

BIPAI

Baylor International
Pediatric AIDS Initiative
at Texas Children's Hospital

2009-2010
Annual Report



BIPAI Vision

A healthy and fulfilled life for every HIV infected and affected child and their family.

BIPAI Mission

To conduct a program of high-quality, high-impact, highly ethical pediatric and family HIV/AIDS care and treatment, health professional training and clinical research.



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“About 76,000 children and families currently receive care across the BIPAI Network; more than double the number that were in care at the end of June 2009. Most would not have access to lifesaving medical treatment without BIPAI’s work. Over the past year, BIPAI has provided HIV counseling and testing to about 130,000 men, women and children; more than 350,000 outpatient clinic visits and training for over 12,000 local health professionals.”

Mark W. Kline, M.D.

President, Baylor College of Medicine
International Pediatric AIDS Initiative
at Texas Children’s Hospital



Dear All:

Welcome to BIPAI's first annual report. Within its covers, we will describe what we do and why we do it. Although our programs are many and varied, our mission is simple: BIPAI seeks to provide comprehensive, high-quality medical and psychosocial care and treatment to HIV-infected children and their families and build local capacity for pediatric primary health care services. We share our best practices and research findings with professionals, organizations and institutions globally to help expand access to care and treatment for HIV-infected children and families everywhere.

About 76,000 children and families currently receive care across the BIPAI network; more than double the number that were in care at the end of June 2009. Most would not have access to lifesaving medical treatment without BIPAI's work. Over the past year, BIPAI has provided HIV counseling and testing to about 130,000 men, women and children; more than 350,000 outpatient clinic visits and training for over 12,000 local health professionals.

We have an exciting year ahead. We will open new satellite clinic facilities in Lesotho and Swaziland, and we will dedicate two new Children's Clinical Centers of Excellence in Tanzania. We will also launch a new clinical program in Angola, which will include a pilot program to screen newborns and treat infants and children for sickle cell disease.

We hope to announce the start of construction on a new Children's Clinical Center of Excellence in Kisumu, Kenya. Our PAC physicians program will wind down and in its place, we will launch the Texas Children's Hospital Global Health Service Corps. BIPAI will also participate in Texas Children's Hospital's new Center for Global Child Health, with its activities in HIV/AIDS, malaria,



tuberculosis, malnutrition and pediatric cancer.

BIPAI has developed unparalleled skills in accomplishing its mission and has become a sought-after partner for countries and health programs interested in improving the health of children.

Thank you for the difference you are making in the lives of some of the world's least fortunate children. It is a blessing and privilege to know and work with you. Whether you are a funder, a government official, a volunteer or an employee, thank you for your dedication to the mission and vision of BIPAI over the past year. Thanks to your commitment, BIPAI is bigger and better than ever before, and our future has never been brighter.

Very best wishes,

Mark W. Kline, M.D.

J.S. Abercrombie Professor and Chairman

Department of Pediatrics, Baylor College of Medicine

Physician-in-Chief, Texas Children's Hospital

President, Baylor College of Medicine International Pediatric AIDS Initiative

Timeline

- 1996 – BIPAI founded
- 1996 – Program established in Constanta, Romania
- 1998 – Program established in Mexico
- 1999 – Began partnering work in Africa
- 2001 - Clinic opened in Constanta, Romania
- 2003 - Clinic opened in Gaborone, Botswana
- 2003 – Program established in Kampala, Uganda
- 2004 – BIPAI Network formalized
- 2004 – BIPAI asked to assist Libya with its HIV+ children
- 2005 – Clinic opened in Maseru, Lesotho
- 2006 – Clinic opened in Mbabane, Swaziland
- 2006 – Pediatric AIDS Corps established
- 2006 – Official partnership with UNICEF announced
- 2006 – Clinic in Lilongwe, Malawi opened
- 2007 – Program in Nairobi, Kenya established
- 2007 – Program in Bobo-Dioulasso, Burkina Faso established
- 2007 - HIV/AIDS International Laboratory Center of Excellence opened in Bucharest, Romania
- 2007 – Program in Maputo, Mozambique established
- 2008 – Clinic in Kampala, Uganda opened
- 2008 – First district clinics opened in remote areas of Lesotho
- 2008 – Program in Gondar, Ethiopia established
- 2008 – Program established in Tanzania
- 2009 – Program in Burkina Faso closed
- 2009 - Satellite clinic in Swaziland opened
- 2010 – 4th edition of HIV Curriculum for the Health Professional published
- 2010 - Satellite clinic in Lesotho opened

and coming soon...

- 2011 – Clinic in Mwanza, Tanzania opens
- 2011 – Clinic in Mbeya, Tanzania opens
- 2011 – Global Health Corps replaces Pediatric AIDS Corps
- 2012 – Clinic in Kisumu, Kenya opens

