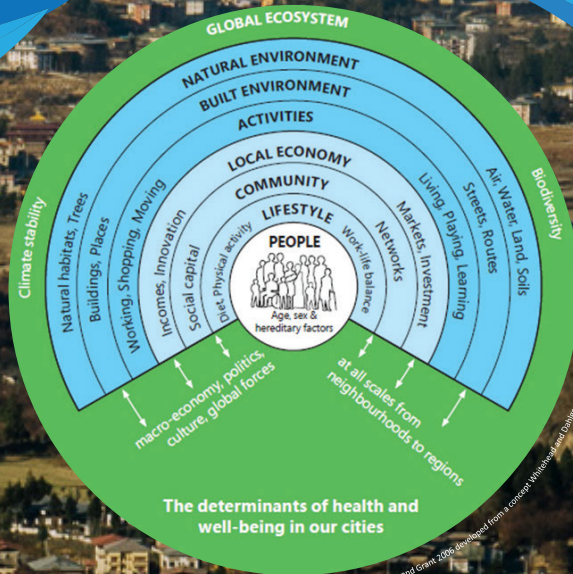




# HEALTHY CITY ACTION PLAN: a multi-stakeholder framework for action 2022 -2026



THIMPHU THROMDE

In collaboration with  
Ministry of Health & Ministry of Works and Human Settlement



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## LIST OF ABBREVIATIONS

AHB	Annual Health Bulletin
CSOs	Civil Society Organizations
DHIS	District Health Information System
FYP	Five Year Plan
HCA	Healthy Cities Approach
HCAP	Healthy City Action Plan
HEAT	Health Economic Assessment Tool
HiAP	Health-in-All-Policies
HIA	Health Impact Assessment
HMIS	Health Management Information System
MoH	Ministry of Health
MoWHS	Ministry of Works and Human Settlement
NCDs	Noncommunicable diseases
RGoB	Royal Government of Bhutan
SDG	Sustainable Development Goal
SDH	Social Determinants of Health
SEARO	WHO Regional Office for South-East Asia
THO	Thromde Health Office
TSP	Thimphu Structure Plan
UHI	Urban Health Initiative
UN	United Nations
UN-Habitat	United Nations Human Settlement Programme
Urban HEART	Urban Health Equity Assessment and Response Tool
WHO	World Health Organization

## DEFINITIONS OF TERMS

Dzongkhag:	Second in administrative hierarchy in Bhutan equivalent to a district.
Governing body:	It refers to a newly formed high level decision-making body called 'Royal Commission for Urban Development.' However, the information on it is sketchy at the moment, and it is simply referred to as a governing body in this document.
Thimphu Thromde:	Thimphu municipality. But, it is also being referred to the Office of Thimphu municipality.
Thromde:	Municipality
Thrompon:	Mayor
Thromde Tshogde:	The highest decision-making body at the Thromde Office.
Thuemi:	A locally elected representative of the urban community in the Thromde Office.
Thimphu:	It refers to the city of Thimphu, not the Dzongkhag.
Residents:	Population residing in Thimphu Thromde irrespective of their registration with the Thromde Office. Terms such as 'people,' 'dwellers' or 'inhabitants' are used interchangeably to mean the same (used as synonyms).

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## **FOREWORD**


Thimphu is fast changing, physically, socially, economically, demographically and environmentally. Our past image of spacious Thimphu adorned with green spaces and filled with the atmosphere of serenity is fast replacing by a landscape that is cramped with modern structures overshadowing the traditional ones, packed with masses occupying every visible space there is, and inundated with cars spewing out a foul air. This is the reality, today, that we are left to comprehend with. The rapid growth of Thimphu has remained unprecedented for years now. It will keep on growing as the people continue to pour in from every corner of the country in a hope of finding better education, work opportunities and services.

Nevertheless, Thimphu can turn itself into a centre of balanced development, productivity and diversity, and be a cradle of breeding good health, well-being and prosperity. Today, the idea of roping in 'Healthy Cities' concept is even more relevant than ever as we are looking forward to adopting and experimenting impact-yielding approaches and interventions to earnestly address the continuously evolving challenges of our towns/cities. Globally implemented as the WHO framework for promoting health and well-being, application of this Healthy Cities approach would improve our access to public services and capacity to keep Thimphu clean, green, safe and healthy. The policies, plans, and programmes we formulate and implement for Thimphu can directly affect the quality of spaces in which we live and work; the air we breathe; the water we drink, our access to healthy food and basic public services that we avail on daily basis. Adopting the Healthy Cities approach will help us take a holistic step in turning Thimphu into a healthy, progressive and livable city.

We are proud of the fact that Thimphu has served us well for generations. It is now our utmost duty to ensure that it continues to do so for our present and next generations. In response to this urgent call as well as a part of our relentless efforts to make Thimphu an exemplary city in the region, the Thimphu Thromde, in partnership with its stakeholders, will roll out the 'Healthy City Action Plan: A Multi-stakeholder Framework for Action (2022-2026)' from 2022 onwards.

We call upon all our key stakeholders, institutions, communities and individuals to support the implementation of this action plan so that we can together realize our shared vision of transforming Thimphu into a healthy, resilient and sustainable city.

  
**(Ugyen Dorji)**  
Thrompon  
Thimphu Thromde

  
**(Pemba Wangchuk)**  
Officiating Secretary,  
Ministry of Health

## EXECUTIVE SUMMARY

**Introduction:** Cities in the world are overwhelmed with multiple challenges of tackling high population densities, squatter settlements, traffic congestions, air pollution, limited access to basic services like safe drinking water, sanitation and waste management facilities, etc. The Covid-19 pandemic further exposed some vulnerabilities of cities, such as the health systems failure to respond promptly to the crisis, inadequate emergency preparedness, existence of inequalities in societies, etc. As cities are at the forefront of social, cultural, economic, health and environmental development, it underscores the need for cities to adopt new measures to protect their people, values and assets by addressing their vulnerabilities. One such measure that has the potential to prompt multi-stakeholder actions and enable building a resilient and sustainable city being globally recognized and used is the Healthy Cities approach. Founded on the overarching principles of good governance, multi-sectoral collaboration and community engagement, the Healthy Cities approach promotes the 'health and well-being' of people by placing 'health and development' at the centre of policies, plans and programmes of municipalities. It is a partnership-based and multi-level programme that helps municipalities protect and secure their public health; influence inclusive urban planning; increase investments in clean air, safe drinking water and a friendly-built environment; and improve public services in general.

The rapid urbanization that picked up momentum in the late 90s and through the 2000s has turned Thimphu into the most densely populated city in Bhutan today. Every four in ten urban dwellers live in Thimphu. Its population is expected to grow by two folds in the next two decades, which is going to exert increasing pressure on its limited resources, infrastructure and public services. Consequently, urban issues, including urban health, may escalate further.

**Programme rationale and priorities:** Thimphu grapples with some critical challenges as it continues to expand and grow. The Thimphu Thromde's master plan for urban development titled 'Thimphu Structure Plan' (TSP, 2002-2027) is currently undergoing a major revision. The preliminary findings of the TSP review revealed that Thimphu Thromde has fallen short of fulfilling its mission of

providing affordable housing to its low-income residents; has issues of quality in infrastructure development; is facing an uphill task of managing traffic congestions and parking spaces; and is in need of revamping its transportation and pedestrian systems. The existing number of public toilets, public spaces and recreational facilities are not able to keep pace with the growing size and population density of Thimphu. Furthermore, the residents continue to endure the problems related to inadequate basic services like safe drinking water, waste management and sewerage services. The poor implementation of the TSP has been attributed to weak urban governance, the absence of operational plans and a poor participation of communities in decision-making and planning processes of Thromde.

However, undeterred by the perpetual challenges brewing up at its doorstep every day, Thimphu Thromde aspires to transform Thimphu into a thriving city. It intends to bridge the existing and emerging gaps by adopting new approaches and applying innovative solutions. One such effort made by Thimphu Thromde in close collaboration with Ministry of Health and its stakeholders to promote the health and wellbeing of Thimphu residents is the development of the **'Healthy City action Plan: A Multi-stakeholder Framework for Action'** (HCAP, 2022-2026). This action plan will provide strategic directions and necessary resources to Thromde in addressing the social, economic and environmental determinants of health using a Health-in-All-Policies (HiAP) tool in partnerships with its relevant sectors, civil society organizations (CSOs), institutions and communities. The HCAP will focus on the three priority areas: **(i) Urban governance; (ii) Urban design and planning; and (iii) Health equity.**

**Goal and scope of HCAP:** It will support Thimphu Thromde in moving towards its mission of becoming a vibrant, progressive, safe and livable city by strengthening urban governance, revamping urban planning, and stimulating multi-sectoral actions. The HCAP will provide a strategic roadmap to Thromde and its stakeholders for taking forward the agenda of **'health and well-being'** to a next level. Thimphu Thromde will roll out the HCAP in the next five years under the leadership of the Thrompon and Executive Secretary, and the policy guidance of the governing body and the Thromde Tshogde.

**Vision:**

Highest possible standards of health and well-being for Thimphu Thromde.

**Mission:**

Making Thimphu Thromde a vibrant, livable, inclusive, resilient and sustainable city by adopting the Healthy Cities Approach.

**Objective:**

To integrate 'health and well-being' into Thromde policies and programmes through multi-sectoral collaborations by applying the HiAP tool.

**Goal:**

By 2026, 100% mainstreaming of the healthy cities approach into the decision-making, planning and programming processes of Thimphu Thromde.

**Strategic objectives and outcomes:**

Strategic Action Area	Strategic Objective	Strategic Outcome
<p>I: URBAN GOVERNANCE: ADVANCING MULTI-STAKEHOLDER DECISION-MAKING AND ACTIONS FOR HEALTH AND WELL-BEING</p>	<p>1.1: Strengthen shared governance for improving health and well-being of the population of Thimphu.</p>	<p>1.1.1: Enhanced effective functioning of a high level multi-stakeholder governing body and the Thromde Tshogde for promoting, amongst other priorities, health and well-being through good governance.</p> <p>1.1.2: Enabled the members of the governing body, the Thromde Tshogde and other partners of health in discerning public issues of Thimphu Thromde through a health lens.</p>

Strategic Action Area	Strategic Objective	Strategic Outcome
<p>I: URBAN GOVERNANCE: ADVANCING MULTI-STAKEHOLDER DECISION-MAKING AND ACTIONS FOR HEALTH AND WELL-BEING</p>	<p>1.2: Leverage multi-sectoral efforts to mainstream health in the Thromde plans and programmes, including the revised TSP, and sustain coordination and collaboration among the partner agencies.</p>	<p>1.2.1: Established mechanisms to integrate health through the adoption of the healthy cities approach using the HiAP tool.</p> <p>1.2.2: Enabled relevant sectors and institutions in Thimphu Thromde to identify shared goals, optimize co-benefits, enhance partnerships, and reduce negative health consequences.</p>
	<p>1.3: Empower the communities to engage in the governance process of Thromde.</p>	<p>1.3.1: Enabled communities to contribute towards creating healthy policies and programmes for Thimphu Thromde.</p>
	<p>II. URBAN DESIGN AND PLANNING: BUILDING FOR HEALTH AND WELL-BEING OF THE POPULATION OF THIMPHU</p>	<p>2.1: Promote urban design and planning for built environments that enable the population of Thimphu Thromde to adopt healthy thoughts, behaviours and actions.</p>

Strategic Action Area	Strategic Objective	Strategic Outcome
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">II. URBAN DESIGN AND PLANNING: BUILDING FOR HEALTH AND WELL-BEING OF THE POPULATION OF THIMPHU</p>	<p>2.2: Accelerate collaborative efforts in improving access to high quality drinking water, sanitation and waste management services.</p>	<p>2.2.1: Improved the quality of water, sanitation and waste management practices in accordance to the national and international standards/ guidelines in coordination with relevant agencies.</p>
		<p>2.2.2: Enhanced capacity of Thimphu Thromde in delivering safe drinking water, efficient sanitation and waste management services.</p>
	<p>2.3: Formulate and scale up health promoting interventions in schools, health care facilities, work and other places to enable the communities of Thimphu Thromde to make informed decisions and engender healthy practices.</p>	<p>2.3.1: Designed, promoted and implemented Thromde level healthy setting initiatives.</p>
		<p>2.3.2: Ensured safe workplaces for workers in the construction, automobile workshop, fuel station, hospitality and other informal sectors.</p>
		<p>2.3.2: General public and enforcement agencies made aware of the importance of the enforcement of laws, regulations and standards that have direct or indirect effects on the health and well-being of the population.</p>

Strategic Action Area	Strategic Objective	Strategic Outcome
<p>III. HEALTH EQUITY: STEPPING UP INVESTMENTS IN INSTITUTIONS AND SYSTEMS FOR AN INCLUSIVE, ACCESSIBLE AND RESILIENT THIMPHU THROMDE</p>	<p>3.1: Reinforce a shared vision for social cohesion and health equity with the commitment to leave no one behind.</p>	<p>3.1.1: Generated scientific evidence to support a people-centric and all-inclusive local actions to promote health equity.</p>
	<p>3.2: Enhance knowledge and awareness of policy-makers and relevant sectors on an inclusive and responsive urban planning with a focus on vulnerable population.</p>	<p>3.1.2: Engaged relevant sectors, CSOs and communities in understanding the health implications of urban policies and plans through common platforms.</p>
	<p>3.3: Strengthen systems to prepare and respond to public health and other emergencies.</p>	<p>3.2.1: Promoted policy and programme interventions of Thromde that are aimed at making Thimphu a women-, children-, elderly-, PWD- and gender-friendly city.</p>
		<p>3.3.1: Put in place measures to prevent and mitigate public health and other emergencies.</p>
		<p>3.3.2: Enabled institutions, partners and community members to respond to emergencies collectively focusing on vulnerable populations.</p>



