

## **CASE Study**

### **CITY OF JOHOR BAHRU PROFILE**

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Johor Bahru is physically located at the southernmost part of the Malaysian Peninsular, 350 kilometres south of Kuala Lumpur.

**Local Government Status:** Formerly, a municipal government, proclaimed as a City Council in 1994.

**Population:** Nearly half a million.  
Malay – 45%  
Chinese – 41.5%  
Indian – 7.1%  
other – 6.4%

**Land Area:** 186 sq. km

**Climate:** Tropical.

**Industry:** Electronics, textiles and textile products, clothes and food manufacturing

**Employment:** Concentrated on manufacturing industries

**Education:** 24 secondary schools, and 55 primary schools. There are two teacher-training colleges, and a University just outside the city limits

**Transport:** Domestic airport, seaport, road and rail services

The Johor Bahru City Council is responsible for the administration, planning and development of the city. The role and responsibilities of the City Council are becoming more pronounced due to the trend of decentralised management occurring throughout Malaysia. The Council performs its functions under national and state legislature, having no law making power of its own.

The Mayor heads the administration of Johor Bahru City Council. The State Government appoints the Mayor and all 24 council members. Four committees have been formed to assist the Mayor, the Financial and General Committee, Planning and Development Committee, Tourism and Environment Committee, and the Traffic Committee. The Committees consist of Councillors and senior department officials.

Johor Bahru, like many Asian cities, is facing increased social and environmental problems caused by rapid urbanisation. The city population is increasing due to rural-urban migration, with the focus of the national and local economies shifting away from the agricultural sector. The enlargement of urban areas has resulted in an increase in the problems, needs and complexities relating to urban governance. Local government capacity to provide basic necessities, such as adequate affordable housing, health care, education facilities, public transportation, environmental protection and sanitation, job opportunities and recreation facilities is being challenged by the increased urban populations. The lack of these services has resulted in a deterioration of community health standards, as local areas face increased numbers of squatters, pollution, sewerage, waste disposal, unemployment and occupational health problems.

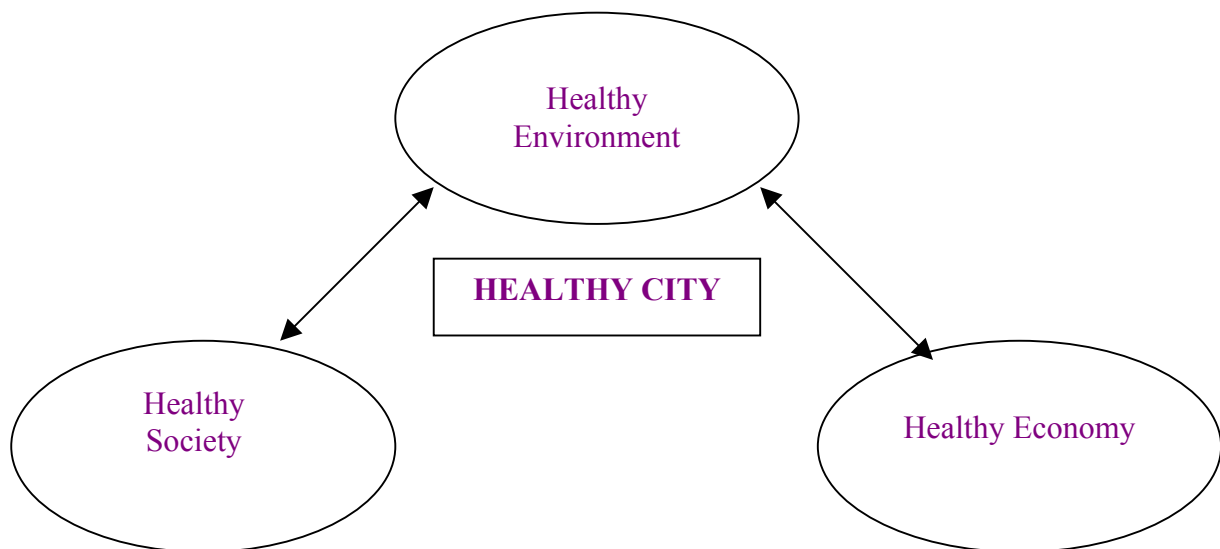
The city recognised that to find solutions to these problems, an integrated approach was required. Consistent with the principles of Local Agenda 21, the Healthy City initiative has provided an integrating framework.

