Noncommunicable diseases (NCDs) are major contributors to rising morbidity and mortality patterns in the South-East Asia Region and have emerged as a grave public health challenge. In 2015 alone, the Region had 4.4 million premature deaths due to NCDs, which was the highest among all WHO Regions.

Utmost priority needs to be accorded to prevent their occurrence. To effectively address NCDs, a population-wide health approach is needed. This approach should include broader socioeconomic determinants of health, aided by prevention, and reaching individuals at risk and those already diseased and affected. This means that responsibilities for effective control of NCDs are certainly cross-sectoral, much beyond the role of the health sector.

Owing to the gravity of the NCD pandemic, there are myriads of innovations growing in the field of NCD prevention. These include economic interventions, engagement of communities and building communities of practice, and efforts to improve a dependable level of NCD care at the primary health care level. All these give us great assurance and immense hope that the commitments made at the 2011 UN High Level Political Declaration on NCDs and the momentum to achieve the 2025 NCD targets and 2030 SDG targets will be realized.

In addition to NCDs, other areas such as environmental health, road safety, violence and injuries, and mental health need urgent attention.

WHO will play its part to promote learning and share experiences and best practices among Member States. We are introducing an ENews on NCDs, “Health Connect”, corresponding to the 2017 World Health Day, the first of its series. I hope that this periodic release of Health Connect will become another means to be informed on the NCD response among Member States, WHO Country Offices and partners to create a positive change. I look forward to seeing interesting contributions from the field in every publication.

Dr Poonam Khetrapal Singh
WHO Regional Director for South-East Asia

Call for contributions!

This 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; disability, violence and injury prevention; mental health; water, sanitation and health; occupational and environmental health; and health promotion and education.

We invite contributions accompanying high resolution digital photographs and web links. Please restrict articles to 200-300 words. All articles, transitions and photos are subject to editing, available space, and acceptance policy. Please send your contributions to singhan@who.int
Best Buys in Noncommunicable Disease Prevention and Control

Noncommunicable diseases are one of the major public health and development challenges of the 21st century in forms of both human suffering that they cause and the harm they inflict on the socioeconomic fabric of countries particularly in low- and middle-income countries (LMICs) in terms of productivity loss and demand on health systems. As such, in view of formulating feasible solutions, the global economic impact analysis was done by the World Economic Forum and Harvard School of Public Health, and WHO has used economic data to come up with most cost-effective interventions to scale up intervention packages at the country level.

Economic Impact of NCDs

- Cumulative economic loss in LMICs from 2011–2025 - US$ 7 trillion
- LMICs per person US$ 25/year
- MICs per person - US$ 50/year
- UMIC per person - US$ 139/year

Although the economic consequences are staggering by contrast, findings from WHO indicate that the price tag for scale-up implementation for core set of NCD intervention strategies are comparatively low. WHO introduced these intervention packages known as ‘Best buys’. A best buy is an intervention that is highly cost effective but also cheap, feasible and culturally acceptable to implement and provide extra years of healthy life averting one DALY for less than the average annual income per person.

WHO Choice Method

Best buys are being produced using a standardized method that is a generalized cost-effective analysis known as WHO Choice Method.

Cost for Best Buys

The WHO choice team analyses the menu of policy options available and proposes the most cost-effective intervention for Member States to use or scale up. The size of the health gain is measured using an epidemiological model that includes all of the health outcomes likely to be impacted by the intervention using the two scenarios – one in which intervention is implemented and the other not implemented. The difference in disability-adjusted life years (DALYs) between those two scenarios represents the health gain. The expected size of population health impact for the intervention is calculated based on total DALYs averted in the standardized population of 10m.

