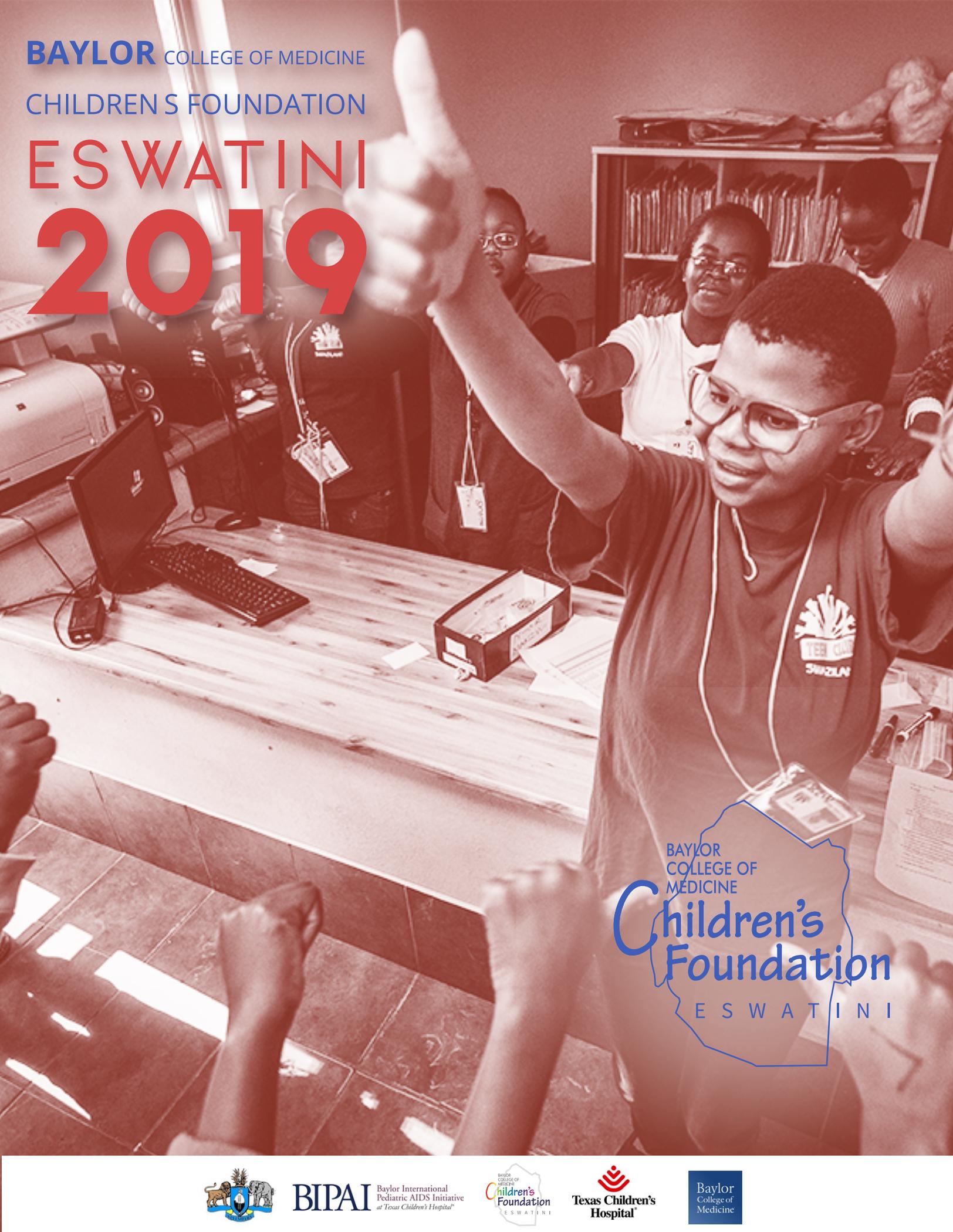


BAYLOR COLLEGE OF MEDICINE

CHILDREN'S FOUNDATION

ESWATINI

2019



BAYLOR
COLLEGE OF
MEDICINE
**Children's
Foundation**
ESWATINI



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



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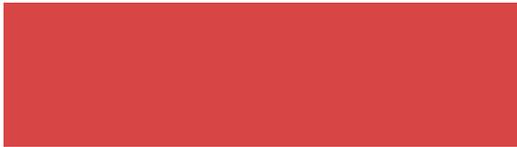
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CHILDREN'S FOUNDATION

ESWATINI

2019



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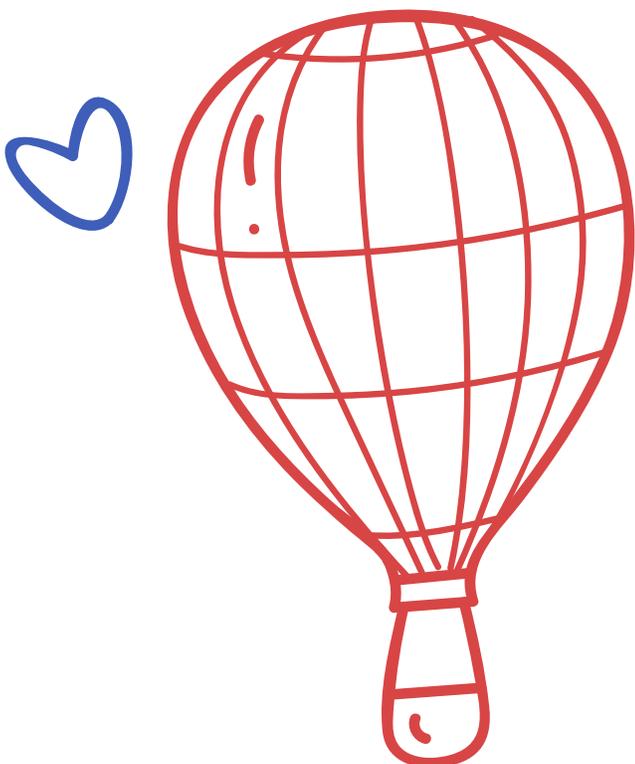
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BAYLOR COLLEGE OF MEDICINE
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ESWATINI
2019

BIPAI HISTORY AND SCOPE

Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital is the largest care and treatment network based at an academic institution supporting programs for HIV-infected and -affected children in the world. BIPAI consists of nine independent non-governmental organizations (NGOs) operating 11 Centers of Excellence that provide comprehensive outpatient care for more than 300,000 children and families worldwide. Over the past 20 years, BIPAI has also evolved its mission beyond HIV to include comprehensive health programs designed to work within the existing health systems and improve maternal and child health outcomes. BIPAI provides technical assistance to its network to ensure the highest level of quality care and treatment, education and training for health professionals, and operational research to improve patient care.





