



FRANÇOIS-XAVIER BAGNOUD CENTER FOR HEALTH AND HUMAN RIGHTS

Harvard School of Public Health
Harvard University

ANNUAL REPORT
2009-2010



The François-Xavier Bagnoud Center for Health and Human Rights at the Harvard School of Public Health and Harvard University is an interdisciplinary center that works to protect and promote the welfare and well-being of children in extreme circumstances worldwide. Founded in 1993 through a gift from the Association François-Xavier Bagnoud, the Center has become a world leader in developing the theory and practice of a rights-based approach to the improvement of lives for children and families trapped in severe poverty, harsh oppression, or crisis situations.

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FROM THE DIRECTOR

It was my great privilege in January of this year to accept the invitation to serve as FXB Center Director, and to return to the setting in which, from 1999 to 2005, I directed the Program on Humanitarian Crises and Human Rights. Through the superb leadership of its former Directors, the FXB Center has made a significant difference in both research and practical delivery of health and human rights around the world. I look forward to further strengthening our shared vision. This report details the activities and accomplishments of the FXB Center projects and initiatives since our last annual report in the fall of 2009.

The FXB Center is now renewing and advancing its mission in three thematic areas of focus: child protection, maternal mortality, and adolescent agency and self esteem. Three projects have a dedicated focus on child protection. The FXB Center launched a prompt and nimble response to January's tragic earthquake in Haiti, with an assessment team that was on the ground within a few days. Progress on this new initiative is summarized in the Haiti Child Protection Needs Assessment report. The Cost of Inaction (COI) project is completing its research to address the challenges related to the multiple social and economic costs that follow when societies fail to address the pressing needs of children. Results of this initiative will be published in 2011. The Research Program on Children and Global Adversity (RPCGA) maintains its work to address child protection issues in regions affected by armed conflict and by HIV/AIDS. The Global Health Delivery (GHD) Project continues to make significant inroads in addressing the challenges that have hampered sustainable progress in global health for generations. Policy and advocacy initiatives at the FXB Center also work to further these goals.

Maternal death in childbirth has profound negative consequences for the children left behind, for other family members, and for dynamics of community support. The FXB Center is now developing new initiatives that will examine the tragedy of maternal mortality using a family-centered focus. The goal of such research will be to estimate, in quantitative terms, the morbidity and mortality consequences for those children, adolescents, and other family members who are left behind when a mother dies in childbirth, and to understand the complex social and economic dynamics that shape these outcomes. The aim is to identify possible mitigating strategies relating to livelihoods, family sustainability, and social and economic practices.

Our third focus will identify and promote strategies that enhance adolescent agency and self esteem. Under the leadership of our new Director of Research, Jacqueline Bhabha, Esq., the FXB Center is developing a new project in India (the Shanu Project) that assesses the role of education and livelihoods in

construction of adolescent aspirations and actual life choices. An expert in human rights and refugee law, Bhabha was also recently appointed by the Harvard University Office of the Provost to serve as University Advisor on Human Rights Education. We warmly welcome her leadership and expertise.

In addition to its focused areas of research, the FXB Center continues to support and advance a self-sustaining model for the open access publication and development of *Health and Human Rights: An International Journal*, under the direction of Dr. Paul Farmer as Editor-in-Chief. In my role as Publisher, I look forward to enabling the journal to continue and intensify debates on the topics that have always been its core concern. A theme issue on health and human rights in humanitarian responses to disasters is planned for 2011.

Five principles guide all FXB Center strategies and programs: 1) evidence-based action, 2) respect for rights and ethics, 3) an ecological perspective to understand and adapt to the structures and dynamics of local societies in which research and advocacy take place, 4) family-centered analysis, and 5) accompaniment with local actors in developing programs and policies to improve the welfare and wellbeing of children and their families. Building on the expertise of faculty and staff as well as long-standing local engagements, FXB Center-based projects are ongoing in many geographic regions, including Angola, Chile, India, Sierra Leone, the United States, and Central and Southeastern Europe. In each of these areas, the FXB Center will continue to protect and promote the rights and well-being of children through research, teaching, advocacy, and targeted action.

Jennifer Leaning, MD, SMH

HAITI CHILD PROTECTION NEEDS ASSESSMENT

The earthquake in Haiti left the country in a dire situation from which it will take years to recover and rebuild. Reports estimate 230,000 people dead, 300,000 injured and 1,000,000 homeless. In the wake of the disaster, tens of thousands of Haiti's children have experienced heightened levels of insecurity, including separation and loss, abuse and exploitation, interruptions in education, food insecurity, and profound levels of psychosocial distress. The devastating impact on both buildings and infrastructure present the Haitian government with formidable challenges in providing its people with short-term shelter and support as well as longer-term settlement and livelihoods.

