Autism spectrum disorders (ASD) comprise a range of developmental disorders characterized by impairment in functions related to central nervous system maturation. This umbrella term covers conditions such as autism, childhood disintegrative disorder and Asperger syndrome. The estimated global median prevalence is 62/10,000, that is one child in 160 has an autism spectrum disorder and subsequent disability. ASDs account for 0.3% of all disability-adjusted life years and impose a huge emotional and economic burden on families. Caring for children with these disorders is demanding, especially in contexts where access to services and support are inadequate. Worldwide, most individuals with such a disorder and their families do not receive adequate care from health or social care systems.
WHO South-East Asia
Regional Strategy on
Autism Spectrum Disorders
# Contents

Foreword .................................................................................................................................................. v

1. Introduction ......................................................................................................................................... 1
   1.1 Background ..................................................................................................................................... 1
   1.2 Epidemiology and burden of ASD ................................................................................................. 1
   1.3 Global action ................................................................................................................................. 2
   1.4 WHO South-East Asia regional action ............................................................................................. 3

2. Objectives of the Regional Strategy .................................................................................................. 4

3. Cross-cutting principles and approaches ............................................................................................ 4

4. Strategic areas for action ....................................................................................................................... 5
   4.1 Strengthening advocacy, effective leadership and governance for autism spectrum disorders (ASD) ................................................................................................................................. 5
   4.2 Providing comprehensive, integrated and responsive mental health and social-care services in community-based settings for persons with ASD and their caregivers .............. 6
   4.3 Implementing strategies to minimize disabilities associated with ASD and promotion of mental, social and physical health and well-being in persons with ASD ....................... 8
   4.4 Strengthening information systems, evidence and research for ASD ........................................ 9

**Annexures**

1. Resolution adopted by the General Assembly on 12 December 2012 .............................................. 11
2. SEA/RC65/R8 on Autism: Comprehensive and coordinated efforts for the management of Autism Spectrum Disorders (ASD) and Developmental Disabilities ........................................... 15
3. WHA67.8: Autism ............................................................................................................................... 18
Foreword

Autism spectrum disorders (ASDs) comprise a range of developmental disorders characterized by impaired capacity for reciprocal sociocommunicative interaction, and a restricted, stereotyped repertoire of interests and activities. The estimated global median prevalence of ASD is 62/10 000, i.e. one child in 160 has an ASD and subsequent disability. ASDs account for 0.3% of all disability-adjusted life years, and impose a huge emotional and economic burden on families and society. Caring for persons with these disorders is demanding, especially in the context of the WHO South-East Asia Region, where access to health and social services is inadequate.

The WHO South-East Asia Regional Committee and World Health Assembly resolutions on ASD have outlined several actions to be taken by Member States and WHO, implementation of which needs coordinated action at the regional and country levels.

WHO advocates to Member States to strengthen, health- and social-care systems to support all persons with mental health and neurodevelopmental disorders, without discrimination, and calls for increased capacity of health- and social-care systems to provide services for individuals and families with ASD and other neurodevelopmental disorders.

I am pleased to present the WHO South-East Asia Regional Strategy on ASD. The Strategy embodies commitment to a comprehensive and coordinated approach for the management of ASD and is in line with the WHO Comprehensive Mental Health Action Plan 2013–2020. The Strategy is enriched with information collected from the ministries of health of Member States and through inputs from regional experts. The Strategy promotes engagement with autism-related networks and other regional initiatives.

Research and campaigns aimed at raising public awareness and removing stigma, consistent with the Convention on the Rights of Persons with Disabilities, have been given adequate priority in the Regional Strategy. I am confident that the Regional Strategy on ASD will provide the much-needed strategic direction for a coordinated and comprehensive response to strengthening national capacities to address ASD as part of a well-balanced approach, in line with existing, related action plans and initiatives. It will guide Member States to develop and implement relevant policies, legislation and multisectoral plans, supported by sufficient human, financial and technical resources to address issues related to ASD; as part of a comprehensive approach to support all persons living with mental health issues or disabilities.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region
1. Introduction

1.1 Background

- Autism spectrum disorders (ASD) comprise a range of developmental disorders that are characterized by the impairment in functions related to central nervous system maturation. This term covers a range of conditions such as autism, childhood disintegrative disorder and Asperger syndrome. The main characteristic of these disorders is the varied mixture of impaired capacity for social interaction and communication, and a restricted, repetitive range of interests and activities. These conditions currently belong to the category of pervasive developmental disorders, within the broader category of mental and behavioural disorders in the International Statistical Classification of Diseases and Related Health Problems (Tenth revision), ICD 10.

- Persons with ASD may have associated decreased general intellectual ability and adolescent-onset epilepsy. The level of intellectual functioning is extremely variable, extending from significant impairment to superior nonverbal cognitive skills. Specific cognitive talents associated with music or numbers are common.

