

BIPAI

Baylor International
Pediatric AIDS Initiative
at Texas Children's Hospital®

2016 - 2017 ANNUAL REPORT



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VISION

A healthy and fulfilled life for every HIV affected or infected child and their family.

MISSION

To provide high-quality, high-impact, highly ethical pediatric and family-centered health care, health professional training and clinical research, focused on HIV/AIDS, tuberculosis, malaria, malnutrition and other conditions impacting the health and well-being of children and families worldwide.

The photography in this report was generously provided by Smiley Pool.

Cover photo: BIPAI programs seek to improve the health and well-being of children and their families.

Right: A mother and her children access care through the Baylor-Colombia outreach program.



LETTER FROM THE FOUNDER & PRESIDENT

Dear friends,

There is nothing good about HIV. But if there's a silver lining to the global HIV pandemic, it's this: we've figured out an efficient, effective model to deliver life-saving care in the most resource-limited places on earth.

Now, more than 350,000 children in sub-Saharan Africa, Romania, Papua New Guinea and South America are living happier, longer lives with our support. I'm not aware of any healthcare organization with more active patients than the Baylor College of Medicine International Pediatric AIDS Initiative.

Even as we continue to provide lifelong support for HIV patients, testing services, and prevention programs, we have already begun to tackle other pressing health problems. We now have robust tuberculosis programs throughout our network, as well as treatment for malaria, hepatitis, and cancer, screening for sickle cell, and obstetric services. We do not turn away patients in need. In fact, we actively seek them, with teams going door to door to screen contacts of patients with communicable diseases. We have learned to become as efficient, relentless, and thorough as the diseases we're fighting.

All our work was validated last year in the form of a \$50 million grant from the Bristol-Myers Squibb Foundation, which we are required to match from other donors, to establish a pediatric cancer network. Twenty-two years ago, we envisioned a future for kids with HIV and no treatment options. Today, hundreds of thousands of those kids are growing up, going to school, getting jobs, and imagining a future for themselves. Our care model works. It'll work for cancer, too.

Thank you for facing these challenges with us. Your support has made all of this possible.

Very best wishes,

Mark W. Kline, M.D.
Physician-in-Chief, Texas Children's Hospital
Chair, Department of Pediatrics, Baylor College of Medicine
Founder & President, BIPAI

*Right: Dr. Mark Kline is BIPAI's founder and president.
Photo courtesy of Texas Children's Hospital*



