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# Disease Control Priorities and WHO-EMRO Partnership

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Regional Workshop on Cost-Effectiveness Analysis Cairo, Egypt

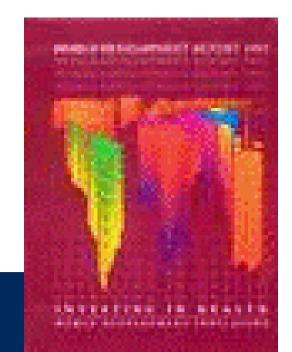
### **Disease Control Priorities**

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#### History

DCP<sup>3</sup>

- 1993 World Development Report
- Disease Control Priorities in Developing Countries, Second Edition 2006
- Disease Control Priorities, Third Edition 2015-2016



Disease Control Priorities in Developing Countries

#### Editors

Dean T. Jamison Joel G. Breman Anthony R. Measham George Alleyne Mariam Claeson David B. Evans Prabhat Jha Anne Mills Philip Musgrove

#### DCP<sup>3</sup> Disease Priorities

Control

## DCP3 Volume 1

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DCP3 Exercise recoverse evaluation (or health COP THE WORLD BANK	DISEASE CONTROL PRIORITIES THIRD EDITION	EDITORS Haile T. Debas Peter Donkor Atul Gawande Dean T. Jamison Margaret Kruk Charles Mock

Disease Control Priorities, 3<sup>rd</sup> Edition

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### **Objectives of DCP3**

- Inform allocation of resources across interventions and health service delivery platforms.
- Provide a comprehensive review of the efficacy and effectiveness of priority health interventions.
- Advance knowledge and practice of analytical methods for economic evaluation of health interventions.

## Disease Control Priorities, 3<sup>rd</sup> Edition

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- 9  $\longrightarrow$  Number of volumes
- $5 \longrightarrow \text{Number of years}$
- $31 \longrightarrow Number of editors$
- 163 Number of chapters
- 300+→ Number of authors

## Disease Control Priorities, 3<sup>rd</sup> Edition

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#### **DCP3 Volume Topics**

- 1. Essential Surgery 2015
- 2. Reproductive, Maternal, Newborn and Child Health 2015
- 3. Cancer 2015
- 4. Mental, Neurological and Substance Use Disorders 2015
- 5. Cardiovascular, Respiratory, Renal and Endocrine Disorders 2015
- 6. AIDS, STIs, TB and Malaria 2015
- 7. Injury Prevention and Environmental Health 2016
- 8. Child and Adolescent Development 2016
- 9. Disease Control Priorities 2016

## Disease Control Priorities, 3<sup>rd</sup> Edition

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#### **Multiple Volumes, Common Elements**

- Burden of disease; indirect and avertable for surgical procedures
- Intervention effectiveness and comparative cost-effectiveness
- Health delivery channels: Policies, Platforms, Packages
- Basic and augmented packages with costing

## **EMRO** Partnership

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Three pillars:

- 1. High-level policy dialogues on choosing priority health issues
- Country-specific research to inform health sector strategy (South Africa, India, China, Ethiopia, select country in EMRO)
- Capacity-building workshops and research collaborations to build skills and evidence

## First Pillar

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#### High-level policy stakeholder meetings

- Shape the key findings from DCP3 volumes through two-way dialogue
- Discuss DCP3's application to national policy priorities
- Apply priority-setting approach to health issues of national relevance

First Pillar (cont.)

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DCP<sup>3</sup>

#### **High-level policy meeting outcomes:**

- A revised, improved set of key messages that are incorporated into the Introductory/Overview Chapters of the relevant *DCP3* volumes.
- Interest and demand from policymaker attendees to use *DCP3* evidence and/or economic evaluation for priority setting in their national context.

## Second Pillar

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#### **Country-specific research**

- Three-way collaboration:
  WHO, DCP, EMR country
- Assist chosen country to prepare evidencebased, cost-effective, and affordable health sector strategies
- Develop EMRO's capacity to support countries in implementing these strategies

## Second Pillar (cont.)

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#### **Country-specific research outcomes:**

- Assess/update the burden of disease
- Collect and/or produce evidence of intervention effectiveness
- Collect and/or produce cost-effectiveness of selected health sector interventions, packages, and platforms
- Prepare an investment case for scaling up health interventions, packages and policies toward universal health coverage
- Country capacity building in health economics and economic evaluations

## Third Pillar

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#### **Capacity-building workshops**

- Co-host workshops with the World Health Organization to discuss current health topics and goals in the region
- Work with regional researchers to define, conduct and publish health economics analysis

Pillar Three (cont.)

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#### **Capacity-building workshops outcomes**

- Increase the number of researchers, health officials and policy makers who use economic evaluation in decision-making
- Support the region's move toward setting health priorities supported by economic evidence

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### THANK YOU

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