

BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION

ESWATINI



2022



Global Health
Network



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THANK YOU



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



Network In Action



Global Health Network

Baylor College of Medicine

Summary statistics

- Program Funding
- People Reached
- Foundation Staff Employed

Botswana

- \$3,182,347
- 10,021
- 90

Romania

- \$873,790
- 10,357
- 39

Tanzania

- \$3,298,911
- 31,761
- 121

Colombia

- \$1,528,829
- 16,763
- 58

Lesotho

- \$19,190,668
- 334,859
- 383

Uganda

- \$35,050,896
- 3,351,247
- 520

Malawi

- \$18,229,632
- 675,473
- 1,332

Argentina

- \$691,734
- 2,657
- 24

Eswatini

- \$2,538,246
- 28,863
- 113

Collective Impact



\$84,585,054
Total Network Funding



2,680
Total Staff Employed



4,462,001
Total People Reached



10,561
Total Health Personnel Trained

As implementing partners of the Texas Children's Global Health Network, each foundation collaborates and shares knowledge for the purpose of collectively solving complex health problems both locally and globally.



TRUST BACKGROUND

OUR VISION

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

OUR MISSION

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

Values

- 1.** Excellence – We offer distinct and superior quality care for children in the country.
- 2.** Child Centeredness – Centre of Excellence for all health issues relating to children.
- 3.** Integrity – We are committed to transparency in their work and work with honesty.
- 4.** Accountability – All actions we take are based on responsibility and answerability.
- 5.** Teamwork – We work jointly and in collaboration to achieve excellence.
- 6.** Partnership – High impact care is provided in collaboration with key stakeholders.
- 7.** Ethical – Fair, just and right moral values and principles are adhered to. This includes strong recognition of the rights of the child.
- 8.** Commitment – We are dedicated to serve children in a holistic, truthful and timely manner.

Foundation Background

Baylor College of Medicine Children's Foundation – Eswatini (Baylor Foundation -Eswatini) is a local autonomous not-for-profit child health and development organization legalized in 2005 and a standing implementation partner of Baylor College of Medicine and Texas Children's Hospital in Houston, Texas, U.S.A. Operating as a public-private partnership with the Ministry of Health of the Kingdom of Eswatini, the Baylor Foundation -Eswatini Children's Clinical Centre of Excellence (COE) in Mbabane (Hhohho region) was opened and operationalized in 2006 to improve the health sector response to HIV through the provision of high-quality, family-centered pediatric and adolescent health care, education and clinical research. Two Satellite COEs (SCOEs) have been built and operationalized in two out of four of the country's districts. In 2009 the first SCOE was inaugurated in Manzini region and linked to the Raleigh Fitkin Memorial Hospital. The second SCOE was opened in 2010 in Shiselweni region and linked to Hlatikhulu Government Hospital

Baylor Foundation-Eswatini supports the Ministry of Health in improving the health sector response to HIV, which ultimately helps the country to achieve its broad mandate. 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 its public-private partnership with Baylor Foundation-Eswatini.

Baylor Foundation-Eswatini implements a child and adolescent health program, focusing on interventions that address the major causes of morbidity and mortality in children as well as those which are proven to be highly effective in improving the health and development of adolescents living with HIV. We are the national leader in pediatric HIV/AIDS and TB care and treatment in the country, caring for almost half of all children on antiretroviral therapy (ART) in Eswatini. Since inception, the Foundation's scope has increased to cover other co-morbidities, such as screening, and treatment of cancers. We also offer health workforce trainings and clinical research.

Chairman's Preface



I am pleased to report that Baylor Foundation-Eswatini made significant progress and achievements in its 2016-2021 Strategic Plan and embraced its mission to provide high quality family-centred paediatric and adolescent health care, education and clinical research in Eswatini.

We realized the changes by increasing access to and utilizing HIV, TB, maternal & child health (MCH) services; enhanced capacity building of the health workforce, community and civil society organizations; contributing to policy changes through targeted research; and improved organizational management and development.

Through technical assistance from Baylor College of Medicine and Texas Children's Hospital, as well as guidance and unwavering support from Ministry of Health, Baylor Foundation-Eswatini has established an excellent community reputation through high quality services, strong clinical leadership and compassionate, competent staff. We have developed collaborative relationships with Ministry of Health planners, service providers, donors and stakeholders to improve accessibility of services to women, children and families of Eswatini.

Our next strategic plan (2022-2026) will intensify our efforts to strengthen HIV, TB, cervical cancer, pediatric hematology and oncology services, MCH services, global health security, and public health emergencies.

Over the past twelve months, Baylor Foundation-Eswatini was presented with opportunities as well as challenges, and threats. We stayed the course and maintained our organizational composure through resilient leadership in clinical services. Our partnership with Ministry of Health continued to broaden with new public health prevention opportunities in COVID and cervical cancer through

pediatric and adolescent vaccination campaigns. Threats of clinical service disruptions amid sporadic civil unrest were minimalized at our Centre of Excellence (COE) in Mbabane and satellite COEs in Manzini and Hlatikulu. Community outreach services were revitalized after over a year of dormancy. Our internationally recognized TB care and treatment partnership with Texas Children's Hospital continued to flourish and strengthen in scope. These are only a few of the opportunities and accomplishments that reflect the strength of Baylor Foundation Eswatini's clinical services, led by Dr. Florence Anabwani-Richter.

It is with pride and pleasure that I introduce Dr. Anabwani-Richter and her 2021-22 Annual Report Interview as Associate Clinical Director. I've known Florence personally and professionally for over 20-years, with the past decade serving in various clinical and leadership roles for Baylor Foundation Eswatini. Her collaborative spirit, team-building approach to management and willingness to always step-in for support at a moment's notice are true testaments to Dr. Florence's leadership style and commitment to patient care.

Michael B. Mizwa





Chairman, Board of Directors

**Baylor College of Medicine Children's
Foundation-Eswatini**

Interview

Dr. Florence Anabwani Richter
Associate Clinical Director

What was the Foundation's greatest accomplishment this year?

