

Human Security Report Project Response to Les Roberts'

'Making Sense of Sudan, Numbers: Human Security Report: A Major Blow to Humanitarian Accountability'

14 April 2010

LR: I was sorry to see the Human Security Report (HSR) released today. I was sorry because this report draws unjustified conclusions and will leave the world more ignorant and misguided for its release. There are four very weak aspects of this report that led to this opening line which I find most problematic, “this report reveals that nationwide mortality rates actually fall during most wars”:

1) This and many other conclusions are solely a function of the low threshold chosen to define “war,” considering it to be ongoing with just 25 killings per year. If war was instead defined as occurring in a population where 0.1% was violently killed in a year, I strongly suspect almost all of the HSR conclusions would reverse. This definition would be closer to the public image of war and to where humanitarian aid dollars flow.

HSRP: Dr. Roberts is mistaken about the definition of conflict used in our review of under-five mortality rates in countries experiencing conflict in sub-Saharan Africa. We specifically excluded those countries that had experienced minor conflicts. To qualify, the country must have experienced conflict resulting in a minimum of 1,000 cumulative battle deaths, and at least 25 battle deaths in each subsequent year.

We also cite a World Bank study that uses a higher threshold—one thousand deaths per year, every year. The Bank’s study, which uses global data, clearly shows that median adult and infant mortality rates are lower at the end than the beginning of periods of warfare.

In only a relatively small percentage of countries in our study does the overall under-five mortality rate actually increase during wartime.

LR: 2) The report is rife with profound inconsistencies of logic. Moreover, the report completely contradicts a main theme of the last Human Security Report (“War-related diseases kill and disable far more people than bombs and bullets”).

HSRP: The claim that *The Shrinking Costs of War* contradicts the main theme of the last *Human Security Report* is completely wrong. The second paragraph in Chapter 1 of *The*

Shrinking Costs of War states that: “[t]here is general agreement in the research community that the violence that generates deaths on the battlefield is an important driver of indirect deaths, and that the latter are significantly greater in number than the former.” (Emphasis added).

What we challenge in Chapter 1 are claims that there are *consistent* relationships between direct and indirect deaths.

LR: The conclusions about giving up on surveys to directly measure war-time excess deaths contradicts the conclusion from the meeting you hosted in March, 2004 with a collection of highly regarded experts including: Jennifer Leaning, Debbi Sapir, and Richard Garfield. Some of the more egregious internal inconsistencies are listed in Appendix B (Appendices available here: <http://blogs.ssrc.org/sudan/wp-content/uploads/2010/01/Appendices-to-Les-Roberts-Critique-of-HSR.pdf>).

HSRP: It is quite true that in 2004 we were not critical of the use of survey methodologies to determine excess death tolls. Indeed, in the last *Human Security Report* we published a box on the International Rescue Committee’s work in the Democratic Republic of the Congo (DRC) written by Dr. Roberts. The IRC’s work on the DRC was, and remains, the most comprehensive attempt ever undertaken to measure excess deaths.

However, in the nearly six years that have passed since the workshop in 2004, the use of surveys to estimate excess deaths has come under increasing critical scrutiny, notably with relation to the sharply divergent excess death estimates from surveys undertaken over the same periods of time during the Iraq war. The deeper we delved into the practical challenges that estimating baseline mortality rates confront, the more skeptical we became that they could be overcome.

As the IRC acknowledges, it is difficult to determine single point estimates of pre-war mortality accurately. And modest changes in baseline mortality rates can make a major difference to excess death estimates as we show in our report. But the real problem lies with measuring pre-war mortality *trends*. These, as we point out, are mostly declining in the developing world. Failing to take a pre-war decline in mortality into account will result in an *underestimate* of the excess death rate and hence the excess death toll.

Our full critique of this issue is set out in the closely argued Chapter 4. We would welcome Dr. Roberts’ views on this chapter. Neither his, nor the IRC’s, critiques have addressed this critical practical and methodological obstacle to the accurate estimation

of excess death tolls.

Finally, we note the following comment from Dr. Debarati Guha-Sapir, Director of the Belgium-based Centre for Research on the Epidemiology of Disasters (CRED), on the disagreements over methodology between the IRC and the HSRP. The comment appears in CRED's January 2010 *CE-DAT Scene* newsletter:

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.*¹

This is precisely the point that we argue in Chapter 4 of our report—although we believe that the issue is of more than simply academic interest. Attempts to estimate excess death tolls are predicated on the assumption that we know something that in practice is very rarely knowable.

