

BIPAI

Baylor International
Pediatric AIDS Initiative
Constanta, Romania

2012
Annual Report



Our Vision

To live in a stigma free community, able to stop transmission of serious illnesses, such as HIV, hepatitis, tuberculosis and sexually transmitted diseases

Our Mission

To help the community develop efficient services for prevention and care of infectious diseases

The Foundation's purpose is to create a healthier community, where infectious diseases such as HIV, hepatitis, tuberculosis and sexually transmitted diseases can be stopped or prevented. In this respect, the Foundation will work with the community in order to optimize prevention, care, treatment and control over the transmission, prevention and risk reduction of these infections.

The current main directions of action are:

- ★ Prevention of infectious diseases (HIV infection, hepatitis B and C, tuberculosis and STDs)
- ★ Testing and screening services for HIV, hepatitis, TB and STDs
- ★ Direct treatment for conditions related to the above diagnosis in Baylor medical offices (TB office, Ob/Gyn office, dental office)
- ★ Ensuring access to other government sustained treatments for infectious diseases through public-private partnerships or private-private partnerships
- ★ Activism and youth involvement

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Recent History of BIPAI



2011

Opens two centers of excellence in Tanzania

2010

Hosts 1st Libyan HIV/AIDS Conference and 12th BIPAI Network Meeting

The First Libyan HIV Conference and 12th BIPAI network meeting is held in Benghazi, Libya. The meeting represents the first pediatric HIV/AIDS conference ever held in Libya and was attended by more than 60 BIPAI network delegates from Libya, Botswana, Lesotho, Swaziland, Malawi, Uganda, Tanzania, Ethiopia, Mozambique, Romania and the U.S.

Establishes sickle cell disease program in Angola

Chevron USA, in partnership with BIPAI, Texas Children's Hospital and the Angola Ministry of Health, establish a national sickle cell disease initiative in Angola. The multi-year project will provide screening, diagnosis, care, treatment, monitoring and evaluation, research, capacity building, community mobilization and health professional training in Angola.

38th Annual Jefferson Awards honor BIPAI founder

Mark W. Kline, M.D., physician-in-chief at Texas Children's Hospital in Houston and chair of pediatrics at Baylor College of Medicine, was honored with the Jacqueline Kennedy Onassis Award for Outstanding Community Service Benefiting Local Communities during the 38th annual Jefferson Awards for his dedication to treating children affected by HIV/AIDS around the world.

Refurbishes pediatric ward at Malawi hospital

A public-private partnership between BIPAI, the Malawi Ministry of Health and the Abbott Fund results in dramatically improved health systems infrastructure at Kamuzu Central Hospital in Lilongwe, Malawi. The project includes the complete renovation of an inpatient pediatric ward and building a new annex staff building and short stay emergency care ward, which improves sanitary conditions and reduces crowding.

Publishes fourth edition of HIV Curriculum for the Health Professional

2009

BIPAI announces new leadership team

BIPAI founder Dr. Mark Kline leaves day-to-day operations of BIPAI to a new leadership team when he is selected to be chair of pediatrics at Baylor College of Medicine and physician-in-chief at Texas Children's Hospital. Kline remains the president of BIPAI.

BIPAI renews project for Kenya

BIPAI Kenya abandoned construction of its center of excellence in 2008 due to post-election political and social unrest in Kenya. In 2009, BIPAI, Texas Children's Hospital and the Kenyan Ministries of Health execute a memorandum of agreement to support construction and operational support of a BIPAI center of

excellence at the New Nyanza Provincial General Hospital in Kisumu, Kenya.

2008

Construction begins on first of 10 satellite facilities in Lesotho

BIPAI and the Lesotho Ministry of Health break ground on 10 satellite clinics. These clinics will ensure that children in remote areas have access to state-of-the-art HIV/AIDS care and treatment services. Prime Minister Pakalitha Bethuel Mosisili and members of his cabinet join Dr. Mark Kline and more than 3,000 attendees for a sod-turning event in Butha-Buthe, Lesotho.

Opens center of excellence in Uganda

The Baylor College of Medicine-Bristol-Myers Squibb-Texas Children's Hospital-Children's Clinical Centre of Excellence opens on the campus of Mulago Hospital in Kampala, Uganda. President Yoweri Museveni of the Republic of Uganda officially opens the center, joined by officials from the Ugandan government, U.S. government, BIPAI and the Bristol-Myers Squibb Foundation.

Establishes program in Ethiopia

Launches program in Tanzania

BIPAI expands to Tanzania and announces that it will build two centers of excellence there. The United States President's Emergency Plan for AIDS Relief (PEPFAR) provides BIPAI with \$22.5 million over five years to support the operations of the two centers and associated satellite clinic facilities. The centers are located in the cities of Mbeya and Mwanza.

2007

Breaks ground for BIPAI Burkina Faso center of excellence

BIPAI breaks ground in January 2007, for the Baylor-Bristol-Myers Squibb Children's Center of Excellence in Bobo-Dioulasso, Burkina Faso. In partnership with the Pediatrics Department at Centre Hospitalier Universitaire – Sanou Souro, BIPAI opens a temporary one-room pediatric HIV clinic at the hospital. Ten rooms in the pediatrics department are renovated later with support from BIPAI in order to expand care for HIV-infected mother-child pairs. BIPAI pulls out of Burkina Faso in 2009.

HIV/AIDS International Laboratory Center of Excellence opens in Romania

BIPAI expands in a new direction with the opening of a state-of-the-art laboratory at the Stefan S. Nicolau Institute of Virology in Bucharest, Romania. The lab is a joint project of the Nicolau Institute, Baylor College of Medicine and BIPAI. Funds are provided by a grant from Abbott Fund. Trainees and faculty exchange between the lab in Bucharest and Baylor College of Medicine in Houston, Texas.

Rededicates Romania center of excellence

BIPAI rededicates the Romanian-American Children's Center in Constanta and changes its name to the Romanian Clinical Center of Excellence. The center is a joint program of the Infectious Diseases Hospital Constanta, Baylor College of Medicine and Texas Children's Hospital with sustaining funds from the Abbott Fund. These changes reflect the center's transition from pediatric health care to health care for all ages of Romanians infected and affected by HIV/AIDS.

“ Building on relationships established during his first visit to Romania, Dr. Kline and several colleagues launch a program to help health professionals treat their youngest patients, even though the most effective drugs were lacking. Nurse education and training, in particular, becomes critically important since most cases of HIV infection in Romania stem from children's exposure in a health care setting. The professional education and training program provides crucial training in infection control as well as treatment and care.

”

The Illusion of Being Separate



Ana-Maria Schweitzer

Twelve years after the publication of his famous “On the Origin of Species”, Charles Darwin’s second book is published, the one that focuses on the descent of man. He demonstrates in one of the books’ chapters the origin of “sympathy”, a feeling close to compassion, which gives rise to an active desire to alleviate another’s distress and he describes with many examples how humans and animals help others that are suffering.

