Delivering on Children’s Health and Human Rights
The François-Xavier Bagnoud (FXB) Center for Health and Human Rights is the first academic center to focus exclusively on the practical dynamic between health and human rights. Founded in 1993 through a gift from the Association François-Xavier Bagnoud, the FXB Center is a world leader in building a conceptual basis of the right to health and in driving advocacy initiatives to incorporate human rights norms into international health policy.

Under the direction of Jim Yong Kim, the FXB Center has engaged in building the science of global health delivery with a focus on the rights of children and vulnerable communities. The FXB Center combines the academic strengths of research and teaching with a strong commitment to service and policy development.

The FXB Center presently leads global health and human rights advances through its role in a number of major initiatives, which are summarized in this report.
# Table of Contents

2  Message from the outgoing Center Director  
4  The Cost of Inaction  
6  Collaborative Research  
10  Global Health Delivery  
13  *Health and Human Rights: An International Journal*  
15  The Joint Learning Initiative on Children and HIV/AIDS (JLICA)  
18  The JLICA Learning Collaborative on Child Health in Rwanda  
20  The Lesotho Rural Initiative  
24  Policy and Advocacy  
27  The Research Program on Children and Global Adversity  

Appendices:  
32  Publications  
37  FXB Center-Affiliated Grant Funding  
39  2008–2009 Faculty and Staff  
41  FXB Center Advisory Board Members 2008–2009
Message from the outgoing Center Director

I accepted the directorship of the FXB Center in 2006, inspired both by the Center’s record of achievement and my conviction that its greatest contributions were yet to come. Three and a half years of collaborative work have now shown that this belief was sound.

In this time, an exceptional team of FXB Center faculty, researchers, staff, and partners has confirmed and enhanced the FXB Center’s global leadership in learning and action on the right to health, particularly for the world’s children. We have seen outstanding progress in the three main areas of the FXB Center’s mandate: research, teaching, and knowledge translation/dissemination. This report summarizes our advances across these areas. Readers will be struck by the diversity of activities unfolding at the FXB Center. Equally important, however, is what our diverse programs have in common: the commitment to turn cutting-edge science into action for children’s well-being.

The other common thread in all of our work has been the move from conceptual analysis to implementation. This evolutionary shift is predicated on the conceptual framing provided by figures like the FXB Center’s founding Director, Jonathan Mann, and my predecessor at the Center, Steven Marks. Thanks in substantial part to their achievements, health and human rights work now stands on a firm intellectual foundation. This has enabled the transition currently taking place, as we move from clarifying conceptual issues around a rights-based approach to tackling the practical delivery challenges that must be solved to make
rights real. In this new perspective, we engage rights problems as implementation failures — challenges not just to our ethics and our laws, but to our know-how in systems engineering, logistics, information sharing, and management sciences. Today, we see the global health and human rights community beginning to turn a corner on this issue. The leadership of the FXB Center has been catalytic in moving health and human rights work into this new and necessary stage.

On July 1, 2009, I assumed my duties as the seventeenth President of Dartmouth College. In this new role, I will continue to work closely with the FXB Center and our partners to champion the health and human rights of children and other vulnerable groups, nationally and globally. For the good of future generations, we must rapidly strengthen our execution in reaching the social goals embodied in the concept of economic and social rights, in particular the right to health. Innovative learning institutions like Dartmouth and the FXB Center can accelerate this advance through partnership.

At this moment of transition, my gratitude goes to the founder of the FXB Center, Countess Albina du Boisrouvray, for her visionary leadership in children’s health, and to the Center staff, colleagues, advisors, and allies whose joint efforts have borne fruit in the remarkable accomplishments of the past three and a half years. I look forward to continuing our shared work in new forms.

Jim Yong Kim
President
Dartmouth College
The Cost of Inaction

Launched by the FXB Center in August 2008, this landmark initiative will explore the “cost of inaction” of a failure to respond appropriately to children. With professors Amartya Sen and Sudhir Anand overseeing the project, researchers and economists will address the complex challenges of enumerating and quantifying the multiple social and economic costs that follow when societies fail to address the pressing needs of their most vulnerable members: children. The three-year project will respond to recurrent questions common in ethical debates in public health: Is intervention more costly than inaction? Can poor countries afford to implement effective interventions? Can they afford not to? And how does one use economics to discuss the value of health and human life?

To begin, the Cost of Inaction project will focus on developing and applying an approach to consider the consequences and costs that arise from a failure to respond to the needs of children affected by HIV/AIDS. To this end, over the past year the project team has focused on the development of a conceptual framework and methodology and has begun to undertake detailed country case studies.

The development of a conceptual framework has been a critical step in the progression of the project. It is necessary to be clear on what exactly is meant by the “cost of inaction” and how alternative meanings shape the implementation of such a study. It is critical to identify and justify the action against which inaction is to be evaluated.

Case studies are necessary to allow for considering the context in determining the desirability of different actions. Give the focus on HIV/AIDS, countries were selected from within the highest HIV prevalence region. Selected countries differ in terms of their prevalence and access
to resources. This is important because the actions which are identified as desirable in one context may not be desirable in another. Initial visits have already been made to the selected countries — South Africa, Rwanda, Tanzania, and Angola. In-country meetings with government officials, international nongovernmental organizations (NGOs), and local nonprofit organizations have provided valuable insights into the implications of a failure to respond effectively to the needs of children who are affected by HIV/AIDS in these countries. Through future collaboration, these local actors will provide an on-the-ground perspective on actions being taken and on actions that should be taken to address the needs of these at-risk children and their families.

The Cost of Inaction team has now developed country-specific proposals that take into account recommendations of interventions for children in poverty and distress, the unique context of each country, and the feasibility and effectiveness of alternative interventions for the four countries. Special attention has been given to developing individual research plans for each country, as the four countries have differing political, cultural, geographical, and religious structures which present unique challenges to implementation and delivery.

For each case-study country, the Cost of Inaction team is in the process of identifying actions that the evidence suggests are desirable but have not been implemented. Following identification, these actions will be subjected to a process of review and reformulation with in-country partners. The consultation process will lead to a final list of actions. It is against these actions that the costs of inaction will be assessed and measured.
Collaborative Research

Faculty, researchers, and staff at the FXB Center work collaboratively with several like-minded organizations in their efforts to provide evidence-based public health strategies to interrupt the poverty cycle that leads to inequalities in health outcomes. One of the most important partnerships is with three other organizations in an institutional collaboration known as the “Four Pillars.” In addition to the FXB Center at the Harvard School of Public Health, the Four Pillars include the Department of Global Health and Social Medicine (DGHSM) at Harvard Medical School, the Division of Global Health Equity (DGHE) in the Department of Medicine at Brigham and Women’s Hospital, and the nonprofit organization Partners In Health (PIH). Clinicians and researchers from all four pillar organizations care for patients, train colleagues and junior staff, perform cross-disciplinary biosocial research on HIV/AIDS, tuberculosis, and other diseases of the poor, and engage in advocacy. The Four Pillars alliances are integral to the success of many projects at the FXB Center, particularly Global Health Delivery (GHD), research in rural Lesotho, the Research Program on Children and Global Adversity (RPCGA), and the FXB Center’s activities in public health policy and advocacy.

