

RATIONALE

- The trend of state-based armed conflicts has been increasing, number of fatalities decreasing, but the nature of conflict is becoming protracted. Are the currently used indicators still representative and relevant to armed conflict and health?
- Traditional indicators focus on fatalities, infectious diseases, and occasionally facilities destroyed leaving other domains under-measured and failing to reflect on the holistic deteriorated health status.
- This is compounded by the proliferation of indicators on health and armed conflict which can eventually burden the national capacity and NGOs.
- Following recent international conferences academics and humanitarian groups called for leveraging a formal network of researchers and practitioners towards the advancement of monitoring and interventions in armed conflict settings.
- To allocate resources and strengthen data collection capacities, existing indicators must be subjected to scrutiny to ensure accurately delineated indicators that reflect the dynamic of the conflict, structural factors, and the political context

OBJECTIVES

- 1 Conduct a mapping of indicators commonly used in relation to health and conflict.
- 2 Appraise indicators in a participatory approach considering expert viewpoints.
- 3 Develop a proposed set of indicators for inclusion in the Global Observatory.

PROCESS

Systematic mapping of indicators relevant to conflict and health

Screened 194 NGO websites, observatories, toolkits, dashboards, networks, journals in addition to Medline and Google Scholar

Consultative meetings with experts in the field of armed conflict and health

Total of 8 interviews to get input on the best strategies to adopt when setting indicators and appraising the usefulness of the indicators.

Appraisal of the mapped indicators based on the input from the consultative interviews

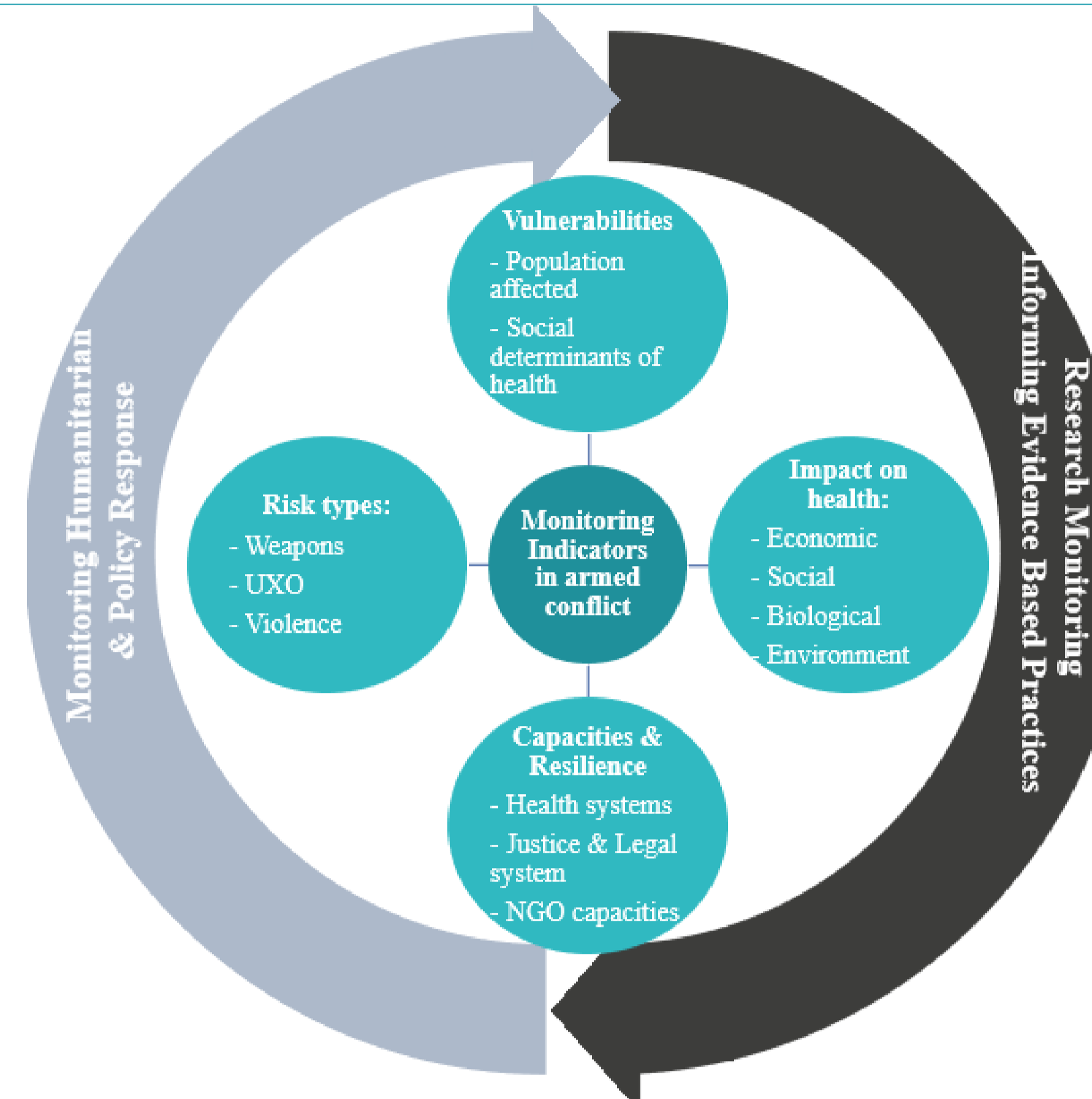
Appraisal resulted in a set of 140 indicators. Developed a survey based on their input and literature with nine categories and 12 questions to be used in the prioritization exercise

