

NEW DIRECTIONS



Summary of Activities from the
François-Xavier Bagnoud Center
for Health and Human Rights
Harvard School of Public Health
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Message from the Center Director

Global health stands on the threshold of an evolutionary leap: the creation of a new science of Global Health Delivery.

In recent years, despite rapid technological advances and increased resources for global health, vast numbers of lives continue to be lost because key health interventions are not delivered effectively in resource-poor settings. Children are among the frequent victims of this tragic gap between what we know should and can be done, and what is actually implemented in settings of adversity and great need.



Today, we are shaping a new science that targets this gap between theoretical knowledge and on-the-ground implementation. Drawing from a broad spectrum of disciplines, Global Health Delivery Science will create the new tools required to analyze and overcome implementation gaps so we can deliver interventions to the people who need them most. The dissemination of Global Health Delivery Science has the potential to prevent unnecessary suffering and save millions of lives among the world's vulnerable communities, especially children.

I am committed to position the FXB Center for Health and Human Rights as the world leader in the science of Global Health Delivery for children's wellbeing. Since its creation, the FXB Center has been at the forefront in clarifying the conceptual basis of the right to health and driving advocacy for the incorporation of human rights norms in international health policy. Now, working with a range of partners, we are moving to the next frontier. Our tasks are these: to build knowledge of how human rights entitlements can translate into effective actions for vulnerable children; to support partners who are doing the daily work of delivering health interventions in resource-poor settings; and to form new generations of global health leaders who can implement and scale up successful interventions guided by human rights principles.

FXB Center's founding vision, multidisciplinary orientation, and partnerships position the Center for leadership at this transformative moment in global health. Our links include connections to prestigious academic institutions and, equally important, to implementing agencies with proven track records, including FXB International and Partners In Health. Shared learning among these partners is our most decisive strength and the key to progress in Global Health Delivery Science.

Since I assumed leadership of the FXB Center in July 2006, we have taken rapid steps to shape the Center as a driver of action for the rights of children and vulnerable communities. This update report highlights some of our key areas of work and shows how different components contribute to the overall goal of building and disseminating a new science of implementation for children's wellbeing.

Jim Yong Kim, M.D., Ph.D.
Center Director
April 2007

Building an Institutional Foundation for Global Health Delivery Science



Jim Kim and a team representing the FXB Center and its affiliated organizations at Harvard are spearheading the creation of the Harvard Institute for Global Health Delivery Science, an interdisciplinary institute dedicated to improving the health of vulnerable populations by discovering and sharing knowledge on the effective implementation of health care programs. An essential component of the Institute will be a network of clinical centers of innovation in resource-poor settings where relevant knowledge will be discovered, codified, and then shared broadly to benefit programs providing health care to local populations. The Institute will sponsor academic programs to educate leaders in global health and will use advanced communications technologies to connect practitioners and disseminate knowledge. FXB Center is leading the work to shape the Institute, specifically in the area of children's health.

Closing the "Implementation Gap" on Children's Wellbeing

The rationale for this new initiative is to close the "implementation gap" that keeps sorely needed health resources from getting to patients around the world. The world is increasingly focused on averting millions of preventable deaths from diseases like AIDS, tuberculosis and malaria, and unprecedented new funding is being invested to provide care and to discover

new treatments and technologies. While potentially a lifeline for millions, this new commitment has also put a glaring spotlight on our ability---or inability---to effectively utilize new investments and systematically deliver care to those who need it, especially children.

The impact of this gap is all too apparent. Polio persists despite a half century of effective vaccinations. Tuberculosis still kills two million people a year despite widespread TB control projects and free access to medications. The impact on children is particularly devastating. Worldwide, 6 million child deaths could be averted each year using known, low-technology interventions. Only 10% of pregnant women in the developing world who need antiretroviral therapy to prevent transmission of HIV to their babies actually receive it. Only a relative handful of children vulnerable to malaria sleep under the bednets that could save their lives. 1.4 million children die annually from tuberculosis, diphtheria, tetanus, pertussis, polio and measles: all vaccine-preventable diseases.

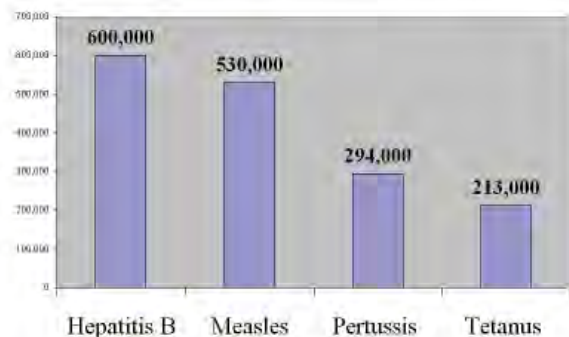
The impact of the implementation gap in health care delivery on the world's children creates a mandate for the FXB Center to take leadership in Global Health Delivery Science. Directing the development of this new initiative is the heart of the Center's strategic plan and the next step in its evolution: from a seat of authoritative scholarship to a global hub where research, teaching and on-the-ground implementation feed each other in an accelerated cycle, generating improved outcomes for children.

