

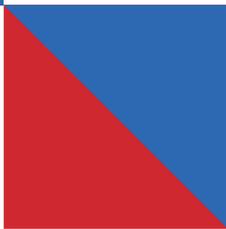


BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION



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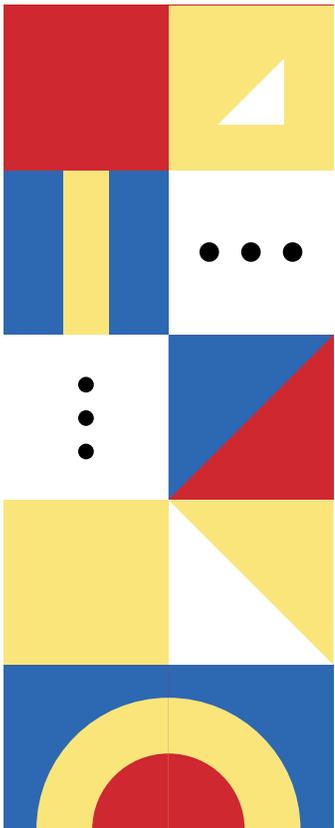
ESWATINI

Baylor
College of
Medicine



Global Health
Network





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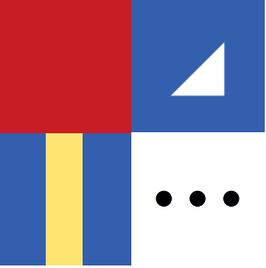


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THANK YOU!



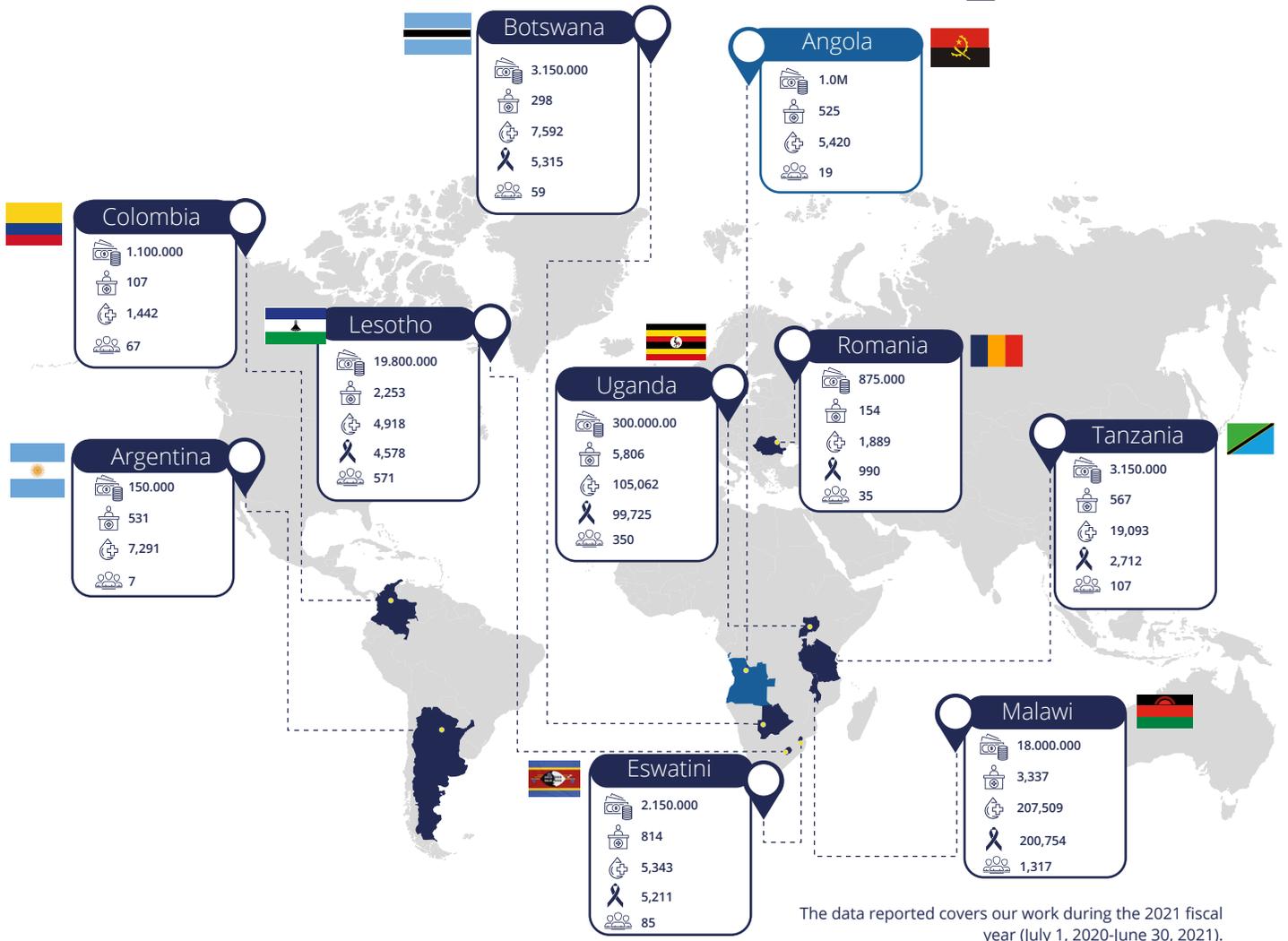
Texas Children's Global Health Network

Texas Children's Global Health Network was created by **Baylor College of Medicine International Pediatric AIDS Initiative** (BIPAI) in 1999 to catalyze pediatric and family HIV care and treatment and health professional training. The Network continues to be one of the largest public-private partnerships in the provision of pediatric and family-centered HIV care and treatment in the world. The scope of the partnership has expanded with **Texas Children's Hospital** and **Baylor College of Medicine** to include tuberculosis, malnutrition, hematology and oncology, cardiology, emergency medicine, surgery, anesthesiology and maternal health.

