



BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION -

SWAZILAND

2016 - 2017 ANNUAL REPORT



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VISION

A nation with healthy and fulfilled children, adolescents and their families.

MISSION

To provide high-quality family-centered pediatric and adolescent health care, education and clinical research in Swaziland.

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

Cover photo: Baylor-Swailand programs support the health and well being of Swazi children and families.

Right: Baylor-Swailand facility and information technology manager Sibusio Dlamini maintains systems in working order



LETTER FROM THE EXECUTIVE DIRECTOR

Dear Supporters,

In the past financial year, Baylor Swaziland has achieved unprecedented success while expanding our services in response to the changing needs in the country.

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. New initiatives like “Test and Start,” which encourages immediate treatment upon diagnosis, has brought Swaziland closer to the 90-90-90 UNAIDS target and the WHO three frees (Start Free, Stay Free and AIDS free).

We are reaching more children and their families with comprehensive HIV, TB and integrated health services than ever before. The expertise and dedication of our team, board members and volunteers have been invaluable to our continued growth and provision of high-quality care.

A new partnership with the Elizabeth Glaser Pediatric AIDS Foundation has helped us train dozens of health professionals and provide continuing medical education. Other new initiatives with UNAIDS and UNICEF, in addition to long-standing partnerships with the International Center for AIDS Care and Treatment Programs (ICAP), Pact and PENdulum, have significantly increased our financial health and the number of children and adolescents enrolled in our clinics. No single organization can flourish without such assistance, and Baylor Swaziland is deeply grateful for our relationships with local and international nonprofits and government entities to implement the best possible paths forward for our clients.

Working together “to provide high-quality family-centered pediatric and adolescent health care, education and clinical research in Swaziland” — our mission unites us.

Yours Sincerely,

Makhosazana Z. Hlatshwayo

Executive Director

2016 - 2017 HIGHLIGHTS

- In an effort to reach the UNAIDS 90-90-90 targets, Baylor Swaziland has accelerated provision of HIV prevention and care services. Through the introduction and implementation of “Test and Start” in October 2016, we scaled up ART coverage to our HIV-positive clients from 72% to 98% by the end of the report year.
- The Mother-Baby Pair program has led to increased HIV testing for mothers and infants, increased uptake of maternal health services, and, most importantly, zero new infant HIV diagnoses, contributing to the country’s target of zero new HIV infections.
- We enrolled our first pediatric and adult patients with multidrug resistant tuberculosis (MDR-TB), filling an important need in Swaziland’s capital, where there are no other access points for patients with drug-resistant TB. As part of our family centered care, we continue to follow up with and monitor family members who’ve come into contact with our TB patients. We have also introduced depression screening for this high-risk population.
- The clinic received a first prize award from the in-country Regional Semi-Annual Review Workshop for excellence in the provision of antenatal care and prevention of mother-to-child transmission of HIV services.
- Our partnership with Elizabeth Glaser Pediatric AIDS Foundation helped us reach and mentor at least 54 nurses and doctors from antiretroviral therapy units in hospitals and health centers throughout Swaziland. Nine nurses gained skills in comprehensive pediatric HIV care and treatment in our attachment program. And 15 nurse mentors from around the region participated in continuous medical education workshops. Mentors presented difficult cases they’ve encountered and discussed them with Baylor pediatricians who are experts in that area.
- Baylor Swaziland’s lost-to-follow-up rate among children and adolescents has dropped below 1% under a partnership with UNICEF that has strengthened our prevention, treatment, and care initiatives. Under the collaboration, Baylor Swaziland staff travel to the homes of young patients who have defaulted on treatment to explore interventions that can help put them back on track.
- Another remarkable initiative under the Baylor Swaziland-UNICEF collaboration was the launch of U-Report, an SMS platform that allows anyone to ask questions and receive reliable answers about health-related issues, particularly HIV prevention, care, treatment, and disclosure. A nurse and a social worker are dedicated solely to operating the program.