Linking Academia with On-the-Ground Action

The new Harvard Institute for Global Health Delivery Science will link academic efforts with practical efforts in the field to:

- create the analytical knowledge base for effective global health care delivery;
- build a new cadre of global health leaders; and,
- rapidly disseminate best practices worldwide.

Annual Deaths from Vaccine-Preventable Diseases



Source: WHO Vaccine-Preventable Diseases: Monitoring System, 2005 Global Summary. World Health Organization: Geneva, 2006

Through a combination of case-based, intensive coursework and field-based learning, the program will emphasize leadership, management skill and thoughtful decision-making in real world situations. Program participants will take advantage of both degree granting programs and shorter “executive” courses. A hallmark of the program will be ongoing mentorship of all participants long after coursework is completed and an aggressive effort to link participants in a lifelong “community of practice,” including through a pioneering web-based network that will allow global health practitioners to collaborate and engage in real-time problem solving on-line.

Partnerships Within and Beyond Harvard

In addition to Jim Kim, development of the new initiative is led by Dr. Paul Farmer, Co-Founder of Partners In Health. Joining them is University Professor Michael Porter of Harvard Business School, who created the field of comparative microeconomic strategy analysis, and his ideas are now essential teaching in every business school in the world. Recently, he has begun to apply his ideas to the field of health care. The team also includes software entrepreneur Paul English, Co-Founder of Kayak.com, the world’s largest travel search engine. English is serving as Chief Technical Director of the initiative and will lead the effort to design its new global health information learning network.

Joining with FXB Center, founding collaborators in the program include: Brigham and Women’s Hospital, Harvard Medical School, Harvard School of Public Health, Partners In Health, and Harvard Business School. The collaboration will broaden to include other Harvard schools; other US and international universities; and private sector and non-governmental health organizations in the United States and abroad.

Building the Foundation of Global Health Delivery Science

Led by Jim Kim, the team developing the plan for the Institute has made significant progress in recent months in: garnering support for the proposal from the leadership of Harvard University and its various schools; building a network of external supporters; raising initial funding and identifying longer range funding sources; and developing detailed plans for the launch of the Institute and for the programs it will offer.

Professor Porter has led the team in developing case-based teaching methods and value chain analyses for the Institute’s curriculum. Initial case-writing work has already begun, complementing ongoing research on existing efforts, as well as development of specific program components. Planning is underway to convene global health leaders for a May symposium entitled “Creating Global Health Delivery Science,” designed to further define and formalize the scope of this new field. Numerous meetings to discuss development of the Institute have been held with the Harvard University leadership and key faculty, including the Provost, the Deans of the School of Public Health and Business School, and the Medical School Board of Fellows. The Medical School has made an early funding commit-



Implementation Science: a meeting on operational research on HIV/AIDS care in developing countries at the XVI International AIDS Conference, hosted by the Doris Duke Charitable Foundation, FXB Center, Brigham and Women’s Hospital, WHO, and the Global Fund

ment, and Partners HealthCare has invited submission of a proposal for funding. In addition, the President and other leaders of Brigham and Women’s Hospital are actively supporting the plan. These institutional efforts are complemented by an aggressive outreach program to foundations and individuals considered potential supporters. Among many speaking engagements about plans for the Institute, Jim Kim has begun enlisting other universities to consider collaborating with the Institute or starting their own similar initiatives. Recent highlights include lectures by Dr. Kim and discussions with institutional leaders at Duke University and the University of Washington.

Joint Learning Initiative on Children and HIV/AIDS



As part of its commitment to link research to action for vulnerable children, FXB Center is coordinating a major international research initiative on children affected by HIV/AIDS. The Joint Learning Initiative on Children and HIV/AIDS (JLICA) is an international alliance of practitioners, scholars and policy-makers engaged in collaborative problem-solving and analysis to address the needs of children in the context of HIV/AIDS. The initiative's goal is to protect and fulfil the rights of children by mobilizing the evidence base and producing actionable recommendations for policy and practice. The Center serves as the Initiative's secretariat, and also leads one of JLICA's four scientific Learning Groups. Through JLICA, FXB Center is strengthening its partnerships with key organizations concerned with children's issues.

Lincoln Chen, FXB Center Board Member and architect of the landmark Joint Learning Initiative on Human Resources for Health, guided JLICA through its inception phase, which culminated with the Initiative's formal launch in October 2006. JLICA was supported during the inception phase by grants from François-Xavier Bagnoud International, the Bernard van Leer Foundation and UNICEF. FXB International continues to give crucial support to JLICA, for example by providing key financial management services as an in-kind donation to the Initiative.

JLICA Structure and Themes

JLICA will operate for two years, with the release of its final report planned for December 2008. JLICA's core scientific and technical work is conducted by four thematic Learning Groups, each comprising 10-12 members:

- **Strengthening Families** is chaired by Linda Richter (Human Sciences Research Council, South Africa) and Angela Wakhweya (Family Health International). The group analyzes variations in family response to the pandemic and

develops evidence-based recommendations for programming to support families as children's primary source of care and protection.