Some of the most cost-effective high impact interventions (best buys) are mentioned below:

<table>
<thead>
<tr>
<th>Risk Factors/Disease</th>
<th>Intervention</th>
</tr>
</thead>
</table>
| 1. Tobacco | • Tax policy to reduce demand  
• Comprehensive ban of tobacco advertising, promotion, sponsorship  
• Plain/standard packaging  
• Elimination of secondhand smoke in public places |
| 2. Alcohol | • Increase tax  
• Ban advertising  
• Reduce availability by reducing density of retail outlets |
| 3. Diet (salt reduction) | • Voluntary reformulation process with industry  
• Supportive environment in public institutions - schools, hospitals  
• Behaviour change communication  
• Front of pack labels |
| 4. Specific interventions | • Counselling and drug therapy for CVDs risk ≥ 30s ≥ 20  
• HPV 2 doses 9-13 years  
• Cervical cancer screening > 30-49 years |

Dr Palitha Mahipala
Coordinator, Noncommunicable Diseases and Environmental Health
WHO Regional Office for South-East Asia
Noncommunicable diseases: the Country Capacity Survey 2017

To respond to the growing burden of noncommunicable diseases (NCDs), WHO conducts periodic assessment of national capacity for NCD prevention and control through the use of a global survey known as the NCD Country Capacity Survey (NCD CCS).

The first NCD CCSs were carried out in 2000, 2005, 2010, 2013 and 2015. Since 2013, WHO planned to conduct the survey every 2 years. The 2017 survey is currently open, and all Member States are in the process of completing the data collection.

The survey is expected to generate detailed information from countries on their current capacities to address noncommunicable diseases, assess infrastructure and governance, policy action, surveillance and health systems response, as well as identify areas that require future prioritization and strengthening in NCD interventions.

The survey results will be used to monitor progress in national efforts to implement NCD prevention and control activities as well as monitor implementation of time-bound commitments made by Heads of state and governments in the 2011 Political Declaration of the High-Level Meeting of the General Assembly on prevention and control of NCDs. This survey also provides data to prepare the report to the United Nations Secretary-General, in advance of the next UN High level meeting on NCDs that will be held in 2018.

At the country level, the survey will be most useful to monitor the Country NCD capacity progress, and the results will help identify the areas that need further strengthening and focus in the coming years.

For information on the NCD Country Capacity Survey 2015, visit: http://www.who.int/chp/ncd_capacity/en/

Dr Kumari Vinodhani Navaratne
Medical Officer, Noncommunicable Diseases
Policy and Governance
WHO Regional Office for South-East Asia

Commitment to actions: Expanding basic NCD services at the primary health care level

Care for noncommunicable diseases (NCD) requires comprehensive and continuous services; covering promotion, prevention, treatment, rehabilitation and long-term care. At the 69th Session of the Regional Committee for South-East Asia Session held in September 2016, Health Ministers adopted the Colombo Declaration to be the framework in strengthening frontline services to address NCDs. Since the declaration, countries are moving forward to implement the commitments. Early 2017, Nepal has allocated additional resources to implement package of NCD services in 10 among 75 districts in the country within the year. Timor-Leste has planned to initiate Package of Essential Noncommunicable (PEN) Disease interventions among 2 of the 13 districts in the country. In Myanmar, the government has mobilized funds to expand NCD services in 80 of 330 townships in the country. Maldives has adapted the WHO PEN protocols in February 2017 in preparation to strengthen NCD services at primary health care facilities.

Primary health care workers demonstrating PEN services in Myaungtagar rural health centre in Myanmar, January 2017
Delivery of NCD services requires effective integration of NCD programmes within the health systems through innovative means. Member States have also taken numerous policy and programmatic initiatives to include early detection of cardiovascular diseases, diabetes, chronic respiratory diseases and cancers within their essential health services. Going by the current momentum, there is cause for optimism that the Region will be successful in achieving 25 by 25 NCD targets - a 25% relative reduction of premature NCD deaths by 2025 and moving further by one third towards the 2030 SDG deadline.