Being part of the BIPAI team, since 1999, has given me over and over again the opportunity of working and being with people who do not live their lives according to the “survival of the fittest” principle, but rather according to the belief that we are all the same and that being separate of each other is rather an illusion, than a reality. That is what motivated the BIPAI team, led by Prof. Mark Kline, to act from Houston, as far as 10.000 km from where we are, and to respond to the need for help of the children and families affected by HIV in Constanta during the past 17 years. I am sure this inner urge to serve others has determined all our partners to act, colleagues and donors that have helped the Baylor programs during the year 2012. I am very grateful for having the opportunity of being part of this extraordinary proof that we are all interdependent: patients – families – professionals – donors.

At Baylor Romania, we worked intensively during the entire year, in order to respond to our mission of helping the community to develop effective services for prevention and care of infectious diseases. This statement is supported by some highlights of our results, such as the following:

- ★ We have managed to deliver complex care to the majority of the patients with HIV in Constanta. Our work aims to complement the infectious diseases care offered by the professionals at the Infectious Diseases Hospital Constanta, by offering patients other critically important care, such as prevention and treatment for tuberculosis and other lung diseases, prevention and care of sexual and reproductive health, dental care, psychotherapy, social support, counseling and so on. Our partnership with Stefan S. Nicolau Laboratory of Virology in Bucharest, led by Prof. Simona Ruta, has really added very important resources to the quality of care that we were able to provide at the Centre of Excellence during the entire year.
- ★ 82% of all active patients registered in Constanta received medical and psychosocial care offered by the Baylor Black Sea Foundation– BIPAI Romania at the Baylor College of Medicine Centre of Excellence. The total number of patient encounters rose to 5752, of which a very significant number were home and community visits (33% of all sessions).
- ★ The quality of care offered at the centre wouldn’t have been as good, without the very important donations offered by our long-term partners, Abbott and AmeriCares. They invested more than \$ 4,491,472 in donations of antiretroviral treatment, medication for various conditions, vitamins, formula milk for newborns, nutritionals and medical supplies.
- ★ Our clinical and care programs were able to further develop thanks to other generous companies that chose to invest into the health and wellbeing of the community. I feel very grateful to Janssen Romania, GlaxoSmithKline Romania, Milupa (Danone Baby Nutrition Romania) and Sensiblu Foundation for their significant commitment and immediate response to the call for partnership from Baylor foundation on behalf of thousands of beneficiaries.

★ Since early detection of HIV and hepatitis viruses is of key importance to preventing these infections to spread further in the community and to ensure early access to treatment, we managed to sustain for the fifth year in a row the voluntary counseling and testing program. More than 7000 people were tested, either at one of the Baylor offices in Constanta and Tulcea or in the mobile testing laboratory. The prevalence of these infections is still high in our population (about 7%), a fact that really motivates us to keep this type of service free of charge and widely available.

These results would not have been possible without the talent and energy of all my colleagues and partners, without the support of our Board of Directors, the BIPAI team in Houston and the Abbott Fund USA.

I would also like to personally thank to the Deputy Mayor of Constanta, Mr. Decebal Fagadau, for his active involvement in promoting the cause of the “Precious Children”, the first generation born HIV free in Constanta and to Dr. Stela Halichidis, director of Infectious Diseases Hospital, who has been a true partner of our program.

I invite you to go through the entire report and to find out what was the impact of our everyday work, to explore some of the patients’ stories, to find out about data that is relevant for the health issues that we care for and to get a chance to know some of the extraordinary people that were part of the Baylor’s journey during the last year. I look forward with optimism and positive expectations to the next years that will give us all yet another chance to show that the force that will change the world is what Ekman calls “survival of the kindest”.

Ana-Maria Schweitzer
Executive Director

“As man advances in civilization, and small tribes are united into larger communities, the simplest reason would tell each individual that he ought to extend his social instincts and sympathies to all members of the same nation, though personally unknown to him. This point being once reached, there is only an artificial barrier to prevent his sympathies extending to the men of all nations and races. [If they appear different] experience unfortunately shows us how long it is before we look at them as our fellow creatures. Sympathy beyond the confines of man, that is humanity to the lower animals, seems to be one of the latest moral acquisitions... This virtue [concern for lower animals], one of the noblest with which man is endowed, seems to arise incidentally from our sympathies becoming more tender and more widely diffused, until they extend to all sentient beings.”

Charles Darwin,
The Descent of Man, 1871

2012 Quarterly BAYLOR		Q1	Q2	Q3	Q4
Total Patient Encounters: Centre of Excellence and Community Visits		1321	1692	1515	1224
Unduplicated patients newly enrolled(HIV-Exposed and HIV-Infected)		28	26	8	16
Active Patient Caseload (HIV-Exposed and HIV-Infected)	Served	778	797	809	830
Active Patients on antiretrovirals		730	738	757	736
Total Patients newly enrolled on antiretrovirals		12	8	9	17
Total Patients receiving voluntary counselling and testing services	VCT	1587	1707	1884	2095
Total Didactic Education and/or Training Sessions (session = 1 hour)		44	60	45	31
Total Unduplicated Individuals Trained (Didactic)	Trainings	270	192	88	471



Baylor's prevention of mother to child transmission program helps children to be born HIV free, year after year.

About BIPAI Romania

The Romanian-American Children's Centre of Excellence (COE) or Centrul de Copii Romano-American was opened on April 6, 2001 and the Baylor-Black Sea Foundation was established in 2004. The COE was the result of a plan of Dr. Mark Kline to help the HIV-infected Romanian children he met in 1996 during his first trip to Romania. The COE became Europe's largest pediatric HIV/AIDS care and treatment center, which includes a state-of-the-art outpatient clinic, an inpatient observation unit, a laboratory, a pharmacy and a specimen processing area, classrooms and short-term treatment and observation unit.

In 2008, the Center was renamed the Baylor College of Medicine – Texas Children's Hospital – Abbott Fund – Constanta Infectious Diseases Hospital – Center of Excellence – Constanta or BIPAI Romania to reflect the growth in partnerships and services. The most mature of BIPAI's programs, Romania, opened the first COE and has the oldest patient population.

BIPAI Romania is part of the BIPAI Network based in Houston, Texas at Baylor College of Medicine and Texas Children's Hospital. The Network includes 11 countries where BIPAI is working to expand access to family-centered HIV/AIDS services within Africa, North America and Eastern Europe.

Sustaining funds for the Centrul de Copii Romano-American come from Abbott Fund and the Sisters of Charity of the Incarnate Word.

Currently, BIPAI Romania operates a clinical center of excellence in Constanta, three offices for rapid testing and counseling in Dobrogea county, (the country's first), a mobile lab for testing and a protected housing complex for vulnerable youth. BIPAI Romania is trying to minimize the impact of infectious diseases such as HIV infection, hepatitis, tuberculosis and sexually transmitted diseases.

