

CHAPTER 2

The consequences of conflict

Countries suffer from many different consequences of violent conflict. Violent conflict kills people in different ways — although it is often difficult to estimate how many. Civilians and soldiers are killed in combat; people die because of a higher prevalence of diseases; and people are killed because of an increase in violent crime. Wars force mass migration. Countries that have experienced violent conflict also face a high risk of renewed conflict. Conflict also has economic consequences. It leads to unemployment and loss of income owing to disruption of economic activity, destruction of infrastructure, uncertainty, increased cost of doing business, and capital flight. Furthermore, social spending is often cut to accommodate increased military spending, and the economy undergoes structural changes. Dealing with the consequences of violent conflict is a humanitarian imperative; but it is also important because it decreases the risk of the conflict recurring.

This chapter examines the social and economic consequences of conflict.

Social consequences

Mortality levels

The literature distinguishes between “battle deaths” — combatants and civilians killed during military operations — and “total war deaths” — which include battle deaths and deaths from disease, starvation, malnutrition, and crime.

Battle deaths

Between 1960 and 2005, about 6.6 million battle deaths were recorded in state-based armed conflicts worldwide. Figure 2.1 breaks this total down by region. About 1.6 million battle deaths — about 24 percent of the global total — were recorded in Africa; and about 3.6 million — 54 percent of the total — in Asia.

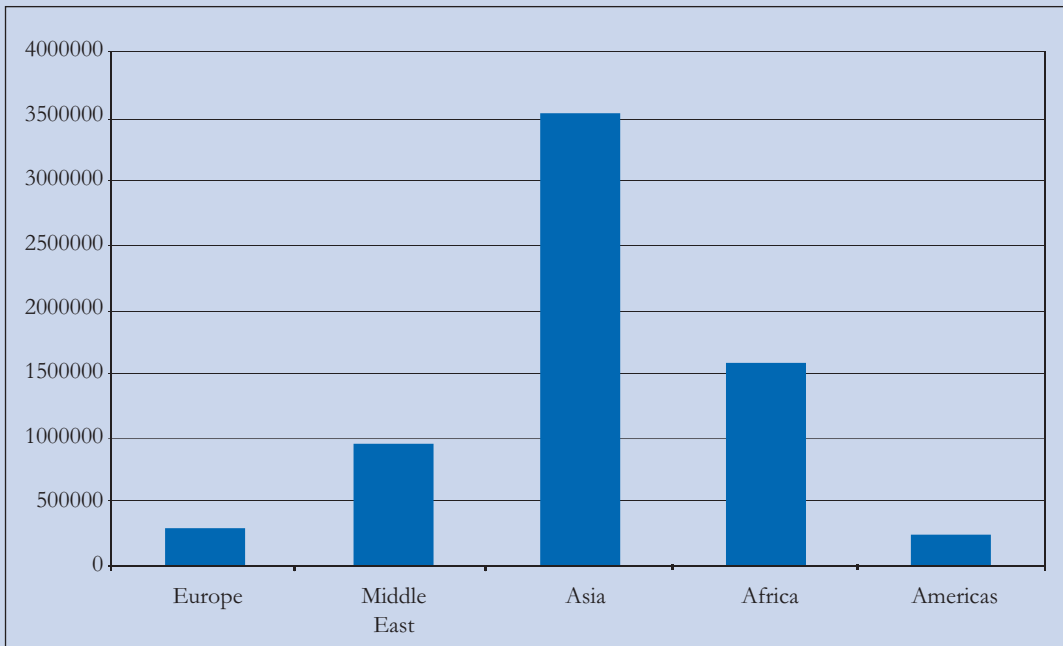
Beyond these aggregate numbers, the question is: who is killed in military operations? Murray *et al* (2002) examine the age and sex distribution of battle deaths. According to their data, men aged 15–29 are most likely to be killed, but women make up nearly a quarter of all battle deaths. Their estimates also suggest that battle deaths are almost equally split between military and civilian fatalities.