In response to the immediate events in January, 2010, the FXB Center has taken a lead role in promoting the needs, interests, and rights of children affected by the earthquake. The FXB Center sent a Haiti Child Protection Assessment Team (CPAT) to assess issues of child protection, child welfare and psychosocial and medical needs. The assessment team met with key stakeholders in Haiti, including government officials, local staff members, humanitarian aid workers, and representatives of domestic and international nongovernmental organizations and UN agencies. These interviews informed an understanding of immediate child-related concerns and possible future options. A synthesis of the CPAT findings was published in a *New England Journal of Medicine Perspectives* section, emphasizing that "an imaginative, bold solution is required. Recovery from an earthquake is always complex and slow, but Haiti's children should not be made to wait and suffer."

The FXB Center is working in close partnership with UNICEF, the Government of Haiti, and Harvard affiliates in planning the long-term response to support local efforts to protect and promote the basic rights and needs of earthquake-affected Haitian children during the recovery phase. Children in post-earthquake Haiti face a number of serious threats but the absence of reliable information makes it difficult to construct practical and precise inter-





ventions that will feed into the development of a plan of action for the longer term. The FXB Center looks forward to participating in a population-based needs assessment that will identify the protection needs of vulnerable children and adolescents (including those who are orphaned, separated from their families, or at risk of relinquishment or violence, abuse, and exploitation) and engaging with UNICEF and the Government of Haiti in helping to build local capacity to meet these needs.

For 2011, the FXB Center is planning a three day South-South Conference to enable translation of the best practices in post-disaster recovery from the “Global South,” with a specific focus on responses to the needs of children. Invited experts in disaster response from around the world will share their experiences from this perspective. The FXB Center anticipates an interactive conference agenda that will explore multiple themes in recovery and livelihoods regeneration with a focus on child protection and family integrity. In the quest for best practices, the conference will organize discussions on child rights, legal identity, registration, tracing and family reunification as well as strategies for ensuring a safe, appealing, and sustainable living environment for families and their children.



INDIA ADOLESCENT AGENCY / SHANU PROJECT



The Shanu Project is an action-research initiative being carried out in northwestern Gujarat, India. It aims to empower adolescent girls by improving educational opportunity and achievement in the region. The project is being led by Jacqueline Bhabha, Director of Research for the FXB Center, who is also the Jeremiah Smith Jr. Lecturer in Law at Harvard Law School and Lecturer on Public Policy at the Harvard Kennedy School of Government. The initiative is a partnership between the FXB Center, the Self Employed Women's Organization (SEWA), and the Alba Collective. SEWA, a key stakeholder in the community, is an association of poor but highly organized, self-employed women who have worked within these communities

for 30 years promoting their rights. The Alba Collective is a small organization of experts specializing in human rights, business, and education with ties to leading international institutions.

The project name, SHANU, honors the memory of 16-year-old Shanu Jeevanbhai Ahir. Shanu was a young girl who, two weeks before this project was launched in the field, committed suicide by hanging herself in her village home in Barara, Gujarat. According to her family, precipitating factors to her suicide included despair over the economic consequences of the failed monsoon and anxiety about domestic violence in her future husband's family. The name also serves as a Gujarati acronym for *Shikshan Ane Nava Upaya*, which translated means "Education and New Solutions." The primary goal of this project is, over the next three years, to improve the quality of and access to girls' secondary education in rural areas of Gujarat by leveraging SEWA's longstanding relationships with the communities to encourage them to rethink their attitudes to girls' education. It is intended to promote findings from this project in the peer-reviewed literature as well as in policy and advocacy circles in India and internationally.

Phase 1 of the project (now ongoing) began with the hosting of open village meetings and data gathering at local schools to evaluate the facilities, followed by the completion of 752 interviews across five rural villages. The purpose of the meetings was to familiarize the local population with the research aims and dispel any reservations or misconceptions individuals may have had about partaking in the research. These meetings included data collection on the high dropout rate of girls from school, as the community explained the difficulties they faced in trying to educate their children. These difficulties included families' economic hardships, cultural and societal gender norms, and inadequate



transportation. The frank and open exchanges in these first meetings were facilitated by the longstanding, positive relationships between the SEWA leaders and these communities.

