



DISEASE CONTROL
PRIORITIES PROJECT



Future perspectives for the distribution of disease burden by 2030
Disease Control Priorities in Developing Countries

Global health beyond the MDGs;

Vision for public health priorities and the corresponding research agenda up to 2030

Copenhagen, 28 April 2011

Mariam Claeson, The World Bank

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

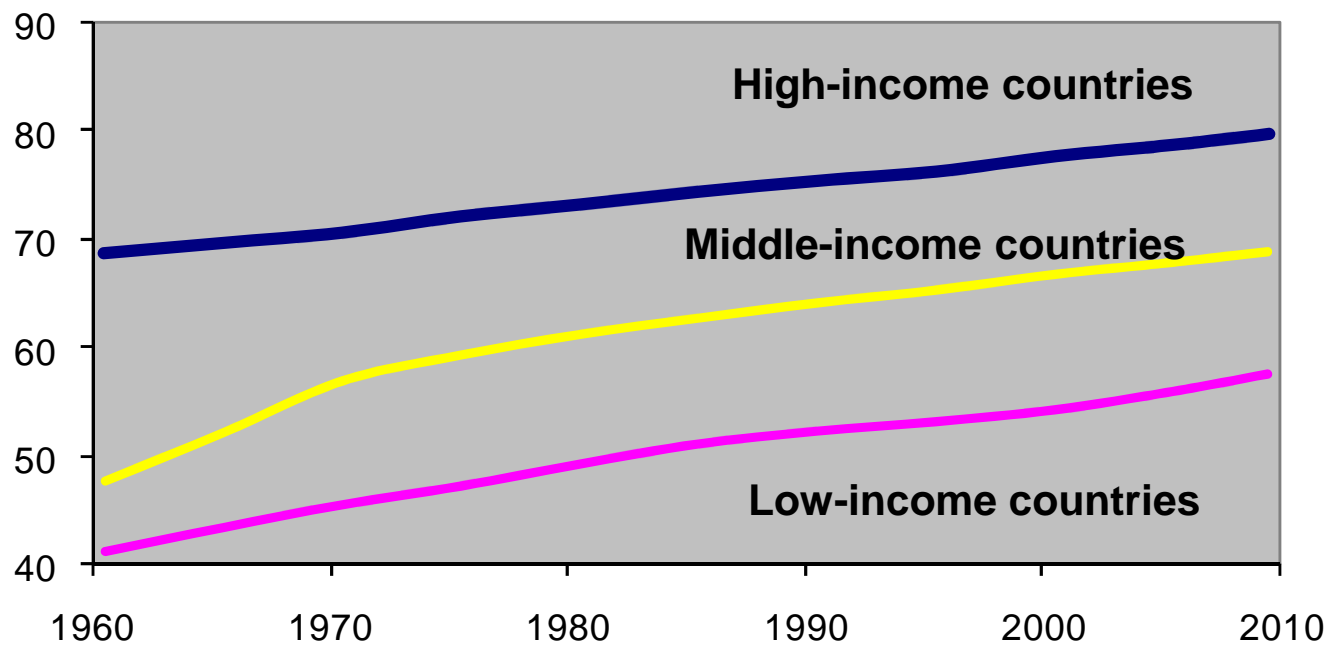
www.dcp2.org

Disease Control Priorities outline

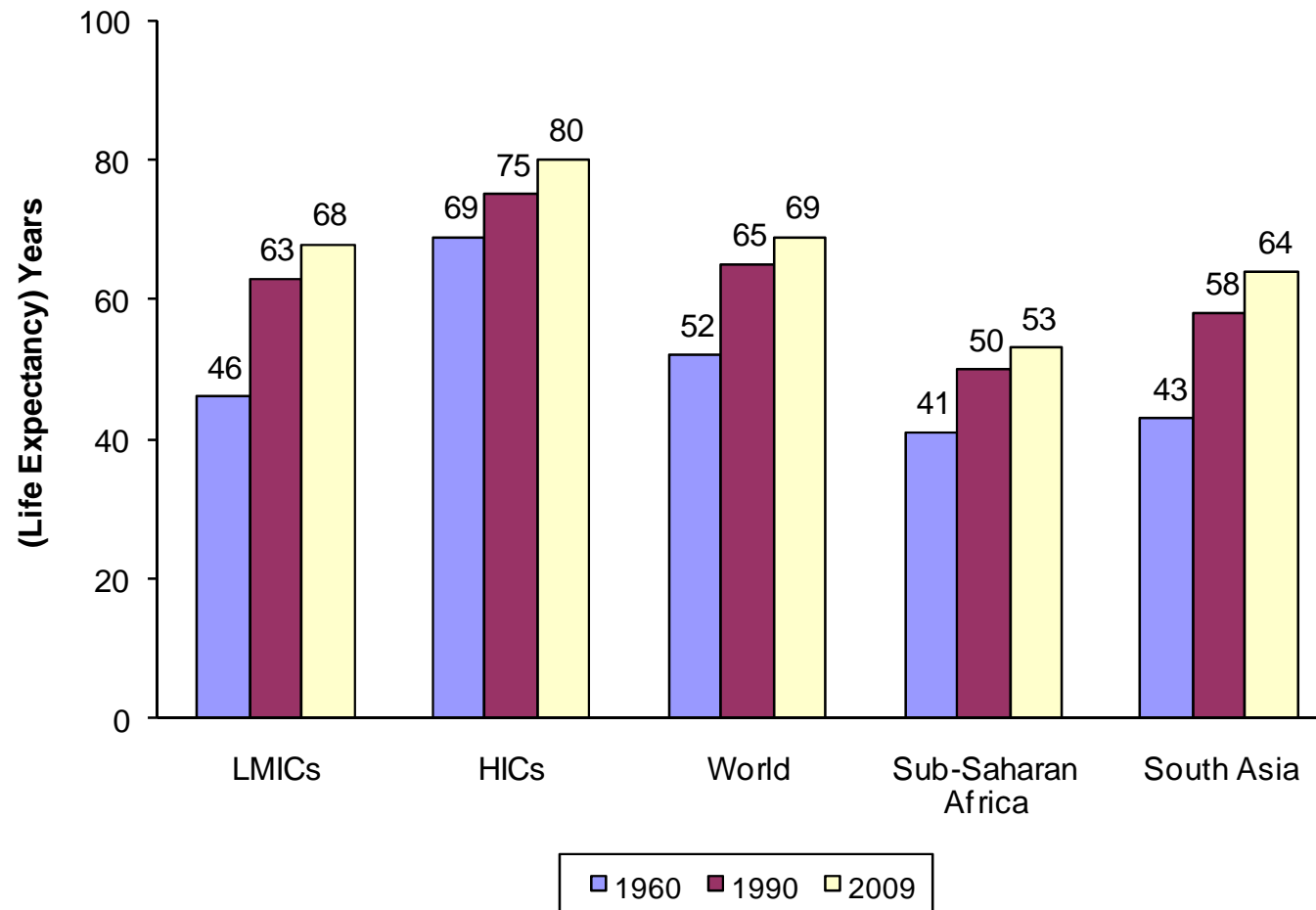
