DCP3 | Disease Control Priorities

economic evaluation for health

Author Instructions

Version 5
January, 2016

Contents

Instructions for DCP3 Editors and Authors

The first and second editions of *Disease Control Priorities in Developing Countries* (*DCP1* and *DCP2*) were published in 1993 and 2006, respectively. Like its predecessors, the third edition (*DCP3)* will summarize and synthesize evidence of the effectiveness and cost-effectiveness of global health interventions and offer comparative economic evaluation. *DCP3* will also include new analyses for selected health conditions that illustrate the potential for policies to provide financial protection to households experiencing health-related costs, as well as the differential effects of policies on equity, measured across income quintiles.

These instructions are provided to the authors of *DCP3* to guide you in preparing manuscripts for submission to the *DCP* Secretariat. They are intended to answer common questions about the scope, format, and procedures that your chapters require, as well as describe the types of support available to you from the Secretariat. As an author, your primary point of contact for information and guidance on *DCP3* administrative and publishing matters is the series editor for your volume or your volume coordinator (a full list of editors and coordinators can be found in Appendix A). You may also contact the Secretariat at the University of Washington, Department of Global Health, for resolution of issues. Brie Adderley (adderley@uw.edu) is the project manager.

DCP Secretariat

The creation of *DCP3* is managed by the DCP Secretariat based at the University of Washington in Seattle, WA. Led by Dean Jamison and Rachel Nugent, the Secretariat oversees and coordinates the stages of chapter and volume development and provides support to editors and authors. Secretariat staff work with volume editors and coordinators to help identify chapter authors, facilitate author meetings, and review outlines and chapter drafts. The Secretariat also conducts systematic literature searches for authors upon request to inform their chapter content.

Within the Secretariat, the *DCP3* Economics team manages the review of cost-effectiveness data for all volumes. The team is comprised of Carol Levin, Senior Health Economist; Sue Horton, Professor and CIGI Chair in Global Health Economics at the University of Waterloo; and Elizabeth Brouwer, Health Economics Analyst. The Economics team collaborates with authors during drafting to provide relevant cost-effectiveness information for each chapter and oversees the development of a chapter synthesizing the cost-effectiveness data for each volume. Additionally, Stéphane Verguet, Senior Health Economist, centrally supports the development of Extended Cost-Effectiveness Analyses.

Working closely with volume coordinators, Kristen Danforth, Research Analyst, and Brie Adderley, Project Manager, usher chapter drafts through *DCP3*'s comprehensive review process and prepare them for final production by the World Bank. The Secretariat is available to support you throughout your participation with *DCP3*; contact information for Secretariat staff can be found in Appendix A.

Volumes

DCP3 will consist of nine separate volumes, eight focusing on a specific health topic, disease category, or population (e.g., cardiovascular disease or child health), and one serving as an overview volume. Each volume will contain approximately 15 to 20 chapters written by prominent scholars and practitioners in the field. Each volume will have three to five editors, including a series editor. The volume editors will serve as advisors to chapter authors and chapter reviewers.

All volumes will follow a similar structure, with four parts dedicated to reviewing the burden of disease, interventions, policies and platforms, and economic evaluations. Some volumes will also include a part addressing risk factors. An expanded description of the *DCP3* nomenclature for programs, packages, and platforms can be found in Appendix E.

Chapter Drafting

Each chapter will have a lead author invited by the volume editorial teams, and additional authors to be selected by the lead authors in consultation with editors. Chapters should strive to have at least one author from a low- or middle-income country.

Chapter Length and Format

DCP3 word count limits are set on a per volume basis; volume editors are responsible for allocating the volume word count across chapters. While many chapter allocations vary, on average *DCP3* chapters are expected to be approximately 10,000 words in length, including tables, figures, references and footnotes. Please confer with your volume editors for the specific word count limit for your chapter. A good rule of thumb is that figures are approximately 250 words and tables are approximately 500 words per whole page. References are included in the chapter word count; the number of references will vary from chapter-to-chapter, but for planning purposes, we recommend that you budget about 1,000-2,000 words for the references. The chapter manuscripts should be submitted to the series editor and coordinator in Word format, using Times New Roman, 12 point font size, and double-spaced. **We are not able to accept incomplete manuscripts for final publication; please carefully adhere to the *Author Checklist* in Appendix B and ensure that you have met all the guidelines.**

Developing the Chapter

In Box 1, you will find a generic *DCP3* chapter outline to help you get started on the drafting process. Not every element included in the sample outline will be relevant to your chapter; we anticipate that you will make adjustments to suit your style and preferred organization.

The primary audience consists of policy makers and advisors in low-and-middle-income countries (LMICs). We also anticipate that *DCP3* will contain valuable information for other

global health stakeholders, including global health policy organizations, funding agencies, academic and technical experts, and university students. Accordingly, the language of your chapter should be understandable to a Minister of Health (perhaps with some interpretation from technical people) or another high-level policy professional, but the chapter should also be informative for a technical health care professional. Technical terms may be used as long as they are explained.

Anything that can be summarized in a table, or even better, a good figure, should be. Authors should consider using one graphic for every two pages of the printed book, with each full text page containing approximately 700 words. Unlike previous versions of *Disease Control Priorities*, the vast majority of dissemination for *DCP3* will be online; thus, providing shorter paragraphs and more subheads will improve the readability of online versions and e-books.

We also recommend that you give added consideration to clarity and electronic searchability when writing chapter titles; section headings; figure, map, and table titles; and annex titles. The goal should be to ensure that readers have sufficient information to make sense of these elements if they are viewed apart from the complete book or chapter. For example, "Results of Regression Analysis" would not adequately inform prospective readers of the content of a table or annex. You should try to use descriptive titles that cover the what-where-when of figures or tables to catch readers' attention.

An abstract of no more than 100 words and a list of the top two or three main messages or themes of the chapter should be included when the chapter is submitted to editors for review. These will be used by the editors to develop the overview chapter for the volume, as well as by the World Bank for marketing and dissemination and included on the *DCP3* website.

