



Advisory Committee to the Editors: 3rd Meeting Report

London, England
June 17-18, 2015

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Background

The *DCP3* Advisory Committee to Editors (ACE) convened its third meeting at the Bill & Melinda Gates Foundation in London, England on June 17-18, 2015. This meeting was an opportunity to update ACE members on *DCP3*'s progress since the last meeting and give *DCP3* guidance on how to move forward with the project. Specifically, the meeting was intended to allow ACE members to:

- Receive *DCP3* Secretariat report back on ACE recommendations from last year's meeting
- Review Chapter 1 main messages of the mental health and RMNCH volumes
- Discuss costed essential packages of services
- Hear the Gates Foundation's perspective of *DCP3* progress
- Learn about DCPN's new "theory of change" and plans for achieving goals

Day One: June 17, 2015

Welcome and Introduction

ACE Chair, Anne Mills from the London School of Tropical Medicine and Hygiene, opened the meeting by reviewing and explaining the purpose of agenda items. Meeting participants introduced themselves.

Session One: *DCP3* Progress and Status Report Update

Presentation: Dean Jamison (Series Editor)

Dean presented on the current status of the project and the production timeline. Currently *DCP3* is planned to be published in 9 sequential volumes between March 2015 and September 2016. Surgery was the first published volume, in March 2015. It will be followed by the Cancer volume (August 2015), and then Mental, Neurological, and Substance Use Disorders (October 2015) and Reproductive, Maternal, Neonatal, and Child Health (November 2015).

Plans for the *Lancet* publication of *DCP3* chapter ones (summary chapters) were restated. The *Lancet* will publish the articles between 2-4 weeks prior to each volume publication. Each article will be subject to an independent *Lancet* review, and once the final volume is published, the 9 summary articles will be published as a self-contained booklet in Fall 2016.

From the outset, a major objective of *DCP3* has been to establish a major set of new directions in how we think about economic evaluation of interventions. Traditional cost-effectiveness is about technology, how well it works in the context of how many lives are saved. It does not include institutional arrangements that would affect uptake or quality. These are important questions that *DCP3* is trying to answer using the extended cost-effectiveness analysis (ECEA).

Dean summarized *DCP3*'s approach to essential packages and universal health coverage (UHC) by describing the illustrative package in the *DCP3* Essential Surgery volume. Other volumes, such as the RMNCH volume, will have three essential packages based on the volume's scope. He shared that, in about one year's time when all nine volumes are nearly finished, DCP will have somewhere between 15 – 20 essential packages which will be assembled into "essential UHC" (please see Appendix 2 for a detailed description of the essential packages and UHC).

Response

Anne Mills shared her concern that “out-of-pocket” reflects money that is spent rather than money that can be spent, but there are people who spend no money because they have none.

Dean responded with an example, using TB treatment: Some people aren’t at financial risk for payment for TB treatment because they don’t have any money to pay, so they’re not going to be out any money. DCP handles this through the universal finance policy. We say that there is no financial gain for the poor person, but there is crowding out of private expenditures at higher income levels. But where there is public finance for TB treatment, we might be crowding out money spent on ineffective treatment with effective treatment.

Anne also asked whether ECEA is being taken up outside of *DCP3*. Dean replied that he has not seen uptake of the ECEA method but it will be a critical test of the method’s usefulness.

ACE member Peter Lachmann brought up the issue of appropriateness of the costs, and how the cost of drugs varies by country which has an impact on treatment expenditure. Dean agreed that this is an important issue and said that, to some extent, authors are encouraged to use reasonable estimates of costs rather than today’s quoted prices.

ACE member Soji Adeyi asked about the comfort level for the process of attainment of UHC. As countries move from low to middle income status, their health expenditures increase, but a large amount of that is not public sector expenditure. DCP tells policymakers, in a profound way, the “what” but does not help with the question of “how”.

Dean is optimistic about the directions of public finance. In all rich countries, as health expenditures rose as a fraction of GDP, so too did the fraction spent through private expenditures. In Asia there are exceptions, but on the whole he believes UHC is the direction the world is headed. He added that ECEAs are a step in the direction of answering the “how” question.

