

## WHO Awards for Healthy Cities 2005

### Healthy Cities Good Practice Awards 2005

Tobacco-Free/Smoke-Free Cities  
**Seoul Metropolitan Government, R O Korea**  
 Community-Based Rehabilitation  
**Sai Kung District Council, Hong Kong, China**  
**Ichikawa City, Japan**  
**Kuching, Sarawak, Malaysia**  
 Financial Protection of the Poor  
**Zhangjiagang City, Jiang Su, China**  
**Marikina City, Philippines**  
 Mother-Friendly Initiatives  
**Suzhou City, China**  
 Poverty and Equity  
**Seoul Metropolitan Government, R O Korea**

Nine cities were given recognition by the WHO Regional Office for the Western Pacific (WPRO) for outstanding achievements in their activities of Healthy Cities. WHO provides recognition and support to good practices and innovative projects implemented by members of the Alliance for Healthy Cities. Six foci were chosen as the Region's priority health issues of 2005. At the end of October 2005, the winners of Awards for the year 2005 were announced.

### Healthy Cities Best Proposal Awards 2005

Building a Drug-Free Community  
**Marikina City, Philippines**  
 Tobacco-Free/Smoke-Free Cities  
**Townsville City, Australia**  
 Community-Based Rehabilitation  
**Jeju, R O Korea**

## Pro-poor and equity enhancing Healthy Cities initiative

### Seoul

#### I. Background

Seoul, the capital of the Republic of Korea, covers an area of 605.4 km<sup>2</sup>, and has a population of about 10.2 million. During the 1960's the pace of urbanization increased rapidly. With the rapid economic growth, the nation's income increased 50.8 times from 249

dollars in 1970 to 12,646 in 2003, and the income differences between the social classes increased.

The social problems of the under-privileged class (including welfare recipients, poor and hungry children, old people, orphans, homeless people, and the people who live in sub-standard housing) will increase.

The work of Seoul's Government is done in close collaboration with the city's 25 autonomous districts and with health related non-governmental organizations (NGOs) and civil society organizations.

#### II. The Policy Strategy

"Increasing the accessibility of health services for under-privileged citizens" was developed for Seoul. (Figure 1, Figure 2)

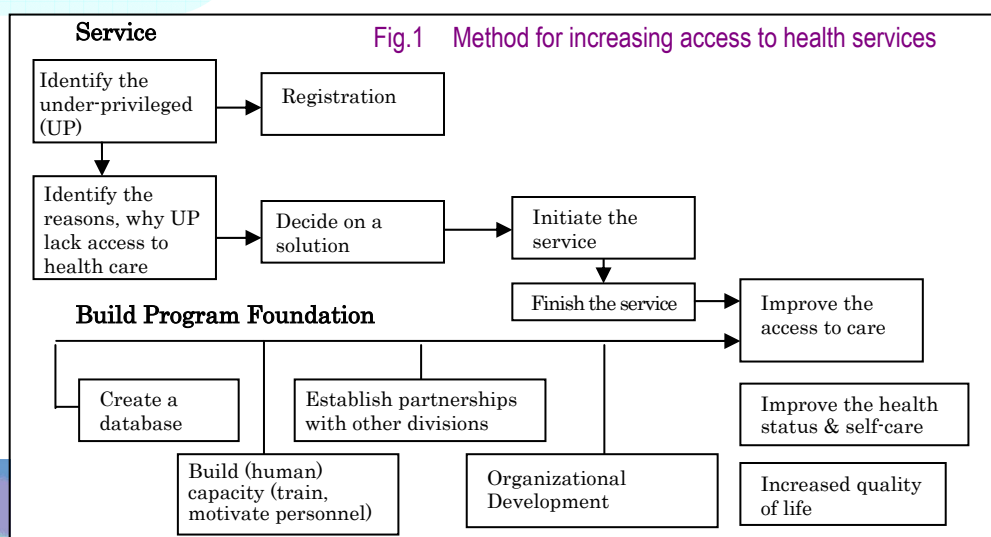
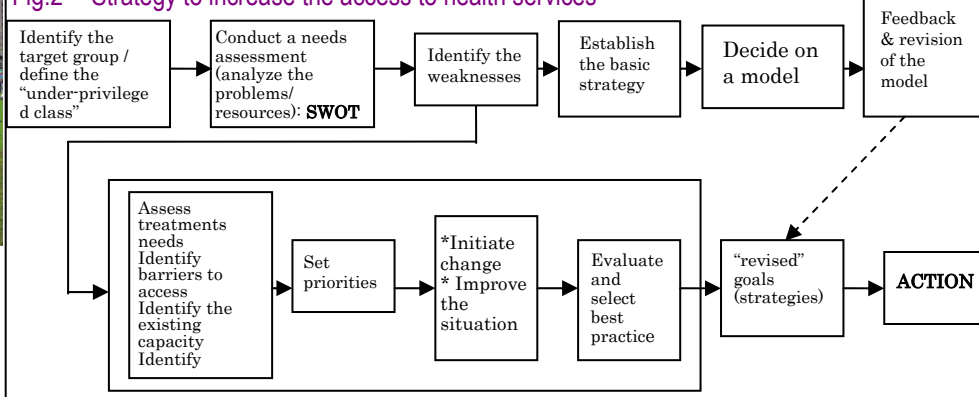


Fig.2 Strategy to increase the access to health services



#### III. Achievements of Policy Implementation

Seoul's total budget in 2005 is US\$ 13,025,874,000.

