



BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION **TANZANIA**



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BIPAI Baylor International
Pediatric AIDS Initiative
at Texas Children's Hospital*


**Texas Children's
Hospital**


**Baylor
College of
Medicine**



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MEDICINE CHILDREN'S
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Letter from the executive director

Highlights

Prevent

At a glance

Health systems strengthening

Clinical attachment

Students and residents

Reaching beyond the centre of excellence

Training mentors

Off-site education

Empower

Scholarly activity

Palliative care

Recognise and respond

Sponsors





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EXECUTIVE DIRECTOR'S LETTER

This year's annual report highlights our achievements in providing paediatric health care, integrating HIV/AIDS, TB, and psychosocial services for the people of Tanzania.

Thousands of children and their families received testing, treatment, and educational services from Baylor Tanzania during the 2017-2018 report period as part of our goal to meet the UNAIDS 90-90-90 objective.

I am grateful for the combination of financial support from our donors, the collaboration of community leaders and host institutions, and the unwavering dedication of the Baylor Tanzania staff staff to continue to strengthen the health system and provide our support to the Lake and Southern Highland zones and beyond.

Our model of family-based health care and support services is rapidly increasing the impact we are having on paediatric HIV and related conditions. We take pride in having treated more than 2,760 patients this year, including tuberculosis and malnutrition clients. Far-reaching HIV case-finding initiatives tested more than 4,950 children and caregivers in the operational zones of Baylor Tanzania, not including many thousands more who were tested at the sites we mentor clinically.

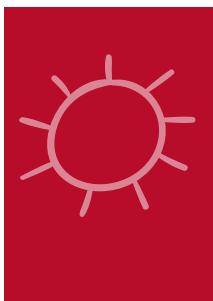
While we take time to celebrate successes, we recognize there is much work ahead, ever reminding us to remain diligent in our cause—always learning and keeping long-range goals in focus. In the core areas of prevention, treatment, education, and community strengthening, Baylor Tanzania has implemented robust and effective programmes which have reached not only individuals, but families and even whole communities.

Our successes would not be possible without the support we receive from the Tanzanian government through the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC); the United States Agency for International Development (USAID) through the United States President's Emergency Plan for AIDS Relief (PEPFAR); United Nations Children's Fund (UNICEF); and Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) and Texas Children's Hospital. Our genuine appreciation also goes to official collaborative partners at Mbeya Zonal Referral Hospital and Bugando Medical Centre—as well as local government authorities, organizations, partners, and communities that continue to support our efforts.

I am happy to present our 2017/2018 annual report and I hope you will all enjoy reading.

Sincerely,
Lumumba Mwita, MD, MMED Executive Director





OUR MISSION

To provide high-quality, high-impact, highly ethical paediatric and family-centred 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



VISION

To be the model of paediatric excellence, empowering health professionals, and communities to ensure sustainable, superior paediatric care, enabling healthy and fulfilling lives for the children of Tanzania and their families



TANZANIA

CAPITAL

Dodoma

National language

Swahili
English

Demonym(s)

Tanzanian

Nation of
55.572.201



in habitants



320.000

People living with HIV

23.8%

adult HIV prevalence (ages 15-49)