- ASD begins in childhood but tends to persist into adolescence and adulthood. In most cases, development is abnormal from infancy and, with only a few exceptions, conditions manifest during the first 5 years of life.

- Identification of an autism spectrum disorder is difficult before the age of about 12 months but diagnosis is usually possible by the age of 2 years. Characteristic features of the onset include delay in development or temporary regression in language and social skills and repetitive stereotyped patterns of behaviour. In addition, persons with ASD may show a range of other nonspecific problems, such as fears or phobias, sleeping and eating disturbances, temper tantrums and challenging behaviours. Self-injury, such as wrist biting, is common when there is an associated intellectual developmental disorder.

- Available scientific evidence suggests that various factors, both genetic and environmental, contribute to the onset of autism spectrum disorders by influencing early brain development.

1.2 Epidemiology and burden of ASD

- Reviews estimate a global median prevalence of 62/10 000, which means that one child in 160 has an autism spectrum disorder and subsequent disability. This estimate represents an average figure, and reported prevalence varies substantially across studies. Some well-controlled studies have, however, reported rates that are substantially higher.

- Regional estimates of prevalence are available for the European Region and the Region of the Americas only and do not differ statistically: for Europe, the median rate is 61.9/10

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000 (range 30.0–116.1/10 000) and for America, the median rate is 65.5/10 000 (range 34–90/10 000). By contrast, in many parts of the world, including Africa, prevalence estimates are either unavailable or preliminary.

- With the exception of China, countries with a relatively large evidence base are high-income countries.
- A study conducted in Bangladesh by the National Institute of Mental Health in 2009 revealed the prevalence of autism to be 0.8% for children 5–14 years old. Data from the National Statistical Office of the Higher Education Commission of Thailand revealed that in 2010, the estimated prevalence of autism in children was 0.6%.  
- Neurodevelopmental impairments may seriously hinder daily functioning of people with ASD, and severely impedes their developmental, educational and social attainments. ASD disorders account for 0.3% of all disability-adjusted life years.
- ASD imposes a huge emotional and economic burden on families. Caring for children with these disorders is demanding, especially where access to services and support are inadequate. Worldwide, most individuals with such a disorder and their families do not receive adequate care from health or social-care systems.
- Studies in the United Kingdom of Great Britain and Northern Ireland and the United States of America indicate that estimated lifetime costs of caring for individuals with autism spectrum disorders lie between US$ 1.4 million and US$ 2.4 million per case according to the level of intellectual impairment. The reduction in family earnings due to the need to provide care for family members with autism spectrum disorders compounds the problem.

### 1.3 Global action

- ASD was brought to the attention of Member States and the United Nations General Assembly in 2007. In January 2008, the General Assembly adopted resolution 62/139, which designated 2 April as World Autism Awareness Day. In December 2012, the General Assembly adopted a resolution entitled “Addressing the socioeconomic needs of individuals, families and societies affected by ASD and developmental disorders (DD) and associated disabilities”.
- The Sixty-fifth World Health Assembly adopted resolution WHA65.4 on the Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level. ASD was presented as an EB agenda in May 2013. A draft resolution was tabled at EB 133 and was adopted as EB 133.R1 for consideration by WHA67 in May 2014.
- This resolution, which was adopted by the WHA67, urges Member States to recognize ASD as a public health priority, develop appropriate policies, support research and public awareness, increase the capacity of the health system and other relevant sectors, and provide appropriate support to families and caregivers. The draft resolution requests the DG to collaborate with Member States and partner agencies in order to strengthen national capacities to address ASD and other developmental disorders; to engage with

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3 Technical briefing for SEAR Member States on subjects to be discussed at the Sixty-sixth World Health Assembly, 133rd EB and 18th PBAC: WHO/SEARO, New Delhi, 7–8 May 2013.
autism-related networks and other regional initiatives; to facilitate resource mobilization; to implement resolution WHA66.8 on the comprehensive mental health action plan 2013–2020 as well as resolution WHA66.9 on disability; and to monitor the global situation of ASD and other developmental disorders, evaluating the progress made in various initiatives and programmes.

- The Sixty-seventh World Health Assembly adopted the resolution entitled “Comprehensive and coordinated efforts for the management of autism spectrum disorders”.

### 1.4 WHO South-East Asia regional action

- An International Conference on ASD and Developmental Disabilities in Bangladesh and South Asia was held on 25–26 July 2011 in Dhaka, Bangladesh. Here, the Dhaka Declaration on Autism and Developmental Disabilities in South Asia was constituted.

- A National Consultative workshop on ASD was held from 9 to 11 November 2011 in New Delhi. Here, experts from across the Region met to discuss ongoing projects, programmes and the way forward.


- The Delhi Declaration of the first South Asian Autism Network (SAAN) for Autism Spectrum Disorders (ASD) was constituted in a conference held in New Delhi on 11 February 2013.

