

For immediate release: March 26, 2015

Contact: Brianne Adderley [info@dcp-3.org](mailto:info@dcp-3.org)

## ***Disease Control Priorities, 3<sup>rd</sup> Edition* Releases First Volume: Essential Surgery**

**SEATTLE, Washington** – Improving access to surgical care could save 1.5 million lives per year in poor countries, according to findings released today by the Disease Control Priorities Network at University of Washington’s Department of Global Health. Says volume editor and University of California San Francisco Professor Haile Debas, “Essential Surgery, the first volume of the *Disease Control Priorities, 3<sup>rd</sup> Edition (DCP3)* series, identifies 44 essential surgical procedures which should be available in low- and middle-income countries. Most of these procedures can be performed in first-level hospitals by multidisciplinary teams of surgeons, anesthesiologists, nurses and other healthcare providers. Investment in first-level hospitals is critical because they are the most important sites for essential surgical care delivery.”

Published by the World Bank Group, the *DCP3* Essential Surgery volume expands on the seminal findings from the second edition of *Disease Control Priorities (DCP2)* in 2006 by examining new evidence for the unmet need and potential impact of surgery on saving lives in low- and middle-income countries. *DCP3* shows that by providing surgery for road traffic injuries, obstetric emergencies, and common ailments like cataracts, poor countries could gain \$10 worth of health benefits for every \$1 invested.

*DCP3* volume editor and University of Washington Professor of Medicine Dr. Charles Mock hopes the volume will change how surgery is viewed in terms of global health priorities. “The essential package addresses the highest priority surgical conditions: those with large health burdens and for which there are surgical procedures that are cost-effective and eminently feasible to provide universally” says Mock. “Moreover, essential surgical procedures are among the most cost-effective of all health interventions, on the same level of cost-effectiveness as immunizations, bed nets, anti-retroviral therapy for HIV, and other interventions that have received wide attention and investment globally. Similar investment in making essential surgery universally available would contribute to significant improvements in health globally.”

The volume will be released at the Consortium of Universities in Global Health conference in Boston, MA. Speakers include volume editors and authors who provided critical leadership throughout the writing and production process. The full series will be comprised of nine individual volumes that will be published in 2015-2016.

For more information, visit [www.dcp-3.org](http://www.dcp-3.org) and follow *DCP3* on Twitter using [@DCPthree](https://twitter.com/DCPthree)