## INTRODUCTION

### I. Background

1. Globally, rapid economic growth, technology advancements and employment opportunities in cities are accelerating urbanization. Movements of people to cities have remained unabated for decades now in the quest for better education, jobs and amenities.<sup>[1-4]</sup> Over half the world's population lives in urban areas today, and, that proportion is expected to go up to 70 percent by 2050. This growth in urban populations is taking place largely in Asia and Africa. India, China and Nigeria alone are going to drive the urban population growth by 35 percent between 2018 and 2050.<sup>[5]</sup>
2. The literature on urbanization shows that the rapid urban growth presents many challenges. Issues related to affordable housing, poor sanitation and waste management, traffic congestions, inadequate public transport and poor air quality continue to plague cities. The lack of sufficient spaces and facilities for safe walking, cycling and interactive living increases the risks of lifestyle-related diseases among the city dwellers. Further, cities are often burdened with pockets of poverty, burgeoning crimes, widening inequities, and health and other emergencies.<sup>[6-20]</sup>
3. Changes in the physical and social environments<sup>I</sup> brought about by urbanization have huge effects on the ways people live, interact and adopt their lifestyles. Availability of pedestrian and cycling lanes, and accessibility to open spaces can promote physical activities and social interactions, which would, in turn, prevent NCDs like diabetes type II, cardiovascular diseases and cancers. Similarly, interventions in the urban environments can prevent communicable diseases. <sup>II</sup> Due to the poorly planned, managed and maintained urban environments, millions of lives of city dwellers are lost every year, detailed as below.<sup>[21-30]</sup>

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<sup>I</sup> Refer to annexure 1 for social determinants of health in the human habitation context

<sup>II</sup> See annexure 2

- i) **Unhealthy environments:** Over 12 million people died in 2012 due to their exposures to polluted air, water and soil, chemicals, UV radiations, effects of climate change, etc.
  - ii) **Air pollution:** Seven million deaths occurred due to air pollution in 2016, and over 90 percent of the world's population lived in polluted places.
  - iii) **Housing conditions:** In 2016, over 0.80 million died from diarrhea due to poor water, sanitation and hygiene conditions, and 0.11 million as a result of injuries at homes.
  - iv) **Poor nutrition:** About half of deaths in children under five occur annually due to poor nutrition. Close to 2 billion adults and 42 million children were overweight in 2014.
  - v) **Physical inactivity:** Today, 1 in 4 adults and 3 in 4 adolescents do not meet the physical activity standards set by WHO. Due to the multiple effects of urbanization, most city dwellers do not take part in physical activities.
  - vi) **Noise pollution:** Traffic-related noise is shown to adversely affect human health, and loss of many healthy years of life in addition to sleep disturbance, tinnitus, annoyance and cognitive impairment in children.
  - vii) **Heat stress:** Millions of people in cities suffer due to their exposure to heat stress. A number of cities facing heat stress is likely to double by 2050.
  - viii) **Health inequity:** There are differences in health status of groups of populations in cities. For instance, children of poor urban households are more likely to die before their fifth birthday compared to children belonging to rich urban households.
4. With the rapid socioeconomic development and demographic changes in Bhutan, the rate of urbanization is steadily increasing every year. The proportion of the Bhutanese people living in urban areas significantly increased from 30.9 percent in 2005 to 37.8 percent in 2017. By 2047, more than half of the country's population will reside in urban centers. However, there is an imbalanced distribution of urbanization in Bhutan. Thimphu Thromde is the only town

with over 100,000 population, accounting for 41.6 percent of the total urban population, and 82 percent of the total population of Thimphu Dzongkhag. On average, about 3000 persons are being added to the city every year.<sup>iii</sup> The population of Thimphu Thromde is going to double in the next two decades.

[31, 32]

5. Limited access to basic services in rural areas is the most likely cause of the rural-urban migration in Bhutan. The major reasons for migration are related to employment (53%) and education (30%). The recent study data shows that the regional migration flows are from the eastern and central to the western region (where Thimphu is located), clearly indicating that the towns like Thimphu and Paro receive an influx of internal migrants from other regions.<sup>[33]</sup>
6. The PHCB data<sup>iv</sup> shows that the residents of Thimphu Thromde are largely literate (85.5%). High proportions of households have access to piped water inside dwelling (80.8%), electricity for lighting (99%), flush toilets (80.2%), and smart mobile phones (86%). Despite a striking impression it seems to make regarding the resident's access to public services, some households, albeit insignificant proportions, still use firewood/kerosene for lighting and cooking; share toilets with others; experience food insecurity; and live in houses with tarpaulin or cardboard as roof materials. Further, among the four Thromdes in the country, Thimphu has the highest number of deaths due to accidents and suicide.<sup>[31]</sup>
7. In the face of rising population and mounting challenges of urbanization in Thimphu, the Ministry of Works and Human Settlement initiated a review of the Thimphu Structure Plan (2002-2027) in 2020, which will continue until December 2022. The preliminary findings of the review showed that Thimphu is reeling under the pressure of providing quality public services. It is still struggling to provide affordable and decent housing to its low-income dwellers; has public infrastructure that are largely of poor quality and disable unfriendly; scrambling with traffic congestions, inadequate parking spaces,

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<sup>iii</sup> Refer to annexure 3 for details.

<sup>iv</sup> Refer to the annexure 4 for PHCB data on socioeconomic status of Thimphu Thromde.

- and weak transportation and pedestrian systems. There are shortages of recreational facilities and green spaces for the residents, particularly the children and elderly, to keep themselves physically, socially and mentally active. Issues related to basic services, such as the provision of safe drinking water, proper waste management and sewerage services, continue to remain a perennial challenge for Thimphu Thromde to address.<sup>[34]</sup>
8. Midway through its implementation, the review of the Thimphu Structure Plan (TSP, 2002-2027), the blueprint for the progressive urban development of Thimphu Thromde, handed to an understanding that it has not lived up to the vision and purpose that it set forth to achieve. The poor implementation of the TSP is purportedly contributed by the following:<sup>[34]</sup>
    - i) Unclear institutional framework (urban governance) to provide strategic directions to the stakeholders responsible for implementing and overseeing the TSP.
    - ii) Lack of a comprehensive database to guide the plan preparation and implementation processes, and to keep track of the progress made;
    - iii) Poor public/community participation in the planning and execution phases of the TSP;
    - iv) Poor multi-sectoral coordination and collaboration;
  9. The Spatial Planning Bill, drafted in 2015 by the MoWHS, was meant to facilitate the use of land in a fair, orderly, economic and sustainable way, and succinctly spell out the powers and functions of the ministry, Dzongkhag, Thromde, Yenlag Thromde and gewogs in structural planning. However, the Spatial Planning Bill tabled for discussion in Parliament in 2021 was shelved.<sup>[35]</sup>  
<sup>[36]</sup>Or else, this Act would have guided the implementation of the TSP as well as the application of uniform design and urban planning in Thromdes and Dzongkhags.
  10. In order to develop the HCAP holistically by seeking to understand the perspectives of the policy-makers, planners, professionals, community members, and private sector and CSO representatives regarding the

challenges that currently Thimphu city is facing, a series of stakeholder and public consultations<sup>[37-40]</sup> had been conducted. The findings of the consultative workshops are summarized as below:

- i) Poor quality public infrastructure and are not disabled friendly.
  - ii) Unaffordable housing and a failure on the part of the government to enforce the Tenancy Act of Bhutan (2012).
  - iii) Disrupted supply of drinking water in certain parts of Thimphu.
  - iv) Inadequate public toilets in public places.
  - v) There is no water treatment plant.
  - vi) Hazardous and construction wastes are on the rise.
  - vii) Inadequate sewerage distribution network and a frequent breakdown of existing sewerage system.
  - viii) Vehicular emissions and indoor air quality not monitored.
  - ix) Storm water drainage system and automobile workshop water pollute the river ecosystem.
  - x) Limited access to open public spaces and recreational facilities.
  - xi) Need to pedestrianize main streets and create more footpaths connecting neighbourhoods and public facilities.
  - xii) Availability of affordable unhealthy food products.
  - xiii) No data on the health profile of the residents of Thimphu.
  - xiv) Lack of inclusive planning at Thromde.
11. There is a dearth of data on the health status of the Thimphu's population. However, incidences of the NCDs in the country are on the rise. In 2019, the NCD cases constituted more than half of all the morbidities reported by health care facilities as compared to 43 percent reported in 2010.<sup>[41]</sup> The NCDs also accounted for 69 percent of all deaths in the country in 2016. Further, the cases of alcohol liver disease doubled, cancer tripled and diabetes increased by multiple folds between 2005 and 2019.<sup>[42]</sup> The NCD STEPS survey

report<sup>[43]</sup> revealed that the prevalence of health risk factors, such as alcohol consumption (42.9%), tobacco use (23.9%), raised blood pressure (28%) and raised cholesterol (11%), are increasingly becoming the issues of public health concern. In 2017, about 40 percent of all urban deaths took place in Thimphu<sup>[31]</sup> The possibility of NCDs becoming an epidemic in a city like Thimphu is high given the presence of abundant risk factors in its environment. Given the rapid pace of the economic development taking place and the current state of affairs that Thimphu is in (poor implementation of the TSP, unrestrained urbanization and still recovering from the effects of the Covid-19 pandemic, etc.), the challenge of promoting the health and wellbeing of the population of Thimphu is monumental.

12. Therefore, Thimphu, being the base for the central government establishments and the country's social, cultural and economic hub, is undergoing drastic changes physically, economically, technologically, socially, demographically and epidemiologically. Thimphu is transiting from its past standing to becoming a dreamcity of every Bhutanese that is vibrant, livable, healthy, resilient and sustainable. For Thimphu to transform itself into such an all-rounded and futuristic city, it needs new approaches and tools to encounter a myriad of existing and emerging challenges.

## II. Programme rationale and priorities

13. Expansion of a city to accommodate a rapid population growth exerts immense pressure on its limited resources, services and infrastructure.<sup>[44]</sup> However, if a local government or municipal authority is able to properly plan, manage and maintain its city, it would be able to deliver better services to its residents, create economic opportunities and protect people from hazards, natural calamities and public health emergencies. Of all, keeping the residents of a city safe and healthy is the primary responsibility of a local government. In turn, the healthy residents can contribute to transforming a city into a place of opportunities, possibilities, sustained growth, stability and peace. Healthy dwellers are considered the top resource of the highest value for any city to thrive.<sup>[45, 46]</sup> This underscores the importance of developing and implementing

healthy urban polices, plans, programmes and projects, which have the potential and capability of strengthening, maintaining and sustaining the health of urban populations.

14. One such approach that looks at the challenges of a city wholesomely, and attempts at addressing them in a responsive, inclusive and collaborative manner is the Healthy Cities Approach (HCA). Historically, this approach emerged in the advanced economies in the 1980s with the sole purpose of placing health high on the social, economic and political agenda of cities. It sailed well in the sea of other priorities of cities by promoting health, equity and sustainable development through innovative mechanisms and multi-sectoral tools.<sup>[47]</sup> Today, globally, it is promoted as the WHO framework for a participatory process to address health issues arising from urbanization. It helps generate tangible decisions and actions for health and well-being at the local and urban government level.
15. Healthy Cities Approach provides a dynamic, partnership-based, multidisciplinary and multi-level platform that engages local governments, stakeholders and communities to promote health and well-being of urban residents by putting 'health and people' at the centre of the urban development agenda. It has become more relevant now than ever before in responding systematically to the existing and emerging public health needs and challenges of the 21st century.<sup>[47, 48]</sup>
16. A healthy city is one that aims at creating an equitable and inclusive society by elevating the physical, social and mental well-being of its people. It continually creates and improves the physical and social environments, and expands the community resource base, which invariably enable people to mutually support one another in performing all the functions of life and in developing to their maximum potential.<sup>[46, 49, 50]</sup>
17. The concept of healthy cities came to Bhutan when the professionals of health and relevant sectors received the training on the Diagnostic Assessment of Urban Health Equity Assessment and Response Tool (Urban HEART) conducted by the WHO Regional Office for South East Asia (SEARO) in

2014.[51] The Urban HEART was conducted in the selected sites, and its recommendation to use it as a screening tool for the hydro-electricity projects in the country implemented. Following this, in an attempt to respond to the rapid urban growth and apparently rising urban health issues, the Ministry of Health (MoH) initiated the customized version of healthy cities approach called the 'Gadhen Throm Programme' (GTP) to address the broader determinants of urban health in 2015.[52] After having it piloted in two urban centers, it could not be scaled up due to the lack of strategic directions in absence of a strategic action plan at Thromde level.

18. Notwithstanding the recommendations that emerged from various national policy, strategic and review documents<sup>[34, 53-58]</sup> on settings-based health promotion approaches through multi-sectoral decision-making, inclusive planning, community engagement and collaborative actions for better health outcomes, the Healthy City Action Plan, (HCAP, 2022-2026) has been developed for Thimphu Thromde. It will promote the 'health and well-being' of the population of Thimphu Thromde by addressing the social determinants of health using a Health-in-All-Policies (HiAP) tool in partnerships with all relevant sectors, civil society organizations (CSOs), institutions and communities.
19. A number of consultative workshops<sup>[37-40]</sup> and bilateral meetings had been held while developing the HCAP to gather the views of and information from all relevant stakeholders, including the CSOs and community representatives, on the current gaps and challenges of Thimphu Thromde, and the counteracting inputs or solutions required to address them. In a participatory and unified manner, a consensus was reached in prioritizing and identifying the three strategic action areas of the HCAP, which further guided the formulation of the strategic objectives, outcomes and key activities.
20. Thimphu Thromde will be the guardian of the HCAP, and lead other sectors and partners in implementing it. The governing body and the Thromde Tshogde will provide policy guidance and oversee its governance. The Thromde Health Office (THO) will be responsible for providing technical support and liaising with relevant sectors and communities in rolling out the HCAP activities.



