



DISEASE CONTROL
PRIORITIES PROJECT



Disease Control Priorities in Developing Countries

Accademia Nazionale dei Lincei, Roma
June 19, 2006

INVESTING IN GLOBAL HEALTH "BEST BUYS" AND PRIORITIES FOR ACTION IN DEVELOPING COUNTRIES

What is the DCPP?

DCPP is an alliance of organizations designed to review, generate and disseminate information on how to improve population health in developing countries.

DCPP Partners

Fogarty International Center

World Bank

World Health Organization

Bill & Melinda Gates Foundation

History and Genesis of DCPP

- 1993—First edition of *Disease Control Priorities in Developing Countries* published; mainly a World Bank effort and tied to *World Development Report, 1993*
- 2001—Fogarty International Center conceptualizes DCPP and mobilizes partners and team
- January 2002—Bill & Melinda Gates Foundation awards first of three grants to FIC in support of DCPP
- April 2002—Beginning of consultations, Working Paper Series

Objectives of DCPP

- **Developing an evidence base to inform decision-making by:**
 - Providing estimates of the **cost-effectiveness** and impact of single interventions and packages
 - Collaborating in defining **disease burdens** globally and regionally
 - Summarizing **implementation experience** in different regions and globally



Disease Control Priorities in Developing Countries

SECOND EDITION

Editors

Dean T. Jamison

Joel G. Breman

Anthony R. Measham

George Alleyne

Mariam Claeson

David B. Evans

Prabhat Jha

Anne Mills

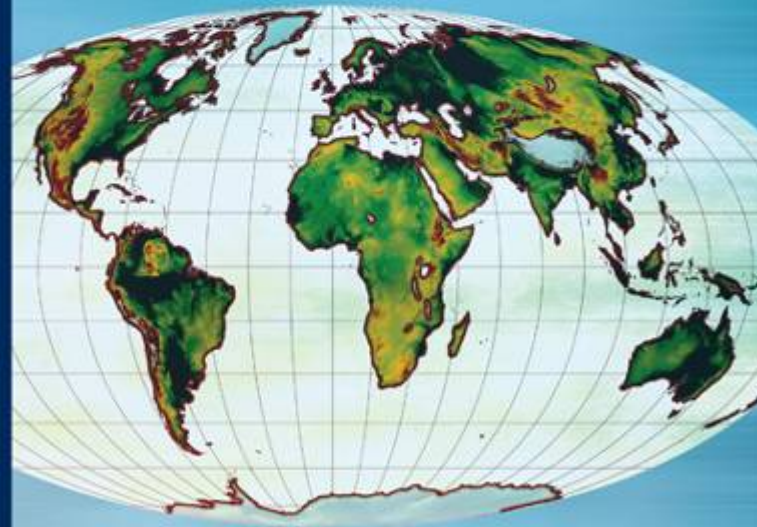
Philip Musgrove

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Global Burden of Disease and Risk Factors

Editors

Alan D. Lopez, Colin D. Mathers, Majid Ezzati,
Dean T. Jamison, and Christopher J. L. Murray



