It is with great pleasure that we present our 2014 Annual Report for the Center on Gender Equity and Health at the University of California, San Diego. This Center conducts innovative research and training to improve population health by improving the status, opportunities and safety of women and girls globally.

Since its creation in 2013, GEH has been leading the charge worldwide to build evidence-based approaches to improve health. They have been analyzing the public health impact of girl child marriage, guiding global policies against the practice through presentations at the United Nations General Assembly and the World Health Organization. They have been gathering the evidence on how best to address sex trafficking and HIV at the US-Mexico border, and building economic empowerment programs to improve women’s health there. They engaged young husbands in rural India to become active participants in family planning and maternal health. And they worked with adolescent girls and women across the United States, in Uganda and in the Philippines to stop partner and sexual violence and its health implications. Here in San Diego, they made sure that their work around the world met the education, training and community service goals of UCSD, by holding the first University of California Academic Symposium on Gender Equity and Global Reproductive Health and creating a tradition of holding annual recognition of the United Nations’ International Day of the Girl Child right here on campus.

We look forward to the opportunities 2015 will bring, particularly with the growing recognition of the importance of women and girls for improved global health and development. Some of the exciting plans in place include bringing UN-level forums to San Diego to guide the next UN Millennium Development Goals, and building fellowship and training programs for our students to receive the most state-of-the-art training in this field and to be prepared for the next-generation global health jobs and leadership that will be required to meet the needs of the future. We are excited to continue and grow our active participation in gender equity and global health, and hope you will join us on our amazing journey!

Sincerely,

Pradeep K. Khosla
Chancellor, UC San Diego

WHO WE ARE
Our Center currently has 8 faculty of medicine and includes more than 20 separate research projects in South Asia, Latin America, Africa, Eastern Europe and the US. A key area of focus that we have led has included engaging our TCO campus University of California system to focus on integration of reproductive and family planning research and programmatic work, with gender equity and women empowerment approaches. GEH’s current research efforts are funded by the US and other governments, foundations and other donors, to advance the scientific field and to support evidence-based policy and practice for population-level impact.

WHAT WE DO
To achieve our mission and create sustainable and large-scale change, the Center seeks and maintains partnerships with governmental and non-governmental agencies around the globe. We utilize a social justice framework across these efforts, and innovative technologies are employed to facilitate and accelerate change at the individual, community and national levels. GEH was developed with the intention of increasing the focus of research, training and evidence-based program and policy, related to the impact of gender inequities on population health concerns across low resource settings around the world.

IMPROVING POPULATION HEALTH AND DEVELOPMENT
BY IMPROVING THE STATUS, OPPORTUNITIES AND
SAFETY OF WOMEN AND GIRLS GLOBALLY.

OUR MISSION: The mission of the Center on Gender Equity and Health (GEH) is to improve population health and development by improving the status, opportunities and safety of women and girls globally.

OUR VISION: GEH envisions a world in which gender inequities and gender-based violence are eliminated, no longer posing a major threat to the health and full social and economic development of women and girls across the globe. In such a world, all individuals (particularly women and girls) and communities will be enabled and empowered to reach their full potential and contribute to the development of healthy, safe, economically secure and equitable societies.

OUR GOALS: The Center focuses on conducting innovative global public health research, medical and academic training, and development and evaluation of evidence-based policies and practices related to gender inequities (girl child marriage, sex preference and daughter avoidance) and gender-based violence (partner violence, sexual assault and exploitation, sex trafficking). The overarching goal of the Center is to reduce gender inequities and gender-based violence, as such reductions are key to improving sexual, reproductive, as well as maternal and child health.
SYMPOSIUM ON GENDER EQUITY AND GLOBAL REPRODUCTIVE HEALTH

MARCH 19-21, 2014

The goal of this inaugural Symposium was to advance evidence-based programming and policies that promote gender equity and reproductive health among women and girls across multiple global regions, particularly Latin America, South Asia, and sub-Saharan Africa. Symposium presenters included the Director of Gender Development for the World Bank, the Director of the Office of Population and Reproductive Health at USAID, leaders from the U.S.-Mexico Border Health Commission, and representatives from the UC Network of Institutes of Health and the Packard Foundation, as well as UC President Janet Napolitano, UCSD Chancellor Pradeep Khosla, and researchers from across the UC system and the nation. The large audience included over 400 in-person and livestream attendees and over 1,350 views on Twitter; videos from the Symposium have received over 1,000 views on YouTube.