To download the Colombo Declaration, please visit: http://apps.who.int/iris/bit-stream/10665/254819/1/Colombo_Declaration.pdf


For the Regional NCD Action Plan, visit: http://www.searo.who.int/entity/noncommunicable_diseases/documents/sea_ncd_89/en/

Dr Gampo Dorji
NCD Management
Noncommunicable Diseases Unit
WHO Regional Office for South-East Asia
**Workplace interventions to address noncommunicable diseases**

**Be the Change programme**

Be the Change (BTC) was launched by WHO Regional Office for South-East Asia (WHO-SEARO) during the 2016 World Health Day. It is the Regional Director’s special programme designed to be a comprehensive package of NCD prevention interventions at the workplace to promote health, well-being and work productivity of staff members. It has not only benefitted staff at the Regional Office, but has been advocated to all WHO country offices and at the Sixty-ninth Session of the Regional Committee for South-East Asia and other WHO meetings. The ‘healthy meetings’, in particular, is an effort to demonstrate some of the BTC activities and encourage other organizations to promote healthy workplaces to prevent NCDs.

The BTC focuses on the six WATCH components:

- WATCH your plate: to promote healthy eating
- WATCH your weight and waist
- WATCH your steps: to promote physical activity
- WATCH your stress level
- WATCH your change: to encourage regular screening
- WATCH your tobacco and alcohol consumption

WHO-SEARO has been organizing activities, motivational talks to promote BTC components among staff including:
- talk by Mr Milkha Singh, legendary Indian athlete to inspire staff to stay active;
- talk on office syndrome, stress management;
- display of health promotion materials through the building;
- regular yoga and zumba classes for staff;
- and acknowledging “Be the Change” champions every month - staff who have made significant lifestyle changes for better health.

Member States are welcome to select and adapt the ‘Be the Change’ package in their respective countries, based on their priorities and context. The WHO Regional Office for South-East Asia is happy to provide technical support to raise awareness, design, implement and evaluate of healthy workplace programmes, which may cover healthy diet, physical activity, stress management, screening and early treatment for NCDs and risk factors, and other health promotion activities. For more information, contact: thamarangsit@who.int

**Initiatives by countries to promote physical activities**

- Health Ministry of Thailand has made several efforts to promote physical activity among government staff. Physical activity sessions are regularly conducted on Wednesdays and Fridays within the government premises. Promotion of physical activities has now been institutionalized in government offices and in a number of municipalities
- Ministry of Work and Human Settlement, Gidakom District Hospital, and the Zilukha Nunnery in Bhutan have adopted physical activity programmes at the workplace
- WHO Representative of Timor-Leste is championing “walk the talk” to promote physical activities and encouraging all staff to become role models for health promotion
**NCD Focus: Depression**

“Depression: Let’s talk” - theme for World Health Day 2017

Depression is a common mental disorder. Globally, 322 million people of all ages suffer from depression. Depression is the leading cause of disability worldwide and a major contributor to the overall global burden of disease. In the WHO South-East Asia Region, 86 million people suffer from depression. The number of people living with depression has increased by more than 18% between 2005 and 2015.

In recognition of “depression” as a public health priority area, the theme for the World Health Day 2017 is ‘Depression: Let’s talk’. The theme reiterates the relevance and significance of mental health, i.e. the “No Health Without Mental Health” concept. The overall goal of the campaign is that more people with depression, in all countries, seek and get help, and it focuses on simple measures such as encouraging people to talk about depression as a first step towards recovery.

For World Health Day 2017 advocacy materials, please visit: [http://www.searo.who.int/entity/world_health_day/2017/en/](http://www.searo.who.int/entity/world_health_day/2017/en/)

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**Advocacy materials for World Health Day 2017**

**Posters**

The “Let’s talk” poster series captures 5 scenarios: at home, at clinic, at school, at workplace, outdoors.

**Brochure**

**Calendar**

The 2017 Calendar featuring winning entries from the Regional MindART Competition.

**Planner and Bookmarks**

The 2017 planner and bookmarks has illustrations based on affirmations to support people with depression to overcome the challenges and help build resilience and positive coping skills.

**Wall art**

Wall art with “Let’s talk” message, installed at the WHO Regional Office for South-East Asia’s cafeteria wall.
Regional MindART Competition

As a run-up to the World Health Day, a Regional poster competition ‘MindArt’ was organized for youth in two categories:

- Category A (age 13-17 years)
- Category B (age 18-25 years)

The participants designed posters with messages on support strategies to prevent/overcome depression and promote positive mental health.

