

KEY FACTS

- National mortality rates continue to decline during periods of warfare in most of today's conflicts.
- A major World Bank study published in 2008 found that the median adult mortality rate for all war-affected countries around the world fell by almost one percent a year.
- Between 1970 and 2007, under-five mortality rates declined overall during periods of warfare in some 80 percent (14 out of 18) of the conflict-affected sub-Saharan African countries in a review undertaken by the Human Security Report Project.
- Mortality rates decline in wartime because they are already declining in peacetime and few of today's wars kill enough people to reverse the pre-war trend.
- In the new millennium the average conflict killed 90 percent fewer people each year than did the average conflict in the 1950s.
- The average conflict in 2007 killed less than 1,000 people; in 1950 the figure was 33,000. (These figures are for violent deaths—they do not include deaths from war-exacerbated disease and malnutrition.)
- Most war deaths are not caused by violence, but war-exacerbated disease and malnutrition. In some wars there are 10 or more deaths from disease and malnutrition for every death from violent injury.
- The deadliest diseases associated with wars in poor countries are diarrhea, measles, acute respiratory infections and malaria.
- Overall, malaria was the disease that caused most deaths in conflict and post-conflict zones.
- The evidence suggests that indirect deaths from disease and acute malnutrition have declined at a greater rate than "direct" deaths from war-related injuries.
- Three interrelated developments have been driving down deaths in wartime for more than two decades: changes in the nature of warfare; global health policy; and increased levels of humanitarian assistance.
- In a recent review of 11 conflicts in sub-Saharan Africa, the Armed Conflict Location and Event Data project (ACLED) found that, on average, only 12 percent of the national territory of war-affected countries is impacted by serious violence.
- Three decades of highly successful international efforts to promote public health in developing countries have not only lead to a steady reduction in peacetime mortality rates, but also saved lives during wartime.
- Children under-five typically have a wartime mortality rate that is double that of adults.

- Peacetime immunization drives, plus non-medical health practices like breastfeeding, together with the life-saving impact of humanitarian assistance, have all contributed to reducing wartime mortality from disease and malnutrition. “Infants aged 0-5 months who are not breastfed have seven-fold and five-fold increased risks of death from diarrhea and pneumonia, respectively, compared with infants who are exclusively breastfed.”
- Immunization programs and other life-saving interventions continue to be provided in many war-affected countries.
- Immunization coverage grew steadily throughout the deadliest periods of warfare in the DRC. Immunization coverage in 1990 was 35 percent for diphtheria, tetanus and pertussis, and 38 percent for measles. By 2007, the coverage had increased to 87 and 79 percent respectively.
- The International Rescue Committee’s (IRC) much-cited 5.4 million excess death estimate for the Democratic Republic of the Congo (DRC) for the period 1998 to 2007 is greatly inflated.
- The most reliable data for the DRC come from the 2001 to 2007 period. The IRC’s figure of 2.8 million is far too high for this period. When a more appropriate baseline mortality rate is used the toll falls to 900,000 – two thirds lower.
- Retrospective mortality surveys that use point estimates of baseline mortality rates, and assume that these do not change over time, will tend to produce erroneous excess death estimates except in the case of very short wars. The longer the war lasts, the greater will be the extent of the error.
- Since war deaths are not the only factor affecting overall mortality rates, attributing increases (or decreases) in mortality to wartime violence may sometimes be incorrect.
- If controversies associated with survey-based estimates of excess deaths continue, they threaten to discredit the entire survey approach—one that remains critically important to the creation of evidence-based humanitarian and peacebuilding policies.