The budget for "social welfare" (which includes the city's health budget) is 12.3% of Seoul's total budget in 2005 (US\$ 1,863,178,000).

To enforce welfare of the under-privileged class and to increase the equity in health, in

January 1, 2005, Seoul divided the Welfare and Women's Policy Bureau into the Welfare and Health Bureau and the Women and Family Policy Bureau.

Under the present health service system, Seoul's 25 districts directly provide health and medical services to under-privileged citizens at the local level. They promote various programs, such as "Home Nursing", "medical service team" and "One person

takes care of one under-privileged family”.

The City is expanding medical services to under-privileged citizens, by increasing the number of public health center branch offices, and by building new medical facilities, e.g. the Dental Hospital for the Disabled. The City is improving the quality of medical services, by exchanging old equipment in the district's public health centers. Under-privileged citizens receive financial support for medical services, childcare and during holiday seasons to reduce their economic burden.

The City's public transportation system is being made more accessible for disabled citizens, by installing elevators in subways and by increasing the number of lower-buses.

#### IV. Evaluation

The implementation of the Health and Welfare Policies are well documented and evaluated. The first method is an evaluation by the Division of Evaluation (of the Seoul Metropolitan Government), which focuses on the implementation and impacts of services within the public health centers, only. The second method is more comprehensive and also includes an evaluation of, for example the program plan, structure and process.

### Mother-friendly initiatives

#### Suzhou City - Mother & Baby Health Care Campaign in Suzhou -

Suzhou is a historical and cultural city as well as a leading scenic and tourist city in China. The city is located in the southeast of Jiangsu Province, bordering Shanghai on the east, Zhejiang Province on the south, the Taihu Lake in the west and the Yangtze River in the north. Suzhou covers an area of 8,488 km<sup>2</sup>. The total population is 5.99 million.

The development direction for mother and baby health-care activities in Suzhou is “people-orientation, scientific planning, clear focuses and overall promotion”, which is coupled with the concept of “children priority and mother-safety”. Suzhou has also established a supporting system of government leadership, authority-cooperation and social involvement, a service system of complete activities for mother and baby health-care, and provides safe, reachable and sustainable health-care services to mothers and babies in an effort to improve the health level of mothers and babies.

Led by the city's Mother & Baby Health Care and Nursing Center, the mother and baby health services have established a network, with a bridge by specialized women and

children health care agencies at city and district levels, among the maternity sections and health care sections of various medical institutions, as well as community medical stations, and company and mining clinics. Implement the Mother Safety Project, and strengthen the management over the pregnancy period. 184 local hospitals who had obstetric sections had been constructed into Love-Baby Hospitals.

The Children's Development Garden has been established in the city's Mother & Baby Medical and Health-Care Center. On this basis, Suzhou city was the first to be recognized as a Love-Baby City.

The health criteria of mothers and babies have been in the leading position among all developing nations. By the end of 2004, the health-care management rate for all



Photo: Vice Mayor Tan Ying (Left 3) inspects the Mother & Baby Health Care Campaign

maternity women of the city reached 99.95%; the children's health-care management rate reached 97.63%; the hygiene and health-care qualification rate at baby nurseries reached 83.4%; the average life expectancy increased 77.46 year; the fatality rate for maternity women decreased 6.37‰; and the fatality rate for infants decreased to 4.67/100,000 (see Figures 1-3).

