A New Era of Impact in Global Health
Disease Control Priorities, 3rd Edition

Dean T. Jamison, PhD
Professor Emeritus
UCSF Institute for Global Health Sciences

A New Era of Impact in Global Health Sciences
January 26, 2018
# DCP3:
## Improving Health and Reducing Poverty

<table>
<thead>
<tr>
<th>Volume Topics</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Essential Surgery</td>
<td>2015</td>
</tr>
<tr>
<td>2. Reproductive, Maternal, Newborn and Child Health</td>
<td>2016</td>
</tr>
<tr>
<td>3. Cancer</td>
<td>2015</td>
</tr>
<tr>
<td>4. Mental, Neurological, and Substance Use Disorders</td>
<td>2015</td>
</tr>
<tr>
<td>5. Cardiovascular, Respiratory, and Related Disorders</td>
<td>2017</td>
</tr>
<tr>
<td>6. Major Infectious Diseases</td>
<td>2017</td>
</tr>
<tr>
<td>7. Injury Prevention and Environmental Health</td>
<td>2017</td>
</tr>
<tr>
<td>8. Child and Adolescent Health and Development</td>
<td>2017</td>
</tr>
<tr>
<td>9. Disease Control Priorities: Improving Health &amp; Reducing Poverty</td>
<td>2018</td>
</tr>
</tbody>
</table>

@dcpthree   |   #dcp3
Policies for Health

Intersectoral policies

Health sector policies (including financial protection policies)

- Access to and uptake of health interventions
- Quality of delivery of health interventions

To reduce physiological risk factors

- Stunting
- Overweight
- Anemia
- Hypertension
- Dislipidemia
- High blood glucose
- Other

To improve health outcomes

- Child deaths
- Adult premature deaths
- Short- and long-term disability
- Pain and distress

To provide financial protection from health costs
# DCP3 cluster of essential packages

**Age-related cluster (packages 1-5)**

1. Maternal and newborn health  
2. Child health  
3. School-age health and development  
4. Adolescent health and development  
5. Reproductive health and contraception

**Infectious diseases cluster (packages 6-10)**

6. HIV and sexually transmitted infections  
7. Tuberculosis  
8. Malaria and adult febrile illness  
9. Neglected tropical diseases  
10. Pandemic and emergency preparedness

**Non-communicable disease and injury cluster (packages 11-17)**

11. Cardiovascular, respiratory, and related disorders  
12. Cancer  
13. Mental, neurological, and substance use disorders  
14. Musculoskeletal disorders  
15. Congenital and genetic disorders  
16. Injury prevention  
17. Environmental improvements

**Health services cluster (packages 18-21)**

18. Surgery  
19. Rehabilitation  
20. Palliative care and pain control  
21. Pathology

*Country applications will define packages in a way relevant to local policy. For example, the structure here distributes urgent interventions across packages, but in many contexts defining an emergency care package might prove more relevant.*
Intersectoral Action for Health

• Risk Factors Reduction (71 policies)
  – Behavioral
  – Environmental

• Non-health Sector Costs (examples):
  – Household time (Particularly women’s issue)
  – Long-term care (some aspects) and disability insurance
  – School feeding

• Need for ‘Inclusive National Health Accounts’
Extended Cost-Effectiveness Analysis (ECEA)

- **Includes** CEA to assess value-for-money in achieving health outcomes
- **Extends** CEA by assessing value for money in purchasing FRP
- **Extends** CEA by explicitly considering equity in distribution of health and financial outcomes
The Health Sector: EUHC & HPP

- Infection and inadequate dietary intake
- Non-communicable diseases and injury
- Grand convergence
- Highest priority non-communicable diseases and injury interventions

Color Coding:
- Universal health coverage
- Essential universal health coverage
- Highest priority package

- 218 interventions
- 108 interventions
HPP Costs: Platforms and Temporal Characteristics

