We are delighted to present the Health Connect Newsletter, Volume 2 Issue 1.

In 2015, the world committed to reduce premature deaths from noncommunicable diseases (NCDs) by one third by 2030 as part of the Sustainable Development Goals. Recent WHO reports indicate that the world will struggle to meet that target. Urgent actions are needed to accelerate efforts to prevent and reduce NCDs to protect the health and well-being of people, and strengthen the national development agenda. An important step would be to raise awareness and learn from each other. The purpose of the Health Connect newsletter is to provide a platform to promote the sharing of experiences and best practices among Member States in NCD prevention and control.

This issue of Health Connect highlights the harmful use of alcohol, a risk factor for many noncommunicable and communicable diseases and injuries. Along with a special focus on the issue of alcohol control, this edition also provides updates, voices from the Region, a page dedicated to health message through visual art, publications and YouTube links in the area of noncommunicable diseases and its risk factors. In our endeavour to make the issue informative and an interesting read, a Health Quiz has been introduced.

May this year be a year of reflection and action. Let us reflect on what worked, what we learnt, and how we can keep the momentum going to promote health and well-being.

Health Connect is a platform for knowledge-sharing and awareness-raising. The Editorial team invites feedback and inputs for making this a more effective means of communication on health in the South-East Asia Region.

Got something to share? Please send your contributions (up to 200 words with accompanying high-resolution digital photographs and web links). All articles submitted are subject to editing, available space, and the acceptance policy. Please send your contributions to Ms Anika Singh, singhan@who.int.

The Health Connect newsletter is an information-sharing platform for Member States of the WHO South-East Asia Region. It highlights latest update in the Region in the area of noncommunicable diseases and its risk factors; injuries and violence prevention; mental health and substance abuse; water, sanitation and health; occupational and environmental health; and health promotion and education.

Call for contributions!
Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures and societies. The harmful use of alcohol causes a huge disease burden, with major social and economic implications.

No one knows exactly when beverage alcohol was first made. However it was presumably the result of an accident that occurred at least tens of thousands of years ago.

Fermented beverages existed in early Egyptian civilization and there is evidence of an alcohol drink in China around 7000 BC. In India, alcoholic beverage called “sura”, distilled from rice, was in use between 3000 and 2000 BC.

The Babylonians worshipped a wine goddess as early as 2700 BC. In Greece, one of the first alcoholic beverages to gain popularity was mead, a formulated drink made from honey and water. However, Greek literature has many references of warnings against excessive drinking, probably because it must have had a harmful social and health impact even at that time.

### Distillation

The most important development regarding alcohol throughout the Middle Ages was probably that of distillation. Interestingly, considerable disagreement exists concerning who discovered distillation and when the discovery was made. However, it was Albert Magnus (1193–1280) who first clearly described the process.

In the 16th century, alcohol was used largely for medical purposes. At the beginning of 18th century the British Parliament passed a law encouraging the use of grain for distilling spirits. Cheap spirits flooded the market and gin consumption reached 18m gallons in Britain and alcoholism became widespread. In 1929, the USA passed a law prohibiting the manufacture, sale, import and export of intoxicating liquors. Illegal alcohol trade boomed and by 1933, the prohibition of alcohol was withdrawn.

### Total alcohol per capita (15+ years) consumption in litres of pure alcohol, 2010

| Per capita consumption (litres) | 
|---|---|---|
| <1 L | 1-4 L | 5-10 L |
| 11-20 L | >20 L | N/A |

Source: Global Status Report on Alcohol and Health 2014

Today an estimated 15 million Americans suffer from alcoholism and 40% of all the car accident deaths in the US involve alcohol.

Globally, 3.3 million deaths annually (5.9% of all global deaths) and 5.1% (139m DALYs) of the global burden of
disease and injury are attributed to alcohol consumption and the impact on the socioeconomic fabric of countries is more serious. Further 25% of the total deaths in the age group 20–39 are also alcohol attributable. There is a causal relationship between harmful use of alcohol and a range of mental disorders and latest evidence establishes the causal relationship between harmful drinking and higher incidence of tuberculosis and HIV/AIDS. Hence, the initial consideration of the discovery of beverage alcohol being a fortuitous accident of the history, is now reviewed as a tragic event.

Source: 1. WHO Global status report on alcohol and health 2014; 2. Website: www.drugfreeworld.org

Dr Palitha Mahipala
Coordinator, Noncommunicable Diseases and Environmental Health
WHO Regional Office for South-East Asia

Harmful use of alcohol: what we should know

The use of alcohol has a place in the rituals of many cultures around the world. Throughout history, alcohol use was regulated through social control whereby its use was permitted and its abuse discouraged.

With many parts of the world having reached stable and saturated consumption and with declining trends of alcohol consumption in the European Region, market lobbyists are increasingly targeting new potential markets, especially in Asia. The South-East Asia Region has seen an increase in regular drinkers and an increase in harm from alcohol use.

To address this growing concern, the Global Strategy to Reduce the Harmful Use of Alcohol was endorsed by the Sixty-Third World Health Assembly in May 2010 (resolution WHA63.13) and the Regional Action Plan to Implement the Global Strategy to Reduce the Harmful Use of Alcohol in the South-East Asia Region (2014–2025) was developed and endorsed by the Sixty-Seventh session of the Regional Committee for South-East Asia.

Though progress has been made in the WHO SEA Region with regard to implementation of these strategies, there is a need to address this huge challenge through concerted efforts to reduce the health, social and economic consequences of the harmful use of alcohol and to achieve the regional targets on prevention and control of noncommunicable diseases.

