Strengthening Global Networks for Children

Activities of the François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health 2007-2008
The François-Xavier Bagnoud (FXB) Center for Health and Human Rights is the first academic center to focus exclusively on the practical dynamic between the issues of 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 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, summarized in this report.
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This year, the global human rights community will celebrate the sixtieth anniversary of the Universal Declaration of Human Rights (UDHR). And yet, despite this milestone and the formative documents that have taken shape from its initial vision in 1948, we still fall tragically short of realizing many of its basic tenets. Millions of children continue to suffer and die each year from entirely preventable diseases. Their suffering is commonly compounded by certain basic features of poverty: malnutrition and the lack of access to fundamental necessities such as clean water. As we respond to these tragedies, it is not enough to simply tack disease-specific programs onto existing health systems. We must design solutions that anyone, anywhere, can practice. And we must find ways to tackle the root causes of children’s vulnerability—not just the symptoms. There is a greater need than ever before to focus on what Dr. Julio Frenk, our new dean at Harvard School of Public Health, has called “PMTCTP”—the prevention of mother-to-child transmission of poverty. Dr. Frenk’s phrase captures the comprehensive approach to children’s wellbeing that the FXB Center seeks to advance.

During the past two years, the Center has made rapid progress in its mission to integrate research, teaching, policy, and advocacy in the practical delivery of health and human rights. We have launched several large-scale initiatives that continue to establish and expand our global leadership in this area. Our Cost of Inaction initiative is a bold response to the longstanding challenge to develop concrete methods for evidence-based policy-making and program implementation on children’s wellbeing. The Global Health Delivery Project is beginning to influence medical education and healthcare system design in low-resource settings. Together with Partners In Health and Brigham and Women’s Hospital, FXB is transforming rural health care for children and adults in Lesotho. In Rwanda and Sierra Leone, we are promoting a sense of community in the lives of children and youth who have been deeply affected by HIV/AIDS and armed conflict. Cumulative innovation in healthcare delivery at the seventeen rural health centers who joined our Learning Collaborative in Rwanda promise continuing long-term success, through measurable gains in children’s health and well-being. The FXB Center was also an influential resource for policy development and advocacy in Washington this year. These dynamic initiatives reflect facets of the FXB Center’s action and growing global alliance to make real the right to health for children and other disadvantaged groups.

Presently I am engaging with a number of our partners in a new consortium to identify “positive synergies” between the major global health initiatives (the Global Fund to Fight AIDS, TB and Malaria; the President’s Emergency Plan for AIDS Relief; and the Global Alliance for Vaccines and Immunizations) and the difficult task of strengthening health systems in the poorest countries. Together with Dr. Frenk and others, the consortium seeks to refine the framework for mapping how health systems function best. Such shared learning with partners continues to be FXB’s most decisive strength.

I am committed to see the FXB Center progress further in its vocation of learning, leadership, and action. At the Center, we remain mindful that social justice is indeed a matter of life and death. By using rights-based policy and implementation models to break the intergenerational transmission of poverty and disease, we seek to enable justice for vulnerable children.

Jim Yong Kim, M.D., Ph.D.
Center Director
September 2008
A new landmark study, launched at the FXB Center in June 2008, will explore the “cost of inaction” for the well-being of children. With professors Amartya Sen and Sudhir Anand overseeing the project, researchers and economists will address the complex challenges of enumerating 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 inaction more costly than intervention? Can poor countries afford to implement effective intervention? Can they afford not to? And how does one use economics to discuss the value of health and human life in such a discussion?

The initiative is now developing a conceptual framework and a methodology. With this groundwork in place, researchers will be able to construct an enumeration of all “costs” suffered by children, their families, communities and nations in particular situations of poverty and social crisis. The next stage will test this conceptual framework and its models of impact pathways by applying it to particular critical settings in order to measure the full spectrum of costs as they apply, for example, to children affected by HIV/AIDS, to street children, and to child soldiers.

Detailed country case studies may enable modeling of the cost of inaction in specific national contexts. Such specific situational implementation analyses will provide country-specific as well as universal recommendations on how to minimize such costs and increase program effectiveness for these children and their communities. The research will enable rapid advocacy and action, leading to concrete data that can be used to urge global, government, and individual responses to improve the lives of children who face tragic life costs.

The Challenge

Each individual has a fundamental human right to appropriate health care. Yet, in much of the world, health systems fail to effectively treat conditions that could be prevented or remedied with existing — and sometimes relatively simple — interventions. Access to preventive interventions is often scarce, and new treatments often take time to be adopted and accepted, even when they could clearly save many lives. In general, the beneficial tools and resources of modern medicine rarely reach the world’s poorest, even those who live in affluent countries.

