International Conference on Autism and Neurodevelopmental Disorders

Thimphu, Bhutan, 19–21 April 2017
International Conference on Autism & Neurodevelopmental Disorders

Thimphu, Bhutan, 19–21 April 2017
# Table of Contents

<table>
<thead>
<tr>
<th>Acknowledgements</th>
<th>v</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Background</td>
<td>1</td>
</tr>
<tr>
<td>2. Introduction</td>
<td>3</td>
</tr>
<tr>
<td>3. Inaugural Ceremony</td>
<td>4</td>
</tr>
<tr>
<td>4. Keynote presentation by Dr Mayo</td>
<td>4</td>
</tr>
<tr>
<td>5. Session 1: High Level Discussion</td>
<td>5</td>
</tr>
<tr>
<td>6. Session 2</td>
<td>8</td>
</tr>
<tr>
<td>7. Technical workshops</td>
<td>10</td>
</tr>
<tr>
<td>8. Day 1 Workshops</td>
<td>10</td>
</tr>
<tr>
<td>9. Session 3</td>
<td>12</td>
</tr>
<tr>
<td>10. Session 4</td>
<td>13</td>
</tr>
<tr>
<td>11. Day 2 Workshops</td>
<td>15</td>
</tr>
<tr>
<td>12. Side event: Meeting of Early Childhood Development Task Force</td>
<td>17</td>
</tr>
<tr>
<td>13. Thimphu Declaration</td>
<td>18</td>
</tr>
<tr>
<td>14. Session 5A</td>
<td>18</td>
</tr>
<tr>
<td>15. Session 5B</td>
<td>21</td>
</tr>
<tr>
<td>16. Day 3 Workshops</td>
<td>23</td>
</tr>
<tr>
<td>17. Session 6</td>
<td>25</td>
</tr>
<tr>
<td>17. Special Session: Let’s Talk Self Advocacy</td>
<td>28</td>
</tr>
<tr>
<td>18. Closing Ceremony</td>
<td>31</td>
</tr>
<tr>
<td>19. Cross-cutting issues</td>
<td>33</td>
</tr>
</tbody>
</table>
20. Recommendations for stakeholders ............................................................. 33
21. Conclusion .............................................................................................. 35

Annexes
1. Thimphu Declaration on Autism and Neurodevelopmental Disorders ...................... 36
2. Poster of Self-Advocates ............................................................................ 38
3. ANDD2017 Programme ............................................................................. 44
4. List of participants ..................................................................................... 45
Acknowledgements

Organizers of the International Conference on Autism & Neurodevelopmental Disorder, Thimphu, Bhutan, 19–21 April 2017

The Royal Government of Bhutan
The Government of the People’s Republic of Bangladesh
Word Health Organization, Regional Office of the South-East Asia

Acknowledgement for support and guidance

Lyonpo Tandin Wangchuk, Minister of Health, Royal Government of Bhutan
Mohammed Nasim, Minister of Health & Family Welfare, Government of the People’s Republic of Bangladesh
Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Regional Office
Ms Saima Wazed Hossain, Chairperson, National Advisory Committee on Autism, Bangladesh and WHO Goodwill Ambassador for Autism in the South-East Asia Region

Contributors

Contribution of all participants who attended the Conference are gratefully acknowledged

Special thanks to the following individuals for documenting the thematic panel discussions and workshops (in alphabetical order):

Dr Helaluddin Ahmed, National Institute of Mental Health, Bangladesh
Malka Shamrose, Shuchona Foundation, Bangladesh
Prof. Mimi Lhamu Mynak, Head, Department of Pediatrics, JDWNRH, Bhutan
Prof. Narayan Saha, National Institute of Neurosciences, Bangladesh
Dr Nusrat Ahmed, Shuchona Foundation, Bangladesh
Dr Pratap Sharan, All India Institute of Medical Sciences, India
Saad Mustafa Zaman, Shuchona Foundation, Bangladesh
Dr Sajeeva Ranaweera, Sri Lanka Medical Association, Sri Lanka
Dr Yatan Pal Singh Balhara, All India Institute of Medical Sciences, India
Session Coordinators (in alphabetical order)

Mr Gaden Chophel, Draktsho, Bhutan
Mr Jayendra Sharma, PPD, Ministry of Health, Bhutan
Karma Lhaki, Jigme Dorji Wangchuk National Referral Hospital, Bhutan
Mr Karma Wangdi, VP, Mongar LS School, Bhutan
Dr Mahrukh Getshen, Bhutan
Prof. Mimi Lhamu Mynak, Jigme Dorji Wangchuk National Referral Hospital, Bhutan
Dr Neyzang Wangmo, Khesar Gyalpo University of Medical Sciences of Bhutan
Pema Norbu, Ministry of Education, Bhutan
Ms Thuji, Ability Bhutan Society
Tshering Dhendhup, WCO, Bhutan
Tshering Norbu, Jigme Dorji Wangchuk National Referral Hospital, Bhutan

Special acknowledgement to all the volunteers from Bhutan, especially Dr Kinzhang P. Tshering and his team for their hospitality and for tirelessly working to ensure that ANDD2017 was a success.

Photography

Rohit Vohra, Art Photo Feature
Ministry of Health, Royal Government of Bhutan

Report compiled by
MHS unit, WHO-SEARO and
Shuchona Foundation (Aneeqa R. Ahmad and Nazish Arman)
1. **Background**

According to the DSM-V,¹ neurodevelopmental disorders are a group of conditions with onset in the developmental period, continuing throughout an individual's lifetime. The disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning. This can affect a person's emotions and memory, as well as his or her ability to learn, socialize, and maintain self-control. The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence. Autism Spectrum Disorder (ASD) and Neurodevelopmental Disorders (NDDs) not only challenge the life of the individual, but also significantly impact the emotional, social and economic well-being of the family.

There is sufficient evidence researched all over the world that indicates that persons with disabilities (PWDs) are often more prone to suffering economic and social difficulties, and are at a greater risk of poverty. In developing countries, particularly for those living in poverty, the situation is further compounded by poor infrastructure, shortage of trained professionals, lack of reliable data, limited intervention programmes, and research and training centers. Existing services often lack standardization in both management modalities and capacity of professionals, are limited to urban settings, and usually beyond the financial reach of most families.

In addition to constraining their lives, exclusion of PWDs has a debilitating effect on the society as a whole. Studies have been conducted to gauge the severity of the impact of this exclusion on economies. As seen in the figure above from the UNDP Human Development Report (2014), it is evident that when investments in life capabilities occur earlier, the future prospects are better. Moreover, the World Bank estimated in 2008 the annual cost of disability in Bangladesh, computed from the forgone income of PWDs and their caregivers as a result of missing out on educational and employment opportunities, to be USD 1.2 billion – about 1.7% of GDP.²

The World Health Organization has reported a global prevalence of Autism as 1 in 160, recent studies in the United States and other countries point to much higher rates of occurrence. It is also estimated that more than 80% of adults with autism are unemployed. Employment opportunities for PWDs are often very limited in number and restrictive in nature (such as informal jobs). Rather, they are more likely to be ‘underemployed’ – with low salaries, part-time jobs and a minimal scope for career advancement. Current approach for autism and other neurodevelopmental disabilities is gradually shifting from a welfare approach to a more right-based approach. A lack of coordinated action from governments, which address issues throughout the individual’s life, results in further marginalization and exclusion and increase their vulnerability. In

order to ensure that the needs of persons with ASD and NDDs are being met, it is vital to ensure that their life-course needs are properly addressed.

2. **Introduction**

The International Conference on Autism & Neurodevelopmental Disorders 2017 (ANDD2017), Thimphu, Bhutan was co-hosted by the Ministry of Health, Royal Government of Bhutan and Ministry of Health & Family Welfare, People’s Republic of Bangladesh, with the technical support of Shuchona Foundation, WHO Regional Office for South-East Asia and Ability Bhutan Society.

The overall theme of the Conference was developing effective and sustainable multi-sectoral programmes for individuals, families, and communities living with autism spectrum disorder (ASD) and other neurodevelopmental disorders (NDDs).

The objectives of the Conference were:

1. To provide a platform for policy-makers to engage with all stakeholders
   - (a) discourse among policy-makers, multi-sectoral experts and direct stakeholders
   - (b) soliciting commitment for the implementation of international resolutions on autism and other neurodevelopmental disorders;
2. Sharing and learning best practices for national-level development and deployment of programmes;
3. Promoting cooperation and partnerships for development of effective and sustainable programmes.

The 3-day Conference consisted of thematic panel discussions on community based services for achieving early identification, delivering interventions, developing comprehensive and supportive education programmes; employment opportunities and training; and ensuring rights and supported independent living for individuals with autism and other neurodevelopmental disorders in the community.

Each panel consisted of speakers who were researchers, practitioners, academics, self-advocates and parents. ANDD2017 also featured a high-level discussion, a special session highlighting self-advocates, a roundtable discussion on WHO-SEARO’s Collaborative Framework for addressing Autism Spectrum Disorder in the South-East Asia Region, and adoption of the Thimphu Declaration. In addition, there was a poster display showcasing the work of self-advocates, latest research and interventions, and the work of different organizations, amongst others. The posters of the self-advocates who did not get an opportunity to speak at ANDD2017 are attached in Annex 2.
3. **Inaugural Ceremony**

The inaugural ceremony of the Conference on 19 April 2017 began with the traditional Marchang Ceremony welcoming the distinguished guests from around the world to the Royal Banquet Hall in Thimphu, Bhutan. Her Majesty Gyaltsuen Jetsun Pema Wangchuck, Queen of the Kingdom of Bhutan, wife of the fifth King Jigme Khesar Namgyel Wangchuk, was present at the inaugural session along with Her Excellency, Sheikh Hasina, Honourable Prime Minister of the People’s Republic of Bangladesh, His Excellency Dasho Tshering Tobgay, Honourable Prime Minister of the Royal Government of Bhutan, and Dr Poonam Khetrapal Singh, Regional Director, WHO Regional Office for South-East Asia along with other distinguished guests and participants. Following the Marchang Ceremony, the Honourable Minister of Health, Bhutan delivered the welcome address, Dr Poonam Khetrapal Singh, Regional Director, WHO Regional Office for South-East Asia, delivered a speech as Special Guest, and Ms Chhimi Lhaden, a parent, provided insight into her life’s story of triumphs and struggles while raising a child with autism in Bhutan.

4. **Keynote presentation by Dr Mayo**

The keynote presentation by Dr Yolanda Liliana Mayo Ortega set the tone for the three day Conference of nearly 300 attendees from 31 countries. A renowned expert on autism research and intervention, with experience spanning almost four decades, Dr Ortega from Peru is the Founder and Executive Director of Centro Ann Sullivan del Peru (CASP). Her presentation titled, ‘The power of two: families and professionals working as partners for children with autism to become independent, productive and happy’ was about CASP’s model, that of a partnership fostered between professionals and families in order to enable individuals to become self-dependent contributing members of their community. CASP addresses all life-course needs through their work, and as a result of many years of continuous training, CASP families are now creating a multiplicative effect by training other families across Peru through the Mother-to-Mother Programme.
and internationally through Long Distance Education. Dr Ortega’s is a success story of a model that is replicable in all resource settings, and the presentation left the delegates with a feeling of inspiration.

Dr Yolanda Liliana Mayo Ortega’s presentation was followed by a speech from the Honourable Prime Minister of Bhutan and the address by the Guest of Honor, Sheikh Hasina, Honourable Prime Minister of Bangladesh. Her Majesty, the Gyaltsuen launched a book titled, “Guideline for Differently Abled Friendly Construction” published by the Ministry of Works and Human Settlement, Royal Government of Bhutan. The book aims to provide a comprehensive guideline in the design of new facilities, to remodel existing structures to enable its use by differently abled persons in Bhutan. The inaugural ceremony concluded with a vote of thanks delivered by the Honourable Health Secretary of the People’s Republic of Bangladesh, Md. Sirazul Islam.

5. **Session 1: High Level Discussion**

Enabling countries to successfully address autism and other neurodevelopmental disorders as part of their Sustainable Development Goals

**Chair:** Sheikh Hasina, Honourable Prime Minister, People’s Republic of Bangladesh

**Co-Chair:** Dr Poonam Khetrapal Singh, Regional Director, WHO Regional Office for South-East Asia

**Moderator:** Saima Hossain, Chairperson, National Advisory Committee for Autism & NDDs, Bangladesh

**Keynote Speaker:**
- Evelyn Cherow, Founder & CEO, GlobalPartnersUnited, USA

**Speakers:**
- Dr Michael J. Klag, Dean of the Bloomberg School of Public Health, Johns Hopkins University, USA
- Prof. Atif Rahman, Professor of Child Psychiatry, University of Liverpool, UK

**Remarks by:**
- Nestor Fernando Santiago, Assistant Secretary, Department of Health, Republic of the Philippines
- Maria Nenett Motus, Regional Director, IOM, Regional Office for the Asia & the Pacific
- Miwa Kato, Regional Director for Asia, UN Women
- Valerie Cliff, Deputy Regional Director for the Asia & the Pacific, UNDP
Key Points:

1. Inclusive, cross-sectoral policies need to be developed and implemented. The policies and subsequent plans should include education, health, labour, and other sectors, taking into account that ASD and other NDDs affect persons’ whole lives, not just childhood.

2. Innovative approaches using new technologies can be used in developing effective plans for intervention.

3. Barriers include funding, political will and commitment, stigma attached to those who have ASD or other NDDs.

The high level discussion (HLD) focused on our common aspirations and provided a direction for the discussion of the three days. The powerful remarks by the speakers paved the path for an effective way forward so that children and adults with NDDs can be included in the global development agenda.

The HLD was chaired by Sheikh Hasina, Honourable Prime Minister of the People’s Republic of Bangladesh, co-chaired by Dr Poonam Khetrapal Singh, Regional Director, WHO Regional Office for South-East Asia, and moderated by Saima Hossain, Chairperson of National Advisory Committee for Autism and NDDs, Bangladesh and WHO Goodwill Ambassador for Autism in the South-East Asia Region.
In her opening remarks, Prime Minister Sheikh Hasina highlighted the importance of formulating an integrated approach for inclusive development. She stated that NDDs are a complex issue that affects social, educational, professional, human rights, and also the development of community and country. She suggested that attendees make recommendations in line with the 2030 SDGs.