Leveraging diverse private and public funds, the Network, consisting of nine affiliated local non-government organizations (NGO) has anchored its foundation by developing local clinical, technical and management capacity through mentorship and workforce training at all levels, from peer supporters to physicians, nurses and pharmacists, to administrative staff and executive leaders. Training and education efforts cover all facets of program implementation to enhance local leadership and program sustainability.

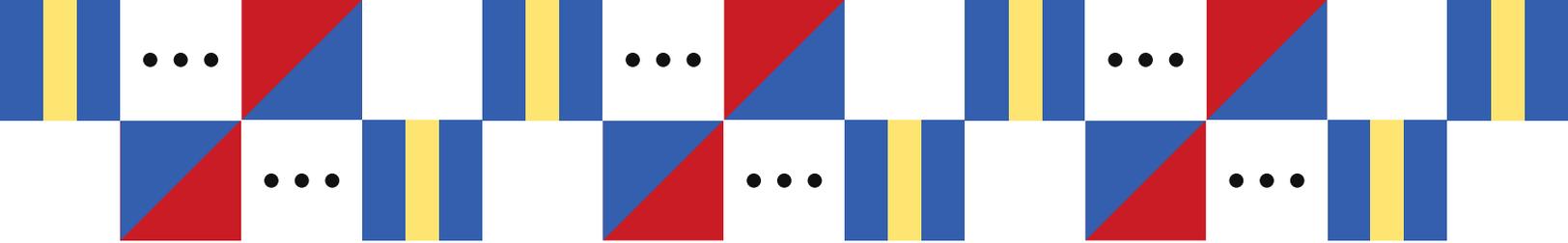


Headquartered in Houston, Texas Children's Global Health shares extensive knowledge and expert technical assistance, staff presence and support for physical infrastructure to our Network of affiliated NGO implementing partners in Argentina, Botswana, Colombia, Eswatini, Lesotho, Malawi, Romania, Tanzania and Uganda. **The Network operates 11 Centers of Excellence (COE) and 7 satellites for outpatient maternal and child health services across three continents, and includes the Global Tuberculosis COE in Eswatini and the Global Women's Health COE at Area 25 District Health Centre in Malawi.**



BIPAI Network Statistics

-  **\$78,375,000** — Budget (USD)
-  **138,432** — Health professionals trained around the world since 2003
-  **365,559** — Patients in care
-  **319,285** — Patients enrolled on antiretroviral therapy
-  **2,598** — Staff Members

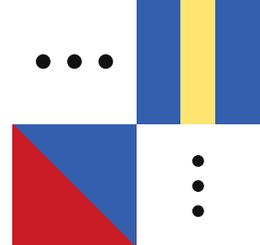


Foundation Background

Baylor College of Medicine Children's Foundation – Eswatini, known as Baylor Foundation Eswatini, is a not-for-profit child health and development organization based at the Baylor College of Medicine - Bristol Myers-Squibb Children's Clinical Centre of Excellence - Eswatini. Baylor Foundation Eswatini is an implementing 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 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 Foundation Eswatini supports the Ministry of Health in improving the health sector response to HIV through the provision of high-quality, family-centered pediatric 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 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. Our scope has increased to cover other co-morbidities, such as education, screening, and treatment of cancers. We also offer health professional trainings and clinical research.



VISION

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

MISSION

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

Values

Excellence – We offer distinct and superior quality care for children in the country.

Child Centeredness – Centre of Excellence for all health issues relating to children.

Integrity – We are committed to transparency in their work and work with honesty.

Accountability – All actions we take are based on responsibility and answerability.

Teamwork – We work jointly and in collaboration to achieve excellence.

Partnership – High impact care is provided in collaboration with key stakeholders.

Ethical – Fair, just and right moral values and principles are adhered to. This includes strong recognition of the rights of the child.

Commitment – We are dedicated to serve children in a holistic, truthful and timely manner.

Executive Director Interview



What was the Foundation's greatest accomplishment this year?

We have had several landmark accomplishments this year, 1) Not only did we initiate new projects we also found new ways to serve the children of Eswatini. The ViiV Positive Action project enabled us to scale up teen mothers' clubs and provide forums for psychosocial support for teen moms living with HIV utilizing peer mentorship and startup capital to address socio-economical barriers to health. 2) Through EDCTP, we received funding to build internal capacity to conduct clinical trials with the foundation. We believe the research gives birth to innovation. 3) Last but not least, we maintained our viral suppression rates high throughout the year. This is a testament to the diligence, commitment to excellence, and continuous quality improvement among our team.

