The FXB Center for Health and Human Rights at Harvard University is an interdisciplinary center that works to protect and promote the rights and wellbeing of vulnerable children and adolescents worldwide. Founded in 1992 through a gift from the Association François-Xavier Bagnoud, the FXB Center is a world leader in building a conceptual and empirical basis for the right to health and in driving policy initiatives to incorporate human rights norms into international health policy.
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FROM THE DIRECTOR

We face this next year with hope tempered by resolve. Our work at the FXB Center in this past year has brought us to a place of coherence and capacity. We have refined our strategic approach and engaged in targeted growth. We have launched new research initiatives consistent with our longer-term aims. We have enlisted new faculty and fellows in collegial modalities and strengthened collaborative ties with key organizations within and outside Harvard.

Consistent with our core mission, we have decided to conduct research and analysis on three populations (children, adolescents, and youth) in settings of major disaster, conflict, post-conflict, dire poverty, oppression and stigma. Our intent with this work is to produce new knowledge, expand understanding, affect policy, and inform advocacy. Our major initiatives in these contexts will focus on child protection and adolescent agency.

We have expanded our work in child protection to look at the life trajectories of children already born into families where the mother then dies later in subsequent childbirth. This aspect of maternal mortality, the impact on surviving children, has been little explored. Our findings from this new program may well add somber weight to the urgency of addressing this major and highly preventable cause of death among girls and women in their prime.

In this past year we have built our initiative on adolescent agency. The 21st century holds uncertain promise and grave risks for the great majority of young people now born and yet to enter the world over these next 90 years. We have consolidated our efforts to prepare and empower adolescents in several settings of oppression and violence to take charge of their own lives. Through targeted methods of participatory research, community engagement, and policy advocacy we are now working on key issues among three very different at-risk groups of adolescents and youth: reintegration of child soldiers in Sierra Leone; rural girls in the Gujarat in their quest for secondary education; and, in a new and rapidly growing program, removing obstacles to education and employment among Roma adolescents and youth in Europe.

We have identified three cross-cutting themes for all these efforts. The first is that failure to deploy evidence-based measures to bring about positive improvements in the lives of children, adolescents, and youth can be fruitfully assessed through the analytic lens of the Cost of Inaction. This framework, developed in the past three years of work at the FXB Center, will be presented in a forthcoming book brought out by Harvard University Press. We believe that the approach of COI supports robust processes for assessing social and economic problems and for setting policy and program priorities.

The second is that powerful modes of access to adolescents and youth can be found in the burgeoning field of social media, which builds on technologies of information communication, the human need to connect with others, and expanding transfer options in the creative arts, especially video and film. We have grounded our outreach strategy with Roma adolescents and youth in context-appropriate social media modes. Our field research in all settings, beginning with use of smart phones, also aims to maximize the efficiencies and awareness-raising potentials of ICT and social media.

Our third theme, implicit in both our major initiatives on child protection and adolescent empowerment, is that adequate nutrition and nurturing at all ages is the essential and necessary requirement for human development. We intend to amplify this theme in our work during this coming year.

Our connections to colleagues within and outside the University have been a great source of strength and guidance. In particular we would like to acknowledge the Carr Center for Human Rights Policy, the Committee on African Studies, the Committee on Ethnic Studies, the David Rockefeller Center for Latin American Affairs, the Department of Global Health and Social Medicine at Harvard Medical School, the Harvard Global Health Institute, the Harvard Humanitarian Initiative, the Human Rights Program at Harvard Law School, the Mahindra Humanities Center, the South Asia Initiative, the Radcliffe Institute for Advanced Study, and the Weatherhead Center for International Affairs.

We note with gratitude the contributions of the distinguished members of our Faculty Steering Committee (Nancy Cott, Judith Palfrey, and Hashim Sarkis) and of our extraordinary Fellows and Affiliates. We are proud to have supported two Fellows in collaboration with Childrens’ Hospital, Boston.

We are most grateful as well to our donors for their generous trust in our work and to those external organizations with whom we are building close collaborative ties, including UNICEF, the Open Society Foundation, and the Committee on the Rights of the Child.

Jennifer Leaning, MD, SMH
Director, FXB Center for Health and Human Rights
PROGRAMS

Cost Of Inaction

Developed by the FXB Center, the Cost of Inaction (COI) is a framework with which to analyze the wide range of costs associated with not responding appropriately to the needs and challenges faced by children across the globe. COI goes beyond a traditional cost-benefit analysis by enumerating and quantifying the various social and economic costs that result when governments or institutions fail to perform a specific action. The project is directed by Amartya Sen and Sudhir Anand and supported by an interdisciplinary team of researchers.

The Cost of Inaction is central to the FXB Center’s approach to the health, wellbeing and rights of children. While the framework can be used in a wide variety of contexts, the first phase of the project, from 2008-2011, focused on actions designed to assist children affected by HIV/AIDS. The multi-disciplinary team of economists and health professionals developed case studies for potential actions that could be implemented in Rwanda and Angola. The results of this research phase will be published as a book from Harvard University Press to be released in the spring of 2012.

In Angola, the COI team examined the costs of inaction as they pertain to implementing a community healthcare system, strengthening the education system, and preventing HIV through male circumcision. The FXB Center team returned to Angola in July 2011 to report back to the Angolan government and other stakeholders. The results of the consultation were received with significant attention from the Government, international organizations and media sources. Angolan partners provided feedback and input on the findings for the actions chosen for analysis.

