



## **PARALLEL SESSION 2.3**

**IMPERATIVE NEED FOR PARADIGM SHIFT OF HEALTH SYSTEMS: A HOLISTIC  
RESPONSE TO NCD**



## | BACKGROUND

Health systems are characterized by complexities in relationships among stakeholders and the processes they have created. It is often difficult to manage health system behaviors because of massive interdependencies, organizing and emergent behaviors, non-linearity and lagged feedback loops, path dependence and tipping points. Conventional approaches to health policy process are inadequate for tackling complex problems embedded within health systems such as rapidly increasing burdens of NCD globally. Therefore, policymakers failing to take this complexity into account will continue to hinder effective health systems response to NCD. Working with complexities of planning and implementing of health systems response on NCD requires a paradigm shift from linear, reductionist approaches to dynamic and holistic approaches, while different perspectives, interests, and power of different stakeholders should also be taken into the account. It is increasingly recognized that we need a new (or special) set of approaches including methods and tools that derive from systems thinking perspectives to help manage NCD crisis. Other public health responses like the global AIDS response have made such historical paradigm shifts and these experiences can shorten the learning curve for the NCD movement and add value towards a holistic response to NCDs.

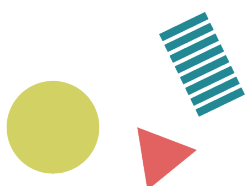
The paradigm shift of health system varies by health system components. Health financing, health workforce, and governance are some key exemplary cases. For instance, when mentioning 'health financing', most people (even health practitioners) may have a first impression as a financing system for health care arena. By contrast, 'health financing' should (or must) include all financing measures towards healthy society. Though this sounds attractive, some challenges arise. For instance, the introduction of excise tax on tobacco and alcohol as well as sugar sweetened beverage (SSB) tax, though universally admitted as effective means to control NCD, always makes governments and law makers, especially in developing countries, face with not only resistance and litigations threats, but also bribery from industrial and business sectors. This is not just a matter of "obvious" risk factors of NCDs, such as sugar, tobacco, and alcohol, but it also expands to other processed food which contains unhealthy components, like trans-fat and highly concentrated fructose corn syrup.

'Health workforce' is another component that needs to transcend its current paradigm. The paradigmatic ideology of the current human resources production is based on acute care model, which puts more emphasis on 'individual' treatment. This is contrast to the nature of NCD, where its determinants are multi-facet and go far beyond 'health' arena. To implement effective measures in NCD prevention and control, we require a new set of skills which go far beyond the biomedical knowledge, for instance, communication skills, inter-cultural competency, health-system comprehension and system thinking.

'Governance' of health system is one of the key jigsaws in addressing NCD. A new governance model in health care that allows all sectors, including people from the grass root level, to take part in NCD management and control is required in this era where the health sector is highly influenced by commerce, overseas pharmaceutical industries and international trade.

## | OBJECTIVES

- To identify key challenges of health systems response to NCDs
- To share positive and negative experiences and lessons from other public health responses and countries, especially LMIC, in addressing NCD in the context of weak health systems
- To identify areas of health systems strengthening in order to respond to the full range of NCD intervention, including health promotion innovation and technologies, alternative health system delivery, political, financial,
- To make a business case for investing in health systems responses to NCDs, in particular capacity building of health workforce





Moderator

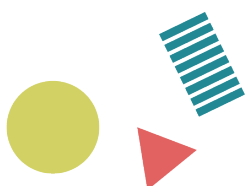
## Eamonn Murphy

*Regional Director, Asia and the Pacific*

UNAIDS

Thailand

As Regional Director for Asia and the Pacific, Eamonn Murphy supports countries across the region in achieving the goals outlined in the 2016 United Nations Political Declaration on Ending AIDS. He leads and facilitates a joint United Nations response to support countries and their HIV programmes, which includes strengthening the links between governments, civil society, the United Nations system and development partners. Mr Murphy was previously the UNAIDS Country Director in Myanmar, where he supported Myanmar's significant scale-up of services and helped to create an enabling environment and overcome legislative obstacles. Prior to that, he served in Viet Nam as UNAIDS Country Director, where he was honoured with the Order of Friendship by the President in 2010, UNAIDS headquarters as Director of Governance, United Nations System and Donor Relations, and as the UNAIDS Country Coordinator in Myanmar. Before joining the United Nations, Mr Murphy held a number of senior positions with the Australian Government, including Director for Health Sectors with AusAID in the Foreign Ministry, as well as Assistant Secretary for Communicable Diseases and Environmental Health and Director of the National AIDS Programme for the Commonwealth Health Department.