- SEARO advocates a community-based approach to childhood mental disorders, including ASD, and is providing technical assistance to Member States to implement components of this strategy. The following activities have been supported by SEARO:
  - Meeting of experts on community-based approaches to autism, Bangkok, Thailand, 15–17 September 2010. The objective of the meeting was to review the situation of autism in the South-East Asia Region, and to develop community-based approaches for the management of autism in the Region.
  - ‘Childhood Disability Screening Tools: The South-East Asian Perspective’ – A Review. SEARO has supported the reviewing of the childhood disability screening tools and has helped standardize screening tools for low- and middle-income (LAMI) countries.

- Individual countries have also carried out national level advocacy activities on ASD.
2. Objectives of the Regional Strategy

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

3. Cross-cutting principles and approaches

1. **Universal health coverage:** Regardless of age, sex, socioeconomic status, race, ethnicity or sexual orientation, and following the principle of equity, persons with ASD should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve the highest attainable standard of health.
2. **Human rights:** Strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.
3. **Evidence-based practice:** Strategies and interventions for treatment, management and promotion need to be based on scientific evidence and/or best practice, taking social and cultural considerations into account.
4. **Life-course approach including prenatal care:** Policies, plans and services need to take into account health and social needs at all stages of the life-course and prenatal period.
5. **Multisectoral approach:** A comprehensive, coordinated and convergent response requires partnership with multiple public sectors, such as different systems of health care, education, employment, judicial, housing, sports and culture, as well as social and other relevant sectors including the private sector, as appropriate to the country situation.
6. **Empowerment of persons with ASD and their caregivers:** Persons with ASD and their caregivers should be empowered and involved in advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.
4. Strategic areas for action

It should be noted that the strategies outlined in this document can be adapted for addressing similar developmental disorders.

4.1 Strengthening advocacy, effective leadership and governance for autism spectrum disorders (ASD)

Leadership and governance should be strengthened by developing, updating and implementing national policies, strategies and laws for persons with ASD. Allocating budget in all relevant sectors and engaging all stakeholders for ASD should be made in a manner consistent with UN Conventions (e.g. Convention on the Rights of Persons with Disabilities, United Nations Convention on the Rights of the Child) and other international and regional human rights conventions.

Member States should do the following:

1. Develop, strengthen, update and implement national policies, legislation, strategies, plans and programmes to address the needs of persons with ASD and their caregivers, in line with evidence, best practices, the Convention on the Rights of Persons with Disabilities, and other international and regional human rights conventions.

2. Establish a rights-based approach for helping those with ASD and their caregivers, which should include appropriate institutional, legal, financial and service arrangements (human resource, technological, logistic), including an institutional focal point.

3. Involve caregivers and their organizations, civil society/nongovernment organizations involved in this subject area to help create and implement more effective and accountable policies, legislations and services for ASD in a manner consistent with UN Conventions (e.g. Convention on the Rights of Persons with Disabilities, United Nations Convention on the Rights of the Child) and other international and regional human rights instruments.

4. Promote advocacy for equity, dignity and human rights of people with ASD through leadership and commitment by governments and nongovernmental organizations and by persons with ASD and their caregivers.

5. Integrate ASD as an agenda in the existing national legislations, policies, plans and programmes.

6. Develop and implement sensitization programmes through media and other means on issues relating to ASD, in consultation with all stakeholders.

7. Allocate appropriate budgets across all relevant sectors required to implement plans and actions to address ASD.

8. Include issues related to ASD within all priority policies, laws, programmes and partnerships. Some of the key areas include health (e.g. child health, early childhood programmes, maternal health), education, employment, disability, the judicial system, human rights protection, social security, poverty reduction and development.
9. Establish legal and regulatory mechanisms to promote the rights and access to all services for persons with ASD.

10. Establish and maintain provisions to ensure that all persons with ASD have access to supported decision-making in accordance with UN Convention on the Rights of Persons with Disabilities (UNCRPD).

11. Establish, promote and support parent/caregiver organizations and groups.

**Indicator/verification**

a. Availability of legislations/policy/plan/programme on ASD that is in accordance with international and regional human rights standards and conventions.

**World Health Organization should do the following:**

- Collaborate with Member States and partner agencies to provide support and to strengthen national capacities to address autism spectrum disorders and related disabilities, as a part of a well-balanced approach, which strengthens systems.

- Engage with autism-related networks (e.g. South-East Asia Autism Network - SAAN) and other regional initiatives, as appropriate, supporting networking with other international stakeholders for autism spectrum disorders.

- Work with Member States, facilitating resource mobilization in different regions and particularly in low-resource countries, in line with the approved programme budget, which addresses ASD.

- Obtain support of other UN and international agencies to strengthen actions by Member States.

