

Global Health Committee

December 22, 2009

Dear Friends,

I am writing to you today from Boston having just returned from Ethiopia last week and poised to go to Cambodia in a few days. We have made breathtaking progress over the last year in both countries and I would like to highlight a few of the achievements that your generosity has made possible over the past year and ask you to consider continued support.

Working with an extraordinary group of Ethiopian health workers this year, we began the national treatment program for Multi Drug Resistant tuberculosis (MDR-TB) in that country. Ethiopia has the second largest population in Sub-Saharan Africa (approximately 80 million), and is one of the most poverty-stricken countries in the world. Before this joint initiative between GHC/CHC and Ethiopia, poor patients with MDR-TB were sent home to die as there was no medication available. This unique "South to South" collaboration between our projects in Cambodia and Ethiopia has changed all that, incorporating the lessons learned in Cambodia, where we are pioneering universal access to medicines for all patients with MDR-TB and providing drugs where international initiatives had failed.

Our program in Cambodia continues to thrive with many new milestones this year. We saw the expansion of CHC's pediatric program to the new Joseph P. Sullivan pediatric ward at the Khmer Soviet Friendship Hospital, which is the largest public hospital in Cambodia. We are merging lifesaving strategies developed at the Maddox Chivan Children's Center since 2006 with this newly refurbished ward that provides outpatient care for 400 HIV-positive children in its clinic. Our Maddox Program now touches the lives of almost 1,000 children directly impacted by HIV, just like the little girl on the right of this page. A unique achievement of the Maddox has been the development of age-specific counseling materials for children who must learn to take AIDS drugs and continue them for their lifetimes. This year has seen this material assembled into a manual, being prepared for publication to be widely used around the world.

The CAMELIA trial, CHC's landmark clinical trial to determine the optimal timing of AIDS drugs when patients are co-infected with TB, which is supported by the US NIH and the French ANRS, has finished recruiting the 660 patients needed for follow-up. We will be able to answer this question of how to treat TB and AIDS in late spring of 2010, which will set the international standard of care. Meanwhile, the training and enhanced care set up around the country of Cambodia to perform the trial has made a far-reaching impact on care of AIDS and TB patients in Cambodia along with CHC's other programs. And we will take these lessons to Ethiopia and to other countries.

As I wrote last year, while we have made great progress, we are sobered by the number of adults and children all over the world who have no access to medicines or care that would cure or treat their disease, just because they are poor or live in post-conflict situations. We are driven to continue to address this problem one person at a time and on all the levels that we can: by delivering what drugs we have in hand, by developing model approaches that can be used globally, by seeking new knowledge for cures and medicines of the future, and by advocating for our patients.

We are deeply grateful for the generosity of all of you who, through your support, have helped us to uphold the basic human right of access to medicines to cure disease and sustain life. Your support has made the difference literally between life and death for thousands of people.

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 and happy new year to you and your families.

Sincerely,



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

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

Article 3,
The Universal Declaration of
Human Rights,
adopted December 10, 1948.



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