Total war deaths

Table 2.1 presents data on battle deaths and total war deaths for some African wars. The percentage of battle deaths in total deaths is generally low, ranging from about 3 percent to 30 percent. Although this is a large range, these numbers indicate that deaths from military operations usually constitute only a small proportion of total war deaths. Estimates of total war deaths have large margins of error and no comprehensive dataset exists to date.

Estimating total war deaths is a difficult exercise. A number of epidemiological studies have attempted to do so using

Figure 2.1: Battle deaths, 1960–2005



Source: UCDP/PRIO armed conflict dataset.

household surveys — which are difficult or impossible to carry out in war zones. These micro surveys, usually carried out towards the end of a war or once the war is over, rely on recalled data. One example is the work by Coghlan *et al* (2006), in which the researchers try to estimate the number of deaths from the war in the Democratic Republic of Congo during 1998-2004. The estimated total death toll was about 3.9 million, making the war the deadliest war since the end of World War II (Coghlan *et al* 2006). The latest estimates (as of mid-2008) put the estimated war death toll (excluding battle deaths) at 5.4 million.

Legacy effects

Wars affect people's lives long after the fighting has stopped. Wars do not only kill, they also cause disability due to injury or increased disease burden. One of the diseases that affects Africa disproportionately is HIV/AIDS. The disease is contracted through sexual transmission or contamination of a person's blood with the virus (through needle transmission, for example). Buvé, Bishikwabo-Nsarhaza, and Mutangadura (2002) provide an overview of the spread and effect of HIV-1 infection in sub-Saharan Africa. By the end of 2001, the HIV-1 adult

Table 2.1: Battle and total war deaths in selected African countries

Country	Period	Battle Deaths	Total Deaths
Algeria	1991–2002	90,200	—
Angola	1975–2002	160,500	1.5 million
Burundi	1990–2002	6750	200,000
Congo, Brazzaville	1993–2002	9791	—
DRC	1998–2008	—	5.4 million*
Egypt	1992–98	1347	—
Guinea-Bissau	1998–99	—	1,850
Liberia	1989–96	23500	150000–200000
Morocco	1975–89	13,000	—
Mozambique	1967–92	145,400	0.5–1 million
Nigeria	1967–70	75,000	500,000–2 million
Sierra Leone	1991–2000	12,997	—
Uganda	1981–91	107700	—

* This figure excludes battle deaths.

Sources: Lacina and Gleditsch (2005); Coghlan et al (2006); UCDP/PRIO armed conflict dataset; and Human Security Brief (2007).

prevalence rate in the region was estimated at 8.4 percent. Estimated prevalence rates for other regions were much lower: the Caribbean region had the second highest prevalence rate of 2.2 percent, while all other regions had prevalence rates of less than 1 percent. The discussion on why Africa is more severely affected than any other region focuses on two explanations: war and poverty. Wars are conducive to the rapid spread of HIV. Soldiers facing the risk of losing their lives weigh the risks of contracting HIV against stressful situations and dangers related to war. Civilians are often subjected to human rights abuses, including sexual violence. Some women find themselves in abject poverty, which may lead them

to use commercial sex to survive. In general, displacement during war weakens social cohesion and relationships — which may lead to promiscuity. As stated above, poverty is another reason for the high prevalence rates. Poverty seems to increase the gender imbalance. Although women are more at risk of contracting HIV, it seems that they cannot demand condom use from their partners. Buvé, Bishikwabo-Nsarhaza and Mutangadura (2002) conclude that populations in many parts of Africa are becoming trapped in a vicious HIV-poverty cycle.

War also leaves people traumatized. Most of the victims of civil war are civilians, who are subjected to, or witness, war-related traumatic events such as shootings,

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killings, rape, torture and murder of family members. A random household survey of residents and internally displaced persons in Freetown, the capital of Sierra Leone, in 1999, showed that almost every respondent had been exposed to conflict. Fifty percent of the respondents had lost someone close to them, and 41 percent had actually witnessed the death of this person. Torture had been witnessed by 54 percent, executions by 41 percent, amputations by 32 percent, and public rape by 14 percent. The witnessing of such events can lead to serious psychological stress.