## Advancing multistakholder decision making and actions for health and wellbeing

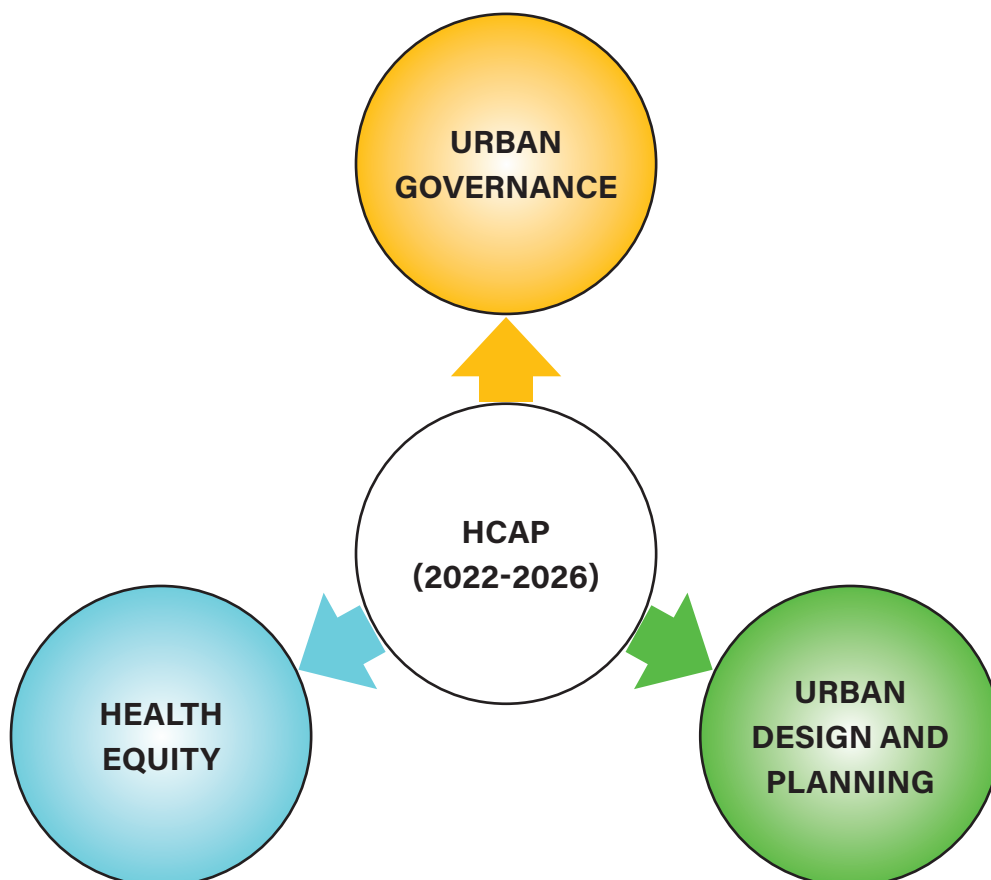


Figure 1: Prioritized strategic action areas of HCAP

### III. Policy support and guiding principles

21. Thimphu Thromde, formerly known as the Thimphu District Municipality, was established in 2011 in accordance to the Local Government Act of Bhutan (2009)[59] with the mission of providing affordable, equitable and efficient municipal services and facilities, including water, sanitation, waste and sewerage services to the people residing in Thimphu Thromde. The urban development of Thimphu city is guided by the Thimphu Structure Plan (TSP).[60] Empowered by this LG Act, it functions as an autonomous agency supported

by its Thromde Tshogde (City Council), which is the highest decision-making body operating under the chairmanship of the Thrompon, and represented by seven elected urban community members (Thuemi). However, this Tshogde does not have the legislative or law-making functions.

22. Some powers and functions bestowed upon Thromdes by the LG Act<sup>[59]</sup> as relevant to and supportive of the implementation of the HCAP:
  - i) Protect public health;
  - ii) Promote holistic and integrated area-based development planning;
  - iii) Ensure the provision of social and economic services for the general well-being of the residents of the communities in a sustainable and equitable manner;
  - iv) Provide protection for women, children and the physically challenged and eliminate physical, mental and emotional abuse and violence against women and children;
  - v) Encourage the involvement of communities and community organizations in matters of local governance.
  
23. Some regulatory and enforcement powers and functions of the Thromde Tshogde that are specifically supportive of rolling out the HCAP:
  - i) Frame and enforce rules for protecting the health, safety and well-being of the residents, and preserving and promoting the quality of the Thromde environment;
  - ii) Prepare urban development plans or amend an approved urban development plan to regulate and enforce land use and building activity;
  - iii) Enforce all laws and rules pertaining to the urban sector.
  
24. Any Thromde Office offers a unique opportunity to all its sectors for working together in a synergistic, cohesive and collaborative manner, whereby the support extended by one sector to the other is valued, and any effort made

to advance the culture of multi-sectoralism encouraged. Essentially, the Thromde Office can enforce its authority to foster mutual understandings and deepen collaborations among its sectors, particularly in rolling out those policies, plans and guidelines that have cross-sectoral themes and interests. Therefore, the implementation of sectoral policies, guidelines, standards and plans under the Thromde Office benefit every sector, especially the health sector. There is a number of national acts, policies, and guidelines whose consistent and continuous enforcements would definitely bring positive impacts to the health and wellbeing of the residents of Thimphu Thromde, some of which are as mentioned below:

Policies / Guidelines / Standards	Brief Description
Constitution of the Kingdom of Bhutan, 2008	The Constitution mandates the government to ensure a safe and healthy environment for all Bhutanese citizens. It also spells out the need for the government to promote a healthy living environment.
Local Government Act of Bhutan, 2009	It delegates the responsibility of delivering public services, including that of promoting and protecting public health, to the municipal, district and local authorities. Thromdes are vested with regulatory powers and obligations to protect health, safety and wellbeing of their populations/residents.
Water Act of Bhutan, 2011	It accords a high priority to the allocation of water resources to drinking and sanitary purposes, and warrants all stakeholders to protect, conserve, and manage water resources in an economically efficient, socially equitable and environmentally sustainable manner.

Policies / Guidelines / Standards	Brief Description
National Environment Protection Act, 2007	It highlights the fundamental right of an individual to a safe and healthy environment.
Waste Prevention and Management Act 2009, and its amended Regulation, 2016	It provides legal guidance to manage waste, and directs all stakeholders to comply with the waste management guidelines issued by relevant government agencies. It also stipulates that local government authorities to manage human waste, and improve sanitation practices.
Environmental standards, 2020	It sets national standards and criteria for ambient water, air quality, vehicular emissions, industrial emissions, noise level limits, sewerage treatment plant discharge, etc.
National Sanitation and Hygiene Policy, 2020	It is a policy framework that will enable Bhutan to achieve universal coverage for and access to sustainable sanitation and hygiene services.
National Human Settlements Policy of Bhutan, 2019	It provides a cross-sectoral framework for planning and developing environmentally sustainable, culturally and economically vibrant and disaster-resilient human settlements.

Policies / Guidelines / Standards	Brief Description
<p>Low Emission Development Strategy (LEDS) for Human Settlement, 2021</p>	<p>It is a long-term strategic plan for low emission development in the human settlement sector emphasizing on, amongst others, the promotion of low-carbon materials for building constructions; improvement of waste water management, creation of more green and open public spaces; development of walkable neighbourhoods and sustainable infrastructure.</p>
<p>Bhutan Green Building Design Guidelines, 2013</p>	<p>It provides directions to all relevant sectors and agencies in implementing regulations, standards, and projects that promote green and sustainable constructions.</p>
<p>Bhutan Building Code, 2018</p>	<p>It directs all agencies undertaking infrastructure development works or projects to use appropriate construction materials, which are of high quality in terms of their safety, functionality and accessibility.</p>
<p>Regulation on Occupational Health Safety and Welfare, 2012</p>	<p>Its provisions are intended to ensure the promotion of a safe and healthy workplace for everyone in the country.</p>
<p>Bhutan Transport 2040: Integrated Strategic Vision, 2013</p>	<p>It aims at promoting a safe, reliable, affordable, convenient, cost-effective, and environment-friendly transport system.</p>

Policies / Guidelines / Standards	Brief Description
<p>Low Emission Development Strategy (LEDS) for Surface Transport, 2021</p>	<p>Its goal is to reduce greenhouse gas emissions from the transport sector by exploring mass transit options; scaling up electric vehicle initiatives; promoting non-motorized transport; strengthening fuel and vehicle emission standards; introducing public bicycle sharing system; improving and expanding pedestrian footpaths, etc.</p>
<p>Guideline for Differently-Abled Friendly Construction, 2017</p>	<p>It provides guidance on the designing and construction of a barrier-free built environment.</p>
<p>National policy for persons with disabilities, 2019</p>	<p>It requires the existing infrastructure to adjust, and the new ones to adopt universal designs in order to accommodate persons with disabilities, thereby improving their access to public services.</p>

25. HCAP guiding principles (adopted from Healthy Cities/SDH/HiAP approaches):

- Good governance for health and well-being;
- Strong commitment of Thromde to health and development;
- Health equity and people at the centre of LG policies and actions;
- Multi-stakeholder collaboration for shared values and goals;
- Community participation in policy-making, planning & implementation;
- Transparency, responsibility and accountability;
- National and international networking, global governance and collaboration.

#### IV. Strategic pathway for implementing the HCAP

26. The HCAP has been developed by holding comprehensive consultations with the policy-makers, professionals of different sectors, civil society organizations and communities of the Thimphu Thromde using a participatory approach. What ensued clearly from these exploratory and consensus-building consultations was the need to consider ‘health and well-being’ as one of the parameters of a resilient and sustainable Thromde because the healthy population is one of its main pillars of strength, and a driver of socioeconomic transformations. Building on the outcomes of a series of consultations, a strategic pathway had been drawn out linking the interventions of the HCAP with the medium- and long-term impacts, all in an earnest attempt to contribute towards making Thimphu a healthy, resilient and sustainable city.

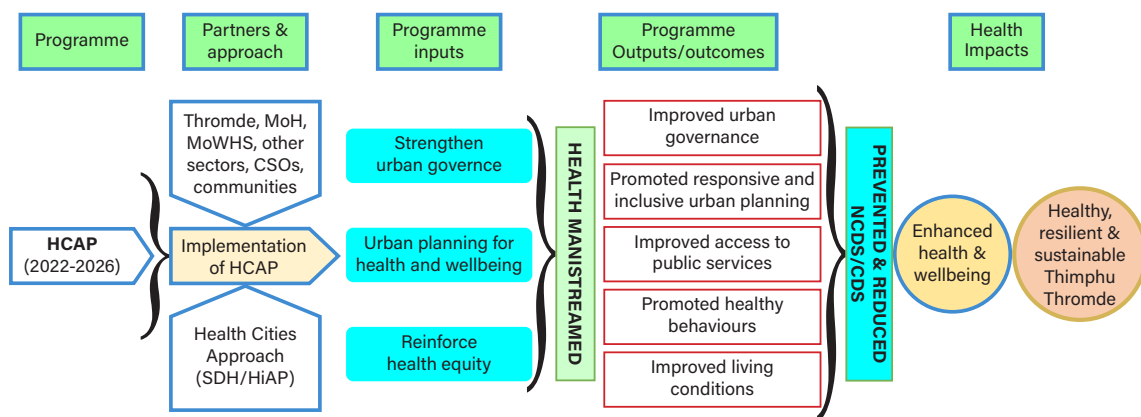


Figure 2: Strategic pathway

## HEALTHY CITY ACTION PLAN (HCAP)

### V. Vision, mission and goal of HCAP

Anchored to the government's core mission of maximizing gross national happiness (GNH) through its holistic policies and the whole-of-society approach, the Bhutan's 12<sup>th</sup> Five Year Plan (FYP) is aspiring to attain the 'Just, harmonious and sustainable society through enhanced decentralization.' Every term in the FYP's vision/objective statement is well elucidated in a manner that reflects the deep intention of the government to give every Bhutanese an opportunity to access resources equitably, live harmoniously and fulfill his/her social, economic and environmental needs sustainably. Framed in the context of the 12<sup>th</sup> FYP priorities, and closely aligned with the FYP's national key result areas, particularly the one that is geared towards promoting a healthy and caring society, with the full participation of all relevant stakeholders, including the CSOs and private sector associations, the Healthy City Action Plan (HCAP, 2022-2026) for Thimphu Thromde is formulated to support the national aspiration of the government. The specific objective of the HCAP is to support the Thromde in moving toward and achieving its vision of making Thimphu Thromde a vibrant, progressive, safe and livable city by strengthening urban governance and improving multi-sectoral collaborations and actions. Empowered by the Local Government (LG) Act of Bhutan (2009), the Thromde has the responsibility of providing services to the population of Thimphu Thromde for their well-being through a holistic and integrated area-based policy-making and development planning. This approach of the Thromde, as aptly provisioned in the LG Act, resonates befittingly with the strategic approach and principles of the HCAP. Thus, the HCAP will provide a strategic roadmap to the policy-makers, planners and managers of the Thromde and its stakeholders to form a coalition for synergistic and collaborative efforts to take forward the agenda of health and well-being to a next level.

As the RGoB is party to UN declarations on Sustainable Development Goals (SDGs), it has obligations to report SDG-related goals and targets. The HCAP is absolutely linked to SDGs because the promotion of health and well-being is either a precondition or an outcome of sustainable development. Amongst others,



the SDG 3 (ensuring healthy lives and promote well-being for all) and the SDG 11 (making cities inclusive, safe, resilient and sustainable) are the most relevant goals that implementation of the HCAP can significantly contribute to and benefit from. Since health-based indicators reflect progress on social development, environment and sustainable cities, they can be used to measure the status of sustainable development goals, especially those pertaining to water and sanitation, clean energy, food and agriculture, climate change, urban planning (healthy cities), etc.