1. Lessons from DCP: for priority setting and better use of resources
2. What happens when developing countries set their own priorities – the exceptional case of HIV and AIDS in India
3. Post MDG 2015: New MDGs, improve on the existing ones -- or abandon them?
4. Implications for research and education

Despite a dramatic improvement in health in the 20th century...

Life Expectancy (years)



Progress continues to be uneven



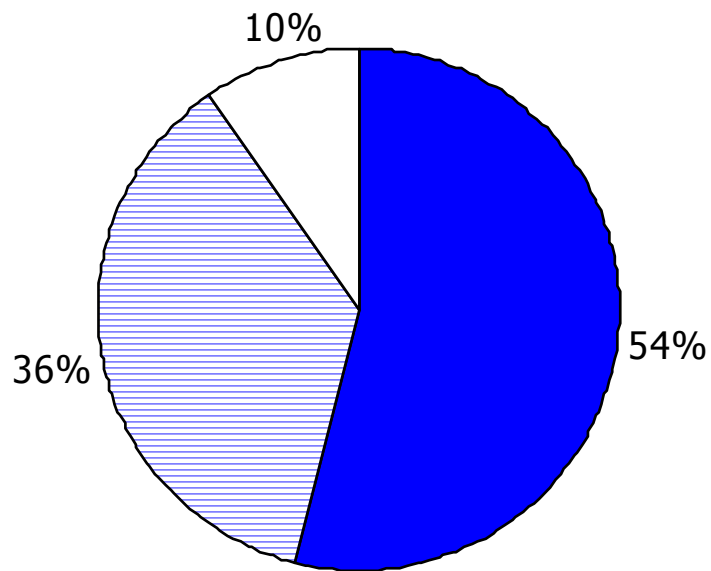
Four global challenges to death, disability and illness, for 2030