For Rwanda, the COI team analyzed the costs associated with not performing three actions: an integrated poverty reduction intervention modeled on the FXB Village approach, improving access to and quality of secondary education, and expanding a school feeding program. Members of the research team will travel to Rwanda to share the findings with the Rwandan government and other stakeholders.

The FXB Center is holding a Conference on the Convention of the Rights of the Child in December 2011, with the Cost of Inaction as the central framework for the two days of panels and discussions. Anthony Lake, Director of UNICEF, will open the conference with an overview of his vision of equity and its linkages with the Cost of Inaction framework.

The FXB Center will continue to work with partners to translate the findings of the COI report into policy action in both countries and to raise awareness of the relevance of this approach in setting priorities for action in many contexts. Widespread dissemination of the report and the book will begin in 2012.
Research Program On Children And Global Adversity

The Research Program on Children and Global Adversity (RPC-GA) works to close the global implementation gap between research and real-life problems, and aims to provide effective protections and services for children and families affected by communal violence/armed conflict and HIV/AIDS. With Theresa Betancourt as director, RPCGA examines the crossroads between research, policy and program design, implementation and evaluation. It is dedicated to applied research to build an evidence base regarding strategies to assist children and families facing adversity worldwide.

The RPCGA now works in four applied research project areas: three of them relate to Child Protection (Family Strengthening in Rwanda; the Somali Bantu Community project; and the SAFE project); and one relates to Adolescent Agency (Longitudinal Study of War-Affected Youth in Sierra Leone).

Health Rights Of Women And Children

Launched at the FXB Center in March 2011 under the direction of Alicia Ely Yamin, the Program on the Health Rights of Women and Children (HRWC) aims to promote equitable and sustained progress on women’s and children’s health and rights at national and international levels. The FXB Center believes that the most effective way to foster social change is to link grass-roots activists with national and international organizations in order to mobilize around key issues and events as well as to disseminate knowledge. HRWC combines engaged scholarship with reflective advocacy, and serves as a convening platform for local partners and coalitions.

The HRWC program has undertaken three related activities: original policy-oriented research that provides and evaluates evidence for rights-based policies and programming relating to specific issues affecting women’s and children’s health, advocacy for increasing the incorporation and implementation of rights-based approaches in international development processes and donor programs relating to women’s and children’s health, which emphasize accountability, citizen voice, and equality/non-discrimination, and research, training and advocacy to enhance the legal enforcement of reproductive, maternal, and child health rights.
RESEARCH INITIATIVES: CHILD PROTECTION

The Family Strengthening Intervention – Rwanda

Under the direction of Theresa Betancourt and in collaboration with Partners in Health/Inshuti Mu Buzima, this ongoing effort has resulted in a rich portfolio of work related to the mental health and development of children and families facing adversity due to HIV/AIDS. The project has used the past year to develop and validate a robust battery of mental health assessments for use in Rwanda. In this mixed qualitative-quantitative process, local mental health syndromes identified through qualitative study are matched to Western mental health measures, which are then further adapted to measure constructs such as agahinda kenshi (deep sorrow) or kwiheba (hopelessness). Assessments of local protective processes such as kwizerana (family trust) or ubufasha abaturage batanga (social support) have also been developed. An epidemiological study using these assessments is currently underway in Rwanda to examine the distribution of mental health problems and resilience in HIV/AIDS-infected, -affected, and non-affected children. Measures of mental health problems and protective processes are also being used to evaluate the effectiveness of a strengths-based, preventive Family Strengthening Intervention adapted for this population.

The Somali Bantu Refugee Community Project

This Boston-based project, led by Theresa Betancourt and her team, aims to document psychosocial needs of Somali refugee parents and youth. Analysis of data from recent qualitative research with Somali Bantu adults and children (an ethnic sub-group within the larger Somali resettlement population) is underway to identify services needs and preferences, as well as culturally relevant protective processes that deserve priority attention in intervention planning. Preliminary analyses highlight how family dynamics, including communication, values, and parenting, are influenced by acculturation stressors, including language barriers, limited access to services, and wide cultural gaps. This collaborative work has led to many opportunities for raising awareness about the psychosocial needs of these refugee groups in the Boston area and dissemination activities at the Massachusetts Department of Mental Health (School Based Mental Health program) and a collaborative presentation with the Somali Bantu refugee team at City Hall in Chelsea, Massachusetts in the spring of 2011. This project has been supported by strong student involvement and collaboration. Next phases of the project involve collaborations with Harvard’s Phillips Brooks House and the Committee on African Studies to bolster efforts at developing literacy initiatives and cultural exchange.

The SAFE Project

The SAFE Model, developed by Theresa Betancourt and her team, is a holistic rights-based model of child protection that examines the interrelatedness between the following factors essential for child well-being: Safety and protection; Access to health care and basic physiological needs; Family and community relationships; and Education and economic security. The SAFE framework can be used to examine how insecurities in any of these basic domains lead children and families to engage in adaptive or dangerous survival strategies. The team has developed a series of monitoring and evaluation tools that can be readily adapted and applied for monitoring vulnerability of children across a range of settings.