Dr. Mark
Kline
*Texas Children's Hospital
Founder & President, BIPAI*



WHERE WE WORK

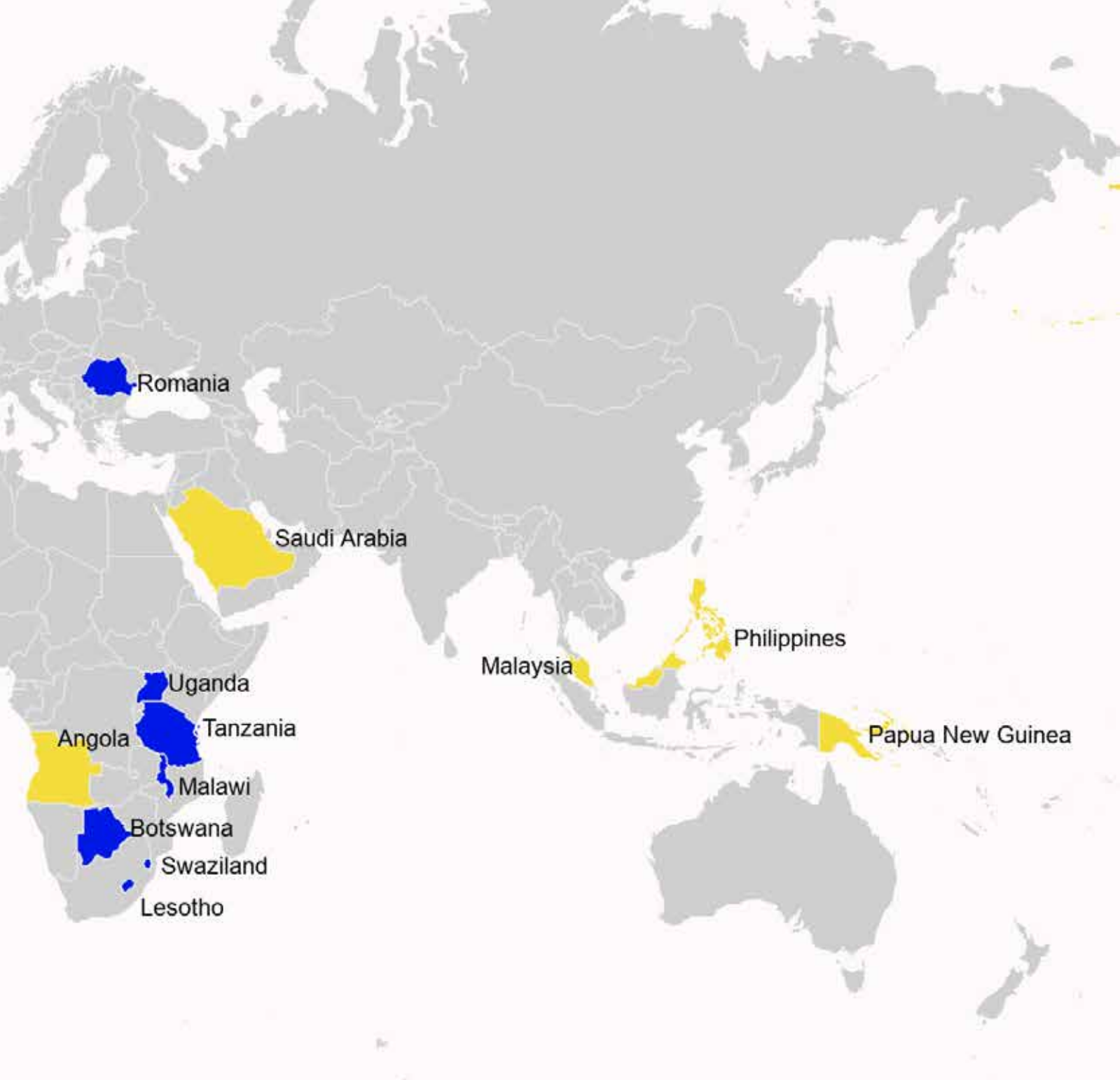
Headquartered in Houston, Texas, USA, BIPAI now reaches 20 countries, providing family centered pediatric care, education for medical professionals and operational research to improve health outcomes. The countries in blue indicate where we have Centers of Excellence and satellite centers. Countries in yellow indicate where we have community outreach programs or long-term faculty presence.

BIPAI Centers of Excellence

- Gaborone, Botswana
- Maseru, Lesotho
- Lilongwe, Malawi
- Constanța, Romania
- Mbabane, Swaziland
- Mwanza, Tanzania
- Mbeya, Tanzania
- Kampala, Uganda

BIPAI Satellite Centers of Excellence

- Botha-Bothe, Lesotho
- Leribe, Lesotho
- Mohale's Hoek, Lesotho
- Mokhotlong, Lesotho
- Q'acha's Nek, Lesotho
- Hlatikulu, Swaziland
- Manzini, Swaziland



Global Health Programs

- Angola
- Argentina
- Brazil
- Colombia
- Liberia
- Malaysia
- Morocco
- Mexico
- Nicaragua
- Philippines
- Papua New Guinea
- Saudi Arabia
- Sierra Leone

SPECIAL FEATURE

SAVING LIVES AS A MATTER OF POLICY

How BIPAI has quietly left its mark on entire public health systems.

In Uganda, a Baylor research paper on antiretroviral therapy adherence in children led to a new nationwide policy.

In Romania, Baylor staff headed an initiative to improve sexual education in rural schools. In Papua New Guinea, a Baylor doctor helped write parts of the treatment manual for general pediatrics used by physicians throughout the country.

Wherever the Baylor College of Medicine International Pediatric AIDS Initiative operates, it has occupied a central role in guiding national health policy. BIPAI's mission has always been to treat people, care for them, and prevent others from getting sick. But the world-class expertise of its medical professionals and the depth of their practical experience have made BIPAI a key resource for governments and other organizations.