Returning to the essential packages, the ACE shared their interest in *DCP3* focusing on packages, but asked about consistency across the 9 volumes. They asked if there are clear, standardized criteria for selecting interventions across the volumes, and whether the same approach is being used for all volumes.

Dean said that this has been a struggle, but some common themes across the packages are: 1) Does the intervention address a reasonably important chunk of disease burden, 2) Is it reasonably cost-effective? 3) How much demand does implementation place on health systems?

There is some heterogeneity as volume editors are developing the packages by volume, in consultation with the Secretariat. This involves quite a bit of thought and interaction, but it isn’t constrained by a specific set of criteria.

RMNCH volume editor Marleen Temmerman raised the issue of platforms not being consistent across the volumes, and pointed out that a different definition of platforms is being used. If a Minister of Health wants to use *DCP3* for implementation, we need harmonize not only in the packages but also the platforms. This was an area of concern for many ACE members.

ACE member Glenda Gray added that most of the volumes relate to the Department of Health but how does one address interventions that are very cost-effective that target other departments (e.g., road traffic injuries, childhood murders)?

Dean mentioned that the Injury Prevention and Environmental Health volume will be looking at this very issue, but it's unclear if we want to get into the issue of inter-departmental funding exchange.

ACE member Jaime Sepulveda asked Dean how he imagines a *DCP4*? It would be wise to think earlier about dissemination (adding that we did not completely succeed with *DCP2*). Perhaps a well-designed portal could serve as a "one-stop shop" for policymakers, members of the media, funders, etc. His worry is that as DCP movement continues, the number of volumes will increase, but diminish the capacity of people to access it.

Dean's initial thought would be to make a transition to a much more electronic version of DCP, and to look back at DCP1 and 2 for lessons learned and what is gained/loss by the change.

Session Two: Response to the First ACE Meeting Report

Presentation: Rachel Nugent (Series Editor)

Rachel Nugent opened the session with a presentation that reviewed the ACE recommendations from the 2014 meeting, and explained how DCPN has responded to these recommendations over the past year. The main areas of focus included: timing of the volumes, systematic literature review, peer review, engagement with policymakers, and evaluation.

ACE Comment #1: Deadlines for production of the first two volumes are too tight. It is vital that Secretariat aim for high quality and standardized product, and allow for time for synthesis of key messages and peer review.

Response: This recommendation was taken seriously and both the Essential Surgery and Cancer volume timelines were slowed down to allow for modified external panel reviews of the entire volume prior to publication, multiple redrafting of the chapter 1s, and additional time for preparation of front and back matter.

ACE Comment #2: The Secretariat should be proactive in ensuring that volume editors and chapter authors make use of systematic searches and standardized grading of evidence. The secretariat should also be clear on the nature of the search service being offered.

Response: The *DCP3* Secretariat has aggressively worked to increase the utilization by authors of systematic literature searches. The availability of support for conducting searches has been communicated through multiple emails, and stated more strongly and clearly in revised author guidelines. The Secretariat is regularly working with coordinators to encourage individual chapter authors to request search support, and has returned multiple chapters to authors with requests to more clearly utilize systematic reviews.

ACE Comment #3: It is inappropriate for *DCP3* to get goals or targets for topic areas, and to instruct sovereign states on what to do.

Response: DCP3 will not include specific numerical targets or goals for individual states or regions. However, each volume will present an essential costed package of cost-effective, feasible interventions and policies to clearly identify recommended priority approaches for decision makers.

ACE Comment #4: Suggested that a panel review of 3-5 experts be piloted for 1-2 volumes. The purpose would be a high-level review of the entire volume, addressing coherence, consistency, potential for chapter consolidation, and reviewing in-depth the overview chapters. The ACE also recommended that each chapter (excluding surgery and cancer) receive reviews from two independent reviewers.

Response: Immediately following the last ACE meeting, DCP3 and the Institute of Medicine implemented the policy of having two reviewers per chapter, beginning with the RMNCH volume. This policy will be carried through to the final volume, with exceptions made only to avoid delaying volume timelines. DCP3 is commissioning a panel experts to review the overall main messages of the volume to ensure the Chapter 1 accurately and fully captures the material in the chapters, and has so far implemented this approach for the first four volumes.

ACE Comment #5: Engage policymakers in DCP3 to enhance its policy relevance. DCP3 should invest in this, with activities including the proposed policy dialogue.