Through the survey, the team gathered the critical data that will inform the pilot interventions, such as: household profiles, a map of the daily activities of adolescents, perceived quality of the educational opportunities in the area, and attitudes towards girls' education, both from the adolescents themselves and from caregivers. The sample population consisted of five subgroups: adolescent girls aged 10–13 and 14–17; their male counterparts aged 10–13 and 14–17; and one over-18 caregiver, preferably female, in each household. The extensive data set is now in analysis. The most immediate steps for the team will be to compile the insights gained from the research and seek feedback from the communities in order to check the interpretive validity of the analysis. It is anticipated that the findings from this pilot will be available to inform the next phase by late fall of 2010. These subsequent phases will involve close engagement with the villages and local partners to identify and implement a series of pilot interventions targeted at improving educational opportunity and performance for the girls, based on the information gathered in the earlier phases. These interventions will be determined through discussion with sample populations, collaboration with NGO partners, exploring post school education and training, and apprenticeship options. The community stakeholders will be consulted before, throughout, and after the pilot initiatives, to gauge their effectiveness. Formal evaluation of these pilots will identify the most effective pilots for further implementation and possible application in other locations.



RESEARCH PROGRAM ON CHILDREN AND GLOBAL ADVERSITY

Two exceptions to global gains in child health remain: regions affected by armed conflict and affected by HIV/AIDS. Little research has attended to protective processes in the midst of these crises that promote better physical, emotional, and behavioral health when children face such adversity. Established in 2007 and directed by Dr. Theresa S. Betancourt, Assistant Professor of Child Health and Human Rights in the Department of Global Health and Population at Harvard School of Public Health, the Research Program on Children and Global Adversity (RPCGA) works to close the global implementation gap between research and real-life problems, and aims to provide effective protections and services for children and families affected by communal violence/armed conflict and HIV/AIDS.

GUIDING PRINCIPLES

The RPCGA is guided by a “risk and resilience” framework. Through a social ecological perspective, the program 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 RPCGA is also guided by core principles of the UN Convention on the Rights of the Child, including a respect for the evolving capacities of the child (agency) as well as the rights of children and families to participate in decisions that affect their lives. 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.

The team is presently engaged in four in-depth research studies: a family-based prevention intervention for HIV/AIDS-affected children and families in Rwanda; a longitudinal study exploring the psychosocial adjustment and social reintegration of war-affected youth in Sierra Leone; an examination of resettlement stressors and mental health needs among Somali and Somali Bantu refugee children and families living in the Boston area; and research into the nature, range, prevalence, and interrelatedness of protection issues facing children in various contexts, including sexual exploitation, abuse, and HIV/AIDS.



THE FAMILY STRENGTHENING INTERVENTION – RWANDA

The goal of this project is to develop a family-based intervention to prevent mental health problems in children affected by HIV/AIDS that can be initiated as families come into contact with health systems via routine HIV testing and care. Specifically, the project aims to develop and pilot test the Family-Strengthening Intervention – Rwanda (FSI-R) that leverages naturally existing family and community strengths to increase resilience in families and to reduce the risk of mental health problems in children. This work is being conducted in collaboration with Partners In Health and the Rwandan government.

Based on findings from two prior qualitative studies in Rwanda (2007 and 2009), the Rwanda-based research team in 2010 successfully applied qualitative findings to select and adapt measures appropriate for use in evaluating local mental health problems and protective constructs. The research team has also completed a series of clinician key informant interviews to refine and review the clinical relevance of measures. These adapted measures will be used in a future prevalence study to assess the distribution of mental health problems in the catchment area and evaluate the effectiveness of interventions.

A LONGITUDINAL STUDY OF PSYCHOSOCIAL ADJUSTMENT AND SOCIAL REINTEGRATION AMONG FORMER CHILD SOLDIERS IN SIERRA LEONE

Building on collaborations and research dating from 2002, the RCPGA has continued to advance its work with former child soldiers and other war-affected youth in Sierra Leone. Among the issues examined in this longitudinal 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.

In October 2009, the FXB Center collaborated with Sierra Leonean government ministries as well as UN and NGO partners to coordinate a symposium on evidence-based approaches to addressing youth issues in Sierra Leone. Working to link research and practice, the symposium provided a platform for dialogue among more than 100 stakeholders representing a broad range of government offices, NGOs, UN agencies, youth groups, student organizations, and universities. The event highlighted critical issues confronting children and youth, promising intervention approaches, and agenda setting for future research and action.





The RPCGA is currently working with international collaborators and local partners, many of whom played significant roles in the symposium, to develop an integrated readiness intervention for war-affected youth in Sierra Leone that will have strong links to job skills training and educational initiatives. The first stage of this work, supported by a Harvard Catalyst Pilot Grant, involves developing and culturally adapting an intervention manual for a group-based psychosocial intervention for war-affected youth. Concurrently, the RPCGA team is pursuing funding for a two-stage field study of the psychosocial intervention, and working with

partners to frame the other components of the integrated intervention.

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 2008. A component of this work involves qualitative research with members of the mainstream “majority” Somali refugee community and those of the 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 collaborative team completed nine focus groups with majority Somali refugee parents and youth to investigate local conceptualizations of mental health issues and resilience in the Somali refugee community in Boston. Analysis of this data is currently ongoing, and preliminary results are expected to be published within the year.

