



Media Kit
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CGHI Honored as a Thought Leader at the 2011 Global Health Conference

The **Children's Global Health Initiative (CGHI)**, is being honored as one of six thought leaders at the [2011 Global Health Conference](#) in Montreal for its work in Vietnam on the effect of supplementing the diet of mothers-to-be with micronutrient food paddies. With all the paddy ingredients grown by local farmers, this pioneering project promotes sustainability, as well.

Nutritional status during pregnancy is critical to fetal development and child health from infancy on. Poor maternal nutrition is linked to both prematurity and fetal growth retardation, the major causes of death in newborns. **CGHI** is partnering with the National Institute of Nutrition in Vietnam to compare the effect of supplementing women's nutrition to the standard of care. The Ministry of Health is committed to a nationwide rollout.

The Vietnam project is just one of many that **CGHI's** team — comprising 22 clinicians, 16 researchers, and 17 partners to date — is working on in 32 countries around the world.

“For the first time ever, **CGHI** brings top researchers and clinicians together to focus on this tragically under-resourced crisis,” says **CGHI** Executive Director Dr. Deborah Dean, who is also the principal researcher on the Institute's Vietnam project. “More than 10 million children under the age of 5 die each year, mostly from preventable infectious diseases; malnutrition plays a role in more than 50% of these deaths. We are dedicated to working with local communities to help them build capacity, strengthen clinical care, and conduct translational research.”

CGHI's mission addresses 4 of the 8 United Nations Millenium goals for 2015:

- Reduce child death
- Improve maternal health
- Ensure environmental sustainability through appropriate partnerships
- Strengthen global partnerships

CGHI's Vietnam project is being showcased during the conference in a 5-minute film produced by [Global Health TV](#), a media company illuminating the efforts of the global health community to combat diseases associated with poverty.

“As an emerging NGO, **CGHI** is very honored by this recognition,” says Seema Handu, Managing Director. The glimpse this film offers of **CGHI's** critical work extends a compelling invitation to funders and other potential partners to join us in significantly improving the health of children and their communities around the world.”

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CGHI Vietnam Project Backgrounder

Study Summary

The *study goal* is to evaluate the effect of animal source food supplementation prior to and during pregnancy on maternal morbidity (including infection) and neonatal birth weight, prematurity, and infection to two years of age in rural Vietnam. The *study site* comprises 52 villages in 15 communes in the rural Cam Khe district of Phu Tho province, northwestern Vietnam; all the commune health posts and the district hospital are involved in the study. The nearest commune health post and district hospital are about 3 hours by jeep from Hanoi.

Being born small either due to prematurity or growth retardation *in utero* are major causes of death in newborns. Poor maternal nutrition is linked to both prematurity and fetal growth retardation. Better maternal nutrition has significantly improved the birth weight of infants and their survival in urban areas of developing countries. Infant deaths are still high in rural areas, where women suffer from malnutrition and deliver under-grown infants vulnerable to disease, especially infectious diseases.

The diets of these women are usually limited to rice and a few vegetables, and they lack key nutrients known to reduce preterm delivery, to support fetal growth, and to prevent infections leading to early deaths. Four of those essential nutrients for good pregnancy outcomes are iron, zinc, vitamin A, and vitamin B₁₂.

In 1999, the United Nations and the World Health Organization recognized the lack of multiple vitamins and minerals among pregnant women in developing countries, and recommended that women receive a prenatal supplement providing 15 different nutrients in the form of a pill. Since then, at least nine studies of the efficacy of these multiple micronutrient supplements have been done in pregnant women living in developing countries.

The results are disappointing. Only 4 of the 9 affected birth weight and the effects were small, only about a 1.5-2.5 oz increase in weight. The other 5 showed no effect, which has led international agencies and policymakers to propose that consuming small amounts of micronutrient-rich *foods* may have a more efficacious effect on pregnancy outcome than do multiple micronutrient supplement pills.

The well-established Vietnamese VAC system for supporting local production of fish, pork, poultry, and eggs by rural farms provides an opportunity to assess the impact of a food-based, micronutrient-rich supplement on pregnancy outcome in high-risk, rural Vietnamese women. Since maternal nutritional status at conception is strongly linked to pregnancy outcomes, we plan to compare the effect of consuming a micronutrient-rich, animal-source food (ASF) supplement made from locally raised animals on women from pre-conception to term compared with women who receive the ASF supplement from mid-gestation to term on infant birth weight, prematurity rate, and growth during the first 6 months of life. Maternal nutritional status, anemia, and incidence of infections will also be measured.

