

From the Director's desk

Dear CE-DAT friends,

Our centre is growing and so is the way we are able to provide you with quality analysis and the most comprehensive collection of up-to-date epidemiological statistics. With the support of the United States Department of State's Bureau of Population, Refugees, and Migration and the United Kingdom Department for International Development, our complex emergencies database (CE-DAT) has entered two new phases of development, entitled CE-DAT-IV and CE-DAT Plus.

The highlighted goals of these projects include:

- Better quality and depth of data in CE-DAT.
- Greater user-friendliness of CE-DAT website.
- Quicker turnaround times on requests for information.
- Interoperability of CE-DAT with other online databases
- Greater collaboration with NGOs.
- More regularly-issued epidemiological publications.

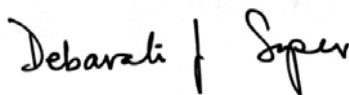
We are also happy to announce the signing of a new collaborative agreements with CE-DAT partner GOAL.

This fall saw the addition of two new members to the CE-DAT team: Jan Grauman as a research intern and Antonio Zugaldia as an IT specialist.

This month, CE-DAT is operating with the added capacity of two new members to the team: Ruwan Ratnayake as a Health and Nutrition Analyst and David Hargitt as a Database Officer.

Your feedback is always appreciated and do not hesitate to make requests for analysis if there are areas of information you feel are being overlooked.

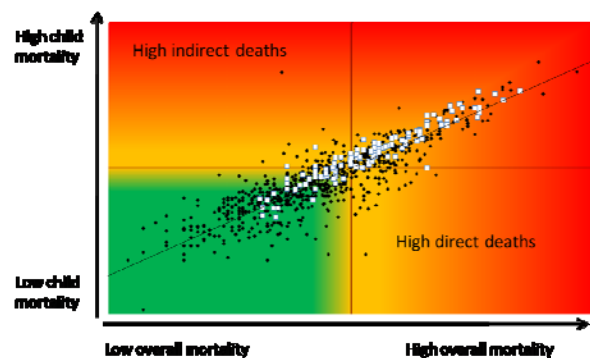
All the best in the New Year,



Debby Sapir, Director

Complex Emergency Monitor

The Complex Emergency Monitor is a new trademark feature of CE-DAT Scene. It is set up as a diagnostic tool using mortality data to illustrate the nature and severity of complex emergencies being reported from the field. The horizontal and vertical axes represent emergency thresholds for under-five mortality and crude mortality, respectively. Crises increase in severity northeast along the diagonal axis. Crises that fall above the diagonal axis represent situations where the ratio of under-five mortality to crude mortality exceeds the level that is commonly expected (2 to 1) in an complex emergency.



This suggests that in these situations either children or adults disproportionately bear the mortality effects of the crisis. The white points refer to the situation in the Democratic Republic of Congo since 2000. The black points represent data from all other countries within the CE-DAT database from the same time period. The data used is from CE-DAT's database of 1,772 anthropometric surveys from 44 countries collected since 2000 and provided as is by humanitarian actors in the field ([link](#))

DRC Congo: eye of the storm

Despite various ceasefires, the formation of a unity transitional government, and the success of national elections, the Democratic Republic of Congo (DR Congo) remains at war. Various hold-out groups from the Rally for Congolese Democracy (in French Rassemblement Congolais pour la Démocratie-RCD) refused to participate in a unity transitional government and have been conducting a ferocious insurgency, destabilising five countries along the DR Congo's eastern border. This has meant that while the peace of 2003 has brought an end to hostilities in much of the country, the DR Congo remains quite unstable.

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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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Centre for Research on the Epidemiology of Disasters

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DRC: eye of the storm (Continued)

The situation in the conflict zone changes daily as the government and rebels launch new offensives. Political developments in Kinshasa (most recently the formation of a new parliamentary coalition) regularly test the mettle of the government, which faces political pressure domestically and from international donors that fund nearly two-thirds of the national budget. Recent fighting in North Kivu has driven an estimated 400,000 people from their homes, with more civilians continuing to flee everyday.

