



BAYLOR
COLLEGE OF
MEDICINE
Children's
Foundation

**BAYLOR COLLEGE OF
MEDICINE CHILDREN'S
FOUNDATION MALAWI**

2 • 0 • 1 • 8

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


**Texas Children's
Hospital**


Baylor
College of
Medicine



- **At a Glance**
- **Programmes and Services**
- **Education**
- **Special Projects**
- **Health Facilities Partnerships**
- **Scholarly Activity**
- **Partners**





BAYLOR COLLEGE OF MEDICINE CHILDREN'S FOUNDATION **MALAWI**

Photography is generously provided by Smiley N. Pool.





EXECUTIVE DIRECTOR'S LETTER

As the Foundation's HIV programme matures, so do our patients. A good proportion of them are now older children and adolescents, a direct result of the success of our antiretroviral treatment programme. We are therefore putting a lot of emphasis on the unique services that this group of our patients requires. Currently we have five projects that address the needs of our adolescent patients; Teen Club (held one Saturday a month for fully disclosed adolescents), Transition Training (for "graduates" of Teen Club), Teen Support Line (a mobile phone-based toll free hotline), Camp Hope (a one-week sleep away programme, mostly focusing on newly disclosed children) and Young Motherhood (targeting HIV-infected adolescents who get pregnant to keep them in care and to prevent mother-to-child HIV transmission). All these programmes are discussed in detail in the pages of this report.

It is also important to note that over the years our mission, like that of the broader Baylor International Paediatric AIDS Initiative (BIPAI), has expanded from a purely HIV-focused organisation to one that covers other conditions that threaten the lives of children and their families. In collaboration with the Baylor College of Medicine's Global Women's Health Programme, we are providing obstetric care at Ethel Mutharika Maternity Hospital in partnership with Ministry of Health and the Malawi College of Medicine (COM) and also participating in the training of obstetrics and gynaecology specialists for the COM degree of MMED.

The other big area of expansion is our haematology oncology services at Kamuzu Central Hospital (KCH), which continue to grow as part of Texas Children Hospital's Global HOPE (Haematology Oncology Paediatric Excellence) programme, currently working in a cordoned off part of the paediatric ward and a standalone chemotherapy/outpatient unit. The medium- to long-term plans are to build a standalone children's haematology oncology centre of excellence on the campus of Kamuzu Central Hospital (KCH).

Taking advantage of our links with Texas Children’s Hospital, we also have visits two to three times a year of a paediatric surgeon and a paediatric anaesthetist who come to assist the only paediatric surgeon at KCH to lessen his workload and also to do some of the more complicated surgical procedures.

The last non-HIV service line we have is paediatric emergency medicine. We are part of a consortium that includes Baylor College of Medicine (Texas Children’s Hospital) University of North Carolina, Cincinnati Children’s Hospital, University of Utah, as well as the University of Malawi College of Medicine led by the head of the paediatric department at KCH. This consortium is known by its acronym PACHIMAKE (Paediatric Alliance for Child Health Improvement in Malawi at Kamuzu Central Hospital and Environs), which is also a Chichewa word meaning “the heart of the matter”. Its objective is to advance paediatric emergency care as well as medical education at KCH.

As we develop all these other service lines, we remain focused on our original core business: delivering quality HIV services. Tingathe, our community outreach programme, continues to provide comprehensive HIV care in the districts of Lilongwe, Salima, Balaka, and Mangochi, and our Teen Club activities continue to expand in all three regions of the country. Our multi-country TSP (Technical Support to PEPFAR) project is continuing to get buy-in from country USAID offices and is described in the pages below.

In the coming financial year, we anticipate continued progress and quality performance from our staff, and we hope that our development partners will continue to support the work we do for children and their families in Malawi. Our current donors are listed on the last page of this report, and we remain grateful for their support.

Sincerely,
Dr. Peter N.Kazembe



MISSION

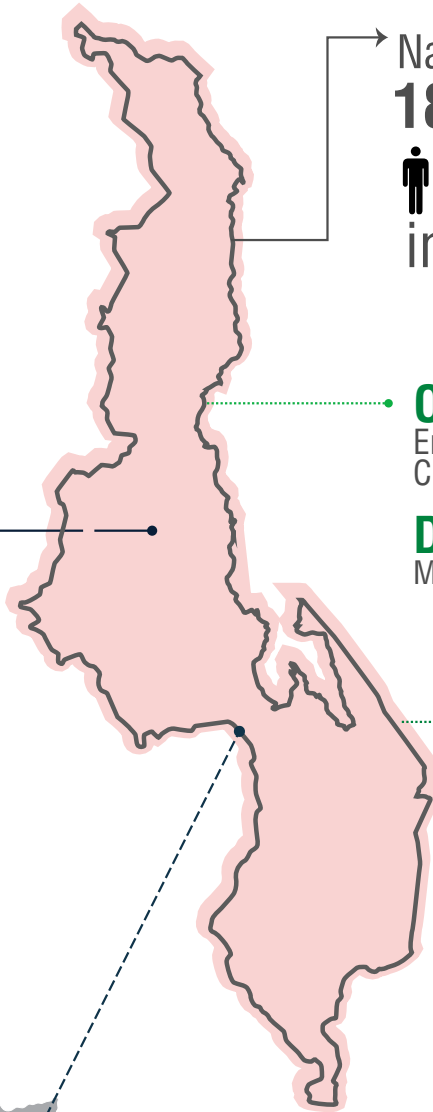



VISION



MALAWI

CAPITAL
Lilongwe



Nation of
18.091.575

in habitants

Official languages

English
Chichewa

Demonym(s)