This year, our greatest accomplishment was our ability to navigate staffing constraints due to the Covid-19 pandemic and complex external dynamics such as civil unrest while maintaining uninterrupted excellence in patient care. We utilized the liminal space between disciplines to create a multifaceted telemedicine platform - a first within the country and the BIPAI network. Its application was based on four core tenets; provision of clinical support through remote teleconsultations, overcoming geographical barriers through connecting users to patients across continents, application of various types of encrypted and secure ICT platforms and ensuring data protection.

Telemedicine was integrated into our electronic medical record (EMR) system. Patient flow was seamless, with both patients and staff members excited about this initiative. This greatly contributed to smooth clinic flow amid the aforementioned staffing constraints. Key areas for telemedicine application were teleconsultations inclusive of the fast-track differential service delivery (DSD) model of care, clinical consultations for complex patients with virologic failure to antiretroviral therapy and patient examination. Direct Telemedicine benefits were equitable provision of medical care services to our patients regardless of the geographical location of our medical doctors. Patients also experienced reduced waiting times for both consultation, diagnosis and treatment. We were able to facilitate patient-centered health care through applying the concepts of comprehensiveness, teamwork and interoperability in making the patient experience unique and memorable.

We had also successfully expanded our reach to go beyond our clinical settings to reach communities directly with HIV services. Through multiple projects, we have managed to rollout clinical and psychosocial services to community clinics and communities directly e.g., cancer screening and treatment of precancerous lesions, TB screening and treatment, Teen club through Community ART Treatment Supporters (CATS), and Teen Mother's Psychosocial Support program. We aim to contribute to the Ministry of Health broad mandate of achieving an HIV-free generation, through partnerships and strong ties with civil society.

In what ways have the Foundation's services and approach evolved over the last year?

Over the past year, we prioritized mental health initiatives for both patients and staff members. We mandated routine mental health screening for adolescents using the Patient Health Questionnaire (PHQ-9) tool and strengthened our capacity to address their mental health needs through engagement of external teams of psychologists and psychiatrists. In addition, we introduced numerous wellness initiatives for our staff members including Fruit Friday, Culture Day, and participation in the BIPAI Wellness Challenge.

We also engaged in research capacity building and inter-network collaborations through the BIPAI Writing Workshop and collaborating within the BIPAI network to write research manuscripts and participation in the RAISE Symposium. As a result, collaboratively published three scientific research papers, and received awards for best presenter and best abstracts at the inaugural virtual Eswatini National Health Research Conference.

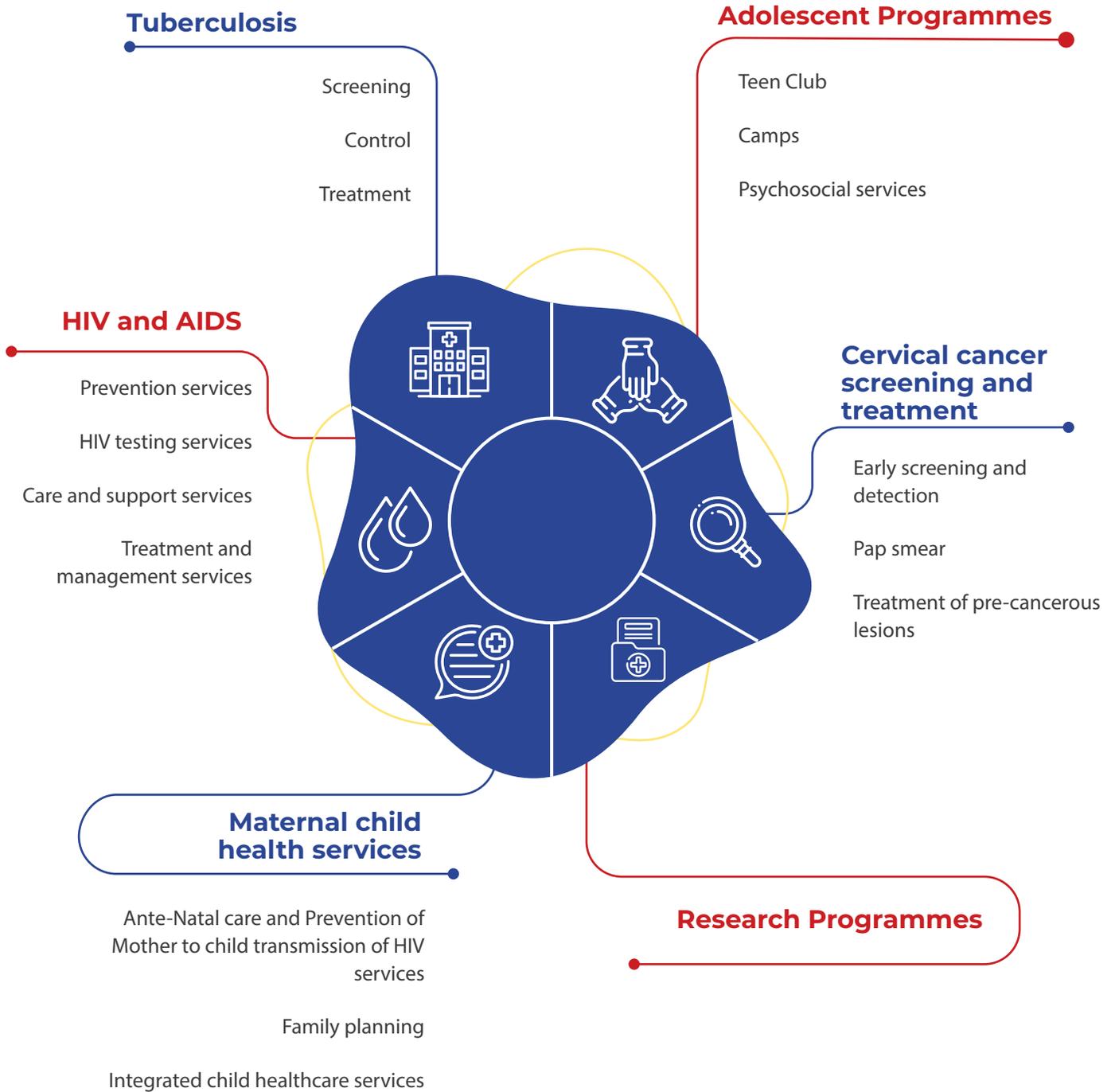
We continuously sought to improve the quality of our care and aimed at attaining international standards. Our WHO Guidelines for the Stepwise Laboratory Improvement Process Towards Accreditation in the Africa Region (SLIPTA) audit helped close conformity gaps and enhanced the efficiency and effectiveness of our medical laboratories based on the international ISO standards .