Box 1. General Chapter Outline

Section I: Introduction and Overview (1 page)

- What is included in the chapter, what is excluded and why, mentioning overlaps with other chapters
- Recent changes in the disease conditions and response
- Summary of findings and main messages of the chapter

Section II: The condition or risk factor (1-2 pages)

- Importance of the condition (or issue) for LMICs
- Natural history
- Geography
- Burden of the diseases or conditions that your chapter covers. Each volume will have one or more separate chapters on burden of all conditions covered in the volume.
- Risk factors
- Consequences

- Trends

Section III: Interventions and/or policies, their effectiveness, and their coverage by income/geographical area or other relevant parameter
(NOTE: Not all of the topics below will apply to each chapter.)

- Array of available interventions, delivery platforms, and policies; why some were chosen for new analysis in this chapter
- Prevention (including behavioral and medical)
- Screening
- Diagnosis
- Care and treatment—curative and palliative
- Potential for scaling up
- Adequacy of evidence for each intervention of interest, considering use in low- and middle-income countries

Section IV: Summary of costs and cost-effectiveness of interventions and extended cost-effectiveness analysis results

- Program costs and health system costs, where available
- Cost/year of lives saved/DALYs/QALYs*
- Cost-effectiveness analysis summary tables*
- ECEA results (if applicable)*
- Economic and other non-health benefits, where relevant

(NOTE: Sections with * will be prepared by the *DCP3* Economics team in consultation with authors.)

Section V: Conclusions and recommendations

- What to do, what to avoid doing (the latter is especially important to discuss)
- Resource-stratified approach to integrate/adopt interventions

Optional: Examples of successful and/or failed programs (may be boxes)

Optional: Research & Development

References: The number of references per chapter will vary depending on the length of the chapter. References should follow the Chicago Style format and contain names of authors, full title of publication rather than abbreviations, name and location of publisher, date of publication, and other essential information.

In some cases, chapters will revise or update a *DCP2* chapter. Email Brie Adderley (adderley@uw.edu) to obtain a Word version of the relevant *DCP2* chapters, if needed. PDF versions of *DCP2* chapters can also be found on the website.

DCP3 Chapter Sections – Standardized Elements

To maximize comparability and quality across chapters and volumes, several elements of *DCP3* chapter construction have been standardized. These include the source for burden of disease data, the process for systematic searches for intervention effectiveness, and the presentation of cost-effectiveness data, all described in greater detail in this section.

Condition or Risk Factor (Section II): Burden of Disease

The editors of the overall *DCP3* project have weighed several options and, after considerable deliberations, have decided that 1) results will be most understandable if all *DCP3* volumes used the same data source for presenting disease burden information and 2) that the best source to use is the WHO Global Health Estimates (GHE). This decision has evolved as global data sources themselves have evolved over the past few years. The use of WHO GHE data allows *DCP3* to maintain coherence with the UN Population Division's most recent estimates of total numbers of death by age and cause and is also the approach favored by the recent *Lancet* Commission on Investing in Health.

As you draft your chapter, if you would like to include global burden of disease numbers, please use GHE data. The most up-to-date information currently available (2012) can be found here:

http://www.who.int/healthinfo/global_burden_disease/en/.

While the *DCP3* editors' intentions are to facilitate the greatest degree of comparability across chapters and volumes, there may be a compelling rationale to use an alternative source of burden data for a particular condition or risk factor. If your chapter author team feels strongly that you would prefer to use a data source other than GHE, please contact your volume editor or a member of the Secretariat and they will be happy to discuss this further.

Authors should plan on referring to World Bank income and geographic groupings unless otherwise discussed with *DCP3* Editors (a complete list can be found in Appendix F). Authors should refer to the latest (2012) World Development Indicators for economic data. The terms "developing" and "developed" countries should be avoided in favor of the World Bank groupings unless there is a compelling need for their use.

Evidence of Effectiveness (Section III): Conducting Systematic Literature Searches

A primary goal of *DCP3* is to provide synthesized, up-to-date information on the effectiveness of intervention approaches for use by policy makers and implementers in LMICs. In order to ensure the highest quality presentation of this information, chapter author teams are **strongly encouraged** to conduct a systematic search of the literature.

In order to help you with this, a member of the secretariat, Kristen Danforth (danfortk@uw.edu), and an information retrieval consultant, Vittoria Lutje, are available to work with editors and authors to compile the latest evidence on efficacy and effectiveness. For each intervention or condition, Kristen and Vittoria will assist you by constructing search strategies, conducting searches on bibliographic databases, and performing an initial screening of studies produced by various searches according to standard *DCP3* criteria (see Appendix D for additional information). Once the literature search is complete, you will receive a database of up-to-date literature with a citation list and abstracts. References will be shared via EndNote unless you specify otherwise. It will take one to two weeks after the team starts working on a particular intervention to prepare a bibliography of relevant studies, but it may take longer, depending on the scope of the search and the number of requests in the queue.

Initiating a Search

Chapter authors begin by submitting the literature search form (which can be found online here), detailing the intervention(s) for which searches are to be conducted. The literature search form asks authors to describe the scope of the chapter, provide information and search terms regarding the interventions covered, and clearly define additional inclusion/exclusion criteria to improve search results.

Please send any questions to Kristen Danforth (danfortk@uw.edu).

Economic Analysis (Section IV): Standardized Methods and Presentation

DCP3 will present economic analyses of global health interventions from literature and original work. Although this aspect is well-known by most authors, it is not something that all authors are prepared to write themselves.

To ensure consistency and comparability across chapters, the *DCP3* Economics team has established a process to summarize and review available cost-effectiveness (CE) data for all interventions, policies, and delivery platforms discussed in *DCP3* chapters, with the intention of providing each author team with a succinct review and presentation of the relevant CE data for their chapters. The *DCP3* Economics team will conduct a comprehensive literature search, grade all relevant articles, extract the cost-effectiveness ratios, and create a standardized table with analysis that will be provided for incorporation into each chapter.

We realize that you may not need much, if any, input on economics. In general, however, the goal is to work with you to develop the pertinent chapter sections with minimal disruption to your drafting process, as well as to achieve consistency across chapters. We will provide you with a table presenting cost-effectiveness data for all interventions for which data are available in the literature and an accompanying description of one to two pages.