War ruins a country's economy, including the health sector. Post-conflict governments have insufficient revenues to spend on the health sector, which faces enormous demand. Yet, donors are often reluctant to fund improvements in the health sector until they are certain that peace can be sustained.

Regional spillover effects due to disease

Most of the total war deaths are attributable to communicable diseases and not to violence. Nationwide public health programmes for disease control and prevention cannot be carried out during civil war. This has implications for the health of the citizens in the country at war; however, the negative health effects of civil war go beyond borders. For example, Uganda has not reported any wild cases of polio since 1996, but it has to continue mass immunizations in border regions for fear that the disease will spill over from Sudan and the Democratic Republic of Congo (Wendo, 2002).

A further well documented example of civil war being a major impediment to the eradication of endemic diseases is the case of Dracunculiasis, or Guinea worm disease. The worldwide campaign to eradicate dracunculiasis began at the U.S. Centers for Disease Control and Prevention in 1980. At that time, there were an estimated 3.5 million cases in more than 20 African countries. Thanks to the regional eradication program the incidence of the disease was reduced by 98 percent. Most of the remaining patients were in Southern Sudan because the campaign could not be completed during the civil war in the south. During the temporary "Guinea Worm Cease-Fire" in 1995, health workers were able to distribute cloth water filters to villagers as part of the regional eradication programme. This distribution of more than 200,000 filters was considered a tremendous success. Distribution of filters continued after the temporary cease-fire. It was estimated at the time that it would take three to five years to completely eradicate dracunculiasis after the end of the war. Until then, the cost of the disease to Sudan and her neighbours would be substantial: About \$2 million per year to maintain the eradication programme in Sudan, and the cost of maintaining surveillance to detect cases exported from southern Sudan to other regions of the country and to neighbouring countries. All of these costs could have been avoided if the eradication programme had not been hampered by the civil war in southern Sudan.

Regional spillover effects due to displacement

In contrast to death figures, it is easy to obtain internationally comparable data for displaced persons. The United Nations High Commission for Refugees (UNHCR) collects and publishes worldwide data. In 2006, it listed about 33 million people 'of concern' to the UNHCR. These people 'of concern' are defined in three broad categories: about 10 million refugees, 13 million internally displaced persons (IDPs), and 10 million others (asylum seekers, returned refugees/IDPs and stateless persons).

Since 2000, the number of refugees has fallen from 12.1 million to 9.9 million worldwide. However, the total number of IDPs and others of concern has risen sharply since 2002 — from 10.3 million in 2002 to 23 million in 2006. How does Africa compare with the rest of the world? Africa is home to about 12 percent of the world's population; however, 31 percent of the world's refugee population originates from Africa. Most African refugees come from the following countries: Sudan, Somalia, DRC, Burundi, Angola, Eritrea, Liberia, Rwanda, Western Sahara, and Ethiopia. Table 3.2 lists refugee numbers for these countries. Refugees from these countries make up about 28 percent of the world's refugees.

Where do these refugees flee to? Most of these refugees flee across the border to neighbouring states, that is, they do not leave the continent. The main host countries are Tanzania, Chad, Kenya, Uganda, DRC, Sudan, Zambia, Ethiopia, Algeria and Congo. Refugee numbers by country of asylum are presented in Table 2.3.