- **Strengthening Community Response**, led by Geoff Foster (Family AIDS Caring Trust, Zimbabwe) and Madhu Deshmukh (CARE), compiles evidence on the efficacy of different community-based services for affected children and proposes models for how governments, donors and other external agencies can support community-based initiatives while enhancing local agency.
- **Access to Services and Human Rights**, co-chaired by Jim Kim (FXB Center) and Lydia Mungherera (The AIDS Service Organization, Uganda), marshals evidence on strategies to overcome bottlenecks in implementing essential health and social services for children in low-income, high-HIV-burden settings.
- **Social and Economic Policies**, led by Alex de Waal (Social Science Research Council, USA) and Masuma Mamdani (Research On Poverty Alleviation, Tanzania), examines options at the



JLICA Co-Chairs Peter Bell and Agnès Binagwaho at the XVI International AIDS Conference in Toronto, August 2006

level of national policy, including how universal access to AIDS treatment can be combined with integrated health and welfare programs to address other dimensions of children's well-being. They will provide cost estimates of the policy and programming recommendations of the other Learning Groups—and project the economic and social costs of inaction.

Recent Milestones

The past months have seen major milestones for JLICA. In August 2006, the Initiative hosted a satellite session at the XVI International AIDS Conference in Toronto. The session united a distinguished array of leaders in the HIV/AIDS fight, many of



Stephen Lewis, FXB Center Senior Policy Adviser, opened the session on JLICA at the International AIDS Conference.

them JLICA participants or partners. The event drew an overflow audience. Stephen Lewis, UN Special Envoy for HIV/AIDS in Africa and Senior Policy Adviser to the FXB Center, opened the session with a keynote speech, acknowledging the inadequacy of the world's collective efforts to protect children in the shadow of HIV/AIDS and tasking JLICA to help lead a strengthened response.

JLICA's formal launch took place in Foxhills, Surrey, UK on October 10-12, 2006. The launch meeting featured an intensive 2-day working agenda. JLICA Learning Group Co-Chairs, representatives of the Initiative's founding partner organizations and prospective partners and donors took part. Participants worked towards consensus on JLICA's research and advocacy agenda, measurable outcomes, and a timeline for delivering products. Coinciding with the launch event, an article presenting JLICA appeared in *The Lancet*, signed by Initiative Co-Chairs Agnès Binagwaho and Peter Bell.

Since the October launch, JLICA Learning Groups have moved swiftly to crystallize their research plans and finalize their membership. On March 7-10, 2007, JLICA Learning Groups and the Initiative Steering Committee gathered in Durban, South Africa, to move JLICA's work into its next phase. Learning Groups held their first full meetings. The Steering Committee reviewed a comprehensive Roadmap document laying out strategies and specific milestones for JLICA from now through December 2008. The Steering Committee agreed on the following formulation of JLICA's goal and outputs:

Goal:

Universal access to essential services for children, families and communities affected by HIV/AIDS.

Problem statement:

Currently, families and communities provide virtually all care and support to children affected by HIV/AIDS, without adequate external assistance. States have the responsibility to deliver quality services, support families and communities, and provide an adequate standard of living in cases where parents and care givers are unable to do so.

Dimensions of universal access:

For JLICA, 'universal access' means that children affected by HIV/AIDS receive effective services in:

- Health care
- Education
- Social protection



Center Director Jim Kim, Learning Group Co-Chairs Geoff Foster and Linda Richter on a JLICA panel

JLICA outputs:

- Evidence for advocacy (in order to convince)
- Evidence for policy and program design (in order to guide)
- Evidence for implementation (in order to demonstrate)

Plans were developed for a major symposium on action for children affected by HIV/AIDS, to be hosted by JLICA at Harvard University in September, 2007.

JLICA Learning Group 3: Accelerating Implementation of Integrated Services for Children

JLICA Learning Group 3, based at FXB Center, aims to overcome the implementation gaps that keep known, effective interventions from reaching the children who need them most. In its first phase, LG 3 is focused on a specific implementation challenge: how to link services to prevent mother-to-child transmission of HIV (PMTCT+) with interventions for Early Child Development (ECD) designed to stimulate children's cognitive capacities and move them from survival to flourishing. The goal is to maximize the outcomes achievable with a successful PMTCT+ program.



Mothers and children in a Partners In Health clinic in Rwinkwavu, Rwanda, where JLICA is collaborating with the government to scale up PMTCT services

LG3 has undertaken a systematic review of the available literature to identify principles for program development and barriers to scale-up. The resulting paper will be the first in integrating previously separate literatures on topics relevant to the life trajectories of both children and parents. It will then provide a context for the case reports to be developed by LG 3 members that reflect real-life circumstances.

Using PMTCT+ as the entry point, LG 3 and partners are applying emerging knowledge on integrated service provision for children and families. We will soon be in Rwanda expanding an ambitious “wrap-around” approach linking PMTCT+, ECD, nutritional support, and other forms of social protection. LG 3 will coordinate a Learning Collaborative to disseminate best practices, as part of the Government of Rwanda's national PMTCT+ scale-up plan. Key partners in this effort include the Government of Rwanda, Partners In Health, and FXB International.