The standard methodological and presentation approaches used in *DCP3* are outlined in Box 2. All costs will be presented in US$2012, and authors extracting and analyzing economic information should also follow the guidelines outlined in Box 2. If you already plan to include economic information in your chapter, please contact your volume coordinator and Kristen Danforth (danfortk@uw.edu) so that we can ensure consistency and avoid duplication with the work of the Economics team.

Box 2: Guide to *DCP3* Cost-Effectiveness Reviews

1. Identify all relevant cost-effectiveness data in literature published since 2000 regarding low-and-middle-income countries (LMIC).
2. Data from high-income country can be used when there is insufficient data available from LMICs.
3. Distinguish between modeled and country-based studies
    a. WHO-CHOICE model estimates separately considered from country-based CEA studies
4. Present results by WB geographic regions and country income classifications
5. Present results in US$2012:
    a. Extract costs from articles, preferably in LCU (local currency units)using WB exchange rates of the year of the intervention (default to use the year published if article is unclear about the date of costs)
        i. If costs are only presented in US$ (or other), convert to LCU using WB exchange rate of the year of the intervention
        ii. If costs given in International $, divide by the country's PPP (purchasing power parity) as defined by the WB in the year of the intervention to convert to LCU.
    b. Inflate the costs to 2012 LCU using WB CPI of given country
        i. (2012 LCU Costs = Study Year LCU Costs * [CPI 2012/CPI study year])
    c. Convert 2012 LCU costs to 2012 UDS using WB exchange rates
        i. (2012 US$ Costs= 2012 LCU Costs/ 2012 WB Exchange Rate)
    d. Present 2012 US$ Costs

DCP3 Standard Economic Presentation

As noted, the Economics team will provide you with a table presenting cost-effectiveness data for all interventions for which data are available in the literature and an accompanying description of one to two pages. Tables will be organized by intervention or platform category, region, and country income group. We will list articles in the following table format by year published, in ascending order with earliest studies first. Following is an example of the table format for your reference.

Table Template

Study author	Year	Intervention	Region/ country	Cost per outcome	Unit of outcome	Currency	Cost per outcome in 2012 US$

Editing and Review

Once your initial chapter draft is complete, the chapter will enter a comprehensive *DCP3* editing and review. This involves five phases varying in length and purpose and involving both internal and external editors and subject-matter experts. The chapter will be returned to you after each phase via the volume coordinator. The purpose of this multi-staged editing and review is to enhance the quality and consistency of *DCP3* products. You can expect the entire process to take from six to eight months, depending on chapter length and other factors specific to individual volume production.

First review: DCP3 Volume and Series Editors — The initial review is conducted by the volume and series editors. The editors will focus on overall content; the type and relevance of literature incorporated; and the presentation of the evidence-base for burden, intervention effectiveness, and cost-effectiveness. The volume and series editors are ultimately responsible for ensuring that the content and key messages of individual chapters form a cohesive volume. At this time, the Secretariat will also review the chapter for elements of consistency with the standard *DCP3* methods and presentation described above. The chapter will be returned to you by the volume coordinator after this review.

First Edit: World Bank — After editorial feedback is provided and revisions are incorporated by authors, the chapter will be sent to a contractor who works closely with the World Bank (Mary Fisk) for developmental editing. The editor's focus is to improve organization, narrative clarity, and readability. The chapter will be returned to via the coordinator after this step.

Second review: Public comment — Completed chapter drafts are also put on the *DCP3* website to allow for informal feedback from stakeholders not reached by the other review steps. This feedback comes directly to lead authors by email. In addition to providing another opportunity to catch errors or omissions, the public comment facilitates transparency and helps achieve important buy-in and audience building. Please provide your volume coordinator with a list of knowledgeable institutions and individuals who would be interested in reviewing your draft chapter. The Secretariat will inform them when the draft is available online. This public comment period typically lasts two months and occurs simultaneously with peer review. Chapter author teams may request to opt out of this step only if it is necessary to preserve journal publication. If you believe this will be the case for your chapter, please contact the volume coordinator.

Third review: Peer Review — Each chapter is subject to rigorous independent peer review through a contract with the Institute of Medicine (IOM) with cooperation from the Inter-Academy Medical Panel. The peer review process lends credibility to *DCP3* and exposes the material to a wider audience before publication. The IOM independently recruits reviewers and manages the review process. Once the chapter has been peer reviewed, it will be returned to you

with comments for your consideration. After you have completed any necessary revisions, the Secretariat will review the draft for style and content. The peer review process typically takes 4-6 weeks to complete.

Fourth review: Panel Review — Once all of the chapters of a volume have received signoff from authors and editors, the entire volume will go through a high-level panel review to assess impact, comprehensiveness, logical consistency, and accuracy. Three to five reviewers will assess the overall volume composition, with an emphasis on the volume's overview chapter.

Production

After the chapter has completed all stages of the review process and received sign-off from the chapter authors, volume editors, and *DCP3* Secretariat, it moves into the production phase, which is managed by the World Bank. With few exceptions, chapters must be submitted to the World Bank no less than 4 months prior to the final publication date for the volume. The World Bank will conduct the final editing, typesetting, indexing, and publishing. There is minimal engagement required of author teams during this process. Authors will be requested to review the copyediting of their chapters and resolve any queries, as well as review the typeset versions as PDF files.

Permission to use/reprint long excerpts, figures, maps, and tables

One of the final tasks for the chapter authors and volume coordinators is to secure permission to reprint any previously published material. All permissions need to be received **before the chapter can be submitted to the World Bank for production**. Depending on the rightsholder, it can take 1-4 weeks to obtain permission to reprint. Because of this, it is important to start early on the permissions process.

1. If you know while drafting the chapter that a figure or table will require reprint permission, please note this and include a reference (if available) under the figure/table in the draft.
2. During developmental editing, Mary Fisk will compile a list of other chapter elements that require reprint permission; this list will be circulated to authors via the volume coordinator.
3. For each item that requires reprint permission, identify the original publisher's Permissions and Licensing Department contact. Send this contact the World Bank permission form. This form guarantees that *DCP3*, the World Bank, and its licensees (such as foreign-language publishers) have permission to reprint in any form and any language, on any platform, and under open access.
    a. *Note*: Publishers typically have a permissions webpage with a form to be completed; please start with the form letter provided by the World Bank. Depending on the journal, the permissions included in their standard forms may not be adequate to allow publication under the Creative Commons license (see

appendix C). If a journal declines to sign the World Bank form letter, please contact Brie Adderley (Adderley@uw.edu); the Secretariat will help to facilitate the next steps.