Monitoring and evaluation research with FXB International

In a new collaboration between the FXB Center and FXB International, researchers are working to develop a monitoring and evaluation system for the work of FXB International in Rwanda and Uganda. FXB International recently received a grant to expand their FXB Village program to 20 additional sites in these two countries through the US President’s Emergency Plan for AIDS Relief (PEPFAR). To date, the research team has identified a list of indicators and developed a questionnaire to obtain information on these indicators at baseline and then at six-month intervals during the FXB Village program, for a duration of three
years. Baseline data collection has been completed in Uganda and is near completion in Rwanda. The team, which includes FXB Center affiliates Dr. Mary Kay Smith Fawzi and Emily Harrison (an RPCGA intern and an HSPH student), is now seeking Institutional Review Board (IRB) approval and is planning assessment of outcomes after six-months of follow-up.

**Collaborative psychosocial research in Haiti**

FXB Center faculty also collaborated with colleagues in Boston and Haiti this year on a project to improve psychosocial health outcomes among HIV/AIDS-affected youth in central Haiti. Titled *Tout timoun se moun* (“Every child is a human being” in Haitian Creole), this project offers psychosocial support groups for HIV/AIDS-affected pre-adolescents and adolescents, as well as their caregivers, most of whom are HIV-positive mothers. Preliminary data from this work were presented at the International AIDS Society conference in Mexico City held in August 2008. The data presented included an oral presentation that described the importance of family-focused services for HIV/AIDS-affected families. In addition, three abstracts from this work were accepted as oral presentations for the American Public Health Association annual meeting in November 2009. Evaluation of the psychosocial support groups indicated that there was a reduction in depressive symptoms in caregivers and in overall psychological symptoms in the youth. Significant improvements in social support and psychosocial functioning among youth and caregivers were also observed.
The Haiti Health and Human Rights Prison Project

Collaborating with the Institute for Justice and Democracy in Haiti (IJDH) and the Bureau des Avocats Internationaux (BAI), the FXB Center is involved in a project that is working to reform the Haitian justice system in the area of pre-trial detention. The Haiti Health and Human Rights Prison Project (HHRPP) has been collecting data by BAI attorneys obtained from three prisons in Haiti through their work in case identification and legal representation. The goal is to illustrate how the length of pre-trial detention and the overall detention conditions are both a public health and human rights issue.

To date, the team has designed the legal/social database and has entered all data from the May 2009 prison census, and the team is currently performing an initial data analysis. The FXB Center will continue to support the project by modifying the database as necessary, assisting in the collection of new data from the prisons, maintaining data entry updates, and providing periodic analyses and reports.

The FXB Center is enthusiastic about its new partnership with IJDH and BAI. This innovative medical/legal partnership has great potential for developing a model applicable to many other countries with scarce resources and overcrowded prisons.

Health services research in Malawi, Lesotho, and Rwanda

The FXB Center supports several clinical research projects focused on health services at sites in Malawi, Lesotho, and Rwanda to address the complex socioeconomic and geopolitical conditions in those countries. These collaborative projects share three common goals: to implement a community-based research agenda across sites in Africa; to aid in the development, implementation, and analysis of targeted clinical, operational, and health services research projects; and to build local research and service capacity. This year realized some exciting collaborations with local institutions to conduct operations research and to build local capacity at these sites, thanks to a Doris Duke Charitable Foundation Population Health Implementation and Training Partnership grant.

Epidemiologist Ann Miller and her colleagues have been working in Rwanda constructing measures to evaluate the use of paid community health workers. A village-wide survey conducted by community health workers is being analyzed and will also be used in the development of a measure-of-vulnerability index. A tool to enable community health workers to follow family care has been designed and piloted by PIH in Rwanda, and this tool is being harmonized with one used at a site in rural Malawi to ensure comparability.
This year, the team in Rwanda has also been involved in outcomes research on the utility of using paid community health workers for HIV drug supervision to increase retention in care — which is closely associated with survival and return to functional health. Initial findings from this study were presented to the Rwanda Ministry of Health in June 2009.

Economist Matt Bonds is working to understand broad patterns of poverty, disease, and economic development. Based on mathematical epidemiological theory, Dr. Bonds has been developing formal theoretical models on relationships between health and economic development — specifically, on disease-driven “poverty traps.” He is conducting cross-country data analysis and is beginning a long-term effort to monitor economic development in the region around the PIH intervention sites in Kayonza District, Rwanda. This work involves a large range of data and methods, including a comprehensive business survey, a time-series of high-resolution satellite photos of the formal economy, and geographic information systems (GIS) mapping of all local businesses, as well as household surveys.

Dr. Bonds and Dr. Miller are also working on the recently approved Doris Duke Charitable Foundation Population Health Implementation and Training (PHIT) grant. The PHIT partnership is a US$8 million grant received by DGHE. Nearly half of the grant is designated for research on the impacts of interventions in Rwanda. In accordance with the grant, the team is installing systems for data collection and analysis that relate to both monitoring the impacts of health interventions on the population as well as to operations research to improve health care delivery. This work is being done in close cooperation with Rwandan partner organizations at the Ministry of Health, the Harvard School of Public Health, and the National Institute of Statistics.
Global Health Delivery Project

Despite significant new global health resources, delivering effective interventions to the patients who need them remains one of the greatest hurdles facing medicine and public health. Established in 2007 by Dr. Jim Yong Kim, Dr. Paul Farmer, and Professor Michael Porter, the Global Health Delivery Project (GHD) at Harvard University is working to systematize the study of the interdisciplinary field of global health delivery, to diffuse new learning to practitioners, and to dramatically improve health care delivery in resource-limited settings.

GHD has not slowed its pace of progress in the two years since its inception, and the project team anticipates that this momentum will continue. In January 2009, Dr. Julio José Frenk Mora, former Minister of Health of Mexico and Senior Fellow for the Bill & Melinda Gates Foundation, assumed the deanship at the Harvard School of Public Health. GHD has already greatly benefited from Dean Frenk’s wealth of experience, and he will serve as a valuable advisor for the GHD Project as it moves forward.

GHD continues to make significant inroads in addressing the challenges that have hampered sustainable progress in global health for generations. The GHD team represents a multisectoral collective experience covering decades, which puts the project in a unique position to strengthen the understanding of global health delivery for the sustainable improvement of health systems and patient outcomes.

Research at GHD

Stakeholders are taking note of the importance of developing strong research and development programs focused on global health. Through the World Health Organization’s “Maximizing Positive Synergies” Project, GHD spent the past 12 months managing a 14-institution academic consortium that investigated the interactions between global health initiatives (GHI) and country health systems to identify how GHIs can contribute to health system strengthening. The consortium’s initial findings made a significant contribution to what was the longest article ever published in the *Lancet*, found in the June 20, 2009 issue (see Publications). In preparation for the G8 Summit in Italy in July 2009, Dean Frenk presented the results of the “Maximizing Positive Synergies” project’s academic consortium at a WHO-sponsored session. The concluding statement was signed by nearly 80 Ministers of Health or representatives from around the world who were in attendance. Over the course of the next year, GHD plans to continue the health systems research started during the WHO project, in conjunction with the Global Fund to Fight AIDS, Tuberculosis and Malaria.
Curriculum development

GHD has continued to make steady progress with its curriculum development. GHD and its collaborators have already completed 20 case studies that cover a wide range of issues related to health delivery around the world. Ten additional case studies are now in development.

This year GHD launched the Global Health Effectiveness Program, an intensive three-and-a-half-week session in July 2009, with classes on epidemiology, management science, and GHD case studies. Participants and visiting faculty in the inaugural class included global health practitioners from 17 different countries. GHD plans to build on this program over the next year to offer similar courses to global health leaders, executives, and those who practice health care delivery in resource-limited settings.