Figure 1. Trend of Average Life Expectancy

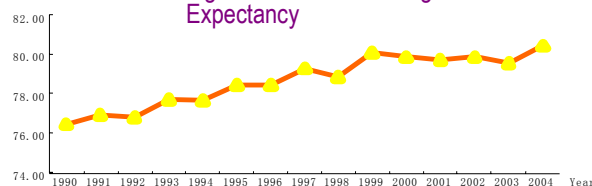


Figure 2. Trend of Maternal Mortality Rate

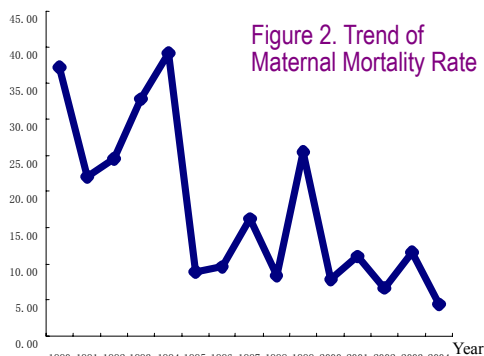
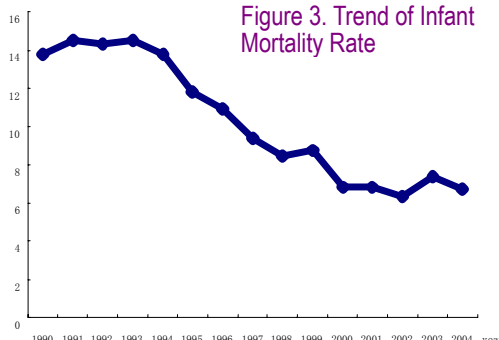


Figure 3. Trend of Infant Mortality Rate



### Community-based rehabilitation (CBR)

#### Sai Kung District, Hong Kong -Healthy Cities for People with Disabilities-Continuous Spectrum of Services

Tseung Kwan O (TKO) is a rapidly developing new town under the Sai Kung district of Hong Kong. Up to date, there are 50 rehabilitation service centres ranging from pre-school rehabilitation service, special schools to adult service including residential, day service as well as community support service. The approach of Person-centred Planning is adopted to allow adult service users to make choices among the various day programs conducted in small groups. A variety of indoor and outdoor programs and activities are arranged accordingly such as tours to the Ocean Park and even Macau.

#### Equal Opportunity and Poverty Reduction

A wide range of vocational training programs are offered including handicraft production, sales promotion, laundry service and car washing teams. Promotion sales have been organised at different shopping malls and universities. Service users enjoy the opportunities of making contacts with other people while receiving training allowances that mean an invaluable recognition to them. With tailored employment support, some of them subsequently get employed in the open market earning a close-to-market-rate monthly salary.



## Community Integration and Social Inclusion

Instead of being confined within the service centres, people with disabilities, children or adults, can swim in the public pool, take public transport, shop in supermarkets and visit museums etc. so that they identify themselves as members of the community, as does the public.



Community education and volunteer development represent other major strategies. The service centres regularly organise open days where local people can tour around the centres and learn first-hand of the services, as well as of the service users. Moreover, local people are actively recruited and trained to become volunteers to participate in service delivery for people with disabilities, who in turn are trained to provide volunteer service to other people in need e.g. household cleaning and visitations to singletons.

## Community Development and District-wide Collaboration

Since the average waiting time for residential or day care services can be as long as a few years, self care training and necessary home environment modification are provided to support people with disabilities to stay "independently" at home



as far as possible while home respite allows temporary relief amidst continual caring responsibilities for families or carers.

The Rehabilitation Service Working Group consists of representatives from all local rehabilitation service units for collaboration and advocacy to the interests of people with disabilities. Various programs and activities have been organised to promote mutual interaction and understanding between people with disabilities and the general public.

## **Ichikawa City**

### **The Ichikawa city Healthy city projects**

The number of the people who suffer from mental problems has increased, so the occurrence of depression and suicide is becoming a big social issue.

With the long term collaborative development of Ichikawa City government, non-profit organizations, and community people, *Healthy City Ichikawa* has worked on many community-based programs to realize needs of all consumers including people with mental disabilities.

The objective of the programs is to allow the mentally disabled to continue to live in their own neighborhoods by respecting their ways of living, employment, health, and quality of life.

In Ichikawa city, a publicly-run welfare workshop targeted for the mentally disabled



Photo: Kitchen of "NPO Hot Heart Ichikawa"

was established in 1982.

The city government started the workshop with no legal basis, so that medical service providers in the community, local associations of family members, and other members in the community collaborated in order to promote the workshop.

The workshop is now called *Minami-yawata Mental Support Centre* and provides services for mentally disabled with consultation not only on their daily lives, but also their job training.

The distinguishing activities are on the following points:

(1) It is widely open to anyone without quota or period. Even citizens who do not receive medical treatment in the hospital are welcome. (2) It focuses on providing full casework such as consultations and life support as well as a "place to get together" and job training. (3) The center tries to make approaches to not only the mentally disabled but also the whole community in order to make it better place to live for all the residents.

These city activities have spread out to NPOs.

NPO *Hot Heart Ichikawa*, selling take-out

boxed meals, provides many opportunities to respond to various needs of the mentally disabled.

They provide them with assistance for their food, employment, residence, and overall daily lives.

The activities are in the following areas: (1) Providing the consumers with a "place to be", a "place to work", a "place to get together", a place to feel relaxed" and a "place to reside"; (2) Providing the consumers with meals to maintain their health; (3) Ensuring individual consumers certain level of income; and (4) Providing the consumers with opportunities in which they can contribute to society.

