



CAMHADD

THE COMMONWEALTH ASSOCIATION FOR MENTAL HANDICAP
AND DEVELOPMENTAL DISABILITIES

(SUPPORTED BY THE COMMONWEALTH FOUNDATION)

NGO in Official Relations with WHO since 1990

CAMHADD Profile: 1983-2008

Prepared by

Dr V.R. Pandurangi
Founder, Emeritus Secretary General,
International Co-ordinator CAMHADD
CAMHADD Project Director For
Bangalore (India) Healthy City Project For
Low and Middle Income Group in Urban Settings
36A, Osberton Place
Sheffield Si 1 8XL
United Kingdom
Tel/Fax: +44 114 2682695
Email: camhadd@hotmail.com

CAMHADD Secretariat

“Shashi-Arvind Nilaya”
871-872, 18th Main, 5th Block
Rajajinagar
Bangalore-560 010 (India)
Email: camhadd@hotmail.com

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Mental Handicap is Preventable Through Perinatal Care

Remember our aims and objectives are “ The Prevention and Amelioration of Mental Handicap and Developmental Disabilities in developing Countries and to establish professional links between developed and developing countries **CAMHADD emphasis** “ **Awareness, Advocacy, Action and Achievement** :

Please let us hear from you

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CAMHADD was established in the United Kingdom in 1983 with support from the Commonwealth Foundation. **CAMHADD** is one of the Commonwealth Professional Associations and a Pan-Commonwealth Non-Governmental Organization (NGO) working in the field of health and development focusing on preventive health care.

1. Objectives

Specific

- To foster and support the activities of professional and non-professional workers that is directed towards the prevention and amelioration of mentally handicapping conditions and related developmental disabilities in developing countries.
- To assist in the establishment of professional links between workers within different developing and developed countries.

General

- Advocacy and Awareness: Dissemination of information to policy and decision makers and to ensure political commitment
- **Prevention of brain damage due to birth asphyxia(lack of oxygen either before or immediately after birth) to prevent mental, neurological and sensory handicaps as an integral component of Mother- Baby Care**
- The exchange of technical expertise
- Transferring technology from experts to grass root workers,
- To develop partnership towards Unity for Health to Achieve Social Accountability with involvement of Civil Society

2. Governance of CAMHADD

The government of the Association will be by an Executive Committee comprising President, Vice-President, Secretary General Treasurer, Six members elected as regional representatives, and one nominee from International League of Societies for Mental Handicap (ILSMH) and one from International Association for the Scientific Study of Mental Deficiency (IASSMD).

3 .CAMHADD strategies to achieve its objectives

- Arranging regional/Inter-Regional/Intercountry/Pan Commonwealth Trainers Training Workshops
- Raising awareness among professionals, policy and decision makers for prevention of mental, handicap and developmental disabilities.
- Initiating community oriented projects

- Promoting Regional Exchange Programmes and Continuing Medical Education(CME) and Continuing Professional Development(CPD).
- Collaborating with United Nations Health Related Organisations and NGOs with similar objectives of CAMHADD

4. CAMHADD Achievements

- CAMHADD is in Official Relations with WHO since 1990 for collaborative programmes
- CAMHADD participated at “WHO Formal Consultation meeting with NGO partners on Renewal of Health For All and the New Global Health Policy” on 2nd May 1997.
- CAMHADD is granted Observer Status by the Commonwealth Health Ministers to attend their triennial meetings
- CAMHADD was accredited as Pan Commonwealth NGO to represent at the Commonwealth Heads of the Governments Meeting (CHOGM) at Edinburg (UK) in October1997, Durban (South Africa) in November 1999 and Brisbane (Australia) in February 2002.
- CAMHADD is a Member of International NGO Forum for Health
- Royal College of Paediatrics and Child Health London has recognised officially the programme activity of CAMHADD on prevention of birth asphyxia in developing countries.

5. CAMHADD Workshops

CAMHADD during the past 25 years, through 30 Regional Workshops including nine Pan Commonwealth Workshops has involved professionals from 45 out of 54 Commonwealth countries and 18 Non-Commonwealth countries covering approximately 1/3rd of the world. WHO has co-sponsored 16 workshops.

5.1 1990-2008 : Development of Programmes for Prevention of brain damage due to birth asphyxia to prevent mental, neurological and sensory handicaps through training workshops for trainers of birth attendants in each region of the Commonwealth with WHO Technical support.

African Region

(i) Nairobi (Kenya): May 1987 (ii) Lusaka (Zambia): June 1987 (iii) Benin City (Nigeria): June 1988 (iv) Harare (Zimbabwe):April 1989 (v) Mahe (Seychelles): August 1989 (vi) Maseru (Lesotho): February 1991 (vii) Cape Town (South Africa): April 1997 (viii) Cape Town: August 1998 (ix) Cape Town: November 2000. Training workshop for trainers of birth attendants from Mozambique (x) Cape Town (South Africa): June 2001 (xi) Cape Town (South Africa): July 2005

America and Canada

Kingston (Jamaica): May 1996

As a follow up of Kingston workshop CAMHADD jointly with PAHO-WHO arranged training workshop for trainers of birth attendants of the Caribbean region on Neonatal Resuscitation in (i) Jamaica : February 1997 and (ii) Trinidad : Nov.1998

