centre for research on the epidemiology of disasters
CE DAT SCENE
complex emergency database
Newsletter 12 - January 2010

From the Director's desk

Dear CE-DAT Friends,

First, we all wish you a happy, productive and peaceful 2010. Unfortunately, the new year started tragically for the millions of Haitians who have been affected by the recent, devastating earthquake there. We hope that in the coming years, Haiti will not join the group of neglected emergencies and that continuous efforts towards improving the health and nutrition situation of all emergency-affected populations will be made.

A fine example of an initiative that aims to achieve this objective is the Global Response 2010 conference that was recently organized in Copenhagen by Global Doctors. It strived to increase knowledge and cross-disciplinary coordination on the links between health and conflicts.

For this conference, 3 scientific journals brought out special issues on health and violence. One of them was the medical journal *The Lancet*, which published 14 articles discussing various aspects, such as morbidity, mortality, mental health and health systems, in conflict affected countries and populations. The CE-DAT team wrote one of the articles included in that issue, entitled "Patterns of Mortality Rates in Darfur Conflict", a summary of which is provided in this newsletter.

Few days before the publication of *The Lancet*'s special issue, the Vancouver-based Human Security Project issued the *2010 Human Security Report* (HSR), entitled "The Shrinking Costs of War". The report is an in-depth analysis of current methods and techniques used to estimate excess conflict deaths, with a special review of the International Rescue Committee's (IRC) mortality surveys in DR Congo. A short comment on this publication is provided by the CE-DAT team on page 2.

We would like to point out that many other organizations have carried out surveys in DRC and other complex emergencies over the last decade for which results are available on the CE-DAT website.

Again, Happy 2010 and thank you for your continued support!

Debby Sapir, Director

Patterns of mortality rates in Darfur Conflict

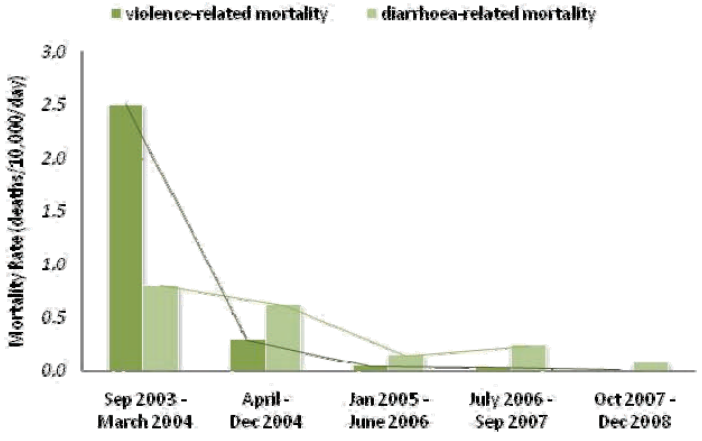
In October 2004, the World Health Organization issued a press release stating that the Darfur conflict had cost the lives of 70,000 Darfuris so far. This estimation was soon criticized and by May 2005, 8 months after the press release, 5 other mortality estimates had been published, ranging from 63,000 to 400,000 deaths. Over the next years, many other estimations would follow. Unfortunately, most of these focussed almost only on the death toll and had very little consideration for changes over time in mortality, displacement and cause of death.

In "Patterns of Mortality Rates in Darfur Conflict", the CE-DAT team examines geographical and time trends in mortality rates as well as causes of death, the premise being that this is much more valuable for public health purposes than the exact number of excess deaths.

A first finding is that there are indeed significant changes over time and across the 3 different Darfur states. Although violence was by far the principal cause of death during the first half of 2004, from mid 2004 onwards, diseases such as diarrhoea had become the main killer (see chart). North Darfur showed lower levels of disease-related deaths than the 2 other states and violent deaths were relatively lower in West Darfur. In order to study these spatial-temporal differences in an appropriate way, data that is disaggregated at a high resolution is required.

