

DISEASE CONTROL PRIORITIES • THIRD EDITION

5

# Cardiovascular, Respiratory, and Related Disorders



EDITORS

Dorairaj Prabhakaran  
Shuchi Anand  
Thomas A. Gaziano  
Jean-Claude Mbanya  
Yangfeng Wu  
Rachel Nugent

WITH A FOREWORD BY  
K. Srinath Reddy



VOLUME **5**

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# Cardiovascular, Respiratory, and Related Disorders



## **DISEASE CONTROL PRIORITIES • THIRD EDITION**

### **Series Editors**

Dean T. Jamison  
Rachel Nugent  
Hellen Gelband  
Susan Horton  
Prabhat Jha  
Ramanan Laxminarayan  
Charles N. Mock

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## DISEASE CONTROL PRIORITIES

Budgets constrain choices. Policy analysis helps decision makers achieve the greatest value from limited available resources. In 1993, the World Bank published *Disease Control Priorities in Developing Countries (DCP1)*, an attempt to systematically assess the cost-effectiveness (value for money) of interventions that would address the major sources of disease burden in low- and middle-income countries. The World Bank's 1993 *World Development Report* on health drew heavily on *DCP1*'s findings to conclude that specific interventions against noncommunicable diseases were cost-effective, even in environments in which substantial burdens of infection and undernutrition persisted.

*DCP2*, published in 2006, updated and extended *DCP1* in several aspects, including explicit consideration of the implications for health systems of expanded intervention coverage. One way that health systems expand intervention coverage is through selected platforms that deliver interventions that require similar logistics but deliver interventions from different packages of conceptually related interventions, for example, against cardiovascular disease. Platforms often provide a more natural unit for investment than do individual interventions. Analysis of the costs of packages and platforms—and of the health improvements they can generate in given epidemiological environments—can help to guide health system investments and development.

*DCP3* differs importantly from *DCP1* and *DCP2* by extending and consolidating the concepts of platforms and packages and by offering explicit consideration of the financial risk protection objective of health systems. In populations lacking access to health insurance or prepaid care, medical expenses that are high relative to income can be impoverishing. Where incomes are low, seemingly inexpensive medical procedures can have catastrophic financial effects. *DCP3* offers an approach to explicitly include financial protection as well as the distribution across income groups of financial and health outcomes resulting from policies (for example, public finance) to increase intervention uptake. The task in all of the *DCP* volumes has been to combine the available science about interventions implemented in very specific locales and under very specific conditions with informed judgment to reach reasonable conclusions about the impact of intervention mixes in diverse environments. *DCP3*'s broad aim is to delineate essential intervention packages and their related delivery platforms to assist decision makers in allocating often tightly constrained budgets so that health system objectives are maximally achieved.

*DCP3*'s nine volumes are being published in 2015, 2016, 2017, and 2018 in an environment in which serious discussion continues about quantifying the sustainable development goal (SDG) for health. *DCP3*'s analyses are well-placed to assist in choosing the means to attain the health SDG and assessing the related costs. Only when these volumes, and the analytic efforts on which they are based, are completed will we be able to explore SDG-related and other broad policy conclusions and generalizations. The final *DCP3* volume will report those conclusions. Each individual volume will provide valuable, specific policy analyses on the full range of interventions, packages, and policies relevant to its health topic.

More than 500 individuals and multiple institutions have contributed to *DCP3*. We convey our acknowledgments elsewhere in this volume. Here we express our particular

gratitude to the Bill & Melinda Gates Foundation for its sustained financial support, to the InterAcademy Medical Panel (and its U.S. affiliate, the National Academy of Sciences, Engineering, and Medicine), and to World Bank Publications. Each played a critical role in this effort.

*Dean T. Jamison*

*Rachel Nugent*

*Hellen Gelband*

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# Contents

Foreword    *xiii*  
Preface    *xv*  
Abbreviations    *xvii*

**1. Cardiovascular, Respiratory, and Related Disorders: Key Messages and Essential Interventions to Address Their Burden in Low- and Middle-Income Countries    1**

*Dorairaj Prabhakaran, Shuchi Anand, David A. Watkins, Thomas A. Gaziano, Yangfeng Wu, Jean-Claude Mbanya, and Rachel Nugent, on behalf of the DCP3 CVRD Author Group*

**2. Relationships among Major Risk Factors and the Burden of Cardiovascular Diseases, Diabetes, and Chronic Lung Disease    23**