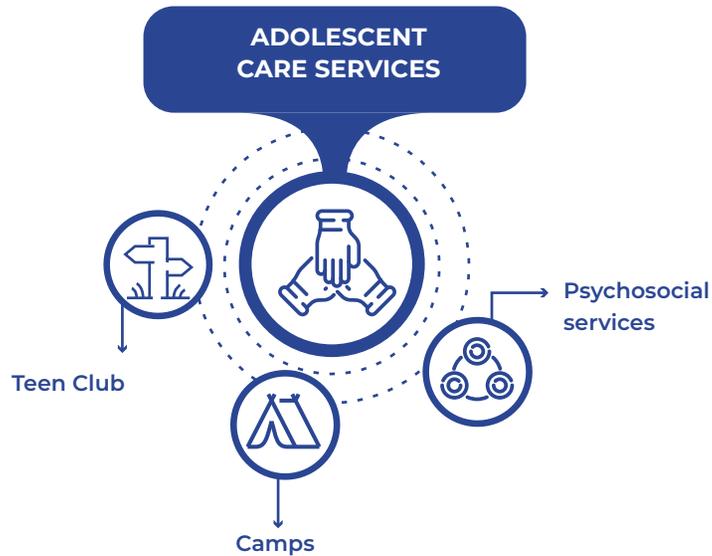
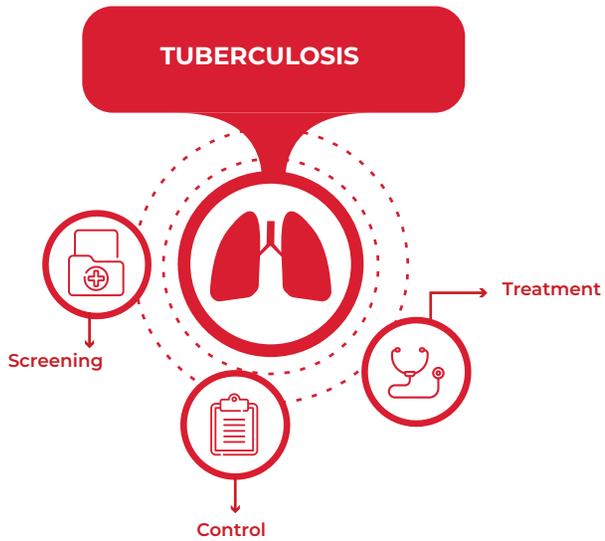
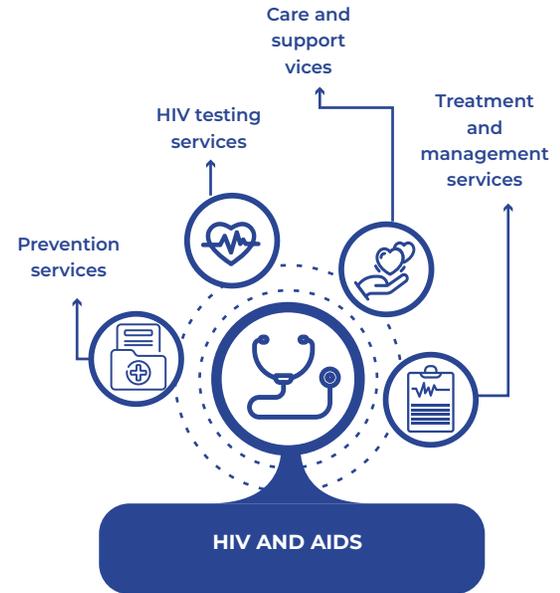
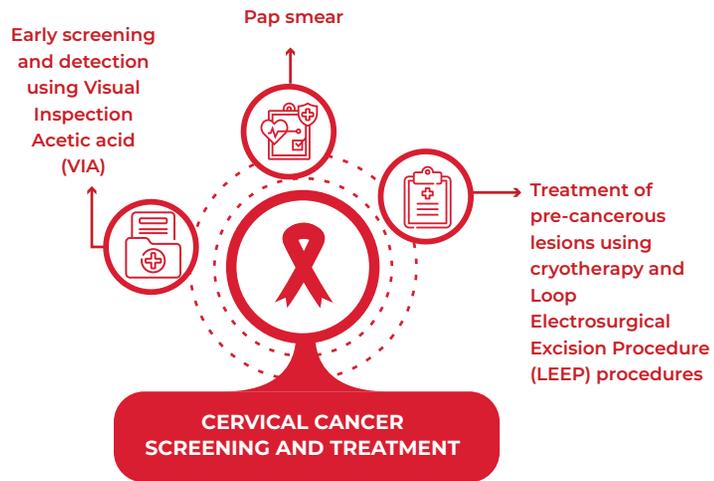
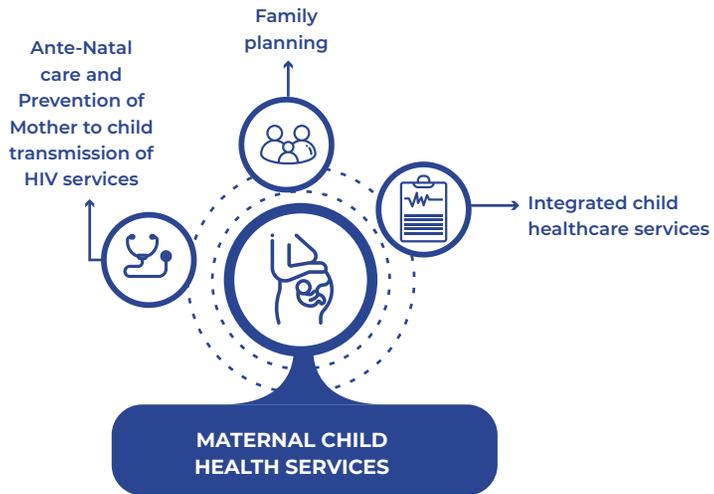
How has the Foundation maintained a standard of excellence for patients and staff despite the challenges posed by COVID-19?