Jim Kim, Co-Chair of Learning Group 3: Access to Services and Human Rights

Providing HIV/AIDS Care and Treatment in Rural Lesotho

Starting in July 2006, FXB Center and Partners In Health (PIH) began a collaborative project to build clinics in rural Lesotho to provide comprehensive medical and psychosocial services.

Comprehensive Services

We developed a model for patient care around HIV/AIDS in the mountain regions and integrated it with other services, including women's health, pediatric care, and TB. With an operational base of four local staff in Maseru, we opened two clinics in Nohana and Bobete, with a third one in Nkau scheduled to open in May 2007. In a period of eight months, over 1,500 people have been tested for HIV, 940 are receiving

- HIV care, of whom 300 are on antiretroviral treatment. During the same period, 180 began treatment for TB. Health workers have made hundreds of visits to patients' homes, and food distribution and supplementation programs have been initiated for patients with HIV, TB, malnutrition, or mental illness. We have also refined policies for emergency patient evacuations to Maseru and for transport of specimens to ensure safety of providers, including pilots.

Building Local Health Infrastructures

In fulfilling our commitment to self-sufficiency and building up local health infrastructures, our projects have trained more than 150 village health workers (VHWs) in HIV and other chronic infectious disease care while establishing a system of knowledge exchange and supervision. In addition, we hired eight community members to staff the two clinics, five Basotho nurses in conjunction with the Clinton HIV/AIDS Initiative (CHAI), and two Basotho physicians who agreed to move back from



The PIH/FXBC clinic in Nohana



Village near Nohana



Pharmacy technician Tlaleng Thonkha handing out ARVs and TB drugs

South Africa in order to work with our program. To complement the building of a local cadre of health workers, we also hosted four students from Harvard Medical School and two Infectious Disease Fellows in order to broaden the international movement of doctors and medical students who are dedicated to providing care to the most vulnerable populations in some of the poorest parts of the world.

National Policy in Lesotho

On the national stage, our efforts sparked policy changes that led to countrywide plans to train and compensate VHWs and to address multi-drug resistant TB (MDR-TB). We carried out the first rapid survey for MDR-TB in a member nation of Southern Africa Development Community (other than South Africa),

prompting other nations to follow. We successfully submitted a Green Light Committee application and received major funding from the Open Society Institute for a coordinated MDR-TB treatment program. We also provided technical assistance on the Know Your Status campaign, a coordinated national push to get everyone tested for HIV, the first step to HIV care and treatment.

Partnerships

This project is built on solid partnerships with the Ministry of Health as well as other organizations, including CHAI, Médecins Sans Frontières, Mission Aviation Fellowship, Catholic Relief Services, Baylor College of Medicine, World Food Program, and WHO.



A group of children in Ha Kori



Health worker for the village of Ha Kori on her way to a home visit



Village health worker holding a newly orphaned child



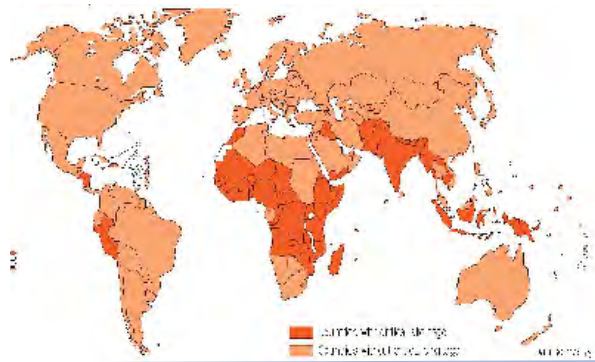
Monthly meeting of village health workers in Nohana

Policy

FXB Center has played an influential role in advising members of the United States Congress and Administration officials on some of the most urgent crises of global health today.

African Health Capacity Investment Act

The FXB policy team has been working closely with Senator Dick Durbin's office in crafting legislation to address the critical shortage of health workers in sub-Saharan Africa--the main bottleneck to scaling



Countries with fewer than 2.5 health care professionals per 1,000 population. Source: *World Health Report 2006*. World Health Organization, Geneva, 2006

up access to medical care. Without a well trained and supported health workforce, efforts to treat diseases such as HIV/AIDS or to reduce child and maternal mortality will not be sustainable. On March 7, 2007, with the assistance of the FXB Center and other allies, Senator Durbin introduced the African Health Capacity Investment Act to address the crisis.

Educating Members of Congress

We have provided information and counsel to numerous elected officials who are exploring ways to address global health issues. We advised Senator Sherrod Brown on an appropriations strategy on global health, provided questions for Congressman Donald Payne on the health worker crisis for a hearing at the House Foreign Affairs Committee with Secretary of State Condoleezza Rice, and drafted briefing materials for Senator Dick Durbin for a meet-

- ing with the leaders of USAID, the Centers for Disease Control and Prevention (CDC), and the Office of the U.S. Global AIDS Coordinator (OGAC).

Increasing Public Funding

FXB Center was involved in promoting greater financial resources for global health in the Continuing Resolution, a funding bill that passed in the U.S. Congress in January, and the Supplemental Appropriations Bill, which passed in March. We also provided strategic advice surrounding the press announcement of a major grant given by the Open Society Institute to treat extensively drug-resistant tuberculosis (XDR-TB) in Lesotho, a joint project with Partners In Health (PIH).

