

The Healthy Cities Movement in Kuching: Localizing WHO Guidelines Through Holistic Governance

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Abstract

Southeast Asia is a region with an impressive pace of urbanization and with increased health-related problems from urbanization. More countries have understood the importance of working with multifaceted angles to health. The multifaceted manner of understanding includes a developed approach to public policy and Asian studies. This thesis analyzes Healthy Cities projects in Kuching (Malaysia) through qualitative content analysis. The purpose of the thesis is to a) compare healthy city projects in Kuching with recommendations from the World Health Organization and b) analyze the projects from a theoretical framework of holistic governance. This is to exhibit the impact the projects have on Kuching society and the localization of a global movement. Holistic governance is a theoretical framework including three spheres of community-, economy- and ecological aspects. The projects are concerning SARS-CoV-2 pandemic management, local community projects and infrastructural projects.

The analysis displayed that most projects included recommendations and holistic governance, but that Kuching society would not benefit comprehensively from them. This display the limited consideration for healthy cities in a fully holistic manner as health projects are still outlined as individual health problems rather than improving the collective health. Aspects of the projects display a discrepancy in the localization.

Keywords: Asian studies; public health policy; holistic governance; World Health Organization; healthy cities movement; Malaysia

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1. Introduction

“Health is a state of complete physical, mental and social well-being
and not merely the absence of disease or infirmity.”

– Constitution of the World Health Organization, 1946

Pandemics have a tendency to highlight to the world how much public health issues are connected to politics. Currently (in 2022), the SARS-CoV-2 pandemic, is a reminder of this. One of the affected countries, Malaysia, displayed the ultimate political role in this health-related issue through the so-called Movement Control Order. This order was executed in 2020 by the National Security Council which was originally established in 1971 to manage policies related to national security. This means that from the early outbreak of the virus the Malaysian government was considering the pandemic to be not only a health problem but a threat to national security (Nurdin, Noveria, Shalih & Mardiah, 2022, p. 18). Pandemics are related to health on an overarching level, this means that there is no longer a certain concern for individuals but rather concern for the general public. This separates doctors from public health officials even as the two intend to help people in need. Doctors help individuals in care facilities while public health officials comprehend patterns in discomfort, sickness, illness and diseases (Kelly & Charlton, 1995, p. 78). Public health can on a fundamental level be divided into two sections, on the one hand, disease prevention and on the other hand health promotion. This thesis will focus on health promotion which is defined by the United Nation’s World Health Organization (hereinafter; WHO) as “[...] the process of enabling people to increase control over, and to improve, their health” (Andersson, & Ejlertsson, 2009, p. 23). This depicts how the world we live in now has a much more entwined understanding of health with politics compared to solely a hundred years ago (Andersson, & Ejlertsson, 2009, p. 27).

Research on health and public policy is not only a topic in academia during pandemics but it is consistently a topic in discussions for policy-makers. A prominent example of health in public policy is a city in Malay Borneo, Kuching situated in the state Sarawak. The two states on Borneo (Sarawak and Sabah) represent around 60% of Malaysia’s cumulative land area which highlights their importance to Malaysia (Carvalho, 2021). Kuching is the capital city of Sarawak with over 300 000 residents and is administratively divided into two, namely Kuching North and Kuching South. Kuching is simultaneously governed by the Sarawak state government. Kuching is a city with high level of urbanization and economic expansion which

has significance on societal development (Said, Daud, Esha, Majid, & Najib, 2017, p. 10). Considering the societal development and change of understanding of health's position with politics, Kuching joined *the healthy cities movement* in 1994 (WHO, 1996). The movement originated by WHO Regional Office for Europe together with the view on health promotion in governments and public policy. The movement highlights the importance of local initiatives to emphasize health in projects and that local governments are essential in the success of the projects (WHO, 1997, p. 7). The WHO Regional Office for Europe founded the concept of healthy cities by implementing several projects to be continuing for five years and the projects were then to be evaluated simultaneously as the same projects continued and new projects were implemented. This was the foundation for the movement – the continuing interest in improving health through a holistic framework (De Leeuw & Simos, 2017).

As over 20 years have passed since Kuching joined the movement, the WHO's Regional Office for the Western Pacific focus has continued with more reports including instructions on what the UN considers to be good practice in this movement (WHO, 2015). However, much of what has happened in Kuching is in correlation to the Healthy Cities Alliance (hereinafter; AFHC) that was established in 2003. The AFHC spreads awareness, hosts global conferences and awards prizes for well-accomplished projects or policies. Kuching has been awarded several times by the alliance and has been host to the conference twice (Healthy Cities Alliance, 2022). The relevance that the healthy cities movement has for the societal development of Kuching is of key significance for this thesis. This means that the manners in which the healthy cities movement has been comprehended and incorporated at local levels in Kuching (through the selected projects) display approaches in which health can generally be comprehended. This highlights the circumstances for Kuching, a local setting, to adopt certain aspects of health and it can display a general understanding of health in Malaysia. This can give indications for the status of health in public policy in Malaysia and thusly future benefits or risks for the population of Malaysia.

1.1. Purpose

The urbanization of East and Southeast Asia does not merely come with economic benefit but also dangers such as health risks. Cities with commuters and increased transportation of food/items into cities have led to increased health risks for the public. A few of the mentioned risks are increased spread of bacteria and zoonotic diseases which are mentioned as epitomizing

the vulnerability with overcrowding of humans in cities. Southeast Asia progresses at a rapid pace with cities and urbanization but lack of clean water, formal habitation for the population and other infrastructure needed in cities lead to increased health risks (Connolly, 2022). This thesis has this in consideration as health in Southeast Asian cities is complex and the responsibility that public policy has is presumed as crucial. The thesis is part of Asian studies as a global public health movement, the Healthy Cities Movement, is both translated and implemented in a local Asian setting (Holbig, 2015). Research within Asian studies has displayed a focus on the impact of environmental changes on health and human security. This also includes health-related issues such as malnutrition due to lack of income and poverty (Baird, 2011). Additionally, Asian studies has encompassed research on the political sphere of public health (Poon, 2013; Chatterjee, Fan, Ryu & Kim, 2021).

The purpose of this thesis is to compare implemented projects in Kuching within the healthy cities' contexts through the method of qualitative content analysis. The projects (primary data) are compared with a framework by WHO (regarding how projects within the healthy cities' movement should be established) and analyzed from the theory of holistic governance (to emphasize on the impact of the implementation for the Kuching society). This exhibits considerations for priorities of local resources and local understanding of health-related projects. This is due to the interest in comparing health-related projects to the framework established by WHO while the projects are tangible examples of governance. Some of the projects that Kuching implemented have in the past led to several awards and recognition in this international sphere for the city's dedication to the movement (Council of the City of Kuching South, 2021). This causes interest from an international perspective to understand what kinds of healthy city projects in Kuching are implemented to improve health and the connection to performances of governance.

The examination of the different projects within the healthy cities' movement in Kuching over the years will highlight where the state government and national government place their focus on health in a local context. The selected projects are in themselves a political decision where resources and personnel are intentionally placed, i.e. localization (Acharya, 2004), and that is interesting from an international perspective.

The research problem exists in the nexus of public policy, local government, and the international sphere such as the WHO. The WHO has expressed a lack of continuity within

parts of the healthy city community related to “[...] little commitment from public officials or stability of local coordinators [...]” (WHO, 2021). This highlights general issues with enforcing long-lasting projects within the civil service sector working with developing cities. Sustainability is regarding policies and the policies are related to healthy public policy, i.e. that public policies include awareness and responsibilities for the health of the general public (Naidoo & Wills, 2016, p. 4). The responsibilities of a government mean to protect the citizens from harm. The protection exists under the concept of *human security* which includes aspects such as protecting the citizens economic- and social wellbeing, physical safety and their human dignity (International Commission on Intervention and State Sovereignty, 2001).

The research questions are conventionally presented in this chapter but, due to the complexity of the topic and to provide the necessary contextual understanding of the area, they are presented under chapter 2.5.

1.2. Background

The concept of healthy cities comes from a post-modern worldview. This means that the concept of health is adapted into a post-modern understanding of health with a holistic mindset instead of the past exclusive “[...] biophysical view of illness [...]” (Davies & Kelly, 1993, p. 5). It’s emphasized that urbanization is occurring at such a rapid pace that by 2050 most likely seven out of ten people will be living in urban areas (WHO, 2011). As expressed in the introduction, urbanization and health are entwined in many ways. The postmodern view on health includes forsaking the notion of universal truths whilst keeping standards within the health community. Research within postmodern health highlights the benefits of discourse and the value of revealing knowledge from the construction of the question’s researchers investigate. Postmodern health is aware of power dynamics and how they can be of importance for understanding health-related issues, for example, if someone in a power position is unaware of a health issue among persons without power (Mannion & Small, 1999, p. 258).