We approached this difficult period with flexibility and innovation; we repurposed our weekly meetings to focus on COVID19 control and supported heads of departments to implement creative interventions. The interventions prioritized the safety of our workforce as well as the health of our patients. For example; the creative intervention included autoclaving and reusing disposable gowns, modifying patient flow within the facilities to maximize infection control, and implementing multi-month dispensing of antiretroviral treatment. More than these, the team continued to systematically implement continuous data-driven quality improvement initiatives to identify gaps and implement mitigation strategies. At the height of the pandemic when hard lockdowns were imposed, we implemented community dispensing of ART and advocating for the removal of travel restrictions for PLHIV, which played a pivotal role in ensuring continuity of access to services. We also implemented a telemedicine intervention to redress some significant staffing constraints experienced by the medical team. We would like to recognize our headquarters in Houston for developing and rolling out the wellness champion program. The activities of the wellness champions included distributing fruits to staff every Friday, coordinating the walk the world challenge, and others. These activities were well embraced by the team and gave us something to look forward to each week.

What is the most important goal for the Foundation in the upcoming year?

The coming year is a critical year for the foundation because we will map out our 5-year Strategic Plan. This plan is the first step for us to create a shared priority to design resource mobilization systems and sustainability mechanisms within our organization. At the implementation level, we are looking forward to supporting pediatric oncology services in Eswatini and incorporating this support in our 5-year memorandum of understanding with the Ministry of Health and the government of the kingdom of Eswatini.

BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION ESWATINI



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



New cases in 2018, representing 6.6% of all female cancers.



→ 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.

90% of deaths from cervical cancer occurred in low- and middle-income countries.



FROM the Bristol Myers' Squibb Foundation Secure the Future Initiative (BMSF-STF)

Dedicated towards sensitization of key stakeholders on cancer, creation of community cancer awareness, screening of patients for breast, pediatric, prostate, lung and cervical cancer and vaccination of eligible adolescents



Aged **9-14** years with the HPV vaccine

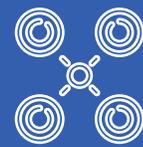


Awareness creation was three-fold

Facility health talks



1



Community awareness campaigns

2

Social media (whatsapp groups, facebook posts, radio and tv).

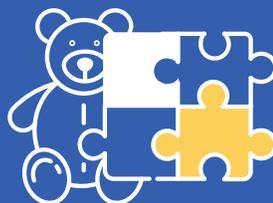


3



19,223

community members were screened for cancer



606

children were screened for pediatric cancer.



cancer screening

7554

screened for breast cancer

9964

for cervical cancer



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

Cervical cancer is the fourth most frequent cancer in women globally with an estimated 570,000 new cases in 2018, representing 6.6% of all female cancers. Approximately 90% of deaths from cervical cancer occurred in low- and middle-income countries. 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. In 2019, a consortium of three partners comprising Baylor Foundation Eswatini, the Eswatini Breast & Cervical Cancer Network (EBCCN) and the Forum of African Women Educationalists in Eswatini (FAWEESWA) received funding worth USD 1.5 million from the Bristol Myers' Squibb Foundation Secure the Future Initiative (BMSF-STF). The funds were dedicated towards sensitization of key stakeholders on cancer, creation of community cancer awareness, screening of patients for breast, pediatric, prostate, lung and cervical cancer and vaccination of eligible adolescents aged 9-14 years with the HPV vaccine.

Awareness creation was three-fold: facility health talks, community awareness campaigns and social media (WhatsApp groups, Facebook posts, radio and TV). Through this initiative, 19,223 community members were screened for cancer. Of these, 606 children were screened for pediatric cancer. There was a female predominance in the numbers of patients presenting for cancer screening, with 7554 screened for breast cancer and 9964 for cervical cancer. Of these women, 894 were found to have abnormalities of the cervix. Of these women, 728 (81%) received on-site treatment for pre-cancerous lesions of the cervix using cryotherapy, thermocoagulation and the Loop Electrosurgical Excision Procedure (LEEP). 734 male and female clients were screened for lung cancer and 365 males for prostate cancer. We diagnosed cancer in 48 community members during the reporting period. Of the non-AIDS-defining cancers (NADCs), breast cancer has the highest incidence rate, accounting for 64% (31/48) of all confirmed cancers. Pediatric cancer accounted for 8% (4/48) of the cases. Among males, prostate cancer and lung cancer accounted for 4% (2/48) and 2% (1/48) of NADCs respectively. During the COVID-19 pandemic, we modified our community entry protocols to limit patient numbers and include infection control procedures. We still have a gap in terms of reaching clients for pediatric and lung cancer screening.

Given that cervical cancer is the most common reproductive malignancy in Eswatini, we aimed to implement the WHO global strategy towards eliminating cervical cancer as a public health problem. This includes three main pillars of care: the year 2030 triple-intervention coverage targets for scale-up of human papillomavirus (HPV) vaccination to 90% of the eligible population in-country, twice-lifetime cervical screening to 70% of eligible women per our country guidelines, and improving treatment coverage for pre-invasive lesions and invasive cancer to 90%. Key milestones attained over the past 2 years in pursuit of the 2030 triple-intervention coverage targets include IRB approval to implement a research protocol to vaccinate over 1000 eligible adolescents aged 9-14 years with the Gardasil 9 HPV vaccine.