“If they're looking for people who know the local situation and have a lot of expertise and on-the-ground experience, they

frequently end up asking our folks to contribute,” said Dr. Mark Kline, president and founder of BIPAI. “That's been happening from Day One. I wouldn't call it our primary mission focus, but it's an important aspect of what we do. We influence national guidelines.”

BIPAI operates in countries with scarce resources to fight the world's most destructive diseases. And that includes financial and human resources. Baylor doctors are often among the few—or the only—pediatricians where they work.

Swaziland is a representative case. Baylor-Swaziland has at least one physician (sometimes two) sitting on the Ministry of Health's HIV-related technical working groups. They frequently make presentations at important meetings, and they're often asked to formulate national messaging and to review data for international distribution, said Dr. Magnus Beneus, a BIPAI pediatrician based at the Center of Excellence in Mbabane, Swaziland. National policy documents on pediatric health don't go out before Baylor-Swaziland has reviewed them.

“In short,” Beneus says, “we have been actively involved at every level in decisions related to pediatric HIV in Swaziland.” For BIPAI donors, the ability to create a lasting policy impact is a major factor in their decision to support the organization. It’s rewarding for Baylor staff as well.

“Directly, my job is to assist with the school of medicine,” said Dr. Henry Welch, a pediatrician attached to The University of Papua New Guinea School of Medicine. “But indirectly, we’ve had a big impact on the areas of malnutrition and TB. We helped write the country guidelines for TB.”

The practical effect of this kind of influence is that children visiting non-BIPAI clinics for care are often seen by a BIPAI-trained doctor applying these country guidelines in their respective practices. In Papua New Guinea, there are 22 practicing pediatricians. “We helped train them all,” Welch said.

BIPAI is at the cutting edge of care delivery in resource-strapped locations, but it does not keep its innovations secret: Doctors

regularly publish their methods and results for the public health community to review. In 2016, for instance, a Baylor-Uganda manuscript reported improved adherence among children when Lopinavir doses came in the form of pellets rather than tablets or syrups. It’s a simple thing, but treatment adherence can mean the difference between life and death for a child with HIV. The Baylor-Uganda paper caused the Ministry of Health to adopt pellets as the standard of care nationwide.

It’s not the most glamorous work: attending meetings, preparing talking points, collecting data. But the impact is far-reaching and directly improves the care and well-being of hundreds of thousands of children in each country.

BIPAI is one of the first and largest providers of pediatric HIV treatment and care in the world. “We’ve brought all the experiences of two decades and almost 350,000 patients to bear on the guidelines that doctors around the world now follow,” said Michael Mizwa, chief operating officer. “It’s not the most visible thing we do, but it changes lives.”



AT A GLANCE: BIPAI

“BIPAI continues to expand its impact in the communities where we work treating the most vulnerable and continuing to increase access to care.”

-Michael B. Mizwa

>200,000
Patients

>\$50,000,000
Annual Network Budget

>1,500
Total Staff

>10,000
Health Workers
Trained

Left: Teen Club provides psycho-social support to HIV positive adolescents throughout the BIPAI network.

AT A GLANCE: ANGOLA

“The Angola Sickle Cell Initiative works to improve the diagnosis, care and outcomes for infants and children with sickle cell disease. Our work focuses on newborn screening and treatment at two project sites, Luanda and Cabinda.”

- Dr. Gladstone Airewele, Medical Director

32

Total
Staff

Key Programs:

- Sickle Cell Diseases screening and treatment

1,073

Healthcare
Workers Trained

Key Accomplishments:

- Tested more than 244,000 children since inception of program
- 2,323 patients have been linked to care

52,946

Patients

\$1,000,000

Total Budget (USD)

AT A GLANCE: ARGENTINA

“Training remains at the core of our activities as we seek to impact the capacity of the health system in Añelo to deliver quality pediatric and maternal healthcare services.”