Asian Region

- (i) Bombay (India): March 1985
- (ii) New Delhi (India): April 1988
- (iii) Male (Maldives): Jan/Feb 1990
- (iv) New Delhi (India): Jan/Feb. 1990
- (v) Dhaka (Bangladesh): March 1992
- (vi) Bangalore (India): November 1994
- (vii) Dhaka (Bangladesh): March 1997
- (viii) Bangalore (India): December 1999
- (ix) Bangalore (India) – January 2007

European Region

- (i) London: Symposium on “Prevention of Mental Handicap-A World View” Arranged jointly by CAMHADD and the Forum on Mental Retardation of the Royal Society of Medicine
- (ii) London: April 1996

Pacific Region

- (i) Nuku'alofa (Tonga): November 1991
- (ii) Honiara (Solomon Islands): December 1993

5.2 The recommendations of the following workshops were in the form of “Declarations”

Delhi (India) Declaration of February 1990: Every Child Deserves a Breath of Life”

Maseru (Lesotho) Declaration of February 1991 - Neonate Prayer: Every Newborn has a right to breast feeding”

Dhaka (Bangladesh) Declaration of March 1992 “Care by Birth Attendants and the Cry of the Newborn”

Honiara (Solomon Island) Declaration of December 1993 “Healthy Mother, Healthy Baby and A Happy Family

Kingston (Jamaica) Declaration of May 1996 “Immediate Plan of Action- The right of Breath to Improve the Quality of Life”

5.3 Outcome of these workshops

- At the initiative of CAMHADD, the Forty-fifth World Health Assembly adopted the Resolution WHA 45.22 integrating safe motherhood activities with appropriate care of the newborn including the resuscitation of the newborn for prevention of birth asphyxia

- Breakthrough in the development of appropriate simple technology for resuscitation of the asphyxiated newborn at home and in maternity facilities by birth attendants.
- **CAMHADD** has raised Global Awareness on the significance of prevention of brain damage due to birth asphyxia to prevent mental, neurological and sensory handicaps in developing countries.

5.4 CAMHADD International Conference

- 1 **CAMHADD** Pan Commonwealth Workshop on Prevention of Mental Handicap In Developing Countries Bombay (India) : March 1985
- 2 **CAMHADD** Pan Commonwealth Workshop on “Global Strategy for Prevention of Mental Handicap in Developing Countries” New Delhi (India) : February 1990
- 3 **CAMHADD** International Conference on “Understanding Treatment and Prevention of Brain Damage due to Neurotrauma”: Bangalore (India): November 1994

Workshop on Prevention of Childhood Blindness

CAMHADD workshop on “Prevention of Childhood Blindness as an integral Component of Mother-Baby Care in Developing Countries”: Bangalore (India): December 1999

5.5 2001-2008

In collaboration with WHO, CAMHADD has extended its programme to wider area of prevention of brain damage due to birth asphyxia, cerebrovascular, cardiovascular diseases and diabetes and preventive and promotive oral health through schools, occupational health and spinal health including spinal screening for school children.

- **CAMHADD/WHO** Global Consultative Workshop on Partnership Towards Unity for Health to Achieve Social Accountability : Bangalore (India) November 2001
- **CAMHADD/WHO** Global Consultative Workshop on “Population based Cost-effective Intervention Strategies to prevent hypertension and diabetes : Time to Act Globally” Bangalore November 2003
- **CAMHADD/WHO** Global Consultation Workshop on Preventive and Promotive Oral Health Through Schools.: Bangalore-January 2005
- **CAMHADD** South African Regional Workshop on “ Africa-New Beginnings Towards Safe Motherhood, Child Birth and Infancy” Cape Town 11-12 July 2005
- **CAMHADD** Round Table Discussion and Workshop on Occupational Health in association with Tri-Sector and Global Partners with WHO Technical collaboration : Bangalore (India) : 18-19 February 2007

- **CAMHADD/Citizens Forum for Bangalore Healthy City Initiative Workshop on Workers Health: Action in Partnership: Implementation of WHO/Global Action on Workers Health – A pilot Project in Bangalore Healthy City Initiative In association with Tri-Sector and Global Partners with WHO Technical support and supported by Tobacco Free Kids – International Research Centre Bloomberg Global Initiative to Reduce Tobacco Use: 17-18 December 2007.**

6. Activities:

6.1 CAMHADD Priority Programme: Prevention of brain damage due to birth asphyxia to prevent mental, neurological and sensory handicaps as an integral component of safe motherhood and child survival.

6.2 Health in the Millennium Development Goals: CAMHADD programme activities include the following four out of eight Health Targets in the Millennium Development Goals

- Reducing child mortality through newborn care
- Improving maternal health through good antenatal care, safe delivery and postpartum care
- Developing Global Partnerships: WHO, UNFPA, UNICEF, Universities, Institutes and International NGOs
- Poverty eradication through good health focusing on Investing in Health to reduce poverty

6.3 Capacity Building: CAMHADD achieves its above goals through capacity building by arranging:

- inter-country, regional and pan-commonwealth training workshops for trainers of birth attendants and other disciplines
- Consultation meetings, seminars and conferences
- CME/CPD programme

These programmes will promote bringing professionals together for exchange of information and experiences and will also develop professional links.