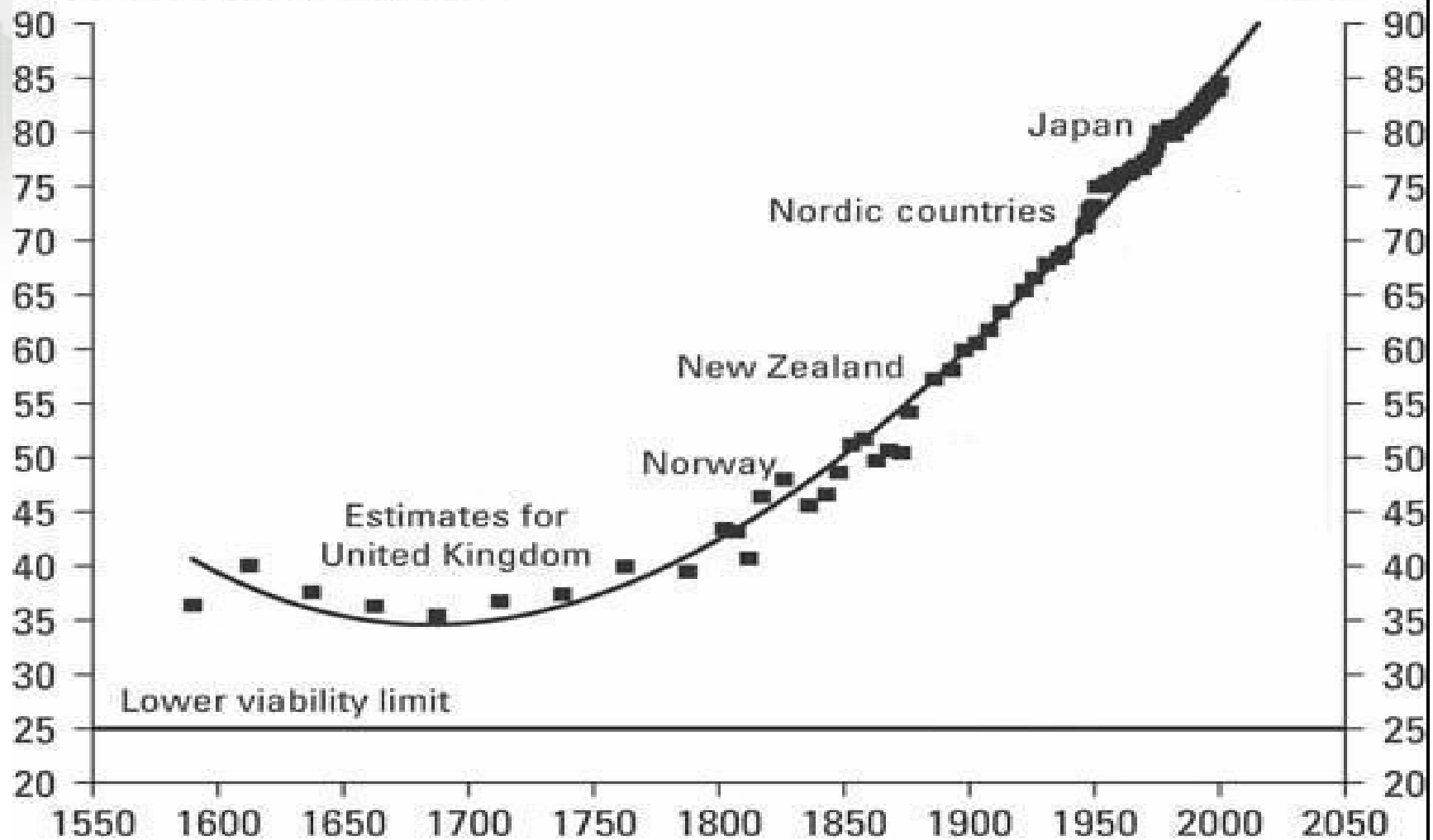
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Main Messages