Partnerships

The policy team has been instrumental in planning a collaboration between the International Partnership for Microbicides (IPM), PIH, and the FXB Center. The project seeks to develop and implement an ethical model of microbicide trials in resource-poor settings. The model incorporates medical anthropological research to inform trial design and eventual roll-out, as well as comprehensive HIV prevention services, HIV/AIDS treatment and care, and social support to trial participants. The project proposal is expected to be presented to the Clinton Global Initiative in the spring of 2007.

Serving as yet another strong link between PIH and FXBC, the policy team has begun hosting joint advocacy meetings with the Institute for Health and Social Justice, the advocacy arm of PIH. The resulting coordinated initiatives have magnified the efforts of both groups, working on campaigns to address the needs of the most vulnerable populations, especially children:

food security, nutrition, comprehensive medical and psychosocial services, and strengthened health systems with well-trained workforces.



A training session of health workers in Nohana, Lesotho

Advocacy, Outreach, and Public Events

Public Events

FXB Center has sponsored a number of high-profile public events in the past months, as part of the Center's ongoing effort to raise awareness of issues affecting children and vulnerable communities. These events have drawn participation from across Harvard University and the wider national and global health community.

On September 26, 2006, FXB Center Director Jim Kim co-hosted a symposium to honor the 90th birthday, life, and work of former U.S. Surgeon General



Former U.S. Surgeon General Dr. Julius Richmond. Photo: Liza Green



Center Faculty Dr. Theresa Betancourt. Photo: Graham Ramsay

- Dr. Julius Richmond, architect of the influential Head Start program for disadvantaged children. The symposium was entitled: "Child Health and Development in the 21st Century." The event, which brought together highly respected experts from across the country, also launched the newly established, university-wide Center on the Developing Child at Harvard University. An audience of several hundred attended. FXB Center founder Countess Albina de Boisrouvray delivered an address to the symposium plenary. Dr. Kim and Center faculty member Dr. Theresa Betancourt also spoke.



Joia Mukherjee, Jim Kim, David Satcher, Paul Farmer and Che Mukherjee. Photo: Liza Green



Former U.S. First Lady Rosalynn Carter. Photo: Liza Green

Additional highlights from the Center's recent calendar of public events include lectures by Stephen Lewis, former UN Special Envoy for HIV/AIDS in Africa and Senior Policy Adviser at the FXB Center; James Orbinski, President of Dignitas International and former President of Médecins Sans Frontières; Alex de Waal, Program Director at the Social Science Research Council and Visiting Scientist at the FXB Center; and Nevin Scrimshaw, Founder and President of the International Nutrition Foundation and World Food Prize Laureate.

Stephen Lewis, FXB Center Senior Policy Adviser

As UN Special Envoy for HIV/AIDS in Africa and FXB Center Senior Policy Adviser, Stephen Lewis has been a leader in advocating for the rights of those infected and affected by HIV/AIDS, especially women, orphans, and vulnerable children. He has been at the forefront of demanding an international agency for women at the United Nations, an increase to funding to the Global Fund to Fight AIDS, TB, and Malaria, and an international effort to address human capacity shortages. He has counseled the High-Level Panel on UN Reform, the General Assembly, and the Secretary-General on these issues and has worked closely with activist networks and the media to raise awareness and move campaigns forward.

Grassroots Advocacy

We have built strong working relationships with the advocacy teams of national groups such as Physicians for Human Rights, Health GAP, Global Health Council, RESULTS, and Global AIDS Alliance, pushing forward campaigns to address the shortage of health care workers in sub-Saharan Africa and to treat and prevent XDR-TB. Close ties have been established with national student groups such as the American Medical Student Association, the oldest and largest organization of medical students in the U.S.; and Global Justice, the nation's largest network of student activists working on child survival and HIV/AIDS issues. In February, FXB Center played a substantial role at Global Justice's conference in Washington, DC,

opening the meeting of 500 with a video message from Center Director Jim Kim, and delivering a keynote speech by FXB Center Senior Policy Adviser Stephen Lewis. Laurie Wen, the Center's Advocacy Coordinator, presented a session on grassroots activism.

Building a Movement of Student Advocates at Harvard

Within the Harvard community, FXB Center is a resource for students eager to deepen their involvement in domestic and international advocacy on health and human rights. The Center's advocacy team has informed students on issues including microbicides, intellectual property rights in the context of access to medicines, and health care worker shortages. We help students translate information into action by connecting them to existing campaigns and training them to use a variety of advocacy tools. Student groups and individual students from Harvard College, the School of Public Health, the Medical School, the Business School, the Graduate School of Design, and the Divinity School have all been involved in collaborative efforts initiated by the FXB Center.



Stephen Lewis

Health and Human Rights: An International Journal

FXB Center's new program of action includes intensified outreach to inform national and global policymakers and opinion-shapers, stimulate public debate, and contribute to building a global movement for children's wellbeing and the rights of marginalized communities. The Center's journal *Health and Human Rights* is being transformed as a strategic platform for this work.