Malawian



320.000
People living with HIV
23.8%
adult HIV prevalence (ages 15-49)
74%
adults on antiretroviral treatment*
60%
children on antiretroviral treatments*

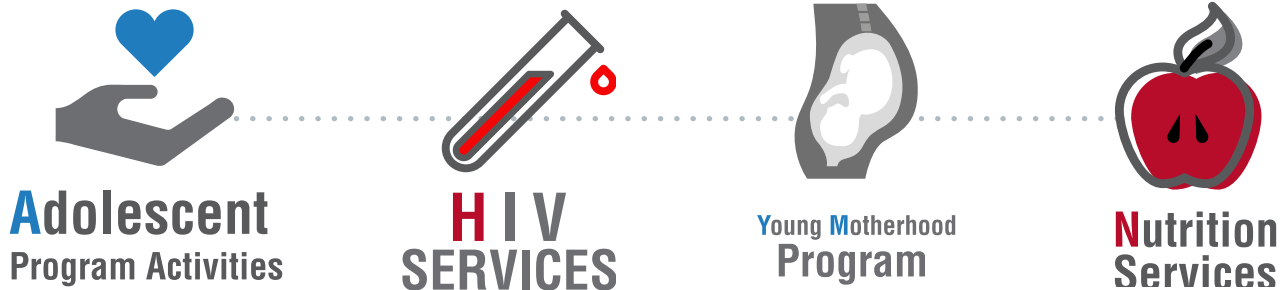
*All adults/children living with HIV
Source: UNAIDS Data 2018



