



EVALUATION OF HEALTHY CITIES IN BANGKOK, THAILAND WHO SOUTH-EAST ASIA REGION*

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ESSENTIAL CHARACTERISTICS OF THE CITY

History and Geographical Location:

When King Rama I moved his capital across the river from Thon Buri, he ordered a new capital to be built on the site of a village known as Bangkok, "The village of the wild plum trees". When the King was enthroned on June 13, 1782, he gave it the auspicious name :

"Krunghthemphanakhon Amonrattanakosin Mahintharayuthaya Mahadilokphop Noppharatchathaniburirom Udomratchaniwetmahasathan Amonphiman-Awatansathit Sakkathatitawitsanukamprasit".

Krunghthemphanakhon was established as the "capital of Thailand" in 1782, the year King Rama I ascended the throne. The government was in the style of the previous Ayutthaya period.

Between 1894 and 1906 during the reign of King Rama V, the country was divided into Monthon, Bangkok was in Monthon Krung Thep which was under the Ministry of Urban Affairs. In 1922, The Ministry of Urban Affairs was merged with the Ministry of Interior. The administration of Bangkok under a modified Monthon system was carried on until the Coup d'etat in 1932 took place and the absolute monarchy overwhelmed the country. In 1933, The Thai Administration Act and The Municipal Government Act were enacted and as a result Krung Thep became a province.

In 1937, The Bangkok Municipality and The Thon Buri Municipality were established according to the Municipal Government Act 1933. On the 21st December 1971, the Revolutionary Party issued National Executive Council Order Number 24 which merged

Changwat Phra Nakhon and Changwat Thon Buri into a single Changwat called the "Bangkok and Thon Buri Metropolis". At the same time, National Executive Council Order Number 25 merged the Bangkok Municipality and the Thon Buri Municipality into the "Metropolitan City Municipality".

On December 14, 1972, a new administration named it "Krungthep Mahanakhon", popularly shortened to "Krungthep". While local people usually refer to it as Krungthep, it is known around the world by the name of the village that was its original site, Bangkok.

In 1972, National Executive Council Order Number 335 reorganized the form of local government in the metropolis by amalgamating the activities of the Metropolis of Bangkok and of Thon Buri, the Bangkok and Thon Buri Provincial Adminis-

* เอกสารประกอบการสัมมนาทางวิชาการและการจัดเวทีสาธารณะ เรื่อง มหกรรมสู่กรุงเทพฯ เมืองน่าอยู่ วันที่ ๒๑-๒๔ กุมภาพันธ์ พ.ศ. ๒๕๔๕ ณ ห้องแกรนด์ฮอลล์ ชั้น ๒ ศูนย์นิทรรศการและการประชุมไบเทค กรุงเทพฯ

** รองศาสตราจารย์ ภาควิชาโภชนวิทยา คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล



trations, The Metropolitan City Municipality and Sanitation Administration into the “Bangkok Metropolitan Administration (BMA)”. In 1975, the National Executive Council Order Number 335 was superseded by the Bangkok Metropolitan Administration Act 1975.

In December 1981, The Bangkok Metropolitan Administration Act 1975 was amended. The amendment stipulated that Governor and Deputy Governors of the BMA should be appointed by the Minister of Interior until the new Act of the BMA came into effect.

On the 31st of August 1985, the new Act of the BMA came into effect. According to the Act, the Governor is elected by popular vote and four Deputy Governors are appointed by the Governor for a four-year term. The Bangkok Metropolitan Assembly comprises elected members. The number of Assemblymen depends on the population of the Bangkok Metropolis (Krungthep Mahanakhon). One Assemblyman represents every one hundred thousand people. Currently, there are 60 assemblymen. At the district level, district councilor at least 7 persons each district, are

also elected. Both has a four-year term.