STATISTICS

	\$43	→ Million budget
	80.000	→ Health professionals trained around the world
	300.000	→ Patients in care
	1500+	→ Staff Members
	200	→ Texas Children's Global Health Corps physicians

1 — **Foundations:**
 Romania (2001)
 Botswana (2003)
 Lesotho (2005)
 Eswatini (2006)
 Malawi (2006)
 Uganda (2008)
 Tanzania (2011)
 Colombia (2014)
 Argentina (2017)

2 — **Programs:**
 Angola (2011)
 Papua New Guinea (2013)

*Foundations are independent and legally registered non-governmental organizations located in the respective countries.

*Date refers to year of establishment



EXECUTIVE DIRECTOR'S LETTER

Being warmly welcomed to the Baylor Eswatini family is the best gift any leader of this organization can ask for. That is exactly what I got when I started as the executive director in February 2019. Since that time, Baylor Eswatini has continued to implement high-quality services to children and their caregivers living with HIV, and TB. Of course, this warm welcome quickly made obvious the challenges our organization faced; limited funding, a highly competitive funding environment, the complex psychosocial client needs, changing health needs with emerging oncology needs. These present nontrivial challenges to the organization.

In the presence of these challenges, we have maintained our viral load suppression rates above 90%, and our lost to follow-up (LTFU) rate among children and adolescents dropped and remained constantly under 1% over the entire year, we have provided community-based TB preventive therapy to about 200 children < 5 years with 98% of patients completing or being retained in care, we have screened more than 7000 women for cervical and breast cancer and linked those with positive results to care. We have also treated comorbidities and addressed psychosocial determinates of health among our patients. More than these, we have also collaborated in conducting innovative research in the areas of TB/HIV, Genomics in HIV, and STIs.

The leadership, guidance, and subvention support from the Ministry of Health has been consistent and unwavering. All our success can be traced back to the support from the Ministry of Health, its development partners and the United Nation family. We thank the Ministry of Health for continuing to prioritize high-quality care and treatment for children and their caregivers at Baylor Eswatini. None of these successes can be achieved without the dedicated staff, who often go over and beyond the call of duty to meet our patient's needs, for that, I would like to express deep appreciation to the Baylor Eswatini team.

Sincerely,
Bhekumusa Lukhele, Ph.D
Executive Director



OUR MISSION

To provide high-quality family-centred paediatric and adolescent health care, education, and clinical research in Eswatini.

OUR VISION



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

THE FISCAL YEAR 2018-2019 FINANCIAL PERFORMANCE HIGHLIGHTS

Since its official opening on February 24, 2006, Baylor Eswatini has seen a cumulative number of 31,537 children and their caregivers. These clients have been at the center of our work with the financial support from the Government of the Kingdom of Eswatini and numerous independent generous donors. Over the fiscal year 2018-2019, we have maintained our strong partnerships with Ministry of Health, key stakeholders and current funders. We have also secured new funding that has allowed us to address the silent epidemic of cancer. In this report, we share our proud success and also highlight some of the areas that need more focused funding support. We advocate for increased investments as efforts to sustain the gains made to date need to be doubled. Our organizational strength is that we have maintained a clean audit report for 11 years in a row. Each dollar funded has been used efficiently to ultimately improve client care.

AN EXCITING NEW ERA

Building on previous successes, we have introduced initiatives to strengthen our organizational capacity. We have taken on numerous grant management functions which have prompted us to enhance internal policies such as procurement policies, sub-grant management policies and overall approach to grant contract management. Additionally, a board led strategic resource and sustainability subcommittee has been commissioned to explore the long term sustainability of our organization. As a local organization with a US-based name, we have leveraged the benefits of brand association with Baylor College of Medicine and also actively communicate with our stakeholders that we are a local organization subvented by the Government of Eswatini, with more than 75% board members being Emaswati. This is bringing new opportunities as PEPFAR benchmarks long term targets for 70% of their funding support to be directed toward local organizations.

OUTLOOK

Our outlook as an organization looks bright. We have a strong management team and board of directors. We anticipate that we will attract new funding that will allow us to advance our mission and keep a majority of our children on first-line lifelong antiretroviral treatment. We continue to prioritize strategies to strengthen organizational sustainability. We will focus on new partnerships with academia, individual government health facilities and other implementation partners at community level, national level and internationally. We also hope to introduce new innovative services and interventions to meet the growing needs of our patients.

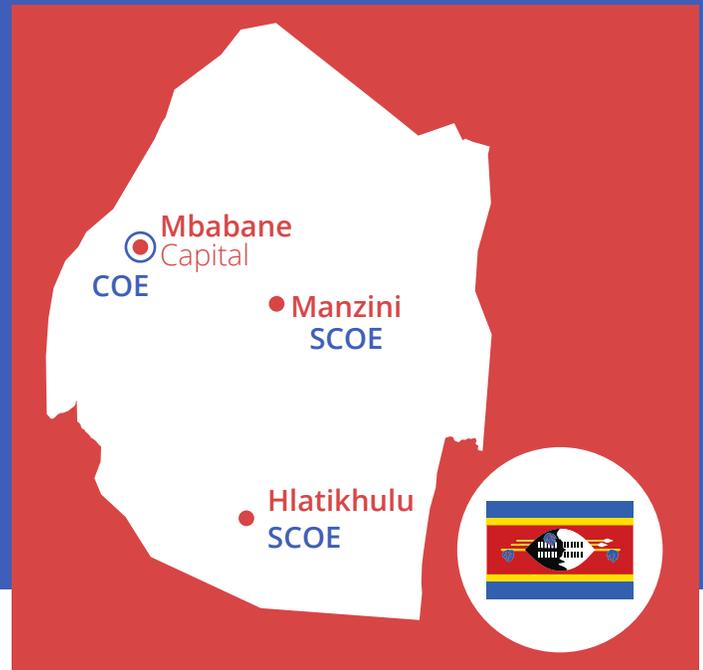


ESWATINI



It has a population of **1.3 million**, mostly comprised of youth **under 35 years of age** [2017 Census].

The Kingdom of Eswatini, previously known as Swaziland, is a small, landlocked monarchy in the southern part of Africa, marking its northeastern border with Mozambique.



27.3% → Eswatini has the highest HIV prevalence in the world and has been greatly affected by the epidemic, with 27.3% of adults (15-49 years) living with HIV.

2.800 → In 2018, 7,800 adults were newly infected with HIV, and 2,800 people died of an AIDS-related illness [UNAIDS 'AIDSinfo'].

40% → Baylor Eswatini is the national leader in paediatric HIV/AIDS and TB care and treatment in the country, caring for 40% of all children on antiretroviral therapy (ART) in Eswatini.



CHILD AND ADOLESCENT

Baylor Eswatini implements a child and adolescent health programme in Eswatini, focusing on interventions that address the major causes of morbidity and mortality in children as well as those who are proven to be highly effective in improving the health and development of adolescents living with HIV.