The 13 winning art entries along with messages from young artists are featured in WHO 2017 calendar.

Let’s talk song

The song is from the point of view of this ‘Depression’ character, in a monologue with the individual. ‘Depression’ talks about how it is aware of the kind of negative impact it has on the individual, and states how it can transform into goodness if only the individual accepted it and talked it out, instead of running away from it.

The video shows how depression affects people, in particular young adults, women after child birth and the elderly, and how talking about it can help.

Understanding depression video

The lyrics reveal ‘depressed’ as someone who has lost something vital: hope, confidence, desire, willingness, energy; and how awareness of such aspects and talking about it can help in finding that vital thing which is lost.

In line with the WHO SEARO’s campaign on “understanding depression through different forms of art”, this musical video raises awareness about ‘depression’ using different art forms: dance choreography, sand art, drawing, art in therapy.

The musical video showcases WHO Regional Office for South-East Asia’s efforts to raise awareness about ‘depression’ using different art forms: dance choreography, sand art, drawing, art in therapy.

It also has bytes from students from the Regional MindART competition, counsellor, school principal and footage from the art therapy workshop we did at the old age home.

Staff engagement activities

As a run-up to the World Health Day 2017 staff engagement activities were organized in WHO Regional Office for South-East Asia to promote positive mental health.

The activities included a workshop on stress management, interactive art workshop and a session on physical activity.

Winners:

- Anupriya Nandy, 15, India Best overall artwork, Category A
- Nehal Vijay, 15, India Best concept design, Category A
- Hrudya Anna James, 21, India Best clarity of message, Category B
- Kiran Kumari, 18, India Best concept design, Category B
- Paulina Popy Kirana, 25, Indonesia Best digital art, Category B
- Siddhartha Sinha, 14, India Best expression in art, Category A
- Fariza Tanvir, 14, Bangladesh Best support strategy to prevent depression, Category A
- Abhishek Kumar Yadav, 17, India Best depiction of theme, Category A
- Meghna Bhuyan, 14, India Best creative design, Category A
- Diksha Kaul, 21, India Best support strategy to overcome depression, Category B
- Didula Chenneth Weerarathne, 15, Sri Lanka Best support strategy to overcome depression, Category A
- Surja Bdr Pradhan, 20, Bhutan Best artwork, Category B
- Musanna Nabi Chowdhury, 21 Bangladesh Best concept design, Category B
Sri Lanka launches NCD Alliance

The South-East Asia Region has a number of civil society organizations contributing to the health agenda. Sri Lanka is one of the first Member States to formalize a cohesive civil society movement on NCD prevention and control, the NCD Alliance Lanka. The Alliance became effective after its launch on 4 September 2016 in Colombo, Sri Lanka, on the Eve of the Sixty-ninth Regional Committee Session.

Civil society organizations are key partners in the NCD response. In NCD prevention and control, civil society has at least three major unique functions. First, advocacy and galvanizing action at all levels to stimulate public and political awareness and interest in NCDs; second, ensuring accountability by tracking commitments by governments and other stakeholders—including those of the private sector; and third, in the area of service delivery, civil society organizations can extend and enhance NCD care to supplement those provided by governments. Whatever the function, it is important that government, civil society and other stakeholders work in partnership to synergize the responses for maximum efficiency.

Training network for tobacco cessation to be established in Bangladesh

WHO Regional Office for South-East Asia coordinated with WHO headquarters, WHO Country Office for Bangladesh, All India Institute of Medical Services, New Delhi, and the National Institute of Preventive and Social Medicine, Dhaka, to support this first-ever activity aimed at strengthening tobacco cessation services in Bangladesh.