6.4 CAMHADD programme activities for the New Millennium

- **To promote better public understanding of the Commonwealth and the issues that concern its people by arranging “The Asia Commonwealth Lecture 2001”**

This lecture was arranged for the first time outside London at Bangalore in November 2001. It also functioned to promote significance of democracy. The Lecture was held coinciding with Inauguration of International Consultative Workshop on Partnership towards Unity for Health to Achieve Social Accountability co-sponsored by WHO, UNFPA (India) in association with the Royal Commonwealth Society (RCS) London and Rajiv Gandhi University of Health Sciences Bangalore. Mr Colin Ball-Former Director, the Commonwealth Foundation delivered the lecture on “Civil Society, Social Accountability and Governance.”

- **To promote “Citizens and Governance Programme” that arose directly from out of the Commonwealth Foundation’s Civil Society Project in the New Millennium.**

The Commonwealth Foundation (CF) organised a workshop in Australia in 2001. It highlighted the importance of examining the appropriateness and impact of tri-sector approaches in concrete situations in diverse parts of the Commonwealth. Following this decision Commonwealth Foundation decided to initiate a series of dialogues in up to 10 diverse localities in the Commonwealth in collaboration with Ford Foundation.

CAMHADD celebrated its 20th Anniversary by arranging one of the ten one day workshops in Bangalore (India) on 11 January 2003 on “Citizens and Governance Programme: Tri-Sector Dialogues: Preventive Health Care for Bangalore Urban Poor” supported by the Commonwealth Foundation in association with the Bangalore Mahanagara Palike (Corporation), Rajiv Gandhi University of Health sciences Karnataka and Sri Jayadeva Institute of Cardiology Bangalore. The objective of the workshop to promote preventive health care for Bangalore Urban Poor while the focus of all public health programmes has been the rural poor, the health of the urban has largely been neglected. **Out of a total population of 6.52 million, 30% of the population can be classified as urban poor.**

The outcome of the Tri-sector Dialogue was a success story of developing preventive health care for Bangalore Urban poor with Tri-sector Partnerships: government, private sector and civil society (NGOs) jointly with Bangalore Mahanagara Palike and established Commonwealth Centre for Preventive Cardiology for screening of 6000 Pourkarmikas (sanitary workers) focusing on prevention of hypertension, diabetes and oral health with technical support from WHO and Sri Jayadeva Institute of Cardiology (SJIC)

- **Significance of Citizens and Governance Programme**

One of CAMHADD programme activities for the New Millennium is to promote better public understanding of the Commonwealth and the issues that concern its people and also to promote **“Citizens and Governance Programme”** that arose directly from out of the Commonwealth Foundation’s Civil Society Project in the New Millennium.

Citizens and Governance is working on the relations between citizens, government and private sector. It is important to understand the concepts involved with government – private sector and civil society. This forms the basis of Tri-Sector Partnership. The Tri-Sector Partnership confirms the willingness of people from different sectors of the society to work together on the issues. The ultimate beneficiaries of any Tri-Sector collaborations were citizens and it was their interest that should inform and drive the process. The entire concept was to think globally and act locally.

Preventive and Promotive Health through the Healthy Life Style Clinic-An initiative of CAMHADD/WHO India Office was developed as a priority programme focusing initially on the prevention of hypertension, diabetes and oral health and counselling for healthy life style approach for the low and middle income group of Bangalore City with WHO Technical Support

The other partners involved in this highly successful initiative are the Tri-sector Partners (government, private/public sectors and civil society). CAMHADD is also working closely with the Commonwealth Secretariat, Commonwealth Foundation, World Health Organization and civil society to extend these programmes to other cities.

6.5 Bangalore Healthy City Initiative

- **Historical Background to Healthy City Initiative**

Healthy City Projects (HCP) emerged as a response to deteriorating health conditions associated with urbanization. These projects were based on the WHO principles and strategies of Health for All adopted at Alma Ata Declaration in 1978.

The WHO's "Healthy Cities Concept" reflects the principles of health for all and primary health care. It aims to put health at the centre of the social and political agenda of municipalities and local governments, and further strengthen and develop the existing structures and processes for achieving health for all. It has been applied at the city, district and neighborhood level.

- **What is a Healthy City**

"Healthy City" initiative, which began in 1987 with WHO support, is a development activity that seeks to put health on the agenda of decision makers in cities, to build a strong lobby for public health at the local level, and to develop a local participatory approach to dealing with health and environmental problems. Ultimately, the initiative aims to improve the physical, mental, social and environmental well being of the people who live and work in urban areas.

- **Health Human Fundamental Right**

Health is a Fundamental Right according to the Constitution of India and has long been recognized as one of the fundamental rights every human being without distinction of race, religion, political belief and economic and social condition that is reflected in the universal declaration of human rights. Yet huge disparities exist in

- **Bangalore Healthy City Summit : February 2003**

Bangalore Mahanagara Palike (BMP) jointly with CAMHADD and Sri Jayadeva Institute of Cardiology organised Bangalore Healthy City Summit to develop Bangalore as a Model Healthy City on 23-24 February 2004 focusing on (a) Environmental Health (b) Promotive and Preventive and Promotive Health Care, and (c) Population -based healthy life style This will also promote WHO concept of Healthy City Project to achieve Health For All under Tri-Sector Partnerships.