The GHD curriculum has now been taught at Harvard Business School, Harvard Medical School, and the Harvard School of Public Health. During the 2008–2009 academic year, GHD also teamed up with the MIT Sloan School of Management’s flagship international internship course, the Global Entrepreneurship Lab. The GHD–MIT collaboration paired faculty-mentored student teams with 13 host organizations that are working to address global health delivery issues in Africa. GHD is also developing executive education programs and aims to offer courses on site in resource-limited settings in late 2009 and 2010. GHD has designed a multi-phase malaria executive education program that will be taught to key decision makers involved with global malaria policy, national malaria control programmers, and practitioners in resource-limited settings.
GHD at the National Malaria Control Program Best Practice Sharing Workshop

GHD Executive Director Dr. Rebecca Weintraub and Kileken ole-MoiYoi, a GHD case writer, took part in the seventh National Malaria Control Program (NMCP) Best Practice Sharing Workshop in Bamako, Mali. This workshop focused on issues related to supply chain management of antimalarial medications, appropriate diagnosis and treatment of malaria, home-based treatment management, and the global subsidy for artemisinin-based combination therapy for treating malaria. Several NMCP managers presented updates on the progress made in their respective countries since the previous Best Practice Workshop and discussed new challenges that have arisen.

GHDonline

GHD’s open collaborative platform, GHDonline (http://www.ghdonline.org), has continued to expand both in content and membership. GHDonline was developed by and for a diverse community of global health implementers with shared goals and challenges. It now serves more than 1,700 members representing 527 organizations in 105 countries, who exchange proven practices and connect with colleagues in four public “communities of practice,” each focusing on a specific topic in health care delivery. Guided by expert moderators, members document their experiences in the field, engage in real-time problem solving, search for up-to-date information, and share valuable guidelines, protocols, and research. GHDonline also hosts more than 20 private communities designed and maintained for specific organizations and collaborative initiatives.

GHD is leveraging new content partnerships to improve access to existing critical health information and resources. UpToDate, Inc. is teaming up with GHD to provide complimentary annual subscriptions to UpToDate®, its evidence-based, peer-reviewed information resource for clinicians. Organizations and professionals providing medical care or related services in resource-limited settings will be eligible to apply to the UpToDate Grant Program, which will be managed and provided via GHDonline.
The FXB Center’s flagship publication, Health and Human Rights: An International Journal (HHR), continued this year to provide intellectual leadership in the global effort to realize the right to health, in particular for children and other vulnerable groups. During 2008–2009, the journal team further developed HHR’s online, open access focus on topical issues by leaders in the field with theme issues on accountability and participation and with the launch of a redesigned blog, OpenForum.

Accountability was the focus of Volume 10, Number 2. The Critical Concepts section, edited by Alicia Ely Yamin, included articles on the role of litigation in government accountability, reforming trade rules on medicine, and judicial activism in Argentina. The Health and Human Rights in Practice section, co-edited by Evan Lyon and Vivek Maru, featured the denial of the right to water in Haiti, women’s reproductive rights in Ecuador’s Amazon Basin, and a relative response ranking of countries’ responses to HIV/AIDS. Two articles in the Perspectives section considered human rights limitations in controlling tuberculosis and the failure of the Global Fund to benefit the health and human rights of lesbian, gay, bisexual, and transgender persons, sex workers, and men who have sex with men.

The significance of promoting participation in rights-based approaches to health is the focus of the most recent issue, Volume 11, Number 1. This issue of the journal opens with an interview with Anand Grover, Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Articles include essays on the role of empowerment in participation, political violence in Guatemala, the effect of decentralized health care on participation in Indonesia, mental health in Northern Ireland, the use of “photovoice” in ensuring the right to food for mothers and children in the United States, the option of refusing to participate as a bargaining chip of the poor, and the issue of rights and participation in treating HIV/AIDS in Cuba. With Vivek Maru’s appointment to the journal’s editorial advisory board, Arlan Fuller, Policy Director at the FXB Center, joins Evan Lyon as an executive editor of the Health and Human Rights in Practice section.

The energy and immediate voices of practitioners, students, and activists at the local, national, and international level continue to drive the journal’s vision as a scholarly, peer-reviewed academic journal. This energy was evident at a launch event for the journal’s re-release as an open access publication in September 2008, when the Loeb Drama Center’s 550-seat auditorium was filled to overflowing for a panel discussion on “Creating an Open Forum to Advance Global Health and Social Justice.” The panel included Dr. Paul Farmer, Editor-in-Chief; Dr. Jim Yong Kim, Publisher and Director of the FXB Center; and three members of the journal’s editorial board: Dr. Agnès Binagwaho, Executive Secretary of Rwanda’s National AIDS Commission; Dr. Gavin Yamey, Senior Editor of PLoS Medicine; and Philip Alston, the John Norton Pomeroy Professor of Law and Director of the Center for Human Rights and Global Justice at the New York University School of Law. A summary of the event is available online at http://www.hhropenforum.org/2008/09/making-the-case-for-the-right-to-health/.
HHR’s newest development is its re-designed blog, OpenForum (http://www.hhropenforum.org). Supported by the HHR community, OpenForum is a space for immediate, action-oriented dialogue among human rights practitioners. OpenForum publishes unique commentaries by professionals writing from the field, as well as provocative summaries, opinions, and reviews of news articles, other blogs, and journal articles. Through these voices, expressed in text, image, and video, OpenForum contributes to fostering the global movement for health and human rights.

The journal’s global impact is evident from the number of online visitors to HHR websites. Since July 1, 2008, HHR has been visited approximately 27,600 times by approximately 18,000 unique visitors from 169 countries/territories, with an average of 62 visits per day. The top ten countries from which we receive visitors are (in order) the US, the UK, Canada, Brazil, Australia, India, South Africa, Switzerland, Germany, and Spain. Since it’s re-launch as OpenForum in early May, the HHR blog has been visited approximately 6,400 times by approximately 3,900 unique visitors from 120 countries/territories, with an average of 46 visits per day. The top ten countries visiting the OpenForum site are (in order) the US, the UK, Australia, Canada, India, South Africa, Belgium, Switzerland, Peru, and the Netherlands.

HHR plays a direct role in education, with short-term and summer interns assisting in all aspects of blog and journal production. During 2008–2009, we welcomed high school, undergraduate, and postgraduate interns whose experiences were enriched and who in turn enriched the journal with fresh insights on international health and human rights issues.

Looking ahead, the journal invites thoughtful, critical essays on any topic relevant to health and human rights. During 2009–2010 we are preparing an issue on non-discrimination and equality as well as a special theme issue on international assistance and cooperation.

Teaching and learning in global health are undergoing the most profound methodological transformation in their history. This transformation, if carried through successfully, may at last allow us to collectively solve — rather than perpetually re-describe — longstanding global public health problems. By supporting online, open access research, advocacy, and action that relates to children’s health and rights, HHR remains a central voice in critical scholarship and action-oriented dialogue among human rights practitioners.