- Cardiovascular disease
- HIV/AIDS
- Emerging infections/pandemics
- The persistence of high, but preventable levels of malaria, TB, diarrhea, and pneumonia

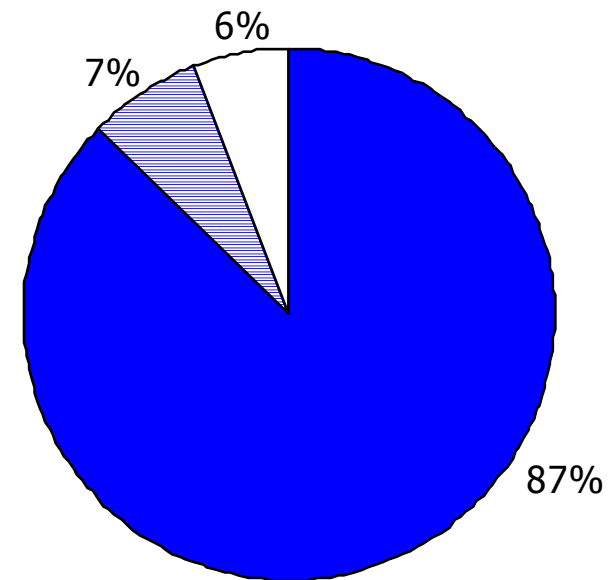
Developing countries carry a double disease burden

Percentage of deaths by cause

Low- and Middle-income countries



High-income countries



■ non-communicable diseases
▨ communicable diseases
□ injuries



DISEASE CONTROL PRIORITIES PROJECT



How many years of healthy life can
\$1 million dollars buy?

In a developing country, the answer is:

- a) 100
- b) 1,000
- c) 10,000
- d) 1 to more than 100,000

The best buys:

- Target major causes of death, disability and illness in developing countries;
- Are affordable, effective, cost-effective and feasible;
- Can be scaled up easily

...and should achieve sustainable
improvements

How can DCPP help?

- Helps countries choose the best health investments.
- Recommends **best health buys** that are highly cost-effective in many settings.
- **Suggests changes to infrastructure (health systems, financing, policies, R&D) to maximize results.**
- Shows how improving health is possible even where infrastructure is weak.

1. Ensure healthier mothers and children

**More than 4 million newborns die each year
Half of all child death occur in the first 28 days of life**

- Ensure access to emergency obstetric care
- **Keep newborns warm and clean.**
- **Vaccinate children against major childhood killers.**
- **Monitor children's health to prevent and treat childhood pneumonia, diarrhea, and malaria.**



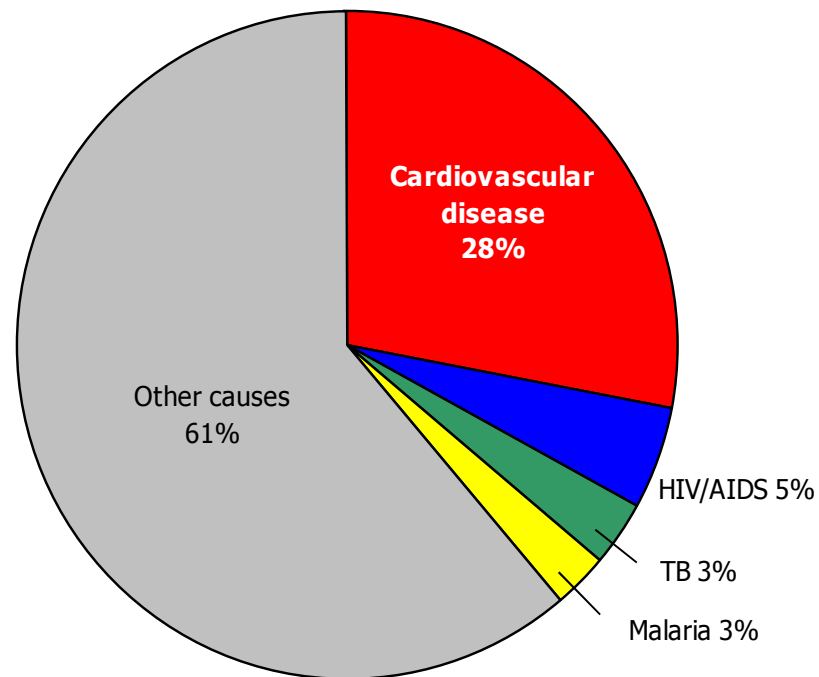
2. Promote good nutrition

Poor nutrition contributes to up to 40 percent of the disease burden worldwide.