All the programs have been carried out with community participation in order to create self-support of the mentally disabled by cooperation between a city organization and NPOs.

Ichikawa city will promote various programs, and will aim for *Healthy City Ichikawa*, a city where all people can be energetic, healthy, and live life to its fullest.



Photo: Mayor of Ichikawa, Hon. Mitsuvuki Chiba

## **Jeju**

Jeju-do is located in the southwest of the Korean Peninsula, and is composed of two cities and two counties. Its area is 1847.78Km<sup>2</sup>, accounting for 1.8% of the nation. Its population is 552,297 and its mainstays are tangerine farming and tourism.

As of 2005, 3.7% of the population of Jeju-do is registered as disabled. The population of people with disabilities in Jeju-do is on the rise: 8,816 in 1999 (1.6%), 13,794 in 2001 (2.5%), 17,829 in 2003 (3.2%) and 19,809 in 2004 (3.5%). Among people with disabilities in Jeju-do, only 0.8% have been admitted to welfare facilities while the other 99.2% stay at home. The objectives of community-based rehabilitation (CBR) in Jeju-do are: 1) to minimize occurrence of disabilities through disability prevention and early detection; rehabilitation; and promotion of health for persons with disabilities and those managing chronic illnesses. 2) to help persons with disabilities establish themselves as



Photo: Governor of Jeju, Hon. Kim, Tae-Hwan

community members, realize their fullest potential, lead independent lives in terms of function, and to give opportunities to join social, economic, cultural and the other areas of the community, ultimately creating the greatest social integration possible. 3) to raise the awareness of Jeju residents about rehabilitation; support rehabilitation specialists in public health centers; build a network with related organizations; and provide a strong labor force engaged in rehabilitation services in the community. 4) to develop, implement and assess rehabilitation programs and strategies right for the community by encouraging active participation of people with disabilities, their families, and their neighbors. 5) to provide various services in efficient and systematic ways through joint health and welfare programs; to upgrade the quality and satisfaction of services; utilize human and material resources as much as possible; and in the end, to facilitate rehabilitation of people with disabilities and encourage their social participation.

The details and strategies of CBR in Jeju-do are as follows: Raising awareness; primary prevention of disability; innovative care for chronic disease; facilitating registration of the disabled; health care and rehabilitation services; dispatch of home helpers and support services; assurance of the right to public transportation; and facilitation of social integration.

Jeju-do set a five-year plan for CBR and will perform need assessment of the disabled in 2006. Data from the survey will be used to know about the needs of the disabled and to set a priority for a CBR project.

## Building a drug-free community

### Marikina City

Marikina City is one of the recipients of the project proposal award on "Drug-Free Cities Award". This project is entitled FRIENDS (A Drug – Free Community –Based Program involving all members of the community in the all-out and united action towards achieving the drug – free city). The acronym stands for:

- F-** amily
  - R-** eligious Group
  - I-** nstitutionalized Project Enforcers  
(Barangay, Police, Bantay-Bayan, etc.)
  - E-** conomic Project Support Group
  - N-** on Government Organization
  - D-** rug Free Community Program
- Implementor (Local Government through

the Vice-Mayor's Office)

The objectives of this project are:

1. To effectively evaluate the extent of drug abuse in the community by gathering related data/information from respective barangays, the local social welfare development council, rehabilitation centers, police and courts;



2. To maintain and enhance strong tie-ups with various community organizations in the planning and implementation of anti-drug related projects;

3. To empower civic, non-government organizations, and other related community organizations by forging a Memorandum of Agreement between local government and various non-government organizations in the implementation of anti-drug-abuse-related programs in their own respective sector,

4. And to conduct series of anti-drug related training in the area such as counseling, drug enforcement support, human helping skills course, livelihood, etc.

This project encourages the whole community to be vigilant and explore all kinds of strategies to prevent drug-abuse cases. It empowers also the family, religious groups, socio-civic organizations and other members of the local community.

Rehabilitated drug-users and pushers were given a chance to go back to their community and have a healthy life by means of involving them in the community affairs as well as in the local barangay affairs.

This was awarded by World Health Organization- Western Pacific Region through Dr. Wang Xiangdong, Regional Adviser for Mental Health and Substance Abuse. A plaque of recognition and seed money was given to Marikina. Marikina City is the only local government unit in the Philippines with a drug rehabilitation center funded and managed by the local government itself. Marikina City won a plaque of recognition and seed money for the implementation of the project.

