PMAC PRINCE MAHIDOL AWARD CONFERENCE 2019

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

Panelist

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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.