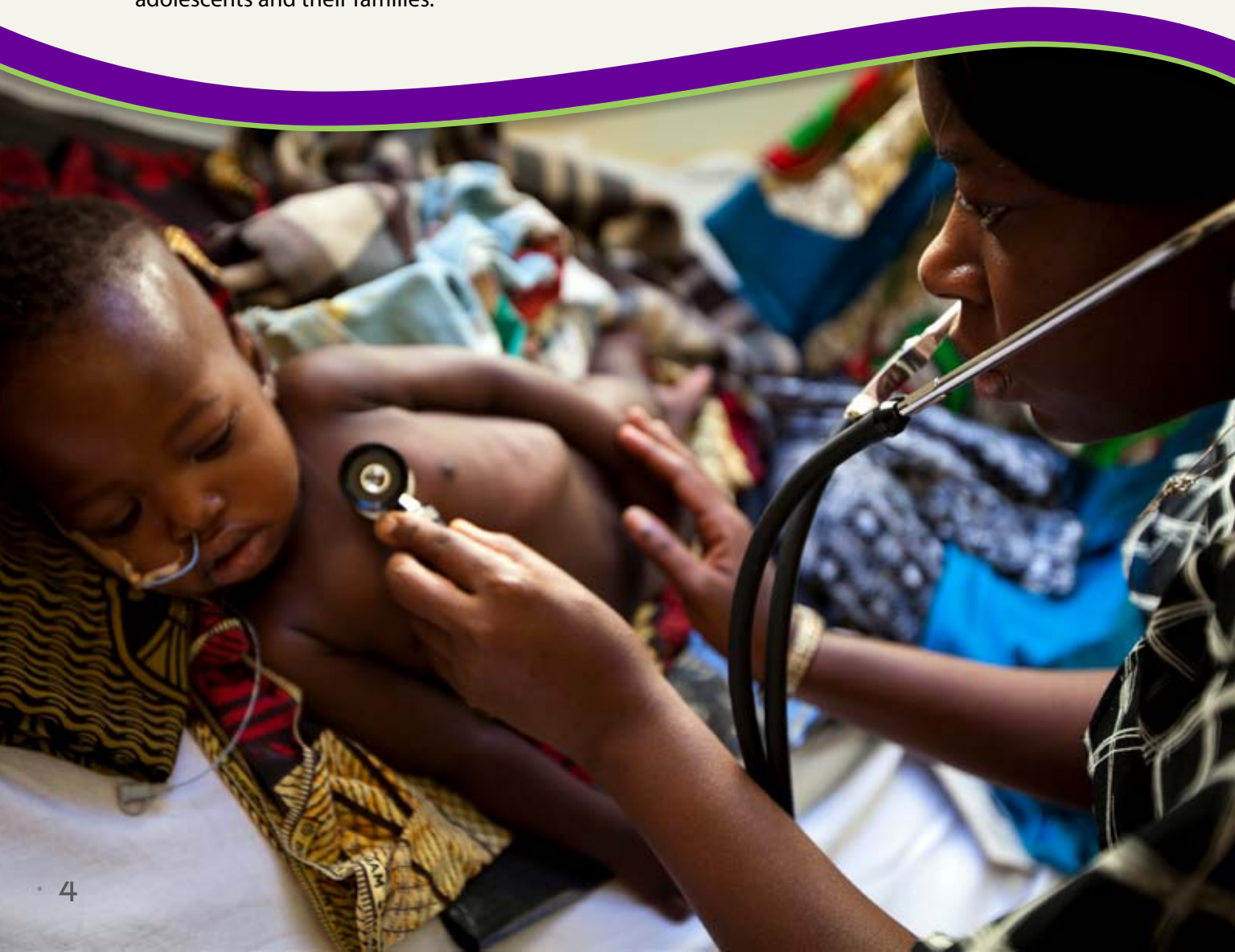


BIPAI is...

The Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital provides high-quality, high-impact and highly ethical pediatric and family HIV/AIDS care and treatment, health professional education and clinical research in resource-limited settings.

Headquartered in Houston, Texas, it operates a Network of clinical centers of excellence, clinics and programs in **Houston, Romania, 11 countries in Africa** and provides specialized training and technical assistance to numerous partner programs worldwide. Approximately **76,000 children and adults** receive care from BIPAI, making it one of the world's **largest university-based groups** to care for HIV-infected children, adolescents and their families.

This global child health Network provides a framework for some of the best pediatric HIV specialists in the world to share best practices and resources in the care and treatment, medical education, and clinical and operational research of pediatric HIV and concurrent infectious diseases, such as tuberculosis, malnutrition and malaria. Through their combined efforts, members are able to improve the lives of the hardest hit and least cared for people of the HIV/AIDS epidemic – children.



BIPAI relies on a strong, consistent strategy that includes the following *strategic objectives*:

- Provide comprehensive care and treatment for children and their families infected or affected by HIV/AIDS
- Provide ongoing technical assistance while also expanding our capacity, and each country's capacity, to care for HIV-infected children and families with partner Ministries of Health and international partners such as UNICEF, WHO, UNAIDS and others
- Educate and train health professionals about HIV/AIDS, TB and malaria prevention, care and treatment; embrace shoulder-to-shoulder mentoring of health professionals
- Conduct relevant clinical and operational research in the field of HIV/AIDS and co-infections
- Link prevention of mother-to-child transmission programs to care and treatment programs
- Expand access to early counseling, testing, diagnosis and treatment of children, especially in hospital settings
- Decentralize, enhance and expand access to testing and treatment throughout the countries in which our centers are located through outreach programs and satellite clinics
- Support holistic and comprehensive monitoring and evaluation of all BIPAI country programs through electronic medical records and data collection, as well as country-specific balanced score cards for 360° evaluation

BIPAI builds...

In the past five years, BIPAI has grown significantly, thanks to receiving more than \$63 million in grants and contracts from the National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), United States Agency for International Development (USAID), United Nations Children's Fund (UNICEF) and more than \$55 million from partner countries, and private and corporate donors.

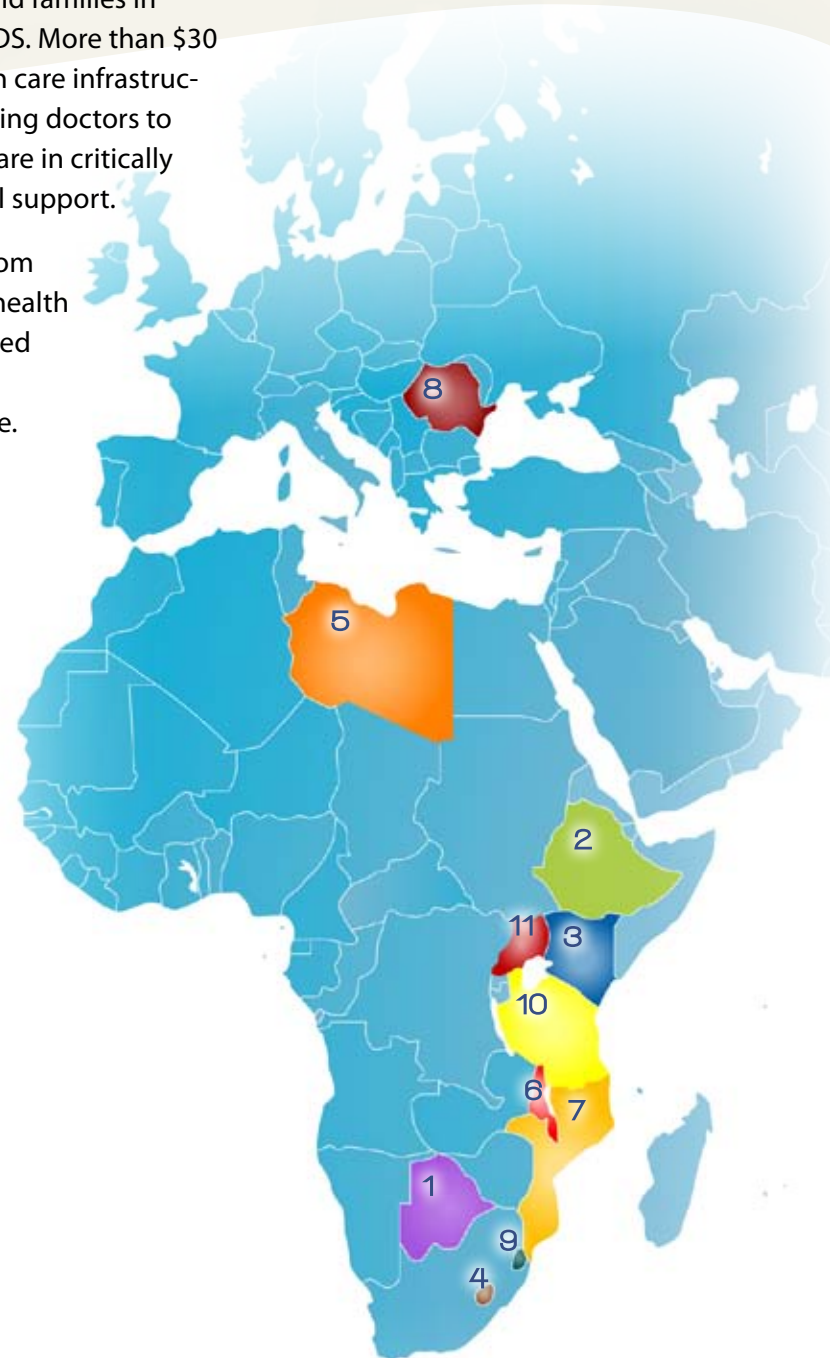
This funding has been instrumental in BIPAI's ability to extend life-saving care and treatment to children and families in some of the countries hit hardest by HIV/AIDS. More than \$30 million has been invested in pediatric health care infrastructure; \$28 million for capacity building by hiring doctors to work and teach where health professionals are in critically short supply; and \$5.5 million in operational support.

