GLOBAL YOUTH MEET ON HEALTH, 2021(GYM 2021) APRIL 20-21, 2021

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<td>GLOBAL YOUTH MEET ON HEALTH</td>
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<td>WHO</td>
<td>WORLD HEALTH ORGANIZATION</td>
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<td>WHO SEARO</td>
<td>WHO SOUTH-EAST ASIA REGIONAL OFFICE</td>
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<td>SEAR</td>
<td>SOUTHEAST ASIA REGION</td>
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<td>HRIDAY</td>
<td>HEALTH RELATED INFORMATION DISSEMINATION AMONGST YOUTH</td>
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<tr>
<td>SDGS</td>
<td>SUSTAINABLE DEVELOPMENT GOALS</td>
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<td>UHC</td>
<td>UNIVERSAL HEALTH COVERAGE</td>
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<td>NCDS</td>
<td>NONCOMMUNICABLE DISEASES</td>
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<tr>
<td>CDS</td>
<td>COMMUNICABLE DISEASES</td>
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<tr>
<td>STIS</td>
<td>SEXUALLY TRANSMITTED INFECTIONS</td>
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<tr>
<td>AYA</td>
<td>ADOLESCENT YOUNG ADULTS</td>
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<tr>
<td>ASRH</td>
<td>ADOLESCENT SEXUAL RELATED HEALTH</td>
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<td>SLT</td>
<td>SMOKELESS TOBACCO</td>
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WHO defines 'Adolescents' as individuals in the 10-19 years age group and 'Youth' as the 15-24 year age group. While 'Young People' covers the age range 10-24 years.
No longer a child and not yet an adult, the adolescent years are a trying period in one's life. Assailed by doubts and challenges on many fronts, this is the time when they need a platform to connect, voice, involve, and make a difference in their lives and societies. The youth and adolescents need a system that recognizes their substantial role as change agents and potential leaders to voice their energy and ideas.

About 360 million adolescents comprise about 20% of the population in the countries of the South-East Asia Region (1). The transition from childhood to adulthood involves dramatic physical, sexual, psychological and social developmental changes, all taking place simultaneously. In addition to opportunities for development, this transition poses risks to their health and wellbeing. Contrary to a widespread perception that this is a healthy age group, adolescents have several public health issues.

Mental health, gender-based domestic violence, insufficient knowledge about sexual and reproductive health issues, discontinuation in education, loss of employment, limited access to external support systems, early marriage, tobacco, alcohol and substance abuse, poor nutrition, physical inactivity, among other issues have impacted the young and adolescents during the pandemic.

By 2065, the global youth demographic is expected to reach 1.4 billion. Inequality, growing disease burden, poverty, injustice, lack of opportunity, and other prominent social concerns impacting young people, are often overlooked and ignored. In addition to the multiple ongoing challenges posed to their health and wellbeing across the globe, more threats arising due to the COVID-19 pandemic are also strongly anticipated.

In the light of the above issues, it becomes imperative to ensure a safe and supportive environment for adolescents. The health sector should work with other sectors to build the capacity of parents, caregivers, peer-educators, and teachers to provide health information and the development of life skills among adolescents.

Despite being thought of as a healthy stage of life, there is significant death, illness, and injury in the adolescent years. Much of this is preventable or treatable. During this phase, adolescents establish patterns of behavior – for instance, related to diet, physical activity, substance use, and sexual activity – that can harm their health as well as other’s health at risk not only in the present but also in the future. Therefore delivering essential or priority interventions, focusing on meeting the needs of especially vulnerable adolescents in fragile settings and humanitarian situations becomes vital at the national and sub-national level.

To grow and develop good health, adolescents need information, including age-appropriate comprehensive sexuality education; opportunities to develop life skills, acceptable, equitable, appropriate effective, safe and supportive environments. They also need opportunities to meaningfully design and deliver interventions to improve and maintain their health. Expanding such opportunities is key to responding to adolescents’ specific needs and rights. At the same time, strengthening adolescent programs, scaling-up adolescent-friendly health services, and addressing public health priorities among adolescents play a crucial role in meaningfully engaging youth to lead action on UHC and SDGs.

Adolescents are a tremendous human resource that could become the national growth and prosperity engine. WHO has been playing a leadership role to strengthen the health sector response to the health needs of these adolescents. However, prevention of risk behaviors among adolescents requires contributions from several sectors outside the health sector for reviewing, planning, and managing capacities of different stakeholders at different levels, including the youth at the policy, decision-making, innovating, and delivery levels.
Recognizing the immense potential that young people hold, the 4th Global Youth Meet on Health 2021 (GYM) was jointly co-organized by HRIDAY and WHO South East-Asia Regional Office (SEAR) on April 20-21, 2021, focusing on linkages between adolescent sexual and reproductive health (ASRH), communicable diseases (CDs), non-communicable diseases (NCDs), environmental health, and mental health, within the framework of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC).