CGHI Vietnam Project Backgrounder continued

A total of 1092 women were recruited from 52 villages at the time of marriage registration and randomly assigned by village to one of three groups: supplement marriage to term, supplement 16 weeks gestation to term, or routine prenatal care.

The ASF supplement in the form of a paddy, made daily using local foods, is designed to increase the woman's intake of iron by 150%, zinc by 70%, and vitamins A and B₁₂ by 200% and 300%, respectively. Maternal dietary intakes, height, weight, mid-upper arm circumference, triceps and subscapular skinfold thickness, iron, zinc, vitamin A and B₁₂ status, and immune function will be measured at recruitment, 16 weeks, and 34 weeks gestation.

Because of the potential impact of infections on fetal growth and maternal health postpartum, the incidence of infections — urinary tract infection (UTI), pneumonia, and diarrhea — will be assessed twice-monthly from 16 weeks gestation through six months postpartum by a standardized questionnaire administered by a health worker and a rapid urine test for infection. Infant weight, length, head, mid-arm, and abdominal circumference will be measured at birth, 2, 4, and 6 months.

Study Significance

This study is the first to compare a food-based, micronutrient-rich supplement given to women prior to conception through term compared with the supplement given to women from mid-gestation to term. Although it is recognized by many that pregnancy may be too narrow a window to improve maternal nutritional health and outcomes, to date, micronutrient supplements have only been given from the time of enrolling for prenatal care, which is usually during the second trimester of pregnancy.

CGHI's results will, therefore, have worldwide implications as to when maternal supplementation will have the greatest impact on pregnancy outcome in undernourished women.

The study will impact health policy locally and globally. Because the ASF supplement is made from locally raised animals, it is a sustainable program both in Vietnam and many developing countries throughout the world. The Vietnamese government has agreed to implement a pre-pregnancy nutrition program in the form of a food-based, micronutrient-rich supplement in each province if our findings show a beneficial effect for women and their infants.

Current Funding

The Thrasher Foundation, the Nestlé Foundation, and CGHI (in-kind time and travel).

CGHI Backgrounder

Who We Are

The Children's Global Health Initiative (CGHI), founded in 2010 by Dr. Deborah Dean, brings together the work of researchers and clinicians from [Children's Hospital Oakland Research Institute \(CHORI\)](#), the research arm of [Children's Hospital & Research Oakland \(CHRCO\)](#), and a growing list of partners who share our commitment to improving the health of children around the world.

Mission

The mission of the Children's Global Health Initiative (CGHI) is to enable global health for children and their communities through sustainable education, training, clinical care, and translational research programs. We collaborate with existing local clinics, institutions, and health professionals so that the knowledge, training, and education we provide continue to benefit the communities long after we have left.

What We Do

The key to achieving global health for children and their communities is creating a sustainable infrastructure for clinical service, education, and research. To that end, we focus on creating bilateral relationships in which training, resources, and research results are shared. We currently have three focused country programs in [Ecuador](#), [Uganda](#) and [Vietnam](#) that represent a sustainable model for lasting impact, each designed to address the three cornerstones of sustainability:

- *Capacity building* — improving infrastructure such as clinical labs and associated education and training to advance our understanding of in-country diseases,
- *Clinical service* — identifying areas of clinical need and providing hands on training and education,
- *Translational research* — identifying areas of research that will advance our understanding of in-country diseases and help guide effective interventions and policy.

In addition to our signature country programs, the CGHI team has many other [clinical and translational research projects](#) underway across the globe. We use these smaller projects to research and develop methodologies, programs, and models that may be adapted and expanded to other locales over time.

CGHI Backgrounder continued

Current Focused Country Programs

Quito, Ecuador

Ecuador is a developing country where rural regions are still plagued by many tropical diseases and malnutrition. We have partnered with the Pontificia Universidad Católica del Ecuador to improve clinical care and translational research to advance health care for children and their communities. Ongoing research is funded by Fogarty International and the National Institutes of Health (NIH).

Mbarara, Uganda

CGHI has formed a partnership with the new Holy Innocents Children's Hospital, currently the only pediatric hospital in Uganda. The hospital has a basic infrastructure in place — a clinic, a clinical lab, guesthouse, and 60 patient beds. Most of the children have HIV; diarrhea and respiratory ailments are the most common symptoms. Our team is performing a needs assessment and improving the lab to make necessary diagnostics so the staff can upgrade their clinical care and translational research.