Bangladesh has high prevalence of tobacco use with 45% of adult men smoking and more than 9% of youth using tobacco products. The smokeless tobacco use prevalence among adult women is 28% while it is 26% among adult men. Nearly 70% of smokers and 50% of smokeless tobacco users are willing to quit tobacco in the country. However, limited support for tobacco cessation is available in a few nongovernment health-care facilities. The Tobacco Free Initiative Unit supported the Bangladesh Government in capacity-building of health care facilities in tobacco cessation. ‘Training of Trainers (ToT)’ on Brief Tobacco Intervention was held on 8-9 January 2017 in Dhaka. This training of the Master trainers is the first step towards establishing a ‘Training Network for Tobacco Cessation’ in Bangladesh.

Taking forward the agenda on alternative livelihoods for tobacco farmers and workers

South-East Asia is a major tobacco growing Region, with India and Indonesia being among the five largest growers of tobacco in the world. The WHO Framework Convention on Tobacco Control Article 17 relates to providing economically viable alternate livelihood options to tobacco growing farmers and workers. This is the least-implemented FCTC Article globally. The WHO Regional Office for South-East Asia organized a Regional Intercountry Consultation on Alternative Livelihoods for Tobacco Farmers and Workers to take forward the commitment of effective implementation of Article 17 in SEAR Member States on 27-28 March, 2017 at Colombo, Sri Lanka. The workshop was inaugurated by Dr Rajitha Senaratna, Hon’ble Minister of Health, Nutrition and Indigenous Medicine, Sri Lanka.

Dr Jagdish Kaur
Regional Adviser, Tobacco Free Initiative (TFI) Unit
WHO Regional Office for South-East Asia

Water safety plans progress in South-East Asia

Globally, 750 million people still lack access to safe drinking water, posing significant health risks, increased medical expenses and loss of productivity. The WHO Regional Office for South-East Asia in collaboration with Australian Aid, is supporting Water Safety Planning (WSP) so that people in the Region can access safer water.
The aim is to support Member States to know the water system thoroughly, and work out reliable, realistic and responsible ways to make sure that the system works to provide access to safer, cleaner water.

Intensive support has been extended to Bangladesh, Bhutan, Indonesia, Myanmar, Nepal, Sri Lanka and Timor-Leste. This includes identifying the main risks to water quality, developing standard operating procedures and monitoring plans, and better allocation of resources. Further, operational support is provided to India, Maldives and Thailand.

To take forward this agenda in Indonesia, a water safety planning audit will take place in June by a water quality expert from Yarra Valley Water in Melbourne. The audit is combined with training of local auditors, water suppliers, and government staff.

Ms Payden and Dr David Sutherland
Water, Sanitation and Health Unit
WHO Regional Office for South-East Asia

Strengthening emergency and trauma care in primary health care setting

Road traffic injuries kill approximately 316,000 people annually in the South-East Asia Region accounting for 25% of the global total road traffic deaths, and up to 50% deaths are of vulnerable road users including pedestrians, cyclists and motorcyclists. The SDG-3 target aims to halve these numbers by 2020.

The core of road safety and trauma care programme in the Region includes innovative approaches, partnerships across sectors and optimal use of resources. To build partnerships and take forward this work, the WHO Regional Office for South-East Asia in collaboration with WHO Collaborating Centre Khon Kaen University, Thailand, and JPN Apex Trauma Centre, New Delhi, India, organized a capacity-building workshop on trauma care for six of the SEAR countries (Bangladesh, India, Indonesia, Myanmar, Sri Lanka and Thailand). The participants included surgeons, nurses, policy-makers and senior administrators. The aim of the workshop was to enhance collaboration between two WHO collaborating centres at the level of capacity-building, education and research. As a follow-up to the workshop, efforts continue to improve pre-hospital care, capacity-building in emergency care at primary level facilities, and strategies to improve advocacy for resource generation and health promotion.

Dr Patanjali Dev Nayar
Regional Adviser, Disability, Injury Prevention and Rehabilitation
WHO Regional Office for South-East Asia

Leaderships toward sustainable health promotion and active lifestyles

Multisectoral coordination at local government administration in Bhutan has been established as part of mainstreaming Health in All policies and addressing broader determinants of health.

Local leaders of Eastern Bhutan identify district-specific priority health promotion activities.

