urban Governance for Health and Well-being (UGHW), WHO SEARO

A technical workshop titled “Urban Health Indicators” was convened under the collaborative framework of the World Health Organization South-East Asia Regional Office (WHO SEARO) and the Department of Urban and Regional Planning, Faculty of Architecture, Chulalongkorn University. The session aimed to enhance participants’ understanding of the systematic development of Healthy Cities through the Regional Laboratory on Urban Governance for Health and Well-being—a regional knowledge and action hub supporting cities in improving health and quality of life at the local level in a sustainable manner.

The Healthy Cities Initiative (HCI) was first launched by WHO in 1987 following the Ottawa Charter for Health Promotion (1986). The initiative emphasizes a holistic approach to health promotion that extends beyond disease prevention to address the broader determinants of health—particularly in rapidly urbanizing contexts, where issues such as informal settlements, waste mismanagement, food insecurity, and inequitable access to services often emerge due to unplanned urban growth. A key element of HCI is the active involvement of local leadership, especially mayors, in driving system-level changes to promote urban well-being.

Within the scope of the Regional Laboratory, four primary objectives were outlined:

- To advance the development of Healthy Cities and urban governance systems that promote health and well-being.
- To expand the Healthy Cities Network within the South-East Asia and East Asia regions.
- To strengthen mutual learning processes among local leaders and key stakeholders.
- To build local capacity in health data management and the application of urban health indicators to support evidence-based policy decisions.
- To join the WHO SEARO Healthy Cities Network, applicant cities must meet certain eligibility criteria: they must be located within SEARO member states, possess legally recognized local government status, and hold jurisdictional authority over health-related policies. Member cities benefit from regional knowledge exchange, technical assistance from WHO experts, and official recognition by WHO as Healthy Cities.

As of 30 January 2025, the network comprises 11 certified cities across 6 countries, with 14 additional cities undergoing the application process.

Key activities under the Healthy Cities framework include Regional and national conferences Field visits and peer exchanges Capacity-building trainings such as Health Impact Assessment (HIA) The South-East Asia Region Healthy Cities Awards Regular publication of newsletters via the network's official platform importantly, urban health data systems are recognized as a foundational tool for effective city governance. These systems are essential for guiding policy formulation, resource allocation, impact evaluation, and enhancing transparency between governments and citizens. The

application of standardized urban health indicators serves to align development strategies with defined health outcomes and shared regional goals.

Application Process for the WHO South-East and East Asia Regional Healthy Cities Network

The application process for joining the WHO Healthy Cities Network of South-East and East Asia consists of a self-assessment based on local city information and an internal evaluation framework. Cities are encouraged to benchmark their own progress toward becoming a Healthy City by comparing their current status against baseline data and determining priority areas for further development.

The key steps include

1. Application Submission

Cities initiate participation by submitting an application form accompanied by basic city profile information and conducting an initial self-assessment.

2. Self-Assessment Using Urban Health Indicators

Participating cities evaluate their own status using a set of 13 to 45 urban health indicators. These indicators are designed not for inter-city comparison, but rather to enable each city to reflect on its internal progress from its own starting point and determine areas for improvement

Assessment Framework

1) General Information

This domain focuses on the city's basic demographic and contextual characteristics. It includes information such as geographic features and population

structure, which provide foundational insights into the city’s overall profile and help identify specific urban health challenges.

2) Livelihood and Living Conditions

This domain assesses lifestyle behaviors and living conditions that influence health outcomes. Key indicators include life expectancy, daily physical activity, access to nutritious food, urban safety, and environmental quality within the city.

3) Socioeconomic and Work Conditions

This component evaluates the city’s economic, social, and cultural status, as well as working conditions. It includes indicators such as income equity, unemployment rate, employment security, and the overall quality of work environments—all of which significantly shape population behavior and lifestyle.

4) Urban Infrastructures and Facilities

This domain examines the physical and social infrastructure that supports everyday life in the city. It covers public utilities, adequacy of housing, and the accessibility and availability of essential urban services that influence community health and behavior.

5) Public Health System and Welfare Services

This component assesses the accessibility, inclusiveness, and effectiveness of public health services, social insurance, and welfare programs. It includes health service availability, the scope of insurance coverage, inclusion of vulnerable population groups, and access to quality education.

6) Urban Governance

Governance is evaluated as a critical mechanism for developing healthy cities in the South-East and East Asia region. Indicators include citizen participation, quality of public services, transparency and access to information, adaptability, and the strength and credibility of stakeholder networks.

Application Forms for Regional Healthy Cities Network Membership

Form 1A: Basic City Profile

This form collects fundamental demographic and contextual information about the city.

Form 1B: Preliminary Urban Health Profile (13 indicators)

This form is designed to help cities conduct a preliminary self-assessment of their health status. It supports cities in understanding their current health situation and determining their readiness for membership in the Healthy Cities Network.

Form 2A: Comprehensive Urban Health Indicator Assessment (6 Domains, 45 Indicators)

This form gathers detailed data across six domains related to urban health and well-being, as follows:

Domain 1: Basic City Information

Domain 2: Livelihood and Living Conditions

Domain 3: Socioeconomic and Work Conditions

Domain 4: Urban Infrastructure and Facilities

Domain 5: Public Health and Welfare Services

Domain 6: Urban Governance Assessment

Form 2B: Urban Health Development Plan

This form facilitates the city's strategic planning process by outlining goals, action plans, and proposed innovations to improve health outcomes and urban well-being.

Form 2A: Components and Required Information

- Basic Information
 - General characteristics of the city and demographic statistics.
- Livelihood and Living Conditions
 - Indicators include average life expectancy, level of physical activity in daily life, access to healthy food, public safety, and environmental conditions within the city.
- Socioeconomic and Work Environment
 - Indicators cover income inequality (e.g., national GINI index), unemployment rate, employment equity (including employment of persons with disabilities), working environment, and inclusion of minority groups and migrants.
 - In areas with undocumented workers, complex administrative procedures and high costs may hinder legal employment—such conditions should be rated at Level 3 or 4.
 - Also includes assessment of workplace safety regulations.
- Urban Infrastructure and Public Facilities
 - Includes access to public utilities (e.g., availability of safe drinking water), adequacy of housing, average commuting time, and the application of universal design principles for accessibility.
- Public Health and Welfare Services
 - Includes availability and accessibility of public health services, social security and health insurance systems, and access to education services.
- Urban Governance
 - Assesses community participation, governance practices based on accountability and transparency, open data access, adaptability to crises, and the strength and trustworthiness of interagency networks.

Group Activity

Each group is assigned to complete a self-assessment based on the data categories outlined in Form 2A, using the sample provided in the figure below as a reference. Groups are also required to analyze challenges and obstacles encountered in collecting specific data items that are not readily available at the local level. Following the assessment and analysis, each group will present their findings and during the group presentation session recommendations.

ชื่อเมือง :

Domain 3 : ภาวะเศรษฐกิจและสังคม และสถานภาพการทำงาน

ลำดับ	ตัวชี้วัด	ความพร้อมใช้งานของข้อมูล (มีข้อมูลครบถ้วน, มีบางส่วน, ไม่มี ข้อมูลเลย ไม่แน่ชัด)	ผู้จัดเก็บข้อมูลและ เป็นเจ้าของข้อมูล	การเข้าถึงข้อมูล สามารถเข้าถึง โดยสาธารณะหรือไม่ (เข้าถึงได้โดยบุคคลอื่น/ข้อมูล อนุญาตของข้อมูล)	การรวมกลุ่มของข้อมูล เชื่อมโยงกับนโยบายอื่น (ระดับชาติ, ระดับจังหวัด, ระดับ แผนพหุองค์การ/หรืออื่นๆ)	ข้อมูลเพิ่มเติม
1	ดัชนีชี้วัดสัมพัทธ์ความเหลื่อมล้ำ (Gini Index)					
2	อัตราการว่างงาน					
3	อัตราการจ้างงานสตรี					
4	อัตราการจ้างงานผู้พิการ					
5	อัตราการจ้างงานชนกลุ่มน้อย และผู้อพยพ					
6	ชั่วโมงการทำงานเฉลี่ยของเมือง					
7	กฎระเบียบหรือข้อบังคับด้านความ ปลอดภัยเพื่อสร้างสภาพแวดล้อมที่ ปลอดภัยในที่ทำงานสำหรับคนทำงาน					

Figure 1 Group work

Presentation of Group Activity Results:

Analysis of Data Availability and Local Readiness Based on WHO Healthy Cities Indicators Each group presented the key challenges encountered during the assessment of local data readiness, as summarized below.

1. Khon Kaen Municipality

- Employment Data Disaggregation: Data on employment rates disaggregated by sex were unavailable. Furthermore, several datasets were not collected annually, but rather on a biennial basis, limiting trend analysis.

- Employment of Persons with Disabilities: Although employment of persons with disabilities was reported, the actual figures were lower than the national policy requirement (1% employment quota). The municipality acknowledged existing legal

obligations under the Persons with Disabilities Empowerment Act but noted implementation gaps.

- Vocational Promotion: No localized data were available regarding vocational training or employment promotion programs at the municipal level.

- Labour Force Information: Labour data were sourced primarily from online platforms, which may lack accuracy and local specificity.

2. Khao Suan Kwang and Ban Phai Municipalities

- Income Inequality: Local-level data on income inequality were not available, making it difficult to assess socioeconomic disparities within the municipality.

- Unemployment Rate: Data were sourced from the Provincial Statistical Office; however, they were outdated and required formal written requests to access, which may delay timely assessments and decision-making.

- Legal Frameworks on Inequality Reduction: Although national policies exist—such as tax relief schemes, state welfare cards, and digital cash transfers—these measures were noted to be well-intentioned but insufficiently comprehensive in addressing structural inequalities at the local level.

- Women's Employment: There is no sex-disaggregated data available on employment, particularly affecting the assessment of gender equity in the labor market.

- Employment of Persons with Disabilities: The municipality relied on its internal disability allowance database and obtained supplementary data from the Provincial Social Development and Human Security Office. However, these may not reflect actual employment integration or working conditions.

- Occupational Health and Safety Legislation: The Occupational Safety, Health, and Environment Act (OSHE Act) is not yet fully implemented at the local level. Many workplaces remain outside the scope of the Act's enforcement.

- Noise Pollution Data: The group raised a methodological concern—if there are no official complaints recorded regarding noise pollution, how should

such indicators be evaluated? The absence of data does not necessarily indicate the absence of the problem, suggesting a gap in surveillance or reporting mechanisms.

3.Kalasin Municipality

- Income Inequality: Data derived from the Gini Thailand Index are available and may serve as a foundation for designing targeted interventions aimed at reducing socioeconomic disparities within the municipality.

- Unemployment Rate (12-Month): Unemployment data can be accessed from the provincial database; however, concerns persist regarding the measurement methodology—specifically, whether the figures account for year-round unemployment or reflect seasonal employment patterns. For example, individuals may be employed during agricultural periods such as the rice harvest but unemployed during off-seasons, which complicates interpretation.

- Employment of Ethnic Minorities: While the employment of ethnic minorities does not appear to present significant difficulties, issues related to specific labor groups have been observed. For instance, Lao migrant workers reportedly face discriminatory practices, such as restrictions that prevent them from working in or establishing karaoke businesses outside designated areas.

- Workplace Environmental Policy: Despite the municipality being governed by the Occupational Safety, Health, and Environment Act, challenges remain in enforcement—particularly regarding noise pollution. The lack of formal complaints or monitoring data complicates efforts to assess compliance or actual environmental risks in workplace settings.