ROMANIA at a glance

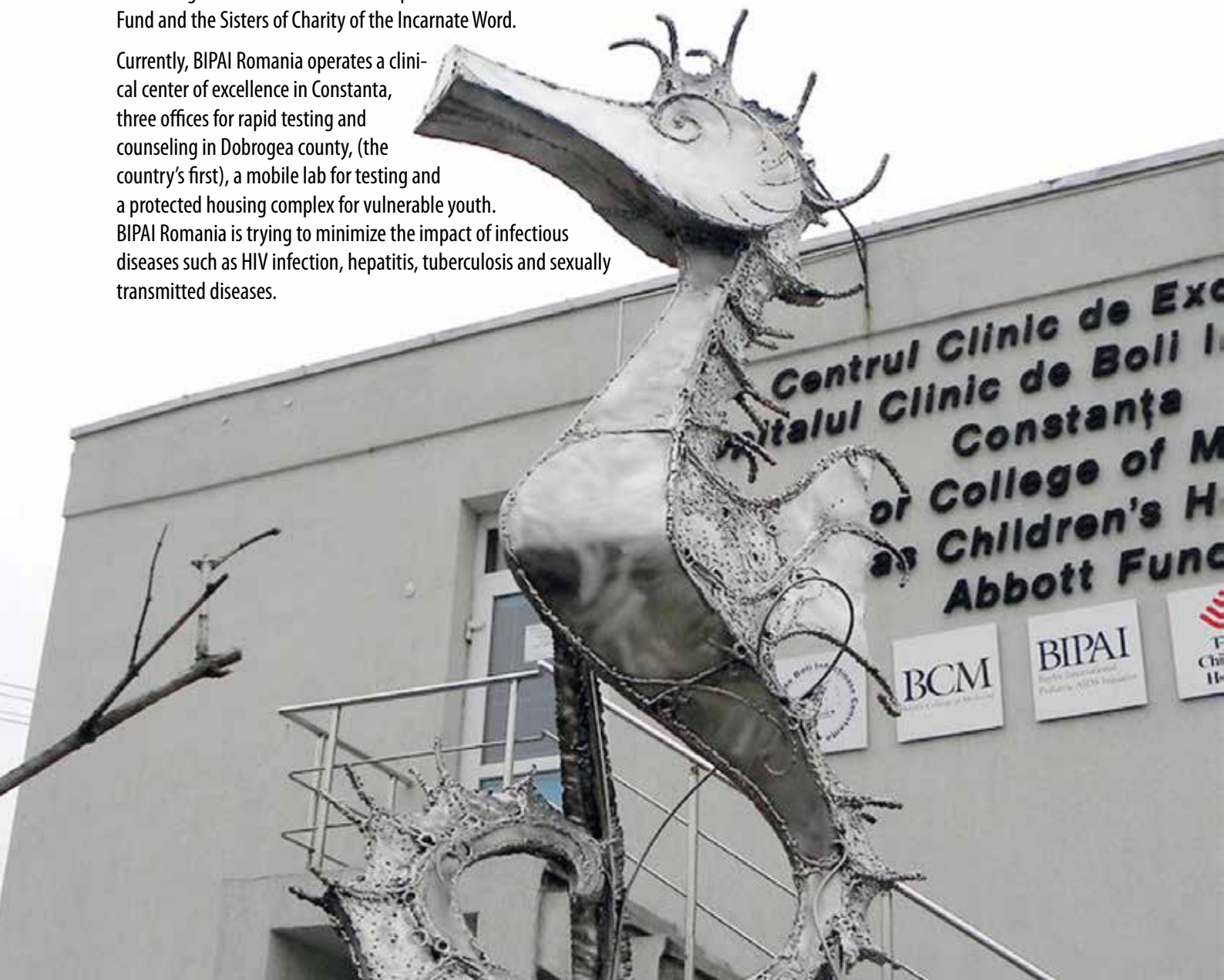
BIPAI Romania is headquartered in Constanta, Romania.

Budget: \$559.313

Patients in care: 984

Locations: 5

Number of staff: 33



2012 Care and Treatment Highlights

During 2012 we have served a diverse community, whom we have helped to understand, recognize, prevent and treat illnesses such as HIV/AIDS, hepatitis, tuberculosis and sexually transmitted diseases. Approximately 7000 people from the general population were tested for infectious diseases for no charge; the number of children born from HIV positive mothers that received care from Baylor has risen to a cumulative of 147 children, approximately 45% of them are younger than two years old; and more than 1500 people with HIV or hepatitis were helped by our medical and psychosocial teams at the Centre of Excellence.



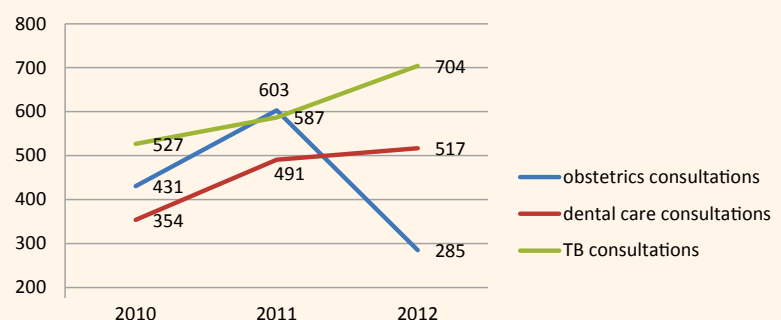
Center of Excellence

Since 2001 the Centre of Excellence continues to serve as a hub that catalyzes clinical care, develops prevention programs and stimulates research and continuous medical education. Initially, at the centre we served exclusively about 500 HIV infected children and their families; slowly it grew into a partnership that offers, similarly to a polyclinic, several services under the same roof, either they are medical, psychological or of social assistance, for about 980 HIV patients, regardless of age.

The Centre of Excellence is a place where people and resources come together: the Infectious Diseases Hospital, with a team of experienced professionals, ensures specific HIV care, laboratory monitoring and treatment for the patients; Baylor foundation completes the range of services that are offered to the same group of patients, delivering a wide range of other services, including support with various pharmaceuticals, medical supplies and essential laboratory tests. For example, in 2012 we were able to sustain viral load testing for HIV and viral hepatitis for 237 patients and the value of the medical donations that served the Center of Excellence and the Infectious Diseases Hospital amounted to \$ 4,491,472. This is a significant support for the state-run HIV program in Constanta area.

Our expertise accounts for:

- ★ Prevention, diagnosis and treatment in some medical specialties, such as tuberculosis, obstetrics-gynecology and dentistry;
- ★ Mental health interventions for newly diagnosed cases;
- ★ Psychological support for patients with adherence to antiretroviral therapy issues, included psychotherapy and support groups;
- ★ Social assistance for socially vulnerable patients;
- ★ Home consultations and support interventions for patients undergoing complex treatments, for those going through crisis situations or those being socially vulnerable. We focus intensively on patients who did not follow up, trying to quickly identify situations that may lead to increased risks and decline in health status.