Health promotion in healthy cities is divided into three; health as a positive concept, health as an ecological concept and inequalities of health. Health as a positive concept includes assessing health based on factors of the population’s “[...] physical, mental and social well-being or fitness” rather than death rates (Hancock, 1993, p. 16). Health as an ecological concept includes the political action through policies and project implementations of the type such as increased

traffic safety. The current work with health on an ecological level entails that there is an awareness of the importance of shelter, clean water and other aspects of importance to human health. The inequalities of health include identifying determinants of health and implementing investments to endorse positive health for the population which reduces inequalities (Hancock, 1993, p. 18).

Globally, more people live in urban areas than in rural settings. While cities offer many opportunities for employment and access to better services (health, education, social protection) that are necessary for good health and human development, cities can also pose unique health risks. In urban slums and smaller informal settlements, overcrowding and lack of access to safe water and sanitation contribute to the spread of infectious diseases such as tuberculosis (TB), for example. Rates of noncommunicable diseases (NCDs), violence, and mental illness are also often higher because of cities' social, built and food environments.

Quote: WHO, 2016, p. 1.

The quote above highlights what healthy cities are in the contexts of the UN Sustainable Development Goals and how healthy cities work together with the UN. It also epitomizes the importance that the healthy city movement has for public policy in Kuching (WHO, 2016).

2. Literature review

This chapter is divided on thematic subchapters; public health in policy-making, healthy cities and public health issues in Kuching/Sarawak. This is to highlight the nexus in academia where this thesis exists and combine other disciplines as this thesis involve topics that goes beyond one. The subchapter on public health issues in Kuching/Sarawak include much research with statistic on health issues which is important to understand the context of the projects. Then there is a thematic subchapter on where the thesis aims to be a part of filling the gap of knowledge. Lastly, this is the chapter presenting the research questions.

2.1 Public health in policy-making

The public's health relates currently not only to politics but to policy. Policies within health can be divided into two perspectives, either *health policy* or *public health policy*. The first perspective focus on the health-care sector and the policies regarding for example hospital care. Public health policy includes the intersectoral exertions with international, domestic and local focus (Tillgren, 2009, p. 191). This thesis focus on public health policy as it impacts public health in Kuching and following areas of focus are economics, civil society and environment.

Public health policies are bounded by capital, as many other aspects of the civic sphere, when they are discussed. Governments resources are not limitless, and prioritization has therefore a prominent role in the decision-making (Gerdtham, 2009, p. 320). Cost and effectiveness are only two financial aspects out of many which decisionmakers take in consideration for policies relating to public health (Greaves & McCafferty, 2017, p. 79). From an economic perspective does perceptive recourse allocation within public health policies lead to the population living more fruitful lives outside of the health-care sector. These fruitful lives do therefore lead to increased job opportunities for the population and therefore increased taxes/resources for the government. From a utility perspective, the economic perception of public health policies providing with satisfaction for the population, is quality of life also highlighted as of importance. A population with high levels of quality of life, e.g. high levels of education, are assumed to be more likely to provide more resources for the government (Santerre & Neun, 2012, p. 38).

Research on civil society organization's (CSOs) role in public health policies/projects entail that increased, positive engagement from CSOs lead to improved implementation of policies/projects. It is expressed that this involved manner of working from the CSO level with the population can lead to increased self-determination for individuals and improves decision-making (Blas et al., 2008, p. 1686). The self-determination and decision-making are part of the process by CSOs to improve quality of life for the civil society (Mccarthy & Knabe, 2012). CSOs have also been indicated to have a stronger influence in states with weaker welfare and then especially for vulnerable groups in the population such as persons with low-income (Olafsdottir, Bakhtiari & Barmna, 2014, p. 179). Environmental organizations and health are more and more entwined with actions that impact each other. It's highlighted that contemporary environmental groups have more influence on public health-related projects compared to before (Cardoso et al., 2022, p. 90).

As expressed earlier, the environment includes more health issues as climate change continues to progress. For example, areas that have been prone to flooding in the past are now accustomed to flooding or increased water levels. This impact street levels, roads and infrastructure and thus sequentially the population in the area. This influences urban planning as environmental factors are in consideration during construction and environmental factors become public health policy (Fields & Renne, 2021). The infrastructural aspect of road and traffic accidents are also a threat

to public health policies as 1.35 million persons die each year in an accident while up to 50 million suffers non-lethal injuries. If the projection of injuries continues as it stands deaths related to traffic accidents are going to be the fifth leading cause of death (Kaul & Altaf, 2022). In 2019, the reported road traffic fatalities in Malaysia had a rate of 22.5 per 100 000 population similar numbers have been reported for several years in a succession (WHO, 2022). The formation of infrastructure and their impact on health is noticed in academia as urban planning of cities has taken health in consideration. Aspects include for examples adequate water systems in cities, reducing air pollution and minimizing emissions of radiation are key features in public health policies (Capolongo et al., 2020, p. 331).

2.2. Healthy cities in academia

The urbanization of cities has an essential difference in public health as other health problems arise or deterioration of existing health problems. Public health issues related to cities are increases of mental health issues, substance abuse, health problems related to crimes etc. (Siri, 2016, p. 2). An extensive study on current public health problems, more specifically on the prevalence for obesity and overweight, highlighted that of the 180 countries researched (including Malaysia), none had a substantial decrease in obesity for over 30 years (Ng, et al., 2014, p. 777). Together with this public health problem has research been done to demonstrate how planned urbanization can decrease overweight through more walkable cities (Bai, et al., 2012, p. 466).

Research on healthy cities has entailed the different determinants for which health is composed by. WHO has defined determinants for health to be “[...] personal, social, economic and environmental factors [...]” These determinants are interchangeable between each other over time as they might not always have the exact same impact (WHO, 1998, p. 6). This means that the personal, such as lifestyles, intertwine with levels of education and employment positions. The different settings conclude to the health standard of the person (Takano & Nakamura, 2001, p. 263). Income volatily is for example highlighted as a social determinant that effect health as unpredictability is part of the reason for health-related decision-making (Basu, 2017, p. 1898). Healthy cities aim to improve all of the factors on a general level, this means that if as many of these determinants increase among the population, there is a likelihood that the population in general have better living conditions. However, not all healthy cities have the same determinants in a lower scale or the same health problems among their population. This means that every healthy city must focus on a local level of what actions that they must

implement to improve the health factors of their concern (Takano & Nakamura, 2001, p. 263). Social determinants of health are in particular expressed as the circumstances in which persons are born, how they evolve, flourish, make a livelihood and become elderly as well as the accelerant for the circumstances (Braveman & Gottlieb, 2014, p. 19).

Research on healthy cities has broad inclusion, from the political implications they have to the evidence-based outcome from the healthy cities' projects. The research on the political sphere entwines with that healthy cities includes systematically more groups and/or individuals compared to normal health projects. This leads to the political nexus in which healthy cities exists within when diverging interests or objectives can be at stake (O'Neill & Simard, 2006, p. 150). WHO made a report on the status of Kuching in 1996 and concluded with over 30 health-related issues (WHO, 1996) and other research that has been made displayed over 300 programs related to healthy cities and different partners (Kang, 2016, p. 551). It has been highlighted that projects within healthy cities should be executed with origin from local levels rather than that the top of a government (Roseland, 2005, p. 26). This is reinforced by the community-based initiatives in collaborations with healthy cities which emphasizes on villages development and empowerment of rural population (Mohammadi, Assai & ElFeky, 2017, p. 135). The localization of the projects highlights different issues in different regions such as the Healthy Cities Europe office has worked intensively with projects promoting active lives as sedentary positioning is a local threat (Faskunger, 2013; Pucher & Buehler, 2010). Healthy Cities in China has implemented projects on infrastructure to manage issues with air pollution and sanitation (Yang et al., 2018).

2.3. Public health issues in Kuching/Sarawak

Healthy cities have broad aims, that support the postmodern view on health, as they highlight the importance of the quality of life rather than quantity of life. Quality of life include growth for the population on environmental-, economic and social aspects. Public health problems create not only unsympathetic livelihoods but also wastes human potential. Human potential comes from the levels of quality of life (International Institute for Global Heath, 2018, p. 150). This relates to the postmodern view expressed under chapter 1.2.

Research on public health issues are not uncommon, especially not for Sarawak or Kuching. Diseases are divided into non-communicable diseases (NCDs) or communicable diseases

(CDs). General knowledge about NCDs includes that they represent over 70% of the deaths of the population in Malaysia (WHO, 2017). The most recent survey on NCDs in Malaysia indicated that 50.1% of the adults in Malaysia are obese or overweight, the prevalence for diabetes among adults has increased to 18.3% and the prevalence for high blood pressure is on 30% among adults. Other facts are that almost 22% of the children under 5 years are stunted, almost 30% of the women in childbearing age are anemic (often related to iron deficiency) and over 25% of the adults are physically inactive. NCDs also includes the fact that close to 95% of the population in Malaysia doesn't eat sufficient amounts of fruit or/and vegetables on a daily basis (Institute for Public Health, 2019). Iron deficiency has a negative impact on women of reproductive age, causing impaired cognitive abilities and decreased physical performance (Milman, 2015, p. 168). The overall prevalence of anemia was 21.3% and in Sarawak it was 23.9% in 2019 (Institute for Public Health, 2019).