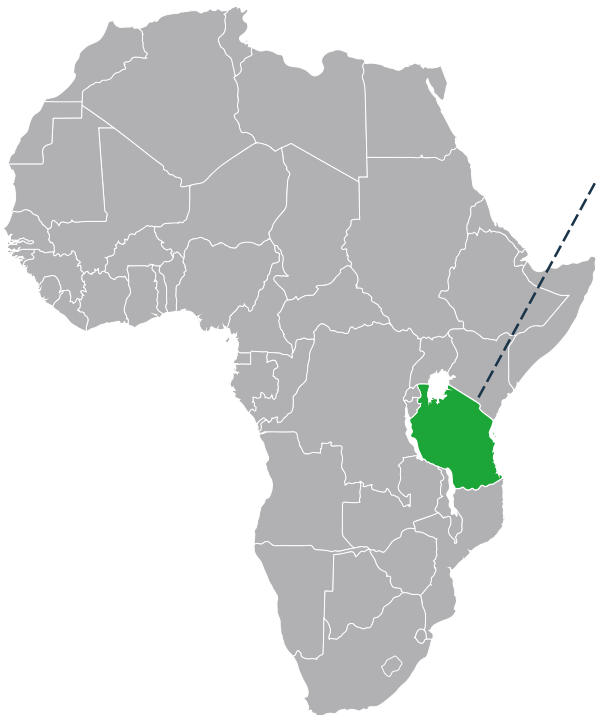
74%

adults on antiretroviral treatment*

60%

children on antiretroviral treatment*

*All adults/children living with HIV
Source: UNAIDS Data 2018



Officially the
**UNITED REPUBLIC OF
TANZANIA**

AT A GLANCE

COE Programmes and Services

290
Initiated on ART


Receiving TB services
975

262
Receiving TB treatment

Tested HIV positive
336

4,954
Tested for HIV

2,765
Currently on ART treatment

193
Adolescents receiving sexual reproductive services



81%
Percentage of HIV-positive adolescents (ages 10-19) in Teen Club



169
Home visits conducted

3,099
Orphans and Vulnerable Children (OVC) supported

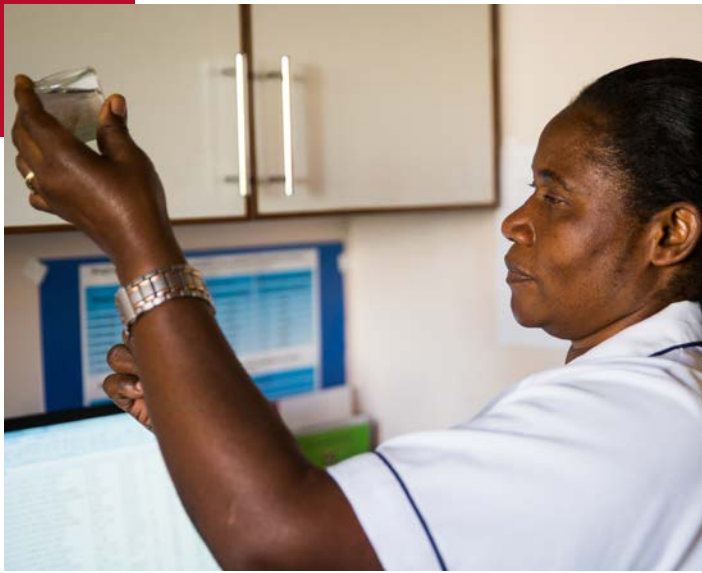
49
Health Care professionals mentored through "clinical attachment" programme



1,546
Total completed Isoniazide Preventive Therapy (IPT)

5%
Proportion of Clients in ART care who are LTFU

2017-2018 Highlights



- Advanced national community health at the policy and operations levels in line with the National Policy on Community Health by building sustainable primary health care; empowering individuals and communities; and aligning stakeholder support to national policies, strategies, and plans.
- Supported MoHCDGEC community health initiatives and assisted healthcare providers to adjust to new responsibilities.
- The Government of Tanzania adapted the International Community approach on HIV/AIDS to provide treatment to the needs of individual

patients and “meet people where they are”. This patient-centred, rights-based approach is globally known as “differentiated service delivery (DSD)”. Baylor Tanzania adopted this important policy shift and expanded the scope for antiretroviral service provision within the health facility and peripheral sites by integrating DSD models in line with the HIV Care and Treatment guidelines released by the government of Tanzania. In line with this model, Baylor Tanzania has introduced adherence support groups and ART fast tracking, where stable HIV-positive patients are grouped together to manage treatment, receive bundled antiretroviral prescriptions in groups, and pick up multiple-month prescriptions during one clinic visit, reducing the burden of frequent travel to the clinic.

- Supported HIV prevention and treatment in programmes for children and adolescents (e.g., Care Giver Support group, Teen Talk, Adherence Support groups, etc.). These complement the new National Multi-sector Framework on HIV (NMSF) 2018-2023, which aims to enroll 95% of adolescents living with HIV in treatment by 2020.
- Provided HIV testing to 991 ALHIV, and among those 57 (5.7%) tested positive. We then ensured continuum of care from Community Health Volunteers (CHVs) to government basic health facilities.

PREVENT

disease in children and adolescents



Led by a team of experts, Baylor Tanzania offers a comprehensive array of preventive services for HIV, TB, and common childhood and adolescent illnesses.

Our clinic implements all WHO-recommended practices for preventing mother-to-child transmission of HIV. Not only do we closely follow HIV-exposed children to ensure they stay HIV-negative, but we also follow their growth and development and provide treatment or counselling for any issues that arise.