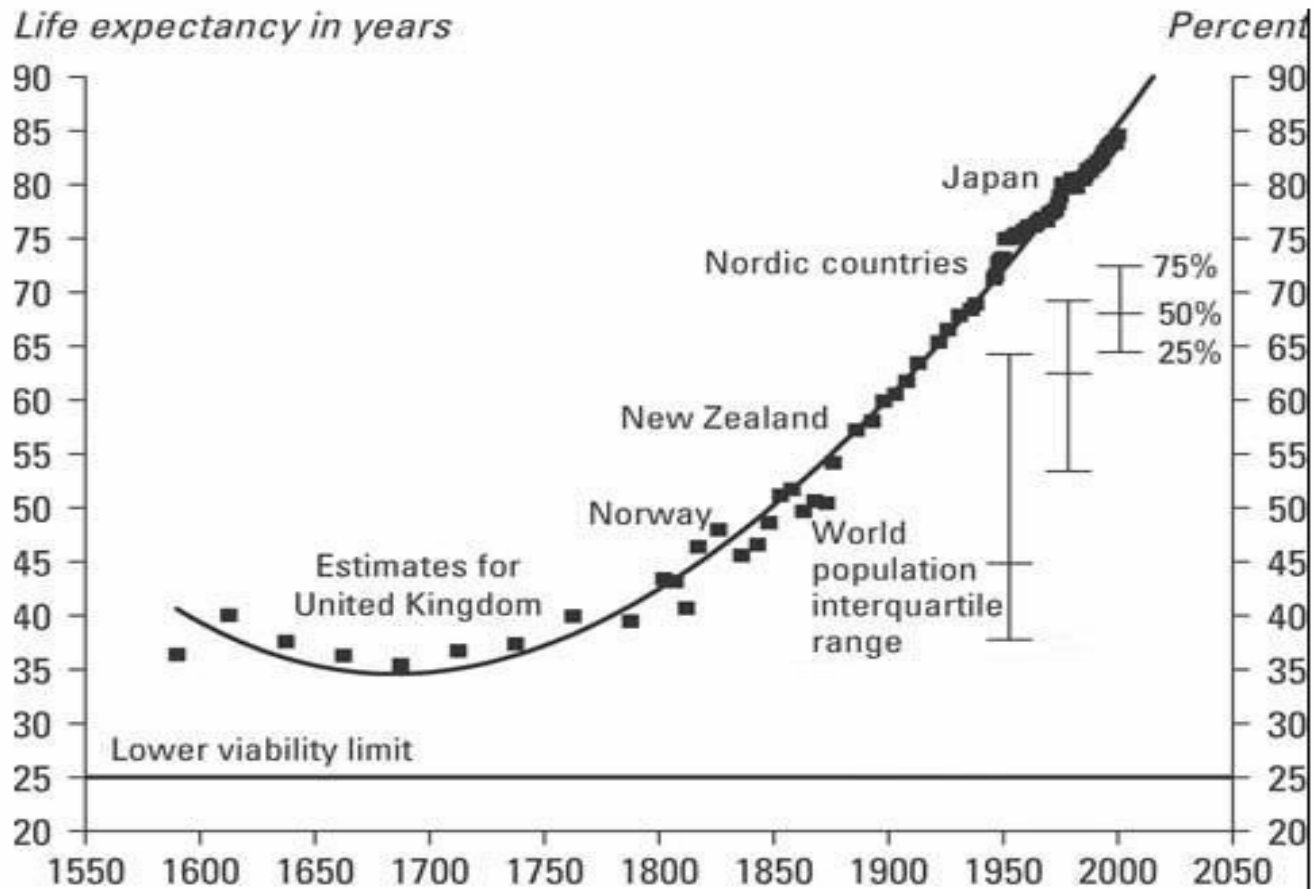
- 1. Average life expectancy in low- and middle-income countries increased dramatically in the past half-century, while cross-country health inequalities decreased.*

Life expectancy in years

Percent



Source: Deppen 1999.



Source: Oeppen 1999.

Main Messages

- 2. Improved health has contributed significantly to economic welfare.*

Main Messages

3. *Although health improvements constituted an enormous success for human welfare in the 20th century, four critical challenges face developing countries (and the world) at the dawn of the 21st century:*
- high levels and rapid growth (for mostly demographic reasons) of non-communicable conditions in the disease profiles of developing countries
 - the still unchecked HIV/AIDS pandemic
 - the possibility of a successor to the influenza pandemic of 1918
 - the persistence in many countries and many population subgroups of high but preventable levels of mortality and disability from diseases such as malaria, TB, diarrhea, and pneumonia; from micronutrient malnutrition; and, for both mothers and infants, from childbirth.

Cardiovascular disease is the leading cause of death in low- and middle-income countries.

