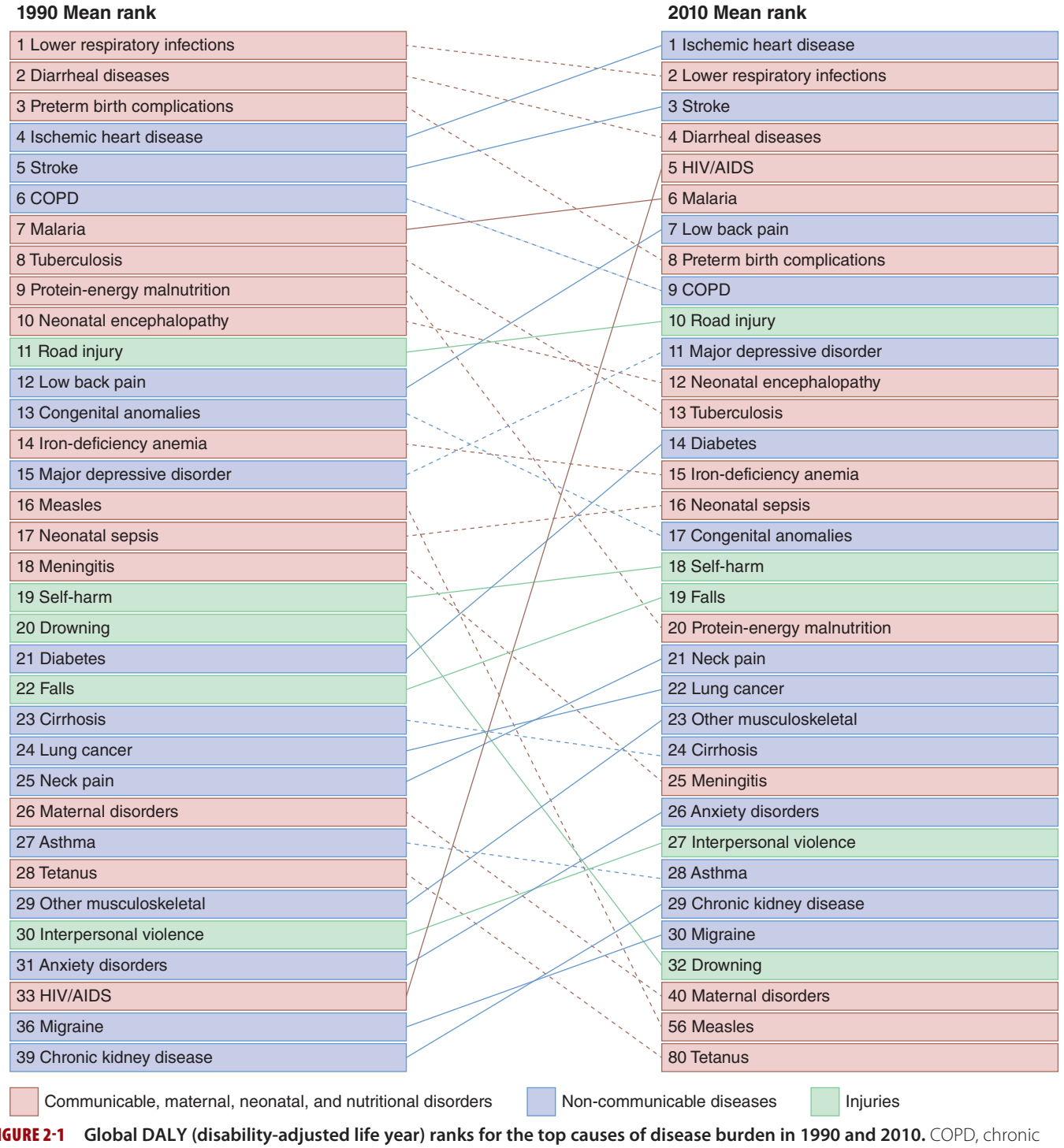

FIGURE 2-1 Global DALY (disability-adjusted life year) ranks for the top causes of disease burden in 1990 and 2010. COPD, chronic obstructive pulmonary disease. *(Reproduced with permission from C Murray et al: Disability-adjusted life years [DALYs] for 291 diseases and injuries in 21 regions, 1990–2010: A systematic analysis for the Global Burden of Disease Study 2010. Lancet 380:2197–2223, 2012.)*

from malignancies. Etiology and nosology are increasingly difficult to parse. As much as 94% of diarrheal disease, which is linked to unsafe drinking water and poor sanitation, can be attributed to environmental factors. Risk factors such as indoor air pollution due to use of solid fuels, exposure to secondhand tobacco smoke, and outdoor air pollution account for 20% of lower respiratory infections in developed countries and for as many as 42% of such infections in developing countries. Various forms of unintentional injury and malaria top the list of health problems to which environmental factors contribute. Some 4 million children die every year from causes related to unhealthy environments, and the number of infant deaths due to environmental factors in developing countries is 12 times that in developed countries.

The second edition of *Disease Control Priorities in Developing Countries*, published in 2006, is a document of great breadth and ambition, providing cost-effectiveness analyses for more than 100 interventions and including 21 chapters focused on strategies for strengthening health systems. Cost-effectiveness analyses that compare relatively equivalent interventions and facilitate the best choices under constraint are necessary; however, these analyses are often based on an incomplete knowledge of cost and evolving evidence of effectiveness. As both resources and objectives for global health grow, cost-effectiveness analyses (particularly those based on older evidence) must not hobble the increased worldwide commitment to providing resources and accessible health care services to all who need them. This is why we use the term *global health equity*. To illustrate these points, it