In 2018, the country joined the global community making the commitment to eliminate mother to child transmission of HIV and syphilis as a public health priority. The Ministry of Health has focused on taking a harmonized and integrated approach to improve the health outcomes of women and children in order to achieve the ultimate goal of eliminating mother-to-child transmission of HIV and syphilis. Over the past 3 years, Eswatini has achieved the one percent (**1%**) target for the proportion of HIV infected infants at 6-8 weeks of birth that are born to HIV positive mothers. Also, in 2018, the proportion of HIV positive and lactating women receiving lifelong antiretroviral therapy (ART) was at **91%**.



• Its currency is the lilangeni (E), and the exchange rate averages about **US\$1 to E14**.

• Its GDP per capita is **US\$2,770**.



UNDERSTANDING OUR PLACE IN BIPAI'S NETWORK

The Kingdom of Eswatini, previously known as Swaziland, is a small, landlocked monarchy in the southern part of Africa, marking its northeastern border with Mozambique. It has a population of 1.3 million, mostly comprised of youth under 35 years of age [2017 Census]. Its currency is the lilangeni (E), and the exchange rate averages about US\$1 to E14. Its GDP per capita is US\$2,770.

Despite its small population, Eswatini has the highest HIV prevalence in the world and has been greatly affected by the epidemic, with 27.3% of adults (15-49 years) living with HIV. In 2018, 7,800 adults were newly infected with HIV, and 2,800 people died of an AIDS-related illness [UNAIDS 'AIDSinfo']. HIV and AIDS have had a devastating impact on Eswatini. Heterosexual sex is the main mode of HIV transmission, accounting for 94% of all new HIV infections, according to the Swaziland Ministry of Health 2014 'Swaziland Global AIDS Response Progress Report'. The country has a substantial mobile population, and this mobility has also been identified as a key driver. The epidemic is generalised, which means it affects all populations in society, although certain groups, such as sex workers, adolescent girls and young women, and men who have sex with men, are more affected than others.

Over the last decade, Eswatini has made significant progress on its HIV epidemic. HIV prevalence is stabilising, and the number of new infections among adults has nearly halved since 2011, an achievement largely made possible by rapidly scaling up the number of people accessing antiretroviral treatment. At 86%, Eswatini has one of the highest rates of antiretroviral treatment coverage in sub-Saharan Africa, and it has also increased its own domestic investment and funding for the HIV response. Of those people living with HIV on treatment, 94% are virally suppressed [UNAIDS 'AIDSinfo'].

The Government of the Kingdom of Eswatini, through the Ministry of Health, has continued to support the implementation of activities to attain its goal of an HIV-free generation. Our objectives are guided by the 95-95-95 UNAIDS global targets for 2020, when 95% of people living with HIV should know their HIV status, 95% should be in treatment, and 95% should be virally suppressed.

Baylor Eswatini supports the Ministry of Health in improving the health sector response to HIV through the provision of high-quality, family-centred paediatric and adolescent health care, education, and clinical research. This ultimately helps the country to achieve its broad mandate, the Sustainable Development Goals. The Ministry of Health takes a Health Systems Strengthening approach to achieve an HIV-free generation, through partnerships and strong ties with civil society, including through its public-private partnership with Baylor Eswatini.

Baylor Eswatini implements a child and adolescent health programme in Eswatini, focusing on interventions that address the major causes of morbidity and mortality in children as well as those who are proven to be highly effective in improving the health and development of adolescents living with HIV. Our scope has increased to cover other co-morbidities, such as tuberculosis (TB) and education, screening, and treatment of cancers for the entire population.

ABOUT THE FOUNDATION

Baylor College of Medicine Children's Foundation – Eswatini, known as Baylor Eswatini, is a not-for-profit child health and development organisation based at the Baylor College of Medicine - Bristol Myers-Squibb Children's Clinical Centre of Excellence - Eswatini. Baylor Eswatini is affiliated with Baylor College of Medicine and Texas Children's Hospital in Houston, Texas, U.S.A. Operating as a public-private partnership between Baylor College of Medicine International Paediatric AIDS Initiative (BIPAI) and the Ministry of Health of the Kingdom of Eswatini, the Centre was founded in 2005 and officially opened by His Majesty King Mswati III on February 24, 2006. Our main clinic is based in the Mbabane Centre of Excellence (COE) which opened in 2006. We also operate two satellite clinics: The Baylor-Raleigh Fitkin Memorial Hospital (RFM) Satellite Centre of Excellence (SCOE) opened in 2009, and the Baylor-Hlathikhulu SCOE opened in 2010.

Baylor Eswatini is the national leader in paediatric HIV/AIDS and TB care and treatment in the country, caring for almost half of all children on antiretroviral therapy (ART) in Eswatini. Our mandate is to provide child-focused and family-centred HIV/AIDS prevention and treatment services; tuberculosis (TB) screening, control, and treatment; and treatment for other concurrent diseases. We also offer mother and child health services, health professional trainings, and clinical research.



KEY PROGRAMMES



MATERNAL CHILD HEALTH SERVICES



1. ANC and PMTCT services
2. Family planning
3. Integrated child healthcare services



CERVICAL CANCER SCREENING AND TREATMENT



1. Early screening and detection using VIA
2. Pap smear
3. Treatment of pre-cancerous lesions using cryotherapy and LEEP procedures



HIV AND AIDS



1. Prevention services
2. HIV testing
3. Care and support
4. Treatment and management services



TUBERCULOSIS



1. Screening
2. Control
3. Treatment



ADOLESCENT CARE SERVICES



1. Teen Club
2. Camps
3. Psychosocial services



SPECIAL PROJECTS



1. Capacity building of healthcare workers in paediatric HIV and TB management
2. Support for adolescents living with HIV
3. Strengthening local capacity to deliver sustainable, quality-assured, universal coverage of clinical



RESEARCH

ORGANISATIONAL STRUCTURE OVERVIEW

The management consists of the Executive Director, Associate Clinical Director, Finance and Administration Manager, Nurse Manager, Programmes Manager, M&E manager, Associate Director – Global TB.

Clinic floor staff for COE and SCOE, excluding projects staff, currently stands at 52 employees:



FINANCIAL OVERVIEW

E 11,900,000
(\$850,000)
Government subvention

E 17,204,278
(\$1,228,877)
U.S. government funding

E 1,277,164
(\$91,226)
UNICEF

E 18,569,908
(\$1,326,422)
Other sources, including local NGO funding

E 48,811,350
(\$3,496,525)
Total funds raised



Our coverage figures are presented in the table below.