Delphi Prioritization of indicators to adopt by the Global Observatory on War, Conflict and Health

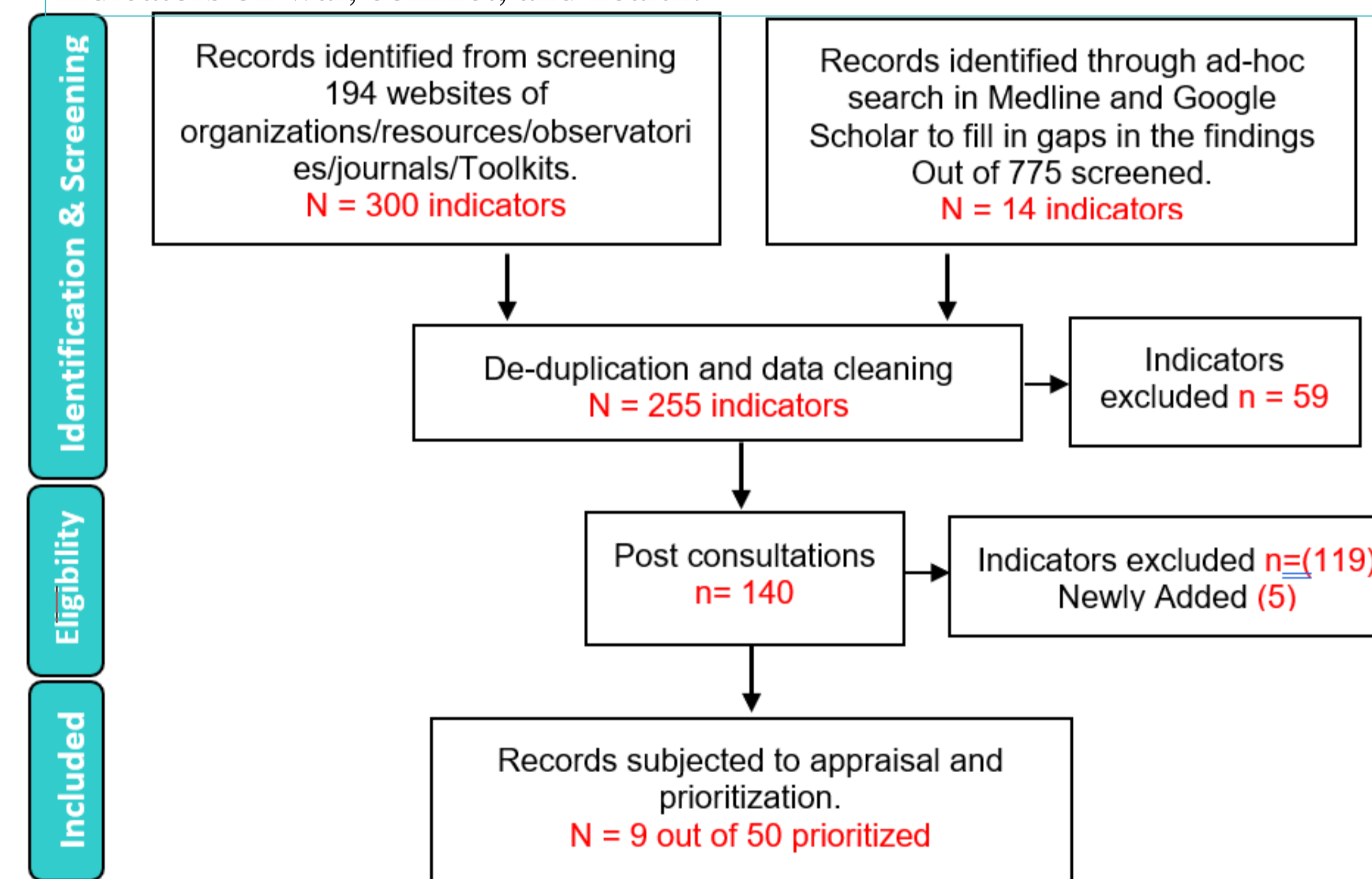
Administered the survey to the Alliance. A total of 50 indicators were subjected to scoring by 4 experts in the Alliance.

