

2010-2011
Annual Report

BIPAI

Baylor International
Pediatric AIDS Initiative
Headquarters

100,000 and
counting

Our Vision

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

Our Mission

To provide high-quality, high-impact, highly ethical pediatric and family-centered health care, health professional training and clinical research, focused on HIV/AIDS, tuberculosis, malaria, malnutrition and other conditions impacting the health and well-being of children and families worldwide.

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Letter from the President

In 15 years, the Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) has grown from one pediatric AIDS clinic in Romania to a network of operations stretching across sub-Saharan Africa.

We now have cared for more than 100,000 HIV-infected children and families, about double the number of HIV-infected children living in the U.S., Canada and Western Europe combined.

BIPAI has made me, and many others, better physicians, nurses, pharmacists and health care administrators. We have learned how to diagnose disease using only our hands, eyes and ears; how to deliver medical care under the most challenging conditions; how to improvise; and how to forge health care partnerships that maximize resources.

We have learned how to turn a handful of health professionals and a single modest building with virtually no equipment and only a few medications into a thriving medical network of clinics that provides a lifeline to thousands of sick children around the world. Perhaps most significantly, we share what we learn through mentorship and training of other health care professionals and by publishing our results.

While HIV/AIDS is still at the top of our global health priority list, the clinics, training programs and partnerships we have built provide the infrastructure and capacity to tackle a multitude of other serious and life-threatening childhood diseases, including malaria, tuberculosis, malnutrition, hepatitis, sickle cell disease and cancer.

BIPAI has saved thousands of lives, reduced stigma and discrimination and restored hope to whole communities. We invite you to join us on our journey.

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

BIPAI at a glance

BIPAI is the largest university-based program for HIV-infected and -affected children in the world.

Budget	\$33.6 million
Patients in care	100,000+
Centers & clinics	13
Offices	5



BIPAI: 100,000 and counting

BIPAI impacts the lives of the most vulnerable victims of HIV/AIDS – women and children.

Headquartered in Houston, Texas, Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital offers **care and treatment to children and their families for HIV/AIDS, malnutrition, malaria, tuberculosis, pneumonia and other concurrent diseases; health professional education and clinical research in resource-limited settings.** More than 100,000 children and adults have received BIPAI services in the last 15 years, making it one of the world's largest university-based programs.

BIPAI operates in the U.S., Romania and 11 countries Africa. It also provides specialized training and technical assistance to numerous partner programs worldwide.



The BIPAI Network

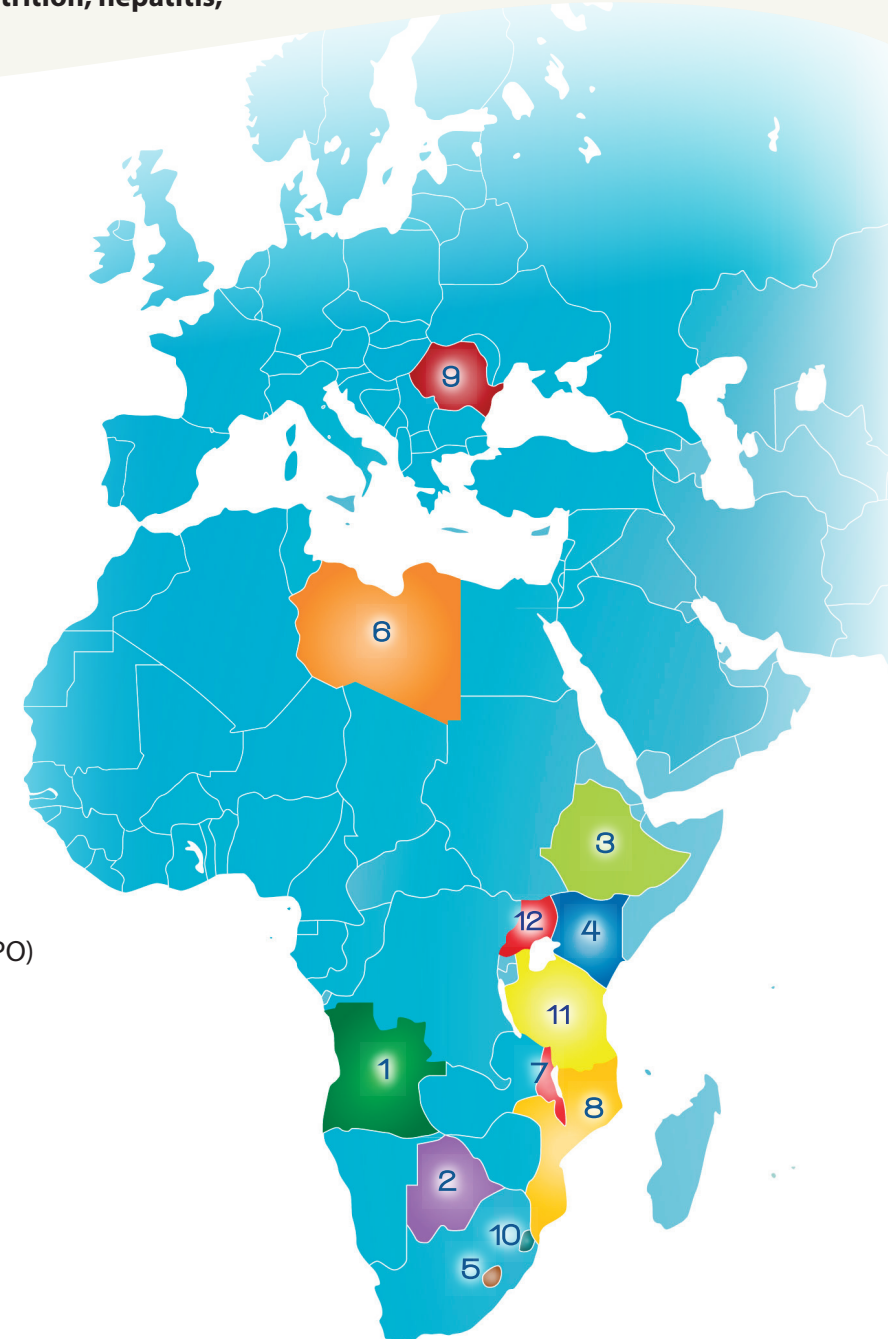
BIPAI specializes in extending life-saving health care to children and families in some of the countries hit hardest by HIV/AIDS. As of June 30, 2011, BIPAI has invested more than **\$30 million** in pediatric health care infrastructure; **\$28 million** in capacity building by hiring doctors to work and teach where health professionals are in critically short supply; and **\$5.5 million** in operational support.