AT A GLANCE

“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*



Right: Baylor-Swaziland services include psychosocial support and peer activities.





COVER MOUTH
AND NOSE WHEN
COUGHING OR
SNEEZING



USE A TISSUE
AND THROW
IT IN A BIN



WASH YOUR
HANDS

**STOP THE
SPREAD
OF TB!**



USAID
UNITED STATES
AGENCY FOR
INTERNATIONAL
DEVELOPMENT

Though Swaziland still has among the highest incidence of HIV and TB in the world, rates have plummeted over nearly two decades. Baylor Swaziland has played a central role in this success. We are the Ministry of Health's primary healthcare provider for pediatric HIV/AIDS and TB, including MDR-TB, and we provide care for nearly half of all Swazi children receiving ART. In January 2017, UNAIDS set three targets to reach by 2020: 90% of people living with HIV will know their status, 90% of those diagnosed as positive will receive sustained ART, and 90% of those receiving ART will achieve viral suppression. With these goals in mind, we have accelerated provision of HIV prevention and care.

HIV Testing Services

HIV testing services (HTS) remain the entry point to the care we provide in our clinics. Reaching more people — as early as possible — is the key to delivering high quality health care and improving health outcomes. Baylor Swaziland tested 1,221 people for HIV during the reporting year, and 196 (81 were under 15 years of age) were either diagnosed with HIV or came in with a known HIV-positive status. All those clients were linked to care and treatment.

Baylor Swaziland contributes vast pediatric expertise at a national policy level as a member of Swaziland's HTS Technical Working Group, which is part of the country's AIDS Programme to achieve an HIV-free generation and an AIDS-free population by 2022.

Testing services also provide an opportunity to provide health education. Each morning at the clinic, health workers conduct talks in the reception area with waiting patients about HIV prevention, care, and reducing stigma and discrimination around the disease.

Maternal Health

The prevalence of HIV in Swaziland is highest among pregnant women, affecting about 40%. Baylor Swaziland offers quality HIV/AIDS care and treatment services to mothers, including antenatal care, prevention of mother-to-child transmission of HIV services, counselling, family planning and contraceptives, and cervical cancer screening.

ANC and PMTCT Services

Our antenatal care (ANC) and prevention of mother-to-child transmission of HIV (PMTCT) services have created some of the most profound gains for Swazi families. By enrolling mothers in health services throughout their pregnancy and beyond, we have increased HIV testing, provided continuing health education, and ensured infants never contract HIV. Baylor Swaziland was recognized as the nation's premier ANC and PMTCT services provider during regional semi-annual review meetings last year.

The results speak for themselves: Of the infants under our care, all were HIV negative up to 18 months of age. Our holistic

approach includes everything from psychosocial support to HIV-positive women to routine obstetric healthcare services. All those with HIV were initiated on antiretroviral therapy (ART) as part of our initiative to start pregnant and lactating women on lifelong ART. The social work department is critical in helping mothers overcome anxiety and obstacles to treatment. And our Mother-Baby Pair program, which we explain in a subsequent section, ensures we can provide better care for whole families.

During the report year, 240 women with HIV received ANC in the facility, of whom 74 had never received ANC before. But there are still challenges. The World Health Organization guidelines recommend women make their first ANC visit during their first trimester and check back in at least four times during their pregnancy. Only 32% of our maternal patients, however, made their first visit during their first trimester, shy of the 60% target for 2018 stipulated in the country's sexual reproductive health (SRH) strategic plan. This is a gap we need to fill by working with the Ministry of Health and others to increase health education and promote the benefits of early clinic visits.

Family Planning

Baylor Swaziland follows the four-pronged approach to PMTCT: preventing HIV, preventing unintended pregnancies in women with HIV, preventing HIV transmission from mothers to infants, and supporting those who are HIV positive. Reducing unintended pregnancies in women, especially among adolescents and HIV-positive women, is also a part of the government's SRH strategic plan. Baylor Swaziland supports this mission by providing a broad range of family planning methods, ranging from condoms to hormonal contraception

We provided contraceptives to 613 women during the report year, including oral, injectable and implanted. Oral contraceptives remain the most preferred method overall, though younger women and girls prefer injectable commodities, and the number of implanted contraceptives has grown from two (2) in the 2016 report year to 29 in the past year.