The meeting attempted to link SDG 3.4 on NCDs and mental health, SDG 3.7 on universal access to SRH, with other key targets within SDG 3 and other cross-cutting SDGs. Following earlier models, GYM 2021 culminated with the release of a GYM Youth Declaration and the adoption of concrete and time-bound youth-led GYM Regional Action Plans that will be implemented Post-GYM. Progress towards these plans will be evaluated at the following GYM. This action-driven process will be followed for all the GYMs that are organized subsequently.

Ahead of the 4th GYM, a Leadership and Communications workshop was organized to develop the skills of youth champions from the SEAR. The workshop apprised the participants with the current global and regional public health agenda and how to reassess and realign youth-led campaigns for gaining maximum traction and impact. The workshop taught the participants about the public health priorities among adolescents and youth, the importance of health promotion, and the capacity-building need for meaningful youth engagement in national programs. Development sector experts delivered this information through focused communication and campaign planning sessions.

The GYM on Health strengthened these young advocates’ and leaders’ capacities and skills to become youth champions and plan, implement, monitor and scale-up integrated campaigns to meet their national NCD targets and accelerate SDG action.

**SEAR Adolescent Health Priorities**

- Adolescent Health
- Public health, UHC, and SDGs
- Commercial determinants of Health
- Youth-friendly policies
- NCD risk factors
The discussions increased understanding of priority health issues among adolescents and youth.

The sessions imparted leadership, advocacy, and communication skills to approximately sixty adolescents and youth in the South-East Asia Region, to strengthen youth-led action on public health and adolescent health in their countries and region.

The workshops stimulated youth-led actions towards multi-sectoral collaborations in advancing the adolescent and public health agenda in SEAR.

It identified and empowered the youth with key strategies on comprehensive adolescent health promotion and how to deal with future public health emergencies.

The participating youth developed strong interpersonal and communication skills to become youth champions in the adolescent health narrative at national, regional, and global levels.

The youth champions received an opportunity to participate in the global discussions and deliberations and join the GYM Youth Committee for subsequent GYMs.

The youth representatives prepared GYM Regional Action Plans to prevent and control major disease conditions and their risk factors (in their countries and regions) and the GYM 2021 Youth Declaration.

The youth devised innovative strategies to remain connected and active through virtual platforms, keeping on-ground activities and online actions progressing synergistically in the post-GYM phase.
As part of the pre-GYM phase, the needs assessment survey was conducted to understand adolescent and youth health and development priorities and further inform the process of capacity building of adolescent and youth/youth groups in the South-East Asia Region (SEAR). AYAs between the age group 15 to 30 and the experts working in the field were eligible to submit the responses. The survey was crucial for designing the agenda of the pre-GYM workshops. The workshop agenda covered topics that addressed participants’ capacity building and skill gaps leading to GYM. The discussions aimed to enable the youth participants to become change agents and leaders in public health at national, regional, and global levels.

WHO SEARO and partner organizations working with Adolescent young adults AYAs in SEAR facilitated the dissemination of the online survey. The survey findings accelerated discussions and actions for meaningful youth engagement to advance action on SDGs and UHC at GYM 2021. The survey was part of the pre-GYM mobilization activity.

Between January to March 2021, more than 90 eligible participants completed the survey. The majority of participants were from countries based in SEAR, including Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor Leste. Survey respondents were provided with a list of adolescent and youth health priorities and were asked to rank the top 5-6 priorities according to them. Sexual and Reproductive Health; Mental Health; Drug Abuse; Tobacco-related issues; Noncommunicable Diseases (NCDs); COVID-19 and Cyber Bullying were the top priorities. The respondents were also asked to opine about adolescent and youth health needs and roadblocks in accelerating the top health priority areas they identified.
Under each health priority theme, most of the participants listed the following needs and challenges.