## Financial protection of the poor

### Zhangjiagang City



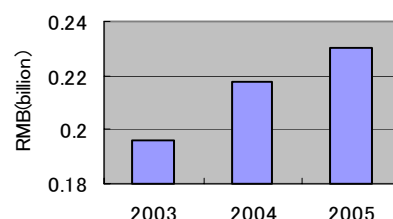
Photo: Mayor of Zhangjiagang, Hon. Wang Xiang

To take care of the disadvantaged is an important action of Zhangjiagang City to promote its Healthy City project development. According to statistics, our city spent RMB 0.6 billion over three years

to assist the disadvantaged. This amount can be broken down into RMB 0.196 billion in 2003, RMB 0.218 billion in 2004, and RMB 0.23 billion in 2005. This money was spent on some big projects. They include: care for the aged, care for the disadvantaged, and care for agricultural occupants.

In 2005, the city spent RMB 22.18 million to vigorously implement care for peasants in the old-age insurance system. Simultaneously, the city spent RMB 92.22 million to implement care for agricultural occupants. The city has about 99,000 of these people. They can receive RMB 80 per

Assist for the disadvantaged



month.

In addition, RMB 41.92 million has spent on public medical treatments and RMB 9 million has spent on a medical rescue fund. At the same time, the city strengthened its community health service in villages, spent RMB 3.58 million on a community service subsidy, and provides medical checks and service to each village.

To help low-income families, the disadvantaged, and impoverished students, the city and local government spent RMB 24 million in 2005. RMB 4 million more has spent to help 369 disadvantaged households to



Photo: My living is guaranteed with this certificate



build or rebuild homes. RMB 2 million more has to help impoverished students return to school.

Totally, the city spent RMB 30 million in 2005 to help 32,100 households under difficult situations.

### Marikina City

Marikina is also a recipient of "Financial Protection of the Poor" a good practice award from the World Health Organization. This is to recognize the various projects and programs of the city for the less privileged members of the town. These include access to quality health care service through the health centers wherein public health physicians, nurses, midwives, dentists and nutritionists serve the people of their own communities.

One of these projects is the "Basra mo Para as Kalusugan ng Pamilya mo", (Recyclable waste in exchange for health benefits of the family). An effective and sustainable health financing mechanism that promotes the social safety nets for health benefiting the underprivileged and underserved member of the society. A family can exchange their recyclable waste to the waste management office with corresponding points per kilograms of recyclables. After they reach a total of 600 point, the family will be given a Phil Health Card that can be used for a free medical check, free medicines, free laboratory tests and even free hospitalization covering all legitimate members of the family.

The project is a health financing and insurance scheme to recover the cost of services, for the underprivileged residents of the city. This scheme aims to raise awareness among the beneficiaries regarding health insurance and health financing, and its benefits. It also aims to involve the beneficiaries in the delivery and utilization of health services through the dictum of shared responsibility. We want the beneficiaries/families to claim half ownership for this scheme. In the end, health care can be given more value by the citizens, thereby uplifting their health status.

A plaque of recognition was given to Marikina City



## Clearing the air: Tobacco-free/smoke-free cities

### Seoul

The Seoul Metropolitan Government has set an objective to reduce adult smoking rates as follows:

- Reduce male smoking rates: 55.3%(2002) → 30%(2010)
- Reduce female smoking rates: 4.6%(2002) → 4.0%(2010)

Seoul works to implement the National Health Promotion Act. Since the creation of the Health Promotion Division in 2005, Seoul is developing its own programs and strategies. The Health Promotion Division is responsible for ensuring that the Health Promotion Act is not violated. Of course this



Photo: Seongbuk-Gu Non-smoking street sign

also includes the enforcement of the prohibition (or restriction) of smoking in public places.

The budget for anti-smoking activities (at the city-level), which was first received in 2003 has increased almost 4 fold since then (US\$ 109,000).

The city does not yet have a city- specific anti-smoking ordinance. However, the Healthy City and Health Promotion Teams within the Health Promotion Division are currently working on a city-specific anti-smoking "municipal ordinance", which it intends to present to the mayor and the city council in 2006.

In order to enforce the law at the Metropolitan level, the Health Promotion Team (HPT) initiated a "citizen checking team", which consists of 25 city officers recommended to the HPT by the district public health centers and 25 volunteers from civic groups (usually one city officer partners up with one volunteer). The team checks whether public facilities are acting in accordance to the law.

In cooperation with the Ministry of Health & Welfare (MOHW) Seoul's Subway cooperation ran a public awareness campaign in subway line No. 6. This campaign was launched on 31 May 2005

(World No Tobacco Day).

Also, the district's public health centers set the goal to offer anti-smoking education in 157 schools by the end of year 2005.

In October 2004, the MOHW set up the first smoking cessation clinic in 10 public health centers throughout the country (100% of the budget for the clinics came from the Health Promotion Fund). In Seoul, the first clinic was implemented in the Seongbuk-Gu public health center, which was chosen as "a Model of Good Practice". Since 2005, Seoul has 25 clinics, one within each of its districts. The Health Promotion Team organized a city-wide anti-smoking drawing and writing contest for elementary, middle, and high school students in Seoul in celebration of the World No Tobacco Day on 31 May 2005.