4.Somdet Subdistrict Municipality, Kalasin Province

- Income Inequality: Data are available from the Gini Thailand Index. The municipality has undertaken several initiatives to reduce inequality, including resource mobilization from the Provincial Administrative Organization (PAO). In the health sector, support for people with disabilities is promoted through the Local Health Security Fund. Additional welfare schemes include the Ban Therd Thai

housing program for underprivileged groups, the "One-Baht-a-Day" community welfare fund, and funeral assistance funds.

- Unemployment Rate: Unemployment statistics are obtained from national-level data sources. There is currently no disaggregated or up-to-date local-level data available.

- Female Employment Data: Information on women's employment is derived from national databases, with a lack of gender-disaggregated data at the local level, limiting the municipality's ability to assess and address employment disparities among women.

- Ethnic Minorities and Marginalized Populations: This issue presents relatively few challenges within the municipality. There are no major concerns regarding the inclusion of ethnic minorities or vulnerable groups in local development efforts.

- Workplace Environment Development: The municipality has a limited number of industrial facilities. Local authorities monitor businesses that pose potential health hazards to ensure workplace safety and compliance with environmental health standards.

5.Kuchinarai Town Municipality, Kalasin Province

- Income Inequality: Income inequality data at the local government (LAO) level are currently unavailable. Therefore, the municipality relies on provincial-level data as a proxy for local assessments.

- Policies to Address Inequality: Strategies to reduce inequality are primarily implemented through mechanisms such as the Local Health Security Fund (LHSF), which supports health-related interventions and promotes equitable access to basic services among vulnerable populations.

6. Maha Sarakham and Roi Et Town Municipalities

- Data Availability; Both municipalities have collected data on the unemployment rate among persons with disabilities. However, data on female employment rates are currently unavailable. It is suggested that relevant statistics from the district, provincial, or national levels be utilized as substitutes where local data are

lacking. Notably, Maha Sarakham Municipality has relatively comprehensive data coverage across multiple indicators.

- Recommendation; It is recommended that a standardized data referencing system be developed to clearly specify the sources used for each indicator. This would enhance transparency, consistency, and credibility in the self-assessment and reporting processes.

Presentation on Domains 4–6 of the Healthy City Assessment Framework

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Domain 4: Urban Infrastructures and Facilities

4.1 Public Utilities: Data on access to public utilities are available from the National Statistical Office at the provincial level. A municipality scoring 98–100% access will receive a full score of 5 points.

4.2 Housing Adequacy: This indicator measures the adequacy of housing using informal settlement data. The metric is calculated by dividing the number of people living in slums by the total population. It also includes the identification of degraded urban areas and homeless populations.

4.3 Public Facilities: Information may be partially obtained from the Office of Transport and Traffic Policy and Planning (OTP), though data are often limited to Bangkok.

Key indicators include: Population within 15 minutes of public transport access
Sample size is determined using Krejcie and Morgan’s formula. For populations over 50,000, a minimum of 400 samples is required.

Average travel time to the nearest public transportation stop: This is assessed using Google Maps. Researchers map residential communities and pinpoint the nearest bus stops to calculate walking or cycling distances. Data should be collected from at least five communities to derive an average.

Domain 5: Public Health System

5.1 Public Health Facilities: Measures the average distance/time to the nearest health service. Data are collected via Google Maps by geolocating community areas and calculating the average travel time or distance to nearby health facilities.

5.2 Health Insurance Coverage: Evaluates the inclusiveness and reach of social health protection systems.

5.3 Social Security and Insurance Inclusiveness: Assesses the extent to which different population groups are covered under available insurance systems.

Domain 6: Urban Governance (Trust and Networks)


6.1 Citizen Participation:
Measures the extent and quality of community involvement in local governance processes.

6.2 Good Governance Services:
Evaluates whether public services are delivered with transparency, accountability, and responsiveness.

6.3 Open Data and Information:
Focuses on the availability and accessibility of public information and the use of open data systems to foster transparency and public trust.

Group Activity: Domains 2–6

ชื่อเมือง :



Domain 2 : การดำรงชีวิตและสถานภาพความเป็นอยู่

ลำดับ	ตัวชี้วัด	ความพร้อมใช้งานของข้อมูล (มีข้อมูลครบถ้วน, มีบางส่วน, ไม่มี ข้อมูลหรือ ไม่มี)	ผู้จัดเก็บข้อมูลและ เป็นเจ้าของข้อมูล	การเข้าถึงข้อมูล สามารถเข้าถึง โดยสาธารณะหรือไม่ (เข้าถึงได้โดยตรง หรือ ต้องขอ อนุญาตขอข้อมูล)	การรวมกลุ่มของข้อมูล ข้อมูลจัดเก็บในระดับไหน (ระดับชาติ, ระดับจังหวัด, ระดับ เขตปกครองอื่น/ หรือกลุ่ม)	ข้อมูลเพิ่มเติม
7	อัตราการเสียชีวิตและการบาดเจ็บจากอุบัติเหตุทางถนน รวมถึงแผนการจัดการและมาตรการป้องกัน					
8	ดัชนีคุณภาพทางอากาศ (AQI) ในรอบปีที่ผ่านมา					
9	ดัชนีคุณภาพน้ำแหล่งน้ำผิวดิน (WQI) ในรอบปีที่ผ่านมา					
10	ค่าเฉลี่ย ค่าต่ำสุด และค่าสูงสุดของระดับเสียง LAeq, 24 ในรอบปีที่ผ่านมา					
11	ร้อยละของครัวเรือนที่ได้รับบริการการกำจัดและขนส่งของเสีย					

Figure 2 Groupwork

ชื่อเมือง :



Domain 3 : ภาวะเศรษฐกิจและสังคม และสถานภาพการทำงาน

ลำดับ	ตัวชี้วัด	ความพร้อมใช้งานของข้อมูล (มีข้อมูลครบถ้วน, มีบางส่วน, ไม่มี ข้อมูลหรือ ไม่มี)	ผู้จัดเก็บข้อมูลและ เป็นเจ้าของข้อมูล	การเข้าถึงข้อมูล สามารถเข้าถึง โดยสาธารณะหรือไม่ (เข้าถึงได้โดยตรง หรือ ต้องขอ อนุญาตขอข้อมูล)	การรวมกลุ่มของข้อมูล ข้อมูลจัดเก็บในระดับไหน (ระดับชาติ, ระดับจังหวัด, ระดับ เขตปกครองอื่น/ หรือกลุ่ม)	ข้อมูลเพิ่มเติม
1	ดัชนีชี้วัดชี้ให้เห็นความเหลื่อมล้ำ (Gini Index)					
2	อัตราการว่างงาน					
3	อัตราการจ้างงานสตรี					
4	อัตราการจ้างงานผู้พิการ					
5	อัตราการจ้างงานชนกลุ่มน้อยและผู้อพยพ					
6	ชั่วโมงการทำงานเฉลี่ยของเมือง					
7	กฎระเบียบหรือข้อบังคับด้านความปลอดภัยเพื่อสร้างสภาพแวดล้อมที่ปลอดภัยในที่ทำงานสำหรับคนทำงาน					

Figure 3 Groupwork

ชื่อเมือง :

Domain 4 : โครงสร้างพื้นฐานและสิ่งอำนวยความสะดวกในเมือง

ลำดับ	ตัวชี้วัด	ความพร้อมใช้งานของข้อมูล (มีข้อมูลครบถ้วน, มีบางส่วน, ไม่มี ข้อมูลหรือ ไม่แน่ใจ)	ผู้จัดเก็บข้อมูลและ เป็นเจ้าของข้อมูล	การเข้าถึงข้อมูล สามารถเข้าถึง โดยสาธารณะหรือไม่ (เข้าถึงได้โดยตรง หรือ ต้องขอ อนุญาตขอข้อมูล)	การรวมกลุ่มของข้อมูล ข้อมูลจัดเก็บในระดับไหน (ระดับชาติ, ระดับจังหวัด, ระดับ เฉพาะท้องถิ่น/ หรือกลุ่ม)	ข้อมูลเพิ่มเติม
7	กฎหมายและข้อบังคับคุ้มครองผู้เช่า					
8	จำนวนคนที่เข้าข่ายการเป็นคนไร้บ้าน ต่อจำนวนประชากร 10,000 คน					
9	ระยะทางเดินไปยังป้ายรถประจำทาง ที่ใกล้ที่สุด (เมตร)					
10	ระยะเวลาในการเดินทางไปยังป้ายรถ ประจำทางที่ใกล้ที่สุด (นาที)					
11	ความดีในการเดินทาง (ต่อชั่วโมง)					

Figure 4 Groupwork


ชื่อเมือง :

Domain 5 : ระบบสาธารณสุขและสวัสดิการ

ลำดับ	ตัวชี้วัด	ความพร้อมใช้งานของข้อมูล (มีข้อมูลครบถ้วน, มีบางส่วน, ไม่มี ข้อมูลหรือ ไม่แน่ใจ)	ผู้จัดเก็บข้อมูลและ เป็นเจ้าของข้อมูล	การเข้าถึงข้อมูล สามารถเข้าถึง โดยสาธารณะหรือไม่ (เข้าถึงได้โดยตรง หรือ ต้องขอ อนุญาตขอข้อมูล)	การรวมกลุ่มของข้อมูล ข้อมูลจัดเก็บในระดับไหน (ระดับชาติ, ระดับจังหวัด, ระดับ เฉพาะท้องถิ่น/ หรือกลุ่ม)	ข้อมูลเพิ่มเติม
1	ระยะทางโดยเฉลี่ยไปยังสิ่งอำนวยความสะดวกด้านสาธารณสุขที่ใกล้ที่สุด					
2	ระยะเวลาเดินทางโดยเฉลี่ยไปยังสิ่ง อำนวยความสะดวกด้านสาธารณสุข ที่ใกล้ที่สุด					
3	นโยบายระบบประกันสังคมและความ ครอบคลุมต่อประชากรเมืองของคุณ เป็นแบบใด					
4	นโยบายระบบประกันและ ความครอบคลุมของประกันที่มีให้แก่ ชนกลุ่มน้อย, ผู้ลี้ภัย, และกลุ่มอื่นๆ เป็นอย่างไร					
5	การเข้าถึงข้อมูลสุขภาพ					
6	ดัชนีชี้วัดสำหรับการศึกษาในรอบห้าปีที่ ผ่านมา					

Figure 5 Groupwork

ชื่อเมือง :



Domain 6 : การประเมินธรรมาภิบาลเมืองเบื้องต้น

ลำดับ	ตัวชี้วัด	ความพร้อมใช้งานของข้อมูล (มีข้อมูลครบถ้วน, มีบางส่วน, ไม่มี ข้อมูลหรือ ไม่แน่ชัด)	ผู้จัดเก็บข้อมูลและ เป็นเจ้าของข้อมูล	การเข้าถึงข้อมูล สามารถเข้าถึง โดยสาธารณะหรือไม่ (เข้าถึงได้โดยตรง หรือ ส่องขอ อนุญาตขอข้อมูล)	การรวมกลุ่มของข้อมูล ข้อมูลจัดเก็บในระดับไหน (ระดับชาติ, ระดับจังหวัด, ระดับ เฉพาะท้องถิ่น/ หรือกลุ่ม)	ข้อมูลเพิ่มเติม
1	ระดับการมีส่วนร่วมของประชากรเมือง <ul style="list-style-type: none"> ประชากรเมืองมีส่วนร่วมในขั้นตอนการตัดสินใจหรือไม่ อะไรที่เป็นตัวรับประกันการมีส่วนร่วมของประชากรเมือง (ตัวอย่างเช่น การมีส่วนร่วมสาธารณะ ประชาชนติ หรืออื่นๆ) 					
2	ประสิทธิภาพการให้บริการประชาชน					
3	ระดับความโปร่งใสของสถิติและข้อมูล					
4	ระดับการปรับตัวของธรรมาภิบาล					
5	ระดับของความเชื่อใจและเครือข่ายระหว่างหน่วยงานราชการ					

Figure 6 Groupwork

Group Activity on Completing Form 2A: Domain 1 – Basic Information

From the group activity focused on completing the basic information section of Form 2A, it was found that most municipalities possessed relevant data and were able to complete this section, although there were variations across local contexts. Data were generally obtained from credible sources, and clear citation of data sources was emphasized to support future trend analysis and enable ongoing monitoring of urban development progress. Key findings and observations from the group presentations are summarized below

Domain 1: Basic Information

Income Data

- Most groups utilized data from the GINI Index; however, this dataset was noted to be too broad and outdated, with the most recent available data from 2021.