- Compile knowledge and best practices for – and build capacity in – the development, multisectoral implementation and evaluation of policies, plans, programmes and legislations relevant to ASD, including codes of practice and mechanisms to monitor protection of human rights and implementation of legislation, in line with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

- Provide best practices and tools to strengthen collaboration and interaction at international, regional and national levels between stakeholders in the development, implementation and evaluation of policy, strategies, programmes and laws relevant to ASD, including health, social sectors, civil society groups, persons with ASD, caregivers and family members, and organizations in the United Nations system and human rights agencies.

- Offer technical assistance to countries in multisectoral resource planning and budgeting for ASD.

**4.2 Providing comprehensive, integrated and responsive mental health and social-care services in community-based settings for persons with ASD and their caregivers**

Systematically shift the focus of care towards nonspecialized health settings for persons with ASD and their caregivers.
Member States should do the following:

1. Develop comprehensive community-based health and social-care services for persons with ASD, their families and caregivers preferably through integration with primary care and hospital care, enabling such care to be available within and across health and social services.

2. Ensure continuity of care between different providers and levels of the care system, effective collaboration between formal and informal care providers and the promotion of self-care.

3. Establish community-based service delivery that puts the emphasis on health promotion, rehabilitation, care and support, including promotion of self-care that aims at meeting social, mental and physical health-care needs of those with ASD to achieve optimal functioning, quality of life and their own aspirations and goals.

4. Develop and mainstream monitoring and promotion of early detection and intervention programmes into health, child development and social-care services for persons with ASD.

5. Develop or adapt protocols and practices for persons with ASD across the lifespan.

6. Provide services to support individuals at different stages of the life-course and, as appropriate, facilitate their access to housing and educational opportunities and employment, participation in community activities, programmes and meaningful activities, and recognize the contribution of adults living with ASD in the workforce, continuing to support workforce participation in partnership with nongovernment and private sectors.

7. Ensure services and support for families and caregivers through the health and social services sector by provision of social support, respite care and promotion of caregiver support groups.

8. Establish greater collaboration among “informal” health-care providers, traditional or indigenous practitioners, as well as religious leaders, school teachers, etc. and nongovernmental and caregiver organizations.

9. Ensure appropriate number and equitable distribution of competent, sensitive and appropriately skilled professionals and workers who can offer culturally appropriate services for persons with ASD. Improve capacity of care workers in the field to promote early detection and management of ASD, and deliver evidence-based psychosocial interventions and referral as appropriate to other levels of care and services.

10. Actively involve persons affected by ASD, their families, caregiver and organizations that provide services on ASD at all levels of the care system.

11. Remove barriers to adequate social protection, regulated insurance coverage, accessible health, education and social-care facilities, services and information for persons with ASD and proactively identify and redress disparities in the access to services.

12. Provide appropriate and age/ability-based services for all-round education for persons with ASD across the lifespan.

13. Provide adequate services for all mental health needs and psychosocial well-being for persons with ASD and their caregivers.
Indicators

a. Proportion of persons with ASD who are using services.
b. Extent, distribution, affordability, accessibility and quality of services.
c. Subjective experiences of users of such services.

World Health Organization to do the following:

- Develop technical guidelines for identification and management of ASD.
- Support capacity-building of health and other sectors for provision of high-quality health services for ASD.
- Share technology to assist developing countries in the diagnosis and treatment of ASD.
- Implement resolution WHA 67 Resolution on ASD entitled “Comprehensive and coordinated efforts for the management of autism spectrum disorders” in order to scale up care for individuals with ASD and as an integrated component of the scale-up of care for all mental health needs as applicable.

4.3 Implementing strategies to minimize disabilities associated with ASD and promotion of mental, social and physical health and well-being in persons with ASD

Implement strategies for prevention of disabilities associated with ASD and promotion of physical, social and mental health of persons with ASD, their families and caregivers.

Member States

1. Develop and implement multisectoral strategies for promotion of physical and psychosocial well-being of persons with ASD and their families.

2. Establish interventions to minimize disabilities and comorbidities associated with ASD and ensure that provision of responsive services for the specific needs across the lifespan are integrated into the broad array of national policies and programmes (e.g. national health, health promotion and mental health policies and programmes).

3. Provide mental health promotion and support services to persons with ASD, their families and caregivers that include issues such as social inclusion, participation and de-stigmatization.

4. Ensure early detection of persons with ASD along with provision of early intervention through evidence-based interventions in the community.

Indicators

a. Functioning programmes of promotion of health and well-being for persons with ASD, their families and caregivers.

b. Existing programmes for minimization of disabilities associated with ASD.
World Health Organization

- Implement resolution WHA67 on ASD entitled “Comprehensive and coordinated efforts for the management of autism spectrum disorders” in order to scale up care for individuals with ASD and as an integrated component of the scale-up of care for all mental health needs as applicable.