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<tr>
<th>THEME</th>
<th>NEEDS</th>
<th>CHALLENGES</th>
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<tr>
<td>MENTAL HEALTH</td>
<td>Awareness and intervention, De-stigmatization, accessible adolescent-friendly services, services for stress reduction.</td>
<td>Expensive services, taboo, lack of facilities, accessibility, and lack of trained human resources.</td>
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<tr>
<td>SEXUAL AND REPRODUCTIVE HEALTH (SRH)</td>
<td>Education, awareness, sensitisation, and advocacy on SRH and the need for IEC.</td>
<td>Ignorance, lack of awareness, taboo, social stigma, and cultural barriers.</td>
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<tr>
<td>DRUG ABUSE</td>
<td>Awareness, establishment of rehabilitation center, trained professionals, and strict laws and regulations.</td>
<td>Lack of facilities, peer pressure, lack of national policy, illegal drug trade and poor awareness.</td>
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<tr>
<td>TOBACCO</td>
<td>Strict enforcement of laws to stop advertisement and sponsorship events by the tobacco industry, awareness, health education, comprehensive tobacco control policy.</td>
<td>Peer pressure, free access to tobacco, low awareness, tobacco industry interference, and inclusion of tobacco as part of the culture.</td>
</tr>
<tr>
<td>NCDS</td>
<td>Strengthening of health systems, prevention based interventions, support for insulin and diagnostics for diabetes</td>
<td>Lack of health facilities, motivation and infrastructure.</td>
</tr>
</tbody>
</table>
| CYBER BULLYING                       | Awareness generation and need for strong laws.                                            | Lack of education, lack of enforcement of laws. }
ADOLESCENT AND YOUTH HEALTH
- Factsheets on Priority Health Areas for SEAR -
Countries in the WHO South-East Asia Region (SEAR) have a high proportion of adolescents (10–19 years) in their populations, which is likely to continue for several decades. In 2015, there were 362 million adolescents (10–19 years) in the region, which was 30% of the global population of adolescents. Giving adequate attention to improving the health of this section of the population is essential not only for current and future public health but also for social and economic development (2).

The overview of health in the South-East Asia Region highlights several challenges regarding the availability and use of data for countries to strengthen their adolescent health policies and programs. The data emphasize that while there is a range of SRH problems that require ongoing attention, there are several other health problems, such as injuries/violence, suicide, road accidents, early marriage, education, substance abuse, nutrition problems such as undernutrition, anemia, obesity, and mental health issues that require attention for adolescent health – both now and for adult health in the future (2).

The factsheets on priority health areas were developed to enrich the data and provide facts and key points about a topic in a clear, concise, and easy-to-understand way. The following priority areas were obtained from the needs assessment survey conducted between January to March 2021 as part of the pre-GYM workshop activity with participants from major countries in SEAR:

- Mental Health
- Noncommunicable Diseases
- Cyberbullying
- Sexual Reproductive Health
- Tobacco
- Alcohol
Mental health is an integral part of health; it is more than the absence of mental illnesses.

Mental Health is one of the key priority areas in adolescent health, especially after the COVID-19 pandemic. Mental and physical health are essential components of overall health. Disturbance of mental health is a gateway to many chronic health issues. e.g. Depression, suicide, Schizophrenia, or increasing the risk of conditions like diabetes, heart disease, and stroke.

25% of world population resides in SEAR

14.2% prevalence of common mental disorders (CMDs) in adolescents

Coupled with high in prevalence of (CMDs) in adolescents SEAR region has relatively weak mental health infrastructure.
**WHAT ARE THE COMMON MENTAL HEALTH CONDITIONS AMONG ADOLESCENTS?**

**DEPRESSION**
Symptoms: Persistent Sadness, lack of interest/pleasure & poor concentration for at least 2 weeks. 4th leading cause of illness and disability among adolescents (15-19 years).

**ANXIETY**
Symptoms: Feeling restless, easily fatigued, being irritable, sleep problems, having muscle tension for at least 6 months. 9th leading cause of illness and disability among adolescents (15-19 years).

**SUICIDAL BEHAVIOUR**
Symptoms: Threats/comments about killing, social withdrawal, reckless behavior, dramatic mood swings. 3rd leading cause of death among the adolescents (15-19 years).

**PSYCHOSIS:**
Symptoms: Hallucinations and delusions impairing ability to participate in daily life and education.

**EATING DISORDERS**
Symptoms: Harmful eating behaviors, abnormal eating habits like binge eating, or calorific restriction.
**WHAT ARE THE CHALLENGES IN SOLVING THESE ISSUES?**

<table>
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<tr>
<th><strong>GOVERNANCE GAPS</strong></th>
<th>Despite most of the SEAR countries having the National Mental Health Programme, its implementation remains poor – a concern.⁶</th>
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<td><strong>FINANCING GAPS</strong></td>
<td>Low budget allocation for providing mental health services, less priority is given to mental health.⁶</td>
</tr>
<tr>
<td><strong>DATA GAPS</strong></td>
<td>With an acute shortage of human resources, the median number of mental health professionals in SEAR is 5.3 / 100,000 people which is half of the global median.⁶</td>
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**PROTECTING MENTAL HEALTH DURING COVID-19?**

- Use credible sources for COVID related information
- Create Distractions—like watching a movie, reading books
- Feel your feelings
- Focus on yourself
- Find new ways to connecting with friends
- Be kind to others
- GLOBAL YOUTH MEET ON HEALTH, 2021
Smartphones with internet users are on the rise and internet penetration has increased in SEAR in recent times, making communication and information sharing easier. While there have been positives of this technology, there are several negative consequences; cyberbullying is one of them. It can lead to various mental health issues like anger, isolation, depression, humiliation.8

The most frequent media within which cyberbullying can occur-

- EMAIL
- SMS
- INSTANT MESSAGES
- WEBSITES
- SOCIAL MEDIA

WHAT ARE THE EXAMPLES OF CYBER BULLYING AMONG ADOLESCENTS?