- Provide children and pregnant women essential nutrients.
- Promote at least six months of exclusive breastfeeding for infants.
- Lower trans fats in processed foods through legislation/regulation

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



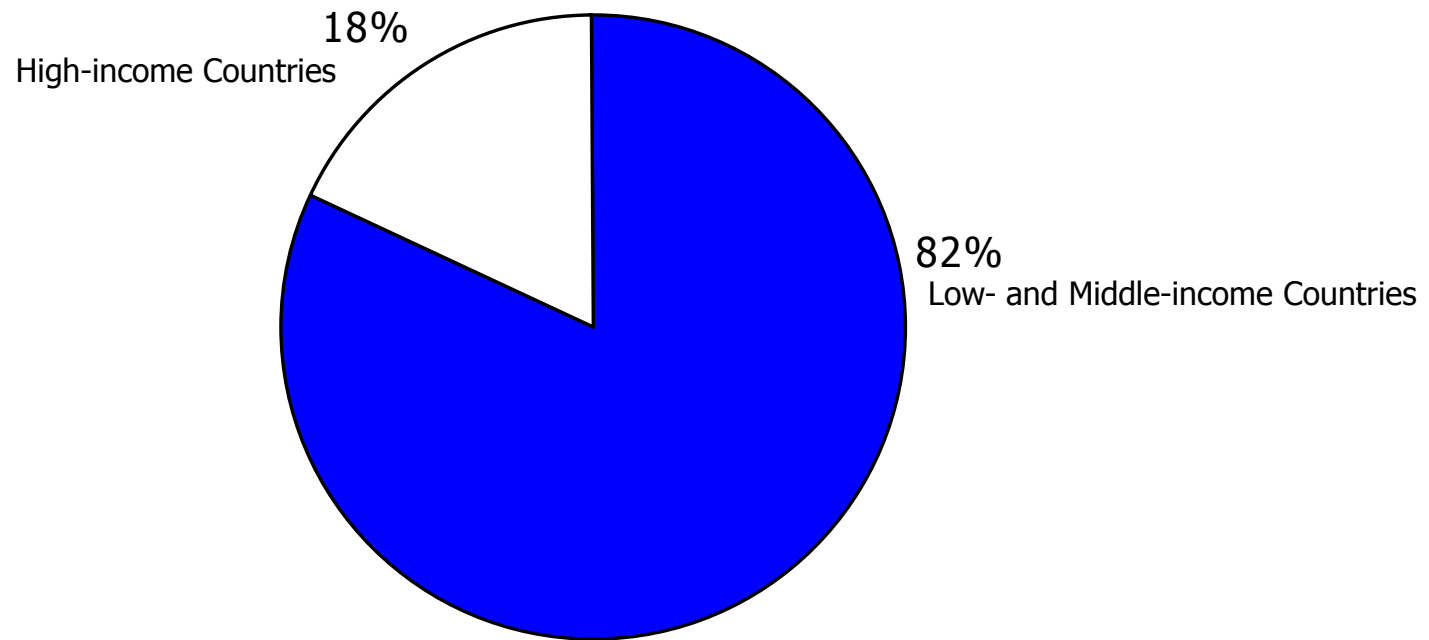
3. Reduce deaths from cardiovascular disease

Cardiovascular disease is the leading cause of death worldwide.

- Promote the use of aspirin and other inexpensive drugs to treat and prevent heart attack and stroke.
- Substitute 2% of trans fat with polyunsaturated fat through regulation.
- Help smokers quit through higher cigarette prices and cessation therapy.

Most smokers now live in low- and middle-income countries.

Where Smokers Live



4. *Combat Tobacco Use*

Tobacco-related diseases are the fastest-growing cause of disease and disability in developing countries.

