

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
7. Injury Prevention and Environmental Health - 2017
8. Child and Adolescent Health and Development - 2017
9. Disease Control Priorities: Improving Health & Reducing Poverty - 2018

Disease Control Priorities History



- 1993 World Development Report
- *Disease Control Priorities in Developing Countries, Second Edition 2006 (DCP2)*
- *Disease Control Priorities, 3rd Edition 2015-2018 (DCP3)*

DCP3 by the Numbers

9 → Volumes

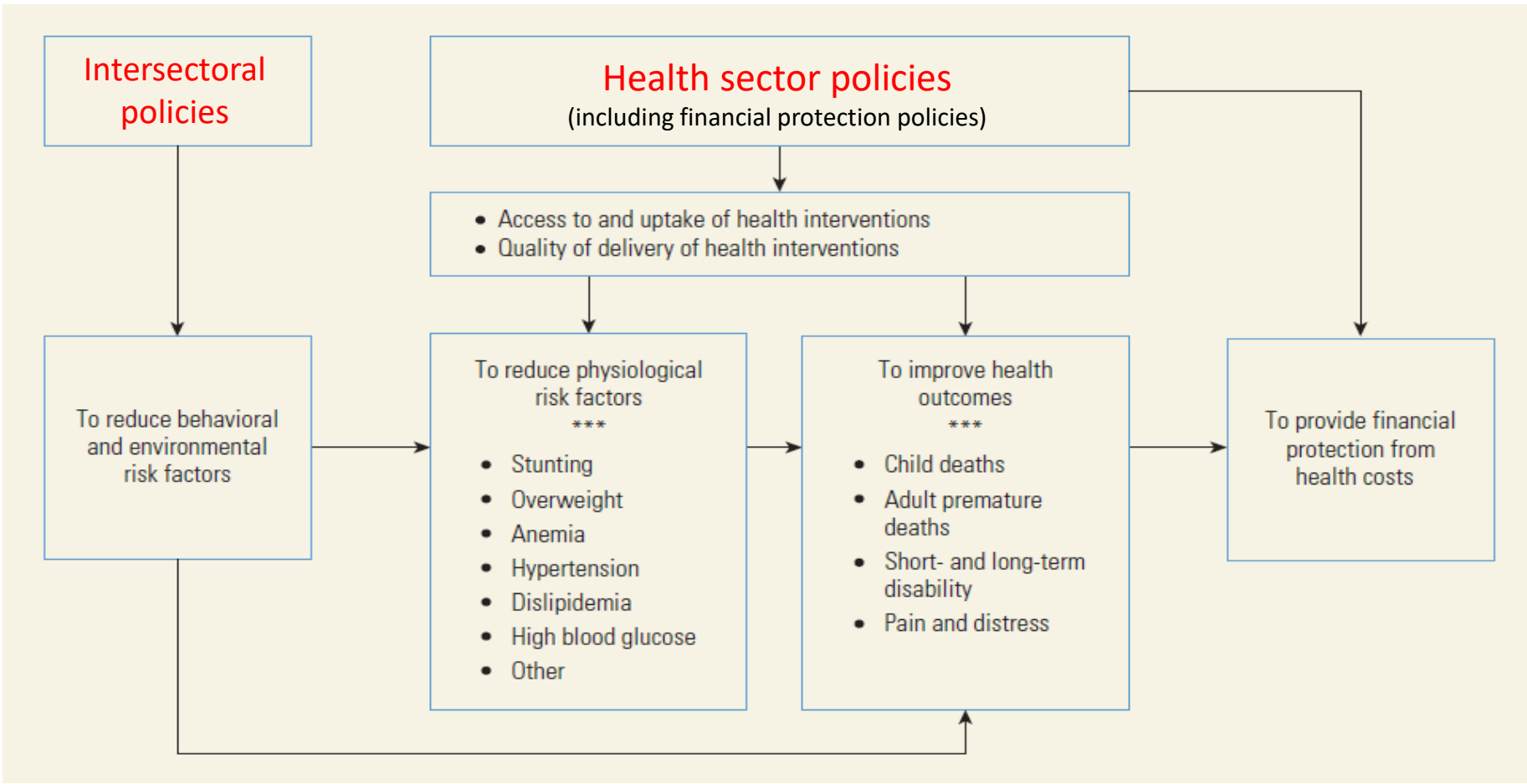
5 → Years

33 → Editors

172 → Chapters

500+ → Authors

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)