Employment Rate

- Employment data were generally available but often required formal requests to the Provincial Labor Office.
- For instance, Kalasin Municipality used its own data but raised concerns regarding the definition of "unemployment," such as the duration considered (e.g., monthly or yearly).

Inequality Issues

- While national-level policies aimed at reducing inequality exist (e.g., the "Pao Tang" digital wallet scheme, progressive taxation), localized implementation and data remain limited.

Female Labor Force Participation

- Some municipalities lacked specific gender-disaggregated data.
- Others calculated estimates using population registration databases for comparative analysis.

Employment of Persons with Disabilities

- Some municipalities retrieved data from the Ministry of Labour, while others, such as Kalasin Municipality, relied on their internal databases.

Ethnic Minority Populations

- Data were primarily sourced from the Provincial Labour Office.

Workplace Environmental Health Policies

- The Occupational Safety, Health, and Environment Act was acknowledged as a key regulation; however, some municipalities reported challenges in noise pollution monitoring due to the absence of noise measuring equipment.
- In such cases, data were alternatively referenced from the local Office of Environmental and Pollution Control.

Access to Healthy Food

- Uncertainty was noted regarding reliable data sources for measuring access to nutritious food.

Overall Observation:

Most municipalities lacked access to disaggregated local-level data, relying instead on district, provincial, or national data sources. Additionally, data continuity and timeliness were common limitations across areas

Domain 2: Livelihood and Living Conditions

Health and Well-being Data

- Health-related statistics must be requested from the Provincial Public Health Office. It was noted that recent data were unavailable, and municipal-level data were not yet collected or reported.

Physical Activity and Movement

- Data can be obtained from national health promotion initiatives such as the “Kao Tha Jai” or “Sa Suk Oon Jai” programs, accessible through the Health Promotion Center under the Department of Health.

Average Travel Time to Healthy Food Vendors

- This indicator may utilize data from health-promoting restaurants or green markets. Information is available at both provincial and local levels, and can be supplemented with survey data collected from Village Health Volunteers (VHVs) and the general population.

Population Access to Healthy Food Options

- Data collection at the local level is required. Municipalities are encouraged to conduct randomized household surveys to determine accessibility.

Crime Statistics Over the Past Five Years

- Sources include the local police station (e.g., Muang Police Station), the National Statistical Office, and municipality-level data—particularly those derived from municipal CCTV projects.

Mortality and Injury Rates

- Relevant data are available from the Provincial Public Health Office, Khon Kaen Municipality, and the Road Safety Foundation.

Air Quality Index (AQI) – Annual Trends

- Data are sourced from the Pollution Control Department, the Regional Environmental Office 10, and Khon Kaen Municipality. These reflect a combination of national, local, and academic institution datasets.

Surface Water Quality Index

- Data are compiled by the Environmental Quality Monitoring Office in collaboration with municipal agencies.

Annual Average Noise Levels

- Data are available from the Pollution Control Department. Waste transport and environmental sanitation data are typically maintained directly by the municipality through ongoing monitoring systems.

Domain 3: Socioeconomic Conditions and Employment Status

Inequality Index

- Inequality metrics can be accessed from the World Bank database, which provides national-level Gini Index data. However, subnational data are limited.

Unemployment Rate

- Data on unemployment are generally outdated and must be formally requested from the Provincial Office or the Ministry of Labour.

Female Unemployment Rate

- Gender-disaggregated data are typically not publicly available and often require permission for access from relevant government authorities.

Employment Rate of Persons with Disabilities

- Municipal-level data are not readily available. Access to this information requires coordination with provincial agencies and departments responsible for disability welfare.

Employment Rate of Ethnic Minorities

- Proxy data may be obtained through records on migrant workers. These must be requested from provincial labor offices or related local government agencies.

Average Working Hours in the Municipality

- This data is collected by the Khon Kaen Provincial Statistical Office and is openly accessible to the public.

Safe Work Environment

- Information on occupational health and safety conditions is typically collected and maintained by local authorities, such as Ban Phai Municipality.

Domain 4: Urban Infrastructure and Facilities

This domain aims to assess the physical infrastructure and social amenities that influence residents' behaviors, including public utilities, adequacy of housing, and accessibility to urban facilities.

Public Utilities

- In cases where local-level data are unavailable, municipal authorities may utilize provincial-level data. Relevant statistics can be accessed from the National Statistical Office of Thailand.

Housing Adequacy

- Data on the percentage of residents living in informal settlements or slums are often not systematically collected. However, municipalities with mechanisms in place to monitor such conditions are well-positioned to support evidence-based planning.

Identification of Deteriorated Urban Areas

- Most localities lack standard protocols for identifying urban decay. It is recommended that municipalities conduct local surveys to estimate the number of residents living in deteriorated zones or informal housing areas.

Homelessness Data

- Data on homeless populations remain scarce. Establishing data collection systems for this group is a critical future direction for local governments.

Proximity to Public Transport by Walking or Cycling (within 15 minutes)

- Most municipalities will need to conduct field surveys to collect these data. Sampling should follow the Krejcie and Morgan formula, e.g., for populations of 50,000 or more, a sample size of 400 is recommended to calculate the percentage of residents with access to public transit within a 15-minute walk or cycle.

Percentage of Residents Using Public Transport to Commute to Work

- These data can be collected through local surveys within each municipality.

Average Travel Time to Public Transport Services

- This can be estimated using tools such as Google Maps. It is important to specify modes of transportation commonly used in the area (e.g., buses, vans, bicycles) and include trip frequency data, potentially drawn from the Provincial Department of Land Transport.

Percentage of Residents Walking or Cycling for Daily Commutes

- This information should be gathered through supplemental surveys within the municipality.

Percentage of Residents with Access to at Least One Recreational Facility

- This can be measured through sample surveys asking whether residents can access such facilities within a reasonable distance.

Domain 5: Public Health Facilities

This domain focuses on evaluating the accessibility, availability, and coverage of health services and related welfare within the municipality.

Percentage of the Population with Access to Health Facilities within a 5-Kilometer Radius

- This indicator can be assessed through field data collection and spatial analysis to determine the proportion of residents living within 5 kilometers of public health facilities.

Average Distance to the Nearest Public Health Facility

- Distance measurements can be conducted by identifying central residential points in each community and mapping the distance to the nearest health facility or hospital using GIS tools or online mapping platforms.

Average Travel Time to the Nearest Health Facility

- Google Maps or equivalent digital mapping tools can be used to estimate average travel times from residential areas to health service providers, considering the most common modes of transportation.

Social Security Coverage Policy

- Municipalities should assess whether all residents, including vulnerable groups, are covered under national or local social security and health insurance schemes. This includes identifying any remaining gaps in coverage and evaluating the inclusiveness of policy implementation.

Domain 6: Preliminary Urban Governance Assessment

This domain evaluates the transparency, accountability, and inter-agency coordination within the city governance system, serving as a critical foundation for sustainable healthy city development.

Transparency and Openness

- Information regarding transparency can be retrieved from local municipality records. Coordination with relevant agencies may be necessary to obtain comprehensive and up-to-date data.

CCTV Data Integration

- The extent of data integration between municipal CCTV systems and local police stations can be assessed, for instance, through access to real-time surveillance or crime data via platforms such as official Line OA channels.

Remarks:

It is not mandatory to complete all 45 indicators in Form 2A. However, municipalities should revisit and identify which data points require completion to ensure data comprehensiveness for accurate trend analysis in subsequent years.

The collected data are essential for establishing a systematic and efficient urban baseline dataset, which local authorities can leverage to assess strengths and weaknesses in each domain.

Score aggregation per domain enables comparative analysis to identify low-performing areas. This benchmarking can serve as a standardized metric for evaluating progress every two years and guide strategic urban development planning.

Following this training, each municipality is required to complete the remaining data fields in Form 2A, in preparation for the next phase—developing a municipal development plan using Form 2B. This subsequent training will be held on 22–24 April 2025 in Chonburi Province.

Project Implementation

The training for strengthen capacity of Local Administrative Organizations
for urban health

The training for strengthen capacity of Local Administrative Organizations for urban health

A capacity-building workshop for local administrative organizations (LAOs) based on the World Health Organization (WHO) Healthy Cities framework was held from 24–26 April 2025 in Chonburi Province. The objective of the workshop was to enhance the capacity of LAOs to develop effective urban health plans and promote sustainable, health-oriented urban development.

The workshop targeted local governments that had achieved Thailand’s Gold-Level Healthy City status, as well as provincial public health office personnel and representatives from Regional Health Promotion Center 7. A total of 72 participants attended the workshop, including executives and officers from eight certified municipalities in Health Region 7—Kalasin Municipality, Kuchinarai Municipality, Hua Na Kham Subdistrict Municipality, Khon Kaen City Municipality, Ban Phai Municipality, Khao Suan Kwang Subdistrict Municipality, Maha Sarakham Municipality, and Roi Et Municipality—along with representatives from the Provincial Public Health Offices of Khon Kaen, Maha Sarakham, and Roi Et.

Opening remarks were delivered by Dr. Jos Vandelaer, WHO Representative to Thailand, and Ms. Naiyana Chai Thiamwong, Director of the Health Impact Assessment Division, Department of Health. Expert facilitators were drawn from WHO Thailand, the Faculty of Architecture at Khon Kaen University, and the Regional Laboratory on Urban Governance for Health and Well-being (UGHW), along with technical managers from Regional Health Promotion Center 7 and the Health Impact Assessment Division.

The workshop was designed as a hands-on, participatory learning process. Key activities included academic lectures, group exercises using WHO’s Healthy City planning

tools, and interactive workshops to develop local urban health action plans. Each group analyzed their city’s health and environmental situation, prioritized key issues, identified root causes using Fishbone Analysis, developed appropriate response measures through Feasibility Analysis, and formulated local action plans to address the identified problems.

Participants also visited Khlong Tamru Subdistrict Municipality in Chonburi Province—a certified Gold-Level Healthy City—to observe best practices in solid waste management and inclusive services for the elderly, persons with disabilities, and underprivileged populations. A highlight of the program was the presentation by Ban Suan Municipality (also in Chonburi), which has been recognized by WHO as a “Progressive-Level” Healthy City in the Southeast Asia Region. Ban Suan shared its successful experience in integrating the Healthy Cities concept into local sustainable development, with strong emphasis on environmental protection, economic vitality, and citizen participation—serving as a model for other municipalities.

The workshop concluded with presentations of action plans by participating municipalities. Dr. Olivia Nevarez, representing WHO Thailand, delivered the closing remarks. A contact channel was also provided for ongoing technical consultation regarding city data development, coordinated by the Regional Lab on UGHW.