- Tax tobacco products to increase consumers' costs by at least 33% to curb smoking.
- Restrict smoking in public places and workplaces.
- Provide nicotine replacement therapy and other cessation tools.
- Ban tobacco advertising.

5. Stop the AIDS pandemic

Forty million people are infected with HIV—26 million are in sub-Saharan Africa.

- Offer voluntary HIV counseling and testing.
- Promote condom use among high-risk populations (i.e., sex workers, and men who have sex with men) and harm reduction among injecting-drug users,
- Treat other sexually transmitted infections.
- Advocate school-based programs to educate teens about STIs and HIV.

6. Stop the spread of tuberculosis

*Tuberculosis (TB) is spreading into new populations
and resisting treatment*

- **Treat active TB cases with short-course chemotherapy.**
- Increase case detection.
- Manage multidrug resistant TB with new drugs and drug combinations.

7. Control malaria

Malaria claims the lives of 1 million children yearly, and it threatens nearly one-half of the world's population.

- Provide universal access to insecticide-treated nets in areas where malaria is endemic.
- Expand intermittent preventive treatment for pregnant women.
- Subsidize artemisinin combination therapy to ensure effective treatment.

8. Reduce fatal and disabling injuries

Injuries and violence caused more than 5 million deaths in 2001, with an especially heavy toll on young men.


- Install speed bumps at dangerous intersections.
- Increase penalties for speeding; awareness through media; and law enforcement.

Lessons learnt - to emphasize now - and for the post-MDG agenda

1. Equity matters, including
2. Equal access to quality services.
3. Health systems focus required for sustainability
4. Economic growth not a pre-condition for better health
5. Difficult to work cross sectors – but necessary



“The poor are getting poorer, but with the rich getting richer it all averages out in the long run.”




Unless equity considerations become a key part of policymaking and of monitoring outcomes, interventions may widen instead of narrow inequity gaps

9. Ensure equal access to high-quality health care

In many countries, women, rural residents, and the poor have less access to quality health care.

- Train health workers to treat common medical conditions and perform basic surgical procedures
- Help providers choose the most cost-effective interventions
- **Ensure ways of paying for health care that does not impoverish households nor undermine productivity/competitiveness** through lack of risk pooling or adverse incentives to providers, employers, workers



None of the improvements will be sustainable unless we strengthen health systems

- Stewardship and regulation
- Organizational structures
- Human resources
- Target resources


...And strengthen core public health functions

KEY HEALTH SYSTEMS MESSAGES

1. Keep the health of the system in mind whenever major new programmes are put in place
2. Ensure focused disease-specific efforts contribute to system strengthening, not detract from it
3. Reforms affecting organisational structures and human resource management more likely to be successfully implemented if they are incremental and gradual

KEY HEALTH SYSTEMS MESSAGES

4. Organisational reforms must support health systems to prioritise user demands, primary and first level hospital care, quality of care, and technical back-up to disease control
5. Successfully linking financial incentives to performance dependent on careful monitoring; difficult to do in low income settings without strong and continuing external involvement
6. Capacity strengthening required at all levels



Countries don't have to be rich in order to be healthy.

Given today's tools and resources, much better health should and can be the norm—in countries rich and poor alike.

But, it is more difficult and costlier to reach the hard to reach

- It requires influencing demand as well as supply
- Work cross sectors and with communities
- Innovative approaches to incentivize