It plans to continue to expand its mission from HIV/AIDS to include pediatric diseases and health conditions commonly seen in resource limited places, which are, tuberculosis, malaria, malnutrition, hepatitis and sickle cell disease.

You can find BIPAI in these countries:

- 1 Gaborone, Botswana (COE)
- 2 Gondar, Ethiopia (IPO)
- 3 Kisumu, Kenya (COE)
Nairobi, Kenya (IPO)
- 4 Maseru, Lesotho (COE)
- 5 Benghazi, Libya (IPO)
- 6 Lilongwe, Malawi (COE)
- 7 Maputo, Mozambique (IPO)
- 8 Constanta, Romania (COE)
- 9 Mbabane, Swaziland (COE)
- 10 Dar es Salaam, Tanzania (IPO)
Mbeya, Tanzania (COE)
Mwanza, Tanzania (COE)
- 11 Kampala, Uganda (COE)

IPO = International Program Office
COE = Center of Excellence



BIPAI works...

In each country where it operates, BIPAI strengthens local capacity to provide pediatric health care by officially partnering with that country's **Ministry of Health**, operating under a memorandum of agreement as a BIPAI-affiliated non-governmental organization (foundation). Each country legally operates its program as a non-profit, and embraces **Baylor College of Medicine and Texas Children's** standards of patient care and treatment of patients.

These centers create state-of-the-art pediatric health care infrastructure and in many cases are the only pediatric-specific, HIV/AIDS-specific infrastructure in that country. The centers also provide an **essential training and mentoring platform** for local health professionals and serve as a base from which to expand and decentralize family-centered pediatric HIV/AIDS care and related disease management, care, treatment and prevention to more remote areas.

BIPAI avoids a cookie-cutter approach by adjusting its operations to fit each country's unique social, economic, political, legal and healthcare landscape. The governments provide land for any buildings, often on the grounds of existing hospital complexes, which provides operational synergies and makes



visits more convenient for families. Each center offers critically needed **comprehensive pediatric and family-centered HIV/AIDS care and treatment services**, including diagnosis and treatment of tuberculosis, malaria and sexually transmitted infections, as well as primary care of common pediatric conditions.

Because its model has been so successful, **UNICEF** asked BIPAI to become an official technical partner in 2006 to help with that organization's efforts to prevent mother-to-child transmission and offer pediatric treatment of children living with HIV.



BIPAI monitors...

During 2009-2010, the BIPAI Network devoted significant effort to updating its monitoring and evaluation program from its original framework put in place in 2007. This new framework, called the **balanced score card**, standardizes each country's measurement of operations management and provides a more holistic view of each country's progress.

Specifically, the balanced score card measures:

- Partner satisfaction
- Operational excellence
- Employee and organizational development
- Financial health



BIPAI invests...

The BIPAI Network excels in developing the health care infrastructure needed to support the **complex medical needs of HIV-infected children** and their families. In resource-limited countries, investments in physical infrastructure are often the first step in developing a country's capacity to care for its own. When necessary, BIPAI builds clinical centers of excellence and retrofits pediatric wards in existing hospitals, but that is only part of the investment needed to successfully fulfill its mission.

During 2009-2010, BIPAI and its partners invested in the following additional infrastructure:

- **All centers** – Transitioned all record keeping to electronic medical records
- **Botswana** – Establishment of teen clinics and land for a teen center near the center of excellence (COE)
- **Lesotho and Swazilan** – Construction and operation of two satellite centers of excellence in remote areas

- **Malawi** – Laboratory equipment and renovation of Kamuzu Central Hospital's pediatric ward
- **Romania** – Additional testing for hepatitis
- **Uganda** – Laboratory equipment and renovation of two hospital laboratories

In Malawi, for example, BIPAI physicians and counselors work at Kamuzu Central Hospital on the pediatric ward and outpatient department offering general pediatric medical care and HIV counseling and testing. In addition to providing HIV testing to more than **27,000 children and their families** in 2 years, this staff is able to mentor the hospital's professionals thus building the country's overall capacity and quality of health care for children. Equally important, BIPAI Malawi and Abbott Fund led a \$1.5 million renovation of the hospital's pediatric ward and under-5 clinic, which greatly improved patient care, staff morale and referrals to the HIV center.



BIPAI expands...

Initially, as each BIPAI center became operational, large numbers of children were brought into care and treatment in the cities in which the COEs were located. However, one of the strategic objectives of BIPAI was to decentralize its services by expanding to rural areas throughout the countryside. As a result of the serious shortage of pediatricians in almost all the countries where BIPAI operates, the **Pediatric AIDS Corps (PAC)** was created in 2006. Each year, approximately 50 specially trained pediatricians, family practice physicians and internists commit to at least one year of working for BIPAI in Africa.