Health and well-being is largely a crosscutting component of any national and sub-national plans. Hence, the HCAP will help catalyze the processes of building partnerships between different stakeholders, and capitalize on existing collaborations, networks and resources ensuring policy coherence and programme convergence to achieve a shared vision of Thimphu Thromde. In summary, the HCAP intends to promote the integration of health and well-being into policies, plans and strategies of Thromde.

***Vision:***

Highest possible standards of health<sup>VI</sup> and well-being<sup>VII</sup> for Thimphu Thromde.

***Mission:***

Making Thimphu Thromde a vibrant, livable, inclusive, resilient and sustainable city by adopting the healthy cities approach.

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<sup>VI</sup> WHO defines health as ‘a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.’

<sup>VII</sup> Well-being entails the presence of positive emotions (contentment/happiness) and life satisfaction ensuing from having attained good health and long life; adopted healthy behaviours; increased social connectedness; improved productivity; and fulfilled basic needs of life (shelter, food, income, work, safety, etc.).

**Objective:**

To integrate 'health and well-being' into Thromde policies and programmes through multi-sectoral collaborations by applying the HiAP tool.<sup>VIII</sup>

**Goal:**

By 2026, 100% mainstreaming<sup>IX</sup> of the healthy cities approach into the decision-making, planning and programming processes of Thimphu Thromde.

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<sup>VIII</sup> HiAP is a tool applied to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

<sup>IX</sup> Complete mainstreaming is said to be realized when at least 90 percent of all planned HCAP outputs are achieved by 2026.

## **VI. Strategic action areas, strategic objectives, outcomes and key activities**

### **A. URBAN GOVERNANCE<sup>x</sup> : ADVANCING MULTI-STAKEHOLDER DECISION-MAKING AND ACTIONS FOR HEALTH AND WELL-BEING**

The most important asset of any city is its healthy population. Generally, healthy populations are a source of cultivating good livelihoods, building productive workforce, forming robust communities, protecting environment and vulnerable populations, etc. However, it is challenging to determine the factors that create health in an urban context. For instance, urban environment inevitably modifies the lifestyles of people by exposing them to behavioral health risks, such as poor health and hygiene practices, unhealthy eating habits, tobacco use, physical inactivity, drug abuse, etc., which can lead to obesity, chronic diseases, mental health issues, etc. In particular, a polluted and congested urban environment can have enormous negative health consequences. So, it is clear that health is largely determined by factors outside the direct control of the health sector. The decisions made and actions taken by other sectors and actors affect the health of individuals and communities. It is important to consider health outcomes by other sectors whenever policy decisions are being made. Cities are responsible for managing the issues of works and human settlements, including those related to housing, road infrastructure, transportation, sewerage, green spaces, environmental protection, etc. In this respect, the urban governance is imperative in guiding how the city is planned, and, in what ways the 'health and well-being' of its residents are secured. Urban governance will ultimately help a municipal office and its stakeholders plan and manage the common concerns of a city. It is an ongoing process through which diverse interests could be accommodated and mutual actions taken.

Most of the factors that influence good or ill-health fall outside the remit of the health sector, and limit or enhance people's choices to adopt a healthy behaviour. Thus, it is vital to promote governance practices that can bring relevant sectors,

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<sup>x</sup> The processes of interactions and decision-making to collectively generate relevant solutions to enhance the health and well-being of urban dwellers, based on co-creation among stakeholders, through the application of the whole-of-government and whole-of-society approaches in urban settings.

institutions and communities together to address the social determinants of health and well-being of the population residing in Thimphu Thromde. Promotion of urban governance by Thimphu Thromde can ensure the integration of health into the policies, plans and projects on land use, housing, transportation, public infrastructure and social services by directing and pursuing relevant sectors to collaborate for a shared aspiration.

The first strategic action area on urban governance will be realized by rolling out the three strategic objectives (SOs) focusing on strengthening governance, leveraging multi-sectoral efforts and engaging communities in governance processes.

### Budget summary

Strategic action area A: Urban governance for advancing multi-stakeholder decision-making and actions for health and well-being.	Budget outlay (Nu. in million)
▪ Strategic objective 1.1	5.567
▪ Strategic objective 1.2	12.744
▪ Strategic objective 1.3	9.877
<b>Total amount</b>	<b>28.188</b>

**Strategic Objective 1.1:** *Strengthen shared urban governance for improving health and well-being of the population of Thimphu Thromde.*

Year-wise budget summary for SO 1.1 (Nu. in million)					Total Amount
2022	2023	2024	2025	2026	
2.191	1.806	0.660	0.110	0.800	<b>5.567</b>

**Strategic Outcome 1.1.1:** *Enhanced effective functioning of a high level multi-stakeholder governing body and the Thromde Tshogde for promoting, amongst other priorities, health and well-being through good governance<sup>xI</sup>.*

#### Key activities:

<sup>xI</sup> Governance is the process of decision-making and taking appropriate actions. Good governance is characterized by participatory in nature, consensus-based, accountable, transparent, responsive, equitable, inclusive and effective/efficient.

- \* Facilitate the effective operation of the governing body and the Thromde Tshogde through technical and financial support.
- \* Review existing policies/regulations/guidelines on the existing decision-making bodies to strengthen their roles in upholding good governance.
- \* Advocate for a participatory urban governance for health and well-being through high level sensitization programmes.
- \* Provide the sector-based data and information to the Thromde policy-makers and planners for promoting an evidence-driven governance.
- \* Conduct an annual review meeting to appraise the governing body and Thromde Tshogde on the implementation status of the HCAP (2022-2026).
- \* Conduct the project midterm (2024) and completion (2026) reviews.

**Strategic Outcome 1.1.2:** *Enabled the members of the governing body, the Thromde Tshogde and other partners of health in discerning public issues through a health lens.*

**Key activities:**

- \* Develop a policy brief to appraise and sensitize the members of the governing body and the Thromde Tshogde on the health implications of urban policies and programmes using the healthy cities approach, linking health and well-being to urban sustainability, socioeconomic development, health equity and the emerging concerns of the populations of Thromde.
- \* Conduct advocacy and capacity building activities for the members of the governing body and Tshogde using the HiAP tool.
- \* Set up a Thromde health information system to generate reliable data for informed-decision making, and develop a city health profile as to keep track of the health status of the population of Thimphu Thromde.

**Strategic Objective 1.2:** Leverage multi-sectoral efforts to mainstream health in the Thromde plans and programmes, including the revised TSP, and sustain coordination and collaboration among the partner agencies.

Year-wise budget summary for SO 1.2 (Nu. in million)					Total
2022	2023	2024	2025	2026	Amount
1.653	4.575	3.059	2.390	1.067	12.744

**Strategic Outcome 1.2.1:** Established mechanisms to integrate health through the adoption of the healthy cities approach using the HiAP tool.

**Key activities:**

- \* Establish a Healthy City Coordination Committee (HCCC) to help steer multi-sectoral collaborations and actions for the effective implementation of the HCAP.
- \* Designate a secretariat to HCCC, and facilitate smooth coordination and communications among stakeholders.
- \* Develop HiAP training modules for building capacities of all allied partners.
- \* Train relevant sectors/agencies on HiAP modules, enabling them to effectively participate in the Thromde’s decision-making and planning processes.
- \* Disseminate health indicators/information/progress reports annually to the stakeholders to foster commitments and investments.

**Strategic Outcome 1.2.2:** Enabled relevant sectors and institutions in Thimphu Thromde to identify shared goals, optimize co-benefits, enhance partnerships, and reduce negative health consequences.

**Key activities:**

- \* Train health professionals, including those stationed at the satellite clinics in Thimphu Thromde, on analyzing data on social determinants of health and engaging other sectors in their neighbourhoods to improve health outcomes.
- \* Conduct exchange programmes for the relevant professionals to provide exposures to the best practices of healthy cities approach in other regional cities.

- \* Integrate health impact assessment (HIA) tool into Social Inclusion Assessment (SIA) tool to screen policies/programmes/projects of Thromde through a health lens.
- \* Introduce SDH/HiAP in the national university courses for a long term institutional capacity building.
- \* Conduct studies on the co-benefits of investing by other sectors in the HCAP using the internationally validated tools.
- \* Carry out health literacy survey for the population of Thimphu Thromde.

**Strategic Objective 1.3:** Empower the communities to engage in the governance process of Thromde.

Year-wise budget summary for SO 1.3 (Nu. in million)					Total
2022	2023	2024	2025	2026	Amount
0.000	4.628	2.928	2.000	0.321	<b>9.877</b>

**Strategic Outcome 1.3.1:** Enabled community to contribute towards creating healthy policies and programmes for Thimphu Thromde.

**Key activities:**

- \* Train community leaders and representatives of CSOs and private sector on health literacy, SDH and HiAP techniques to facilitate informed-community engagement, and advocate for health and well-being in the Thromde’s decision-making and planning processes.
- \* Train community representatives in analyzing policy gaps, identifying implementation challenges, and developing solutions, including those that address health inequities, emerging urban health issues, public health emergencies, etc.
- \* Provide learning and best practices sharing opportunities to the community representatives/leaders in the regional healthy city forums.
- \* Develop IEC materials on healthy cities approach and HiAP with participation of communities, and disseminate them through different media platforms to create awareness among the general population of Thimphu Thromde.

## **B. URBAN DESIGN AND PLANNING: BUILDING FOR HEALTH AND WELL-BEING OF THE POPULATION OF THIMPHU THROMDE**

Urbanization-induced behavioural and lifestyle changes of people have tremendous effects on health and well-being. Urban residents tend to lead a sedentary lifestyle due to inadequate green and open spaces for physical activity and socialization, which is a risk factor for several noncommunicable diseases. Urban centers are flooded with unhealthy food products, which is the major cause of overweight and obesity, especially among children. The use of tobacco, alcohol and psychoactive drugs is high in cities, particularly their use among youth is rising, which can result in respiratory, cardiovascular, mental and other chronic diseases. Exposures to air pollutions and extreme weather events in cities can have detrimental effects on the health of their residents. Rising temperatures due to climate change can flourish vector-borne diseases.

Increasing urbanization of towns and cities puts a huge pressure on their resources, particularly on housing, transport systems, infrastructure, electricity supply, food, water and sanitation facilities, and other public services. Such situations exacerbate the living conditions of people in cities, eventually resulting in poor health and well-being. Since health conditions of people primarily depend on the social, economic and environmental factors in the living environment, understanding how urban planning approaches can address these issues of built environments that determine health and well-being in one way or the other is essential. Urban planning policies and strategies can directly influence most of the risk factors for non-communicable diseases, much of which are not within the control of individuals. The case in point is the sedentary lifestyle of the urban dwellers, which is largely due to the lack of their access to safe spaces for walking and cycling and their heavy dependence on private motorized transport systems. Otherwise, improving people's access to green spaces and walking or cycling facilities will undoubtedly reduce air pollution, road traffic congestions and accidents, and avert ill-health and deaths attributed by physical inactivity.



Nonetheless, risk factors that cities seem to harbour can be turned into benefits by improving urban planning. Any city can be a source of health and well-being if it is planned and managed well. Indeed, a city should be seen as a health promoting platform. Urban planning influences urban forms and functions, and determines the distribution of the density of populations and the consumption of limited resources like food, water, energy, infrastructure and land. A well thought-through urban planning can build and transform a place into a city that is compact, integrated, connected, socially inclusive, capable of fostering sustainable development and resilient to climate change. All of these would in the long run lead to improving the living conditions of the city dwellers. As a consequence, people would reap a better living standard, a good health and overall feelings of well-being. Urban planning is a health enhancing process. Therefore, health should be considered an urban planning issue.

The Thimphu Structure Plan (2002-2027) is the blueprint for designing and developing Thimphu Thromde. The HCAP through its strategic approach and means will facilitate the implementation of some sub-components of the revised TSP that directly support a healthy living. Integration of health and well-being into urban planning policies and strategies of Thimphu Thromde can add values to the existing efforts being made to create an exemplary city that promotes active living, healthy diets, universal access to safe drinking water and sanitation services, energy efficient buildings, sustainable mobility, and connected and socially viable neighbourhoods.

### Budget summary

Strategic action areaB: Urban design and planning - building for health and well-being of the population of Thimphu Thromde.	Budget outlay (Nu. in million)
▪ Strategic objective 2.1	281.220
▪ Strategic objective 2.2	25.550
▪ Strategic objective 2.3	138.260
<b>Total amount</b>	<b>445.030</b>

**Strategic Objective 2.1:** Promote urban design and planning for built environments that enable the population of Thimphu Thromde to adopt healthy thoughts, behaviours and actions.

Year-wise budget summary for SO 2.1 (Nu. in million)					Total Amount
2022	2023	2024	2025	2026	
21.600	67.570	64.950	62.950	64.150	281.220

**Strategic Outcome 2.1.1:** Fostered commitments of key stakeholders to pursue healthy cities and sustainable approaches to urban planning, and invest more in improving access to essential urban services that promote people of Thimphu Thromde to lead healthier lifestyles.

**Key activities:**

- \* Formulate a people-centric and health-integrated urban planning guideline based on the ‘International guidelines on urban and territorial planning handbook’ (UN-Habitat, 2018), ‘WHO health and housing guidelines’ (WHO, 2018) and ‘Integrating health in urban and territorial planning: A sourcebook’ (2020).
- \* Develop an advocacy strategy based on the concepts of SDH and healthy cities approach to enable and influence planners and professionals at the MoWHS and Thromde to apply a “health lens” to urban planning in the following essential urban services:
  - » Safe and clean drinking water and sanitation facilities
  - » Adequate, affordable and safe housing
  - » Safe and healthy food
  - » Integrated transportation system
  - » Green spaces and recreational facilities
  - » Better road conditions and maintenance
  - » Cultural and religious services
  - » Access to health and education services

- \* Promote walkability of places, physical activities and social interactions by:
  - » Developing friendly pedestrian footpaths with street furniture and lights and connected with surrounding urban areas in selected neighbourhoods aligning with the needs of the TSP.
  - » Supporting the development of cycling lanes as reflected in the revised TSP.
  - » Establishing recreational facilities in coordination with relevant sectors, including the private sector.
  - » Upgrading and maintenance of open air gyms.
  - » Designate smoking areas in CFM, public parks, and sports complex.
- \* Disseminate evidence-based messages to raise public awareness on linkages between health and urban development through various social and mainstream media.