In recent years, policy makers have made bold commitments to improve the health of populations in developing countries. There is a substantial flow of new resources that are being channeled into global health. Yet effective delivery remains the most significant hurdle that faces medicine and public health at the outset of the twenty-first century. This delivery challenge is largely and ultimately related to management. Global health delivery will require skills, research methods, and educational methods that differ from those that characterize the dominant culture in most medical schools and even in provider organizations.
Toward a Science of Global Health Delivery

In 2007, Professors Jim Yong Kim, Michael Porter, and Paul Farmer – representing Harvard Medical School, Harvard Business School, Harvard School of Public Health, and Brigham and Women's Hospital – initiated a joint venture to create the Global Health Delivery (GHD) Project. This unique partnership aims to tackle the challenge of closing the delivery gap in global health.

The goal of the Global Health Delivery Project is to systematize the study of global health delivery and rapidly diffuse new learning to practitioners. By preparing practitioners at all career stages to provide effective health care in resource-constrained settings, the project aims to dramatically improve the value of health care delivery, measured by the health outcomes achieved for patients per dollar spent. The project’s approach involves careful analysis of actual global health delivery organizations and the creation of analytic frameworks that can guide the design of care delivery systems.

Project activities are concentrated in five areas, illustrated in Figure 1: in-depth field case writing; framework development and interdisciplinary research; educational programs; partnerships with Centers of Excellence; and web-based communities of practice. Leading the development of this new field of global health delivery science, faculty, researchers, and case writers are developing novel teaching materials, academic courses that focus explicitly on health care delivery, as well as innovative residency and fellowship opportunities for in-country practitioners.

The project team has developed more than a dozen case studies that are used for practical classroom training in medical education. Global health topics include HIV testing in Haiti, HIV care in rural Rwanda, the 100% condom campaign in Thailand, tuberculosis control in Peru, and polio elimination in India.

In January 2008, the project launched the first Introduction to Global Health Delivery course, with thirty students from Harvard School of Public Health participating over a two week period. The course used the Harvard Business School case method to bring the complexity of real-world decision-making challenges in a medical context.

The Global Health Delivery Project aims to serve as a catalyst in the creation of a new field of “global health delivery.” This new interdisciplinary field will move beyond the traditional focus on biomedical inquiry and patient-specific clinical interventions to a broader understanding of the delivery of health care from a systems perspective. Engaging both scholars and practitioners in the disciplined, rigorous study of delivery, the science of global health delivery uses the best qualitative and quantitative methods to capture the full complexity of cycles of care, the managerial challenges of delivery organizations, and the influence of local context on system design and patient care.

Figure 1. Global Health Delivery: A Systems Perspective
The FXB Center continues its collaborative work with Partners In Health (PIH) and Brigham and Women’s Hospital to strengthen the health care system in Lesotho in southern Africa. This project provides first-world quality care to address issues of HIV/AIDS, multi-drug-resistant tuberculosis (MDR-TB) and hunger for thousands in this rural area, despite significant logistical challenges.

Comprehensive Rural Health Care

The Lesotho team has succeeded in tackling HIV/AIDS and MDR-TB in one of the highest prevalence locations in the world. As a comprehensive training, research and practice initiative, the Lesotho Rural Initiative is quickly gaining international attention. It has opened four new mountain clinics. As a result, there are now six clinics — Nohana, Bobete, Nkau, Lebakeng, Tlhanyaku, and Methalaneng — located in four rural districts; three more clinics are in the planning stages.

Each clinic site poses distinct challenges. The Lebakeng clinic, for example, is located five miles from the nearest road. Yet despite such remote locations, the team has successfully established comprehensive health services. Prior to our arrival, no one in these communities was receiving testing or treatment for HIV or TB. In less than two years, the project has tested more than 12,000 men, women, and children for HIV, with a positive rate of 29%, or nearly 4,000 HIV+ patients. Over 1,900 patients have started lifesaving anti-retroviral treatment, and over 700 have been diagnosed with TB.

With the help of more than 750 trained village health workers, dozens of new nurses, and a full time physician in each clinic, these remote communities are now able to access health care for the first time. The clinics provide comprehensive health care services (including women’s health,
later, however, malnutrition cases increased dramatically. Children were the first group at risk when a severe drought led to significant food insecurity, especially in the mountainous regions served by the rural initiative. Staff began seeing as many as 20 malnourished children per week—ten times the 2005 rate. Doctors and nurses at the clinics also documented a sharp rise in severe childhood malnutrition—both kwashiorkor (malnutrition caused by inadequate protein intake) and marasmus (a severe form of malnutrition caused by inadequate intake of both protein and calories). The project team reacted quickly. It procured extra food supplies and ready-to-eat foods to treat malnutrition, as well as funders to help support the emergency food program. Village health workers were trained to collect height and weight data on children. This quick action ensured that food was distributed quickly to those most in need. As the harvest this year ends, the team is ready to spring into action again if necessary.

