Multi-Institutional Collaborations in Health and Human Rights: Complicated But Worth It
World Bank -Annenberg Summer Institute

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Road Map For Our Time Together

- What is this work and why do it?

- Issues to consider

- The Global Commission on HIV and the Law

- The International Sexual and Reproductive Health and Rights Research Network

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2

The Global Commission:
The Global Data

- Worldwide, 2.5 million [2.2 million–2.8 million] people became newly infected with HIV in 2011.

- There were 34 million [31.4 million–35.9 million] people living with HIV.

- 1.7 million [1.5 million–1.9 million] people died from AIDS-related causes worldwide.

- More than 8 million people living with HIV had access to antiretroviral therapy.

  – However, 7 million people eligible for HIV treatment still do not have access.
    -- 72% of children living with HIV who are eligible for treatment do not have access.

Is the Law Important?

- It can sanction police harassment

- It can result in a prison sentence

- It can ensure provision of clean needles

- It can ensure access to services, from self-help groups to access to ART

How The Law Can Be Helpful

- Many countries outlaw discrimination based on HIV status
- HIV- specific laws can help to ensure access to treatment, condoms etc..
- Laws can support the distribution of clean needles to drug users
- Laws can promote the free association of sex workers for support and education
- Effective legal aid is helping people to get redress in many countries

How The Law Can Be Harmful

- In many countries people may legally have sex at younger ages than they may access reproductive or HIV-related health services without parental involvement

- In many countries it is a crime to expose another person to HIV or to transmit it, especially through sex

- In many countries same sex sexual activity is a criminal offense

- In many countries sex work is a criminal offense

- In many countries drug use is a criminal offense

The Global Commission

- 15 "Eminent Individuals"
- Technical Advisory Group
- 18-month term
- 680 written submissions from 140 countries
- Seven regional dialogues (over 700 people)
- Commission focused its inquiry on:
  - (1) laws and practices that criminalise those living with and most vulnerable to HIV;
  - (2) laws and practices that sustain or mitigate violence and discrimination against women;
  - (3) laws and practices that facilitate or impede access to HIV-related treatment; and
  - (4) issues of law pertaining to children and young people in the context of HIV

…But what counts as evidence?

What Is Happening Now?

- Report released July 2012 in time for the IAC

- Lots of press! Financial commitments but legal change is slow.

- Moldova has announced that it is the first country to implement the Commission's recommendations. It has adopted legislative and regulatory amendments for removing HIV as grounds for restricting people's right to entry and residence, as well as other discriminatory provisions.

- National workshops have been held in the last few months in Kenya, Malawi, and South Africa.. Plans underway in a host of other countries.

- United Kingdom: House of Lords debates held on the impact of discriminatory laws on HIV responses in developing countries & the Commonwealth (December 2012 & March 2013), following the UK Launch of the Commission Report and

- Follow-up is being supported in countries throughout the world..

International Sexual and Reproductive Health and Rights Research Network

- The international Conference on Population and Development (ICPD) held in Cairo in 1994 led governments to place human rights and gender equality at the heart of human development.

- The ICPD Programme of Action adopted by 179 countries committed governments to achieving, by 2015, universal access to sexual and reproductive health, through strategies that would empower women and young people as agents of change, and would uphold the sexual and reproductive rights of all people.

- Close to two decades after ICPD, its Programme of Action is nowhere near being achieved.

- The broad ICPD agenda has been narrowed down primarily to a focus on maternal health, and in particular, to achieving substantial reductions in the high levels of maternal mortality in many developing countries. This is necessary but not sufficient.

- As the focus narrows, this a means that young peoples sexuality, abortion, sex outside of procreation and essentially all the issues which are sensitive and harder to deal with but crucial to health are disappearing from the global agenda.

Global Dynamics

- There is limited availability of funding for SRHR research agendas that have been identified as most relevant by local universities and in-country public health institutions.