One tool, the “SAFE Child Impact Assessment” (SCIA) (modeled after environmental impact statements) is intended to assess core threats to child and family security in light of a given event/transition such as globalization, rapid economic development or a humanitarian emergency. The SCIA is intended to help promote holistic responses to child protection threats and the development of improved practices related to systems of care and protection for children and families.
Over the past year, the SCIA methodology has been piloted at construction sites in an urban center of India and in the immediate aftermath of the Haiti earthquake. Results from the Haiti work have served as a catalyst for the development of a SAFE-informed survey instrument that will be used to conduct the FXB countrywide assessment of children’s security in Haiti and may also be adapted to other settings. Additionally, SAFE has been further refined through qualitative work in Rwanda, where focus groups and key informant interviews with children and adults underscored the interrelatedness between different core elements of children’s security. In particular, participants spoke to how threats to one domain of security can lead children and families to adopt risky survival strategies, such as child labor or transactional sex, which can in turn lead to additional negative outcomes later on. Such findings have important implications for designing preventive, integrated interventions that work across sectors to address child protection issues both upstream and downstream.

Maternal Mortality: The Lives Of Surviving Children

Under the direction of Alicia Yamin, the FXB Center has this fall embarked upon a multi-country, quantitative and qualitative study regarding the impacts of maternal deaths on living children. Approximately every 90 seconds, a girl or woman dies in pregnancy and childbirth around the world. For every woman who dies, approximately 20 others are left with life-long debilitating complications. The great majority of women who die from maternal causes leave behind children who have already been born.

Data are sparse but highly suggestive of greatly increased morbidity and mortality among the young children left behind when their mother dies. Maternal mortality itself is far from an inevitable tragedy. By demonstrating the cumulative burden of maternal mortality on the family and the community and raising awareness of the real costs of inaction with regard to meeting international development targets around reproductive and maternal health, the HRWC Program aims to mobilize governments and other key actors to implement evidence-based policies and programs to reduce maternal mortality, including abortion-related mortality, and to ameliorate the effects of maternal deaths on children.

The study will combine quantitative analysis of identified longitudinal data sets to quantify as much as possible the extent of any disproportionate morbidity and mortality with qualitative cross-sectional focus groups and other interview-based techniques in Tanzania, Ethiopia, Malawi, and South Africa that will enable the research team to explore why any observed disparities may be occurring, as well as explore a range of outcomes affecting child well-being, including: morbidities (such as malnutrition), school drop-out rates, early pregnancy, and poverty. The findings will then feed into proposals for policy interventions for specific countries and regions that will (i) reduce maternal deaths and (ii) promote survival, wellbeing, and resilience of children who have lost their mothers in pregnancy or childbirth.

Haiti Child Protection Initiative

Haiti post-earthquake faces a number of serious challenges; among them are the protection needs of vulnerable children and adolescents, including those who are orphaned, separated from their families, or at risk of violence, abuse, and exploitation. Directed by Jennifer Leaning, the Haiti Child Protection Initiative (HCPI), in collaboration with UNICEF and Columbia University, will undertake a nation-wide, population-based assessment of child protection needs and coping responses. The project is designed to provide child protection stakeholders and local partners with the baseline data to inform sound and comprehensive strategy and program development, and serve as a foundation against which to monitor and evaluate progress in child protection reform. The assessment effort will also contribute to building capacity in Haiti, by bringing Haitian Government stakeholders, professionals and students into the discussion of methods and approaches to be used in this mixed methods assessment. The needs assessment will identify families and communities that are engaged in positive efforts to promote child protection and thus add insights to Haitian strategies towards overall community mobilization.

Recognizing that Haitian children face both acute and chronic threats to their protection and wellbeing, the Haiti Initiative has prepared and published a thorough review of all recent relevant literature relating to protection risk factors and outcomes experienced by the children of Haiti. The Review provides analysts and decision-makers with a contextualized understanding of the interdependent relationships among a diversity of risks and outcomes, provides detailed information to support evidence-based policy formulation, and identifies current information gaps requiring further investigation.
**RESEARCH INITIATIVES: ADOLESCENT AGENCY**

**Longitudinal Study Of War-Affected Youth – Sierra Leone**

Under the direction of Theresa Betancourt, this effort, ongoing in Sierra Leone since 2002, is the first and only prospective longitudinal study of mental health and psychosocial adjustment in male and female former child soldiers to be performed in sub-Saharan Africa. Analyses of this unique cohort of over 500 youth continued in 2010-11 to examine, among other topics, how gender affects the long-term psychosocial trajectories of former child soldiers. Longitudinal data have provided a robust evidence base for designing a psychosocial Youth Readiness Intervention for young men and women in Sierra Leone.

**Shanu Project – India**

The Shanu Project, directed by Jacqueline Bhabha, is an action-research initiative based in five pilot villages in rural Gujarat, India designed to promote the advancement of rural adolescents, particularly girls, by strengthening access to education and employment. Throughout the last decade, the government of India made education for all children up to the age of 14 a national priority in 2001 by implementing legislative reform and large scale investment. As a result, enrollment rates at the primary level increased significantly to 96.45% in 2010. However, the lack of government focus on learning outcomes and the neglect of adolescent educational and training needs have resulted in a national secondary level net attendance ratio of 53.6%, falling to 42.5% for rural females. The Shanu Project aims to identify why existing programs are failing to address the needs of this cohort of rural youth and how this shortcoming can be corrected.