- Agustina Perez, Executive Director

2

Total
Staff

600,000

Total Budget (USD)

Key Programs:

- Child Health
- Maternal Health

Key Accomplishments:

- Formally registered Baylor College of Medicine Children’s Foundation-Argentina as a non-governmental organization.
- Established a committee of private and government institutions to advise on the primary health issues in Añelo, Neuquen, Argentina.
- Conducted newborn resuscitation training in Añelo to provide adequate services for at-risk newborns.

AT A GLANCE: BOTSWANA

“We could not have achieved all of this success had it not been for the support of our dedicated staff and their families, partner institutions, the Botswana government, and our clients and their families.”

- Dr. Mogomotsi Matshaba, Executive Director

84
Total staff

2,381
Total patients

87%
Undetectable
patients

2,075,002
Total Budget (USD)

127
Health care
workers trained

2,380
Patients on ART

Key Programs:

- Paediatric Infectious Disease Clinic (PIDC)
- Paediatric KITSO Training
- Outreach Mentorship Programme
- Visiting Scholars Programme
- Adolescents Programme
- Botswana Paediatric Haematology and Oncology Programme
- Botswana Comprehensive Care and Support for Orphans and Vulnerable Children Project (OVC Care and Support Project)
- Advancing Partners and Communities (APC) Project
- Collaborative African Genomics Network (CAfGEN)
- Public Health Evaluation (PHE) - Ba Nana Study

AT A GLANCE: COLOMBIA

“Managing not only the absence of the infirmity or disease but incorporating a holistic approach in our health initiatives is our main driver. Determinants of health such as: lack of water, food insecurity and education are included in our health holistic approach.”

- Ana Maria Galvis, Executive Director



Key Programs:

Care and Treatment

- Pediatrics and Obstetrics & Gynecology
- Community approach to malnutrition
- Food security
- Diagnostic testing
- Vaccinations
- Family planning
- Malnutrition Recovery Center
- First Thousand Days with ICBF

Education

- Safe maternity
- Public health
- Integrated Management of Childhood Illness (IMCI)
- Malnutrition management for children <5
- Midwifery
- Ethnic educational health training for indigenous community