Since its creation, *Health and Human Rights* has been a flagship scholarly publication. The journal has played a key role in establishing the conceptual foundations of the right to health and advocating for human rights perspectives in global health policy. Now the opportunity exists to heighten the journal's profile and impact and reach much wider audiences.

Dr. Paul Farmer as Editor

In November 2006, Paul Farmer, Co-Founder of Partners In Health, announced his acceptance of the editorship of *Health and Human Rights* dur-



Dr. Paul Farmer and his Haitian friend, Alcante (Photo: Moupali Das)

ing his plenary address to an audience of 5,000 at the November 2006 meeting of the American Public Health Association (APHA).

In his 2005 Tanner Lecture on Human Values, Paul Farmer observed: "The view of many of my academic colleagues seems to be that good scholarship and activism don't mix. The view of many of my human rights colleagues seems to be that social and economic rights—those violated in settings of poverty and disease—are 'pie in the sky.'" Reject-

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- ing these assessments, Farmer called for the creation of a global movement uniting science and activism to realize the economic and social rights of the poor, including the human right to health. "For such a movement to come about," he noted, "we will need rhetorical tools based on fact, not ideologically motivated fiction." The mission of *Health and Human Rights* is to communicate this alliance of scientific rigor and passionate activism for justice in health.

Open Access Online Journal

Key to expanding the journal's impact will be making full use of the possibilities offered by internet-based communications technologies. Beginning with its first issue under Paul Farmer's editorship, the journal will be published as an open access online journal—all journal content will be available free of charge to everyone from the moment of publication. (Print copies of the journal will be produced on a print-on-demand basis.) Providing immediate, unrestricted access to knowledge for action to realize the right to health is consistent with human rights principles. The first issue of the new journal will be published in October 2007.

Alliance with PLoS Medicine

Dr. Farmer and the *Health and Human Rights* team are forming alliances with other innovative publications using new communications technologies to expand access to knowledge about health, particularly in developing countries. One of the publications at the leading edge of the movement to democratize access to scientific knowledge is the electronic journal *PLoS Medicine*. Dr. Gavin Yamey, one of the Senior Editors of *PLoS Medicine*, has joined the Editorial Board



Dr. Gavin Yamey, Senior Editor of *PLoS Medicine*, speaking at the FXB Center at a talk entitled: "Excluding the Poor from Accessing Biomedical Literature: A Rights Violation that Impedes Global Health."

of *Health and Human Rights* and is contributing his expertise to the journal's new electronic publishing strategy. Through Dr. Yamey and other new allies, *Health and Human Rights*

joins an emerging global movement pressing for equitable global access to the benefits of science and technology.

Collaboration and Partnerships

Part of FXB Center's mission is to serve as a connector and catalyst among diverse organizations to build a global movement for health and human rights. Expanding on existing relationships, Center Director Jim Kim has forged ties with a range of new partners since assuming leadership of the Center in July 2006.

FXB Center works closely with:

- Academic and research institutions, through its placement at the Harvard School of Public Health and Dr. Kim's position as Chair of the Department of Social Medicine at Harvard Medical School, and close ties to other schools within the University, especially the Business School, the Law School and the Kennedy School of Government;
- Implementing agencies delivering health services in developing countries, especially Partners In Health and FXB International;
- A major teaching hospital, through Dr. Kim's role as Chief of the Brigham and Women's Hospital Division of Social Medicine and Health Inequalities;
- Governments, including high-level partnerships with health policymakers in Haiti, Lesotho, Peru and Rwanda;
- International and multilateral organizations, including UNAIDS, UNICEF and WHO



Before renovation: hospital in Rwinkwavu run by FXB Center's collaborator Partners In Health

- Its partnership linkages position FXB Center for leadership in creating and disseminating the new discipline of Global Health Delivery Science. The Center is poised to promote synergistic collaboration among partners and draw on their specific strengths to find solutions for the problems confronting global health work on behalf of vulnerable children.

FXB Center is strengthening its links to other branches of Harvard University and the influential constituencies they represent. This is reflected, for example, in the involvement of Professor Michael Porter and other Harvard Business School faculty in shaping the Harvard Institute for Global Health Delivery Science. The problem-solving expertise that distinguishes Global Health Delivery is found above all in the private, entrepreneurial sector, and Dr. Kim is building alliances with implementation experts from the business world to develop the new discipline.



After renovation: pediatric ward

Collaboration to Scale Up Services for PMTCT+ in Rwanda

A crucial new opportunity for FXB Center's partnership-building is now emerging in Rwanda. FXB Center is working with a broad set of national and international partners to drive accelerated national scale-up of services for the prevention of mother-to-child transmission of HIV (PMTCT+), linked to expansion of a comprehensive set of health, nutrition, and social protection interventions to strengthen the wellbeing of children, mothers, families and communities. This innovative model of comprehensive service provision draws on the approaches developed and implemented by FXB International and Partners In Health, among others. It will set a new standard for the provision of comprehensive services for children affected by HIV/AIDS in resource-constrained settings and mark an important advance in the science of Global Health Delivery.