- Assist with the development and implementation of multisectoral strategies for promotion of health and psychosocial well-being of persons with ASD, their families and caregivers.

- Provide technical guidance for implementation of evidence-based early interventions for children with ASD, including parent-mediated interventions.

4.4 Strengthening information systems, evidence and research for ASD

Establish and strengthen existing surveillance systems related to health and disability associated with ASD and promote context-specific research (including national and international collaborative research) on the public health and service delivery aspects of ASD.

Member States

1. Create, expand and improve health information and surveillance systems to gather appropriate sex- and age-disaggregated data, as well as other relevant information on ASD; collate and routinely report findings. The data could also include the following:
   - Epidemiological data;
   - Coverage of policy and legislations, programmes that have been implemented and programmes that are continuing, needs and unmet needs, direct and indirect costs, barriers and quality of life, programmes to promote health and functioning, including other systems of health and care, and provide support to families of those with ASD and utilization of rate and pattern of services available for ASD using the ICF and the ICD;
   - Effective programmes and best practices developed in other countries to ensure that data are nationally relevant and internationally comparable.

2. Promote research on ASD through improving research capacity and academic collaboration, and establish centres of excellence.

3. Provide priority for social and public health aspects and operational research with direct relevance to development and implementation of community-based models of early detection and early interventions. This requires engagement of all relevant stakeholders, including persons with ASD, their caregivers and service providers of both government and nongovernment sectors.

Indicator

a. Core set of identified and agreed indicators routinely collected and reported every 2 years.
World Health Organization

- Monitor the global situation of ASD, evaluating the progress made in different initiatives and programmes in collaboration with international partners as part of existing monitoring efforts embedded in related action plans and initiatives.
- Share best practices and knowledge on ASD.
- Coordinate with the Mental Health Gap action programme (mhGAP) of the WHO Secretariat for facilitating evidence generation and sharing of best practices on implementation of programmes on ASD.
Resolution adopted by the General Assembly on 12 December 2012

[without reference to a Main Committee (A/67/L.33 and Add.1)]

67/82. Addressing the socioeconomic needs of individuals, families and societies affected by autism spectrum disorders, developmental disorders and associated disabilities

The General Assembly,

Guided by the purposes and principles enshrined in the Charter of the United Nations,

Recalling the 2005 World Summit Outcome⁴ and the United Nations Millennium Declaration,⁵ as well as the outcomes of the major United Nations conferences and summits in the economic, social and related fields,

Recalling the Declaration of Alma-Ata, the Ottawa Charter for Health Promotion, 1986, and subsequent relevant resolutions of the World Health Assembly and regional committees,

Recalling also the Convention on the Rights of the Child⁶ and the Convention on the Rights of Persons with Disabilities,⁷ according to which individuals with disabilities should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the individual’s active participation in the community, as well as the full enjoyment of all human rights and fundamental freedoms on an equal basis with other individuals,

Recognizing the need to promote and protect the human rights of all persons with disabilities, including all individuals with autism spectrum disorders, by, inter alia, ensuring equal opportunities to achieve their optimal developmental potential and to participate in society,

Recognizing also the important contribution that non-governmental organizations and other civil society actors can make in promoting human rights for persons with disabilities, including all
individuals with autism spectrum disorders, developmental disorders and associated disabilities, and their integration in societies, as well as addressing the socioeconomic needs of their families and communities,

*Reaffirming* the universality, indivisibility, interdependence and interrelatedness of all human rights and fundamental freedoms and the need for persons with disabilities to be guaranteed their full enjoyment without discrimination,

*Affirming* that ensuring and promoting the full realization of all human rights and fundamental freedoms for all persons with disabilities, without distinction, is critical to achieving internationally agreed development goals,

*Recalling* its resolution 66/124 of 19 December 2011, by which it decided to convene a one-day high-level meeting of the General Assembly, on 23 September 2013, with the overarching theme “The way forward: a disability-inclusive development agenda towards 2015 and beyond”, which shall be funded within existing resources, in order to strengthen efforts to ensure accessibility for and the inclusion of persons with disabilities in all aspects of development efforts,

*Aware* that autism is a lifelong developmental disability that affects the functioning of the brain, characterized by impairments in social interaction, problems with verbal and non-verbal communication and restricted, repetitive behaviour, interests and activities,

*Aware also* that the vast variety of needs of individuals with autism spectrum disorders, developmental disorders and associated disabilities poses a substantial challenge to addressing the disability and providing the appropriate services for treatment and care by government and non-governmental organizations,

*Deeply concerned* that children with autism spectrum disorders, developmental disorders and associated disabilities in all regions of the world experience challenges in accessing long-term health care, education, training and intervention programmes undertaken by Governments, non-governmental organizations and the private sector,