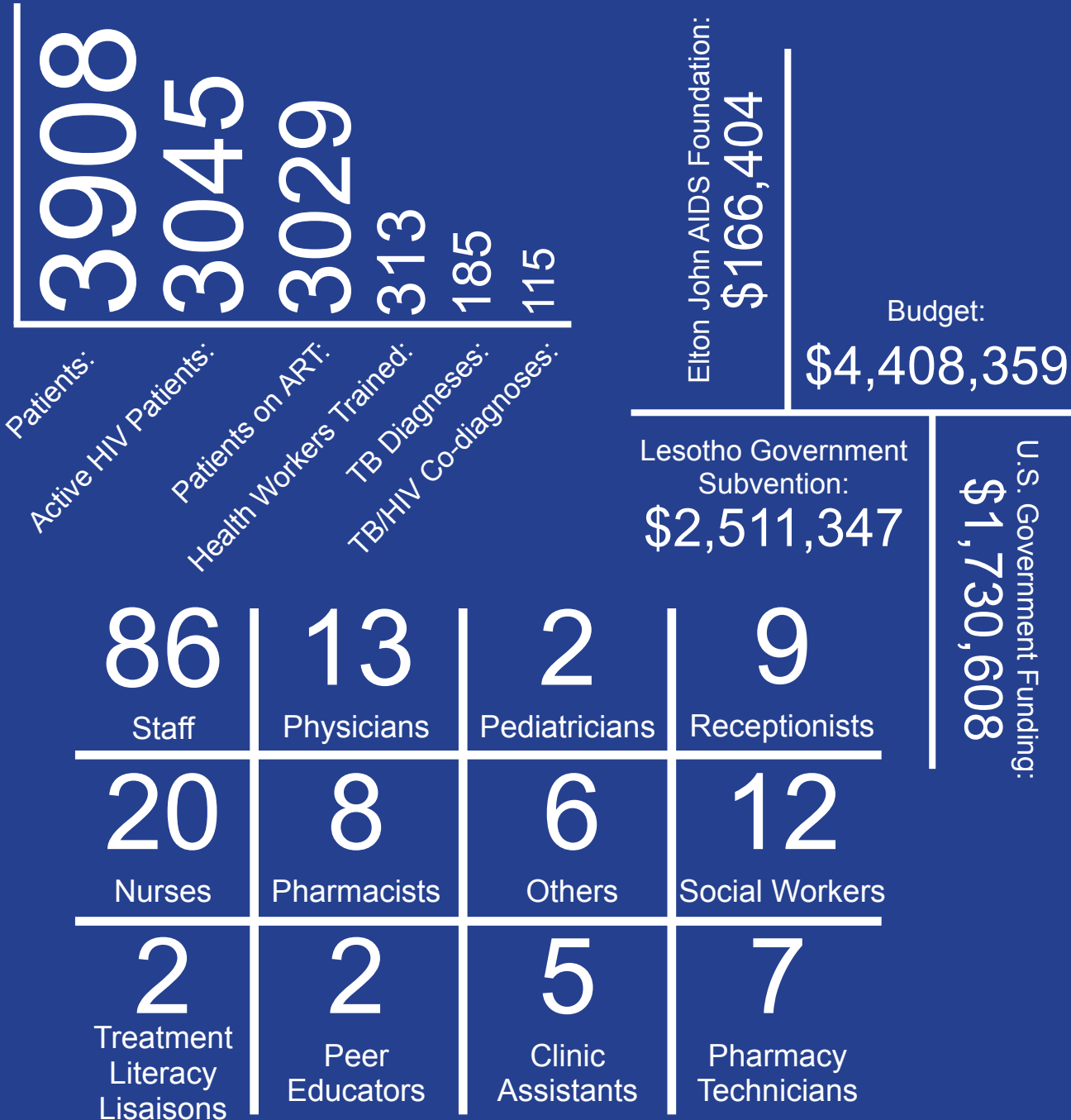
Research

- Maternal and infant mortality
- Anemia and malnutrition in pregnant Wayúu women
- Malnutrition Recovery Center

AT A GLANCE: LESOTHO

“This year we have been fully engaged in supporting some of the initiatives the Ministry has adopted, such as ‘Test and Treat’, which has accelerated the country’s progress toward achieving the UN’s 90-90-90 targets.”

- Dr. Edith Mohapi, Executive Director



AT A GLANCE: MALAWI

“As our HIV programmes mature, so do our patients. Thanks to the success of the ART we provide, a large proportion are now older children and adolescents.”

- Dr. Peter Kazembe, Executive Director

3,486
Patients
in Care

62
Outreach
Sites

\$3,900,000
Total Budget

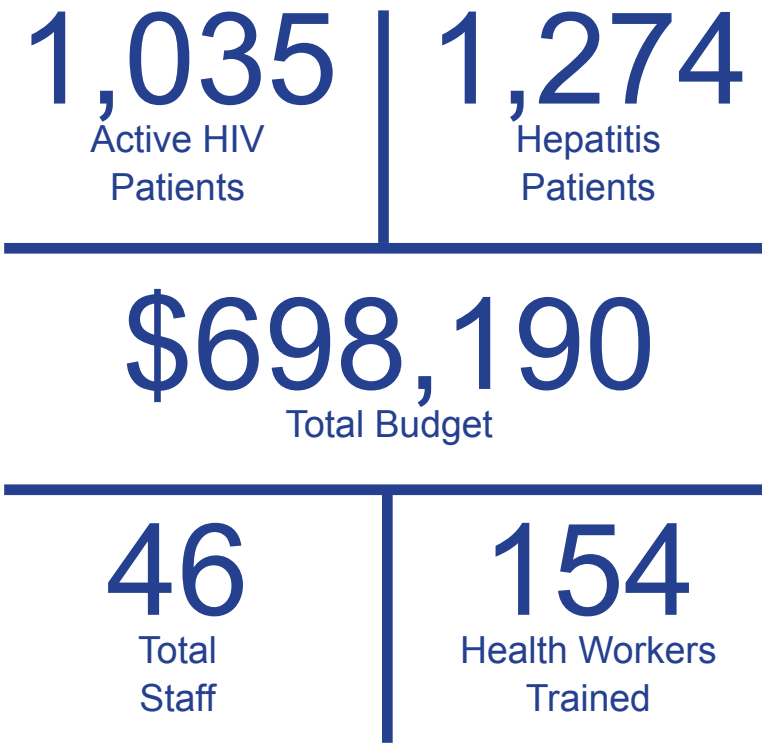
796
Total
Staff

127
Centre of
Excellence Staff

AT A GLANCE: ROMANIA

“Romania remains a country where challenges and difficulties appear to be insurmountable, but we remain confident that every one of us, either Baylor team members, our patients or collaborators represent enablers of positive changes.”

