

Global Health Committee

2008 Update of Achievements



We Have Changed Our Name, But Not Our Mission

Cambodian Health Committee is now also known as Global Health Committee

Infectious disease and poverty are not bounded by international borders, and so this year the Cambodian Health Committee took the major step of expanding its operations to new frontiers in Southeast Asia and Africa. With the help of our generous donors, we launched projects aimed at children and adults affected by tuberculosis and HIV in Ethiopia. This is all in addition to continuously enhancing our existing programs in Cambodia and our pioneering approach of linking scientific discovery with delivery of care.

Our new name reflects this international expansion, but our approach remains the same: By focusing on one person at a time and providing medicine, education, and support, we cure tuberculosis and treat AIDS. Through advocacy, training and research programs, we constantly work to build local health care infrastructure, and make scientific discoveries to improve care for everyone. To date, GHC/CHC efforts in Cambodia have resulted in more than 17,000 tuberculosis cures and 4000 lives extended by HIV medicines and care.

Cambodia

- The National TB program scales up CHC's community-based treatment model to cover the entire country.
- GHC/CHC breaks ground on the Joseph P. Sullivan Outpatient Center of Excellence for TB and AIDS Care of Children at the Khmer-Soviet Friendship Hospital, Phnom Penh's largest public hospital. Renovation and modernization of the existing children's ward and addition of a new outpatient wing are all supported by a gift from Jeanne Sullivan in memory of her husband, a long-time CHC supporter and tireless advocate for refugees and human rights.
- GHC/CHC takes charge of outpatient care for nearly 400 HIV-positive children from departing Médecins Sans Frontières and from the Maryknoll Missionaries.
- Maddox Chivan Children's Center with continued support of the Jolie-Pitt Foundation serves more than 600 HIV-infected and -affected children with educational, medical, social and vocational programs. New this year: Peer counseling for HIV-positive teens, and development of age-appropriate HIV/AIDS counseling materials for children.
- GHC/CHC develops a new model for treating multi-drug resistant TB (MDR-TB) in hospitals and in the community and obtains free medicines for Cambodia.
- GHC/CHC shares experiences and expertise at leading scientific forums, including the 39th Union World Conference on Lung Health in Paris, France, and at a US Institutes of Medicine panel on MDR-TB in Washington, DC.
- GHC/CHC-led CAMELIA trial to determine the best way to combine treatments for TB and AIDS nears its enrollment target of 660 patients. The trial, the first ever of its kind to answer this question, continues to be funded by the US NIH and French ANRS.
- GHC/CHC researchers at Harvard Medical School, the Immune Disease Institute in Boston and the Pasteur Institute of Phnom Penh begin an ANRS- and Aeras-funded study in Cambodia to investigate the "paradoxical reaction," a severe immune side effect that complicates HIV treatment in one-fifth of TB-infected patients.

- GHC/CHC's TB and AIDS work featured in major photography exhibits in Paris, New York and Bangkok by award-winning Time Magazine photojournalist James Nachtwey, who is working with CHC to raise world awareness of drug-resistant tuberculosis and the link between TB and AIDS.
- Annenberg Foundation gives a two-year \$500 thousand grant for TB and AIDS treatment programs and GHC/CHC research at the Immune Disease Institute. The grant recognizes the power of combining clinical care and discovery in the fight against TB and AIDS.

Ethiopia

- GHC/CHC receives \$2 million gift from the Jolie-Pitt Foundation for work in Ethiopia.
- Planning begins on a center for AIDS- and tuberculosis-affected children in Addis Ababa, modeled after CHC's successful Maddox Chivan Children's Center in Cambodia.
- GHC/CHC begins MDR-TB treatment project, working with the Ministry of Health to train health workers to treat the disease. CHC will also partner with the ministry to improve TB detection and treatment modeled on the Community DOTS (Directly Observed Therapy Shortcourse) methodology pioneered by CHC in rural Cambodia using community workers.

Vietnam

- GHC/CHC doctors train colleagues from the Pham Ngoc Thach Hospital in Ho Chi Minh City to treat MDR-TB there and partner with them to treat a patient with extensively drug resistant TB.

Swaziland

- GHC/CHC makes its first site visit to Swaziland, which has the highest HIV infection rate in the world; 34 percent of Swazi citizens are HIV-positive. GHC/CHC will collaborate with the national TB program to improve case detection and care for conventional and MDR-TB and TB/HIV coinfection using Community DOTS methods.

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