Research on communicable diseases (CDs) includes that it is 2.5 higher times the odds for a specific, marginalized ethnic group of children in Sarawak under the age of 5 to suffer from diarrheal diseases, a condition occurring from untreated drinking water and can be fatal (Aziz et al., 2018, p. 1). By connecting untreated water to consumption is the superficial knowledge about food borne diseases, which kills almost 2 million persons annually worldwide, amongst food vendors in Kuching and the deadly food practices through the lack of knowledge present in Kuching (Rahman, 2012, p. 114). In 2019, Malaysia had almost 90 000 people living with HIV (PLHIV) and less than 0.5% of them were younger than 15 years. Out of those almost 90 000 PLHIV were 8.1% found in Sarawak. Due to an inadequate decline Malaysia has initiated a pilot program in 2020 to reduce stigma and awareness about HIV in the states with the highest number of newly infected, Sarawak being one of them (Suleiman, 2020, p. 8).

The two paragraphs above display that Kuching has problems with NCDs, more specifically with obesity (relates to diabetes and/or high blood pressure), malnutrition and sedentary lifestyles. Kuching has problems with CDs relating to unequal access to treated drinking water, lacking knowledge about food borne diseases among food vendors, higher levels of PLHIV as well as high stigma for HIV. There is therefore an assumption that among the health-related priorities in Kuching could these problems be part of the healthy cities' projects implemented. The assumption is based on the localization of the international movement. The local beliefs and practices in the setting of Kuching meets the international understanding of health where

the two concepts aim to improve the quality of life for the residents of Kuching (Acharya, 2004).

2.4. Gap in research

There is general research on healthy cities however it is greatly focused on Europe. There are evaluations of the healthy cities, but they express that the evaluations are incomplete as they have to exclude much information (Naidoo & Wills, 2016). This thesis aim to research the healthy cities projects in Kuching from a current perspective and with local understanding of localized priorities. The contemporary perspective includes that the projects for analyzation are modern and current (all are from 2021). The localized understanding aims to analyze the local setting in Kuching together with a global health movement as well as a theoretical framework on holistic governance.

2.5. Research questions

The selected research questions are presented here as they are based on much of the literature, keywords used within the topic and background understanding of these factors.

- *Are the local implementations of healthy city projects in Kuching in cohesion with the recommendations from the WHO and the theoretical framework of holistic governance?*
- *What does the localization of the projects indicate for the development of Kuching society?*

3. Concepts and theory

3.1. Sustainable management, long-term and localization as key concepts

The World Commission on Environmental and Development is often referred to as a guide for sustainable development with the definition as “[...] it meets the needs of the present without compromising the ability of future generations to meet their own needs” (Brundtland Commission, 1987). The thesis interprets sustainable management as “[...] the formulation, implementation, and evaluation of both environmental and socioeconomic sustainability-

related decisions and actions [...]” (Starik & Kanashiro, 2013, p. 12). This is a broad perspective to keep the inclusiveness that sustainability entails.

Followingly are a few key concepts that can be interpreted in different manners, this thesis will use the word *long-term* as a relative term as the healthy cities’ movement began as a project in Europe for a few cities to work on for five years in the ‘80s and still continues today. In Europe has the healthy cities projects been recommended to continue for five years, even as the strategic plans (comprehensive goals) are renewed each year (De Leeuw & Simos, 2017, p. 242). The timeframe for projects has differences in budget and resources allocated (Laverack, 2007, p. 273). *Local governments’* authority within sustainable management includes changes within for example infrastructure which has an impact on environmental- and socio-economic aspects (Starik & Kanashiro, 2013, p. 19). *Localization* is a crucial component of the projects as it entails the authority of norm-makers, in this instance government officials, and civil society. Through globalization can international practices be adopted in local culture, but it requires acceptance from both mentioned parties (Acharya, 2004). The local priorities for governance include occasionally rejecting global initiatives because corresponding problems in different parts of the world require different solutions (Szanton, 2004). Governance in local and sustainable settings is not always mutual as some decisions can be taken by the local government but not accepted by locals. An example to reduce the likelihood of diverging priorities is to incorporate full participation from society (Jabeen & Iqbal, 2010).

3.2. Holistic governance as theoretical framework

This theoretical framework will also be used in this thesis, a concept not confined to a certain researcher but to a general discussion in academia regarding public policy. One of the earliest academic texts regarding holistic governance, by professor Andrew Dunsire, highlights that the pioneering thought of holistic governance entails working with the society as a whole rather than individual departments of government (Dunsire, 1990, p. 19). In a more concise description of holistic governance – It is a theory that has been depicted to incorporate both vertical- and horizontal public policies which are meant to increase the private sector’s cooperation leading to improved services/commodities from public policies (Li & Ding, 2020). Dunsire uses the term governance rather than government due to the assumption that holistic governance not only keeps tranquility in society but also manages the state of affairs (Dunsire, 1990). Holistic governance aims to convey that fragmentation in the modern public policy

would not improve the services and thus is an integrated system with adjoining departments/collaboration partners is desired. Collaboration partners can at times be private establishments or other departments within the government (Gao, Song & Zhu, 2013). Adjoining departments include other departments besides the department on public health such as infrastructural or societal changes involving other departments' areas of expertise. Holism is of crucial essence due to the consequences of fragmentation of different aspects of public policy - which in modern society are connected such as health, education, and housing. The multipurpose local authority, such as local governments, are expressed as keys to the functioning of holism public policy (6, 1997).

This thesis will rely on governance as the current public sector works in symbiosis with private stakeholders (also expressed at times as collaboration partners). Governance will thus be a designation for a concept where the public works together with the private sector and society (Stoker, 1998; Li & Ding, 2020). Some potential issues are highlighted as the private sector might have different goals than the public sector. The issues include lacking mechanisms for such as transparency, openness, and disclosures (Young, 2013; Young & Thyil, 2008).

Holistic governance strives to identify and remove inconsistencies in public policies and projects/practices. This is through successful interdependence within governance networks between departments, private stakeholders, and communities (society). The theory is expressed to be demanding a “[...] strong government, strong markets and a strong society (including families and communities), as well as basic acknowledgment, trust and cooperation between them in the relevant public affairs” (Zhan & Xizhe, 2020, p. 193). This highlights the complexity of the modern society with the modern public policy system as symbiosis within local governance includes coordination between agencies (Zhan & Xizhe, 2020; Shuzhuo, Zijuan, & Feldman, 2013). For example, the welfare support by the public sector is expressed to be working in a synergic manner with different social systems to maximize the best usage of resources and functions in the public as well as a private sphere (Zhan & Xizhe, 2020).

Holistic governance does take into consideration different approaches to health promotional projects. Health promotional programs are either a) concentrated on improving health through promoting healthy habits, physical activity, and alteration of dietary preferences which manages health problems rapidly such as obesity (Laverack, 2012). This approach moves prominence away from political issues regarding the causal health determinants established from poverty

and incapability (Laverack, 2012; Labonte & Laverack, 2008). These approaches have therefore been interrelated to disease prevention and change of habits but do not naturally manage comprehensive political and empowerment-related concerns. Other health promotional projects b) do however consider the comprehensive causal reasons of incapability around local problems such as low income, inadequate housing, and abuse among youth (Laverack, 2012).

Littlewood and While (1997, p. 111) highlight the theorizing regarding public policy, development, and local governments by displaying different keywords in spheres. For sustainable management are economy, community, and the environment expressed as cornerstones in the decision-making of public policy. The authors do however express that local government can be in conflict with the different spheres as policies and/or projects in one sphere can sometimes be opposing another sphere. It's emphasized that the first key to uniting the three spheres is strongly local, and community responsibilities (Littlewood & While, 1997). Another term is holism, thus holistic governance, as local governments using this framework have fundamentally more effective decision-making (Littlewood & While, 1997). Holism and local responsibilities are essential due to much of the expressed dangers are a) fragmentation and b) decreased authority within local governments. The reduced authority is connected to the dangers of a reduced number of tools for local governments to work within their local communities (Littlewood & While, 1997).

Littlewood and While (p. 115) express both benefits and disadvantages of collaborations between public-private stakeholders as mentioned earlier. The benefits include rapid and progressive projects with short-term goals. The disadvantages are expressed as the lack of long-term projects with a focus on locality and private stakeholders might not prioritize the time to include all the three spheres. However, with time an increasing number of projects indicated to have more strategic underlying goals with a focus on locality. The illustration below highlights the encompassment of holistic governance with three thematic spheres; community, economy, and ecology (Littlewood & While, 1997).