Additionally, the RPCGA team has built a strong partnership with Shanbaro Community Association, a Somali Bantu organization housed at the Chelsea Collaborative and serving Somali Bantu refugee families throughout the greater Boston area. The RPCGA is working with Shanbaro and the Chelsea Collaborative to conduct a study of protective processes and emotional and behavioral problems among Somali Bantu youth in the Boston area. This project presents an exciting opportunity that promises to contribute to foundational research with the Somali Bantu refugee population, which remains the largest single African resettlement population in the US.

THE SAFE PROJECT

This research initiative aims to consider new ways of thinking about child protection and security through an integrated human security framework called SAFE: *S*afety and protection; *A*ccess to care; *F*amily and community connectedness; and *E*ducation and livelihoods. With the support of the Oak Foundation, the intended goal of this project is to develop a broader series of SAFE-informed tools that can be readily adapted and applied to consider child protection and security within a wide range of contexts. For example, one outcome of this research effort is to develop a methodology for creating “Children’s Security Impact Statements” (CSIS) to help promote the development of improved systems of care and protection for children and families in the face of threats due to rapid globalization or humanitarian emergencies. The CSIS methodology will be applied to different contexts of development and globalization ranging from construction zones in urban centers to post-disaster reconstruction and development efforts.

The first year of this project included field work across three settings: 1) post-earthquake Haiti, 2) post-genocide Rwanda, and 3) a construction site within urban India. Each of these three settings contributes a unique aspect to develop a deeper understanding of children’s security, well-being and protection. In Haiti, members of our team received the endorsement of UNICEF and traveled within days after the earthquake struck the country’s capital in what became a timely and important opportunity to pilot test the CSIS methodology in an emergency setting. In addition to conducting a CSIS, this work also helped serve as a catalyst for the development of the SAFE-informed quantitative instrument that will be used to conduct a countrywide needs assessment of children’s security in Haiti and may also be adapted to other settings. In Rwanda, we worked closely with our local community-based partners to engage in a series of research activities that contributed important information to the development and refinement of the SAFE model with key implications for community based programming and policy. In India, we partnered with FXB India Suraksha and other India-based colleagues to work to assess the untoward effects of development and globalization on children and families by conducting a CSIS to assess child protection and vulnerability within the context of a construction site in Delhi.



COST OF INACTION

Launched by the FXB Center in August 2008, this landmark initiative is exploring the “cost of inaction” of a failure to respond appropriately to children. With Professors Amartya Sen and Sudhir Anand directing the project, economists and public health researchers are addressing 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 — their children. This project responds to hitherto unaddressed questions in public health: what are the costs of inaction, and is the cost of inaction greater than the cost of action?

The Cost of Inaction (COI) project proposes a methodology that draws attention to the full range of negative consequences that can result from inaction. Failure to act to address HIV/AIDS, poverty, and the link between them can lead to severe negative outcomes for children and society. These negative outcomes magnify over time and can cost much more to rectify later, if such an approach is even possible to accomplish. In this sense, the cost of inaction can be much greater than the cost of action.



The COI methodology derives in some ways from that of a comprehensive benefit-cost analysis (BCA). The benefits of an action should include both the constitutive benefits which flow from it and the negative impacts that are avoided by it. However, the problem is that often only the constitutive benefits of an action are considered and the potentially large negative impacts that it avoids are ignored. By focusing on the cost of inaction, the COI approach forces the evaluator to identify and estimate the negative impacts that the action prevents. The COI approach also differs from traditional BCA in that it does not require a monetary value to be attached

to every benefit and cost. The approach recognizes that many impacts are non-quantifiable in monetary terms (for example, death, suffering, security) and that policy makers should be invited to discuss their relative valuations of different outcomes.

The COI project has prepared a concept note, two country studies for Rwanda and Angola, and identified and developed counterfactual actions for both countries. A COI seminar

was held on November 3, 2010, to allow for critical discussion of the COI concept and the two case studies. Input from participants will help with efforts to refine and prepare the work for publication as well as shed light on how the COI approach might be applied to other important health and development questions. A monograph containing the results of this analytic effort will be prepared during the first half of 2011.



GLOBAL HEALTH DELIVERY PROJECT

Despite significant new global health resources, delivering effective interventions to 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 research aims to understand and explore solutions to the complex biological, social, economic, and political problems involved in health care delivery. GHD is developing a series of “Care Delivery Value Chains” which demonstrate the typical flow of goods, services, and patients in resource-limited settings. The resulting information is used to examine the various entry points at which patients access preventive and curative care services, the points where value is either captured or lost, and the effect of each step on patient outcomes and overall value to the system.