Bangkok is located on low-flat plain of Chao Phaya River, at latitude 13° 45' north and longitude Bangkok Metropolis, the capital of Thailand, is located on lowflat plain of Chao Phraya River extended to the Gulf of Thailand, at latitude 13° 45' North, and longitude 100° 28' East, it is a tropical land, high in temperature and rather humidity. The climate is dominated by monsoon. There are three main seasons; rainy (May-October), cool (November-January) and hot (February-April).

- Area : 1562.2 square kilometers.
- Economic activities (major) : Center of commercial, industrial of country.
- Total urban population (last year) : 5,680,380 persons
- Growth rate of urban population (2000) : 0.39 %
- Population density : 3,621 persons per square kilometer
- Percent population living in informal settlements : 4.92 %
- Percent population with adequate access to drinking water : 100 %
- Liters of water consumed per capita : 250-350 Liter/person/day
- Percent population with adequate access to basic sanitation : 100 %
- Percent wastewater treated (approximate) : 12.23
- Percentage of solid waste collected : 86.43 %
- Number of good air quality days per year as reported by pollution standard index. Varied quite extensively depending on the location and the average was not available (156-238 days)
- Percentage of households using coal, wood or kerosene as the main source of cooking. None of them been used
- Infant mortality rate (1999) : 41.38/1000 live birth
- Number of physicians per thousand population : 1 : 720 persons
- Death rate due to road accidents : 1.6 %
- Diarrhea mortality rate in children under five years of age : 0 %
- Percentage of active labor force that is currently unemployed : 19.23 %
- Adult literacy rate : 95.08 %
- Percent population voting in odd year (local) in municipal elections : 34.92 %
- Violent crimes per thousand population : 7.29/1000



- Percentage of city budget spent on city-specific cultural activities : 2.72 %
- Poverty incident rate : (2,000 Baht per person per month) 1.54 %

Details of HCP

General information on HCP

1. Name of the HCP : Bangkok Healthy Cities Project
2. Address of the institution promoting HCP
Bureau of Planning and Policy of Bangkok
173 Dinsoor street,
Souchingcha, Pranakorn,
Bangkok 10200, Thailand
Telephone and Fax : 0 2224 2999
Email address : srpd@bma.go.th
3. Contract person : Varunya Lohitsathien
Director of Human resource planning and social
Bureau of Planning and Policy of Bangkok

The participating/nominating organizations (partners)

4. Type of organizations nominating (participating) in the HCP : choose from the following :

<input checked="" type="checkbox"/> Central government (A).	State government	<input checked="" type="checkbox"/> Local authority (B)
<input checked="" type="checkbox"/> Private sector (C).	Non-government org.	<input checked="" type="checkbox"/> Community-based org. (D)
<input checked="" type="checkbox"/> International agency (E)	Professional assoc.	Philanthropist
Academic research	Media	other?
5. For each partner, specify the principle type of support provided :

Financial support :	A, B, E
Technical support :	A
Political support :	B
Administrative support :	B

Financial Profile (Optional)

year	Budget* (\$)	Partner contribution (% of total annual budget)				
		partner A	partner B	partner C	partner D	partner E
2000	3,800,000		100			
1999						
1998	100,000					100
1997	100,000					100
1996						

* Additional budget allocated for healthy city management cost. The operating costs of the projects are absorbed by regular budgets of various departments.



Category for the HCP

6. From the list below, select no more than four themes in order of merit describing the focus of the work. Then, from the list following the theme, select as appropriate the sub-categories that best describe the HCP

6.1 Environment management :

6.1.1 Pollution reduction : The following activities have been initiated during the implementation of the healthy cities;

- Cover the construction sites with the blanket
- Dust free streets
- Limited schedule for automobile driving on high air polluting streets
- Turn off the car engine when temporary parking to prevent the air pollution
- Improvement of the quality of the furnace in the temples
- Strict legal enforcement on cars and buses emitted air
- Loaded trucks without cover driving on the streets
- Surveillance of air and noise pollution
- No digging on any Bangkok street for ten years
- Replacement of the garbage truck with new engines (EURO) to reduce the city air pollution

6.1.2 Urban greening :

- Improvement and establishment of new Public Park

in the city called Jathujak parks.