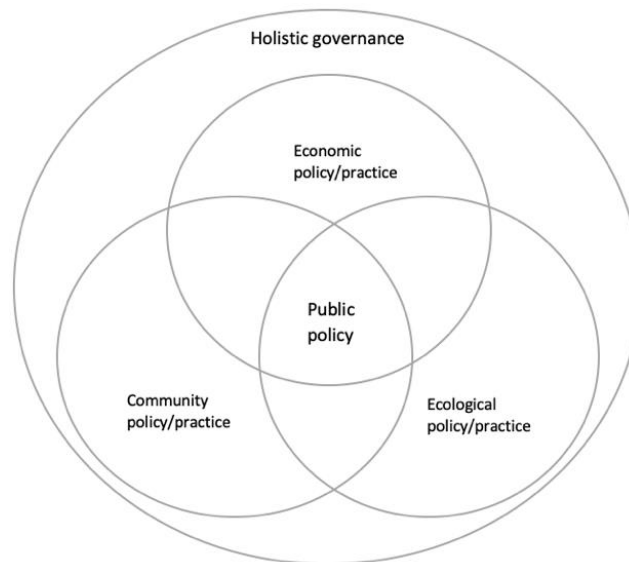


Figure 1: Adaptation based on Littlewood and While, 1997, p. 112.

This theory has been selected for its interrelation with the thesis topic and the purpose of the thesis. The thesis topic is regarding the localization of health in an urban society. The perception is exhibited through the public knowledge about local health-related problems in Kuching (statistics) and the selected implementations for health-related projects. The purpose is to display seven tangible examples of local governance (health-related projects) and compare the projects with a framework written by the WHO as well as analyze the projects with the theory. The theory establishes a viewpoint of Kuching society as a whole that includes the social-, financial- and environmental spheres of society. Health-related projects and public policy in Kuching are not implemented in the local society in a vacuum as the theory of holistic governance has displayed. This theory has aimed to explain in this chapter that public policy (and/or projects) is implemented in an urban society where they have the potential to benefit or compromise other spheres.

4. Methodology and material

The methods chapter is framed as it will first go through the research design, in brief, then it will highlight the ontological and epistemological rationale for the thesis. The next section entails the selected method for the thesis, qualitative content analysis. Lastly is the chapter on ethical considerations as well as limitations of the thesis.

4.1. Qualitative research as research design

The thesis is using qualitative research as a research design due to the ability to highlight how public policy frames society through local projects. Qualitative research has the possibility of inquiring about the urbanization process with a smaller scope and displaying settings of public life (Creswell & Creswell, 2018, p. 13). As expressed in the introductory chapter, the healthy cities movement is a strategy which Kuching has won several awards for. This is of significance for Kuching as the city is part of a developing country and does not have the same privileges as cities in developed countries have (Othman & Rebolj, 2009). By using qualitative research can the strengths and disadvantages of Kuching's projects be highlighted in a transparent manner which enriches academia in the nexus of public policy and public health (Thomas, 2021; Hammersley & Atkinson, 2019). This research design includes the selection of data which is made with fully intentional parameters as the data has several delimitations (Creswell & Creswell, 2018). This means that it's not random sampling or any healthy city project related to Kuching but intentional selection among them. This thesis will use the method of a qualitative content analysis on healthy cities projects as the main data. This is due to the limited format of the thesis and to maximize the quality (Thomas, 2021). Exclusions from the thesis include a health city conference in 2018 in Kuching due to a lack of verified documents from that conference.

4.2. Ontological and epistemological positioning

This thesis has an ontological perspective of a constructivist as it analyses; compares and highlights norms and regulations as well as discourses between the practical and theoretical. In the context of international relations are social and intersubjective discussions interesting which are highlighted in this thesis (Barkin, 2010). The content analysis aims to display the meanings and understandings comparatively between the implemented projects and the report from the WHO. This is in correlation with constructivism as interactions are of importance and interpretation of others' belief systems (Creswell & Creswell, 2018; Bryman, 2008). This highlights the localization of the thesis as the projects display local prioritizations for health-related projects under the umbrella of a global health movement (Acharya, 2004). Regarding the epistemological positioning is the thesis aimed at a realist approach, specifically for a critical realist approach. This means that the thesis has an understanding of social science to be researched in a similar manner as natural science, but social realities are part of structures and

academia. The social realities are then understood to be discourses and praxis which is highlighted by scholars. The critical approach, compared to any realist approach, is the opportunity to highlight, emphasize and express changes in the status quo (Bryman, 2008). The underlying understanding in this thesis comes with the vast part of this thesis, health promotion. Research on health promotion strives to improve societal factors through inquiry and especially on evaluations of the projects related to improving health (Connelly, 2001).

4.3. A qualitative content analysis as method

The data is analyzed through qualitative content analysis. The selected method is due to the purpose of the thesis, i.e. with the project content, scrutinize the projects through a) recommendations from WHO on how they suggest healthy cities projects should be established and b) the theoretical framework on holistic governance.

The initial steps for the research included interest in healthy cities in Kuching and especially for the projects there. Initial research was regarding “what kind of projects are there?” which led to research within the WHO regarding “what kind of projects are Kuching recommended to do?”. These parts of the thesis led to a collection of data, projects implemented in Kuching, and a report from WHO, and based on the data was a theory selected (Krippendorff, 2013). The parameters for the data include that the data is in English, that they are produced in the context of healthy cities, and that they explain (not solely present) projects or policies initiated in 2021. This excluded several projects and seven projects (eighth presentations) were selected based on the delimitations. Two different projects (the second and third project under chapter 5.3) share the same reference, this is due to the fact that they were given during the same seminar but in different presentations and share the same YouTube link. One project (under chapter 5.4) had two different presentations in different seminars.

The next step and technically first step of the process was a preliminary study of the data to clarify the content (Krippendorff, 2013, p. 85). The preliminary study is highlighted under chapter 4.5 figure 2 as it explains the organizers of the project, the goals (purposes of the project), the result if applicable, and what seminar on YouTube hosted the presentation. The next step included coding based on the other perspectives (Krippendorff, 2013). This coding arranged the projects in thematic orders; SARS-CoV-2 management, local community projects, infrastructural projects, and a digital project. The coding is based on both the theory and the

WHO recommendations. The theoretical framework has a focus on a) community, b) economy and c) ecological projects (Littlewood & While, 1997). The WHO recommendations for healthy cities projects include four aspects, 1) good urban governance, 2) policy coherence, 3) reduced inequalities, and 4) innovation. The two perspectives have at times shared traits but are inherently different. Each project is individually coded from the perspectives with support from the recommendations and the three spheres of holistic governance. The coding is made from the content given during the presentations of the healthy cities conference in 2021 (comprehensively explained in the figure under chapter 4.5.1). This means that the presenter could be aware of more information about the project but did not express it at the time. This information could be regarding the three spheres or the four recommendations by WHO, but it is hypothetical claim.

4.4. WHO document on recommendations for local governments about healthy cities

The publication from WHO titled *Healthy cities: good health is good politics: toolkit for local governments to support healthy urban development* is narrowed down to the traits related to the recommendations that will be used in this thesis (WHO, 2015). This means that the primary data will be compared to this document and solely the primary data will be analyzed from the holistic governance perspective. This is to highlight the relationship between the primary data (local government in Kuching/Sarawak) and the secondary document (international recommendations from WHO).

To achieve healthy urban development, local governments are called on to strive for:

- good urban governance;
- policy coherence – HiAP;
- reduced inequities; and
- innovation.

Source: WHO, 2015, p. 7.

Good Urban Governance: “Initiate conversation within your government and set the mandate for improved governance. Collectively identify areas for improvement and prioritize goals. Discuss and agree on how to move forward with changes to improve governance” (WHO, 2015, p. 8).

Policy Coherence: “Establish the need and priorities for HiAP [...]. Frame planned action [...]. Identify supportive structures and processes [...]. Facilitate assessment and engagement [...]. Ensure monitoring, evaluation, and reporting [...]. Build capacity [...]” (WHO, 2015, p. 10).

HiAP (namely Health in All Policies) was framed during the conference on health promotion in 2013 and finalized in 2014 with the Ottawa charter and Alma Ata Declaration on Primary Health Care as core (WHO, 2014, p. 2). Policy coherence according to HiAP is referred to the following core foundations of the HiAP:

In particular, HiAP reflects the principles of:

- **legitimacy** grounded in the rights and obligations conferred by national and international law
- **accountability** of governments towards their people
- **transparency** of policy-making and access to information
- **participation** of wider society in the development and implementation of government policies and programmes
- **sustainability** in order that policies aimed at meeting the needs of present generations do not compromise the needs of future generations.
- **collaboration** across sectors and levels of government in support of policies that promote health, equity, and sustainability.

Source: WHO, 2014, p. 3.

Reduce inequalities: “Take action to improve urban governance and achieve policy coherence through applying the HiAP approach. Assess health inequities and identify social determinants [...]. Engage other sectors and build partnerships to address the social determinants of health and reduce health inequities. Monitor processes and evaluate the impact of interventions to continuously improve efficiency and effectiveness” (WHO, 2015, p. 11).