In this first pilot year, the FXB Center has been working with SEWA to conduct baseline needs assessment surveys. The FXB team found that the situation of adolescent girls is one of grave concern. Findings for these five villages include the facts that half of girls 14 to 17 are married or engaged, compared to 30% of boys; and that at age 10, more than 90% of boys and girls attend school, yet by age 14, less than half of girls are in school, compared to 80% of boys. Qualitative data show that advancement is being inhibited by a plethora of factors including limited parental support, economic insecurity, distress migration and lack of infrastructure and that family dynamics, entrenched gender roles and expectations, and girls’ lack of autonomy are also negatively affecting their development and futures.

Further studies of baseline issues of adolescent empowerment (vocational skills, cognitive abilities, mobility, decision-making ability, self-esteem, and gender role attitudes) are in process and concurrently SEWA have been leveraging existing community networks to lobby parents and local leaders to prioritize adolescent education. Programmatic interventions have been identified and are in early phases of testing and implementation. Projected outcomes for these programs include increased secondary school enrollment, advances in literacy and numeracy, relevant skill training and an accessible path from education to employment. The Shanu Project is working to generate knowledge that can be applied to the hundreds of other villages in which SEWA is active and inform local and state government policy decisions.
Reclaiming Adolescence Project: Roma
Transitions to Adulthood in Italy, Serbia, and Romania

The Reclaiming Adolescence Project, directed by Jacqueline Bhabha, is a two-year participatory action research initiative with Roma and non-Roma youth aged 15 to 25 in Italy, Serbia, and Romania. Its mission is to address the profound economic and social exclusion of the Roma population in Europe by promoting adolescent leadership and agency. Through a mentored process of participatory research and collaboration with local partners, the FXB Center will bring together a mixed group of Roma and non-Roma youth to document, understand, and claim the human rights to which the Roma community is entitled.

The FXB research team works with Roma community members, local university and NGO partners, and a mixed cohort of Roma and non-Roma youth to accomplish two primary objectives. The first is to develop an inclusive framework for testing and adapting best practices with respect to Roma adolescent access to secondary education and vocational training opportunities. The second primary objective is to promote a national leadership network among Roma youth capable of advancing politically cogent claims to improve their quality of life. The ultimate goal of the Project is to develop and empower a transnational cohort of Roma and non-Roma youth to be leaders in their communities and advocates in regional and international policy circles.

The project will build long-term capacity and tools to support Roma adolescents in the future by linking them with local actors and advocacy networks, translating findings and recommendations into youth-friendly formats, and teaching young people to advocate in their own interest in local, national, and transnational policy contexts. Adolescents will also be trained in the use of social media tools.

In February 2011, the FXB Center team conducted an initial fact-finding trip to Italy, Serbia, and Romania to engage in preplanning discussions with stakeholders, including Roma adolescents, and to assess the political and policy environment. During these meetings the staff also formalized its relationships with local partners who will directly supervise and implement all project activities on the ground: the Associazione di Animazione Interculturale in Turin, Save the Children Norway South East Europe Regional Office in Belgrade, and Romani Center for Social Intervention and Studies (CRISS) in Bucharest. These organizations combine vast expertise in Roma and youth advocacy, participatory action research with adolescents, and substantive knowledge of the relevant legal, social, political and cultural issues. Throughout the spring and summer of 2011, the FXB staff further developed the participatory methodology, engaged in extensive consultations with experts outside and within the Roma advocacy community. In December 2011, the FXB staff is participating in a Human Rights Academy led by local partner Romani CRISS at the University of Bucharest. The event, a six-day training on human rights for Roma and non-Roma students, will provide a valuable opportunity to spread awareness of the Project, network with local partners, and build knowledge of Roma human rights and advocacy.
POLICY INITIATIVES

Faculty at the FXB Center aim to translate knowledge into policy and practice and, in the last year, the FXB Center has been an influential voice in advocating for important changes in global health policy. Much of that translation has been carried out by participating in high-level policy-setting meetings or by serving as members of major policy committees and commissions. As a result, efforts to educate and counsel policy-makers has provided those in power with a level of expertise and evidence base to move forward confidently toward improving social and economic policies.

The FXB Center recognizes the impact of advancing the dialogue of health and rights on multiple levels of policy development and implementation. Creating lasting policy change requires a comprehensive approach. Therefore, as can be seen below, the FXB faculty has engaged with a wide array of stakeholders: from the United Nations, to the World Economic Forum, to the Clinton Global Initiative, to various legal and medical associations.

Jacqueline Bhabha works on issues of transnational child migration, trafficking, adoption, childrens economic and social rights and citizenship. She has pursued her policy engagement on child protection and adolescent agency by presenting research findings and advocating for policy improvements in several contexts.

Geneva, Switzerland: Advocated new strategies for enforcing human rights of irregular child migrants at Experts’ Meeting convened by the UN High Commissioner for Human Rights

New York, USA: Delivered key address at in Distinguished Speaker Series in commemoration of the 60th anniversary of the 1951 Refugee Convention, event sponsored by the UN High Commissioner for Human Rights

New York, USA: Co-chaired the International Dialogue on Youth Unemployment, sponsored by the World Economic Forum

Abu Dhabi, UAE: Advanced issues of refugee and migrant children as an invited participant in the Summit on the Global Agenda sponsored by the World Economic Forum

China Radio International: Gave interview on CRI’s flagship news program Today on stateless people, including the impact of statelessness on individuals, the scope of the problems, macro-level effects on nations, existing legal and policy solutions, and what people can do to help.