How do you see the Foundation growing in the upcoming year?

We look forward to including innovative service lines in patient care through multidisciplinary collaborations. These include decentralization of our pediatric third line ART Program to other regions of the country and introduction of a weekly non-communicable diseases clinic. We strive to implement our Strategic Plan through our Annual Operational Plan, and evaluate our progress against targets at regular intervals.

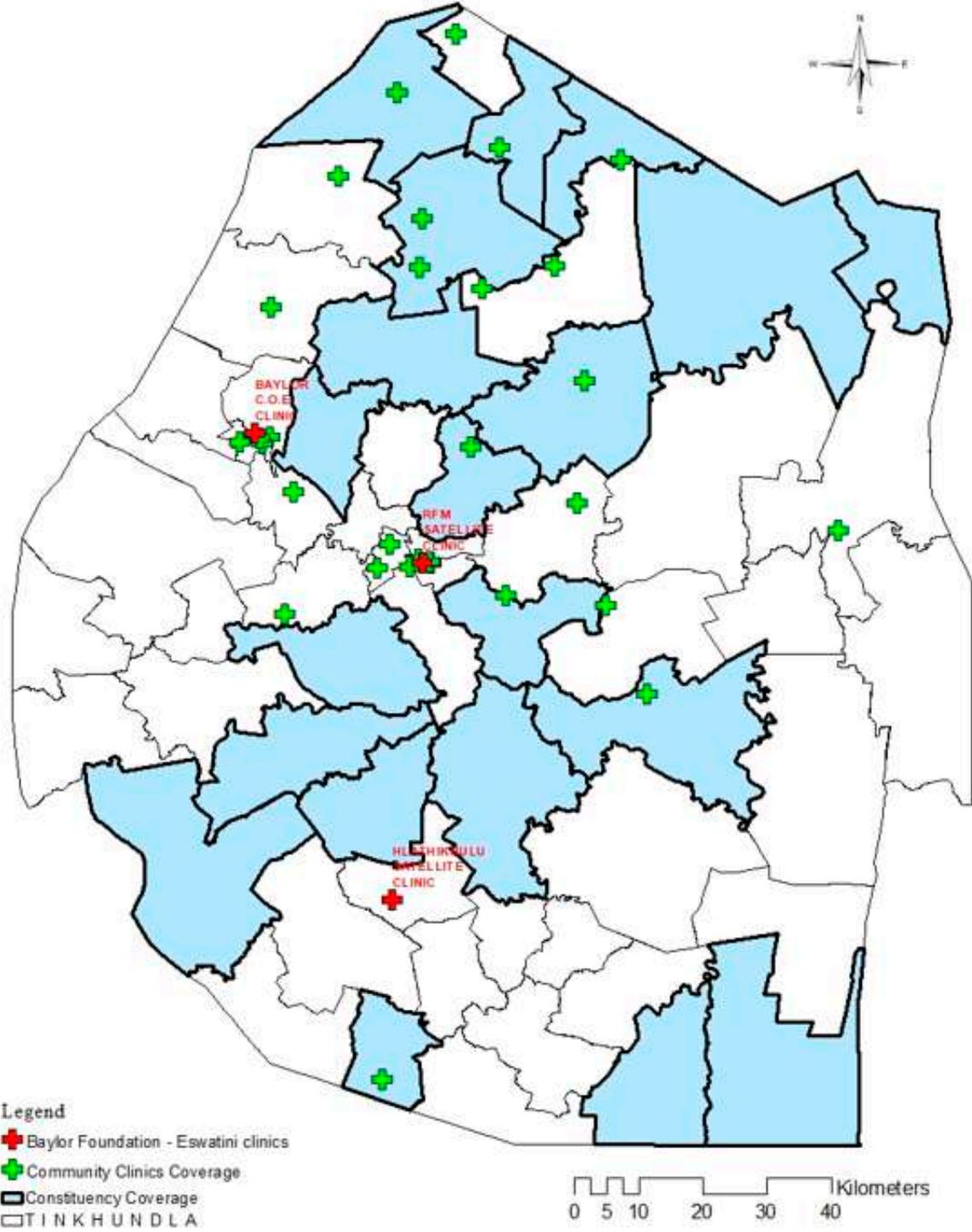
What major challenges do you anticipate that the Foundation will experience in the upcoming year?

Our major challenge will be improving our fiscal situation amid inflation and increasing operational costs. we will strive to secure supplementary income streams through grant-writing and fundraising using our social media platforms.



BAYLOR FOUNDATION

Eswatini service coverage



PROGRAM HIGHLIGHTS

Educate for Cancer Prevention, Treatment and Care (ECPT) Project

Cancer is a major public health concern globally, accounting to nearly 10 million deaths in 2020. Eswatini has a 75.3% incidence rate of cervical cancer. It is the leading cause of death in women 15-44 years of age, with increased mortality from 53% in 2012 to 67% in 2018. Early detection of cancer greatly increases the chances for successful treatment.

Baylor Foundation-Eswatini, in partnership with other 2 local organizations (the Eswatini Breast and Cervical Cancer Network, and FAWESWA), led a groundbreaking initiative to create cancer awareness among individuals in communities, conduct screening of community members including patients enrolled in our clinics for breast, cervical, lung, prostate, and pediatric cancers. Furthermore, women eligible for cervical precancerous treatment receive treatment through this initiative.