## HEALTHY CITY PROGRAM

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People in cities, particularly the poor, experience stresses and exposures that result in health problems ranging from communicable diseases and malnutrition to mental illnesses and chronic respiratory diseases. Conditions that contribute to this situation include poverty, inadequate food and shelter, insecure tenure of land, physical crowding, poor waste disposal, unsafe working conditions, inadequate local government services, overuse of harmful substances and environmental pollution.

The World Health Organisation (WHO) initiated the Healthy City Project in the European Region in 1985. The program has now expanded to cities and towns in Bangladesh, China, Malaysia, Nepal, Pakistan, Thailand and Vietnam. The Healthy City program is a public health approach that builds upon the work of Professor T McKeown. He found that - contrary to popular belief - the major factor in the improvement of health in the UK and other developed countries, in the nineteenth and twentieth centuries, were not advances in medical care and technology, but certain social, environmental and economic changes. This same recognition is embodied in Chapter 6 of Agenda 21 (Protecting and Promoting Human Health). The strategies for the program are based on a partnership between public, private and community organisations. WHO recognises that local governments are key partners. The program promotes the benefits of networking between cities and towns participating in the project and the importance of inter-agency and inter-organisational coordination.



The program has developed with the recognition that as the global trend towards political and administrative decentralisation develops pace, local governments are emerging as stronger forces with greater responsibility for urban management and the provision of basic environmental services. This same recognition is intrinsic to Local Agenda 21.

The Healthy City Program objective is to improve the health of urban dwellers, and especially low income urban dwellers, through improved living conditions and better health services.

Objectives include:

- increased awareness of health issues in urban development efforts;
- political mobilisation and community participation to prepare a municipal health plan; and
- increased capacity of municipal Government to manage urban problems using a participatory approach.

The Healthy City Program and Local Agenda 21 aim to address issues of rapid urbanisation, and deteriorating natural environments, and associated economic and social issues. Both programs adopt a similar philosophy integrating economic, social and environmental development and planning; ensuring intergenerational equity; building the capacity of local governments; and encouraging and facilitating community participation in urban, social, and environmental management.

The steps to achieving a successful LA21 process or Healthy City Program are similar in that they both require:

- commitment at a political level;
- establishment of partnerships with public and private sector;
- community involvement and ownership;
- assessment of current activities;
- establishment of a steering committee;
- development of a vision;
- development of a plan of action;
- reporting on progress; and
- monitoring and reviewing.

The WHO, at a recent regional seminar on environmentally sound and healthy cities held at the Economic and Social Commission for the Asia Pacific (ESCAP), adopted a declaration which, among other things, called for preparation of integrated urban health and environmental plans for the development of Healthy City. This requirement, will move the two programs even closer together, and will help to facilitate the path to achieving sustainable development in the Asia Pacific region.

## **HEALTHY JOHOR BAHRU CITY INITIATIVE**

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### **Preparing the Ground**

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In 1994 the World Health Organisation forwarded a Healthy City Project proposal to the Ministry of Health. The Ministry chose two cities, Johor Bahru and Kuching to participate in the project. Johor Bahru was chosen due to its new status as a 'city', and the relatively recent problems associated with increased urbanisation. Due to these factors it was felt that the Healthy City Program could have a strong impact, and prevent any worsening of current urbanisation issues. Johor Bahru City Council and Johor State Health Department were supportive of their nomination for involvement in the program.

The Healthy City program replaced an existing program, known as Healthy Lifestyles, which was being run by the State Health Department and numerous other small programs from other State Government and Local Government departments. The Healthy City program provides an umbrella for all these programs, with the additional benefits of the provision of technical and financial assistance from the World Health Organisation (WHO).

