



December 21, 2011

Dear Friends,

I am writing to you today to share with you some of our team's achievements of the past year. We continue to make major progress in both Cambodia and Ethiopia with your support. We focus on one person at a time while developing model approaches that can be used globally, and we seek new knowledge for cures and medicines of the future. We deliver care while advocating for change.

I have just returned from Ethiopia last week, where I was again humbled by the achievement all of you who have supported us through the years have made possible.

As of last week, we started 342 Ethiopian patients on therapy for multidrug resistant tuberculosis (MDR-TB) in a pioneering program with the country's ministry of health. So many of our patients are very young--in their teens, twenties, and thirties--and too many of them have come to us with permanent lung and heart damage having cycled through ineffectual therapies waiting for years for the curative drugs to come to Ethiopia. They face the two years it takes for a cure of MDR-TB, and the intense side effects of the five-medication course in front of them, with courage and commitment and with gratitude for this life-giving opportunity. I know that each and every one of them would ask me to express their deep appreciation to you for providing them with this chance to live.

Also in Ethiopia, this month we broke ground on the Zahara Children's Center on the outskirts of Addis Ababa. The center will merge lifesaving strategies developed at the Maddox Chivan Children's Center in Cambodia with the needs of the tens of thousands of children infected with or affected by TB and HIV on the ground in Ethiopia. The opening of the center, which is employing sustainable and green technology and using traditional Ethiopian building methods, is planned for late fall 2012.

In Cambodia, our program continues to thrive. CHC's AIDS programs delivered primary HIV care for 4,300 adults and 650 children in urban and rural Cambodia in 2011. We have treated almost 32,000 people for TB since CHC's founding in 1994. All with community-based approaches developed at the grass roots level that incorporate the family and community.

The CAMELIA, the clinical trial that was conducted in the CHC clinical and research network, showed a 33% decrease in mortality from TB and HIV co-infection. Published in October as a lead article in the New England Journal of Medicine, it is already changing care for people suffering from TB and HIV infections globally. TB is the largest cause of death in people living with AIDS and we showed how to decrease this terrible reality by over a third by changing the timing of the AIDS drugs that are routinely used throughout Asia and Africa. But the CAMELIA did much more: it brought together a unique international coalition of scientists and clinicians from France, the US, and Cambodia and established a level of clinical research and care thought to be impossible in post-genocide Cambodia, a country whose entire medical infrastructure was destroyed just decades before. The trial transformed the pulmonary ward in the Khmer-Soviet Friendship Hospital, the major public hospital of Phnom Penh (and Cambodia, for that matter) that had been a place where destitute AIDS patients had been taken to die with no care -- as so poignantly shown in James Nachtwey's 2003 photographs -- to a place of life. Now it is a center of excellence for TB and AIDS care where a new generation of doctors and nurses are being trained in AIDS, TB, and the care of lung diseases. Indeed, through the CAMELIA trial hundreds of Cambodian doctors, nurses, lab technicians, pharmacists, and social workers were trained in Phnom Penh and in rural hospitals. It also showed the international medical community the power and feasibility of combining TB and HIV services and the power of CHC's approach of combining delivery and discovery.

Our commitment to children with TB was also expanded this year. CHC screened more than 2,600 children in Svay Rieng Province for TB. Our team visited over 900 homes of patients with TB in remote villages to look for sick children. We found a high burden of TB in this vulnerable population as nearly 15% of the children had TB, which we could treat in a timely fashion. Globally, at least one million children develop TB and up to 500,000 die each year. Most of this suffering and many of the deaths from TB among children are due to the challenges in diagnosing TB. As part of this work to determine the burden of TB among children in rural Cambodia, we conducted a study, the first of its kind in South-East Asia, to validate promising new diagnostic tools. Indeed, CHC showed for the first time that the new GeneXpert technology can be used on gastric aspirates, the most common specimen used for pediatric TB diagnosis around the world. The study team was invited to present the first results at the Union World Conference on Lung Health in France this past October and at a symposium organized by the Chinese Center for Disease Control and Prevention in Beijing.

In 2011, we cared for over 1,000 Cambodian children living with HIV/AIDS in rural villages of Svay Rieng and Kompot and from the slums of Phnom Penh, providing medical care and much more. The Maddox Chivan Children's Center provided food, education, counseling, social support, and medical care for the 295 children who attended its daily programs. Children such as 13-year-old Sorita, pictured at the right in September at the Maddox Center, are blossoming. It is hard to imagine that Sorita is the same girl who was first discovered by the Maddox team in January 2008. Then, newly orphaned, she was emaciated, refusing to eat, and near death from TB and AIDS. The medicines, the food, the care, the learning that has gone on at the center have transformed her life. Social workers and counselors from the Maddox brought the approaches that have helped so many children like Sorita not only survive their HIV, but also thrive and succeed in school and sports, to the Joseph P. Sullivan pediatric ward at the Khmer-Soviet Friendship Hospital, where we are responsible for the primary AIDS care for 360 children infected with HIV at birth and where we also assist with general outpatient and inpatient pediatric services for the city of Phnom Penh.

Your support has made the difference between life and death for literally thousands of people. Together, we have upheld the basic human right of access to medicines to cure disease and sustain life for all. We hope that you will continue to give us your trust and your support as we face the coming year and its challenges.

With wishes for a wonderful holiday season and for a joyous and healthy new year for you and your families.

Sincerely,

Anne Goldfeld, M.D.
President and Co-founder GHC/CHC



Article 3

"Everyone has the right to life, liberty and security of person."

Article 25

"Everyone has the right to ... health and well-being of himself and of his family, including... medical care..."

The Universal Declaration of Human Rights, adopted December 10, 1948

"He who saves a single life is as though he saved the entire world."

The Talmud