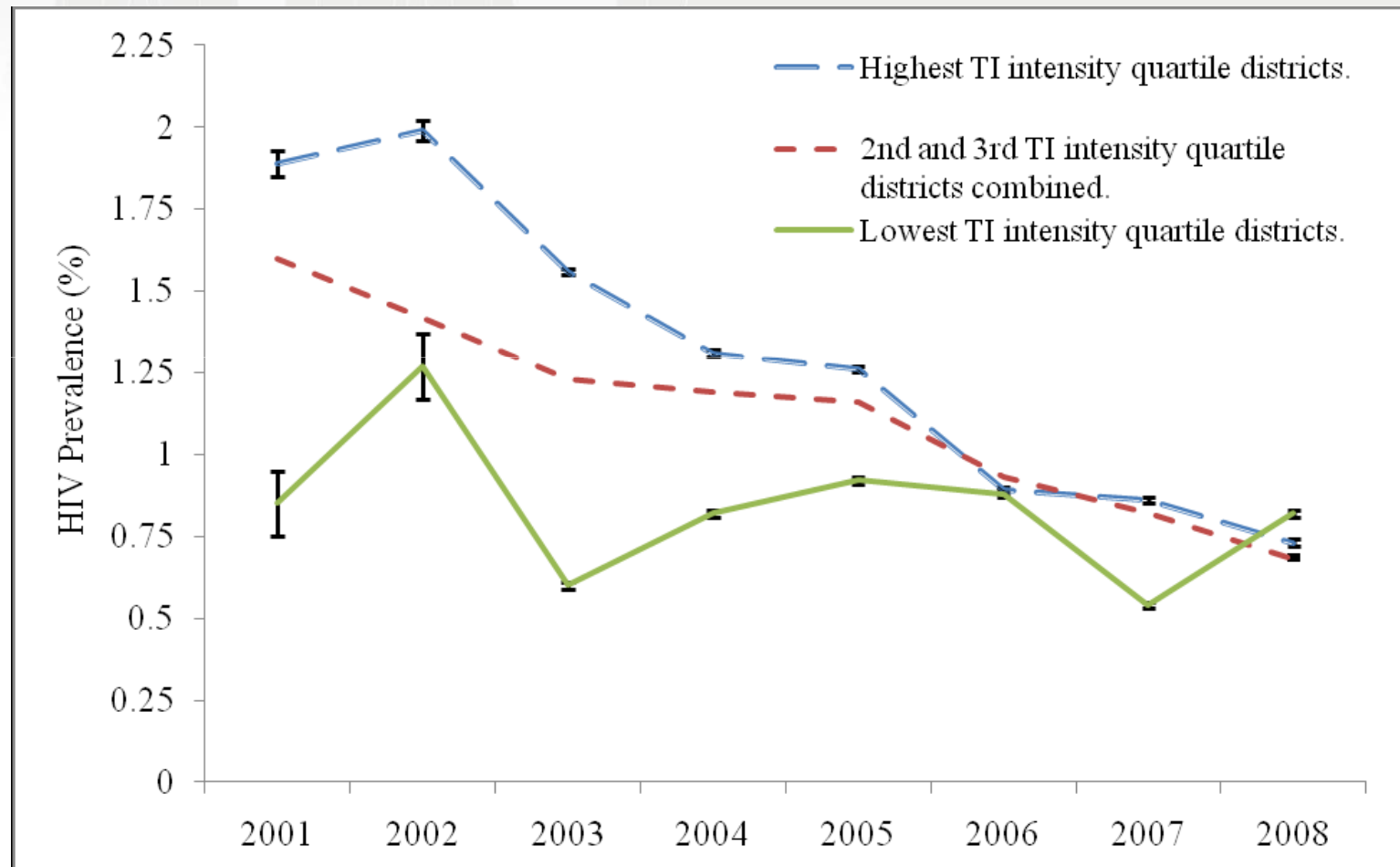
... the research agenda for the future

What happens when developing countries set their own priorities – the case of HIV and AIDS in India

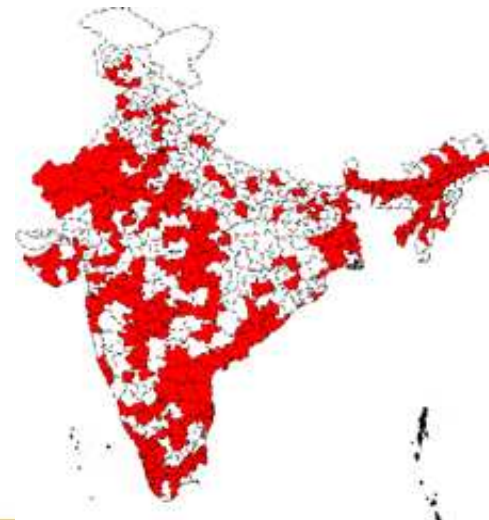
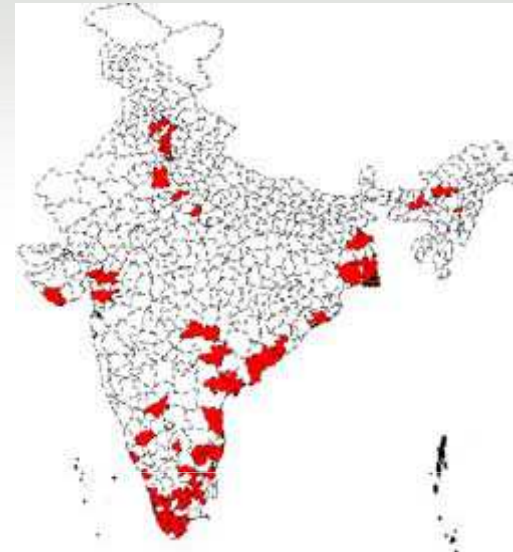
- 2/3 of government investment in prevention
- A focus on vulnerable and marginalized groups, working with them