- Building new sport facilities and civil forums
- Planting new big 400,000 trees
- Good cleaning outlook in front of the houses
- Improvement of surrounding of Prasumen Fort

6.1.3 Environmentally sound technologies :

- Strictly monitoring the qualities of air and noise
- Provision of services for auto-tune up to reduce the air pollution created by cars.

6.1.4 Environmental health :

- Safety Control of street food handling
- Grease trapping in the household sewage system
- Screening for incoming vegetables to promote insecticide free vegetables for Bangkok consumers

- Quality control of food selling in the supermarkets with emphasis on pre-cook foods

6.1.5. Waste-management :

- Intensive campaign on separation of the garbage prior to collection to reduce the amount of disposal
- Recycles of the garbage to create incomes and reduce the cost for garbage disposal
- Creation of the community participation for garbage separation, recycle and disposal
- Building the sanitary

land fills

6.1.6 Water and sanitation :

Six wastewater treatment projects in 7 areas located in Bangkok, covering 191.7 square kilometers have been constructed by BMA with their total capacity of 992,000 cubic meter per day. These sewage treatment plants located at Siphraya, Rattanakosin, Dindaeng, Chongnonsi, Nongkhaem-Phasicharoen and Thungkru districts.

6.2 Social services :

6.2.1 Recreation : BMA in the past put intensive effort to strengthen the family union and cohesiveness by establishing the following activities : Create more public park facilities for exercises aerobic dances music in the park and mobile museum for children

6.2.2 Health and welfare : Today the government has launched a 30 baht health care campaign for Thai citizen but it has not yet been covered Bangkok communities yet. However, BMA currently provides many medical cares for the poor and other undeserved population as follows :

- Free primary health care services for the poor
- Training of the Community Health Volunteers (CHV)
- Establishment of Health promotion centers in the communities
- Quality improvement of the Public Health Centers



and extending its service hours to accommodate those who could not visit the clinic during the office hours

- Welfare services specifically to those who involved with disaster, disable and elderly

6.2.3 Public safety :

- Among many activities provided in connection with public safety, strengthening of the local agents is the highlight of the program where it leads to the sustainability. A series of recruiting and training of local volunteers has been implemented in cooperation with police officers

6.2.4 Crime reduction and prevention :

- Establishment of Disaster center with hotline facilities to deal with all the disastrous incidence in Bangkok

- Training for key persons in the local communities to create the awareness and knowledge on human rights and protection of the children

6.2.5 Education and vocational training to woman :

- Provision of mobile units on vocation training to women in the communities. These training will enhance the creation of the job and the promotion of one Product one District to comply with the government policy

- Establishment of the center for women development to assist women who are in urgent needs

6.2.6 Children and

youth : Vocational training :

- Provision of short course in career training with emphasis on skill development for youth

- Support in setting a group for voluntary work and promote youth activities in the communities to protect them from drug abuses

6.2.7 Awareness and participation in environmental programs :

- Training for young policing volunteers to monitor the environmental conditions and the traffic control. Their responsibilities include good practices and monitoring any environmental pollution to the district officers

6.2.8 Children's participatory planning and leadership development :

- Organization of children council at the district levels to encourage them to participate in the local activities and local management. These mechanisms will develop their participation in the city activities and develop their leadership qualities

6.2.9 Community support programs :

Many activities to strengthen capacity building among the local agencies have been launched with the hope that they will actively participate in the healthy city program. These activities included training on the concept of the healthy city initiatives, visit to other districts

to exchange their competencies and experiences. Establishing a net work for exchange of the work experiences and so on.

