Cambodia

Community TB
Since its founding in 1994 in three district hospitals in rural Svay Rieng near the Vietnamese border, the Cambodian Health Committee (CHC), the name Global Health Committee works under in Cambodia, has treated 40,720 TB patients while pioneering community-based, low-cost effective approaches to treating TB and HIV. In 2012 the World Health Organization held up Cambodia as a global example in eradicating TB for its 45% drop in TB disease in the country between 2002 and 2011—a drop directly linked to CHC’s community-based TB treatment program. This program, known as “CommunityDOTS,” was pioneered by CHC and then piloted by CHC in two Cambodian provinces prior to its scale-up by the National TB Program to all of Cambodia’s 15 provinces. CHC continues to manage and deliver CommunityDOTS in 3 of Cambodia’s provinces, covering a population of 2 million, in partnership with the National TB Program, adding 3000 new patients in 2013. In a new TB outreach project done in collaboration with MSF (Doctors Without Borders)-France, CHC provided TB care for the two largest Cambodian prisons, which are located in Phnom Penh, and house approximately 3700 prisoners.

Drug resistant TB
458 patients have been placed on drug-resistant TB therapy since 2006 when CHC initiated the countrywide program for drug-resistant TB and established drug-resistant TB care in the country of Cambodia in partnership with the National TB Program. A quarter of Cambodian patients with drug-resistant TB have began treatment at home by CHC and using the CHC community-based approach, the program has achieved similar positive outcomes for those patients initiated at home or in the hospital, which has global implications as a model of care for patients who are well enough to start such therapy as outpatients.

HIV Care in the village and the city
CHC’s HIV programs delivered primary HIV care for approximately 4000 people in urban and rural Cambodia in 2013. Its pediatric HIV program continues to thrive in rural Svay Rieng and Kompong provinces. In Phnom Penh at the Sullivan Center and the CHC-assisted Pediatric Ward of the Khmer Soviet Friendship Hospital (the largest public hospital in Cambodia), 429 HIV+ children received their primary HIV care and continue to flourish.

The Maddox Chivan Children’s Center and its linked services at the Pediatric Ward and Sullivan Center of the Khmer Soviet Friendship Hospital has assisted more than 1800 children since its opening in 2006. At the Maddox Center itself 267 children received medical, nutritional, educational and social care as of the end of 2013, while at the Khmer Soviet Friendship Hospital’s pediatric ward the Maddox team provided medical counseling and social and educational services to the greater than 400 patients cared for there. One recent highlight of the Maddox Program in 2013 was that 3 of the children from the center who began horseback riding as part of the program won places on the national Cambodian Equestrian Olympic Team and competed at the 27th SEA Games, in Myanmar in December.

The CHC-assisted Pulmonary Ward at the Khmer Soviet Friendship Hospital, has served more than 3600 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. It was the main trial site of the CAMELLIA study that was a partnership between CHC, the Agence Nationale Recherches sur le SIDA of France, the US National Institutes of Health and the Institut Pasteur du Cambodge. The trial demonstrated a 34% reduction in mortality when the timing between treatments for HIV and TB was shortened. Basic scientific studies conducted on patient samples from the trial have been shedding new light on how TB magnifies the insult of HIV on the immune system; these studies have immediate operational and scientific impact for patients suffering co-infection and have been presented at the Union World Conference on Lung Health in Paris in October 2013 as “late breaking” and highly significant findings for the field.

CHC’s Community-Based Health Insurance (CBHI) program, established in 2011, enrolled an additional 12,549 members of rural families in 2013 and now provides nearly 35,000 individuals with subsidies for their health care, thus providing protection from the financial ruin that often accompanies the illness of a child or other family member.

Ethiopia

Drug Resistant TB
Since the first patients were enrolled in Addis Ababa in February 2009, almost 900 patients have been initiated on treatment for drug-resistant TB in the Global Health Committee (GHC)’s programs at St. Peter’s Hospital in Addis Ababa and at Gonder University Hospital in Gonder—all in partnership with the country’s Ministry of Health.

In 2013, GHC expanded its drug-resistant TB treatment program to new regions of Ethiopia and assisted the first site to initiate treatment for drug resistant TB in the south of the country at Iruglam Hospital in Sidama, which has a catchment area of 5 million. In a new partnership, GHC also expanded its coverage in a mentoring capacity to three additional hospitals in the Amhara province in the north of the country.

GHC Ethiopia

The GHC program, which treats most of the patients on severe drug-resistant-TB therapy in Ethiopia has one of the best records of cure/completion and adherence to care in the world. Pioneering approaches in Ethiopia based on the successful community-based approaches developed in Cambodia, the GHC program is being recognized as a model for scale-up and access of drug-resistant TB care in Africa and in other resource poor settings. In 2013, results were shared with the Chinese National TB Program at a conference co-organized with the U.S. Institute of Medicine in Beijing and were presented in Paris at the Union World Conference on Lung Health in November as a best case practice. Analysis of the first 346 patients who completed the 2 year course of treatment revealed that GHC has achieved an 80% positive outcome or cure, which is among the highest outcome percentages in the world. This figure is all the more impressive because of the extremely ill state of most of the patients when they initiate therapy.

Zahara Children’s Center in Sebta

The Zahara Children’s Center in Sebta, on the outskirts of Addis Ababa, which will open in spring 2014, will offer integrated medical, social, nutritional, and educational services to help meet the needs of children infected with or affected by TB and HIV, so that they have a future as productive adults in their country. Modeled on the GHC’s Maddox Chivan Children’s Center in Cambodia, it will also be a center to treat drug-resistant TB in children, the first such center in Africa.