Table 2.2: African refugees by origin, 2006

Country	Refugees
Sudan	686,311
Somalia	464,253
DRC	401,914
Burundi	396,541
Angola	206,501
Eritrea	193,745
Liberia	160,548
Rwanda	92,966
Western Sahara	90,614
Ethiopia	74,026

Source: UNHCR (2006)

Table 2.3: African refugees by country of asylum, 2006

Country	Refugees
Tanzania	485,295
Chad	286,743
Kenya	272,531
Uganda	272,007
DRC	208,371
Sudan	196,200
Zambia	120,253
Ethiopia	96,980
Algeria	94,180
Congo	55,788

Source: UNHCR (2006)

With respect to the other large group of "people of concern," the IDPs, a staggering 42 percent of global IDPs were displaced in nine African countries: Uganda, Sudan, DRC, Cote d'Ivoire, Somalia, Central African

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Republic, Chad, Burundi and Congo. Table 2.4 provides the figures for IDPs in Africa. Displacement often has terrible consequences. IDPs are at high risk from violence, malnutrition, and communicable diseases. A survey carried out in the Republic of Congo found that between November 1999 and January 2000 mortality rates were more than 5 per 10,000 and that malnutrition was the principal cause of death among the displaced. A third of all children in one camp in Brazzaville were suffering from global acute malnutrition. *Médecins Sans Frontières* treated more than 10,000 cases of acute malnutrition (Salignon *et al* 2000).

Table 2.4: Internally displaced persons in Africa, 2006

Country	IDPs
Uganda	1,586,174
Sudan	1,325,235
Democratic Republic of Congo	1,075,297
Côte d'Ivoire	709,228
Somalia	400,000
Central African Republic	147,000
Chad	112,686
Burundi	13,850
Rep. Of the Congo	3,492

Source: UNHCR (2006)

Box 2.1: Violence, displacement, and death in West Darfur, Sudan

The current violent conflict in Darfur began in earnest in February 2003, resulting in an estimated 190,000 refugees, who fled to Chad, and about 1 million internally displaced persons (IDPs). Between April and June 2004, *Médecins sans Frontières* (MSF) carried out a survey of IDPs in Darfur, to provide a basis of appropriate assistance. IDPs were surveyed in a two-stage household-based cluster survey: First, four sites were chosen in West Darfur; Second, in these four sites, a number of randomly chosen households were interviewed. The survey showed that IDPs lived either in clearly identifiable camps or had mixed with the resident population. Each head of household was asked to recall deaths since 2003. The age and sex of the dead people were noted, as were the causes (violence, medical, or other) and location (in the village, in flight, or in the camp). Crude mortality rates were estimated based on survey data. Crude mortality rates were extremely high in the "village and flight" period and violence-specific mortality rates accounted for most mortality during this period. The UNHCR rates situations with crude mortality rates above 1 death per 10,000 persons per day as an emergency situation. Mortality rates ranged from 1.5 to 9.5 in the different sites. In comparison, the non-emergency rate in the sub-Saharan population is 0.5. During the "camp period", mortality rates decreased to between 1.2 and 5.6, in other words, they were still well above the emergency benchmark. The survey also showed that men were at far higher risk of being killed. Separations and disappearances were also common, mostly affecting men. High mortality and family separations amount to a demographic catastrophe. The age and sex pyramids for these four sites are skewed because of the missing or dead men. The case of Darfur seems exceptional because of the high percentage of violent deaths in total deaths. However, as with other violent conflicts, the victims are mostly civilian and the displacement leads, not only to excess mortality and loss of livelihoods, but also to long-term dependence on aid.

Source: Depoortere *et al* (2004).

Children, girls and women

Violent conflict affects children, girls and women in various ways. The use of child soldiers is often part of the warfare strategy. Children are either recruited by force or enlist to seek protection or revenge. In Mozambique the rebel forces, RENAMO, used a minimum of 10,000 child soldiers, some as young as six or seven years of age. Twenty seven percent of the soldiers who turned up for demobilization were under the age of 18 (Homvana, 2006). In Angola, a considerable proportion of the country's children participated in combat and about 7 percent of all Angolan children had fired at someone (Homvana, 2006). Children were thus victims and perpetrators of violence. With respect to reintegration of child soldiers, Homvana describes how local cultural beliefs and practices were used. Traditional healers, chiefs and the family often take part in cleansing rituals for returning child soldiers. The rituals are designed to help the child to heal and reintegrate as well as encourage reconciliation within the community. This communal approach contrasts with Western psychotherapy which places the emphasis on the individual.

