



HEALTH CARE IS A HUMAN RIGHT

Cambodia

Since the founding of the Cambodian Health Committee (CHC) twenty years ago in three district hospitals in a war-devastated area of Cambodia in rural Svay Rieng near the Vietnamese border, CHC, has made the dream of providing the human right of access to care for treatable or preventable diseases a reality. As of 2014, CHC (the name Global Health Committee (GHC) or GHC works under in Cambodia), has treated more than 50,000 TB patients with its signature low-cost community-based approaches that has resulted in extremely high TB cure rates. This past year, CHC continued to directly manage and deliver Community TB care in 3 of Cambodia's provinces: war-affected Svay Rieng and Kompot and in Kandal (where Phnom Penh is located) to a population of 1.8 million. Indeed, CHC's community-based TB treatment program, which was scaled up by the Cambodian National TB Program throughout the country, has been held up as a global example in eradicating TB and as a key reason for the 45% drop in TB prevalence between 2002 and 2011 in Cambodia. In a new direction in the past two years, CHC provided TB care and screening for prisoners in the two largest Cambodian prisons located in Phnom Penh, which house approximately 3700 prisoners.

The approach that CHC developed to treat drug resistant TB, which untreated is an airborne death sentence and threat to the society, has been extended to all regions of Cambodia. Since 2006, CHC has screened over 6,000 TB patients for drug resistant TB and has placed 649 patients on therapy, achieving very high cure rates nearing 80%. A remarkable aspect of this program has been that a quarter of CHC's patients with drug resistant TB have begun their treatment at home, a programmatic option developed to assist impoverished rural patients who live far from treatment centers to provide them a chance to access and complete treatment, while continuing to be cared for in their families and to farm. CHC continued in 2014 to be the Cambodian National TB program's key partner in delivery of care, screening of new cases, and program management of drug resistant TB.

In 2014, the CHC's AIDS programs reached their twelfth anniversary having provided primary HIV treatment and home-based care to approximately 7000 Cambodian adults and children living in the capital city of Phnom Penh and in two operational districts in Kompot and Svay Rieng provinces where CHC provides the AIDS care to an area serving 500,000 rural villagers.

The Maddox Chivan Children's Center and its linked services at the Pediatric Ward and Sullivan Center of the Khmer Soviet Friendship Hospital (the largest public hospital in Cambodia) has assisted more than 2,000 children since their opening. The integrated medical, nutritional, educational and social care services of the Maddox Center were offered to nearly 300 children in 2014, while at the Khmer Soviet Friendship Hospital's pediatric ward and the Sullivan outpatient center, primary HIV care was provided to more than 500 HIV+ children seen on a monthly basis with the Maddox team providing

medical counseling and social and educational services. A highlight of the 2014 Maddox program was the initiation of a music program where children are learning to play piano and recorder. We imagine that by next year this activity will be as successful as the horseback-riding program where 3 of the Maddox children who began horseback riding through the program are now core members of the Cambodian National Equestrian Team.

The CHC-assisted Pulmonary Ward at the Khmer Soviet Friendship Hospital, has served more than 4000 TB or TB and HIV co-infected patients since its opening in 2005 and is a center of excellence for TB and HIV care in Cambodia, training medical students and residents. It was the main trial site of the CAMELIA study that was a partnership between CHC, the French National AIDS Agency, the US National Institutes of Health and the Institut Pasteur, which demonstrated a 34% reduction in mortality if the timing between treatments for HIV and TB were shortened. This month of December another major advance came from this work with the team's publication of a study showing that certain patients who have a strong immune response to TB when AIDS drugs are started, provide an important clue for understanding how the immune system conquers TB. This study could lead the way to better vaccines against TB.



Ethiopia

With the reporting this past year of the best outcomes for treatment of drug resistant TB in sub-Saharan Africa at 80% in GHC's Ethiopian program, GHC has achieved the best outcomes so far reported in sub-Saharan Africa. As of this December 2014, 1200 patients have been initiated on treatment for drug-resistant TB in GHC's program sites at St. Peter's Hospital in Addis Ababa, at northern Gondar University Hospital in Gondar, and in the southern Sidama region of the country. Working in partnership with the Ethiopian national program, GHC continues to train health workers and provide technical assistance to scale up the program throughout Ethiopia, so all patients can access care early to overcome this terrible but curable infectious disease.

The Zahara Children's Center in Sebeta, on the outskirts of Addis Ababa, is nearing completion with an eagerly anticipated opening date in spring/summer 2015. Modeled on the GHC's Maddox Chivan Children's Center in Cambodia, the Zahara will offer integrated medical, social, nutritional, and educational services to help meet the needs of children infected with, or affected by TB and HIV. The Zahara will be the first center for the treatment of drug-resistant TB in children in Ethiopia, also the first such center in Africa.

14 YEAR OLD MIKIYAS SUFFERING FROM HIV AND DRUG RESISTANT TB. OUT OF SCHOOL FOR A YEAR BECAUSE OF HIS ILLNESS AND RECENTLY ORPHANED AFTER THE DEATH OF HIS MOTHER FROM AIDS AND TB.

NOW, ON HIS WAY TO CURE OF DRUG RESISTANT TB IN THE GHC PROGRAM, LIVING WITH HIS GRANDMOTHER, AND STUDYING TO CATCH UP IN SCHOOL TO REACH HIS DREAM OF BEING AN ARTIST OR A DOCTOR.



2014 ACHIEVEMENTS