LR: 3) The report is unscholarly, not fully exploring sources, citing one source for one point and ignoring that source elsewhere. It was particularly selective to cite Chris Murray's 2002 *BMJ* article as "much-cited" but not the follow-up 2008 *BMJ* article with Ziad Obermeyer which shows that the PIRO dataset on which the HSR is largely based, misses most deaths. A list of serious inconsistencies or errors is included as Appendix C.

HSRP: The 2008 Obermeyer *et al* article in the *BMJ* is an unfortunate example for Dr. Roberts to have chosen. In December 2009, an article published in the *Journal of Conflict Resolution (JCR)* revealed that the Obermeyer article was riddled with major errors. Two reviewers described the critique—the HSRP's Andrew Mack and Tara Cooper are among four co-authors—as "devastating". The *JCR* article can be accessed here: http://www.hsrgroup.org/images/stories/Documents/JCR_EstimatingWarDeaths.pdf

LR: 4) The HSR claims war does not stop the usual mortality decline seen in most poor nations, but then does not study or report on those people affected at the times of war. The report looks at entire nations where you admit a tiny fraction of people are affected for a tiny fraction of the study period and draw conclusions with data so crude and

¹ "Human Security Report 2010", *CE-DAT Scene* (January 2010), Centre for Research on the Epidemiology of Disasters, http://www.cred.be/sites/default/files/CE-DAT_Scene_January_2010.pdf. Emphasis added.

general as to be meaningless. The report uses national, time-smoothed data... without the appropriate confidence intervals... to detect the effects of armed conflict. For those of us who were in Rwanda in 1994 and saw those thousands of child bodies dumped in the mass graves, the idea presented in the HSR that 1995 and 1996 were less healthy for children than 1994 is incomprehensible.

HSRP: We clearly state that mortality rates in war-affected areas are often extremely elevated.

Dr. Roberts should take up any issues that he has with the under-five mortality data in our report with the Inter-Agency Child Mortality Estimation Group (IACMEG). We do not collate the data, they do. Upper and lower confidence bounds are shown in the IACMEG graphs—the trends remain essentially the same.

With respect to Rwanda, the data from *some* of the individual surveys that make up the best estimate trend line show mortality rates increasing in 1996, others show that they are decreasing. These sorts of divergence are one of the reasons we argue (in Chapter 4) that survey data are not a reliable source for the baseline trend data needed to produce accurate excess mortality estimates. But once again, the key point to note here is that it is the IACMEG, not the HSRP, that created the “best estimate” trend line that reveals the increased mortality rate in Rwanda in 1995 and 1996 that Dr. Roberts objects to.

Dr. Roberts appears greatly concerned that most of the conflicts discussed in our review are relatively small and thus unlikely to reverse prevailing downward trends. But this is the very point we seek to make—the average conflict in the 1950s resulted in about 10,000 direct deaths from injuries per year. In the new millennium the figure is around 1,000. There is a clear relationship between direct deaths and deaths from disease and malnutrition. It follows that excess deaths—those that would not have occurred unless there had been no war—will also have declined dramatically over the same period.

The decline in overall wartime mortality is, we argue, due to the changing nature of warfare, the fact that relatively recent peacetime health innovations reduce wartime death tolls, and that the level, scope and cost-effectiveness of humanitarian assistance has increased sharply in the post-cold war period.

LR: As a contributor to the last Human Security Report, I was sorry to see this report. As one of the main forces of accountability in humanitarian assistance, the Canadian Government should be mortified by this report and its, perhaps inadvertent, assault on SMART and relief accountability. As a scientist, I am disheartened to see all this money

spent on the HSR to make the academic community more fractious. Many years ago we went out and attempted to report to the world about an unfolding crisis in the Congo. We did it carefully, but as we described at the time, crudely, at great risk to life and limb, and at only a few percent of the cost of this Human Security Report. It is unbecoming to grab a headline a decade after by tearing down a study with erroneous speculation. If the HSR wants to advance this field, there are apparently under-reported crises underway in Somalia and Northern CAR; go there and do better.