Next Steps:

Developing municipal databases in accordance with the WHO Healthy Cities application form;

Conducting follow-up meetings to monitor each city’s progress; and

Providing technical support and consultation to ensure effective and sustainable implementation of the Healthy Cities approach.

Opening Session of the Conference



Dr. Jos Vandelaer,
WHO Representative to Thailand

The initiation of the Healthy Cities concept is grounded in the idea of improving urban environments to be more livable and conducive to the well-being of their residents. It envisions cities where people can walk along wide, accessible sidewalks, enjoy public parks and green spaces, breathe clean air, and feel safe sending their children to school. Cities should offer communal spaces where residents can interact and foster a sense of belonging. These elements form the core vision behind this training initiative.

Achieving such a vision requires transformative urban leadership—leaders who champion change and inspire collective action. Equally important is the integration of community voices through a people-centered approach to urban governance. Thailand has made significant progress in this regard, with several cities having received national recognition for their efforts. Notably, municipalities within the service area of Regional Health Promotion Center 7 (Khon Kaen) represent one-third of all Gold-Level Healthy Cities certified across the country.

This training workshop was therefore designed to facilitate peer learning and knowledge exchange among cities. The goal is to empower municipalities to share data, challenges, and best practices, enabling all participating cities to strengthen their pathway toward health and sustainability.

The WHO Healthy Cities Network is a global initiative that promotes city-to-city learning and recognition of best practices. In 2025, the WHO South-East Asia Region recognized 10 cities across the region as model Healthy Cities, four of which are in Thailand. This presents a unique opportunity for Thai municipalities to aspire to global standards and become part of an international learning community.

Accordingly, this workshop aims to support the initial steps toward that vision—helping each city take its first stride toward becoming a globally recognized Healthy City.

WHO Healthy Cities Network

Ms. Thanatchaporn Rawanghet
World Health Organization, Thailand

Background of the WHO Healthy Cities Project

The Healthy Cities initiative was launched in 1987 during the Ottawa Conference in Canada, which resulted in the Ottawa Charter for Health Promotion. One of the key agreements from this charter was the development of Healthy Cities. The concept of health was expanded beyond clinical treatment to include prevention and the promotion of quality living for all.

The Ottawa Charter outlines five key action areas for health promotion

- Building healthy public policy
- Creating supportive environments
- Strengthening community action
- Developing personal skills
- Reorienting health services

Global Transformations Impacting Health and Well-being

Global shifts are increasingly affecting urban health and well-being. By 2050, approximately 68% of the world's population is projected to live in urban areas, with a significant rise in the aging population. Climate change is causing 4 million deaths annually, with household pollution—such as gas emissions used for heating in cold climates like Mongolia—being a major contributor. Additionally, non-communicable diseases (NCDs) linked to urban lifestyles are on the rise.

Common urban challenges include:

Limited access to essential services like housing, clean water, public transport, and healthcare, especially in high-cost urban settings

Increased migration to cities

Deepening social inequalities, making it difficult for vulnerable and marginalized populations to access public services

Definition of a Healthy City

A Healthy City is one that continuously develops and expands its physical and social environments, as well as community resources, enabling people to support each other in all aspects of life.

WHO's Nine Strategic Approaches to Healthy Cities

1. Strengthen governance for health and well-being at the city level
2. Promote community-based development
3. Prioritize support for those most in need
4. Address health inequities
5. Improve the physical environment
6. Provide accessible public health services at the local level
7. Integrate health in all policies
8. Expand local health and social service delivery
9. Ensure emergency preparedness and resilience of cities

Eligibility to Join the WHO Healthy Cities Regional Network

The following stakeholders may apply to join:

- Provincial Governors
- Leaders of local administrative organizations
- Legally designated urban administrative bodies

Benefits of Participation

Official recognition by WHO as a certified Healthy City

- Greater opportunities to advocate for investment in public health and well-being
- Access to expert technical support for urban health development
- Visibility and sharing of good practices at regional and global platforms

Steps to Join the WHO Healthy Cities Network

Step 1: Application

Interested cities must complete Form 1 A, which includes basic city information and a commitment letter signed by the mayor, expressing the city's intent and commitment to join the network. Upon successful submission, the city will be designated as a Prospective Healthy City Network Member.

Step 2: Membership in the Healthy Cities Network

Within six months, prospective cities must submit the following required documents:

- Form 1B: A self-assessment covering 13 indicators
- Form 2A: A health profile database comprising 45 indicators
- Form 2B: A City Development Plan that includes actionable strategies in at least two of the nine Healthy City domains

Submitted documents will be reviewed by experts. Cities that complete all required forms and meet the criteria will be recognized as members of the WHO South-East Asia Regional Healthy Cities Network.

Step 3: Recognition for Progressive Development

Two years after membership, an expert committee will reassess each city's progress using updated information from Form 2A. Cities that demonstrate significant advancement and meet performance benchmarks will be eligible for the Healthy City Progressive Development Award.

Guidelines and Evaluation Criteria for Healthy Cities Based on WHO Standards and Progress in Program Participation

By Ms. Pattiya Phetmee

Urban Governance for Health and Well-being – Regional Laboratory (UGHW-Regional LAB)

Background and Objectives of the WHO Healthy Cities Network

The Healthy Cities initiative was launched in 1987, following the Ottawa Charter for Health Promotion (1986). It emphasizes the creation of environments conducive to health, the reduction of risk factors, the promotion of healthy behaviors, and the critical role of mayors and local governments in fostering public health.

The key objectives of the Healthy Cities Network are as follows:

- To promote healthy cities and urban governance for improved health and well-being.
- To support and expand networks that foster good urban governance for health and well-being across the region.
- To facilitate mutual learning among city leaders and enhance local-level initiatives through inclusive stakeholder participation.
- To strengthen cities' capacity in generating health-related data and applying health and well-being indicators with a focus on equity.

Benefits for Cities Participating in the WHO Healthy Cities Network

Cities that apply and are accepted into the WHO Healthy Cities Network receive the following benefits:

- **Opportunities for collaboration** with national and regional organizations, universities, and other cities, fostering knowledge exchange and partnership development.

- **Technical guidance and support** from experts, research teams, and operational personnel from the World Health Organization (WHO) and across the region, tailored to assist cities in advancing health and well-being initiatives appropriate to their local contexts.
- **Formal recognition** as a Healthy City in the South-East Asia Region by the WHO Regional Office, strengthening the city's credibility and positioning in regional and global health governance.

Current Status of the WHO South-East Asia Regional Healthy Cities Network (WHO SEAR Healthy Cities)

- **11 cities from 6 countries** have successfully submitted all required documentation and have been officially recognized.
- **14 cities from 6 countries** are in the process of compiling and submitting their data and documentation.

Current Status of the WHO South-East Asia Regional Healthy Cities Network (WHO SEAR Healthy Cities) 11 cities from 6 countries have successfully submitted all required documentation and have been officially recognized. 14 cities from 6 countries are in the process of compiling and submitting their data and documentation.

Summary of Key Issues from the One-Day Workshop on April 4, 2025

1. Data Gaps and Challenges

- Outdated Data: Much of the available data is not current, limiting its utility for planning and decision-making.
- Limited Local-Level Data: Most datasets are available only at the national or provincial level, with a lack of disaggregated data at the municipal or community level.
- Insufficient Data Referencing: Data entry should include the specific year of collection and clear source referencing to ensure traceability and accuracy.

- Restricted Data Access: Accessing certain datasets requires formal written requests, indicating a lack of streamlined mechanisms for inter-agency data sharing.
- Absence of a Centralized System: There is currently no integrated platform for data storage or information sharing across relevant sectors.

2. Recommendations for Future Development

- Promote Local Data Collection: Encourage municipalities and local administrative organizations to systematically collect and manage their own data.
- Develop an Open Data Platform: Establish a centralized, accessible open data portal to enhance transparency and support data-driven decision-making.
- Strengthen Interagency Collaboration: Foster coordinated efforts among relevant stakeholders to ensure consistent data flows and integration.
- Ensure Regular Data Updates: Institutionalize mechanisms for timely updates to maintain data relevance and reliability.
- Utilize Data for Policy Decisions: Emphasize the role of evidence-based data in guiding policy development, resource allocation, and urban planning.

Group Activities Summary

Activity 1: Urban Problem Identification and Prioritization

Participants were divided into groups and tasked with conducting a brainstorming session to identify key urban challenges. Each group collaboratively discussed various issues affecting their respective municipalities and evaluated the relative severity and impact of each. Following the deliberation, groups were asked to prioritize the issues and

select **one primary urban problem** deemed the most critical and complex to address. This selected issue would serve as the focus for subsequent analytical exercises.

Activity 2: Root Cause Analysis Using the Fishbone Diagram (Ishikawa Model)

Building upon the outcome of Activity 1, each group applied the **Fishbone Analysis (also known as the Ishikawa Diagram)** to systematically explore and diagnose the underlying causes of the identified urban problem. The selected problem was placed at the “head” of the fish, while contributing factors—categorized as branches or “bones”—were mapped out to illustrate potential causes. The participants were then guided to organize and synthesize these secondary causes into **three overarching root cause categories**, which reflect the fundamental drivers of the issue. This structured analytical framework promotes clarity and supports evidence-based problem-solving in urban planning and governance.

These activities form the foundation for the development of feasible solutions and targeted urban health action plans in subsequent sessions.

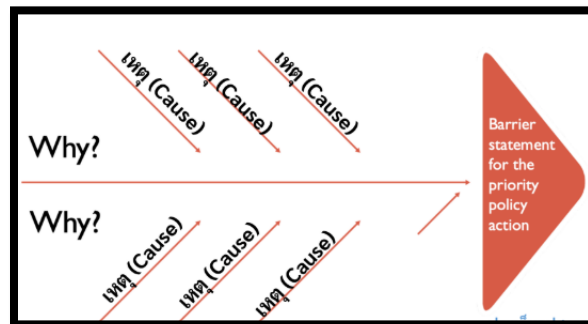


Figure 7 Fishbone analysis (Activity 2)

Activity 3: Stakeholder Mapping and Analysis

In this activity, each group conducted a Stakeholder Mapping exercise to identify and categorize individuals, groups, or organizations that are involved in or affected by the selected urban issue. The analysis focused on three key dimensions:

Beneficiaries – Who stands to gain if the issue is addressed?

Affected Parties – Who is currently impacted by the problem?

Actors – Who holds responsibility or capacity to influence or implement solutions?

Once the stakeholder list was generated, participants classified each stakeholder into one of four categories, based on their level of interest and level of influence in relation to the urban issue, as follows:

High Interest – High Influence

Stakeholders in this quadrant are key players who should be actively engaged and involved in decision-making processes.

High Interest – Low Influence

These stakeholders are directly affected and highly concerned but have limited power. They should be kept informed and their voices amplified through advocacy.

Low Interest – High Influence

Although less concerned, these actors have significant authority or resources. Strategic engagement is essential to secure their support.

Low Interest – Low Influence

This group requires minimal effort but should be monitored in case their position or relevance changes over time.

This mapping process enables targeted stakeholder engagement strategies and ensures that the development of urban health solutions is both inclusive and strategically aligned with the power dynamics of the local context.