Boys and girls face different problems of reintegration. Girls often have babies of their own. This makes it more difficult for them to catch up on education and job training. There is also a high prevalence of sexually transmitted diseases which require treatment. Furthermore, due to their wartime sexual experiences, girls are often regarded with contempt and are thus vulnerable to further abuse since it is more difficult for them to find husbands and have an ordinary family life.

The death of men during conflicts raises the proportion of female-headed households. Thus, in post-conflict societies, women tend to face a much heavier burden of caring for the household. Moreover, women face more difficulties than men in integrating into the labor market even under normal circumstances. In the post-conflict period, the shrinking of job opportunities leading to increased competition for jobs makes women's access to the labor market even more difficult.

The economic legacy of conflict

Prolonged civil war is development in reverse (Collier *et al*, 2003). The following are some of the specific consequences.

Economic decline

The economy usually declines relative to its peacetime trend such that by the end of a conflict the economy is significantly smaller than it would have been had peace been maintained. Understanding this economic contraction process is helpful in designing remedial policies for the post-conflict phase.

Infrastructure

The most obvious legacy of conflict is destruction of public infrastructure. However, infrastructure does not only deteriorate as a result of direct damage from conflict. As the government shifts expenditure towards the military, public investment and expenditure on maintenance are squeezed. The post-conflict legacy of these effects is an acute shortage of public capital.

Military spending

During civil war, military spending inevitably increases as the government attempts to enhance its capacity to resist the rebellion. High military spending during conflict is hard to reverse. During the post-conflict decade, military spending is usually maintained at a high level, with little peace dividend being taken. This is in part a corollary of the high risk of reversion to conflict: governments respond to risk by increasing military spending. A more mundane reason is that rebel forces often need to be integrated into the regular army; as a result, military forces expand instead of contracting. Even if forces are demobilized, there are substantial short-term costs. A more worrying reason is that by the end of a civil war, the military is inevitably large and influential and is likely to lobby for continued high military spending. This reinforces the natural inertia in budgetary allocations: often, in practice, the baseline for each budget is the allocation in the previous year.

Cross-country evidence shows a positive correlation between post-conflict military spending and the risk of conflict reversion (Collier and Hoeffler, 2006). This is unique to the post-conflict context. Conflicting findings have been reported in other contexts. One possible explanation for the post-conflict effect is that the chosen level of military spending inadvertently becomes a signal of government intentions. A radical reduction in military spending, as done by the post-conflict government of Mozambique, may be understood by potential opponents as indicating that the government intends to be

inclusive rather than rely upon heavy repression. Conversely, continued high military spending may be interpreted as an intention to rule by force and may thus provoke violent pre-emptive opposition. One of the implications is that sharp reductions in the military budget may directly enhance peace as well as free up resources for reconstruction.

Time horizons

During conflict, military victory, or at least the avoidance of defeat, becomes an overriding priority for government, which then shifts resources away from strategies that only have long-term pay-offs towards those that deliver short-term gains. In economic terms, this can be thought of as a shortening of time horizons, or an increase in the government's discount rate.

The same shortening of time horizons is likely to affect private economic behaviour. Faced with the uncertainties of civil war, people discount the future more heavily. One of the consequences of discounting the future more heavily is an increase in opportunistic behaviour. Normally, the main defence against opportunism is people's concern about not acquiring a reputation for opportunism since this will harm their ability to be trusted in future deals. However, as the future becomes more uncertain, there is a stronger incentive to snatch opportunities as they arise. Hence, one of the legacies of conflict is heightened opportunism in the society, which in turn reduces productivity in all activities that normally depend on an element of trust. In particular, it may be atypically difficult to enforce credit transactions.