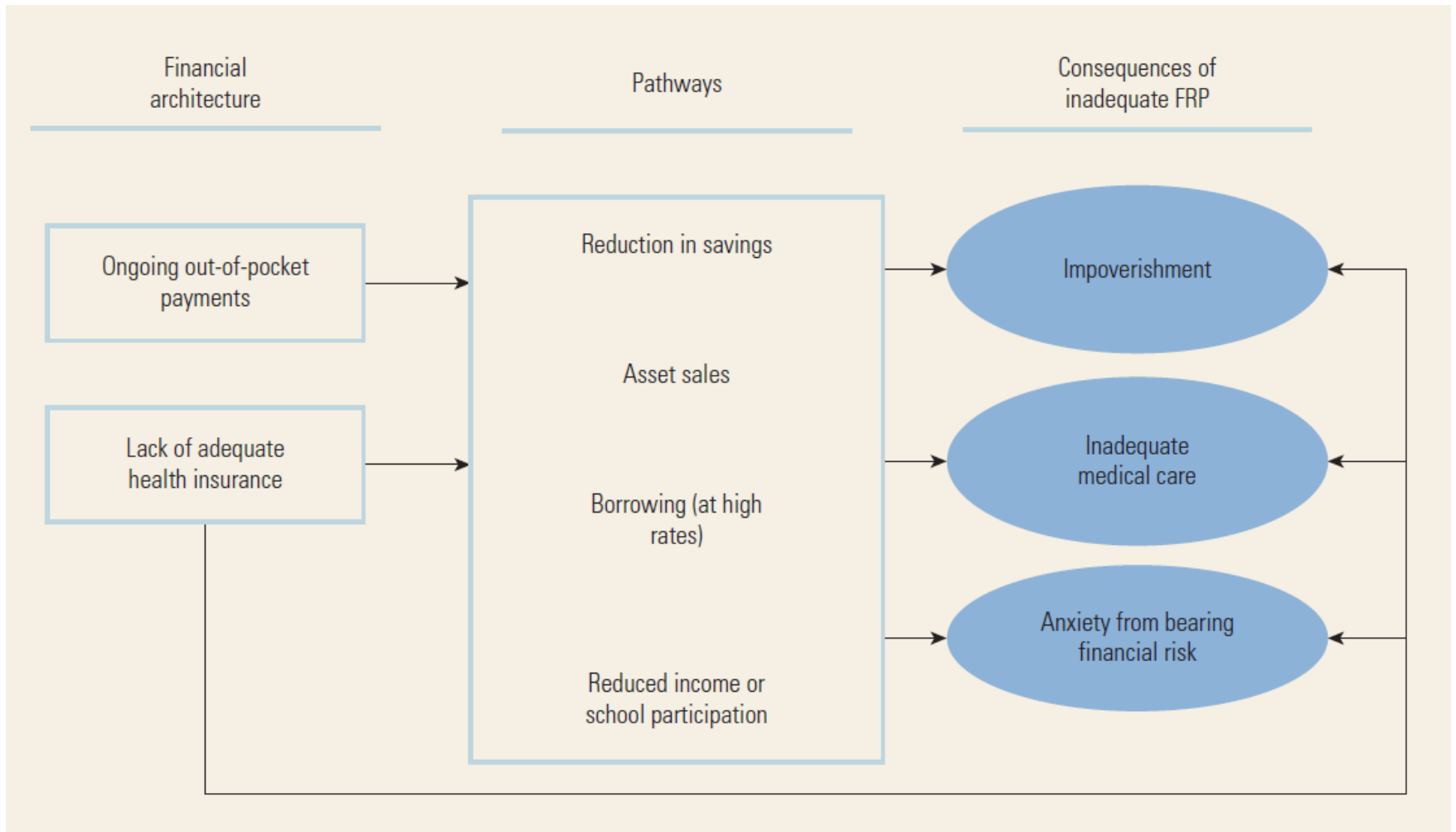
- 11 Cardiovascular, respiratory, and related disorders
- 12 Cancer
- 13 Mental, neurological, and substance use disorders
- 14 Musculoskeletal disorders
- 15 Congenital and genetic disorders
- 16 Injury prevention
- 17 Environmental improvements

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.