We immunise all children under our care according to the national immunisation schedule, conduct regular weight checks, and provide nutritional counselling and breastfeeding support to prevent malnutrition.

TB is a leading cause of death among children with HIV, so we are diligent about preventing it. Every child undergoes TB screening upon arrival to the clinic. We currently lead the country in TB prophylaxis of HIV-positive children, offering six months of TB prophylaxis to all eligible children.

For HIV-negative clients who are exposed to HIV, often through sexual assault or needle stick accidents, we offer post-exposure prophylaxis to prevent HIV infection.

Finally, we offer reproductive health counselling and services to reduce spread of sexually transmitted diseases and decrease unwanted pregnancies. Services include weekly “Teen Talks” to teach adolescents about living positively with HIV; screening and treatment for STDs; and access to reproductive and child health care in a safe, confidential environment.

HEALTH SYSTEMS STRENGTHENING

through education and training of healthcare providers



Baylor Tanzania strengthens the health system through the building blocks identified by the World Health Organisation: service delivery, health workforce, strategic information, and leadership and governance. Baylor Tanzania provides high-quality technical assistance that focuses on national priorities and maximises the effectiveness of the country's resources.

Baylor Tanzania's health systems strengthening work takes a systematic, evidence-based approach. We have achieved significant gains in family-centred patient outcomes through continuous quality improvement and innovation, as well as supportive relationships with the regional district and national health teams. We also designed context-specific psychosocial and behaviour change strategies to bolster our systems strengthening work at the individual, family, and community levels. Baylor Tanzania's well-designed monthly Teen Clubs and Adolescent weeklong bi-annual camps target at-risk youth and those with unstable adherence to medications. Service providers, Teen Club leadership, and caregivers report improved self-awareness and self-esteem among

clients as a result of these programmes. Clients with poor medication management quickly learn to focus on medication schedules.

Supporting our health systems strengthening, we use evidence-based approaches (e.g., data verification, data sharing, and support for data utilisation) with relevant regional and district authorities to improve health worker performance and engagement and employ our values and strategies to expand interdisciplinary collaboration for all aspects of paediatric HIV health care.

Baylor continued to use its capacity building by our multidisciplinary team, which was formed to strengthen service delivery and supervision systems by enabling healthcare providers.

Despite the government's commitment to scale up HIV activities, HIV-infected children are often left behind under the current CTC programme, forming a gap in ensuring paediatric access to HIV care. Among the numerous resource constraints at healthcare facilities which hinder provision of quality services to HIV-infected children, limited knowledge on paediatric HIV among healthcare workers is identified as one of the major issues. Baylor Tanzania has been engaged in clinical mentoring as a critical bridge for the training gap that exists between the in-service training and practice in the clinical setting. This enables healthcare providers to practice new skills under the support and guidance of the Baylor Tanzania multidisciplinary team, consisting of pediatricians, doctors, nurses, and others specially trained in this area.

Clinical Attachment

Baylor Tanzania welcomes classes of healthcare providers from around the country to participate in an intensive, hands-on, paediatric HIV, TB, and malnutrition training course. They attend lectures from our paediatric experts and get hands-on experience taking care of children with real-time feedback. They leave with improved competency in paediatric care, a specialised paediatric HIV handbook, and a 24-hour hotline to call for clinical questions. A total of **51** health professionals have benefitted from this programme.

Students and Residents

We teach and mentor medical and nursing students, pharmacy staff, counsellors, and residents from both the Tanzanian and American education systems, bringing them to our clinic to learn best practices in HIV, TB, and malnutrition care. A total of **102** Health professionals have received health-related coaching.

Reaching Beyond the Centre of Excellence

Training Mentors

Through outreach and collaboration with government officials, we identify interested, high-performing healthcare providers. In a series of workshops, we teach them to train other providers in their regions and districts to provide excellent paediatric HIV and TB care. They learn skills such as: HIV testing, counselling, management of opportunistic infections, provision of antiretroviral therapy, support for adherence to treatment, palliative care, management of ART paediatric formulations, etc.

Off-Site Education

Baylor Tanzania physicians, nurses, counsellors, and support staff visit each of our 86 outreach sites at least once a quarter. We reinforce best practices in paediatric HIV and TB care, identify areas for improvement, and help providers in the Lake and Southern Highlands Zones provide excellent, evidence-based HIV, TB, and general paediatric care.