The Health Promotion Division of the Department of Public Health had organized a nationwide consultative workshop to prioritize public health and social issues with local governments and other community members at the Dzongkhag (district) and Gewog (subdistrict) levels.

The local leaders of 20 districts deliberated on the district-specific priorities and developed local level health promotion action plan as a measure to combat priority public health and social issues in the respective districts. The majority of the districts prioritized control of alcohol use, physical activity promotion and healthy diets; water and sanitation, domestic violence and gender-based violence, suicide prevention, and reproductive health. In these meetings, a demonstration of physical activities for the local leaders was also organized.

Dr Suvajee Good
Programme Coordinator
Health Promotion and Social Determinants of Health
WHO Regional Office for South-East Asia

Delegates and students practicing the use of Ultrasonography (USG) as a low-cost, effective, easy-to learn and use diagnostic aid.
Mental health status of adolescents in South-East Asia: Evidence for action

Mental health problems in young people present not only a major public health challenge but also a development issue in low- and middle-income countries and may be central to achieving different Sustainable Development Goals. According to WHO’s Global Health Estimates 2015, suicide or self-harm is the second most common cause of mortality – after road injuries – among people aged 15-29 years in the South-East Asia Region. An urgent task in addressing adolescent mental health is improving and expanding the evidence base to inform policies and programmes, generate public awareness of mental health issues and mobilize social support for adolescents.

To bring visibility to the problem of mental health issues on the eve of World Health Day with the theme of ‘Depression” and campaign slogan of “Depression: Let’s talk”, the Regional Office with active support from national collaborators published a document, Mental Health Status of Adolescents in South-East Asia: Evidence for Action. The document contains information on mental health and substance use among 13-17 year old students collected as part of Global School Health Surveys in Member States. It also includes individual country profiles as well as regional indicator sheets providing a comparative snapshot across all countries.

South-East Asia Journal for Public Health on depression and suicide

In response to the World Health Day campaign slogan “Let’s talk”, experts from across the Region were invited to inform and expand the dialogue on depression and suicide through papers in the WHO South-East Asia Journal of Public Health issue on Depression and Suicide: towards new paradigms in prevention and care. This issue illustrates how new paradigms of care and prevention for depression and suicide are being adopted across the Region. The journal can be accessed at http://www.searo.who.int/publications/journals/seajph/en/

Frequently Asked Questions about Stroke

In low- and middle-income countries, which include those of the WHO South-East Asia Region, over 11 million strokes occur every year. This causes deaths of more than 4 million people annually and leaves approximately 30% of survivors seriously disabled. For the 70% of survivors who recover, the likelihood of suffering additional strokes is greatly increased: ‘Recurrent’ stroke accounts for about one in every four episodes of the life-threatening condition.

FAQs on stroke are a useful information resource on stroke. To download materials related to stroke, please refer to: http://www.searo.who.int/entity/noncommunicable_diseases/advocacy/world-stroke-day2016/en/

Frequently Asked Questions about Diabetes

Over 90 million adults have diabetes in the South-East Asia Region. Half of those with diabetes remain undiagnosed. A large proportion of diabetes cases are preventable. Maintaining normal body weight, engaging in regular physical activity and eating a healthy diet can reduce the risk of diabetes. Diabetes is also treatable. Diabetes can be controlled and managed to prevent complications.

For more information on diabetes, including the FAQs, please visit: http://www.searo.who.int/entity/world_health_day/2016/en/
**Announcements**

**18–19 April: Regional workshop on WASH SDG baseline and target setting, Bangkok, Thailand**

Water and sanitation has a dedicated Sustainable Development Goal (SDG 6), which seeks to achieve safely managed drinking water and safely managed sanitation by 2030. Target 6.1 on water states that “by 2030, achieve universal and equitable access to safe and affordable drinking water for all” and target 6.2 on sanitation states that “by 2030, achieve access to adequate and equitable sanitation and hygiene for all, and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations”.

The SDG water and sanitation goal and targets are stricter than those under the MDGs, focusing more on water quality, safely managed sanitation and handwashing practices. These new elements in SDG 6 require the establishment of new baseline values and targets and new methods to monitor them.

