

The background of the slide is a microscopic image showing various cells. In the lower-left corner, there is a prominent, spherical virus-like particle with a textured surface and radiating filaments. Other cells are visible throughout the field, some with distinct nuclei and cytoplasm. The overall color palette is dominated by reds and oranges, with some green and yellow highlights on the virus-like particle and other cells.

# A New Era of Impact in Global Health

**UCSF** Institute for  
Global Health  
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# Disease Control Priorities, 3<sup>rd</sup> 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

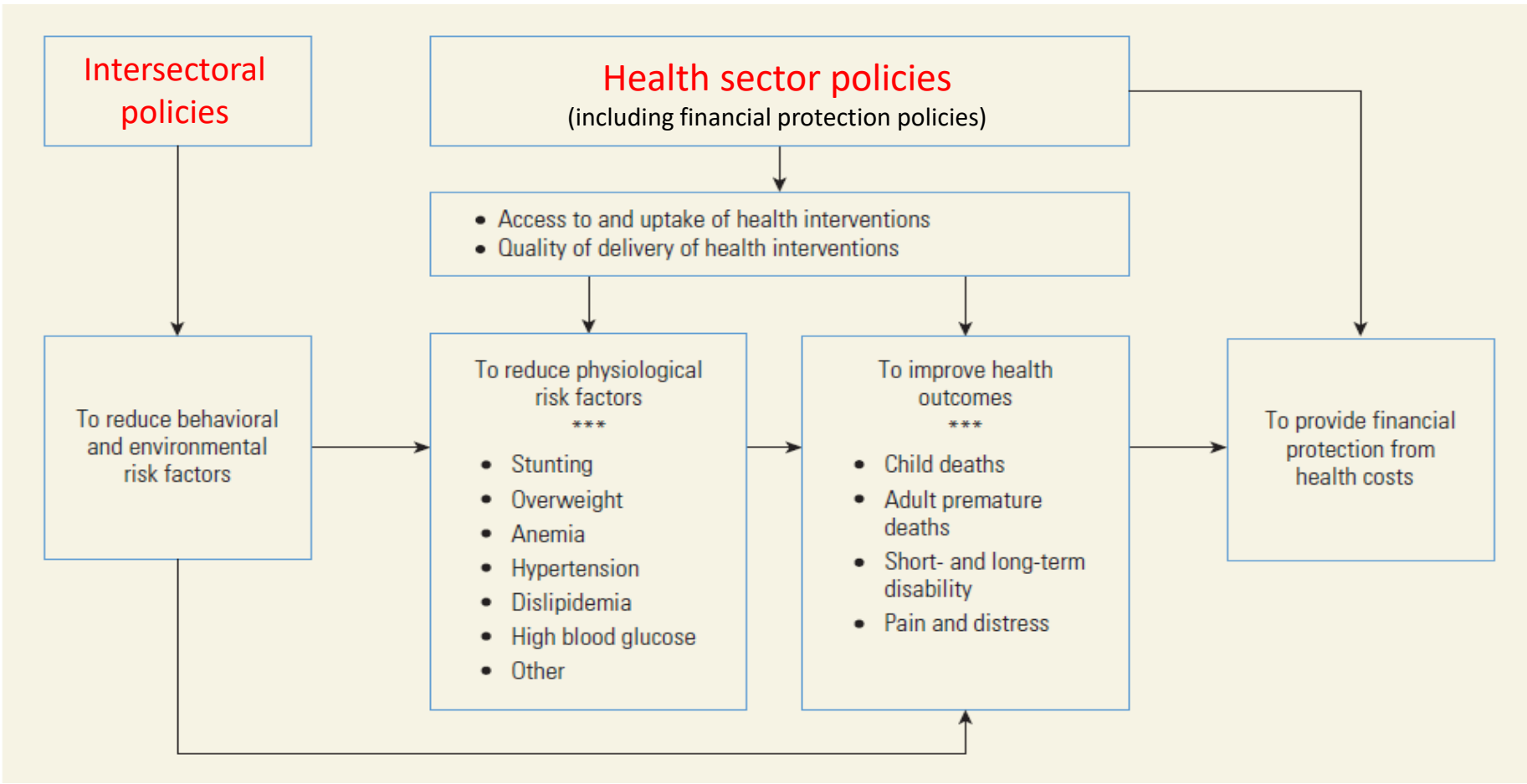
# *DCP3:*

## Improving Health and Reducing Poverty

### DCP3 Volume Topics

1. Essential Surgery - 2015
2. Reproductive, Maternal, Newborn and Child Health -2016
3. Cancer - 2015
4. Mental, Neurological, and Substance Use Disorders - 2015
5. Cardiovascular, Respiratory, and Related Disorders - 2017
6. Major Infectious Diseases- 2017
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# Policies for Health