Since PAC physicians are often assigned to the BIPAI centers and the district hospitals and primary health centers, this cost-effective program has become instrumental not only in treating patients at the COEs, but also in bringing patients into care throughout each country where the PAC is present.

The five-year grant from Bristol-Myers Squibb Foundation expires in July 2011, so BIPAI and its partners responded with the creation of the **Texas Children's Global Health Corps**. This new program will diversify and expand upon the original PAC program to focus on a range of medical conditions heavily impacting child morbidity and mortality worldwide. Some of these conditions include HIV/AIDS, tuberculosis, malaria, malnutrition, perinatal conditions, cancer and sickle cell anemia.

Equally important as providing physicians, the BIPAI Network must decentralize its services outside the COEs and bring services closer to patients. **Decentralization** helps



get needed services to more patients, makes care and treatment more convenient for existing patients and aids follow-up if a patient stops coming to the main center. Decentralization became a major focus in every country where BIPAI operates in the past two-three years and will only gain in importance in coming years.

BIPAI responds...

BIPAI staff members often find ways to do more with less. Just one example of such change came as some patient care was moved from physicians to nurse practitioners, nurse prescribers and advanced practice nurses in several countries. This task-shifting is expected to grow.

Such **task-shifting** allows countries with high HIV prevalence and limited physician numbers to expand care to larger numbers of patients. **Botswana**, for example, decided to reduce its

full-time presence in Serowe where it maintained a full-time doctor and rented house and instead implemented weekly visits to three area hospitals to strengthen the care of challenging patients and those failing therapy due to multiple drug resistance.

Other Network-wide reductions in cost came by streamlining various administrative functions and reducing BIPAI Network meetings from twice a year to once a year.



BIPAI teaches...

While BIPAI builds physical infrastructure where needed, its most important investments are in the minds of health professionals in the countries where it operates.

BIPAI has focused on medical education since its inception. By expanding pediatric medical knowledge in general, and in HIV/AIDS and other infectious diseases specifically, BIPAI lays the groundwork for improved children's health care worldwide.

For the 2009-2010 fiscal year, **BIPAI trained 3,287 health professionals** through one-hour and two-week didactic education, training sessions and one-on-one mentored clinical experiences. These training sessions expand local health workers knowledge of care and treatment of HIV-infected children and their families as well as pediatrics in general.

Education is provided in classrooms and while working rounds in hospital pediatric wards. More intense mentored clinical attachment training is offered to approximately **60 health professionals a month**.

During **clinical attachments**, a health professional comes to a high-volume center and sees large numbers of HIV-infected patients, working side-by-side with Network doctors, nurses, social workers and pharmacists. These attachments allow the health professional to build confidence in and learn the intricacies of treating children with HIV.

Particularly in **one-on-one mentor situations**, BIPAI physicians are consulted for all types of complex pediatric cases, especially in remote



satellite clinics and small-town hospitals where health workers have often received no training in pediatric medicine. Because children are not simply small adults, these vital, yet informal, teaching sessions can make the difference between life and death to very sick children.

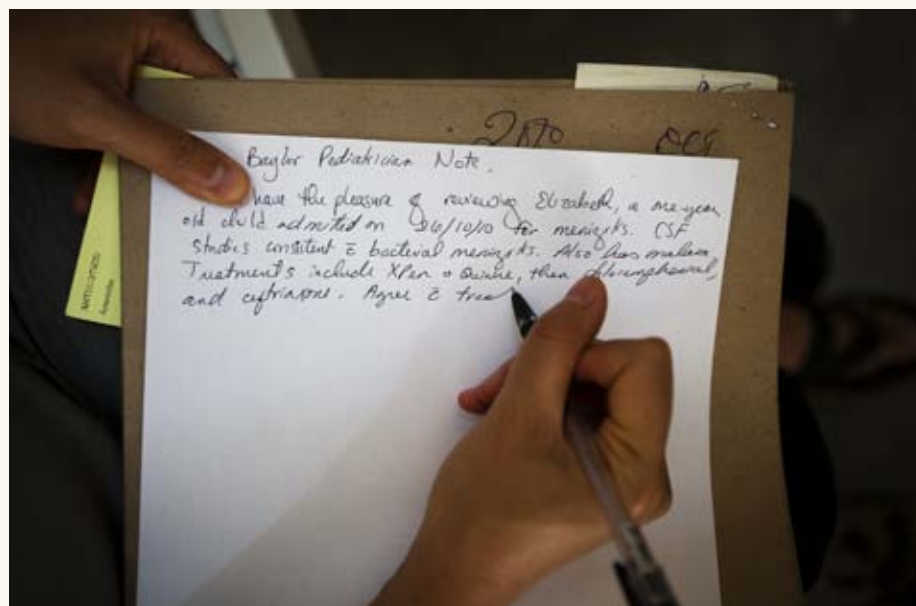
BIPAI also offers basic and advanced training sessions in a variety of non-Network countries. For example, BIPAI staff members from several countries have trained **South African health-care workers** for five years. Sessions feature information on the latest treatment guidelines, safe formula feeding techniques, strategies for proper follow-up of HIV-exposed infants and ways to identify infected children so that care and treatment may begin. These accredited classes range from **25 to 40 participants** per session.

The Network's centers of excellence often serve as a magnet for U.S. students interested in global child health and biomedical engineering.

In **Lesotho**, for example, visiting scholars from **Princeton** and **Rice University** recently worked on special projects that helped further their education and benefited local BIPAI programs.

Since 2000, BIPAI Houston has been one of 29 locations for the **AIDS International Training and Research Program (AITRP)**, a research training effort sponsored by the Fogarty International Center of the U.S. National Institutes of Health. AITRP brings health professionals to the U.S. for 2-3 years of postdoctoral training. In Houston that is BIPAI's home, Baylor College of Medicine and Texas Children's Hospital.

AITRP builds multidisciplinary biomedical, behavioral and social science research capacity for the prevention, care and treatment of HIV/AIDS and HIV-related conditions for children and adults in collaborating countries. Participating BIPAI countries include Botswana, Romania, Tanzania and Uganda.





BIPAI publishes...