One important step is to raise awareness on the harmful use of alcohol; this can be done by addressing some frequently asked questions on alcohol:

(1) What determines alcohol related harm?
- Volume of alcohol consumed
- Pattern of drinking
- Quality of alcohol consumed

(2) What are the main challenges of harmful use of alcohol in the WHO SEA Region?
- Binge drinking (6 standard drinks or consumption of 60 or more grams of pure alcohol, on at least one single occasion at least monthly)
- Consumption of unrecorded alcohol (homemade alcohol, illegally produced or sold outside normal government control)
• Illicit alcohol (higher ethanol content and contamination with toxic substances such as methanol)

(3) Alcohol is cardio protective: myth or fact?

• The relationship between alcohol consumption and cardiovascular diseases is complex. The beneficial cardio protective effect of relatively low levels of drinking for ischaemic heart disease and stroke disappears with heavy drinking occasions. Moreover alcohol consumption has detrimental effects on hypertension, atrial fibrillation and haemorrhagic stroke, regardless of the drinking pattern.

• Unrecorded alcohol refers to alcohol that is not taxed in the country where it is consumed. It is usually produced, distributed and sold outside the formal channels under government control. Unrecorded alcohol includes consumption of home-made or informally produced alcohol (legal or illegal) smuggled alcohol, alcohol intended for industrial or medicinal uses and alcohol obtained through cross-border shopping which is recorded in different jurisdiction.

• Sometimes these alcoholic beverages are traditional drinks that are produced and consumed in the community or in homes. Home-made or informally produced alcoholic beverages are mostly fermented products made from sorghum, millet, maize, rice, wheat or fruits. Unrecorded consumption also includes so-called surrogate alcohol, commonly ethanol that was not produced as beverage alcohol but is used as such, e.g. mouthwash, denatured alcohol, medicinal tinctures, aftershaves and perfumes.

• Worldwide, almost a quarter (24.8 %) of all alcohol consumed is consumed in the form of unrecorded alcohol. In the WHO SEA Region, unrecorded alcohol consumption makes up more than 50% of total alcohol consumption. The Region, which has 25% of the world’s population has 26.4% of worldwide unrecorded alcohol consumption. This hampers development of appropriate policies and measures.

(4) Which are the population-based policy options that have been shown to be the best buys in reducing the harmful use of alcohol?

• Use of taxation to regulate the demand of alcoholic beverage,
• Restricting their availability, and
• Implementing bans on alcohol advertising
• Measures against drink-driving by setting low limits (0.2% to 0.5%) for blood alcohol concentration (BAC) and enforcing them by random breath-testing (RBT) are effective in reducing not only road traffic injuries but also reducing alcohol consumption among drivers.

(5) What is unrecorded alcohol? What are its implications for the WHO SEA Region?

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(6) Frequently used terms in alcohol use:

• Alcohol use, as the term implies, is the consumption of alcohol. It does not indicate the amount used or the extent of harm from use. Alcohol use usually starts as a social phenomenon. Many communities consider the occasional use of alcohol, for recreational purposes or on social occasions, as ‘normal’ and ‘acceptable’. There is little awareness that even the occasional or social use of alcohol does carry a risk of road traffic injuries or industrial accidents. Intoxication from occasional use can lead to violence or socially inappropriate behaviour.

• Harmful use of alcohol is defined as a pattern of alcohol use that is causing damage to health, and the damage may be physical (as in cases of liver cirrhosis) or mental (as in cases of depressive
episodes secondary to heavy consumption of alcohol) (see ICD-10; WHO, 1992).

- **Alcohol dependence** (also known as alcoholism or alcohol dependence syndrome) is defined as a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated alcohol use and that typically include a strong desire to consume alcohol, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to alcohol use than to other activities and obligations, increased tolerance, and sometimes a physiological withdrawal state.

- **Alcohol abuse**, also called “problem drinking”, is a pattern of excessive drinking that result in adverse health and social consequences to the drinker, and often to those around the drinker.

- **Heavy episodic drinking (HDE)**: is defined as consumption of 60 or more grams of pure alcohol (6+ standard drinks in most countries) on at least one single occasion at least monthly. The volume of alcohol consumed on a single occasion is important for many acute consequences of drinking such as alcohol poisoning, injury and violence, and is also important wherever intoxication is socially disapproved of. HED is associated with detrimental consequences even if the average level of alcohol consumption of the person concerned is relatively low.

(7) Why women get more intoxicated than men after drinking the same amount of alcohol even when the differences in body weight are taken into account?

Alcohol easily mixes with body water and because a woman’s body has proportionately less water than a man’s, alcohol becomes more highly concentrated in a woman’s body, leading to its enhanced effects on women.

(8) How harmful is it to drink alcohol during pregnancy?

**Alcohol use** can have numerous harmful effects on the unborn child, ranging from organ abnormalities to learning and behavioural problems. Moreover, many of these disorders in newborns last into adulthood. While it is not known exactly how much alcohol has to be consumed by the mother to cause this damage, but the link between alcohol consumption by a pregnant woman and damage to the unborn child has been established. Therefore, for women who are pregnant or are trying to become pregnant, the safest course is to abstain from alcohol.

(9) Is it true that if you are taking some medication, then you should not drink alcohol?

More than 100 medications interact with alcohol, leading to increased risk of illness, and, in some cases, death. The effects of alcohol are increased with certain medicines, such as sleeping pills, common cold medications (anti histamines), anti-anxiety drugs, and some painkillers. In addition, the effect of certain critical medicines, such as diabetes and medicines for cardiovascular diseases can be neutralized by alcohol, leading to serious adverse effects in the patient.