Objectives

- **Development of Centers of Excellence for:** * Service * Training * Research and Development.
- **Promotion of Healthy Environment**
- **Promotion of Health** through School and Community Health Education to raise awareness and to promote healthy life style. The promotion is through counseling in collaboration with WHO and IBO as an integral component of "Bangalore Healthy City Project."

- **Preventive Health Care** This will be achieved by integrating preventive health into health care in urban poor and low resources communities incorporating “**Healthy Life Style Clinic(HLC)**” —An initiative of **CAMHADDIWHO India** encompassing all aspects of preventive and promotive care and will be a good example of proper primary care model.
- **Promoting population based healthy life style** through counselling on: Healthy diet, physical activity, risk of smoking, alcohol consumption, over weight and HIV/Aids
- **Poverty and Health: Investing in Health to reduce Poverty**

It is the CAMHADD initiative to develop Bangalore as a model Healthy City jointly with Bangalore Mahanagara Palike (BMP) when Mr M.R. Sreenivasa Murthy, IAS was the Commissioner of BMP, as an Outcome of Citizens and Governance Programme : Tri-Sector Dialogues Bangalore on Preventive Health Care for Urban Poor in January 2003 supported by the Commonwealth Foundation and Bangalore Healthy City Summit in February 2004 sponsored by Bangalore Mahanagara Palike (BMP) in association with Rajiv Gandhi University of Health Sciences and Sri Jayadeva Institute of cardiology.

6.6 Millennium Development Goals

In 2000 the global community made an historic commitment to eradicate poverty and improve the health and welfare of the world’s poorest people within 15 years. The commitment was the Millennium Declaration and derived from it are eight Millennium Development Goals (MDGs) to be achieved by 2015.

WHO’S new report: Health and the Millennium Development Goals provided an overview of progress towards the MDGs and identifies the challenges to be addressed if we are to meet the goals.

- Strengthen health system :without more efficient and equitable
- Ensure that health is prioritised within overall development
- Develop health strategies that respond to the diverse
- Mobilise more resources for health in poor countries
- Improve the availability and quality of health data

Bangalore Healthy City Project includes most of the Health targets in the Millennium Development Goals

- Reducing child Mortality through newborn care
- Improving maternal health through good antenatal care, safe delivery and Post-partum care
- Developing Global Partnership: WHO, Universities, Institutes and International NGOs
In future, partnership will be developed with UNICEF, UNFPA and World Bank.
- Poverty eradication through good health focusing on Investing in Health to reduce poverty

There are four main factors to be considered in ensuring that city health system adequately addresses the population’s health needs (a) Access to health services (b) Quality and access to information (c) Financing (d) Accountability

7. CAMHADD has developed Four Centre's with Tri-Sector Partnership (Government, Private Sector and Civil Society) and Global Partners as an Integral Component of Bangalore Healthy City Initiative focusing on screening and follow up for prevention of hypertension, diabetes (including prevention of diabetic retinopathy), eye screening and oral diseases and musculoskeletal disorders including spinal screening with WHO Technical Support in the organised sectors and spinal screening.

First Centre

Commonwealth Centre for Preventive Cardiology at BMP Shanthinagar Health Centre for Bangalore Urban Poor jointly with Bangalore Mahanagara Palike and Sri Jayadeva Institute of Cardiology. Approximately 4000 pourakarmikas (low salary staff) have been screened.

Second Centre

Karnataka State Road Corporation (KSRTC) – Preventive Medicine and Healthy Life Style Clinic (HLC)-An initiative of CAMHADD/WHO India developed jointly with Tri-Sector and Global Partners at KSRTC Hospital Jayanagar for screening of 16000 KSRTC Crew Members (drivers, conductors and mechanics) More than 7500 cases have been screened till the end of June 2007.

Third and Fourth Centre

Police Department: Preventive Medicine and Healthy Life Style Clinic (HLC)-An Initiative of CAMHADD/WHO India jointly with Tri-Sector and Global Partners at: CAR Police Hospital Mysore Road Bangalore for screening of 10000 police personnel and their family members as well as the retired staff of police department of Bangalore City. MOU between CAMHADD and Commissionerate of City Police Bangalore was signed on 30 June 2005. The centre will be opened in December 2006 and also at Karnataka State Reserve Police (KSRP) at Koramangala Hospital.

Spinal Health: Straighten Up India

In collaboration with Life University Marietta, GA (USA) with WHO Technical collaboration with WHO with Tri-Sector and Global Partners at R.V. Boys and Girls School Bangalore.

Besides drug treatment Health Promotion is done at the three centers through counseling on health hazards of tobacco, alcohol, unhealthy diet and physical inactivity and promoting healthy life style on the significance of healthy diet, physical activity and maintaining normal weight is also included in counseling.

Arrangements for follow up and referrals are also made with various Tri-sector partners who are entered into Memorandum of Understanding (MOU) with BMP and KSRTC.