Mother-Baby-Pair Initiative

In Swaziland, it is common for mothers to send their children to the clinic with the child's caregiver if the mother is working or tending to other children. The Mother-Baby-Pair (MBP) initiative, started in August 2015 encourages mothers to bring their babies to clinic visits so that both can be cared for comprehensively. MBP services include family planning, cervical cancer screening, HIV re-testing, ART refills, immunization, and growth and development monitoring. The MBP initiative is based on little more than word of mouth: Mothers who visit our clinic receive information about the importance of always coming with their babies. And most of them do. We've seen a significant increase of mothers arriving with their babies, resulting in more HIV testing, more maternal health services, and, most crucially, zero new HIV infections in infants.

Cervical Cancer Screening

Cervical cancer is one of the leading causes of cancer related deaths among women in Swaziland, but this condition is preventable through regular screening. Although screening facilities are available across Swaziland, the incidence and mortality from cervical cancer remains high and many women present to health facilities with late-stage disease.

In response to this problem, Baylor Swaziland launched a screen-and-treat campaign on 13 February 2015, supported by the Swaziland Breast and Cervical Cancer Network with grant funding from the Bristol-Myers Squibb Foundation. A Baylor Swaziland doctor and two nurses joined up with other health experts to form a national cervical cancer advocacy task force, which advocates for prevention and treatment of cervical and breast cancers. In May 2016, we began training health workers at 12 clinics and three hospitals nationwide in cervical cancer screening using visual inspection using acetic acid (VIA), a simple and low-cost

method to identify pre-cancerous lesions. Clinicians were also trained in treating these lesions using cryotherapy, along with data entry and how to refer patients for specialized care. During these outreach visits, 310 clients received screening, and we performed on-site cryotherapy. Rural communities had higher rates of positive screenings because of limited knowledge about cervical cancer, low perceived risk of acquiring the disease, and limited access to screening services.

The screen-and-treat campaign has been largely successful, with an increased number of women seeking the service at our Center of Excellence in Mbabane. Since the programme's launch in February 2015, 2,209 screenings have been performed, including 1,010 screenings during this reporting period. This year, 50 VIAs were positive, and 37 patients received cryotherapy.

Treatment and Care Services

Pre-ART and ART

Over the past few years, public health guidelines have shifted with regard to when antiretroviral therapy should begin. Before, someone newly diagnosed with HIV might not begin ART right away if the patient's immune system is considered strong. The cost of treatment, particularly in poor countries, had been a factor. In 2015, the WHO issued new global guidelines: Every person with HIV should begin ART right away, a practice known as “test and start”. Working with the government and other partners, Baylor Swaziland has put the new recommendations into action, ensuring that HIV-positive individuals begin ART within one month of diagnosis. In this way, we have scaled up ART coverage from 72% at the beginning of the report year to 98% by the end.

We have also continued our “in-reach” programme, with support from UNICEF, in which our clinicians follow up with patients who miss appointments by phone and home visits. This effort has reduced ART lost-to-follow-up patients from 2.3% to less than 1%.

Tuberculosis Screening, Control, and Treatment

As the Ministry of Health's primary pediatric TB care provider, Baylor Swaziland continues to provide high-quality, integrated TB/HIV care for patients and family members at risk, as well as conduct research that informs internal and national policy. Our TB operations are carried out in collaboration with the Global TB Program at Texas Children's Hospital and Baylor College of Medicine.

In 2016-2017, Baylor Swaziland screened 19,665 patients — 99% of everyone who visited us for care — for TB symptoms. Among them, 731 people reported at least one symptom, and 81 were diagnosed with TB, including 36 children under 15 years of age. The TB Center of Excellence (TB COE) in Mbabane offers onsite digital radiography and rapid TB diagnostics—decreasing the time to diagnosis and treatment for patients to same day. In June 2017, we introduced depression screening for this high-risk population.