Panelist

## A. H. M. (Enayet) Hussain

*Additional Director General*

Director General of Health Service, Ministry of Health and Family Welfare  
Bangladesh

1. Personal History: 1. Date of Birth : 08.08.1963 2. Permanent Address : Raynagor, Sylhet 3. Date of Joining in Govt. Service : 20.12.1989 2. University degrees / diploma SI No Degree (class) Institution Year 1. MBBS Sylhet MAG Osmani Medical College 1987 2. FCPS Bangladesh College of Physicians & Surgeons 1995 3. FRCS Royal College of Physicians & Surgeons, Glasgow 2007 3. Position: • Present > Additional Director General, Planning & Development Director General of Health Services (DGHS), Mohakhali, Dhaka & Line Director, Non Communicable Disease Control Director General of Health Services (DGHS), Mohakhali, Dhaka 4. Area of interest: a) Non Communicable Diseases Control b) Paediatric Ophthalmology c) Community Ophthalmology 5. Research Program: • A study to access the clinical outcome and impact of cataract surgery on family and social life of children who have undergone cataract surgery through Bangladesh Childhood Cataract Campaign (BCCC). • Prevalence of child hood blindness in Bangladesh (on going project supported by Centre for Injury Prevention & Research Bangladesh, Sight Savers, Bangladesh Country Office and BRAC) • Prevalence of Refractive Error among the school children (on going project supported by Sight Savers, Bangladesh Country Office) 6. Professional Involvement Technical Advisor: □ Direct Financial Cooperation project between WHO & DGHS for Avoidable Childhood Blindness: “A model intervention package at primary health care setting in Bangladesh”; □ An intervention program between Sight Savers Bangladesh Country office & DGHS for “Reaching the unreachable with paediatric eye care services” □ Annual Performance Work Project between WHO & DGHS for “Eye Care Services Assessment” 7. Social Involvement □ Chairman, Bangladesh Chapter, International Agency for Prevention of Blindness. □ Coordinator, Bangladesh, International Council of Ophthalmology (ICO) Examination. □ Ex Secretary General, Ophthalmological Society of Bangladesh □ Organized Outreach Mega Eye Camp (OMEC) & School Sight Testing Program with the support & collaboration of Government, International & local NGOs. □ Implementing in the mission of making Bangladesh free of Cataract backlog by the year 2020. □ Involve in activities for Prevention & elimination of Childhood Blindness. 8. Award: 1. “Outstanding service in prevention of blindness” awarded by Asia Pacific Academy Ophthalmology (APAO) Congress, Taipae 2016. 2. “Dr. A.K Das Endowment ACOIN Award 2013” from Association of Community Ophthalmologist Society of India, 3. “Professor Mobarak Ali Gold Medal 2017”, awarded by Ophthalmological Society of Bangladesh 4. “IAPB Eye Health Hero Award 2018”- Awarded by International Agency for Prevention of Blindness.