6.3 Land use management :

6.3.1 Land-use planning :

- Formulation of the city land use plan for further implementation. AT present, Land use plan has not much been attracted high level of management and policy levels

- Seriously enforcement on the control of high rise buildings particularly during the construction period

6.3.2 Open space conservation :

- Drafting a new regulation for the conservation of open space in Bangkok. It is to be approved in a very near future

- Architectural planning on all open spaces available in Bangkok to determine the maximum utilization of the land and for public greenery

6.3.3 Land development :

- There is a systematic and long-term development plan of all the public utilities to meet the expansion of demographic and economic demand

- Initiation of the impact study to determine the adverse effects of city development plan to be used as input for setting up the direction and boundary of the following development plan

**Locality and setting(s) of the activity (questions : 7, 8, 9)**

Locality/ Setting	Activity	Significant date	Primary stakeholders	Secondary stakeholders
Development of the pedes- trian walk	Improvement of physical land spaces - Put into order all the street food vendors - Control the safety of the street food	2540	General population - Consumers - Producers	BMA officers
Markets	- Inspection of food sanitation in the super markets - development of private owned market - Healthy market - Sanitation of market Empowerment the food handlers on food and nutrition	2540	Consumers Producers	Consumers Food producer
Schools	- Healthy BMA schools - Extended education for under served children Special education for children with physical and mental handicap	2540	Students Handicapped children Children	Parents BMA Officers and population
Rivers and canals	- Campaign for collection of garbage in the water - Physical geography along both sides of the rivers - River cleaning - Building the sewage treatment plants Increase capacity for collection of garbage in the water	2540	People who reside along the river banks	BMA officers
Streets	- Pollution free streets - Enforcement on cars with engines emitted pollution - Improvement of traffic lights for better flow of the traffic in the city Expansion of local streets for better connected to the main roads	2540	General population - Car drivers - Car owners - Taxi drivers	BMA officers



Locality/ Setting	Activity	Significant date	Primary stakeholders	Secondary stakeholders
Community	<ul style="list-style-type: none"> - Building of child care centers in the communities - Founding of the community funds and establishment of employment groups - Prevention of drug addicts in the community - Housing development for the poor - Capacity building on concepts on healthy city 		<ul style="list-style-type: none"> - Pre-school children - General population 	<ul style="list-style-type: none"> - BMA officers - Human resource Dept
50 Districts	<ul style="list-style-type: none"> - Cleaning districts competition - Employment days - Vocational training on specific skills - One stop service for any business at the districts - Effective system for garbage collection 	2540	<ul style="list-style-type: none"> - General population 	<ul style="list-style-type: none"> - BMA officers

Situation before the initiative began

- Describe the setting’s social, economic and environmental context

Bangkok is a center of national development and supports the expansion of national economy. Bangkok is also a major source for income generation and better opportunities for other social services such as education. As a result of this motivation, there are rapid migrations toward urban Bangkok. This phenomenon has caused a congested areas or urban poor. Due to the rapid expansion

of urban communities, the city lacked proper plans and effective direction to cope with the mentioned problems in a systematic manner so the environment became deteriorated. The environmental conditions were destroyed and green areas were limited because land spaces were utilized for other priorities in particular for housing. Wastes both liquid and solid were increased in proportion to the housing units. Consequently, pollution of air, noise, food, and water were not able to control and these problems contributed to adverse effects to health condi-

tions among the population who resided in the urban Bangkok. Morbidity and mortality of urban diseases became highly prevalent.

- What was the motivation for developing the initiative?

Implementations of healthy city initiative in European countries show significant improvement in the quality of life among the people. Furthermore, WHO has encouraged the local government to initiated this initiative.

- What were the issues/problems to address?

- Imbalance of basic



social services among the urban population

- Ineffective utilization of land spaces
- Deterioration of environmental conditions and contamination of toxic substances
- Traffic congestion
- Problems of no employment
- Social problems including physical and mental health among the urban resident in particular, education drug addicts, etc.

- Whose interests are being served by the intervention?
- Deputy Governor of Bangkok (Dr.Chaiyan Kampanart Sanyakorn)

Project implement process Awareness and advocacy

What is the level of political commitment to the project?

High Moderate Low

What is the level of awareness among the intended beneficiaries and stakeholders about the issues and benefits of the project?