<table>
<thead>
<tr>
<th>Incremental costs by platforms (percentage of totals)</th>
<th>Low-income countries</th>
<th>Lower-middle-income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-based</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Community</td>
<td>18%</td>
<td>12%</td>
</tr>
<tr>
<td>Health Center</td>
<td>50%</td>
<td>57%</td>
</tr>
<tr>
<td>First-level hospital</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td>Referral &amp; specialty hospitals</td>
<td>6.4%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Incremental costs by intervention urgency (percentage of totals)</th>
<th>Low-income countries</th>
<th>Lower-middle-income countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent</td>
<td>35%</td>
<td>27%</td>
</tr>
<tr>
<td>Chronic</td>
<td>41%</td>
<td>50%</td>
</tr>
<tr>
<td>Time-bound (non-urgent)</td>
<td>24%</td>
<td>23%</td>
</tr>
</tbody>
</table>

The cost and diseases structures differ between and within income levels. This is illustrated by considering two income strata, but the analyses reported here can serve only as a starting point for national and subnational analyses. Sources: Watkins et al (2017), Watkins et al (2018).
Disease Control Priorities, 3rd Edition
Essential Surgery Volume

Haile T. Debas, MD
Chancellor Emeritus
UCSF Institute for Global Health Sciences

A New Era of Impact in Global Health Sciences
January 26, 2018
Global Surgery is the brain-child of a non-surgeon: Dean Jamison
Disease Control Priorities
Representation of Surgery

DCP1
No representation

DCP2
One chapter
One editor
5 co-authors

DCP3
One entire volume
21 chapters
6 editors
80 authors/co-authors
Essential Surgery Volume

Editors:
Haile T. Debas
Peter Donkor
Atul Gawande
Dean T. Jamison
Margaret E. Kruk
Charles N. Mock
Essential Surgery
Chapter Authors

80 authors • 20 countries represented • 18 authors from LMICs
Multiple Volumes, Common Elements

9 DCP3 Volumes

- Costing of Essential Packages
- Burden of Disease
- Universal Health Coverage
- Intervention Effectiveness
- Uniform Economic Evaluation
- Policies, Platforms & Packages
Summary of Findings

• Burden of surgical disease about 18%
• Essential surgical procedures among most cost-effective of all health interventions
• First-level hospital plays central role in delivery of essential surgery
• Use of task-sharing is safe and cost-effective
• $3B annually required for delivery of essential surgery (benefit:cost ratio over 10:1)
• Universal coverage of essential surgery is critical
Impact of DCP2 and DCP3 on Global Surgery

• Legitimate role in Global Health
• Among most cost-effective of all health interventions
• Emergence of Global Surgery as a new field of study
• Key recognition by ACS, ASA, and ASC
• US Academic Consortium for Global Surgery
• Important role in UHC
Major Challenges in Global Surgery

- Not a priority for most LMIC governments
- Not a priority for funding organizations
- Partnerships fail because of lack of sustainable funding
- More rigorous definition of the new field and its career potential for trainees
- Need for population health perspective
Disease Control Priorities, 3rd Edition
Quality of Care

John Peabody, MD, PhD
President, QURE Healthcare
Professor, UCSF Department of Epidemiology & Biostatistics

A New Era of Impact in Global Health Sciences
January 26, 2018
## DCP3: Improving Health and Reducing Poverty

<table>
<thead>
<tr>
<th>DCP3 Volume Topics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Essential Surgery - 2015</td>
<td></td>
</tr>
<tr>
<td>2. Reproductive, Maternal, Newborn and Child Health - 2016</td>
<td></td>
</tr>
<tr>
<td>4. Mental, Neurological, and Substance Use Disorders - 2015</td>
<td></td>
</tr>
<tr>
<td>5. Cardiovascular, Respiratory, and Related Disorders - 2017</td>
<td></td>
</tr>
<tr>
<td>6. Major Infectious Diseases - 2017</td>
<td></td>
</tr>
<tr>
<td>7. Injury Prevention and Environmental Health - 2017</td>
<td></td>
</tr>
</tbody>
</table>
THANK YOU

Download for free at: dcp-3.org

For a free hardcopy of any volume, please e-mail info@dcp-3.org
A New Era of Impact in Global Health