

Data for better health—and to help end poverty

The World Bank Group welcomes the publication of the new Global Burden of Disease Study (GBD). The Bank commissioned the first GBD in 1990, and continues to make extensive use of this signal contribution to global health. Like its predecessors, the new, methodologically updated GBD 2010 marks a milestone in global health knowledge and our capacity for evidence-based action. It will once again set the terms of health policy, planning, and funding discussions for years to come.

The GBD gives us a data-rich framework for comparing the importance of different diseases, injuries, and risk factors in causing premature death and disability within and across populations. Its value lies not only in the data but the critical discussions it makes possible. Specifically, the GBD has sharpened thinking on issues as diverse as the measurement of comorbidities; the role of culture in mediating the experience of disease; the meaning of disability; and the impact of poverty on health. The GBD challenges us to be rigorous and clear in our arguments about the criteria that should guide programming and investment decisions at country, regional, and global levels.

GBD 2010 shows the remarkable health achievements of the past two decades, as well as the continuing, and emerging, challenges that require action. Life expectancy is rising, and the prevalence of many communicable

diseases, including HIV/AIDS, is dropping. Yet in some parts of the world, preventable illnesses, such as diarrhoea, remain stubborn causes of death in childhood. We must confront the growing burden of non-communicable diseases, and the fundamental shift from premature death towards increasing years lived with chronic illnesses and debilitating conditions.

To respond effectively to these challenges, national and local health systems must be strengthened, even transformed, and policy and funding decisions across the development spectrum must be reassessed—from safety nets to urban planning. GBD 2010 is an indispensable resource for public health and development leaders to ensure that their investments yield the greatest possible health benefits, and to help end poverty and boost prosperity. The remarkable body of evidence and analysis in GBD 2010 will help us foster the conversations that are needed across the whole of government, not just in ministries of health, to fulfil this responsibility.

Jim Yong Kim

The World Bank, Washington, DC 20433, USA
 president@worldbank.org

I am President of the World Bank Group. I declare that I have no conflicts of interest.

See [Comment](#) pages 2053, 2054, 2058, 2060, 2062, and 2063

See [Special Report](#) page 2067

See [Articles](#) pages 2071, 2095, 2129, 2144, 2163, 2197, and 2224

GBD 2010: a multi-investigator collaboration for global comparative descriptive epidemiology

The data, methods, and findings of the Global Burden of Disease Study 2010 (GBD 2010) are described in detail in *The Lancet*. This large collaboration is an evolution of a body of work that began with GBD 1990.¹ The number of diseases, injuries, and risk factors evaluated and the geographical units of analysis have greatly expanded in the past 20 years, and change over time has been assessed. Nevertheless, GBD 2010 follows the basic principles of GBD 1990: trying to use all the relevant published and unpublished evidence; capturing fatal and non-fatal health outcomes with comparable metrics; and separating epidemiological assessment from advocacy concerns or entanglement of agendas.² At the time of

GBD 1990, the sum of cause-specific deaths presented by different disease groups substantially exceeded the number of deaths in the world, thereby highlighting the importance of firewalling epidemiological assessment from programmatic advocacy and of overcoming the differences in epidemiological traditions for individual diseases and risk factors.

In a 5-year study, the goal of GBD 2010 was to provide the strongest evidence-based assessment of people's health problems around the world. We sought to achieve this by incorporating expert knowledge through the engagement of the global health scientific community, collating the world's data on health outcomes,

See [Comment](#) pages 2053, 2054, 2058, 2060, 2062, and 2063

See [Special Report](#) page 2067

See [Articles](#) pages 2071, 2095, 2129, 2144, 2163, 2197, and 2224