4. If payment is required, contact your volume coordinator, who will facilitate payment via the DCP Secretariat at University of Washington.
5. *Note*: Publishers may grant permission to reprint in any form and any language, and on any platform, but not under open access. In these cases, please include the publisher's mandated "further permission required" text in the source note.
    a. If the publisher grants permission to reprint in DCP3 but reserves some rights (e.g., online publication, translation), please include the publisher's mandated "further permission required" text in the source note and immediately notify your volume coordinator.
6. Obtain written permission and send as a PDF to your volume coordinator. All permissions will be kept on file at the DCP Secretariat.

Please use the following citation in your chapter for figures for which reprint permission is obtained: "Source: ©[copyright owner]. Reproduced, with permission, from [author-date citation]; further permission required for reuse."

Written permission is generally not required for the following elements: The doctrine of fair use allows authors to quote from other authors' work or to reproduce small amounts of graphic material based on data, excluding pictorial elements, for purposes of review or criticism or to illustrate or buttress their own points. Authors who follow fair use should ensure they accurately transcribe any material, give credit to their sources, and do not quote out of context. Additional information is provided in *The Chicago Manual of Style*, 16th Edition, 4.77.

As chapters near the production stage volume coordinators, the Secretariat will be in touch more frequently regarding this requirement. However, authors are strongly encouraged to begin thinking about the permissions process as early as possible, given the potential for it to delay chapter production. If you have questions or need assistance, please contact Kristen Danforth at danfortk@uw.edu.

Copyright Assignment to the World Bank

The *DCP3* copyright will be held at the World Bank and will be published under the Creative Commons CC BY 3.0 IGO license (https://creativecommons.org/licenses/by/3.0/igo/), meaning that consumers will be free to use and reuse the content with proper attribution, but without needing express permission from *DCP3* or the World Bank. Each author must assign the copyright of his or her chapter to the World Bank by completing a standard Assignment of Copyright contract that will be distributed by volume coordinators.

Publication and Dissemination

Final chapters and volumes will be professionally edited and published electronically and in softbound books by the World Bank (on demand). As with draft chapters, final chapters will be

electronically published as they are completed. The PDF versions of the individual chapters and volumes, as well as the final full electronic versions, will be made available on the *DCP3* website, on the World Bank's e-Library and in the World Bank's Open Knowledge Repository, on other searchable archive systems, and on a variety of free services. The first complete volumes (expected to be the essential surgery, cancer, and RMNCH volumes) will be published in early 2015. All completed volumes of *DCP3* are expected to be published by mid-2016.

On behalf of *DCP3*, the World Bank will undertake an integrated marketing campaign, including via print and electronic catalogs, website features, email promotions, as well as leveraging social media and social reading to maximize outreach and dissemination. Most dissemination will be online and free through appropriate commercial and non-commercial channels. The World Bank will also use several new distribution channels for *DCP3*. Readers will be able to access it through channels such as Scribd, Amazon Kindle, the *DCP3* website, and print-on-demand.

We have already begun actively promoting *DCP3* products and events via social media platforms, such as Twitter and Linked In. We encourage you follow *DCP3* @DCPThree to stay up-to-date with current news and information. Authors are also encouraged to use their own communication channels and forums to promote their involvement in *DCP3*.

We are currently in discussions with the Gates Foundation regarding our ability to support additional dissemination efforts and events. As your volume nears its release date, the *DCP3* team will be in touch with further information. Please contact Brie Adderley (Adderley@uw.edu) if you would like more information on our communication strategies.

Journal Publications

To further increase the reach of *DCP3*, the University of Washington has arranged for the first chapter of each volume to be published as a special edition of the *Lancet*, shortly in advance of the official volume releases in order to raise *DCP3*'s profile and highlight the main findings to their wide readership. All authors will be listed as members of the Writing Group and their names will eventually appear in PubMed in conjunction with the chapter. The manuscript will be shared with you before submission to The Lancet.

Authors are also encouraged to submit papers stemming from the *DCP3* work to journals if they wish to do so. To avoid jeopardizing your ability to publish, please fill out this web form if you are planning to submit your work to a journal. The *DCP3* secretariat will work with you to ensure you are complying with *DCP3*'s the journal's policies and practices. For more detailed information about journal submission, see Appendix C.

Appendix A: *DCP3* Staff and Editors and Coordinators by Volume

DCP3 Secretariat Staff and Consultants

Brie Adderley – Project Manager (Adderley@uw.edu)
Kristen Danforth – Research Analyst (danfortk@uw.edu)
Dean Jamison – Professor Emeritus and Series Editor (djamison@uw.edu)
Carol Levin – Senior Health Economist (clevin@uw.edu)
Rachel Nugent – Principal Investigator and Series Editor (rnugent2@uw.edu)

Mary Fisk – Editor, World Bank
Vittoria Lutje – Information Retrieval Specialist

DCP3 Series Editors

Dean Jamison – University of Washington Department of Global Health
Rachel Nugent – University of Washington Department of Global Health
Sue Horton – University of Waterloo
Hellen Gelband – Center for Disease Dynamics, Economics and Policy (CDDEP)
Prabhat Jha – Center for Global Health Research
Ramanan Laxminarayan – CDDEP & Public Health Foundation of India
Charles Mock - University of Washington Department of Global Health

Essential Surgery

Haile Debas – University of California, San Francisco
Atul Gawande – Harvard Medical School
Dean Jamison – University of Washington Department of Global Health
Margaret Kruk – Harvard T.H. Chan School of Public Health
Charles Mock – University of Washington Department of Global Health
Peter Donkor – Kwame Nhrumah University of Sciences & Technology

Coordinator: Rachel Cox – University of California, San Francisco
CoxR@globalhealth.ucsf.edu