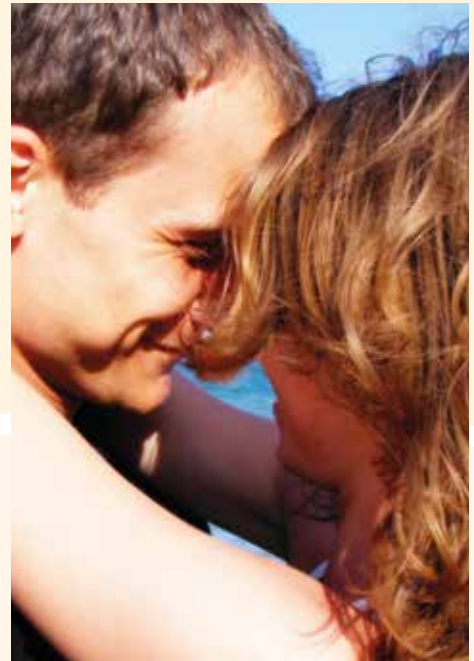


“ When I found out that I was HIV infected I did not expect that I would ever recover after this bad news. I felt like it was impossible to deny what I knew that was going to happen to me. I was and I still am disappointed with the reaction of those around me regarding my diagnosis, but I am determined to step forward, regardless of the barriers. My doctor and my psychologist are those that stood by me during these tough times; they are my most important support right now

Adelina, 52 years old, diagnosed with HIV in 2012

Teamwork

Marius, aged 22, was diagnosed with HIV back in 1996. He had a tough time adapting to the life of a young adult; therefore, several times he had problems with correctly adhering to the antiretroviral therapy. He became more interested in better taking care of himself as soon as he was involved in a longer term relationship. He was helped to restart the HIV medication by the psychosocial team in collaboration with the infectious diseases specialist; he was screened for risk of tuberculosis and, since it was very important for his self image, he was referred at the dentistry office where he was assisted with his dental problems. Having quick access to several services is a key to correctly responding to problems of patients that are vulnerable. If we were to send Marius, who was already with a history of non-adherence and negative expectations from the hospital settings, to go by himself to other public medical institutions and seek care (for TB, for dentistry and so on), he would have had a high risk of procrastinating or encountering various barriers. Being under the supervision of a multidisciplinary team helps him regain confidence in working with health care professionals, while fighting for his future and for his romantic relationship.

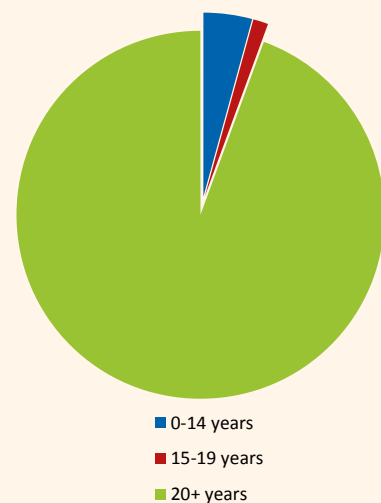


Sensitivity for the Unique Situation of Each Patient

Meryem, aged 23, from a small village, is a patient from the Turkish ethnic group, who lives in a community where the traditions are rigorously kept. Among these traditions is the “virginity proof” on which the acceptance or the stigmatization of the young woman depends. She came to the gynecologic office with an unusual request: to find an explanation for her limited bleeding during her first sexual experience. The doctor and nurse’s roles were delicate; they had to inform her in a way that she could understand and at the same time diminish her fear and guilt. Once more this case proved the importance of cultural sensitivity towards our patients.



Age distribution of HIV-infected patients in Constanta county





Home visits are an essential component of Baylor's care and treatment program. Almost 2000 home visits were paid in 2012 by our medical and psychosocial teams in Constanta County, including remote rural areas.

Prevention of Mother to Child Transmission – “Precious Children” Program

The Precious Children program brings together doctors, nurses, psychologists and social workers in order to prevent the transmission of HIV from mother to child. Every year, the members of our team counsel pregnant women, help them to get free of charge consultations with a gynecologist, visit them at home in order to check on how well they follow the doctor’s orders in regards to the medication and help them to take all the blood tests that are specific to pregnancy and HIV infection. A special emphasis was put on educating the young patients on changes that would follow once they became mothers.

Another important component of the program is focus on the health of the newborns. Immediately after the baby comes into this world, the family is helped to offer the baby the minimal necessary conditions for his or her normal development. Our donations of formula milk support immunization and immunoglobulin hepatitis B prevention, as well as of various products used to ensure the baby’s hygiene, that are part of the support kit and the home monitoring package. This type of support is provided for at least 18 to 24 months, until the baby is confirmed as being HIV negative. After the age of two, the healthy babies that live in a family where one or both parents are HIV positive are further monitored by our team until the age of seven. They are initiated on prophylactic therapy in case they are exposed to TB and receive screening home visits from a Baylor experienced pediatrician.

Since 2005, when the program was established, Baylor has assisted approximately 147 HIV exposed babies; 70% of them are older than 18 months and their health status has been confirmed. Our data shows that the success rate of preventing the HIV transmission from mother to child is of 99%. The rest of the little exposed patients (30%) are still under evaluation, but for all of them we have taken the necessary prophylactic measures, so we are hopeful that they too will be healthy.

The project component of ensuring formula milk to the babies is extremely important. If a parent was to buy the formula milk off the free market the monthly cost would be a real financial burden for most families. Our partnership with Abbott and AmeriCares has ensured during the last few years critical help from abroad in this respect. In 2012, the involvement of local community has also ensured continuity in providing the much needed monthly baby formula. On behalf of the babies and families, Baylor is extremely grateful for the committed response to our call for support for this much needed product.



“ *Mioara, a very young mother, was diagnosed with HIV immediately after the natural childbirth of her firstborn, Carina. Although the prevention of mother to child transmission measures were immediately instituted, her risk factors were too high (late diagnosis, natural childbirth) thus her beautiful daughter turned out to be confirmed as HIV positive when she was 18 months old.*

The parents, especially the father, were very affected by the confirmation of Carina’s status, therefore the psychosocial team’s intervention was crucial. When Carina was a little over 2 years old, Mioara became pregnant again. Although the parents were very afraid for their second baby, they were helped to gain confidence that this time the circumstances will work in their favor. They accepted to be part of the Precious Children program and receive care during and after pregnancy. Today, her second daughter is 9 months old and her blood tests results give us hope that the child will be healthy; her older sister, Carina has excellent lab results, since she is correctly taking her medicine; she is very happy that she has many friends in kindergarten and a very cute baby sister! ”

Happy Grandmothers



During the last 25 years I have visited the homes of almost all the HIV infected people in the county of Constanta. And they are not just a few. There are around 1500 of them.

Recently, after a break of about eight years long, I started again my fieldwork when I joined the "Precious Children" project. We bring powder milk formula, clothes and other gifts to children born to HIV positive mothers/parents.

I was able to compare the present situation to the one in the '90s and they are as different as chalk and cheese. Now it is a lot better. Even if there were different kinds of families, single mother, one parent HIV positive, abandoned youth from social homes, extended families, with mother, father, children and grandparents, the improvement is obvious in all aspects: social, medical, information or education.

I can still see this special group of people. . . Due to the particular, explosive, even extraordinary situation in the early '90s, they were very present in the media, they were discriminated, but they didn't allow the disease and the stigma to bring them down. All the predictions in those days were at least pessimistic: "You will die!" . . . "Don't touch them!" . . . "Let them die!" . . . "Don't waste your money on them!" . . . "They cannot be allowed to go to school, to work or to have a family!" . . . as if we didn't live in the late 20th century, but in the Dark Ages or worse. Everybody stated their opinion and their verdict as if they were God.