The program does not seek to take over the management of health and environment functions from government agencies or authorities. Rather it operates as a capacity building project, seeking to make health issues understandable and relevant to the work of the City Council in the two activities of monitoring and evaluating environmental factors and their impact on health, and putting forward specific policy recommendations for relevant agencies.

### **Building Partnerships**

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Members of the Healthy Johor Bahru City Steering Committee are officers from the Johor Bahru City Council and the State Health Department of Johor. This committee acts as the nucleus of the Healthy City Project. Partnerships were formed to obtain input and response from all sectors, including the preparation and implementation of the plan of action. To obtain a high level of discussion at the initiation of the project, a number of planning sessions were held involving representatives of both state and local departments, and agencies and a series of discussions with the Healthy City Program Manager from WHO and National Healthy City Coordinators.

## Healthy City Johor Bahru Organisational Structure



The Steering Committee operates under the philosophy that for a Healthy City initiative to be successful there must be leadership. This must come from the local city councils that run the cities; they must provide the necessary commitment, coordination, and direction to facilitate the programs success and longevity.

### Determining Visions, Goals, Targets and Indicators

A mission statement, vision and objectives for the Healthy Johor Bahru City project were developed by the Steering Committee with input from the working committees.

#### Healthy Johor Bahru City Mission

*To improve the health and quality of life in the community by making the city a better place to work, live, and enjoy life.*

Underlying this mission is a strong political will and commitment, multi-sectoral collaboration, and the full support and participation of the community.

#### Vision

*A Healthy Johor Bahru City will be one where:*

- *there will be a mature, democratic, community oriented society, strong in religious, spiritual, moral values and enjoying a high and optimal level of health;*
- *the population will live in a healthy aesthetic environment, free of pollution, with ample open green spaces with sufficient opportunities for leisure and recreation; and*
- *there will be a thriving and resilient economy with emphasis on high technology, capital intensive industry, commerce and information technology, taking full advantage of its strategic location in the region.*

## Objectives

- *improve the environment with the improvement of awareness in the community;*
- *enhance participation and role of the city council, government agencies, private sector and community through collective responsibility;*
- *improve the ability of the city government in providing an effective service;*
- *widen the role of the city government in providing an effective service; and*
- *widen the role of the city government to achieve 'Health for All'.*

## **Creating a Local Action Planning Document**

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A Johor Bahru Healthy City Action Plan was developed in May 1995 with the input of 15 government and local agencies. A planning session was chaired by the City Council Mayor.

A number of principles were developed alongside the plan, these included that:

- activities will be based on observations of problems and issues of Johor Bahru city;
- there will be community participation by local citizens and non-governmental organisations; and
- citizens at all levels will benefit from the project.

A series of discussion sessions were held by the Steering Committee, and a number of activities from the Action Plan were given priority. A publicity program was held together with a televised Clean and Beautiful Johor Bahru City program in November 1995. In addition a *Gotong Royang*, a traditional form of Malaysian community self help and participation project, to clean the Johor River was held. This project involved the recruitment of local families and individuals to undertake rubbish collection and river bank repairs for a day, with a communal lunch held for those involved.

To increase the awareness of the Healthy City Initiative among the local community, an exhibition was held over four days in December 1995 in conjunction with World Town Planning Day in Johor Bahru. A random survey was also undertaken to ascertain the community's desired health and environmental outcomes from the project, gathering public opinion as to the pressing health issues in the City. Issues raised included: the provision of open space and recreational areas, access to local health clinics, access to city official to raise complaints, and the dissemination of health care information.

## **Implementing, Reporting, Monitoring and Reviewing**

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Healthy Johor Bahru City was formally launched on January 1996 by the Chief Minister of the State. A number of activities were held as part of the launch.

These activities were designed to represent a healthy lifestyle, with involvement of all levels of the community, and to embrace local cultures and tradition. There was an excellent response from the State Government, private sector, non-governmental organisations and local community.