FINDINGS POST MAPPING INDICATORS

Indicators were screened, curated, and themes grouped in a conceptual framework



PRISMA flow chart of data collection for the systematic mapping of indicators on war, conflict, and health.



Expert viewpoint on the list of indicators highlighted the rational to think through the advantages of certain indicators and the drawbacks of others

✓ Positive indicators' highlights

- Have no cultural length
- Bring political and media attention
- Measure the response capacity in acute crisis
- Highlight inequity and exclusion in accessibility
- Serve as proxy indicators for hard to measure themes
- Foster willingness to work jointly in one consortium

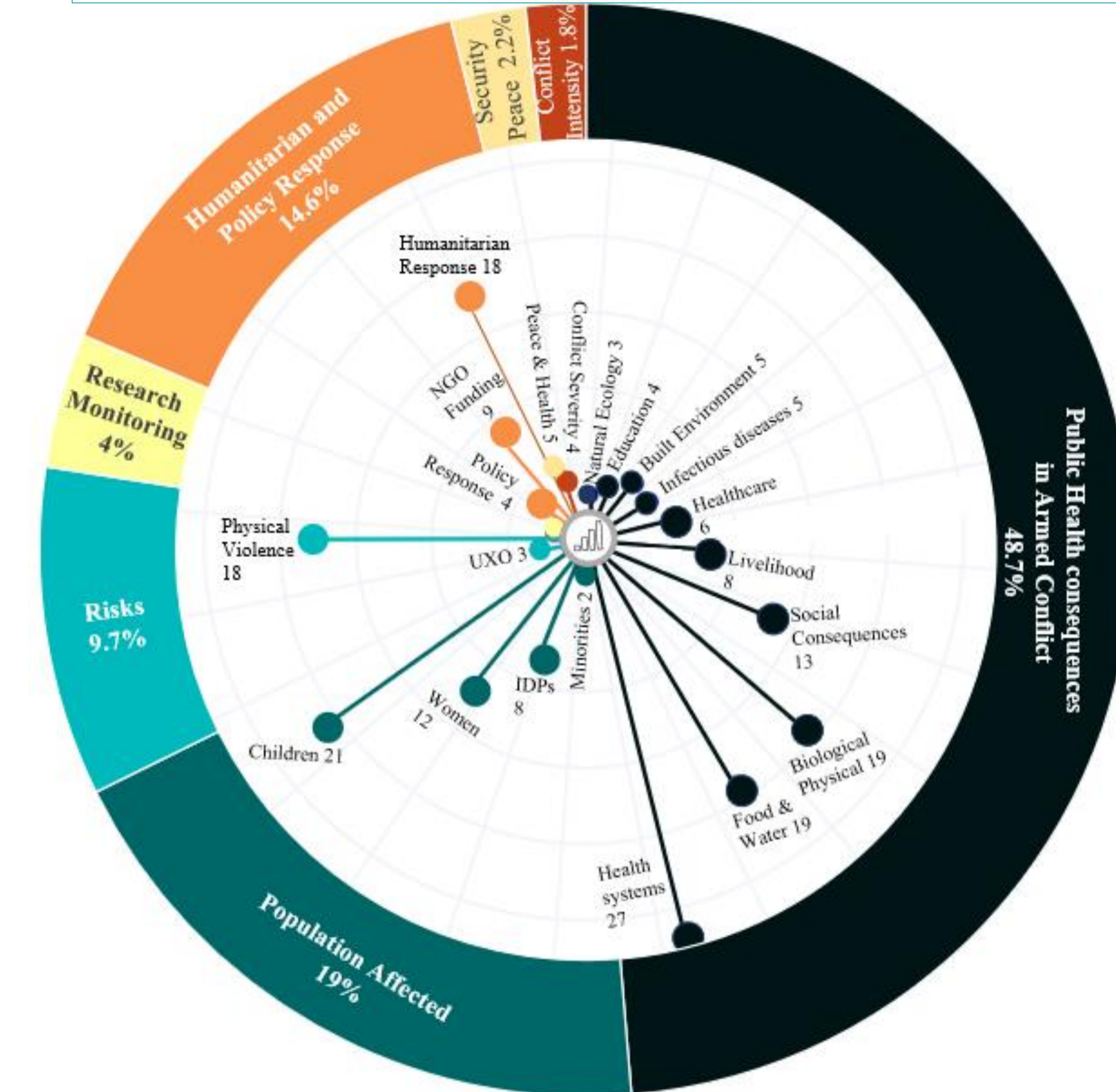
? Drawbacks of indicators

- Alienation of research from the evidence-based translation to practice
- Can be manipulated or misrepresented by media
- Poor attribution to crisis due to confounding factors
- Risk of promoting inequity
- Lacks liability: no link to accountable actors
- Non-standardized instruments of measurement
- Qualitative existence of policies does not imply effectiveness
- Futuristic outlook intersects with judicial

Expert Viewpoint

FINDINGS POST INDICATOR APPRAISAL

Appraisal of indicators lead to the reduction of the indicator set to 140. The themes distributed by categories in this set is analyze below. Most indicators are process/output and in the response stage.



FINDINGS POST INDICATOR PRIORITIZATION