But those children stood their ground, thanks to their mothers and the NGO community that supported and protected them. They surpassed their fear and the stigma, they swallowed pills every single day of their lives. And today, if they follow the advice of the specialists, pregnant women can give birth to healthy children, not HIV positive.

A suffering generation, whose end was always predicted, is replaced by a generation with healthy children, even though their stigma was terrifying "children born to AIDS mothers".

Only now do I get to the title of my notes: HAPPY GRANDMOTHERS. There is a special image in my mind that keeps recurring since I joined the Baylor team in their visits to the AIDS people's homes: it is the image of these serene grandmothers taking care of their grandchildren, as if their mothers weren't there anymore or nobody paid any attention to them. Happy children with big appetite, surrounded with toys are presented by their grandmothers as if they were trophies. Lots of days and nights, years and years went by as they took care of their infected children, but they conquered their fear. Now they take care of their healthy grandchildren that they always wanted. The children are now parents and the parents have become grandparents.

A grandmother showed me a picture: a side view of two faces, the grandmother and the granddaughter. They were like two peas in a pod, even though two generations away from each other.

Rodica Mătușa, M.D.

Baylor Housing Complex

Eleven years ago, BIPAI opened Flower House that was later expanded with the opening of another house that was to serve as a residence for homeless young adults, where they could learn independent living skills in a safe environment. A requirement of residency is that the young person should go to school or work. 49 people have been housed since 2001, with some spending a few months, while going through some special life situations, and others living there since the very beginning. The house also serves as temporary emergency housing and support for youth in crisis, especially pregnant women. The housing complex is connected with the Centre of Excellence and the health status of the youth is closely monitored by our medical and psychosocial teams. Each social mother is responsible for mentoring a limited number of young people in close collaboration with a psychologist from the centre, thus individualizing the support to the specific needs of each young person.



Who were the beneficiaries of the services of the complex during 2012? About 13 people have been housed at Baylor residential complex for various time spans during the last 12 months: some are HIV infected young adults with various disabilities and/or psychiatric disorders; there are also couples that need temporary support. For example, last year two couples were helped to become independent and therefore left the house, while one couple with a newborn is still under our close supervision.

Encouraging Volunteerism

What does it mean to be a young volunteer at Baylor? Here are some of the things that characterize the team of high school age volunteers that have been working with us during the past year:

- ★ They are willing to commit to promoting a small social change
- ★ They can invest 3-4 hours per week to work at the foundation or out in the community
- ★ They have skills that can improve the quality of the project activities
- ★ They are interested in learning new things about how best to protect their health and are willing to teach others the same things.

During 2012, the team was involved in educational activities in schools and high schools; their test of fire was during the National Non-formal Education Program organized by the Ministry of Health in partnership with NGOs. As part of this program, the volunteers served as trainers for about 320 peers in Constanta, Cobadin, Mangalia and Eforie Nord. They were also involved, for the 3rd year in a row, in organizing the improvisation competition for the local high schools, the theater festival "Applause". Twenty competing teams had to create short improvisations on subjects linked to sexual education, such as: a debate in a couple about condom use, how to say "NO" to the pressure for having sex when one is not ready for it or the mind-body duel when taking tough decisions.

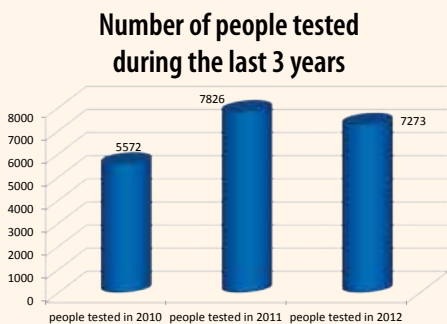


Voluntary Counseling and Testing Program



“Romania has the highest number of patients with Hepatitis from Europe. One in ten Romanians is infected with one of the hepatitis viruses and does not know it, therefore cannot access the medical care in time for treatment and for a better chance to cure.”

”



The goal of this project is to increase the access to testing and early diagnosis of the infectious diseases such as HIV infection or viral hepatitis B and C, for the Dobrogea community. This is being done by improving patients’ referral system from the family practitioners towards testing, to make a better orientation of patients within the public health care system for a complete diagnosis and rapid access to treatment as well as to ensure comprehensive psychological and social support to all vulnerable patients in order to decrease the level of discrimination and increase the general knowledge in this area.

The project “Counseling and Testing for HIV, Hepatitis B and C” is part of a bigger program, projects for the community, the only Baylor program targeting the general population, without exception. Since 2007 the project has rooled out its activities from 4 testing offices (in Constanta County Hospital, TB Dispensary Constanta, Baylor Centre of Excellence and Tulcea County Hospital) and in rural areas through a mobile testing unit. Annually, approximately 7-8% of the people tested have reactive results. The number of people who accessed the testing service in the last year is around 7300.

The project allows ordinary people to get tested rapidly, free of charge and following the rule of confidentiality. Besides from finding out the diagnosis, the person who gets tested has the rare chance to get answers to questions through counseling, to receive information and to analyze their life style. Moreover the ones whose tests show a possible health problem are guided through the medical system so that they have access to treatment as soon as possible if they need it.

The infection with hepatitis B and C viruses can lead to diseases without symptoms or with symptoms easy to be misinterpreted, so without regular testing most of the patients find out about their diagnosis when it is too late, usually when they already have hepatic cancer or hepatic failure.

HIV infection is another very important public health issue in Romania, a country that has over 10 000 registered people living with HIV. The studies show that the HIV infection is spreading within the general population, especially in the communities that have no access to information or HIV testing and, that in 80% of the situations the route of transmission is sexual.

All these three infections are considered to be „quiet killers”. They cannot be seen, do not hurt, so people do not get tested out of their free will for these infections.

The challenge before each trip is to mobilize the rural community. In order to be efficient on each trip of the mobile unit, the team has to test about 50 people in each location. The results show that this is possible, but without the assistance of the local leaders, our effort would be too big. Therefore the local family practitioner or the social worker from the town hall are the people who help us send the mobilization message to the members of the community.

Another aspect of our project that has equal importance is the long term monitoring of people with reactive test results. All patients with these results, confirmed for one of the 3 infections, are assisted by our team after receiving the result, too.

It is well known that a diagnosis of chronic hepatitis is not made based only on

the presence of antibodies. The diagnostic process can be difficult for the patient, every action representing either a step closer to or farther from a diagnosis of chronic disease. Also, it is general knowledge that when dealing with the Romanian health care system one can easily be discouraged because of the long waiting for results periods, the short moments allocated by doctors to discussions with their patients, and for patients with chronic diseases and without symptoms the effort may seem too big for a disease that apparently does not affect their lives.

Patients' counseling, weekly phone conversations, regular meetings to exchange information at Baylor Centre of Excellence are essential elements of each „solved case". They have the opportunity to receive answers, to get rid of their doubts about the first positive results, to identify their resources to go forward and to be ready for a treatment with many possible side effects.