8. CAMHADD future Master Plan to Develop Bangalore as a Healthy City

Master plan to develop Bangalore Healthy City project will include various organised sectors in Bangalore **focusing on Preventive and Promotive Health Care through Healthy Life Style Clinic - an initiative of CAMHADD and WHO India** under CAMHADD Trisector Preventive Health Care Foundation (CTPHCF).

9. CAMHADD has established “CAMHADD Trisector Preventive Health Care Foundation (CTPHCF) to manage Bangalore Healthy City Project.

10. Commonwealth Lectures to promote better public understanding of the Commonwealth and issues that concerns to its peoples and also to promote significance of democracy by arranging Commonwealth Lecture outside London in different regions. First one was arranged for Asian Region at Bangalore in 2001.

11. To support and promote activities that foster pan-commonwealth and intercountry networking dialogue and co-operation among non-governmental, professional, and other civil society organisations

12. CAMHADD Activities reflect the Commonwealth Heads of the Government Meeting (CHOGM) : * Kuala Lumpur 1989 * Harare 1991* On child survival and development * Edinburgh 1997 : Women Health, Child Survival and Human Resource Development for Health * Durban 1999 : Para 55 “HIV/AIDS Abuja(Nigeria) December 2003 Health targets of Millennium Development Goals and Civil Society, Citizens and Governance Programme.

And also reflects recommendations made by Commonwealth Health Ministers at their Triennial and Pre-WHA meetings at Geneva

13. CAMHADD activities are an interdisciplinary team approach and working with other NGOs, involving professionals from developed and developing Commonwealth countries and also Non-Commonwealth countries and has received co-funding from United Nations Health Related Organisations(UNICEF,UNFPA and WHO) and various international funding agencies.

14. CAMHADD has arranged 30 regional workshops, including 9 Pan - Commonwealth Global Workshops, involving professionals from 44 Commonwealth and 17 Non-Commonwealth countries, covering approximately a third of the world. Gender equality is also taken into consideration. WHO has co- sponsored 16 workshops.

15. CAMHADD has arranged Exchange Programme. Supported by the Commonwealth Technical Fund for Co-operation (CFTC)

- For trainers of for birth attendants in South East Asian Region
- 20 eye surgeons from India for training in IOL (Intra Ocular Lens) cataract surgery in UK

16. Target Group : Birth attendants(including nursing and midwifery personnel), cardiologists, diabetologists, policy and decision makers, Post graduate students and resident and duty doctors, primary care doctors, therapists, social workers and teachers.

17. Self Sustaining Activity: CAMHADD was using CF Grant as seed money and raising sufficient additional funds for its activities.

18. Evaluation and Monitoring:

- Through questionnaire during workshops
- By approaching WHO, Commonwealth and other agencies for evaluation and monitoring of CAMHADD programme activities

19. CAMHADD and WHO

CAMHADD is a nongovernmental organization which has been in Official Relations with WHO since 1990. It is a Commonwealth-wide NGO and a long-standing partner of WHO for collaboration in a number of health technical fields. These include in particular mental health, disability prevention, maternal and newborn health, reproductive health, prevention of injuries, prevention of childhood blindness, Unity in Health to Achieve Social Accountability, Cardiovascular Diseases, Non-Communicable Disease Prevention and Health Promotion, and Oral Health. **WHO has co-sponsored sixteen (16) CAMHADD Workshops.**

In collaboration with WHO, CAMHADD has extended its programme to wider area of prevention of brain damage due to birth asphyxia, cerebrovascular and cardiovascular diseases and preventive and Promotive oral health to prevent handicaps.

Main areas of collaboration between WHO and CAMHADD

- **CAMHADD, in collaboration with WHO, has developed and implemented priority initiatives for the prevention of brain damage due to birth asphyxia.** Birth asphyxia is a major non-communicable cause of death and disability in newborn infants. An important component of CAMHADD's mandate and work with WHO is to prevent mental, neurological and sensory handicap due to birth asphyxia. This is an integral component of the initiative for Safe Motherhood and Child Survival and CAMHADD continues its programme to develop new preventive strategies in this field through perinatal care. **CAMHADD's collaboration with WHO** has resulted in increased global awareness of the importance of preventing brain damage due to birth asphyxia and in prevent mental, neurological and sensory handicap in newborn infants in developing countries.
- **CAMHADD has from 2002 played a leadership role in defining WHO's expanded programme of work with Commonwealth institutions**

CAMHADD has liaised independently with the Commonwealth Foundation and the Commonwealth Secretariat in London to develop a joint agenda of collaboration with WHO and its technical programmes in health and development. **The first Commonwealth Asia Lecture was given in India to mark this new direction of expanded relations with Commonwealth institutions.**

As part of this initiative, and at the instigation of CAMHADD, WHO's Government, Civil Society and Private Sector Relations programme (GPR) launched a joint study called the Tri-sector Dialogues to explore best practices and model case studies of how government and civil society can work together, under a Citizens and Governance Programme. This involved WHO's River

Blindness programme (now the African Onchocerciasis project), resulting in a contribution to the Commonwealth Foundation's *Toolkit on Citizens and Governance*, presented to Commonwealth Heads of State as a model of governance, which was offered also to WHO as a model of civil society collaboration.