On 25-26 March 2007, Center Director Jim Kim and Associate Director Alec Irwin, joined by members of JLICA Learning Group 3 and representatives of FXB International, took part in a meeting in Rwinkwavu, Rwanda, in which the action plan for national PMTCT+ scale-up in Rwanda was discussed and the roles of partner organizations clarified. The meeting was chaired by Dr. Agnes Binagwaho, Executive Secretary of Rwanda's National HIV/AIDS Control Commission and Co-Chair of JLICA. In addition to the Government of Rwanda, the event brought together representatives of the following organizations:

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)

Family Health International (FHI)

FXB International

IntraHealth International

Multicountry Columbia Antiretroviral Program (MCAP)

Partners In Health

Protection And Care of Families Against HIV/AIDS (PACFA)

The Treatment and Research AIDS Center (TRAC)

United Nations Children's Fund (UNICEF)

FXB Center and JLICA LG 3 will contribute to the Rwandan PMTCT+ scale-up effort by coordinating a Learning Collaborative to improve implementation and rapidly disseminate best practices as the program rolls out. The work in Rwanda will be documented as a key case study for the emerging body of literature on Global Health Delivery in children's health.



Mother and child near the Rwinkwavu hospital



PIH staff visit community members

Faculty

Dr. Jim Yong Kim

Recent Awards

Time Magazine 100 Most Influential People

Hippocrates Society Humanitarian Award, Brigham and Women's Hospital

Research in Action Award, Treatment Action Group

Selected Lectures

Dean's Distinguished Lecture Series, Harvard School of Public Health

Bicknell Lectureship, Boston University

Keynote address, FACE AIDS forum, Stanford University

Arthur Miller Lecture on Science and Ethics, Massachusetts Institute of Technology

Keynote address, Western Regional International Health Conference, Puget Sound Partners for Global Health

Teaching

Dr. Kim teaches *Introduction to Social Medicine* at Harvard Medical School.

University Seminar on Global Health, Duke University



Jim Kim was chosen by Time Magazine as one of the 100 most influential people in the world. Photo: Janet Mayer/Photorazzi

Recent Publications

Kim JY. "Unexpected Political Immunity to AIDS." *The Lancet* 2006; 368: 441-442.

Kim JY, Farmer P. "AIDS in 2006—Moving toward One World, One Hope?" *NEJM* 2006; 355:645-647.

Press

- co-authored op-ed in *The Washington Post* for World AIDS Day 2006
- prominently featured in a number of media outlets marking the 25th anniversary of the first AIDS case, including *Frontline* on PBS
- prominently featured in coverage around the International AIDS Conference in Toronto, including authored piece in an *Ottawa Citizen* edition guest-edited by Stephen Lewis
- spokesperson for Open Society Institute grant announcement for treatment of XDR-TB, covered in over 100 major news outlets



Dr. Kim delivering a keynote address at Stanford University
Photo: Agustin Ramirez



Dr. Theresa Stichick Betancourt

Research

Dr. Theresa Stichick Betancourt is Assistant Professor of Child Health and Human Rights at the Harvard School of Public Health in the Department of Population and International Health. Her research focuses on the mental health and psychosocial development of children and adolescents in adversity, including children affected by armed conflict and children orphaned and made vulnerable by HIV/AIDS. She has led several research projects on risk and protective factors in the mental health and psychosocial development of war-affected children, including the Russian Federation (2000), Ethiopia (2001-2002), and Sierra Leone (2003-2004).

Analyses of the data from Sierra Leone are currently underway and are intended to characterize the experiences of boys and girls affiliated with the fighting forces and the risks and protective processes that contribute to their community integration and psychosocial adjustment.

Most recently, she has been collaborating with colleagues in the Applied Mental Health Research Group at the Boston University Center for International Health and Development to apply mixed qualitative and quantitative methods to plan and evaluate mental health interventions for war-affected children in Northern Uganda. She has also been working with colleagues at Partners In Health, Rwanda, to develop and secure funding for collaborative applied research to assist children and youth affected by the compounded adversity of HIV/AIDS and the after-effects of the genocide.

Seminars

Dr. Betancourt, along with Dr. Myron Belfer, co-chairs the International Children's Mental Health (ICMH) Working Group, which hosts seminars on child rights and development in the context of adversity. Sessions include:



Dr. Betancourt with children at a camp for internally displaced persons in Northern Uganda

Challenges for International Child Mental Health: Disaster, HIV/AIDS, Conflict

Model Partnerships in the Sub-Saharan OVC Crisis: Boston Medical Center's SPARK/Children's AIDS Program and Uganda's Namugongo Fund for Special Children

Taking Peer Education Seriously: A Mental Health Promotion Strategy for Orphans in South Africa.

Recent Publications

Betancourt, T.S. (in press). Rethinking Resilience and the Mental Health of Children Affected by Armed Conflict: A Focus on Protective Processes. In *Caring For Children in Times of War, Terrorism and Disasters*. N. Laor (Ed.). New Haven: Yale University Press.

Ellis, H., Rubin, A., Betancourt, T.S. and Saxe, G. (2006). Mental Health Interventions for Children Affected by War or Terrorism. In *Violence and Children's Mental Health*. M. Feerick (Ed.). Baltimore: Brookes Publishing.