Response: DCP3 has received a supplemental grant from the Gates Foundation to work intensively with the WHO Eastern Mediterranean Regional Office with three objectives: 1) selected volumes of DCP3 become the basis for policy dialogues among high-level health decision-makers from multiple countries in 2015-2017; 2) an EMRO member country is selected for in-depth technical support and economic evaluation to increase local evidence for health priority-setting; and 3) a regional network of health economics researchers is supported in order to strengthen capacity for economic evaluation for health in the region. The first policy stakeholder dialogue was on June 16th with a focus on the Mental, Neurological, and Substance Use Disorders volume of DCP3.

Session Three: Preview of DCP3 Costed Essential Packages of Health Services

Presentation: Dean Jamison

Dean opened the session by reiterating the three key guiding principles for editors to consider when selecting interventions for their packages: 1) is it mostly cost-effective, 2) does it mostly address the burden, and 3) is it implementable over the next decade?

Dean surmised that in about one year's time, the series editors will have to substantially redefine where DCP3 is in terms of these essential packages. There will need to be more thought and care put into specifying the criteria for intervention selection.

Response

ACE member Toby Ord brought up a concern that many of the interventions being included in these packages are less cost-effective than others (across the various volumes), making some volumes appear more cost-effective than others.

Zulfi followed up by asking how DCP will deal with things that may not be strictly in health (gender empowerment, as an example). He noted that empirical work won't highlight these critical things but they ought to be included in the packages.

ACE member George Alleyne asked whether it was a good idea to have the editors – those who have been responsible for the creation of the volume – also be involved in the creation of the tables. Would it make sense to have a more independent group populate the tables? He also asked if *DCP3* will make an attempt to rationalize the different platforms in the outset.

ACE member Ala Alwan suggested multi-sectoral engagement is needed to implement the suggested interventions.

A few meeting participants agreed that *DCP3* ought to take into account gaps in the health system and the lack of uniformity amongst the different volumes in terms of costing.

Regarding the various audiences for *DCP3*, ACE member Sevkett Ruacan shared an anecdote about giving two practicing surgeons a copy of the *Essential Surgery* volume and asking for their reactions. They were enthusiastic about the new concepts presented in the volume; evidence that these concepts ought to be etched into the minds of practitioners, not just policymakers.

Dean summarized the ACE's reactions to the essential packages with a "positive but not enthusiastic" impression from the group. He agreed that currently there is heterogeneity around the platforms and that eventually that will need to be rationalized. This process needs to start sooner rather than later.

Anne added that we will need to discuss how the ACE wants to relate to that process, as this seems to be one of the most critical areas of their engagement.

Session Four: Mental, Neurological, and Substance Use Disorders Volume

Presentation: Vikram Patel (London School of Hygiene & Tropical Medicine)

Lead editor Dr. Vikram Patel gave an overview of Volume 4 (MNS Disorders) which is comprised of 13 chapters written by 42 editors and authors on overview, burden, interventions, and economics of global mental, neurological, and substance use disorders. He highlighted that there is little cost-effectiveness evidence on prevention in LMICs. The ECEAs presented in this volume are in the broader context of universal health coverage (UHC) and MNS disorders are faring badly in terms of UHC. He concluded that the approach laid out in the volume is feasible and useful, but there are a number of uncertainties (i.e. more information on the distribution of costs and benefits of interventions).

Response

First to respond were the three formal peer reviewers of chapter 1 (all joining by phone), who were fairly positive about the chapter and thought the editors did a good job of summarizing the key findings from the rest of the volume.

The most critical recommendations presented by the reviewers were:

- Include a discussion on policies related to drug and alcohol abuse and their integration with the health care system.

- Expand the discussion about how health systems can be held accountable for key outcomes. It's often a top-down approach at the country level but this doesn't always translate to effective services for people.
- Include a discussion on coverage; how to understand it, and how to approach it.
- Demand and stigma – demand does not always come from those living with MNS disorders, and the need is often hidden.
- Bring out the non-health burden results from MNS disorders. The burden to family and friends is often equal to that of the patients.
- Say more about barriers: how to address and overcome them, including the relevance of MNS disorders in relation to overall health.