All works show without doubt that efforts must be upheld and strengthened to promote and protect the health of Seoulites in all settings.

### Townsville City

#### Be Smoke Free Townsville

Townsville is a vibrant city with a regional population of approximately 146,000 located 1500km north of Brisbane – Queensland's capital city. Townsville is now home to an exciting program designed to reduce exposure of its residents to environmental tobacco smoke.

Tobacco smoking is the risk factor causing the greatest burden of disease in Australia. The risks associated with environmental tobacco smoke are well documented. Due a higher percentage of young people (aged between 20 and 29 years) and an increased Indigenous population, it is expected that tobacco smoking rates in Townsville are higher than that of the State and National average.



Photo: Mayor of Townsville Hon. Tony Mooney and Deputy Mayor of Townsville, Councillor Ann Bunnell

Be Smoke Free Townsville is an initiative from the Townsville Healthy City Advisory Committee following tobacco control being highlighted as a priority area for implementation of the Townsville Healthy City Plan 2003-2008.

The aim of be Smoke Free Townsville is to decrease exposure to environmental



tobacco smoke in the community though the recognition and encouragement of local businesses, workplaces and organisation to become 100% smoke free.

Be Smoke Free Townsville is based on the principles that people have the right to participate in the life of the community without the risks to their health from exposure to environmental tobacco smoke, and that a non-smoking environment is a healthier environment.

Local businesses, workplaces and organisations will be encouraged to become 100% smoke free and adopt other smoke free initiatives such as cessation programs for staff and smoke free policies. Organisations who participate in the program will receive a Be Smoke Free Townsville award on World No Tobacco Day and recognition through other promotional activities.

The program was launched on 7 February 2006 which commenced the media and awareness raising campaign. Already the response from Townsville organisations has been great.

Be Smoke Free Townsville has utilised existing opportunities and created new ones for communicating with the Townsville community about tobacco smoking and the creation of smoke free environments.

Be Smoke Free Townsville is supported by the Queensland Cancer Fund and Queensland Health Alcohol, Tobacco and Other Drugs Service.

improvements in health care. However at the same time, this young and well-designed city has its own difficulties with the negative aspects of rapid urbanization.

Since 1990, a local self-governing system in a real sense has been implemented in Korea. Wansoo Park, Mayor of the City of Changwon, was elected based on this system and he is in his third term now. He is directing the city administration under the new policy of "Always with the citizens, Graceful city" with a subtitle of "Upgrade Changwon 21".



In order to construct the Graceful City, the city has three directions to move on: "Planned City", where the past and the future exist together; "Environmental City", where humans and nature are in good harmony; and "Health-Welfare City", where there are services and hope. In other words, the goal is to build a harmonious and balanced city where life worthy of humans is guaranteed together with a pleasant natural setting in a viable environment. To establish the grace of Changwon, the city is tackling seven tasks. These are: 1) establishing a city of health and welfare that is full of love

and sports that leads to comfortable life and pleasure, 6) actualizing the citizens' self-governing city leading to innovation and reform, and 7) building a leading, digital-information-based city.

As well as this elaborate blueprint, close examination and precise analysis of the city profile should be commended. In order to draw up the concrete City Health Plan the city has exposed lifestyle trends such as smoking and drinking rates, the present state of health care services and even morbidity, to say nothing of the demographic and environmental profile. Not only using the national and regional survey, the city conducted its own questionnaire interviews. This effort in multilateral analysis on the city profile has borne fruit as the City Health Plan consists of eleven categories with a wide range of activities.

For the promotion of the Healthy City Program, intersectoral coordination is essential. In Changwon city, a wide variety of partners are becoming involved in all stages of policy-making and implementation. Above all, universities deserve special mention for the close linkage with the city government. Inje University plays important roles as the coordinators of Healthy City Changwon.

The city had its Changwon Declaration on Healthy Cities, 2004 and the Steering Committee of Healthy City Changwon completed the important document "Healthy City Changwon", which outlines the actions to be taken by a number of sectors and departments of government. This is the clear testament that the city is leading the strategic multi-agency initiative. As the city of Changwon has built up a strong consensus, the program will surely be successful.

## Get To Know Each Other

### Changwon

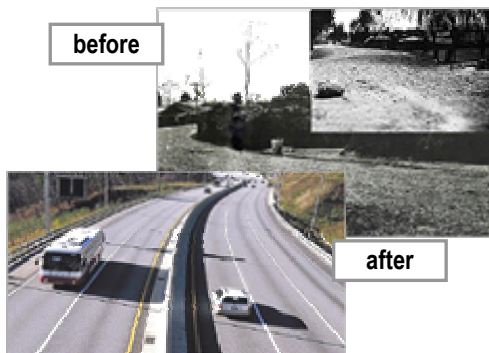
Changwon city is located at the center of Gyeongnam

Province and is the capital of the province.