***Strategic Outcome 2.1.2: Integrated health and well-being components into the TSP through technical, financial and coordination support, ensuring healthy, inclusive and sustainable urban development.***

**Key activities:**

- \* Advocate for investing more in sustainable development strategies that have positive health impacts in the following areas, but not limited to:
  - » Sustainable urban design (compact, multi-use development)
  - » Use of clean and renewable energy sources (solar/wind energy, hydropower)
  - » Incorporation of green technology (waste treatment system, electric vehicle, solar power)
  - » Waste and pollution reduction strategies
  - » Sustainable transportation and mobility
  - » Protection and restoration of habitats
  - » Neighbourhoods development
  - » Implementing greening strategies
  - » Recreational and open spaces within the neighbourhoods

- \* Promote inclusive urban planning:
  - » Relocating squatter settlements from vulnerable areas to safer zones where they can easily access public services, especially health, education and public transport services.
  - » Improving the living conditions of existing squatter settlements.
  - » Improving the accessibility of public toilets, footpaths and other infrastructure for PWD.
  - » Support the sub-component activities of the TSP as relevant to the HCAP.
- \* Carry out an assessment of the costs and health impacts of urban (TSP) policies and plans using a Health Economic Assessment Tool (HEAT).

**Strategic Objective 2.2:** Accelerate collaborative efforts in improving access to safe drinking water and sanitation, and waste management services.

Year-wise budget summary for SO 2.1 (Nu. in million)					Total
2022	2023	2024	2025	2026	Amount
21.600	67.570	64.950	62.950	64.150	281.220

**Strategic Outcome 2.2.1:** Improved quality of water, sanitation and waste management practices in accordance to the national and international standards/guidelines in coordination with relevant agencies.

**Key activities:**

- \* Conduct assessment of the quality of water, sanitation and waste management practices in coordination with the MoWHS, NEC and MoH.
- \* Set up mobile public toilets and drinking water fountains in the strategic locations as part of promoting healthy public places.
- \* Assess the functionality of existing public toilets and water supply system.
- \* Assess the capacity of existing sewer pipes and recommend a low cost sewerage treatment plant for LAPs.
- \* Carry out a study on the extent of non-revenue water wastage (NRW).
- \* Conduct a study on the quality of ambient air in Thimphu Thromde.

**Strategic Outcome 2.2.2:** *Enhanced capacity of Thimphu Thromde in delivering safe drinking water and sanitation, and proper waste management services.*

**Key activities:**

- \* Update existing guidelines on air quality, water safety and sanitation practices.
- \* Train relevant professionals on water, sanitation and waste management standards and guidelines.
- \* Train inspectors and supervisors on monitoring of water, sanitation and waste management services.

**Strategic Objective 2.3:** *Formulate and scale up health promoting interventions in schools, health care facilities, work and other places to enable the communities of Thimphu Thromde to make informed choices and engender healthy practices.*

Year-wise budget summary for SO 2.2 (Nu. in million)					Total Amount
2022	2023	2024	2025	2026	
17.790	3.630	3.130	0.500	0.500	25.55

**Strategic Outcome 2.3.1:** *Designed, promoted and implemented Thromde level healthy setting initiatives.*

**Key activities:**

- \* Scale up health promoting schools (HPS) in Thromde ensuring the complete implementation of the HPS package, which includes clean-up campaigns, zero waste practices, micronutrients supplements, green day meal, hand hygiene, annual health checkups, promotion of physical activities, health education on substance abuse, mental health, adolescent reproductive and sexual health, etc.
- \* Promote health care facilities as healthier and environmentally responsible workplaces serving as a role model for other workplaces, focusing on medical waste management, adopting medical technologies that use clean energy sources, infrastructure with natural lighting and ventilation, green surroundings, and the satellite clinics accessible by public transport routes complemented by footpath and cycling routes.

- \* Advocate for rehabilitating centenary farmers market as part of promoting healthy market place (clean drinking water, adequate sanitation facilities, high standard waste management practices, promotion of healthy food, etc.)

**Strategic Outcome 2.3.2:** *Ensured safe work places for workers in the construction, automobile workshop, fuel station, hospitality and other informal sectors.*

Key activities:

- \* Conduct health risk assessments at vulnerable work places.
- \* Train employers and workers on the occupational health and chemical safety.
- \* Conduct occupation safety simulation, drills and health screening.
- \* Develop and display a safety signage at all work places.
- \* Collect data on work place injuries and accidents as part of Thromde health information system.
- \* Request the MoLHR expressing the need for labour officer post at Thromde to oversee the welfare of labour workforce.

**Strategic Outcome 2.3.3:** *General public and enforcement agencies made aware of the importance of the enforcement of laws, regulations and standards that have direct or indirect effects on the health and well-being of the population.*

Key activities:

- \* Develop and disseminate IEC materials through print and electronic media on the following issues:
  - » Building rules and regulations pertaining to the health and safety of the occupants.
  - » Air quality guidelines
  - » Labour and Employment Act (2007)
  - » The Tenancy Act of Bhutan (2012)
  - » Smoke-free public places, including all offices, market places, parks, bus stations, taxi stands, etc.
  - » National policy for persons with disabilities (2019)

- » Noise and emission standards
- » Environment Impact Assessment
- » Food labelling standards
- » Water, sanitation, hygiene and waste management policies and standards
- \* Create awareness on the harmful effects of unhealthy food products available in the market, and advocate for community support to reduce their consumptions, particularly among the children and youth.
- \* Conduct awareness activities on inclusive policies/programmes and issues of people with disabilities, gender-based violence, youth crime, etc.

## **C. HEALTH EQUITY<sup>XI</sup> : STEPPING UP INVESTMENTS IN INSTITUTIONS AND SYSTEMS FOR INCLUSIVE, ACCESSIBLE AND RESILIENT Thimphu Thromde**

In general, socioeconomically disadvantaged and marginalized populations, especially youth, children, women, workers in informal sectors, elderly and people with disabilities, in cities face higher health and other risks compared to those who are socially and economically better off. These groups of city dwellers have reduced access to job opportunities, quality housing, healthy food and safe drinking water and sanitation, while at the same time they are increasingly exposed to pollutions, occupational hazards and other health risks. Therefore, the urban planning strategies must consider the specific needs of the vulnerable populations as they are the ones who are disproportionately affected by the decisions taken by the policy-makers and urban planners by adhering to the principles of inclusiveness and intending to leave no one behind.

Globally, as well as in Bhutan, the people in the cities were the first ones to take the brunt of the Covid-19 pandemic, epidemiologically, socially, economically and also in terms of access to public services, including medical care services. It is, therefore, critical that cities stay prepared to respond to emerging health and other crisis.

The health-integrated urban planning will not only foster healthy lifestyles but also promote social cohesion and connectedness by providing opportunities to people from all walks of life for more social and human interactions.

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<sup>XI</sup> Health inequity is differences in health among groups of people because of their social, economic, geographical and demographical standings, or other stratifiers (gender, ethnicity, disability, etc.). Health equity is achieved only when every person has the opportunity to attain his/her full potential without being disadvantaged from achieving it due to his/her socioeconomically determined circumstances.



Strategic action area C: Health equity – stepping up investments in institutions and systems for an inclusive, accessible and resilient Thimphu Thromde.	Budget outlay (Nu. in million)
▪ Strategic objective 3.1	14.300
▪ Strategic objective 3.2	3.800
▪ Strategic objective 3.3	17.570
<b>Total amount</b>	<b>35.670</b>

**Strategic Objective 3.1:** Reinforce a shared vision for social cohesion and health equity with the commitment to leave no one behind.

Year-wise budget summary for SO 3.1 (Nu. in million)					Total Amount
2022	2023	2024	2025	2026	
4.700	2.700	1.500	2.900	2.500	14.300

**Strategic Outcome 3.1.1:** Generated scientific evidence to support a people-centric and all-inclusive local actions to promote health equity.

**Key activities:**

- \* Conduct studies on the existence of health inequities among the vulnerable and unreached dwellers of Thimphu Thromde using internationally validated tools.
- \* Assess existing policies, programmes and on-going interventions that support enabling built environments for elderly and people with disabilities.

**Strategic Outcome 3.1.2:** Engaged relevant sectors, CSOs and communities in understanding the health implications of urban policies and plans through common platforms.

**Key activities:**

- \* Advocate for increasing inter-sectoral communications and collaboration among the healthy city partners to address common issues that crisscross all sectors, such as gender, PWD, climate change, emergencies, etc.

- \* Establish healthy city platforms (HC dashboard and HC forum) to hold a discourse periodically among professionals and communities of diverse backgrounds representing different sectors and sections of society on any emerging concerns and best practices taking place within Thimphu and in other global cities.

**Strategic Objective 3.2:** *Enhance knowledge and awareness of policy-makers and relevant sectors on an inclusive and responsive urban planning with a focus on vulnerable population.*

Year-wise budget summary for SO 3.2 (Nu. in million)					Total Amount
2022	2023	2024	2025	2026	
0.900	1.300	1.000	0.300	0.300	3.800

**Strategic Outcome 3.2.1:** *Promoted policy and programme interventions of Thromde that are aimed at making Thimphu a women-, children-, elderly-, PWD- and gender-friendly city.*

**Key activities:**

- \* Conduct a study on the accessibility of existing public spaces (parks and recreational facilities) to vulnerable groups.
- \* Build capacity of relevant professionals on the social and public housing, salutogenic approach to urban planning, built environment and public health, etc. focusing on the needs of low-income and socially vulnerable populations.
- \* Advocate among policy-makers and urban planners for designing an urban landscape that is children-, elderly-, gender- and PWD-friendly, which improves the access of vulnerable groups to public facilities in the built environments.
- \* Advocate for promoting Thimphu Thromde as a smart city, which is capable of addressing the challenges of climate change, disaster, waste management, urban poverty and other emerging urban issues through its inclusive and holistic approaches.

**Strategic Objective 3.3:** Strengthen systems to prepare and respond to public health and other emergencies.

Year-wise budget summary for SO 3.2 (Nu. in million)					Total Amount
2022	2023	2024	2025	2026	
4.270	2.400	2.600	2.300	6.000	17.570

**Strategic Outcome 3.3.1:** Put in place measures to prevent and mitigate public health and other emergencies.

**Key activities:**

- \* Develop an emergency response plan for Thimphu Thromde in line with the national disaster management framework and other emergency preparedness guidelines.
- \* Develop an emergency communications plan to keep a clear line of communications and directions for immediate actions.

**Strategic Outcome 3.3.2:** Enabled institutions, partners and community members to respond to emergencies collectively focusing on vulnerable populations.

**Key activities:**

- \* Train civil society organizations, institutions and communities to recognize and respond to specific needs of people with disabilities, women and girls, and vulnerable population in times of public health emergencies.
- \* Develop MISP plan to deliver emergency amenities to vulnerable groups.
- \* Train emergency team/health professionals/volunteers on MISP as per the Thromde emergency response preparedness plan.
- \* Develop and disseminate advocacy materials on health and other emergencies and how to prevent and respond to them collectively as one community.

## RESULT FRAMEWORK FOR HCAP

### VII. Alignment of HCAP with the local, national and global goals and targets

The HCAP is formulated to address the current and emerging urban health issues in Thimphu Thromde. Setting indicators and targets to determine the medium-term impact of HCAP interventions as part of monitoring process is essential. The result framework describes what the implementation of the HCAP is expected to achieve in measurable terms within a five-year time period. The HCAP indicators reflect not only the priorities of the Thromde but also their crucial linkages to national and global goals and targets. It will show to what extent Thimphu Thromde has been successful in advancing multi-sectoral coordination and collaboration through its strategic actions in urban governance, urban planning for health, and strengthening systems and institutions for health equity. In effect, the progress achieved through the HCAP would be effectively tracked, monitored, recorded and reported.

The result framework will help Thromde conduct its monitoring and evaluation activities with its lead and collaborating sectors in a systematic approach. Most activities will have a joint monitoring programme, which will enable all relevant sectors to engage in monitoring of HCAP activities objectively and efficiently. Under the broad MNE framework of the government, Thromde in collaboration with relevant partners will conduct annual, midterm and project completion reviews. In addition, Thromde will keep stock of the best practices, and share its experiences and lessons learnt of implementing the HCAP with other towns and cities within Bhutan and in the region.

The aspirations of the HCAP are closely aligned with several national key result areas of the 12<sup>th</sup> FYP and the mission statements of major sectors that it is affiliated to, as well as the UN Sustainable Development Goals, particularly the goal number 11. Implementation of the HCAP is one of the many actions that Thimphu Thromde and its partners will undertake with the main intention of addressing and fulfilling the health needs and well-being of its population. As 'health' holds a mutual interest of all other sectors/partners due to its cross-sectoral in nature, the HCAP will provide a common platform to relevant stakeholders to form an alliance, take

actions collaboratively and contribute collectively towards achieving their shared goal.

**12<sup>TH</sup> FYP'S NATIONAL KEY RESULT AREAS (NKRAS):**

- \* NKRA 5: Healthy ecosystem services maintained.
- \* NKRA 8: Water, food and nutrition security ensured.
- \* NKRA 14: Healthy and caring society enhanced.
- \* NKRA 15: Livability, safety and sustainability of human settlements improved.