Phu Tho, Vietnam

CGHI has partnered with the National Institutes of Nutrition in Hanoi and a hospital and lab in the Phu Tho province to improve clinical care and translational research to advance health care for pregnant women and their communities. Ongoing research is funded by the Thrasher Research Fund and the Nestlé Foundation.

The CGHI team — 22 clinicians, 16 researchers, and 17 partners to date — is currently doing translational research in 32 countries, providing clinical services in 15, and building capacity everywhere we work.

Country list, by continent:

- Africa (Botswana, Ethiopia, Kenya, Mali, Senegal, Nigeria, Sub-Saharan Africa, Uganda, Zambia)
- North & South America (Argentina, Belize, Canada, Chile, Cuba, Ecuador, Guatemala, Honduras, Mexico, Peru, United States)
- Asia (China, India, Japan, Korea, Laos, Nepal, Vietnam)
- Australia
- Eastern Bloc (Republic of Georgia, Russia)
- Europe (Austria, Belgium, France, Germany, Italy, Netherlands, Portugal, Spain, Sweden, United Kingdom)
- Middle East (Palestinian Territories)

CGHI Team

Leadership

Deborah Dean, MD, MPH, Founder & Executive Director
Seema Handu, PhD, Managing Director
Angelle Desiree LaBeaud, MD, MS, Country Projects Director
Mary Coleman, MD, Country Projects Uganda Director
Terry Mandel, Communications Director

Focused Country Projects

Tu Ngu, MD, PhD, Vietnam Project Manager
Oswaldo Rodriquez-Mora, MD, PhD, Ecuador Project Manager
Andrew Ndamira, MD, Uganda Project Manager

Administration

Teresa Klask, Executive Administrator

Clinical Services

Anu Agrawal, MD
Chuck Clemons, MD
Richard Cohen, MD
Ron Cohen, MD
Mary Coleman, MD, MPH
Kara Dubray, MD
Karen Ann Hardy, MD
Scott Hoffinger, MD
Carolyn Hoppe, MD
Olajire (Jerry) Idowu, MD
Priscilla Joe, MD
Rini Kwok, RN
Bertram H. Lubin, MD
Jonah Odum, MD, PhD
Arup Roy-Burman, MD
Julie Saba, MD, PhD
Ziad Saba, MD
Katie Sabato, PRT
Elizabeth Schuab, RN
Herbert Schreier, MD
Anna Usowicz, MD
Elliot Vichinsky, MD

Translational Research

Mary Coleman, MD, MPH
Deborah Dean, MD, MPH
Pieter de Jong, PhD
Dan Granoff, MD
Laura Hertel, PhD
Janet King, PhD
Ronald Krauss, MD
Frans Kuypers, PhD
Angelle Desiree LaBeaud, MD, MS
Edward Lammer, MD
Vasanthi Narayanaswami, PhD
Janelle Noble, PhD
Robert Ryan, PhD
Cedric Shackelton, PhD
Elizabeth Theil, PhD
Fernando Viteri, MD, ScD

CGHI Leadership Bios

Deborah Dean, MD, MPH, Founder & Executive Director



Dr. Dean is a senior scientist at Children's Hospital Oakland Research Institute (CHORI), professor of medicine at University of California San Francisco, faculty at the UCSF and UC Berkeley Joint Graduate Group in Bioengineering, a senior scientist at the Center for Immunobiology and Vaccine Development, and an international professor at the American Society of Microbiology. She is currently a member of the Global Alliance to Eliminate Blinding Trachoma at the World Health Organization (WHO). In 2009, Dr. Dean received the United Nations Global Citizen Award.

Eight active grants support nine research projects Dr. Dean is leading on five continents. In Vietnam, she has ongoing research collaborations with the Vietnamese National Institutes of Ophthalmology, the Vietnamese National Institute of Nutrition in Hanoi, and the Ho Chi Minh City Lung Hospital and District Medical Center and Ho Chi Minh City Dermatovenereal Disease Hospital. Dr. Dean also manages ongoing collaborations with the Universidad Central del Ecuador, Pontificia Universidad Católica Del Ecuador, and the Seva Foundation in Nepal, as well as with other organizations in India, England, France, the Netherlands, Portugal, and Ethiopia.

Dr. Dean received her undergraduate degree and MPH (Epidemiology) from the University of California at Berkeley. She completed her MD at Albert Einstein College of Medicine, an Internal Medicine internship and residency at the University of California San Francisco, a clinical fellowship in Infectious Diseases, and a postdoctoral fellowship in Microbial Pathogenesis at Stanford University.