*Concerned* that persons with autism spectrum disorders, developmental disorders and associated disabilities continue to face barriers in their participation as equal members of society, and reaffirming that discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person,

*Recalling* that early diagnosis, appropriate research and effective interventions are vital to the growth and development of the individual, and emphasizing that early intervention is crucial for addressing the needs of the individual with autism spectrum disorders, developmental disorders and associated disabilities, thus improving the opportunities to live a quality life with the ability to participate in the greater community and increasing the likelihood that an individual will need lower levels of support later in life,

*Recognizing* that the full enjoyment by persons with autism spectrum disorders, developmental disorders and associated disabilities of their human rights and their full participation will result in significant advances in the social and economic development of societies and communities,

*Realizing* that the challenge of meeting the needs of individuals with autism spectrum disorders, developmental disorders and associated disabilities is particularly acute in the developing world,
resulting in increased difficulties for individuals and their families, as well as for the health, education and social welfare systems trying to meet their needs,

*Recognizing* the work of the World Health Organization in addressing autism spectrum disorders, developmental disorders and associated disabilities in its resolutions, notably through resolution 65.4 entitled “The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level”, adopted on 25 May 2012 by the sixty-fifth World Health Assembly, requesting the Director General of the Organization to develop a comprehensive mental health action plan, for consideration by the sixty-sixth World Health Assembly,8

*Recognizing also* that a major barrier to improving the health and well-being of children with autism spectrum disorders, developmental disorders and associated disabilities and their families is the paucity of knowledge and expertise to recognize symptoms and identify autism spectrum disorders, and also recognizing that the absence of effective routine screening that allows for early detection, in turn, limits access to care and early interventions and that, without research to develop and implement effective programmes, the emergence of appropriate solutions that improve the quality of life for individuals with autism spectrum disorders and their families does not occur,

*Acknowledging* efforts to increase awareness of the rights of those affected by autism spectrum disorders, developmental disorders and associated disabilities, including the commemoration of World Autism Awareness Day, which led to increased international public concern for autism and other developmental disabilities,

*Taking note* of the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities of 25 July 2011,

1. *Encourages* Member States to enhance access to appropriate support services and equal opportunities for inclusion and participation in society by providing, as appropriate, training to public administrators, service providers, carers, caregivers, families and non-professionals on the needs and rights of persons with autism spectrum disorders, developmental disorders and associated disabilities;

2. *Recognizes* that, in order to develop and implement feasible, effective and sustainable intervention programmes for addressing autism spectrum disorders, developmental disorders and associated disabilities, an innovative, integrated approach would benefit from a focus, inter alia, on:

   (a) Increasing public and professional awareness of autism spectrum disorders, developmental disorders and associated disabilities and reducing stigma associated with these conditions;

   (b) Enhancing and increasing research expertise and service delivery, including through international collaboration, by training researchers, service providers, as well as non-professionals, in early diagnosis and interventions within health and other relevant sectors;

   (c) Enhancing inclusive educational programmes suited to infants, children and adults with autism;

   (d) Emphasizing the unique needs of each person with autism across a spectrum of different characteristics and experiences;
(e) Increasing awareness of the advantages of the inclusion of individuals with autism spectrum disorders, developmental disorders and associated disabilities in society through occupational and leisure activities;

3. Encourages Member States to undertake to collect appropriate information, including disaggregated statistical and research data, on autism spectrum disorders, developmental disorders and associated disabilities;

4. Looks forward to the development of the World Health Organization comprehensive mental health action plan, as called for in World Health Assembly resolution 65.4, and its consideration of autism spectrum disorders in the context of a broader systems approach;

5. Calls upon all States to ensure an inclusive education system at all levels and lifelong learning, as well as to promote vocational training and skills development programmes for persons with autism, in accordance with the Convention on the Rights of Persons with Disabilities and other local, national and regional policies;

6. Also calls upon all States to enable persons with autism spectrum disorders, developmental disorders and associated disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community;

7. Requests the Secretary-General to bring the present resolution to the attention of all Member States and United Nations organizations as a contribution to the preparations for the high-level meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities, to be held on 23 September 2013.

53rd plenary meeting
12 December 2012
RESOLUTION
OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC65/R8

COMPREHENSIVE AND COORDINATED EFFORTS FOR
THE MANAGEMENT OF AUTISM SPECTRUM DISORDERS (ASD)
AND DEVELOPMENTAL DISABILITIES

The Regional Committee,

Recalling the Universal Declaration of Human Rights 1948 and the Convention on the Rights of the Child 1989 by the United Nations General Assembly; and the Convention on the Rights of Persons with Disabilities 2007; and the Declaration of 2nd April as World Autism Awareness Day by the United Nations General Assembly in 2007; and the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities of July 2011; and further recalling World Health Assembly resolution WHA65.4 on The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level;