# 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)**

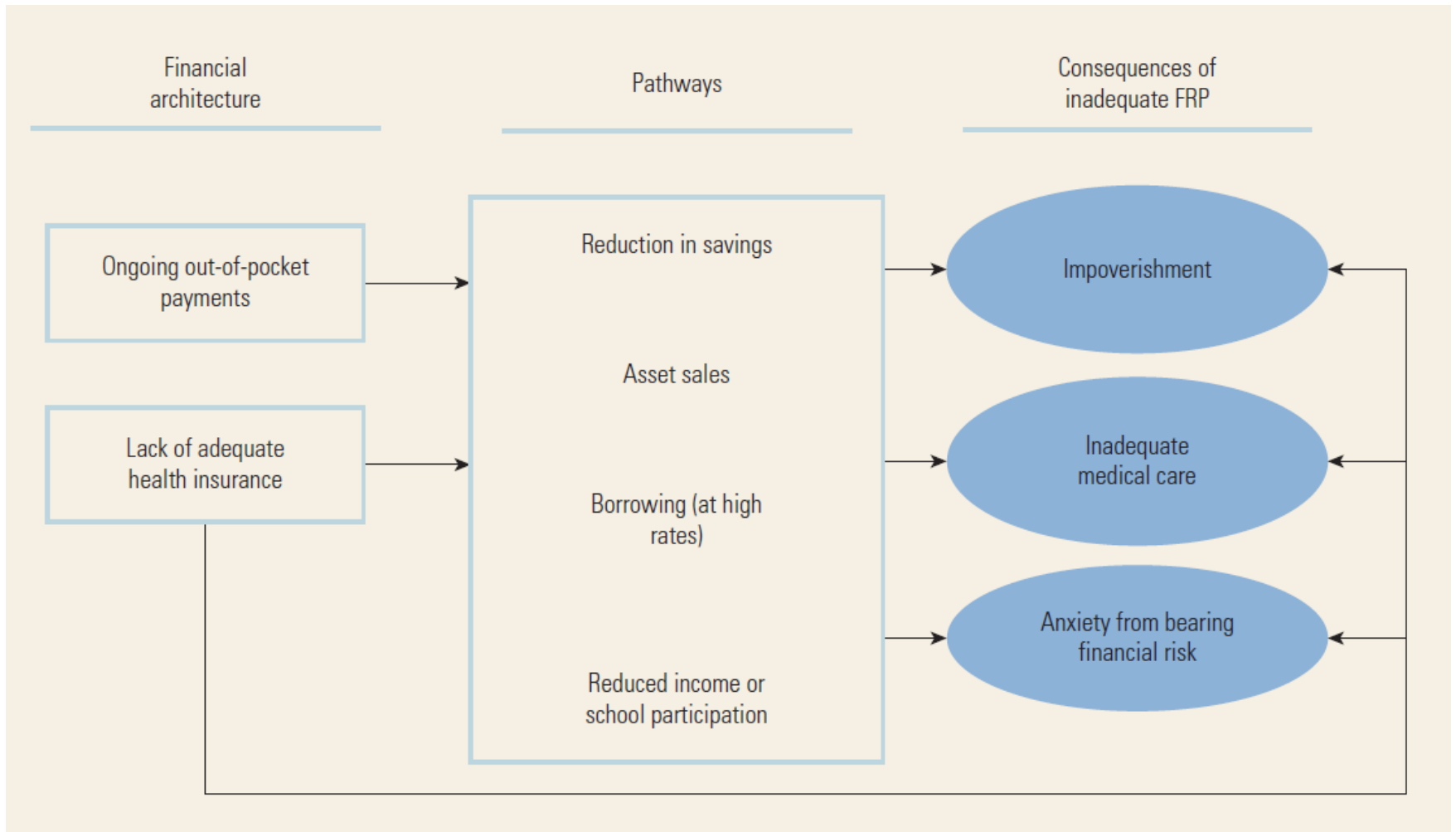
- 18 Surgery
- 19 Rehabilitation
- 20 Palliative care and pain control
- 21 Pathology

\*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'