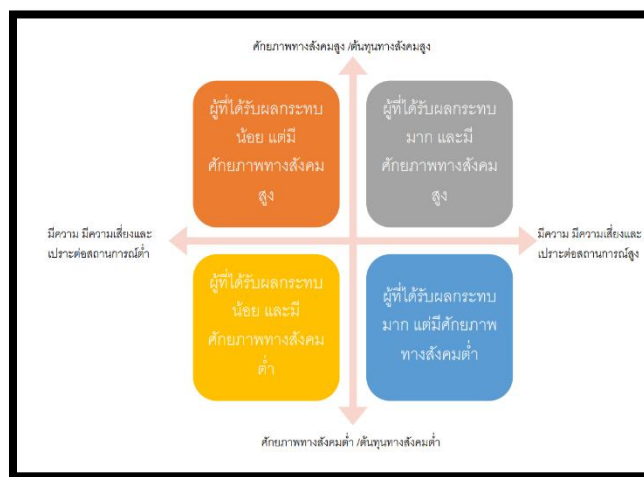


Figure 8 Stakeholder Mapping (Activity 3)

Activity 4: Development of Measures and Feasibility Analysis

This activity involves designing response measures and analyzing their feasibility, using the identified urban problem as the foundation. The analysis begins with the three root causes determined in the previous step (root cause analysis), each of which will be used to develop potential mitigation measures. For each measure, specific supporting activities are proposed. Subsequently, each proposed activity is assessed based on two key dimensions: effectiveness and feasibility. A scoring system is applied, with a maximum of 5 points per criterion, resulting in a total possible score of 25 points per activity.

Following the evaluation, the two activities with the highest overall scores will be selected to formulate a concrete urban action plan.

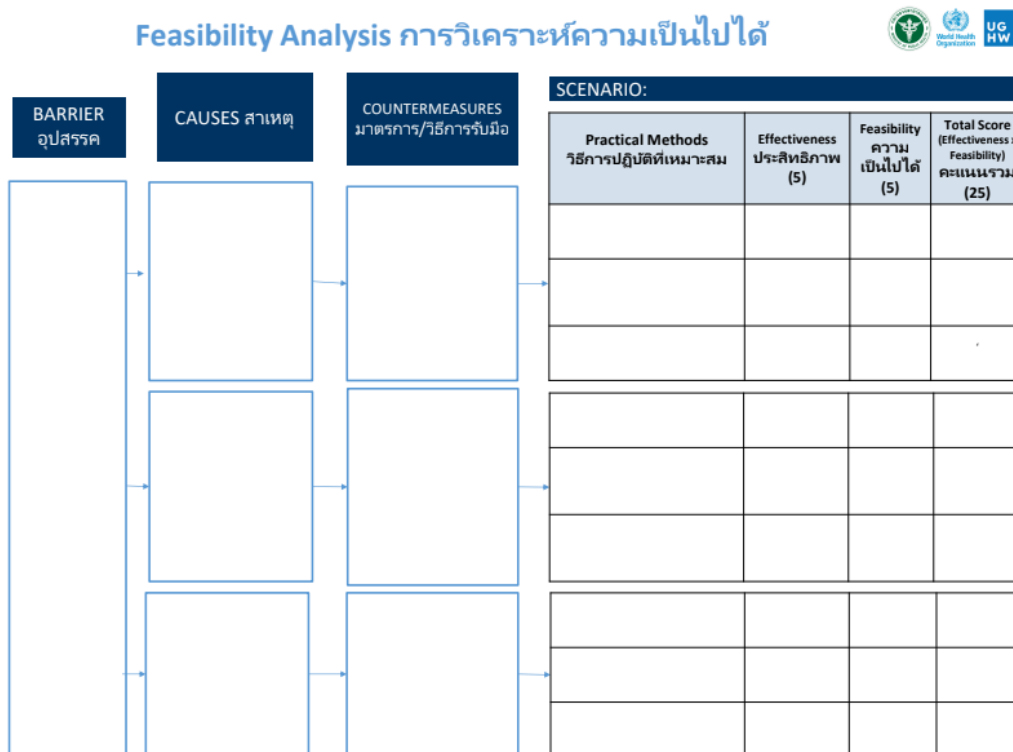


Figure 9 Development of Measures and Feasibility Analysis (Activity 4)

Activity 5: Development of a Healthy City Project Plan

In this activity, each group is tasked with formulating a development project plan for a healthy city, based on the top two prioritized measures identified in the previous activity. The project plan must include the following components ;Project Title ,Project Objectives,Operational Strategies,Key Performance Indicators (KPIs),Expected Outputs,Implementation Timeline,Anticipated Outcomes,Required Resources,Sources of Resources,Stakeholder Inclusion Analysis (an assessment of which stakeholder groups are included or impacted by the project) This activity aims to guide participants through the systematic planning of interventions that are both responsive to urban health challenges and grounded in participatory stakeholder engagement.

แผนโครงการ



ข้อเสนอโครงการ:

ประเด็นที่ ยกขึ้นมา หารือ (Issue to target)	แนวทางปฏิบัติ (Actions)	ตัวชี้วัด (Indicator)	ผลผลิต (Output)	ระยะเวลา ดำเนินงาน (Timeline)	ผลที่คาดว่าจะได้ รับ (Expected Outcome)	ทรัพยากรที่ ต้อง ใช้ (Resources required)	แหล่งที่มา ของ ทรัพยากร (Sources of Resources)

Figure 10 Supporting Document for Project Planning (Activity 5)

แผนโครงการ



(เช่น ขาดการร่วมมือระหว่างหน่วยงานราชการที่จำเป็น E.g. there is no collaboration between the required governmental agencies, etc.)

มาตรการ Countermeasures (อะไรคือแนวทางแก้ไขที่สำคัญ What are key issues that will help you overcome the barriers?)	วิธีการเชิงปฏิบัติ Practical Method (จะดำเนินการอย่างไรเพื่อรับมือกับความท้าทาย How are you going to address the issues to counter the barriers?)

Figure 11 Supporting Document for Project Planning (Activity 5)

Success in Implementation WHO's Healthy Cities Criteria

By Mr. Harnnarong Koedklai

Senior Strategic Development Specialist

Ban Suan Municipality exemplifies a local government that has effectively implemented the WHO Healthy Cities framework, particularly in addressing health inequalities and improving urban quality of life. Its consistent recognition through the King Prajadhipok's Institute Award for three consecutive years (2021–2024) in the category of social equity, and its five-year streak as a recipient of the national Sustainable Environment Award, underscores its success in integrating health into all dimensions of municipal development—physical, economic, social, and environmental. The municipality embraces a governance model rooted in transparency and civic participation. This includes the development of health-friendly infrastructure, equitable access to health and social services, especially for vulnerable groups, and strategic human resource development. The municipality has also established internal monitoring and evaluation systems, enhancing readiness for assessment under WHO's nine-domain framework. These domains span urban environment, health services, social capital, and emergency preparedness in urban communities.

A key success factor has been the structured completion of WHO application forms (1A, 1B, 2A, and 2B), supported by systematic data analysis and strategic planning aligned with international healthy city goals. Ban Suan's commitment positions it as a true role model of a WHO-aligned Healthy City—not only meeting global criteria but also advancing sustainable public policy that benefits its local population. The municipality has implemented a wide range of initiatives in alignment with WHO's Healthy Cities approach. In health promotion, it has adopted a life-course perspective, offering services from early childhood through old age. These include developmental screening for young children, school-based nutrition education, adolescent sexual health awareness, and physical and mental health promotion for working adults and the elderly. The municipality has also established community-based care programs for dependent older adults and conducts

home visits via a trained caregiver team, reflecting a robust and inclusive primary health care system. In environmental management, Ban Suan has launched proactive interventions such as the installation of automatic litter traps in drainage systems to prevent flooding, mangrove reforestation to expand green space and restore coastal ecosystems, and public lighting conversion to LED for energy efficiency. The “Recyclable Waste Robe Offering” initiative further promotes grassroots waste management and civic responsibility. Drinking water quality is ensured through municipal waterworks upgrades, and soil and water conservation is promoted through vetiver grass planting in erosion-prone and agricultural areas. In infrastructure development, the municipality leads in constructing smart drainage canals, installing elevators on pedestrian bridges near Chonburi Hospital, and developing community fitness and hydrotherapy centers. The latter, still under construction, is designed to support elderly rehabilitation and joint recovery using aquatic environments—an innovative and context-sensitive approach to urban elder care.

Ban Suan also supports marginalized populations by facilitating access to national identification documents and promoting employment among persons with disabilities. It is progressing toward becoming a Smart City, with solar loop installations on parking facilities and underground cabling to reduce visual pollution and accident risks. Economically, the municipality strengthens local economies through initiatives like the “One Subdistrict, One Digital” program promoting agricultural drone technology, and youth development via national-level competitions. Socially, it fosters lifelong learning and cultural enrichment through local art competitions, Thai fabric fashion shows, and cultural festivals. It also takes a proactive stance on drug prevention, including community tip lines targeting drug traffickers and youth sports programs as deterrents. These comprehensive efforts reflect Ban Suan Municipality’s holistic and strategic approach to urban development under the “Health in All Policies” framework. Grounded in evidence-based planning, civic participation, and intersectoral collaboration, Ban Suan stands as a leading example of a WHO “Blazing” level Healthy City in action.

Study Visit on Healthy City at Khlong Tamru Subdistrict Municipality, Chonburi Province

Khlong Tamru Subdistrict Municipality covers an area of 6,125 rai (approximately 9.8 square kilometers), comprising 6,571 households and a population of over 20,000. The area consists of flat land along the coastal zone. In terms of public health and environmental management, Khlong Tamru Municipality has achieved a series of distinguished national recognitions. These include First Prize Winner of the 2024 National Outstanding Sustainable Livable Municipality Award (2024), Honorary Award for Sustainable Environmental City at the regional level (2024), Outstanding Local Government Award (2023 and 2024), Award for Excellence in Integrity and Transparency Assessment (ITA) for Government Agencies (2024), High-Potential Local Government Award (2024), “Model Local Government for Youth and Child Council Participation Promotion” Award, Gold-Level Healthy City Award (2024), “Phet Suban” Award (2023) in the category of Outstanding Local Government Administrator, Award for Comprehensive Greenhouse Gas Inventory at the Organizational Level (2023), First Runner-Up National Sustainable Livable Municipality (2023), with a strategic goal of achieving Net Zero emissions, “Lert Ratt” Award for Outstanding Local Government Organization, and the Outstanding Model Organization of the Year Award (2022). The Director of the Division of Public Health and Environment presented key accomplishments in municipal waste management through a comprehensive approach covering upstream, midstream, and downstream processes. The initiative began with data collection and analysis on the local solid waste situation. Notably, after implementing the Waste Fund, total waste volume was reduced by 20%. Moreover, a Big Data system for all waste types was developed, including the establishment of a “Waste Bank Fund” to receive donations of recyclable and salable waste such as bottles, plastics, metal, paper, cans, chairs, washing machines, and refrigerators. Proceeds from these donations are directed to support bedridden patients, persons with disabilities, and vulnerable individuals in the community, thereby enhancing their quality of life. The initiative also fosters household-level waste segregation for sustainable environmental benefits.

At the source level, community waste management began with the drafting of a Community Charter stipulating joint waste management practices. Activities included the "Pleasant Front Yard" campaign, waste segregation education, promotion of foam and plastic bag reduction, large waste collection drives, the organization of recycling donation campaigns (collecting items on Mother's Day and donating on Father's Day), UHT carton collection and resale, and the initiative "Trash in Your Hands is a Great Merit." Key outcomes from the waste management program included Reduced municipal solid waste volume, Establishment of a comprehensive learning center for waste management, Recognition as a model area for recycling waste management, Increased community participation through the Local Green Volunteer program, Higher volume of recyclable waste, Carbon dioxide equivalent emissions reduction totaling approximately 120,000 tons. Waste management operations were conducted with transparency and the integration of digital technologies for enhanced monitoring, target setting, and clear allocation of responsibilities. The lessons learned from this initiative can be summarized as follows

- Community Engagement: Enhanced community collaboration fostered a strong sense of local pride and ownership, empowering residents to take active roles in managing and preserving their environment.
- Economic Dimension: Local employment opportunities were created through waste segregation activities, generating income for community members and contributing 290,000 THB to the Waste Fund. This fund was used to purchase medical and household necessities for bedridden patients and vulnerable groups.
- Quality of Life Dimension: Improved care and support for bedridden patients and vulnerable groups contributed to reduced household financial burdens. The community acknowledged the value of inclusivity and mutual support, resulting in a stronger collective identity and commitment to local well-being.