The Story of Claudia

Claudia was diagnosed with hepatitis C in 2011, she is 30 years old, lives in a rural area, has no medical insurance and not previous information about the disease. The patient's liver is severely affected and she has to raise her 2 children by herself. Her monthly income is only 80 lei (a little more than 20 US dollars) and a small child allowance. As a major risk factor she can only mention an abortion three years ago.

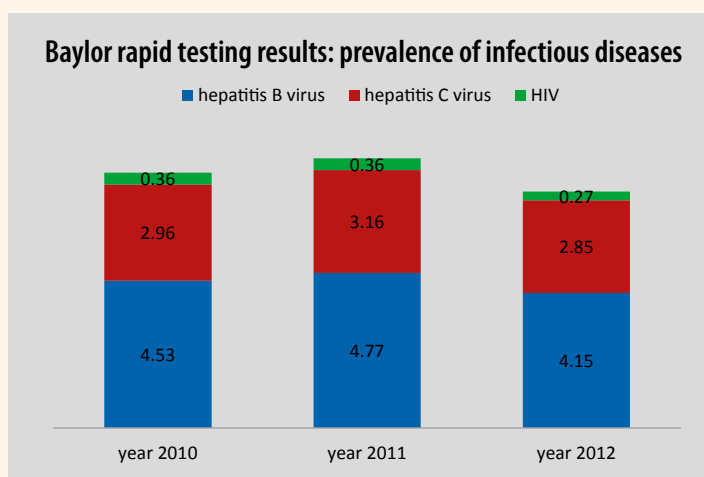
At the beginning she was difficult to motivate to go for the treatment, especially because she had no material resources. Although she made all the medical steps in order to have a complete diagnosis, due to lack of health insurance she could not submit her medical file for treatment.

The counselor regularly kept in touch with her and in the spring of 2012 she finally agreed to receive financial help from Baylor, money needed for the health insurance that she could pay back when her situation would be better. At the end of year 2012 because she had no answer from Constanta Health Insurance Fund, she agreed to become a part of a medical study with a new therapy with 3 drugs.

Today she just ended her first 3 months of treatment. The predictions are good; the specialist analyzed her lab results at the beginning of the therapy and the viral load which decreased a lot in the first months of treatment. Therefore, at the evaluation made after 16 weeks of treatment there is a very high chance that the viral load would be undetectable.

“ I have started to believe that I am lucky to have met you. For a moment I thought that it would have been better if I had never come for testing and known my diagnostic. Today I believe that the best thing I have ever done is to follow your advice. I can hardly wait to enjoy the results of this new therapy and to finally be able to support my family.

”



Patient Stories



Helping an HIV positive mother to deliver a healthy child

Monica, an HIV infected pregnant woman, aged 22, from a remote village in Constanta County, was tested for HIV at home by our team and her result was reactive. Her pregnancy was in week 26th and she was immediately referred to the infectious diseases physician in order to obtain serologic confirmation of her infection. After 3 weeks, her result came back positive for HIV and she was immediately initiated on antiretroviral therapy. Although Monica was pregnant for the second time in her lifetime, she did not have this second pregnancy monitored by a gynecologist. The nurse was able to convince her that she should do so and she presented herself at the ob-gyn office from Baylor Centre of Excellence. Here she was examined in order to understand how she should prepare herself during the very short time that remained until she must have delivered; the team explained to her that there are special measures that she must follow in order to reduce risks. At a later time, she was offered family planning options and she chose to undergo female sterilization procedures after the delivery. The gynecologist has monitored the state of pregnancy until the delivery through cesarean section in the 38th week in a public hospital; all the preventive measures were duly implemented. After delivery, the newborn was closely monitored both at home and at the hospital; the newborn has received formula milk from Baylor and several other items essential for baby-care. This story reflects the importance of collaboration, since it involved close communication between Baylor – Infectious Diseases Hospital – County hospital and the family physician.

“ Every healthy child assisted through this project is the living proof of the victory of three generations. It is the victory of the parents who, before the '90, hopelessly found out that their children were HIV infected; it is the victory of all the innocent victims of a system that changed their lives for good, the children that survived the disease and are now adults establishing families and wanting their own children; it is also the victory of the healthy newborns, that came into this world against all odds. And, if we might say, it is a victory of us all, the professionals who, one way or another, have spent years alongside all these three generations infected or affected by HIV ”

Emergency interventions

Maria, aged 24, from Medgidia, was diagnosed with HIV when she was in her 8th month of pregnancy. Her history suggests that the stage of active infection happened while she was pregnant and this aspect raises the risk of complications and also the risk of transmission from mother to child. Basically, our team had only one chance to implement as many measures as possible:

- ★ Gynecologic consult, fetus ultrasound, RH and blood type, antigens and antibodies for hepatitis, HIV viral load;
- ★ Teaching the pregnant woman what to do in case of a premature birth;
- ★ Counseling and education regarding the steps to follow in case of a premature birth;
- ★ Referral to the psycho-social team.

The consultation took place on a Thursday and the next Monday her water broke and she asked for our team's help in order to get as fast as she could at the county hospital's gynecology department. Because she was newly diagnosed the documents stating her status were not ready yet; taking into consideration this aspect and the fact that the pregnant woman was going to get to the hospital with her membranes broken the risk of giving birth naturally was very high (she didn't have a reasonable argument to ask for a Cesarean section). The team's involvement was vital in order to convince the hospital representatives of the importance of having this maneuver done. It later proved to be the best approach for the baby, since the mother was confirmed as infected.

Research and Publications

At Baylor, we focus on medical and psychosocial research that is directly relevant to improving the care of our patients. Several papers were accepted for publication during 2012¹, thus other clinical centers and professionals can learn from our experience.

For example, the study “Adherence to ARV medication in Romanian young adults: self-reported behavior and psychological barriers” was published in *Psychology, Health and Medicine Journal*. This study was unfolded by an international team and it allowed the successful adaptation to our population of a questionnaire aimed at assessing patients’ perceptions about their adherence to medication, as well as the most common psychological barriers that they are confronted with. Adherence was further assessed through alternative measures (viral load, pill count, adherence level assessed by the physician) and all the measurements have been correlated in order to validate the questionnaire’s scales.

162 young patients with HIV were enrolled in this study (18-24 years old); the majority of them have been on medication for approximately 11 years, with a regimen of about 6 pills per day; 46% of the participants in the entire study had undetectable viral load; about 14% of the study subjects had children and 64% were employed, the rest of them being unemployed or still in school.

Results suggest that low self-reported adherence is particularly associated with experiencing side effects and emotional distress, as well as perceptions of high difficulty treatment and time demands, low self-efficacy, low treatment efficacy and low treatment satisfaction. Perceptions of improvements in health status were overall associated with increased adherence, but feeling good physically sometimes preceded non-adherence behaviours. The questionnaire proved to be psychometrically sound according to classical test theory criteria (e.g. Cronbach’s α 0.77, significant associations with adherence and health status indicators). Addressing adherence barriers in clinical practice with this population may help reduce their potential impact on behaviour.