Changwon is the first planned city in Korea, with pleasant living, a world-leading

machinery industry, major culture centers, international level athletic facilities and a young generation with high levels of education and income. The city experienced rapid urbanization during the past two decades, and has seen major progress in the health of its citizens, due to striking improvements in housing conditions, physical environment, sewage disposal, food hygiene and education as well as

**Changwon in brief**  
Population – 520,000  
Area – 292.80 sq kilometers



and humanity, 2) pursuing life in this preferential city where life has vitality, 3) building a city of greenery with clean living environments, 4) promoting the city's knowledge industry and producing high additional value, 5) creating a city of culture

### <Article> from Wonju

From May 28 to 29, 2005, Wonju held the Citizen Health Promotion Event to commemorate the 18<sup>th</sup> Smoking Free Day and the 60<sup>th</sup> Dental Health Day.



Especially, this event was linked with the Teenager Festival and shared Wonju policy with them. It increased the number of participants everyday and there was an interest in its various events, such as 'Health O.X. Quiz,' 'Teenager Rope Skipping Contest,' 'Aerobic Contest,' 'Citizen Bicycle Marching,' and other activities.

Many non-governmental groups; a doctor association and a pharmacist association,





medical centers; Wonju Christ Hospital and Sangji Hospital; and private business took part in events. They offered health consultations and clinics so citizens could gain health awareness and learn practices. The final event was a "burning of the tobacco", which causes harmful effect for human-beings. The community resolved to build Healthy City Wonju by prohibition of smoking.

### <Article> from Kuching

The Occupational and Environmental Health Section of the Sarawak State Health Department organised a special training on Healthy Settings for its Assistant Environmental Health Officers (AEHO) who are involved in Healthy Settings and Healthy Cities projects.

Kapit is the largest administrative division in the state of Sarawak with the total land area of 38, 934 sq km. It is located along Rajang River - the longest river in Malaysia. Kapit has a widely dispersed population of 109,531. From Sibu town, Kapit can be reached by river.



A total of 40 AEHO attended the briefing and field visits. Observers from the Kuching Healthy City team (State planning Unit, Kuching north City Hall, Kuching South City Council, Padawan Municipal Council and Ministry of Social Development & Urbanisation) also participated in this special activity. The agenda comprised: (1) briefing on concept, (2) sharing of experiences of successful Healthy Settings projects by relevant teams, (3) field visits to Healthy Villages and Healthy Clinics, and (4) evaluation of two Healthy Villages.

Its objective is to provide the officers with the knowledge and better understanding of the concept of Healthy Settings. The understanding of the concept given during the briefing was further enhanced through the hands-on activities through the field visit and evaluation exercises.

Through the visionary team at the Kapit Divisional Health Office, the Healthy Village programme was introduced and started in Kapit in 2001. Since its inception, they have been very successful with more than 90 villages throughout the Division embarking on the project. The Healthy Settings concept

has also been extended to several health clinics within the Division.

The participants visited four Healthy Longhouses (Rh.) and two Healthy Health Clinics. The longhouses visited were Rh. Belikau, Rh. Jeffery Nudong, Rh. Mujah Rh. Pasang. The health clinics visited were KK Ng. Ibau and KK Ng. Mujong.



The longhouses visited have been very successful in changing the mindset of its people. This was evidenced by the improvement in the overall physical surroundings, the organisation and administration of the longhouse, the *gotong royong* (team) spirit, health and safety consciousness, and the most notable of all – their success in kicking their smoking habit.



Similarly, the two health clinics visited were evidence that Healthy Setting

Concept is relevant and applicable of where they are located. These are very remote clinics. Despite all the limitations, the clinic staff had succeeded in transforming the clinic – not only into a functional and client-friendly health facilities– but also into a beautiful clinic in a very remote and rural setting.

For more information on this programme, please access our Kuching Healthy Cities website at [www.healthy.city.sarawak.gov.my](http://www.healthy.city.sarawak.gov.my)

## City Exchange Programs

### Ichikawa - Marikina



### Wonju



### Changwon-Hue



### Kuching



A group of 43 delegates from Bogor City Indonesia who is about to initiate a Healthy City Program made a study visit to Kuching Healthy City on 24<sup>th</sup> November 2005.

### Ichikawa - Wonju





## 2<sup>nd</sup> General Assembly and Conference of the Alliance for Healthy Cities

28-30 October 2006, Suzhou, China

### - Healthy Cities in the Globalized World -



The City of Suzhou and the Alliance for Healthy Cities hold this conference to share global experiences of rapidly-growing, healthy cities and make our commitment towards harmonious developments of healthy cities. The conference provides an important opportunity for all people who wish to make cities healthier. Forward-looking participants meet together and share their commitment towards healthier cities, to learn from each other's creative experiences and evidence of progress in Healthy Cities.