The efforts of Jennifer Leaning in the policy arena have centered on her work relating to humanitarian and human rights concerns. She is an active member of Genocide Prevention Advisory Network (GPANET), an international network of experts on the causes, consequences, and prevention of genocide and other mass atrocities.

Washington DC, USA: Described need for expanded understanding of human rights impact of forced migration, especially for women and children, at a meeting of the American Society of International Law

New York, USA: Argued for need to scale up research on gender-based violence at Annual Meeting of the Clinton Global Initiative.

Boston, USA: Described main issues in disaster response at two separate Harvard Forum events, telecast worldwide by Reuters

New York, USA: Participated in expert consultation with Margot Wallstrom, UN Special Representative of the Secretary-General (SRSG) on Sexual Violence in Conflict

New York, USA: Contributed to a UN General Assembly thematic debate on approaches to defining human security
Washington, DC, USA: Discussed aspects of critical decision making in high stress environments with the Office of Health Affairs at the Department of Homeland Security.

Chris Desmond, an economist who specializes in HIV and AIDS, continued his engagement with policymakers this year.

Washington, DC, USA: Presented the economic and social implications of family care to “The Way Forward” project of the Congressional Coalition on Adoption Institute.

With experience in international policy, federal government operations, and legislative strategy, Arlan Fuller advises FXB Center Faculty on policy issues and contributes to debates on issues of child protection and adolescent agency.

Atlanta, USA: Described issues of child protection for those affected by the earthquake and cholera epidemic in Haiti at an event sponsored by the American Society for Tropical Medicine and Hygiene.

Research Program On Children And Global Adversity

An increasingly major focus of the RPCGA is affecting attitudes and policy towards supporting children and adolescents in key areas where ongoing research has shed important light on best practice and strategy. Theresa Betancourt has reported her findings on child protection and adolescent empowerment and pressed their policy implications in several recent policy settings.

New York, NY, USA: Argued for merits of family based interventions for vulnerable populations presented at full day workshop for staff of the International Rescue Committee.

Kigali, Rwanda: Led half-day training on child protection and the SAFE model in collaboration with the Rwandan Ministry of Health; meeting attended by Rwandan ministers and representatives from the national police department, UNICEF, and the news media.

Turin, Italy: Described hazardous forms of child labor based on SAFE study in India to meeting of the International Labor Organization.

New York, NY: Interview with Rhadika Coomeraswamy, Special Representative of the UN Secretary General for Children and Armed Conflict.

Washington, DC, USA: Reported on implications for breaking cycles of violence based on work in Sierra Leone to workshop on “The Social and Economic Costs of Violence: The Value of Prevention”, sponsored by the Institute of Medicine.

Health Rights Of Women And Families

Millennium Development Goals 4 And 5

The lack of global progress on women’s and children’s health is not principally due to technical obstacles. Rather, the lack of progress speaks to entrenched societal barriers and lack of political will at both the national and international level.

In recognition that the Millennium Development Goals (MDGs) relating to children’s and maternal health have shown uneven and lagging progress in comparison to other MDGs, the UN Secretary General launched the Global strategy for Women’s and Children’s Health in 2010. A WHO Accountability Commission on Women’s and Children’s Health was then formed to follow up on the Global Strategy and the final report clearly acknowledged that the promotion of human rights is essential to achieving accelerated and sustained progress.

Through targeted advocacy and strategic partnerships, and by acting as a convening platform for women’s rights groups, the HRWC program seeks to promote rights-based accountability as current MDG commitments are monitored and the post-2015 development agenda gets framed.

Alicia Yamin has participated in key policy forums that seek to ensure accountability for maternal and child health in the lead-up to 2015 and the Post-MDGs development agenda.


Cairo, Egypt: Participated in United Nations Development Program/Overseas Development Institute Experts Consultation on post-MDG agenda convened by the United Nations Development Program.

Geneva, Switzerland: Participated in UN Office of the High Commissioner for Human Rights Expert Meeting on “Who’s Accountable for the MDGs?”

Training And Advocacy

Health rights are legal norms and national courts are increasingly important actors in health policy. Reproductive and child health have been key areas for health rights enforcement. The program on HRWC places particular importance on strengthening capacity of judges and lawyers to discern and uphold human rights principles with regard to questions such as: what forces drive the phenomenon of health rights litigation in specific contexts as well as globally, and what are the consequences in terms of equity in health systems? Does litigation serve to hold governments accountable to their commitments towards vulnerable groups whose rights to health are at risk, such as women and children?

In 2011 Alicia Yamin was appointed by the Colombian Constitutional Court as the only non-Colombian independent expert regarding the implementation of its major structural decision to overhaul the Colombian health system.

She has also participated in two regional workshops relating to health rights litigation in Mombasa, Kenya and Dar es Salaam, Tanzania.

HHR User Fees Summit

In April, the journal Health and Human Rights joined Partners In Health and the Department of Global Health and Social Medicine at Harvard Medical School in hosting a discussion of direct payment for health care services in poor countries. Speakers included Paul Farmer, editor-in-chief of Health and Human Rights, Cristian Baeza, Director for Health, Nutrition and Population in the World Bank’s Human Development Network, DIFD senior health adviser Robert Yates, and Sierra Leone Ministry of Health’s Dr. S.A.S. Kargbo. Dr. Agnès Binagwaho, Permanent Secretary to Rwanda’s Ministry of Health, moderated the discussion.
OUTREACH AND ENGAGEMENT

Health and Human Rights: An International Journal

*Health and Human Rights*, a biannual open access online journal (http://www.hhrjournal.org) published by the FXB Center under the editorial leadership of Paul Farmer as Editor-in-Chief, is a leading peer-reviewed scholarly journal that addresses critical concepts and “on-the-ground” analyses of health and human rights in practice. The journal seeks to equip readers to address and change global policy and health care implementation and promote the practical realization of human rights in health.