Our staff maintains a robust case-finding program that seeks out and evaluates household contacts of TB patients receiving care at Baylor Swaziland and the Mbabane Government Hospital TB clinic. We conduct

these home visits two or three days per week. In 2016-2017, the TB COE piloted a new TB contact register for the National TB Control Program modeled on tools developed through our earlier WHO-funded Butimba TB project.

A number of successful TB projects and initiatives have taken place this year:

1. We enrolled our first pediatric and adult patients with multidrug-resistant tuberculosis (MDR-TB). This fills an important need in Mbabane, where there are no other access points for patients with drug-resistant TB. Our family-centered care in order to offer follow up and monitoring for child contacts of MDR-TB patients.
2. We have analyzed data collected through the Butimba project to inform TB control activities in Swaziland. For example, we reviewed the efficiency of school contact tracing vs. household contact tracing and found that TB symptom based contact tracing at schools was not an efficient means of identifying secondary TB cases when compared to household contact tracing (Ustero et al, Plos One, 2017). In addition, we developed a systematic means of mapping
3. Training remains a focus of the Baylor TB team. We are the lead partner in an educational program that trains 50 non-Baylor healthcare workers annually on TB specimen collection. Throughout the year, we participated in pediatric TB management trainings and have hosted nurses on attachment to the TB COE. Twice a month, we provide mentoring and training to TB nurses at the Mbabane Government Hospital TB clinic. In addition, we work with doctors caring for children and adolescents with drug-resistant TB at the National TB Hospital.

households of patients with TB through the use of descriptive directions provided by patients (Brunetti et al, BMC Global Health Research and Policy, 2018). This data can be used to guide resource allocation by the National TB Control program to areas with the most TB cases.

Integrated Child Healthcare Services

Baylor Swaziland accomplishes far more than HIV and TB services alone. Our integrated strategy gives families a range of early childhood care services all in one place. We offer nutrition assessment and counseling, treatment of any childhood illnesses, and growth monitoring, plus primary healthcare services, such as immunization and vitamin A and albendazole supplements. We treat children who are malnourished according to the national nutritional guidelines for rehabilitation. Children up to 5 years old receive immunization against some of the most deadly childhood diseases, including measles, rubella, polio, diphtheria, tetanus, pertussis, and pneumonia.

We offer a comprehensive care regimen for infants whose mothers are HIV positive according to the National Integrated HIV Management guidelines, which entails preventative antiretroviral drugs Nevirapine from birth to 6 weeks and Cotrimoxazole thereafter, until the mother stops breastfeeding. We also provide HIV tests at intervals until 18 months. HIV-positive infants are started on ART immediately or as soon as possible.

In addition, we offer an innovative psychosocial program called Sunshine Club. While waiting to be seen by a clinician, pre-adolescent children are given the opportunity to engage in a variety of activities, such as playing games, coloring, and drawing. The Baylor Swaziland social workers supervising them can sometimes interpret important cues from their drawings and behaviors, such as abuse. The children can articulate their feelings in a more relaxed and comfortable environment.



Social Work

The social work unit addresses the psychosocial needs of all patients attending Baylor clinics. We offer several services under the mandate, with an emphasis on ART adherence counseling for patients who show detectable viral loads. Disclosure counseling is another service that is provided to patients, particularly children and adolescents, as it is vital to ART adherence. Parents/caregivers are counseled on the importance of disclosure and they are given support as they disclose their HIV status to their children. Follow-up disclosure counseling is also offered to patients who have been recently disclosed to. The unit also works with the Deputy Prime Minister's (DPM) Office which is responsible for children's welfare to address some social issues encountered by children and adolescents. Cases where a parent refuses their child to start ART are referred the DPM's office which then takes the legal route. We also work with the DPM's office to remove children from harmful environments to safe houses. By the end of the report year, 6,377 patients had been attended to in the social work department.