Financial Risk Protection



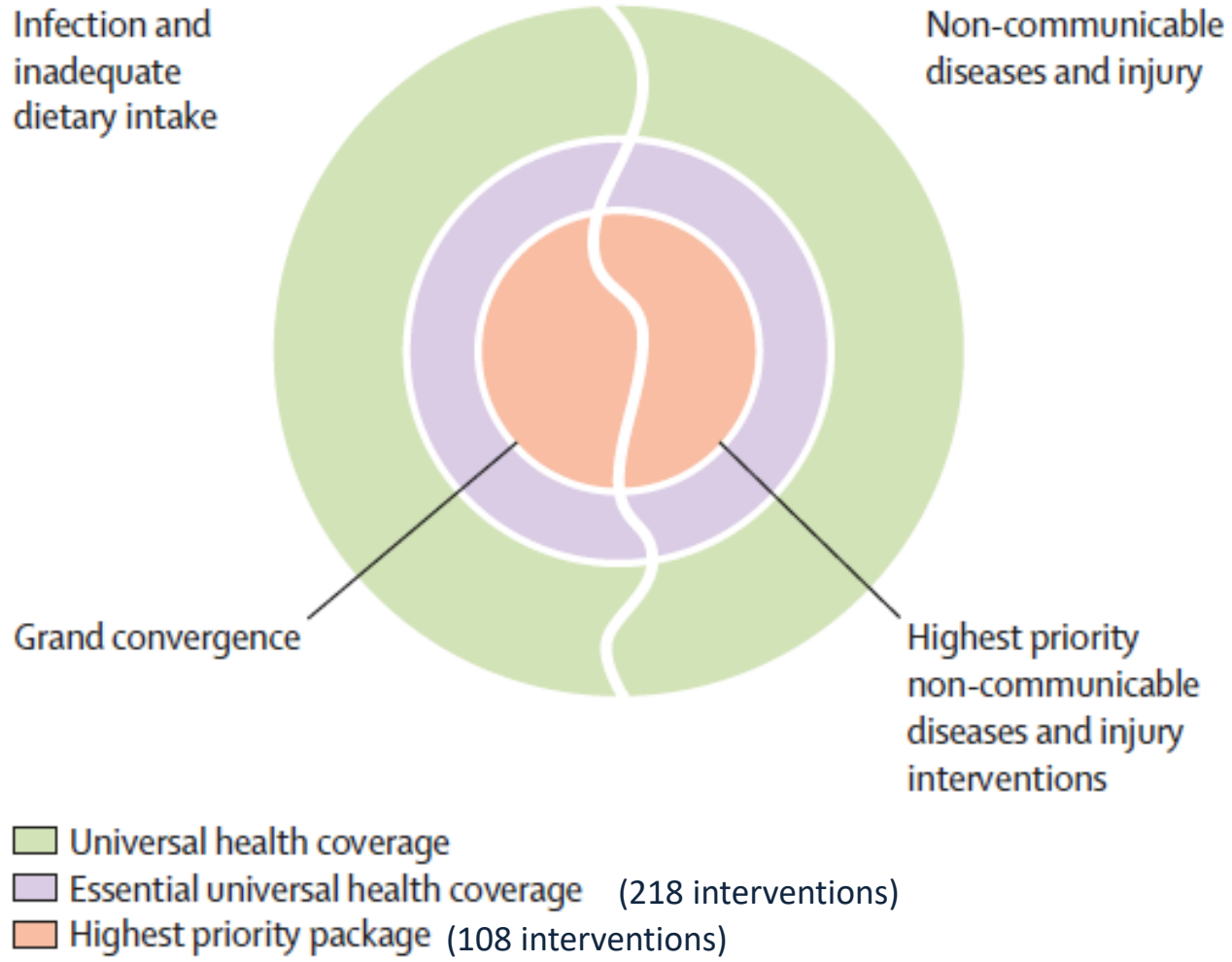
Extended Cost-Effectiveness Analysis (ECEA)

- **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

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'

The Health Sector: EUHC & HPP



Health Systems and UHC

	Global Health 2035	DCP3	WHO 2017
Estimated additional costs			
Lower-middle-income countries	US\$(2011) 61 billion annually between 2016 and 2030	HPP: US\$(2012) 97 billion in 2030; EUHC: US\$(2012) 190 billion in 2030	US\$(2012) 185 billion in 2030
Estimated deaths averted			
Lower middle-income countries	5.8 million deaths averted per year between 2016 and 2030	4.2 million deaths averted in 2030	6.1 million deaths averted in 2030

HPP Costs: Platforms and Temporal Characteristics

Low-income countries	Lower-middle- income countries
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Incremental costs by platforms (percentage of totals)		
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%
Incremental costs by intervention urgency (percentage of totals)		
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)

THANK YOU

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