The keynote speaker Ms. Evelyn Cherow, founder and CEO of GlobalPartnersUnited and former advisor to US federal agencies such as CDC, NIH and FDA on disability federal policies in education, health, early identification, and social security, presented on health systems and the use of ICT (Early Intervention and Early Childhood Development for children and families). Speaking in the context of SDGs, the talk focused on the importance of cross-sectoral systems for inclusive development. Effective use of technology through e-health, m-health, and telehealth, can benefit children and adults with disabilities, positively impacting the global economy. Existing barriers to technology, namely, weak ICT infrastructure in rural areas, cultural and gender divide, and limited awareness, coupled with the lack of finances, enabling political environment, leadership, coordination, and standardized monitoring and evaluation practices, have prevented effective utilization of technology.

She stated that it is crucial to develop a societal inclusion model of development through the use of technology in a mass scale, along with disaggregated data, which can enable us to create effective partnerships between different sectors whose work addresses various aspects of autism and other NDDs.

Following Evelyn Cherow’s presentation, there was a video message from Dr Michael J. Klag, Dean of the Bloomberg School of Public Health, Johns Hopkins University, and a presentation by Prof. Atif Rahman, Professor of Child Psychiatry, University of Liverpool, on service provision for disability, focusing on over-burdened health-systems, highlighting the role of community, technology and practitioners.

While each high-level delegate spoke on the basis of their work contexts and constituencies, there were common threads running through their speeches. The need for inclusive policies and practices were highlighted by most speakers, in all sectors including education, employment, migrant issues, and the overall development agenda. Innovation and use of technology to develop ways to promote inclusion for those with autism and other neurodevelopmental disorders was stressed upon. Speakers illustrated ways their respective countries or organizations were addressing autism and other neurodevelopmental disorders through policy advocacy and implementation in general and specific sectors. For example, Dr Nestor Fernando Santiago, Assistant Secretary, Department of Health of the Philippines, spoke about the resolutions on e-health passed by the government to reach remote island populations through telemedicine, while Dr Irmgarda Kasinskaite-Buddeberg spoke about UNESCO’s model for combining policies in education and policies in ICT, accessible training for people with disabilities, and universal access to information, data, and research results. Dr Kimihoto Harada of the National Institute of Special Education in Japan spoke about the institute which promotes
the need for special education for development, while Korean Ambassador to Bangladesh AHN Seong-doo spoke about Korea’s work at both home and abroad to address ASD and NDDs including the development of a unique intervention model and providing support to other countries to take forward their agenda in this sector.

The role of family members and communities in helping people with disabilities integrate into society as stated in Dr Ortega’s presentation, was echoed by a number of speakers at the HLD who stressed upon the need for partnerships between various stakeholders. Additionally, political commitment, the need to eradicate stigma, fostering of leadership, promoting diversity, the need to incorporate ASD and NDD component in organizational plans, and the need for funding, was discussed in detail during this session.

6. **Session 2**

Community-based services for achieving *early identification* of autism and other neurodevelopmental disorders

**Chair:** Lyonpo Tandin Wangchuk, Minister of Health, Royal Government of Bhutan

**Co-Chair:** Dr Kinley Tshering, Paediatrician, Military Hospital, Royal Bhutan Army

**Moderator:** Evelyn Cherow, GlobalPartnersUnited, USA

**Speakers:**

- Dr Andy Shih, Autism Speaks, USA
- Prof. Cheryl Dissanayake, Olga Tennison Autism Research Centre, La Trobe University, Australia
- Prof. Sheffali Gulati, All India Institute of Medical Sciences (AIIMS), India
- Dr Yoriko Nishizawa, Jigme Dorji Wangchuck National Referral Hospital (JDWNRH), Bhutan
- Dr Lola Nasriddinova, IRODA, Tajikistan
- Dr Nahid Chowdhury, parent and medical doctor, UK
- Prof S. C. Girimaji, National Institute of Mental Health and Neuro Sciences (NIMHANS), India
- Prof. Smita Deshpande, Post Graduate Institute of Medical Education, India
**Key Points:**

1. Screening for disability needs to be part of a regular child development and monitoring programme
2. Early identification tools need to be age-specific
3. While it is important to take cultural aspects into account for intervention tools, screening can be universal since the presentation of ASD is same across cultures
4. It is very important to have a multi-disciplinary team involved in the overall screening and diagnostic process

The objective of the session was for experts on the panel to discuss how identification can be conducted in the community level at the earliest stages. This is on the premise that neurodevelopmental disorders are a group of conditions with onset in the early developmental period. Although ASD may not be diagnosable until later, developmental deficits can be recognized and adequate intense interventions can positively improve brain functioning.

The Chair illustrated the way health care in Bhutan is delivered through a three-tiered service delivery method encompassing Outreach Clinics to Basic Health Units at the primary level, district hospitals at secondary level, and the regional and national referral hospitals at the tertiary level. Teams of pediatricians and physiotherapists in district hospitals assess children.

The panel was split into two separate sessions, with the first focusing on Screening vs Diagnostic Evaluation and the second on Screening and Diagnosis through the Health System.

Questions during the guided discussion to speakers encompassed research, development of universal diagnostic tools and the universal definition of early identification, early markers for ASD, and challenges faced in screening and assessment.

While ongoing research has provided many answers, especially in relation to genes and environmental factors to ASD, there is still much left to know. Research helps in screening and diagnostics as illustrated by Dr Gulati who had been involved in developing two screening tools for neurodevelopmental disorders. While cultural aspects have to be incorporated in intervention tools, screening can be universal since presentation of ASD is same across cultures. This was stated by Dr Dissanayake, who also said that early identification tools need to be age specific. Dr Yoriko’s response was Bhutan-specific,
illustrating particularly the challenges faced in screening and evaluation, which include human resource constraints, geographical accessibility, ASD and NDDs being an invisible disorder, etc. The parent-experts on the panels spoke about early detection, navigating the support systems, and taking steps to address ASD and NDDs, from the parents’ perspectives. Personal experiences recounted showed the different ways to reach out to parents, and that the steps parents took after their child was diagnosed were unique to their situation. Additionally, practitioners gave practical information on the relationship between seizures and autism and the importance of early screening.

The influence of cultural beliefs and attitudes play a role in how autism is perceived amongst people. South-East Asia region’s “wait and see the child will grow out of it with time” attitude often delays the early identification process.

7. Technical workshops

ANDD2017 had eleven technical workshops conducted by experts from Bangladesh, India, South Korea, Malaysia, United States, Singapore and Australia on intervention models, regional adaptation of education and intervention models, and research opportunities and best practices. The technical workshops were held at the Faculty of Public Health and Nursing, National Institute of Traditional Medicine, Faculty of Traditional Medicine and the Royal Banquet Hall; these institutions provided the venues to the ANDD2017 Organizers out of courtesy. The participants had the opportunity to learn about recent developments in the field of ASD and NDDs as well as network and discuss plans for possible collaborations. Along with international delegates, the majority of the workshop participants were Bhutanese health workers and teachers from all parts of the country. The workshops were designed to give a brief overview of these programmes and not to develop expertise.

8. Day 1 Workshops

*The Indian Scale for Disability Assessment: the AIIMS Assessment Tool by Professor Sheffali Gulati*

Prof. Gulati provided an outline of the development and key features of the new All India Institute of Medical Sciences (AIIMS) assessment tool at this workshop. AIIMS modified the existing INDT-ASD (International Clinical Epidemiology Network [INCLEN] diagnostic tool for autism spectrum disorder), as per DSM-5 specifications. This new AIIMS Modified INDT-ASD tool has two sections (Section A and Section B). Section A has 28 questions to address 7 items (3 items in the domain of social interaction/communication along with 4 items in the domain of restrictive/repetitive behavior). Section B has analysis of items in Section A. In addition, Section B has two mandatory items of onset at early development and impairment in daily functioning that is a prerequisite for the diagnosis of “autism spectrum disorder”. The AIIMS Modified INDT-ASD Tool was validated in 225 children in
the age group 1 to 14 years, and was noted to have a sensitivity of 98.4% and specificity of 91.8%.

Establishment of Child Development Centers across Bangladesh: sharing technology and experiences by Professor NaiLa Zaman Khan

Prof. Khan provided participants with an overview of services which can be adapted in countries with limited expertise and low resources for children with neurodevelopmental disorders including autism, at all levels of health-care, by presenting the Bangladesh model of Child Development Centers (CDCs). During her workshop, Prof. Khan emphasized that the institutionalization of early childhood development services within Departments of Pediatrics was critical to sustainability. Establishing early childhood development services within the health sector enabled rapid and extensive reach, especially to poor children early in life. As services were developed within CDCs, the focus shifted more to the quality of care being provided rather than the number of children being seen. Many children from privileged backgrounds, especially children with autism were failing to avail services in the public system. To achieve greater equity of service provision, it was necessary to also establish services within private health facilities where higher-income level families receive care. A tiered system of referral from home-based screening to community and clinic-based functional assessments to CDC-based diagnostic workups is in the process of being scaled up, and is necessary to extend the reach of the CDC network into the rural communities.

Current Clinical Practice of Autism Spectrum Disorder in South Korea by Professor Lee Moon-Soo & Professor Yang Daniel Moonbong

During the workshop, Professor Lee and Professor Yang presented the current situation of clinical practice of autism spectrum disorder (ASD) in South Korea and shared their experience of ASD in their country. Previously, services for ASD was mainly provided by the non-government and private sector in South Korea but the situation has changed and it is now recognized as an important issue. This was reflected by the change in the Government’s health policies, strengthened laws and improved access to care for persons with ASD. These efforts included early detection, providing managed care and working towards creating an autism-friendly environment. The Government now provides nation-wide developmental screening in the clinics. However, the lack of skilled resources for the care of ASD is still one of the major problems in South Korea. The Korean Ministry of Health and Welfare now focuses on the lack of essential qualified professionals and works
towards increasing public-sector investment to provide quality standardized care for persons with ASD.

9. Session 3

Community-based models for delivering interventions to individuals with neurodevelopmental disorders and their families

Chair: Mohamed Cassim Mohamed Faizal, Deputy Minister of Health and Nutrition and Indigenous Medicine, Sri Lanka

Co-Chair: Nasima Begum, Secretary, Ministry of Women and Children Affairs, Bangladesh

Moderator: Afsar Hossain, Barrister, A Hossain & Associates

Speakers:

- Prof. Hasnah Toran, Permata Kurnia Center, Malaysia
- Prof. Naila Zaman Khan, Dhaka Children’s Hospital, Bangladesh
- Dr Panpimol Wipulakorn, Ministry of Public Health, Thailand
- Dr Sunita Maleku Amatya, AutismCare Nepal Society, Nepal
- Dr Gauri Divan, Sangath, India
- Prof. Giacomo Vivanti, AJ Drexel Autism Institute, USA
- Indrani Basu, Autism Society West Bengal, India
- Karma Lhaki, JDWNRH, Bhutan
- Dr Vibha Krishnamurthy, UMMEED, India

Key Points:

1. There should be a shift from clinical to a more community-based approach
2. Interventions should be transdisciplinary and incorporated directly into the health-system
3. All children should have an assessment of their development; low-income families should receive a child-plan allowance to enable this

Session 3 focused on best practices in interventions that have been successfully implemented at the community level. The session was divided into two panels: the first half focused on models for intervention services and the second half on evidence-based intervention programmes.

The questions to speakers at the guided discussion were about existing programmes adapted to specific cultural contexts and also to marginalised populations, overcoming
barriers to inter-professional collaboration for early intervention, policy recommendations, low-resource effective intervention, early interventions’ positive impact on reducing the burden of autism and NDDs on LMIC economies, and implementation strategies for inclusive education.

While it was agreed that in intervention, a shift from clinical to community based approach where parents/primary caregivers are involved, is preferred, the cultural context needs to be incorporated in order to make the intervention more effective. Speakers shared their experiences as practitioners and parents from different countries including Malaysia, Bangladesh, Nepal, and Thailand. They discussed that interventions can be transdisciplinary, and the mechanism by which they can be incorporated into the health system, especially in low-resource settings. One effective country model Dr Wipulakorn described is in Thailand, where health volunteers in the village level are trained to use developmental tools, and know when to refer a child to community hospitals. The basic idea is that all children should have development assessment, and low-income families receive a child plan allowance to enable their participation. Early identification needs to be connected to intervention services of the community as much as possible.

In order to adapt interventions in specific cultural contexts, the speakers discussed that what is now needed, is an evaluation of the effectiveness of innovative methods to ensure replicability. The panelists agreed that for interventions to be more effective, countries need trained professionals such as teachers, health care workers, allied health professionals, and for them to work closely with not only persons with NDDs, but their families, and communities. They emphasized the need to shed the top-down medical model and involve families and communities.

10. Session 4

Education for individuals with autism and other neurodevelopmental disorders

Chair: Dr Kimihoto Harada, Research Director & Head, Center for Promoting Inclusive Education, National Institute of Special Education, Japan

Co-Chair: Dr Somporn Warnset, Director, Center for Special Education, Ministry of Education, Thailand
Moderator: Aloka Guha, Former Chairperson, National Trust for Persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disability, Ministry of Social Justice & Empowerment, India

Speakers:
- Prof. Connie Kasari, UCLA, USA
- Eileen Chew, Lazarus Center, Singapore
- Erlinda Borromeo, Autism Hearts Foundation, Philippines
- Dr Fahmida Chowdhury, FARE, Bangladesh
- Joanne Byron, School District of Palm Beach County, USA
- Merry Barua, Action for Autism, India
- Dr Stephen Shore, Adelphi University, USA

Key Points:
1. **Learning strategies** for children with ASD need to be experiential, fun, and motivating
2. It is key to identify a child's **strengths** and **abilities** and foster that for the future
3. Intervention should not be in isolation, but **integrated** in different spaces such as schools, playgrounds, conducted through professionals, teachers, parents
4. Education for children with ASD extends **beyond school** and into homes

Individuals with autism and other NDDs have varying levels of skills and benefit from maximum time spent with same-age typically functioning peers. The experts featured in this session were asked questions about various models for appropriate education opportunities and the resources required for inclusion of individuals with NDDs in all settings.

During this discussion, the experts opined that learning strategies for children with ASD need to be made experiential and the learning environment should be fun and motivating. Additionally, parents need to help the teachers by feeding them regular information about behavioral changes and state of mind of their children. Conversely, children with ASD should not shy away from the label of their disability but rather embrace it so that they can self-advocate for their rights and needs as well as figure out how best they could learn in school.