India is curbing the HIV epidemic

HIV prevalence trends in young (15-24 years) antenatal women in high HIV prevalence Indian states (Andhra Pradesh, Maharashtra, Karnataka and Tamil Nadu).



Geographical footprint of targeted interventions for female sex workers for HIV prevention in India: 1995, 2000, 2005, 2008



What works?

The South Asia “AIDS formula”:



- focus on targeted interventions for prevention of HIV among high risk groups
- strong surveillance to understand exactly who to target and where and to track program performance
- tailoring the response to tackle the drivers of the epidemic, and
- contracting NGOs to deliver codified interventions, based on performance, and with peer educators being key to success

The next phase of the national response in India:



- **Re-categorization of districts** – beyond HIV prevalence to include vulnerability criteria
- Towards **financial sustainability** – harnessing the **private sector**
- **Convergence of treatment** – with NRHM, health services
- **Reaching the targets for all high risk groups-** Catching up on lagging groups: Injecting drug users (including female), men having sex with men (including transgender), the young female sex workers, migrants
- **From Implementer to Steward** of the national AIDS response

Implications for the South Asia AIDS research agenda

- to change the trajectory of HIV

What we have done

- Epidemiology – know your epidemic – mapping & size estimation
- The economic impact and rationale – why invest in low prevalence settings
- Tackling barriers – stigma, legal environment
- Surveillance and impact assessment – what works

What we need more of

- The social and structural determinants - upstream interventions
- Costing and sustainable financing
- Going to scale through convergence & integration
- Integrated bio behavioral surveillance

If we miss the 2015 target – don't worry, we got a back up plan

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"Don't worry. The boss said if we miss the target he's got a backup plan."



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Do we want MDGs post 2015?

Arguments for

- Keeps a focus on health in development
- Potential synergies
- Outcome focus
- Unfinished agenda of MCH and communicable diseases
- Distributional analysis encouraged, exposes inequities

And against

- Keeps a focus on selected health priorities - at the expense of others
- Synergies not explored
- Not output focused
- Neglects systems – distorts priorities
- Aggregate analysis – hidden inequities

Beyond 2015

Alternative to “no more” global MDGs

Keep same MDGs

but...

- differential analysis – a focus on lowest income quintile & girls
- and a new target date - 2030