Source: 1. WHO Global status report on alcohol and health 2014; 2. Alcohol use and abuse: what you should know

Dr Nazneen Anwar
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WHO Regional Office for South-East Asia
Bullying, mental health problems and parental engagement are the key predictors of current alcohol use among adolescents in the SEA Region

The analysis of data from global student-based school health surveys (GSHS) from the WHO South-East Asia Region shows that high level of parental engagement protects students from drinking alcohol; on the other hand, bullying substantially increased the risk in engaging in alcohol drinking. For example, the low level of parental engagement increased the risk of drinking alcohol with odds ranging from 1.35 in Bhutan to 2.06 in Sri Lanka.

Percentage of students (13-17 years) reporting current alcohol use by the level of parental engagement:

<table>
<thead>
<tr>
<th>Country</th>
<th>High parental engagement</th>
<th>Low parental engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>31%</td>
<td>14%</td>
</tr>
<tr>
<td>India</td>
<td>19%</td>
<td>14%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>19%</td>
<td>8%</td>
</tr>
<tr>
<td>Maldives</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Nepal</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Thailand</td>
<td>2%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Note: The source of the above graph is the most recent Global school-based student health survey (GSHS) in each country, the years vary

In addition, having a mental health problem as reported by excessive worrying most of the times or always, feeling lonely most of the times or always, or seriously considering suicide significantly increased the odds of drinking alcohol in almost all the countries.

Finally, in all the countries, the alcohol use is significantly higher among male student than female students, with the male/female ratio varying from 1.3 in India to 17.1 in Bangladesh.

Knowing these risk factors is important to develop appropriate policies for control of harmful use of alcohol in the Region.

Dr Manju Rani
Regional Adviser
Noncommunicable Diseases and Tobacco Surveillance
WHO Regional Office for South-East Asia

The 10 target areas and cost-effective interventions to reduce harmful use of alcohol

WHO developed a global strategy to reduce harmful use of alcohol in 2010. It grouped all the recommended policy options and interventions available for national action in 10 target areas. All these 10 areas are supportive and complementary to each other:

1. **Leadership, awareness and commitment**: Strengthen awareness of alcohol-attributable burden; leadership and political commitment to reduce the harmful use of alcohol.

2. **Health services’ response**: Provide prevention and treatment interventions for those at risk of or affected by alcohol use disorders and associated conditions. This will include provision of brief psychosocial intervention for persons with harmful alcohol use and require trained providers at all levels of health care.

3. **Community action**: Support communities in adopting effective approaches and interventions to prevent and reduce the harmful use of alcohol.

4. **Drink-driving policies and countermeasures**: Implement effective drink-driving policies and laws including blood alcohol concentration limits via sobriety checkpoints and countermeasures.

5. **Availability of alcohol**: Regulate commercial and public availability of alcohol.

6. **Marketing of alcohol beverages**: Enforcement of bans or comprehensive restrictions on alcohol advertising across all types of media.

Policy options and interventions available for national action in 10 target areas

Source: Niramaya Newsletter/WHO Country Office for India
(7) Pricing policies: Use price policies such as excise tax increases on alcoholic beverages. Levying taxes should be combined with other price measures such as bans on discounts or promotions.

(8) Reducing the negative consequences of drinking and alcohol intoxication: This includes regulating the drinking context and providing consumer information.

(9) Reducing the public health impact of illicit alcohol and informally produced alcohol: Reduce the public health impact of illicit alcohol and informally produced alcohol by implementing efficient control and enforcement systems.

(10) Monitoring and surveillance: Develop sustainable national monitoring and surveillance systems using indicators, definitions and data collection procedures compatible with WHO’s global and regional information systems on alcohol and health.

Out of these 10 recommended policy-action areas, 3 intervention areas were found to be very cost-effective on the WHO-Choice analysis with average cost-effectiveness ratio of US$ ≤100 per DALY averted. These included:

- Increase in excise taxes on alcoholic beverages.
- Enforcement of bans or comprehensive restrictions on alcohol advertising.
- Enforcement of restrictions on the physical availability of retailed alcohol.

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WHO Regional Office for South-East Asia

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Important factors that influence alcohol consumption in the SEA Region

There are several factors that influence alcohol use in SEA Region countries. These should be addressed through policies, laws and community interventions:

1. Taxation and pricing

Alcohol taxation and optimal pricing is a complex subject. This is an area which has not been carefully studied in the SEA Region. Pricing is complex as there are different brands, strengths, different levels of availability, pricing policies and consumption patterns of different alcohol products. However, due to the gradual improvement in the economies of SEA Region countries, and increasing disposable incomes, alcohol products will become increasingly affordable, and this will have a significant positive impact on consumption.

2. Innovative methods of promotion of alcohol use

Social media promotions, events and sales

Social media is characterized by its interactive nature, unlike traditional websites. Social media promotions are not restricted to the web alone. They promote real events that take place - beach parties, dances, dayouts, etc. where fans can physically take part. “Post-event” promotions such as uploading of photographs and videos are a part of such activities as well. Such a level of engagement will contribute to stronger emotional attachments to brands as well as the culture of alcohol use, which goes beyond mere brand promotion.

Product placements and movie storylines

Glamourized drinking in films is so persuasive that it can encourage young people to initiate use and consume more alcohol.