INDICATOR		Age group						Total
		0-4	5-9	10-14	15-19	20-24	25+	
	Ever enrolled	12,417	4,287	2,321	1,601	2,465	8,446	31,537
	Active patients	443	699	1,218	1,115	555	1,465	5,495
	Active HIV+ clients	314	688	1,168	1,111	551	1,461	5,293
	Active patients on ART	308	687	1,155	1,106	546	1,448	5,250
	Active patients on TB treatment	16	1	2	3	2	24	48

PROGRAMMES AND SERVICES



HIV TESTING SERVICES (HTS)

Baylor Eswatini implements HIV Testing Services (HTS) according to the National Integrated HIV Management guidelines. The nation has adopted the UNAIDS target of 95-95-95, and the clinic contributes immensely to achieving the first 95. The country has taken great strides by introducing Point of Care for Early Infant Diagnosis (EID) in 2018, known as the Alere-Q platform. This real-time innovative platform is used to perform a special HIV testing for HIV-exposed infants known as DNA PCR test. With its introduction, the turnaround time for results has improved from two to three weeks to one day. This allows infants who test positive to initiate ART as soon as possible. During the report year, out of 199 infants who tested for HIV using this method, 12 were confirmed HIV positive and initiated on ART.

Baylor Eswatini implements strategies introduced by the government to increase HTS uptake. The country has moved from 'Massive Testing' to 'Targeted Testing'. This includes Index Testing and HIV Self-Testing (HIVST), which reach difficult populations, such as men, adolescents, and pregnant women, among others. The clinic ensures that National Standard Operation Procedures (SOPs) are adopted accordingly to suit the population we serve.

ANC/PMTCT SERVICES

The antenatal care (ANC) and prevention of mother-to-child transmission (PMTCT) services we implement at Baylor Eswatini contribute immensely toward the country's HIV response. Our nurses and doctors ensure that as soon as a pregnant woman presents herself at the clinic, she is admitted for ANC immediately. HIV Testing Services are mandatory and serve as an entry point for PMTCT. For HIV-positive women who are not on ART, they are immediately initiated and closely monitored. This year the clinic secured funding to recruit a mentor mother to provide psychosocial support to HIV-positive women and their partners to help them cope with the HIV status, including adherence to medication.

During this report period, 72 women presented to the clinic to access 1st Antenatal Care (ANC), 70 had known HIV-positive status and two were offered HTS. Twenty-one of these visited and accessed ANC services for the first time during their first trimester, 42 during their second trimester, and nine during their third trimester.

FAMILY PLANNING SERVICES

Family planning (FP) services have been well integrated into the paediatric HIV/TB programme, enabling adolescents and women of childbearing age to prevent unintended pregnancies. Family planning is offered according to national guidelines, with commodities ranging from combined methods (pills, patches, and combined injectables), progestogen-only methods (injectables, implants, and pills), and intrauterine contraceptive devices.

Our clinicians empower all sexually active women to choose any contraceptive method recommended as part of the WHO Medical Eligibility Criteria. Due to the high teenage pregnancy rate in Eswatini, contraceptives are not limited to only families but are also offered to adolescents visiting our facilities. This aims to curb the need for abortion — especially unsafe abortions, which are also on the rise in the country.

In July 2018, the country disseminated Adolescent Youth Friendly Health Services (AYFHS) Standards, which were created to address challenges identified with the current provision of health services to adolescents and young people. Using these standards, the Baylor Eswatini clinic has established a Teen Health Programme to address sexual reproductive health issues specific to the needs of adolescents. This programme provides teens with sexual and reproductive information and services, life skills, and career guidance — addressing challenges that can derail their adherence. The Teen Health team at the clinic engages the adolescents to express their views on this initiative for purposes of improving it.

Generally, we have observed a slight decline in the uptake of family planning methods, with just over 440 (40%) active users compared with 512 (45%) the previous year. Notably, uptake of implants has increased by a big margin compared to the previous year, from 64 (13%) to 163 (37%) people opting for it. Implanon is the most preferred contraceptive method among adolescents and breastfeeding women. Overall, hormonal injections were the most commonly chosen method.





CERVICAL CANCER SCREENING

Cervical cancer is a slow-growing cancer whose symptoms may not be detected during early stages but may later cause pelvic pain or bleeding from the vagina. It is usually caused by a human papilloma virus (HPV) infection. It is therefore vital to screen for cervical cancer in all sexually active women for early detection of pre-cancers and treatment. At our Centre of Excellence in Mbabane, we continue to offer cervical cancer screening to all women, regardless of their HIV status. The clinic conducts cervical cancer screenings using visual inspection with acetic acid (VIA), a simple and inexpensive technique to identify pre-cancerous lesions. This service has been rolled out to both our satellite clinics as well.

During this reporting period, we screened 625 patients using VIA. Of the women screened, 22 screened positive, and nine clients were treated using cryotherapy, with the remainder referred for the loop electrosurgical excision procedure (LEEP). The clinic performed 718 Pap smears. Of these smears, 16 were positive for high-grade squamous intraepithelial lesions (HSIL), which is associated with HPV; however, no specimens were sent for HPV genotyping due to nationwide reagent stock-out.

ANTI-RETROVIRAL THERAPY (ART) SERVICES

We have adopted the “test and start” model in the national HIV guidelines, which encourages everyone diagnosed with HIV to begin ART as soon as they learn their status. Our ART coverage, calculated as the proportion of HIV-positive clients who had initiated ART, has remained high at 99%, with a majority of our patients starting treatment within seven days of diagnosis.

Keeping clients in care is a key predictor of success across all our programmes. Over the past year, we have worked to improve our annual retention rates by developing new standard operating procedures and forming a patient follow-up committee responsible for ensuring the SOPs are consistently implemented. These SOPs require our receptionist to call patients who have missed their clinical appointment as a reminder. If these attempts fail, we refer those patients to our social worker, who arranges a home visit. We also have innovated to technological means, partnering with another non-governmental organisation called Connect Health to implement an appointment reminder system. Through this system, automated SMS messages are sent to all our patients as a reminder for their clinic appointment the night before and the morning of their appointment date. As a result, we have maintained our annual retention rates at above 92% and annual lost-to-follow-up rates at below 5%.

Viral suppression is the ultimate goal of the ART programme, and Baylor Eswatini staff have performed exceptionally well in this area, achieving the UNAIDS 90-90-90 target: 99.9% of our HIV patients are on ART, and 93% of all enrolled on ART are virally suppressed, a 1% improvement when compared with previous year. It is worth noting, however, that some age groups are not reaching the target, specifically adolescents 15-19 years old (88%) and children under 5 years old (87%). (The latter age group has fewer members, which could affect its percentage disproportionately.) We have strategies to address this gap, such as the Teen Health programme, Teen Club, and adolescent camps, which we talk about later in this report. We are committed and trending toward reaching the new 95-95-95 targets by 2020. Figure 1 below depicts viral load trends in the first six months of 2019.