At the global level, 11 WASH SDG indicators are proposed for global follow-up and review, and are not necessarily applicable to all national contexts. Indicators for regional, national and subnational levels of monitoring will be developed at the regional and national levels. WHO is custodian agency along with a few other UN agencies for monitoring indicators (for safely treated wastewater) and 6.a and 6.b (for means of implementation).

The Regional workshop organized by WHO Regional Office for South-East Asia will be an opportunity for countries to discuss the methods for establishing baseline values against monitoring the SDG WASH targets. The new indicators are demanding in terms of implementation and monitoring so it is essential that key ministries involved from each country get together with partners from other countries in the Region and with JMP experts to discuss the work done so far in preparing country baseline reports, consensus on targets and most importantly, discuss methods of monitoring the targets.

**19–21 April: International Conference on Autism and Neurodevelopmental Disorders (ANDD2017), Thimpu, Bhutan**

The conference is being organized by the Ministry of Health and Family Welfare, the Government of the People’s Republic of Bangladesh, Ministry of Health, Royal Government of Bhutan, and WHO Regional Office for South-East Asia. The objective of the conference is to provide a platform for policy-makers to engage with stakeholders in sharing best practices and to promote cooperation and partnerships across the Region for effective and sustainable programme development for individuals, families and communities living with autism and other neurodevelopmental disorders.

**19–20 June: Second meeting of the Technical Working Group on Health Literacy and Health Promotion, Global Coordination Mechanism for NCDs to be held in Geneva to discuss country actions to implement and pilot health literacy in NCDs.**

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**Inviting success stories on climate change for the Minister’s Roundtable at the WHO Regional Committee (RC) for South-East Asia**

The Seventieth Session of the WHO Regional Committee (RC) for South-East Asia is to be held in Maldives from 6 to 10 September 2017. It is expected to be attended by Health Ministers and representatives of all 11 Member States of the Region, United Nations and other agencies, and nongovernmental organizations. Every year a topic is selected for the Roundtable, which is of major concern to all countries. This year, Member States have selected “Building health system resilience to climate change” as the theme of the Ministerial Roundtable. The purpose of this session is for Member States to share various actions taken to address climate change and discuss further medium- and longer-term measures to improve health system resilience to climate change.

To showcase success stories at the RC, we invite Member States to submit success stories in the areas of mitigation and adaptation strategies to address adverse impacts of climate change. For submission of stories and more information, please contact the WHO country offices and the Regional Office (payden@who.int)
New Mental Healthcare Bill 2016 passed in the Parliament, India

On 27 March 2017, the Parliament passed the new Mental Healthcare Bill. The Mental Healthcare Bill aims to provide for the right to better health care for mentally ill patients and decriminalises suicide.

Also, the Prime Minister of India, Mr Narender Modi, talked about depression, suicide and World Health Day in his ‘Mann Ki Baat’ address. Mann Ki Baat (translated as “Heart’s Voice”) is an Indian radio programme hosted by Prime Minister Narendra Modi in which he addresses the people on radio and other news channels on matters close to his heart.

Saima Wazed Hossain: WHO Champion for Autism in South-East Asia Region

World Health Organization South-East Asia Region has designated Ms Saima Wazed Hossain, a strong advocate for autism, as its champion to enhance commitment and generate awareness and action to address the suffering of children with autism spectrum disorder, as well as their parents and caregivers.

“Ms Hossain’s dedicated and unprecedented efforts have put autism high on the health agenda in her country Bangladesh, and helped get substantial regional and global attention to autism spectrum disorder and other mental and neurodevelopmental disorders. Her support as Regional Champion is expected to garner momentum for awareness and action in member countries, as much remains to be done for autism in across the Region,” Dr Poonam Khetrapal Singh said on the occasion of World Autism Day observed on 2 April every year. For press release, please visit: http://www.searo.who.int/mediacentre/releases/2017/1645/en/

Never give up on someone with a mental illness. When “I” is replaced by “We”, illness becomes wellness.

- Shannon L. Alder