According to the paper, "Cyberbullying, social stigma, and self-esteem: the impact of COVID-19 on students from East and Southeast Asia," data on examples of cyberbullying was collected from 525 southeast asian students.9

- Made fun, manipulated videos/photos and circulated through social networks
- Insult/Ridiculed through social media or WhatsApp groups
- Provoked on social networks to ignite anger and cause argument
- Ignored/did not answer on groups/social networks just to make you feel bad
- Eliminated/blocked you from groups to leave you without friends
- Calling on a cell phone and hanging up to bother/frighten you
WHAT ARE SOME OF THE WAYS TO PREVENT CYBER BULLYING?

**CYBER ETIQUETTE**
Maintain digital hygiene by being empathetic, using logic, familiarise and respecting people.

**AWARENESS PROGRAMS**
Attend cyberbullying awareness programs, understand its impact, motive and identify bully.

**CYBER SAFETY POLICIES**
Important for organizations and schools to lay out safety policies and articulate them effectively.

**PARENTAL GUIDANCE**
Talking to children & educating them about cybercrime & setting the right privacy settings for them.

**POSITIVE STATE OF MIND**
Don't take things too personally. It won't affect you and hence bully won't get satisfaction.
Tobacco is a known major risk factor for the four most common non-communicable / NCDs diseases – Heart diseases, lung diseases, diabetes, and cancers.\textsuperscript{11} Hence, preventing initiation among adolescents is critical for overall tobacco control. It kills more than 1.6 million people each year in SEAR and 8 million globally. More than 7 million of those deaths result from direct tobacco use, while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.\textsuperscript{11}

- 22% of the world’s Adult tobacco smokers belong to SEAR\textsuperscript{11} (237 million)
- >80% of the world’s smokeless tobacco users in SEAR\textsuperscript{11} (301 million)
- 34% of the world’s children aged 13-15 consuming tobacco belong to SEAR\textsuperscript{11}
- 6/11 Countries saw an upward trend in prevalence among youth in SEAR in the past 10 years\textsuperscript{11}
- 9/10 Smokers start smoking before the age of 18 years, according to the global evidence\textsuperscript{11}
Children who uses Electronic nicotine delivery systems (ENDS) are twice the risk of picking up smoking cigarettes. Sheesha, Vaping: are popular smoking apparatus among adolescents, and they can also lead to transmission of COVID-19.

**CANCERS**
- Head and neck region
- Lung
- Blood
- Stomach, kidneys, pancreas, colon
- Bladder and cervix

**OTHER DISEASES**
- Stroke
- Blindness
- Gum infection
- Heart diseases
- Pneumonia, Chronic lung disease, asthma
- Hardening of arteries
- Reduced fertility and hip Fracture

**IMPACT OF TOBACCO USE ON HEALTH**
WHAT TACTICS DOES THE INDUSTRY USE TO PROMOTE TOBACCO USE?

- **Entering new markets**: Acquisition/Joint Ventures in new markets alongside new target audience\(^\text{13}\)

- **Weakening health policies**: Lobbying activities, attacking public health advocates, litigation to change policies\(^\text{13}\)

- **Marketing Activities**: Advertising, promotions and sponsorships. Using product design as a medium, new products\(^\text{13}\)

- **Boosting corporate image and network**: Corporate social responsibility initiatives, political ties, strategic allies with the third parties\(^\text{13}\)

STRATEGIES TO CONTROL TOBACCO USE AMONG YOUTH

- **Strategic Pricing**: Government intervention to price the cigarettes and other tobacco products more than average pocket money\(^\text{14}\)

- **Tax/Cost Measures**: Government interventions to increase taxes and raise input material costs\(^\text{14}\)

- **Focus on SLT, not just smoking**: The number of SLT users exceeds the number of smokers in SEAR\(^\text{15}\)

- **Ban Sale of single cigarettes**: >70% tobacco products sold loose in the country, which increases affordability\(^\text{15}\)

- **Awareness Programs**: Benefits of quitting through mass media campaigns in local languages by youth ambassadors\(^\text{15}\)
Noncommunicable diseases (NCDs), principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, impose a significant and growing burden on health and development in the SEAR. Globally, NCD deaths are projected to increase to 55 million by 2030.\textsuperscript{16}

\begin{itemize}
  \item \textbf{>70\%} NCD related deaths stem due to excessive food, alcohol and substance intake -lifestyle developed during adolescence.\textsuperscript{17}
  \item \textbf{48\%} Of all deaths due to NCDs in the region occur below 70 years of age.\textsuperscript{17}
  \item \textbf{8.5 million} People die of NCDs in SEAR every year.\textsuperscript{17}
  \item \textbf{62\%} Of total deaths in SEAR caused due to NCDs.\textsuperscript{17}
\end{itemize}
WHAT ARE THE FACTORS LINKED TO NCDs AMONG ADOLESCENTS?