- Limited SRHR research funding to local institutions means fewer people having the opportunity for training to carry out SRHR research both within academic institutions and within NGOs, which in turn is contributing to limited research capacity in SRHR in most countries of the global South.

- A visible consequence of this is that relevant research on behalf of the national governments – e.g. situation analyses, monitoring and evaluation reports, - are often undertaken by international consultants based in the North.

Putting This in Context:
Current Realities

- Donor funding for the broader SRHR areas – be it for research, advocacy or interventions – has waned especially post 2000.

- For researchers working in this area, it is not easy to obtain funding to carry out research in "sensitive" areas even if they have been found to be of significance in the local setting.

- If money is available at all, it is most often for global agendas already set by major donors.

- Students rarely get the research funding they need to do masters' or doctoral work in the area of sexual and reproductive health and rights.

- So not only is SRHR disappearing from the global agenda, but national capacity to develop locally relevant policy and programme agendas in SRHR is also being seriously compromised.

- If we don't ensure that research with a core explicit attention to sexual and reproductive health and rights continues to be funded and supported, going forward SRHR issues are unlikely to be taken on by policy makers, let alone program managers, academics, researchers and students.

A Potential Response

- The first call for establishing an SRHR research network came from an international meeting in Langkawi, 2010, on *"Repoliticizing sexual and reproductive health and rights."*

- The meeting identified SRHR research as essential for producing evidence that shows the relevance of SRHR, and to influence and motivate actions and policies that can move forward the ICPD agenda. In addition, it stressed that while evidence is important, how and by whom such evidence-gathering happens is even more important.

Who We Are

The core group comprises researchers, activists and professors based in Belgium, Brazil, Cambodia, India, Malaysia, Mexico, South Africa, the United Kingdom and the United States.

- Marge Berer, Editor in Chief, Reproductive Health Matters

- Sharon Fonn, University of the Witwatersrand, Deputy Director Consortium for Advanced Research Training in Africa (CARTA), Vice President Association of Schools of Public Health in Africa (ASPHA)

- Eszter Kismödi, World Health Organization

- Pascale Allotey, Monash University, Malaysia

- Thérèse Delvaux, Institute of Tropical Medicine Antwerp, Belgium

- Simone Diniz, University of São Paulo, Brazil

- Sofia Gruskin, USC, Harvard School of Public Health, USA*

- Laura Ferguson, USC, University of Nairobi Institute for Tropical and Infectious Diseases

- Asha George, Johns Hopkins School of Public Health

- Adriana Ortiz-Ortega, National Autonomous University of Mexico

- TK Sundari Ravindran, Professor, Achutha Menon Centre for Health Science Studies (AMCHSS), Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India*

*Co-chairs

What We Aim To Do

Mission

- Research that engages human rights concepts and methods and generates transformative and robust evidence for policies and programs that advance comprehensive sexual and reproductive health and rights for all

Aims

- We will:

- Undertake rights oriented research, teaching and mentoring for SRHR

- Build inclusive and collaborative intellectual leadership for rights oriented research SRHR for all that is multi-country, multidisciplinary, multi-sectoral, multi-level, multi-stakeholder

- Stimulate dynamic interactions between rights oriented research, policy development, program implementation and the ground realities of people's lived experiences of SRHR so that they transform one another in advancing SRHR for all

- Foster dialogue that sets and sustains standards for rights oriented research to advance SRHR for all and broaden understanding of a rights oriented approach to research for SRHR for all

- Advance rights oriented research for SRHR all agendas among public health and related discipline schools, professional and activist networks and donors to influence those who set priorities for what is researched and how it is researched within and across countries

Core Strategies

- Research: Transforming understanding
- Education, training & mentoring: Empowering future generations
- Convening and amplifying

What Is Happening Now?

- Virtual meetings

- London meeting

- Engaging WHO and other institutional partners

- Engaging other academic partners

- Planning, planning, fundraising etc.

Key Messages

- Matters of global concern

- Personal relations

- Diversity of disciplines, institutions

- Strong leadership

- Long term view with short term goals

- Good humour and a good attitude!

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