



**GHC** Global Health Committee  
Cambodian Health Committee

# 2011 Milestones

## *Ending Tuberculosis and AIDS through Delivery, Discovery, and Advocacy*

### **Cambodia**

- Since its founding in 1994 in three district hospitals in rural Svay Rieng near the Vietnamese border, CHC has treated 31,768 TB patients, while pioneering community-based, low-cost, effective approaches to treating TB and HIV. Its community-based TB program, Community Daily Observed Therapy (Community DOTS), has been adopted by the Cambodian Ministry of Health and has been expanded nationwide. CHC continues to deliver direct TB care to an area serving close to one million people in three of Cambodia's poorest and war-affected provinces: Svay Rieng, Kompot, and Kandal.
- CHC's AIDS programs delivered primary HIV care for 4,300 adults and 650 children in urban and rural Cambodia in 2011. CHC's rural AIDS program was the first to integrate TB and AIDS care in the country, providing a global model for the treatment of TB and AIDS. In Phnom Penh, the pulmonary ward of the largest public hospital where CHC works has been transformed into a center of excellence for TB and HIV care.
- 295 children received medical, nutritional, educational, and social care from the Maddox Chivan Children's Center in 2011. Using approaches developed at the center, hundreds of other children across CHC's programs in Cambodia have benefited and a counseling manual based on the experience at the Maddox that will help children worldwide has been created.
- CHC has actively screened close to 2,000 Cambodian TB patients for multidrug resistant (MDR)-TB and 200 have been placed on MDR-TB therapy. CHC established MDR-TB care in the country of Cambodia and continues to provide the clinical program for MDR-TB in partnership with the National TB Program. CHC is aiming to scale up access for universal care for MDR-TB countrywide, a global first.
- The Joseph P. Sullivan Outpatient Center of Excellence for TB and AIDS Care of Children at the Khmer-Soviet Friendship Hospital (KSFH), Phnom Penh's largest public hospital, provided care for 360 HIV-positive children and enhanced services for all children at the hospital.
- The clinical trial CAMELIA (for **C**ambodian **E**arly versus **L**ate Introduction of **A**ntiretrovirals), nested in the CHC clinical and research network, supported by the French ANRS and the US National Institutes of Health, was published as the lead article in the New England Journal of Medicine on October 21, 2011. It showed that early HIV treatment at 2 weeks, as compared to the standard of waiting for 2 months after TB treatment is begun, dramatically increases survival in patients co-infected with TB. TB is the largest cause of death in HIV-infected patients and has caused approximately a third of the 33 million AIDS deaths that have already occurred. The CAMELIA results and the CHC approach of integration of TB and HIV delivery of care with research and discovery are already influencing international policies and could save up to 150,000 lives a year. Results from the study were featured at the International AIDS Society Conference in Rome in July.
- In 2011, CHC conducted a pediatric TB diagnostic study to validate promising new diagnostic tools and to determine the burden of TB among very young children in rural Cambodia. Yearly, at least one million children develop TB and up to 500,000 die worldwide. Most of the deaths from TB among children are due to the challenges in diagnosing TB. The CHC study was the first in the world to use the new GeneXpert System, which can diagnose TB in 2 hours on pediatric samples. These findings will have an impact for pediatric TB control worldwide and will also provide important information for the Ministry of Health in Cambodia to address the neglected needs of children with TB. The first results of the study were featured at the 42nd Union World Conference on Lung Health in Lille France in October and at the International Symposium on Tuberculosis Vaccines co-hosted by the Chinese Center for Disease Control and Prevention, Aeras, and the Bill & Melinda Gates Foundation in Beijing in October 2011.

### **Ethiopia**

- As of December 2011, 342 patients have been initiated on treatment for MDR-TB in Ethiopia in GHC's two program sites at St. Peter's Hospital in Addis Ababa and at Gondar University Hospital in Gondar in the north of the country. Results of the program were reported in April in New Delhi, India at joint meeting between the Indian and US National Academy of Sciences, and were reported at the 42nd Union World Conference on Lung Health in October in France and at the 16th International Conference on AIDS & STIs in Africa, held in Addis Ababa in December 2011. The program has one of the best records of cure/completion and adherence to care in the world and is being recognized as a model for scale up and access to MDR-TB care in Africa and in other resource poor settings.
- The Zahara Center for HIV and TB affected children broke ground in Sebeta, on the outskirts of Addis Ababa, in December. Modeled after the Maddox Chivan Children's Center, the center will provide medical, educational, and social care for children infected with or affected by HIV and TB. There are an estimated 135,000 children under the age of 14 living with HIV in Ethiopia and up to one million AIDS orphans. There are tens of thousands of children with TB, which is one of the major causes of death of children in Ethiopia. The Zahara Center is being built using sustainable methods and technology and traditional Ethiopian building approaches with an estimated opening in fall 2012.

#### **CHC/GHC's Commitment to Care**

*We deliver free TB and AIDS care to some of the poorest people on earth, because it is unacceptable that people are dying every day from treatable diseases. We strive to provide access to care in war-torn and post-conflict nations, to help restore health and peace.*

#### **Ameliorating Malnutrition and Poverty**

*Food and microfinance projects strike at the root causes of TB and AIDS.*

#### **Partnering for Successful and Sustainable Programs**

*Enlisting families, communities, national health systems, and international agencies to create effective and enduring solutions.*

#### **Scaling up Success**

*Building capacity to have a greater impact on health at the national and international levels.*

#### **A Critical Role for Clinical and Basic Discovery**

*Nesting discovery and research in our clinical care networks improves care now while finding more effective and innovative approaches to treat TB and AIDS.*

#### **Advocating for Access to TB and AIDS Drugs for All**

*Making the case for better care and more research worldwide by exposing the tragedy of TB and AIDS through testimonies, lectures, publications and exhibits.*

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