Innovations: “Be a leader who is willing to take risks and try new ways of doing business. Formulate a research agenda and strategy to address knowledge gaps. Create an environment conducive to innovation. Identify and engage new partners (such as communities) in coming up with solutions. Facilitate knowledge-sharing. Encourage prototyping initiatives to facilitate adaptation and innovation. Promote collaborations between practitioners, academics and professional associations to discover innovative solutions to urban health challenges” (WHO, 2015, p. 12).

The excerpts display the international community’s recommendations for what should be considered when implementing projects on behalf of healthy cities. This is of importance for

the purpose of the thesis, i.e. understanding how the local projects related to international frameworks. One of the research questions is regarding the cohesion of the implemented projects and the recommendations from WHO.

4.5. Data

The data is divided into a subgroup called Projects from AFHC conference 2021 on YouTube. Videos means several YouTube recordings where project management or civil servants present different projects that has been implemented in Kuching.

4.5.1. Projects from AFHC conference 2021 on YouTube

The projects (7) are presented by Sarawak State and the videos come from a conference in 2021 called “Smarter Healthy Cities beyond COVID-19” which makes many of the presentations related to SARS-CoV-2 as it is part of the theme. Subthemes were Risk Communications in Emergencies, Mental Health Under and Beyond COVID-19, Age-Friendly Communities Beyond COVID-19 (The China Hong Kong Chapter Alliance for Healthy Cities, 2021). The projects are structured as depicted in the table below. The projects were selected based on their immediate connection to Kuching, even if most of the projects were depicted or executed by Sarawak State, as they have the most relevance for the structuring of Kuching as a city and the population of Kuching. Some videos not relating directly to Kuching, such as presentations about a satellite town nearby, were therefore not selected in the analysis. Others were not selected due to that they vaguely presented projects without giving information about impacts or goals. The presentations were held in English which removed the language barrier and thusly making the analysis plausible without interpreters or language misunderstanding.

Projects	Organizers	Goals	Results	Seminar.
The One-Stop-Centre. One building for everything related to management of SARS-CoV2.	Sarawak Government. Kuching North. Kuching South.	Coordinate intra-agency and inter-agency work during SARS-CoV2. Ensure effective response during the pandemic.	7 different work stations, -Testing, -Assessments, -Contact, -Tracing, -Transportation, -Food aid. A majority of their indicators has been achieved. Ongoing project.	1.
Kuching Healthy City for Adolescents.	Universiti Malaysia Sarawak with civil servants from Kuching.	1-year pilot project to remove potential threats to youth's health.	5 projects on -Improve an active lifestyle -Sex education, -Education about mental health, -Volunteerism.	2.

Project to include youth in their potential.			Ongoing project.	
SDGS & Developing Healthy Cities. The project on the informal settlements in the outskirts of Kuching.	Sarawak Government. Dayak Iban Association (CSO representing indigenous peoples of Sarawak). All-Party Parliamentary Group Malaysia (forum or platform among members of the House of Representatives and the Senate).	Together with the community improve the informal settlement with opportunities for the residents and improving health.	5 projects on health: -Improving livelihood skills, -Improving infrastructure, -Making it easier to access governmental aid services, -Improved education in the settlement. Ongoing project.	3.
Kuching Urban Transport System (ART). A new mode of transport titled ART. The transport is a combination between bus, tram and metro.	Sarawak Government. Kuching North. Kuching South.	-Take 300 passengers, -Decrease commuting time, -Reduce the usage of fossil fuel by being powered by hydrogen.	Passenger service is estimated by 2025 Q4 and construction is estimated to be completely finished by 2027. Ongoing project.	4.
Traffic lights (SMART) in Kuching. The project includes adding CCTV and improve design of traffic junctions.	Sarawak Government. Kuching North. Kuching South.	-Decrease commuting time, -Reduce accidents relating to traffic, -give online time estimations for buses, -decrease air pollution.	-28% reduced travel time -25% reduction in stops -15% reduction in emissions Preliminary results include -34% reduction in travel time Ongoing project.	5.
Hydrogen Buses. Project of implementing 3 hydrogen buses in central Kuching.	Sarawak Government. Kuching North. Kuching South.	-Improve air quality -Add WIFI to busses -Reduce usage of fossil fuels by being powered by hydrogen -Spread awareness about environmentally friendly uses of transport	-The busses are frequently used -The costumers like them according their own surveys -Drivers express the buses as quieter than fossil fuel buses Implemented and ongoing project	5.
MySejahtera app. The project is an app developed by Malaysia's national government and implemented by local governments (both state and city). Mandatory in certain contexts.	National government. Sarawak Government. Kuching North. Kuching South.	-Manage the SARS-CoV2 in a structured manner. -Manage a multiagency problem.	-Register guests at restaurants making it possible for restaurants to be open -It can estimate potential hotspots -Contact potential exposed persons -Surveil persons with the app -Homeless persons, persons without digital access or internet excluded Ongoing project.	6. 7.

Figure 2: Displays the projects, the organizer of the projects, goals, results and seminar.

The projects are framed in the figure above but the followingly is a short, written explanation. The first project is presented as the *Covid-19 One-Stop-Centre* which is commonly known as a building for everything related to SARS-CoV-2 (Seminar 1). The second project is called

Kuching Healthy City for Adolescents. The goal of the project is to improve health among youth to increase their hopes, aspirations, and economic foundations and reduce the risks of health problems (Seminar 2). The third project is called *SDGS & Developing Healthy Cities*. It is an incubator project which supports a rural informal settlement and aims to empower community change-makers (Seminar 3). The fourth project is an ongoing project to add to the public transport system an environmentally friendly new form of tram/bus/metro (Seminar 4). The fifth project is the traffic-light system (SMART) in Kuching which is a project to improve the traffic junctions and CCTV in Kuching. The sixth project is the 3 environmentally friendly hydrogen buses implemented in Kuching. The fifth and sixth projects were presented during the same seminar and therefore share the same YouTube link (Seminar 5). The seventh project is an explanation of the MySejahtera app, the seminar is called *the use of the MySejahtera app during the COVID-19 Pandemic*, and this presentation expresses the benefits of the app (Seminar 6). The eighth seminar highlights the same project, the MySejahtera app, which is used all over Malaysia but highlights the issues that the app is with people who are homeless, without digital phones, and without internet (Seminar 7).

Analyzing YouTube videos are not uncommon in academia and it can be made with different aims (Kousha, Thelwall & Abdoli, 2012). Research using Youtube videos has also been made with content analysis as the method which displays the selection of data as well as the selection of method (Waters & Jones, 2011). This thesis aims to analyze the content of the projects implemented in Kuching in the name of the healthy city movement. Public documents on the projects in Kuching regarding healthy cities are not many, fewer are in English and a minor quantity of the projects is dated. The limitations make it challenging to research the topic even if it is highly interesting from an international perspective. The videos from the conference are the few which have the dates when they were presented and the context in which the documents were made.

4.6. Limitations, self-reflexivity and ethical considerations

The study is limited in itself with solely a few projects, the sampling must therefore be understood to provide answers that the selected projects answer to (Kapiszewski, 2015). This means that if other projects were selected, other results might have transpired in the thesis. This also includes the healthy cities toolkit from the WHO, method and theory.

As the chosen topic is related to international spheres, the language barriers were predetermined to be very low due to the selected projects. The projects were presented in an international conference and the projects where are presented in English. This was intentional as English is the main language of focus for the thesis and the authors language skills in Malay is not adequate. The documents from the WHO are always in English, and in other languages, as that is one of the working languages of the WHO. There have also been other conferences over the years by the healthy cities alliance which includes projects and research studies created in Kuching however several of them lack dates and many of them have entailed solely research studies. This was part in the decision to exclude all projects except the ones presented in the conference from 2021.

This study does therefore represent an English-speaking perception of the healthy cities' projects in Kuching and the correlations to the recommendations from WHO in the context of holistic governance. The healthy cities projects presented in English are however selected by government officials and civil society organizations working with healthy cities in Kuching. This means that this study represents what they want the international community to know about Kuching's progress in the healthy cities movement and what the WHO has set out as parameters for what the healthy cities movement should aim for. The ethical perspective of what the thesis represents include therefore the knowledge that there might be other projects implemented in Kuching but expressed in Malay and that they might not have/might have different levels of correlation to the recommendations by WHO.

5. Analysis

The chapter includes an individual analysis of the projects in the order of SARS-CoV-2 management, local community projects, infrastructural projects, and one digital project. The projects are analyzed based on the information from the presentations, compared with the WHO recommendations and the theoretical framework of holistic governance.

5.1. SARS-CoV-2 management

The project *One-Stop-Centre* is related to several of the recommendations by the WHO (Seminar 1). The project was aimed to coordinate intra-agency and inter-agency relations during the pandemic as well as to “[...] ensure an effective response to COVID-19 [...]”