High Moderate Low

Preparing information and clarifying priorities

- How were stakeholders involved?

The primary stakeholders came into involvement via the Executive committee of Bangkok Healthy City at the district levels. Those who involved were selected from the civil forum in each

district. Nevertheless, the central BMA has the role of monitoring and evaluating the district projects.

- How were initiative priorities set and refined?

A formal forum called district council in consultation with the civil society groups established the priorities. However, the input obtained from civil society to be used for priorities setting was not cleared.

- Whose interests are being served by the intervention?

The Deputy Governor and head of the district council.

Formulation of objectives and mobilization of resources

- What were the objectives?

- To improve the state of living of the people in Bangkok in all aspects such as physical and environment, economic and social, health and mentality according to the Healthy Cities.

- To find the cooperation between government sections, private sections and people for the continuous and sustainable development that will lead to the better quality of life of the people.

- What actions were taken?

- Collection of the related data prior to healthy city initiative implementation of the health condition was conducted by District officers and compared the findings.

- Comparison of the findings with the predetermined indicators suggested by the Central BMA to identify the problems.

- Priorities setting in solving the problems for further implementation.

- How was political support mobilized?

High political officers delivered his policy to all the district offices to suggest the mechanism for project implementation.

- How were financial resources mobilized?

There are two sources of financial supports; one is through regular government budget and the other by mobilizing the local funds from their districts. The latter is dependent very much on the ability of the districts to raises funds.

Strategies/action to carry out the project/initiative

Which strategies were chosen to carry out and realize the objective?

- Institutionalization of the HCP concept :

Yes No

- Developing/strengthening public policy

Campaign via mass media in TV or radio to inform public about the healthy city initiatives and create their perception when opportunities permitted.

- Developing new laws and regulations

There is no new laws or regulation in connection with healthy city however a specific regulation were launched in particular in the enforcement of illegal littering, arrest car drivers



with illegal pollution and illegal expansion of the building with prior approval.

- Reorienting organizations

No reorientation of the administrative structure has been officially made where some of the district officers viewed the healthy city program as an additive responsibility not an integrative one.

- Coordination and collaborating mechanisms between different stakeholders to build new alliance

- An effective mechanism for collaborations was established with the housing for

providing housing for the poor

- Close collaboration with the office of Community development is developed in establishing local funds to create jobs and skill development for the community

- Collaboration with the national police in prevention and control of drug addicts in Bangkok

- Enabling people to change mind set

- People in Bangkok become aware of the cleaning of the city and do not litter on the street otherwise they will be fined.

- Mobilizing/empowering
- Different local organi-

zations become more involved with the project by providing comments and suggested direction and priorities for problem solving.

- Preparation and implementation of Healthy City Plan :

Yes **No**

- Approval of the municipal government

Yes **No**

- Community participation :

Strong **Moderate** Weak

- Establishment of HCP office

Yes **No**

Project management organization

Critical elements of HCP/initiative evaluation

1. Degree of involvement

Stakeholder involvement

- Major interests of the primary stakeholders :

General population who resided in the urban communities in particular the community leaders

- Major interests of the secondary stakeholders :

Mainly policy makers and BMA officers

- Degree of knowledge of the project : High **Average** Low
- Project management structure : High **Average** Low
- Involvement in project activities : High **Average** Low
- Knowledge of project office location : High **Average** Low
- Lessons learned

Degree of the involvement of the Stakeholders depends very much on the issues whether related to them or not. If they see it is closely related to them, then they become more involved. The challenge is how the project can induce their needs.

Women involvement (stakeholders)

- Degree of knowledge of the project : High **Average** Low
- Project management structure : High **Average** **Low**
- Involvement in project activities : High **Average** Low
- Knowledge of project office location : High **Average** **Low**
- Type of involvement :



Many of them have been involved with the implementing activities and it is unlikely to participate in the planning process or management.

- Lessons learned

Women usually express their intentions to participate in the activities if they could do it, but they were not aware of the healthy city initiatives. It is therefore, these initiatives which should be structured in such a way that their participation are synchronize with the over all objectives of the Bangkok healthy city project.