Our results suggest several paths of investigation regarding the psychological barriers to ARV adherence in Romanian young adults. They indicate that low self reported adherence is more likely when patients feel physically better/worse, or emotionally distressed, and if they perceive adherence as difficult and requiring time and effort, have less confidence in their ability to adhere to the medication schedule, feel less satisfied with their treatment, experience more side effects and have lower outcome expectations. These relationships may provide a good starting point for investigating ARV adherence in this population. Moreover, this study represents an important advancement towards reliable adherence measurement for both research and clinical practice with Romanian young adults. While the total score can be considered a good overall indicator of treatment adherence, examining responses to individual items may prove useful for identifying specific targets for intervention.

¹ The Information-Motivation-Behavioural skills model of ART adherence in Romanian young adults – *Journal of HIV/AIDS & Social Services* (accepted for publication, will be published in 2013)- Alexandra Dima¹, Ana-Maria Schweitzer², K. Rivet Amico³;
The Information-Motivation-Behavioral skills model of ART adherence in Romanian young adults - Alexandra Dima¹, Ana-Maria Schweitzer², K. Rivet Amico³ ; 1 – Amsterdam School for Communication Research, University of Amsterdam, the Netherlands; 2 - Baylor Black Sea Foundation, Constanta, Romania; 3 - Center for Health, Intervention and Prevention, University of Connecticut, USA – poster presentation at the 15th Annual Meeting of European Society for Patient Adherence, Compliance and Persistence, Ghent, Belgium; Adherence to ARV medication in Romanian young adults: self-reported behavior and psychological barriers - Dima, A., Schweitzer, A.-M., Diaconita, R., Remor, E. & Wanless, R. (2012). *Psychology, Health & Medicine*. doi:10.1080/13548506.2012.722648

“ We are interested in continuously improving the quality of our services. Scientific research is one of the means we use to improve the clinical practice at the Centre of Excellence ”



Families are helped to cope not only with the disease, but also with social and material challenges. It is not enough to give medication, sometimes nutritional help or social assistance are essential interventions to help children and families face another day

Education

It is part of our mission to improve the level of knowledge about infectious diseases among the health care professionals in Romania. We strongly believe that advocating high standards of care and improving the clinical skills of our participants expands Baylor's reach outside the Clinical Centre of Excellence.

A cumulative number of more than 5000 health care professionals have participated to our trainings in the past years; in 2012 about 964 professionals were trained by Baylor, thus surpassing the number reached in the previous year.

In 2012 Baylor and its partners organized 7 new trainings that have covered new subjects presented by professionals in the medical and psychosocial area. We had a total of 16 trainings with subjects such as: adherence to medication, tuberculosis co-infections, sexually transmitted diseases, new approaches for HIV, smoking associated risks in immune-compromised patients, the differential diagnosis of viral hepatitis and clinical research in medical settings.

We also organized for the first time 2 trainings aiming to improve the transfusion best practices in hospital settings; they were greatly appreciated by the participants.

We had the pleasure of organizing trainings exclusively for psychologists in collaboration with the Romanian Association of Brief Therapy. Psychologists from Constanta and Tulcea embraced this training that thought them practical skills in working with patients with a chronic disease.

"Congratulations! You do wonderful things, very useful for both the healthy and the sick people, for our society in general. The young Baylor team is wonderful, as well as their level of intense training and involvement."

"I find great joy in participating to your trainings, each of them being an opportunity and a privilege and in listening to those presenters that I like very much. Thank you for the possibility of participating to these events and for maintaining alive our knowledge in the psycho-social and medical area."

BIPAI Romania provides didactic and informal educational events to hundreds of local health care workers each year:

Total trained: 1364

Doctors: 358

Nurses: 388

Other Professionals (Biologists, Psychologists): 218

Community health workers: 400



Consolidated Financials

BIPAI Romania Center of Excellence

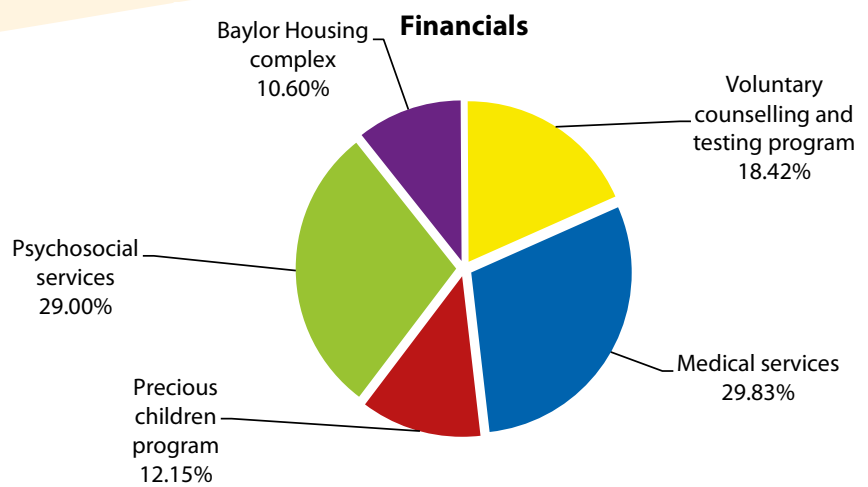
(Fiscal year ending Month 12, 2012)

INCOME

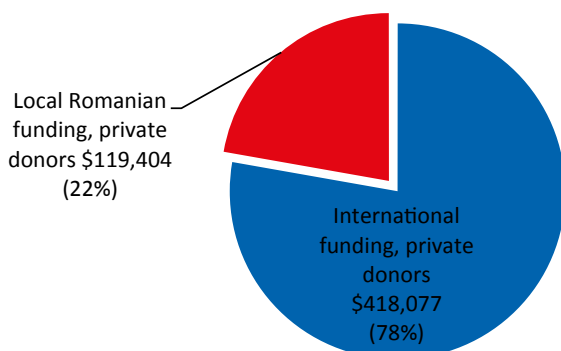
Gross Income	\$ 537,591
Expenses	\$ 513,127
Surplus (Deficit)	\$ 24,464

BALANCE SHEET

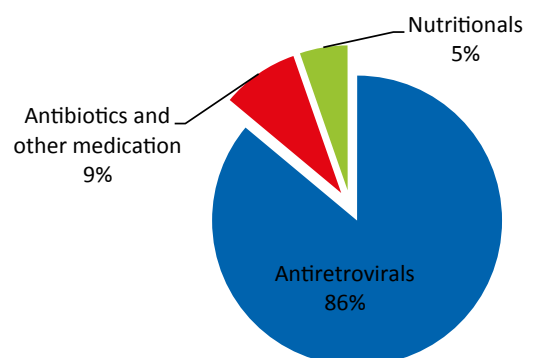
Assets	
Non-current	\$ 117,356
Current	\$ 214,055
Total	\$ 331,411



Origin of income



Americares donations (≈ \$4,5 m)



During the past 4 years, Baylor Black Sea Foundation's financial audit is annually performed by KPMG Romania and it is independently submitted to the BIPAI Board of Directors based in Houston, USA.