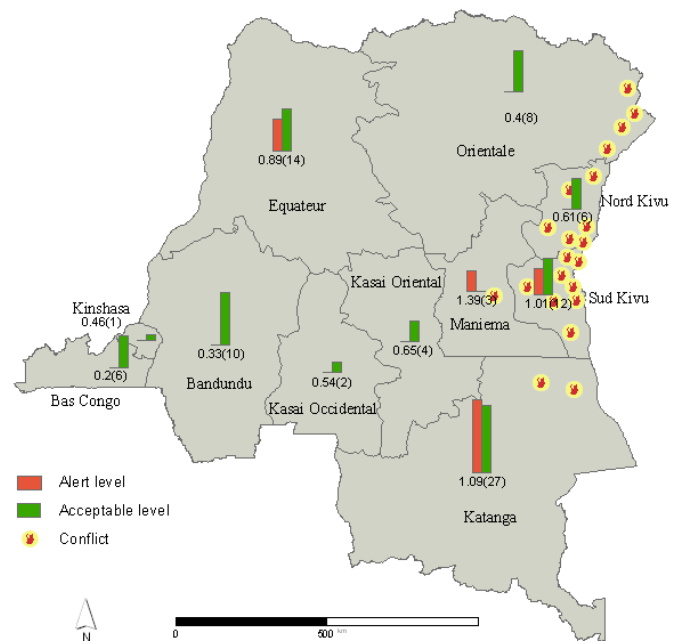
CE-DAT's full country report on the DR Congo, available in print and on the CE-DAT website in February 2008, will provide a full overview of the political and economic situation in the DR Congo, as well as a country-wide epidemiological analysis that will make use of 137 anthropometric surveys and over 500 data points from the end of Second Congo War in 2003 until the present.

Crude mortality in the DRC, 2003-present.

The above map provides a summary of the crude mortality situation using surveys conducted since January 1st, 2003. Flames represent zones of continuing armed conflict. Red bars represent the number of surveys that returned alert level crude mortality rates. Green bars represent surveys where the crude mortality rate was at acceptable levels. Numbers by region names give regional four year averages. Numbers in brackets give the number of crude mortality surveys per region over the time period. Source: [CE-DAT 2007](#)

Report preview: Crude mortality

Analysis suggests that the national mortality situation, based on the crude mortality rate (CMR), in the DR Congo remains largely in flux as CE-DAT data do not show any significant time trends in the data. The one exception to this is South Kivu- in the conflict zone, which has been showing a significant downward trend in CMR with no surveys above WHO alert thresholds of 1 deaths/10,000 people/day since May 2005.



All surveys for the period 2003 to present showed average CMR below WHO alert levels in all regions of the country except for Katanga and Maniema- both falling within the conflict zone.

In all, 31% of all crude mortality rate containing surveys since the peace of 2003 have exceeded alert levels and 4.3% of all CMR surveys have exceeded WHO crisis levels of 2 deaths/10,000 people/day. CMR values ranged from a fairly contained rate of 0.27 deaths/10,000 people/day to the frightening rate of 4.3 deaths/10,000 people/day.

Of particular concern is the region of Katanga, the second largest province in DR Congo in terms of population and for which the most extensive and recent mortality data is available. This is due to continuing high average values of CMR (1.09), levels of moderate (32.54%) and severe poverty (18.42%), and continuing violence between government and militias in the Tanganyika and Haut-Shaba (northeastern corner) districts. In Maniema, violence with militias, the total collapse of primary health care, lack of latrines, and insufficient humanitarian resources are cited as concerns.

Better and more recent CMR data is needed to keep track of the changing situation across DR Congo, as the number of surveys has been decreasing since 2004. A red flag should be raised for the lack of recent survey data from the war zones of North Kivu and the Ituri district in Province Orientale. These have been areas of intense fighting within the last year and have not been surveyed since the summer of 2004. Sources: CE-DAT 2007, 1-2-3 Survey World Bank.

Upcoming Event

4th Technical Advisory Group Meeting January 24-25th, 2008 in Brussels, Belgium

Coming soon...

A map prototype with georeferenced epidemiological surveys at www.cedat.be

A country report on the Democratic Republic of Congo at www.cedat.be

CE-DAT and CRED News

Recently published

Degomme O., Guha-Sapir D. (2007). "Mortality and nutrition surveys by non-governmental organisations. Perspectives from the CE-DAT database." *Emerging Themes in Epidemiology*, 4:11 [link](#)

CRED Summer Course Assessing Public Health in Emergency Situations July 7-18th, 2008 in Brussels, Belgium. [Find out more.](#)

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