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SYNERGIES OR TRADE-OFFS? HARVESTING INSIGHTS ON POLICY COHERENCE FROM AN INTEGRATED POLICY SYNERGY FOR SUSTAINABLE DEVELOPMENT (IPSSD) TRACKER

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ABSTRACT

The study of policy coherence in trade and health has played an important role in providing insight and information about the level of synchronization in trade and health. In the era of globalization, a concern on policy coherence for trade and health has been rising to ensure a sustainable development goal at the national and global level. However, there is a lack of research focusing on empirical testing to examine the policy coherence level in trade and health in a region even within a country. Therefore, an Integrated Policy Synergy for Sustainable Development (iPSSD) tracker is developed to fill the gap. The iPSSD for trade and health is constructed using 5 important variables that have been chosen from the aspect of trade and health. Based on the iPSSD results, a ranking using concordance index is given to the selected countries. Specific interpretations are given to those countries to ensure clear, accurate and reliable results that reflect the current coherence level in each country. The construction of iPSSD for trade and health is significant as it can assist the respective policymakers to develop responsible preventive measures and preparation against the uncertainty of economics in future.

Keywords: Policy coherence, sustainable development, trade, health

1. INTRODUCTION

Throughout the years, policy coherence for sustainable development has gained attention from many. Practically, the framework of policy coherence to support sustainable development across economic, social, and environmental dimensions can be executed at different levels. It can be implemented internally within the individual countries (coherence between national aid and non-aid policies) and within the development cooperation communities. A broader scope of policy coherence might be aimed to cover the synergy of policy alternatives for many elements within developing nations. The idea of policy coherence encompasses a wide variety of areas and is dependent on the country's planned policy objectives as well as its development goals, structural and operational requirements, and societal advancement.

2. METHODOLOGY

A five-step process was utilized in this study as suggested by Conference Board (2000). The first step is computing the month-to-month changes ($rrii,tt$) for each component ($XXii,tt$) where i= 1,…,n. For the components that are in percent form, simple arithmetic differences are calculated as $rrii,tt=XXii,tt-XXii,tt-1$. The second step is that the month-to-month changes

are adjusted by multiplying them with the standardization factor (*wwii*) of component. The third step is adding the adjusted changes of month-to-month across the component for each month to get the sum of the adjusted monthly contribution. The fourth step is calculated by letting the initial value for the first month, $II1$=100.. The fifth step is to rebase the preliminary index to the base year of 2010.

3. FINDINGS

By looking at the ASEAN+3 regional countries, the concordance for Thailand is the highest, which is 0.70. It means that the degree of synchronization between trade and health policy is high, significant and co-movement. The lowest concordance is Japan, indicating that the direction of policy in Japan is focusing more on one side without concentrating on another side. The lower concordance value reflects that the policy space between trade and health in Japan is low. The following countries: South Korea, Malaysia, Thailand, Indonesia, and Philippines have reached beyond the breaking point which is 0.50. This indicates that those countries have achieved a certain level of concordance between trade and health policy. While China, Singapore and Vietnam are found close to the breaking point (0.50) in the concordance index. Although Japan got the lowest concordance index, it still got a value of 0.41 as a degree of coherence between trade and health policy. This is because trade and health have strong relationships and trade affects the profile of risk factors for disease. Therefore, no country could achieve statistical 0 or 1 concordance index value. There is a bilateral side effect between trade and health aspects. It will be based on how a country finds a balance point between trade and health policy which depends on their respective situation.

4. CONCLUSION

In conclusion, the objective to develop a policy coherence indicator for trade and health is deemed to be successfully achieved. The indicator is successful in building and reflecting the condition of policy coherence. It will be an important reference for the policymaker to decide the direction of policymaking. It will raise the awareness of policymakers regarding the importance of achieving a balance point and leaving some policy space to avoid conflict. The constructed indicator could also be an alternative measure and resource to identify the degree of synchronization between trade and health. It will assist the policymakers to get ready and well prepared for the uncertainty and potential risk in their nation. The impacts and losses could be reduced as much as possible by using the constructed iPSSD for trade and health as a reference in their policy decision-making.

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