

# WHO REGIONAL HEALTHY CITIES NETWORK FOR SEAR MEMBERSHIP INSTRUCTION



## WHO Regional Healthy Cities Network for South-East Asia

'Inclusive and equitable health for all'

Issued by:

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

In collaboration with:

WHO Regional Office for South-East Asia (WHO SEARO)

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# WHO Regional Healthy Cities Network for South-East Asia (WHO SEAR HCN)

## 1. Purpose of this Instruction

This Membership Instruction establishes a **clear, transparent, and standardised framework** for managing membership in the WHO Regional Healthy Cities Network for South-East Asia (WHO SEAR Healthy City Network).

It is designed to:

- Provide clear guidance for cities and the general public
- Formalise application, accreditation, reassessment, and termination processes
- Ensure consistency, fairness, and institutional memory within the Network

Local governments interested in joining the WHO SEAR Healthy City Network are encouraged to complete the entire process within **6 months** from the commencement of application.

This document reflects the **latest application and accreditation process (as of December 2025)**.

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## 2. About the WHO SEAR Healthy Cities Network

The WHO Regional Healthy Cities Network for South-East Asia was established in **September 2022** by the WHO Regional Office for South-East Asia (WHO SEARO) as a regional platform to bring cities together to:

- Advocate for health and well-being
- Strengthen urban governance
- Build local capacity and evidence-based planning
- Promote peer learning and regional collaboration

The Network is implemented through the **Regional Laboratory on Urban Governance for Health and Well-being (UGHW)** in partnership with WHO SEARO and Department of Urban and Regional Planning, Faculty of Architecture, Chulalongkorn University.

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### 3. Eligibility Criteria

Cities applying for membership must meet **all** of the following criteria:

- Located within a WHO South-East Asia Region Member State
- Officially recognised as a city, municipality, town, or local government authority
- Holds administrative authority over urban policy and development
- Has formal endorsement from the **Mayor or Governor**

Note that cities with an urban population of less than 10,000 residents would be classified as *Healthy Communities* and populations of more than 10,000 residents as *Healthy Cities*.

At present, there are **no membership fees** for participation in the Network.

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### 4. Membership Status Categories

WHO Regional Healthy Cities Network for South-East Asia recognises **four (4) official membership statuses** only. These statuses reflect a city's level of commitment, progress, and completion within the Healthy Cities process.

#### 4.1 Acknowledgement of Commitment

**Definition:**

A city that has formally expressed its political commitment to the Healthy Cities approach and has started the application process.

**Minimum requirements:**

- Official **Letter of Commitment** signed by the Mayor or Governor
- Submitted **Form 1A** + Active engagement in the application process (forms in preparation or submission)

**Status meaning:**

- The city is officially **acknowledged by the Network** for its commitment to becoming a Healthy City
- The city is at an **early stage** of the process and has not yet completed technical assessments

Acknowledgement of Commitment is the **formal entry point** to the WHO SEAR Healthy Cities Network.

## 4.2 Affiliated Healthy City

### Definition:

A city that has completed the initial technical requirements and demonstrated readiness to align with the WHO SEAR Healthy Cities framework.

### Minimum requirements:

- Official **Letter of Commitment** signed by the Mayor or Governor
- Form 1A (General City Information)
- Form 1B (13 prioritised indicators)
- Supporting data and documentation

### Status meaning:

- The city is officially **affiliated** with the WHO SEAR Healthy Cities Network
- The city has established a basic City Health Profile
- The city is expected to actively work on the next steps toward full accreditation

## 4.3 Committed Healthy City

### Definition:

A city that has completed all requirements and developed concrete development efforts that foster health and well-being.

### Minimum requirements:

- Official **Letter of Commitment** signed by the Mayor or Governor
- Form 1A and Form 1B
- Form 2A (City Health Profile)
- Form 2B (Healthy City Development Plan)
- Supporting data and successful validation by UGHW and WHO SEARO

### Status meaning:

- The city is formally recognised as a **committed** Healthy City within the WHO SEAR Healthy Cities Network
- The city has developed strategic plans to advance health, equity, and urban governance and is committed to its implementation within two years

Committed Healthy Cities are further recognised by **Levels of Achievement (HC Level 1–3)** as described in Section 6.

## 4.4 Accredited Healthy City

### Definition:

A city that has completed all accreditation requirements and demonstrated improvement in health and well-being over two (2) years through concrete healthy city initiatives.

### Minimum requirements:

- Official **Letter of Commitment** signed by the Mayor or Governor
- 1st Form 1A and Form 1B
- 1st Form 2A (City Health Profile)
- 1st Form 2B (Healthy City Development Plan)
- Supporting data and successful validation by UGHW and WHO SEARO

After two years of implementing Healthy City initiatives:

- 2nd Form 1A and Form 1B
- 2nd Form 2A (City Health Profile)
- 2nd Form 2B (Healthy City Development Plan)
- Supporting data and successful validation by UGHW and WHO SEARO

### Status meaning:

- The city is formally **accredited** as a Healthy City within the WHO SEAR Healthy Cities Network
- The city has demonstrated measurable progress in health, equity, and urban governance

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## 5. Application Process

### 5.1 Step 1: Expression of Interest and Initial Application

Cities must submit the following documents:

- **Letter of Commitment** signed by the Mayor or Governor (mandatory)
- **Form 1A:** General City Information
- **Form 1B:** Self-assessment using 13 prioritised indicators
- Data support for Form 1B (documents, datasets, links, or official records)
- At least three (3) official photographs of the city
- Letter of support from a relevant organisation or civil society partner (if available)

Upon submission, the city is recognised as an **Affiliated Healthy City**.

