Protecting women and children in conflict settings
Children and their families urgently need better evidence, better care, and better outcomes

Zulfiqar A Bhutta professor1 2, Michelle F Gaffey senior research manager1, Karl Blanchet director3, Ron Waldman professor4, Kamran Abbasi executive editor5

1Centre for Global Child Health, Hospital for Sick Children, Toronto, Canada; 2Center of Excellence in Women and Child Health, Aga Khan University, Karachi, Pakistan; 3Health in Humanitarian Crises Centre, London School of Hygiene and Tropical Medicine, London, UK; 4Milken Institute School of Public Health, George Washington University, Washington DC, USA; 5The BMJ, London, UK

A recent Save the Children report highlighted that some 357 million children, one in every six children in the world, currently live in a conflict zone.1 Almost half of them live in severe conflict settings. Wagner et al2 estimate that a child born within 50 km of an armed conflict event in Africa has a 7.7% excess risk of dying in infancy. This equates to 5.2 more deaths per 1000 births than during periods without conflict in the same region (95% confidence interval 3.7 to 6.7). Predictably, this effect increases with severity of conflict.

These new estimates of the mortality burden are important given that the accuracy of commonly-cited crude estimates of maternal (and possibly child) deaths in such settings has been criticised.3 However, these new mortality figures do not capture the lasting impact that exposure to violence in war and conflict has on the mental health and developmental trajectories of children4 5 or the thousands of childhoods lost through conscription of child soldiers6 7 or through sexual and gender based violence in such settings.8 Over half of all refugees are children, and in 2017 alone, 173 800 unaccompanied and separated child refugees and asylum seekers were reported worldwide.9 Many of these children were victims of violence.10 We still lack the knowledge and tools required to effectively restore, protect, and promote the health and wellbeing of women and children affected by conflict. We know which health interventions and services work in development settings, and often how best to implement them, but our understanding and appreciation of what more can be done for women and children caught up in conflict and how best to provide them with optimal care.

Fortunately, primary research in this area is growing. Multiple funding initiatives now explicitly support rigorous, ethical testing of strategies for delivering child focused interventions in conflict settings. However, new research findings must be interpreted in relation to the whole body of evidence, ideally collated through systematic reviews.

Later this year, BMJ journals will publish a series of systematic reviews by the BRANCH Consortium (Bridging Research and Action in Conflict Settings for the Health of Women and Children) that synthesize what the existing literature can and cannot tell us about delivering health and nutrition interventions to women and children in the context of armed conflict. These reviews complement other BRANCH work on critical assessment of existing guidelines and guidance for tackling reproductive, maternal, newborn, child, and adolescent health and nutrition in conflict settings, in addition to mixed-methods studies of coordination, decision making, and health service delivery among humanitarian actors in 10 countries affected by conflict. We hope that the systematic reviews, along with complementary articles published elsewhere, will amplify the urgent need and global call for better evidence, better care, and better outcomes for children and their families affected by conflict.

Competing interests: We have read and understood BMJ policy on declaration of interests and declare that the authors are recipients of funding granted to the BRANCH Consortium from the Norwegian Agency for Development Cooperation, the Bill & Melinda Gates Foundation, the International Development Research Centre, the Family Larsson-Rosenquist Foundation, Unicef, and the Partnership for Maternal, Newborn, and Child Health.

Provenance and peer review: Commissioned; not externally peer reviewed.


5 Bhutta ZA. Children of war: the real casualties of the Afghan conflict. *BMJ* 2002;324:349-52. 10.1136/bmj.324.7333.349 11834566


12 Frison S, Smith J, Blanchet K. Does the humanitarian sector use evidence-informed standards? a review of the 2011 sphere indicators for wash, food security and nutrition, and health action. *PLoS Cur* 2016;10:e0005435. 10.1371/currents.dis.40805a591152be1c1431b5dab43e516d. 10.1371/currents.dis.40805a591152be1c1431b5dab43e516d. 10.1371/currents.dis.40805a591152be1c1431b5dab43e516d. 30443433


Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to http://group.bmj.com/group/rights-licensing/permissions