At the conclusion of the WHO “Maximizing Positive Synergies Project” in 2009, GHD collaborated with the Global Fund to Fight AIDS, TB and Malaria to develop two cases on the interaction between Global Fund-financed activities and the national health systems in Haiti and Kenya. Building on this work, GHD is now collaborating with the Global Fund and UNAIDS to study critical interactions between Global Fund-supported activities and national health systems in three Latin American and Caribbean countries.

In late 2009, GHD began work with the Gates-Avahan India AIDS Initiative to examine Avahan’s innovative approach to rapidly creating a large-scale HIV prevention program in India. In this ongoing project, GHD will document and disseminate lessons around strategy, management, and implementation of large-scale HIV prevention programs that can be applied to other public health efforts.





Global Health Effectiveness Program, Class of 2010

GHD and its collaborators have developed more than 20 case studies that form the curriculum for a range of health care delivery courses which will be published through Harvard Business Publishing this fall. Based on the cases, GHD currently offers courses at Harvard College, Harvard Medical School, and the Harvard School of Public Health, and its cases have been taught at Harvard Business School and the MIT Sloan School of Management. GHD has also implemented the Global Health Effectiveness Program, an intensive 3½ week summer session for practitioners from around the world.

Further teaching and outreach is accomplished through GHDonline.org. This web-based platform is developed by and for a diverse community of global health implementers and practitioners. GHDonline members share proven practices, connect with colleagues, and find tools to improve health outcomes in resource-limited settings.

POLICY AND ADVOCACY

The FXB Center has continued to be a source of expertise for policymakers in health and human rights. On both the US and international level, the Center has been a consistent advocate for the advancement of human rights in global health policy.

The FXB Center has built up a strong network of trust and communication with US policymakers and staff. As a result, the Center is well positioned to provide advice and expertise to Congress and civil society advocates. Such efforts have been helpful in fine-tuning legislation, providing information and questions to be presented at Congressional hearings, or simply emboldening policy makers and advocates with the evidence base to move forward confidently toward improving global health programs.

HAITI

Not long after the earthquake in Haiti on January 12, 2010, as the FXB Center responded to the needs of children on the ground (see the Haiti Child Protection Needs Assessment report), the FXB Center also engaged in the policy discussions that soon developed in Washington in response to the earthquake. As US and Haitian policymakers felt pressure to respond to the very real need to provide care to Haiti's orphans, the FXB Center stressed the importance to take measured steps to avoid an acceleration of international adoption that could both jeopardize family reunification efforts and draw much-needed resources away from domestic social protection and child welfare programs. In a letter sent to Senator John Kerry, Chairman of the Senate Foreign Relations Committee, Dr. Leaning stated, "Adoption is a loving and compassionate response to the orphan phenomenon; however we must also recognize that the best solution to ensuring a child's health and mental well-being is one that integrates them with family and community. We do support improvements in the international adoption system. But we also support pairing that effort with increased investment in programming and resources to



help Haiti strengthen its social services and child protection systems."

Additionally, members of the FXB Center have met with congressional offices and State Department representatives to provide information regarding the status of children in Haiti, as well as updates on the Center's work to support child protection efforts. In May of 2010, representatives of the FXB Center participated in a meeting of NGOs, UNICEF, and US and Haitian government officials, titled "Building a strong foundation for children and families of Haiti." Again, members of the FXB Center urged stakeholders to

support child welfare institutions in Haiti so that efficient and well-managed care and family tracing efforts could succeed to their fullest potential.

GLOBAL HEALTH RECOMMENDATIONS

On October 29, 2009, the FXB Center joined with several allies to call on the US Administration and Congress to develop and fully fund a comprehensive global health policy, in which the US government takes responsibility for its fair share of an expanded global health agenda. The coalition included organizations focused on maternal, newborn, and child health, AIDS, tuberculosis, malaria, sexual and reproductive health and rights, the health workforce, neglected tropical diseases, health and human rights, and comprehensive primary healthcare.

The FXB Center helped lead the coalition in the drafting of *The future of global health: Ingredients of a bold and effective US initiative*. The report set out priorities and principles to guide an effective US global health policy, and warned that both current programs and future goals — and the lives of millions of women, men, and children — were at risk unless policies were supported by ambitious targets and significant additional funding. The report was a response to President Obama’s announcement in May 2009 of a “Global Health Initiative,” a six-year initiative addressing interrelated health crises that face the developing world.

PARTNERSHIPS AND POLICY 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 identified global health problems.



HEALTH AND HUMAN RIGHTS: AN INTERNATIONAL JOURNAL

In 2010, *Health and Human Rights: An International Journal* (HHR) completes its third year as a free, open access, online journal (<http://www.hhrjournal.org>) under the direction of Dr. Paul Farmer, Editor-in-Chief. A leading peer-reviewed scholarly journal on health and human rights since 1994, HHR addresses critical concepts and “on-the-ground” analyses of health and human rights in practice. The journal seeks to equip readers to address and change global policy and health care implementation to promote the practical realization of human rights in health, particularly in low-resource settings around the world.