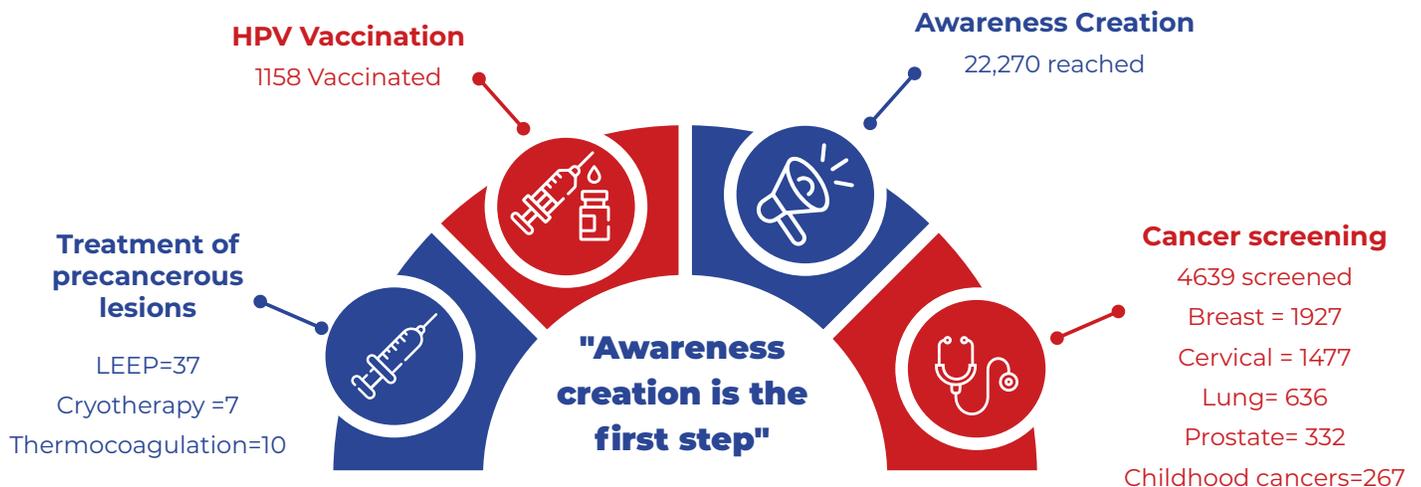
Summary of achievements for the period July 2021-June 2022

Since inception, the project has been able to deliver its mandate in targeted constituencies country-wide. An integrated approach has been adopted in implementing this project, whereby individuals are also screened and treated for other non-communicable diseases in the communities without having to travel to a health facility, which is greatly appreciated by the beneficiaries. The project is first of its kind in Eswatini to provide treatment for cervical precancerous lesions at community level through thermo-coagulation.

Over 100,000 people have been reached through direct cancer awareness over the 3 years of project implementation. A total of 24,600 men, women and children have been screened for the above-mentioned cancers. Screening of prostate cancer amongst men has been a challenge though as only a handful attend the awareness and screening campaigns in the communities. We hence adapted male tailored prostate cancer screening sessions, and with this initiative, the project has managed to reach over 200 men in just 3 months.

In the long term, the Ministry of Health is planning to introduce human papillomavirus (HPV) vaccines to prevent cervical cancer-associated morbidity and mortality among the country's population. There is however limited evidence for safety and immunogenicity of HPV vaccine in adolescent girls and young women living with HIV infection. To close those information gaps, through this project, we initiated clinical research trials to test non-inferiority in immunogenicity between two doses of the nonavalent HPV vaccine in females (ages 9-26 years) and males (ages 9-14) living with HIV infection versus three doses of the nonavalent HPV vaccine in HIV uninfected young women (15-26 years) in Eswatini. Findings from this study would lend support to broader vaccination campaigns for girls and young women and for those living with HIV. The findings will also inform the Eswatini HPV vaccine roll-out plans.

Through this research project, we target to vaccinate 1,400 adolescent boys and girls aged 9-14 years and young women aged 15-26 years with the HPV vaccine. By the end of the reporting period, 1,158 (83%) adolescents and youth had been vaccinated.





Testimonials under the Educate for Cancer Prevention, Treatment and Care project

Testimonial 1

“My name is Make Shabangu from Siphofaneni. I am here as a result of information I got from Cancer Educators who were educating us about cancer screening in my community. As they were educating us about cervical cancer screening, they told us that one day we would be visited by Doctors from Baylor clinic to our community to screen us for cervical cancer. Indeed, these Doctors came and screened us, and they found something in me when they were screening for cervical cancer. They took specimens from all of us who screened positive and told us that they would call us for results. Indeed, they called me on the 4th December 2021 to come to Baylor clinic in Mbabane. They told me that they found something abnormal in my cervix, and they need to take more samples to do further tests. A couple of months later, they called to inform me that I have cancer in my cervix. I was shocked by this information because I didn't feel any sickness, but I got courage from a fact that some of my community members who were once in my situation were healed. I was then referred and accompanied to a Referral hospital by one of the Doctors from Baylor clinics. I was booked for a specialist Doctor to start treatment and my next appointment was set for the 4th August 2022. I am so grateful to the Baylor Foundation who availed these services to us at community level because I wouldn't have known even by now that I have cervical cancer, until it would have progressed to worse stages where it would be impossible to heal. I'm very grateful to the staff from Baylor Foundation who make follow-up calls to me to provide counselling and reassuring me whilst I'm waiting to start treatment. I wish they can continue to reach every community, because this has been an eye opener to many in our communities who believed that this is some unique disease which could be healed only by traditional healers. I am very grateful for this service; I wish it can continue to reach more EmaSwati.”



Testimonial 2

“My name is Hon. Lutfo Dlamini, a Member of Parliament representing the Ndzingeni Constituency. I want to extend my sincere appreciation to this project by these tripartite organizations. We have a constituency that comprises of 10 chiefdoms, and it is not easy to access most of these areas, but you have made it possible. This project is the first of its kind in the entire country and I want to thank the Baylor Foundation, the Eswatini Cervical and Breast Cancer Network, and FAWESWA for selecting our constituency as beneficiaries. This initiative has proved to be very useful, looking at the results/outcomes of the awareness, screening and testing for cancer. We want to thank particularly funders for this initiative. I beg that this exercise could continue to be done all over again so that it reaches everyone. Our people are so poor to even think about doing regular tests, but this project has availed cost free services. We want to thank the Nurses and other health care workers who come to our village through this project to offer these services. There is need to invest more in such services, I’m sure the community leadership, Chiefs, are very grateful for such services. We appreciate the patience and dedication by the health workers because dealing with people in villages needs utmost patience and diligence. Thank you for taking care of the needy Swazis, particularly in my area.”