Again as part of the expanded relationship of **WHO** with the Commonwealth institutions, **CAMHADD** undertook to identify appropriate country-level institutions to collaborate on a **preventive health care project, based in Bangalore, India**, aimed at **improving the health of the urban poor through the joint efforts of government authorities, private sector and civil society partners**. **CAMHADD** undertook all local partnership-building initiatives, identifying technical, financial and sponsorship resources. **WHO** provided technical advice and support, and an External Relations Officer from **WHO's** Government, Civil Society and Private Sector Relations department (GPR) attended workshop sessions and partnership-strengthening meetings organized by **CAMHADD** in 2002, 2003 and 2004.

Within the framework of its mandate from **WHO/GPR** to expand relations between **WHO** and the Commonwealth, **CAMHADD** also successfully established the **Commonwealth Centre for Preventive Cardiology in Bangalore in 2004**. This was focused on the prevention of hypertension, diabetes and oral health, with support from **WHO's** technical programmes (Cardiovascular Diseases (CVD) and Oral Health) as well as GPR. The Centre was launched after a major research study conducted by local health institutions in Bangalore, India (identified by **CAMHADD**) into the priority health needs of the urban poor of the city, a study which has been widely commended.

Another joint project between **WHO**, **CAMHADD** and partners such as UNESCO, the International Baccalaureate Office and local collaborating institutions in the health, environment, social welfare and education sectors was the **Healthy City project** in the city of Bangalore. Bangalore was identified as a model blueprint for a healthy city, to be adapted as a model for other countries. This Healthy City project in Bangalore has also attracted widespread attention from private sector sponsors, NGOs, the city authorities of Bangalore as well as the Rajiv Gandhi University and other health and education centres in the city. In addition to the initial support from **WHO's** headquarters in Geneva, the project has also gained the support of **WHO's** Regional Office for South East Asia in Delhi and **WHO's** Centre for Health Development in Kobe, Japan. The overall aim is to reduce poverty and promote health development by investing in health.

- **CAMHADD's participation in the meetings of WHO's Governing Bodies and technical programmes**

Since the beginning of its official status with **WHO in 1990**, **CAMHADD** has been represented at **WHO's** Executive Board Meetings, World Health Assembly, major **WHO** meetings on technical subjects and at the **pre-WHA** meetings of Commonwealth Health Ministers, as well as the NGO Forum for Health. **CAMHADD** has capitalized on these occasions to lobby for action on preventive and promotive health care, and to seek support for **CAMHADD** activities.

CAMHADD has made numerous interventions at **WHO's** Executive Board Meetings and at the World Health Assembly on subjects related to its mandate and its technical expertise.

CAMHADD attended Special World Health Assembly on 9 November 2006

- **CAMHADD and WHO's Cardio-vascular Disease Risk Management Study**

1. **CAMHADD** has completed the validation of **WHO's** Cardio-vascular Disease Risk Management Package Scenario One Protocols in three primary health centres in Karnataka State in South India by comparing assessment and management of cardiovascular risk of a trained non-physician health care worker (NPHW) using the given protocol to that of an expert physician (EP)
2. **CAMHADD** has started the “Evaluation of **WHO CVD-Risk Management Package – Scenario One**”: A phase IV, controlled clinical trial in ten pairs of Bangalore Mahanagara Palike (BMP) health centres (20 centres). Each participating health centre will enrol 60 patients. The study has started in December 2004 for the duration of one year. The purpose of the study is to prevent and control cardiovascular diseases through cost-effective interventions with emphasis on primary care and community-based action.

- **CAMHADD and WHO Kobe Centre for Health Development**

WHO Kobe Centre has recognized CAMHADD **Initiative** to develop Bangalore as a Commonwealth model healthy city focusing on preventive health care for urban poor and disadvantaged population.

20. Prolead II: A Health Governance Initiative built on a leadership development model that started in 2003 in the Western Pacific Region as a collaborative effort between the Southeast Asian Ministers of Education Organization Tropical Medicine Network (SEAMEO TROPMED Network), the School of Public Health of La Trobe University, Australia and the Field Epidemiology Training Program Alumni Foundation Inc., with the support of the Japan Voluntary Fund.

A pilot of the programme has been completed with six countries in the Western Pacific.

Lessons from the pilot are now being applied to a team-based capacity building initiative that will be further enriched by materials from AMR and EUR and the work of the WHO Kobe Centre.

A team of 3 members recommended from the Bangalore Healthy City initiative of CAMHADD, were selected to represent the WHO SEARO region. The team is currently implementing a project 'Advocacy and Development of Partnership towards Development of a Health Promotion Foundation in Bangalore City'. The training, in 3 modules has already been completed.

Executive Summary

- **CAMHADD** is a long-standing and valued partner of **WHO**, recognised by an official status as a collaborating NGO for almost fifteen years. From its initial relationship with **WHO** as an NGO specialised in maternal and child health and mental and physical handicap, it has expanded its technical collaboration with **WHO** to much broader range of health technical fields, as described above.
- **CAMHADD** has wide experience in working with government authorities in both the health and education sectors to promote health development through the strengthening of local and national institutions. Drawing on its long experience in working with **WHO**,

other UN agencies and international organisations, CAMHADD has successfully served as a link between local institutions and local government, and external partners in the international health and development arena.