Discussion and Exchange Points

- **How to foster sustained collaboration and participation?**

- There is an observed challenge in maintaining continued community involvement in the Waste Fund initiative, as the primary beneficiaries are mostly bedridden patients. To address this:
- A funeral welfare fund of 5,000 THB has been established for individuals who donate recyclable waste or are registered members of the Waste Fund.
- There are future plans to expand outreach activities, such as home visits, provision of newborn care packages, and rewards for school-aged children.

- **How is the waste management system administered?**

- The municipal Waste Bank receives approximately one ton of recyclable waste per day. This waste is sold to generate revenue for the Waste Fund.
- Follow-up meetings are held every 2–3 months to approve disbursements from the fund, such as for the purchase of adult diapers, without relying on the National Health Security Office (NHSO) budget.
- Monthly home visits to bedridden or homebound patients are organized in collaboration with relevant local agencies and support teams.

- **Are there other sources of income for the Waste Fund?**

- The Waste Fund is fully financed by the sale of recyclable materials, without additional financial support from external sources.
- However, the municipality has received in-kind donations for patient care—such as eggs or recyclable items—from private factories in the area.

In return, the municipality issues certificates of appreciation to the contributing factories. These certificates can be used to support the factories' carbon credit reporting and environmental initiatives. This approach has successfully encouraged private sector participation in the development and sustainability of the Waste Bank Fund.

Project Implementation

Follow-up meetings to monitor project progress

Follow-up meetings to monitor project progress

The follow-up meetings to monitor project progress of the project implementation have been jointly conducted by the Regional Health Promotion Center 7 Khon Kaen and the Division of Health Impact Assessment. The process involves on-site visits to follow up on progress and provide technical support to municipalities participating in the project. Following the implementation of two key activities—Workshop 1, which focused on municipal data compilation for advancing Healthy City implementation, and Workshop 2, which aimed to strengthen the capacity of local administrative organization (LAO) personnel based on the World Health Organization’s Healthy City framework—there has been progress in operationalizing the Healthy City model in a total of eight municipalities. The implementation details are summarized as follows

Municipality	Details	Status
1.Khon Kaen Municipality	Submitted From 1A . Waiting for Mayor’s letter, Form 1 B , 1B data and Form 2B	In -progress
2.Kalasin Municipality	Submitted Mayor’s letter, Form 1A and 1B, data and Form 2B	Complete
3.Roi Et Municipality	Submitted Mayor’s letter, Form 1A.Wating for Form 1 B , 1B data and Form 2B	In -progress
4.Maha Sarakham Municipality	Wating for forms and Mayor’s letter	Not started

Municipality	Details	Status
5.Hua Na Kham Municipality	Submitted Mayor's letter, Wating for Form 1 B , 1B data and Form 2B	In -progress
6.Ban Phai Municipality	Submitted Mayor's letter, Form 1A.Wating for Form 1 B , 1B data and Form 2B	In -progress
7.Kuchinarai Municipality	Wating for forms and Mayor's letter	Not started
8.Khao Suan Kwang Municipality	Submitted Mayor's letter, Form 1A.Wating for Form 1 B , 1B data and Form 2B	In -progress

Operational Challenges and Constraints

1) Understanding and Capacity of Local Administrative Organizations (LAOs)

Although the Healthy City concept has been continuously promoted by the World Health Organization (WHO) and the academic sector, many local administrative organizations (LAOs) still lack a comprehensive understanding of the framework and systematic implementation of healthy city initiatives. In particular, difficulties persist in integrating the nine core components of the Healthy City approach with existing local development plans. Additionally, there are limitations in terms of qualified personnel with expertise in urban health, health data analysis, and participatory management. These gaps hinder the strategic planning and effective implementation of healthy city policies.

2) Limitations in Health Data and Information Systems

Health and spatial data, which are critical for self-assessment based on WHO criteria, are often fragmented, outdated, and poorly integrated across agencies. For instance, data on the elderly, vulnerable groups, waste, water, and air quality remain scattered. This leads to delays and incomplete submissions of Form 1B and Form 2A. Moreover, the absence of a centralized data platform shared among relevant agencies poses a significant barrier to effective planning and monitoring in accordance with WHO's Healthy City guidelines.

3) Lack of Systematic Intersectoral Coordination

Developing a healthy city requires integrated efforts across multiple sectors, including public health, environment, education, urban planning, and social welfare. However, in many municipalities, there is no established mechanism for intersectoral coordination. As a result, agencies often work in silos, leading to poor data sharing, overlapping policies, and fragmented implementation of health-related programs that lack coherence and efficiency.

Recommendations for Future Implementation

1) Develop a Comprehensive Guide for Completing WHO Forms (1A, 1B, 2A, 2B)

To enhance understanding of the WHO Healthy City assessment criteria, it is recommended that a practical guide be developed to assist municipalities in accurately completing the required forms. The guide should include step-by-step instructions for each form, sample entries from model cities, and definitions of technical terms in Thai. It is advisable that the guide be designed in both illustrated (infographic) and digital (interactive PDF) formats to ensure accessibility both online and offline, while aligning with the specific operational context of Thailand.

2) Establish an Ongoing Area-Based Technical Support Mechanism (Coaching System)

A dedicated team of technical advisors should be formed to serve as coaches providing continuous guidance, coordination, and follow-up for municipalities—particularly during the early phases of Healthy City implementation. This coaching system would help ensure that local governments can develop their action plans and complete WHO forms effectively, with support tailored to their local capacity and context.

3) Scale Up from Model Cities to Other Municipalities through a Structured Approach

Municipalities that have made substantial progress should take on the role of “mentor cities,” sharing their experiences, implementation strategies, and data management approaches with cities in earlier stages of development. This could be achieved through knowledge exchange forums, study visits, and thematic training sessions, fostering a strong peer-learning network and promoting horizontal collaboration across local governments.

Appendix I

Photo

Coordination and Monitoring Visits with Local Administrative Organizations in Health Region 7 for Participation in the WHO Healthy City Certification Program



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลเมืองบ้านไผ่
 ยกระดับเมืองสุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลตำบลท่าวาสุภวง
 ยกระดับเมืองสุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลนครจอนเกษ
 ยกระดับเมืองสุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลเมืองมหาสารคาม
 ยกระดับเมืองสุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลตำบลโคกศรี
 ยกระดับเมืองสุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวน เทศบาลตำบลบ่อสมเด็จ
 ยกระดับเมืองสุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลตำบลหัวนาคำ
 ยกระดับเมืองสุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวน เทศบาลเมืองภูพานิชย์ ยกระดับเมือง
 สุขภาพดีสู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลเมืองทาสีนธุ์ ยกระดับเมืองสุขภาพดี
 สู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้



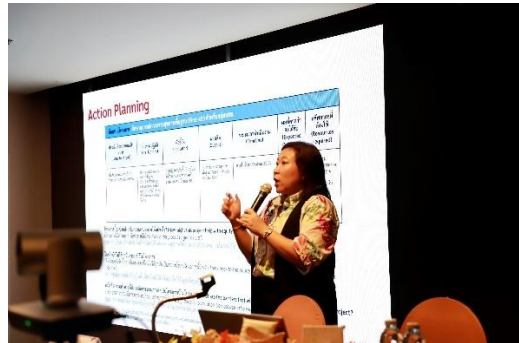
ศอ. 7 ลงพื้นที่เยี่ยมเสริมพลังและเชิญชวนเทศบาลเมืองธัญญะเขต ยกระดับเมืองสุขภาพดี
 สู่เครือข่ายเมืองสุขภาพฯแห่งภูมิภาคเอเชียตะวันออกเฉียงใต้

Workshop on Urban Data Development to Drive Implementation of the WHO
Healthy City Approach (Training Program to Develop Healthy City Profile)

Held on April 4, 2025, at Rachawadee Resort and Hotel, Khon Kaen Province



Capacity-Building Workshop for Local Administrative Organization Personnel Using the WHO Healthy City Framework Held on April 22–24, 2025, at Warin Conference Room, Grand Palazzo Hotel, Pattaya, Bang Lamung District, Chonburi Province





Field Visit to Monitor Progress on Healthy City Implementation

Location: Khlong Tamru Subdistrict Municipality, Chonburi Province



Monitoring and Evaluation of Project Implementation



Appendix II

Healthy City Plan

Healthy City Plan

1. Hua Na Kham Subdistrict Municipality, Kalasin Province

Identified Issue: Inadequate and unsafe water for domestic use and consumption.

Project Proposal	Community Participation in Drinking Water Quality Management						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Drinking water quality	Organize a public campaign to eliminate aquatic weeds from raw water sources with participation from public health agencies and local communities	More than 80% of households have access to clean and safe water	Provision of clean water for domestic use that meets national quality standards	By the end of 2025	1. Participation of all sectors	Drinking water quality	Organize a public campaign to eliminate aquatic weeds from raw water sources with participation from public health agencies and local communities
Project Proposal	Personnel Recruitment Program for Community Water Supply System Management						

Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Lack of qualified personnel to manage the community water supply system	Recruit competent individuals to oversee the water supply system through: <ul style="list-style-type: none"> – Knowledge-based examination – Open positions for inter-agency transfer – Appointment of village-based water supply volunteers 	<ul style="list-style-type: none"> – At least one official responsible for the water supply system in each village – Volunteers assigned in every village 	Sufficient number of trained personnel managing the water supply system	Within fiscal year 2025	<ul style="list-style-type: none"> – Provision of clean and safe water – Adequate water supply systems regularly maintained and fully operational 	<ul style="list-style-type: none"> – Technical officers (Public Works Division) – Human resource personnel – Local villagers – Budget – Equipment for system maintenance 	-

How does this project contribute to reducing inequality?

– The project aims to support residents across 19 villages, ensuring that they have access to a properly managed and maintained community water supply system.

Who might be excluded from the project?

– Households that rely on groundwater for their daily water use may not be covered by the scope of this project.

Healthy City Plan

2. Kalasin Town Municipality, Kalasin Province

Identified Issue: Recreational facilities are inadequate and inappropriate for the health conditions of vulnerable populations. These groups often face barriers to accessing public spaces and services.

Project Proposal	1. Training Program on Universal Design Awareness for Municipal Personnel						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Need to enhance personnel expertise in universal design	Conduct training programs to build knowledge and awareness among municipal staff	At least 80% of participants demonstrate improved understanding of universal design concepts	Personnel with increased knowledge and awareness of universal design	2025–2026	Personnel can apply standard-compliant and practical universal design principles in planning and implementation	– Experts	Need to enhance personnel expertise in universal design

How does this project contribute to reducing inequality?

– The project promotes the use of practical and inclusive universal design models in public spaces and government offices, ensuring that facilities are accessible and usable by people of all abilities.

Who might be excluded from the project?

– No one is excluded; the project is designed to benefit all individuals by improving the accessibility and inclusivity of public infrastructure.