*Vamadevan S. Ajay, David A. Watkins, and Dorairaj Prabhakaran*

**3. Early Origins of Cardiometabolic Disease    37**

*Kalyanaraman Kumaran, Clive Osmond, and Caroline H. D. Fall*

**4. Tobacco and Cardiovascular Disease: A Summary of Evidence    57**

*Ambuj Roy, Ishita Rawal, Samer Jabbour, and Dorairaj Prabhakaran*

**5. Physical Activity for the Prevention of Cardiometabolic Disease    79**

*Fiona Bull, Shifalika Goenka, Vicki Lambert, and Michael Pratt*

**6. Effectiveness of Dietary Policies to Reduce Noncommunicable Diseases    101**

*Ashkan Afshin, Renata Micha, Michael Webb, Simon Capewell, Laurie Whitsel, Adolfo Rubinstein, Dorairaj Prabhakaran, Marc Suhrcke, and Dariush Mozaffarian*

**7. Obesity Prevention    117**

*Vasanti S. Malik and Frank B. Hu*

- 8. Ischemic Heart Disease: Cost-Effective Acute Management and Secondary Prevention 135**  
*Sagar B. Dugani, Andrew E. Moran, Robert O. Bonow, and Thomas A. Gaziano*
- 9. Stroke 157**  
*Lijing L. Yan, Chaoyun Li, Jie Chen, Rong Luo, Janet Bettger, Yishan Zhu, Valery Feigin, Martin O'Donnell, J. Jaime Miranda, Dong Zhao, and Yangfeng Wu*
- 10. Heart Failure 173**  
*Mark D. Huffman, Greg A. Roth, Karen Sliwa, Clyde W. Yancy, and Dorairaj Prabhakaran*
- 11. Structural Heart Diseases 191**  
*David A. Watkins, Babar Hasan, Bongani Mayosi, Gene Bukhman, J. Antonio Marin-Neto, Anis Rassi Jr, Anis Rassi, and R. Krishna Kumar*
- 12. Diabetes: An Update on the Pandemic and Potential Solutions 209**  
*Mohammed K. Ali, Karen R. Siegel, Eeshwar Chandrasekar, Nikhil Tandon, Pablo Aschner Montoya, Jean-Claude Mbanya, Juliana Chan, Ping Zhang, and K. M. Venkat Narayan*
- 13. Kidney Disease 235**  
*Shuchi Anand, Bernadette Thomas, Giuseppe Remuzzi, Miguel Riella, Meguid El Nahas, Saraladevi Naicker, and John Dirks*
- 14. Peripheral Artery Disease 253**  
*Uchechukwu K. A. Sampson, F. Gerald R. Fowkes, Nadraj G. Naidoo, and Michael H. Criqui*
- 15. Chronic Lower Respiratory Tract Diseases 263**  
*Peter Burney, Rogelio Perez-Padilla, Guy Marks, Gary Wong, Eric Bateman, and Deborah Jarvis*
- 16. Integrated Public Health and Health Service Delivery for Noncommunicable Diseases and Comorbid Infectious Diseases and Mental Health 287**  
*Matthew Magee, Mohammed Ali, Dorairaj Prabhakaran, Vamadevan S. Ajay, and K. M. Venkat Narayan*
- 17. Innovations in Community-Based Health Care for Cardiometabolic and Respiratory Diseases 305**  
*Rohina Joshi, Andre Pascal Kengne, Fred Hersch, Mary Beth Weber, Helen McGuire, and Anushka Patel*
- 18. Quality Improvement in Cardiovascular Disease Care 327**  
*Edward S. Lee, Rajesh Vedanthan, Panniyammakal Jeemon, Jemima H. Kamano, Preeti Kudesia, Vikram Rajan, Michael Engelgau, and Andrew E. Moran*

**19. Costs and Cost-Effectiveness of Interventions and Policies to Prevent and Treat Cardiovascular and Respiratory Diseases 349**

*Thomas A. Gaziano, Marc Suhrcke, Elizabeth Brouwer, Carol Levin, Irina Nikolic, and Rachel Nugent*

**20. Extended Cost-Effectiveness Analyses of Cardiovascular Risk Factor Reduction Policies 369**

*David A. Watkins, Rachel Nugent, and Stéphane Verguet*

**21. Priority-Setting Processes for Expensive Treatments for Chronic Diseases 375**

*Yuna Sakuma, Amanda Glassman, and Claudia Vaca*

**22. Management of Hypertension and Dyslipidemia for Primary Prevention of Cardiovascular Disease 389**

*Panniyammakal Jeemon, Rajeev Gupta, Churchill Onen, Alma Adler, Thomas A. Gaziano, Dorairaj Prabhakaran, and Neil Poulter*

*DCP3 Series Acknowledgments 405*

*Volume and Series Editors 407*

*Contributors 411*

*Advisory Committee to the Editors 415*

*Reviewers 417*

*Policy Forum Participants 419*

*Index 421*