**BEHAVIOURAL**
Factor: Alcohol use; Smoking; Lack of Physical Activity

**NUTRITION**
Factor: Underweight; Overweight

**SOCIOECONOMIC STATUS**
Factor: Youth literacy rate; Youth unemployment

**BIOLOGICAL**
Factor: Low birthweight

**HEALTHCARE SERVICES AND ESSENTIAL COMMODITIES**
Factor: Skilled birth attendance; Measles Immunization

RECOMMENDATIONS & GOVERNMENT INTERVENTIONS TO MITIGATE RISK FACTORS

- Taxes on harmful substances like alcohol and tobacco to make them less affordable
  Example: It is estimated that a 50% of tobacco price increase in Thailand could avert 60% of deaths.

- Regulations on type of meals, snacks, beverages in schools & food industry in general
  Example: Thailand implemented Alcohol Beverage Control Act in 2008, which resulted in a reduction in alcohol consumption by ~66%

- Ban/Restriction on advertising, promotion, sponsorship and sale of harmful substances to adolescents
  Example: All states in India have banned the sale, production, promotion of gutka- a smokeless tobacco product

- Mandates for schools and public places where young people congregate to be 100% tobacco and alcohol free
  Example: Airing of 30-second anti-tobacco spots on TV programs been made mandatory by MoHFW, India

- Health Warnings on tobacco and alcohol products, especially large graphic packaging
  Example: 9 countries have issued warnings covering >=50% of the front and back packaging, including graphic warnings.

- Safe spaces for sports, leisure, and other forms of physical activity free from harmful substances
  Example: Bhutan, Nepal, Thailand have smoke-free legislation with ban on smoking in large public places
The right to sexual and reproductive health (SRH) encompasses the ability to have a safe, responsible, and satisfying sex life and have the capability to reproduce and decide if, when, with whom, and how to do so. There are many inequalities in realizing sexual and reproductive health rights (SRHR), which in turn lead to poor health outcomes.20

**220 million**

females in low and middle-income countries of reproductive age have unmet family planning needs21

**35.2%**

of sexually active adolescents used contraception21

**5x**

times risk for adolescents when it comes to maternal mortality due to their developing bodies21
KNOWLEDGE OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES AMONG ADOLESCENTS

CONTRACEPTIVES
The knowledge of contraceptives among adolescents is high in the SEAR, exceeding 90% among married adolescent females in almost all the countries, but the contraceptive use rate is very low indeed\(^\text{22}\).

SEXUALLY TRANSMITTED DISEASES
Awareness of sexually transmitted diseases and their symptoms are generally low among adolescents. 58% in Sri Lanka, 29% in India, and only 4% in Timor-Leste were aware of STIs. Most young people do not perceive the risk for STIs and HIV\(^\text{22}\).

HIV/AIDS
Comprehensive knowledge of HIV transmission and prevention is low, and widespread misconceptions. In India, 84.9% of youth had heard of HIV/AIDS, but only half of them were aware of two correct methods of prevention\(^\text{22}\).

SERVICES PROVISION THAT CAN IMPROVE SRH AMONG ADOLESCENTS

- Information and counseling on SRH issues,\(^\text{23}\)
- Family planning information and easy access to contraception,\(^\text{23}\)
- Testing and counseling services for pregnancy, HIV and other STIs,\(^\text{23}\)
- Management of STIs,\(^\text{23}\)
- Antenatal care and postnatal care services,\(^\text{23}\)
- Abortion and post-abortion care, and\(^\text{23}\)
- Appropriate referral when required,\(^\text{23}\)
ALCOHOL

WHY IS ALCOHOL CONTROL IMPORTANT?

Harmful use of alcohol is attributable to 3.3 million deaths worldwide and is attributable to 5.1% of the global disease burden and 4% in the SEAR. SEAR has seen a gradual increase in alcohol consumption, especially among adolescents, youth, and women over the years.24

IMPACT OF ALCOHOL USE

1. Alters brain development.25
2. Alters behavior and psychological functioning.25
3. Alcohol impairs judgment. Drunk driving can lead to road traffic accidents and injuries.25
4. Increases risk of alcohol dependence and other substance use disorders occur later in life.25
5. Young people are more likely to engage in risky behaviors like unsafe sexual practices after alcohol consumption leading to an increased risk of STIs.25
6. Over time excessive drinking can lead to NCDs and other severe health conditions.25
COUNTRY-LEVEL CAMPAIGNS
These key focus areas or health priority areas were covered in-depth during the pre and post-GYM sessions. The technical resource persons and experts on the theme conveyed key health messages and demonstrated the need for evidence-based health action. Using a variety of interactive formats, the GYM 2021 agenda collaborated with the elected delegates to develop youth-led GYM country and regional action plans for the prevention and control of major adolescent and youth health issues. The WHY, HOW and WHAT, and By WHOM of action were elaborated at length.