In the past year, the editorial team published two new issues of the journal. Issue 12, Volume 2, entitled “Social determinants of health: Convergences and disjunctures,” examined different approaches to promoting health as a matter of social justice and discovered that conversations about the links between the two fields are occurring in parallel, creating missed opportunities for progress. Far from being discouraged by this realization, the editors found an increasing need for a forum on health and social justice that can begin to connect these various strands of thought; Health and Human Rights aims to bridge the gap between scholars and activists in social medicine, social epidemiology, and human rights.

Issue 12(2) features the article “Developing human rights-based strategies to improve health among female sex workers in Rwanda,” written by Agnès Binagwaho, et al., who argued that an adequate policy response to sex work must prioritize public health and reflect current knowledge of the social determinants of health. The issue also features Laura M. Bisaillon’s article, “Human rights consequences of mandatory HIV screening policy of newcomers to Canada,” which focused on the key human rights consequences of the HIV screening policy that applies to all permanent and some temporary resident applicants to Canada. Bisaillon argued that there are sound options for responding to the human rights challenges posed by the screening policy.

In June 2011, the editorial team published Issue 13, Volume 1, which explored the theme of “Disasters,” addressing settings of natural disaster where the nation-states that structure both public health and human rights have been shaken. The issue featured an article from Lisa Davis and Blaine Bookey, who described the toll of sexual violence in post-earthquake Haiti. The authors tied sexual violence against women in present-day Haiti to the failure to include women in the planning process. In another featured article, Mary Catherine Arbour and colleagues described a rights-based policy framework that offered considerable advantages to Chilean authorities recovering from the 2010 earthquake as they attempted to protect highly vulnerable children.

Beginning with the upcoming issue, 13(2), Health and Human Rights will pursue the intersections of health and rights with an evolving set of topics chosen for their centrality to well-being as understood by individuals, states, and other contemporary institutions. The journal will explore the thematic linkages between values and realities of healing.

In early 2012, the journal group will begin publishing papers on a rolling basis, thereby fast-tracking authors’ ability to cite their work. This system of ongoing publication is expected to positively influence the journal’s readership by offering more frequent opportunities for readers to visit the journal’s website.

From October 1, 2010 to September 30, 2011, the journal’s web traffic experienced significant growth over the previous 12-month period (October 1, 2009 to September 30, 2010). Pageviews are also up sharply over the previous 12-month period. While the majority of the journal’s traffic continues to come from the United States and the United Kingdom, there are some notable changes in readership from certain countries: traffic from India, South Africa, the Philippines, and Kenya shows a marked increase over the previous year.

In the interest of increasing readership and involvement with the health and human rights community, the journal group has significantly strengthened the HHR social media presence over the past year. The journal group has developed a blog (http://www.hhropenforum.org) that features health and human rights news, book reviews, and posts from health and human rights workers in the field. HHR has launched a Twitter feed, a Facebook profile, and an RSS feed to cultivate readers’ interest through more frequent interaction with the journal. These social media efforts offer an inclusive forum for action-oriented dialogue among human rights practitioners and endeavor to increase access to human rights knowledge in the health field.
Faculty Steering Committee

Established this year, the Faculty Steering Committee, consisting of faculty colleagues at Harvard University, has met twice to advise leadership of the FXB Center on issues of intellectual strategy and outreach to the Harvard Community.

Current members are:

Professor Nancy Cott, PhD
Jonathan Trumbull Professor of American History, Harvard University; Director, Pforzheimer Foundation; Director, Schlesinger Library; Director, Charles Warren Center

Dr. Judith S. Palfrey, MD
T. Berry Brazelton Professor of Pediatrics, Harvard Medical School; Professor of Society and Human Development, Harvard School of Public Health; Director, International Pediatric Center at Children’s Hospital Primary Care Center; and Past President, American Academy of Pediatrics.

Professor A. Hashim Sarkis, PhD
Aga Khan Professor of Landscape Architecture and Urbanism in Muslim Studies, Harvard Graduate School of Design; Director of the Aga Khan Program, Harvard Graduate School of Design

FXB Center and Children’s Hospital Boston Research Fellowship

In 2011 the FXB Center launched an annual research fellowship program in partnership with the Children’s Hospital Boston. It is designed to support physicians conducting research relating to the health and wellbeing of children and adolescents. The two inaugural research fellows are Lara Antkowiak, MD, MEd and Chris Carpenter, MD.

Lara Antkowiak, MD, MEd, is an attending physician in community pediatrics at the Children’s Hospital Boston Martha Eliot Health Center and 200911 was a Global Health Fellow at Children’s Hospital of Philadelphia. Dr. Antkowiak obtained her MEd from the Harvard Graduate School of Education and subsequently taught at the South Shore Charter School designing curriculum and leading student projects to El Salvador, Bolivia and Nicaragua.