Pop lyrics and music videos

Alcohol-related lyrical content was associated with urban music genres, such as R&B, Rap and Hip-Hop, and artists from around the world. Alcohol-related references were often positively framed, linking alcohol use to valued attributes and favourable outcomes. Studies show that positive references to alcohol are common in pop music. This is relevant to the Region as pop music is very popular among the younger age groups in almost all countries.

3. Introduction of different types of alcohol products

“Alcopops” appeared in the American and European markets in the mid-1990s. Studies have found that the overall effects of such beverages are the same as other alcohol products when corrected for the total alcohol content. This once very popular product has been somewhat brought under control through specific taxes in many countries. However, such products could appear in SEA Region countries. When such products appeared in the markets of Europe and the United States of America, it took almost a decade for them to be brought under control through taxation. With large youth populations in the Region, which are expanding, and very large percentages of
those who refrain from using alcohol, countries in the SEA Region could be attractive propositions for new markets for these products.

4. Alcohol industry interference in alcohol policy development and implementation

The alcohol industry is an influential multinational industry that has the power and the resources to delay and weaken development and implementation of alcohol control policies. For example, the Portman Group, International Center for Alcohol Policies (ICAP) and the newly formed International Alliance for Responsible Drinking (IARD) are all alcohol industry-funded organizations that publish “research” and engage the public and policymakers on issues related to alcohol. One of the more successful strategies that the alcohol industry uses is “self regulation”. This has been often used to delay implementation of effective policies.

5. International trade agreements

One of the most insidious and serious threats to effective control of alcohol-related harms in the future will be from the sphere of international trade agreements and laws. Such laws and agreements supersede national laws and regulations. Therefore, poorer, less “powerful” countries may find themselves in helpless positions related to public health measures to control harms from substances, such as alcohol, tobacco and even from unhealthy food, which multinational corporations trade in. In addition to international agreements, such as General Agreement Trade-Related Services, Agreement on Technical Barriers to Trade (TBT Agreement) and Trade-Related Intellectual Property Rights (TRIPS) are some examples relevant to public health. However, there are bilateral and multilateral agreements that also deal with the same issue, making the situation complex. The newer types of treaties under consideration such as the Trans-Pacific Partnership (TPP) may erode the power of individual countries to control alcohol use and harm.

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National Authority on Tobacco and Alcohol
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Alcohol and cancer: No safe level of alcohol use

The International agency for Research on Cancer (IARC) regards alcohol as group 1 carcinogen, for seven types of cancers, namely oral cavity, pharynx, larynx, esophagus, liver, colorectum and breast cancers. The group 1 status means there is enough strong evidence for this cancer causation. All alcoholic beverages can cause this carcinogenic effect, as ethanol (and its metabolic derivatives which enter our bodies) is the main driver for this relationship. The carcinogenic pathway is not yet clear and might depend on cancer types. The most likely theories include the alteration of DNA repairing when irritated with alcohol, inflammation and scarring process, and alteration of bacteria. In addition, alcohol may enhance the carcinogenic effects of other harmful chemicals, particularly for tobacco.

Non-parametric regression curves showing the association between alcohol consumption and risk of cancer (alcohol related). Blue lines = relative risk; dotted line = 95% confidence intervals

Yin Cao et al. BMJ 2015;351:bmj.h4238
An interesting aspect of alcohol and cancer relationship is that the carcinogenic effect can start from a low volume of consumption, which many may regard as “not harmful” or “responsible” level of drinking; and the risk only further increases by consumption volume.

What does this mean? This relationship of alcohol and cancer is an example confirming that there is no safe level of alcohol consumption.

So, there is no safe drinking, only low and higher risk from drinking. Why put yourself to risk?

Source: Cao, Y et al., Light to moderate intake of alcohol, drinking patterns, and risk of cancer: results from two prospective US cohort studies, BMJ; 351, 2015

Dr Thaksaphon Thamarangsi
Director, Noncommunicable Diseases and Environmental Health

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**Health Quiz**

Test your knowledge of noncommunicable diseases (NCDs) and alcohol use

1. How many people die every year from noncommunicable diseases (NCDs), including cancer, heart diseases and stroke, diabetes, and chronic respiratory diseases in the WHO South-East Asia Region?
   - 10 million people
   - 8.5 million people
   - 15 million people

2. Of the following, which disease causes most death in the SEA Region?
   - Cardiovascular disease
   - HIV/AIDS
   - Malaria
   - Tuberculosis

3. In the SEA Region, how many deaths are attributed to alcohol?
   - 1 in 20 deaths
   - 1 in 40 deaths
   - 1 in 60 deaths

4. Harmful use of alcohol is critical in preventing which of the following?
   - Cardiovascular disease
   - Injuries
   - Gastrointestinal diseases
   - Neuropsychiatric disorders
   - All of the above

5. According to the Global student-based School Health Surveys (GSHS) the current alcohol use and life time prevalence among school-going adolescents (13–17 years) is highest in which of the three countries:
   - Timor-Leste, Bhutan, Thailand
   - Bhutan, India, Indonesia
   - Thailand, Sri Lanka, Timor-Leste

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*Answers: 1. 8.5 million people; 2. Cardiovascular disease; 3. 1 in 20 deaths; 4. All of the above; 5. Timor-Leste, Bhutan, Thailand*
Be the Change: workplace interventions to address noncommunicable diseases

‘Be the Change’ is a WHO Regional Office for South-East Asia initiative, designed to be a comprehensive package of noncommunicable diseases prevention interventions at workplace, to increase work productivity and promote health, and well-being of staff members.

How can the WHO Regional Office for South-East Asia support?