Deaths in Low- and Middle-Income Countries by Selected Causes, 2001

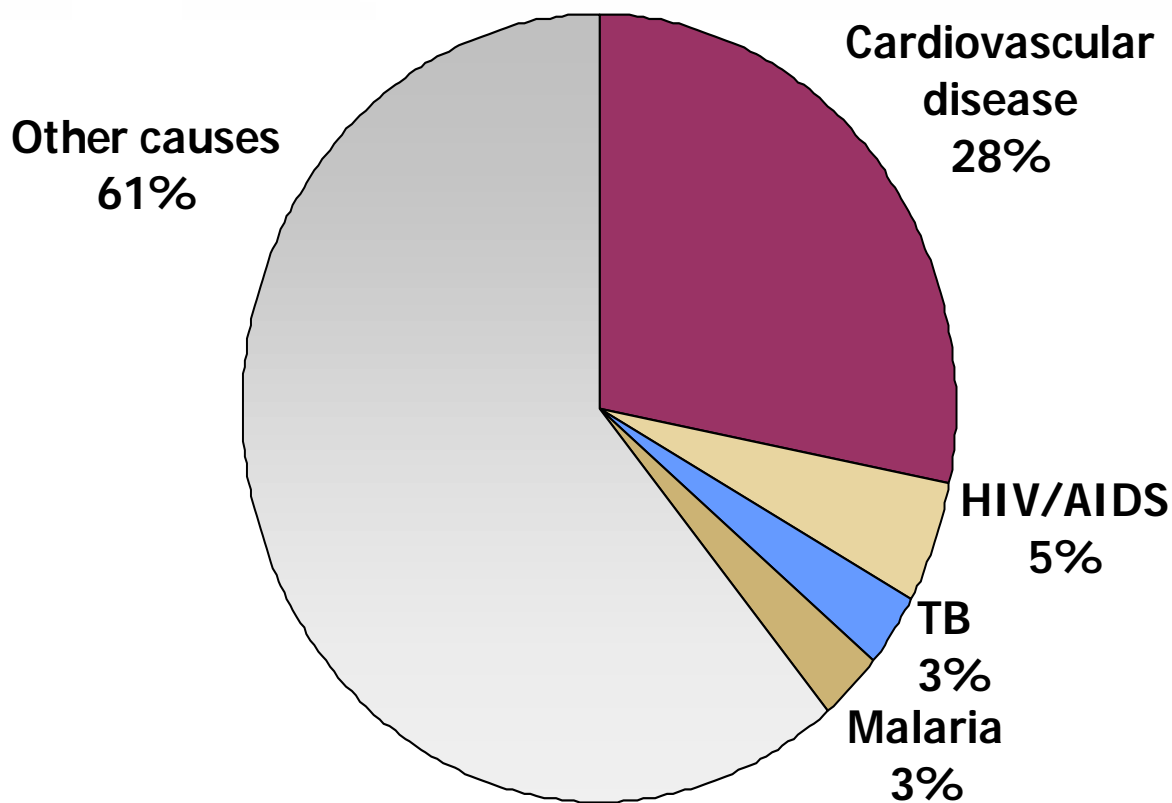
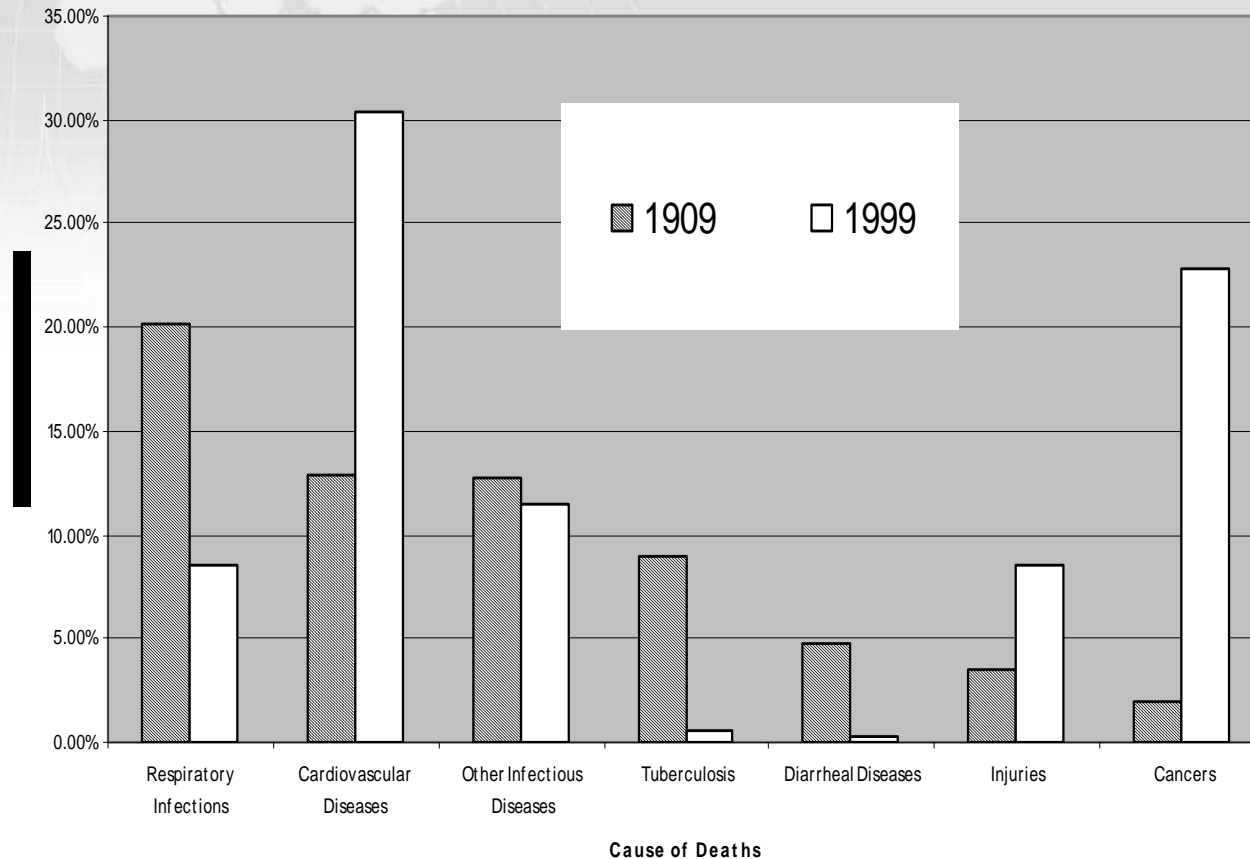