Left: Volunteers create a child-friendly environment to support patient interaction.

Training and mentorship of local health-care workers is one key mandate of Baylor Swaziland. Our objective is to build capacity of local healthcare and other professionals to provide high-quality care, treatment, and support to children and women through didactic training and clinical mentorship. The Ministry of Health is a direct beneficiary from this program as it strives to increase awareness of pediatric matters.

To fulfill this mandate, Baylor Swaziland implemented the following programmes in partnership with other organizations:

1. We received an AIDS Free grant from the Elizabeth Glaser Pediatric AIDS Foundation to build the capacity of healthcare workers in the area of pediatric HIV and TB management through trainings, onsite mentoring, and attachments of health care workers at Baylor clinics.
2. We also collaborated with ICAP as a sub grantee to provide training to health workers in the Manzini region at our Raleigh Fitkin Memorial Hospital satellite clinic. During the report period, at least 15 nurses from around that region were attached at our clinic under this partnership.
3. In partnership with Pact Swaziland, we put in place a national teen club curriculum to standardize teen club activities in the country.

Baylor Swaziland trained 752 healthcare workers and mentored 37 health professionals during the past year.

SPECIAL PROJECTS

Swaziland has made enormous progress against HIV and AIDS, yet the prevalence is still about 26%, among the highest in the world. Driving down the number of infections has required a monumental effort from the government and local and global organizations. Baylor Swaziland has been a critical partner in this fight, and we're proud to highlight several of our latest initiatives:

HIV and TB training for doctors and nurses

One of our main objectives at Baylor Swaziland is to build the capacity of the national health system through training and mentoring. At the end of 2016, we began a new partnership with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), aimed at improving HIV and TB care and treatment services for children and adolescents. Under the agreement, we worked with the staff of other health facilities around the country through trainings, refresher courses, onsite mentoring, and attachments of healthcare workers at Baylor Swaziland's Centers of Excellence.

Baylor reached at least 54 nurses and doctors during 16 visits to antiretroviral therapy (ART) units in hospitals and clinics. Nine nurses temporarily joined our regular staff at

Baylor to hone their skills in the prevention of mother-to-child transmission (PMTCT), HIV testing (HTS), phlebotomy (drawing blood), providing psychosocial services, and comprehensive pediatric HIV care and treatment. Fifteen nurse mentors from every region, whose role is to coach and impart skills to their colleagues back home, gathered for a continuous medical education workshop focused on case-based learning and virologic failure. The mentors presented difficult cases they've encountered and discussed them with a panel of Baylor Swaziland experts. EGPAF also supported the printing and distribution of educational materials for patients and staff.

Overcoming lost-to-follow-up

Through our partnership with UNICEF, the U.N. agency for children, we've made a profound impact in the everyday lives of Swazis. Our overall objective with this project was to strengthen HIV prevention, treatment, and care for children and adolescents. We knew achieving this goal would require a deeper intervention than what we can provide from the confines of the clinic. So we developed two intensive interventions to reach patients where they are: at their homes and on their phones.

One part of the project involved identifying patients who had defaulted treatment and meeting them at their homes. Our social workers conduct in-reach visits for these patients whereby they are traced and reached at their homes to explore interventions that can be effected to bring them back to treatment. This has seen Baylor Swaziland's lost-to-follow-up rate among children and adolescent drop to below 1%. Another remarkable intervention was the implementation of UNICEF's U-Report system, an SMS platform that allows youth to connect directly with a health counselor. UNICEF supported the hire of a dedicated nurse and a social worker, who field questions on health issues, particularly HIV prevention, care, treatment, and disclosure.

Another ongoing intervention, to overcome lost-to-follow-up, which we started back in July 2014, is the connect health project. With this project, we partnered with ConnectHealth (CH), a social entrepreneurship organization that utilizes free missed calls and at-cost SMS technology to provide clinic appointment reminders. Through this project, patients/caregivers receive automated two (2) missed calls the evening prior to and two (2) missed calls the morning of their scheduled appointment to remind them about their clinic appointments.