**THROMDE'S MISSION:**

- \* To provide affordable, equitable, efficient municipal services and facilities.
- \* To promote Bhutanese socio-culture, economy, environmental image and financial sustainability of the Thromde.

**TSP'S VISION:**

Thimphu: A dream city of all Bhutanese that is culturally vibrant, environmentally sustainable and above all people friendly.

**MoH'S MISSION:**

- \* To provide quality healthcare services.
- \* To prevent, control, eliminate and eradicate diseases.
- \* To rehabilitate and promote healthy living.
- \* To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services.

**MoWHS'S MISSION:**

- \* To provide safe, reliable and sustainable infrastructure for human settlement and transportation towards balanced regional development embodying the Bhutanese values.

## **SUSTAINABLE DEVELOPMENT GOALS (SDGS):**

- \* SDG 3: Good health and well-being.
- \* SDG 10: Reduced inequality.
- \* SDG 11: Sustainable cities and communities.
- \* SDG 13: Climate action.
- \* SDG 17: Partnerships to achieve the goal.

## **VIII. Healthy City indicator and targets**

In absence of data on the health profile of Thimphu city dwellers, it is challenging to set baseline and target indicators for most of the HCAP strategic outcomes. Existing sources of data on health, urban planning and environment are, firstly, sparse, and, secondly, not disaggregated by Thromde. The baseline data used in this document for Thimphu Thromde are mostly from the TSP review report and the NSB publications. Hence, the majority of the targets set for the output and outcome indicators are qualitative in nature, and tentative at best. In any case, correlating the positive health effects of decisions and actions taken by various sectors in a short span of time will be difficult to substantiate. Owing to this, the focus of the HCAP should be more on output level indicators, which can be tracked, monitored and maintained on an annual basis, than on outcome/impact level indicators that are complex to measure in a five-year period. As and when the reports of the National Health Survey (being conducted currently) and other healthy city-related studies become available, some of the baselines and targets will be revised and updated in due course of time.

**URBAN GOVERNANCE: ADVANCING MULTI-STAKEHOLDER DECISION-MAKING AND ACTIONS FOR HEALTH AND WELL-BEING**

**SO 1.1: Strengthen a shared governance for improving health and well-being of the population of Thimphu.**

**Outcome: 100% of the members and representatives of the governing body, Thromde Tshogde and other stakeholder supported the integration of health and well-being into Thromde policies and plans.**

Strategic Outcomes	Output indicators	Means of verification
<ul style="list-style-type: none"> <li>▪ Enhanced effective functioning of a high level multi-stakeholder governing body and the Thromde Tshogde for promoting, amongst other priorities, health and well-being through good governance.</li> <li>▪ Enabled the members of the governing body, the Thromde Tshogde and other partners of health in discerning public issues of Thimphu Thromde through a health lens.</li> </ul>	<p>Indicator: Number of policy/ programme issues screened through a health lens in a year. Baseline – No Target – Minimum 2 per year</p> <p>Indicator: Availability of Thromde health data in DHIS2. Baseline – No Target – Yes</p>	<ul style="list-style-type: none"> <li>▪ Minutes of the governing body meetings.</li> <li>▪ Quarterly Thromde Tshogde meeting reports.</li> <li>▪ City health profile data in DHIS2</li> </ul>

Strategic Outcomes	Output indicators	Means of verification
<p><b>SO 1.2:</b> Leverage multi-sectoral efforts to mainstream health in the Thromde plans and programmes, including the revised TSP, and sustain coordination and collaboration among the partner agencies.</p>		
<p><b>Outcome:</b> 100% of relevant sectors and partners at Thromde considered 'health and well-being' in their policies, plans and programmes.</p>		
<ul style="list-style-type: none"> <li>▪ Established mechanisms to integrate health through the adoption of the healthy cities approach using the HiAP tool.</li> <li>▪ Enabled relevant sectors and institutions in Thimphu Thromde to identify shared goals, optimize co-benefits, enhance partnerships, and reduce negative health consequences inadvertently arising from their policy decisions and actions.</li> </ul>	<p>Indicator: Designate THO as a secretariat to HCCC for smooth management of the implementation of HCAP. Baseline: No Target: Yes</p> <p>Indicator: Formed a healthy city coordination committee (HCCC) Baseline: No Target: Yes</p> <p>Indicator: Percentage of sectors and partners trained on SDH/HCA/HiAP Baseline: NA Target: 100%</p>	<ul style="list-style-type: none"> <li>▪ Records of setting up of a HCCC secretariat.</li> <li>▪ Records of formalizing HCCC with ToRs.</li> <li>▪ Training records/ reports on SDH/HiAP</li> </ul>



Strategic Outcomes	Output indicators	Means of verification
<b>SO 1.3:</b> Empower the communities to engage in the governance process of Thromde.		
<b>Outcome:</b> <i>At least one agenda item on 'health and well-being' in every Thromde Tshogde</i>		
<ul style="list-style-type: none"> <li>Enabled communities to contribute towards creating healthy policies and programmes for Thimphu Thromde.</li> </ul>	<p>Indicator: Percentage of community leaders and representatives of CSOs and private sector trained on SDH/HiAP/HCA                      Baseline: NA                      Target: 100%</p>	<ul style="list-style-type: none"> <li>Training reports on SDH/HiAP</li> <li>Minutes of Tshogde meetings.</li> </ul>

## URBAN DESIGN AND PLANNING: BUILDING FOR HEALTH AND WELL-BEING OF THE POPULATION OF THIMPHU

**SO 2.1: Promote urban design and planning for built environments that enable the population of Thimphu Thromde to adopt healthy thoughts, behaviours and actions.**

**Outcome: Improved health outcomes of Thromde's population as a result of healthy urban planning.**

Strategic Outcomes	Output indicators	Means of verification
<ul style="list-style-type: none"> <li>▪ Fostered commitments of key stakeholders to pursue a healthy cities and sustainable approach to urban planning, and invest more in improving access to essential urban services that promote people of Thimphu Thromde to lead healthier lifestyles.</li> <li>▪ Integrated health and well-being components into the TSP through technical, financial and coordination support, ensuring healthy, inclusive and sustainable urban development.</li> </ul>	<p>Indicator: Number of neighborhoods plans (as per the revised TSP) implemented. Baseline: NA Target: &gt;2 by 2026</p> <p>Indicator: Number of new low-income housing units built. Baseline: 1093 Target: &gt;13% by 2026</p> <p>Indicator: Number of squatter settlements* relocated. Baseline: NA Target: &gt;2 by 2026</p> <p><i>*[Squatter settlement in Bhutan is generally understood as a small group of sub-standard housing structures illegally built on public land either by government agencies to accommodate their low-grade workers, or by private individuals.]</i></p>	<ul style="list-style-type: none"> <li>▪ Reports of Thromde and MoWHS on TSP implementation.</li> <li>▪ Survey reports</li> </ul>

Strategic Outcomes	Output indicators	Means of verification
	<p>Indicator: Number of recreational facilities. Baseline: 112 Target: Based on the TSP target.</p> <p>Indicator: PM 2.5 (µg/m<sup>3</sup>) concentration of Thimphu Baseline – 16.95(2019 data) Target – Current status sustained</p> <p>Indicator: Street light along roads (%) Baseline – 69% Target – &gt;80%</p> <p>Indicator: Green coverage rate of built environment (%) Baseline – 23.1% [E1, E2, E3, G1, G2, and existing parks and open spaces not included in the above mentioned precincts] Target – 30%</p> <p>Indicator: Proportion of Thimphu residents taking part in physical activities meeting the WHO recommended hrs/week. Baseline: NA Target: Increase by 50%</p>	

Strategic Outcomes	Output indicators	Means of verification
<p><b>SO 2.2:</b> Accelerate collaborative efforts in improving access to high quality drinking water, sanitation and waste management services.</p>		
<p><b>Outcome:</b> <i>Reduced the morbidities caused by water-, sanitation- and waste-related.</i></p>		
<ul style="list-style-type: none"> <li>▪ Improved the quality of water, sanitation and waste management practices in accordance to the national and international standards/ guidelines in coordination with relevant agencies.</li> <li>▪ Enhanced capacity of Thimphu Thromde in delivering safe drinking water, efficient sanitation and waste management services.</li> </ul>	<p>Indicator: Percentage of professionals trained on monitoring drinking water, sanitation and waste management services. Baseline – NA Target – &gt;80%</p> <p>Indicator: Percentage of HHs aware of waste segregation at homes. Baseline – NA Target – 100%</p> <p>Indicator: Proportion of HHs supplied with safe drinking water. Baseline – 69% (rest are private or community water supply) Target – 100% (Thromde water supply)</p> <p>Indicator: Number of functional toilets in public spaces. Baseline – 17* Target – 30 *2 managed by private individual</p> <p>Indicator: Number of drinking water fountains in public spaces. Baseline – 0 Target – 10</p> <p>Indicator: Proportion of HHs segregated waste at source. Baseline – NA Target – Increase by &gt;80%</p>	<ul style="list-style-type: none"> <li>▪ Thromde and MoWHS records and survey reports.</li> <li>▪ NEC reports</li> <li>▪ NSB publications</li> </ul>

Strategic Outcomes	Output indicators	Means of verification
<p><b>SO 2.3:</b> Formulate and scale up health promoting interventions in schools, health care facilities, work and other places to enable the communities of Thimphu Thromde to make informed decisions and engender healthy practices.</p>		
<p><b>Outcome:</b> <i>Improved health indicators at schools, health care facilities and workplaces.</i></p>		
<ul style="list-style-type: none"> <li>▪ Designed, promoted and implemented Thromde level healthy setting initiatives.</li> <li>▪ Ensured safe workplaces for workers in the construction, automobile workshop, fuel station, hospitality and other informal sectors.</li> <li>▪ General public and enforcement agencies made aware of the importance of the enforcement of laws, regulations and standards that have direct or indirect effects on the health and well-being of the population.</li> </ul>	<p>Indicator: Number of HPS. Baseline – 0 Target – All schools under Thromde</p> <p>Indicator: Number of thromde health center piloted for HPH. Baseline – 0 Target- 1</p> <p>Indicator: Health risks assessments carried for vulnerable work places. Baseline – No Target – Yes</p> <p>Indicator: Proportion of overweight children in schools. Baseline – NA Target – Reduced by 20%</p> <p>Indicator: Prevalence of tobacco use among youth. Baseline – NA Target – Below national average</p> <p>Indicator: Prevalence of alcohol use among young people. Baseline – NA Target – Below national average.</p>	<ul style="list-style-type: none"> <li>▪ Various survey reports and records at Thromde and Ministries.</li> <li>▪ NSB publications</li> </ul>

Strategic Outcomes	Output indicators	Means of verification
	<p>Indicator: Coverage of occupational health examination (%).                      Baseline - NA                      Target - &gt;80%</p> <p>Indicator: Health literacy level (%).                      Baseline - NA                      Target - &gt;50%</p>	

**HEALTH EQUITY: STEPPING UP INVESTMENTS IN INSTITUTIONS AND SYSTEMS FOR AN INCLUSIVE, ACCESSIBLE AND RESILIENT Thimphu Thromde**

**SO 3.1: Reinforce a shared vision for social cohesion and health equity with the commitment to leave no one behind.**

**Outcome: *Garnered commitments and support of policy-makers, planners, communities and partners in achieving the shared goal of leaving no one behind.***

Strategic Outcomes	Output indicators	Means of verification
<ul style="list-style-type: none"> <li>▪ Generated scientific evidence to support a people-centric and all-inclusive local actions to promote health equity.</li> <li>▪ Engaged relevant sectors, CSOs and communities in understanding the health implications of urban policies and plans through common platforms.</li> </ul>	<p>Indicator: Evidence on health inequities generated Baseline: No Target: Yes</p> <p>Indicator: Platforms to discuss issues and best practices on healthy city initiatives established. Baseline – No Target – Yes</p>	<ul style="list-style-type: none"> <li>▪ Reports on health inequities</li> <li>▪ Report on establishments of platforms (HC dashboard, HC forum, etc.)</li> </ul>

Strategic Outcomes	Output indicators	Means of verification
<b>SO 3.2:</b> Enhance knowledge and awareness of policy-makers and relevant sectors on an inclusive and responsive urban planning with a focus on vulnerable population.		
<b>Outcome:</b> >80% of relevant policies/plans/programmes/projects of Thimphu Thromde had targetson, or indications that benefitted vulnerable populations.		
<ul style="list-style-type: none"> <li>Promoted policy and programme interventions of Thromde that are aimed at making Thimphu a women-, children-, elderly-, PWD- and gender-friendly city.</li> </ul>	<p>Indicator: Evidence on the accessibility of public spaces (parks and recreational facilities) designed for vulnerable population generated. Baseline – No Target – Yes</p> <p>Indicator: No. of policy-makers and officials trained on/made aware of inclusive and responsive urban planning. Baseline: No Target: 100</p>	<ul style="list-style-type: none"> <li>Study reports</li> <li>Training/ awareness workshop reports</li> </ul>
<b>SO 3.3:</b> Strengthen systems to prepare and respond to public health and other emergencies.		
<b>Outcome:</b> Enabled institutions, agencies and communities in Thimphu Thromde to respond to public and other emergencies.		
<ul style="list-style-type: none"> <li>Put in place measures to prevent and mitigate public health and other emergencies.</li> </ul>	<p>Indicator: Thromde emergency response preparedness plan revised and updated. Baseline – No Target – Yes</p> <p>Indicator: No. of officials from relevant sectors trained on managing emergencies with special focus on vulnerable populations. Baseline – NA Target – 100</p>	<ul style="list-style-type: none"> <li>Emergency response preparedness plan in place.</li> <li>Training reports</li> </ul>



Strategic Outcomes	Output indicators	Means of verification
<ul style="list-style-type: none"> <li>▪ Enabled institutions, partners and community members to respond to emergencies collectively focusing on vulnerable populations.</li> </ul>		

As and when the city health profile data become available through strengthening the DHIS at the Thromde level, Thimphu Thromde could consider monitoring, measuring and keeping track of the impact level indicators, as below:

- \* Life expectancy
- \* Maternal mortality ratio
- \* Infant mortality rate
- \* Prevalence of diabetes
- \* Prevalence of cardiovascular diseases
- \* Prevalence of cancer
- \* Prevalence of obesity among children
- \* Incidence of water/sanitation related diseases
- \* Incidence of HIV/HipB/TB

## WORKING MODALITY

### IX. Work responsibility and coordination mechanism

The overall custodian of the HCAP will be Thimphu Thromde under the leadership and stewardship of the Thrompon and Executive Secretary. The governing body and Thromde Tshogde will provide the policy and strategic directions to the sectors and other stakeholders of Thimphu Thromde for the effective coordination and implementation of the HCAP. The Thromde Health Office (THO), under the policy and technical guidance of the Healthy City Coordination Committee (HCCC), will manage and oversee the operationalization of the HCAP project. THO will serve as the secretariat to the HCCC, and primarily be responsible for liaising with other Thromde sectors, ministries, CSOs and urban communities to garner their sustained commitments and partnerships in realizing the HCAP targets set to be achieved by 2026.