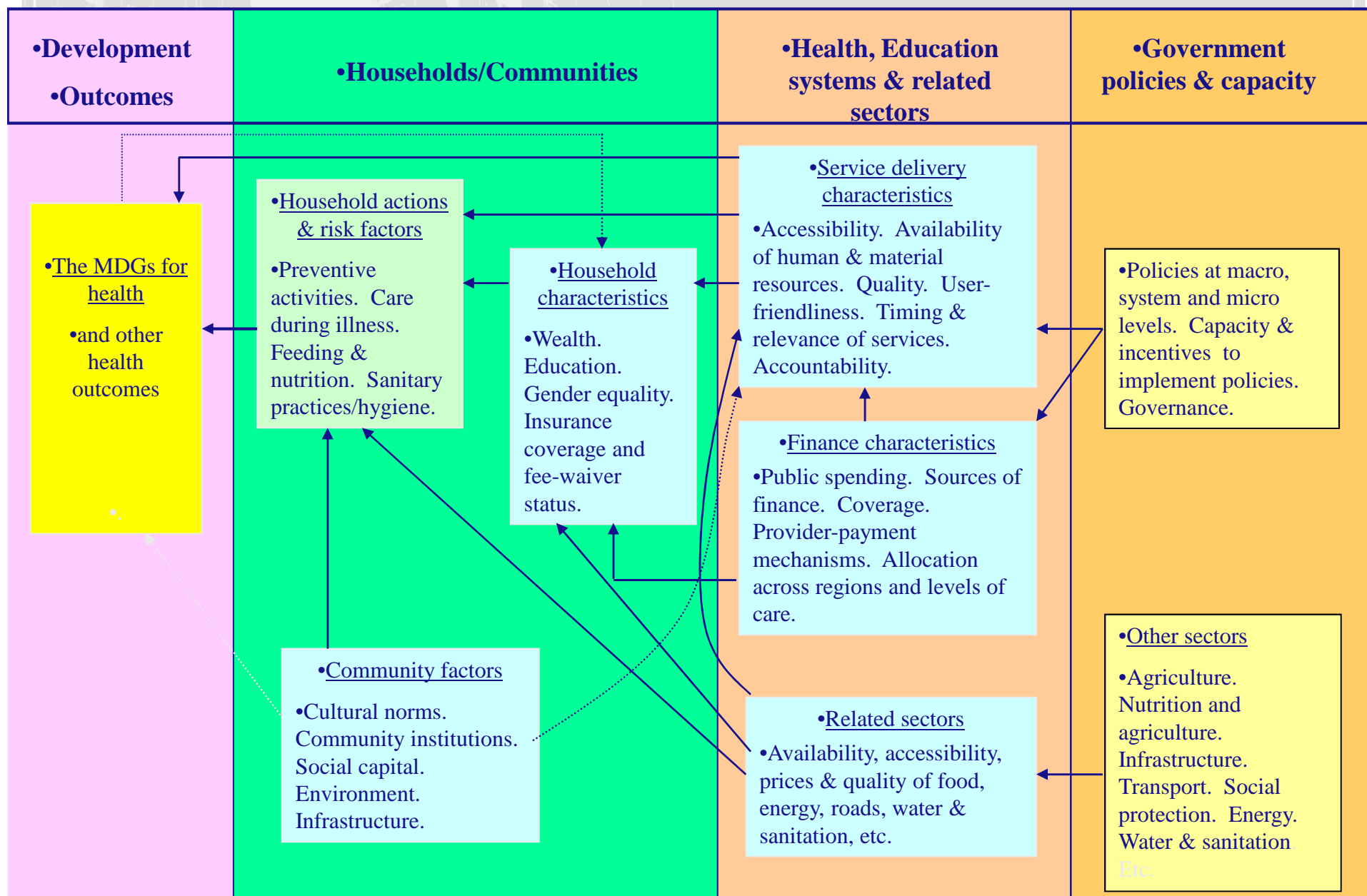
Focus on principles

- Geographical (area) targeting to achieve synergies
- Health systems first
- National/sub national priority setting
- Choose a framework that works for you

If I have to, one new MDG for NCDs

- **Tobacco related diseases reduced in all income groups, by 2/3rd, by 2030**
- Target indicators:
 - tax on tobacco products,
 - restrict smoking in public places
 - provide nicotine replacement,
 - ban tobacco advertising

A determinants framework for research priorities



What are the research priorities

- Barriers facing households—what are they? How to lower them?
- Improving service delivery—move away from the traditional approach? NGOs?
- HR—it's not just about money, but how to exploit this fact?
- How to make medicines affordable?
- Multi sectors—how to couple infrastructure with behavior change?
- Financing needed extra spending—how much can poor countries afford?
- How to boost development assistance, reduce its volatility, and make it more productive – and predictable?

A regional perspective -- what we want to support in South Asia now & post 2015?

- **Incentivize MNCH care seeking, expand female education**
- **Subsidize contraceptives for the poor, finance social marketing, female education, raise legal age of marriage**
- **Invest in, regulate, incentivize food fortification, micronutrient distribution**
- **Build public health system and institutional capacity to identify and respond to public health challenges**
- **Build state's monitoring, evaluation and regulatory capacity**
- **Facilitate extension of risk-pooling and subsidize premiums for the poor/unemployed; use policy, incentives, legislation to improve coverage and impact of health financing**

Recommended resources:

- The Millennium Development Goals for Health: Rising to the Challenges
- AIDS in South Asia:
<http://www.worldbank.org/saraid>
- What works: www.cgdev.org
- Disease Control Priorities: www.dcp2.org
- www.gapminder.org