Boosting treatment in the Manzini region

In April 2016, Baylor Swaziland staff began visiting the homes of patients with HIV and drug-resistant tuberculosis (DR-TB) to test their children for the disease. Working with Columbia University's globally renowned ICAP organization, our goal was to scale up diagnosis and treatment of HIV and DR-TB among children and adolescents in the Manzini region of Swaziland, where ICAP decided to focus its support. But we soon realized the number of positive children was too small to justify the resources home visits require. In December 2016, we switched to a facility-based testing model, resulting in an acceleration of diagnoses. In the past year, we identified 1,273 HIV-positive adults whose relatives may not know their HIV status. Among their 2,528 contacts, we tested over 70% (1,864) for HIV, and 62 children were diagnosed as positive. So far, almost 90% of these children have been started on treatment.

A major focus of ICAP is capacity building, and through their support Baylor Swaziland continued to use the Satellite Center of Excellence at Raleigh Fitkin Memorial Hospital in Manzini as a training center for healthcare workers. During the report

period, at least 15 nurses from the Manzini region were attached to the clinic to hone their skills in pediatric HIV/TB management, PMTCT, pediatric phlebotomy, psychosocial support, and many other skills aimed at improving pediatric and adolescent outcomes.

Preparing the next generation

We're working with Pact, an international development organization, to empower young women and girls with the knowledge and skills to prevent HIV or to mitigate its impact. The project is called Umliba Loya Embili, which means "The Future Generation" in the siSwati language. Baylor medical staff worked with other implementing partners to lead community projects, such as a camp program, in which over 250 HIV-positive adolescents participated, and a youth leadership training for 56 teenagers. We also collaborated with rural clinicians to establish teen clubs in their communities. The project focuses on practical but powerful lessons, from the importance of knowing your HIV status to how to put on a condom.

Digital mentorship and nutrition

Mentorship and entrepreneurial activities are two ways to provide structure and purpose to vulnerable youth. Working with two NGOs, we helped provide this support to nine young people living with HIV/AIDS. Through PENdulum Global, an NGO that connects vulnerable youth with overseas mentors, our clients received valuable guidance and friendship for one year. Now they are running a vegetable garden with a local food security organization called Swazi's Angels, which has provided them with all the materials, education and supervision needed to grow a sustainable fruit and vegetable garden that can provide nutrition for themselves and their families. Surplus produce is donated to needy patients at the Baylor center of excellence in Mbabane. At the end of the garden project, the young farmers will be given kits to start cultivating their own gardens at home.

On the hunt for HIV and TB

In 2015, we began working on a TB project called Butimba, which means 'hunt' in siSwati, in which we visited the homes of TB patients to evaluate and, if necessary, begin treatment or preventative therapy for the people they come in contact with. Based on the success of the Butimba project, we received funding from UNAIDS to begin an HIV testing and counseling (HTC) project using a similar model of home visits and care at the Baylor Center of Excellence. The overall objective of the HTC project was to increase the number of children and adolescents receiving HTC services, including those already part of the Butimba project.

We implemented the HTC project from February to September 2016, hiring an HTC officer to conduct home visits. Because of Swaziland's effective PMTCT programmes, we assumed we would not find any children under 2 years with HIV. Our HTC project revealed that not to be the case. From 207 home visits, we tested 312 people up to 19 years of age for HIV; 16 tested positive, for which 3 were less than 2 years old. Children were also screened for TB, and none tested positive. The project was highly informative, and the concept was used to establish the ICAP-supported project explained above.

Sibancobi Camp

In partnership with SeriousFun Children's Network, an NGO that provides camps for children with severe illnesses, Baylor Swaziland ran a five-day residential camp for 86 teenagers living with HIV. We chose these participants from among our patients facing chronic challenges adhering to treatment. Primarily, the camp is meant to let the kids have some carefree fun and experience success in a supportive and safe environment. The teens engage in such activities as mapping out their dream books which inspire them to live healthy lives, adherence sessions and skits on living with HIV and consequences of poor adherence. As a result, the teens learn how to thrive despite living with HIV, their self-esteem grow, and they tend to pay more attention to their health.

