5
Social Change and Mental Health

Health Promotion

The Healthy Settings approach has been the focus of interventions during the period of reporting. An advocacy package on settings aimed at policy-makers was developed and distributed. The period also saw a systematic effort to move forward in the areas of health promoting schools, workplaces and hospitals. The second phase of Rapid Assessment and Action Planning Process (RAAPP) on School Health in Indonesia, started in 1998, was conducted. This involved data collection at various levels in five provinces in the country. Support was provided to Maldives in the development and expansion of health promoting schools while a consultant assisted Bhutan in strengthening health promoting schools, with particular emphasis on reviewing school health curriculum.

Guidelines for the development of health promoting schools have been developed. An intercountry Consultation on Incorporation of Life-skill Education on Adolescents in School Education was attended by participants from all countries. The critical output of the Consultation was a life - skill education package for adaptation by the countries.

Advocacy for health promotion at the workplace was initiated in some countries immediately after the Fourth International Conference on Health Promotion, held in Jakarta in 1997. Partnerships, mainly with the private sector, have been established to further improve the health of workers, management and communities in some countries. A regional advocacy brochure on health promoting workplace,

to be used by programme implementors, has been developed and distributed.

Health promoting hospitals was the focus of an intercountry meeting in Bangkok in November 1999. The consultation not only created a better understanding of the health promoting concept, but also motivated participants to pay attention to other health determinants at the hospital setting which influence the health of patients and their relatives, management and staff. A regional concept and strategic paper was the main outcome of the consultation. Participants are following through with activities towards developing health promoting hospitals in their respective countries.

A healthy lifestyle is critical to the quality of life. It can also help prevent some communicable diseases which are increasingly becoming a public health problem in the Region. Advocacy publications on healthy lifestyles and prevention and management of noncommunicable diseases were issued. An in-service training module on the promotion of healthy lifestyles in the country is in the process of development for health personnel.

A five-year (2000-2005) strategic plan has been developed, highlighting concrete actions for health promotion infrastructure and technology development, advocacy, research capacity and networking, monitoring and evaluation of health promotion outcomes in the Region. This will provide regional direction for health promotion in the next five years.

At its fifty-second session, the Regional Committee adopted a Regional Policy Framework and a Regional Action Plan 2000-2004 for tobacco control. The Action Plan highlights time-bound critical demand reduction policies and activities to be adopted by all countries in a comprehensive manner. The Policy Framework and Action Plan would serve as blueprints for collective intercountry tobacco control action in the coming years.

Adding its voice to the urgent need for intercountry action on tobacco, the seventeenth meeting of Health Ministers recommended further action, including research and innovative demand reduction interventions by Member Countries. Most countries have evolved national plans with technical and financial support from WHO. Studies on the prevalence of tobacco use and the economics of tobacco have been initiated in selected countries and regional- and country-level advocacy intensified.

The International Conference on Tobacco Control Law: Towards a WHO Framework Convention on Tobacco Control, organized and co-hosted by the Regional Office was held in New Delhi in January 2000. It brought together over 100 participants from all over the world, particularly from the developing countries. The focus of the meeting was on the development of country perspectives in the formulation of the WHO Framework Convention on Tobacco Control. Critical outcomes of the Conference, including the New Delhi Declaration, are an important milestone for the countries in their march towards a tobacco-free Region.

The Region hosted the Global Launch of World No-Tobacco Day in Bangkok on 31 May 2000. Activities, including the national launch of the South-East Asia Anti-Tobacco (SEAAT) Flame, the start of the advocacy clock on tobacco by the WHO Director-General, press conferences by the Prime Minister of Thailand and the Director-General and an audience of the Director-General with His Majesty the King of Thailand heightened advocacy for political as well as social movement for tobacco control in the country. The Crown Prince of Thailand chaired the function relating to the national launching of the SEAAT Flame.

To enhance regionwide social mobilization for action, the South-East Asia Anti-Tobacco Flame Campaign was launched on 7 January 2000. The flame symbolizes, in many cultures of the Region, energy, life, youthfulness and victory of good over evil. The aim of the campaign is to stimulate and increase the momentum of societal action against tobacco.

Disability/Injury Prevention and Rehabilitation

The incidence of injuries has continuously increased in most countries of the Region. Traffic accidents and violence are the most common causes of injuries. There is however a universal lack of reliable information in these areas, which explains the absence of a clear national policy in the prevention and control of injuries.

In September 1999, the Regional Office supported a Pre-conference Workshop on Injury Prevention at the Indian Institute of Technology, New Delhi. Recommendations were brought up at the Round Table Discussion during the Fifth Global Conference on Injury Prevention in New Delhi in March 2000. Member Countries were called upon to identify a national focal person for initiating and coordinating the programme. WHO was also urged to support Member Countries in the area of advocacy and establishment of a regional network in injury prevention.