Indicator's selection criteria: SMART (Specificity, Measurability, Achievability, Relevance, Time-bound), Implications on decision-making, Economic, Validity (Field-tested), Ethics and Equity lens.

Indicators that scored > 3.49 on "Relevance to the Observatory's mission" and have a mean per indicator across criteria >3.5 are:

- Number of conflict-deaths segregated by geography, time, type of attack, and type of conflict
- Percentage of children with unintentional injuries caused by changes in their environment because of the humanitarian situation
- Number of Attacks on health facilities, patients, ambulances, medical personnel, medical supplies, and warehouses
- Composite Mine Impact Score on a scale of 0 to 3
- Under-5 Global Acute Malnutrition
- Under-5 Severe Acute Malnutrition
- Percentage of population in worst quintile of functioning

CONCLUSION & IMPLICATIONS

1. Funding, Risks, and Research were the three most under-monitored categories
2. Shortcomings in monitoring health pre-crisis and post-crisis, and in monitoring outcome/impact indicators
3. Recommended to conduct a targeted review in the literature to propose new evidence-based indicators for the gaps identified.
4. The interpretation of indicators should show the time-factor (stage of conflict) and link to mutually accountable actors for the harm.
5. Indicators should highlight procedural democracy in humanitarian response, not promote inequity, and not be manipulated by media.