Multi-drug Resistant Tuberculosis

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 multi-drug resistant tuberculosis (MDR-TB). Based at Botsabelo MDR-TB Hospital in Maseru, the project is a model for MDR-TB programs in HIV prevalent communities. Previously a leprosy hospital, Botsabelo Hospital was converted in 2007 into a 20-bed facility for the treatment of critically ill MDR-TB patients, many of whom are co-infected with HIV. The team also renovated the Maseru TB Clinic to improve infection control of this highly contagious drug-resistant form of the disease. Simultaneously, PIH supported the renovation of the TB Laboratory in Maseru. A new pharmacy on the hospital grounds makes it possible to effectively manage the distribution of up to 50 pills each day which many co-infected patients require for MDR-TB, HIV/AIDS, and drug-related side effects.

Food Crisis

Nutrition information has limited usefulness in the face of acute hunger and shortage. When we first arrived in Lesotho, clinic staff saw one or two children per week who were suffering from malnutrition, usually due to pellagra, a disease caused by lack of niacin (vitamin B3) and protein. One year sustain... mobilize... empower... educate... develop... deliver... collaborate pediatrics, malnutrition, and trauma); training for health care professionals and others (including expert patients, village health workers, and traditional birth attendants); and food distribution and supplementation services. With support from Irish Aid, we are transforming the minimal clinic facilities, building new treatment and diagnosis 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. In collaboration with Catholic Relief Services, we are one of the leading implementers of the Mountain Orphans and Vulnerable children Empowerment (MOVE) project, supporting orphans and vulnerable children in the mountains of Lesotho. The MOVE project has already identified 2,000 orphans in the villages that surround the Bobote health center. In late 2007, we helped secure additional funding from Irish Aid to support MOVE scale-up in the areas surrounding our Nohana and Nkau health centers.

Equally important, we are working to stem the tide of new at-risk children. In each of our rural sites, we provide a comprehensive PMTCT (prevention of mother-to-child transmission) approach to keep both mother and child as healthy as possible. We are working with traditional birth attendants to identify, screen for, and treat not only HIV and other sexually-transmitted infections, but also the nutrition status as well. In addition to seeing HIV and TB patients, our physicians also work closely with the Ministry of Health nurses and nursing assistants in the general outpatient clinics. In several of our clinics, more than 100 patients are seen each day; about one-third of these are children. Weekly clinic days for children under age 5 are very successful, and visits include vaccinations, weight monitoring, and nutritional information.

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

Guiding Principles

The Research Program on Children and Global Adversity is guided by a “risk and resilience” framework that focuses on core threats to the security of children. In considering intervention models, this approach first seeks to leverage naturally existing protective processes, 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 at the family, peer, and community level. The program 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 as well as youth under the age of 25.

Related Partnerships

Our success in Lesotho would not be possible without a solid partnership with the Ministry of Health and Social Welfare. Other key organizations include Mission Aviation Fellowship, the Clinton HIV/AIDS Initiative, Catholic Relief Services, the United Nations World Food Program, UNITAID, the Foundation for Innovative New Diagnostics (FIND), and the World Health Organization. In addition to our FXB Center funding, we are grateful for the generous support received from Irish Aid, the Open Society Institute, The ELMA Foundation, MAC AIDS, and the Elton John AIDS Foundation.
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, and returned in 2003/2004 to collect follow-up data on the same cohort of youth. In the spring and summer of 2008, the program team completed its third wave of data collection, examining the risk and protective factors that shape social reintegration and psychosocial adjustment among former child soldiers and other war-affected youth over time. This research explores a number of issues that are relevant to young adulthood, and is the first longitudinal study of its kind to involve male and female former child soldiers. 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 targeted in the design of psychosocial interventions, and to highlight priority issues for policy makers and program developers. This research contributes to one of the major goals of the RPCGA by developing an evidence-base to help drive policy reform that supports improved protections and services for children facing adversity. To this end, Dr. Betancourt presented findings from the first two waves of data to the United Nations Special Representative of the Secretary-General for Children and Armed Conflict in July 2008. Building on this work, the RPCGA is also exploring the potential to conduct a pilot intervention study with war-affected youth in Sierra Leone.

Areas of Focus
The program focuses on implementation science as it relates to the following core areas of a child’s basic security and developmental needs:

Safety and protection from harm
Physical and mental health
Family and connection to others
Education, livelihoods and opportunities to be productive

Activities
The team is presently engaged in two in-depth research studies, one on mental health care for children in Rwanda affected by HIV/AIDS, and the other exploring psychosocial adjustment and social reintegration among former child soldiers in Sierra Leone.

