Progress reports on selected Regional Committee resolutions:

Comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities (SEA/RC65/R8)

Autism spectrum disorders (ASD) comprise a range of developmental disorders characterized by impaired capacity for reciprocal sociocommunicative interaction and a restricted, stereotyped repertoire of interests and activities.

In May 2012, childhood mental disorders, which include ASD and other developmental disorders, were considered by the Sixty-fifth World Health Assembly, which adopted resolution WHA65.4 on the global burden of mental disorders and the need for a comprehensive, coordinated response from the health and social sectors at the country level. It requested the Director-General of WHO to develop a comprehensive mental health action plan, which was submitted to the Sixty-sixth World Health Assembly.

Member States of the South-East Asia Region are progressively recognizing the need to promote stronger and coordinated actions regionally and globally for improving access to high-quality care for children with ASD and other developmental disorders by adopting the Dhaka Declaration on Autism Spectrum Disorders (26 July 2011). Furthermore, at its Sixty-fifth Session the Regional Committee for South-East Asia adopted resolution SEA/RC65/R8 on Comprehensive and coordinated efforts for the management of autism spectrum disorders and developmental disabilities and the Delhi Declaration of the South Asian Autism Network (SAAN) in New Delhi on 11 February 2013.

The High-Level Preparatory (HLP) Meeting held in the Regional Office in New Delhi, India, from 14 to 17 July 2014 reviewed the attached progress report and made the following recommendations:

**Actions by Member States**

1. Investment/resource mobilization and political commitment to the needs and services for ASD should be scaled up.
2. The capacity and linkages of health and social care systems should be improved as appropriate, so that services for individuals and families with ASD and other developmental disorders are more accessible.
Research and campaigns to raise public awareness and remove stigma consistent with the Convention on the Rights of Persons with Disabilities should be supported.

Promotion and monitoring of child and adolescent development should be mainstreamed into public health-care services in order to ensure timely detection and management of ASD and other developmental disorders according to national circumstances.

**Actions by the WHO Regional Office**

(1) A regional strategy and action plan should be developed and support provided to the Member States for adaptation and adoption at the country level.

(2) WHO should collaborate in research activities and provide technical support for capacity-building in promoting comprehensive community-based care to persons suffering from ASD and to their families.
Introduction

1. The global median prevalence of autism spectrum disorders (ASD) is 62/10 000. The prevalence of ASD in the WHO South-East Asia Region could not be estimated as the few prevalence studies that have been conducted vary in methodology and age of the study population; as a result, the data could not be generalized.

2. Since the adoption of resolution SEA/RC65/R8, there has been progress in the management of ASD in the WHO South-East Asia Region.

Support provided by the WHO Regional Office for South-East Asia in response to country requests

3. Collaborate with Member States and partner agencies 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: Support has been provided to strengthen national capacities to address ASD and developmental disabilities. Training manuals have been developed for primary health-care physicians. Simple-to-use tools have been identified to screen for ASD at the primary health-care level.

4. Support Member States to implement the Dhaka Declaration of 2011 on ASD and developmental disabilities: Coordinated actions have been taken towards improving access to and quality of health-care services for individuals with ASD through the development of community-based strategies.

5. Support the activities of autism-related networks, including the South Asian Autism Network (SAAN): Support was provided for the launch and first meeting of SAAN, which was held in New Delhi in February 2013. Common challenges in the Region have been identified to facilitate partnerships and collaboration. The Delhi Declaration of SAAN has some prioritized areas of work, on the basis of which cost-effective programmes have been developed.

6. Mobilize resources to address ASD and developmental disabilities in the South-East Asia Region: Resources have been allocated under the broad heading of “Strengthening care for mental and neurological disorders”. Provision is being made for specific fund allocation for ASD.

7. Coordinate with the Mental Health Gap Action Programme (mhGAP) of the WHO Secretariat to increase the focus on ASD and developmental disabilities: Increased focus on ASD and developmental disabilities is being provided through mhGAP of WHO, which has been launched in some Member States to expand services for mental and neurological disorders. The programme promotes integration of services for mental health care at all levels of the health system, including community settings.
Progress in Member States

8. Countries in the South-East Asia Region are progressively prioritizing and giving appropriate recognition to ASD in policies and programmes related to early childhood development. The progress made is given below:

(a) Provide appropriate recognition to ASD and developmental disabilities in all policies and programmes related to early childhood development: Some Member States have given recognition to ASD in their mental health policy and some are in the process of developing specific policy options to address ASD. Training manuals for doctors and nurses have been developed by some Member States.

(b) Develop and implement policies and legislations, as appropriate, and multisectoral plans, including public awareness and stigma removal campaigns, supported by adequate human, financial and technical resources to address issues related to ASD and developmental disabilities: This is being addressed by implementation of the Dhaka Declaration and the Delhi Declaration of SAAN.

(c) Develop strategies for early detection and community-based interventions for children with ASD and developmental disabilities in line with WHA65.4: Some Member States (Bangladesh, India and Thailand) have developed screening tools and programmes, which will help in the early detection of ASD at the primary health-care level.

(d) Develop appropriate infrastructure for comprehensive management of ASD and developmental disabilities, including education, care, support, intervention and rehabilitation services: Bangladesh, India and Thailand have made considerable progress in strengthening the existing primary health-care system to address ASD.

(e) Provide social and psychological support and care to families affected by ASD and developmental disabilities: Community-based programmes have been implemented to create awareness and provide care in close proximity to homes, giving consideration to the lifelong care and rehabilitation required for people with ASD. Support services are also being developed for families.

(f) Promote research on the social and public health aspects of ASD and developmental disabilities: Some small-scale research studies have been conducted but there is a need to promote national-level research so that the evidence generated can help in developing country-specific programmes.

(g) Implement, as appropriate, the Dhaka Declaration of 2011 on ASD and developmental disabilities: Some Member States have made good progress with respect to implementation of the Dhaka Declaration. They have worked to strengthen coordination within the Region and improve access to and quality of health care for individuals with ASD and developmental disorders.
Challenges

9. These include a lack of awareness of ASD, resulting in a paucity of resources for implementing programmes for ASD, and lack of prioritization of ASD by policy-makers and health planners. The absence of reliable data limits the development of Region/country-specific strategies and programmes.

Way forward

10. A regional action plan on ASD and other developmental disorders should be developed. This plan with regional perspectives will guide the development of national action plans.

11. Leadership and governance should be strengthened through updating and implementing national policies, strategies, programmes and laws on the needs of persons with ASD with appropriate allocation of budget and involvement of stakeholders from relevant sectors.

12. Comprehensive and integrated health- and social-care services should be developed through mainstreaming, monitoring and promoting child development in primary health care.

13. Evidence-based, culturally appropriate and human rights-oriented mental health- and social-care services should be developed. The focus of care has to move away from long-stay health facilities towards non-specialized health-care settings. Health information systems and research need to be strengthened.