Provide technical support to raise awareness, design, implement and evaluate healthy workplace programmes, which may cover healthy diet, physical activity, stress management, screening and early treatment for NCDs and its risk factors, and other health promotion activities.

For additional information on “Be the Change”, please visit http://www.searo.who.int/about/be-the-change/en/index.html

Promoting healthy lifestyle in hospital setting

The Meenakshi Mission Hospital and Research Centre, Madurai, India, has been conferred the “Gold Level Arogya World Healthy Workplace Award” by the Arogya World Trust. The award recognizes the various health promoting activities including tobacco-free campus of the hospital with a de-addiction centre; the nutritious meals provided for free or at subsidized rates; the highest hygiene levels maintained through inspection and microbiological investigations; the free gym and recreational facilities like yoga for staff. In addition to that, the hospital provides free annual health check-up and immunization for staff; and stress management workshops and a mentoring programme. The hospital has been running a successful “Humour Club” since the last 30 years, recognizing laughter as the best medicine.

Developing a health promoting university: experiences at an Indian university

The concept of a Health Promoting University (HPU) emerges from the fact that a university provides an ideal ‘setting’ and a valuable opportunity to promote health and well-being amongst its young student population. It aims to create healthy working, learning and living environments for students, staff and the community at large. Beyond clinical interventions, these initiatives should inspire students to learn about preventive and promotive health and foster healthy lifestyles.

The Symbiosis International University (SIU) was established the Symbiosis Centre of Health Care (SCHC) in 1997 with an aim to provide preventive, curative and promotive health programmes for students and staff on campus.

Inspired by the “Be the Change” (BTC) programme of the WHO Regional Office for South-East Asia, the university is proud to list its activities under the 6 WATCH components of WHO’s BTC:

(1) WATCH your plate: to promote healthy eating

- Clean water is the default drink at the workplace and at meetings; serving sugar-sweetened beverages on campus is discouraged.

Mr P. Sundarraj
Head, Department of Resource and Development
Meenakshi Mission Hospital & Research Centre

SymbiFIT competition recognizes students who are living a healthy lifestyle
- Availability of fresh vegetables and fruits on campus.
- Promote healthy eating through the university cafeteria Health-e-taria.
- Healthy food guidelines shared with cafeteria, mess and the canteen owners.

(2) **WATCH your weight and waist.**
- Placement of weighing scale and body mass index charts at the Symbiosis Centre of Health Care campus.

(3) **WATCH your steps: to promote physical activity**
- Actively engage and promote physical activities, such as through messages “Only for the old and infirm” placed outside the to encourage people to use stairs.
- Sufficient breaks in meetings encouraging movement and stretching.
- Encourage the use of the campus recreation and wellness centre offering gym, yoga, aerobics and swimming (only the residential campus has swimming pools).
- Encourage group activities such as outbound events, freedom for fitness run, Symbi Fit, Happy Healthy Campus campaigns.

(4) **WATCH your stress level**
- Encourage the use of the Symbiosis Centre for Yoga that promotes yoga, pranayama and meditation amongst the staff and students.
- Introduce special activities around the International Yoga Day in June, and 108-day yoga challenge for staff and students.
- Innovative technique to encourage movement on campus: a reminder pops up every two hours on everyone’s computer to get up and stretch.
- Professional counsellor services available on campus.
- Strong buddy and mentor-mentee mechanism to air grievances of students.
- Ultra modern sports facilities to help students combat stress.
- A dedicated students affairs department to address issues.

(5) **WATCH your change: to encourage regular screening**
- Mandatory detailed annual health check-up for all staff and students.

(6) **WATCH your tobacco and alcohol consumption**
- Tobacco and alcohol free campuses. Strong deterrent action is taken against defaulters.

In addition to the above, SIU through its Symbiosis Community Outreach Program Extension (SCOPE) also contributes to the health of the community at large. It provides health-care services including access to a family doctor clinic (FDU) and a mobile medical unit (MDU) to the rural community in 23 villages adopted by the university.

SIU continues to make efforts to take the health promotion programme even further and is proudly marching towards establishing itself as a Health Promoting University.

**Dr Rajiv C Yeravdekar, PhD**
Dean, Faculty of Health & Biological Sciences
Symbiosis Institute of Health Sciences
Enforcement of alcohol control in Bhutan

The consumption of alcohol is widely accepted and ingrained in Bhutanese culture. With concern over the growing menace, morbidity and mortality due to alcohol, the Royal Government of Bhutan endorsed the National Policy and Strategic Framework to Reduce Harmful Use of Alcohol, in 2015, to reduce burden due to harmful use of alcohol in the country. The strategy focuses on alcohol control through a holistic public policy approach. One of its principles to reduce harmful use of alcohol is through reducing the availability of alcohol in the country by adopting some deterring measures to reduce the number of alcohol outlets.

Two common sources of alcohol products in Bhutan are home-brewed and industrial distilled alcohol. Over the years domestic production of alcohol has increased as have alcohol outlets; there are 5407 outlets comprising retail, wholesale and bars, or one outlet for every 98 Bhutanese above 15 years of age.

In order to address the problem arising from the burden of alcohol and address the high outlet density in the country, the Royal Government of Bhutan is implementing several notable initiatives. These responses include:

(1) Sensitization of all relevant stakeholders on the policy adaption as per the roles and responsibilities reflected in the policy.

(2) Measures to strengthen enforcement related to outlet density control and licensing:

(i) Strengthened enforcement of rules of opening and closing of bar hours (1 pm-10 pm) and age (<=18 years).

(ii) Enforcement of every Tuesday as dry day.

(iii) Issuing of licenses for all forms of alcohol outlets is suspended.