Improving Mental Health Care for HIV/AIDS-affected Children in Rwanda
The RPCGA team recently 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 goal of the study was to identify common mental health problems that face HIV/AIDS-affected children, and to describe these problems using local terms and concepts. Initial findings from this research were recently presented at the 2008 International AIDS Conference in Mexico City. In subsequent phases of this research, the team plans a prevalence study of mental health problems among HIV/AIDS-affected children in this area, a pilot study to adapt an evidence-based mental health intervention in this setting, and a future randomized controlled trial of interventions.
The FXB Center continues to have an influential voice in advocating for important changes in global health policy, both in Congress and in the Administration. Over the last year, we have witnessed a number of great successes and have advanced the discussion in Washington regarding the prevention, treatment and access to medical care.

The FXB Center: An Expert Resource for Members of Congress

Throughout the year, the FXB Center offered advice and direction on health policy to members of Congress and other decision-makers in the US government. Such efforts to educate and counsel have helped to fine-tune legislation, provide information and questions to be presented at Congressional hearings, or simply embolden policy-makers with the evidence to move forward confidently in efforts to improve global health programs.

Increasing Public Funding

The FXB Center continued to advocate strongly for increasing global funding for contemporary health crises. In December 2007, Congress passed the Omnibus Appropriations Bill for 2008, allocating $6.5 billion for global health, an increase of $1.4 billion from previous year. The FXB Center worked closely with Congressman Donald Payne and Senator Sherrod Brown; both individuals introduced amendments in their respective houses of Congress to increase funding for tuberculosis control programs, from $90 million to $153 million.

In the spring of 2008, the House and Senate addressed the President’s Emergency Plan for AIDS Relief (PEPFAR). The FXB Center actively advanced various issues in this discussion, such as food security, community health workers, and overall funding. As a result, Congress will commit $48 billion to the program over the next five years and has included significant language in the bill on nutritional support and community health workers in the treatment of HIV/AIDS.

On July 30, President Bush signed the PEPFAR reauthorization bill into law. As the 2009 appropriations process begins, the FXB Center will work to ensure that the commitments made in the PEPFAR legislation receive full funding.

Health Worker Crisis

Since its introduction in the spring of 2007, the African Health Capacity Investment Act has been an important focus of the FXB Center. Through the leadership of Senator Richard Durbin and other members of the global health advocacy community, the legislation passed the Senate Foreign Relations Committee on October 9, 2007. On October 10, 2007, Congresswoman Barbara Lee introduced a companion bill in the House of Representatives.

During the PEPFAR reauthorization, the FXB Center served as a resource that provided guidance to House Foreign Affairs Committee and Senate Foreign Relations Committee staff in the drafting of the legislation and committee reports. One success from this endeavor was the incorporation of supportive language that affirms the importance of community health workers, including their need for adequate training and compensation.

Multi-Drug Resistant Tuberculosis

The FXB Center continues to promote stronger infection controls, both internationally and domestically. On June 5, 2007, the FXB Center joined Senator Sherrod Brown to introduce the Comprehensive Tuberculosis Elimination Act. This legislation calls for interagency collaboration to promote a national strategy for eliminating tuberculosis. This includes research and treatment strategies, as well as evaluation and reporting mechanisms necessary to accomplish these goals. The Senate Health, Education, Labor and Pensions Committee passed the legislation on December 18, 2007, and it is now awaiting consideration on the Senate floor.
The Joint Learning Initiative on Children and HIV/AIDS (JLICA) is an independent, cross-sectoral collaborative of international experts in four scientific learning groups. Now at the close of its two-year mission, the initiative will release its final report at the end of 2008. The JLICA process of dialogue and action is working to advance a new vision for effective HIV/AIDS responses for children in resource-poor settings. Further details are available on its website, www.jlica.org.

The FXB Center has played a central role in the JLICA’s focus on project implementation. The FXB Center serves as the Initiative’s Secretariat, and co-chairs JLICA’s Learning Group 3 (LG3), “Expanding access to services and protecting human rights.”

Dr. Jim Yong Kim co-chairs LG3 with Dr. Lydia Mungherera, a physician at The AIDS Support Organisation (TASO) in Uganda; she is also the founder of Mama’s Club, a support group for HIV-positive women in Uganda, and a tireless international activist for HIV/AIDS awareness and treatment for children and their families. During 2007-2008, physicians who work directly with affected communities joined researchers and writers to support eight research projects that focus on practical strategies to solve problems in rights implementation for children. LG3 reports included several literature reviews, case studies, and a pragmatic “learning collaborative” model to improve health care delivery in specific clinical settings.