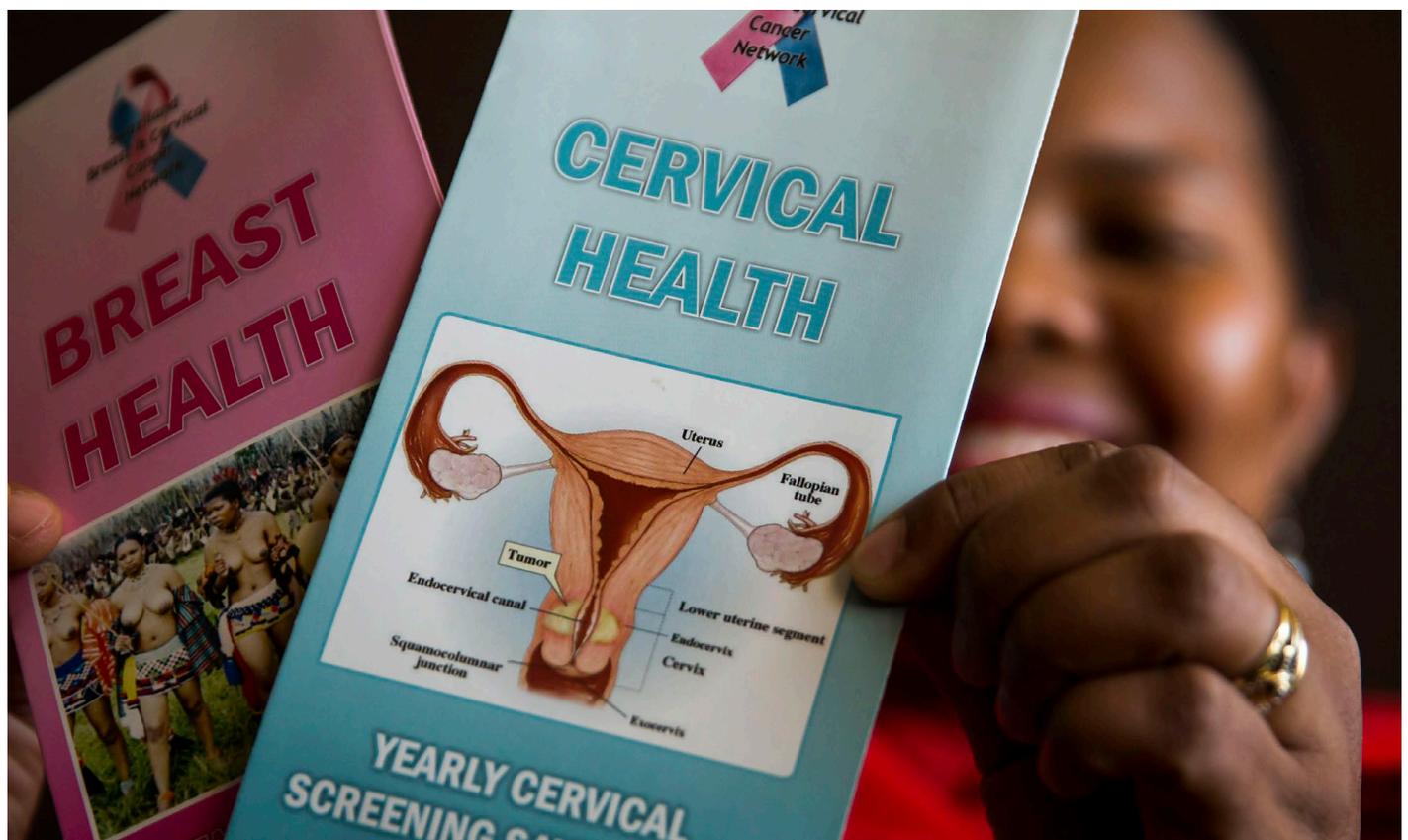
Even though our key mandate is cancer screening, we also offer on-site screening for non-communicable diseases such as sugar diabetes, and hypertension. Community members appreciate this integrated approach.



The consortium is proud to play active advocacy roles in the National Cancer Control Technical Working Group (TWG), the National HPV Vaccine Introduction Plan TWG, the Pediatric Cancer TWG, The Pediatric HIV TWG, and the National Care and Treatment TWG. Through active participation in these forums, we regularly update the Eswatini Ministry of Health on progress made nationwide through community and facility-based implementation of our ECPT grant activities.

We are recognized nationwide as having nonpareil community-based cervical cancer screening initiatives worth emulating. Furthermore, we promote internal and external capacity building through regular cancer-centric training sessions for the implementation teams, facilitating cancer continuous medical education (CME) sessions at the national and regional referral hospitals, mentoring community health care facilities and working with all community partners. The consortium anticipates investing in the evaluation of our work so that policy-makers in Eswatini can continue to learn from the consortium's observations through evidence-based research.

We received additional support from the BMSF-STF team to procure personal protective equipment (PPE) for our implementation teams and hygiene packs for cancer survivors. The additional funds went a long way in ensuring that staff members from our community clinics, the closest care points for our cancer survivors, were protected from COVID-19 infection through access to PPE and environmental decontamination commodities.





HIV Testing Services (HTS)

This program 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 for detecting children and adults at an early stage who are HIV infected and link them to treatment. Our target population are HIV-exposed infants; however, we take a family-centred approach and expand this service to the entire family of the exposed child.

For HIV diagnosis in infants less than 12 months old, we utilise Point of Care (POC) technology, known as the Alere-Q platform. This real-time innovative 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. Turn-around time for the conventional method used to be three weeks on average.

There were 158 tests performed during the report year using POC equipment, and 3 people were diagnosed HIV positive using this equipment. On the other hand, we performed 392 rapid tests and 19 had a reactive result. All those testing HIV positive were linked to care and initiated on ART.

To reach the entire family of the 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 64 people through the index testing strategy. We distributed 52 HIV Self-Testing kits to eligible clients.