In 2010-2011, BIPAI, officially incorporated the treatment and study of other pediatric diseases and health conditions including tuberculosis, malaria, malnutrition, hepatitis, cancer and sickle cell disease.

You can find BIPAI in these countries:

- 1 Luanda, Angola (IPO)*New
- 2 Gaborone, Botswana (COE)
- 3 Gondar, Ethiopia (IPO)
- 4 Kisumu, Kenya (COE)
Nairobi, Kenya (IPO)
- 5 Maseru, Lesotho (COE)
- 6 Benghazi, Libya (IPO)
- 7 Lilongwe, Malawi (COE)
- 8 Maputo, Mozambique (IPO)
- 9 Constanta, Romania (COE)
- 10 Mbabane, Swaziland (COE)
- 11 Dar es Salaam, Tanzania (IPO)
Mbeya, Tanzania (COE)
Mwanza, Tanzania (COE)
- 12 Kampala, Uganda (COE)
- 13 Houston, Texas USA, Headquarters (IPO)
(not shown at right)

COE = Center of Excellence
IPO = International Project Office



International Programs

BIPAI's global Network provides a framework for some of the world's top pediatric specialists to bring care and treatment to needy children in resource-limited settings. This care allows thousands of children to play, go to school and grow up to become healthy adults.

2010-2011 Operational Highlights

- Updated treatment protocols throughout network to latest WHO standards
- Expanded integration of HIV care with hepatitis, TB, malnutrition, cancer and malaria treatment
- Expanded services to rapidly growing adolescent population, particularly psychosocial services
- Opened two centers of excellence in Tanzania
- Opened two satellite clinics in Swaziland and two satellite clinics in Lesotho
- Deployed first class of Global Health Corps doctors
- Increased access to care through expansion of task-shifting efforts
- Added local sources of funding in more mature operations
- Continued local indigenization of local boards of directors
- Developed and shaped national standards of PMTCT, maternal care and pediatric care policies in every country where we operate

The Clinton Foundation estimates that more than 1,000 children are newly infected with HIV every day.



Testing & Prevention

Benjamin Franklin wrote 'an ounce of prevention is worth a pound of cure' long before the world identified the HIV virus. However, the old maxim effectively sums up the many reasons why BIPAI devotes considerable resources to testing and prevention.

The transmission of HIV from mother to child remains a significant problem in developing countries and testing is the first step toward successful prevention. So, BIPAI supports public awareness campaigns, education and community-wide testing that help identify HIV-infected people and help reduce stigma.

Once identified, HIV-positive people are directed to a BIPAI clinic or one of BIPAI's health center partners to receive free counseling, support and treatment, and HIV transmission prevention education.