- Ana-Maria Schweitzer, Executive Director



AT A GLANCE: SWAZILAND

“In line with our vision of ‘a nation with healthy and fulfilled children, adolescents and their families,’ we have brought new infant HIV cases down to zero and nearly eradicated lost-to-follow-up patients. ”

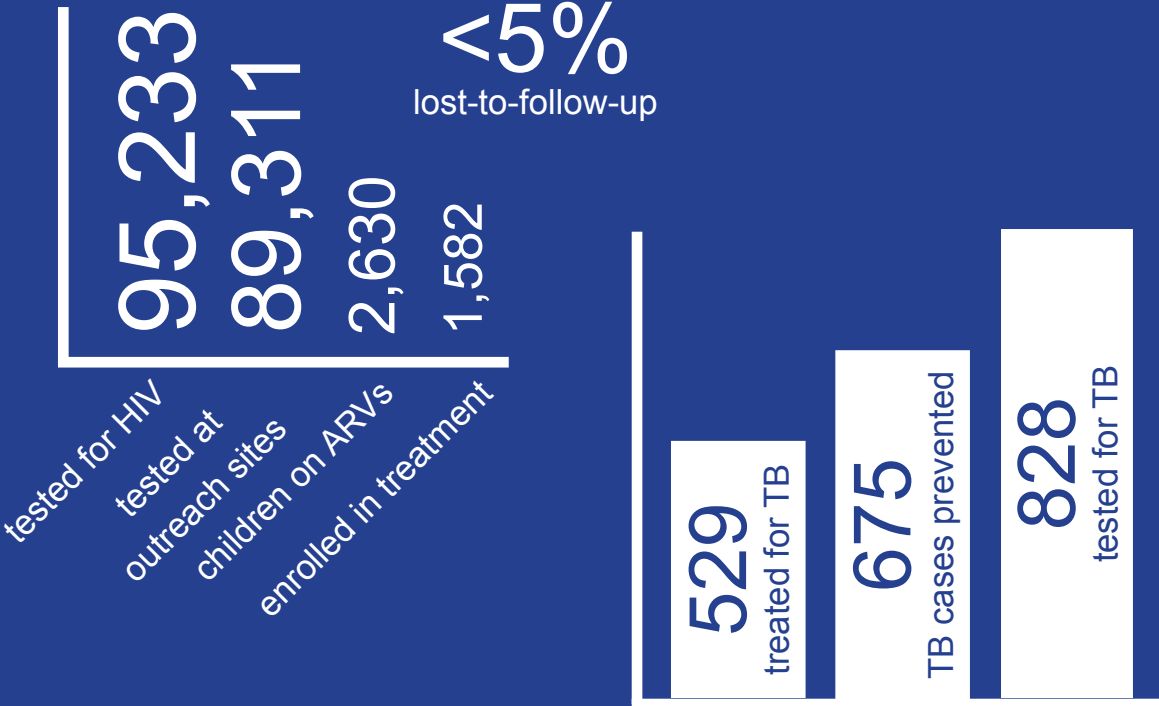
- Makhosazana Z. Hlatshwayo, Executive Director



AT A GLANCE: TANZANIA

“In 2017, we concluded our current eight-year grant cycle with USAID, without whose support none of our activities would be possible.”

- Dr. Lumumba Mwita, Executive Director



415 health care workers trained	163 home visits	80% adolescent enrolled in Teen Club
163 hands-on clinical trainings at COEs	630 adolescent reproductive health counsellings	986 supported orphans, vulnerable children, and caregivers

AT A GLANCE: UGANDA

“The recently released Uganda Population-Based HIV Impact Assessment to assess the progress of Uganda’s national HIV response showed that our supported regional blocks registered the highest decline in HIV prevalence over the period 2011-2016.”