The Alliance for Healthy Cities is a growing international organization, working with the World Health Organization, and aiming at protecting and enhancing the health of city dwellers. The conference is the second international convention of the Alliance following up its inauguration in October 2004. It also follows up other major international discussions including the Bangkok Charter of Health Promotion.

Suzhou is a renowned cultural and historic city that attracts many tourists. The city is located in the southeast of Jiangsu Province, bordering Shanghai on the east, Zhejiang Province on the south, the Taihu Lake in the west and the Yangtze River in the north. Suzhou covers an area of 8,488 km<sup>2</sup>. Total population is 5.99 million, of which 2.21 million are in the city proper. Historical documents indicate that Suzhou has a history of over 4000 years, which entitles the city to be one of "24 Cultural and Historic Cities" approved as the first group of its kind by the State Council.

We invite international, national, and local leaders; experts; academics; practitioners; those in health industries or business; and all others from around the world. We look forward to seeing you in Suzhou.

**Main Theme** Healthy Cities in the Globalizing World

**Sub Themes**

- Creative developments to tackle urban issues
- Harmonious developments of healthy settings and healthy cities
- Evaluation of Healthy Cities and indicators

#### Programs

- Healthy Cities mayors summit / - Plenary lectures by global leaders

- Key presentations on conference topics

1. Healthy Cities and healthy settings / 2. Creative developments to tackle urban issues / 3. Evaluation of Healthy Cities and indicators

4. Healthy Cities and infectious disease control / 5. Healthy Cities and social and economic development

- General Assembly / - Workshops on conference topics / - Poster presentations / - Technical visits / - Exhibits / - Others

**Conference webpage**

**URL:** <http://www.afhc-2006.org>

<http://www.afhc-2006.org/en/index.htm> (english)

**E-mail:** [hcsz@afhc-2006.org](mailto:hcsz@afhc-2006.org)

#### Members as of October 21, 2005

##### Full Membership

▣ Townsville City (Australia)  
▣ Phnom Penh (Cambodia)  
▣ Changshu City, Jiangsu Province;  
▣ Kwai Tsing District, Hong Kong SAR;  
▣ Luohu District, Shenzhen; ▣ Macao SAR;  
▣ Sai Kung District, Hong Kong SAR;  
▣ The City of Suzhou;  
▣ Zhangjiagang City, Jiangsu Province (China)  
▣ Fukuroi City; ▣ Ichikawa City; ▣ Miyakojima City;  
▣ Owariasahi City; ▣ Tajimi City (Japan)  
▣ Busanjin-gu, Busan Metropolitan City;  
▣ Dobong-gu, Seoul; ▣ Gangnam-gu, Seoul;  
▣ Geumsan County; ▣ Changwon City;  
▣ Jeju-do; ▣ Namhae-gun Gyeongsangnam-do;  
▣ Seoul Metropolitan Government;  
▣ Seongdong-gu, Seoul; ▣ Wonju City;  
▣ Yeongi County, Chungnam Province (Republic of Korea)  
▣ Kuching, Sarawak (Malaysia)  
▣ Ulaanbaatar City (Mongolia)  
▣ Marikina City; ▣ Muntinlupa City; ▣ Parañaque City;  
▣ San Fernando, La Union; ▣ Tagaytay City;  
▣ Valencia City, Bukidnon (Philippines)  
▣ Hue City (Vietnam)

##### Associate Membership

##### [NGOs/NPOs]

▣ Healthy Cities Illawarra; ▣ Healthy Cities Noarlunga;  
▣ Tainan Healthy City Association

##### [Academic Institutions]

▣ South Australian Community Health Research Unit (SACHRU), Flinders University; ▣ Centre for Health Education and Health Promotion, The Chinese University of Hong Kong; ▣ Health Promotion/International Health, Tokyo Medical and Dental University; ▣ Centre for Environment and Population Health, Griffith University;  
▣ School of Health and Social Development, Deakin University; ▣ Healthy Campus Program, Universiti Sains Malaysia

##### [National Agencies]

▣ National Coordinator of Healthy Cities Malaysia

#### AFHC Open Seminar, Marikina, June 2005



#### Suzhou-Hong Kong-Macao Healthy Cities Forum Suzhou, May 2005



#### Newsletter of The Alliance for Healthy Cities

**Editor-in-Chief:** Dr. Keiko Nakamura

**Newsletter Committee:** Mr Julin Allen, Dr Andrew Kiyu, Dr Lawrence Tseu Sed Kong, Mr Rudzaimeir Malek, Mr Kho Joo Huat, Kuching; Dr Hye-Kyung Park, Dr Katrin Engelhardt, Seoul; Ms Chiaki Nakano, Ms Masafumi Yokose, Tokyo

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