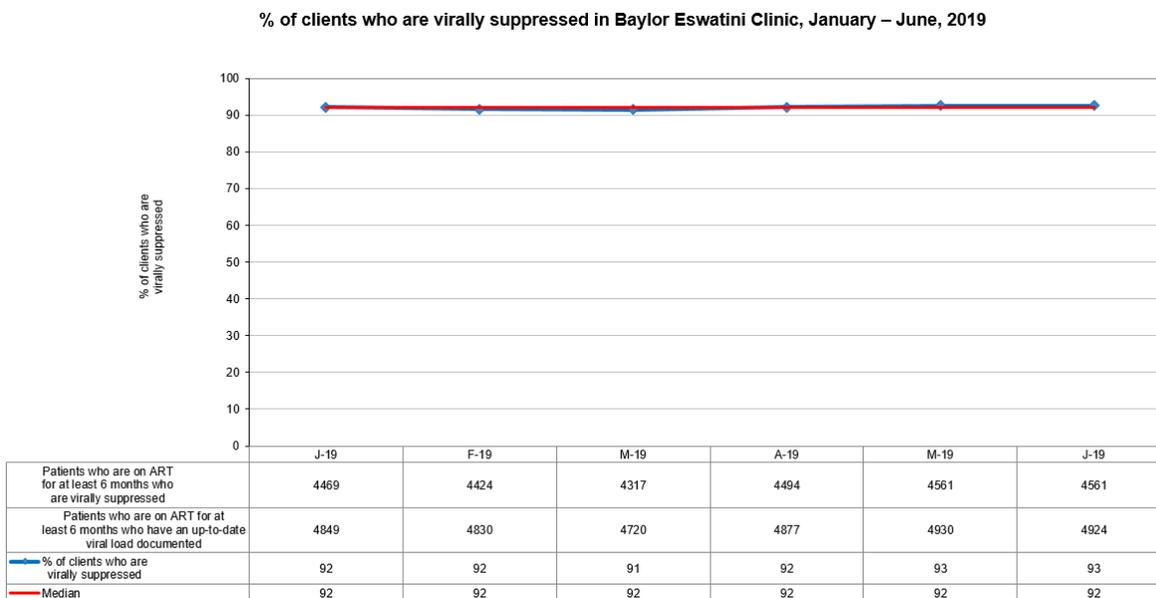
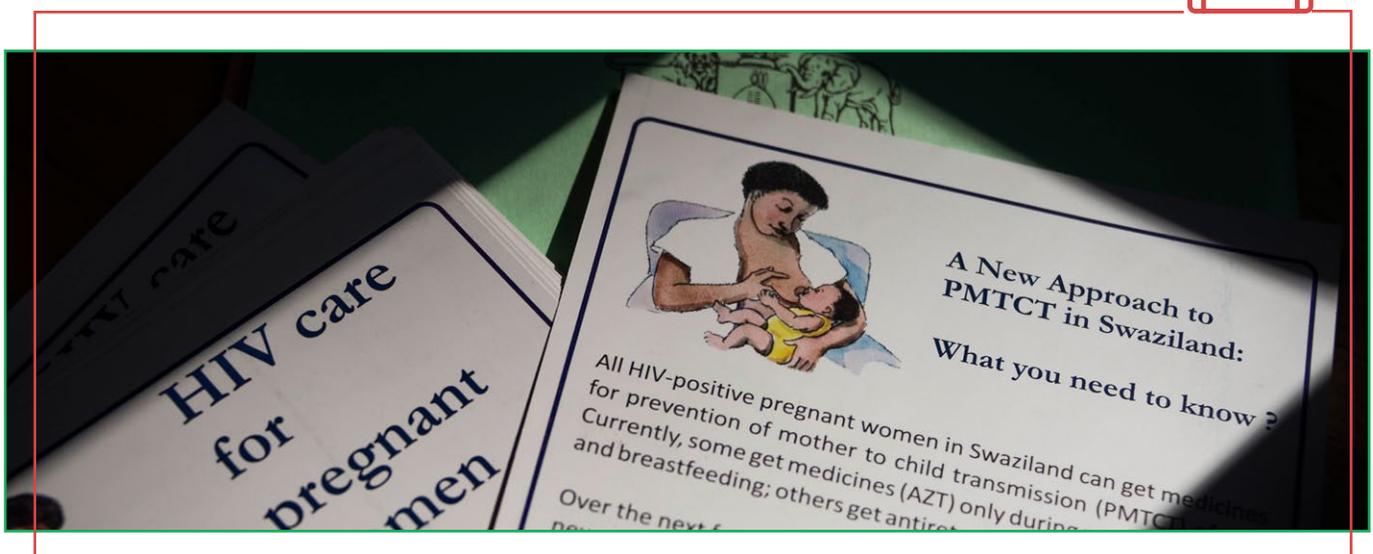


Figure 1: Viral load suppression trend

We implement a third line program supported by Eswatini National Aids Program (ENAP) where all paediatric patients (0-19 years old) failing second line treatment in the country are referred to our Baylor Eswatini clinics. Through this programme, these patients access genotype testing, and those with confirmed resistance are initiated on third line treatment regimen. From our clinics, these patients have access to specialized services such as stepped-up adherence counselling, challenge clinic, and in-reach (home visits) which are all conducted by our social workers. In addition, all clients enrolled in this programme are given transport reimbursement through partnerships with local non-governmental organisations, as well as UNICEF.

As described in our mission, we have a mandate to provide guidance to the government on policy change, medical practice, standards of care, and models of care. We perform this function through participation in various technical working groups. Major recent changes in the current HIV guidelines resulting from our expert guidance on paediatric ART include the following:

- Use of dolutegravir (DTG)-containing regimens for all new ART initiations, including women and adolescents of childbearing age.
- DTG use in second-line ART regimens.
- Use of DTG in pregnant and breastfeeding women and women of childbearing age.





TUBERCULOSIS SCREENING, CONTROL AND TREATMENT SERVICES

Eswatini has a tuberculosis (TB) incidence rate of 308 per 100,000 population, among the highest in the world, and an adult TB/HIV coinfection rate of 69%. In collaboration with the Global TB Programme at Texas Children's Hospital and Baylor College of Medicine, Baylor Eswatini serves as the national referral paediatric TB clinic for the country. We provide high-quality, integrated TB/HIV care through a family-centred approach that attends to both patients with TB and their family members at risk of TB. The COE offers onsite digital radiography and rapid TB diagnostics—meaning patients can receive a diagnosis and begin treatment in a single day. In addition, the TB COE has introduced depression screening for this high-risk population.

In 2018-2019, 99% of all patients who visited Baylor Eswatini completed TB symptom screening. Among these, 519 (11%) reported at least one TB symptom. Thirty-four were diagnosed with TB and started TB treatment.

SPECIAL PROJECTS

CAPACITY BUILDING OF HEALTHCARE WORKERS IN PAEDIATRIC HIV AND TB MANAGEMENT

The partnership between Baylor Eswatini and the AIDSFree project, which strengthened high-impact interventions for an AIDS-free generation, continued over the reporting period and came to an end in June 2019. The overall objective of the collaboration was to strengthen and improve the uptake of quality HIV/TB care and treatment services for children and adolescents. The role of Baylor Eswatini under this agreement was to build the capacity of healthcare workers in the area of paediatric HIV and TB management. We accomplished this through trainings, refresher trainings, onsite mentoring, and hosting visiting healthcare workers from various health facilities at the COE to transfer paediatric HIV/TB management skills.