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### 5.2 Step 2: City Health Profile Development

Cities proceed to develop a comprehensive **City Health Profile** by submitting:

- **Form 2A:** Assessment using all indicators across six domains
- Data support for Form 2A indicators

This stage may require extended coordination across municipal departments and partner agencies.

### 5.3 Step 3: Healthy City Development Plan

Based on WHO's 9 Healthy City Action Domains, cities must submit:

- **Form 2B: Healthy City Development Plan**

In alignment with the 9 Action Domains, cities need to identify priority actions, target populations, and implementation mechanisms.

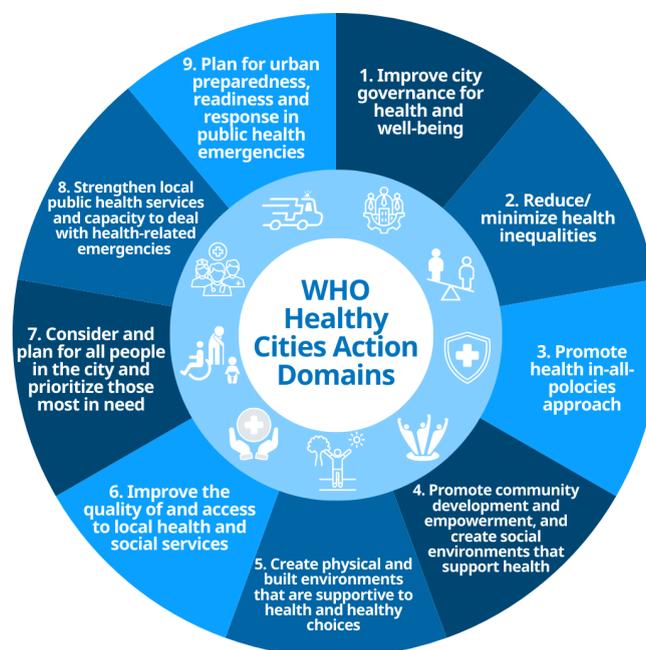


Figure: WHO's 9 Healthy City Action Domains

### 5.4 Step 4: Validation

- UGHW and WHO SEARO conduct a validation review of submitted documents
- Clarifications or revisions may be requested
- Upon successful validation, the city becomes a **Committed Member of the WHO SEAR Healthy Cities Network**

Accreditation is valid for **two (2) years**.

## 5.5 Step 5: Accreditation

After two (2) years, cities need to resubmit all forms for evaluation of the city's progress in health and well-being. Cities will be **accredited** based on improvements in the city's health and well-being.

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# 6. Recognition and Accreditation Levels

## 6.1 First-round Recognition

Cities may receive one of the following recognitions:

- **Affiliated Healthy City**  
*Form 1A + 1B + supporting data*
- **Committed Healthy City**  
*Form 1A + 1B + Form 2A + Form 2B + supporting data*

### Levels of Achievement for Committed Healthy Cities

Accredited Healthy Cities are further recognised according to their **total score (maximum 95 points)**<sup>1</sup>, with emphasis on the prioritised indicators in Form 1B.

- **HC Level 1:** 45–55 points
- **HC Level 2:** 56–70 points
- **HC Level 3:** 71–95 points

These levels reflect the **degree of achievement and development** of each city.

All recognised cities are officially acknowledged through UGHW communication channels.

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## 6.2 Reiterative Accreditation (Every 2 Years)

**Accreditation is improvement-based** and measured against the city's own baseline. Possible levels include:

- Budding Healthy City – encouraging improvement
  - Blooming Healthy City – significant improvement
  - Blazing Healthy City – high momentum
  - Evolved Healthy City – advanced leadership and maturity
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<sup>1</sup> Baseline of 95 points is constituted from: 65 points based on 13 indicators in Form 1B (maximum of 5 points per 5 levels for each indicator) + 30 points from the indicators across 5 main domains in Form 2A (5 points per domain with the points reflecting the average level, with double weightage for Governance domain)

## 7. Reassessment and Renewal

- Reassessment is required **every two (2) years**
- Cities must submit updated:
  - Form 1A (General City Information)
  - Form 1B (13 prioritised indicators)
  - Form 2A (45 indicators)
  - Form 2B (updated development plan)
  - Evidence of progress and data updates

Failure to submit reassessment materials may affect membership status.

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## 8. Inactive Membership and Non-Submission

### 8.1 Delayed or Incomplete Submissions

If a city fails to submit required documents within the reassessment cycle:

1. A formal written reminder will be issued
2. A **clear deadline of 90 days** will be set

### 8.2 Inactive Membership Status

Cities that do not comply within the specified timeframe may be designated as **Inactive Members**.

Inactive members:

- Are temporarily excluded from accreditation and recognition
  - May not represent themselves as active members of the WHO SEAR Healthy Cities Network
  - Will face termination if no action is taken within one year.
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## 9. Withdrawal and Termination of Membership

### 9.1 Withdrawal of Membership

Member cities can submit a written request to WHO SEARO and RL-UGHW at any juncture to withdraw from the Network.

### 9.2 Termination of Membership

Membership may be terminated if a city remains inactive for **one year**.

Termination decisions are made jointly by UGHW and WHO-SEARO and communicated formally in writing.

Cities whose membership has been terminated may reapply through the standard application process.

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## 10. Communication and Record-Keeping

All official communication related to:

- Application
- Validation
- Accreditation
- Reassessment
- Inactive status or termination

Shall be conducted in written form and archived by UGHW to ensure transparency, continuity, and accountability.

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## 11. Contact Information

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

Email: [contact@ughw.org](mailto:contact@ughw.org)

Website: <https://ughw.org/>

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*This Membership Instruction is a living document and may be updated as the WHO Regional Healthy Cities Network for South-East Asia Region evolves.*