Ellis, H. and Betancourt, T.S. (in press). Mental health treatment for child and adolescent refugees and immigrants. In *Immigrant Medicine*. Walker, P. & Barnett, E. (Eds.). New York: Elsevier.

Teaching

Dr. Betancourt teaches *Applied Qualitative Methods for International Health Research* and is an invited lecturer in *Women, Gender and Health*.



Children playing soccer at the camp

Project Affiliates

Dr. Mary Kay Smith-Fawzi

Research

Dr. Mary Kay Smith-Fawzi is Instructor at Harvard Medical School in the Department of Social Medicine. Trained as an epidemiologist, Dr. Fawzi is currently performing statistical analysis for a PMTCT study conducted as part of the model PMTCT program at Zanmi Lasante/Partners In Health in Haiti. Analyses will describe the outcomes of that program, including the rate of mother-to-child transmission and related infant outcomes in that programmatic context. In addition, Dr. Fawzi serves as the Co-Principal Investigator of an ongoing study funded by the National Institute of Mental Health (NIMH) to examine the feasibility of a psychosocial intervention for HIV-affected youth in rural Haiti. This project has recently completed baseline data collection on over 450 HIV-affected youth--of whom over half are orphans--and is poised to start a pilot intervention with a sub-sample of 160 youth and their HIV-positive parents and/or caregivers. Drs. Betancourt and Fawzi will work collaboratively to submit a follow-up grant in the fall of 2007 to NIMH to evaluate this intervention formally in Rwanda and Haiti.

During the past year, Drs. Theresa Betancourt and Mary Kay Fawzi assumed the roles of Co-Directors of Research for the Access to Services and



Health workers in Haiti perform a dry blood spot tests on an infant for a PMTCT study. Photo: Elizabeth Whelan

Human Rights learning group of the Joint Learning Initiative on Children and HIV/AIDS (JLICA).

Recent Publications

Smith Fawzi MC, Lambert W, et el. Identification of chlamydia and gonorrhea among women in rural Haiti: maximizing access to treatment in a resource-poor setting. *Sexually Transmitted Infections* 2006; 82:175-81.

Yamada S, Smith Fawzi MC, et el. Casualties: Narrative and images of the war on Iraq. *International Journal of Health Services* 2006; 36(2):401-15.

Smith Fawzi MC, Jagannathan P, et el. Limitations in knowledge of HIV transmission among HIV-positive patients accessing case management services in a resource-poor setting. *AIDS Care* 2006; 18(7): 764-71.

Teaching

Dr. Fawzi is a Faculty Tutor for *Introduction to Social Medicine*.



Health workers perform a heel prick for a dry blood spot test.



Dry blood spot tests are then taken to Brigham and Women's Hospital in Boston to be analyzed. A mere six drops of blood can determine the HIV status of a child. Photo: Elizabeth Whelan

Dr. Myron L. Belfer

Research

Dr. Myron L. Belfer is Professor of Psychiatry in the Department of Social Medicine at Harvard Medical School. A child and adolescent psychiatrist, he currently serves as Program Manager of Learning Group 3 of the Joint Learning Initiative on Children and HIV/AIDS (JLICA).

Dr. Belfer's interest in HIV/AIDS in children started in the 1980's, when he analyzed the mental health consequences of HIV/AIDS in children. He has devoted his career to exploring and improving the mental health of children within a broad context of adversity and trauma, including recent work on interventions for children affected by natural disasters. His clinical research has examined the longitudinal development of children with psychiatric disorders versus normal children subject to stress, as well as the relationship between stress and immunological dysfunction.

He is Senior Associate in Psychiatry at Boston Children's Hospital and Co-Chair, with Dr. Theresa Betancourt, of the International Child Mental Health Program. He served as Senior Adviser for Child and Adolescent Mental Health at the World Health Organization in Geneva from 2000 to 2005. He is immediate past President of the International Association for Child and Adolescent Psychiatry and Allied Professions.



Dr. Belfer with the child of a patient at the PIH clinic in Rwinkwavu, Rwanda

Recent Publications

Belfer ML, Saxena S. WHO Child Atlas Project. *The Lancet* 2006; 367:551-552.

Belfer ML, Eisenbruch M. International Child and Adolescent Mental Health Review. In *Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook*. Andres Martin and Fred R Volkmar, editors. Baltimore, MD: Lippincott Williams & Wilkins; 2007.

Belfer ML, Remschmidt H, et al. A Global Programme for Child and Adolescent Mental Health: A Challenge in the New Millennium. In *The Mental Health of Children and Adolescents: An Area of Global Neglect*. Remschmidt H, Nurcombe B, Belfer ML, et al. (Eds). Chichester, UK: John Wiley & Sons, Ltd; 2007.



Meeting of LG 3 of JLICA and partners in Rwinkwavu to launch a national scale-up of PMTCT+ services

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Front cover: Children playing soccer at a camp for internally displaced persons (IDP) in Gulu District, Northern Uganda. Photo by Center faculty Dr. Theresa Betancourt.