Reproductive, Maternal, Newborn, and Child Health

Robert Black – Johns Hopkins Bloomberg School of Public Health
Ramanan Laxminarayan – CDDEP & Public Health Foundation of India
Neff Walker – Johns Hopkins Bloomberg School of Public Health
Marleen Temmerman – World Health Organization

Coordinator: Brie Adderley – University of Washington Department of Global Health
Adderley@uw.edu

Cancer

Hellen Gelband – CDDEP
Prabhat Jha – Center for Global Health Research
Rengaswamy Sankaranarayanan – International Agency for Research on Cancer
Sue Horton – University of Waterloo

Coordinator: Cindy Gauvreau, Center for Global Health Research
GauvreauC@smh.ca

Mental, Neurological and Substance Use Disorders

Vikram Patel – London School of Hygiene & Tropical Medicine and PHFI
Ramanan Laxminarayan – CDDEP & Public Health Foundation of India
Dan Chisholm – World Health Organization
Theo Vos – University of Queensland
Tarun Dua – World Health Organization
Marina Elena Medina-Mora – National Institute on Psychiatry de la Fuente Muniz

Coordinator: Rachana Parikh – PHFI
Rachana.Parikh@phfi.org

Cardiovascular, Respiratory, and Related Disorders

Dorairaj Prabhakaran – Center for Chronic Disease Control
Jean Claude Mbanya – International Diabetes Federation
Shuchi Anand – Center for Chronic Disease Control
Rachel Nugent – University of Washington Department of Global Health
Tom Gaziano – Harvard T.H. Chan School of Public Health
Yangfeng Wu – The George Institute

Coordinator: Shuchi Anand – Center for Chronic Disease Control
Anand@ccdcindia.org

AIDS, STIs, TB, and Malaria

King Holmes – University of Washington Department of Global Health
Stefano Bertozzi – Berkeley School of Public Health
Prabhat Jha – Center for Global Health Research
Barry Bloom – Harvard T.H. Chan School of Public Health
Rachel Nugent – University of Washington Department of Global Health

Coordinator: Brie Adderley – University of Washington Department of Global Health
Adderley@uw.edu

Injury Prevention and Environmental Health

Charles Mock – University of Washington Department of Global Health
Olive Kobusingye – Makerere Medical School
Rachel Nugent – University of Washington Department of Global Health
Kirk Smith – UC Berkeley School of Public Health

Coordinator: Brie Adderley – University of Washington Department of Global Health
Adderley@uw.edu

Child & Adolescent Development

Don Bundy – Bill & Melinda Geates Foundation
Nilanthi de Silva – University of Kelaniya
Dean Jamison – University of Washington Department of Global Health
Sue Horton – University of Waterloo
George Patton – Murdoch Children's Research Institute

Coordinator: Linda Shultz – World Bank
Lschultz@worldbank.org

Disease Control Priorities: Improving Health and Reducing Poverty

Dean Jamison – University of Washington Department of Global Health
Rachel Nugent – University of Washington Department of Global Health
Sue Horton – University of Waterloo
Hellen Gelband – CDDEP
Prabhat Jha – Center for Global Health Research
Ramanan Laxminarayan – CDDEP & Public Health Foundation of India
Charles Mock – University of Washington Department of Global health

Coordinator: Jennifer Nguyen – University of Washington Department of Global Health
Nguyenj5@uw.edu

Appendix B: *DCP3* Author Checklist and Naming Conventions

This checklist summarizes the items you will need to submit your manuscript.

Step 1: Finalize your manuscript

- □ **Adhere to the chapter word limit given to you by your editors** (on average this is approximately **10,000** words.)
- □ **Provide sources** for figures, maps, and tables; include the complete source information in the reference list.
- □ **Check that all boxes, figures, maps, and tables are mentioned** in the text.
- □ **Follow the numbering conventions of figures, maps, and tables** provided below.
- □ **Apply for permission** to reuse previously published material.
- □ **Check that all references are complete and accurat**e (names of authors, complete title of publication rather than abbreviated form, name and location of publisher, date of publication, and other essential information).
- □ **Place notes and references at the end of each chapter**.
- □ **Delete any comments in the Word file**s and ensure that no tracked changes remain.
- □ **Name the files by chapter number**. *Examples:* Ch_1 Neurological Disorders.docx.
- □ **Assemble appropriate source files (data or art) for figures, maps, and images.**
  - ➢ Excel files for dense figures (for example, scatter plots with tightly grouped data points and line graphs with significantly overlapping data lines).
  - ➢ High-resolution files (300 dpi or greater in eps) of figures derived from Stata/similar programs
  - ➢ Map files (high-resolution files/300 dpi in jpg, eps, or vector)
  - ➢ Any source math or tables, if these were provided as pictures and are not editable.
- □ **Write chapter abstract** (100 words).
  - ➢ Include 5 keywords for online search purposes
- □ Sign the **Assignment of Copyright** contract.

Step 2: Submit the following in print and in electronic format:

- □ Submission Form/copyright release completed and signed
- □ Biographical sketch of authors
- □ Chapter abstract
- □ Excel files clearly titled for dense figures
- □ High-resolution files (eps, jpg, or vector) for maps and images
- □ Permission to reprint for all images previously published

Naming conventions

- **Annexes:** The first annex to chapter 7 should be titled "Annex 7A" and the second annex, "Annex 7B". Each annex should have a descriptive text heading.
  - NOTE: Chapter annexes will be available online but will not be included in print versions of the volumes.
- **Chapters*:*** Name the files by chapter number. *Example:* **"**Ch_1 Neurological Disorders.docx".

- **Figures***:* "Figure O.1" is the first figure in an overview; "Figure I.1" is the first figure in an unnumbered introduction; "Figure 1.1" is the first figure in chapter 1.
- **Maps**: Maps are numbered separately from figures, for example, "Map 1_1.eps" is the first map in chapter 1.
- **Tables:** "Table O.1" is the first table in an overview; "Table I.1" is the first table in an unnumbered introduction; "Table 1.1" is the first table in chapter 1, and "Table 2A.1" is the first table in the first annex to chapter 2.