Second, displacement was a key factor in mortality trends. In general, displaced people had higher mortality rates, particularly disease-related. For violent deaths, however, the numbers were slightly lower than non-displaced. This suggests a protective effect of displacement for attacks and fighting, but a deleterious one where

Trends of violence- and diarrhoea-related mortality



CE-DAT is a global database on the human impact of conflicts and other complex humanitarian emergencies and serves as a unique source of health indicators for monitoring conflict-affected populations and for the production of trend analyses, impact briefings and policy recommendations

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diseases are concerned.

A third finding is that the period from 2006 to 2007, when the humanitarian deployment had decreased, coincides with a slight increase in mortality rates.

Finally, the study shows that about 80% of the conflict deaths are likely to have been due to diseases and not violence.

The two last findings emphasize the importance of continuous humanitarian assistance, even in protracted situations like Darfur today.

KEY FINDINGS

- important differences over **time and space**
- **displacement** linked to lower violence-related deaths, but increased diarrhoea-related deaths
- period of increased mortality coincides to period of **decreased humanitarian assistance and funding**
- **non violent causes** are responsible for 80% of the deaths

Human Security Report 2010: The Shrinking Cost of War

The Human Security Report (HSR) Project is an independently-funded research centre that conducts research on global and regional trends in political violence, their causes and consequences and presents its findings in annual reports and briefs.

In its latest report, HSR analyzes IRC's estimate of excess deaths in DRC - 5.4 million between 1998 and 2007 - and concludes that it is flawed and is probably overestimating the true conflict death toll by around 3 million. The authors provide two main reasons to support this: i) IRC used a non-representative sample; ii) IRC used a baseline that was too low. About 75% of the overestimation would be attributable to the use of a wrong baseline. The authors bring legitimate points to substantiate this, but the total number of deaths (the sum of expected and excess deaths) in the IRC study and those put forward by HSR are close. They vary mainly in the proportions that are attributable as excess or expected deaths.

The debate revolves around the question *"If there had not been a war, would the dead have died anyway?"* We believe that this discussion has academic value, but is less useful in practice, since no one can actually know what the mortality would have been in the absence of war.

The HSR also makes some statements against the use of small-scale retrospective mortality surveys to measure excess war death tolls, suggesting that large nationwide surveys like the Demographic and Health Surveys (DHS) might be more appropriate. CE-DAT's article in *The Lancet*, however, illustrates how creative use of small-scale retrospective mortality surveys can in fact provide detailed information, useful in understanding patterns of excess mortality. It further shows that mortality analyses of conflict-affected populations require a disaggregated approach, sometimes focusing on particularly badly affected areas—which is not always possible in nationwide surveys.

For many years, IRC has been fully engaged in discussions aimed at improving the quality of data collection methods and tools such as the SMART initiative and the CE-DAT project. Their work has been respected and valuable in applying epidemiological techniques and tools in conflict settings. We applaud greater debate on strengthening methods that help make humanitarian aid more efficient and make progress in scientific thinking in these areas. We feel that the IRC and others undertake these studies with acceptable scientific standards and under circumstances, most of us would choose not to go. We feel that these efforts should be encouraged and supported.

CE-DAT and CRED News

Debarati Guha-Sapir presented "Documentation of Humanitarian Crisis: at Cross Roads" and Olivier Degomme presented "Patterns of mortality rates in the Darfur conflict » at the Global Response 2010 « **Conference on Conflict and Health in a Globalized World** », held in Copenhagen Jan 22-25th, 2010. Click here for more information.

EM-DAT/UNISDR Press Conference - Geneva, January 28th, 2010 - At a joint press conference in Geneva with the United Nations International Strategy for Disaster Reduction (UNISDR) Secretariat, CRED released the EM-DAT natural disaster figures for 2010 and the period covering 2000-2010: What are the trends? Click here for more information.

Assessing Public Health in Emergency Situation (APHES) CRED's International summer course will be held in Brussels from **July 5th to 16th, 2010**. This course aims to familiarize professionals with epidemiological techniques to determine impacts of disasters and conflicts. The course will introduce participants to the methods and tools of epidemiology in the context of humanitarian emergencies and will also cover the different uses of quantitative tools for the assessment of health needs in populations affected by catastrophic events.

Deadline for submission of applications is April 30, 2010. For more information, please see the APHES official website.

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