Literature reviews produced by the LG3 team examined several leading issues that contribute to access to health care services. These include the barriers and “implementation gap” in access to basic, essential services, and the necessity for coordinated efforts to mobilize resources and promote programs that specifically target the needs of children and their families. The FXB Center and PIH have also partnered with other advocacy organizations to promote various issues related to global health. One is an initiative with the Jubilee Campaign to promote the cancellation of debt for 67 countries, with the goal of removing significant barriers to access to international financial institutions. A second is an initiative with the Jubilee Campaign to promote the cancellation of debt for 67 countries, with the goal of removing significant barriers to access to health care services.

The FXB Center and PIH began a new advocacy project in the summer of 2008, joining with non-governmental organizations (NGOs) such as ActionAid, Health Alliance International, Physicians for Human Rights, and RESULTS to craft recommendations for the new Administration. The collaboration of these participating partner organizations ensures that the report will provide a unique “on the ground” perspective, and give the next US president critical insight into the future of global health and development.

Partnerships

The FXB Center’s Policy Team collaborates with Partners In Health on policy-related activities. The FXB Center holds weekly coordination meetings with the Institute for Health and Social Justice, the advocacy and policy arm of Partners In Health. The two organizations work together in advocacy and policy efforts related to most of the Congressional actions addressed during the past year.

The FXB Center and PIH have also partnered with other advocacy organizations to promote various issues related to global health. One is an initiative with the Jubilee Campaign to promote the cancellation of debt for 67 countries. The Jubilee Act passed the House and Senate, and on April 15, 2008, the House passed the Jubilee Act, and on April 24, 2009, the Senate Foreign Relations Committee held a hearing to review this issue. More information on the Jubilee Act is available at http://www.jubileeusa.org/canceldebtfast/07fld/cdfhavebeend.htm.

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The JLICA and Dr. Kim’s work on the Initiative received international media attention at the XVII International AIDS Conference (IAC) in Mexico City in August, 2008 (http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=1&DR_ID=5379). Dr. Kim chaired a session on “HIV and Human Resources: Competing Priorities or Interconnected Solutions?” He addressed a session on “Learning by Doing: Scaling up HIV Operations Research in Resource-Limited Settings,” spoke on “HIV and TB Programmes as an Entry Point to Strengthen Primary Health Care in Haiti” at a session on “Positive Synergies Between Health Systems and Global Health Initiatives,” and spoke on “Family-Centered Service Delivery Models for Children Affected by HIV and AIDS” at a panel on “Beyond the Orphan Crisis: Findings of the Joint Learning Initiative on Children and HIV/AIDS.” JLICA LG1’s Co-Chair, Dr. Linda Richter, who delivered the first plenary on children and HIV/AIDS in the history of the conference, has joined the FXB Center as a visiting lecturer at Harvard School of Public Health for the fall of 2008. And during September 2008, JLICA Co-Chair, Dr. Agnès Binagwaho, visited the FXB Center, as a visiting lecturer at Harvard School of Public Health and panelist in a public forum sponsored by the Center’s flagship journal, Health and Human Rights: An International Journal (see p. 24).

While the JLICA will come to a close at the end of 2008, the final report and the publication of individual papers are anticipated to have a profound impact on health care decisions and global policies for children affected by HIV/AIDS. The FXB Center’s role in this initiative builds on its commitment to global leadership in developing innovative health care delivery for families and children most at risk in resource-poor settings.
The Learning Collaborative on Child Health in Rwanda

As part of its mission to link research and action, the FXB Center’s Learning Group 3 (LG3) team launched a collaboration with the Rwandan government in July 2007 in an HIV treatment scale-up effort for mothers and children, with a “Learning Collaborative” initiative in Rwanda. To increase the number of women receiving prevention of mother-to-child transmission of HIV (PMTCT) services and to conduct preventive interventions, LG3 devised a project to increase survival rates of at-risk children in the Eastern Province of Rwanda. The organization and activities of the Learning Collaborative were founded on the Institute for Healthcare Improvement (IHI)’s “Breakthrough Series” model, adapted to fit the context of global health delivery.

Seventeen Rwandan health centers, supported by various non-governmental organizations, participated in the Learning Collaborative in order to promote the rapid dissemination and implementation of effective strategies for the delivery of PMTCT services within a community context. Target objectives for the collaborative were established by the Rwandan Treatment and Research AIDS Center (TRAC) and Ministry of Health.