Support for Adolescents Living With HIV

Baylor Foundation-Eswatini collaborates with key partners and stakeholders to strengthen HIV prevention, treatment and care for children and adolescents in Eswatini. Several interventions have been initiated to ensure children and adolescents receive the clinical and psychosocial support they need to reach viral load suppression and have positive health outcomes. Projects targeting adolescents have been rolled out beyond facility level to communities during this past year.

We started implementing a treatment literacy and support project titled “Halting the spread of HIV and reversing its impact in Eswatini” in July 2021. The project is aimed at providing ART treatment literacy for people living with HIV, including adolescents and adults, in communities around the country thus improving adherence to ART and supporting the 95-95-95 global initiative. We have adopted 2 service delivery models, each targeting a specific age group. For adolescent living with HIV, we deliver HIV literacy services through a cadre known as Community Adolescent Treatment Supporters (CATS). With this model, the CATS help establish, decentralize and maintain Teen Clubs in community clinics. For adults living with HIV, we deliver these services through Community Expert Clients (CECs) who establish community-based support groups in selected communities.

A total of 18 teen clubs in 18 different community clinics have been supported, targeting adolescents and young adults between the age of 10 and 24 years. During the teen club sessions, we provide health education, and ongoing adherence support to ensure continuous adherence to their medication and fully live healthy lives through fun themed lessons. On the other hand, 98 adult support groups have been formed with a total membership of 1,699, and these were reached with treatment literacy education.

Further to these community projects, we also offer differentiated health care services to adolescents enrolled within our clinics. We support our adolescents through availing an interactive communication application (U-report), a platform to ask and receive a correct answer on health-related issues, particularly HIV prevention, care, treatment and disclosure from a health professional. We also conduct “in-reach” services, whereby we visit children and adolescents who had defaulted treatment at their respective homes for assessment to explore options to bring them back on treatment. Social workers conducted 286 home visits over the past year. We also provide transport fares for patients who experience financial constraints when it comes to clinic visits. To this end we have maintained our quarterly lost-to-follow-up rate among children and adolescents below 1%.

Support for Pregnant and Lactating Teenage Mothers

In 2019 we established Teen Mom Club, a support group for HIV-positive pregnant and lactating teenage mothers. Establishment of this support group was necessitated by poor health outcomes for the children of teen mothers because of the many psychosocial challenges the teen mother undergoes during the pregnancy and lactating periods. Because of the past successes with other projects targeting at improving adolescent health outcomes e.g., Teen Club, Baylor Foundation-Eswatini was uniquely situated to be a community leader in the development of Teen Mothers Clubs around the country.

Teen Health Assistants were recruited through this project to facilitate support group sessions for the teen mothers. During these sessions they provide a range of psychosocial lessons and help form relationships with the teen mothers. In addition to the sessions, the Teen Health Assistants make follow-up calls to mothers who are late for their clinic appointments, and also conduct home visits for those who have defaulted treatment. The ultimate goal is to support pregnant and lactating teen mothers to ensure viral suppression, prevention of mother to child transmission of HIV and financial independence through capacity building on income generating skills and provision of seed capital.

By the end of June 2022, the project had been rolled-out to 22 health facilities around the country. To date, we have enrolled a total of 171 teens in the project (both pregnant and lactating). Clinical and psychosocial management of these teens has improved as they receive differentiated care services, solely focused on their specific needs. Depression screening forms an important part of the services provided - 9 have so far been diagnosed with moderate to severe depression, and these teen mothers were referred for psychosocial care within our Social Work Department for management.



Lactating teens are made aware of contraceptives and encouraged to use contraceptives to prevent repeated/unwanted pregnancies. Over 80% of the lactating teens had accepted and used at least one form of a contraceptive method, a year into the project. A total of 107 (71%) teens were offered and received seed capital through this project to start small business enterprises, after they had completed livelihoods and financial literacy sessions and their business proposals have been assessed. This boosts their financial independence and strengthens their morale and dignity, which all contributes to their mental health wellbeing. An improvement in viral suppression rates has also been realized among these teens from 91% when they enrolled in the project to 94% currently.

Testimonials under the Pregnant and Lactating Teenage Mothers Support Group

Testimony 1

“I am 20 years old. I got pregnant at the age of 18 and am HIV+. I started my treatment in 2009. It was very difficult for me to adhere to the treatment since I was very young. With the help of Baylor Clinic support group, I was encouraged to take care of myself and take my medication seriously and honestly.

In 2021, I joined the support group for teen moms at Baylor clinic where I got very important lessons about living with HIV and looking after myself. This included abstinence or taking any form of family planning, so I decided to take contraceptive in the form of an implant. I thank Baylor Clinic for their support.

Through the lessons (sessions), I managed to decrease my viral load since I became adherent to my treatment. I thank Baylor from the bottom of my heart for changing my life for the better. In the support group sessions at the clinic, I have learnt business lessons and they have helped me to start a small business (a spaza shop). My business is doing very well and I have quite a number of customers to serve. I started my business without a proper structure, but now I have a better one and it can accommodate a lot of items which the people in my community demand. I am very proud of Baylor’s endless support and I love them from the bottom of my heart. I would like them to please support other teen mothers who need help like I did. Baylor is very helpful to us teen mothers. They give us hope and encourage us to do better as we grow older.

My son is now 3 years old. I am able to buy clothes and food for him with the help of my small business since his father does not care for him. All his needs are on my shoulders. I am happy and very proud of Baylor Clinic. Thank you so much.”