She received her MD from the University of Massachusetts and completed her pediatric training at the Boston Combined Residency Program, where she participated in the Humanitarian Studies Initiative and in global health work in Bolivia and Lesotho. Dr. Antkowiak trained as a Global Health Fellow at the Children’s Hospital of Philadelphia and designed an ongoing research protocol evaluating the impact of Community Health Worker breastfeeding education on the prevalence of exclusive breastfeeding in Consuelo, Dominican Republic.

During her fellowship year, partially supported by the FXB Center, Dr. Antkowiak will complete her analysis of comparative supports to breastfeeding mothers in the barrios of Consuelo, Dominican Republic. The findings of her study, “Madres Ejemplares” (Model Mothers) will help guide Children’s Hospital Boston in its collaboration with Divina Providencia Health Center in Consuelo, La Leche League DR and the Children’s Hospital of Philadelphia to develop innovative breastfeeding education programming that can change child health in the Dominican Republic and beyond.

Chris Carpenter, MD received an MD from the Albert Einstein College of Medicine in the Bronx and completed residency in pediatrics at the University of California, San Francisco. Dr. Carpenter has worked in the developing world, primarily focusing on medical education and clinical capacity building in hospitals and clinics in the Democratic Republic of the Congo, Liberia, Ivory Coast, and East Timor. He is currently a Fellow in Global Pediatrics at Children’s Hospital Boston.

During his fellowship year, partially supported by the FXB Center, Dr. Carpenter will continue his work in clinical capacity building in Haiti. Hospital-based neonatal care in many parts of Haiti is dependent on inadequately trained nursing staff. Dr. Carpenter’s project aims to develop and pilot a nursing apprenticeship program in advanced neonatal nursing care at San Nicholas Hospital in St. Marc, Haiti. The program will pair 2 nursing leaders with US based nursing mentors, and will develop and implement a curriculum to train them in advanced neonatal care. The ultimate goal is to produce two exceptional neonatal nurses who can then become neonatal nurse educators throughout Haiti.
FXB Affiliates and Fellows Report

Mihir Bhatt, director of the All India Disaster Mitigation Institute, conducted a child centered participatory Vulnerability Capacity Assessment in Ladakh, India following the 2010 flash flood in Leh and Kargil districts. He was a coordinating lead author for a chapter on case studies for Intergovernmental Panel on Climate Change Special Report on Managing the Risks of Extreme Events and Disasters to Advance Climate Change Adaptation. In partnership with UNICEF, UNDP, and Save the Children, AIDMI held the Fourth South-South Citizenry Based Development Academy on Child’s Right to Safety with practitioners and policy makers of 9 countries in Delhi from November 28-30, 2011. Mr. Bhatt serves as Editor and Contributing Author to Southasiasdisasters.net, the Experience Learning Series, and AIDMI’s preparedness pocketbook series.

Sheri Fink is researching medical care in disasters and healthcare allocation in austere settings for a forthcoming book. Her analyses trace the linkages between various forms of vulnerability and disaster response based on best practice and norms of human rights and medical and public health ethics. Since October 2010 she has also produced a number of reported stories for major news outlets on topics including the United Nations high level meeting on non-communicable diseases; healthcare allocation in low and middle income countries; nuclear preparedness; ongoing Hurricane Katrina medical litigation; and the mass hospital and nursing home evacuations conducted prior to Hurricane Irene.

Lynne Jones recently completed a Fellowship at the Radcliffe Institute for Advanced Study, which allowed her to start writing a professional memoir. The memoir is a personal exploration of the changing practice of mental health in humanitarian relief over the last two decades. It draws on Dr. Jones’ experiences as a psychiatrist and relief worker in a wide variety of conflict and disaster settings. She is currently developing a research and action project on mental health issues of children, adolescents, and adults in low resource settings.

Jay Lemery is conducting research on the impact of environmental degradation and climate change on health and human rights. He is working with the Centers for Disease Control and Prevention to develop a core competency curriculum for clinicians in environment, health, and human rights.

Stephen Marks is conducting research civil society and power relations in Cambodia as part of a multi-country research project “Human Rights, Power, and Civic Action in Developing Societies: Comparative Analyses (RIPOCA)”, and is co-editing a research handbook on human rights and development with Balakrishnam Rajagopal. He is also participating in the preparation of a two volume publication by the UN Office of the High Commissioner for Human Rights in commemoration of the 25th anniversary of the UN Declaration on the Right to Development.

Pamela Steiner is a psychologist specializing in trauma healing at the individual and group level who has facilitated conflict resolution projects in a number of settings, including off-the-record dialogues between Armenians and Turks. She is working on a biography of her great grandfather, Henry Morgenthau, Sr., who served as the U.S. Ambassador to the Ottoman Empire from 1913 to 1916.

Carmel Williams, contributing editor to Health and Human Rights, spent two weeks at the FXB Center in June 2011. A New Zealander, Carmel’s visit was supported by a Fulbright Travel Award, which enabled her to work with the HHR editorial team to develop a new publishing strategy for implementation in 2012. While at the Center, Carmel gave a presentation on her doctoral research which resulted in the development of tools to design global health programs in Papua New Guinea from a rights-based perspective. Another outcome of her visit is a research collaboration between Carmel’s home institution, the University of Auckland Centre for Development Studies, and the FXB Center’s Health Rights of Women and Children.
Student Engagement

FXB Center programs and projects receive critical research support from interns and work-study students, both in the Boston office and in the field. RPCGA interns and work study students served as research assistants for the Somali Bantu Refugee Community Project, the Family Strengthening Intervention, the Longitudinal Study of War-Affected Youth, and the SAFE Project. Student researchers worked with the Shanu Project and the Haiti Child Protection Initiative on exploring the use of mobile technology in data collection.