More information is available at the journal’s website, http://www.hhrjournal.org.
The Joint Learning Initiative on Children and HIV/AIDS (JLICA)

The Joint Learning Initiative on Children and HIV/AIDS (JLICA), launched in 2006, is an independent, interdisciplinary, time-limited network of policymakers, practitioners, community leaders, activists, researchers, and people living with HIV/AIDS. Since its inception, JLICA has worked to refocus global responses to the needs of HIV/AIDS-affected children, their families, and their communities. The FXB Center played a central role in JLICA’s focus on implementation and also served as the Initiative’s Secretariat. Dr. Jim Yong Kim co-chaired JLICA’s Learning Group 3 (LG3), “Expanding access to services and protecting human rights,” together with Dr. Lydia Mungherera, a physician at The AIDS Support Organisation (TASO) in Uganda.

JLICA released its final report in February 2009. Titled *Home truths: Facing the facts on children, AIDS, and poverty*, the report addresses policy directions to a target audience made up primarily of national policymakers in heavily burdened countries and to their advisors. It also speaks to international donors, agencies concerned with children and HIV/AIDS, international and national nongovernmental organizations, and civil society groups. LG3 contributed several projects and reports to JLICA’s research, including literature reviews, case studies, and a pragmatic “learning collaborative” model to improve health care delivery in specific clinical settings (see JLICA Learning Collaborative report). JLICA-supported research substantiated the initiative’s final key recommendations:

- Harness social protection for vulnerable families as a critical lever to improve outcomes in the context of HIV/AIDS;
- Provide benefits to families and children based on need, not on HIV or orphan status;
- Reinforce families’ long-term caring capacities to children affected by HIV/AIDS;
- Implement family-centered services integrating health, education, and social support;
- Strengthen community action in support of children affected by HIV/AIDS;
- Ensure that community voices inform decision making on all policies and programs;
- Expand HIV/AIDS prevention to redress social and economic inequalities that increase girls’ and women’s vulnerabilities; and
- Strengthen the evidence base on polices that work for children.

Key advocacy achievements for JLICA in 2008 included strong participation at the International AIDS Conference in Mexico City, held in August. There Dr. Linda Richter, co-chair of Learning Group 1 and a visiting lecturer at the FXB Center during 2008, delivered the first plenary address on the epidemic’s impact on children’s well-being in the Conference’s 23-year history. The JLICA team, including representatives from the FXB Center, also engaged in advocacy at the regional level in Dar es Salaam, Tanzania, for the Regional Inter-agency Task Team on Children and HIV and AIDS Children’s Conference (September–October), as well as the 4th Global Partners Forum that followed (December) in Dublin, Ireland.
The London launch of JLICA’s final report in February 2009 — co-sponsored by Save the Children UK and the UK Consortium on AIDS and International Development — received media coverage by The Guardian, the BBC, and TV5. Key participants and speakers at the launch included the Countess Albina du Boisrouvray, Founder and President of Association François-Xavier Bagnoud/FXB International; Jimmy Kolker, Chief of HIV/AIDS, UNICEF; and Paul De Lay, Deputy Executive Director, UNAIDS. The JLICA report was further supported by a Lancet editorial published in the February 14, 2009 issue (“A new agenda for children affected by HIV/AIDS,” Lancet 373/9663, p. 517). Since the report’s publication, members of the FXB Center have consulted with several policy research and advocacy teams on applying JLICA’s recommendations to PEPFAR program planning for orphans and vulnerable children. The JLICA report was cited in the “NewsHour with Jim Lehrer” on March 25, 2009, in a broadcast on the impact of HIV/AIDS on children in South Africa (http://www.pbs.org/newshour/bb/africa/jan-june09/orphans_03-25.html). Online NewsHour interviewed Chris Desmond — an economist active in several JLICA learning groups and Research Associate at the FXB Center for the Cost of Inaction project — about JLICA’s recommendation that the best way to protect AIDS orphans in South Africa is to strengthen family structures (http://www.pbs.org/newshour/globalhealth/jan-june09/orphans_03-25.html).

There are clear signs that JLICA’s work is having an impact. Throughout the first half of 2009, JLICA held a series of technical consultations with bilaterals (governments of individual countries) and multilaterals (international agencies involved in relief work), nongovernmental organizations, and academic institutions. These dialogues demonstrated that influential stakeholders are taking up evidence-based arguments to integrate HIV/AIDS-specific services with a broader social protection agenda. The logic of family-centred approaches to children’s well-being in the context of the epidemic now appears irrefutable. Donors and implementers increasingly acknowledge the imperative to incorporate community voices into program design, decision making, and evaluation. Support is growing for country-led, context-specific policy solutions that are HIV/AIDS-sensitive, not HIV/AIDS-targeted. JLICA did not invent any of these ideas, but JLICA’s evidence and advocacy have lent them new momentum. JLICA has provided critical inputs to a broad alliance whose efforts have brought us to the threshold of an historic advance for children, families, and communities affected by HIV/AIDS.

JLICA completed its work and formally dissolved at the end of June 2009. Our two and one-half years together have been extraordinarily productive. JLICA’s collaborative research model took all of its team members into uncharted territory, scientifically, politically, and personally. The risks were substantial. The rewards have exceeded even optimistic expectations.
Despite progress, enormous implementation challenges remain. It is up to JLICA’s partners, as advocates, opinion leaders, and practitioners, to continue to build on what JLICA achieved and to promote country-specific learning and implementation. We are pleased that the Coalition for Children Affected by AIDS (CCABA) will act as a focal point for all information requests regarding JLICA and in carrying forward JLICA messaging.

Opportunities ahead include regional report launches in Uganda and an in-country launch in South Africa; a JLICA reception at the AIDS Impact meeting in Botswana in September 2009; a cohort study that CCABA is undertaking on community-based interventions for children in several sites in sub-Saharan Africa; continuing involvement of JLICA members in guiding revision of the PEPFAR program; and collaboration with the Regional Inter-agency Task Team on Children and HIV and AIDS, particularly to facilitate country engagement.

In addition to the FXB Center, JLICA supporters include the Association François-Xavier Bagnoud / FXB International; the Bernard van Leer Foundation; the Bill & Melinda Gates Foundation; the Global Equity Initiative, Harvard University; the Human Sciences Research Council, South Africa; Irish Aid; the Netherlands Ministry of Foreign Affairs; the UK Department for International Development; UNAIDS; and UNICEF.

The JLICA’s final report (available in English, French, and Portuguese), learning group synthesis papers, and individual technical papers address topics such as the potential of cash transfers to strengthen families affected by HIV/AIDS; learning from communities about strengthening mechanisms for channeling resources to child protection and support initiatives; integrating delivery models for key services that benefit children affected by HIV/AIDS; and the macroeconomic feasibility of providing social protection packages for children and families in low-income countries. These publications are now appearing in major journals and are available for free on the JLICA website (http://www.jlica.org). The final report has been licensed as a Creative Commons document to enable the widest possible open access dissemination.
Overview

As part of its mission to link research and action, the FXB Center’s Learning Group 3 (LG3) team launched a Learning Collaborative project with the Rwandan government in July 2007. The Learning Collaborative was initiated to improve the delivery of services for the prevention of mother-to-child transmission of HIV (PMTCT) in the Eastern Province of Rwanda. Seventeen health centers, supported by various nongovernmental organizations (NGOs), participated in the Learning Collaborative. Experts from LG3 and the Rwandan Treatment and Research AIDS Center (TRAC) convened in Kigali in March 2007 to identify areas for improvement, including access to PMTCT services, completion of the PMTCT regimen, support of infant feeding methods to reduce HIV transmission, access to co-trimoxazole and bed nets for infants, monitoring of early childhood development, and completion of infant immunization regimens.