Testimony 2

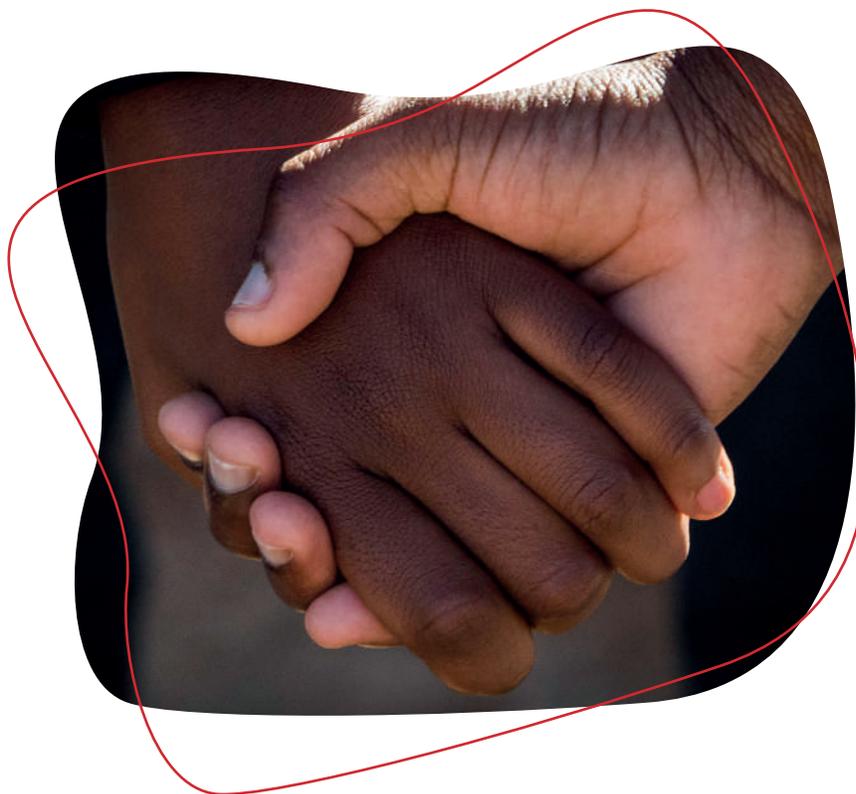
“I am 19 years old and I take my ART medication from Mangweni clinic. The first time I discovered that I was HIV positive was on the 29th of December 2021. It was very difficult for me and I didn’t have any option since I was pregnant, I had to start ART medication.

On that same day they informed me they have a support group for teen mothers, led by Baylor Foundation. I was invited to join this support group and I did. We met for our lessons and during subsequent lessons they offered us capital to start businesses. I was happy I got a chance in my life. I no longer beg the father of my child for money to take care of us. I sell potato chips and perfumes which help me a lot since now I have money to buy myself toiletries and clothes for my child. I no longer beg people for things, I take good care of my daughter and we now live a happy life.

I am so grateful to Baylor Foundation for this opportunity, they really helped me a lot. I cannot even count my thanks for them, I am so grateful for what they have done for me. Thank you.”

Testimony 3

“I take my ART medication from Mafutseni Nazarene clinic. I was diagnosed when I was pregnant and I started taking my ARVs. I was then introduced to a support group for teen mothers led by Baylor Foundation which helped me a lot. From this group, I was encouraged to take my pills and also take contraceptives to avoid repeated unwanted pregnancy, which I did. They also offered me capital to start small business so that I can sustain myself and my child. Now I sell broiler chickens. Baylor Foundation really helped a lot. My wish is that I can extend my business to sell eggs. I am so grateful, thanks to Baylor Foundation for choosing to help me.”



Baby Club – Support for Mothers Living with HIV and Their Babies

In 2018, we established an initiative known as 'Baby Club', a support group for HIV-positive mothers with their HIV-positive babies under the age of five years. Baby Club provides psychosocial support to caregivers, and also fostering a climate of developmental play that will allow these children to thrive. Mother-baby pairs come together monthly for support, education and fun at our clinics. Since its inception in June 2017, the attendance of mother-baby pairs has been steadily increasing from 10 at the initial meetings to 96 pairs to date. We have since rolled-out this initiative to our satellite clinics in Manzini and Hlatikhulu. We are grateful to our partners for providing funding to support transport costs for these mothers' clinic visits and provision of snacks during group sessions.



We offer a variety of pediatric centric clinical services within our clinics, mainly focusing on care and treatment of HIV, TB and concurrent diseases which ultimately helps the country to achieve its broad mandate of attaining viral suppression amongst the pediatric population. As stated in the background, our services are family-centered, i.e., we also take care of the caregiver of the affected child/adolescent to ensure positive health outcomes for the whole family. Below is a narrative of these clinical services we provide in our clinics.

HIV Testing Services (HTS)

This service contributes to the attainment of the first 95 from the 95-95-95 UNAIDS Global targets. Our main aim is to increase the uptake of HTS services to detect children and adults living with HIV at an early stage and link them to treatment. Our target population are HIV-exposed infants; however, we take a family-centered approach and expand this service to the exposed child's entire family.

For HIV diagnosis in infants less than 12 months old, we utilize Point of Care (POC) technology, known as the Alere-Q platform. This real-time platform is used to perform a special HIV testing known as DNA PCR test. Its main benefit over the conventional testing method (i.e., Dried Blood Spot (DBS) performed at the national laboratory) is that it has a short turnaround time (same day) and is performed on-site. This allows infants who test positive to initiate HIV treatment as soon as possible, as opposed to a turn-around time of 3 weeks with the conventional method.

There were 164 tests performed during the report year using POC equipment, and 6 infants were diagnosed HIV positive. 260 HIV rapid tests were also performed and 10 had a reactive result. All those testing HIV positive were linked to care and initiated on ART.

To reach the entire family of an exposed infant or all contacts of anyone testing HIV positive in our facilities, we have employed the 'Targeted Testing' strategy. This includes Index Testing and HIV Self-Testing (HIVST), which enables us to ensure HIV testing for everyone who is eligible, even those who are difficult to reach. We tested 28 people through the index testing strategy.

Antenatal Care Services (ANC)

We continue to provide comprehensive ANC and Prevention of Mother-to-Child (PMTCT) services. These services contribute towards the country's HIV response by ensuring that no child is born with HIV. 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 these services. For HIV-positive women who are not on ART, they are immediately initiated and closely monitored. We have a mentor mother who provides psychosocial support to HIV-positive pregnant and lactating women and their partners to help them cope with their HIV status, including adherence to medication. The mentor mother's main focus are mothers with detectable viral loads. Home visits are conducted for such support and mothers receive transport reimbursements for their clinic visits, to ensure that they do not miss appointments due to financial constraints.