Healthcare workers from around the country attended a Baylor workshop in Mbeya.

EMPOWER

our most vulnerable clients to live productive, rewarding lives



Children and adolescents living with HIV face a number of health and social challenges that directly or indirectly make them vulnerable to poor clinical outcomes. At Baylor Tanzania, we strive to provide clients with tools to improve their quality of life as well as their prospects for the future.

Baylor Tanzania recruits “expert clients” who serve as peer educators and advisors to other patients struggling with HIV-related social challenges and adherence.

Our social work department assesses the needs of each patient through weekly social rounds, home visits, and family meetings. They identify patients who need help and link them with community-based organisations. Those struggling with ART adherence and missed appointments receive support to address the underlying cause of the problem. For caregivers, we provide support groups that coach them on how to disclose a child’s HIV status and to help them with adherence. Furthermore, we empower adolescent girls living with HIV to be productive members of the community through an initiative called “Tanzanite Girls”. These interactive sessions cover a variety of topics, including life skills, self-awareness, gender-based violence and violence against children, puberty, hygiene, children’s rights, and the consequences of early pregnancy.

For adolescents who have failed to complete their primary, secondary or high school, we offer income-generating activities at our clinic via low-cost programmes such as Stitch by Stitch and Bead by Bead, which impart practical skills like sewing and beading. They sell the items and the money is invested back into the programme. After graduation from the programme, participants receive a certificate, and they are ready to support themselves or find employment at shops in town. These initiatives reached 56 adolescents during the reporting period.

Benki Yetu (“Our Bank”) is a peer-led programme in which 48 adolescents learned financial management skills, such as how to receive and use micro-financing.

Many Baylor clients are poverty stricken to the extent they have poor access to proper nutrition and often have difficulty paying transport fees to travel to clinic. Baylor Tanzania started “Shamba Darasa”, a backyard vegetable growing initiative to help support clients attending the Baylor COE with nutrition needs. The programme uses a practical class platform demonstrating techniques of developing one’s own vegetable garden to be able to support nutritional needs and provide a source of income to sustain clients with access to care and treatment services. Baylor Tanzania provided 24 sessions reaching more than 100 caregivers and adolescents aged between 14 and 18 years.

We want our clients to be successful in their lives, both inside and outside of the clinic walls!



Scholarly Activity

We want the successes of Baylor Tanzania to spread beyond the regions in which we work, so that other organisations can learn from our experiences and provide high-quality health care to more children. We continually examine our methods in a scientifically rigorous way to discover what works and where we can improve. We publish these findings as abstracts and scientific manuscripts to be submitted for meetings or publications. We have also represented Baylor Tanzania in conferences in Tanzania and around the world not only to disseminate our best practices but also to hear about the experiences of others doing similar work.

Baylor staff attended international meetings including:

- AIDS 2018 (Netherlands)
- The 3rd International Children's Palliative Care Network (ICPCN) Conference 2018 (South Africa)
- Baylor International Pediatric AIDS Initiative (BIPAI) Network Meeting (South Africa)
- Symposium for Health and Academic Research (SHARe) (Tanzania)

Baylor-Tanzania has active research in the following areas:

- Retrospective studies of clinical activities and outcomes.
- Tuberculosis clinical outcomes
- Tuberculosis stool-based diagnostic assay
- Tuberculosis blood-based DNA methylation diagnostic assay

Published research includes:

- The Standardized Pediatric Expedited Encounters for ART Drugs Initiative (SPEEDI): description and evaluation of an innovative pediatric, adolescent, and young adult antiretroviral service delivery model in Tanzania. Bacha JM, Aririguzo LC, Mng'ong'o V, Malingoti B, Wanless RS, Ngo K, Campbell LR, Schutze GE. *BMC Infect Dis.* 2018 Sep 3; 18(1):448.
- Pediatric Kaposi sarcoma in context of the HIV epidemic in sub-Saharan Africa: current perspectives. El-Mallawany NK, McAtee CL, Campbell LR, Kazembe PN. *Pediatric Health Med Ther.* 2018 Apr 19;9:35-46.
- Proposal of a Risk-Stratification Platform to Address Distinct Clinical Features of Pediatric Kaposi Sarcoma in Lilongwe, Malawi. El-Mallawany NK, Kamiyango W, Villiera J, Slone JS, Kovarik CL, Campbell LR, Agrawal AK, Dittmer DP, Eason AB, Ahmed S, Schutze GE, Scheurer ME, Kazembe PN, Mehta PS. *J Glob Oncol.* 2018 Sep; (4):1-7.