(Seminar 1). The problem before the project was that retrieval of testing results could take between 10-14 days and other issues related to poor management. The project is organized by both local and federal states (26 agencies) and the project has 7 different possibilities to support inhabitants in Kuching with issues related to the SARS-CoV-2 pandemic. They are as follows; screening and swabbing, SARS-CoV-2 assessment, investigation and tracing, an enforcement unit, hotline center, transportation hub (drive through testing), and food aid center. The center can by this description be expressed to have correlations with adjoining departments (holistic governance) on public health issues when many agencies are collaborating (6, 1997). The first recommendation by the WHO entails “good urban governance”, in which *good* relates to setting and achieving goals (WHO, 2015). The goals of the project were to maximize the resources and achieve improved health-related results. An example of the goals was “% close contact in the list daily given by investigator has been swabbed” (Seminar 1). Both goals (resources and results) were achieved and thusly can the recommendation from the WHO be understood to be implemented (WHO, 2015). The other recommendation for policy coherence includes legitimacy, accountability, transparency, participation, sustainability, and collaboration between the government and the population. The project includes a collaboration between agencies with increased transparency and accountability from the government to improve health the most in a pandemic. These keywords are aligned with the project and policy coherence is entwined in the project (WHO, 2015). For holistic governance the economic sphere is closely related to this as the food aid includes private individuals, companies, or governmental agencies providing free food at the center (Seminar 1). The project is aimed to manage health in the community of Kuching with explicit relations to support the local economy. To place as many aspects of management of the pandemic in the same area is to improve efficiency, this is part of maximizing the welfare support for the local community together with the correct resources (Zhan & Xizhe, 2020).

The food aid is also related to local businesses as it provides free advertisement for them and it highlights individuals that are assisting by branding them as entrepreneurs (Seminar 1). An issue with the food aid is the non-descriptions of what is offered, especially when this relates to both NCDs and CDs. There is a problem with the population not eating enough fruits and vegetables as well as a high level of iron deficiency (Institute for Public Health, 2019). Children in Kuching die each year due to untreated water (Aziz et al., 2018) and much of this is due to deadly food practices among food vendors (Rahman, 2012). The keyword of sustainability (within policy coherence) is challenging for this project as it is not clear how this project

impacts the needs of future generations, even if it is clear that it meets the needs of the present generation (Brundtland Commission, 1987). The environmental sphere includes environmentally friendly material being used in the process which includes the material used in screening, swabbing for SARS-CoV-2, the drive-through for testing, and all the material related to the food aid (Starik & Kanashiro, 2013). Drive-throughs have been discussed in regard to their impact on air pollution through idling, which means to have the engine on while not moving, as it is a common action to do while in a drive-through. Some research indicates that by banning idling, air quality could be improved (United States Department of Energy, 2015). Other texts indicate that small changes in road transportation must have other supporting changes to be making a difference. This indicates that removing idling would not solely be a factor that improves air quality (Public Health England, 2020). The sustainability and ecological impact are however not stated in the presentation of the center which suggests that in the decision-making of the project these aspects were not considered (Littlewood & While, 1997).

The next recommendation is that the government actively strives to reduce inequalities, this is through partnerships and taking interventions against inequalities. The project is once again aligned with this recommendation as the project reduced the risks with persons going unnoticed during pandemics and becoming neglected. The project aims to include everyone in every step which to reduce inequalities (WHO, 2015). This also includes the local economy and community within holistic governance as the project is supported by local entrepreneurs (Littlewood & While, 1997). The last recommendation to be innovative exists in this project. The project of including different agencies, the private sector, and supporting marginalized persons is innovative as well as part of maximizing resources (WHO, 2015). The localization of the project exists in the center for local adaptation of a global issue – the local solution for the pandemic is this project and the project is specially framed for the situation of Kuching (Acharya, 2004). However, the project is also framed from a health promotion perspective including rapid management of health-related issues – this has been expressed as it does not remove causal health determinants. This means that the project does not remove the issues of why the persons are exposed to be vulnerable in the pandemic which suggests problems with incapability among the local population (Laverack, 2012). Rapid management can also indicate why the sphere of ecology and sustainability are not explicitly expressed in the presentation (Seminar 1).

5.2. Local community projects

The first project is the youth empowerment project with a foundation in suggestions from the youth themselves. The goal of the project is to remove potential threats to youth's health - if their health is at risk that means that their aspirations, potential economic contributions to society, and the potential future in the society are at risk. The project has identified the top causes of premature death and disability among youth as iron-deficiency anemia, skin diseases, HIV/AIDS, low back and neck pain (from sedentary positioning), road injuries, and depressive disorders. Mentioned risk factors for these issues are iron-deficiency anemia, unsafe water sources, unsafe sanitation, alcohol use, unsafe sex, and drug use (Seminar 2). The project started with an online survey for adolescents asking about "(...) likes, dislikes and wishes about the city and neighborhood (...)". The survey highlighted three different forms of wishes. The three forms are combined into social, economic and environment with wishes for added cycling lanes, improved WIFI access and "politicians who are honest and work". Everything mentioned above is entwined with holistic governance, i.e. the community is taken into consideration for economic- and environmental changes (Seminar 2). The long-term consideration has origins in the project as early considerations are mentioned for youth's future such as the awareness of risk factors e.g. drug-and-alcohol use among youth (Starik & Kanashiro, 2013). The survey led to a three-day workshop with youth and adults which resulted in five smaller projects to be implemented in Kuching. The projects are regarding physical workout, local music, improving sex education, improving education about mental health, and volunteerism. The projects are mentioned to be implemented over a one-year period (Seminar 2). The project highlights awareness of risk factors such as sex education for youth, however the projects one-year period is lower than the ordinary five-year period for the healthy city's projects (De Leeuw & Simos, 2017). The projects relate to health-related issues in Kuching as over 50% of the population is obese or overweight (25% of the population is physically inactive) which can be counteracted with physical activities (Institute for Public Health, 2019). There is also a stigma in Sarawak about HIV, which the sex education will work against, and other projects have already been established to counteract the stigma (Suleiman, 2020).

The goals set in advance for the project (good urban governance) were to eliminate potential threats to youth's health when they still are young as health-related issues will be carry into adulthood. The implemented five projects on physical exercises, music, sex education, mental health education, and volunteerism are clearly within the scope of these original goals (WHO,

2015). The adults joining the 3-day workshop are mentioned to be government officials and other NGO employees, all are working actively in the region which makes this a local governmental project (Roseland, 2005). The recommendation on policy coherence for this project is relatively comparable as the process of the project from start to finish is explained in detail. The legitimacy of the project includes the legal support that the local government has to initiate such a project which is clear in the goals set for the project. The government has an obligation to protect its population and this project has that purpose. The sustainability of the project is evident in the different generations partaking in the project, there are two different generations and adults representing NGOs, CSOs, and government (WHO, 2015). However, the results of the five projects are not corresponding well with the wishes/desires of the youth in the community and with the holistic governance. The five projects are all within the community sphere. The environmental and economic spheres are not in the actual result of the workshop which makes the result of the project flawed in consideration of holistic governance (6, 1997). The concept of using youth to frame future by giving them power to express their needs (through the survey) it explained as child participation. The survey display that the children are seen as citizens of their own community with autonomy and that their opinions are of value (Jans, 2004). The economical- or ecological sphere is not mentioned in the presentation other than that there are local employees from civil society and government partaking in the project. The inclusion of local employees or civil society is of importance to holistic governance as it indicates long-term projects, but the projects are solely implemented for a year (Littlewood & While, 1997).

The recommendation by WHO (2015) to reduce inequalities by identifying social determinants and addressing them is evident in this project. The project both identifies causes of premature deaths and risk factors for premature deaths which are also part of the five end products of the project. The last recommendation concerning innovation can be comparable to this project as both youth and adults participated in the same workshop. This is innovative in this context as this kind of the project has not been done before (WHO, 2015). The localization of the project through the framed project from the identified determinants is highlighted and implemented which displays a localized, healthy cities project (Acharya, 2004). This is not as easy for holistic governance to adopt as there is a lack of explicit ecological inclusion in the framing of the projects. The projects implemented can have the potential to impact the ecological sphere but the framework for five one-yearlong projects does not include explicit ecological goals. It

is clear that the five projects have relevance for the community sphere, but it is unclear on the ecology sphere (Littlewood & While, 1997).

The next project is about improving health-related issues in a rural area with persons in marginalized positions of society (informal settlers). The area mentioned in the project is expressed as lacking safe sanitation, no electricity, high unemployment during the SARS-CoV-2 pandemic, and many of the living there have been forced away from indigenous lands which they owned before. The education for the youth living there is lacking and the government is concerned about future work opportunities (Seminar 3). The process of the project entailed eight steps and they are all in collaboration with the community and the local government. It is clearly part of the community sphere of holistic governance. Several governmental stakeholders are mentioned as of importance to the process of the project (Zhan & Xizhe, 2020; Shuzhuo, Zijuan & Feldman, 2013). The different government agencies and community meetings led to five implementations for the project; health (screening for cancer and HPV testing), improving livelihood skills (beading and weaving), infrastructure (improving drainages for flooding), access to governmental aid services, and improved education.