(iv) Issuing of bar licences is withheld.

(v) Regular joint monitoring of sale of alcohol at entertainment venues by relevant agencies in urban areas.

(vi) Cancellation of licences for violation of operating rules and regulations.

All these policy measures are resulting in reduction in the number of total alcohol outlets in the country over the years.

Mr Dil Kumar Subha, Ministry of Health
Mr Mindu Dorji, Ministry of Health
Royal Government of Bhutan

Reducing alcohol-related harm in Thailand

Thailand shows how much can be achieved with the right mix of grassroots support, political commitment and scientific evidence. Kumron Choodecha, runs Alcohol Watch, a nongovernmental organization that campaigns with civil society groups in Thailand for stronger alcohol control policies and action, and plays a crucial role in gathering support, especially among young people. Nearly 13 million people - about one fifth of the Thai population - signed a petition in support of Thailand’s Alcohol Beverage Control Act when it was first proposed. Today Thailand is one of the few developing countries with laws and policies aimed at preventing alcohol-related problems, such as liver disease, cancers and alcohol dependence as well as road crashes, poverty, violence and crime. In spite of all the progress the country has made, it faces major challenges such as high per capita alcohol consumption and alcohol use being one of the four leading health risk factors.

Buddhists who refrained from drinking alcohol during a three-month alcohol-free Buddhist Lent campaign in 2016, worship in a temple.

Photo courtesy: WHO/ThaiHealth

To curb drinking initiation while reducing overall consumption, Thailand plans to introduce a new excise tax system this year to raise the price of alcoholic beverages. Such measures are accompanied by ThaiHealth social marketing campaigns including television and radio spots on alcohol-related harms. Some campaigns focus on Buddhist traditions, for example one promotes an alcohol-free Buddhist Lent - the annual period for fasting and reflection - while others restrict alcohol sales during national festivities such as the Songkran Thai New Year.

Full-story: http://www.who.int/bulletin/volumes/95/7/17-020717/en/

Thailand’s physical activity drive is improving health by addressing NCDs

Thailand has taken significant steps to improve the health of people through the physical activity drive that includes: new cycle paths around the country; promoting an increase
and rock concerts; and organizing regular 10 kilometre runs in the capital and locations around the country. The public parks are becoming beacons for health, with tai chi, yoga, dancing and other healthy programmes the norm there.

“NCDs kill more Thais than anything else — this is why they are a major priority for WHO’s work with the government,” says Dr Daniel Kertesz, WHO Representative to Thailand. “We support Thailand’s local and global leadership to reduce physical inactivity and tackle other important risk factors for NCDs.”

Dr Pairoj Saonuam, of Thai Health, says promoting physical activity requires action from many sides, including political support, a social movement, and economic investment. “We need to change the paradigm: exercise is not just activity you do in your free time,” says Dr Saonuam. “We can be physically active during our daily routines, by walking to work, cycling to school and using less motorized transport.”


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**Knowledge Centre**

**WHO SEARO Alcohol Control Series: 1–9**

The dimensions of harm from alcohol use have been detailed in the “Alcohol Control Series” developed by experts from the South-East Asia Region of the World Health Organization. The series comprises nine monographs, each highlighting an issue in the spectrum of alcohol use in the Region. The series presents a comprehensive view of harm related to alcohol use, its economic and social consequences, effective policies countries can adopt, and documents community-based programmes and good practices. The development of the alcohol control series spans over a decade (2006–2016). Over the years, there has been much progress in the Region with respect to addressing harmful use of alcohol and in the country profiles of alcohol use. For the most recent data the Global Status Report on Alcohol and Health 2014 is to be consulted. http://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf

1. **Burden and socioeconomic impact of alcohol: Bangalore study**

The publication is a report of the comprehensive study of 28,507 individuals from four population groups of (rural, town, slum and urban areas) in Bangalore, India.

2. **Public health problems caused by harmful use of alcohol: gaining less or losing more?**

This publication documents the regional experience on public health problems caused by harmful use of alcohol in South-East Asia Region. http://apps.who.int/iris/handle/10665/205712
3. **Alcohol control policies in the South-East Asia Region: Selected issues**

The effects of alcohol use depend on a number of internal and external influences. At the societal level, availability, accessibility, affordability and acceptability have a major influence on alcohol use. This document is intended to inform policy-makers and could also serve as an advocacy tool for identifying existing gaps and raising awareness about the need for additional alcohol control policies. [http://www.searo.who.int/entity/mental_health/documents/9290222743.pdf?ua=1](http://www.searo.who.int/entity/mental_health/documents/9290222743.pdf?ua=1)

4. **Alcohol use and abuse: what you should know**

Among youth, alcohol use usually begins as “experimentation” often initiated in peer groups. School friends often form the first group in which alcohol consumption is initiated. It may also occur within the family, at social gatherings on special occasions. This document provides adolescents with brief and clear information on harm from alcohol use and abuse. It also addresses some myths and facts about alcohol consumption. [http://apps.who.int/iris/handle/10665/204774](http://apps.who.int/iris/handle/10665/204774)

5. **Reducing harm from use of alcohol: community responses**

Harm from alcohol use has a significantly adverse impact on lives, and most notably, on the health of affected persons and their families. Simultaneously, there is a substantial socio economic impact on the communities. This publication is a self-learning material for community volunteers on prevention of harm from alcohol use. [http://apps.who.int/iris/handle/10665/205738](http://apps.who.int/iris/handle/10665/205738)

6. **Current information on use and harm from alcohol in the South-East Asia Region**