Four intermittent learning sessions were scheduled throughout the project. At Learning Session One, health center staff, their hospital affiliates, and district supervisors discussed collaborative objectives, best practice standards, and national guidelines. Health center staff received training in the Breakthrough Series methodology of “Plan-Do-Study-Act” cycles (PDSAs), in which problems are identified, solutions tested, results analyzed, and improvements incorporated into standard working procedures. Following this learning session, a small team trained in the collaborative method visited each health center a minimum of twice monthly to assist staff with PDSAs and improvements toward collaborative objectives. The second and third learning sessions facilitated the sharing of progress and findings among health center staff and prepared them for the scale up of successful interventions in subsequent action periods. Learning Session Four is scheduled for the end of the Learning Collaborative and will be an opportunity to share lessons learned, final results, and policy implications for national PMTCT service delivery.

The Learning Collaborative team at the FXB Center is currently evaluating and preparing final results for publication; preliminary results suggest several observations. Availability and quality of PMTCT and child health services varied across participating health centers, depending on support received from their partnering non-government organizations. Loss to follow-up after initial antenatal services posed a significant barrier to service delivery, preventing appropriate PMTCT care from starting at 28 weeks of pregnancy. At some health centers, up to one half of HIV-positive women did not return for further care. All health centers reported less than 10% of women completing four antenatal visits. The collaborative successfully utilized the PDSA approach to implement effective, low- or no-cost solutions to increase provision of PMTCT services. Health centers documented increases in the number of women receiving PMTCT services, antenatal visits, and children receiving follow-up care, including immunizations and bed nets for malaria prevention. Results thus far show that first trimester antenatal attendance has increased by 78%, overall antenatal attendance has increased by 42%, Bactrim provision for children has increased by 96%, and immunization rates and bed net distribution have been increased by more than 10%, since the start of the Learning Collaborative.

While there were significant challenges in applying the Breakthrough Series PDSA cycles process, the Learning Collaborative proved beneficial on several levels. Participating health centers identified effective, low- or no-cost solutions to longstanding PMTCT problems, and have begun to improve the delivery of related child services. These improvements in services include, for example, becoming better access to antenatal services, ensuring the delivery of antiretroviral therapy, improving feeding counseling and infant follow-up — as well as improvements in increasing vaccination and bed net coverage, and early childhood development monitoring. More generally, the early Learning Collaborative results demonstrate that the Breakthrough Series model may be applicable for addressing service delivery problems in low-resource settings. Once results are complete, procedures that were most effective may be mainstreamed at a national level, as tools for governments that face similar challenges.
The FXB Center’s flagship publication, Health and Human Rights: An International Journal (HHR), began a new chapter in its history this year, moving to an online, open access format, under the direction of Editor-in-Chief, Paul Farmer. Launched in 1996 by Dr. Jonathan Mann, the FXB Center’s founding director, the journal plays a vital role in providing intellectual leadership in the global effort to realize the right to health, in particular for children and other vulnerable groups.

Advocacy, Outreach, and Public Events
The FXB Center has sponsored a number of public events at Harvard that highlighted issues affecting children and vulnerable communities. These events and talks, highlighted below, have drawn participation from a broad spectrum of the Harvard, national, and global health communities.

International JLICA Symposium
On September 24, 2007, JLICA’s international symposium “Meeting Children’s Needs in a World with HIV/AIDS” fostered significant linkages among stakeholders even as it nurtured fresh, cross-disciplinary thinking about improving children’s health. The event marked the JLICA’s emergence on the global stage as a distinctive voice addressing research and policy application issues around children affected by HIV/AIDS. The FXB Center hosted the event and provided an integrated, evidence-based platform for debate, knowledge-sharing and strategy-building among diverse actors united by a concern for children’s wellbeing. Reports and other resources from the symposium are available at http://www.jlica.org/resources/conference-and-symposium-materials.php.

Child Soldiers in Sierra Leone
On April 20, 2008, Professor Theresa Betancourt describing her research on child soldiers in Sierra Leone. Her research demonstrates that family and community acceptance play a vital role in child well-being, and that children fare better (and experience less stigma) when there are higher rates of family and community acceptance. Sierra Leone has seen many NGOs step in to help at the moments of crisis, Dr. Betancourt noted, but over the long term they fail to establish systems that care for children. Dr. Betancourt’s work marks the first-ever longitudinal study of both male and female former child soldiers and other war-affected youth. The findings should enable researchers to propose models of mental health services and potential evidence-based treatments for highly traumatized youth, and lead to better strategies to improve services implementation.

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Moving Health and Human Rights online as an open access publication means that anyone in the world with an internet connection can access the journal’s content free of charge. This shift follows the FXB Center’s vision to achieve a structural change in how, where, and when knowledge about health and human rights is produced and used.