The consideration of cultural and ethical traditions and values is not a requirement of the Healthy City Program. These issues were addressed at the instigation of the Steering

Committee, due to the recognition that health and environment issues needed to be addressed using local contexts and customs to ensure the success and longevity of each program.

### **Examples of Healthy Johor Bahru City Initiatives**

#### **Urban Forestry**

An urban forest is being created in the centre of the city. The recreation area includes a children's playground, a swimming area, an open-air community hall, camping facilities and a number of accommodation chalets. The forest has a no rubbish policy, providing no garbage receptacles. Visitors to the forest are provided with plastic bags in which to transport their garbage. The forest is extremely popular with the community.

#### **Healthy Adolescents**

The Healthy Adolescent club is run by a health clinic in the middle of Johor Bahru. Children attending the club are taught about self-care and health issues relevant to their age groups. They also undertake recreation activities, such as cycling and aerobics, and make handicrafts using recycled materials. Initially the club was not well attended, due to ambivalence in the community about its activities, however, it has grown in popularity, and is now very successful.

#### **Community Healthy Kitchen**

A model healthy kitchen has been established within a rural community on the outskirts of Johor Bahru. The clinic runs courses on diet, cooking methods, kitchen cleanliness, and general household cleanliness. The classes are run by clinic nurses, who receive some training from the State Health Department. The classes have been well received by the community, and they may request specific topics to be addressed in later sessions.

#### **Wellness Clinic**

A clinic has been established for men and women to visit to address issues of general health. The clinic has been designed to accommodate people who are 'not yet ill' and who only require a general check-up. A nominal fee of RM 1 is charged. Regular health checks are a relatively new concept to the City population, and to date the clinic has low levels of attendance. It is hoped that targeted information campaigns will boost attendance levels, and promote preventative, rather than curative medicine.

#### **Health Stop**

An information centre has been developed in a local retail development. The facility provides pamphlets and brochures on general health issues, such as HIV, dengue, diabetes and contraception. The centre also provides counselling services. Unfortunately due to the economic downturn, the majority of the other shops in the development have closed, which has affected the number of 'casual' visits to the centre.

#### **Radio Broadcast**

A radio program is now broadcast every Saturday by the Council, where the community can ask questions, air complaints etc. The Mayor is also available for visits from the community, where they can speak to him directly. Whilst this is not a direct initiative of the Healthy City Program, health and urban environment issues, are a popular discussion point.

Whilst community organisations are involved in the working committee of Healthy Johor Bahru City, staff from the State Health Department expressed the view that there was

inadequate input from the general population in regard to the development of projects, and the nature of Healthy City activities. The Steering Committee plans to address this deficiency with new community forum structures.

The Steering Committee, with support from various departments and agencies involved in the Action Plan, recently revised the prepared action plan. This review was undertaken to incorporate the implementation aspects of early projects and to integrate new projects under the umbrella program, and to address health needs expressed by the community.

Healthy Johor Bahru City 2005 has selected a number of areas to focus on:

- a) Inter-sectoral collaboration – promoting greater levels of collaboration between all government agencies.
- b) Healthy Community Forum – providing more community input to Healthy City planning.
- c) Community Recreation – providing more facilities for community recreation and general open space.
- d) Education – utilising the education network for information dissemination, and increasing general community awareness programs.
- e) Economic Development – looking at avenues for job creation, and ensuring job security.

Indicators for the program were developed utilising existing data sources. Health indicators are obtained from the “Health Information and Management System” from the Ministry of Health. The remaining data is obtained from the Social and Welfare Department, Department of Environment and Local Authorities and various others. Community response and attendance levels and correlated health statistics measure the success of a Healthy City initiative. At present Healthy Johor Bahru City is in the process of collecting data for its evaluation by the World Health Organisation.

Healthy Johor Bahru City believes that the elements below are crucial to a successful project:

- vision of a healthy city;
- effective leadership;
- educating, networking, and learning from successes and failures;
- broad based and balanced community involvement;
- respect the oppositions and seek solutions that honour diverse view points;
- cooperation and partnership between sectors;
- adequate and appropriate resources; and
- planning of program and policies with proper action taken.

