

Article title: Addressing the UHC Challenge Using the Disease Control Priorities 3

Approach: Lessons Learned and an Overview of the Pakistan Experience

Journal name: International Journal of Health Policy and Management (IJHPM)

Authors' information: Ala Alwan^{1*}, Sameen Siddiqi², Malik Safi³, Raza Zaidi³, Muhammad Khalid³, Rob Baltussen⁴, Ina Gudumac¹, Maryam Huda², Maarten Jansen⁴, Wajeeha Raza⁵, Sergio Torres-Rueda⁶, Wahaj Zulfiqar³, Anna Vassall⁶

¹DCP3 Country Translation Project, London School of Hygiene and Tropical Medicine, London, UK.

²Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan.

³Ministry of National Health Services, Regulations and Coordination, Islamabad, Pakistan.

⁴Department of Health Evidence, Radboud Institute of Health Sciences, Radboud University Medical Center, Nijmegen, The Netherlands.

⁵Centre for Health Economics, University of York, York, UK.

⁶Department of Global Health & Development, London School of Hygiene and Tropical Medicine, London, UK.

***Correspondence to:** Ala Alwan; Email: aalwan1@outlook.com

Citation: Alwan A, Siddiqi S, Safi M, et al. Addressing the UHC challenge using the Disease Control Priorities 3 approach: lessons learned and an overview of the Pakistan experience. Int J Health Policy Manag. 2023;12:8003. doi:[10.34172/ijhpm.2023.8003](https://doi.org/10.34172/ijhpm.2023.8003)

Supplementary file 2

Figure S2. Evidence Summary Sheet

Evidence summary

Intervention HC38: Provision of aspirin for all cases of suspected acute myocardial infarction

Cost-effectiveness	Cost-effectiveness rank order	Quality of ICER
Medium: 443	31/86	★ ★ ★

Burden of Disease
High: 2,514

Budget impact	Cost per capita	Secondary/ tertiary care budget impact
Low	0.66 PKR	No

Also consider:

- Feasibility Financial risk protection
- Equity Social and economic impact

Figure S3. Example of a description sheet

C. Non-Communicable Diseases and Injury Prevention Cluster

C.11. Cardiovascular, Respiratory and Related Disorders Package of Services

C.11.120. Provision of aspirin for all cases of suspected acute myocardial infarction

DCP3 code: HC38

Platform:

PHC Level

- 8-6 BHU/ 24-7 BHU/RHC/ Health Centre/ GP Clinic

Process:

Patient registration at reception (Receptionist)

Consultation (Doctor/ Nurse/ LHV)

Recommended Method

- Immediate management: Sublingual aspirin

Referral to higher facility for treatment

Follow up

Medicines:

Aspirin: 75 mg

HMIS Tools:

1. Recording Tool: OPD Ticket, OPD register
2. Reporting Tool: Monthly report
3. Client/Patient Card: Follow up visit card
4. IEC material: Leaflet, Flip chart

Supervision:

- EDO Health, Deputy DHO, THO

Standard Protocol:

- Aspirin Therapy
- Role of primary health care in prevention and control of CVDs

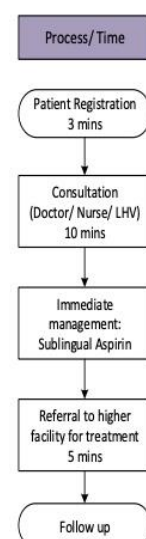
National Training Curriculum/ Guidelines:

- Not Available

Reference Material:

- Prevention of Cardiovascular Disease Guidelines for Assessment and Management of Cardiovascular Risk WHO 2007
- Global Atlas on Cardiovascular Disease Prevention and Control WHO

C. Non-Communicable Diseases and Injury Prevention Cluster
C.11. Cardiovascular, Respiratory and Related disorders Package of Services
C.11.120. Provision of aspirin for all cases of suspected acute myocardial infarction
Platform: PHC Level
• 8-6 BHU/ 24-7 BHU/RHC/ Health Centre/ GP Clinic



Example of a description sheet developed for each EPHS intervention. The full list is available at: Ministry of National Health Services, Regulations, and Coordination, Disease Control Priorities 3 (DCP3), World Health Organization. Interventions' description of Essential Package of Health Services/ UHC Benefit Package of Pakistan. Islamabad: MoNHSR&C; 2020. <http://dcp-3.org/resources/interventions-description-essential-package-health-services-uhc-benefit-package-pakistan-0>