BIPAI devotes significant time and resources to expanding knowledge and capacity by publishing many types of publications. Some are geared to a global audience, some regional and some local, and all focused on developing best practices in resource-limited settings. Many are **standard texts in medical and nursing schools** around the world. These include:

- HIV Curriculum for the Health Professional, 4th edition
- Adherence Curriculum and Psychosocial Support Curriculum
- Pediatric Antiretroviral Dosing in Resource Limited Settings
- Co-Trimoxazole Prophylaxis for HIV-Exposed and HIV-Infected Infants and Children
- Pediatric Hematology/Oncology Ward Officer's Handbook
- BIPAI Toolkit: Providing Care and Treatment for Children in Resource-limited Settings

- BIPAI Outreach Toolkit
- Pediatric AIDS Pictorial Atlas
- Kids to Kids: Medication Dedication (video)
- Kids to Kids: Now You Know, Now What? (video)
- Pill Swallowing Program (video)

In addition to publishing educational communications for health professionals, each country program produces prodigious amounts of educational material for local audiences. Just one example of this localization is the **Botswana Teen Talk** guide, produced in English and Setswana, in print and online.

Meanwhile, **BIPAI Romania** center maintains an extensive web site, videos and a variety of printed materials to help adolescents, young adults and their families learn about HIV/AIDS, reproductive health, family planning, STD prevention, tuberculosis and hepatitis B & C. One especially important guide offers critical information to non-infected partners.

BIPAI camps...

While camp experiences may seem of secondary importance, BIPAI's recreational camps provide vital experiences for children and teens and are reportedly the most popular service with patients. Provided by **AIDS Foundation Houston**, Texas Children's Hospital and Baylor College of Medicine the first camp began 15 years ago outside Houston and has been propagated to countries throughout the Network. Each features over-night stays, sports, games, crafts, and when possible, small side trips. During these camps, children have fun while building vital self-esteem, learning self-sufficiency and making new friends.

The Texas camp includes HIV-infected children from several states. In **Malawi**, teens go on a 5-night sleep-away, learn to swim and visit Lake Malawi, which many see for the first time.

Botswana Camp Hope for ages 10-12 includes a trip to Mokolodi Game Reserve, something many have never seen. **Uganda** hosts two camps, one for children and one for teens, called Sanyuka and Power of Hope.

As the BIPAI Network and its patient population continue to mature, so will its programs and services. In the coming years, **psychosocial support needs** will continue to expand in order to meet patient needs, particularly as children age into teenagers and adulthood. These camps are also supported by the Association of Hole in the Wall Camps and Sentebale (Lesotho).



BIPAI studies...

Of the **76,000 children and family members** currently receiving care and treatment at a BIPAI facility, approximately **50 percent receive antiretroviral therapy (ART)**. This patient volume provides BIPAI with a rich environment to study what works best for HIV-exposed, HIV-infected and HIV-affected children and families.

BIPAI Network **members publish extensively on subjects ranging from HIV-related neurological complications to using community health workers to improve identification, enrollment into care and outcomes for HIV-exposed infants**. Network members published 24 abstracts and posters from BIPAI Network members which were accepted at the **XVIII International AIDS Conference in Vienna, Austria** in 2009, truly a remarkable showing of quality research the Network is able to share with global health professionals.

The rigor of BIPAI's research is widely known and appreciated, with many countries and organizations replicating parts of BIPAI programs and services. BIPAI's work was illustrated in the case study manual from the **Alliance for Case Studies for Global Health**, together with good practices models from the entire world.



BIPAI in Romania

BIPAI Romania operates a clinical center of excellence (COE) in Constanta, two offices for rapid testing and counseling in Constanta and Tulcea, (the country's first) and a protected housing complex for homeless youth.

The most mature of BIPAI's programs, Romania, opened the first COE and has the oldest patient population. As a result, BIPAI Romania has evolved so that it now offers health services for HIV-infected individuals of all ages. Its experience in transitioning to a facility that offers multidisciplinary health care under one roof is unique within the BIPAI system and provides a road map for other COEs to follow as their patients age from children into adults with their own families.

Three years ago BIPAI Romania began providing other health services concurrently with HIV treatment, namely, dentistry, gynecology and tuberculosis treatment. This year, BIPAI Romania widened its mission to include medical services for other infectious diseases with similar transmission and lifestyle issues, and now offers prevention and testing services for hepatitis B and C. This program widened the reach of BIPAI Romania community services to more than 10,000 people.

It also transitioned Flower House, once its home for HIV+ orphans, into a residence for homeless young adults where they can learn independent living skills in a safe environment. The house also serves as temporary emergency housing and support for youth in crisis, especially pregnant women. A requirement of residency is that the young person should go to school or work. Twenty-three were housed during 2009-2010.

Psychosocial support plays a major role in BIPAI Romania's services, as with any program caring for teens and young adults who live with HIV. In 2009-2010, 73 percent of patients sought some form of psychological or social support. The Romania team also often helps prevent medical discrimination by accompanying and representing its patients to other local services and by offering didactic training to local health professionals.

Its three-year-old free testing and counseling offices in Constanta and Tulcea continue to be well received by both patients and the local medical community with service requests growing rapidly. BIPAI Romania offers pre- and post-test counseling, a support group for the newly diagnosed and referrals to appropriate health services. These

Key issues/challenges:

Aging patient population drives programmatic changes

Budget \$537,971

Patients* 773

Local staff 28

Center of Excellence in operation for 10 years

**Patients = Number of HIV-infected and HIV-exposed active patients seen at COE, outreach, community and peripheral sites.*

offices have also distributed 9,000 free condoms and literature about safe sex, HIV prevention and pregnancy prevention.

BIPAI Romania expends considerable effort in fighting stigma by hosting public events and producing educational materials. One such effort, a short film about a teen unaware of his HIV diagnosis, was finished in 2009. The film was designed to answer common questions as well as serve as a pretext for approaching the subjects of prevention, testing and healthy living.



BIPAI in Botswana

BIPAI Botswana operates a clinical center of excellence (COE) in Gaborone and an extensive home-visit and outreach program that brings health care professionals into patients' homes. As BIPAI's first program in Africa and the first pediatric HIV clinic on the continent, the Botswana program acts as a model for the clinics and programs that have followed elsewhere.

The worldwide economic downturn affected BIPAI Botswana's operations because key funders had to cut their support – at times, drastically.

Despite budget shortfalls, BIPAI Botswana was able to expand its focus on capacity building through health professional training, staff development and outreach activities. Since its opening, BIPAI Botswana has trained more than 2,000 local health professionals across the country.