During the course of the year, Baylor Eswatini supported 18 facilities with 151 mentorship visits, working with social workers, nurses, doctors, phlebotomists, and other cadres in the Hhohho and Shiselweni regions. A total of 28 nurses, doctors, and phlebotomists from facilities in the same regions have also been attached at Baylor Eswatini to hone their skills in PMTCT, HTS, phlebotomy, provision of psychosocial care and support, and HIV care and treatment. To further build the skills of healthcare workers, we held two Continuous Medical Education (CME) sessions, reaching 48 nurses, nurse mentors, and doctors from all the regions, including seven private sector facilities.

Through the Baylor Eswatini-AIDSFree partnership, we also attached 26 healthcare workers of various cadres at the COE in Mbabane. The purpose of the attachment experience was to build participants' skills in paediatric HIV and TB management over four days of clinical activity that exposed the healthcare workers to all levels of care provided to clients within the scope of each cadre.

One of the major achievements of this project was the establishment of Challenge Clinics in 10 government health facilities in the target regions. Baylor Eswatini initiated the Challenge Clinic programme in 2015 to provide intensified adherence counselling and psychosocial interventions for adolescent patients. During a Challenge Clinic visit, patients with chronic poor adherence and those who are failing second-line antiretroviral therapy are seen by a multidisciplinary team including a doctor and a social worker. The intervention recognises that it is important to address both medical and psychosocial factors in the provision of clinical care.

SUPPORT FOR ADOLESCENTS LIVING WITH HIV

Baylor Eswatini continued its collaboration with UNICEF to strengthen HIV prevention, treatment, and care for children and adolescents in Eswatini. We initiated several interventions that are ongoing to ensure children and adolescents receive the clinical and psychosocial support they need to reach viral load suppression and have a positive health outcome. Among our initiatives are “in-reach” services, in which we identify children and adolescents who have defaulted treatment or are lost to follow up (LTFU) and reach them at their homes to explore interventions that can bring the patient back to treatment. This has seen Baylor Eswatini LTFU rate among children and adolescents drop and remain constantly under 1%. To this end, Baylor Eswatini social workers conducted 202 home visits over the past year. Also contributing to the low LTFU rate is the provision of transport funding for patients who lack the means to come to the clinic to collect their medication, an initiative that is again supported with funds from UNICEF.

Another way UNICEF and Baylor Eswatini support adolescents is through U-Report, an SMS platform that allows anyone to ask and receive a correct answer on health-related issues, particularly HIV prevention, care, treatment, and disclosure. The programme has thrived under this partnership, with staff responding to 883 questions during the report year. We have improved the platform this year by partnering with other organisations to whom we refer specialised questions.

Having noted that HIV-positive children living in group homes and orphanages do not do well on treatment, we provided training for the caregivers from these homes in each region of the country, reaching 26 participants. The training addressed the roles caregivers play as treatment supporters and educated them on the basic of HIV, adherence in children and adolescents, understanding child development, and disclosure and confidentiality issues among this population. We followed the training with on-site mentorship support to reinforce lessons learned and to ensure adherence to ART by the children in the homes.

Continuing to support the clinical component of care for children and adolescents living with HIV, we conducted 187 viral load and 40 genotype tests under this project. The flagship of Baylor Eswatini’s psychosocial support has continued successfully with UNICEF funding. Teen Club still sees at least 400 young people each month, where they are continually encouraged to adhere to their medication and live full and healthy lives through fun, themed lessons.

An initiative established in the last reporting period, Baby Club, has grown significantly since we began operating it in both Baylor Eswatini satellite clinics, Manzini and Hlathikhulu, with funding from UNICEF. Baby Club is a support group for HIV-positive mothers with HIV-positive babies under the age of 3 years, which seeks to improve care for this highly vulnerable population. Baby Club provides psychosocial support to caregivers, fostering a climate of developmental play that will allow these children to thrive. Mother-baby pairs come together monthly for support, education, and fun. Since its inception in June 2017, the attendance of mother-baby pairs has been increasing steadily, from 10 at the initial meetings to 114 pairs during the current reporting period.



STRENGTHENING REGIONAL CAPACITY FOR HIV AND TB SERVICES

As a service provider with the International Centre for AIDS Care and Treatment Programmes (ICAP) under the President's Emergency Plan for AIDS Relief (PEPFAR), we continued to scale up comprehensive paediatric HIV/TB care and treatment services in the Manzini Region. The focus of this project is to strengthen both treatment and retention to care in the management of children living with HIV. Other activities included capacity building for healthcare workers in the Manzini region to improve skills in HIV paediatric care, as well as supporting the Teen Club for adolescents living with HIV.

The model involves mapping the contacts of index clients (i.e. HIV-positive adults) aged 0-19 years, testing the contacts and enrolling them in care and treatment. This project is implemented from three sites: Raleigh Fitkin Memorial Hospital, Mathangeni, and Luyengo Clinics, which is an additional facility from the previous year. Our goal was to test 2,500 children under 18 years during the report year; we surpassed our goal with 3,294 children. Of these, 59 (1.8%) tested positive, and 98% of these were linked to care and treatment. The increase in the number of children tested from 1,572 in the previous year was a result of the addition of another high-volume facility, as well as our team's rigorous efforts to make sure all the children we map from index clients are brought in for testing.

Under the same project, nine health workers from clinics in the Manzini region were attached at the Baylor RFM clinic to hone their skills in paediatric HIV/TB management, PMTCT, paediatric phlebotomy, psychosocial support, and many other skills aimed at improving paediatric and adolescent outcomes.



EDUCATION FOR CANCER PREVENTION, TREATMENT AND CARE PROJECT

Acknowledging Baylor Eswatini success in treating HIV/AIDS throughout the countries in which it operates, the Bristol-Myers Squibb Foundation (BMSF) has funded a new project to raise cancer awareness and lay the groundwork for better cancer prevention and treatment in Eswatini. In May 2019, spearheaded by Baylor Eswatini received 23 million emalangen (about US\$1.5 million) from BMSF to sensitise key stakeholders on cancer, create community cancer awareness among individuals, screen patients for breast and cervical cancer, and vaccinate eligible adolescents aged 9-14 years with the HPV vaccine. In addition, women are targeted to receive treatment for precancerous lesions through this grant.

This project is an innovative model for a robust collaborative partnership between three organisations to leverage their respective strengths: Baylor Eswatini, the Eswatini Breast & Cervical Cancer Network, and the Forum of African Women Educationalists in Eswatini. Baylor Eswatini is the lead administrative partner for this project. The overarching goal of the project is to provide better cancer care and treatment services to more people and to empower girls and boys to make good decisions for their health.