The ACE members offered their comments, beginning with praise for how important this topic is, and how it will be taken seriously by governments, particularly given that global mental health is often overlooked in the funding world.

Participants noted that the connection between mental health disorders and non-health issues (such as urbanization, political conflict, criminal justice, and migration) aren't discussed in this chapter.

Several ACE members underscored that the volume cannot oversimplify solutions for LMICs based on high-income evidence.

Vikram summarized the discussion by thanking the peer reviewers and the ACE members for their comments, and saying that the editors will do what they can to incorporate most of the suggestions (working within the timeline and allotted word count). The editors will re-structure the introduction to clarify the messaging up front. ***Vikram particularly noted that the editors would add a section toward the end of chapter 1 on health systems strengthening, which will include examples and address barriers.***

Session Five: Outreach to Policymakers: Feedback from high-level policy discussions

Presentation: Ala Alwan (WHO – EMRO)

On June 15, the day prior to the ACE meeting, DCPN and the WHO-EMRO office co-hosted a high-level policy forum with policymakers and experts on mental health. The purpose of the policy forum was to give the editors of the *DCP3* mental, neurological, and substance use disorders volume an opportunity to interact with a select group of policymakers, share lessons learned, gain policy insights, and discuss ways to enhance the relevance and usability of *DCP3*. The forum was co-chaired by Ala Alwan and Dean Jamison.

Dr. Alwan shared the most prominent recommendations from the policymakers:

- Identification of a costed package of high impact, cost effective, affordable and feasible interventions.
- Guidance on integration of the mental health component into national health and development plans and health systems strengthening strategies.
- Prioritization for research to address the gaps in evidence, especially around cost-effectiveness and extended cost effectiveness analysis in low- and middle-income countries.

- Development of an advocacy package targeting policy makers to compliment the MNS Volume “how to” tools and instrument that can aid decision making and implementation.

The forum was also an opportunity to explore key questions that ministers have to face, as well as the constraints under which they must work. Forum participants were able to discuss these questions in a country-context. Mental health volume editor Dan Chisholm added that he felt the meeting was a great success from all perspectives, and that the recommendations provided by participants will lead to a better and clearer product.

Response

The ACE agreed that this sounded like a productive and useful exercise. They agreed that the timing of these policy dialogues will be critical for how they can affect volumes, and the structure of these meetings will need to be adapted to fit the current stage at which the volume stands.

Participants discussed the concept of scaling up mental health interventions, particularly the notion that it is a matter of the number of partners you have: having too many people involved can be counterproductive. Ministers of finance want to be convinced of the value of money already being spent; we need to demonstrate the “health for money” before requesting more money for health.

Ala Alwan responded to this discussion by sharing that one of the objectives of this forum was to see if we have the economic arguments to convince finance ministers that mental health deserves more money and attention.

Rachel added that DCP does plan on holding several more of these forums, and we will need to thread the needle of timing and approach, depending on who is in the room.

ACE member Mark Blecher noted that OECD has a joint global network of health and finance ministers who meet twice yearly, in addition to several regional meetings. This could be a useful group to contact and potentially form a collaboration.

Session Six: Reflections on DCP3 Theory of Change and Results Framework

Presentation: Kristen Danforth (Disease Control Priorities Network)

Based off of last year’s mid-term evaluation, the DCP Secretariat developed a theory of change to outline the overall strategic goal of the DCPN project and how that strategic goal will be accomplished. The theory of change will serve as both a roadmap and implementation plan to help DCPN work towards fulfilling its strategic goal and a tool that the Bill & Melinda Gates Foundation can use to help ensure that they are on track to achieve that goal.

The DCPN staff worked closely with Dalberg Consultants to develop an overarching strategic goal for the project: ***“To inform evidence-based priority setting, policy and resource allocations for health in low- and middle-income countries.”***

The theory of change details three primary outcomes for DCPN’s grant:

- The influence of *DCP3* at the global level
- Scaling to the regional/country level

- Economic methods and contributions to the field of economics

The efforts by DCPN are focused around use and have longer term magnification, meaning we may not see impact for 10 years. However we are monitoring and tracking direct and intermediate outcomes.