BIPAI Botswana also continued its strong reputation for research by starting a new clinical trial and a national survey on the perspectives, feelings, experiences and perceived needs of HIV-infected and affected children. Two of its most innovative projects, "In-reach" and "Teen Club" were selected for inclusion in the prestigious USAID's AIDSTAR Promising Practices Database.

Teens and home visits

Successful care and treatment of HIV+ adolescents can be significantly different from that of young children, and because Botswana's teen patient population is expanding rapidly, the program there is working to adjust operations accordingly. To this end, the Botswana program acquired land near the COE for an adolescent center, to be built when funds permit. This center will provide teens with medical care, the extra psychosocial support and education they need and help them transition to adult care, in addition to relieving space constraints at the COE.

BIPAI Botswana's teen club has been remarkably successful, having grown from 23 members in 2005 to nearly 600 this year and an anticipated 800 in the next fiscal year. As part of efforts to decentralize care and information throughout the country, teen clubs were established at five satellite clinics.

In-reach, BIPAI Botswana's home visit program, extends COE services into the homes of its child patients. The in-reach team visited 575 families in the last year to offer HIV testing, adherence counseling, testing, relevant referrals and social support.

Key issues/challenges:

Aging patient population and global economic downturn drive programmatic changes

Budget	\$3.1 million
Patients*	3,848
Local staff	80
PAC Docs	7

Center of Excellence in operation for 8 years

**Patients = Number of HIV-infected and HIV-exposed active patients seen at COE, outreach, community and peripheral sites.*

The program results in better adherence of its child patients and happier families.

Despite the challenges of 2009, BIPAI Botswana maintained an annual mortality rate of <1%, a rate as good as any Western nation.

BIPAI in Lesotho

BIPAI Lesotho operates a clinical center of excellence in the capital, Maseru, and satellite centers of excellence in Qacha's Nek and Leribe districts. It also provides medical expertise, clinical supplies and professional training to an additional 82 health centers and hospitals run by the Ministry of Health throughout the country.

In many ways, geography remains the greatest hurdle for BIPAI Lesotho to overcome. Lesotho is small but very mountainous, making travel extremely difficult for people living in the country's many remote villages. Thus, while Lesotho's families need the same testing, counseling, care, treatment and psychosocial services typical of any HIV exposed family, BIPAI Lesotho faces significant challenges in getting its services and education to those people.

The new satellite centers particularly help decentralize health care outside the capital, since each satellite acts as a catalyst to build its outreach programs, teen clubs and educational efforts. BIPAI staff mentor local nurses and doctors in 82 government-run district health centers and hospitals eventually graduating these locations to independent provision of high-quality services for HIV infected children.

In the coming years, BIPAI Lesotho plans to expand its psychosocial services for all ages, and support services for teens in particular. By the end of 2009-2010, teen club membership had grown to include 60% of all eligible patients, and many participated in the 5-day camp, Camp Mamohato.

Caring Fathers, a support group for men who have HIV infected family members, was established this year, and encourages men to get tested, access treatment and support their families. Also unique among the BIPAI Network, Lesotho provides comprehensive medical evaluation of all children released for international and local adoption from orphanages in Lesotho. Thus far, 34 children have been evaluated.

Key issues/challenges:

Continued need for expansion of services to difficult-to-reach areas of the country, to the newly infected, the uneducated, males and teens

Budget	\$3.1 million
Patients*	37,822
Local staff	100
PAC Docs	9

Center of Excellence in operation for 5 years

**Patients = Number of HIV-infected and HIV-exposed active patients seen at COE, outreach, community and peripheral sites.*



BIPAI in Swaziland

BIPAI Swaziland operates a clinical center of excellence in Mbabane, Swaziland and satellite clinics in Manzini and Hlatikulu. BIPAI staff also provides extensive support to government clinics throughout the country. An example of BIPAI's ability to adapt to local needs is the Swaziland program that also provides integrated, comprehensive women's health services to HIV-infected women, including family planning and cervical cancer screening.

In 2009-2010 the Swaziland organization continued its work that began the year prior to restructure management, financial and human resource systems, and restore partner confidence after the discovery of financial irregularities and misappropriations. By the end of 2009, BIPAI Swaziland had hired a new executive director and administrative manager, a new indigenous board of directors and revised financial audits for 2006-2009.

This new environment allowed the organization to properly refocus on its core mission: providing care and treatment to HIV-infected and -affected children and their families. As a result, the center of excellence in Mbanane expanded its patient population to 4,284, as well as its rapid testing, follow-up services and teen club participation.

Satellite clinics at Raleigh Fitkin Memorial Hospital in Manzini and Hlathikhulu Hospital in Hlathikhulu opened and became fully functional, with more than 1,500 patients across the two sites. Each satellite location is staffed with a physician, nurses and support staff. These sites also support active teen clubs.

Finally, BIPAI Swaziland succeeded in transitioning one-third of the government outreach sites it supports to independent functioning, a move that supports the national movement to decentralization of HIV services.



Key issues/challenges:

Continued restructuring of organization for better management and program expansion and reputation repair

Budget	\$1.77 million
Patients*	4,284
Local staff	47
PAC Docs	9

Center of Excellence in operation for 5 years

**Patients = Number of HIV-infected and HIV-exposed active patients seen at COE, outreach, community and peripheral sites.*

BIPAI in Malawi

BIPAI Malawi operates a clinical center of excellence (COE) in Lilongwe, provides staff to support the pediatric ward at Kamuzu Central Hospital in Lilongwe, works in four busy government health centers in other areas of Lilongwe. The team also supplies technical expertise to various HIV technical working groups of the Ministry of Health as they consider various policy issues and management guidelines related to pediatric HIV.

BIPAI Malawi devotes considerable man-hours to capacity building and decentralization of services in order to scale up pediatric HIV care throughout Malawi. To that end, BIPAI Malawi sends doctors and other health professionals to 10 districts in central and southern Malawi for on-site multidisciplinary training and mentoring under the MPHATSO program. Mphatso means 'gift' in Chichewa, the language of Malawi. Two major efforts increased routine patient follow-up from monthly to 2-3 times per month, and transferred more stable patients from the COE to peripheral sites where BIPAI works so that patients may be seen closer to home.