LEADERSHIP AND SKILL DEVELOPMENT WORKSHOP: CAMPAIGN PLANNING AND DEVELOPMENT OF COUNTRY-SPECIFIC PLANS

The session on leadership and communication skills during the pre-GYM workshop in March 2021 highlighted the power of collaboration, identification of the target audience through stakeholder mapping, developing engagement plans, enhancing communication skills, and the importance of digital media social media influencers, and social media mobilization. The other inter-linked sessions emphasized the importance of campaign planning and information dissemination as critical skills for young people working in social settings. Resource persons included WHO SEARO, Edelman, HRIDAY, and young health advocates.

The session on campaign planning provided an opportunity for youth champions to utilize their experiences and skills acquired during the workshop to plan and strategize theme-based campaign activities as a run-up to GYM 2021 and beyond.

All the participants were assigned to the ten working groups. The groups were allocated based on country representation. The small working groups were intended to enable the youth to understand and decide WHAT action is needed and by WHOM. It was planned to provide the youth participants with an opportunity, and a process, to develop a campaign addressing pressing health issues.

Points highlighted during the group work included the activities should be:

- **Simple** - clearly identifies the activities needed to achieve your goals.
- **Actionable** - prioritize and plan activities to help you work on the right thing to move forward.
- **Achievable** - available resources to work with, and
- **Relevant** - campaign focus (what is important).

COUNTRY PLANS

The country-based campaign plans developed as part of the pre-GYM workshop were refined with the technical support from HRIDAY as facilitators to implement the activities as a run-up to GYM 2021.
SEAR CASE STUDIES
DEVELOPED BY COUNTRY TEAMS AT GYM

Developed by GYM Youth champions

It is vital to systematically assess the determinants of adolescent health to decide priority interventions and target the interventions towards specific groups of adolescents. Keeping this in mind, the country teams formed during the pre-GYM workshop comprising the youth advocates worked on campaigns targeting their region’s priority health areas. Country teams strengthened their campaigns by following up with a social awareness plan to sensitize target audiences about specific health issues. These plans were designed and implemented during the GYM, leading to country-specific case studies.

The SEAR countries’ youth groups subsequently submitted case studies showcasing the online and offline impact of their social activation plans. A mix of mass media channels and interpersonal communication tools were explored to reach out for awareness generation and impact.

Following are the case studies submitted by the elected country focal points presented at the GYM 2021:
The significance and dangers of diabetes are often not discussed in the Maldives. The number of individuals diagnosed with diabetes in this small community is growing by the day. However, most of the people around these kids and adults living with diabetes do not know how to manage hypoglycemia or hyperglycemia, and many find it difficult to detect both. Schools and colleges have not taken many steps to advocate for such circumstances. Insulin and other medical supplies are scarce and costly in Maldives.

OBJECTIVES

1. To sensitize the community about signs and symptoms of Type1 diabetes and

2. To create awareness about the risks factors of Type2 diabetes

TARGET AUDIENCE

1. Community (Age category 18 years and above)
STRATEGY, EXECUTION AND OUTREACH

In March 31st to April 4th, 2021, a 17-question survey questionnaire was issued online supporting the international “Young Diabetes Fighters” campaign. This survey aimed to establish the present level of ‘diabetes’ knowledge, attitude, and practices among Maldivian youth. The questionnaire was shared via social media channels with the youth population like Viber, Facebook, Messenger, WhatsApp, Telegram, and Twitter to gather responses.

The team gathered 200 responses from various regions of the Maldives. The survey included respondents aged 18 and above.

4th April to 30th April

To demonstrate that people living with diabetes may live an everyday life if it is properly managed, the campaign focused on sharing a mix of resource materials on what it’s like to have diabetes.

1st May 2021 to 20th May 2021

Social media channels were extensively used to promote awareness utilizing the information obtained from the questionnaire. Diabetes-related social media postings and messages were posted. Many posts about diabetes, its relation with cardiovascular diseases, kidney complications and oral health, etc were flashed for awareness generation. Mostly all the posts covered information that the community lacks about diabetes.

Video messages on diabetes from Dr. Malha Saeed of the Maldives Diabetes Society and the relationship between diabetes and mental health from psychotherapist Abdulla Faseeh were also part of the social media outreach campaign.