- **CAMHADD** has been notably successful in catalysing external and internal support for local and regional health projects, including pilot projects and case studies which have proved to be successful models for wider adaptation. It has played a leadership role in expanding WHO's collaboration with Commonwealth Institutions.
- **CAMHADD** has experience and expertise to promote healthy city initiative focusing on promotive and preventive health care.

21. CAMHADD and Commonwealth

CAMHADD is accredited as Pan Commonwealth NGO to represent at the Commonwealth and is in observer status to attend Commonwealth Ministers Meeting.

22. CAMHADD and its programme for poverty eradication

CAMHADD promotes poverty eradication through good health focusing on Investing In Health Poverty creates ill health because it forces people to live in environments that make them sick, without decent shelter, clean water, or adequate sanitation. Poverty creates hunger, which in turn leaves people vulnerable to disease. Poverty denies people access to reliable health services and affordable medicines and causes children to miss out on routine vaccinations. Poverty creates illiteracy, leaving people poorly informed about health risks and forced into dangerous jobs that harm their health. In particular, poor families are concerned about the health of their breadwinner-when he or she dies, or needs expensive medical treatment, the cost can be devastating. The family may be thrown into a cycle of poverty from which it can not escape.

As good health is crucial to protect the family from poverty, so better health is central to poverty reduction improving the health of the poor must become a priority not only for public health but also other sectors of development-economic, environmental and social.

CAMHADD is promoting the concept of developing healthy city project jointly with WHO and Tri-sector partnerships as a strategy to poverty eradication through good health. Example of a success story is development of Bangalore as model healthy city

23. CAMHADD's Global contribution

- **Shifting prevention of mental handicap from WHO mental health programme to maternal and child health**
- At the initiative of CAMHADD, the Forty-fifth World Health Assembly adopted the Resolution WHA 45.22 integrating safe motherhood activities with appropriate care of the newborn including the resuscitation of the newborn for prevention of birth asphyxia
- Breakthrough in the development of appropriate simple technology for resuscitation of the asphyxiated newborn at home and in maternity facilities by birth attendants.

- With the completion of Kingston (Jamaica) workshop in 1996, CAMHADD has raised Global Awareness on the significance of prevention of brain damage due to birth asphyxia to prevent mental, neurological and sensory handicaps in developing countries.
- Promoted WHO concept of “Partnership development to achieve unity in health and social accountability.”

24. CAMHADD National Contribution

Initiated Bangalore Healthy City Project with WHO Technical collaboration jointly with Bangalore Mahanagara Palike (BMP) and Tri-Sector Partners focusing on Promotive and Preventive Health Care for low and middle income resources in urban setting as an outcome of Citizens and Governance Programme: Trisector Dialogues in January 2003

25. CAMHADD Activities: 2006

Global Partnership for Development: A New Programme in Bangalore Healthy City Initiative on Health Promotion Initiative: Straighten Up India Bangalore and Spinal and Scoliosis Screening in Collaboration with

- Child and Adolescent Health and Development Cluster of the World Health Organization
- Life University College of Chiropractic Atlanta ,USA
- Life Chiropractic College West Hayward, CA USA
- Chiropractic Diplomatic Corps (CDC) Canada

This programme will focus to prevent spinal disorders and promote improved spinal and neurological health.

Proposed Collaboration with ILO and WHO for Occupational Health and Safety at Work to prevent occupational health hazards

Meeting at ILO/HQ/Geneva on 9 November 2006

The meeting with ILO was arranged following correspondence, telephone discussion Email correspondence with Dr Shengli Niu-Senior Specialist, ILO Programme on Safety and Health at work and Dr David Gold-Co-ordinator, Solve Educational Programme, Health Promotion and well being at Work Cluster safe work.

The objective was to develop Technical collaboration and Co-operation with ILO for prevention of occupational health hazards in Bangalore Healthy City Initiative and its outreach programme in other cities for the benefit of KSRTC Crew members (drivers, conductors), police personnel, BMP Pourkarmikas (PKs) and construction workers. In future auto and taxi drivers will also be included.

The collaboration will involve

- Capacity building for * Occupational health * Safety and health at work * Workers well being by reducing risk factors like Drugs and Alcohol, Tobacco, Stress and - Violence

Concerned Officers at ILO HQ/Geneva and Country Office in India have already informed by Dr Shengli Nui regarding Bangalore Healthy City Initiative.

Meeting at WHO/HQ/Geneva on 10 November 2006

Meeting was arranged with:

Dr Ivan Ivanov- Scientist, Occupational and Environmental Health: Department of the Protection of the Human Environment and Dr Annette Pruess- Protection of the human Environment

Initial discussion for technical collaboration and co-operation was held to integrate occupational and environmental health Bangalore Healthy City Initiative and its outreach programme in other cities.