Grassroots success: Tingathe and soccer

Tingathe, a community outreach program that means "We can do it," sends community health workers to homes and public events to improve identification and early referral to treatment of HIV infected children and their families. Launched in 2008, Tingathe has tested 25,923 people to date, including 10,000 children. The health workers are certified in HIV testing and counseling and are trained about services that HIV+ patients need. They also follow 1,000 HIV+ children to ensure medicine and care adherence. Such community-level communication has led to a 20-fold increase in the number of patients attending anti-retroviral therapy (ART) clinics at participating public health centers.

In just over three years, BIPAI Malawi's Teen Club has grown from a Saturday clinic for three children at a boarding school to a clinic and psychosocial support group for more than 150 youth ages 11-21. Teen Club members meet once a month to receive friendly, age-appropriate comprehensive medical care, life skills and positive living curriculum with psychosocial support. In 2009, Teen Club added the popular Grassroot Soccer curriculum, which uses sport as a platform to teach life skills, personal resiliency, as well as HIV education and testing.



Key issues/challenges:

Key issues/challenges: Decentralization of services; global financial crisis drives programmatic changes

Budget	\$2.75 million
Patients*	3,214
Local staff	113
PAC Docs	6

Center of Excellence in operation for 4 years

**Patients = Number of HIV-infected and HIV-exposed active patients seen at COE, outreach, community and peripheral sites.*

BIPAI in Uganda

BIPAI Uganda operates a clinical center of excellence (COE) at Mulago Hospital in Kampala, provides services to five Kampala suburb City Council satellite clinics, five regional centers of excellence in Kaberamaido, Kasese and Kitgum, and in 81 Ministry of Health facilities across the country. At the government facilities, BIPAI Uganda works to integrate pediatric HIV/AIDS care and treatment services into the existing district health systems. Major funding for BIPAI Uganda is provided by the CDC and PEPFAR.

Because Uganda is much more densely populated than other countries where BIPAI operates, the program is of much larger scale. BIPAI Uganda provides antiretroviral treatment to 28 percent of children receiving the drugs nationally and family-based HIV care for children and family members across the country.

BIPAI Uganda teaches and mentors medical students on infectious diseases and HIV care and treatment, and supports the pediatric emergency ward at Makerere University School of Medicine. An internal study conducted this year showed that didactic training significantly increased enrollment of HIV patients and mentorship increased initiation on HAART and therefore documented the importance of providing both types of training. In addition, the center hosted 67 medical professionals for practical experience in delivering pediatric HIV care and treatment.

Uganda was one of the first countries in the world to provide HIV prevention to all residents and BIPAI Uganda continues to support those efforts by devoting substantial resources to HIV prevention strategies through ABC (Abstinence, Be faithful and use Condoms), PMTCT (prevention of mother to child transmission), early infant diagnosis programs and Know Your Child's Status campaigns.

To help families cope with the difficulties associated with HIV, BIPAI operates seven monthly peer-support groups, including the Kids Club for ages 10-12, Sharp Club for ages 13-15, Bright Club for 16-18, Youth Club for ages 19-24, a teen mother's club, a caregivers club and an adolescent caregivers club.

BIPAI Uganda spends considerable resources to support its orphaned and vulnerable children. In fact, 56 percent of its patients have had one parent die from HIV and 35 percent have had both parents die. While resources for this support are very limited, BIPAI Uganda managed to provide blankets, food, wheelchairs, crutches, transportation assistance and clothes. A craftsman is employed part-time to teach teens to make crafts, which are then sold and used to sustain the teens, as well as the program.



Key issues/challenges:

Recruitment of qualified health professionals; Supply of commodities and supplies

Budget	\$19.6 million
Patients*	20,464
Local staff	196

Center of Excellence in operation for 2 years

**Patients = Number of HIV-infected and HIV-exposed active patients seen at COE, outreach, community and peripheral sites.*

BIPAI in Tanzania

BIPAI Tanzania is building two centers of excellence in the cities of Mwanza and Mbeya. The center at Bugando Medical Center in Mwanza will serve the Lake Zone and the Mbeya center at Mbeya Referral Hospital will serve the Southern Highlands Zone. These centers are slated to open at Bugando Medical Center in early 2011. Major funding for BIPAI Tanzania is provided by USAID, the Government of Tanzania, the Abbott Fund and Bristol Myers Squibb Foundation.

A small office also operates in Dar es Salaam to facilitate national-level advocacy, hiring, work permit processing and any procurement for commodities and services not available in the remote areas where BIPAI clinics operates.

Children are a vastly underserved population in this country hard hit by HIV/AIDS. BIPAI Tanzania staff currently work in regional and district hospitals and clinics, and work to develop relationships with partner organizations and health professionals at all levels to enhance care to children infected and affected by HIV/AIDS. The team's doctors devote significant time and effort to building capacity for pediatric health services by mentoring and training health care professionals, most of whom have no formal training in pediatrics or the complexities of treating immunocompromised children.

Based on early estimates, the centers of excellence in Mwanza and Mbeya will inherit approximately 1,000 pediatric patients from existing hospital programs. Experience from other BIPAI clinics suggests that patient enrollment will increase rapidly once word spreads among caregivers, communities and local health professionals of BIPAI's quality of service and subsequent drop in mortality rates.

Other work in Tanzania

Two Pediatric AIDS Corps (PAC) doctors have worked at the Kilimajaro Christian Medical Center in Moshi, Tanzania, since 2006, for the Elizabeth Glaser Pediatric AIDS Foundation's Child-Centered Family Care Center. These doctors provide care and treatment to Tanzanian children and families infected and affected by HIV/AIDS, and work on the general pediatric wards. They also provide education and training to students, interns and pediatric residents; precepting and mentoring visiting medical officers; and monthly outreach trips to smaller hospitals in the region.



Key issues/challenges:

Developing partnerships with organizations already established in region, hiring qualified staff for COEs and building new clinics in remote areas

Budget	\$6.5 million
Patients*	5,768
Local staff	2
PAC Docs	9

Centers of Excellence will begin operations in 2011

**Patients = Number of HIV-infected and HIV-exposed active patients seen at COE, outreach, community and peripheral sites.*

Other countries

Angola

Due to its recognized expertise in operating high-quality health operations in resource-limited settings, BIPAI was asked to establish a specialty program for Angola. This new public-private partnership with the Government of Angola and Chevron will provide country-wide testing to identify children born with sickle cell trait and disease and build capacity within Angola for the care and treatment of children with sickle cell. This program is expected to become operational in 2011.