All these efforts have yielded excellent outcomes as no child has been born HIV positive from mothers who received ANC services from our clinic. During this report period, a total of 74 women presented to the clinic to access their first ANC appointment; nine of these women were adolescents between the ages 12-19 years. A total of 39 (52.7%) women visited and accessed ANC services for the first time during their first trimester, an improvement from 48.3% from the previous year. Eswatini has been struggling to get pregnant women accessing early care in their pregnancy. Early presentation for ANC allows for early management of viral load and ensures it is undetectable throughout pregnancy to delivery to prevent mother-to-child HIV transmission.

Only four women had a detectable viral load at ANC enrollment and these were further enrolled for Step Up Adherence Counseling (SUAC). Our clinic performs genotype testing for those with persistently high viral loads, and they are put on empiric 3rd line ART regimen.

Family Planning Services

Family planning (FP) services have been integrated into the pediatric HIV/TB program, enabling adolescents and women of childbearing age to prevent unintended pregnancies. Baylor Foundation-Eswatini offers family planning according to national guidelines, with commodities including 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, and unwanted pregnancies.

To address sexual reproductive health issues specific to the needs of adolescents under our care, we started a Teen Health Program. This program aims to address issues and challenges faced by adolescents as they experience a transitional stage from childhood to adulthood. Through this program, we provide teens with sexual and reproductive information and services, life skills, and career guidance — addressing challenges that can derail their adherence.

In the current report year, there has been a notable decrease in the uptake of FP commodities, with 906 patients actively on family planning compared to 1406 patients in the past year. This can be attributed to nationwide stock-outs of family planning commodities due to global supply chain interruptions resulting from the COVID-19 pandemic. Preferred hormonal contraceptive methods such as injectables were unavailable for a good part of the year. However, implants remained the method of choice over oral contraceptives because of pill burden.



Anti-Retroviral Therapy (ART) Services

We continued with the “test and start” model in the provision of ART services, which encourages everyone diagnosed with HIV to begin ART as soon as they learn their status. We have seen our ART coverage, calculated as the proportion of HIV-positive clients who had initiated ART maintained at 100%, with a majority of our patients starting treatment within seven days of diagnosis.

We continued to follow-up patients defaulting or missing their appointments to ensure that they are retained in care for positive health outcomes. Our receptionists and social workers worked tirelessly to ensure that defaulting patients are brought back to care through phone calls and home visits. We also have innovated to technological means, partnering with a social entrepreneurship organization 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 93% and annual lost-to-follow-up rates at below 5%.

We have noted a steady fall in viral suppression rates for patients under our care from July 2021 at 95%, though stabilizing in April 2022 to June 2022 at around 93%. The decline can be attributed to the long-term effects of COVID-19. Some age groups are still very challenging to reach the 95% target, specifically adolescents 15-19 years old (92%) and children under 5 years old (83%). The latter age group has fewer members, which could affect its percentage disproportionately. Strategies to address this gap are being implemented, such as the Teen Health program, Teen Club, and adolescent camps. We are committed and trending toward supporting Eswatini to reach the new 95-95-95 targets by the end of 2022.



Third-line ART program

Baylor Foundation-Eswatini's COE and SCOEs are the national referral center for pediatric 3rd line management. Through this program, these patients access genotype testing, and those with confirmed resistance are initiated on the national 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 program are given transport reimbursement for all their clinic visits through partnerships with local non-governmental organizations, as well as UNICEF.

Baylor Foundation-Eswatini currently has 43 active patients enrolled in this pediatric 3rd line ART program. And, as the national referral center for the 3rd line ART program, we receive genotype requests for pediatric clients through the national 3rd line ART technical working group. There is also an increasing trend of genotype requests from our satellite clinics. Through various funding channels, we send DBS genotypes either through the National Health Laboratory Service (NHLS) or to South Africa.

Baylor Foundation-Eswatini is working with the Ministry of Health on new initiatives within this program. The first is to support selected facilities nationwide in decentralizing pediatric 3rd line care. Our first two decentralized pediatric clients are successfully receiving treatment at Emkhuzweni Health Centre and Piggs Peak Referral Hospital. The second initiative is to add Darunavir (DRV/r) 400mg to our treatment options to offer a simplified ART regimen that would ultimately result in increased viral load suppression rates for pediatric and adolescent clients on third-line treatment.

Tuberculosis Screening, Prevention and Treatment

In collaboration with the Global TB Program (Global TB) at Texas Children's Hospital and Baylor College of Medicine (BCM), Baylor Foundation-Eswatini continues to lead in improving pediatric TB care by providing high-quality integrated TB/HIV care and taking a family-centered approach in order to care for both patients with TB and their family members at risk of TB. The TB wing of our COE offers onsite digital radiography and rapid TB diagnostics—decreasing the time to diagnosis and treatment for patients. The TB program at Baylor Foundation-Eswatini maintains a robust active case finding program that seeks out and evaluates household contacts of TB cases receiving care at our clinics as well as the national referral hospital - Mbabane Government Hospital TB clinic.

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

TB Research: We have received support from the National Institutes of Health (NIH), United States Department of Defense (DOD), European Development Clinical Trials Partnership, the Thrasher Fund, and the Centers for Disease Control and Prevention to continue to explore novel diagnostic strategies to improve the diagnosis of TB in children and people living with HIV, evaluate differentiated approaches to TB prevention, and explore the immune mechanisms underlying TB disease, HIV and helminth infections.

Multidrug Resistant-TB Care: We continued to scale up our response to Multi-Drug Resistant TB (MDR-TB). We provide family centered care and have partnered with the National Tuberculosis Control Program and Medicines Sans Frontiers to evaluate the efficacy of an all oral short-course treatment for MDR-TB.