ANC/PMTCT

We continue to provide comprehensive Antenatal Care (ANC) and Prevention of Mother-to-Child (PMTCT) services. These services positively 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. Her main focus are those mothers with detectable viral loads. She also conducts home visits for such support. These mothers receive transport reimbursements for their clinic visits, to ensure that they do not miss their clinic 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 56 women presented to the clinic to access first ANC; eight of these women were adolescents between the ages 12-19 years. A total of 27 (48.3%) women visited and accessed ANC services for the first time during their first trimester. The country had long been struggling to get pregnant women presenting early in their pregnancy. Early presentation for ANC allows for early management of viral load and ensure it is undetectable throughout pregnancy to delivery to prevent mother-to-child HIV transmission.

A total of 14 women had a detectable viral load at PMTCT enrollment and were further enrolled for Step Up Adherence Counseling (SUAC). The Foundation performs genotype testing for those with persistently high viral loads, and they were put on empiric 3rd line ART regimen.

56 Women
presented to the clinic to access their first ANC

14.2%
of these pregnant Women were adolescents between the age 12-19 years old

48.3%
Women visited and accessed ANC services for the first time during their first trimester

14
Women had a detectable viral load at PMTCT enrollment and were further enrolled for Step Up Adherence Counseling (SUAC)



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. We offer 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.

Established in 2018 in our clinics, the Teen Health Programme aims to address sexual reproductive health issues specific to the needs of adolescents under our care. This programme provides teens with sexual and reproductive information and services, life skills, and career guidance — addressing challenges that can derail their adherence. Through this programme, we have observed an increased uptake of FP commodities by the adolescent youth enrolled in our clinics by almost two-fold, from 15% in 2018 to 29.2% this report period.

In the current report year, there has been a notable increase in the uptake of FP commodities, with 1406 patients actively on family planning compared to 810 patients in the past year. Disaggregating this by age-groups, we had 84 adolescents 10-19 years, 362 young adults 20-29 years and 962 adults 30 years and above.

The main challenge we faced during this time period were stock-out of FP commodities due to the COVID-19 pandemic interrupting the supply chain.





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 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 93% and annual lost-to-follow-up rates at below 5%.

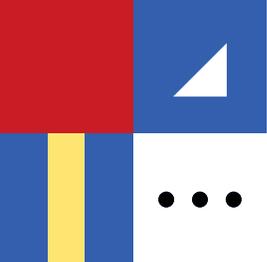
We have noted a slight improvement in viral suppression rates for patients under our care with 95% of all enrolled on ART virally suppressed, a 1% improvement when compared with previous year. It is worth noting, however, that some age groups are not reaching the target, specifically adolescents 15-19 years old (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 programme, Teen Club, and adolescent camps. We are committed and trending toward reaching the new 95-95-95 targets by the end of 2022.



Third-line ART program

The COE is the national referral center for paediatric 3rd line management. 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 for all their clinic visits through partnerships with local non-governmental organisations, as well as UNICEF.

Since the inception of this program eight years ago, through multidisciplinary interventions and intensive psychosocial support, 171 patients on protease-based (PI) ART regimens have been re-suppressed and retained on the same treatment plans. 135 genotypes have been done, with 34 (25%) confirming significant PI-resistance and 101 (75%) showing PI sensitivity. By the end of the report period, the 3rd line ART program had 48 active patients in care in our clinics. We recorded the first and only death in the history of the program this year when a patient died while admitted at a Palliative Care unit.



••• 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. In 2020-2021, TB symptom screening was completed by 99% (19,665/19,899) of all patients visiting Baylor Foundation Eswatini for care. Among those completing screening, 731 (4%) reported at least one TB symptom and 81 (11%) were diagnosed with TB including 36 children <15 years of age. The TB 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 Baylor Foundation Eswatini as well as 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 while grasping the immune mechanisms underlying TB disease, HIV and helminth infections.

COVID-19 Response: Over the last year our team has maintained and advanced research and clinical care to support the COVID-19 response in Eswatini. We have maintained TB patients through community-based care to reduce COVID-19 associated risks for this vulnerable population. To ensure an efficient COVID-19 response, our Infection Control and Prevention (ICP) team has developed standard operating procedures that focuses on the autoclaving (steam and sterilizing) of disposable PPE gowns. This successful innovative approach for recycling PPE gowns provides a method to prevent shortages of PPE at Baylor Foundation Eswatini clinics. This operational procedure was developed into a manuscript published in Public Health Action titled “Sterilization of gowns: making the most of a scarce commodity during the COVID-19 pandemic”.

Multidrug Resistant-TB Care: We continued to scale up our efforts surrounding Multi-Drug Resistant TB (MDR-TB). We provide family centered care and have led the introduction with the National Tuberculosis Control Program of a pilot project for Drug Resistant-TB (DR-TB) preventive therapy and contact management. This work has been presented at the annual meeting of the World Health Organization Child and Adolescent TB Working Group Meeting. Further, we have engaged with Medicines Sans Frontiers to participate in a study evaluating all oral shorter TB regimens for children and adults with DR-TB that will begin this year.



TB Sequencing: This year we began to implement our partnered project with National TB Control Program, National TB Referral Laboratory (NTRL) and the Research Center Borstel, in order to bring molecular sequencing capacity to the Kingdom of Eswatini. To date this project has resulted in multiple trainings on sequencing with the NTRL and placing a sequencing machine in the NTRL. This project is expected to greatly improve the TB diagnostic capacity in the country.