These aimed goals are all part of holistic governance as social, economic, and environmental aspects are considered and implemented (6, 1997). The mentioned implementations of the project highlight a clear localization of the project as the parts of the project are selected to suit the issues in Kuching (Acharya, 2004). This project had preset goals in vague terms, such as an ambition to improve safe water access, and it led to the implementation of all these goals. The project is part of good urban governance (WHO, 2015). The recommendation for policy coherence is not as clearly defined in this project as for example legitimacy and accountability. This is due to the numerous individuals living in the rural area due to them losing their indigenous land and the legality of this action as well as the accountability for whoever took their land remains or stays unexplained in the presentation. The project does however not make any implications to itself be in a legal inconsistency when providing for example improved infrastructure and providing with health services (Seminar 3). This indicates to some extent that the project has rapid management as the long-term solutions for the problems include long-term housing for the residents in the area. There is no clarification for the legal rights that the residents have or can claim for the rural area (Laverack, 2012).

Transparency, participation, and collaboration are undoubtedly present in the project as the process is highly documented with all the local partners (WHO, 2015). The sustainability within the policy coherence is inconsistent as part of the goals is to improve the current life for youth so they can have improved capabilities in the future, however, the legality for land rights of the youth is not expressed (Seminar 3). This displays a discrepancy with the influence of community leaders as the goals for the project include vague local and long-term solutions (Littlewood & While, 1997). This is also the sole project that included a CSO organization. The inclusion of a CSO and a political organization display the interest from decision-makers to provide with comprehensive solutions that manage the causes. The comprehensive solutions indicate the opposite to rapid management and display long-term approaches to the incapability among the residents (Laverack, 2012). The recommendation to reduce inequalities originated from identifying social determinants related to health. The project has a foundation in the social determined issues such as unsafe sanitation, lack of electricity, and high unemployment. The education is lacking for the youth living there and the government fears future work opportunities for the youth (Seminar 3). The recommendation by WHO to implement innovative features is entwined with the project as the structure of the project includes several processes with participants from the local, rural area. This facilitates creativity among the local population and inclusion as they are part of the project (Seminar 3). The project displays significant discrepancies with the influence of community leaders as the goals for the project include vague local- and long-term implementations (Littlewood & While, 1997).

5.3. Infrastructural projects

The three following projects regard infrastructure of the city and traffic. The first project is an overall project to reduce traffic congestion from two hours to 45 minutes by making a new mode of traffic (ART) (Seminar 4). The innovative design of the traffic system includes that the new mode of transportation (ART), which is a merge between bus, tram, and train and will expectantly reduce carbon dioxide emissions (Seminar 4). This project aims to educate the population about environmentally friendly traffic systems (through advertisements) and improving the air quality as the new public traffic system would be powered by hydrogen fuel cells. The project includes local economic initiatives through a) employing young talents as apprentices to highlight the rejuvenation of the public traffic system and b) partnering with local property developers alongside where the new mode of traffic will run (Seminar 4). The

whole project is thought through in grave detail in regard to community, economy, and environment. The holistic viewpoint on this project is in every action made for this project (Zhan & Xizhe, 2020). The recommendation for good urban governance of achieving the goals set beforehand is not completed in this project (WHO, 2015). As for the new mode of public transportation is not implemented as they are planned to be finished in a few years' time (Seminar 4). The policy coherence (characteristics of legitimacy, accountability, and transparency) corresponds with expectations from the WHO as the groundwork for the projects is substantial. So is participation, sustainability, and collaboration with the young talent initiative, and the local businesses next to the railway will be part of the structuring of the project (Seminar 4). The identified social determinants are part of the recommendation to reduce inequalities can potentially be indicated when regarding reducing the commuting time as a way of reducing inequality. Innovation is recommended by WHO and is established in the project on ART as it is a new, modern mode of transportation (Seminar 4). The localization of the project is related to the modern structure of the ART, the apprentice program, and local property developers – all of which have a strong connection to Kuching and the local need (Acharya, 2004). The above-mentioned aspects highlight the comprehensiveness of the project thusly the active work against incapability among the population (Laverack, 2012).

The second project is the improved traffic-light system due to aging equipment, increased congestion in traffic, and disorganization between the five agencies in charge of the lights (causing dangers for traffic). As expressed earlier, 1.35 million persons die each year in traffic relating accidents additionally, 50 million suffer non-lethal injuries. The rationale for implementing the project is evident in the statistics (Kaul & Altaf, 2022). The project implements a structured centralized traffic control (an interagency that coordinates between the five agencies in charge) and adds harmonized and adaptive traffic-lights. Sarawak has in total of 320 traffic junctions and the project has a pilot study of 42 traffic junctions with the new system. The new traffic-light system also includes a CCTV system – it means that cameras are installed, and the centralized traffic control agency can look at the cameras as well as intervene if required so with the traffic-lights (Seminar 5). The recommendation for good urban governance of achieving the goals set beforehand is achieved with this project as the result in the figure under chapter 4.5.1. displays (WHO, 2015). The project has resulted in several positive outcomes however the policy coherence recommendation is not as clearly positive. The characteristics of legitimacy, accountability, sustainability, and transparency correspond with expectations from the WHO as the results of the project have displayed (Seminar 5).

Participation and collaboration are however not as certainly emphasized in the projects. The modern traffic-lights are similar to the hydrogen busses intended to be sustainable with improved efficiency for drivers and fewer traffic accidents but the participation and collaboration with local, civil society, and the population is nonexistent (Seminar 5). However, the project is aimed to improve the control with interagency coordination which works thusly between different agencies and departments of the government and is part of the recommended collaboration (WHO, 2015). The identified social determinants which are part of reduced inequalities can solely be highlighted in the project for modern traffic-lights as it includes a reduction of traffic accidents. Traffic accidents are understood to be a reason for making the new traffic light system more coherent and thusly improving health-related issues with traffic accidents (Seminar 5). Innovation is recommended by WHO and is established in all projects as they are understood by highlighting new ways of living in Kuching. The projects impact everyday life for the population of Kuching (Seminar 5). As the sentence above highlights the importance of the project for the local residents, then the localization is clear. The project is adopted to improve the lives of the population and displays an evident local relation (Acharya, 2004).

The last project is three hydrogen buses purchased and implemented in Kuching. The project was initiated by the chief minister of Sarawak but implemented in Kuching city which includes intergovernmental organizing. The buses are low on carbon dioxide emissions, can last long on a single tank, has WIFI access onboard, and can be remotely tracked by people waiting for the bus. Inside the buses the only noise comes from the aircon, powered by hydrogen, the engine is quieter than a gasoline bus. The project on hydrogen buses is however implemented and is achieving all the set goals with reduced environmental impact and contributes with more social services such as WIFI on the buses (Seminar 5). The recommendation for good urban governance of achieving the goals set beforehand is accomplished with the success of the implementations (WHO, 2015). The recommendation for policy coherence is not corresponding with all factors that WHO values. The characteristics of legitimacy, accountability, transparency, and sustainability match with expectations from the WHO as hydrogen buses are environmentally friendly. The project also entail collaboration between local governments, both Kuching North and South together with the Sarawak government. Participation is however not clearly highlighted as the local society in Kuching is nonexistent within the project. (Seminar 5). This could indicate either lack of transparency if the participation is not explicitly stated or that the participation from Kuching society is not considered in the project. (WHO, 2015). The

project is similarly not completely framed through holistic governance as not all spheres were entwined and/or integrated into the structure. For example, on the community sphere the work on an intergovernmental level is well executed and the buses offer more services than average buses however the population cannot completely access the services unless they have electronic devices such as phones. The framework for the buses is modern and innovative but it's not clear if the structure is grounded in the representativeness of the local area (6, 1997). This connects to the recommendations from WHO regarding reducing inequalities and promoting innovation. As expressed earlier, the unequal access to use the of WIFI displays a societal discrepancy but digital progress can also be interpreted as being a pioneer if someone does not have access to the internet at home. The innovative recommendation is thusly present in the project (WHO, 2015). For holistic governance digitalization (adding WIFI) is connected to urbanization and could benefit the community (Li & Ding, 2020). The environmental sphere is the heart of the project, both from a long-term perspective and to improve the local area with an innovative mode of transportation (Starik & Kanashiro, 2013). The project is the vaguest in the economic sphere as the hydrogen could potentially come from local energy, such as through windmills (Herwartz, Pagenkopf & Streuling, 2021), but it is not expressed in the project presentation or any local economic benefit from the project. This causes doubt about the international agenda for the project (imported hydrogen) or if the project is aimed at the local economy (Roseland, 2005). This causes a doubtful relation to the localization of the project as it is modern and progressive within the ecological sphere, but the local economic benefits are ambiguous. The localization is vague even if the local population will benefit from the transport system (Acharya, 2004).