This document is a compilation of information on alcohol-related issues in Member States and will form the basis for design and development of policies and programmes to prevent alcohol-related harm in the WHO South-East Asia Region. [http://apps.who.int/iris/handle/10665/204906](http://apps.who.int/iris/handle/10665/204906)

7. **Programme on reducing harm from alcohol use in the community**

The WHO Regional Office for South-East Asia (SEARO) initiated a programme to acquire and synthesize information relevant to developing and implementing interventions on the use and harm from alcohol through community action in six Member States (India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand). Through community-based surveys, information on alcohol use and harm related to the types of alcohol, frequency and contexts of use, age of initiation, quantity of use and social and other problems related to use was collected. [http://apps.who.int/iris/handle/10665/205682](http://apps.who.int/iris/handle/10665/205682)

8. **Reducing harm from alcohol use: Good practices**

Experiences of selected SEA Region Member States in reducing harm from alcohol use through policy development and community action is documented. The impact evaluation of community-based programmes has shown positive results. [http://apps.who.int/iris/handle/10665/205737](http://apps.who.int/iris/handle/10665/205737)

9. **Epidemiology of alcohol use in the South-East Asia Region**

Outlines public health aspects of alcohol use and harm in the WHO South-East Asia Region countries. It summarizes global regional and country-specific data and also discusses aspects of alcohol control that are important in the context of the Region. The possible future trend of alcohol use in the Region is analyzed and the current and future barriers to effective alcohol control in countries of the Region are discussed.

Dr Nazneen Anwar
Regional Adviser, Mental Health
WHO Regional Office for South-East Asia
Climate change and health

Climate change is happening, and is a risk to public health. Health will be impacted directly by more frequent and high-intensity extreme weather events, and indirectly by changes in environmental and social systems. Climate change is already having an impact across our Region.

As many diseases and health conditions are climate-sensitive, climate change considerations need to be included in all health policies and planning processes.

The video addresses how the health systems as a whole need to be reinforced and adjusted, by integrating the risks of climate change in their very building blocks. It also highlights success stories from the WHO SEA Region testifying towards a new wave of awareness and responsibility.

https://www.youtube.com/watch?v=pL32gcXUKxY&feature=youtu.be
Strengthen Primary Health Care centers to address NCDs and make the Region healthier

Today, at least 130 million people in the South-East Asia Region still lack access to one or more essential services. In addition, many are not even aware that they have noncommunicable diseases. The urgent need is not only to strengthen but to reorient the health systems to scale-up NCD management across all levels of care. The current health care systems are not fully prepared to manage this growing burden of noncommunicable diseases. The video focuses on how primary care centres can act effectively as the first point of contact and address the needs of people with NCDs.

https://www.youtube.com/watch?v=rGrk-0ikl-Y

Prevent. Treat. Beat Diabetes

Over 90 million adults have diabetes in the South-East Asia region. Half of those with diabetes remain undiagnosed. The diabetes epidemic is rapidly increasing across the world, with the documented increase most dramatic in low- and middle-income countries.

This video focuses on preventable strategies like maintaining normal body weight, engaging in regular physical activity, and eating a healthy diet that can reduce the risk of diabetes. Diabetes is also treatable and can be controlled and managed to prevent complications.

https://www.youtube.com/watch?v=qRNHM3yXVb8

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Announcements

Noncommunicable diseases and environmental health related agenda items to be discussed at the Seventy-first World Health Assembly, 21–26 May 2018, Geneva

The six agenda items related to noncommunicable diseases and environmental health to be discussed at the Seventy-first World Health Assembly includes:

- Draft 13th Global Program of Work (Agenda 11.1)
- Health, environment and climate change (Agenda 11.5)
- Preparation for the third High-Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable diseases, to be held in 2018 (Agenda 11.8)
- Physical activity and health (Agenda 12.2)
- Maternal, infant and young child nutrition (Agenda 12.6)
- Rheumatic fever and rheumatic heart disease (Agenda 12.8)
Art for health

A creative illustrative way to give out health messages

Gaming disorders and NCDs

Looking at you my dear child... I am worried
You spend hours and hours sitting and hitting the buttons
Your eyes are set on a small screen, mind is engaged in an addictive game.

Looking at you my dear child... I am troubled
The sunshine outside is waiting for you to come out
The cool breeze is calling you... to make your day
But alas... you are glued to your chair and playing this video-game.

Looking at you my dear child... I am anxious
These games widen your imagination to do anything and everything
By clicking buttons, you feel excited... at times, miserable
These habits if you follow long... will make you less amicable.

Looking at you my dear child... I am concerned
Let’s go out together and play in the sunshine
As you to need to enjoy the real treasures of life
Leave this device for a while... walk, run, dance and play!

Looking at you my dear child... I am disturbed
Don’t follow these addictions, they impact your health, they impact you.

~ Poonam Mehra, New Delhi, India
WHO Regional Office for South-East Asia

I love video-gaming — the more I play, the better I get.
My new game FIFA 18 is like playing football in the field, the action, the excitement, the pressure, the drama, it’s all created here.
The Call of duty video-game is so much fun and educative too, you get to be a first-person shooter and experience being in a war field.
I even connect with strangers through online matches, I have made so many friends.
I don’t enjoy studying anymore as I learn more from video-games than these boring books.
My dad tells me that when he was young he used to play on the swings under the clear blue sky and the sun. I pity him as he did not get to experience half the fun!