Palliative Care

The goal of the palliative care programme is to provide comprehensive, high-quality medical and psychosocial care for children and adolescents suffering from life-limiting conditions, including advanced HIV/AIDS disease, TB, severe acute malnutrition, and cancer. Baylor Tanzania utilises an integrated, multidisciplinary palliative care approach, with a specific focus on providing palliative care patients the medications and equipment they need to live a high-quality, pain-free life; addressing psychosocial challenges palliative care patients and their families experience; and providing social support to minimise the financial burdens of caring for a sick child.

Patients receiving palliative care are eligible to participate in a “wish-making” programme in which they select a small desired toy or item. The programme has been hugely successful, with small material goods (e.g. small toy, radio, mattress, clothing) helping improve the mental health and well-being of our palliative patients.

As an example, Fadhili is a 13-year-old boy who was diagnosed with Kaposi Sarcoma in March 2018. When he was diagnosed, the cancer had spread all over his body, and he was unable to walk because his legs were so swollen and painful. He bravely underwent months of chemotherapy. Now after treatment, he is able to go to school and even play soccer!



Mpeli, a survivor of advanced Kaposi Sarcoma, participates in school activities after receiving support from the Palliative Care programme.

Adolescents struggling with ART adherence participate in the “Salam Camp”, jointly supported by Baylor Tanzania and Serious Fun.

RECOGNISE AND RESPOND



From the moment a child walks through the door, the Baylor team assesses them for health or social issues. At triage, children are screened for malnutrition and TB. When visiting with the clinician, not only does our staff check their vital signs, labs, and symptoms but also family health and social issues. It is important for us to know whether a child is in school or, if they're past school age, if they're working. We want to know if there are any other children in the household and whether they have been tested for HIV. Rather than wait for problems to become severe, we proactively identify them and start working on solutions.

We offer adolescents multiple contact points where we can educate but also listen to their ideas or concerns. We want to know in advance if someone is struggling with a relationship, stigma, or self-esteem and address it before it affects their health or medication adherence.

We strive to provide a safe and positive environment for our clients where neither they nor their parents feel anxious or afraid to speak up about any issue. Moreover, we recognise the importance of peer relationships and having fun, so we provide multiple avenues where clients can come together and enjoy activities with their friends, including Teen Talk, Teen Club, and overnight camps.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
BIPAI	Baylor International Paediatric AIDS Initiative
CDC	U.S. Centres for Disease Control and Prevention
CHMT	Council Health Management Team
CIFF	Children's Investment Fund Foundation
C&T	Care and Treatment
CTC	Care and Treatment Centre
DBS	Dried Blood Spot
DHIS	Demographic Health Information System
EID	Early Infant Diagnosis
EMTCT	Elimination of Mother-To-Child Transmission
HEI	HIV Exposed Infants
HIV	Human Immunodeficiency Virus
IPT	Isoniazide Preventive Therapy
LTFU	Lost To Follow Up
M&E	Monitoring and Evaluation
MoHCDEC	Ministry of Health Community Development, Gender, Elderly and Children.
MTCT	Mother-To-Child Transmission
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PCR	Polymerase Chain Reaction
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Prevention of Mother-to-Child HIV Transmission
POC	Point-of-Care
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
QI	Quality Improvement
RCH	Reproductive and Child Health
RHMT	Regional Health Management Team
TA	Technical assistance
TAT	Turnaround time
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
VCT	Voluntary Counselling and Testing
WHO	World Health Organisation

OUR PARTNERS

- The Tanzanian Ministry of Health, Community Development, Gender, Elderly and Children
- The United States Agency for International Development
- The United States President's Emergency Plan for AIDS Relief
- The United Nations International Children's Emergency Fund
- The Bristol-Myers Squibb Foundation
- The Regional and Zonal Governments of the Lake and Southern Highlands Zones
- Bugando Medical Centre
- Mbeya Zonal Referral Hospital
- The Serious Fun Network
- The Baylor International Paediatric AIDS Initiative
- The Baylor College of Medicine Global Oncology and Global Childhood TB programmes



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