Methods

The organization and activities of the Learning Collaborative followed the “Breakthrough Series” model developed by the Institute for Healthcare Improvement. Nurses from each participating health center attended periodic learning sessions where they discussed strategies for improving care for children affected by HIV/AIDS and developed plans for implementing such strategies within their health center. Following each learning session, members were engaged in action periods in which they carried out “Plan-Do-Study-Act” cycles (PDSAs) to identify problems in service delivery, test an improvement idea, and measure changes in performance. A team of three Rwandan professionals trained in the learning collaborative method visited each health center a minimum of twice monthly to provide technical assistance to staff on designing PDSAs and tracking monthly data in run-charts. At the fourth and final learning session, participants shared lessons learned, final results, and policy implications for national PMTCT service delivery.

sustain... mobilize... empower... educate
Findings and lessons learned

All health centers were able to successfully utilize PDSA cycles to increase the provision of comprehensive PMTCT services in different areas of care. Health centers documented monthly data for women receiving PMTCT services, women receiving antenatal services, and children receiving follow-up care, including co-trimoxazole medication, supplemental food, immunizations, and bed nets for malaria prevention.

Although there were significant challenges in modifying the Breakthrough Series for a resource-limited setting, the Learning Collaborative proved beneficial on several levels. Participating health centers identified effective low- or no-cost solutions to increase demand for underutilized PMTCT services. In addition, delivering comprehensive PMTCT care required strengthening of several health services outside of HIV/AIDS treatment. These included immunizations, provision of bed nets, increased antenatal care attendance, and increased health center deliveries. Health center staff also indicated that they learned useful skills and improvement methods, such as PDSA cycles and run-charts, that they would continue to use after the project ended. More generally, the Learning Collaborative results demonstrate that the Breakthrough Series model may be applicable for addressing service delivery problems in resource-limited settings.
The Lesotho Rural Initiative

The FXB Center continues its collaborative work with Brigham and Women’s Hospital and Partners In Health to strengthen the health care system in Lesotho. A comprehensive training, research, and service initiative, the project combines clinical research with quality health care services to address issues of HIV/AIDS and tuberculosis (TB), including multidrug-resistant tuberculosis (MDR-TB), and the confounding factors that result from malnutrition for thousands in Lesotho. The project serves seven remote mountain clinics — Nohana, Bobete, Nkau, Lebakeng, Tlhanyaku, Methalaneng, and Manamaneng — located in four of Lesotho’s most rural districts.

Clinical research

The Lesotho project has several important research initiatives. Through funding from the Doris Duke Operations Research on AIDS Care and Treatment in Africa (ORACTA) program, the Lesotho project is currently comparing the diagnostic abilities of physicians and nurses with respect to common respiratory diseases, including TB. This is particularly important because of the longstanding shortage of physicians in Lesotho and common reliance on nurses for medical care delivery.

The Lesotho project has also undertaken a Male Initiative training and research project, which is focused on encouraging the male population to embrace the new health care infrastructure regarding HIV testing and treatment services. With the approval and assistance of the local village chiefs, male-only information sessions have been held to provide HIV education and testing. Each session has drawn hundreds of men, many of whom agree to be tested for HIV at the end of each session.

In the area of women’s health, the Lesotho project has launched a Traditional Birth Attendant (TBA) pilot study. This program provides training for TBAs in the area surrounding the Bobete clinic. The TBAs are trained in several areas: referral of women to hospitals in cases of high risk pregnancy, prevention of mother-to-child transmission of HIV, and testing and treatment for sexually transmitted infections. Once the program is established at Bobete, it will be scaled up to all seven clinics.

Several new research projects related to TB diagnosis and treatment are expected to start in the coming year. These include research on the side effects of MDR-TB treatment and on the prevalence of undiagnosed TB in hospitalized patients.
Comprehensive rural health care

The Lesotho team continues to wrestle with the dual epidemics of HIV/AIDS and TB in one of the highest prevalence locations in the world. Prior to the team’s arrival, no one in these remote communities was receiving testing or treatment for HIV/AIDS or TB, and even primary care health services were rarely available. In three years, the project has tested more than 25,000 men, women, and children for HIV; 24% tested positive. Over 1,400 have been diagnosed with TB. The project is also responsible for getting HIV-positive individuals on medication; now more than 3,600 patients have started life-saving antiretroviral treatment.

Each clinic site poses distinct challenges. For example, when the project began, the Lebakeng clinic was located five miles from the nearest road. Then, in March 2009, a new road was constructed to the river at Lebakeng, which allows for transport of food and clinic supplies by vehicle. Because of the new road, the World Food Programme can now deliver nearly the same amount of critical food supplies in one month as had been delivered by donkey in the previous six months. At another site, a temporary bridge over the river near Nkau allows patients and supplies to safely cross the raging river while a permanent bridge is completed. Aquifers have been built near the Tlhanyaku and Bobete clinics, providing clean water to help meet the exponentially increasing demand of the more than 100 patients seen daily. With the help of partner organizations in Lesotho, the team is strengthening infrastructure in and around each clinic site.
With the help of more than 1,000 trained village health workers, dozens of new nurses, and a physician in each clinic, these remote communities are able to access health care services for the first time. The clinics provide comprehensive health care services (including women’s health, pediatrics, malnutrition, and trauma); training for health care professionals and others (including expert patients, village health workers, and TBAs); and food distribution and supplementation services. With generous support from Irish Aid and others, the team is transforming the clinics, building new treatment and diagnostic facilities, as well as new housing to support the increasing number of staff.

**Child-focused activities**

Lesotho has the highest per capita orphan rate in the world, with an estimated 25% of the country’s children having lost one or both parents to HIV/AIDS. The team has continued its successful collaboration with Catholic Relief Services, one of the leading implementers of the Mountain Orphans and Vulnerable Children Empowerment (MOVE) project, to support orphans and vulnerable children in the mountains of Lesotho. With additional funding from Irish Aid, the Lesotho Rural Initiative has been able to scale up critical MOVE services to thousands of orphans in the areas surrounding three project health centers, Nohana, Bobete, and Nkau.

Equally important, the team is working to stem the tide of children who are newly at risk. Each of the project’s rural sites provides a comprehensive prevention of mother-to-child transmission program to keep both mothers and children as healthy as possible. In addition to seeing patients with HIV/AIDS and TB, physicians also work closely with the Ministry of Health nurses and nursing assistants in the general outpatient clinics. In several clinics, more than 100 patients are seen each day; about one-third of these patients are children. Weekly clinic days that focus on primary care for children under age five continue to be very successful; such visits include vaccinations, weight monitoring, and provision of nutritional information. Finally, village health workers have been trained to collect height and weight data on children and to refer malnourished children to a clinic for appropriate treatment and ready-to-eat food supplements.

**Women’s health**

For a young child, the most critical advantage in life is a healthy mother. In the past year, the Lesotho team has labored to make women’s health a cornerstone of the services provided. From rehabilitating lying-in houses near each clinic to encourage clinic-based deliveries, to first-in-the-nation pilot programs geared toward improving women’s health, the Lesotho team is implementing effective, wide-ranging women’s health programs. For example, this year the team assisted the Ministry of Health in drafting a successful application for Lesotho to receive 120,000 doses of Gardasil (a human papillomavirus vaccine).
Multidrug-resistant tuberculosis

In 2007, with funding from the Open Society Institute and in partnership with the Ministry of Health, the team in Lesotho launched the country’s first community-based treatment program for MDR-TB. Based at Botsabelo MDR-TB Hospital in Maseru, the project is one of the most ambitious MDR-TB programs in any community with a high HIV prevalence.

