

Major Infectious Diseases



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WITH A FOREWORD BY
Peter Piot

VOLUME **6**

DISEASE CONTROL PRIORITIES • THIRD EDITION

Major Infectious Diseases

DISEASE CONTROL PRIORITIES • THIRD EDITION

Series Editors

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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 throughout 2015–18 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 Institute of Medicine of the National Academy of Sciences), and to World Bank Publications. Each played a critical role in this effort.

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