Appendix C: Publishing a *DCP3* Chapter in a Journal

The University of Washington is excited to partner with the World Bank to publish the 3rd edition of *Disease Control Priorities in Developing Countries* (*DCP3*). This will continue a decades-long partnership between *DCP* and the World Bank, which served as the publisher for the first two editions of *DCP*. The University of Washington is working with the World Bank to give this edition its furthest reach to date. To that end, *DCP3* will be the first edition of *DCP* to be published using the Creative Commons Attribution (CC BY) copyright license. As the broadest creative commons license, it will allow *DCP3* to be accessed and reproduced with very few restrictions.

For chapters within each volume, we expect some authors to have an interest in publishing their work outside of *DCP3* as well. To that end, we are providing guidance for authors who:

1. Wish to publish work in a journal that would come out before the *DCP3* volume or
2. Are basing their *DCP3* chapter on work that they have already published in a journal

These guidelines provide general procedures for *DCP3* copyright management. If you think you may be interested in publishing your work in a journal, please contact your volume coordinator or the DCP3 Secretariat (publishing@dcp-3.org).

Definitions

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Six types of Creative Commons licenses are available. In order of least to most restrictive, these are:

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All authors wishing to submit to journals will need to submit this form to enable the *DCP3* staff to work with you through the publication process. As *DCP3* will be published under a CC BY license, we strongly advise that authors either publish in journals that also use this license or obtain similar permissions. Any version of CC BY license (IGO, 4.0, 3.0, etc.) will be acceptable. Any other license, including other versions of CC licenses (e.g., CC BY-NC), will limit the ability to include a chapter in all *DCP3* publication formats. In some cases journals will charge a fee for the option of publishing an article open access. In general, *DCP3* is not able to pay journal submission fees for authors, however, we will review submission fee needs on a case-by-case basis.

The steps below provide an overview of what the process will look like for obtaining the appropriate copyright permissions. The *DCP3* Secretariat and volume coordinators are here to assist you throughout the process.

If you intend to submit for publication in a journal before DCP3 publication:

1. Contact your volume coordinator and the *DCP3* Secretariat to inform them that you are interested in publishing in advance of the volume release date.
2. Determine the journal(s) to which you are interested in submitting your work.
3. Investigate the copyright provisions of the journal(s).
    a. If the journal has an open-access copyright policy, determine the procedures for submitting under those auspices
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        ii. Other creative commons licenses may be used on a case-by-case basis, after conferring with the *DCP3* secretariat.
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        i. There cannot be time limitations on publications that are outside *DCP3* publishing dates. i.e., *DCP3* will not be able to include your article if it is embargoed by another publisher
        ii. The material must be approved to be distributed in any form and language on any platform
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    b. If the copyright license is not CC BY, please contact publishing@dcp-3.org, and the secretariat will assist in determining what documentation is acceptable.

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Should you wish to include it, an acknowledgement of support from *DCP3* is appreciated. If your publication will contain a more substantive reference to *DCP3* in the title or body of the work, please contact the *DCP3* Secretariat for further instructions. The following language is recommended for acknowledgements:

The authors gratefully acknowledge the support of Disease Control Priorities (3rd edition) and the Bill & Melinda Gates Foundation.

If your work for DCP3 is based on an already published article:

1. If the publisher uses CC BY, submit a copy of the publication agreement and a copy of the applicable CC BY license to publishing@dcp-3.org.
2. If there is any other publication agreement in place, contact the publisher to determine how permissions can be obtained to use any publication in *DCP3*. Once received, submit a copy of the agreement to publishing@dcp-3.org.
    a. NOTE: The material must be approved to be distributed in any form and language on any platform.

After DCP3 Volume Publication

DCP3 will be published open access (using the CC BY 3.0 IGO copyright license). Thus, if you plan on submitting a publication based on your work for DCP3 after the volume has been released, you will be free to rely on any *DCP3* chapter materials with proper attribution, a link to the CC BY 3.0 IGO license at https://creativecommons.org/licenses/by/3.0/igo/, and an explanation of any changes made to the original material. If you have any questions or would like a copy of the copyright information, please don't hesitate to contact us (publishing@dcp-3.org).

DCP3 Prepublication

An important component of *DCP3*'s review process is making chapter drafts available online for public comment. In some cases, this "prepublication" on the *DCP3* website may jeopardize your ability to submit your material for publication. In those cases, we will not pre-publish your chapter on the *DCP3* website. Please notify your volume coordinator and the *DCP3* Secretariat if you require this exemption. Many journals do allow pre-publication and we encourage authors to learn the policies of prospective journals prior to submission. We recommend that authors do not reach out to the media or respond to inquiries until the paper has been formally accepted for publication and an embargo date has been scheduled.

Appendix D: Additional Information on Systematic Literature Searches

Systematic literature searches for intervention effectiveness help to ensure that chapters present the most up-to-date information available for LMICs. The optimal point in the drafting process at which to request to a search will vary by chapter, but once you are ready you may either reach out to Kristen Danforth (danfortk@uw.edu) or complete the form found here. In general, to begin your search the following information will be needed:

Intervention Information

Chapter authors are requested to provide comprehensive information on pertinent conditions and interventions of interest when completing the literature search form. For example: What are the effects of the intervention on a set of outcomes for a specific population?

The PICO (Patient, Intervention, Comparison and Outcome) framework, as provided in the form, has four components that guide the formulation of scoping questions.

P: Population and/or patient group under study

I: Which intervention, treatment, or exposure is being tested?

C: What are the alternative(s) of the intervention or treatment options? Comparison group(s) may not be applicable in all cases.

O: What are the outcome and effects of the intervention exposure? Outcome measures can include indicators for mortality, morbidity, and quality of life.

Search Information

Along with contextual information on the intervention of interest, authors are requested to define appropriate search parameters and the inclusion/exclusion criteria to use when identifying relevant studies. For example:

1. What study designs should be included in the search?

Searches can be conducted for experimental and/ or observational studies. In the literature search form please list all the study designs to be included in the searches. The search domain can include one or more of these domains: randomized controlled trials, quasi-experimental studies, systematic reviews, and recent literature published since one year before the search date of latest systematic review.

2. What geographic areas should the relevant studies cover?

Studies from Low-and-Middle-Income Countries (LMIC), High-Income Countries (HIC), or both can be included in these searches. If required, relevant studies can be separated into LMICs and HICs.