With Dr. Jennifer Leaning’s appointment in January 2010 as Director of the FXB Center and Publisher of the journal, HHR continues its trajectory to expand readership, maintain scholarly rigor and readability, develop new authors, and increase the number of high-quality submissions. Members of the superb Editorial Board have renewed their commitment to active participation in the deliberative process on which this trajectory depends. Transitions in editorial staff have accompanied this approach to streamline and accelerate the journal’s operations and focus with the intent of reaching a sustainable business model over the next several years. The new editorial masthead reflects these changes and speaks to the dedicated commitment of our contributing editors, who will continue to support the efforts of the Editor and Managing Editor.

During April and May 2010, the editors conducted an online user survey to assess

readership and evaluate ideas for future directions. The site received 2,864 visits to the home page during the survey, including 1,508 new visitors; of 662 regular (repeat) visitors, 120 responded to the survey. The survey asked respondents to comment on reasons they read HHR, to rank it against other journals, and to provide suggestions for review. Respondents included readers from every continent and major area of the globe, and included professionals, graduate students, and undergraduates in medicine, public health, law, nursing, social work, human rights, business, and psychology. Comments included:

“I read other journals which focus on health systems, but few, if any others, take a rights-based approach to analysis of system failings or to health system strengthening and program planning.”

“a leading journal in the field...I particularly like the mix of theoretical and applied articles.”

“[HHR is] vital for understanding the perspective of countries and institutions with respect to human rights and access to health.”

“I like the timely debates in HHR and that they are often more reflective [than those in other journals].”

Three new issues since September 2009 brought fresh voices to key topics in health and human rights. Volume 11, Number 2 (2009) focused on “non-discrimination and equality.” Articles in the Critical Concepts section explored the demands of dignity and equality in applying human rights frameworks to health; mental health and discrimination; the challenge of inequities in the

courts of Brazil; and the issue of “health care for all.” Field practice essays highlighted accounts of Kenya’s cash transfer program, reproductive rights for Mexican women with HIV, health care concerns for immigrant detainees, and the right to housing in post-Katrina New Orleans. International assistance and cooperation as it relates to human rights obligations beyond borders was the theme of Volume 12, Number 1 (2010), the journal’s first exclusively online issue. In this issue, authors addressed topics such as: global health justice; medication access and pharmaceutical companies’ international obligations; a new model to include health in foreign policy; social accountability; legal empowerment at the community level; the role of the World Bank in funding Africa’s health sector; and broadening the Global Fund agenda on sexual orientation.

Cutting-edge debates on the social conditions of health are the focus of Volume 12, Number 2, now in production for late 2010. Sir Michael Marmot and colleagues will lead the Critical Concepts section with an essay on “The right to sutures: Social epidemiology, human rights, and social justice”; invited articles by Audrey Chapman and Paula Braveman further explore the 2008 report of the WHO Commission on Social Determinants of Health and its global implications. The Practice section opens with an essay on overcoming challenges in realizing rights-based approaches for the social determinants of health in practice. Other Practice articles include a human rights assessment of issues following Haiti’s January earthquake; two articles on sex trafficking (in Rwanda and



the Philippines); human rights violations in a Guinea prison; nurses’ ethic of courtesy as it relates to human rights in Kenya; and HIV screening for newcomers to Canada.

“Health and human rights in disasters” will be the theme of Volume 13, Number 1, now in preparation for 2011. In addition to theme-specific manuscripts, the editors also welcome submission to two new journal sections that will go live in 2011, “Letters to the Editor” (replacing the former “Perspectives” section) and “Book Reviews.” Guidelines for these new sections are available at the journal’s page “For Authors.” The editors also continue to welcome manuscripts on any topic integrating health and human rights.

FXB CENTER ACTIVITIES

EVENTS

Africa in Motion

On October 21, 2010, the FXB Center presented an installation of its work in Africa at “Africa in Motion,” an event co-sponsored by Harvard University’s Committee on African Studies and the W. E. B. Du Bois Institute for African and African American Research. Showcasing Harvard’s commitment to African studies, “Africa in Motion” included multimedia presentations and a day-long symposium that highlighted and strengthened the interdisciplinary and cross-faculty collaborative initiatives ongoing at the University.

Human Rights Welcome Reception

On October 12, 2010, the FXB Center, along with the Carr Center for Human Rights Policy and the Committee on Ethnic Studies, hosted the annual Human Rights at Harvard Reception at the Harvard Faculty Club. The event featured remarks by Martha Minow, Dean of Harvard Law School, Alan Brandt, Dean of the Graduate School for Arts and Sciences, Jacqueline Bhabha, Jennifer Leaning, Charles Clements, Executive Director of the Carr Center, and Caroline Elkins, Chair of the Committee on Ethnic Studies.