Diagnostic Evaluation Studies: Utilizing NIH and DOD funds, our team has launched implementation of diagnostic study activities with aims to 1) evaluate the additive yield and diagnostic accuracy of stool Mtb qPCR compared to sputum and stool Ultra, urine LAM, sputum culture, and clinical diagnosis (in the entire study population, 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. Albeit COVID-19 challenges, since launching in the second quarter of the year 2020, our team has enrolled 72 TB disease participants and 82 TB contacts participants.

Centres for Disease Control (CDC): The CDC awarded Global TB a grant in September 2020, and Baylor Foundation Eswatini has been at the forefront of planning for the multi-national project. Over the past year, we have hired a new Regional Data Manager to support data capturing for the project, have developed a database for data collection, and worked with staff to ensure the Electronic Medical Record System (EMR) contains all of the necessary retrospective data collection variables. Next year, we look forward to implementation and launch of research activities.

D43: Granted in April 2021, we recently received the NIH D43 Training Grant “Siyakhula (“we are growing” in siSwati): Growing HIV/TB Research Knowledge for Growing Healthy Kids in Eswatini.” Being implemented in partnership with 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 (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 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. We look forward to launching implementation in Q4 2021 and engaging partners to ensure trainees are best equipped to serve as HIV/TB researchers and changemakers.

Support for Adolescents Living With HIV

Baylor Eswatini collaborates with UNICEF 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 a positive health outcome. We have received funding support from UNICEF to conduct specific laboratory tests such as targeted viral load testing and genotype testing for children failing second line ART regimen.

Another area of collaboration is ensuring retention of the care of children and adolescents living with HIV. UNICEF provided us with financial support to conduct “in-reach” services, whereby we visited children and adolescents who had defaulted treatment or were lost-to-follow-up at their respective homes for assessment to explore options to bring them back on treatment. Social workers conducted 243 home visits over the past year. With this funding 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%.

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 program has thrived under this partnership, with staff responding to 1,158 questions during the report year.

The flagship of Baylor-Eswatini’s psychosocial support has continued successfully with UNICEF funding. Teen Club meetings managed to enroll at least 400 young people each month. The clinic continually encourages teen club members to adhere to their medication and fully live healthy lives through fun, themed lessons.

243

Home visits
were conducted
by Social workers

1158

Responses through
U-Report initiative

400

Young people
had enrolled
and actively attended
teen club meetings



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

We have established a ground-breaking initiative known as ‘Baby Club’, a support group for HIV-positive mothers with their HIV-positive babies under the age of three years old. 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 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 72 pairs to date. We have since rolled-out this initiative to our satellite clinics in Manzini and Hlathikhulu. We are grateful to UNICEF for providing funding support for transport reimbursement for these mothers for their clinic visits and provision of snacks during the group sessions.

Teen Mom Club – 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. We were initially supported by UNICEF to implement this project. After the UNICEF funding elapsed, we successfully acquired another funding from ViiV Healthcare Positive Action to further strengthen our existing Teen Mother Clubs, as well as upscale our project to eight (8) surrounding government clinics which have large numbers of adolescent mothers living with HIV. Because of the past successes with Teen Club and Baby Club, Baylor Eswatini is deemed uniquely situated to be a community leader in the development of Teen Mothers Clubs around the country.

Teen Health Assistants were recruited through this funding to facilitate support group sessions for the teen mothers. During these sessions, they provide a range of psychosocial lessons, helps form relationships with the teen mothers. In addition to the sessions, they 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 building on income generating skills. So far, we have recruited 59 members during this current reporting period.

Strengthening National Epidemiologic and Research Capacity

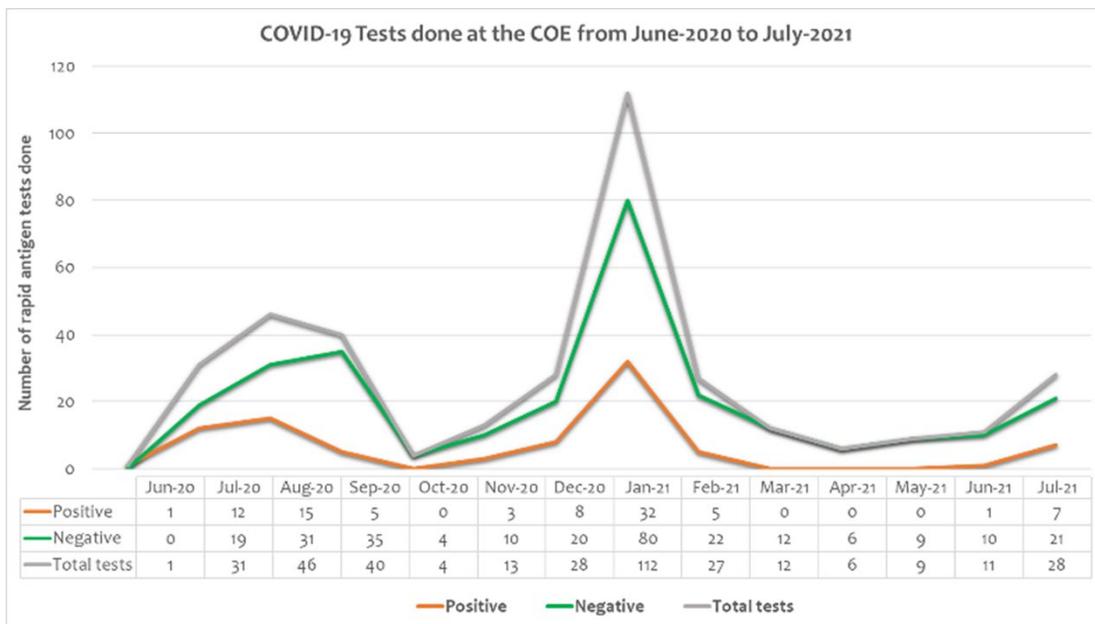
We have collaborated with ICAP with the aim of strengthening national epidemiologic and research capacity to track the HIV/TB epidemic and improve health outcomes in the Kingdom of Eswatini under the President’s Emergency Plan for AIDS Relief (PEPFAR). Through this collaboration, we organised and led a webinar entitled Genome Sequencing in Healthcare. The webinar brings industry experts to engagingly share knowledge on genome sequencing to create healthcare worker’s awareness on the technical and ethical aspects of genome sequencing. A total of 147 people registered for the webinar from different bodies including Ministry of Health, Eswatini researchers, National Health Research and Innovation Department (NHRID), Eswatini Health and Human Research Review Board (EHHRB), Tertiary institutions, Other interested individuals/organizations/institutions. Most of the participants found the webinar informative, interesting and generally a successful workshop. Participants requested for more of these sessions to create platforms for discussions for a better understanding of genomics and to encourage health care workers and researchers to remain abreast with the ongoing genomic activities in Africa to inspire implementations in Eswatini.