Reiterating commitments of safeguarding citizens from discrimination and social exclusion on the grounds of disability or other condition, and ensuring citizens’ basic necessities of life, education, medical care and social security, and attention to vulnerable groups of the population;

Noting that more and more children are being detected to have autism spectrum disorders (ASD) and other developmental disabilities worldwide, and that the likelihood that still more remain unidentified in society due to lack of awareness;

Understanding that ASD and developmental disabilities are life-long and affect the functioning of the brain, and are characterized by impairments in social interaction, problems with verbal and non-verbal communication, and restricted, repetitive behaviour, interests and activities;

Further noting that such disabilities seriously influence everyday functioning of affected children, severely interfere with their developmental, educational and social attainments, and bring significant economic costs to their families and societies;
Concerned that, despite increasing evidence documenting the effectiveness of early interventions in improving the overall functioning of the child and long-term outcomes, children and families in need often have poor access to services and do not receive adequate treatment and care;

Deeply concerned about the dramatic rise in the numbers of children with autism and developmental disabilities and the growing costs involved in managing such disabilities;

Recognizing that children with ASD and developmental disabilities and their families often face major challenges associated with stigma, isolation and discrimination; and

Acknowledging that the Mental Health Gap Action Programme (mhGAP 2008) of the WHO Secretariat can be particularly instrumental for developing countries if it gives increasing focus on ASD and developmental disabilities;

URGES Member States:

(1) To give appropriate recognition to ASD and developmental disabilities in all policies and programmes related to early childhood development;

(2) To develop and implement policies and legislation, as appropriate, and multisectoral plans including public awareness, stigma removal campaigns, supported with adequate human, financial and technical resources to address issues related to ASD and developmental disabilities;

(3) To develop strategies for early detection and community-based interventions for children with ASD and developmental disabilities in line with WHA 65.4;

(4) To develop appropriate infrastructure for comprehensive management, including education, care, support, intervention, services and rehabilitation, of ASD and developmental disabilities;

(5) To provide social and psychological support and care to families affected by ASD and developmental disabilities;

(6) To promote research on the social and public health aspects of ASD and developmental disabilities; and

(7) To implement, as appropriate, the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities of 2011; and

REQUESTS The Regional Director:

(1) To collaborate with Member States and partner agencies for support to strengthen national capacities and implement national efforts to address ASD and developmental disabilities, including early identification, management and care, at all levels of facilities and monitoring progress;

(2) To support Member States upon request in the implementation of the Dhaka Declaration on Autism Spectrum Disorders and Developmental Disabilities of 2011;
(3) To support the activities of autism-related networks, including the South-East Asia Autism Network (SAAN); and

(4) To mobilize resources to address ASD and developmental disabilities in the South-East Asia Region.

(5) To coordinate with mhGAP of the WHO Secretariat for giving increasing focus on ASD and developmental disabilities;

(6) To submit a progress report to the Sixty-seventh session of the Regional Committee on implementation of this Resolution.

Fifth meeting, 7 September 2012
SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

Agenda item 13.4

WHA67.8

24 May 2014

Autism

The Sixty-seventh World Health Assembly,

Having considered the report on comprehensive and coordinated efforts for the management of autism spectrum disorders;¹

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;

Further recalling, as appropriate, resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level and resolution WHA66.9 on disability; resolution SEA/RC65/R8 adopted by the Regional Committee for South-East Asia on comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities; resolution EUR/RC61/R5 adopted by the Regional Committee for Europe on the WHO European Declaration and Action Plan on the Health of Children and Young People with Intellectual Disabilities and their Families; resolution EM/RC57/R.3 adopted by the Regional Committee for the Eastern Mediterranean on maternal, child and adolescent mental health: challenges and strategic directions 2010–2015, all of which emphasize a strong response to the needs of persons with developmental disorders including autism spectrum disorders and other developmental disorders;

Reiterating commitments to safeguard citizens from discrimination and social exclusion on the grounds of disability irrespective of the underlying impairment whether physical, mental, intellectual or sensory according to the Convention on the Rights of Persons with Disabilities; and promoting all persons’ basic necessities of life, education, health care and social security, as well as ensuring attention to vulnerable persons;

Noting that globally, an increasing number of children are being diagnosed with autism spectrum disorders and other developmental disorders and that it is likely that still more persons remain unidentified or incorrectly identified in society and in health facilities;

Highlighting that there is no valid scientific evidence that childhood vaccination leads to autism spectrum disorders;

¹ Document A67/17
Understanding that autism spectrum disorders are developmental disorders and conditions that emerge in early childhood and, in most cases, persist throughout the lifespan and are marked by the presence of impaired development in social interaction and communication and a restricted repertoire of activity and interest, with or without accompanying intellectual and language disabilities; and that manifestations of the disorder vary greatly in terms of combinations and levels of severity of symptoms;