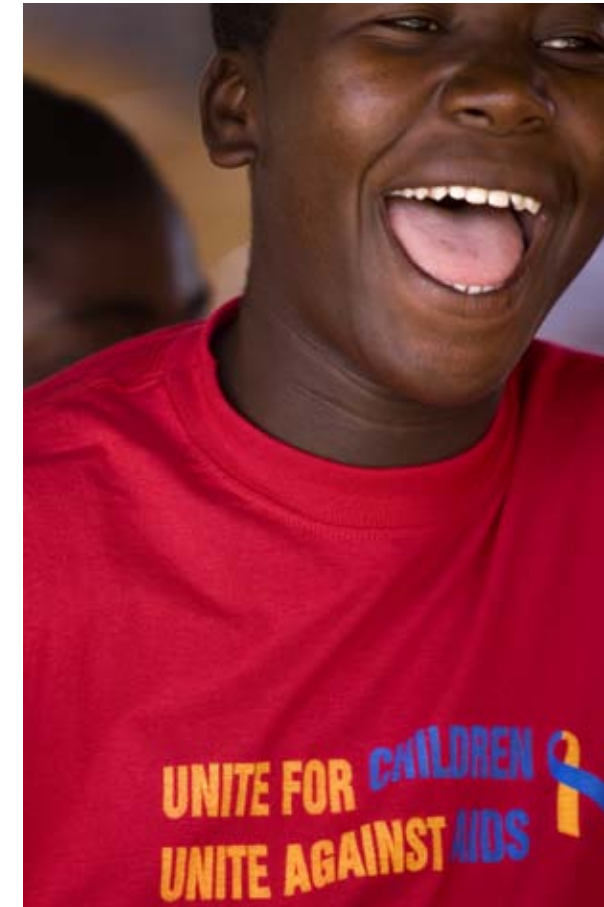
Burkina Faso

BIPAI began the process of establishing a program in Bobo-Dioulasso, Burkina Faso in 2006. As part of that effort, Pediatric AIDS Corps (PAC) physicians worked with the pediatrics department at Centre Hospitalier Universitaire – Sanou

Souro. BIPAI also opened a temporary one-room pediatric HIV clinic at the hospital and helped renovate 10 rooms in the pediatrics department. This program officially closed in 2010.

Ethiopia

BIPAI provides three PAC doctors to work with the American Jewish Joint Distribution Committee and Gondar University College of Health Sciences in Gondar, Ethiopia, as part of a three-year grant. These doctors help expand pediatric medical capacity in Ethiopia by teaching medical students and interns from Gondar University and training local health care professionals. In fact, the presence of BIPAI's three doctors allowed the department of pediatrics to start a pediatric residency program in 2010.



continued work in Libya and became a partner in the BIPAI Network of clinics. In spring 2010, the Libya clinic hosted BIPAI's annual Network meeting in Benghazi.

Mozambique

One PAC doctor works in Maputo, Mozambique, training and mentoring general physicians on pediatric HIV care and general pediatrics. This doctor provides hands-on care after pediatrics and supervision for the 400 HIV-infected and –exposed children at Hospital Geral da Machava. She also organizes HIV support groups for all ages and outings for teens. This project is supported by the Elizabeth Glaser Pediatric AIDS Foundation.

U.S.A.

Texas Children's Hospital in Houston, Texas, serves as BIPAI headquarters and as the home of the COE-USA for 303 patients. Through its association with Baylor College of Medicine, Houston provides a home for physicians from around the world who are interested in receiving advanced medical training in pediatric HIV care and treatment. Houston is also home to Camp Hope, a week-long camp for HIV+ children that has been replicated in countries throughout the Network.

Kenya

BIPAI Kenya, established in 2007, will operate a center of excellence (COE) in Kisumu, on the campus of the New Nyanza Provincial Hospital. The COE was originally scheduled to begin construction in December 2007, but project activities in Kenya were halted and staff withdrawn in the wake of post-election political violence. BIPAI subsequently returned at the invitation of the government in 2009, and is continuing to negotiate the logistics of construction and operating a COE in that country.

Libya

In 2004, the U.S. State Department and the Gaddafi Foundation asked BIPAI to assist in the care and treatment of more than 400 HIV-infected children in Benghazi. In 2006, the State Department awarded a grant to BIPAI for its



Glossary

AIDS	Acquired immunodeficiency syndrome
AITRP	AIDS International Training and Research Program
ART	Antiretroviral therapy
ARV	Antiretroviral drug
CDC	U.S. Centers for Disease Control and Prevention
COE	Centers of Excellence
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
IPO	International project office
MPHATSO	Malawi Pediatric HIV/AIDS Treatment Support Outreach
MOA	Memorandum of agreement
NGO	Non-governmental organization
NIH	National Institutes of Health
PAC	Pediatric AIDS Corps
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMTCT	Prevention of mother-to-child transmission
STD	Sexually transmitted disease
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization

Consolidated Financials

BIPAI Centers of Excellence
(Fiscal Year Ending June 30, 2010)

INCOME AND BALANCE SHEET

INCOME	
Gross Income	\$17,205,330
Expenses	<u>19,245,531</u>
Surplus (Deficit)	(2,040,201)*

BALANCE SHEET

Assets	
Non-current	9,263,033
Current	7,799,267
Total	\$17,062,300

CAPITAL RESERVES AND LIABILITIES

Capital and Reserves	13,775,368
Current Liabilities	3,286,932
Total	\$17,062,300

*Gross income for 2009-2010 was offset by BIPAI's surplus accumulated fund of prior years.

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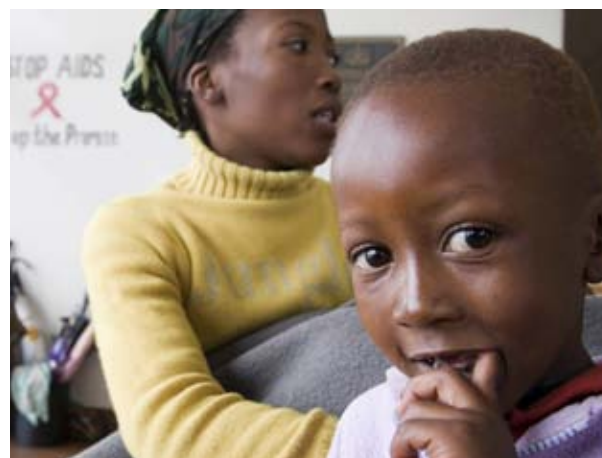
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BIPAI

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