



## Statement by the InterAcademy Medical Panel (IAMP)

### IN SUPPORT OF THE DISEASE CONTROL PRIORITIES PROJECT

April 2006

Despite substantial progress, the burden of disease in low- and middle-income countries is still too high. To support improved health status, scientists are steadily developing and evaluating new interventions, ways of organizing health services, and financing options. National and international health policy makers need to keep pace with the latest information and research findings to ensure that their investments in public health serve as many citizens as possible. Such information is especially critical in low-income countries with limited resources and wide-ranging intractable problems.

In 1993, the World Bank published the first edition of *Disease Control Priorities in Developing Countries* (DCP1) as a companion book to the World Development Report *Investing in Health*. DCP1 prioritized 25 critical public health issues based on their significance and impact. It also assessed the cost-effectiveness of various preventive and patient management interventions in low- and middle-income countries.

Advances in technology and a rapidly evolving economic and health environment in many countries over the past decade led many to call for the publication of a second edition of the book (DCP2). Thanks to the efforts of the World Bank, the World Health Organization, and the US National Institutes of Health's Fogarty International Center and National Library of Medicine, the DCP2 project, launched three years ago, has been now brought to fruition. Funding has largely been provided by the Bill & Melinda Gates Foundation.

The aim of DCP2 is to promote improvements in health care in developing countries by fostering evidence-based decisions for public health. The book, which highlights cost-effective interventions for a broad range of diseases and conditions, is based on careful analyses of health-care systems and detailed cost assessments of disease burden, treatment and prevention. The report is based on the conviction that such an evidence-based approach must provide the foundation for allocating limited resources. A companion volume synthesizes DCP2's main findings and recommendations in straightforward, easy-to-understand language. This synthesis volume is intended to serve as a reference guide for policy makers and programme managers enabling them to confront health challenges more effectively and, in particular, to address their nation's most critical public health issues.

The InterAcademy Medical Panel (IAMP) recognizes the importance of the Disease Control Priorities Project (DCPP) and applauds the publications that have resulted from this effort. Indeed IAMP agreed to serve as an independent committee of expert advisors to DCP2 editors and was given responsibility for selecting reviewers and advising on the direction and content of the analysis. In its advisory role, IAMP paid particular attention to health issues of importance to low- and middle-income countries.

#### **Role of Academies of Science and Medicine**

Academies of science and medicine are well placed to encourage policy makers at the national level to accept and endorse the findings and recommendations of DCP2. If DCP2's recommendations are to be adopted, all stakeholders, both individual and institutional, must be engaged. Such stakeholders include public health professionals, governmental officials and staff, representatives of civil society and members of the media. The latter will play a critical role in translating the science presented in

DCP2 into a form that is both easily understood and newsworthy. Academies of science are well positioned to assist the media in this effort.

Since the key messages of DCP2 are directed at low- and middle-income countries, academies of science and medicine in developing countries should be particularly active in their support of the evidence-based decision making process. IAMP, as a global network of medical and science academies, is determined to participate actively in the dissemination of DCP2 and is calling on its members to support DCP2. Specifically, IAMP and its member organizations will seek to:

- promote the dissemination and communication of DCP2;
- tailor key DCP2 messages and implementation strategies to individual countries;
- encourage governmental officials and national policy makers to implement the interventions outlined in DCP2;
- urge the international community to adopt and finance the agenda outlined in DCP2, especially strategies related to communicable and non-communicable diseases, health systems, and institutional change; and
- launch specific programmes and initiatives designed to serve sustainable health and research development in developing countries and particularly in the least developed countries.

### **Notes for Editors**

The InterAcademy Medical Panel (IAMP) is a global network of medical academies and medical divisions of science and engineering academies. Its 51 members are committed to improving health worldwide. IAMP is located in Trieste, Italy, and functions under the administrative umbrella of the Academy of Sciences for the Developing World (TWAS). For additional information, see [www.iamp-online.org](http://www.iamp-online.org).

The Disease Control Priorities Project (DCP2) is a joint project of the Fogarty International Center (FIC) of the US National Institutes of Health (NIH), the World Health Organization (WHO) and the World Bank, and is funded by a US\$3.5 million grant from the Bill & Melinda Gates Foundation. Its objective is to produce authoritative publications and resource materials to inform national-level and global-level health policy-making. For additional information, see [www.dcp2.org](http://www.dcp2.org) or [www.iamp-online.org/programmes/disease-control-priorities-project-dcpp](http://www.iamp-online.org/programmes/disease-control-priorities-project-dcpp).

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