In order to facilitate the execution of the HCAP activities in a coordinated, mutually amenable and efficient manner, under the directives of the Thrompon, a Memorandum of Understanding (MoU) will be signed among the collaborating sectors/partners. The MoU will broadly outline the activities and a coordination and reporting mechanism.

In coordination with the THO, as agreed and reflected in the MoU, the specific sector heads at Thromde will lead and roll out the relevant activities under each strategic objective (SO) of the HCAP. The HCCC will be convened quarterly, and on the need basis whenever any technical or even conflicting issues arise, requiring to hold in-depth discussions, make decisions and take actions immediately. As a part of learning and capacity building program, all sectors will participate in the exchange forums like a healthy city forum and a healthy city conference, as well as in the development of HiAP and community advocacy tools.

Facilitated by the THO, the sectors/partners will develop and conduct a joint supervisory and monitoring programme to leverage limited resources and synergize

collective efforts. The work plans will be reviewed, revised and updated based on the outcomes of the annual monitoring exercise that will be carried out every year. In 2024 and 2026, there will be a midterm review and the project completion review respectively.

**Summary table on the engagement of partners in the implementation of HCAP SOs.**

Strategic Action Area	SOs	Collaborating Partners	
		Task lead by	Collaborate with
<b>A: Urban governance</b>	SO1.1	THO	MoH, MoWHS, GNHC, community
	SO1.2	THO	MoH, MoWHS, NEC, RSTA
	SO1.3	THO	MoH, CSOs, private sector
<b>B: Urban</b>	SO2.1	TUPO	MoWHS, NEC, MoH, RCDC
<b>design and planning</b>	SO2.2	TEO/TES	MoWHS, MoH, NEC
	SO2.3	THO	MoH, MoE, MoLHR, MEA, YDF, TEO, HCF, CSOs, Associations
<b>C: Health equity</b>	SO3.1	THO	MoH, NCWC, CSOs, community
	SO3.2	TUPU	MoWHS, MoH, NEC,
	SO3.3	THO	MoHCA, MoH, JDWNRH, CSOs, community, Police, media

THO=Thromde Health Office;  
 TUPO=Thromde Urban Planning Office;  
 TEO=Thromde Env. Office;  
 TES=Thromde Engineering Services;  
 TOE=Thromde Education Office;  
 HCF=health care facilities.

**X. HCAP implementation matrix**

The Healthy City Action Plan (2022-2026) will be rolled out as per its implementation matrix. This matrix will help the Thromde break down the HCAP into annual plans, mobilize human and financial resources, allocate budget appropriately, identify its collaborating partners, and implement the HCAP in full force to realize its goal and targets by 2026.

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners	
			2022	2023	2024	2025	2026			
<b>URBAN GOVERNANCE: ADVANCING MULTI-STAKEHOLDER DECISION-MAKING AND ACTIONS FOR HEALTH AND WELL-BEING.</b>										
SO_1: Strengthen a shared urban governance for improving health and well-being of the population of Thimphu Thromde	<p><b>Strategic Outcome 1.1.1:</b> Enhanced effective functioning of a high level multi-stakeholder governing body and the Thromde Tshogde for promoting, amongst other priorities, health and well-being through good governance.</p>	<ul style="list-style-type: none"> <li>Assisted the governing body &amp;Thromde Tshogde through technical &amp; financial inputs.</li> <li>Reviewed policies/ guidelines on the existing decision-making bodies.</li> <li>Conducted high level advocacy programmes.</li> <li>Provided data to the Thromde policy-makers and planners.</li> <li>Conducted annual reviews and appraised the governing body and the Thromde Tshogde.</li> <li>Evaluated the HCAP project.</li> <li>Developed policy briefs and appraised decision-makers.</li> <li>Conducted capacity building activities using the HIAP tool.</li> <li>Set up a Thromde health information system.</li> </ul>	■	■	■	■	■	THO	MoH, GNHC, MoF	
			■	■	■	■	■	■	■	TT
	<p><b>Strategic Outcome 1.1.2:</b> Enabled the members of the governing body, the Thromde Tshogde and other partners of health in discerning public issues through a health lens.</p>		■	■	■	■	■	■	THO	MoH, MoWHS
			■	■	■	■	■	■	■	THO

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners
			2022	2023	2024	2025	2026		
SO_1.2: Leverage multi-sectoral efforts to mainstream health in the Thromde plans and programmes, including the revised TSP, and sustain coordination and collaboration among the partner agencies	<p><b>Strategic Outcome 1.2.1:</b> Established mechanisms to integrate health through the adoption of the healthy cities approach using the HiAP tool.</p>	<ul style="list-style-type: none"> <li>Established a Healthy City Coordination Committee (HCCC).</li> </ul>						MoH	
		<ul style="list-style-type: none"> <li>Designated THO as a secretariat to the HCCC.</li> </ul>						MoH, MoWHS	
		<ul style="list-style-type: none"> <li>Developed the HiAP training modules.</li> </ul>						MoH	
		<ul style="list-style-type: none"> <li>Trained relevant sectors/agencies on HiAP modules.</li> </ul>						MoH	
		<ul style="list-style-type: none"> <li>Disseminated health indicators /information/ progress reports.</li> </ul>						MoH	

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners
			2022	2023	2024	2025	2026		
		<ul style="list-style-type: none"> <li>Trained health professionals on social determinants of health.</li> </ul>	█	█				MoH	
		<ul style="list-style-type: none"> <li>Conducted exchange programmes in the region.</li> </ul>	█	█	█			MoH, MoWHS	
		<ul style="list-style-type: none"> <li>Integrated HIA into SIA to screen policies &amp; programmes.</li> </ul>	█	█				MoH, MoE, NEC, communities	
		<ul style="list-style-type: none"> <li>Introduced SDH/HiAP in the national university courses.</li> </ul>	█	█	█			RUB, KGUMSB	
		<ul style="list-style-type: none"> <li>Conducted studies on the co-benefits of investing in health.</li> </ul>	█	█	█			MoH, MoWHS	
		<ul style="list-style-type: none"> <li>Carried out health literacy survey in Thimphu.</li> </ul>	█	█	█			MoH	
	<p><b>Strategic Outcome 1.2.2:</b> Enabled relevant sectors and institutions in Thimphu Thromde to identify shared goals, optimize co-benefits, enhance partnerships, and reduce negative health consequences.</p>								

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners
			2022	2023	2024	2025	2026		
SO_1.3: Empower the communities to engage in the governance process of Thromde.	<b>Strategic Outcome 1.3.1:</b> Enabled community to contribute towards creating healthy policies and programmes for Thimphu Thromde.	<ul style="list-style-type: none"> <li>Trained communities, CSOs, private sector on SDH/HiAP.</li> <li>Trained communities on analyzing urban health issues.</li> <li>Shared best practices in the regional forums.</li> <li>Developed IEC materials on HCA and HiAP.</li> </ul>	■	■	■			MoH, CSOs, Private sector	
			■	■	■	■		MoH, communities	
			■	■	■	■		MoH, communities	
			■	■	■	■		MoH, MoWHS	
<b>URBAN PLANNING AND DESIGNING: BUILDING FOR HEALTH AND WELL-BEING OF THE POPULATION OF THIMPHU</b>									
SO_2.1: Promote urban planning and designing for built environments that enable the population of Thimphu Thromde to adopt healthy thoughts, behaviours and actions.	<b>Strategic Outcome 2.1.1:</b> Fostered commitments of key stakeholders to pursue healthy cities and sustainable approaches to urban planning, and invest more in improving access to essential urban services that promote people of Thimphu Thromde to lead healthier lifestyles.	<ul style="list-style-type: none"> <li>Formulated a people-centric and health-integrated urban planning guideline.</li> <li>Developed an advocacy strategy for urban planners.</li> <li>Promoted walkability of places, physical activities and social interactions.</li> <li>Disseminated evidence-based messages to raise public awareness.</li> </ul>	■					MoWHS, MoH, GNHC	
			■	■				MoH, MoWHS, private sector	
			■	■	■	■		MoH, MoWHS	
			■	■	■	■		MoH, MoWHS, CSOs, communities	

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners	
			2022	2023	2024	2025	2026			
SO_2.2: Accelerate efforts in improving access to quality drinking water, sanitation and waste management services.	<b>Strategic Outcome 2.1.2:</b> Integrated health and well-being components into the TSP through technical, financial and coordination support, ensuring healthy, inclusive and sustainable urban development.	<ul style="list-style-type: none"> <li>Advocated for investing more in strategies that have positive health impacts.</li> <li>Promoted inclusive urban planning.</li> <li>Carried out HEAT assessment on the policies and plans of Thromde.</li> <li>Assessed the quality of water, sanitation and waste management practices.</li> <li>Set up mobile public toilets and drinking water fountains.</li> <li>Assessed the functionality of public toilets/water supply.</li> <li>Assessed the capacity of sewer pipes.</li> <li>Carried out a study on non-revenue water wastage (NRW).</li> <li>Conducted a study on quality of ambient air in Thimphu.</li> </ul>	█	█				THO	MoH, CSOs, private sector	
			█	█	█			TT	MoWHS, MoH, NLC, CSOs	
				█	█			TT	MoH, NSB	
			█	█				TT	NEC, RCDC, MoH, MoWHS	
					█	█		TT	MoWHS, MoH	
	<b>Strategic Outcome 2.2.1:</b> Improved quality of water, sanitation and waste management practices in accordance to the national and international standards/guidelines in coordination with relevant agencies.					█				
				█	█				TT	MoWHS, MoH
					█	█			TT	MoH, MoWHS
				█	█				TT	NEC, MoWHS
						█	█		TT	NEC, MoWHS



Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners
			2022	2023	2024	2025	2026		
	<b>Strategic Outcome 2.2.2:</b> Enhanced capacity of Thimphu Thromde in delivering safe drinking water and sanitation, and proper waste management services.	<ul style="list-style-type: none"> <li>Updated existing guidelines on air quality, water safety and sanitation practices.</li> <li>Trained relevant professionals on water, sanitation and waste management standards.</li> <li>Trained inspectors/supervisors on monitoring of water, sanitation and waste management services.</li> </ul>	█	█				NEC, MoH, MoWHS	
			█	█				TT	NEC, MoH, MoWHS
SO_2.3: Formulate and scale up health promoting interventions in schools, health care facilities, work and other places to enable the communities of Thimphu Thromde to make informed choices and engender healthy practices.	<b>Strategic Outcome 2.3.1:</b> Designed, promoted and implemented Thromde level healthy setting initiatives.	<ul style="list-style-type: none"> <li>Scaled up health promoting schools (HPS) in Thimphu.</li> <li>Promoted health care facilities as healthier &amp; environmentally responsible workplaces.</li> <li>Advocated for rehabilitating centenary farmers market.</li> </ul>		█	█	█	█	MoE, MoH, YDF	
				█	█	█		THO/TEO	MoH, MoWHS, NEC
				█				MoH, MoEA, BCCI	

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners
			2022	2023	2024	2025	2026		
	<p><b>Strategic Outcome 2.3.2:</b> Ensured safe work places for workers in the construction, automobile workshop, fuel station, hospitality and other informal sectors.</p>	<ul style="list-style-type: none"> <li>Conducted health risk assessments at vulnerable work places.</li> </ul>						TT	MoH, MoLHR, CSOs, Private sector
		<ul style="list-style-type: none"> <li>Trained employers and workers on the occupational health and chemical safety.</li> </ul>						TT	MoH, MoLHR, CSOs, Private sector
		<ul style="list-style-type: none"> <li>Conducted occupation safety simulation, drills and health screening.</li> </ul>						TT	MoH, MoLHR, CSOs, Private sector
		<ul style="list-style-type: none"> <li>Developed a safety signage at all work places.</li> </ul>						TT	MoLHR, CSOs, Private sector
		<ul style="list-style-type: none"> <li>Collected data on work place injuries and accidents.</li> </ul>						TT	MoLHR, MoH
		<ul style="list-style-type: none"> <li>Expressed the need for a labour officer post at Thromde.</li> </ul>						TT	MoLHR
		<ul style="list-style-type: none"> <li>Disseminated IEC materials acts, regulations &amp; guidelines.</li> </ul>						THO	
		<ul style="list-style-type: none"> <li>Created awareness on the unhealthy food products.</li> </ul>						TT	MoH, MoFA
		<ul style="list-style-type: none"> <li>Conducted awareness activities on inclusive policies/programs, and issues of PWD, GBV, youth crime, etc.</li> </ul>						TT	MoH, Police, NCWC, CSOs, communities
		<p><b>Strategic Outcome 2.3.3:</b> General public and enforcement agencies made aware of the importance of the enforcement of laws, regulations and standards that have direct or indirect effects on the health and well-being of the population.</p>							