Capital flight

During conflict, both fear and reduced opportunities induce people to withdraw themselves and their assets to safety abroad. People with skills are best-placed to leave the country: they are better able to finance emigration and they are more welcome in host countries. Hence, society tends to lose its skilled people disproportionately. Alongside the haemorrhage of skills is that of capital. People move assets abroad, simply to keep them safe, and because the return on investment within the economy declines as economic conditions deteriorate. The legacy of this flight of capital is an acute shortage of skills, a large diaspora, a collapse in private investment, and an accumulation of private wealth abroad.

Structural changes

The professions (the civil service, law, accountancy, and medicine) are most vulnerable to the loss of skilled people and the rise of opportunism. By definition, all the professions are skills-intensive; however, they are also highly dependent upon internalized standards of honesty. The civil service performs functions that are difficult to monitor — one of the reasons why these activities are in the public sector in the first place. Similarly, because professions are defined by a lot of specialist information, standards of conduct are normally policed by peer pressure rather than by external scrutiny. Hence, the rise of opportunism is damaging. One of the legacies of the flight of skilled people and the rise of opportunism is deterioration in the performance of both the civil service and the private professions.

The sectoral composition of the economy changes during civil war. One of the causes of change is the different degree of vulnerability of activities. If combatants raid movable assets, such as livestock, and steal valuable crops, rural households may shift to less vulnerable subsistence activities. Hence, one of the legacies of prolonged conflict is likely to be the retreat of the rural economy away from market activities.

Another source of structural change arises from changes in demand. The collapse in investment during prolonged conflict reduces demand in sectors that produce investment goods, especially the construction sector. Hence, a legacy of conflict is a shrunken construction sector.

Because of these structural changes, there is a further loss in skills. The maintenance of a stock of acquired skills depends upon their repeated use and transmission. Therefore, sustained contraction in output in a sector depletes the stock of skills. This can be thought of as “forgetting by not doing”, a process somewhat analogous to reversing “learning-by-doing”, which is normally a major force in productivity growth.

The policy legacy

During war, governments tend to become desperate: as a result, policy and governance deteriorate. The need for higher military spending collides with a decline in tax revenues as the private formal economy contracts. Furthermore, aid declines as the government is shut out of international credit markets and domestic credit markets dry up. In response, the government resorts to an inflation tax, leaving the post-conflict

economy with a legacy of high inflation and reduced confidence in the currency (Adam, Collier and Davies, 2008). Resorting to the inflation tax is merely the most obvious of a wide range of unsustainable policies that sacrifice the future for the present. The short-sighted policies adopted during war would have started to inflict costs by the time of peace. One of the resulting implications is an urgent need for economic reform. More disturbingly, the post-conflict fiscal situation may not be sustainable, and reform may be needed merely to avert collapse.

Conclusion

Violent conflicts last longer and are deadlier in Africa than in other regions. As a result, the social and economic costs of conflict are higher in Africa. The costs spread well beyond the borders of the host country to the conflict. They also endure long after military operations end. In terms of social costs, while young men make up the highest share of fatalities in combat, the increased disease burden disproportionately affects women and children. Violent conflicts continue to kill long after the fighting stops. Health sectors in post-conflict economies are devastated and unable to meet the huge

demand for health services. Usually, little resources are available to deal with the trauma of violent conflict. Violent conflicts also have health consequences for neighboring countries. Regional disease control programs are interrupted and preventable communicable diseases continue to kill in Africa. However, temporary cease fires for vaccinations and other disease control measures have been successful in lessening the regional consequences of war. Violent conflicts in Africa also cause displacement on a massive scale. Thus, Africa generates a high proportion of the global total of refugees and internally displaced persons.

The economic costs of conflict are also high, although these are difficult to estimate. They include loss of income and assets, damage to infrastructure, cuts in social spending, increased opportunism in economic transactions, capital flight, and a legacy of poor policy. The economic costs also endure long after the fighting stops. Capital flight may continue while the legacy of poor policy may be hard to reverse. Understanding and dealing with the costs of conflict is a major challenge to recovery from conflict.