26. CAMHADD Projects

- **CAMHADD/UNICEF (Bombay)** – A three year joint project on training of medical social workers in genetic counselling in association with Tata Institute of Social Sciences Bombay (1988)
- Pre-pilot project study on Low Birth-Weight infants at K.E.M.Hospital Bombay.
- Community oriented pre-pilot project jointly with Bangalore Rural District Council (Zilla Parishad) at Bidadi PHC near Bangalore on safe motherhood and child survival to prevent brain damage due to birth asphyxia in association with College of Nursing Bangalore. (1990)
- A mini operational research on the extent of neonatal hypothermia by Ms Lydia and Ms Agnes two nursing staff from Lesotho as an outcome of their attendance at Global Workshop at New Delhi-1990. They used the two low reading thermometers issued at Delhi Workshop. The results showed that hypothermia was a problem.
- Multi-centre study for East, Central and Southern African Countries to determine the incidence of birth asphyxia undertaken by Commonwealth Regional Health Community Secretariat Arusha (Tanzania) as an outcome of Lesotho workshop (1991)
- A Survey of Traditional Birth Attendants (TBAs) in 14 East, Central and Southern African Countries supported by Commonwealth Regional Health community Secretariat Arusha (Tanzania) to identify knowledge, skills and activities of TBAs.(1996)
- CAMHADD Tri-sector Preventive Health Care Project jointly with CAMHADD/Bangalore Mahanagara Palike Bangalore with WHO Technical Assistance for Bangalore Urban Poor (2003).

27. CAMHADD Publications

- **CAMHADD** Directory (1985)
- Proceedings of CAMHADD Bombay Workshop (1985); Prevention of Mental Handicap in Developing Countries

- Proceedings of Lusaka Workshop (1987) supported by UNICEF (Zambia)
- **CAMHADD/UNICEF (Bombay)** Training manuals for medical social workers on genetic counselling (1988)
- Proceedings of **CAMHADD Delhi Workshop (1990)**: A Global Strategy for Prevention of and Management of Birth Asphyxia through Maternal and Newborn care at PHC Level in Developing Countries. Supported by UNICEF (India)
- Proceedings of Male (Maldives) Workshop-1990 and supported by UNICEF Maldives
- **CAMHADD- Its Priority Programme for Prevention of Brain damage due to Birth Asphyxia (1999): CAMHADD Report 1983-1999**
- Background Document and Report of CAMHADD One-Day Workshop On Tri-sector Dialogues Bangalore (India) – January 2003
- Background Document of CAMHADD/WHO Global Consultative Workshop on population based cost-effective intervention strategies to prevent hypertension and diabetes Bangalore (India) – November 2003.
- Background Document of Bangalore Healthy City Summit: February 2004
- CAMHADD Tri-sector Preventive Health Care for Bangalore Urban Poor August 2004
- Report of December (2007) Bangalore Workshop on Workers Health
- **CAMHADD Newsletters (26)**

CAMHADD has established 3 National Chapters

1. Bangladesh
2. India
3. Nigeria : To be restructured after the death of Prof. Ransome-Kuti

28. Restructuring of CAMHADD for Future Activities

CAMHADD completed 25 years of establishment in January 2008. A Committee has been established under Dr Sirajul Islam-Vice President CAMHADD, Dr Uday Bodhankar (India)-Deputy Secretary General CAMHADD, Dr Rajaram Pagadaia-Former Deputy Director of Health Services Government of India and Dr Sambu Banik-Former Executive Director, Presidents Committee on Mental Retardation to evolve new innovations, new ideas, new governance and new strategies in view of changing priorities of the Commonwealth Foundation.

Conclusion

- **It is extremely important in developing countries where prevention and treatment at its earliest stages of development are now an alternative to the provision of long term care and rehabilitation**

- **CAMHADD**-as an NGOs can play a vital role in Advocacy and raising awareness through dissemination of information to policy and decision makers and to promote political will and commitment
- **CAMHADD** also will bring together government ministries, community health care providers, health trainers and practioners, civil societies (particularly women's organisations) as well as key staff in United Nations Agencies, such as the World Health Organization, and Commonwealth and Non-Commonwealth NGOs working closer to the grassroots in countries and communities in its programmes for the New Millennium. .
- **CAMHADD** will continue to play its role in the area of training and retraining trainers in various disciplines as a part of Continuing Medical Education (CME)/Continuing Professional Development (CPD) for prevention of brain damage due to birth asphyxia and cerebro-cardiovascular diseases to prevent death and disabilities.
- **CAMHADD** programme activities reflect the Commonwealth Heads of Government Meeting (CHOGM) communiqué at * Kuala Lumpur in 1989 and in * Harare in 1991 on "Child Survival and Development." * Edinburgh in 1997 on "Women Health, Child Survival and Human Resource Development for Health" * Durban in 1999 on "Para 55-HIV/AIDs" * Abuja December 2003 on Millennium Development Goals. And also reflect the recommendations made by the Commonwealth Health Ministers at their 11th Commonwealth Health Ministers Meeting
- **CAMHADD** will strengthen WHO's policy of "Health For All" and also for promote **WHO's and Commonwealth Foundation's** concept of Unity for Health and Civil Society to Achieve Social Accountability in preventing brain damage and disabilities due to hypertension and diabetes including during pregnancy for the billions of poorest of the poor who have no access to basic health care in developing countries

<p>Effective Preventive measures could substantially reduce the health costs and human suffering associated with high incidence of disabilities in developing world. Preventive measures also will decrease the incidence of disabilities for the future generation.</p>