Reflections From Baylor Team Members

Many years ago, I witnessed the moment when a reporter asked a 10-year old HIV infected girl about her bigger wish ever. She answered: "I wish to grow old". Unfortunately, she passed away when she turned 14. Even today, when i pay visits to the families of the "Precious Children", I still remember her words. And I realize that these are families with children, parents and grandparents who are thinking not only about the present days, but also about the future, envisioning the possibility of actually growing old.

(Rodica Mătuşa, medical consultant)



Baylor foundation is the place where I feel useful and I enjoy every moment I spend here. I really hope that the counseling and testing program continues to further develop, since I feel it has the power to change the lives and the attitude of those around me.

(Florentina, psychologist)



The work environment at Baylor is really nice and that is because, above all, we are a real team. Everybody knows their roles and responsibilities and people care for each other. Even if I do not work directly with patients, I feel useful working here and I hope we can further contribute to improving lives of all of the people that come at the Centre of Excellence.

(Carol, superintendent of the centre)



I started to work for Baylor as a nurse and then, thanks to special opportunities, I was able to join the accounting department; this was a life changing moment for me. I have finalized my Accounting University Studies and now I work in a different team, but for the same mission: improving the lives of those affected by infectious diseases.

(Cătălina, accountant)



Reflections From Our Partners And Donors



Meetings. Tension. Briefing sessions. Projects. Hopes. Public meetings. Pain, hopelessness, helplessness. Formal ceremonies. Routine. Protocol. Appearances. Problems solved. Scarceness.

Among all these, from time to time, but too rarely I would say, some lights in the eyes of children. It is a panel that I have received as a thank you gift from Baylor foundation, a picture that I keep in my office as a sign of hope, kindness, volunteerism, solidarity, purity and future.

I feel like I have been doing this for a really long time, I feel I can do even more and I find myself being happy that I do not feel alone. I am honored that you welcomed me to your team and I thank you for constantly reminding me about what really matters in life.

(Decebal Făgădău, deputy Mayor of Constanta)



When talking about Baylor foundation, regarding the help they offer to the community in Dobrogea and especially to HIV-positive patients, it is impressive how dedicated this organization is. As we share the same values, among which I would like to mention mutual respect, education, integrity, independence and transparency, it was rather easy to find common causes to support. We are glad to have partnered-up with Baylor foundation on two distinct projects during 2012 and thus helping at least 1800 persons becoming aware of their current health status and receiving accurate education, as well as providing powder milk formula for children of HIV-positive parents. I am proud that through such a fruitful collaboration Janssen can contribute to serving the medical needs of Romanian patients and thus fulfill its mission of providing better health care.

(Efthymios Papataxiarchis, Managing Director, Janssen Pharmaceuticals, Johnson & Johnson Romania)



At the end of 2011, thanks to a lucky break, we had the opportunity to help with one of Baylor's projects. In 2012, I was able to further get to know who was behind the name of "Baylor": downright, optimistic, committed and good-hearted people who are there for women with infectious diseases (either HIV or hepatitis viruses), who help them feel the joy of holding a healthy new-born in their arms. At Danone Baby Nutrition we believe that a healthy child is a happy child.

(Iulia Andreșoiu, Marketing Director, Danone Baby Nutrition Romania)

Reflections From Our Partners And Donors

What I found most striking about Baylor Romania team was the drive, the commitment and the passion for real and touching causes. We were truly impressed by their innovative plans and we are going to work together to turn them into reality in 2013; in 2012 we decided to support their fight against the “silent killers - HIV and hepatitis” through an important donation of condoms.

(Lia Vasilescu, Brand Manager Love Plus)



Health is really important for any person and we want to congratulate the Baylor Romania team for their mission of improving the health of the children infected and affected by HIV. We are really happy that Vodafone foundation was able to help Baylor's care programs.

(Florina Tănase, Director Regulatory, Legal and Corporate Affairs Vodafone)



We truly admire and support the work of the Baylor team, because Danone promotes the same values: humanism, openness, enthusiasm. Our company believes in the importance of helping the communities and the people with special needs; that is why, both the company and its employees have been philanthropically involved for years. We put soul into our work because our mission is to promote health through a balanced nutrition. I wish to the entire Baylor team many “soulful” accomplishments, since every little life that we help or save is a real joy for us all.

(Oana Fărcășanu, Human Resources Director, Danone)



Donors

The programs of Baylor Black Sea Foundation Romania are made possible through the generous support and close partnership of the following organizations:



298 individual donors. Many thanks to Maria Pistol and Eduard Țică.

Baylor partners:



Media partners:



Help Us Save Lives!

Your help is needed. You can be part of the team that works to help children and families to live healthier and fuller lives. This is why we invite you to donate your talent, resources or time to Baylor Romania and help us save and change lives that are or can become affected by infectious diseases.

Individuals can help as follows:

- ★ Make a donation or a recurring donation: 100% of your donation will directly fund services for a patient, like a child exposed to HIV, a patient needing treatment or a person unaware of their diagnosis of HIV or viral hepatitis or any other project of your choice
- ★ Offer 2% of your income tax using the downloadable form on our website
- ★ Be an expert volunteer and teach us how we can improve the impact of our programs

Companies and corporations will find numerous ways to get involved in one of Baylor's projects:

- ★ Sponsorship for a project: 100% of your grant will directly fund a project like the dental, gynecology, tuberculosis, hepatitis, HIV, mental health project or Flower House
- ★ In-kind gifts for the Centre of Excellence: help us keep our projects running by donating products such as medication, medical supplies, newborn kits, food, clothing, building repair materials, medical equipments and even toys and books! Offering us your services for free or at a low cost means more of our funds can be directly spent on our work with people affected by infectious and chronic diseases
- ★ Implement a payroll giving program within your company; this will allow your employees to show their support for a philanthropic program
- ★ Cause related marketing: BIPAI has a global presence and Baylor Romania has a large national audience. Linking your product or service with Baylor for a sales promotion can enhance your company's image and product awareness.
- ★ Pay us a visit at the Centre of Excellence and we can discuss directly about opportunities for social investment with Baylor

Please visit us on www.baylor.ro to find out more on ways to give and our contact data.



Baylor-Black Sea Foundation

Clinical Centre of Excellence

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Email: secretariat@baylor-romania.ro

Baylor Centers for Counseling and Rapid Testing for HIV and Hepatitis

Constanța

Spitalul Județean

Policlinica nr. 1, cabinetul 243

Tel : 0241 691 730

Tulcea

Spitalul Județean de Urgență

Secția de Boli Infecțioase – parter

Tel : 0240 53 23 45

www.baylor.ro

BIPAI
Baylor International
Pediatric AIDS Initiative

BCM
Baylor College of Medicine


Texas
Children's
Hospital

 **Abbott
Fund**

BIPAI

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Pediatric AIDS Initiative – Headquarters
Texas Children's Hospital
1102 Bates Street, Suite 630
Houston, TX 77030
www.bipai.org



Those who strive can be helped

Fundația Baylor Marea Neagră
Centrul de Excelență Clinică HIV
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www.baylor.ro