5.4. Digital project

This last project in the thesis is the mandatory app called MySejahtera developed during the SARS-CoV-2 pandemic for the national government to sustain control. The first presentation (Seminar 6) highlights that the app was structured in a multiagency task force to include most of all the issues with the pandemic as possible. The second presentation (Seminar 7) expresses that homeless persons in Malaysia, thusly Kuching, have difficulties with providing a) a home address, b) lack a mobile device, and b) lack internet access which all are required to use the app. The app makes it possible for individuals to 'check in' to different businesses such as restaurants which makes it possible for owners and staff at local businesses to stay open. Simultaneously, the app is used to coordinate schedules for vaccinations, providing a digital

certificate and individuals can add information for risk assessment. In 2021 another feature was added to the app, namely a home surveillance order for individuals testing positive for SARS-CoV-2. Through the app the Malaysian government has been able to predict potential new hotspots for the virus by using big data analysis and the government has been able to take improved measures to handle it (Seminar 6). The app was introduced to take preparative measures for the pandemic as well as to make it unlawful to provide false information about health-related information in the app (Seminar 6).

The MySejahtera app and the recommendations from the WHO are not completely in accordance with this app. Good urban governance includes predetermined goals for a project and implementation of these goals (WHO, 2015). The app had the purpose of managing a multiagency problem, the pandemic, in an efficient and resource maximizing manner which it succeeded in (Seminar 6). The app is within the rapid management of holistic governance as it entails instant solution for the pandemic (Laverack, 2012). The policy coherence concerning the legality of the project includes the context for when the project was created. As expressed before, the pandemic was declared a national security threat and the national government had to take responsibility for the population in regard to safety (Nurdin, Noveria, Shalih & Mardiah, 2022). Within holistic governance this legality topic (surveillance) lays outside of the concern for the community sphere as the local society could not remark on the app and the local government neither. The community sphere is in a somewhat difficult situation with the project as the app does not include everyone, it includes surveillance of the population while they are in exposed positions (by being sick/testing positive for SARS-CoV-2) and simultaneously keeping the public safe. This is related to the difficulty with local governments and distrust/trust among the population towards the government (Littlewood & While, 1997). Holistic governance strives to achieve “[...] a strong society (including families and communities), as well as basic acknowledgment, trust, and cooperation between them [...]” (Zhan & Xizhe, 2020).

This monitoring of the population by the government exists in the condition that the pandemic is understood to be of national security and with this in mind can the community sphere plausible be part of the structure (Littlewood & While, 1997). Patient’s health privacy in regard to who has access to the health information is expressed generally as a complex area (Shen et al., 2019). For example, a study indicated that individuals of poorer health are more reluctant to provide health information and are more concerned about their privacy than healthier persons

(Bansal & Gefen, 2010). The app was a response to the threat and the government's method of taking accountability for the safety of the population which is in coherence with the recommendation from WHO (WHO, 2015). Transparency, participation, and sustainability are however not keywords that the app has clear correspondence to. The flow of information from the app is solely for government officials and they use much of the big data to alter restrictions as they can estimate whenever new hotspots for the pandemic can erupt (WHO, 2015). There is unequal participation for those who are homeless or persons without mobile devices or persons without internet access who cannot use the app (Seminar 7). The app is created from a context where there is a requirement to manage the situation with SARS-CoV-2 and therefore is not framed with an approach of being sustainable. New generations are not planning to be using the same app, but the app includes more and more features as the context in society changes. Collaboration with different sectors of the government are nonexistent in the app, the national government framed the app with certain parameters which are the only thing taken into consideration thusly no local government is in the decision-making position. The local governments are however the ones implementing the app and facing the population with the benefits or challenges with the app (Seminar 6). The localization of the project is not clear as the app is unique to the problems of Malaysia, but the app is not always suitable in local cities such as Kuching. The local beliefs and norms in the city of Kuching might not be the same as on the national levels of Malaysia (Acharya, 2004).

Reducing inequalities through the app by using identified social determinants is not expressed by the state officials. Reducing health inequalities is not mentioned as being part of the intention of using the app. This is highlighted by the fact that many marginalized persons cannot use it and the state officials express awareness of the difficulties for those groups (Seminar 6). The economic sphere within holistic governance can to certain aspects be understood with the app as business owners can stay open and offer the services which entail income. The service industry faces challenges during the pandemic but with the app the government is providing with an economic incentive for local enterprises (Littlewood & While, 1997). Lastly, innovation is a key recommendation which on one side this app is representing but on the other side it is far from knowledge-sharing and engaging new partners (WHO, 2015). The app is unique in its framing in Malaysia, as it has never been done before, and therefore they are altering the app as new features are wanted in the app. However, the app is also solely framed by the national government without the inclusion of local governments which makes the app flawed as it does not fit Kuching or any other city perfectly. It does not include all the persons living in Kuching

either and does not take advantage of the local knowledge in Kuching (Seminar 6). The app is neither understood to be within the framework of the ecological sphere in holistic governance, it does not make a negative imprint, but it does neither include a long-term goal (Littlewood & While, 1997).

6. Conclusions and discussion

This chapter will firstly draw conclusions from the analysis in relation the purpose of the thesis and the research questions. It will then discuss the conclusions in a broader discussion with past research and potential future research areas.

6.1. Conclusions

The purpose of the thesis was to highlight localization in public policy through projects in Kuching, Malaysia, within the healthy cities movement. This is from a theory of holistic governance and comparisons with recommendations from WHO. The research questions were, *are the local implementations of healthy city projects in Kuching in cohesion with the recommendations from the WHO and the theoretical framework of holistic governance? What do the localization of the projects indicate for the development of Kuching society?*

All of the projects included certain aspects of the four overarching recommendations from WHO. Solely three included close to all of the recommendations and one of the projects only included the recommendation on innovation. All of the projects included parts of the holistic governance but solely two included all of the spheres of holism. Three projects only included one of the spheres thusly making them furthest from adapting to the holistic governance theoretical framework.

Healthy cities projects are at times implemented in cohesion with the recommendations from WHO but as solely two have all of the recommendations, it cannot be expressed that the projects can be understood to be made with active consideration for the recommendations. The framework of holistic governance within the projects is overarchingly vague as three of the projects do not include two of the three aspects. Two projects include all of the aspects but based on the whole collection, the projects are seen as an anomaly. Holistic governance cannot be identified in all the projects and the holistic viewpoint does not seem to be a standardized manner of establishing health projects. This opposes the postmodern view of health as health is formally understood to be a holistic issue, but the implemented projects are not counteracting a holistic issue. The projects function against individual problems or more narrowed problems instead of holistic angles on health issues. The health promotion, that aims to reduce future

health problems, which includes the implemented health projects in this thesis is therefore not working sufficiently comprehensive to block future health problems. Several of the projects also include rapid management, which in practice does not remove the issues in long term, and does therefore not either hinder future health problems.

This means for the localization and Kuching society that there is a dissonance between ideal health promotion and applied health promotion. For example, the project in the rural area of Kuching is highly localized and adapted to the Kuching society however the incoherence with legal rights to the land displays a discrepancy within the implementation of health promotion. This means that the project cannot be understood to be localized in a comprehensive manner simultaneously as a CSO and a political forum are partners within the project. As health promotion aims to remove risks for future health-related issues, the implemented projects in Kuching risk the health of the current population and the future population with incomplete (not holistic) projects. This risk increased inequality among the population which is the opposite of what health promotion aims for. There also a discrepancy between the national and the city as the MySejahtera app highlights which indicate difficulties with localization of projects. The localization of a global health movement displayed within the academia in Asian studies that there are disparities. There are disparities on many layers and with lacking localization of projects, the general public is the group that will suffer.

6.2. Discussion

The thesis highlights the notion that even if a city works actively to become a healthier city during urbanization, the public policies and projects are not always in coherence with recommendations from WHO or have holistic governance. There are several projects that aim for one aspect of what a healthy city should include but therefore miss the context in which the project is implemented. The holistic viewpoint is far from integrated into the projects. This impact the future of the cities in which urbanization and health problems are going to increase, especially in Southeast Asia. Asian studies will and are already beginning to encompass areas of focus such as public health as that is part of the society.

It is unexpected that the projects were not more inclined to work with more issues simultaneously as it is clear that current health issues are influenced by many factors; 50% of the population is obese or overweight, 22% of the children under five are stunted and close to

30% of the women in childbearing ages are anemic. The project on youth empowerment included explicit awareness about the many issues but resulted in five projects working with narrow issues. The mediocre degrees of involvement of CSOs also indicate risks with the implemented projects as CSOs provide positive results. Healthy cities clearly display that urban health-related problems require multifaceted solutions and simultaneously are the projects implemented with a single faceted issue to resolve. For example, the One-Stop-Centre offers free food related to the pandemic but does not focus on healthy food that can benefit anemic women, young children och fight obesity. Quality of life in the urban cities does not include just food but healthy food. Solely surviving is no longer enough. The projects highlight, in general, that Kuching might be arguing for quality of life, but they actually implement projects for quantity of life (more years). For studies of societies in the region - this means that the current generation is growing up with difficult preconditions even if the governments or civil societies know that they could make it easier.

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