Reaching the poor

- Mechanisms of targeting the poor

With in the formal routine procedure, 7-25 community leaders from each cluster in the community will select to work closely with the district officers to design welfare programs to target at the poor in the community. However, due to the limitation of the budget, not all the activities can be financially supported.

- Involvement in various decision making activities

There are occasionally meetings that organized by the community leaders to identify the actual needs of the group required special attention.

- Prioritizing their needs
In normal setting, the plan-

ning process does not integrate their social needs only physical facilities will usually be included.

- Selection of key settings

Setting approaches are not yet known among the community but programs usually focus on income generation projects and housing.

- Lessons learned

The poor actually have no opportunity to participate in the programs because they are not capable to do so. Although emphasis has put on people participation, the poor are usually excluded. It is interesting to see that some of the poor have political influence where politicians will search for their support.

Political commitment (commitment from actors with political influence)

- Mobilization of resources : strong moderate weak
- Representation of city leadership on HCP commitment and Task forces : high low
- TV : high low
- Role in selection of WHO-HCP -
- Lessons learned

It is equally important to advocate the politician at the local levels to create the awareness the importance of the healthy city initiatives on a continuous basis. We can not take it for grant that they will automatically support the HCP. More importantly, top manager must encourage implementing the project.

2. Municipal change Influence on policy

Role of HCP actors to influence municipal officials and elected members to change local government policy. Very little either to policy or managing levels

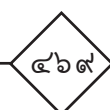
- Influence on city plan
BMA has already adopted

the healthy city initiative to be one of the important strategies for urban developments in the national plan. However, planning for healthy city has not yet been exclusive and not dynamic enough to cope with the changing environments.

- Lessons learned

All the stakeholders must understand national agenda on healthy city and plan with core directions must be introduced to related agencies to be integrated into the city plan of all partners.

Resource mobilization (staff, money, hardware and intangible





resource)

- How were resources mobilized?

There are two parts of the budgets one is the regular budget of the BMA to be utilized for personnel and currently activities and the other source of budget derived from local agencies where it will be utilized for community driven activities to fit their needs.

- Who played leading role?
Officer in the BMA
- Are these initiative sustainable?

Yes, or no. It depends very much on the individual officers to their understanding and the system designed for the implementations of the HCP. However, the current situation shows a tendency to the direction of promising for sustainability.

- Lessons learned

Project sustainability depends on the officers at the policy and management levels. If the system does not secure enough, with the changes of the high-ranking officer, the project is likely to be neglected. Therefore, a system for implementing HCP with community participation is vital and must be addressed as a high priority to be established.

3. linkages

Intersectoral collaboration

- list project activities that cross traditional sectoral boundaries and are implemented in an integrated manner

- Local community funds
- Housing and congested area improvement
- Prevention of drug addictions
- Unemployment
- Traffic congestion
- influence on local and national policies

It has been very little. This is one of the weaknesses in implementing HCP in Thailand

- existence of structure for collaboration

There is no formal structure for collaboration between different agencies and the effective collaboration proved to be on the personal basis. The official channel has to be at the same level between directors or top manager.

- knowledge of how different sectors can affect health

Although officers in different sectors seem to have knowledge in health aspects, they do not aware of the logical linkage between impact of their discipline towards health.

- give working example of intersectoral in HCP
 - Local community funds
 - Housing and congested area improvement
 - Prevention of drug addictions
 - Unemployment
 - Traffic congestion
 - Air pollution control

Networking

- contact with other healthy cities both within the region and

elsewhere

Most contact is in the area of information exchange and field visits

- resource (human and financial) flow through networking

There is not much application in this area. Networking is very limited in its activity and experience in Bangkok.

- lessons learned

Not much show the lessons to be learned. It must be developed so that networking can be an important tool for exchange of human resources or sharing of technical know how.