CGHI Leadership Bios continued

Seema Handu, PhD, Managing Director



Dr. Handu was the founder, president, and CEO of PharmQuest, a regulatory software company for the drug development industry. She led the standardization efforts by the FDA in collaboration with the industry for the Standard for Exchange of Nonclinical Data (SEND). In 2005, Bio-IT World Magazine identified her as a Bio-IT Champion for her leadership in the convergence of biotechnology and information technology. Dr. Handu served on the Industry Advisory Board of Clinical Data Interchange Standards Consortium (CDISC) from 2002 to 2006.

Dr. Handu serves on the board of the Cardea Center for Women, and is a mentor at Fresh Lifelines for Youth (FLY). She is a founder of the Enterprising Pharmaceutical Professionals from the Indian Sub-Continent (EPPIC), which promotes networking and entrepreneurial mentoring for professionals in the pharmaceutical, biotechnology, and related industries.

Dr. Handu holds a Ph.D. in pharmaceutical sciences from the University of Iowa. She is a graduate of the NextGen CEO program sponsored by the Forum for Women Entrepreneurs (FWE).

Angelle Desiree LaBeaud, MD, MS, Country Projects Director



Angelle Desiree LaBeaud is a clinician at Children's Hospital Oakland Pediatric Infectious Disease department and an assistant scientist at CHORI. Her research focuses on the study of arthropod- (or mosquito-) borne viruses. In particular, Dr. LaBeaud investigates Rift Valley fever virus in Kenya, where outbreaks cause fever, retinitis, encephalitis, and hemorrhagic fever. Dr. LaBeaud's main research questions focus on the risk factors for arboviral infections, the development of field diagnostic tests, and the genetic and immunologic investigation of the human spectrum of disease. Her long-term goals are to contribute to a deeper understanding of arboviral infections and their long-term health consequences and to optimize control strategies to prevent these emerging infections.

Dr. LaBeaud also examines the effects of parasitic infections and their treatments on vaccine response to standard childhood vaccines. Dr. LaBeaud's immunologic studies will determine how parasitic infections of pregnant mothers affect the developing fetal immune system, whether antenatal parasitic treatment can reverse this effect, and how this interference is mediated. These studies are relevant to current global vaccination programs, future vaccine trials, and ongoing parasite treatment and control programs.

CGHI Leadership Bios continued

Terry Mandel, Communications Director



Terry Mandel has been advising leaders, entrepreneurs, emerging and established companies, and nonprofit organizations in the US and abroad since 1979 through communications program development, leadership mentoring, strategic planning, and organizational consulting. Principal of The Terry Mandel Collaborative, her clients provide clinical services, offer professional healthcare development programs, conduct biotechnology and translational research, and deploy innovative programs and technologies in the U.S., U.K, India, Nepal, Nigeria, Haiti, Tanzania, and throughout the developing world.

Ms. Mandel has been a guest lecturer at Stanford University (Creativity in Business), California College of the Arts (Design Strategy MBA) and adjunct faculty at John F. Kennedy University Graduate School of Business and in the University of San Francisco International Marketing program. She has mentored participants in the Global Social Venture Competition (Haas School of Business) and students in the Social Entrepreneurship course (Chapman University) and is an advisor to several emerging leaders and boards of non-governmental and non-profit organizations.

Ms. Mandel earned a B.S. in biology from the University of Oregon.

CGHI Partners: Working Together to Create Sustainable Change

Providing effective medical care, training and education, and engaging in meaningful translational research worldwide is a complex collaborative effort. CGHI partners with universities, institutes, governments, and non-governmental organizations to identify needs and develop attainable and sustainable solutions. This collaborative approach helps empower local communities to create better health for all. Our three current [Focused Country Programs](#) serve as models that can be adapted for, and transplanted to, other communities around the world. The following are CGHI's partners as of October 2011.

[American Academy of Pediatrics](#) (International Child Health)

[East Meets West](#)

[Global Healing](#)

[Health Improvement and Promotion Alliance](#)

[Helen Keller International](#)

[Manipal University](#)

[Medshare](#)

[National Institute of Nutrition, Vietnam](#)

[Pontificia Universidad Católica del Ecuador](#)

[Project Vietnam](#)

[Seva Foundation](#)

[Sunlight Nutrition and Health](#)

[Tekla Labs](#)

[Veolia Institute](#) (Institut Veolia Environnement)

[Vitamin Angels](#)

[Wateraid](#)

[We Care Solar](#)

[World Exchange for Health and Human Services](#)

[World Business Council for Sustainable Development](#)