Transitioning for children with ASD truly begins at around four years of age when one can begin to identify a child’s strengths and abilities that could one day lead to a future hobby or area of study/employment. A successful choice of study/employment is one where the individual with ASD has found something he likes to do, is good at it and has enthusiasm for it. The ultimate objective is to go from awareness to acceptance and finally to appreciation; when people with ASD are truly valued for who they are and, more importantly, for what they are capable of contributing to society.
In addition to in-school learning, pairing a child with ASD with a typically-developing peer as a shadow friend who could support and accompany him/her at any time allows for more social imitation/modelling, which is a highly instrumental way for a child to learn. Interventions can be used to improve peer relationships for children with ASD by, for instance, engaging them in interest-based activities where they could work together. Moreover, although parents in this part of the world prefer for their children with ASD to get their therapy in privacy, it would be more beneficial for those children to have access to therapeutic equipment in places like playgrounds and modified schools/classrooms. Post-secondary educational institutes also need to have qualified support persons to assist students with ASD to answer questions, allay fears and confusion, and deal with difficulties like bullying.

Finally, education for children with ASD extends beyond school and into their homes where parents have the potential to make a huge improvement in their children by enhancing their social interaction and communication. They can do so, rather than over-focusing on the bad behaviour, by picking up on the good behaviour and show children that they could get access to reinforcement and attention by doing the good things they want to do. It is also very important that parents positively empower their children first, by not outwardly projecting any embarrassment they have about them and secondly, by not imposing their own life expectations on them.

11. Day 2 Workshops

*Promoting the Identification of Autism in Infants and Toddlers: Social Attention and Communication Study (SACS)* by Professor Cheryl Dissanayake

Research into the effect of early experiences particularly, socio-linguistic inputs on brain development in children has led the American Academy of Pediatrics to recommend that all children be monitored for brain development from 12 months onwards. Yet, despite being a developed nation, the average age at which ASD is diagnosed in Australia is 49 months, whereas only 3% of children with ASD are diagnosed before 24 months. Prof. Dissanayake’s work is about bringing down the age of diagnosis to as low as possible in order to enable access to early interventions before the end of a child’s developmental period. While researchers are convinced that there is indeed a strong genetic component to this disorder, they are still unclear about the exact underlying neuropathologies behind
it, which also vary from person to person. This makes diagnosis difficult because there is no single behaviour that definitively indicates that a person has ASD. Therefore, diagnosis of ASD still relies on behavioral presentation and developmental history, which can be difficult and lead to delayed diagnoses because behavioral expression varies from child to child. The research findings presented by Prof. Dissanayake during her workshop showed that early identification and diagnosis, in enabling access to early intervention, can alter the developmental trajectories of children with autism enhancing their developmental opportunities.

**Early Intervention in Education based Settings: the Jasper Model**

*by Professor Connie Kasari*

Prof. Kasari during her workshop introduced the JASPER model – Joint Attention, Symbolic Play, Engagement & Regulation. JASPER is a comprehensive social communication model that can be added into existing preschool programmes for children with autism spectrum disorder. Multiple randomized trials have demonstrated that JASPER can improve children’s social communication, play and language abilities. Research has targeted parents, teachers and therapists for delivering JASPER. A focus of research has been on children who are preverbal (young children not yet talking) as well as older, school aged children who are still nonverbal or minimally verbal. For minimally verbal children, JASPER includes augmentation with a speech generating device. Prof. Kasari’s talk focused on school-based interventions with teachers and assistants delivering the intervention in small groups or individually. The specific assessment of intervention targets were described by Prof. Kasari, using the Short Play and Communication Evaluation (SPACE), as well as the strategies that teachers can use to improve joint attention, joint engagement and play in their children. Strategies include environmental arrangement incorporating appropriate teaching targets and materials, development of play routines, expansion of play and language, behavior regulation, and techniques for improving gesture use. The workshop aimed to enable participants to identify intervention targets in their children using SPACE, while also providing them with an outline of two to three strategies that would help them to improve communication outcomes.

**Service Development in Malaysia by PERMATA Kurnia by Professor Hasnah Toran**

Prof. Toran provided an overview of the current service development model in Malaysia during her workshop. In particular, she spoke about PERMATA Kurnia, a new initiative
under the PERMATA programme, Prime Minister’s Department that provides specifically designed comprehensive early intervention for children with autism and their families. The objectives of this center is to educate children with autism to become independent, contributing members of society, empower parents to enable them to provide appropriate care-giving to nurture their children’s development, provide training and consultation to teachers and therapists on evidence-based strategies in educating children with autism, heighten public awareness on autism and the challenges faced by individuals with autism and their families, and to become the model demonstration centre for future centers throughout the country. Three services are offered in PERMATA Kurnia; Pre-School Programme, Early Intervention, and Family Support Programme and Community Education Programme. Currently 300 children with autism are enrolled in this center; 120 in the Preschool Programme and 180 in the Early Intervention & Family Support Programme.

**Empowering Families and Community Workers for Early Communication Intervention in Bhutan by Jean Ho**

A speech and language therapist by profession, Ms. Jean Ho’s workshop provided an introduction to language development for young children. The practical strategies to meet the communication needs of both non-verbal and verbal children with autism spectrum disorder (ASD) were discussed in detail. She also provided information on the caregiver training programme that was successfully conducted in Bhutan in 2016 for families living with ASD. Feedback from the 5 families of Ability Bhutan Society (ABS) living with children with ASD who attended the caregiver training programme in April 2016 acknowledged the benefits of the skills they acquired. The training programme was a research-based, family-centred intervention programme called More Than Words®, established by The Hanen Centre in Toronto, Canada. Most significantly, all the participants recognized how they had personally changed the way they interacted with their children, and how this had in turn positively impacted on their children’s communication. Ideas on how to use every day routines and play activities as ways to maximize the children’s opportunities to develop communication skills were also shared by Ms. Ho.

**12. Side event: Meeting of Early Childhood Development Task Force**

The Early Childhood Development Task Force (ECD TF) of the Global Partnership on Children with Disabilities (GPCWD), whose Secretariat is at UNICEF, held a meeting as a side event at ANDD2017 on the 2nd day of the Conference. At the open-
to-all meeting, ECD TF members, Evelyn Cherow, Dr Andy Shih, Prof. Naila Zaman Khan, Dr Sylvia Choo, and Dr Vibha Krishnamurthy, provided an overview of the ECD TF mission and activities; representatives of UNICEF from Bhutan and Bangladesh participated and shared materials about programme priorities; and participants discussed the inclusive ECD programmes they have developed with colleagues in their respective countries (Bangladesh, Bhutan, Singapore, India, Indonesia, France).

The ECD Task Force serves as a network hub for an integrated ECD-ECI voice, and “connect-the-dots” between the UN Convention on the Rights of the Child (CRC) and the Convention on the Rights of People with Disabilities (CRPD) with advocacy for inclusive early childhood development (IECD). Further details of the taskforce and its work can be found in http://www.gpcwd.org/early-childhood-development.html.

13. Thimphu Declaration

A working group meeting on the Thimphu Declaration was held during lunchtime on the second day of ANDD2017. The meeting was attended by both regional and international experts, as well as self-advocate, Dr Stephen Shore. Representatives from the Ministry of Foreign Affairs in both Bangladesh and Bhutan also participated in the meeting. WHO Goodwill Ambassador for Autism in the South-East Asia Region, Ms. Saima Hossain, along with Dr Thaksaphon Thamarangsi and Dr Nazneen Anwar from the World Health Organization were also in attendance. The overall content of the Declaration was prepared with input from all the members of the working group.

14. Session 5A

Creating employment opportunities for individuals with autism and other neurodevelopmental disorders

Chair: Lyonpo Ngeema Sangay Tshempo, Minister of Labour and Human Resources, Royal Government of Bhutan

Co-Chair: Irmgarda Kasinskaite-Buddeberg, Programme Specialist (Knowledge Societies Division), UNESCO
Moderator: Dr Vibha Krishnamurthy of UMMEED Child Development Center, India

Speakers:
- Daniel Giles, Self-advocate, Australia
- David Hoff, ICI, University of Massachusetts Boston, USA
- Farida Yesmin, DRRA, Bangladesh
- Merry Barua, Action for Autism, India
- Dr Wiranpat Kittitharaphan, Ministry of Public Health, Thailand
- Dr Yolanda Liliana Mayo Ortega, CASP, Peru

Key Points:
1. Recognizing the value behind hiring people with autism and other NDDs will help improve the employment situation of persons with special needs
2. The education system should invest more time to help prepare those with disabilities to seek out and successfully gain employment
3. All stakeholders should work as a team, where professionals can act as middlemen, helping to match jobs with individuals
4. Families tend to invest in the more productive children, especially in low-income scenarios. Therefore, governments should help develop a strong programme to enable persons with autism and other NDDs to become productive citizens

The fifth and last panel discussion of ANDD2017 was further divided into two sub-panels. The first half of the session focused on employment and the second half on supported independent living. The panelists consisted of self-advocate, practitioners and parent-experts, amongst others.

The questions asked to the panelists were about challenges they feel persons with ASD and NDDs face in obtaining and holding down jobs, and what type of support from governments, parents and siblings, schools, and employers encourage employers to employ those with ASD and NDDs. Additionally, various models of employment training were discussed with input from different perspectives including self-advocate and long-term service provider. Daniel Giles suggested that an understanding of autism and other special needs by employers, recognizing the value behind employing people with ASD, and preparing employees on how to interact with fellow colleagues in the workplace will all help improve the employment situation of people with special needs.
“It is important to be able to find a niche for skills and talents and work with that in a productive manner.”

Daniel Giles
Self-advocate

The importance of gainful employment was highlighted by panelists who said that to ensure PwNDDs’ ability to remain employed, along with skills development, employers need to be shown the financial and social value of employing persons with ASD and NDDs. This discussion with the panelists highlighted some of the key points directed at governments, employers, service-providers, family, and other support structures.

Speakers emphasized on the need for government interventions, and having a national policy which addresses the needs of not only those who are physically disabled, but those with invisible disorders such as ASD.

Governments typically are the largest employers in most countries, so were urged to employ persons with NDDs, thus, leading by example and critically addressing the low employment rate in this group. Speakers from Australia and Thailand gave examples of existing regulations in their countries put in place by their governments, which encourage employers to employ special needs persons. It was acknowledged that inclusive employment policy, incentives, and highlighting to employers the value of employing PwNDDs may be more beneficial than punitive action, as punitive measures often lead to negative attitude towards PwNDDs.

It was discussed that in order to be successfully employed, what is needed is preparation for employment from an early age. Employment like any other life-course need cannot be addressed in isolation. Persons with ASD and NDDs require support to find jobs, and learn skills. Capacity based on one’s strengths and abilities need to be built from early in life, much before the person is old enough to join the workforce. The main reasons that there are low employment rates among those with NDDs are poor practical skills, bad job matching, and poor social skills.

The support system for PwNDDs are their families, caregivers, teachers, and support service providers. Teachers and the education system should play a vital role to help them set a plan for life, education, and career path, including training and empowerment programmes. Experts suggested that in preparation for future employment, basic life skills such as self-care, manners, basic social skills, communication skills, ways to handle money, etc. should all be taught. The education system should also invest more time to help prepare those with disabilities to gain employment.
It was recommended that along with incentives and encouragement, employers need to be made aware of the value added by employing people with NDDs, and an effective way to do that is to have employers speak to each other. They should be made to understand that minor modifications can go a long way, and learn how to adapt, how to communicate and work with persons with ASD and other NDDs. All stakeholders should work as a team, where professionals can act as middlemen, helping to match jobs with individuals.

15. **Session 5B**

*Facilitating supported independent living for individuals with autism and other neurodevelopmental disorders*

**Chair:** Mahinda Senevirathna, Secretary, Ministry of Social Empowerment and Welfare, Sri Lanka

**Co-Chair:** Md. Zillar Rahman, Secretary, Ministry of Social Welfare, Bangladesh

**Moderator:** Dr Muhammad Waqar Azeem, Chair, National Autism Plan Working Group, Qatar

**Speakers:**
- Aloka Guha, Expert, India
- Prof. M. Golam Rabbani, NDD Trust, Bangladesh
- Karen Purdie, IRODA, Tajikistan
- Michael Rosanoff, Columbia University, USA
- Qazi Fazli Azeem, KITE, Pakistan
- Sajida Rahman Danny, PFDA Vocational Training Center, Bangladesh
- Zsuzsanna Szilvasy, Autism-Europe, Hungary

**Key Points:**

1. Needs of individuals are **different** so no "one size fits all" definition for independent living will necessarily work, which brings up the need for thinking in innovative rather than traditional ways

2. Community based solutions need to be developed to accommodate the varied needs of people with ASD and NDDs, to enable them to have a fulfilling life

3. There are not enough comprehensive programmes for adult PwNDDs, especially those who are not employed and live with aging parents or caregivers
4. Formal structures such as the **Neurodevelopmental Disability Protection Trust** in Bangladesh, help raise awareness, wider acceptance, inclusion in developmental schemes, in addition to ensuring basic services are provided on a priority basis.

5. **Barriers** to comprehensive programmes for adults include stigma, funding, human resource constraints, lack of trained professionals and knowledge, and truly effective support services.

The second part of the fifth session of the Conference focused on the topic of **supported independent living for individuals with autism and other NDDs**. The questions for the panelists were focused on country-specific programmes in Bangladesh, Pakistan, and Hungary, and their impact on PwNDDs. Experts were asked about what they felt the barriers to institutions functioning effectively are, and what the specific cultural influences in shaping opportunities for independent living are.

Independent living is intimately intertwined with quality of life. The speakers at the session explained country initiatives taken to improve the lives of persons with ASD and NDDs. Prof. Golam Rabbani and Sajida Rahman Danny spoke about the Neurodevelopmental Disability Protection Trust in Bangladesh and the NDD Protection Trust Act, and its impact on the lives of persons with ASD and other NDDs. There has been greater awareness, wider acceptance, inclusion in developmental schemes, formation of health insurance, priority healthcare up till tertiary level, priority in receiving government services, and others.

The Act has expanded the horizon of services for PwNDDs, and addresses it from a rights-based perspective. In addition to services that can be availed, and greater awareness and increased acceptance, what the Act has truly done is legitimized PwNDDs as citizens who have rights. The NDD Protection Trust has ensured that professional healthcare providers receive training on NDDs in order to provide the services effectively, and have a call center to provide assistance to PwNDDs and their caregivers in the event of physical and psychological distress and emergencies. NDD Trust’s work is in coordination with the Ministry of Health and Family Welfare in Bangladesh.