4. Capacity building and sustainability

- Exposure to national and international meeting, seminars, technical advice from consultants and special training events

- The executive committee in BMA visited the healthy city project in Australia to expand their views and exchange of their experiences with the key persons of healthy city project in

- The implementing officers visited the healthy cities in Malaysia and Singapore

- On the job training for implementing officers from different districts on the concepts and direction of healthy city

- Organization of the workshop for management committee at the district levels on indicators for evaluating healthy city



- Who were benefited by the above activities?
 - Executive committee members
 - Implementing officers of the healthy city
 - Administrative committee members at the district level
- Example of institutional capacity building (same as above)
 - The executive committee in BMA visited the healthy city project in Australia to expand their views and exchange of their experiences with the key persons of healthy city project in
 - The implementing officers visited the healthy cities in Malaysia and Singapore
 - On the job training for implementing officers from different districts on the concepts and direction of healthy city
 - Organization of the workshop for management committee at the district levels on indicators for evaluating healthy city
 - How was the integration of the social, economic, environmental and cultural elements of sustainability achieved?

A fully integration of all elements have not yet been successfully achieved but many attempt have been experiment by focus on the integrative approach of the projects with input contributed by social, economic and environmental sectors to review the problems and formulate the

- plan for mutual implementation.
- How were resources leveraged?

Utilize the resources already allocated to different sectors

 - How was cost recovery employed?

Not applicable
 - How is dependence on external resources addressed?

Not applicable
 - Is there a time-line for achieving self-sufficiency?

Not applicable
- 5. Key questions towards better performance**
- What were the major constraints in starting and implementation?
 - During the initiation of the project, the major constraint was on understanding the concepts of healthy city.
 - During the implementation, the major problem was on integration of different sectors and budget allocation to accommodate and integrative projects. More importantly, it is difficulty to convey the concept into action among the personnel in BMA.
 - Have they been overcome and, if so, how?

Conventionally a significant measure to overcome the problems of misunderstanding and ignorance is to provide training for officers who work in different sectors on continuous basis. One of the most important

- measures is to inform administrative officers in different districts about healthy city concepts and the setting approaches.
- If problem remain, what are they?
 1. Community participation and intersectoral approaches for implementation
 2. Formulation of proper indicators for evaluating the healthy city performance
 - Suggest changes for better performance
 - Top policy person should establish a firm policy on healthy city and committed to the development of city with this initiative. This policy should be clear and permanent system of operation be established so that it will not terminate with the end of the political term.
 - It must be recognized that one of the key elements to successful implementation is the effort of community participation and partnership.
 - Gathering of civil society must be supported to jointly analyze the policy and identify direction for more effective implementation.
 - Empowerment of community leaders for more understanding of the healthy city concepts and measures to improve the healthy city.
 - Identification of proper indicators for evaluating the implementation of healthy city in Bangkok. These indicators should



be suitable to local environmental conditions.

- Some indicators beyond the boundary of BMA responsibility, it is therefore required an intersectoral collaboration in implementation.

- Allocation of budget should be done more effectively so that it gears with the operation plans.

• What can others learn from this initiative?

1. A strong policy is needed to support and encourage the continuation of the project.

2. Officers who actually involve in implementation should have a clear concept on healthy city so that their work will be in

the same direction and with integrative approaches.

3. There should be a proper procedure for problem analysis to identify etiology of the problems for holistic planning.

4. Criteria for setting livable setting must be varied according to the need of each community. It should not be a single criterion to fit all communities.

5. Mechanism for creating a collaboration.

6. Healthy city management structure at the district levels.

• Has this initiative been replicated elsewhere? Where? By whom?

There is no evident showing that this Bangkok initiative has been replicated elsewhere but many groups of visitor show their appreciation for good performances. However, it has been proved that this initiative is practical and successfully implemented in many districts.

• What is the potential for transferring all or parts of the initiative?

A systematic approach in evaluating Bangkok healthy city initiatives. This approach has been tested for its validity and reliability and it has been used widely for both planning and monitoring.