- Dr. Adeodata Kekitiinwa, Executive Director

7,786
patients in care

93,650,530
total budget (USHS)

6,525
virally suppressed

300,000
new mothers
tested for HIV

7,768
patients on ART

9,150
new mothers on ART

\$2.6 M
total funding (USD)

7,202
infants tested
for HIV - 1st PCR

5,000+
health workers
trained

AT A GLANCE: PAPUA NEW GUINEA

2

Total Staff

78

Healthcare
Workers Trained

831

Students Taught

\$600,000

Total Budget (USD)

Key Education Programs:

- Medical education in Pediatrics
- Public Health
- Malnutrition
- Tuberculosis

Key Accomplishments:

- Improved HIV testing rates from 40-80% among children with malnutrition
- Mentored post-graduate students on research, resulting in 2 publications and 1 presentation at a major international conference
- Helped establish and implement a Masters of Public Health training program at University of Papua New Guinea School of Medicine and Health Sciences (UPNG-SMHS)
- Established an Employment Matching Services Program at UPNG-SMHS to help connect newly trained physicians to open positions throughout the country

AT A GLANCE: GLOBAL HEALTH CORPS

“I am privileged to be working with Baylor’s clients, watching them get better and stay well, despite the scourge and stigma that HIV inflicts on their daily lives. I love being a part of a safe place for them, and helping build other pockets of safety for HIV+ children throughout the Lake Zone region. In short, I went to med school to fight the good fight, and here, I can’t help but feel that I am.”

- Dr. Alexandra Coria, Former GHC (Tanzania)

23
Physicians

6
Countries

Key Focus Areas:

- Malnutrition - Colombia
- Palliative Care - Tanzania
- Adolescent Health - Malawi
- Cervical Cancer - Swaziland
- Health Professional Training - Botswana
- Hematology - Angola
- Tuberculosis - Lesotho

Where Are They Now:

- UNICEF
- USAID
- PEPFAR
- CDC

LEADERS

BOARD OF DIRECTORS

Mark W. Kline, President and Chairman
Michael B. Mizwa, Secretary
Robert Corrigan, Jr., Assistant Secretary
Bridgette Naik, Treasurer
Claire Bassett, Member
Nancy R. Calles, Member
Cris C. Daskevich, Member
John Nickens, Member
Doug Spade, Member

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Michael B. Mizwa
Chief Operating Officer & Senior Vice President

Nancy R. Calles, R.N., M.S.N., P.N.P.,
A.C.R.N., M.P.H.
Senior Vice President

Gordon E. Schutze, M.D.
Vice President-International Medical Services

Theresa Barton, M.D.
Chief Medical Officer

Bridgette Naik, C.P.A.
Chief Financial Officer

Diane Nguyen, Pharm.D.
Global Health Coordinator

Patricia English, M.S.W., M.P.H.
Global Health Corps Coordinator

BIPAI NETWORK LEADERSHIP

Mogomotsi Matshaba, M.B.B.Ch.
Executive Director, Botswana

Peter N. Kazembe, M.B.Ch.B., F.R.C.P.C.
Executive Director, Malawi

Adeodata Kekitiinwa, M.B.Ch.B
Executive Director, Uganda

Lumumba F. Mwita, M.D., M.Med.
Executive Director, Tanzania

Edith Q. Mohapi, M.D., M.B.
Executive Director, Lesotho

Makhosazana Z. Hlatshwayo, M.Sc.
Executive Director, Swaziland

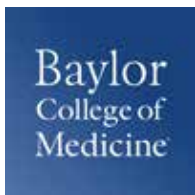
Ana-Maria Schweitzer, M.Sc.
Executive Director, Romania

Ana Maria Galvis, M.B.A.
Executive Director, Colombia

Agustina Perez
Executive Director, Argentina

PARTNERS

BIPAI has developed valuable partnerships that sustain our work throughout the world. Without these important organizations, corporations and people, we would not be able to sustain these life-saving activities.



Back cover: Healthy children return to

BIPAI

Baylor College of Medicine International Pediatric AIDS Initiative
at Texas Children's Hospital

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