While services and awareness raising programmes are in place in many areas helping a large number of people, panelists said that there are not enough comprehensive programmes for adult PwNDDs, especially those who are not employed and live with aging parents or caregivers. This makes them a burden on their governments.

Generally, the difficulties adult PwNDDs face is that there are not enough support services for them. Needs of individuals are different so no one size definition for
independent living will necessarily work, which brings up the need for thinking in innovative rather than traditional ways. Speakers suggested exploring community based solutions in this regard. It was stated that in terms of health, there is a need for public health policy that promotes knowledge based research and service delivery. Knowledge transfer, medical center establishment, diagnosis centers are all required for bridging the gaps. Social media, and use of other technology can help, and speakers suggested to replicate models that are effectively in place in other countries.

It was stated that barriers to comprehensive programmes for adults include stigma, funding, human resource constraints, lack of trained professionals and knowledge, support services that will truly help them to live independently and the belief that they may not need any assistance in daily living.

16. Day 3 Workshops

**Clinical Identification of Neurodevelopmental Disorders in Bangladesh by Professor Golam Rabbani, Professor Narayan Saha & Narsis Rahman**

This workshop highlighted how neurodevelopmental disorders can be identified clinically in low resource settings. The speakers discussed the burden of neurodevelopmental disorders and the need for early and appropriate clinical identification. The discussion provided the participants with an idea about the role of the family, community and clinicians as potential contributors in the identification process of the disorders. The clinical features of common neurodevelopmental disorders based on the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) was also discussed in detail. Moreover, the presenters showed a video demonstration of the common symptoms of these disorders in order for the better understanding of participants. There was also a live demonstration/role modeling on how early identification of a neurodevelopmental disorder can clinically be made. The workshop aimed to contribute in the clinical identification of neurodevelopmental disorders in the primary health care set up by increasing awareness regarding this issue.

**Early Intervention using the Early Start Denver Model by Professor Giacomo Vivanti**

Prof. Vivanti’s workshop focused on the principles, strategies and evidence base of the Early Start Denver Model (ESDM), an early intervention programme designed to address symptoms of autism during infancy, toddlerhood and the preschool years. ESDM emphasizes the importance of providing intensive teaching, drawing from evidence-based educational strategies, individualizing the programme, and addressing multiple developmental domains. The ESDM approach has a distinctive focus on early social-emotional engagement, social motivation and social learning as the framework for learning. Additionally, the ESDM includes specific procedures to individualize treatment goals so that the teaching programme is built on each child’s individual profile of strengths and weakness and ongoing monitoring of treatment response. The naturalistic framework of ESDM is based on the notion that teaching is more powerful when embedded in the
context of the real-life daily routines, where the behaviors targeted by treatment would naturally take place. During the workshop, participants learnt about: (1) the principles and strategies of ESDM, (2) the different ways in which the ESDM can be delivered, including group-based implementation and parent-implemented programmes, (3) the differences and areas of overlap between ESDM and other early intervention approaches, and (4) recent research on the effectiveness and sustainability of ESDM.

**Workshop on World Health Organization-Autism Speaks Parent Skills Training (PST) Programme by Dr Shekhar Saxena & Dr Andy Shih**

Several evidence reviews suggest that parents can learn the skills needed to help their children improve behavior, social skills and communication, and that parent training programmes lead to improved child development and family well-being (McConachie, 2007; Odom, 2010). Evidence further shows that non-specialists in community settings can effectively deliver parent training programmes (Reichow et al, 2013). The WHO Mental Health Gap Action Programme (mhGAP) aims to expand services for mental, neurological, and substance use disorders in low- and middle-income countries. The programme recommends parent training for management of developmental disorders including autism, in the context of primary-health care and community-based services. For this reason, WHO, in collaboration with Autism Speaks, undertook a rigorous process to develop a parent skills training programme. During the workshop, participants were provided with 1) a comprehensive overview of the context, rationale and process for programme development and implementation, 2) an introduction to programme structure, roles of stakeholders, adaptation process and monitoring and evaluation framework and 3) additional details and guidance to inform decisions to pilot and implement the programme to enhance existing services.

**Developing Practical Skills in Curriculum Adaptation for Inclusive Education by Aloka Guha**

Ms. Guha provided an introduction to Curriculum Adaptations for students with diverse needs; the What, the Why and the How of it. The Index for Inclusion by Tony Booth, 2011, was also discussed in detail. Participants were provided with an overview of Nine types of Adaptations, at school, classroom and individual levels, during the workshop. They were sensitized in making adaptations to actual lessons from primary classes, using Universal Design of Learning. The implications of some disabilities on particular learners, with specific reference to the teaching and learning of Mathematics, Science, Social Studies and English were also shared by Ms. Guha.
17. **Session 6**

*Roundtable Discussion on WHO’s Collaborative Framework for Addressing Autism Spectrum Disorder in the South-East Asia Region*

**Chair:** Dr Thaksaphon Thamarangsi, Director, Noncommunicable Diseases and Environmental Health, WHO-SEARO

**Co-Chair:** Dr Samai Sirithongthaworn, Deputy Director General, Ministry of Public Health, Thailand

**Moderator:** Merry Barua, Action for Autism, India

**Presentation by:** Dr Nazneen Anwar, Regional Adviser, WHO Regional Office for South-East Asia on WHO-SEARO Collaborative Framework for addressing ASD in the South-East Asia Region

**Speakers:**

- Ajmalul Hossain, QC, A. Hossain & Associates, Bangladesh
- Dr Shekhar Saxena, Director (Mental Health & Substance Abuse), WHO
- Dr Khalid Saeed, Regional Advisor (Mental Health & Substance Abuse), WHO-EMRO
- Jean Lieby, Chief of Child Protection, UNICEF, Bangladesh
- Prof. Cui Yonghua, Director, Pediatrics, Beijing Anding Hospital, China
- Dr Muhammad Waqar Azeem, Chair, National Autism Plan Working Group, Qatar
- Prof. Lee Moon-soo, Professor of Psychiatry, College of Medicine, Korea University
- Dr Swarna Wijetunge, President, Sri Lanka Association of Child Development, Sri Lanka
- Dr Samir Dalwai, National Chairperson, Indian Academy of Pediatrics, Chapter of Neurodevelopmental Disorders, India
- Valerie Taylor, Founder and Coordinator, Center for the Rehabilitation of the Paralysed, Bangladesh
- Aloka Guha, Former Chairperson, National Trust for Persons with Autism, Cerebral Palsy, Mental Retardation & Multiple Disability, Ministry of Social Justice & Empowerment, India
Key Points:

1. **Collaboration** can happen in a number of ways; systematic inter-ministerial and inter-organizational collaboration at the international level, and inter-institutional and inter-sectoral collaboration within countries.

2. There is extensive experience, and available tools in the field; these can be better utilized by collaboration on information systems and documents, developing networks within and across sectors, a **comprehensive strategy** to work together, and all-inclusive and collective capacity building.

3. **Standardized**, evidence-based guidelines and practices, and strong laws supporting them and protecting the human rights of persons with ASD & NDD is necessary.

4. Participants urged to focus on a shift to a **rights-based approach** and social model of care instead of the medical model of care.

The objective of this discussion was to present a cost-effective systematic response that is structured, coordinated and feasible for low-resource countries. The discussion assisted in identifying partners and prioritizing goals for the South-East Asia region.

After the opening remarks by the Chair and Co-Chair, Dr Nazneen Anwar presented a short overview of the WHO collaborative framework. She highlighted the challenges in the South-East Asia region, e.g. the treatment gap, lack of awareness and policies, stigma, paucity of financial, institutional and human resources, and the need for a coordinated response for inclusive development. She emphasized that WHO can help countries in collaborating with each other and international agencies; and provide technical support towards meeting a mutual agenda.

Speaking on the WHO framework, Dr Nazneen mentioned that it aims to:

1. strengthen advocacy, effective leadership and governance for Autism Spectrum Disorders (ASD);
2. provide comprehensive, integrated and responsive mental health and social care services in community-based settings for persons with ASD and their caregivers;
3. implement strategies to minimize disabilities associated with ASD and promotion of mental, social and physical health and well-being in persons with ASD; and
4. strengthen information systems, evidence and research for ASD.

Dr Anwar also stressed on the fact that it was in line with the Mental Health Action Plan 2013-2020; and that it was designed for low resource settings. She emphasized that the following needs to be done on an urgent basis: advocacy for policy and financing, awareness building, development of structural and human resources, multi-sectoral involvement, early detection and surveillance, and research on burden.
Following Dr Anwar’s presentation, the panelists from international organizations: Aiko Akiyama, Dr Shekhar Saxena, Dr Khalid Saeed and Jean Lieby of UNESCAP, WHO, and UNICEF, recounted the progress that has been made in the last two decades. They emphasized that there was considerable political will to take forward the agenda of autism spectrum disorder and other neurodevelopmental disorders. The panelists highlighted the fact that there was a need for systematic inter-ministerial and inter-organizational collaboration at the international level, and inter-institutional and inter-sectoral collaboration within countries to coordinate various efforts. They emphasized the importance of collaboration on generating financial and human resources, and networks for sharing information and good practices. Additionally, Ms. Akiyama stressed on the need for cross-disability collaboration and Dr Saxena focused on the need for collaboration to increase capacity in the health, educational, social and disability sector of families, and mentioned that WHO could assist in this process by making information and capacity building tools like the Parent Skills Training Manual and the WHO Mental Health Intervention Guide readily available. Jean Lieby stated that the UN Committee of Rights of the Child had issued 6 recommendations which were fully in line with the proposed WHO collaborative framework and could provide a basis for intergovernmental agencies, like UNICEF and WHO to work together with governments.

Panelists representing government organizations in the region, Dr Swarna Wijetunge, and Dr Muhammad Waqar Azeem; apprised the audience about developments in their nations; e.g. the National Plan for Children with Special Needs in Sri Lanka and the National Autism Plan in Qatar. They also emphasized that nations could learn from each other to take the agenda forward. Specifically, Dr Swarna Wijetunge mentioned that child and adolescent mental health had been included in the Mental Health policy document in Sri Lanka, and challenges to collaboration were being overcome through development of multidisciplinary professional bodies, utilization of media and hotlines for awareness building, use of primary care for early detection and intervention, use of maternal and child health services to provide primary mental health care to children and adolescents, and work with education department to develop an “Education for All” policy and with the Social Empowerment Ministry towards a Disability Act. While speaking about the National Autism Plan for Qatar, Dr Muhammad Waqar Azeem elaborated on the process pillars (awareness, screening and early detection, diagnosis, early intervention, education, and transition to adulthood and elder status), reasons for success, and international support towards development. He illustrated how stakeholders including political leaders and parents and people with disabilities had come together to make this possible.

Valerie Taylor, Founder and Coordinator, Centre for the Rehabilitation of the Paralysed in Bangladesh emphasized the need for collaboration in development and
retention of human resources in Bangladesh; and networking for generating awareness and educational resources.

Prof. Cui Yonghua, Prof. Lee Moon-soo, Dr Samir Dalwai, and Aloka Guha, emphasized the need for seamless services in various sectors and empowerment of families to ensure services are optimally utilized. Prof. Yonghua particularly, stressed on the role of governments for ensuring appropriate care for people with autism spectrum and other developmental disorders. Prof. Moon-soo underlined the need for case managers and coordinators for individualized care planning and Dr Dalwai, emphasized adherence to evidence based practices and provided examples of how the Indian Academy of Pediatrics is developing national guidelines for identification and intervention. He also stressed upon the need to regulate practices in the region. Ms. Guha highlighted the need for strong laws on disabilities, including penalties for non-adherence in order to ensure implementation; the need to shift to a rights-based approach and social model of care instead of the earlier medical model of care; the need to develop services hand-in-hand with awareness to lower the incidence of malpractices and the need for collaboration to ensure the sustainability of programmes.

The Chair and Co-Chair, Dr Thamarangsi and Dr Sirithongthaworn summed up the session by stressing that there was in fact, considerable untapped potential, e.g. extensive experience and available tools in the field; however, these could be best utilized by collaborating on information systems and documents, developing networks within and across sectors, a comprehensive strategy to work together, and all-inclusive and collective capacity building.

17. Special Session: Let’s Talk Self Advocacy

Chair: Shri Faggan Singh Kulaste, Honourable State Minister, Ministry of Health & Family Welfare, Government of India

Co-Chair: Beda Giri, Executive Director, Ability Bhutan Society

Moderators: Joanne Byron, Palm Beach County School District, USA
Dr Nusrat Ahmed, Shuchona Foundation, Bangladesh

Speakers:

- Dr Stephen Shore, Assistant Professor, Special Education, Adelphi University, USA
- Qazi Fazli Azeem, Assistant Professor, Karachi Institute of Technology and Entrepreneurship, Pakistan
- Daniel Giles, Graphic Designer & Photographer, Australia
Key Points:

1. One must have a strong sense of self and **self-determination**, in order to be an effective self-advocate.
2. Decisions impact people in different ways, so the perspectives of those affected by the decisions need to be included in the decision-making process.
3. A strong supportive family and partnership in the community are important factors in the journey of the self-advocates.

The Special Session, held on the second day of the conference focused on the voices of self-advocates with presentations by Dr Stephen Shore from USA, Daniel Giles from Australia, and Qazi Fazli Azee from Pakistan. The session was Chaired by Shri Faggan Singh Kulaste, State Minister, MoHFW, Government of India, and Co-chaired by Beda Giri, Executive Director, Ability Bhutan Society. The Prime Minister of Bhutan, Dasho Tshering Tobgay took a keen interest in the subject matter and attended the session.

The Chair of the session in his opening remarks said while many initiatives are being taken, there is still much more to do. He stressed upon the need for advocacy in the political and policy level, experts’ and practitioners’ level, and family and societal level to bring awareness and address all aspects of NDDs; along with involving citizens and recognizing the role of family in addressing mental health issues. He concluded with the recommendation to create a roadmap, which would include policy advocacy, establishment of national taskforce, public-private partnership in training stakeholders, and research.