View video highlights from the symposium at http://bityl/yf4z5d

Pictured: GEH Program Manager Jennifer Yone, MPH
ESSENCE: EXAMINING STRESS, SEXUAL EXPERIENCES, AND NEIGHBORHOOD CORRELATES OF HIV RISK AMONG AFRICAN AMERICAN WOMEN

The goal of the ESSENCE Project is to evaluate the impact of neighborhood-level characteristics of the physical and social environment on sexual assault perpetration, and to understand how sexual assault influences both behavior and physiology to increase HIV risk among young African American women in Baltimore, MD, a city heavily impacted by HIV. ESSENCE is the first study to evaluate the independent and combined influence of sexual violence (not gender-based), environmental, and physiological factors of vulnerability to HIV. Because of this unique and innovative approach, findings from this study will directly inform multi-level interventions that address both environmental and physiological risks for HIV among African American women.

CHARM: COUNSELING HUSBANDS TO ACHIEVE REPRODUCTIVE HEALTH AND MATRITAL EQUITY

Over a decade of research conducted by GEH scientists has documented the central roles played by gender-based vulnerabilities such as intimate partner violence and lack of control over contraception in driving poor reproductive health among young married women in rural India and elsewhere. GEH worked closely with Indian government researchers and health providers to develop CHARM, a program to improve family planning use among young couples in rural India by addressing gender norms related to women’s reproductive rights and decision-making. To address issues of both sustainability and acceptability to men, CHARM involves outreach and intervention by local, traditionally male health providers, and focuses on male family planning counseling in conjunction with gender equity to promote norms against spousal violence and support of shared reproductive decision-making. CHARM has already been recognized by USAID as a global ‘promising practice,’ and findings from the evaluation of CHARM will provide evidence of not only program efficacy, but also how this model may be scaled-up in rural communities across India to promote sustained improvements in gender equity and reproductive health.

PASS: PROMOTING ADOLESCENT SEXUAL HEALTH AND SAFETY

Based on years of research on the nature and context of sexual violence against adolescent girls, GEH researchers have developed the concept of the coercive sexual environment (CSE) to describe the physical and social neighborhood context of many poor adolescent girls that is tied to sexual violence, threats and coercion. The elements of CSE appear to operate as neighborhood-level threats that drive high rates of sexual assault, STI/HIV and teen pregnancy across such communities. The PASS project targets adolescents in severely affected neighborhoods — the low-resource, high-crime housing projects in Washington, DC. PASS is a collaboration of GEH, the Urban Institute, the DC Housing Authority, residents in DC public housing, and community-based organizations to collaboratively develop evidence-based and sustainable approaches to systematically address CSE and reduce its pervasive effects on girls’ sexual safety (e.g., teen pregnancy and HIV) and consequent social and emotional development and educational attainment. The PASS program will serve as a model for addressing these issues in public housing communities nationwide.

EPIDEMIOLOGY OF SEX TRAFFICKING, DRUG USE, AND HIV

Across Latin America, virtually no empirical data exist on the subject of sex trafficking, yet trafficking of women and girls into sex work, and drug cartel involvement in this form of sexual exploitation, is reported to be increasing across the region. Through collection of extensive and survey data from over 600 women in sex work, this study is providing the first empirical data on the nature of sex trafficking, how young women and girls are made vulnerable to this gender-based crime, and how victims of sex trafficking and related violence are increasing vulnerable to HIV in the two major border cities of Tijuana and Ciudad Juárez, Mexico. Results of this work are providing the much-needed empirical bases for development of interventions and policies to prevent sex trafficking, to identify and assist victims who have been trafficked, and to understand the key role sex trafficking plays in the regional HIV epidemic.

GIRL CHILD MARRIAGE AND ITS IMPACT ON REPRODUCTIVE, MATERINL AND CHILD HEALTH

UNICEF reports over 720 million women and girls globally were married before age 18 years. Almost half of these girls child marriages occurred in South Asia. GEH researchers are examining child marriage and its health impact in India, Bangladesh, Nepal and Pakistan. Their work highlights that the past 20 years have shown significant reduction in child marriage among older adolescents, and that more than 150,000 infant deaths to young mothers in India alone in 2002 were attributable to the combination of adolescent childbirth and low birth spacing among young mothers. Their work in this area will provide insight into social vulnerabilities to child marriage, as well as how quality health services can better meet the needs of women and girls married as minors. This work is being conducted collaboratively with stakeholders in the international and governance sectors to support internationally agreed-upon goals for global health and development related to girl child marriage and adolescent health.