COVID-19 Pandemic and Response

National COVID-19 picture

In Eswatini, 220,913 individuals were tested for COVID-19 over the past year, with 19,084 cumulative confirmed cases and 678 deaths per national data from June 30, 2021. There were 299 active cases. 37,231 individuals had received the first dose of the COVID-19 vaccine, with 10,392 fully vaccinated. The country is currently experiencing the third wave of the pandemic, with the Delta (B.1.617.2) COVID-19 variant classified as the predominant strain of the virus.

At the COE, we tested 368 clients, with 89 (24%) testing positive for COVID-19 over the past year.



Baylor Foundation Eswatini has put in place measures to prevent and mitigate COVID infections with minimal service interruption in our clinics:

An infection control committee in the clinic was activated and has been actively on the forefront in putting preventive measures in place and monitoring COVID-19 infections. We have been pro-active in ensuring all necessary equipment, facilities, guidelines are in place in our clinics, even before these measures were rolled out by the MOH. We provided hand washing facilities for patients and staff, provided full PPE for staff, and held regular sensitization meetings with staff.

We introduced compulsory screening for COVID-19 for all patients visiting the clinic. A screening tool was adopted to identify patients with COVID-19 symptoms, and if screening was positive, the patient was seen in isolation in a separate room specifically set up for COVID-19 suspects where samples would be taken for COVID testing in addition to routine clinical care.

To help decongest our clinics, we scaled-up prescriptions of longer ART refills for our patients, which minimized the number of visits to the clinic and ultimately the risk of infection.

To ensure that our patients do not default on their medication during this time, we introduced community ART refill model for patients who had missed their clinic appointments. We called all patients who have missed their appointments, and for those missing due to travel restrictions and financial insecurity, we pre-packaged their ART medication and arranged for delivery to a location close to their places of residence. We continue to implement this care model as a collaborative venture between the medical, social work and front desk teams.

For patients with consistently high viral loads due to adherence challenges or other social problems, we introduced telephonic psychosocial support to minimize the risk of infection (stepped-up adherence counselling), as opposed to seeing that patient in person. We continue to provide these support services during the pandemic in an innovative and more safe way due to their importance.

We also introduced telemedicine to arrange for real-time clinical consultation with our Global Health Corps physicians who are abroad.

With the rapidly escalating number of locally confirmed cases during the global COVID-19 pandemic, it was imperative to support the mental health of all our staff members and frontline workers. A call for increased protection of health and care workers' mental health and well-being is one of the focal points of the WHO's current International Year of Health and Care Workers. Following their exposure to extreme working conditions over the past year, health care workers are particularly vulnerable to a deterioration in their physical and mental health. They are at risk of experiencing tremendous psychological pressure because of accumulated stress, physical exhaustion, stigma and fear of contagion for themselves as well as their families with COVID-19. During a virtual call among medical doctors in May 2021, we brainstormed solutions to enhance the coping mechanisms of frontline workers during the pandemic and collaboratively wrote a grant to seek funding and engage the services of a clinical psychologist to address this need.



Testimonies



“I am teenage girl who was born with an HIV positive status. When I grew up and discovered that I was actually living with HIV, I was shattered, thought I had no future anymore, my dreams just faded away. In the midst of all this confusion, Baylor healthcare workers took care of me, provided counselling, and even went to the extent of visiting my family at home for continued care. That restored my hope, I have managed to pull through and I’m now a healthy big girl, completing my high school, hoping to go to university. Thank you, Baylor, for your love and support.” **Teenage Story 1**

“I grew up without parents, who had died from HIV. Because I was a sickly child, my aunt took me to Baylor for health care. I grew up being taken care of at this clinic and the service and treatment I receive is the best I can ever ask. Baylor is like a second home to me. I have been enrolled in Teen club which taught me how to socialize and relate to other people, regardless of my status. They empowered me such that I developed high self-esteem. I am so thankful because now I can stand on my own and face the world. My goal is to help other HIV positive young people who went through the same challenges I faced so they can overcome also.” **Young adult Story 2**

“We have seen, as a Ministry of Health, how proper partnership works. We have partnered with Baylor for over 10 years, and this is one partnership we are so proud of. We would like to emphasize the importance of government partnering with private entities, public-private partnership is very important, we have seen that with Baylor.” **Dr Simon Zwane – Principal Secretary, Ministry of Health.**



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