3. How recent should studies be to be included in the results?

By default, searches will be conducted for evidence published since 2000 on various facets of intervention effectiveness but volume teams can request for older publications as well.

4. Should publications in languages other than English be included?

DCP3 volume teams can ask for systematic searches to gather evidence on effectiveness and efficacy of each intervention. Volume teams are requested to carefully decide how many domains to include as broader generic searches can lead to a compromise between sensitivity and specificity of search results. Once the search request is received, it will be processed and screened, and the results will be returned as an EndNote library.

Appendix E: Packages, Platforms, and Policies

DCP1 (1993) and *DCP2* (2006) examined the health and economic outcomes of interventions that targeted major disease groupings faced by low-and-middle-income countries (LMICs). By identifying cost-effective interventions, both publications were intended to assist policy makers in resource-constrained environments to set priorities. In addition to summarizing the literature on cost-effectiveness analysis, *DCP3* will include discussion of packages of interventions, platforms for delivering packages, and policies that influence the financing, uptake, access, and quality of health services. It will include economic analysis of the effects of those health system choices. With these additions, *DCP3* is shifting its attention toward a horizontal health systems perspective.

DCP3 is structured into 9 volumes, 8 of which focus on a package of interventions that targets a disease area. Within these packages, we are working toward identifying cost-effective interventions that can be used to target diseases at different levels of the health and social system via particular delivery channels (or platforms). This new focus coincides with advancements in the economic analyses used by *DCP3* that center on policies that can be used to increase access to, quality of, and uptake of interventions.

DCP3, therefore, will be analyzing the impact of policies and platforms that are relevant to policy makers in LMICs. By emphasizing policies and platforms, *DCP3* will place intervention packages into a real-world context where combining services in multiple ways affects targeted populations differently. More specifically, it will allow policy makers to understand the economies of both scale and scope that come with using one platform to target multiple packages of interventions. *DCP3* is working with experts in health, policy, and economics to determine the best packages, platforms, and policies to be scrutinized with this new framework.

This document provides definitions and a framework for understanding how packages, platforms, and policies fit together.

Definitions

Packages:

Put simply, a package in the context of *DCP3* is a group of interventions that target a specific disease area. These interventions are typically actions taken by or for individuals to reduce the risk, duration, or severity of an adverse condition. They represent the smallest/lowest unit of analysis that can then be grouped into a package. The packages are grouped into eight disease area volume topics.

Platforms:

Intervention packages can be delivered across multiple platforms. A platform is best thought of as the level of the health (or social welfare) system at which interventions or packages can be

appropriately, effectively, and efficiently delivered. A particular platform is defined based on WHERE the intervention will be delivered (the setting) and WHO will deliver the intervention (service provider). A specific delivery channel (such as a school or a primary health care center) can be viewed as a 'sub-platform'. Some obvious delivery platforms that are being used in *DCP3* include:

- Community outreach
- Clinics
- First, second, and third level facilities

Policies

Policies are those activities that can be undertaken by governments or other entities that wish to encourage or discourage interventions, or, importantly, to expand the menu of potential interventions. For *DCP3*, policies are contextualized within the packages and platforms they intend to address. As a result, while *DCP1* and *DCP2* may have recommended vaccination as a cost-effective intervention, *DCP3* will analyze what policies might affect vaccination uptake through a specific delivery platform. Policies in *DCP3* will generally fall into five categories:

- Price changes (taxes and subsidies)
- Laws and regulations
- Information and communication
- Improved built environment
- Research and development

Framework

By focusing policies within a platform context, *DCP3* is specifically interested in identifying/assessing intervention packages that take place at a particular health and social system level. Identifying the set of interventions that fall within the realm of a particular delivery channel or platform is of interest and relevance to decision makers because 1) that is often how resources are actually allocated in reality (that is, to schools or PHC, not to specific interventions or packages of care), and 2) it enables the identification of potential opportunities, synergies, and efficiencies.

This framework is best viewed in the context of an intervention matrix that arranges the delivery platforms horizontally and the packages vertically. The matrix can then be filled in with interventions that relate to a specific package and platform. An example of this type of framework is found in the Lancet's Commission on Investing in Health[1] and is adapted below.

Intervention Matrix

[1] Jamison DT, Summers LH, Alleyne G, et al. 2013. "Global Health 2035: A World Converging Within a Generation." *The Lancet*. published online December 3. http://dx.doi.org/10.1016/S0140-6736(13)62105-4.

	COMMUNITY OUTREACH	CLINICS	FIRST AND SECOND LEVEL FACILITIES	SECOND AND THIRD LEVEL FACILITIES
RMNCH	Immunization	Antenatal care	Treatment of severely ill children; C-section	Neonatal and pediatric intensive care
CHILD & ADOLESCENT DEVELOPMENT	Peer education; sex education	Condom distribution		
AIDS, STIS, TB, AND MALARIA	Mass drug administration	Multi-drug treatments		
VASCULAR AND RESPIRATORY	Community-based diabetes prevention programs	Drugs for primary or secondary prevention of CVD	Medical treatment of AMI; foot amputation for diabetes	Angiography services
CANCER	HPV vaccination	Cervical cancer screening or treatment	Hormonal therapy for breast cancer; surgery for breast cancer	Treatment of selected pediatric cancers
INJURY	Training of lay first responders	Treatment for minor burns	Essential surgery	Treatment for severe burns
MENTAL HEALTH	Rehab for chronic psychosis	Antidepressants and psychological therapy for depression or anxiety	Detoxification for alcohol dependence	Neurosurgery for intractable epilepsy
ESSENTIAL SURGERY			Management of fractured femur	Complex orthopedic surgery

With this framework in mind, it is possible to see how certain policies can be used to affect a platform that will in turn have an impact on multiple interventions. For example, by implementing regulations that promote hypertension screening among patients with HIV at clinics, a synergy can be created for the delivery of both hypertension medication and HIV medication. This type of policy takes advantage of economies of scope.