The project in Lesotho provides MDR-TB treatment at the community level, supported by paid and carefully trained community health workers who visit patients in their homes twice each day. Patients are referred to Botsabelo Hospital only when they are too ill to be cared for at home. By late April, over 240 patients (including ten children) had been diagnosed and had started the arduous treatment regimen for MDR-TB.

The project trains health care staff on MDR-TB and MDR-TB/HIV co-infection throughout Lesotho, and all patients with suspected MDR-TB are referred to the project for treatment. Additionally, the program has become a magnet for other sub-Saharan countries looking to implement MDR-TB treatment. To date, the program has provided training for medical professionals from Ethiopia, South Africa, Swaziland, and Tanzania, and program staff have traveled to Namibia, Swaziland, and Kenya to provide technical assistance.

Related partnerships

The Lesotho Rural Initiative project would not be possible without a solid partnership with the Ministry of Health and Social Welfare. Other key organizations include the Mission Aviation Fellowship, the Clinton HIV/AIDS Initiative, Catholic Relief Services, the United Nations World Food Programme, Riders for Health, UNITAID, the Foundation for Innovative New Diagnostics (FIND), and the World Health Organization. In addition to FXB Center funding, the team is grateful for the generous support received from Irish Aid, the Open Society Institute, The ELMA Foundation, the T&J Meyer Family Foundation, the Lundin Foundation, MAC AIDS, and the Elton John AIDS Foundation.
The past year has seen a profound economic and political shift, marked particularly by an historic US presidential election and a global economic recession. Throughout this period, the FXB Center has maintained its role as a guiding voice of expertise in health and human rights and as a constant advocate for change in global health policy.

**A source of expertise for members of Congress**

Through both new and long-standing relationships, the FXB Center has been well positioned to provide advice and expertise to policymakers and advocates alike. Such efforts for education have been helpful in fine-tuning legislation, providing information and questions to be presented at Congressional hearings, and emboldening policymakers and advocates with the evidence base to move forward confidently toward improving global health programs.

**Presidential election**

The election of Barack Obama offers promising potential for improving and expanding programs and services in global health. During the campaign, President Obama called for the doubling of foreign aid, to US$50 billion by 2012, as well as the full funding of HIV/AIDS, TB, and malaria programs authorized through PEPFAR. The FXB Center has been following these issues as they take shape in the new administration and has provided leadership and guidance whenever possible.

Even in the beginning weeks of the Obama presidency, the FXB Center was at the forefront, providing insight into the future of US development and global health programs. On December 9, 2008, the FXB Center joined a panel of HIV/AIDS policy experts convened by the Public Policy Office of the Foundation for AIDS Research (amfAR). This briefing for Congressional staff discussed what might be expected under the new administration and what challenges it will face. Dr. Jim Yong Kim participated on the panel of experts that was moderated by Dr. Susan Blumenthal, amfAR’s senior policy and medical advisor and former US Assistant Surgeon General. Dr. Kim was joined on the panel by Dr. Connie Garner, policy director for disabilities and special populations for the Senate Health, Labor, Education, and Pensions Committee, and by Kevin Robert Frost, CEO of amfAR.
Global health recommendations

In January 2009, the FXB Center launched a new report on global health policy. Co-authored by a number of NGOs — ActionAid, Health Alliance International, Physicians for Human Rights, RESULTS, and Partners In Health — the report was titled “Global Health Recommendations for a New Administration and Congress.” Drawing from the diverse expertise of its participating partner organizations, this report provided a unique “on the ground” perspective, giving the new president and Congressional policymakers candid insight into the future of US health and development assistance and the need to put greater focus on the root causes of suboptimal health — poverty and inequality. Additionally, the report stressed that efforts should be directed toward building public sector institutions to help governments respond to the needs of their people and that aid should be transparent to both donors and recipients and accountable to the target population — the poor who need services most.

US funding for global health

The FXB Center has been a strong advocate in efforts to address the health crises facing us today and has worked diligently with members of Congress to advance various issues, such as food security, effective training and utilization of community health workers, and overall funding. On July 30, 2008, President Bush signed the PEPFAR reauthorization bill into law. During the drafting of this legislation, the FXB Center was asked to participate in discussions and to offer its expertise. Since Congress passed the bill — which included significant language in support of food assistance and the use of community health workers in the treatment of HIV/AIDS and committed US$48 billion over the next five years — the FXB Center has been a constant presence in making sure that the commitments made in the PEPFAR legislation are fully funded.
**Advocacy in support of the Joint Learning Initiative on Children and HIV/AIDS**

On February 26 and 27, 2009, the FXB Center participated in meetings in Washington, DC, with representatives of civil society, the US government, and the research community to discuss recommended changes to the Orphans and Vulnerable Children (OVC) Programming Guidance. Through collaborative consultation, the group developed recommendations that will help guide program administrators to achieve the goals outlined in *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS* (http://www.unicef.org/aids/files/Framework_English.pdf). The meeting’s first day focused on the findings of the Joint Learning Initiative on Children and HIV/AIDS (JLICA). Alec Irwin, Associate Director of the FXB Center and Co-Chair of the JLICA Secretariat, reviewed JLICA’s key findings and reflected on the need to implement the recommendations into OVC programming. JLICA colleagues Chris Desmond, Miriam Zoll, Madhu Deshmukh, Michelle Adato, and Lorraine Sherr also participated in the event. In the time since these meetings in Washington, the FXB Center has remained in constant communication with PEPFAR staff and with the US government’s interagency working group on the Vulnerable Children’s Act.

**Other partnerships and events**

The FXB Center has helped provide students and advocates with the evidence base necessary to make compelling arguments for improved global health policy. By hosting various policy briefings, the FXB Center works to increase public awareness of current issues and debates, rallying public support for solutions to identify global health problems.

Additionally, the FXB Center’s advocacy group continues to advance collaborative policy opportunities with several organizations. The FXB Center has worked with numerous advocacy organizations to promote various issues related to global health. One example of such a partnership was a “town meeting” at Harvard Medical School. The event, which commemorated World AIDS Day and the 60th anniversary of the Universal Declaration of Human Rights, was underwritten by Physicians for Human Rights (PHR), through the generosity of the Bill & Melinda Gates Foundation, and was co-organized by PHR, the AIDS Action Committee of Massachusetts (AAC), Partners In Health, and the FXB Center. More than 69 New England organizations, hospitals, and universities signed on as event co-sponsors, and over 600 people participated in the meeting. Participants included Dr. Jim Yong Kim, Director of the FXB Center; Dr. Rev. Gloria White-Hammond, Co-Pastor of Bethel AME, Director of Sisterhood for Peace, and Chairwoman of Save Darfur Coalition; and Rebecca Haag, President and CEO of AAC. Senator John Kerry gave the keynote address.
The Research Program on Children and Global Adversity

Established in 2007, the Research Program on Children and Global Adversity (RPCGA) works to close the global implementation gap in providing effective protections and services for children and families facing adversity due to communal violence/armed conflict and HIV/AIDS, two exceptions to the recent improvements in global child health identified by UNICEF. The program is directed by Dr. Theresa S. Betancourt, Assistant Professor of Child Health and Human Rights in the Department of Global Health and Population, and is devoted to applied research on global child health and human rights.