Harvard Scholars At Risk

The FXB Center is host to the Scholars at Risk program of Harvard University. As a member of an international network of participating universities, Harvard SAR has provided sanctuary to dozens of professors, lecturers, researchers, writers, and other intellectuals who have come under threat because of the content of their scholarly work or because of their ethnicity, religion, gender, sexual orientation, or political opinions. While at Harvard, fellows interact with faculty, participate in events, and share discussions with students for whom they are inspiring models of courage and integrity. Fellows, who are hosted by Harvard academic departments and/or institutes, receive tuition-free English-language courses and career counseling from the Extension School (HUDCE) and teaching support, should they need preparation for the transition into the classroom. After completion of the fellowship year, some scholars return to their home countries; when safe return is not possible, Harvard SAR helps scholars to apply for permanent residency or asylum and to identify opportunities for work in the United States or abroad.

Progress Report for Bakyt Beshimov, SAR/Davis Center Fellow for 2010-2011

During his year as SAR fellow, Bakyt Beshimov, senior former diplomat and political scientist from Kyrgyzstan, co-authored and edited Ferghana Valley: The Heart of Central Asia. He also published articles in The Wall Street Journal, Transitions Online, University World News website, Turkish Weekly, WorldPress.org, Svobodanews.ru, and Inosmi.ru. He lectured widely at universities throughout the United States and participated in the production and release of five global television and radio programs, documentary films, and scholarly video presentations. He worked on the manuscript of his latest book, which focuses on the security of post-Soviet Central Asia and developed courses related to nation building, democratization, politics, and security in Central Asia, with the aim of offering these courses in the post-Soviet region.


6. B.A. Andreassen, and **S.P. Marks**, *Development as a human right: Legal, political and economic dimensions.* (Brussels: Intersentia, 2010).


55. **S. Fink**, “Life and Death Choices as South Africans Ration Dialysis Care,” *ProPublica* (December 15, 2010).


57. **S. Fink**, “Public Dialysis Programmes Turning Kidney Patients Away Due to High Costs” *Cape Times* (December 17, 2010).


FXB CENTER SPONSORED RESEARCH

“A Comparison of Mental Health Treatment Outcomes for Refugee Children and Adolescents in the United States” (Theresa S. Betancourt, Principal Investigator); sponsoring agency: National Center for Child Traumatic Stress

“Adapting and Piloting an Evidence-Based Mental Health Intervention for Families Affected by HIV/AIDS in Post-genocide Rwanda” (Theresa S. Betancourt, Principal Investigator); sponsoring agencies: Harvard Center for the Developing Child and Harvard University Career Incubator Fund

“Addressing the Past and Facing the Future: A Group Psychosocial Intervention for War-Affected Youth in Sierra Leone” (Theresa S. Betancourt, Principal Investigator); sponsoring agency: United States Institute of Peace

“An Interdisciplinary Approach to Developing an Evidence-Based Mental Health Intervention for War-Affected Youth in Sierra Leone” (Theresa S. Betancourt, Principal Investigator); sponsoring agencies: Harvard Catalyst and Harvard Catalyst Pilot Grants Program

“Assessing and Responding to the Mental Health Needs of HIV/AIDS Affected Youth in Rwanda” (Theresa S. Betancourt, Principal Investigator); sponsoring agencies: Julie Henry Faculty Development Award and Peter C. Alderman Foundation

“Children’s Security Impact Statements: A Tool for Advancing the Protection of Children and Youth” (Theresa S. Betancourt, Principal Investigator); sponsoring agency: The Oak Foundation

“Effects of Maternal Deaths on Living Children” (Jennifer Leaning, Principal Investigator); sponsoring agency: The John & Katie Hansen Family Foundation

“Family-Based Prevention of Mental Health Problems in HIV/AIDS-Affected Children (R34)” (Theresa S. Betancourt, Principal Investigator); sponsoring agency: National Institute of Mental Health

“FXB Center Research Activities” (Jacqueline Bhabha); sponsor: Rita and Gustave Hauser Fund for Research at the FXB Center for Health and Human Rights

“Humanitarian Response to Forced Migration: The 1947 Partition of India” (Jennifer Leaning, Principal Investigator); sponsoring agency: Harvard University Weatherhead Center for International Affairs

“Identifying Mental Health Services Needs among HIV/AIDS-Affected Children” (Theresa S. Betancourt, Principal Investigator); sponsoring agency: Harvard University Center for AIDS Research

“Reducing Violence and HIV Risk Among War-Exposed Liberian Youth” (Theresa S. Betancourt, Principal Investigator); sponsoring agency: National Institute of Mental Health

“Self-esteem and risk-taking behavior: A preliminary inquiry into youth attitudes in Johannesburg, South Africa” (Jacqueline Bhabha, Principal Investigator); sponsoring agency: Harvard University Committee on African Studies

“Shanu Project” (Jacqueline Bhabha, Principal Investigator); sponsoring agencies: Sir Ratan Tata Trust, Alba Collective, Mahila SEWA Trust, HSBC, and Axis Bank

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