Readers can now participate actively in shaping the journal’s content through comments and dialogue threads on articles and blog postings. The online journal also launched a “Perspectives” section that allows for rapid electronic publication of longer commentary. The electronic review process expedites the delivery of new ideas, multimedia resources, and successful conceptual field practice data. Health and Human Rights promises to become an enabling frame for a horizontal knowledge-sharing process among an emerging community of rights practitioners, especially in low-income settings. Discussions can focus on strategies for solving concrete problems in the real-world implementation of human rights that build and reinvigorate social justice for health.

The journal went “live” online July 2008, with the first issue of Volume 10. Forthcoming issues will examine themes of accountability, participation, non-discrimination and equality, and international assistance and cooperation. HHR’s transformation is part of a broader pattern. Teaching and learning in global health are on the edge of the most profound methodological transformation in their history. These transformations, carried through successfully, may at last allow us to collectively solve — rather than perpetually re-describe — longstanding global public health problems.

More information is available at the journal’s website, www.hhrjournal.org.
On April 22, 2008, Agnès Binagwaho, Executive Secretary of Rwanda’s National AIDS Control Commission, jointly presented with Paul Farmer a summary of the implementation of their pilot rural health model in Rwanda. Scale up of Partners In Health services in the Eastern Province of Rwanda has focused on rebuilding public sector institutions, building local capacity through training, and caring for the sick. The partnership with Partners In Health enables staff members of PIH and the FXB Center to build on their respective strengths in a collaborative project. The partnership also contributes to the government’s overall plan to break the cycle of disease and poverty by building a comprehensive health system in Rwanda, using HIV/AIDS as an entry point for greater funds and resources.

On June 20, 2008, the FXB Center sponsored a lecture by Ashok Alexander, Director of Avahan—Indian AIDS Initiative, the Gates Foundation’s national HIV/AIDS prevention initiative in India, on “The business of public health delivery — Using a business model to scale up HIV prevention in India.” Dr. Alexander outlined the challenges of scaling up a program that works with sex workers, their clients and partners, men who have sex with men, and injecting drug users, groups that are most vulnerable to infection but also most difficult to identify and target in Indian society. Avahan leads strategy development initiatives, identifies effective programs, and oversees grants in close collaboration with India’s central and state governments, non-governmental organizations (NGOs), and corporate partners.

“T’m not an academic but I’ve looked into the eyes of dying patients and felt helplessness.” With this disarming claim, Dr. Carissa F. Etienne, Assistant Director-General for Health Systems and Services at the World Health Organization captivated her standing-room only audience in the HSPH Kresge auditorium on July 16, 2008, with a talk titled “Matching the power of global health initiatives and health systems to increase access to health services.” Dr. Etienne emphasized that health systems are built best by a central focus on people and by encouraging and challenging listeners to build synergies between global health initiatives and health system strengthening. “People are not as silent as you think,” Dr. Etienne reminded the audience, in her appeal to the voice of civil society. A reform in public health policy and health governance is possible. Such a strategy can lead to a major paradigm shift in primary health care.

The FXB Center celebrated the online open access publication launch of its flagship journal, Health and Human Rights: An International Journal, with a public forum at Harvard’s American Repertory Theater and the Loeb Drama Center on September 17, 2008. Dr. Jim Yong Kim chaired a panel discussion with Philip Alston, JD, LLB, Agnès Binagwaho, MD, Gavin Yamey, MD, and Paul Farmer, MD, PhD, on “creating an open forum to advance global health and social justice.” During the reception, participants remembered and honored Jonathan Mann, the journal’s founding editor.

The FXB Center continues to play a leading role in enabling Harvard undergraduate and graduate students to increase their involvement in domestic and international advocacy on health and human rights. The Center has helped students better understand issues of domestic and global health, including such issues as PEPFAR, the health worker shortage, and debt relief. The FXB Center is a resource for any student who is eager to get involved in existing campaigns around these issues. Collaborative efforts initiated by the FXB Center have engaged students from Harvard College, the School of Public Health, the Medical School, the Business School, the Graduate School of Design, and the Divinity School. The Center recently offered guidance to Harvard College student groups for an advocacy event in support of World AIDS Orphans Day.

Dr. Carissa F. Etienne talked about matching the power of global health initiatives and health systems to increase access to health services. She emphasized the importance of building systems that are built best by a central focus on people and by encouraging and challenging listeners to build synergies between global health initiatives and health system strengthening. People are not as silent as you think, she reminded the audience, in her appeal to the voice of civil society. A reform in public health policy and health governance is possible. Such a strategy can lead to a major paradigm shift in primary health care.
Faculty Research, Publications, and Teaching

Jim Yong Kim, M.D., Ph.D.
François Xavier Bagnoud Professor of Health and Human Rights, Harvard School of Public Health, and Professor of Medicine and Social Medicine, Harvard Medical School.