The speakers focused on the importance of self-advocacy and shared their respective journeys to becoming self-advocates. Individual experiences are unique, just as each person on the spectrum are different, thus, warranting customized intervention. Despite their differences in experiences and the interventions they received, they all had one thing in common: a strong supportive family and network of friends, which enabled them to feel a part of the community. The speakers emphasized on the importance of developing a sense of self, and having self-awareness, as part of the process of becoming effective self-advocates. The presentations were followed by Q&A with those in the audience.

Dr Stephen Shore, who is Assistant Professor at Adelphi University, was diagnosed with Asperger’s Syndrome / Autism as a child. He grew up in a household where the word “autism” was normalized and knew he was a person with autism from a young age. His parents played an instrumental role and were involved in home-based early intervention. From an early age he received a mainstream education and went on to
become a university teacher. His talk focused on how to become a self-advocate, and what is necessary to become one. An important aspect is to have an awareness of the need for self-advocacy, along with environmental, cognitive, and socio-emotional needs. As autism is a spectrum disorder, and no two persons are alike, he feels that needs are also varied and may come up at different times for different people. He advised that in order to be an effective self-advocate, one must have self-determination, to attain which, one must have a sense of self. For instance, his parents supported his interests, and being able to pursue those interests helped to build a sense of self, thus self-determination. Additionally, it is important to find strength in a person for each challenge, as opposed to weakness. Knowing strengths and challenges help understand self, after which comes disclosure. It is not easy telling someone that (s) he is on the spectrum, as it is an invisible disability. Making them understand is a challenge but effective interventions catered to individuals – “matching needs with individuals” - help this process. It is necessary to focus on ability too; to look at what people can do rather than what they cannot do.

Dr Shore shared his personal experiences from childhood onwards to illustrate how self-determination was achieved making him a self-advocate. Throughout his talk he acknowledged the role his parents, and family played, in helping him to understand himself.

“It is not about independent living because reality is hermits live independently. Interdependent living is reality.” Dr Stephen Shore

Daniel Giles, a graphic designer by profession who lives independently, spoke about his journey to becoming a self-advocate. He learned about his autism from his father around the age of 11 or 12, and was able to understand himself through meeting others with autism. Hearing about others’ journeys helped him in his. Daniel has had many speaking engagements in different forums including the Asia Pacific Autism Conference (APAC). He writes opinion pieces, and researches on improving quality of life in Australia.

His work as a self-advocate focuses on highlighting ability; what people with autism can do, along with disability access, and customer service for people with speech impediments. He mentors in schools, and works to educate communities and businesses. He is associated with Australia’s first social enterprise by persons with Autism called “I Can Network”. He said he does all this because self-advocacy is important. Decisions impact people in different ways, so perspectives of those affected by the decisions need to be included in the decision-making process.

Qazi Fazli Azeem echoed what the two speakers preceding him said: it is important to know one’s self before becoming a self-advocate. Although not officially diagnosed with autism until he was 25, Fazli Azeem learned at a young age, ways of addressing some of the characteristics of ASD. He shared that there were many members in his family on the spectrum who were accommodated within the family setting. In addition to intervention and learning coping mechanisms - headphones for loud noise, reading and play area activities for hyperactivity, etc. - he advised to turn interests into obsessions and hobbies, as they help define a person. It is important to know how to address the challenges one faces before going on to self-advocacy. He advised that to be a self-
advocate, one must use methods that will get the message across; it may be through using local language, videos, social media, etc. One must also know that no one is alone; there are other self-advocates from whom to learn.

The session also had a question and answer section which brought out queries from parents, service providers, self-advocates, policy-makers, and high-level government delegates.

In her closing statement, co-chair of the session Beda Giri of Ability Bhutan Society re-emphasized the importance of self-advocacy, and effective support mechanisms for self-advocates and others.

18. Closing Ceremony

The closing ceremony of ANDD2017 immediately followed the WHO Roundtable on the Collaborative Framework for Addressing Autism Spectrum Disorder in the South-East Asia Region. The speakers at the closing ceremony were: Mohamed Cassim Mohamed Faizal, Honourable Deputy Minister of Ministry of Health, Nutrition and Indigenous Medicine of Sri Lanka, Zahid Maleque, Honourable State Minister, Ministry of Health and Family Welfare, Bangladesh, Lyonpo Tandin Wangchuk, Honourable Minister, Ministry of Health, Royal Government of Bhutan, and Saima Hossain, Chair of the Scientific Committee of ANDD2017, and WHO’s Goodwill Ambassador for Autism in the South-East Asia Region.

Dr Kinzang P. Tshering, Chair of the Technical Committee and member of the Scientific Committee for the Conference read out the Thimphu Declaration (see Annex 1).

Deputy Minister of Sri Lanka, Mohamed Cassim Mohamed Faizal said that although Sri Lanka has a yearly budget of LKR 10 million to address disability, autism has not been the priority. However, the discussions at the conference were useful and a decision has been made to address autism and other neurodevelopmental disorders in the country.

State Minister of Bangladesh, Zahid Maleque expressed Bangladesh’s commitment to addressing autism and neurodevelopmental disorders. He acknowledged existing challenges which include political will, trained manpower, infrastructure, funding, and dignity.

Minister of Health of Bhutan, Lyonpo Tandin Wangchuk highlighted the need for advocacy to eliminate stigmatization, to institute a structured collaborative partnership, and to establish referral and intervention initiatives, saying that Bhutan will take initiatives to address these. He acknowledged the presence of the Honourable Prime Minister of Bangladesh, Sheikh Hasina, saying it strengthened the bilateral relationship, and concluded by thanking the co-hosts.

Saima Hossain, Chair of the Scientific Committee of ANDD2017 in her speech said she hoped the 3 days of intense discussions, workshops and networking was educational,
had resulted in those present to continue to work towards making a lasting change about how participants think about autism and NDDs, and be motivated to forge ahead to include those with disability in future planning. She hopes that by committing to the Thimphu Declaration, stakeholders are making a promise to ensure that people with Autism and other NDDs in our communities, societies, nations have the opportunities and resources necessary to experience their right to a meaningful and productive life. During her speech, Ms. Hossain read out part of a heartfelt message that she received from a parent a few days before the Conference:

“I and other parents, caregivers, ASD children and adults are counting on you to fill in for us and to safeguard, protect and defend our loved ones as not only their advocate but also as their interpreter and the loudest voice in the room in Bangladesh, Bhutan and all over the world. Let the world know that they are more than their diagnosis and more than their limits and disabilities and that above all they are people, with emotions, likes and dislikes. Not because they have special needs and need more kindness and love but because they are people. And all people need more kindness and love. Just like you changed our vision, preconceptions and ideas, I know you will do the same with others along the way.”

- Anonymous Parent

She concluded by thanking all the co-organizers, particularly Dasho Tshering Tobgay, Honourable Prime Minister of the Royal Bhutanese Government and the Royal family for their patronage. She thanked Lyonpo Tandin Wangchuk for his support, and WHO-SEARO, especially Dr Poonam Khetrapal Singh and Dr Thaksaphon for giving all the leverage, and support to organize the Conference.
19. Cross-cutting issues

In summary, the three central cross-cutting issues that need to be addressed for people with ASD and NDDs, as per the discussions of the 3-day Conference are:

(1) Funding
   (a) The need for Government funding for effective projects and to ensure that NDDs are included as a part of disability projects
   (b) Corporations can also be sources for funding NDD projects that correspond to their mission, since they have a corporate responsibility to give back to the community

(2) Political will
   (c) In order for the proper execution and implementation of NDD-related initiatives, it is necessary for there to be strong political will behind it

(3) Multi-sectoral approach
   (d) Panelists all emphasized the need for collaboration and partnerships between relevant stakeholders, in order to advance the cause of NDDs

20. Recommendations for stakeholders

In line with the objectives of the Conference, certain recommendations were made by the practitioners, parent-experts, self-advocates, academics, and others present at the conference. A consolidated list of the recommendations is as follows:

**For Governments:**

- There must be a systematic screening process for childhood development set up for the entire population to ensure early identification.
- The screening process should be integrated into the health system to maximize effectiveness
- Effective implementation of existing policies such as the NDD Protection Trust Act of Bangladesh
- Mobilize assistance for countries with low resources
- Develop education strategies focused on teaching problem-solving, modifying the curriculum in such a way to better prepare those with special needs to live independently
- Develop defined national policy to properly address the needs of persons with ASD and NDDs, taking into account the life-course needs of individuals including employment opportunities
Benefits programme in place for employers that hire persons with NDDs, so that they may see the financial benefit to employment beyond CSR and tax credit

Ensure the legal rights of persons with ASD and NDDs

**For Professionals:**

- Develop comprehensive identification tools that are age-specific
- Continued evidence-based research and practice, possibly leading to the development of comprehensive tools and interventions for persons with ASD and NDDs
- Develop and continued capacity building of human resources through training of parents, teachers, healthcare professionals, and relevant stakeholders to successfully address the needs of persons with ASD and NDDs
- Host similar follow-up conferences for continued networking & relationship building, and sharing of work and good practices both regionally and globally
- Country-specific advocacy for inclusive education to ensure that persons with ASD and NDDs are able to get into mainstream schools
- Form a multidisciplinary team involved in the overall screening and diagnostic process
- With respect to interventions, shift from a clinical to a more community-based approach, considering the cultural context to ensure effectiveness
- Experts should seek out the opportunity to learn from families and parents of persons with NDDs

**For Multi-sectoral Collaboration:**

- Increasing awareness about disability among non-disability groups, sectors like hospitals, colleges, universities, schools, etc.
- Ensure that the family is a key component of the whole intervention process; empowering parents and forming more peer-support groups
- Formulating mechanisms to enable families to be linked to their community
- Documentation of services and service delivery in order to monitor and evaluate their effectiveness and generate knowledge for future learning
- Implement monitoring and evaluation plans for existing services run by governments and private service providers to ensure standardized practices and lower the rate of malpractice
- Human resource development through research and standardized training
- Creation of employment opportunities for persons with ASD and NDDs
- Creation of a web-based library where users can access different tools, information and latest research on ASD and NDDs for professionals, parents, and caregivers
- Coordination between resources and improved quality of standardized practices
- Effective networking and communication nationally and internationally

21. Conclusion

The International Conference on Autism & Neurodevelopmental Disorders, 2017, brought together a diverse group of stakeholders including researchers, academics, practitioners, self-advocates, caregivers, legislators and bureaucrats, heads of states, ministers, high-level government officials, and development partners, with nearly 300 participants from 31 countries.

In addition to the Thimphu Declaration, one of the main outcomes of the 3-day Conference was WHO Collaborative Framework for addressing Autism Spectrum Disorder in the South-East Asia Region. The framework outlines a list of recommended activities for each of the 31 objectives that are in the WHO South-East Asia Regional Strategy on ASD. The purpose of the activities is to fulfil the objectives by delivering the expected outcomes for Member States, which would thereby address the needs of the population with ASD and NDDs and positively impact all disabilities.

The need for inclusive policies and practices were highlighted by most speakers, in all sectors including education, employment, migrant issues, and the overall development agenda. Innovation and use of technology to develop ways to include all including those with autism and other neurodevelopmental disorders was stressed upon by the experts.

All the panelists highlighted the fact that there was a need for systematic inter-ministerial and inter-organizational collaboration at the international level, and inter-institutional and inter-sectoral collaboration within countries to coordinate various efforts. They emphasized the importance of collaboration on generating financial and human resources, and networks for sharing information and good practices.

It is clear that the challenges of ASD and NDDs need a global systematized response, which is coordinated, structured, well planned and feasible for low resource countries in order to be included as part of the SDG agenda. Through international collaboration and partnerships with governments, organizations, experts and families, a more inclusive global community can be achieved.
Annex 1

Thimphu Declaration on Autism and Neurodevelopmental Disorders

We, as a group of leaders, policy makers, academics, professionals, practitioners, advocates, self-advocates, caregivers, families, civil society organizations, and other stakeholders participating in the International Conference on Autism and Neurodevelopmental Disorders, held in Thimphu, Bhutan, 19-21 April 2017:

Aware that autism and other neurodevelopmental disorders, a lifelong disability affecting brain function, may cause significant challenges in the enjoyment of their human rights and fundamental freedoms if adequate support is not provided;

Noting the increase in the number of individuals diagnosed with autism spectrum disorders and other neurodevelopmental disorders, and the likelihood that still more persons remain unidentified or incorrectly identified and cared for in society and in health facilities mainly due to lack of awareness, limited access to and capacity of health care systems, particularly in low and middle income countries;

Concerned over the vast impact of autism and other neurodevelopmental disorders on health and well-being, as well as the economic burden, on individuals, families, and the whole of society;

Deeply concerned that individuals with autism spectrum disorders and other neurodevelopmental disorders face major challenges including social stigma, isolation and discrimination, and that individuals and families in need, especially in low resource contexts, often have poor access to appropriate information, support and services;

Recognizing the important contributions of governments, international community and civil society organizations, that have led to increased public concerns and awareness and political commitment to address autism and other neurodevelopmental disorders;

Recalling the Universal Declaration of Human Rights; the Convention on the Rights of the Child; the Convention on the Rights of Persons with Disabilities; United Nations General Assembly resolution 62/139 declaring 2 April as World Autism Awareness Day; and United Nations General Assembly resolution 67/82 on "Addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders, developmental disorders and associated disabilities";

Recognizing that Sustainable Development Goals (SDGs) have addressed the needs of persons with autism and other developmental disorders, including through ensuring healthy lives and promote wellbeing for all at all ages (SDG3), inclusive and equitable quality education and promote lifelong learning opportunities for all (SDG4), promote
sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (SDG8), reduce inequalities (SDG10), make cities and human settlements inclusive, safe, resilient and sustainable (SDG11), and strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development (SDG17).