Measure	Implementation Method
Develop municipal plans and local ordinances	Draft plans and incorporate projects into local ordinances
Develop workforce plans and increase staffing levels	Coordinate with universities to recruit qualified personnel

Project Proposal	Conduct public hearings to listen to stakeholder opinions						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Lack of clear policy and designated responsibility for inclusive	Organize public forums to encourage participation and facilitate opinion exchange	Community needs are clearly identified	Development plan for Kalasin Town Municipality established	2025	– Urban development plan that supports	Lack of clear policy and designated responsibility for inclusive urban development	Organize public forums to encourage participation and

Project Proposal	Conduct public hearings to listen to stakeholder opinions						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
urban development					vulnerable groups		facilitate opinion exchange

How does this project contribute to reducing inequality?

- The project ensures that vulnerable groups have equitable access to public services, particularly by addressing their specific needs in municipal development planning.

Who might be excluded from the project?

- General population without mobility impairments may not be directly targeted by the project, as the focus is placed on improving access and inclusivity for vulnerable or physically disadvantaged groups.

Measure	Implementation Method
-Maintain a complete and up-to-date database of vulnerable groups	-Conduct surveys, collect data, and develop a centralized database
-Encourage participation of vulnerable groups	- Provide free health check-ups

Healthy City Plan

3. Ban Phai Town Municipality, Khon Kaen Province

Identified Issue: High prevalence of non-communicable diseases (NCDs) in the community, such as hypertension, diabetes, and cardiovascular diseases.

Project Proposal	Request cooperation from relevant stakeholders and partner organizations at both local and external levels						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Inadequate data for managing non-communicable diseases (NCDs)	1. Establish Memorandums of Understanding (MOUs) with local partners to jointly prevent NCD complications	– At least 90% of relevant agencies and networks participate in collaborative efforts	– At least 90% of local stakeholders attend the coordination meetings	Within fiscal year 2025	– Comprehensive NCDs database covering all areas in the municipality	– Municipal staff	Inadequate data for managing non-communicable diseases (NCDs)

How does this project contribute to reducing inequality?

- The project ensures that at-risk groups and individuals with NCDs receive comprehensive care, covering all age groups and promoting equitable access to health services across the population.

Who might be excluded from the project?

- Unregistered or transient populations, such as migrant workers and residents working abroad, may not be included in the data collection or benefit directly from the program.

Project Proposal	Organize awareness forums on non-communicable diseases (NCDs) led by local government executives						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Lack of awareness and preventive behavior regarding NCDs across all age groups	<ul style="list-style-type: none"> - Utilize various forms of media for health education - Organize knowledge-sharing forums on NCDs 	90% of all age groups in the community are reached	Residents across all age groups gain awareness of NCDs	Within fiscal year 2025	- All age groups adopt preventive practices and risk reduction behaviors for NCDs within the municipality	<ul style="list-style-type: none"> - Budget - Local government executives - Personnel and staff - Health network partners - Community leaders - Village health 	<ul style="list-style-type: none"> - Municipality - National Health Security Office (NHSO) - Provincial Public Health Office - Community leaders

Project Proposal	Organize awareness forums on non-communicable diseases (NCDs) led by local government executives						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
						volunteers (VHVs) – Health centers	

How does this project contribute to reducing inequality?

- The project promotes awareness and understanding of NCDs among all groups and age ranges within the municipality, ensuring that no demographic is left behind in disease prevention efforts.

Who might be excluded from the project?

- No one is excluded; the project is designed to be inclusive and accessible to all residents across all age groups.

Healthy City Plan

4. Khao Suan Kwang Subdistrict Municipality, Khon Kaen Province

Identified Issue: Lack of public spaces for physical activity and green spaces within the municipality.

Project Proposal	Development of a Local Development Plan for the Construction of Health Promotion Facilities						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Lack of a formal plan to support the construction of public health promotion spaces	<ul style="list-style-type: none"> – Organize community public hearings – Conduct meetings with the municipal planning support committee – Hold meetings with the provincial local development committee – Officially announce and adopt the local development plan 	One finalized and adopted local development plan	An approved local development plan that enables budget allocation requests	Within fiscal year 2025	A concrete project plan is available to support future funding proposals	<ul style="list-style-type: none"> – Policy and planning analysts – Community members – Local government executives 	Municipality

How does this project contribute to reducing inequality?

- The development plan is created through an inclusive participatory process that incorporates input from all sectors and age groups, ensuring that community needs are fairly represented.

Who might be excluded from the project?

- Bedridden patients may not be directly involved or represented in the planning process due to limitations in mobility and participation.

Measure	Implementation Method
Build multi-sectoral partnerships	- Promote inclusive participation

Project Proposal	Secure funding for the construction of health promotion facilities						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
Lack of designated public space for community	<ul style="list-style-type: none"> - Develop a project based on the local development plan - Design the project to reflect the needs of all 	100% budget approval achieved	Budget allocated for the construction of public	Within fiscal year 2026	- Municipality has a dedicated space for	-- Technical staff (Public Works Division) - Draftsmen/Designers	Municipal budget (including potential loan from LAO Development Fund)

Project Proposal	Secure funding for the construction of health promotion facilities						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
health promotion activities	age groups – Propose the project to the local council – Submit for approval by the provincial governor – Submit loan request documents to the Local Government Development Fund (LAO Loan Fund)		health promotion facilities		health promotion – Citizens enjoy better health and well-being	– Municipality officials – Community members	

How does this project contribute to reducing inequality?

- The project promotes equitable access to physical activity spaces that are inclusive and accessible for people of all age groups, helping to reduce disparities in opportunities for health promotion.

Who might be excluded from the project?

- Bedridden individuals and those living in remote areas or outside the public service zones may face challenges in accessing the newly developed facilities.

Measure	Implementation Method
Promote inclusive participation across all sectors	Expand communication and participation channels, such as Facebook, Line, and other electronic media
Build networks for collaborative project development	Coordinate and engage with all relevant sectors to foster cross-sectoral cooperation

Healthy City Plan

5. Maha Sarakham Municipality Identified

Issue: The municipality is facing a waste management crisis due to overflowing waste and the lack of disposal facilities, as the existing landfill site has reached full capacity.

Project Proposal	The municipality signed an MOU with stakeholders and facilitated the creation of a Community Charter to promote sustainable health and environmental practices.						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
High volume of waste generated at the source	1. Sign MOUs with businesses, educational institutions, and healthcare facilities to promote waste segregation at the source and reduce waste	1. MOUs signed 2. Community charters established 3. Waste volume reduced by at least 10%	Monitoring and evaluation report on implementation progress	Within 1 year	1. Signed MOUs with institutions 2. Community charters on waste reduction 3. Community-based cremation fund established	<ul style="list-style-type: none"> - Community members - Institutional stakeholders - Municipal staff 	High volume of waste generated at the source

Project Proposal	The municipality signed an MOU with stakeholders and facilitated the creation of a Community Charter to promote sustainable health and environmental practices.						
Target Issue	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
	disposal fees 2. Facilitate the development of community charters to encourage local waste reduction practices 3. Establish incentive mechanisms through a waste cremation fund (community welfare model)	4. Cremation fund created					

Project Proposal	Develop municipal policies and create incentives to encourage private sector involvement in health and environmental initiatives.						
Target Issue	Operational Approach	Indicator	Output	timeline	Expected Outcomes	Required Resources	Source of Resources
Excessive waste accumulation in landfill area	<ul style="list-style-type: none"> - Grant full operational rights to a private company (100%) to manage waste disposal - Construct a waste-to-energy power plant 	<ul style="list-style-type: none"> - A private operator is appointed and active - Waste volume in landfill reduced by 40% 	Waste-to-energy plant established and operating	25 years (April 1, 2025 – April 1, 2050)	<ol style="list-style-type: none"> 1. Private sector manages waste disposal 2. 40% annual reduction in landfill waste 3. Complete landfill waste clearance within 10 years 	<ul style="list-style-type: none"> - Budget: 380 THB/ton for waste exceeding 70 tons per day - Personnel: Technical officers to oversee environmental and infrastructure quality 	Maha Sarakham Municipality

Healthy City Plan

6. Khon Kaen Municipality

Identified Issue: Khon Kaen City is experiencing a significant demographic shift toward an aging society, with older adults accounting for 21% of the total population. This increase has led to gaps in healthcare access and quality of life support, especially for elderly individuals who are dependent or underserved.

Project Proposal	Establishment of a Working Group Comprising Public Sector, Private Sector, Community Representatives, and Academic Institutions						
Target Objective	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
To design a digital city data platform (CDDP) and develop an integrated data-sharing system for elderly individuals and persons	Establish a multi-sectoral working group and assign clear roles and responsibilities to each member and sector.	At least 80% of the elderly and dependent persons' data can be integrated into the shared system and accessed by	A digital city data platform (CDDP) specifically developed for elderly individuals and persons with dependency	By the end of fiscal year 2026	– Elderly individuals and persons with dependency who were previously outside existing systems are successfully integrated into the database	– Budget – Data management software/system – Experts in database system design and development	– Elderly individuals (as data subjects and community participants) – Village Health Volunteers (VHVs) – Primary Health Service Centers – Provincial Public Health Office (PPHO)

Project Proposal	Establishment of a Working Group Comprising Public Sector, Private Sector, Community Representatives, and Academic Institutions						
Target Objective	Operational Approach	Indicator	Output	Timeline	Expected Outcomes	Required Resources	Source of Resources
with dependency.		relevant agencies.					<ul style="list-style-type: none"> – Provincial Social Development and Human Security Office – Provincial Statistics Office – Provincial Social Welfare Office – Disability Service Center – Academic institutions – Ministry of Public Health – Ministry of Digital Economy and Society – Digital Economy Promotion Agency (DEPA)

How does this project contribute to reducing inequality?

- The project ensures that elderly individuals and persons with dependency who were previously excluded from data systems are identified, integrated into the unified database, and provided with comprehensive and inclusive services.

Who might be excluded from the project?

- Elderly individuals and persons with dependency who remain outside existing data systems may still be missed in the initial phases of implementation.

What are the challenges affecting project implementation?

- Inability to connect and synchronize data across agencies, limited inter-agency coordination, and incomplete or inconsistent data collection are key challenges that hinder effective implementation.

Measure	Implementation Method
Integration of data systems across all sectors by designing and developing a unified data platform	Issue a policy directive requiring all agencies to adopt and use a standardized data system

Project Proposal	Integration of all municipal departments and collaboration with relevant partners in the design and development of a shared data management system						
Target Objective	Operational Approach	Indicator:	Output:	Timeline:	Expected Outcome:	Required Resources:	Source of Resources
To improve the efficiency and usability of the municipal data system	1. Coordinate and organize meetings with all municipal departments and relevant partner organizations 2. Hold workshops to discuss system design and operational approaches 3. Develop the integrated data system 4. Pilot the system and summarize findings 5. Revise and	At least 80% of Khon Kaen City Municipality departments and relevant partner organizations are able to effectively use the integrated data system.	A municipal data system of Khon Kaen City that is integrated with relevant partner organizations	By the end of fiscal year 2026	Khon Kaen Municipality and relevant partner organizations operate under a shared and unified data system.	– Municipal staff – Executive leadership team – Relevant partner organizations – Hardware – Software – Budget for project implementation	– Budget from Khon Kaen Municipality – Budgets from relevant partner organizations

Project Proposal	Integration of all municipal departments and collaboration with relevant partners in the design and development of a shared data management system						
Target Objective	Operational Approach	Indicator:	Output:	Timeline:	Expected Outcome:	Required Resources:	Source of Resources
	improve the system 6. Officially adopt the system as a standard operational guideline						

How does this project contribute to reducing inequality?