Response

ACE member Tony Measham (joining by phone) provided specific comments around the theory of change documents he reviewed. He noted that there is strong anecdotal evidence of the impact of *DCP1* and *DCP2* but no substantial documentation of impact. *DCP3* is too broad in scope for substantial evaluation volume by volume, so we must do a series evaluation once Volume 9 is available.

He recommended that a small planning team write an evaluation proposal as soon as possible. They would rely on qualitative data and highly selected quantitative data and focus on 6-8 countries with key informants and reliable data.

ACE member Richard Skolnik, also joining via telephone, added that if we want to inform people, we have to pay attention to the longer run. We should ask, “how can *DCP3* be used to help create a generation of people from a variety of roles around the world who think critically about health issues?” We can use *DCP3* to create opportunities for students at all levels to gain new perspectives and think along these lines.

ACE member Shade Omokhodion agreed that a proper evaluation of *DCP2* would enhance the value of *DCP3*. Where did the messages go? What did they do with it? What difference did it make?

Participants agreed that *DCP3* will have a big impact but it will be difficult to measure and attribute. ACE member Toby Ord pointed out that *DCP1* was important for the creation of the Gates Foundation and WHO-CHOICE. *DCP2* was influential to Richard Skolnik’s Global Health 101 textbooks, and a number of other textbooks. We need to think about these entry points that will actually create impact, such as policy briefs, executive summaries, and network meetings.

Dean summarized the session with his thoughts on a dual approach to change:

Retail: The work we did with policymakers – The World Bank’s way of operating.

Wholesale: Mediation through established institutions who are responsible for facilitating change (ex: buying or downloading books).

Session Seven: Update from the Sponsor

Presentation: Damian Walker (Bill and Melinda Gates Foundation)

DCPN Senior Program Officer, Damian Walker, gave a brief summary of the foundation’s perspective of the grant’s progress. He gave a high-level recap of the mid-term review report that was discussed in greater detail at last year’s ACE meeting, and highlighted a few changes to the DCPN grant as a result of the MTR:

- Financial responsibility of ACE meetings was transferred to the Foundation.
- Theory of change development with Dalberg.
- Considering a grant request from GAVI to support ECEA work (this is a good example of use of the new methods developed by *DCP3*).

For the remainder of the grant, the Foundation would like to see DCPN be vigilant in the following areas:

- **Relevance** –Value in terms of presenting the body of evidence already generated by the project. One way to do this would be to hold policy dialogues more often.
- **Tailoring products to different audiences** – expertise either in-house or on contract. Bring experts in on translating volumes into short documents.
- **Volume 9** - Go from 19 or so packages to a more reasonable package. The Foundation is open to identifying a venue on how to approach Volume 9 (ex: Rockefeller Foundation).
- **Outreach to the Foundation** – Meet with directors and get key findings in from of them.
- **Partnerships with other Foundation networks** – There are a number of networks funded by the Foundation that are complimentary to *DCP3* (DfiD and NICE International, for example)

Going back to the conversation about evaluation, in principle, yes Damian and the Foundation are supportive of this. The scope of the evaluation needs to be determined, and this would certainly be a precursor to any conversation about a DCP4. We need to learn the lessons about what has worked and about how to do things better.

Day Two: June 18, 2015

Session Eight: Volume 9 and Essential Packages

Continued discussion from Day 1, Session 3

The participants agreed that it would be valuable to spend more time discussing the essential packages presented by Dean on day 1.

Damian opened the session by emphasizing that there needs to be credible process for developing these essential packages and this process needs to be documented. There are other groups working on this very topic (Center for Global Development, iDSI, Joint Learning Network), so how can *DCP3* work in parallel with these other groups?

ACE member Ole Norheim, speaking from his experience on the group “making fair choices on the path to universal coverage,” suggested that cost-effectiveness should be the main criterion, followed by equity and financial risk protection. There are more data available on cost-effectiveness, so the interventions should be ranked by this criterion.

ACE member Demisse Habte pushed back on this idea a bit by stating that cost-effectiveness often has very little to do with public health impact and it cannot be the only measure used in these packages.

Damian reminded the group about the evolution of DCP. *DCP1* had a global package for LMIC and HIC. *DCP2* took it to a regional level, and the idea for *DCP3* is to take it the country level.