Figure 1.2: Distribution of Deaths by Cause in Chile, 1909 and 1999

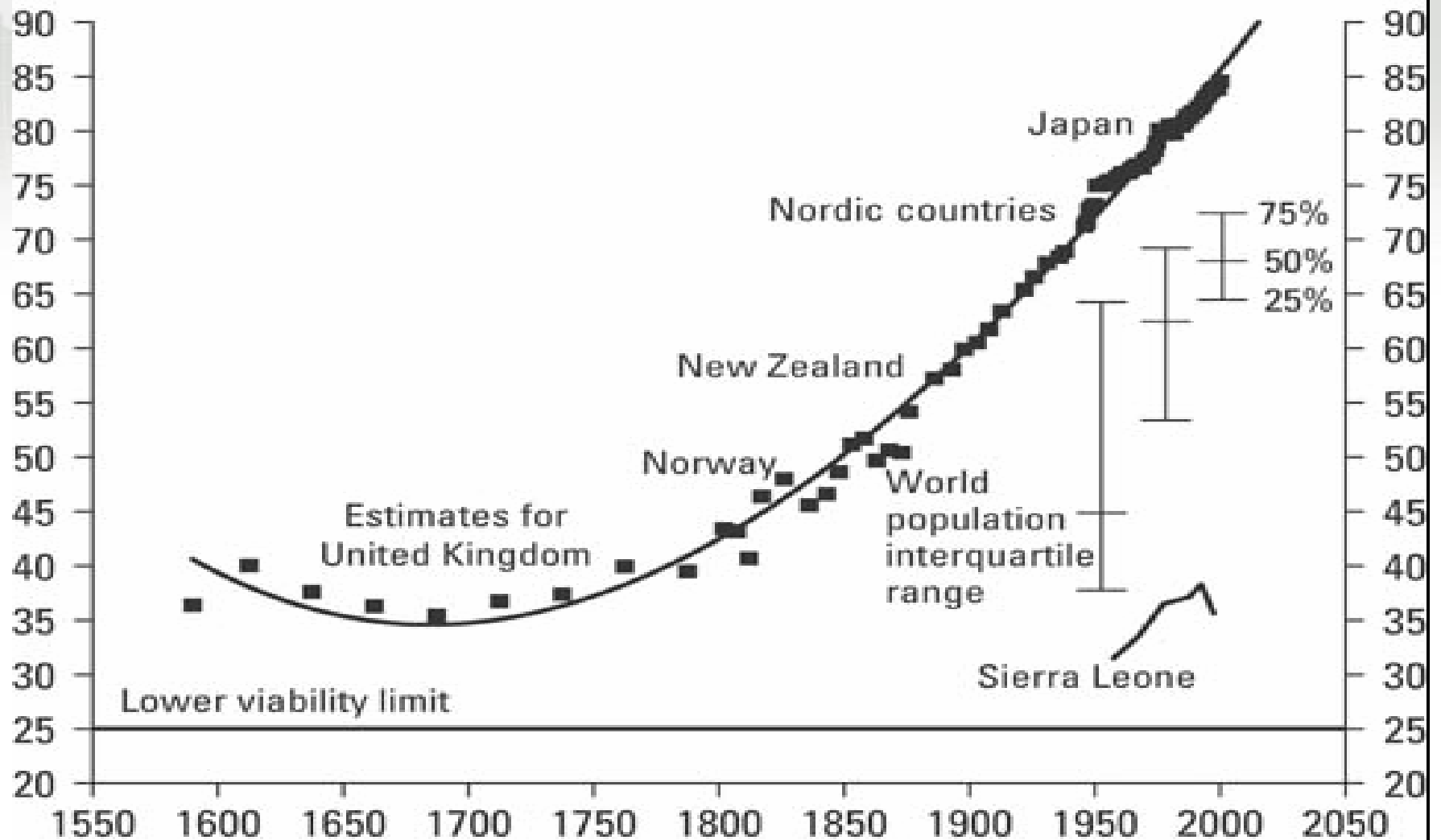


Source: World Health Organization (1999, p.13).

Note: For 1909 35.1% of deaths were categorized as “other” and for 1999 the corresponding percentage was 17.5. The cause-specific percentages shown in the figure are the number from the indicated cause as a percent of the total number classified into a specific cause for that year.