SCHOLARLY ACTIVITY

To influence and document change in health policy, medical practice, standards of care and models of care, Baylor Swaziland conducts diverse research in pediatric care and treatment. We maintain an Institutional Review Board, which is responsible for streamlining and ensuring the integrity of all research projects. During 2016-2017, we have the following studies ongoing:

- Host genetic factors influencing HIV and TB disease progression in African pediatric HIV (Ongoing multicenter study)
- The Immunologic Effects of Helminthic Infection on Tuberculosis and HIV Specific Immunity and Progression. (Ongoing - Conducted in collaboration with Global TB Baylor College of Medicine, Houston, Texas, U.S.A.)
- Assessment of the Knowledge, Attitudes and Behaviors of Primary Caregivers of Children and Adolescents to Isoniazid Preventative Therapy. (Ongoing)
- Operational Evaluation of an Intensified TB Case Finding Program Intervention (Ongoing)
- Association between Malnutrition and Diagnosed Drug Susceptible Tuberculosis Amongst Children Aged Zero to Fifteen Years old in Swaziland.
- Developing Sustainable and Effective Diagnostic Testing Algorithms for Chlamydia and Gonorrhea in Adolescents Living with HIV in Swaziland using gene x-pert technologies. (Funded through Global Health Innovations Grant)
- “Vernal Keratoconjunctivitis in Pediatric HIV Population of Swaziland”. This is a collaborative study between Emory University, a local ophthalmologist, Dr. Jonathan Pons and Baylor Swaziland.
- Drug Resistant Tuberculosis-Understanding infection to support prevention (An additional study awaiting IRB approval)

Through our collaboration with other local leaders like Dr. Jonathon Pons (ophthalmologist), we have been able to educate our staff members on early identification of this sight-threatening diagnosis. The preliminary data suggests that as many as one quarter

of our HIV positive young people may be suffering from this condition. If untreated, it can lead to permanent damage, but if well controlled you can avoid these long term consequences. The study team has already started engaging local leadership through the Ministry of Health to procure the affordable drug used to treat this condition for a lasting benefit to all people living with HIV in Swaziland.

There has been a marked enthusiasm and engagement among staff on research issues from every department in the COE and satellite clinics. This is demonstrated by the fact that 23 abstracts were presented and 13 have been accepted to the 19th BI-PAI network meeting from the various COE departments.



Baylor-Swaziland offers the opportunity for visiting learners to participate in academic research.



Quick Clinical Reference Chart for Visual Inspection with Acetic Acid (VIA)

VIA NEGATIVE

VIA POSITIVE

CANCER

Small educational poster with text and diagrams, partially obscured.

VIA: VISUAL INSPECTION OF THE CERVIX WITH ACETIC ACID (VIA)

A grid of clinical photographs showing various VIA results, categorized into Negative, Positive, and Cancer.

Family Planning

Know Your Options

Contraceptive Method	Duration	Effectiveness
The Pill	7-10 years	99%
Implant	3-5 years	99%
Injectable	3-6 months	99%
IUD	Up to 10 years	99%

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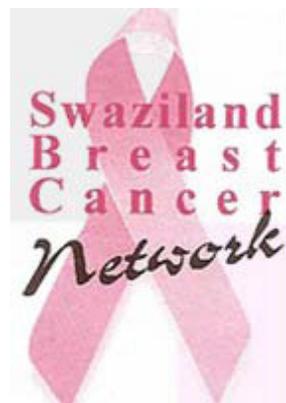
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All Baylor–Swaziland programs are made possible through the generous support and close partnership of the following organizations:





serioüsfunSM
children's network
founded by paul newman



Bristol-Myers Squibb

Back cover: Bulembu has served as home to many orphans where they receive care from Baylor-Swaziland.

BAYLOR-SWAZILAND

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