This project is implemented in three constituencies: Ekukhanyeni, Nkwene, and Siphofaneni. In addition, the consortium performs cancer screening at the three Baylor Eswatini clinic sites. The consortium also aims to reach out to Ndzingeni Inkhundla, an area affected by asbestos mining. This project delivers integrated end-to-end services for awareness, prevention, diagnosis, and treatment across five major cancer categories: breast, cervical, lung, prostate, and paediatric cancer. This includes:

- Building cancer awareness among adults and adolescents
- Psychosocial support for patients
- Training career guidance teachers, peer groups, community and church leaders, and healthcare workers on early warning signs of cancer
- Palliative care
- Screening and treatment of breast and cervical cancer
- HPV vaccination for eligible children aged 9-14 years following parental consent
- Reducing social disparities and barriers to care in remote areas
- Garnering political will and spearheading cancer advocacy at national forums, such as the Cancer Control and Eswatini HPV Vaccine Introduction technical working groups.

TB REACH PROJECT (VIKELA EKHAYA)

TB prevention is a national challenge because of the very low uptake of preventive therapy by people exposed to it, especially children. Only 7% of children under 5 years who had household TB exposure and were reported nationally in 2017 received TB preventive therapy (TPT). To counter this challenge, Baylor Eswatini solicited funding to implement a community-based TB contact management project with linkages to healthcare services for enhanced diagnostics. The project is known as Vikela Ekhaya, which means TB Prevention at Home. This household TB contact management programme identifies people with recent household exposure to TB through community-based clinical evaluation and prompt diagnoses of people with TB. It supports the activities of community Active Case Finders (a cadre recruited by the Ministry of Health working in the communities to screen for TB from contacts of active TB cases) and the capacity building of healthcare workers to collect paediatric TB samples (sputum and stools), to evaluate TB/HIV cases, and to provide TPT.

Nurses use a TB contact management application to enrol TB index cases identified at health facilities. They then identify household TB contacts and assign mobile outreach teams to visit them at their homes. Two nurse-led mobile outreach teams coordinate with case finders and schedule home evaluations to screen all household TB contacts. Children under 5 years who are positive for TB symptoms are referred to Basic Management Units (BMUs), with transport assistance, for further evaluation. Those eligible are initiated on TPT, either on 3HR or 6H, depending on their HIV status. Families who decline home evaluations are given the option of clinic-based evaluation and follow up.

Our mobile teams visited 58 homes during the first two months of the project and evaluated 266 household contacts. Of these, 71 (27%) were children under the age of 5 years, and 62 ultimately initiated TPT after TB exclusion. An additional 16 PLHIV initiated TPT in the community. The mobile outreach teams identified nine children under 5 years as having TB symptoms. These were referred to facility-based childhood TB evaluation. These referrals included medical examinations and the collection of induced sputum and gastric aspirate samples, resulting in one confirmed TB case. Of the 266 contacts evaluated, 225 (85%) knew their HIV status. We provided HIV screening for 30 of the patients who did not.

The first two months of the project taught us that working with Active Case Finders increases TB screenings, uptake of TPT, and referrals to health services. Another lesson learnt is that the process of digitising community health data systems requires sustained staff development and capacity building of both healthcare workers and case finders.





ADOLESCENT CAMP PROJECT

Working together with Serious Fun Children's Network, Baylor Eswatini ran two sessions of a five-day residential camp, Sibancobi Camp, for 78 teenagers living with HIV. The camp model ensures that every child experiences success and gains the confidence to try new things in a supportive and safe environment. As a result of this programme, the teens learn more about thriving in spite of living with HIV, they grow their self-esteem, and they tend to pay more attention to their health. Teens with chronic adherence challenges were intentionally recruited to participate. Before camp, we trained the leadership team and camp staff volunteers on the Serious Fun camp model, international programming, camp culture versus Swati culture, and other topics that create an enabling environment for the teens to have a positive, life-changing experience.

For 2019, we launched an innovative programme for adolescents who have been in the Challenge Clinic for over one year, indicating they have chronic poor adherence and have received multiple Stepped Up Adherence Counselling (SUAC) sessions. This programme, called Sibancobi 2.0, brought parents and caregivers together with their children for a weekend camp that focused on strengthening their relationships, establishing individualised treatment plans, and discussing the importance of adherence for healthy outcomes. Further, caregivers were empowered with strategies to help them decide when to give adolescents independence to take their antiretroviral medication without supervision, and which situations require re-intervention and directly observed treatment (DOT).

Most of the patients showed measurable improvement during the programme. To determine the success of the weekend camp, we compared each teen's baseline viral load with subsequent viral load tests. Of the 19 teens attending the weekend camp, 12 showed a remarkable decline in their viral load tests.

From the feedback we received at the end of the camp, the families left the programme enlightened and ready to face a new phase in their ART journey as patients and caregivers.



ADULT SUPPORT GROUP

This special group has been active since the inception of the Baylor Eswatini clinic. The adult support group comprises parents and/or primary caregivers who play a significant role in the lives of the children and adolescents living with HIV. The monthly meetings for the support group help them to deal with common challenges as they support their children with adherence to medication.

To help the caregivers overcome financial challenges, members of the support group have sustained a small business making and selling homemade fabric softener over the years. They have relentlessly explored other income-generating projects to boost the profit gained from the fabric softener. The objective of the members of this group is to become self-sufficient through having multiple income streams.



SOCIAL WORK

The social work unit in our clinic addresses the psychosocial needs of all patients attending clinics. We offer several services, with an emphasis on adherence counselling. Patients who were not virally suppressed (i.e. a viral load greater than 1,000 copies) were offered stepped-up adherence counselling. HIV status disclosure counselling is another service we provide to patients, particularly children and adolescents, because successful disclosure is vital to ART adherence. Social workers supported parents and caregivers as they told their children they have HIV. We also offered follow-up disclosure counselling to patients who had recently learned their status. The social work unit also works with the Deputy Prime Minister's Office, which is responsible for children's welfare, to address social issues encountered by children and adolescents. For the year ending June 2019, our social work department attended to 1,458 patients during 3,536 sessions.

Scholarly ACTIVITIES

To influence and document change in health policy, medical practice, standards of care, and models of care, Baylor Eswatini conducts diverse research in paediatric care and treatment. We maintain an Institutional Review Board, which is responsible for streamlining and ensuring the integrity of all research projects. During 2018-2019, we have the following studies ongoing:



HOST GENOMIC FACTORS ASSOCIATED WITH HIV AND TB PROGRESSION IN AFRICAN CHILDREN (CAFGEN II)

This is a multicentre study which entails a genomic approach to understanding HIV and associated comorbidities in African children. Its aims are:

- To establish an extended paediatric cohort in Eswatini, Uganda, and Botswana,
- To identify host genetic factors associated with HIV disease progression among the same paediatric population, and
- To explore diagnostic and identify molecular mechanisms of TB infection among the same paediatric population.