Recent Awards and Distinguished Lectures:
During 2007 and 2008, Dr. Kim received several awards. These included the Research in Action Award from the Treatment Action Group and the Arnold Drapkin, MD Memorial Lectureship at Mt. Sinai School of Medicine. He was also named to the Masurcine High School Hall of Honor by the Masurcine Community School Foundation in Masuracine, Iowa.

In addition to his regular teaching commitments at Harvard Medical School and Harvard School of Public Health, Dr. Kim has delivered over thirty invited national and international lectures in 2007 and 2008. Among those distinguished lectures:

- “The Golden Age of Global Health: An Ethnography in Progress,” Keynote address for the Western Regional International Health Conference, Puget Sound Partners for Global Health
- “Redefining Global Health Care: Narrowing the Gap between Aspiration and Action,” Wharton Health Care Business Conference
- “How can community-based activists use a human rights framework to further their advocacy goals for TB and HIV/AIDS?” Keynote address for the Public Health Watch Partners Meeting
- “Solidarity, Global Health, and the Paradox of Triage,” at the University of California, Berkeley, Department of Anthropology
- “Why is TB So Important for Global Development?” An address to the United Nations General Assembly Thematic Debate on the Millennium Development Goals
- “Bringing the Implementation Gap in Global Health: Why We Can’t Wait,” University Seminar on Global Health, Duke University

Recent Publications:


In the Media:
- Spokesperson for Open Society Institute grant announcement for treatment of XDR-TB, covered in over 100 major news outlets, March 2007
- Feature interview with Dr. Kim published in the Singapore Medical Association News, January 2008

Teaching:
Since 2007, Dr. Kim is Course Director and Lecturer for Harvard Medical School’s Social Medicine 750, “Introduction to Social Medicine.” In 2008, he launched a new course at Harvard School of Public Health, “Introduction to Global Health Delivery.”
Theresa Stichick Betancourt, Sc.D.
Assistant Professor of Child Health and Human Rights
Harvard School of Public Health

Theresa Stichick Betancourt is Director of the Research Program on Children and Global Adversity (RPCGA) and Assistant Professor of Child Health and Human Rights in the Department of Global Health and Population at the Harvard School of Public Health (HSPH). Her central research interests include:

• the developmental and psychosocial consequences of concentrated adversity on children and families;

• resilience and protective processes in child development;

• child health and human rights;

• applied cross-cultural mental health research.

Dr. Betancourt is the Principal Investigator of an ongoing longitudinal study of former child soldiers in Sierra Leone and is currently collaborating with Partners In Health Rwanda to launch a mixed-methods study of mental health needs among HIV/AIDS-affected children. Recently she served as the co-PI of a randomized-controlled trial of interventions for the treatment of depression symptoms in youth displaced by war in northern Uganda.

Dr. Betancourt's prior research includes a study of the psychosocial dimensions of an emergency education program serving internally-displaced Chechen youth; an investigation of the relationship between connectedness, social support and emotional problems in Chechen IDP youth; and a study of the relationship between caregiver and child mental health among Eritrean Kunama refugees living on the Ethiopia-Eritrea border.

Recent Publications:


Verdeli, H., Clougherty, K., Onyango, G., Lewandowski, E., Speelman, L.,...


Recent Publications:


Teaching:

Dr. Smith Fawzi is a Faculty Tutor for the Introduction to Social Medicine course at Harvard Medical School. She served as a faculty member on the doctoral thesis committee for Jeffrey Blander at the Harvard School of Public Health. During the past year, she has served as primary mentor for ten other students, most of them at Harvard School of Public Health or Harvard Medical School.

Mary C. Smith Fawzi, Sc.D.
Instructor, Harvard Medical School

Research:

Dr. Smith Fawzi also serves as the co-Principal Investigator of an ongoing study funded by the National Institute of Mental Health (NIMH), titled “Psychosocial intervention in HIV-affected children in Haiti.” Baseline data interviewed over 479 HIV-affected ages 10-17 years (of whom over half are orphans). Researchers recently completed a pilot study with a sub-sample of 210 youth and their HIV-positive parents and/or caregivers. Three abstracts from the project were presented at the IAS conference in Mexico City, including a poster discussion by Pere Eddy Eastache, Clinical Psychologist and Director of the program from Zanmi Lasante in Haiti.

Dr. Smith Fawzi recently submitted a follow-up NIH grant application in collaboration with Dr. Joia Mukherjee (joint Principal Investigators) to evaluate this intervention among 900 youth and their caregivers in Central Haiti.

Dr. Smith Fawzi has also co-authored a number of program and policy-related manuscripts for the FXB team of the JLICA Learning Group 3 on “Expanding Access to Services and Protecting Human Rights.”

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Tricia Spellman, Administrative Director
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