Panelist

## Anders Nordström

*Ambassador for Global Health, UN Policy Department*

Ministry for Foreign Affairs  
Sweden

Dr Anders Nordström is the Swedish Ambassador for Global Health at the Ministry for Foreign Affairs in Stockholm. Medical doctor from the Karolinska Institute. His first international assignments were with the Swedish Red Cross in Cambodia and the International Committee of the Red Cross in Iran. He worked for the Swedish International Development Cooperation Agency (Sida) for 12 years, including three years as Regional Advisor in Zambia and four years as Head of the Health Division in Stockholm. During 2002 Dr Nordström, as the Interim Executive Director, established the Global Fund to Fight AIDS, Tuberculosis and Malaria as a legal entity. 2003 he was appointed Assistant Director-General for General Management for WHO. He served as Acting Director-General of WHO from 23 May 2006 until 3 January 2007 following the sudden death of Dr LEE Jong-Wook, Director-General. After handing over to Dr Margaret Chan, Dr Nordström was appointed Assistant Director-General for Health Systems and Services. From January 2008 until June 2010 Dr Nordström served as Director-General for the Swedish International Agency for Development Cooperation (Sida). Dr Nordström was appointed Ambassador for HIV/AIDS at the Swedish Ministry for Foreign Affairs by the Government on the 26th of August 2010. In April 2012 the Swedish government appointed him the world's first Ambassador for Global Health. October 2014 - March 2015 he worked with the UN Secretary-General's Special Envoy for Ebola, David Nabarro. April 2015 to June 2017 he was the Head of the WHO Country Office in Sierra Leone. July-August the same year he worked for WHO/AFRO as project leader for the Functional Review Project. He has served as board member of the Global Fund to fight AIDS, TB and Malaria, GAVI, UNAIDS and PMNCH. And he has chaired and been a member of several international task forces, committees and working groups.



Panelist

## Melisa Mei Jin Tan

*Research Associate and PhD Student*

Saw Swee Hock School of Public Health, National University of Singapore  
Singapore

Melisa Mei Jin Tan is a Research Associate and a second year PhD student supervised by A/Prof Helena Legido-Quigley at Saw Swee Hock School of Public Health, National University of Singapore. Her current PhD research focuses on mapping the key actors of Noncommunicable Diseases (NCDs) using network analysis and understanding their roles and perspectives in the policy formulation process of NCDs at the global and national levels in Asia. Through this research, she seeks to contribute to the knowledge base on the Governance of NCDs. Melisa adopts a multidisciplinary approach to her research study, drawing inspiration from disciplines such as international political economy, accounting, finance and engineering. She recently co-authored a chapter on NCDs in a forthcoming book on health systems in Asia. Her current research interests include global health, health governance, the political economy of health, health policy and systems research, and NCDs. Melisa holds an MSc in International Political Economy from S. Rajaratnam School of International Studies, Nanyang Technological University and a BSc (Hons) in Applied Accounting from Oxford Brookes University. Before joining the PhD program in 2017, Melisa worked as a grant administrator in the public healthcare and higher education sectors in Singapore for the past ten years.



Panelist

## Mouly Ieng

*Senior Minister, Chair of the National AIDS Authority*

National AIDS Authority  
Cambodia

Mouly Ieng is currently the Senior Minister in Charge of Special Mission of the Royal Government of Cambodia and the Chairman of the National AIDS Authority. He has been involved in the Global Fund grants since 2013, and has extensive experience in humanitarian activities. He was one of the signatories of the Paris Peace Agreement on the Cambodia conflict in 1991. He also succeeded the late Sergio de Mello of the UN in launching the demining program in Cambodia in the 1990s. Furthermore, he fought for press freedom when he serves as the Minister of Information in 1993.



Panelist

## Tomás Reinoso

*Professor*

National School of Public Health, Havana, Cuba  
Cuba

Dr. Reinoso is a professor at National School of Public Health, Havana, Cuba and a Medical Doctor and Specialist in Health Administration and Organization (Medical University of Havana). He is PhD in Social Medicine (Humboldt University, Berlin). Dr. Reinoso has considerable experience in undergraduate and postgraduate education in medical sciences, both in Cuba and overseas, where he has actively participated in the foundation and curriculum change and evaluation of medical schools in several countries. During his career, he has served as the Ministry of Public Health's National Director of Postgraduate Education, First Deputy Director of the National School of Public Health and Vice President of Cuban Medical Services, among other positions. Dr. Reinoso also headed the Cuban Medical Teams deployed in Yemen, South Africa, Saudi Arabia and The Bahamas. As a representative of Cuba's Ministry of Public Health, he has visited more than 40 countries in an official capacity and to participate in international scientific events.