RESULT/OUTCOMES

According to the online survey, most people do not engage in diabetes screening; as a result, diabetes is undetected and untreated for an extended period leading to complications.
CAMPAIGN HIGHLIGHTS

Living with Diabetes experience share post reached more than 9000 people on Facebook.

Total number of people who liked Young Diabetes Fighter in Facebook
Reach of the Young Diabetes Fighter’s post on Facebook

Posts and Retweeted from WHO and IDF about Diabetes and Risk factors of Diabetes on Instagram.
Doctor Malha Saeed of Diabetes Society of Maldives Explaining Diabetes and the importance of regular consultation.

Diabetes and Mental health by Psychiatrist Abdulla Faseeh of Dharamavantha Hospital.
CASE STUDY
SRI LANKA

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CAMPAIGN SUMMARY

Youth Action Network (YAN) Sri Lanka is a youth wing of ADIC Sri Lanka. (ADIC is a non-profitable organization working on drug prevention national and international levels). Programs and projects focusing on drug prevention, NCD prevention, and reproductive health are conducted through this youth network.

Alcohol & tobacco are some of the main obstacles to development in Sri Lanka. Every year, 40,000 people die because of smoking and drinking alcohol. Tobacco and alcohol use are the main causes of poverty in Sri Lanka. Sri Lankans spend 400 LKR million per day on cigarettes and 600 LKR million per day on arrack. The Sri Lankan government spent 120 LKR billion to treat patients with smoking and alcohol consumption illnesses. NCDs have become a severe economic and public health issue fueled by other risk behaviors like tobacco use, unhealthy diet, and physical inactivity.

To create awareness among young population about the harmful effects and uses of alcohol, tobacco, and industry strategies, YAN Sri Lanka launched the “Action4Free” campaign. The campaign focused on capacity building and training of district leaders. These trainers further conducted awareness programs for the youth in six districts. At the same time, the YAN media team reached out to the community on Facebook through an online competition to create awareness among the youth regarding alcohol and tobacco industry strategies, including NCDs, and the SDGs.

TARGET AUDIENCE

1

Sri Lankan youth (age between 15 -30 yrs)
STRATEGY, EXECUTION AND OUTREACH

Strategy

Create awareness among the youth regarding harmful effects and uses of alcohol and tobacco use, through focus group discussions and exposure to tobacco and alcohol industry strategies through social media.

Execution and Outreach

A Training Of Trainers program for YAN members was conducted in selected districts. The main objective of this program was to train district leaders as trainers. At the end of the TOT program, an individual action plan and a time frame for action with the participants were developed. The action plan included focus group discussions, town campaigns, and social media campaigns. Youth leaders organized focus group discussions in their districts in May and April.

At the same time, the YAN Media unit organized a Facebook poll competition to make the youth aware of alcohol and tobacco industry strategies. They developed five Facebook flyers with the questions and published those questions one day. Each day they selected five winners and gifted 200 rupee to the winners.

RESULT/OUTCOMES

1. Trained six youth leaders as trainers.
2. Trainers conducted six focus group discussions in their districts,
3. Around 80 young members participated in these programs,
4. Out of these 80 participants, about 40 participants currently work with us,
5. The Facebook poll competition reaches approximately 10,000 people.
GLOBAL YOUTH MEET ON HEALTH, 2021
FOCUS GROUP DISCUSSIONS

Links - https://www.facebook.com/104183134985714/posts/125449236192437/
**CASE STUDY INDONESIA**

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**CAMPAIGN SUMMARY**

The COVID-19 pandemic posed many challenges for the younger population. They were stuck at home with limited access to their communities, friends and peer groups. This led to the feeling of helplessness and physical inactivity. 9cm, a global movement to combat tobacco use, stepped up its efforts to reiterate the importance of practicing health protocols and motivated them to adopt healthy behaviors like physical activities, good sleep, and say “no” to smoking during the lockdown situation.

**CAMPAIGN OBJECTIVES**

1. To remind the young generation that a healthy lifestyle is critically important, especially during the COVID-19 pandemic, and

2. Engage young people in our campaign in a fun and easy way, and

3. To remind the youth that smoking is not cool and it’s the opposite of having a healthy lifestyle
TARGET AUDIENCE

Main targets: Adolescent (10-19 yr) and young people (15-24 yr)
Others: Media mainstream, journalists, public figure, government.

STRATEGY, EXECUTION AND OUTREACH

Instagram is the most used social media channel by young people as compared to Twitter in Indonesia. 23 youth organizations participated in our campaign as collaborators, and a total of five thousand followers followed our campaign spanning organizational and youth personal accounts.

An online campaign titled *Health Week Challenge* with the hashtag #BraveToQuit was launched to encourage participation from the younger population. The participants were motivated to engage with different quizzes and activities. A mix of social media materials, including video content was developed to create interest and action towards meeting the campaign objectives.