Prevention of blindness and deafness

Prevention of blindness and deafness is considered the most important regional priority among all disability prevention programmes.

Sustained advocacy on the part of WHO has helped to create, within WHO and in other countries a great deal of awareness and interest in Vision 2020. Following the Global Vision 2020, launched by the Director-General in February 1999, the Regional Office organized a SEARO/IAPB meeting and launched Regional Vision 2020 in September of the same year. Nepal was the first country in the Region to launch the National Vision 2020, at the VI Congress of SAARC Ophthalmologists, held in November 1999. The recommendations of the Congress led to the Intercountry Consultation on Development of Regional Vision 2020, in Jakarta, in February 2000. Indonesia took the opportunity of this Consultation to launch National Vision 2020, by the Vice-President of Indonesia.

The most important outcome of this Consultation was the high priority that the prevention of blindness programme

started to receive. The Consultation endorsed the Regional Strategy on Vision 2020, which would serve as a road map for developing National Vision 2020 programmes. Two countries, viz., Bangladesh and Indonesia, were identified as priority countries for implementing the Vision 2020 programme.

Information on deafness and hearing loss is still very scanty and incomparable among most countries of the Region. In 1998, the Regional Office supported a survey on the etiology of deafness and hearing impairments in India, Indonesia, Myanmar and Sri Lanka. A meeting of all principal investigators is being planned to finalize the survey results.

Rehabilitation

The main emphasis of WHO's support to countries on rehabilitation is the community-based rehabilitation (CBR) approach. Integration of CBR into PHC services has been initiated in Bangladesh, Bhutan, India, Indonesia, Myanmar, Sri Lanka and Thailand. The outcomes of these projects have yet to be followed up. It is planned to evaluate, in collaboration with WHO headquarters, the impact of CBR in 2001.

An Intercountry Consultation on Strengthening Training of Health Workers on CBR was held in Bangkok in May 1999. The recommendations of the Consultation have helped to improve CBR training in Member Countries.

Ageing and health

Since the last decade, countries in the Region have been facing the double burden of communicable and noncommunicable diseases. Many of them occur among the ageing population causing high mortality and disability. Realizing these problems, many countries have included 'Elderly Health' in their national health programmes.

A Workshop on Active and Healthy Ageing for Mega-countries was held in the Regional Office in September-October 1999. The objective was to develop regional strategic directions for intercountry collaboration on strengthening active and healthy ageing programmes,

particularly in the mega-countries (Bangladesh, India and Indonesia). Based on the recommendations of the Workshop, a WHO intercountry programme was developed for initiating a situation analysis and establishing an integrated home-based care programme.

Mental Health

Mental and neurological conditions account for 10 per cent of the burden from noncommunicable diseases in the Region, measured according to Disability Adjusted Life Years (DALYs).

Basic mental health care coverage has been increasing steadily over the last decade in all countries of the Region, including Bhutan and Maldives, where such care was previously virtually absent. This effort was supported by the Regional Office. Bhutan was assisted in the training of a group of physicians in basic psychiatric skills and psychosocial rehabilitation and in finalizing details of the second phase of a mental health project.

A study on dementia and its prevention was conducted by the Department of Psychiatry, Lady Hardinge Medical College, New Delhi, from April to October 1999. The results of the study will be used for India's National Mental Health Programme.

An agreement was signed with the Faculty of Medicine, University of Colombo, Sri Lanka, to study the feelings/motivational patterns in persons who identify themselves as having had ideations of self-harm or of seriously harming others, or attempted suicide or seriously harmed or assaulted others, during the preceding six months. The study is continuing.

Mental Health policies of Member Countries are being reviewed and feedback will be provided to each country. A regional policy on community mental health, including plans of action for 2000-2005, has been developed.

Substance abuse

The Region is seriously affected by increased substance abuse. Innovative programmes (e.g. combining treatment of substance abuse with social support to the family and

providing traditional spiritual support to the victims) need to be introduced in the Member Countries.

The second phase of the ethnographic study on the intervention strategies of street gangs, their alcohol and drug use is being conducted in Jakarta by the collaborating researcher, Police Science College, Jakarta, Indonesia.

A project document on Strengthening Selected Demand Reduction Programmes was signed by the Government of Sri Lanka and the Executive Director of UNDCP in September 1999. WHO has been appointed the executing agency for this project.

A regional policy on the control of substance dependence and prevention of harm from alcohol, including plans of action for 2000-2005, has been developed.