Soji Adeyi asked whether it makes sense to start with a global or regional package and hope that a country conversation comes out, or should we be asking “how do big decisions get made at the country level”? It could be useful to look at to what extent an essential package could fit into this discussion and what influence policymakers have. Hope is not a strategy.

George Alleyne shared that the packages as they are currently written give an impression of ‘neat and tidy’ circumscribed plans, but in reality they are an approach to addressing a problem at a certain level. UHC is a journey, not a destination.

Mark Blecher urged the volume editors to include a disclaimer that the volumes did not evaluate all interventions. The volumes could be updated electronically as new interventions are developed.

Although it may be more philosophical than desired, several ACE members agreed that it is important for Volume 9 to have this “package of packages” as it could be the last step governments need to set priorities. It should demonstrate the cost of getting to the last case of a given disease or disorder. Anne Mills added this is relates directly to quality and health systems.

Jaime Sepulveda thought it might be a bit naïve to think that once an ideal package has been identified, a policymaker could take the volume off his or her shelf and implement it in any country. An intervention that works perfectly fine in one setting may be harmful in another. This must be acknowledged throughout *DCP3*.

Marleen suggested that any packages in Volume 9 address platforms, particularly how certain investments are effective at some platforms but not all. Damian agreed and added that the volume ought to contain guidance on how to use the evidence presented in volumes 1-8 for decision making at the country level; a guide on how *DCP3* can be implemented.

Soji concluded the session by suggesting that a discussion of levers in the policy process (finance, accreditation function, etc) should be included. This discussion should be indicative, not prescriptive.

Session Nine, Part 1: Outreach to Specific Audiences: Development Community

Presentation: Carlos Rossel (World Bank)

World Bank Publisher Carlos Rossel gave a brief overview of what has changed since *DCP2*, which includes:

- Precursory publication of *Lancet* articles
- Journal publication of chapters prior to volume publication
- Open access publication of *DCP3*
- Making draft chapters available online
- Having chapters available for individual download
- Social media
- Engagement with World Bank’s corporate communications channels

Carlos also described a few of the products and activities that the World Bank's marketing team has led, including a featured story on the World Bank's homepage, a blog post, a marketing brochure, and a two-page spread in the World Bank's spring catalog.

There remains the question of what will happen to all of these new resources once the DCPN grant ends, so sustainability will need to be discussed sooner rather than later.

Response

Rachel thanked Carlos for his presentation, noting that his presentation is the best advertisement for what the World Bank's marketing team is doing for *DCP3*. The relationship between the marketing team and the DCP Secretariat has been very positive and they have helped *DCP3* reach a wider audience.

Shade asked about any feedback the World Bank has received on their publications, and if this could be used for an evaluation of *DCP2* and *DCP3*.

Carlos shared that the World Bank does distribute surveys frequently to their users but the questions are more general rather than about specific products. It wouldn't be too difficult to conduct a similar global survey for *DCP3* at an appropriate time.

Session Nine, Part 2: Outreach to Specific Audiences: Research Community

Presentation: Roger Glass (Fogarty, National Institute of Health)

Roger Glass provided an overview of several Fogarty programs focused on research and implementation science. He reiterated his earlier point that an annual update of *DCP3* would help "spread the word" about improved implementation and reduction in costs of certain interventions. Basic research is important, but for the *DCP3* audiences, implementation research is key.

A few ways in which NIH could help *DCP3* include:

- Support for implementation research at local level
- Training for the next generation of leaders
- Platforms for dissemination of information

Response

ACE members Lai Meng Looi and Peter Lachmann both recommended the Inter-Academy Medical Panel and academy network as highly suitable platforms for disseminating *DCP3*. The World Bank publishing *DCP3* in-book formats will help get the volumes into the hands of the students, who no longer use physical textbooks.

Patrick Papania added that we should broaden our thoughts about the types of students we want to reach, beyond medical students to include communications, journalism, and public relations students.

ACE member Jaime Montoya suggested holding side events at multinational conference and meetings with a strong LMIC presence.

Session Nine, Part 3: Brainstorm with ACE on Follow-up for Published Volumes

Presentation: Brianne Adderley (Disease Control Priorities Network)

Brianne gave a brief overview of the specific marketing and dissemination activities carried out by the DCP Secretariat and the World Bank marketing team for the publication of *Essential Surgery* on March 26, 2015.

