

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.¹ Meanwhile, OECD² 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.

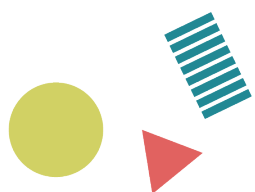
Aims to foster and enhance global momentum for NCD prevention and control, PMAC 2019 introduces an unconventional outlook on NCD epidemic, through political economy perspective. At the outset, this Plenary is to set the scene and provides conceptual platforms to articulate all three sub-themes; better 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).

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





Panelist

Naveen Rao

Managing Director

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Dr. Naveen Rao joined The Rockefeller Foundation in 2018 as Managing Director for Health. In this role, he advances innovative strategies with the goal of bending the curve on country achievement of SDG targets for health, starting with maternal and child mortality and universal health coverage. The Rockefeller Foundation has a long history in health—from eradicating hookworm in the American South, to creating the field of public health, to developing the yellow fever vaccine. Today, the Foundation's goal in health is grown out of the recognition that there exists a unique opportunity to harness the power of data for community health. The Foundation's Health initiative, under Dr. Rao's leadership, aims to build an approach that enables scale of successful data-driven efforts—strengthening community health systems. The Rockefeller Foundation aims to lead the global effort for data-driven community health by convening the right global partners, driving innovation, engaging the private sector, and developing public goods and best practices. Our approach will integrate disparate data sources and generate actionable insights for decision makers—delivering the right intervention to the right population at the right time. Our goal is to save the lives of 6 million at-risk mothers and children over the next 10 years. Prior to joining The Rockefeller Foundation, Dr. Rao held numerous leadership positions at Merck & Co., Inc from 1993 to 2018. His most recent position was Lead of Merck for Mothers, Merck's 10-year, \$500 million initiative to reduce maternal mortality around the world. In this capacity, Dr. Rao was responsible for leveraging the company's science and business expertise to accelerate progress in reaching the Sustainable Development Goals. Dr. Rao is Board Certified in Internal Medicine and is a Fellow of the American College of Physicians. He was Associate Director of the Department of Medicine at Beekman Downtown Hospital and practiced Internal Medicine in New York City for 10 years prior to joining Merck in 1993