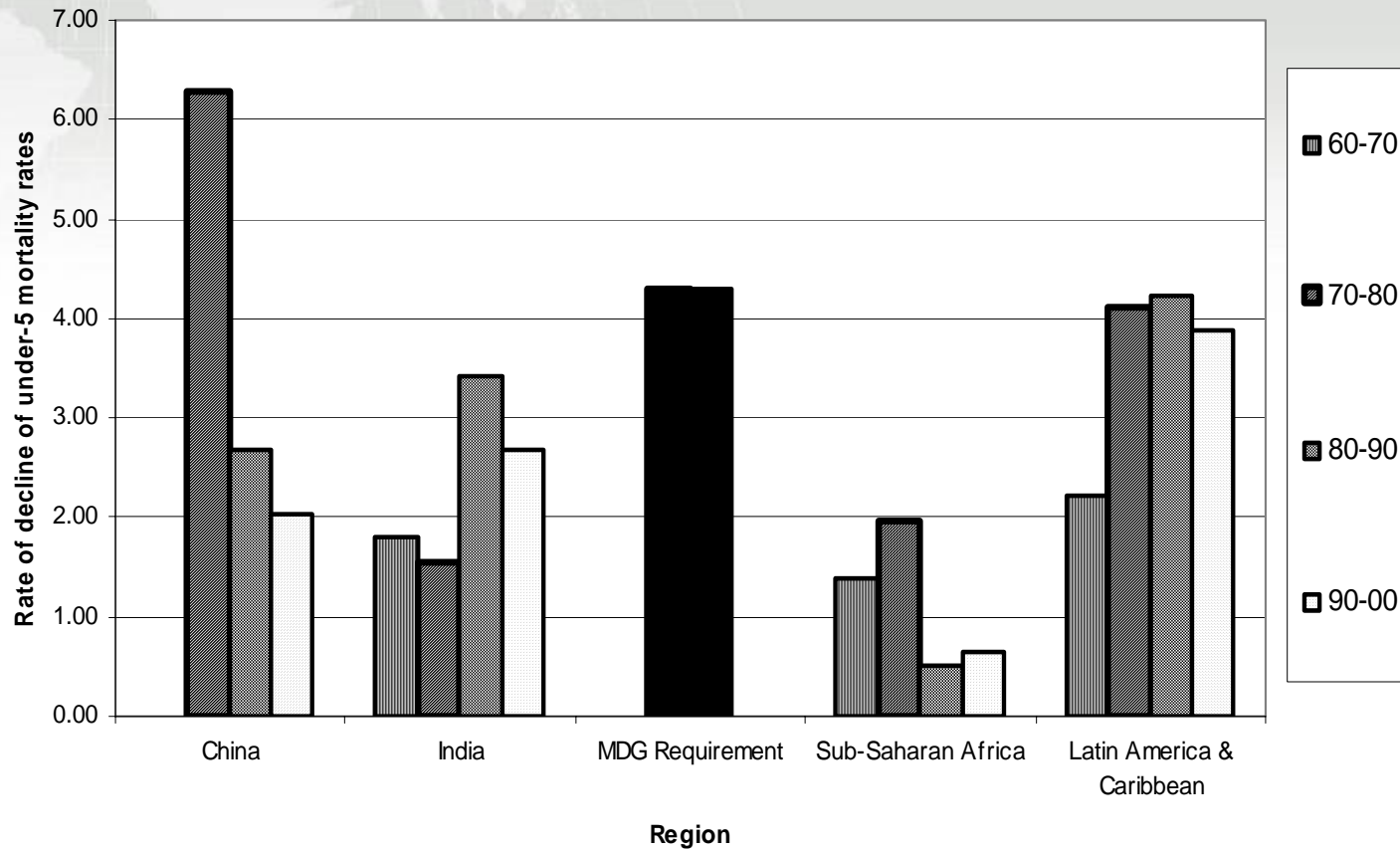
Life expectancy in years

Percent



Source: Oeppen 1999.

Figure 1.4: The Rate of Progress in Reducing Under-5 Mortality, 1960-2000: China, India, Latin America and Sub-Saharan Africa



Source: Calculations based on data in the *World Development Indicators* CD-ROM version (World Bank, 2004).

Note: 4.3% per year equals the rate of decline required for the period 1990–2015 to meet MDG4 of reducing under-5 mortality by 2/3.

Main Messages

4. DCPP's conclusions concerning interventions points to a range of very good buys.

How Much Health Will a Million Dollars Buy?

Service or Intervention

DALYs Averted (\$ per DALY)

➤ Preventing and Treating Non-Communicable Disease

- Taxation of tobacco products
- Treatment of MI or heart attacks with an inexpensive set of drugs
- Lifelong treatment of heart attack and stroke survivors with daily 'polypill'
- Bypass surgery for less severe coronary artery disease

24,000-330,000 (\$3-50)

40,000-100,000 (\$10-25)

1,000-1,400 (\$700-1,000)

Very small (Very high)

Main Messages

5. DCPP's findings concerning health services include:

- Increased provision of surgical facilities at the district hospital level would be highly attractive.
- Middle-income countries should, in general, move toward the prevalent OECD pattern of public sector finance for health.

Main Messages

6. *The generation and diffusion of new knowledge and products underpinned the enormous improvements in health of the 20th century.* Every reason exists to believe that continued progress—meeting the challenges of non-communicable disease, HIV/AIDS, potential pandemics, and neglected populations—will continue to rely heavily on new knowledge.

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www.dcp2.org

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