~ Musanna Nabi Chowdhury, 23, Bangladesh

Positive mental health

Suicide prevention

Paulina Popy Kirana, 25, Tangerang, Indonesia

Tandin Wangm, 14
Thimpu, Bhutan

Kinley Tenzin, 16
Bhutan
Ministry of Health Maldives gets recognized for their contribution to public health including in addressing noncommunicable diseases risk factors, September 2017

The Ministry of Health Maldives has been conferred the Excellence in Public Health Award by WHO South-East Asia Region in September 2017. Maldives spends 9% of its GDP on health, the highest in the Region. In addition to many significant achievements to accelerate action to strengthen its health systems, the government has been making commendable efforts to combat the growing threat of noncommunicable diseases, one of them being 58% increase in import duty and tax on sugary drinks and tobacco products. This is the highest tax on sweetened drinks globally.

Press release

Article

Ministerial Roundtable on Building Health Systems Resilience to Climate Change, 7 September 2017

Climate change is happening, and is a risk to public health. Whether from greater severity and intensity of extreme weather events, changes in the spread and abundance of disease-carrying vectors such as mosquitoes, or changes to the physical environment that cause displacement or threaten livelihoods, climate change is already having an impact across our Region.

As many diseases and health conditions are climate-sensitive, the impact of climate change on health needs to be included in health policies and planning.

The purpose of the Ministerial Roundtable, during the Seventieth session of the WHO Regional Committee for South-East Asia was to take stock of the health adaptation and mitigation measures carried out in countries, and agree on a framework for action for improving health systems to prepare them to withstand future shocks and stresses posed by climate change.

In recognition of the immense and increasing public health risks caused by climate change, Member countries of WHO South-East Asia Region unanimously endorsed the Malé Declaration in September 2017, committing to build health systems able to anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stress.

A four-year project to build resilience of health systems to climate change in the Asian least developed countries (LDCs) was recently approved by the Global Environment Facility. It is a multi-country project to be implemented in four Member States in the WHO South-East Asia Region: Bangladesh, Myanmar, Nepal and Timor-Leste, and two Member States in the WHO Western Pacific Region. The project will greatly help in implementing the Malé Declaration on building health systems resilience to
climate change which was signed by the Health Ministers during the 70th Regional Committee Meeting for South-East Asia.

**Malé Declaration:**
http://www.searo.who.int/entity/ climate_change/events/male_declaration.pdf

**Press release**

**Success stories of climate change and health in WHO SEA Region countries**
http://www.searo.who.int/entity/ climate_change/events/success_stories_cc_and_health_mrt_rc70.pdf

The key agenda for the two-day meeting included integration of mental health and dietary interventions in NCD programmes, strengthening alcohol control, surveillance of mental health, programmatic approaches to salt reduction, fast tracking national NCD action plans, acceleration of cancer screening to implement the 2015 Regional Committee resolution, and using cascade trainings in mental health and NCDs to foster health facility teams at the primary health care level. http://www.searo.who.int/entity/nde-meetings/integrate-mental-health-ncd-2017/en/

**Regional Consultation to integrate mental health and healthy diet into NCD prevention and control programme, Bangkok, Thailand, 12–13 October 2017**

The aim of the forum was to strengthen national capacities in addressing NCDs, mental health and nutrition challenges through selective cost-effective interventions in the context of the SDGs. Representatives from government, academia and civil society, and focal points from WHO country offices formed “country teams” to develop the actionable next steps to accelerate selective best buys and strengthen health system in their respective countries. http://www.searo.who.int/entity/nde-meetings/regional-forum-accelerate-ncd-2017/en/

**SEA regional forum to accelerate NCDs prevention and control in the context of the SDGs, Bangkok, Thailand, 9–11 October 2017**

Road traffic injuries kill approximately 316 000 people each year in the WHO South-East Asia Region, equivalent to 25% of global road traffic deaths. The ministerial-level meeting in the WHO South-East Asia Region was an important step
to inspire and accelerate action on the five pillars of the “UN Decade of Action for Road Safety, 2011—2020”, both at national and sub-national levels.

Alarmed at the increasing incidence of deaths and injuries in road crashes, mostly involving motorcyclists and other vulnerable road users, countries in the WHO South-East Asia Region committed to accelerate action for road safety. Member countries adopted “Phuket Commitment” on road safety, that calls for prioritization, high-level commitment, united efforts of all stakeholders, knowledge management, enforcement of regulations and time-bound deliveries. For more details see: http://www.searo.who.int/entity/disabilities_injury_rehabilitation/ministerial-meeting-road-safety-2017/en/

Press release

**Highlights of the Union Budget 2018 of the Government of India for the health sector**

- India announces a new health protection scheme and allocates Rs 520 billion to “holistically” address problems confronting the health sector.
- When rolled out, this will be the world’s largest government-funded health care programme aimed at benefiting 100 million poor families and 500 million people by providing coverage of up to Rs 500 000 per family per year for secondary and tertiary care hospitalization.
- The government will be setting up 24 new government medical colleges and hospitals by upgrading existing district hospitals in the country.
- The setting up of the 150 000 wellness centres the foundation of providing comprehensive care, including for non-communicable diseases, maternal and child health services, besides free essential drugs and diagnostic services.

India’s initiatives are well timed with WHO’s initiative to strengthen efforts to make universal health coverage a reality. The theme for this year’s World Health Day is also Universal Health Coverage.

“**If you aren’t in the moment, you’re either looking forward to uncertainty, or back to pain and regret. I’m very serious about no alcohol, no drugs. Life is too beautiful.”**

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Jim Carrey, Actor

Health Connect newsletter
http://www.searo.who.int/about/administration_structure/sde/health-connect-newsletter/en/

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