Recalling the World Health Assembly Resolution 67.8 on Autism, and the WHO SEA Regional Committee Resolution SEA/RC65/R8 "Comprehensive and coordinated efforts for the management of autism spectrum disorders and development disabilities", adopted in 2014 and 2012 respectively;


We hereby adopt this Declaration and undertake to:

1. Welcome the WHO South-East Asia Regional Strategy on Autism Spectrum Disorders;
2. Call upon governments to integrate the needs of those with autism and other neurodevelopmental disorders in health, education, social services and socioeconomic development policy, planning and implementation, as well as other national efforts in achieving Sustainable Development Goals;
3. Collectively enhance whole-of-society and whole-of-government efforts to strengthen national capacity; including health, education and social care systems; to provide services and cares for, as well as take measures to remove stigma and promote social inclusiveness for individuals and families with autism spectrum disorders and other neurodevelopmental disorders;
4. Strengthen information systems and research and promote knowledge and experience sharing, within and across countries, particularly on best practices with a focus on the lifespan needs of those with autism and other neurodevelopmental disorders;
5. Call upon governments at all levels to work together with civil society including academia, professionals, and non-governmental organizations, as well as private sector and the media, in addressing autism and other neurodevelopmental disorders, and effectively implement this Thimphu Declaration on Autism and Neurodevelopmental Disorders.
6. Invite United Nations agencies, development partners and international organizations to facilitate cooperation and collaboration and support countries in the implementation of this Thimphu Declaration, in accordance with the 2030 Agenda for Sustainable Development.
Annex 2

Poster of Self-Advocates

Dhrupad Asad, 14
Dhaka, Bangladesh

Dhrupad is the house warden, he knows where the napkins are and where the keys have been kept. He loves to cycle and often asks his mother to buy flowers from the shop on his cycling route. Dhrupad’s artwork have been showcased in greeting cards sent by Sheikh Hasina, Hon’ble Prime Minister of Bangladesh, also in different calendars and book illustrations. Dhrupad spreads positive energy through his work.
International Conference on Autism & Neurodevelopmental Disorders

Act 1

A game of Go is played,
Two mighty powers in clash,
The world Become their gameboard,
And was nearly turned to ash,
Siding with the fundamentalist police,
They domine the title world police,
Alliances made, Republicans unmade,
From their ashes, came the Zionists,
But eventually the world would know reprieve,
As the game that threatened the world,
The game was over,
And soon nothing more than an old fight,
Two sides broken, One with no strength,
The other with no direction,
Soon to succumb to corruption,

Buying the election, Driven by greed,
And to the people’s objection,
The winds of war would proceed,
Pieces reinforced, A war machine Born,
Soon the peace was reversed,
And to the game they return.

Comments of Gabriel on Act 1

I wrote a war poem back in high school criticising the war on terror. This poem was written at a time when the War was raging on, and it was hardly an unpopular opinion. However, looking back at it as an adult, I was not really satisfied with the work. It was more edgy, and extremely naive. Stirring to do better, I decided to rewrite it from scratch.

My goal with this newly rewritten poem was to take a look at the consequences of Imperialism. While using the contemporary events in the middle east as a case study, I have a lot more History and politics than I did back then, so I could rewrite the whole thing, a lot more maturely. Furthermore, due to immigration, I have gotten to know people affected by hawkish foreign policy, people from Iraq, Iran, Afghanistan and many others.

I was planning on having 3 separate chapters, one concerning the cold war on one of the war on terror, and one dealing with the current issues surrounding ISIS. However, due to the fact that I didn’t want to be preachy, I found it very difficult to continue, in the later acts. Due to not wanting to mention any players or agents by name, to avoid a risk of incurring the focus away from the concepts I wanted to explore. I did manage to finish about half of the second act. A few remaining parts get difficult to discuss however.

My Worst Biking Lesson

Splinters carry a small moral,
But sometimes it can be hard to understand,
Sometimes they can bring fear,
At other times hatred.

Death and loss are normal,
The causes can be big or small,
But size does not explain anything at all,
Thinking of it can be like Halloween,
Sinking into it rather than dreams.

Quickly running down the hill,
Never slowing down with will,
Almost hit by a car of speed,
Hitting the stone of dead,
Sitting person into the wall,
Falling into the grass weeping.

This splinter,
Was almost like a dreadful winter,
It was not in the summer,
In a tiny village,
Rats carry diseases,
Cars carry nightmares.

Gabriel’s reflection on My Worst Biking Lesson

For English class we had an assignment to write on a splinter or a bad memory. In this case, I decided to pick an experience that could have killed me.

It was based on a biking lesson I had when I was somewhere between the ages of 7, I was being taught how to break, but the moving down a large hill had me effectively petrified, and I couldn’t move, let alone stop the bike. As a result, I kept going down the hill, into a fairly active road. There I hit to a road where there was quite a lot of traffic, and just as I always was a man, I was in a few seconds later I would most likely have been hit by the car. Instead, I hit a stone, knocking me off the bike, I was hurt, but I was alive. Hitting this stone made me land midway between 2 roads, it possibly saved my life.

The poem had 3 locations. The first location was not very good. It was slow and overall lacked pacing. I was told to rewrite some parts of it. So I did. Needless to say, this was definitely for the better. As the pace of the poem was now akin to how I rode down the hill. Starting slowly and accelerating with each line until the sudden stop. This went well in hand with the experience I had.

Gabriel’s thoughts on the logo he designed for 2006 Sports Tournament of his high school

“I could use mathematical equations to predict where the bull would land. Then I looked up active nations and put as many as I could on the volleyball”

“*I’m studying software engineering, in hopes of becoming an engineer, to develop technology to improve people’s lives. In particular, I am interested in developing simulations. That can hopefully use some academic use*.

Gabriel Alfven, 25
Karlskrona, Sweden
Photography by Marzook

Ruins of Panam City, Sonargaon, Bangladesh

Sonargaon, Bangladesh

Crabs at Water World, Bangkok, Thailand

Masudul Iman Rizvee (Marzook), 15
Dhaka, Bangladesh

Marzook is an accomplished photographer, who showcased his work at the young age of 14 years old, at a photography exhibition ‘The World Through the Eyes of Marzook’ at the prestigious Shilpakala Academy in Bangladesh. He first started taking photos at the age of 7 and enjoys capturing images of the different colours of nature, animals, the beach, his family and friends. His unique photography style has currently earned him a position as the unofficial photographer of his school.
You are a normal person living in a abnormal body
Life is like an experiment to me where I try different things and see what works.
like making my own music, writing songs, drawing comic cartoons and having fun.
I am in HSAD, I don’t know why I just am
I am still stuck at getting in university
I don’t know!! Someone else did!!
I just know I love life
I like to play pool and work on my laptop
I am a songwriter and my songs are about revolutionary subjects
my inspiration is revolutionary artist like immortal technique
I read and love the work of Bob Marley and all revolutionary historical black people
I am more into underground rap instead of radio station crap
20 years of education and I am on the same level as many people.
I know how you may feel about someone like me who is hard to talk and work
but don’t give up just yet
even though times get hard
don’t give up on life
keep your mind open
there is more information on the computer than the news!
I don’t ever give up, I keep going
I love being myself life is a gift
experience with your life
Nayeem’s passion for horses earned him awards

Nayeem Samad, 30
London, UK
While Nayeem’s interests include the arts, sculpture and he is a remarkable artist, his true passion lies in horse-back riding. For the last fourteen years he has been taking riding lessons and today he is an accomplished rider, riding with the St. Albans Special Olympics Team and also participates in the Special Olympics Great Britain Equestrian Competition. In 2011 he won bronze medal in the National Equestrian competition - Special Olympics Great Britain and in 2016, he won gold medal in the regional competition. Staying true to his passion, Nayeem studied a Stable Management course and passed his Diploma in level one Equine Studies with merit from the Oakland College St. Albans in England.
Adiba Ibnat Poshla, 18
Dhaka, Bangladesh

Poshla is a young adult whose creativity knows no bounds. She is an exceptional artist, whose work has been featured in Eid greeting cards handed out by the Honorable Prime Minister of Bangladesh. Poshla has also won first place in the Berger Young Painter’s Art Competition three times and her work has been featured in official calendars, diaries, magazines of esteemed organizations. Recently, she has also participated in a fashion show and confidently walked down the runway, wearing a saree she designed herself!

Poshla’s creativity

Hand painted purse

Book illustration

Victory celebration by Bangladesh Cricket Team depicted in Poshla’s painting
Annex 3

ANDD2017 Programme

<table>
<thead>
<tr>
<th>Tuesday, 18th April 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>16:00 Professional Workshops</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wednesday, 19th April 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 Inaugural Ceremony</td>
</tr>
<tr>
<td>11:15 Special Presentation</td>
</tr>
<tr>
<td>14:00 High Level Discussion</td>
</tr>
<tr>
<td>17:00 Panel Discussion on Early Identification</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thursday, 20th April 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:30 UNICEF ECD Task Force Meeting</td>
</tr>
<tr>
<td>09:00 Panel Discussion on Intervention</td>
</tr>
<tr>
<td>11:30 Special Session: Let’s Talk Self Advocacy</td>
</tr>
<tr>
<td>14:30 Panel Discussion on Education</td>
</tr>
<tr>
<td>17:00 Professional Workshops</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friday, 21st April 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00 Panel Discussion on Employment</td>
</tr>
<tr>
<td>11:30 Panel Discussion on Supported Independent Living</td>
</tr>
<tr>
<td>14:30 WHO-SEARO Round Table Discussion</td>
</tr>
<tr>
<td>16:00 Closing Ceremony</td>
</tr>
<tr>
<td>17:00 Professional Workshops</td>
</tr>
</tbody>
</table>
Annex 4

List of participants

High Level Delegates

Bangladesh

Mr Mohammed Nasim
Minister
Ministry of Health & Family Welfare
Dhaka, Bangladesh

Prof. A. F. M. Ruhal Haque
Member of Parliament
Jatiyo Sangsad
Dhaka, Bangladesh

Mr Nazmul Hassan
Member of Parliament
Jatiyo Sangsad
Dhaka, Bangladesh

Mr Zahid Maleque
State Minister
Ministry of Health & Family Welfare
Dhaka, Bangladesh

Mr Khaja Abdul Hannan
Joint Secretary and PS to Minister
Ministry of Health & Family Welfare
Dhaka, Bangladesh

Mrs Marcia Stephens Bloom Bernicat
Ambassador
United States Embassy in Bangladesh
Dhaka, Bangladesh

Mr Ahn Seong-doo
Ambassador
Embassy of the Republic of Korea in Bangladesh
Dhaka, Bangladesh

Mr Choi-Chul-ho
Third Secretary
Embassy of the Republic of Korea in Bangladesh
Dhaka, Bangladesh

Bhutan

Lyonpo Tandin Wangchuk
Health Minister
Royal Government of Bhutan
Ministry of Health
Thimphu, Bhutan

Maldives

Ms Ilham Hussain
Chairperson
Maldives Autism Association
Maldives

Philippines

Dr Nestor Fernando Santiago
Assistant Secretary of Health
Department of Health
Philippines

Sri Lanka

Mr Mohamed Cassim Mohamed Faizal
Deputy Minister
Ministry of Health
Nutrition and Indigenous Medicine
Sri Lanka

Thailand

Dr Samai Sirithongthaworn
Deputy Director-General (Mental Health)
Ministry of Public Health
Thailand

USA

Mr Olivier Bernicat
Consultant
USA
Experts

Prof. Stephen Mark Shore
Clinical Assistant Professor of Education
Adelphi University
USA

Ms Erlinda Pamintuan Borromeo
President
Autism Hearts Foundation Philippines
USA

Dr Andy Jinkui Shih
Senior Vice President (Public Health & Inclusion)
Autism Speaks
USA

Mr Michael Rosanoff
Director (Public Health)
Autism Speaks
USA

Ms Evelyn Cherow
Founder and CEO
GlobalPartnersUnited
USA

Mr David Purcell Hoff
Project Director
Institute for Community Inclusion
University of Massachusetts
USA

Ms Joanne Gail Byron
School Psychologist
School District of Palm Beach County
USA

Prof. Connie Lynn Kasari
Professor of Psychological Studies in Education and Psychiatry
University of California, Los Angeles
USA

Dr R. R. M. S. Jayawanta Bandara Delungahawatte Ranaweera
Member (Expert Committee on Tobacco and Alcohol)
Sri Lanka Medical Association
Sri Lanka

Dr Yatan Pal Singh Balhara
Associate Professor of Psychiatry
All India Institute of Medical Sciences
India

Ms Aloka Guha
Consultant on Disability
Kolkata, India

Prof. Atif Syed Rahman
Professor of Child Psychiatry
University of Liverpool
UK

Mr Daniel Brenton Giles
Self-Advocate
Australia

Dr Fahmida Islam Chowdhury
Vice Chairperson
Foundation for Autism Research & Education
Bangladesh

Mrs Farida Yesmin
Executive Director
Disabled Rehabilitation & Research Association
Dhaka, Bangladesh

Dr Gauri Divan
Developmental Paediatrician
Sangath
India

Prof. Giacomo Vivanti
Assistant Professor
A. J. Drexel Autism Institute
Philadelphia, USA

Prof. Hasnah Binti Toran
Director
Permata Kurnia Centre
Malaysia

Mr Indrajit Banerjee
Director (Knowledge Societies Division)
United Nations Educational, Scientific and Cultural Organization
India

Mrs Indrani Basu
Founder and Director
Autism Society West Bengal
India

Ms Karen Joy Purdie
Adviser
IRODA 'Parents of Children With Autism Initiative'
Australia

Dr Lola Nasriddinova
Founder & Executive Director
IRODA 'Parents of Children With Autism Initiative'
Tajikistan

Mrs Merry Barua
Director
Action for Autism India
India
International Conference on Autism & Neurodevelopmental Disorders

Prof. Mohammod Golam Rabbani  Dr Yolanda Liliana Mayo Ortega
Chairperson  Founder and Executive Director
Neurodevelopmental Disability Protection Trust,  Centro Ann Sullivan del Peru
Bangladesh  Peru

Prof. Naiia Khan  Ms Zsuzsanna Szilvasy
Professor of Pediatric Neuroscience  President
Bangladesh Institute of Child Health  Autism-Europe
Bangladesh  Hungary

Prof. Narayan Saha  Mr Syed Afsar Hossain
Professor of Paediatric Neurology  Associate Director
National Institute of Neurosciences, Bangladesh  A Hossain & Associates

Mrs Panpimol Wipulakorn  United Kingdom
Inspector General  Mr Kostantinos Trakakis
Ministry of Public Health  Director
Thailand  Autism Recovery Network

Mr Qazi Fazli Azeem  Prof. Daniel Moonbong Yang
Assistant Professor  Professor
Karachi Institute of Technology & Entrepreneurship  Baekseok University
Pakistan  Seoul, South Korea

Ms Sajida Rahman Danny  Prof. Lee Moon-soo
Chairperson  Director
PFDA-Vocational Training Center  Child and Adolescent Psychiatry
Bangladesh  Korea University Medical Center

Prof. Satish Chandra Girimaji Rajagopal  Prof. Pratap Sharan
Professor Of Child & Adolescent Psychiatry  Professor
National Institute of Mental Health & Neurosciences  All India Institute of Medical Sciences
India  New Delhi, India