Conclusions

In developing this framework for *DCP3,* we aim to provide more information on how policy decisions will affect the health of populations. By moving beyond the intervention-focused approach of *DCP1* and *DCP2*, we provided information that allows policy makers to make their decisions in context. Decisions to invest in community outreach programs can have impacts across multiple intervention packages just as investing in one disease package can have an impact across multiple platforms. This shift will undoubtedly help policy makers use economic analysis to improve priority setting in health.

Appendix F: Countries by World Bank Income and Geographic Groups

Below are the income and geographic groupings used by the World Bank as of July 2014.

By Income

Low-income economies ($1,045 or less)

Afghanistan	Gambia, The	Nepal
Bangladesh	Guinea	Niger
Benin	Guinea-Bisau	Rwanda
Burkina Faso	Haiti	Sierra Leone
Burundi	Kenya	Somalia
Cambodia	Korea, Dem Rep.	Tajikistan
Central African Republic	Liberia	Tanzania
Chad	Madagascar	Togo
Comoros	Malawi	Uganda
Congo, Dem. Rep	Mali	Zimbabwe
Eritrea	Mozambique	
Ethiopia	Myanmar	

Lower-middle-income economies ($1,046 to $4,125)

Armenia	Kiribati	São Tomé and Principe
Bhutan	Kosovo	Senegal
Bolivia	Kyrgyz Republic	Solomon Islands
Cameroon	Lao PDR	South Sudan
Cabo Verde	Lesotho	Sri Lanka
Congo, Rep.	Mauritania	Sudan
Côte d'Ivoire	Micronesia, Fed. Sts.	Swaziland
Djibouti	Moldova	Syrian Arab Republic
Egypt, Arab Rep.	Mongolia	Timor-Leste
El Salvador	Morocco	Ukraine
Georgia	Nicaragua	Uzbekistan
Ghana	Nigeria	Vanuatu
Guatemala	Pakistan	Vietnam
Guyana	Papua New Guinea	West Bank and Gaza
Honduras	Paraguay	Yemen, Rep.
Indonesia	Philippines	Zambia
India	Samoa	

Upper-middle-income economies ($4,126 to $12,745)

Angola
Albania
Algeria
American Samoa
Argentina
Azerbaijan
Belarus
Belize
Bosnia and Herzegovina
Botswana
Brazil
Bulgaria
China
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
Fiji
Gabon
Grenada
Hungary
Iran, Islamic Rep.
Iraq
Jamaica
Jordan
Kazakhstan
Lebanon
Libya
Macedonia, FYR
Malaysia
Maldives
Marshall Islands
Mauritius
Mexico
Montenegro
Namibia
Palau
Panama
Peru
Romania
Serbia
Seychelles
South Africa
St. Lucia
St. Vincent and the Grenadines
Suriname
Thailand
Tonga
Tunisia
Turkey
Turkmenistan
Tuvalu
Venezuela, RB

High-income economies ($12,746 or more)

Andorra
Antigua and Barbuda
Aruba
Australia
Austria
Bahamas, The
Bahrain
Barbados
Belgium
Bermuda
Brunei Darussalam
Canada
Cayman Islands
Channel Islands
Chile
Croatia
Curaçao
Cyprus
French Polynesia
Germany
Greece
Greenland
Guam
Hong Kong SAR, China
Iceland
Ireland
Isle of Man
Israel
Italy
Japan
Korea, Rep.
Kuwait
Latvia
Liechtenstein
Lithuania
Luxembourg
Norway
Oman
Poland
Portugal
Puerto Rico
Qatar
Russian Federation
San Marino
Saudi Arabia
Singapore
Sint Maarten
Slovak Republic
Slovenia
Spain
St. Kitts and Nevis
St. Martin
Sweden
Switzerland

Czech Republic	Macao SAR, China	Trinidad and Tobago
Denmark	Malta	Turks and Caicos Islands
Estonia	Monaco	United Arab Emirates
Equatorial Guinea	Netherlands	United Kingdom
Faeroe Islands	New Caledonia	United States
Finland	New Zealand	Uruguay
France	Northern Mariana Islands	Virgin Islands (U.S.)

By Region

East Asia and Pacific

American Samoa	Malaysia	Samoa
Cambodia	Marshall Islands	Solomon Islands
China	Micronesia, Fed. Sts	Thailand
Fiji	Mongolia	Timor-Leste
Indonesia	Myanmar	Tuvalu
Kiribati	Palau	Tonga
Korea, Dem. Rep.	Papua New Guinea	Vanuatu
Lao PDR	Philippines	Vietnam

Europe and Central Asia

Albania	Hungary	Romania
Armenia	Kazakhstan	Serbia
Azerbaijan	Kosovo	Tajikistan
Belarus	Kyrgyz Republic	Turkey
Bosnia and Herzegovina	Macedonia, FYR	Turkmenistan
Bulgaria	Moldova	Ukraine
Georgia	Montenegro	Uzbekistan

Latin America and the Caribbean

Argentina	Ecuador	Nicaragua
Belize	El Salvador	Panama
Bolivia	Grenada	Paraguay
Brazil	Guatemala	Peru
Colombia	Guyana	St. Lucia
Costa Rica	Haiti	St. Vincent and the Grenadines
Cuba	Honduras	Suriname
Dominica	Jamaica	Venezuela, RB
Dominican Republic	Mexico	

Middle East and North Africa

Algeria
Djibouti
Egypt, Arab Rep.
Iran, Islamic Rep.
Iraq
Jordan
Lebanon
Libya
Morocco
Syrian Arab Republic
Tunisia
West Bank and Gaza
Yemen, Rep.

South Asia

Afghanistan
Bangladesh
Bhutan
India
Maldives
Nepal
Pakistan
Sri Lanka

Sub-Saharan Africa

Angola
Benin
Botswana
Burkina Faso
Burundi
Cameroon
Cabo Verde
Central African Republic
Chad
Comoros
Congo, Dem. Rep.
Congo, Rep
Côte d'Ivoire
Eritrea
Ethiopia
Gabon
Gambia, The
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Niger
Nigeria
Rwanda
São Tomé and Principe
Senegal
Seychelles
Sierra Leone
Somalia
South Africa
South Sudan
Sudan
Swaziland
Tanzania
Togo
Uganda
Zambia
Zimbabwe