# Financial Risk Protection





DCP3

Disease  
Control  
Priorities

*economic evaluation for health*

# Extended Cost-Effectiveness Analysis (ECEA)

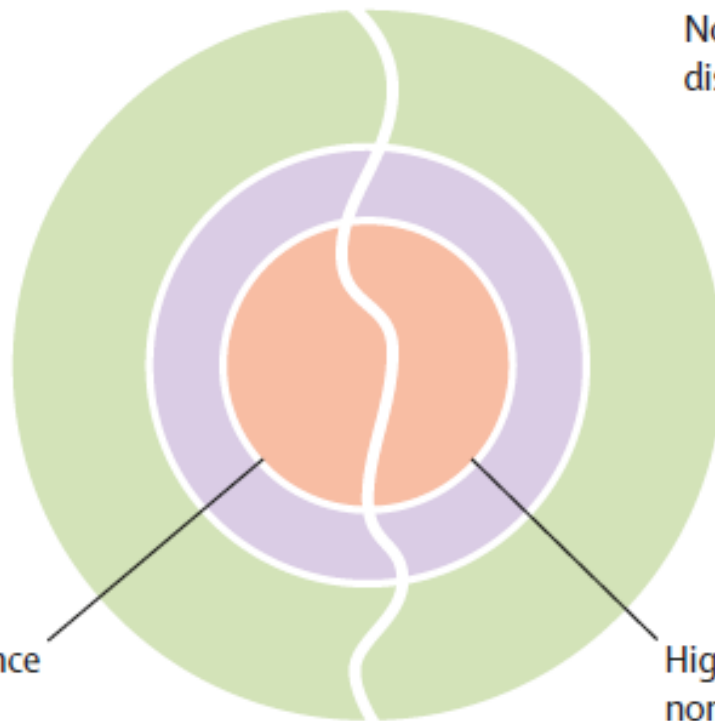
- **Includes** CEA to assess value-for-money in achieving health outcomes
- **Extends** CEA by assessing value for money in purchasing FRP
- **Extends** CEA by explicitly considering equity in distribution of health and financial outcomes



# 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

- Universal health coverage
- Essential universal health coverage (218 interventions)
- Highest priority package (108 interventions)

# HPP Costs: Platforms and Temporal Characteristics

	Low-income countries	Lower-middle- income countries
<b>Incremental costs by platforms (percentage of totals)</b>		
Population-based	0.6%	0.6%
Community	18%	12%
Health Center	50%	57%
First-level hospital	25%	22%
Referral & specialty hospitals	6.4%	9.1%
<b>Incremental costs by intervention urgency (percentage of totals)</b>		
Urgent	35%	27%
Chronic	41%	50%
Time-bound (non-urgent)	24%	23%

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).



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

*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

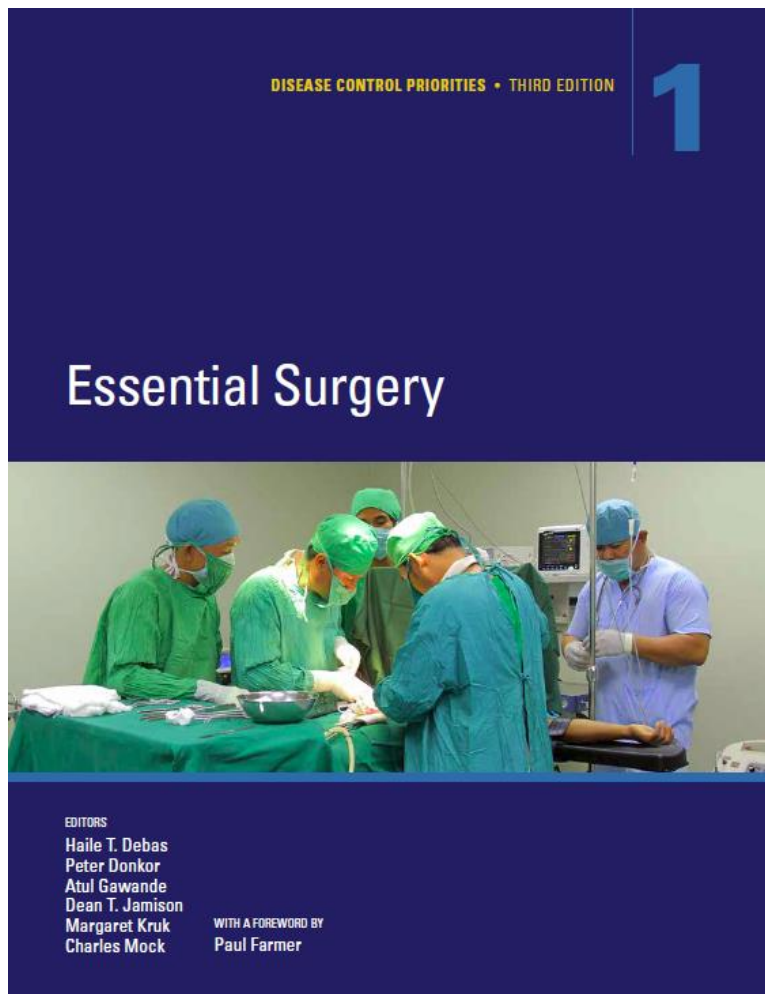
80 authors/co-authors

DCP3

Disease  
Control  
Priorities

*economic evaluation for health*

# 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

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- Shankar Prinja
- Staffan Bergström
- Micahel Vlassoff
- Katrine Lofberg
- Emilia Noormahomed
- Richard MK Adanu
- Mark G Shrimel
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- Kelly McQueen
- Nicole Sitkin
- N Venkatesh Prajna
- Mary Lake Polan
- Joseph B Babigumira
- Jan J Barendregt
- Hideki Higashi
- Ambereen Sleemi

# Multiple Volumes, Common Elements





# 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



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

## Quality of Care

**John Peabody, MD, PhD**

President, QURE Healthcare

Professor, UCSF Department of Epidemiology & Biostatistics

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# THANK YOU

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