Prof. Sheffali Gulati  Prof. Anne Cheryl Dissanayake
Chief of Child Neurology Division  Director
All India Institute of Medical Sciences  Olga Tennison Autism Research Centre
India  Melbourne, Australia

Dr Sunita Maleku Amatya  Dr Syeda Nahid Mukith Chowdhury
Chairperson  Parent
AutismCare Nepal Society  Southport, United Kingdom
Nepal

Ms Valerie Ann Taylor  Mrs Narsis Rahman
Founder & Coordinator  Senior Child Psychologist
Centre for the Rehabilitation of the Paralysed  Institute of Child and Mother Health
Bangladesh  Bangladesh

Dr Vibha Krishnamurthy  Ms Zsuzsanna Szilvasy
Executive Director  President
Ummeed Child Development Center  Autism-Europe
India  Hungary

Mrs Wiranpat Kittitharaphan  Dr Samir Hasan Dalwai
Deputy Director (Mental Health Service  Director
Administration)  New Horizon Child Development Centre
Ministry of Public Health  Mumbai, India
Thailand
Prof. Smita Neelkanth Deshpande  
Professor  
Dr Ram Manohar Lohia Hospital  New Delhi, India  
Dr Muhammad Waqar Azeem  Chair of Child Psychiatry  Sidra Medical and Research Center  Doha, Qatar  
Ms Eileen Chew  
Clinical Director  
Lazarus Centre  
Singapore  
Ms Shiong Li Jean Ho  
Senior Speech-and-Language Therapist  
Sound Ways Therapy  
Singapore  

General participants  
Dr Gary Warren Diamond  
Developmental Pediatrician and Child Neurologist  
Schneider Children's Medical Center of Israel  
Kefar Sava  
Israel  
Mr Richard Norman Gervais  
Vice President  
Autism Hearts Foundation  
San Francisco, USA  
Mr Thomas Paul Natale II  
Executive Director  
Autism Hearts Foundation  
San Francisco, USA  
Mrs Abida Reza  
Clinical Occupational Therapist  
Centre for the Rehabilitation of the Paralysed  
Dhaka, Bangladesh  
Mr A. K. M. Aftab Hossain Pramanik  
Joint Secretary (Economic Relations Division)  
Ministry of Finance, Bangladesh  
Dhaka, Bangladesh  
Mr Abdul Malek  
Secretary (Local Government Division)  
Ministry of Local Government, Rural Development and Cooperatives  
Dhaka Bangladesh  
Dr Chithramalie de Silva  
Director (Mental Health)  
Ministry of Health  
Colombo, Sri Lanka  
Dr Gopen Kumar Kundu  
Associate Professor (BSMMU) and Deputy Director (Autism Cell)  
Ministry of Health & Family Welfare, Dhaka, Bangladesh  
Mr Khandoker Atiar Rohman  
Additional Secretary  
Ministry of Social Welfare  
Dhaka, Bangladesh  
Mr Md. Manzurur Rahman  
Additional Secretary  
Ministry of Information  
Dhaka, Bangladesh  
Mr Md. Nazrul Islam Khan  
Additional Secretary  
Ministry of Primary and Mass Education  
Dhaka, Bangladesh  
Mr Md. Rezaul Ahsan  
Additional Secretary (Finance Division)  
Ministry of Finance  
Dhaka, Bangladesh  
Mr Md. Shah Alam  
Deputy Director  
NGO Affairs Bureau  
Dhaka, Bangladesh  
Mr Md. Shah Kamal  
Secretary  
Ministry of Disaster Management and Relief  
Dhaka, Bangladesh  
Mr Md. Sohorab Hossain  
Secretary (Secondary and Higher Education Division)  
Ministry of Education  
Dhaka, Bangladesh  
Mrs Nasima Begum  
Secretary  
Ministry of Women & Children Affairs  
Dhaka, Bangladesh  
Mr Ajmalul Hossain  
Senior Partner  
A Hossain & Associates  
London, UK  
Dr Jenn Tean Sylvia Choo  
Senior Consultant Paediatrician  
KK Women's and Children's Hospital  
Singapore  
Prof. Jamal Uddin Ahmed  
Professor of Drawing and Painting  
Institute of Fine Arts, University of Dhaka  
Dhaka, Bangladesh
Mr Jean-Pierre Boissonnas  
Chief Executive Officer  
Patrimoine Network  
Switzerland

Mr Kazi Mohammad Tanjibul Alam  
Head of Chamber  
Tanjib Alam & Associates  
Bangladesh

Mr Khurshid Alam Chowdhury  
Joint Secretary  
Jatiyo Protibondhi Unnayan Foundation  
Dhaka, Bangladesh

Dr Md. Faruq Alam  
Professor of Child, Adolescent and Family Psychiatry  
National Institute of Mental Health  
Dhaka, Bangladesh

Dr Mohammad Tariqul Alam  
Assistant Professor of Psychiatry  
National Institute of Mental Health  
Dhaka, Bangladesh

Dr Niaz Mohammad Khan  
Assistant Professor of Psychiatry  
Bangabandhu Sheikh Mujib Medical University  
Dhaka, Bangladesh

Prof. Satyanarayan Mahapatra  
Director  
Institute of Health Sciences  
India

Dr Tanjir Rashid Soron  
CEO  
Mind Tale  
Bangladesh

Ms Viveka Chattopadhyay  
Consultant on ASD and cerebral palsy  
India

Mr Zakir Hossain Khan  
School Counsellor  
Chetona Model Academy  
Bangladesh

Ms Aisyah Binti Jasin  
Medical Rehabilitation Officer (Occupational Therapy)  
Permata Kurnia Centre  
Kuala Lumpur, Malaysia

Mrs Ajanta Rani Saha  
First Joint Secretary  
Society for the Welfare of the Intellectually Disabled  
Bangladesh

Mr Anwar Hossain  
Chairman  
Society for the Welfare of Autistic Children  
Bangladesh

Mr Ashfaq-ul-Kabir  
Executive Director  
Tauri Foundation  
Bangladesh

Dr Basana Rani Muhuri  
Executive President  
Nisjap Autism Foundation  
Bangladesh

Mrs Emelda Hossain Dipa  
Cultural Secretary  
Society for the Welfare of the Intellectually Disabled  
Bangladesh

Dr Himani Narula Khanna  
Developmental and Behavioral Paediatrician  
Centre of Neurotherapy in Uniquely-Abled Kids  
Gurugram, India

Dr Jannatara Shefa  
Research Medical Officer  
Institute for Paediatric Neurodisorder and Autism  
Bangladesh

Mr Jowaherul Islam Mamun  
Secretary General  
Society for the Welfare of the Intellectually Disabled  
Bangladesh

Dr Kanij Fatema  
Associate Professor  
Institute for Paediatric Neurodisorder and Autism  
Bangladesh

Mrs Labannya Ahmed  
Executive Secretary  
Society for the Welfare of the Intellectually Disabled  
Bangladesh

Mrs Leslie Mameau  
Director  
Un Bus pour l'Autisme  
Courcouronnes, France

Mrs Madhumita Dasgupta  
Special Educator  
Indian Institute of Cerebral Palsy  
India

Mrs Marufa Hossain  
Director  
Tauri Foundation  
Dhaka, Bangladesh
Col. Md. Shahidul Alam
Executive Director and Principal
Proyash Institute of Special Education
Bangladesh

Mr Mohammad Abdul Quader
Deputy Project Director
Institute for Paediatric Neurodisorder and Autism
Bangladesh

Mr Mohammad Uzair Afzal
Chairman
Dream Angels Centre for Autistic Children
Canada

Mrs Monira Akther
Autism Instructor
Institute for Paediatric Neurodisorder and Autism
Bangladesh

Mr Munshi Md Reza Sekender
Second Joint Secretary
Society for the Welfare of the Intellectually Disabled
Bangladesh

Dr Rownak Hafiz
Chairperson
Autism Welfare Foundation
Bangladesh

Mrs Sabina Hossain
Director (Education and Training)
Society for the Welfare of Autistic Children
Dhaka, Bangladesh

Dr Saleel Kumar Paul Dhas
Director
Centre for Research, Education and Social Transformation
India

Dr Saleel Kumar Paul Dhas
Director
Centre for Research, Education and Social Transformation
India

Dr Wasim Ahmad
Assistant Professor of Special Education
Government Rehabilitation Institute for Intellectual Disabilities
Chandigarh, India

Mrs Farhana Anwar Rahman
CEO
UY Systems
Dhaka, Bangladesh

Ms Afia Kabir Anila
Self-Advocate
Tauri Foundation
Dhaka, Bangladesh

Mr Daryl James Giles
Bendigo, Australia

Ms Hosnneara Perveen
Head of Pediatric Unit
Centre for the Rehabilitation of the Paralysed
Dhaka, Bangladesh

Prof. Kamrul Hasan Khan
Vice Chancellor
Bangabandhu Sheikh Mujib Medical University
Dhaka, Bangladesh

Mrs Mamataz Begum
Autism Instructor
Institute for Paediatric Neurodisorder and Autism
Dhaka, Bangladesh

Dr Kimihito Harada
Director (Research)
National Institute of Special Education
Yokosuka, Japan

Dr Ashrafi Ahmad
Deputy Secretary and Programme Director
Disability Detection Survey
Department of Social Services
Dhaka, Bangladesh

Dr A M Pervez Rahim
Director (Planning & Development)
Jatiyo Protibondhi Unnayan Foundation
Dhaka, Bangladesh

Mr Sushanta Kumar Pramanik
Additional Secretary
Ministry of Social Welfare
Dhaka, Bangladesh

Prof. Salma Begum
Project Director
National Academy for Autism and Neurodevelopmental Disabilities
Dhaka, Bangladesh

Dr Mohammad Zulfikar Ali
Director
Prime Minister’s Office
Dhaka, Bangladesh

Mrs Deki Dema
Programme Officer
National Commission for Women and Children
Thimphu, Bhutan
Mr Liu Jinsong  
Minister  
Embassy of People’s Republic of China  
New Delhi, India

Mr Lyu Feifan  
Attaché  
Embassy of People’s Republic of China  
New Delhi, India

Mr Shan Zuhua  
Third Secretary  
Embassy of People’s Republic of China  
New Delhi, India

Mr Chang Jile  
Director General  
Disease Prevention and Control  
National Health and Family Planning Commission of China  
Beijing, China

Dr Sujeet Singh  
Deputy Director-General  
Directorate General of Health Services  
New Delhi, India

Mrs Felwah Mohd H J al-Marri  
Social Specialist (Family Affairs)  
Ministry of Administrative Development, Labour & Social Affairs  
Doha, Qatar

Mr Shin Deukchul  
Assistant Manager  
Ministry of Health & Welfare  
South Korea

Prof. Mahmood Ahmed Chowdhury  
Professor of Paediatric Neurology  
Chittagong Maa, Shishu o General Hospital  
Chittagong, Bangladesh

Dr Razia Sultan  
Associate Professor  
Chittagong Maa, Shishu o General Hospital  
Chittagong, Bangladesh

Dr Md. Iftekhar e Alam Siddique  
Physician  
Distressed Children & Infants International  
Dhaka, Bangladesh

Dr Mekhala Sarkar  
Assistant Professor of Psychiatry  
National Institute of Mental Health  
Dhaka, Bangladesh

Dr Saima Talukder  
Assistant Registrar  
National Institute of Mental Health  
Dhaka, Bangladesh

Dr Mohammad Shah Jahirul Hoque Chowdhury  
Associate Professor of Clinical Neurology  
National Institute of Neurosciences  
Dhaka, Bangladesh

Ms Karma Lhaki  
Physiotherapist  
Jigme Dorji Wangchuk National Referral Hospital  
Thimphu, Bhutan

Dr Tika Ram Adhikari  
ENT Surgeon  
Jigme Dorji Wangchuk National Referral Hospital  
Thimphu, Bhutan

Mr Tshering Norbu  
Deputy Chief Physiotherapist  
Jigme Dorji Wangchuk National Referral Hospital  
Thimphu, Bhutan

Ms Deki Pem  
Deputy Dean of Nursing and Midwifery  
Khesar Gyalpo University of Medical Sciences of Bhutan  
Thimphu, Bhutan

Mrs Sonal Pelden  
Associate Lecturer of Nursing and Public Health  
Khesar Gyalpo University of Medical Sciences of Bhutan  
Thimphu, Bhutan

Dr Tashi Tobgay  
Director  
Khesar Gyalpo University of Medical Sciences of Bhutan  
Thimphu, Bhutan

Dr Tendrel Wangdi  
Dean of Traditional Medicine  
Khesar Gyalpo University of Medical Sciences of Bhutan  
Thimphu, Bhutan

Dr Cui Yonghua  
Director (Pediatrics)  
Beijing Anding Hospital  
Beijing, China

Dr Yoram Sandhaus  
Child Neurologist  
Sheba Medical Center  
Ramat-Gan, Israel
Dr Epifania Simbul  
Medical Center Chief  
National Children’s Hospital  
Manial, Philippines

Dr Henn Tean Sylvia Choo  
Senior Consultant Paediatrician  
KK Women’s and Children’s Hospital  
Singapore

Dr Angela Louise James  
Consultant  
New Farm, Australia

Mr Gaden Chophel  
Programme Officer  
Draktsho Vocational Training Centre for Special Children and Youth  
Thimphu, Bhutan

Mrs Aviva Goldstein  
Member  
Alut-Israeli National Autism Organisation  
Ramat-Gan, Israel

Ms Iryna Sergiyenko  
Director of Development  
Children with Autism Support Foundation: Children with Future  
Kiev, Ukraine

Mr Sergiy Sergiyenko  
Head of Public Relations  
Children with Autism Support Foundation: Children with Future  
Kiev, Ukraine

Mr Makrand Chopra  
Self-Advocate  
New Delhi, India

Mrs Mahroofa Hossain  
Dhaka, Bangladesh

Mrs Shabana Maleque  
Dhaka, Bangladesh

Mr Sai Sine Line  
Yangon, Myanmar

Mr Abdullah Nasser H al-Marri  
Doha, Qatar

Mr Prusayon Nintanavongs  
Associate Head of Graduate Studies  
Rajamangala University of Technology Thanyaburi  
Bangkok, Thailand

Mr Kama Garab Dorji  
Principal  
Draktsho Vocational Training Centre for Special Children and Youth  
Trashigang, Bhutan