RESULT/OUTCOMES

The campaign attracted more than 5000 views every day. The participating youth organizations included high school and university students aged 16-24 years.
POSTERS

GYM 2021 dan 9cm mementemahkan:

Health Week #BraveToQuit


Bersama 23 organisasi/komunitas pendukung:
SOCIAL MEDIA CAMPAIGN

DAY 3 CAMPAIGN

DAY 4 CAMPAIGN
GLOBAL YOUTH MEET ON HEALTH, 2021
CASE STUDY
TIMOR-LESTE

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CAMPAIGN SUMMARY

The lack of awareness about the sexual and reproductive well being among adolescent is imperative. Through advocacy and correct dissemination of the information is needed to impart among the youth and the adolescent.

OBJECTIVE

1. To create awareness about sexual and reproductive health campaigns through an advocacy campaign in Timor-Leste

TARGET AUDIENCE

1. 41 Marginalized Youth Forum (MYF) members from across 12 municipalities in Timor-Leste

GLOBAL YOUTH MEET ON HEALTH, 2021
MAHON virtually disseminated SRH awareness messages and information to 41 marginalized Youth Forum (MYF) members from across 12 municipalities in Timor-Leste. These marginalized youth members further met with their own respective local and municipal administrators and chief of villages to inform the importance of SRH. It was recommended to prioritize SRH to reduce the social issues marginalized youth face, especially in rural areas. These youth members continued to approach relevant municipal entities to raise public awareness by disseminating the SRH materials, especially in public events, meetings, and social media campaigns.

MAHON met with the Excellency Vice Minister of Education, Youth and Sport (MEYS) Dr. Antonio Guterres to include SRH in the school curriculum from pre-secondary to university level in Timor-Leste. They also organized meetings with the youth and students to inform the importance of SRH in the lives of adolescents.

**Barriers**

Due to the COVID-10 lockdown face-to-face meetings could not take place but with the hope of improvement in the situation, MOHAN aims to collaborate closely with youth programs stressing on SRH and tobacco-free initiatives.

**Following are the proposed activities:**

1. To disseminate the harmful effects of tobacco and selected 12 youth ambassadors from 9 municipalities to represent their municipality.

2. To prepare them as leaders by providing leadership training on the Quit Tobacco Cessation program.
CASE STUDY
NEPAL

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CAMPAIGN SUMMARY

Lack of awareness about locally available nutritious food, especially among adolescents and family members, is one of the significant barriers to consuming a healthy diet. It is also one of the reasons why school-going children and adolescents prefer consuming junk food rather than a homemade quality meal. The campaign aimed to address the awareness-gap related to locally available healthy nutritious food vs. junk food through youth-led school education and exhibition campaign.

OBJECTIVE
1
To promote healthy eating among the younger population

TARGET AUDIENCE
1
Students, teachers, community members
STRATEGY
Make students aware of low-cost nutritious food readily available in their local community.

EXECUTION
1-day nutrition education and exhibition program for adolescent students of Sarlahi.

OUTREACH
A nutrition exhibition was organized to reach a larger community.

RESULT/OUTCOMES
The exhibition had a footfall of 200 visitors and about 15 students were oriented towards adopting healthy eating behavior.

SOURCE/SUPPORTING MATERIAL
CASE STUDY
INDIA

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CAMPAIGN SUMMARY

The campaign objective was to involve the younger generation and promote youth-led healthy lifestyle habits to prevent NCDs. NCDs are one of the leading causes of mortality across India. Youth and adolescents are equally impacted by NCDs. Also, in the era of COVID-19, the burden of NCDs is increasing due to a lack of physical activity and unhealthy eating habits. Therefore, it is imperative to adopt healthy lifestyles habits to reduce the risk of NCDs.

OBJECTIVE
1. The campaign objective was to involve the younger generation and promote youth-led healthy lifestyle habits to prevent NCDs.
The HRIDAY team organized a social media campaign on Twitter, Instagram, and Facebook to post exercise/workout pictures on social media. The idea was to encourage healthy living. A Twitter chat was hosted in collaboration with GYM country teams to attract maximum participation. A mix of activities included the following –

- Physical activity campaign - Sharing a selfie on Instagram after completing an exercise or running of 30 mins
- Sharing experience on a short 1-2 min video after exercise about how it made them feel better,
- Pictures speak campaign,
- A street play (Nukkad – Natak) about NCDs prevention and control, and
- Posts on motivational posts/quotes on adopting a healthy habit and contributing to a better and healthy life.

As a result, multiple posts were shared on social media platforms using hashtags like #NCDspackup #GYM2021 for the campaign.
GLOBAL YOUTH MEET ON HEALTH, 2021
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Reference 2 - Strategic Guidance on Accelerating Actions for Adolescent Health in South-East Asia Region (2018-2022)