Guiding principles

The RPCGA is guided by a “risk and resilience” framework and is focused on understanding core threats to the security and healthy development of children. In considering intervention models, this approach first seeks to leverage naturally existing protective processes and then to supplement them with evidence-based services.

The program works from a social ecological perspective, which differs from individualized approaches in that it considers the socially mediated impacts of adversity on children and families and actively works to identify supports and resources at the family, peer, and community level. The program also works from a child rights perspective that regards health, security, and opportunities for development as the birthright of every child regardless of nationality, location, or socioeconomic status.

The RPCGA’s research agenda is grounded in an integrated view of “health” as encompassing primary care, early childhood development, nutrition, mental health, and prevention services. The program targets children under the age of 18 and youth under the age of 25.
Activities

The team is presently engaged in three in-depth research studies: the first, to develop a family-based prevention intervention for HIV/AIDS-affected children and families in Rwanda; the second, to explore the psychosocial adjustment and social reintegration of war-affected youth in Sierra Leone; and the third, to study resettlement stressors and mental health needs among Somali and Somali Bantu refugee children and families now living in the Boston area.

Improving mental health care for HIV/AIDS-affected children in Rwanda

In 2007, the RPCGA team completed a qualitative study in Rwinkwavu, Rwanda, in collaboration with Partners In Health. This research was funded by the Peter C. Alderman Foundation and the Harvard Research Enabling Grants Program. The goals of the study were to identify common mental health problems experienced by HIV/AIDS-affected children and to describe these problems using local terms and concepts. Information gathered from this study has been used to create and adapt measures of local mental health syndromes and protective constructs for use in southeastern Rwanda. A qualitative follow-up study was conducted in January/February 2009; the goal of this study was to identify naturally occurring protective processes in families and communities that can foster resilience in children facing adversity due to serious illness in caregivers and/or children. Currently, the research team is building off of this preliminary research to conduct a validity study of the adapted measures of locally relevant mental health problems and protective processes, and to adapt an evidence-based preventive mental health intervention for children and families affected by HIV/AIDS in the PIH catchment area. In subsequent phases of this research, the team will be examining the feasibility, acceptability, and efficacy of the intervention with the aim of contributing to the evidence base on mental health interventions for children in adversity globally.

A longitudinal study of psychosocial adjustment and social reintegration among former child soldiers in Sierra Leone

In 2002, Dr. Betancourt began a research project with former child soldiers and other war-affected youth in Sierra Leone. Follow-up data were collected in 2003/2004 and 2008. The study examines risk and protective factors shaping social reintegration and psychosocial adjustment in former child soldiers and other war-affected youth over time (including a sizeable cohort of both male and female former child soldiers). This research explores a number of issues that are relevant to youth and is the first longitudinal study of its kind to involve male and female former child soldiers in a prospective design. Among the issues examined in this study are the challenges and successes that these youth experience in securing a livelihood, caring for families, completing school, avoiding high-risk behavior, and contributing to civil society. The goals of the research are to identify naturally existing supports and protective processes that can be leveraged to improve services and highlight priority issues for policymakers and program developers. This research

sustain... mobilize... empower... educate
contributes to one of the major goals of the RPCGA by contributing to an evidence base on risk and resilience in war-affected youth that can help drive policy reform, intervention models/services, and improved protections for children facing adversity due to communal violence or conflict. To this end, the team presented their findings to a working group of practitioners and researchers in the field of children associated with armed forces and armed groups (CAAFAG) at Columbia University in April 2009, and the team is planning dissemination meetings and workshops in Sierra Leone for the fall of 2009. A pilot intervention study is also planned for 2009–2010.

**Modifiable protective processes in the mental health of refugee children and adolescents**

Dr. Betancourt was awarded a K01 Career Development Award from the National Institutes of Mental Health in March of 2008. A component of this work involves research with the Somali and Somali Bantu refugee community to identify services needs and preferences as well as culturally relevant protective processes to prioritize in mental health services for refugee youth. This work is being conducted in collaboration with the Center for Refugee Trauma at Children’s Hospital Boston (funded by the National Child Traumatic Stress Network). The team has recently begun qualitative data collection to investigate local conceptualizations of mental health issues and resilience in the Somali refugee community in Boston.

The RPCGA has continued to expand in 2009. In July, A’Nova Ettien joined the RPCGA as the Research Coordinator for the Sierra Leone portfolio. Ms. Ettien completed her MPH at Boston University, with a dual concentration in Maternal and Child Health, and Health Law, Bioethics,
and Human Rights. She recently spent two years working with local health departments in under-resourced rural and urban areas in Western Jamaica, during which time she helped implement behavior change strategies for HIV prevention and health promotion. She will be focused primarily on the Sierra Leone portfolio and will provide additional support to the RPCGA's other projects.

**Student involvement**

RPCGA projects present a number of opportunities for the involvement of students in field research. Students have been placed in summer internships and at collaborating organizations such as FXB International.

**Collaborations with other programs at the FXB Center**

The RPCGA has active collaborations with the Cost of Inaction Project, and was a part of the Joint Learning Initiative on Children and HIV/AIDS (JLICA) Learning Group 3. The project team also consulted on the mixed-methods design of the World Health Organization’s “Maximizing Positive Synergies Project” and is exploring additional applied research projects with the Lesotho Rural Initiative. The team has also assisted FXB International with preparing evaluation designs.

**Collaborations around Harvard**

Dr. Betancourt is an affiliated faculty member at both the Harvard Center on the Developing Child and the Center for Refugee Trauma at Children’s Hospital Boston. The RPCGA also collaborates with the Harvard Humanitarian Initiative, the Harvard Program on Humanitarian Policy and Conflict Research, the Center for Multicultural Mental Health at Cambridge Hospital, the Department of Global Health and Social Medicine at Harvard Medical School, and Partners In Health, Rwanda.

**Collaborations outside of Harvard**

The RPCGA has collaborative relationships with Psychology Beyond Borders, the International Rescue Committee, the Kovler Trauma Treatment Program at Heartland Alliance Chicago, and the National Somali Bantu Project.
**National and international presentations**

During 2008–2009, RPCGA team members delivered invited lectures and research presentations at a number of national and international fora:

*Children and armed conflict*, policy forum presentation as part of a consultation at the US Department of State and United States Institute of Peace in Washington, DC.

*Children associated with armed forces and armed groups: The state of the field and future directions*, presentation at Expert Consultation on Child Soldiers, Psychology Beyond Borders, Austin, TX.

*Mental health interventions for war-affected youth: Examining differential effects of group interpersonal therapy for IDP youth in Northern Uganda*, presentation at the American Psychological Association (APA) Annual Meeting, Boston, MA.


*Psychosocial adjustment and social reintegration in Sierra Leone’s former child soldiers*, lecture at the Policy Forum on Children and Armed Conflict, US Department of State and United States Institute of Peace, Washington, DC.

*The reintegration and rehabilitation of former child soldiers: A longitudinal study in Sierra Leone*, invited presentation as Special Representative of the Secretary General of Children and Armed Conflict at the United Nations, New York City.


*Social reintegration and psychosocial adjustment in former child soldiers*, invited lecture as Special Representative of the Secretary General of Children and Armed Conflict, United Nations, New York.

*War-affected youth in Sierra Leone: A prospective study*, presentation and discussion co-sponsored by Columbia University, Program on Forced Migration and Health and USAID Displaced Children’s and Orphans’ Fund (DCOF).
Appendices

Publications

Below, listed alphabetically by first author, are books, chapters, original research articles, editorials, and project and policy research reports by FXB Center staff and faculty published during 2008–2009, as well as related publications now in press that were the focus of research conducted during this past year.