Lecture: Elevating Women’s Lives: New Strategies to Reduce Maternal Mortality

On June 4, 2010, the FXB Center co-sponsored “Elevating Women’s Lives: New Strategies to Reduce Maternal Mortality,” a forum featuring Right Honourable Joyce Banda, Vice President of Republic of Malawi, Founder of the Joyce Banda Foundation, and Donna Barry, NP, MPH, Director of Advocacy and Policy, Partners In Health; Research Fellow, Division of Global Health Equity, Brigham and Women’s Hospital. Other co-sponsors included the Department of Global Health and Social Medicine at Harvard Medical School and the Division of Global Health Equity at Brigham and Women’s Hospital.

World AIDS Orphans Day

On May 7, 2010, in recognition of World AIDS Orphans Day, the FXB Center hosted a screening of “Home is Where You Find It,” filmmaker Alcides Soares’s story of being orphaned by AIDS and the creation of new family bonds. A panel discussion of FXB Center programs related to HIV/AIDS-affected children followed the screening, featuring Theresa Betancourt, ScD, Assistant Professor of Child Health and Human Rights, Department of Global Health and Population, and Director, Research Program on Children and Global Adversity, FXB Center, and Chris Desmond, PhD, Research Associate, Cost of Inaction, FXB Center.

Welcome Reception for Dr. Jennifer Leaning

On April 16, 2010, Dean Julio Frenk held a reception to introduce Dr. Jennifer Leaning as the new Director of the FXB Center, and to honor the work of Countess Albina du Boisrouvray, the founder of both the FXB

Center and FXB International. Speakers included Steven Hyman, Provost of Harvard University, Albina du Boisrouvray, Dr. Leaning, and Harvey Fineberg, President of the Institute of Medicine, former Provost of Harvard University, and former Dean of Harvard School of Public Health.

Lecture and Discussion: The Impact of Political Conflict on Youth

On February 10, 2010, the International Child Mental Health Working Group (ICMH) presented a lecture by Brian K. Barber, Ph.D, Founding Director of the Center for the Study of Youth and Political Violence and Professor of Child and Family studies at the University of Tennessee. Dr. Barber spoke on “The impact of political conflict on youth: assessing long-term well-being of Palestinian youth via an Event History-Resource model.” The lecture was sponsored by the Department of Psychiatry and Children’s International Pediatric Center at Children’s Hospital, Boston, the FXB Center’s Research Program on Children & Global Adversity, and the Department of Global Health and Social Medicine at Harvard Medical School.

Lecture: Poverty Trap Formed by Feedback Between Economics and the Ecology of Infectious Diseases: Theory and Evidence

On November 12, 2009, the FXB Center sponsored a lecture by Matthew Bonds, PhD, a research associate with the FXB Center. His research explores relationships between ecology, infectious diseases, and economic development, with a special focus on the role of health care in promoting economic growth in Rwanda.

Research Symposium on Evidence-Based Approaches to Youth Issues in Sierra Leone: Current Research and Future Directions

On October 15, 2009, the FXB Center hosted a multidisciplinary symposium in collaboration with UNICEF and Sierra Leone’s Ministry of Social Welfare, Gender and Children’s Affairs. Coordinated by the FXB Center’s Research Program on Children and Global Adversity, the symposium was attended by more than 100 persons representing government offices, local, and international NGOs, UN agencies, youth groups, student organizations, and several local and international universities. Speakers included the First Lady of Sierra Leone, the Minister of Social Welfare and Gender, and the National President of the Children’s Forum Network. Presentations highlighted critical issues that confront children and youth and promising approaches to intervention. The symposium also provided an interdisciplinary forum to discuss setting an agenda for future research and action, and participants identified several potential collaborations. A plenary session concluded with recommendations to assist in improving programs that serve youth at the level of communities, organizations, and government.

FACULTY ENGAGEMENT

Fellows and Faculty

The Center has established a formal roster of FXB Fellows who constitute the core Faculty of the FXB Center. Fellows are invited to serve on an annual reappointment basis and commit to contributing to the intellectual life of the FXB Center. Each Fellow identifies an aspect of their active research that will serve to expand and enrich the FXB Center's overall mission to protect and promote the welfare and well-being of children in extreme situations. See the Appendix for a list of current Faculty and Fellows.

Work in Progress Series

Under the direction of Jacqueline Bhabha, the FXB Center recently launched a monthly "Work in Progress" series. This new forum, on the third Wednesday of each month, provides an opportunity for FXB Center researchers to present ongoing research in a setting that fosters informal discussion. In October, Dr. Chris Desmond inaugurated the series with a presentation titled, "The only measure of need is need itself: Labels, advocacy and intervention," examining how advocacy efforts have contributed to inefficient policy responses by confusing risk and need.