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners
			2022	2023	2024	2025	2026		
<b>HEALTH EQUITY: STEPPING UP INVESTMENTS IN INSTITUTIONS AND SYSTEMS FOR AN INCLUSIVE, ACCESSIBLE AND RESILIENT THIMPHU THROUGHDE</b>									
SO_3.1: Reinforce a shared vision for social cohesion and health equity with the commitment to leave no one behind.	<b>Strategic Outcome 3.1.1:</b> Generated scientific evidence to support a people-centric and all-inclusive local actions to promote health equity.	<ul style="list-style-type: none"> <li>Conducted studies on health inequities among the vulnerable population.</li> <li>Assessed interventions that support enabling environments for elderly &amp; PWD.</li> <li>Advocated for increasing inter-sectoral communications and collaboration among the healthy city partners.</li> <li>Establish healthy city platforms (HC dashboard and HC forum).</li> </ul>						MoH, CSOs, Private sector	
								TT	MoH, MoWHS, MoLHR, CSOs, Private sector
								TT	MoH, MoWHS
SO_3.2: Enhance knowledge and awareness of policy-makers and relevant sectors on an inclusive and responsive urban planning with a focus on vulnerable population.	<b>Strategic Outcome 3.2.1:</b> Promoted policy and programme interventions of Thromde that are aimed at making Thimphu a women-, children-, elderly-, PWD- and gender-friendly city.	<ul style="list-style-type: none"> <li>Conducted the access of public spaces to vulnerable groups.</li> </ul>						MoH, MoLHR, MoWHS, CSOs, Private sector, communities	
								THO	MoH, MoLHR, MoWHS, CSOs, Private sector, communities
								TT	MoH, MoWHS, CSOs, Private sector

Strategic Objective	Strategic Outcome	Key Output	Timeline					Lead agency	Collaborating partners
			2022	2023	2024	2025	2026		
		<ul style="list-style-type: none"> <li>Built capacity of relevant professionals on the social and public housing.</li> </ul>						TT	MoWHS, MoH
								TT	MoWHS, MoH, CSOs, communities
								TT	MoWHS, MoIC, CSOs, Private sector
SO_3.3: Strengthen systems to prepare and respond to public health and other emergencies.	<p><b>Strategic Outcome 3.3.1:</b> Put in place measures to prevent and mitigate public health and other emergencies.</p>	<ul style="list-style-type: none"> <li>Advocated for designing an urban landscape that is children-, elderly-, gender- and PWD-friendly.</li> <li>Advocated for promoting Thimphu as a smart city.</li> </ul>						TT	MoH, MoWHS, NEC, MoHCA
								TT	MoH, MoWHS,
								TT	MoH, MoWHS,
	<p><b>Strategic Outcome 3.3.2:</b> Enabled institutions, partners and community members to respond to emergencies collectively focusing on vulnerable populations.</p>	<ul style="list-style-type: none"> <li>Trained stakeholders to recognize and respond to specific needs of vulnerable population during emergencies.</li> <li>Developed MISP plan to deliver emergency amenities to vulnerable groups.</li> <li>Trained professionals/volunteers on MISP.</li> <li>Disseminated advocacy materials on health and other emergencies.</li> </ul>						TT	MoH, MoWHS, NEC, MoHCA
								THO	MoH, NCWC, MoE, CSOs
								THO	MoH, MoWHS, MoHCA
								THO	MoH, MoWHS, CSOs, communities

## BUDGET OUTLAY

### XI. Budget summary

A total budget of over Nu. 508 million is estimated for the HCAP project to roll out its proposed activities by Thimphu Thromdein the next five years (2022-2026). Of the total estimate, more than 87 percent of it is allocated to the strategic action area on improving urban planning and supporting some critical infrastructure components of the revised TSP that are relevant to the healthy city goals and targets. However, all the action areas are interrelated, and inadvertently contribute to the realization of common healthy city outputs and outcomes. Among the Strategic Objectives (SOs), the majority of the total budget is allocated to the SOs focusing on the urban planning for health (55%) and the promotion of healthy settings (27%). The SOs on urban governance and health equity emphasize the importance of strengthening institutional mechanisms and frameworks (software component), which accounted for about 13% of the total budget. Overall, there is a fair distribution of financial resources based on the priorities of the Thromde.

<b>I. URBAN GOVERNANCE: ADVANCING MULTI-STAKEHOLDER DECISION-MAKING AND ACTIONS FOR HEALTH AND WELL-BEING</b>	<b>Budget estimate (Nu. in million)</b>
Strategic Objective 1.1: Strengthen a shared governance for improving health and well-being of the population of Thimphu.	5.567
Strategic Objective 1.2: Leverage multi-sectoral efforts to mainstream health in the Thromde plans and programmes, including the revised TSP, and sustain coordination and collaboration among the partner agencies.	12.744
Strategic Objective 1.3: Maximize the engagement of communities in the governance process of Thromde.	9.877
<b>Total amount for urban governance</b>	<b>28.188</b>

<b>II. URBAN DESIGN AND PLANNING: BUILDING FOR HEALTH AND WELL-BEING OF THE POPULATION OF THIMPHU</b>	<b>Budget estimate (Nu. in million)</b>
Strategic Objective 2.1: Promote urban design and planning for built environments that enable the population of Thimphu Thromde to adopt healthy thoughts, behaviours and actions.	281.220
Strategic Objective 2.2: Accelerate collaborative efforts in improving access to high quality drinking water, sanitation and waste management services.	25.550
Strategic Objective 2.3: Formulate and scale up health promoting interventions in schools, health care facilities, work and other places to enable the communities of Thimphu Thromde to make informed decisions and engender healthy practices.	138.260
<b>Total amount for urban planning</b>	<b>445.030</b>
<b>III. HEALTH EQUITY: STEPPING UP INVESTMENTS IN INSTITUTIONS AND SYSTEMS FOR AN INCLUSIVE, ACCESSIBLE AND RESILIENT THIMPHU THROMDE</b>	<b>Budget estimate (Nu. in million)</b>
Strategic Objective 3.1: Reinforce a shared vision for social cohesion and health equity with the commitment to leave no one behind.	14.300
Strategic Objective 3.2: Enhance knowledge and awareness of policy-makers and relevant sectors on an inclusive and responsive urban planning with a focus on vulnerable population.	3.800
Strategic Objective 3.3: Strengthen systems to prepare and respond to public health and other emergencies.	17.570
<b>Total amount for health equity</b>	<b>35.670</b>
<b>Grand total (Nu.)</b>	<b>508.888</b>

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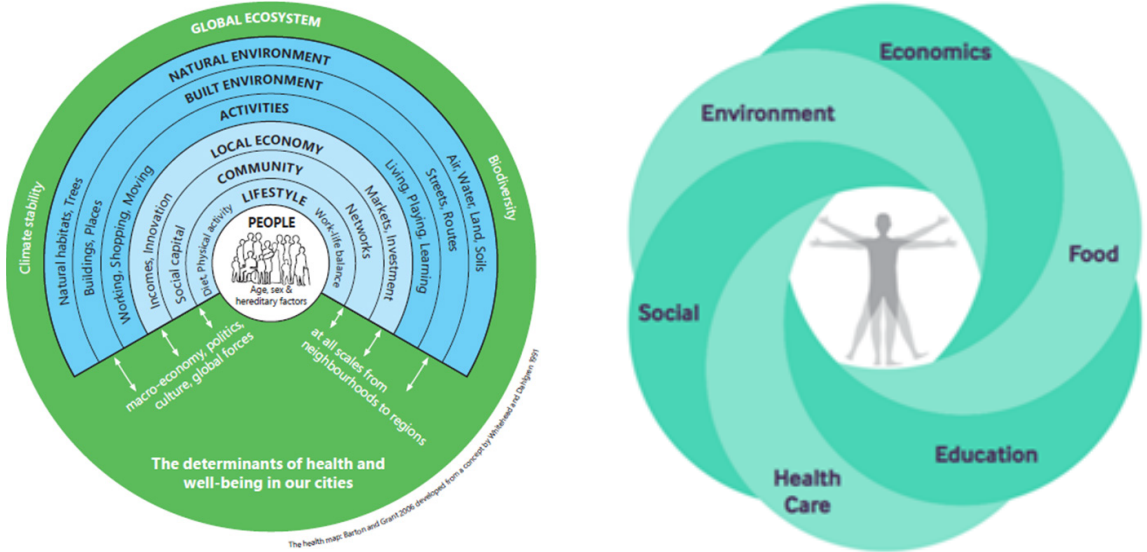
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## ANNEXURE

### Annexure 1: Determinants of health and well-being in human habitation



### Annexure 2: Health conditions/risks and the areas of interventions

Risk factor/injury	Areas of interventions
Physical inactivity	Facilities at workplace, travel modes, transport infrastructure, urban land-use patterns (residential / transportation / public buildings / commercial / industrial), availability of and accessibility to safe and suitable parks and open spaces.
Hypertension	Environments not enabling physical activity, unsafe public space and outdoor environments, urban noise, commuting to work places or educational institutes.
Road traffic injuries	Design of roads, land-use planning, traffic congestions where there are infrastructure projects, prioritization of pedestrians and cycling, public transport.
Falls	Public transport, open space environments, safety at houses and work places.

NCDs	Areas of interventions
Cancers	Household air pollution, UV radiations and chemicals, second-hand tobacco smoke, facilities for physical activity.
Cataracts	Household air pollution
Cardiovascular diseases	Household and ambient air pollution, second-hand smoke, exposure to lead and stressful working condition including commuting.
COPD	Household and ambient air pollution
Asthma/allergies	Air pollution, second-hand tobacco smoke, indoor exposure to mold and dampness,
Type II diabetes	Environmental factors favoring physical activity and consumption of healthy food.
Mental, behavioral and neurological disorders	Floods, earthquakes and fires (linked to housing, flood management, climate change); forced resettlement (e.g. through development projects); noise (leading to insomnia); poor air quality and odours; open, green and public spaces.
Musculoskeletal diseases	Prolonged sitting at work (or commuting); need to carry large quantities of water or firewood over significant distances for domestic use.
Congenital anomalies	Mother's exposure to second-hand smoke, chemicals.
Drowning	Community and occupational safety around water bodies and water

CDs	Areas of interventions
Diarrhoeal diseases/ intestinal nematodes	Water, sanitation, hygiene, and management of waste water for irrigation.
Respiratory illnesses and infections	Household and ambient air pollution, hand washing, housing improvements.
Malaria, dengue	Environmental modification and manipulation to reduce vector breeding sites by managing water bodies around the house, removing stagnated water, adequate waste management.
Trachoma, chagas disease, filariasis, Schistosomiasis, Onchocerciasis, Leishmaniasis,	Safe water supply, sanitation, modification of drainage and waste water ponds, housing management, clean environment, agricultural practices.
Tuberculosis	House ventilation to reduce transmission
Hepatitis A and E	Clean and safe water supplies, sanitation, food hygiene.

### Annexure 3: Increase in populations of Thromdes between PHCB 2005 and 2017

Urban Area	Dzongkhag	Population (Thousands)		
		2005	2017	Change
Thimphu Thromde	Thimphu	79.2	114.6	35.4
Phuentsholing Thromde	Chukha	20.5	27.7	7.1
Paro Town	Paro	2.9	11.4	8.5
Gelephu Thromde	Sarpang	9.2	9.9	0.7
Samdrup Jongkhar Thromde	Samdrup Jongkhar	8.6	9.3	0.7

### Annexure 4: PHCB 2017 data on socioeconomic status of Thimphu Thromde

<p style="text-align: center;"><b>Demography:</b></p> <ul style="list-style-type: none"> <li>» 41.6% of total urban pop.</li> <li>» 82% of Thimphu dzongkhag pop.</li> <li>» About 3000 being added/year</li> <li>» Cross 200,000 by 2074</li> </ul>	<p style="text-align: center;"><b>Socio-economic:</b></p> <ul style="list-style-type: none"> <li>» 85.5% literacy rate</li> <li>» 86% HHs have smart mobile</li> <li>» 19.2% HHs own house/building</li> <li>» 99% HHs within 30 min to water source</li> <li>» 99% HHs use electricity for lighting</li> <li>» 80.2% HHs have flush toilets</li> </ul>
<p style="text-align: center;"><b>Health-related:</b></p> <ul style="list-style-type: none"> <li>» 1216 number of disabled pop.</li> <li>» 89.7% visited HCFs in the past one year</li> <li>» Reasons for not visiting:                             <ul style="list-style-type: none"> <li>* No time</li> <li>* No faith</li> <li>* Transportation problem</li> <li>* No money</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>» 2.3% HHs faced food insufficiency</li> <li>» 16.3% HHs share toilets with other HHs</li> <li>» 85 HHs use kerosene/firewood for lighting</li> <li>» 99 HHs use kerosene/firewood for cooking</li> </ul>

## **Annexure 5: 11 characteristics of a healthy city(Hancock T, Duhl L. Promoting Health in the Urban Context.WHO Healthy Cities Papers No. 1.)**

1. A clean, safe physical environment of high-quality (including housing quality);
2. An ecosystem that is stable now and sustainable in the long term;
3. A strong, mutually supportive and non-exploitative community;
4. A high degree of public participation in and control by the public over the decisions affecting their lives, health, and well-being;
5. The meeting of basic needs (food, water, shelter, income, safety and work) for all the city's people;
6. Access to a wide variety of experiences and resources, with the possibility of multiple contacts, interactions, and communication;
7. A diverse, vital and innovative city economy;
8. Encouragement of connectedness with the past, with the cultural and biological heritage, and with other groups and individuals;
9. A city form that is compatible with and enhances the above parameters and behaviours;
10. An optimum level of appropriate public health and sick-care services accessible to all;
11. High health status (both high positive health status and low disease status).





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