Bonds MH and Rohani P. Herd immunity acquired from indirect economic, demographic, and epidemiological effects. *Journal of the Royal Society Interface*, in press.


FXB Center-Affiliated Grant Funding

Below is a summary of current or past grant funding that has supported FXB Center-affiliated projects since 2008.

Alderman gift for research support (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: Peter C. Alderman Foundation.

An integrated approach to psychosocial support for former child soldiers in Sierra Leone (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: American Psychological Foundation.

Assessing mental health needs among HIV/AIDS-affected children in Rwinkwavu, Rwanda (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: Peter C. Alderman Foundation.

Assessing and responding to the mental health needs of HIV/AIDS-affected youth in Rwanda (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: Harvard School of Public Health, HSPH Junior Faculty Development Fund.

Center for Child Refugee Trauma (Glenn Saxe, Principal Investigator; Dr. Betancourt is funded as Public Health Specialist); sponsoring agency/institution: Boston Children’s Hospital Center for Medical and Refugee Trauma.

Children’s security impact statements: A tool for advancing the protection of children and youth (Theresa S. Betancourt, Principal Investigator); sponsoring agency: Oak Foundation.

Joint Learning Initiative on Children and HIV/AIDS Secretariat (Jim Yong Kim, Principal Investigator); sponsoring agency/institution: FXB International.

Joint Learning Initiative on Children and HIV/AIDS Learning Group 3 (Jim Yong Kim, Principal Investigator); sponsoring agency/institution: FXB International.

JLICA International Symposium on meeting the needs of children affected by HIV/AIDS (Jim Yong Kim, Principal Investigator); sponsoring agency/institution: Bill & Melinda Gates Foundation.
Modifiable protective processes in the mental health of refugee children (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: National Institute of Mental Health (K01).

Psychosocial issues associated with childhood engagement with fighting forces or being a child soldier (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: Psychology Beyond Borders.

Research enabling grant for assessing protective processes in the mental health of children affected by armed conflict: A secondary analysis of three existing data sets (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: Harvard University, The Office of the Senior Vice Provost for Faculty Development and Diversity.

Sierra Leone’s youth: Improving protections and opportunities (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: Partnership for Child Health Care, Inc./USAID.

Strengthening and studying community-based, integrated primary health care systems in rural Rwanda, Lesotho, and Malawi (Jim Yong Kim, Principal Investigator); sponsoring agency/institution: Doris Duke Charitable Foundation.

Transforming tragedy: A longitudinal research and policy initiative in Sierra Leone (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: United States Institute of Peace.

WHO Positive Synergies between Health Systems and Global Health Initiatives (Jim Yong Kim, Principal Investigator); sponsoring agency/institution: World Health Organization.
2008–2009 Faculty and Staff

Leadership
Howard Hiatt, MD, Interim Center Director
Jim Yong Kim, MD, PhD, Center Director (until 6/30/09)
Arlan Fuller, JD, Policy Director
Alec Irwin, PhD, Associate Director
Tricia Spellman, Administrative Director
Theresa Stichick Betancourt, ScD, Assistant Professor of Child Health and Human Rights

Staff
Matt Bonds, PhD, Research Associate
Chris Desmond, PhD, Research Associate
A’Nova Ettien, Research Coordinator
Maya Getchell, Project Assistant (until 6/30/09)
Susan R. Holman, PhD, Academic & Research Writer/Editor
Robyn Libson, Finance Associate
Nadejda Marques, Research Coordinator
Sarah Melpignano, Assistant to the Director (until 6/19/09)
Ann Miller, PhD, Research Associate
Kavitha Nallathambi, Project Manager, Joint Learning Initiative on Children and HIV/AIDS (until 6/30/09)
Kileken ole-MoiYoi, Case Writer
Curtis Peterson, Program Assistant
Catlin Rockman, Creative Director
Julia Rubin-Smith, Project Coordinator
Cheryl Snyder, Lesotho Project Coordinator (until 6/12/09)
Erin Sullivan, PhD, Senior Case Writer
Monika Szperka, Research/Administrative Coordinator
Affiliates:
Jeannie Annan, PhD, Visiting Scientist
Alex de Waal, PhD, Visiting Scientist
Sheri Fink, MD, PhD, Visiting Scientist
Steven Kadish, Senior Planning Consultant
Stephen P. Marks, LLD, Dipl. IHEI, François-Xavier Bagnoud Professor of Health and Human Rights
Ken Miller, PhD, Senior Research Scientist
Linda Richter, PhD, Visiting Scientist
Mary C. Smith Fawzi, ScD, Instructor, Harvard Medical School

Research Assistants
Matthew Basilico, Research Assistant to the Director
Elizabeth Kersten, Research Assistant to the Director
Laura Nolan-Khan, Research Assistant, RPCGA

Interns
Asima Ahmad – RPCGA
Nina Braynina – HHR Journal
Sarah Bundick – HHR Journal
Mikaela Chase – RPCGA
Ivy Chippendale – Lesotho Project
Alexa Coughlan – RPCGA
Samantha Diamond – Policy / Advocacy
Bevan Dowd – Lesotho and Cost of Inaction projects
Tia Dutta – Cost of Inaction
Lauren Eby – HHR Journal
Brian Garvey – Cost of Inaction
Brandy Harless – RPCGA
Emily Harrison – RPCGA
Rachel Hoy – RPCGA
Rob Kiley – Policy / Advocacy
Christina Lagos – RPCGA
Lisa Lim – Cost of Inaction
Natalie Stahl – RPCGA
Sandra Zaeh – RPCGA
FXB Center Advisory Board Members
2008–2009

Albina du Boisrouvray (Chair), Founder, FXB Center for Health and Human Rights
Lincoln Chen (Co-Chair), President, China Medical Board of New York, Inc.
Howard Hiatt, Interim Director, FXB Center for Health and Human Rights (since 7/1/09)
Jim Yong Kim, Director, FXB Center for Health and Human Rights (until 6/30/09)
Bilgé Ögün Bassani, CEO, Association François-Xavier Bagnoud / UN Foundation Representative in Europe
Peter Bell, Senior Research Fellow, Hauser Center for Nonprofit Organizations at Harvard University
Jo Ivey Boufford, President, New York Academy of Medicine
Harvey V. Fineberg, President, Institute of Medicine / Washington DC
Gourisankar Ghosh, CEO, FXB India Suraksha
Aleya Hammad, Chair, Global Advisory Board at NYU Wagner
Amartya Sen, Lamont University Professor, Harvard University / Department of Economics
Jack Shonkoff, Julius B. Richmond FAMRI Professor of Child Health and Development, and Director, Center on the Developing Child at Harvard University
Mary Wilson, Associate Professor, Department of Global Health and Population, Harvard School of Public Health
James D. Wolfensohn, Wolfensohn & Company, LLC
Photography credits
Kileken Banconi
Suzanne Camarati
Chris Desmond
Arlan Fuller
Maya Gethcell
Justin Ide
Sarah Kleinman
Ann Miller
Partners in Health staff
Curtis Peterson
Julia Rubin-Smith
Cheryl Snyder
Julie Rosenberg Talbot
David Walton
Rebecca Weintraub
Laurie Wen
Alain Wicht - AFXB International

Graphic Design
© copyright Catlin Rockman