- 1. Launch event at CUGH Conference in Boston**

Standing room only crowd as editors and authors presented the volume's key messages.

- 2. Press release**

Circulated to DCP3 newsletter listserv, as well as the 80 or so institutions of the volume's editors and authors, with a personalized paragraph about that person's involvement in the volume.

- 3. World Bank Blog**

Adapted from the volume's foreword, written by Paul Farmer.

- 4. Co-branding**

The timing of the surgery volume launch aligned nicely with the work produced by the *Lancet* Global Surgery Commission, so we were able to find synergies and cross-promote each other's products and messages.

- 5. Social media campaign**

Both the Secretariat and the World Bank marketing team made a big push on Twitter, Facebook, and LinkedIn around the publication of the surgery volume and saw increases in followers, shares, and overall mentions of *DCP3*.

The presentation also provided a preview of tentative launch events for upcoming volumes, including several sessions at the next CUGH conference in April 2016, featuring three *DCP3* volumes.

Response

Anne Mills asked if there has been any discussion of conducting a massive open online course (MOOC). Rachel responded that MOOCs are an attractive venue for dissemination, but they are rather expensive to execute well. DCPN has limited funding for these types of activities.

Lai Meng reiterated that the National Academies of Sciences, IAMP, and TWAS could be of use. They have quite a bit of experience in taking up topics for discussion, and because their purpose is to influence policymakers, it would be important to stress developing future leaders. The academies can host workshops in their own countries on specific topics.

The group also discussed plans for translating *DCP3* chapters and ancillary materials into languages other than English. Rachel noted that there are no current plans to translate whole volumes into other languages, but that we can explore the possibility of translating the first chapters of each volume, as well as the summary 1-page documents.

Session Ten: Reproductive, Maternal, Newborn and Child Health presentation

RMNCH volume editor Marleen Temmerman gave an overview of Volume 2 (RMNCH) which is comprised of 19 chapters written by 79 authors on overview, burden, interventions, and economics. She noted that the RMNCH volume has some important overlap with other volumes and that this will be clearly referenced throughout the chapters. Marleen described the three essential packages included in Chapter one: 1) Reproductive health, 2) maternal and newborn health, and 3) child health. The platforms used in the essential packages table are community-level facilities, primary health care centers, and hospitals. She concluded that there are many commissions working in parallel on RMNCH issues, but not always together, and this volume will attempt to capture all of the work currently being done.

ACE member and chapter reviewer Glenda Gray provided opening comments. She stressed the importance that this chapter be able to stand on its own, and made several recommendations for improvement:

- Adding a graphic to describe the 3 packages and platforms would enable the reader to know up front what the packages include and how they can be financed.
- Family planning is the “biggest bang for your buck” and should be highlighted even more.
- An example of task sharing (perhaps in a box).
- Include more world maps.
- Several topics were omitted from the chapter, but should be mentioned:
 - List of countries and their abortion laws
 - Adolescent pregnancy
 - Violence against LGBT community
 - Antimicrobial resistance
 - Fetal alcohol syndrome
 - Emergency planning and transport
 - Infant diagnosis of HIV
 - Human resources
 - Recommendations for research

Soji Adeyi followed by mentioning the need to go beyond immediate health considerations. The volume should pay attention to the socio-economic determinants of MNCH outcomes. It would be disservice if neglected. Many other attendees agreed. ***For example, showing that the combination of education, economic status, and social norms can limit access to and use of contraceptives.***

Roger Glass suggested featuring case studies of programs that have worked and making comparisons across countries.

Marleen summarized the session and thanked the ACE members for their recommendations. The editors plan to meet fairly soon to revise the chapter for the volume, as well as prepare a version for submission to *The Lancet*. She was mindful of the timeline and space constraints. She particularly agreed with the comments about non-health determinants, and will work with her fellow editors on adding a section to the chapter.

[Report on ACE Executive Session](#)

The ACE held a closed door session to discuss their thoughts on the entire *DCP3* enterprise and the meetings proceedings. In their report to the Secretariat, they focused on:

1. Future work plan
2. Volume reviews - overall
3. Volume 9
4. Dissemination
5. Evaluation

The full report can be found in the Appendix to this document.