– The project enables Khon Kaen City Municipality and relevant partner organizations to share and utilize a unified data system, which helps improve coordinated care and service delivery for the elderly population.

Who might be excluded from the project?

– Elderly individuals living outside the Khon Kaen City Municipality may not be included in the program's services or data system.

What are the challenges affecting project implementation?

– The diversity and fragmentation of data sources poses a challenge to integrating information, leading to inconsistencies and limited accessibility for decision-making.

Healthy City Plan

7. Kuchinarai Municipality, Kalasin Province

Problem: Individuals with dependency conditions do not receive adequate care (Long Term Care: LTC).

Project proposal	Enhance knowledge and skills in caregiving for individuals with dependency conditions among relatives, staff, and stakeholders.						
Target Objective	Operational Approach	Indicator:	Output:	Timeline:	Expected Outcome:	Required Resources:	Source of Resources
Enhance knowledge and caregiving skills for dependents among relatives, staff, and stakeholders	Conduct a workshop for relatives, staff, and stakeholders.	At least 90% of dependents receive care from individuals who have undergone skill development.	- Caregiving curriculum for dependents - Relatives, staff, and stakeholders	Fiscal Year 2026 (October 2025 – September 2026)	Dependents receive proper and appropriate care	- Relatives and staff - Budget - Venue	- Budget from the local administrative organization (LAO)/municipal ordinance - Supporting budget from government agencies

How does this project help promote equity?

- Dependents receive quality care, which helps reduce medical expenses and the time spent accessing physicians.

Who is not included in the project?

- Dependents who are not recorded in the database / those who are left out of the survey.

Project proposal	Enhance knowledge and skills in caregiving for individuals with dependency conditions among relatives, staff, and stakeholders.						
Target Objective	Operational Approach	Indicator:	Output:	Timeline:	Expected Outcome:	Required Resources:	Source of Resources
<ul style="list-style-type: none"> - Increase awareness of dependent care services provided by the local NHSO (National Health Security Office) - Increase awareness of the benefits and entitlements for dependents 	<ul style="list-style-type: none"> - Disseminate information through various municipal channels such as public announcement systems, website, Facebook, and publicity banners - Request support from relevant local agencies to enhance 	100% of the local population is aware of the care management for dependents.	Public communication through various channels	Fiscal Year 2026 (October 2025 – September 2026)	<ul style="list-style-type: none"> - 100% of dependents, their relatives, and the general public are aware of the benefits entitled to dependents. - 100% of dependents receive benefits under the program 	<ul style="list-style-type: none"> - Staff/personnel of the Local Administrative Organization (LAO) - Budget from the NHSO Fund - Personnel from other agencies - Community committee members 	<ul style="list-style-type: none"> - Local Administrative Organization (LAO) - Local NHSO Fund

Project proposal	Enhance knowledge and skills in caregiving for individuals with dependency conditions among relatives, staff, and stakeholders.						
Target Objective	Operational Approach	Indicator:	Output:	Timeline:	Expected Outcome:	Required Resources:	Source of Resources
	public outreach				(including all healthcare entitlements).		

How does this project help promote equity?

- Dependents within the municipality area receive comprehensive and inclusive care.

Who is not included in the project?

- Dependents who are not registered in the system database.

This project is related to Domains 2, 3, and 6.

Healthy City Plan

8. Roi-et Municipality

Issue: Waste water Treatment Plant

Project proposal							
Target Objective	Operational Approach	Indicator:	Output:	Timeline:	Expected Outcome:	Required Resources:	Source of Resources
Lack of waste water treatment plant	Establish a research team and a working group to conduct the study.	A comprehensive database is obtained regarding the wastewater treatment systems in the area, including information on effluent quality, water sources, and	Obtain data such as the impacts or community feedback resulting from the absence of a wastewater treatment system, to support the development and	1 year	<ul style="list-style-type: none"> - Obtain budget allocation for the development of a centralized municipal wastewater treatment system - Establish a database to 	<ul style="list-style-type: none"> - Research budget - Research team - Implementation team 	Database from government agencies

Project proposal							
Target Objective	Operational Approach	Indicator:	Output:	Timeline:	Expected Outcome:	Required Resources:	Source of Resources
		appropriate types of treatment systems suitable for the local context.	implementation of such a system.		support budget acquisition		

How does this project help promote equity?

- By benefiting residents within the municipality as well as local public and private sector agencies.

Who is not included in the project?

- People living outside the municipality area.

This project is related to Domains 4 and 5.

Appendix III

Evaluation Summary of the Workshop

**Evaluation Summary of the Workshop on Developing Healthy City Profiles
according to WHO Healthy Cities Framework, April 4, 2025**

The evaluation of the training consisted of two main sections. The results are summarized as follows:

Section 1: General Information of Participants

The workshop was attended by 58 participants, with 15 participants (25.86%) completing the satisfaction survey. Among the respondents:

- 11 participants (73.3%) were staff from local administrative organizations (LAOs)
- 4 participants (26.7%) were from provincial public health offices

Section 2: Satisfaction with Content and Delivery

Most participants reported the highest level of satisfaction with the content of the workshop. They also expressed the highest satisfaction with the format of the event, and the presentations for each topic received the highest satisfaction ratings.

Overall, the satisfaction level was reported as very high across all aspects. A detailed breakdown is shown in the table below.

Table Results of the Meeting Satisfaction Evaluation

Satisfaction Criteria	Level of Satisfaction				
	Number (Percentage)				
	Least	Low	Moderate	High	Highest
1.Content of the Meeting					
1.1 The content is complete and comprehensive	0	0	1 (7.1)	2 (14.3)	11 (78.6)
1.2 The content is appropriate to the objectives	0	0	1 (7.1)	5 (35.7)	8 (57.1)
1.3 Appropriate use of presentation materials	0	1 (7.1)	0	5 (35.7)	8 (57.1)
1.4 The knowledge gained can be applied to practical work	0	0	1 (7.1)	5 (35.7)	8 (57.1)

Satisfaction Criteria	Level of Satisfaction				
	Number (Percentage)				
	Least	Low	Moderate	High	Highest
2. Format of the Meeting					
2.1 The venue is appropriate	-	-	-	6 (42.9)	8 (57.1)
2.2 The duration of the meeting is appropriate	-	-	-	4 (28.6)	10 (71.4)
2.3 Availability and readiness of audiovisual equipment	-	-	1 (7.1)	2 (14.2)	11 (78.6)
2.4 Coordination by the organizers	-	-	-	4 (28.6)	10 (71.4)
2.5 Overall, you are satisfied with the organization of this meeting	-	-	-	5 (35.7)	9 (64.3)
3. Content of Each Presentation					
3.1 Presentation on the background and importance of Healthy City implementation and the future action plan			2 (14.3)	6 (42.9)	6 (42.9)
3.2 Presentation on the topic: “Healthy Cities Network for South-East Asia” by a representative from the Urban Governance for Health and Well-being Regional Lab (UGHW-Regional LAB)			2 (14.3)	5 (35.7)	7 (50.0)
3.3 Presentation on the “Assessment Criteria and Guidelines for Healthy Cities: Domains 1–6” by a representative from the Urban Governance for Health and Well-being Regional Lab (UGHW-Regional LAB)			1 (7.1)	7(50.0)	6 (42.9)
3.4 Group workshop on "Data collection and analysis for developing an action plan			0	6 (42.9)	8 (57.1)

Satisfaction Criteria	Level of Satisfaction				
	Number (Percentage)				
	Least	Low	Moderate	High	Highest

to drive the Healthy Cities initiative in the South-East Asia Region

Part 3: Comments and Additional Suggestions

- The speakers and group facilitators explained rather quickly.
- The evaluation criteria should be translated into Thai.
- The training duration should be extended.

Evaluation Summary of the Workshop

The training for strengthen capacity of Local Administrative Organizations for urban health, 22-24 April 2025

The evaluation of the workshop was divided into four parts. The results are summarized as follows:

Part 1: General Information of Participants

The workshop had a total of 90 participants, of which 14 participants (16%) responded to the evaluation form.

Among the respondents:

- 11 participants (78.6%) were staff from local administrative organizations (LAOs)
- 3 participants (21.4%) were from provincial public health offices

Part 2: Knowledge Before and After the Workshop and Application of Knowledge

Before attending the workshop, 8 participants (57%) rated their knowledge level at Level 5 (on a scale of 1 = lowest to 10 = highest).

After the workshop, the most common ratings were Level 10 (35%) and Level 9 (35%), followed by Level 8 (28.6%).

Application of knowledge: The majority of participants (8 participants, 57.1%) reported they could apply the knowledge at the highest level (Level 10), followed by 3 participants (21.4%) at Level 9 and another 3 (21.4%) at Level 8.

Part 3: Satisfaction with the Workshop

In terms of content, most participants reported a high level of satisfaction.

Regarding the format and organization of the event, most participants expressed the highest level of satisfaction.

For the site visit, participants mostly indicated a high level of satisfaction.

A detailed breakdown is provided in the following table.

Table Results of the Meeting Satisfaction Evaluation

Satisfaction Criteria	Level of Satisfaction				
	Number (Percentage)				
	Least	Low	Moderate	High	Highest
1.Content of the Meeting					
1.1 The content is complete and comprehensive	0	0	2 (14.3)	7 (50.0)	5 (35.7)
1.2 The content is appropriate to the objectives	0	0	1 (7.1)	9 (64.3)	4 (28.6)
1.3 Appropriate use of presentation materials	0	0	0	8 (57.1)	6 (42.9)
1.4 The knowledge gained can be applied to practical work	0	0	0	6 (42.9)	8 (57.1)
2. Format of the Meeting					
2.1 The venue is appropriate	0	0	1 (7.1)	2 (14.3)	11 (78.6)
2.2 The duration of the meeting is appropriate	0	0	0	3 (35.7)	9 (64.3)
2.3 Availability and readiness of audiovisual equipment	0	0	0	3 (21.4)	11 (78.6)
2.4 Coordination by the organizers	0	0	0	4 (28.6)	10 (71.4)
2.5 Overall, you are satisfied with the organization of this meeting	0	0	0	4 (28.6)	10 (71.4)
3. Study Visit Site Evaluation					

Satisfaction Criteria	Level of Satisfaction				
	Number (Percentage)				
	Least	Low	Moderate	High	Highest
3.1 Appropriateness of the site	0	0	3 (21.4)	7 (50.0)	4 (28.6)
3.2 Appropriateness of the duration	0	0	3 (21.4)	6 (42.9)	5 (35.7)
3.3 Coordination by the organizers	0	0	1 (7.1)	5 (35.7)	8 (57.1)
3.4 Overall satisfaction	0	0	1 (7.1)	8 (57.1)	5 (35.7)

Part 4: Additional Comments and Suggestions

- The content should be more in-depth, especially regarding data preparation for Healthy City assessments.
- More time should be allocated for experience sharing from field personnel responsible for data collection.
- There should be opportunities to learn from actual practitioners, with presentations from award-winning municipalities, and clearer explanations for each assessment item and topic.
- To enhance understanding, more examples of form completion should be provided for other relevant forms.
- Increase opportunities for interaction among participating organizations to facilitate future collaboration and exchange of experiences.
- On Day 2, participants expected clearer guidance on how to complete the forms. Although the initial content didn't fully meet this expectation, we appreciate the organizing team's adjustment to summarize key points on the final day, which significantly improved participants' understanding of the forms and data submission process.
- Regular follow-up training sessions are recommended to maintain momentum among local teams.