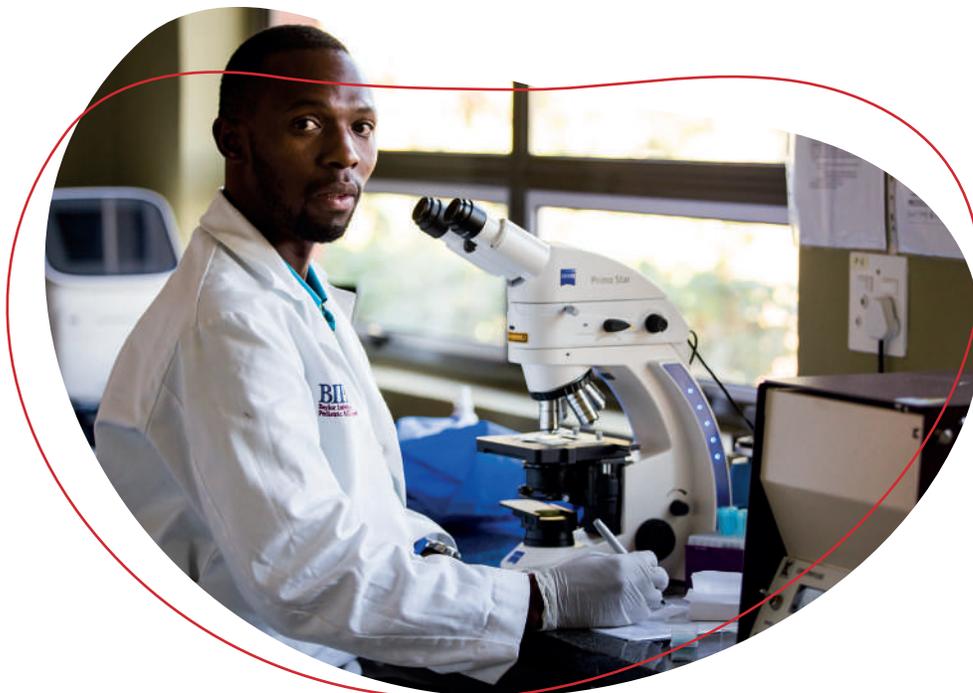
TB Sequencing: This year we kicked off a novel project in partnership with the National TB Control Program, National TB Referral Laboratory (NTRL) and the Research Center Borstel to bring molecular sequencing capacity to the Kingdom of Eswatini. To date this project has resulted in multiple trainings on sequencing to the NTRL personnel, placed a sequencing machine in the NTRL, and have resulted in patients being managed with results of genotypic sequencing. This project is expected to greatly improve the TB diagnostic capacity in the country.

Diagnostic Evaluation Studies: Utilizing NIH, DOD and EDTCP funds, our team has launched diagnostic study activities with aims to 1) evaluate the additive yield and diagnostic accuracy of stool tuberculosis PCR compared to traditional diagnostics 2) evaluate the utility of quantitative stool-based qPCR as treatment monitoring tool with predictive utility, and 3) measure the concordance and sensitivity of stool-based genotypic DST to respiratory-based DST reference standards.

Centers for Disease Control (CDC): The CDC awarded BCM/TCH Global TB a grant in September 2020, and Baylor Foundation-Eswatini has been at the forefront of planning for the multi-national project. This project will be launched following final IRB approvals and will greatly expand existing knowledge on TB screening, diagnostic and prevention strategies in children and adolescents living with HIV.

D43: Baylor Foundation-Eswatini was awarded the the NIH D43 Training Grant “Siyakhula (‘we are growing’ in siSwati): Growing HIV/TB Research Knowledge for Growing Healthy Kids in Eswatini” in April 2021. The project is implemented in partnership with multiple stakeholders that include: BCM/TCH Global TB Baylor Foundation-Eswatini, Eswatini Ministry of Health (including the National Research Department, Epidemiology Unit, and HIV and TB programs), the University of Eswatini Departments of Biologic Science and Health Science, and the University of Texas Health School of Public Health. The collaborative training program will train three public health doctoral candidates(Independent Investigators) in operational, clinical, and translational research focusing on HIV/AIDS and TB in pediatric (infants, children, and adolescents) populations and two in-country cohorts of pre-doctoral trainees (Associate Investigators) in applied research methods.

The Global TB Program is also engaged with another D43 INSIGHT consortium that will cover post-doctoral fellowships for over 100 global scholars over the next five years. Dr. Nokwanda Kota from the Global TB team was awarded one of the first fellowship positions. The program’s goal is to strengthen operational, clinical, and translational research capacity in Eswatini, while simultaneously producing high-quality researchers who will successfully transition to independence, train the next generation of EmaSwati scientists, and lead national efforts to end the dual HIV/TB epidemic. During the last year two PhD candidates have successfully matriculated at the University of Texas Health School of Public Health.





Baylor Foundation-Eswatini Staff Members clad in school uniforms to commemorate The Day of the African Child

WELLNESS INITIATIVES FOR STAFF MEMBERS

One of our key focus areas this past year was to prioritize staff wellness so as to improve team cohesiveness and prioritize individual mental health services, and group activities that support resilience/promote wellness. We applied Tuckman’s stages of team development behavior; Forming, Storming, Norming, Performing and Adjourning in evaluating our current team development stage and assessed our team’s cohesiveness. By understanding these stages, we realized why certain ambivalent feelings existed within the team.

We planned multi-faceted team cohesion activities that addressed multidimensional factors that enabled our team to function as a single, unified unit. Strategies to improve staff mental health included:

- Grant-funded one-on-one and group therapy sessions with a psychologist for staff members
- The BIPAI Wellness Challenge
- Fruit Friday
- Culture Day
- Team Building
- Celebrating The Day of the African Child
- Creative solutions and emotional outlets through art, virtual Zumba forums and staff appreciation.

We received positive verbal staff feedback from healthcare workers who reported a paradigm shift in their attitudes regarding prioritizing self-care. They reported increased openness when discussing sensitive mental health issues. Our take-home message was that we were as strong as our weakest link, and that each team member ought to be emotionally secure, responsible and accountable. These team cohesion and wellness initiatives enabled us to consistently perform better despite staffing constraints.

Baylor Foundation-Eswatini Culture Day



Baylor Foundation-Eswatini Team Building hike at the Mlilwane Game Reserve



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