## **Next Steps**

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The Healthy Johor Bahru City program has increased dramatically since its inception in 1995. Its focus has expanded to address such diverse issues as job security, the eradication of dengue, the improvement of local road networks, and health care for senior citizens. The program continues to evolve with Governments learning from their experiences in program implementation and from community involvement in the program. In addition, the State and City governments have embraced the Healthy City framework and philosophies in a large proportion of their management responsibilities. The success of the program is attributable to the political support from all levels of government, the support from the World Health Organisation, and the dedication of staff involved. With growing levels of community support, and the long-term nature of the projects initiated, it appears likely that the program will continue to grow in future years.

## **Key Contact**

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Dr. Daud Abdul Rahim  
Senior Medical Officer of Health  
Technical Director Healthy City Program.  
Johor State Health Department  
Tingkat 3, Blok B Wisma Persekutuan  
Jalan Ayer Molek  
80590 Johor Bahru  
Johor, Malaysia  
Tel: + 607 222 4711  
Fax: + 607 224 6014

## VISION FOR A HEALTHY JOHOR BAHRU CITY

### **ENVIRONMENT**

Clean air, safe and adequate water, affordable housing in safe neighbourhood with adequate parks and open spaces and affordable public transportation system.

### **ECONOMY**

A city with stable and progressive economic growth where there is employment for everyone with fair distribution of wealth.

### **SOCIAL**

A caring society with religious and moral values incorporated within itself, aimed towards a healthy environment, free from violence, where education and health facilities are easily available and accessible to all, a complete range of entertainment and recreational facilities available to everyone; with an ultimate goal of a physically and mentally healthy society.

## Examples from Healthy Johor Bahru City Action Plan

Component	Issues	Activities	Agencies	Indicators
<b>Environment</b>				
Road and Transport	<ul style="list-style-type: none"> <li>• air pollution</li> <li>• inadequate public transportation</li> <li>• inadequate road network</li> </ul>	<ul style="list-style-type: none"> <li>• restructuring of zoning</li> <li>• diversion of heavy vehicles</li> <li>• installation of bus lanes</li> <li>• promotion of unleaded petrol and CNG</li> </ul>	Environment Dept., City Council, Road and Transport Dept.	<ul style="list-style-type: none"> <li>• suspended particulates in air quality samples.</li> </ul>
Parks and Open Spaces	<ul style="list-style-type: none"> <li>• inadequate open space</li> <li>• improper maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• creation of recreation areas such as the Urban Forest</li> <li>• scheduled park maintenance program.</li> </ul>	City Council	<ul style="list-style-type: none"> <li>• open space per capita</li> <li>• number of maintenance visits.</li> </ul>
<b>Social</b>				
Youths and Senior Citizens	<ul style="list-style-type: none"> <li>• moral decay among youth</li> <li>• neglected senior citizens</li> </ul>	<ul style="list-style-type: none"> <li>• promotion of community base centres such as youth groups and day care centres for senior citizens.</li> </ul>	City Council, National Unity and Community Development Dept., Health Dept., Culture, Youth and Sports Dept.	<ul style="list-style-type: none"> <li>• number of established centres.</li> </ul>
Health	<ul style="list-style-type: none"> <li>• inadequate health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• increase medical and health facilities in the city.</li> <li>• appropriate location of health facilities</li> </ul>	City Council, Health Dept., Private Hospitals/Clinics	<ul style="list-style-type: none"> <li>• number of facilities</li> </ul>
<b>Economic</b>				
Inflation	<ul style="list-style-type: none"> <li>• Imbalance in supply and demand, caused by consumer attitude and proximity to Singapore.</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer education.</li> <li>• Reduced price outlet stores</li> <li>• Law enforcement</li> <li>• Monitoring of prices by government.</li> </ul>	Ministry of Trade and Industry, Department of Consumer Affairs, Consumer Association, and State Education Department.	<ul style="list-style-type: none"> <li>• rate of inflation.</li> </ul>