Appendix

The following ACE report from Anne Mills, Chair of the *DCP3* Advisory Committee to the Editors, has been reviewed by all ACE members.

Recommendations from ACE executive session, June 18th 2015

1. Introduction

This report summarises the comments and recommendations of the ACE expressed during the closed session at its third meeting.

The ACE was pleased at the attention paid to its recommendations from the second ACE meeting, and commended the detailed response to them. It was satisfied that all its recommendations had been acted on.

2. Future workplan

The ACE recommended that:

- given the outcome of the Mid Term Review, and the views and preferences on DCP3 expressed by the Foundation, it would be important to stay well in touch with the Foundation, to ensure DCP3 activities and products match the Foundation's preferences
- the 'evaluability' of DCP3 should be kept in mind from now on – the nature of ongoing activities, and the information collected on them, will strongly influence the extent to which the impact of DCP3 can be evaluated in the future.

3. Volume reviews

The ACE welcomed the volume reviews scheduled in the agenda, but felt that the process of reviewing was unsatisfactory on a number of grounds. Only chapter ones were provided, and no volume outline. There was insufficient time to discuss the content in sufficient depth, and the presentation should not just be a cut and paste of chapter 1 content.

It was recommended that at future meetings:

- all volume chapters should be made available for those who wish to read/skim them, as well as a full outline of the volume for those who wish to have a sense of the volume scope while reading carefully only the chapter ones
- the material should be available not less than 2 weeks before the date of the meeting
- the discussion time should be sufficient to break down the overall volume theme into specific sub themes, to ensure sufficient in-depth discussion.

It was also recommended that each volume should have:

- a glossary of terms
- coverage of research priorities.

4. MNCH volume

Concerns were expressed about the breadth of the volume. Some members felt that by putting so many themes together, the issues of women's health did not get enough attention. However others felt that it would not have been desirable to split off parts into separate volumes.

It was recommended that:

- There should be an explanation early in chapter one on the logic of including all of maternal, neonatal, reproductive and child health in one volume
- Care should be taken to avoid a reductionist approach, to make clear the breadth of interventions and avoid the sense, for example, that improving child health required just immunisation and nutrition interventions
- Material across all volumes 1-8 on interventions benefiting the health of woman should be brought together in a chapter in volume 9.

5. Volume 9

The ACE emphasised the importance of a volume 9 which adequately synthesizes the material in all previous volumes and proposes clear priorities across the health system. It recommended that:

- The volume should be written in a clear, crisp and accessible style and include guidance on how to use the DCP products
- It should include a chapter on reducing the costs of medicines
- It should include material on:
 - The methodology used in DCP3, including extended CEA
 - The process and criteria by which interventions were selected for inclusion, and packages and platforms developed, in volume 9
 - A league table of interventions
 - the policy levers needed to implement priority interventions, and the factors that may enter into policy choices (beyond cost-effectiveness)
 - Research gaps and priorities
 - Building research capacity
 - Overall cost estimates
 - Financing approaches
 - Institutionalising priority setting within countries.

The ACE requested to see by the end of September 2015 a proposed structure for the volume and a timetable for its completion.

6. Dissemination

The ACE had an extensive discussion on issues in dissemination. It recommended that

- There needs to be greater clarity on the audiences for DCP3
- Products could include a short video on DCP3, and TED talks

- Achieving impact on policy makers in countries will require face to face and regular engagement; this might be obtained in some countries via partners such as the World Bank
- The LAC region should be considered as a region where quick wins might be possible in terms of country take-up of DCP3 messages
- WHO HQ, region and country offices need to be engaged, since they are seen to have high legitimacy with national governments.

7. Evaluation

It was emphasised that evaluation of the DCPN grant should be distinguished from evaluation of the impact of DCP3.

It was recommended that:

- Evaluation of the impact of DCP3 would be valuable and important
- The evaluation of DCP3 could start with the lessons of DCP2

8. DCP4

The ACE encouraged careful thinking on what shape a DCP4 might take. It recommended that:

- A new format would be needed – the current book format was unlikely to be suitable in the future
- A DCP4 grant should earmark money for dissemination, to ensure this was not starved of resources
- Web-based products and tools would be needed
- Even short of a full DCP4, attention needs to be given to whether the DCP3 material can be kept up to date.

Anne Mills
Chair