EVALUATION OF MAX (MAXIMIZING HEALTHCARE PROVIDER PERFORMANCE ON REPRODUCTIVE HEALTH CARE QUALITY)

Quality reproductive health care services can reduce maternal health complications and mortality, but too often high quality care is unattainable due to inadequate training and support for frontline providers. WomanCare Global’s MAX program utilizes trained representatives to provide personalized support to health workers with the goal of supporting provider provision of high-quality reproductive health care services. The program is currently in operation in Kenya and South Africa, with plans for expansion. GEH is working with WomanCare to evaluate MAX in the field via a demonstration project to understand its effects on maternal health and optimal program strategies necessary for scale-up and expansion of the program. Findings to date show much promise for program impact but also highlight the importance of stable healthcare infrastructure for quality reproductive health services.
EVENT HIGHLIGHTS

INTERNATIONAL CONFERENCE ON FAMILY PLANNING

In November 2013, CGH faculty and students attended the International Conference on Family Planning in Addis Ababa, Ethiopia, where they gave oral presentations on integrating family planning and partner violence prevention programs, male engagement in family planning, and the global public health impact of child marriage, as well as podiums on reproductive and maternal health continuum of care and associations of economic empowerment and reproductive control. Our faculty-led roundtables on gender-based violence and girl child marriage hosted more than 90 different attendees from over 20 different countries. We also hosted a side meeting with UC attendees at the event, to support networking and collaboration on global reproductive health research.

INTERNATIONAL DAY OF THE GIRL CHILD

In October 2014, CGH commemorated the third annual United Nations Day of the Girl by co-hosting a half-day event featuring speakers, performance and activity booths to empower women and girls and to raise awareness about the need for gender equity. Opening remarks were made by UCSD Chancellor Pradeep Khosla, who talked about UC San Diego’s top scholars who are at the forefront of this academic work, conducting research in the areas of girl-child marriage, gender-based violence, family planning and maternal health, and economic empowerment. He said we need to continue to work together across disciplines to address these types of global challenges. The keynote speaker was San Diego District Attorney Bonnie Dumanis. Booths and activities at the event were organized by local girl leaders in San Diego, including an activity based on a cultural exchange between local middle and high school girls with girls in Northern Nigeria (the Boko Haram affected areas) who are in a program to help them get an education.

UNICEF MEETING TO ADDRESS VIOLENCE AND HIV AMONG SEXUALLY EXPLOITED CHILDREN

In June 2014, Jay Silverman was asked by UNICEF leadership in the sectors of child protection and HIV/AIDS prevention to help lead the First International Expert Meeting to Address HIV and Violence among Sexually Exploited Children. At this seminal event in Bangkok, and in his subsequent meetings with UNICEF leadership at headquarters in NY in August, Dr. Silverman helped to lay the scientific foundation for UNICEF’s new initiative to prevent sexual exploitation and HIV among vulnerable children around the globe.

UN GENERAL ASSEMBLY CONVENES PANEL ON CHILD, EARLY AND FORCED MARRIAGE

On September 5th, 2014 the UN General Assembly convened a panel of experts, including Center on Gender Equity and Health Director Dr. Anita Raj, to address the effects of child, early and forced marriage. HHPR Princess Mabel Van Oranje of Orange-Nassau moderated the discussion which addressed the impacts of child, early and forced marriage on the 2015 Millennium Development Goals and what steps are needed to end child marriage within a generation.
GEH STUDENTS WHO SHINE

BETTY WONG, an undergraduate pre-medical student in Human Biology with a Public Service, Health Track minor graduated in June 2014. She participated in a UCSD-wide Faculty Mentor Program during the 2014 Winter and Spring quarters under Dr. Lianne Urredo, faculty of the Center on Gender Equity and Health. During the academic year, she worked on Dr. Urredo’s study, “Social and structural constraints on disclosure and informed consent with female sex workers and their managers in the Philippines” and helped input data that pilot-tested the effects of an HIV prevention intervention. This inspired Ms. Wong to pursue her own line of research on the training needs of physicians on sex trafficking in Southern California. She presented her scientific poster at the UCSD Faculty Mentor Program Symposium at UCSD, for which Dr. Urredo was nominated.