Further noting that persons with autism spectrum disorders continue to face barriers in their participation as equal members of society, and reaffirming that discrimination against any person on the basis of disability is inconsistent with human dignity;

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

Acknowledging the comprehensive mental health action plan 2013–202021 and, as appropriate, the policy measures that are recommended in resolution WHA66.9 on disability, which can be particularly instrumental for developing countries in the scaling-up of care for autism spectrum disorders and other developmental disorders;

Recognizing the need to create or strengthen, as appropriate, health systems that support all persons with disabilities, mental health and developmental disorders, without discrimination,

1. URGES Member States:

1.1 to give appropriate recognition to the specific needs of the individuals affected by autism spectrum disorders and other developmental disorders in policies and programmes related to early childhood and adolescent development, as part of a comprehensive approach to address child and adolescent mental health and developmental disorders;

1.2 to develop or update and implement relevant policies, legislation, and multisectoral plans, as appropriate, in line with resolution WHA65.4, supported by sufficient human, financial and technical resources to address issues related to autism spectrum disorders and other developmental disorders, as part of a comprehensive approach to supporting all persons living with mental health issues or disabilities;

1.3 to support research and public awareness-raising and stigma-removal campaigns consistent with the Convention on the Rights of Persons with Disabilities;

1.4 to increase the capacity of health and social care systems, as appropriate, to provide services for individuals and families with autism spectrum disorders and other developmental disorders;

1.5 to mainstream into primary health care services the promotion and monitoring of child and adolescent development in order to ensure timely detection and management of autism spectrum disorders and other developmental disorders according to national circumstances;

1.6 to shift systematically the focus of care away from long-stay health facilities towards community-based, non-residential services;

2 See document WHA66/2013/REC/1, Annex 3.
(7) to strengthen different levels of infrastructure for comprehensive management of autism spectrum disorders and other developmental disorders, as appropriate, including care, education, support, intervention, services and rehabilitation;

(8) to promote sharing of best practices and knowledge about autism spectrum disorders and other developmental disorders;

(9) to promote sharing of technology to support developing countries in the diagnosis and treatment of autism spectrum disorders and other developmental disorders;

(10) to provide social and psychological support and care to families affected by autism spectrum disorders, including persons with autism spectrum disorders and developmental disorders and their families in disability benefit schemes, where available and as appropriate;

(11) to recognize the contribution of adults living with autism spectrum disorders in the workforce, continuing to support workforce participation in partnership with the private sector;

(12) to identify and address disparities in access to services for persons with autism spectrum disorders and other developmental disorders;

(13) to improve health information and surveillance systems that capture data on autism spectrum disorders and other developmental disorders, conducting national level needs assessment as part of the process;

(14) to promote context-specific research on the public health and service delivery aspects of autism spectrum disorders and other developmental disorders, strengthening international research collaboration to identify causes and treatments;

2. REQUESTS the Director-General:

(1) to collaborate with Member States and partner agencies in order to provide support, strengthening national capacities to address autism spectrum disorders and other developmental disorders as part of a well-balanced approach that strengthens systems addressing mental health and disability and is in line with existing, related action plans and initiatives;

(2) to engage with autism-related networks, and other regional initiatives, as appropriate, supporting networking with other international stakeholders for autism spectrum disorders and other developmental disorders;

(3) to work with Member States, facilitating resource mobilization in different regions and particularly in resource-poor countries, in line with the approved programme budget, which addresses autism spectrum disorders and other developmental disorders;

(4) to implement resolution WHA66.8 on the comprehensive mental health action plan 2013–2020, as well as resolution WHA66.9 on disability, in order to scale up care for individuals with autism spectrum disorders and other developmental disorders, as applicable, and as an integrated component of the scale-up of care for all mental health needs;
(5) to monitor the global situation of autism spectrum disorders and other developmental disorders, evaluating the progress made in different initiatives and programmes in collaboration with international partners as part of the existing monitoring efforts embedded in related action plans and initiatives;

(6) to report on progress made with regard to autism spectrum disorders, in a manner that is synchronized with the reporting cycle on the comprehensive mental health action plan 2013–2020, to the Sixty-eighth, Seventy-first and Seventy-fourth World Health Assemblies.

Ninth plenary meeting, 24 May 2014

A67/VR/9
Autism spectrum disorders (ASD) comprise a range of developmental disorders characterized by impairment in functions related to central nervous system maturation. This umbrella term covers conditions such as autism, childhood disintegrative disorder and Asperger syndrome. The estimated global median prevalence is 62/10,000, that is one child in 160 has an autism spectrum disorder and subsequent disability. ASDs account for 0.3% of all disability-adjusted life years and impose a huge emotional and economic burden on families. Caring for children with these disorders is demanding, especially in contexts where access to services and support are inadequate. Worldwide, most individuals with such a disorder and their families do not receive adequate care from health or social care systems.