Early identification encourages earlier treatment and thus better outcomes. If BIPAI can get to a child early in the progression of the disease, that child tends to stay healthy, in school and on the path to becoming an adult. If a mother and/or father receive HIV care and treatment it increases the likelihood of the survival of their children.

Without treatment, almost half of newborns infected with HIV will die before their second birthdays.

In just one example of the Network's significant role in testing, BIPAI Malawi conducted more than 20,000 HIV tests last year, most during community events and home visits. These efforts, conducted by a team of trained community health workers, identified more than 5,000 new HIV-positive people.



Prevention of Mother-to-Child Transmission

It is now within our grasp to prevent another child from ever acquiring the HIV virus from its mother during pregnancy or delivery. But for that to happen, women must know their status and receive appropriate medical care, both areas where BIPAI excels.

Prevention of mother-to-child transmission (PMTCT) is achieved through a combination of drugs given during pregnancy, safe practices during delivery, and postpartum drugs given to both the mother and child after delivery. Examples of BIPAI's work in PMTCT include:

- BIPAI Uganda alone successfully prevented HIV infection in more than 1,200 mothers.
- BIPAI Swaziland, where 42 percent of pregnant women are HIV positive, provided 67 percent of all HIV-infected women with a complete course of PMTCT prophylaxis.

- BIPAI Romania offers housing to HIV-infected mothers who are homeless, helping these vulnerable mothers deliver a healthy baby.

One of our best opportunities to make progress in the fight against HIV/AIDS lies in preventing mothers from passing HIV to their children.



Adolescent Care

HIV-positive teenagers explore their approaching adulthood the same as adolescents everywhere, by challenging parents and rules, including those rules about when and how often to take their medicine.

Being an early leader in the care of HIV-positive infants and children naturally led to the BIPAI network becoming leaders in the care of HIV-positive adolescents. That is why BIPAI now hosts dozens of teen clubs worldwide.

Group activities vary by age and country and feature group games, dramatic activities, professional training, pool parties, movie nights, art sessions, overnight camps or day trips.

From Houston to Uganda, these clubs serve multiple functions for BIPAI teenagers, such as:

- A place to find accurate, age-appropriate information about dating, relationships and safe sex
- A supportive environment to build self-esteem, find positive peer support, and practice leadership skills

- A chance to learn the skills needed to manage their own healthcare as they transition to adulthood
- Encouragement to avoid risky behaviors

The most mature of BIPAI's programs, Romania, also has the oldest patient population. As a result, BIPAI Romania focuses on successful methods for transitioning HIV+ adolescents to adult care and meeting the health needs of its patients and their families.



Teen Leadership: Tanzania

When BIPAI patients enter their tumultuous teenage years, BIPAI's internationally recognized Teen Clubs step in. Each club encourages positive living, provides the guidance of sympathetic adults, and lets members create programs uniquely suited to local needs.

In Tanzania, the Mbeya Teen Club launched a program called Teen Cell Leadership. The name derives from a small unit of Tanzanian government, the ten-cell leader. A ten-cell leader is a person who addresses problems within a group of 10 houses.

Teen Cell Leaders help identify other pre-teens and teens in their neighborhood who are troubled and may be refusing or delaying appropriate medical care.

Problems may include stigmatization, depression, refusal to take their drugs, sexual abuse or simply being severely ill. Teen Cell Leaders receive training on how to offer their peers support and encouragement. In just a few short weeks after its launch, Teen Cell leaders helped nine of their peers reconnect with BIPAI's care and counseling.



Decentralization: Satellite Services & Outreach

When BIPAI first enters a country, it builds a center of excellence in a major population center to serve as that country's hub for pediatric HIV/AIDS care and treatment. Then, BIPAI begins to decentralize by building satellite clinics in smaller cities in order to reach deeper into the population.

In 2010-2011, BIPAI Lesotho and BIPAI Swaziland each opened two new satellite clinics, greatly expanding the number of patients being cared for in those countries. Other BIPAI countries have decentralized by partnering with regional hospitals and clinics in order to reach more patients further from population centers.

Outreach takes a personal touch with home visits. By going out into the community to a family's home, BIPAI deepens the link between patient families and staff. With each home visit, staff members get to know family members and caregivers, offer testing, check hygiene of the home environment, drug storage capacity, water resources and other issues that may affect a child's health.

These visits improve the staff's ability to recommend needed changes in treatment, such as where to find more convenient services and additional services, and to resolve complicated issues that lead to non-adherence. Home visits reach most vulnerable children, particularly those whose caregivers would otherwise not seek services on their own.



Taking services into the home helps create a non-threatening environment that encourages testing of all family members, lessens the stigma associated with visiting an HIV clinic, and reduces the financial burden families face when traveling to the center.

