



## **PLENARY SESSION 0**

**POLITICAL ECONOMY OF NCD: PLAYERS, POWERS AND POLICY PROCESSES**



## | BACKGROUND

Noncommunicable diseases (NCD) epidemic constitute one of the major challenges for development in the 21 century, in terms of health and well-being as well as obstacle for socio-economic development in all societies, rich and poor alike. NCD are the leading causes of morbidity and mortality, claiming 40 million out of 56 million annual deaths globally. The number of premature death from NCD continues to rise disproportionately in low income and lower middle income countries where 47% (7 million) of premature deaths from NCDs occur.

NCD has got significant global political attention, since adoption of the Political Declaration on NCD prevention and Control at UN General Assembly in 2011; leading to the adoption of nine Global Voluntary Targets in 2013 covering targets on premature mortality, risk reduction and national system response; and the adoption of SDG 3.4 to reduce premature mortality from NCDs by one-third in 2030. However, under a business-as-usual scenario, or without scaling up efforts significantly before 2020, the current rate of decline in the risk of dying prematurely from non-communicable diseases is insufficient to meet the target by 2030.

Keeping social and economic significance of NCD epidemic and the progress we made so far, global community has witnessed two wonders. First wonder, there is a major systematic barrier separating what we know and what we do. Evidence shows that most NCDs are preventable, delayable and manageable. Furthermore, evidence also differentiates interventions those do not work from those cost-effective and feasible Best Buys interventions. Population-based preventive intervention can prevent half up to two-third of premature deaths, while effective individual-targeted health care can prevent one-third up to half of premature deaths. Evidence also confirms that investment for only one to three dollars per capita per year could make significant NCD premature mortality decline. The global community fail to close this know-do gap.

The second wonder; we know well that most effective interventions lie outside health care system boundary. Therefore, collaboration within and beyond public sector, or so-called Whole-of-Government and Whole-of-Society approaches are needed. Effective multisectoral coordination and collaboration are still a rare case in reality.

“Political economy” recently emerges as an innovative tool to better addressing policy agenda and program, beyond linear technocratic approach. It focuses on both politics and economics and interaction between them; power and resources, how they are distributed and contested and the resulting implications for development outcome; it also considers underlying interests, incentives, rents/rent distribution, historical legacies, prior experiences, social trends and how factors effect or impede change.<sup>1</sup> Meanwhile, OECD<sup>2</sup> describes “Political economy analysis is concerned with the interaction of political and economic processes in a society: the distribution of power and wealth between different groups and individuals, and the processes that create, sustain and transform these relationships overtime”.

While policy direction to tackle NCD is pretty clear, governments often find it difficult to safeguard the health and well-being of their population, in the context of multiple stakeholders with different and common values and interests, unevenly distributed influence, and with restricted capability. Report to the third High Level Meeting of UN General Assembly on NCD Prevention and Control identifies five groups of challenge which hamper the global progress of effort to tackle NCD epidemic. These are 1) weak and non-integrated political actions; 2) ineffective health system response; 3) inadequate national capacity; 4) insufficient international finance on NCD; and 5) industry interference. Arguably, these five major challenges are all about policy process of domestic and international stakeholders, policy actors as well as powers and interactions between them, leading to system competency to deal with NCD in any society.

Aims to foster and enhance global momentum for NCD prevention and control, PMAC 2019 introduces an unconventional outlook on NCD epidemic, through political economy perspective. At the outset, this Plenary is to set the scene and provides conceptual platforms to articulate all three sub-themes; better understanding of NCD determinants through political economy lens (sub-theme 1), promote comprehensive system approach to address NCD (sub-theme 2), and lastly, 3) unfold hindrance of and strategize roles of governments (sub-theme 3).

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1 World Bank, How-to notes: political economy assessment at sector and project levels (2011)

2 DFID. Political economy: how to note (2009)

## | OBJECTIVES

- To introduce and provide overarching conceptual fundamental for the whole PMAC 2019, covering all three sub-themes, in particular how political economy is important but neglected for NCD prevention and control
- To discuss how the whole society approach could better address political economy of NCDs





Moderator / Panelist

## Timothy Evans

*Senior Director, Health, Nutrition and Population*

The World Bank  
United States of America

Tim Evans is the Senior Director of Health, Nutrition and Population at the World Bank Group. From 2010 to 2013, Tim was Dean of the James P. Grant School of Public Health at BRAC University in Dhaka, Bangladesh, and Senior Advisor to the BRAC Health Program. From 2003 to 2010, he was Assistant Director General at the World Health Organization (WHO). Prior to this, he served as Director of the Health Equity Theme at the Rockefeller Foundation. Earlier in his career he was an attending physician of internal medicine at Brigham and Women's Hospital in Boston and was Assistant Professor in International Health Economics at the Harvard School of Public Health. He is a board member of a number of international health alliances. Tim has been at the forefront of advancing global health equity and strengthening health systems delivery for more than 20 years. At WHO, he led the Commission on Social Determinants of Health and oversaw the production of the annual World Health Report. He has been a co-founder of many partnerships including the Global Alliance on Vaccines and Immunization (GAVI) as well as efforts to increase access to HIV treatment for mothers and innovative approaches to training community-based midwives in Bangladesh. Tim received his Medical Degree from McMaster University in Canada and was a Research and internal Medicine Resident at Brigham and Women's Hospital. He earned a D.Phil. in Agricultural Economics from University of Oxford, where he was a Rhodes Scholar.