OPERATIONAL EVALUATION OF PROGRAMMATIC APPROACHES TO IMPROVE TUBERCULOSIS PREVENTIVE THERAPY IMPLEMENTATION AND TUBERCULOSIS DIAGNOSIS AMONG TUBERCULOSIS HOUSEHOLD CONTACTS (VIKELA EKHAYA)

With this study, we want to understand what helps and prevents families and caregivers from accessing TB household contact management services for young children. We are interested in learning whether a community-based approach is preferable to communities and caregivers impacted by TB as compared to having household contacts evaluated and treated in a health facility. This information will help to build future interventions that are more likely to successfully increase preventive therapy uptake in Eswatini.

IMMUNOLOGIC EFFECTS OF HELMINTH INFECTION ON TB- AND HIV-SPECIFIC IMMUNITY AND PROGRESSION

This study seeks to determine the immunologic and clinical effect of helminth infection on TB-specific immunology and to determine the prevalence of helminth infection in children with and without TB disease. It also seeks to define the dynamic immune response of children with in-utero helminth exposure compared to children without in utero-helminth exposure. The primary goal of the project is to elucidate the dynamic immune mechanisms in which helminth infection leads to TB disease progression.

DEVELOPING SUSTAINABLE AND EFFECTIVE DIAGNOSTIC TESTING ALGORITHMS FOR CHLAMYDIA AND GONORRHEA IN ADOLESCENTS LIVING WITH HIV IN SWAZILAND

Baylor Eswatini is trying to learn about sexual risk behaviours in adolescents and to evaluate a new test in order to check teenagers in Eswatini for sexually transmitted infections.

DRUG-RESISTANT TUBERCULOSIS UNDERSTANDING INFECTION TO SUPPORT PREVENTION

With this study, Baylor Eswatini is trying to understand how exposure and infection with forms of drug-resistant TB are different from exposure and infection with drug-sensitive TB.

PILOTING PREVENTIVE THERAPY FOLLOWING CLOSE CONTACT TO DRUG-RESISTANT TUBERCULOSIS IN CHILDREN <5 AND CHILDREN LIVING WITH HIV

This study seeks to determine the feasibility, tolerability, and acceptability of providing treatment to prevent progression to TB disease following exposure to drug-resistant TB in patients in Eswatini.

ASSESSING THE KNOWLEDGE, ATTITUDES, AND BEHAVIOURS OF PRIMARY CAREGIVERS OF CHILDREN AND ADOLESCENTS TO IPT

The purpose of this study is to determine what adolescents and their caregivers know and how they feel about Isoniazid Preventive Therapy (IPT) so that we can try to improve IPT outcomes in Eswatini.

TESTIMONIES

"I discovered I was HIV+ when I was 9 years old(4th grade), then I did not know much about HIV and I was a bit happy that I had my own booklet to tick after drinking my meds(my mom had one so I used to tick it for her). One thing that shocked me was that when the nurse told me and my mom about the HIV results she looked me in the eyes and said "one day you'll have a headache and die now that you have HIV", I cried so hard and thought that this was the end. When I went for my second appointment at Baylor Eswatini clinic, there was a new nurse, she was very beautiful inside out, she changed my life (Nurse P White). She saw so much potential in me and gave me the best advise when I went for my appointments, that was when I started falling in love with who I was. I think it was in 2008 when Teen club was introduced in Baylor Eswatini satellite clinic in Manzini, this was where all children who received care at Baylor Eswatini Clinic met, shared their stories and learnt more about HIV, they were like my second family. I was always looking forward to the second Saturday of the month. I went to my first Sivivane camp where children from all teenclubs around the country met, learnt, show cased their talents and had a lot of fun. This was very exciting for me since I was able to be free and enjoy life around people who know what I am going through and are in almost similar situations. The following year I was chosen to attend a leadership training in Hawane- we were taught skills and how we should carry ourselves in our respective teen clubs since we are going to be teen leaders, this was when my self confidence was boosted and deep down I wanted to do all that which was in my power to be the best leader, I had to make those who chose me proud. I did just that, I saw every teen as my brothers and sisters, my adherence was always good and I did my best at school. Things started to change when I was in form4 I went to live at my schools hostel, my adherence started to drop a little bit, and I did not know whom to talk to at the Baylor Eswatini clinic since most of those I knew had left, but because of the skills that I was taught in the different camps I attended, and how much some of the Baylor Eswatini staff believed in me I was able to conquer all that I faced in those two years of my hostel life. I passed well, and I am now studying Bachelor of Education secondary(Business Education) at the University of Eswatini, my adherence is good and I have bigger dreams because of Teen club and Baylor Eswatini clinic. I am the world's greatest- I have to prove this to the universe".

Ms S.M

"Clinically I received the support I needed at Baylor Eswatini...their services were very impressive for me...the Staff, Nurses and Doctors. They had been loving, caring, gave each patient the service they needed. As a teen who is a scholar I was given priority everytime at the Clinic. They are concerned about me getting to class early.

[Psychosocially: the support I got made me to shine at School such that now am at College. It was a result of them encouraging me to be the best so I can have a great future. That was through a Youth Friendly Nurse who was assigned to attend to us. That Nurse would understand what I went through in terms of peer pressure as the Nurse was also young. Things I went through involved coping being the only Baylor Eswatini patient at home. That made me to feel different cursed and lonely. After joining Baylor Eswatini it immediately became a home to me that was because of the warmth welcome I always got there".

Teen 1

"All staff at Baylor Eswatini clinic are friendly and supportive to my life. I usually get medication on time. During times of sickness, I get the support that I deserve especially fast tracking sick part.

The clinic supported me not clinical only but even financially after I had challenges with my Identity document .The counselling that I got it helped me so much that I was able to progress in life even when am coping through hard times. In teen club it is where I benefited physically and emotional such that they appointed me as teen leader. In 2016 I was appointed to be part of AIDs Conference Network meeting where I gained a lot of experience about teen leadership. I was able to ask share experiences and learn from other teen leaders from other Countries.

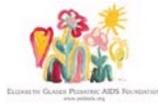
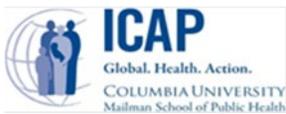
In all of this as a teen club leader I was appointed to be a peer supporter, adolescent treatment supporter through Baylor Eswatini for Nazarene Compassionate Ministries".

Teen 2

DONATIONS AND OTHER SUPPORT



All Baylor Eswatini programmes are made possible through the generous support and close partnership of the following organisations:



Forum for African Women Educationalists
Swaziland Chapter (FAWESWA)
"Supporting Girls and Women to Acquire Education Development"

BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION
ESWATINI
2019



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

