




Promoting and Protecting Human Rights in Medical Research in Resource-limited settings

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Main Goals

- Identify health challenges , and aspects of Primary Health Care in relation to human rights, the right to health, and achievement of SDGs.
- Share personal experiences of advocacy and practice to " improve health equity through ethical medical research and policy change".
- Share ideas on advocacy for gendered medical research in resource-limited settings that ensures equity and respect for human rights.

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Social Challenges to Human Rights and Health Equity



Gender, ethnicity, education, employment, housing, access to health, Corruption, etc.

Effects of Climate change : worsening natural disasters , e.g. hurricanes, earthquakes, wildfires, flooding, drought, extreme temperatures.....increase in malnutrition, malaria, NTDs, etc.

“Man-made” disasters: terrorism, armed conflict/refugee crises..... women and children are the most affected.

Epidemics of HIV/AIDS, Ebola, SARS, Zika, COVID-19, NTDs, etc. but lack of investment in and prioritization of the safety, health and wellbeing of health care workers.

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Primary Health Care: Health For All by 2000 (Alma Ata, 1978....45 years ago, but still most relevant for Human Rights)

- Accessible, acceptable, affordable, and universal, with emphasis on Maternal, neonatal, and Child Health.
- Community participation in addressing social determinants of health.
- Caters for vulnerable, neglected groups (women and girls, older adults, key populations, indigenous people, etc.)
- Nurses and midwives were always the backbone for delivering Primary Health Care in resource-limited settings.

#Great success, interested from Human rights and gender perspective.

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What I have learned from Primary Health Care

'Health is made in the home, Hospitals are for Repairs'.

- **As Researcher and gender activist :Generated Knowledge through research:** documented impact of HIV/AIDS on the rights of African women. Evidence led to Programs for & by women and girls.
- **As Educator and WHO CC Director,** disseminated knowledge to 'influence change', educated nurses as Gender & AIDS activists (Ministerial AIDS Coordinators).
- **Community Participation/Activism,** Society for Women and AIDS in Africa (1988).....enabling GIPA and self-determination for Informed Consent , etc.
- **Documented impact of community-based interventions** in HIV prevention, treatment and support.

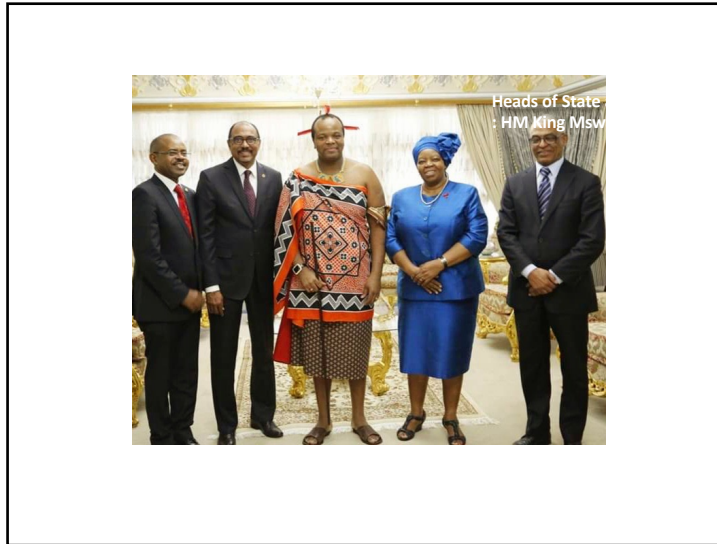
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What I have learned from Primary Health Care

Health is a Political Choice

- With solid **evidence**, political leaders can invest domestic financing to ensure ethical research, e.g. National Research Directorate.
- **Effective collaboration** and partnerships in academic and clinical settings have enhanced ethical research e.g. Botswana –Harvard Partnership....Informed consent in local languages.
- **Leadership development** in health research requires education and Community engagement (Community Advisory Boards) with full representation of all vulnerable population groups. Local traditional and political leaders also engaged e.g. MPs and the Truvada study (2006).

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Human Rights Advocacy in Research as Political Leader and Decision-maker ...



In 2004, appointed Minister of Health...budget 22%

- Very few medical doctors, but very well-educated nurses, midwives, FNPs, community health workers, NGOs.
- Comprehensive Prevention, Treatment, Care and Support Program. Still a model for Africa and the developing world.
- Applied Research evidence, plus Partnerships for the Health & AIDS Response: within 4 years: 80% coverage, MTCT from 29% to 8%.
- Shared with other Ministers in resource-limited settings to invest in ethical collaborative research for health equity.

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Conclusions :Clinical Research in Resource –limited settings as per Helsinki Declaration requires...



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- **Knowledge of country concerns, e.g. vulnerable populations**
- **Political Commitment to Domestic Financing for Clinical Research.**
- **Collaboration** with local and international stakeholders in clinical research .
- **Strengthening of community systems** for service provision, social protection, and promotion of human rights.
- **Education and mentoring of** present and future clinical research leaders.
- **Political office** for good governance, health equity & commitment to SDGs, esp. on Human Rights and Gender-responsive Policies and Services...

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