



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.

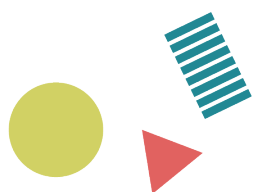
The paradigm shift of health system varies by health system components. Health financing, health workforce, and governance are some key exemplary cases. For instance, when mentioning 'health financing', most people (even health practitioners) may have a first impression as a financing system for health 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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1. Personal History: 1. Date of Birth : 08.08.1963 2. Permanent Address : Raynagar, 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, Taipei 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.