Expansion & Task-Shifting

While it is significant that BIPAI surpassed the milestone of helping more than 100,000 children and family members, much remains to be done. The United Nations estimates that just 36 percent of the 14.6 million adults and children living with HIV in low- and middle-income countries were receiving antiretroviral therapy (ART).

BIPAI continues to expand its services and capacity to treat these underserved children and families on several fronts. Decentralizing care by opening satellite clinics is one tactic.

Another important tactic involves shifting tasks from doctors, who are in short supply in developing countries, to nurses and community health workers. In numerous countries, BIPAI has found that with minimal training, nurses can conduct tasks previously performed by physicians with equally good results.

In addition, more intensive training has shown to produce lay community workers who then successfully carry out tasks previously performed by health care professionals, including nurses, pharmacists and others.

Task-shifting has proven highly successful, allowing BIPAI and its partners to increase its ability to test, treat and counsel HIV-infected children and their families.

BIPAI advocates for HIV infected and affected children by developing and shaping national standards of PMTCT, maternal care and pediatric care policies in every country where it operates.



Education

BIPAI delivers diverse training and mentorship programs to health professionals worldwide, ensuring that centralized as well as peripheral health facilities have the capability to deal with needs of HIV-infected children.

This education takes a variety of forms in order to build local capacity in pediatric medicine, and HIV/AIDS in particular, such as:

- Doctors or nurses work side-by-side with a BIPAI doctor or nurse in a BIPAI facility
- Classroom training on HIV-specific topics, such as ways to treat concurrent HIV/TB or HIV/malaria infections
- Doctors and nurses who come to Houston for 1-2 years of postgraduate medical training at Texas Children's Hospital and Baylor College of Medicine
- On-site coaching of medical professionals at partner hospitals and clinics
- Teaching at African medical schools, such as Gondar University College of Health Sciences in Ethiopia
- An annual network meeting to exchange best practices, report research results and identify emerging clinical trends

Last year more than 1,000 doctors, nurses, other medical professionals and community health workers participated in BIPAI education efforts each month.

BIPAI's Global Health Corps members provide much of the medical education delivered in developing countries.

The 11 members of the 2011 corps are pediatric HIV subspecialists and family doctors who receive additional training in tropical medicine before deploying to countries throughout Africa. Each serves 1-2 years, caring for children in a BIPAI facility and coaching local medical professionals.

The 2011 class of Global Health Care doctors joined 22 other Global Health Corps physicians and many local physicians already working in BIPAI clinics and partner facilities across Africa. Nearly 140 physicians have participated in the corps since its inception.



Education in 2012

BIPAI provides one-on-one training and group educational events to hundreds of local health care workers each year.

1-to-1 Mentoring	1,384
Doctors	847
Nurses	2,089
Other Professionals	1,849
Community Health Workers	980

While their training builds local knowledge in pediatric medicine and the treatment of HIV/AIDS, Global Health Corps members bring home their on-the-job training of making cross-cultural medicine work, ways to work successfully in resource limited settings and extensive knowledge of tropical medicine.

Research & Publications

Careful, thorough clinical research allows members of the BIPAI Network to expand and improve what the world knows about how to properly care for HIV-infected children and their family members.

Over the years, BIPAI-led research has provided critical insights into proper ARV dosing in children, HIV-drug resistance in children and methods for combating concurrent malnutrition and TB infection in HIV-infected children.

During the 2010-2011 fiscal year, examples of this research included:

- BIPAI Botswana successfully completed a national survey on the perspectives, feelings, experiences and perceived needs of HIV infected and affected children.
- BIPAI Malawi completed recruitment for the TrioPed Trial, a large clinical study to evaluate the effectiveness of split-dose adult Triomune tablets compared to Triomune baby tablets in children.
- BIPAI Swaziland is studying the seroprevalence of Hepatitis B in the HIV-infected children and adults who become patients at their clinics.
- A retrospective evaluation of the substitution of AZT- for d4T-based HAART at BIPAI Lesotho.

The Botswana Teen Club was recognized in the latest AIDSTAR Promising Practices Database as a cutting-edge program in the care of HIV-positive adolescents. This UNAIDS-sponsored database encourages the adoption of best practices worldwide.





Glossary

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral drug
BIPAI	Baylor College of Medicine International Pediatric AIDS Initiative at Texas Children's Hospital
HAART	Highly active antiretroviral therapy
HIV	Human immunodeficiency virus
PMTCT	Prevention of mother-to-child transmission
Task-shifting	Movement of responsibility for simple tasks from doctor to nurse or from nurse to health assistant
TB	Tuberculosis
WHO	World Health Organization



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