Ms Yi Mar Tin  
Principal  
School of Disabled Children  
Yangon, Myanmar

Dr Somporn Warnset  
Director  
Central Special Education Center  
Bangkok, Thailand

Mr Gazi Mohammad Nurul Kabir  
Director General  
Department of Social Services  
Dhaka, Bangladesh

Mr Md. Sohorab Hossain  
Secretary (Secondary and Higher Education Division)  
Dhaka, Bangladesh

Mr Md. Zillar Rahman  
Secretary  
Ministry of Social Welfare  
Dhaka, Bangladesh

Mr Muhammad Zaheen  
Senior Policy Executive  
Ministry of Health  
Male, Maldives

Mr Chuda Mani Bhandari  
Director (Leprosy Control Division)  
Department of Health Services  
Kathmandu, Nepal

Mr Shalik Ram Dahal  
Under Secretary  
Ministry of Health  
Kathmandu, Nepal

Mr Mahinda Senaviratna Panampitiya Adhikari  
Secretary  
Ministry of Social Empowerment and Welfare  
Colombo, Sri Lanka

Mrs Weena Boonsaeng  
Chief of Capacity Building and Training Center  
Ministry of Public Health  
Bangkok, Thailand
Prof. Muhammad Mizanur Rahman  
Professor and Chair of Pediatric Neurology  
Bangabandhu Sheikh Mujib Medical University  
Dhaka, Bangladesh

Mr Sonam Choda  
Traditional Physician  
Department of Traditional Medicine Services  
Chukha, Bhutan

Dr Tjhin Wiguna  
Child and Adolescent Psychiatrist  
DrCipto Mangunkusumo General Hospital  
Jakarta, Indonesia

Mrs Suzy Yusna Dewi  
Head of Education and Coordinator  
DrSoeharto Heerdjan Mental Hospital  
Bekasi, Indonesia

Mr Rinvil Renaldi  
Child and Adolescent Psychiatrist  
Hasanuddin University  
Makassar, Indonesia

Mr Sarder Lutfor Rahman  
Senior Sector Specialist  
BRAC  
Dhaka, Bangladesh

Dr Aliya Naheed  
Head of Initiative for Non-Communicable Diseases  
International Centre for Diarrhoeal Disease Research  
Dhaka, Bangladesh

Mr Nausher Rahman  
Executive Director  
Mighty Byte  
Dhaka, Bangladesh

Mr Kazi Mohammad Tanjibul Alam  
Head of Chamber  
Tanjib Alam & Associates  
Dhaka, Bangladesh

Mrs Sonam Dema  
Assistant Manager  
Respect, Educate, Nurture and Empower Women (RENEW)  
Thimphu, Bhutan

Mr Jean-Pierre Boissonnas  
Chief Executive Officer  
Patrimoine Network  
Geneva, Switzerland

Dr Rownak Hafiz  
Chairperson  
Autism Welfare Foundation  
Dhaka, Bangladesh

Prof. Sharmeen Yasmeen  
Treasurer  
Autism Welfare Foundation  
Dhaka, Bangladesh

Mr Manna Chowdhury  
Founder & Chairman  
Autistic Children Development Foundation  
Bangladesh

Mr Mohammed Mojibul Moula  
Vice Chairman  
Autistic Children Development Foundation  
Bangladesh

Ms Mamta Sultana  
Vice Principal  
Beautiful Mind – A Center for Autistic and Mentally Challenged Children  
Dhaka, Bangladesh

Ms Rangila Islam  
Occupational Therapist  
Beautiful Mind – A Center for Autistic and Mentally Challenged Children  
Dhaka, Bangladesh

Mrs Farhana Ahmed  
Senior Child Psychologist  
Chittagong Maa, Shishu o General Hospital  
Chittagong, Bangladesh

Mrs Anima Das Nupur  
Executive Director  
Dream Angels Center for Autistic Children  
Dhaka, Bangladesh

Mr Mohammad Didar Hossain  
Director  
Faith Bangladesh  
Dhaka, Bangladesh

Prof. Mohammad Abul Husain  
Joint Secretary  
Foundation for Autism Research & Education  
Dhaka, Bangladesh

Dr Bikush Chandra Paul  
Medical Officer  
Institute for Paediatric Neurodisorder and Autism  
Dhaka, Bangladesh

Dr Jannatara Shefa  
Research Medical Officer  
Institute for Paediatric Neurodisorder and Autism  
Dhaka, Bangladesh
Dr Kanij Fatema  
Associate Professor  
Institute for Paediatric Neurodisorder and Autism  
Dhaka, Bangladesh

Mr Mohammad Abdul Quader  
Deputy Project Director  
Institute for Paediatric Neurodisorder and Autism  
Dhaka, Bangladesh

Mrs Monira Akther  
Autism Instructor  
Institute for Paediatric Neurodisorder and Autism  
Dhaka, Bangladesh

Mrs Sheikh Mosammat Fatema Ferdousy  
Psychologist  
Institute for Paediatric Neurodisorder and Autism  
Dhaka, Bangladesh

Dr Syeda Tabassum Alam  
Associate Professor  
Institute for Paediatric Neurodisorder and Autism  
Dhaka, Bangladesh

Dr Basana Rani Muhuri  
Executive President  
Nishpap Autism Foundation  
Chittagong, Bangladesh

Mr Jhulan Kumar Das  
Founder & General Secretary  
Nishpap Autism Foundation  
Chittagong, Bangladesh

Mr Sujit Kumar Dutta  
Joint Secretary  
Nishpap Autism Foundation  
Chittagong, Bangladesh

Col. Md. Shahidul Alam  
Executive Director and Principal  
Proyash Institute of Special Education  
Dhaka, Bangladesh

Mr Anwar Hossain  
Chairman  
Society for the Welfare of Autistic Children  
Dhaka, Bangladesh

Mr Omar Faruk  
Teacher  
Society for the Welfare of Autistic Children  
Dhaka, Bangladesh

Mrs Ajanta Rani Saha  
First Joint Secretary  
Society for the Welfare of the Intellectually Disabled  
Dhaka, Bangladesh

Mrs Emelda Hossain Dipa  
Cultural Secretary  
Society for the Welfare of the Intellectually Disabled  
Dhaka, Bangladesh

Mr Munshi Md. Reza Sekender  
Second Joint Secretary  
Society for the Welfare of the Intellectually Disabled  
Dhaka, Bangladesh

Dr Noorhana Setiawati Winarih  
Head of Child and Adolescent Psychiatry  
Universitas Indonesia (Faculty of Medicine)  
Bekasi, Indonesia

Prof. Raden Irawati Ismail  
Head of Child and Adolescent Psychiatry Study Programme  
Universitas Indonesia (Faculty of Medicine)  
Bekasi, Indonesia

Dr Campolage Swarnalatha Wijetunge  
President  
Sri Lanka Association for Child Development  
Thalawathugoda, Sri Lanka

Mr Rohit Vohra  
Proprietor  
Designworks  
New Delhi, India

Mrs San San Myint  
Vice President  
Myanmar Autism Association  
Yangon, Myanmar

Mrs Fahmida Shirin  
Parent  
Dhaka, Bangladesh

Mrs Mst. Nazneen Akhtar  
Parent  
Dhaka, Bangladesh

Ms Adiba Ibnat Poshla  
Self-Advocate  
Autism Welfare Foundation  
Dhaka, Bangladesh

Ms Sreya Suchita  
Self-Advocate  
Autism Welfare Foundation  
Dhaka, Bangladesh

Mr Muhammad Seeam-ul-Karim  
Student Trainee  
PFDA-Vocational Training Center  
Dhaka, Bangladesh
Mr Farraz Yasir Hossain  
Society for the Welfare of Autistic Children  
Dhaka, Bangladesh

Other UN and International Organizations

Dr Miwa Panholzer Kato  
Regional Director  
United Nations (Asia & the Pacific)  
Bangkok, Thailand

Dr Maria Nenette Motus  
Regional Director  
International Organization for Migration  
(Asia & the Pacific)  
Bangkok, Thailand

Mrs Valerie Alison Cliff  
Deputy Regional Director  
United States Development Programme  
(Asia & the Pacific)  
Bangkok, Thailand

Dr Irmgarda Kasinskaite-Buddeberg  
Programme Specialist  
United Nations Educational, Scientific and Cultural Organization (UNESCO)  
Singapore

Mr Mohammad Shahidul Islam  
Senior Education Adviser  
United States Agency for International Development  
Dhaka, Bangladesh

Dr Sukumar Sarker  
Senior Technical and Policy Adviser  
United States Agency for International Development  
Dhaka, Bangladesh

Mr Jean Antoine Marie Joseph Lieby  
Chief of Child Protection  
United Nations International Children’s Emergency Fund  
Dhaka, Bangladesh

Mr Rudolf Schwenk  
UNICEF Representative to Bhutan  
United Nations International Children’s Emergency Fund  
Thimphu, Bhutan

Mr Gerald James Daly  
Resident Coordinator  
United Nations Development Programme  
Thimphu, Bhutan

Ms Aiko Akiyama  
Social Affairs Officer  
United Nations Economic and Social Commission for Asia and the Pacific  
Bangkok, Thailand

Mr Bae Jin-hyeon  
Deputy Country Director  
Korea International Cooperation Agency  
Dhaka, Bangladesh

Mr Joe Hyun-gue  
Country Director  
Korea International Cooperation Agency  
Dhaka, Bangladesh

Organizer

Prof. Abul Kalam Azad  
Director General  
Directorate General of Health Services, Dhaka, Bangladesh

Dr Helal Uddin Ahmed  
Assistant Professor of Child, Adolescent & Family Psychiatry  
National Institute Of Mental Health Dhaka, Bangladesh

Mr Manoj Kumar Roy  
Deputy Secretary and Director (Autism Cell)  
Ministry of Health & Family Welfare Dhaka, Bangladesh

Dr Maruf Ahmed Khan  
Deputy Programme Manager (Non-Communicable Disease Control)  
Directorate General of Health Services, Dhaka, Bangladesh

Mr Md. Huzur Ali  
Senior Assistant Secretary and Deputy Director (Autism Cell)  
Ministry of Health & Family Welfare Dhaka, Bangladesh

Mr Md. Sirazul Islam  
Secretary  
Ministry of Health & Family Welfare, Dhaka, Bangladesh

Mr Sayeed Noor Alam  
Joint Secretary and Chief Coordinator (Autism Cell)  
Ministry of Health & Family Welfare Dhaka, Bangladesh

Prof. Shaheen Akhter  
Professor of Paediatric Neurology and Project Director  
Institute for Paediatric Neurodisorder and Autism Dhaka, Bangladesh
Mr Subhash Chandra Sarker
Additional Secretary and Director General
(Autism Cell)
Ministry of Health & Family Welfare
Dhaka, Bangladesh

Ms Khina Maya Mohora
Deputy Chief Programme Officer
Ministry of Health
Thimphu, Bhutan

Mrs Roma Karki
Senior Programme Officer
Ministry of Health
Thimphu, Bhutan

Ability Bhutan Society
Ms Beda Giri
Executive Director
Ability Bhutan Society
Thimphu, Bhutan

Dr Mahrukh Getshen
Vice Chairperson
Ability Bhutan Society
Thimphu, Bhutan

Ms Thuji
Behaviour Specialist
Ability Bhutan Society
Thimphu, Bhutan

Shuchona Foundation
Mrs Saima Wazed Hossain
Chairperson
Shuchona Foundation
Dhaka, Bangladesh

Prof. Pran Gopal Datta
Vice Chairperson
Shuchona Foundation
Dhaka, Bangladesh

Ms Malka Shamrose
Chief Operating Officer
Shuchona Foundation
Dhaka, Bangladesh

Ms Nazish Arman
Research & Training Development Officer
Shuchona Foundation
Dhaka, Bangladesh

Dr Muzharul Mannan
General Secretary
Shuchona Foundation
Dhaka, Bangladesh

Mr Saad Mustafa Zaman
Senior Programme Manager
Shuchona Foundation
Dhaka, Bangladesh

Dr Nusrat Yasmeen Ahmed
Manager (Research And Training Development)
Shuchona Foundation
Australia

Mrs Aneeqa Rashid Ahmad
Consultant
Shuchona Foundation
Dhaka, Bangladesh

Mrs Niger Rahman
Manager (Administration & HR)
Shuchona Foundation
Dhaka, Bangladesh

Mr Md. Serajus Sadekin Chowdhury
Junior Officer
Shuchona Foundation
Dhaka, Bangladesh

Ms Evalin Rafia
Intern
Shuchona Foundation
Dhaka, Bangladesh

WHO Secretariat

WHO-Headquarters
Dr Shekhar Saxena
Director
Department of Mental Health and Substance Abuse
World Health Organization
Geneva, Switzerland

WHO-Regional Office for the Eastern Mediterranean
Dr Khalid Saeed
Regional Adviser (Mental Health and Substance Abuse)
World Health Organization (EMRO)

WHO Country Office Bangladesh
Dr Navaratnasamy Paranietharan
WHO Representative to Bangladesh
World Health Organization
Bangladesh

Dr Syed Mahfuzul Huq
National Professional Officer
World Health Organization
Bangladesh
Mr Norbu Wangchuk
Administrative Officer
World Health Organization
Bangladesh

WHO Country Office Bhutan
Dr Rui Paulo de Jesus
Acting WHO Representative to Bhutan
World Health Organization
Bhutan

Dr Suraj Man Shrestha
Medical Officer
World Health Organization
Bhutan

Mr Tshering Dhendup
National Professional Officer
World Health Organization
Bhutan

Ms Rinzi Om Dorji
Executive Associate
World Health Organization
Bhutan

WHO Country Office Sri Lanka
Mr Suveendran Thirupathy
National Professional Officer (Mental Health)
World Health Organization (Sri Lanka Country Office)
Sri Lanka

WHO-Regional Office for South-East Asia
Dr Poonam Khetrapal Singh
Regional Director
World Health Organization
Regional Office for South-East Asia

Dr Thaksaphon Thamarangsi
Director
Department of Noncommunicable Diseases
and Environmental Health
World Health Organization

Dr Nazneen Anwar
Regional Adviser-Mental Health
World Health Organization

Mrs Shamila Sharma
Communication Officer (Acting PIA)
World Health Organization

Mrs Indrani Dasgupta
Executive Associate
Office of the Regional Director
World Health Organization

Mr Hanuman Prasad
Executive Assistant
World Health Organization