ANINDITA DASGUPTA, MPH is a GEH pre-doctoral fellow and is in her third year of her doctoral program in global health. Anindita has worked as the US project manager for numerous India-US NIH-funded intervention studies (PI: Anita Raj) in India on HIV, and family planning in India. In this capacity, Anindita has traveled to India three times during her doctoral training. During these visits, in addition to completing project-related activities, Anindita participated in conversations with the scientific team around manuscript development, and future grant development. On her most recent trip, Anindita led a site visit in rural Maharashtra, India, to government primary health centers to discuss feasibility and acceptability of launching a new study in this setting. Recently, Anindita presented the CHARM model, a site-centered family planning intervention for married couples in India at an expert technical consultation session on meeting the needs of first time parents in Washington, D.C., sponsored by USAID and Evidence to Action, and Pathfinder International.

ARGENTINA SERVIN, MD, MPH (pictured top left) is a GEH Postdoctoral Fellow and a bilingual and bicultural clinician-researcher with training in preventive medicine, infectious disease and clinical epidemiology. She is conducting research independently and with Dr. Jay Silverman on vulnerability among adolescent girls to labor and sex trafficking victimization, programs to assist mothers in sex work to protect and educate their children, and clinic and community-based interventions to reduce violence and adolescent pregnancy among youth from migrant and other marginalized populations across Latin America. Dr. Servin is collaborating with the World Bank and representatives from multiple ministries within the Mexican federal government to develop effective and sustainable family planning programming for adolescents that addresses gender-based violence within Mexico’s national health system.

ROHAN VILMS (pictured center) is a 4th year medical student and an aspiring pediatrician-researcher invested in addressing social and gender inequities that compromise neonatal and child health and survival. He worked with Dr. Anita Raj of GEH on an analysis of son preference and contraceptive use in Nepal, resulting in a published paper, and on a study evaluating the utility of community empowerment and gender dynamics interventions to improve child survival in South Asia and West Africa. He has also been involved in clinical activities to support his interest in health disparities in resource-limited settings, in Baja California and San Diego.

At GEH, our vision of a world in which gender inequities no longer compromise the health and safety of women and girls is not simply a utopian abstraction or far-off dream. This is our true and immediate aspiration, one that GEH faculty work to make a reality every day in measurable and tangible ways. The previous pages describe the work accomplished by GEH to combat gender-based violence and inequities around the globe during our exciting inaugural year. While we are extremely proud of the quality and impact of this work, in order to make progress toward our vision, we will expand the scope of this work in exciting and significant ways during the coming year...

- Expand our work to create and test evidence-based solutions to end sex-trafficking and related violence against girls around the world and in four Central American nations where girls are under constant threat due to the activities of drug cartels, the ineffectiveness of government institutions, and the resulting tattered social fabric; and
- Build upon our previous work to understand child marriage and to lead development of sustainable and scalable interventions on the ground in South Asia to reduce this major form and source of gender inequality;
- Work to implement and evaluate innovative and sustainable evidence-based programs, building on our strong local and domestic partnerships, to reduce sexual assault against girls and prevent teenage pregnancy within clinics and public housing in extremely low-resource communities in Washington DC, Baltimore, and San Diego County; and
- Work just south of San Diego in the poorest neighborhoods of east Tijuana, Mexico, to partner with local leaders and adolescent health advocates to develop and implement programs to prevent both partner violence and adolescent pregnancy, and to advocate for empower girls from marginalized communities to recognize and reach their life goals.

Community, philanthropic, institutional and governmental collaborations are vital to effective and sustained change. To further strengthen the impact of our efforts to promote gender equity across the globe, we have recently expanded our network of partners in dissemination of this work to include USAID, the World Bank, UNICEF, the Pan American Health Organization and the Ministries of Health of the nations in which we work.

Finally, it is a top priority of ours to develop a doctoral and post-doctoral training program housed at GEH to foster the development of the next generation of researchers dedicated to improving gender equity and improving the health of women and girls around the world. Critical to this mission is not only recruiting and supporting the brightest young minds at UCSD, but to establish scientific exchanges with academic institutions within the low- and middle-income nations with whom we work. To this end, GEH will formalize our policy of supporting doctoral and postdoctoral trainees from low-income academic partner institutions to promote research expertise and capacity within affected countries. Visiting researchers will spend 6 to 12 months working directly with GEH faculty across a range of programs to expand and deepen the capacity of these future leaders. In the coming year, we will prioritize seeking philanthropic support to make these vital exchanges a reality.