Student Engagement

FXB Center programs and projects offer opportunities for students to participate in research, both in the Boston office and in the field. Students have participated in academic term (school year or summer) internships and work-study positions. Placements may also include field work and participation with collaborating organizations, such as FXB International.



UNIVERSITY HUMAN RIGHTS STUDIES AT THE FXB CENTER

On June 30, 2010, the University Committee on Human Rights Studies (UCHRS) concluded its 10-year mandate, under the Provost's office, to promote communication, coordination and collaboration among Harvard's human rights initiatives. In this time, the UCHRS, chaired by Jacqueline Bhabha created a number of human rights programs at Harvard and spearheaded the introduction of human rights themes in undergraduate education. In this year's transition, Jacqueline Bhabha was appointed by the Provost's office to serve in a new role, as University Advisor on Human Rights Education, in addition to her new appointment as Director of Research at the FXB Center. For 2010–2011, the FXB Center has assumed responsibility for two programs that were formerly part of the UCHRS umbrella: the Scholars at Risk program and the Hauser postgraduate human rights fellowship program.

SCHOLARS AT RISK

The Scholars at Risk (SAR) Committee at Harvard is now entering its ninth year, providing one-year fellowships at the University for scholars whose lives are threatened because of their beliefs, their scholarship, or simply their identity. Every fall, members of the Harvard community — faculty, staff, and students — send fellowship nominations to the Scholars at Risk Selection Committee with names of threatened colleagues who need assistance. The story of each scholar is unique, such as that of Thida, a Burmese surgeon, activist, and writer who was sentenced to 20 years imprisonment for distributing literature. She served five years before her early release in 1999, which resulted from pressure from organizations such as International PEN and others. Seven scholars were hosted during the 2009–2010 academic year representing a variety of academic disciplines such as medicine, law, and journalism. Scholars came from South America, Asia, East Africa, and the Middle East. Although Harvard is hosting only two scholars during the current academic year, we are hopeful that resources will be available to host additional scholars going forward.

UCHRS AND HAUSER FELLOWS

In 2008, UCHRS launched a year-long Hauser research fellowship for new graduates of Harvard College. Envisioned as a “Fulbright at Harvard,” the program provides a niche for two graduates to develop their theses into publishable work and to expand their intellectual horizons.



HUMAN RIGHTS AT HARVARD

APPENDICES

FXB PUBLICATIONS 2009-2010

RESEARCH BY FXB CENTER FACULTY, FELLOWS, AND STAFF APPEARED IN A VARIETY OF PUBLICATIONS DURING 2009–2010, LISTED BELOW.

Balsari S, Lemery J, Williams TP, and Nelson BD. Protecting the Children of Haiti. *The New England Journal of Medicine* 362/9 (2010) e25.

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FXB CENTER SPONSORED RESEARCH

BELOW IS A SUMMARY OF CURRENT GRANT FUNDING FOR FXB CENTER PROJECTS DURING 2009–2010.

“The Haiti child protection needs assessment” (Jennifer Leaning, Principal Investigator); sponsoring agency: The United Nations Children’s Fund (UNICEF).

“Family-based prevention of mental health problems in children affected by HIV/AIDS” (Theresa Betancourt, Principal Investigator); sponsoring agency: National Institute of Mental Health.

“Modifiable protective processes in the mental health of refugee children” (Theresa S. Betancourt, Principal Investigator); sponsoring agency/institution: National Institute of Mental Health (K01).

“Identifying mental health services needs among HIV/AIDS-affected children” (Theresa Betancourt, Principal Investigator); sponsoring agency: Harvard University Center for AIDS Research.

“Adapting and piloting an evidence-based mental health intervention for families affected by HIV/AIDS in post-genocide Rwanda” (Theresa Betancourt, Principal Investigator); sponsoring agency: Harvard Center for the Developing Child.

“Adapting and piloting an evidence-based mental health intervention for families affected by HIV/AIDS in post-genocide Rwanda” (Theresa Betancourt, Principal Investigator); sponsoring agency: Harvard University, Career Incubator Fund.

“An interdisciplinary approach to developing an evidence-based mental health intervention for war-affected youth in Sierra Leone” (Theresa Betancourt, Principal Investigator); sponsoring agency: Harvard Catalyst Pilot Grants Program.

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

“The Exemplar Community - Oranger, Haiti” (Hashim Sarkis, Principal Investigator); sponsoring agency: Deutsche Bank Americas Foundation

“The Alba Collective” (Jacqueline Bhabha, Principal Investigator); sponsoring agencies: Cherie Blair Foundation for Women, Verve Magazine, and Pirojsha Godrej Foundation.

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