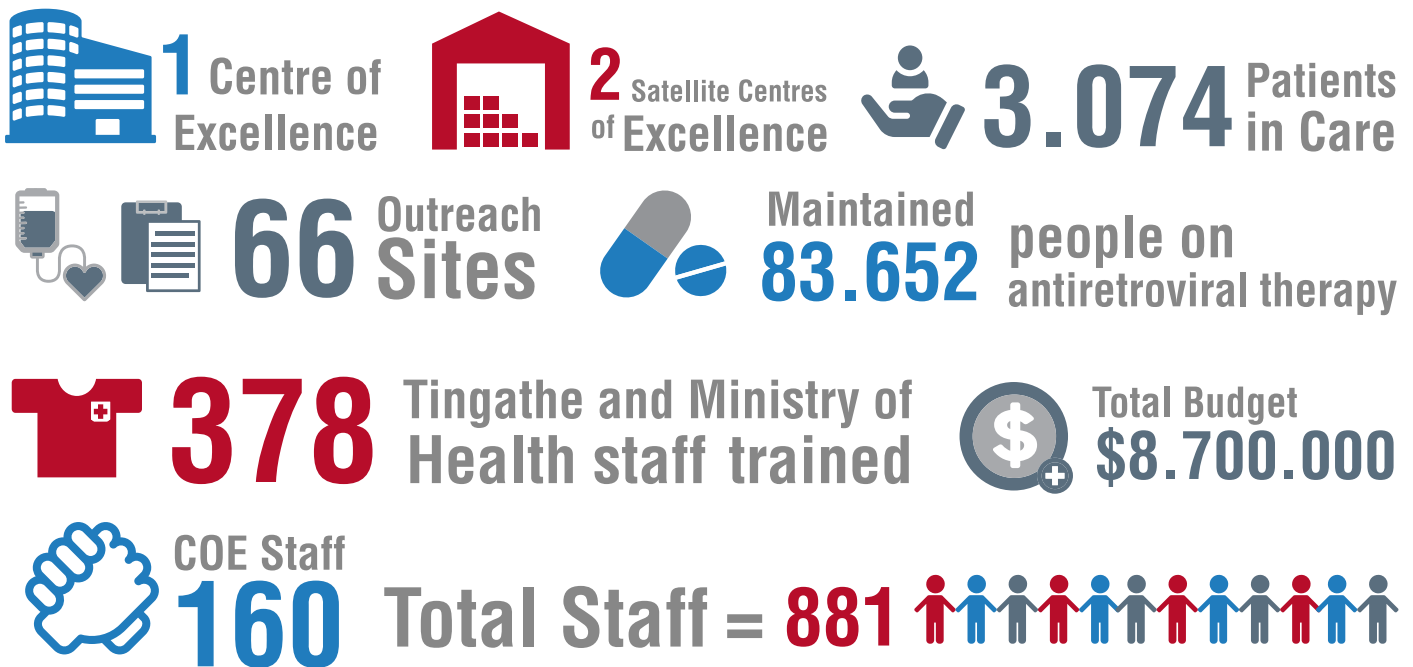
Officially the
**REPUBLIC OF
MALAWI**

AT A GLANCE

COE Programmes and Services



OPERATIONAL OVERVIEW



2017-2018 Accomplishments



- Sponsored two Malawian medical officers to train as paediatricians at Makerere University, in Uganda, with the requirement that they come back to Malawi to practice at our haematology oncology programme.
- Introduced the Young Motherhood programme, which aims to reduce mother-to-child HIV transmission among pregnant adolescents.
- Tested over 18,300 clients at the Kamuzu Central Hospital paediatric ward.
- Celebrated 10 years of the Tingathe programme, which has cumulatively tested over 2.3 million people and initiated 73,000 individuals on life-saving treatment.

Feature: Improving adherence in young children

In 2015, Malawi's Ministry of Health approved the introduction of ritonavir-boosted lopinavir (LPV/r) as part of first-line paediatric antiretroviral therapy (ART). Two years later, a new formulation to replace the paediatric syrup became available for young children unable to swallow the tablets: LPV/r pellets. The pellets, which do not require refrigeration, are easier to swallow and can be administered with food. These are given to children who are at least 3 months old and weigh over five kilograms.

The USAID-funded Tingathe programme, implemented by Baylor College of Medicine Children's Foundation Malawi, has been supporting the Ministry of Health to introduce LPV/r pellets at select facilities throughout the country. After observing poor adherence to treatment among some clients, Tingathe staff sought to better understand the challenges these families were experiencing, acknowledging that the new regimen can be a challenge to administer. Some caregivers reported psychological pressure related to stigma and discrimination from their families and communities, which contributed to inconsistent or inadequate administration of the pellets. Other caregivers did not know how to correctly administer the medication to their children: they would crush the pellets, dissolve the powder in liquid, and give the mixture to the children. This resulted in an insufficient intake of the medicine, as children would spit or throw up the bitter solution.

How caregiver support groups and innovative therapies are improving lives in **Mangochi, Malawi.**



To address these issues, Tingathe initiated a programme to support caregivers at Mangochi District Hospital. They sought to improve adherence through improved administration of treatment and psychosocial support. Once a month, during the weekly Mother-Infant Pair (MIP) clinics, Tingathe staff held small group meetings with the caregivers, inviting them to share their challenges, experiences, concerns, and questions related to the treatment. Tingathe's nurse mentor and psychosocial counsellor provided training and counselling sessions to promote adherence, such as information on the appropriate time, quantity, and procedure of administering the pellets. The psychosocial counsellor, who is stationed at Mangochi District Hospital, is also available to address psychological and mental health issues with the caregivers during individual sessions, as needed.

This programme is contributing to positive changes among the caregivers and their children. One 35-year-old mother said she now understands how to give the pellets to her 9-month-old daughter. "I used to crush the pellets and dissolve them in water," she said. "My daughter always spit them out because of the bitter taste, and this worried me. She looked so weak. When I joined this programme, I was taught to put the pellets in porridge, milk, or maheu. When I started doing this, the health of my daughter began to improve. I am now a happy mother because I no longer struggle in giving the pellets to my baby."

The caregivers have gained knowledge and skills from each other. Another mother, aged 29, said: "I joined the mother pellets support programme at Mangochi District Hospital four months ago. At that time, my son used to have pale skin, even

though I had already started giving him the LPV/r pellets. He would look so dizzy and weak almost every night. I shared my challenge with the group, and they demonstrated how to administer the pellets. They also taught me ways of preparing nutritious food for my baby. I have gained a lot of skills through this programme. **I now feel empowered to the extent that I can assist other women who are going through the same challenges.**"

Tingathe staff work to move caregivers through the MIP clinic as quickly as possible, preparing their client files beforehand and bringing them out of the MIP clinic line to conduct a nutrition assessment on the child and linking them to services. Giving these caregivers first priority helps ensure they



access the services they need but are not at the health facility all day. “I now come back home around noon and am able to prepare food for my family in good time,” said one mother. “I have time to take care of my home and my elderly mother.”

Another aspect of Tingathe is caregivers’ mental health. During a psychosocial counselling session, one mother shared that she was being stigmatised by her neighbours, which made her feel depressed. She started missing appointments and stopped giving her child ART consistently. After receiving psychosocial counselling from Tingathe, she gained the skills to adapt to her challenging situation and prioritise the health of her child.

Tingathe’s support programme demonstrates its value in the knowledge and skills passed on to caregivers and the improved psychosocial wellbeing of participants, through both peer support and professional counselling. Tingathe staff will continue to monitor the programme’s effect on adherence, viral load, and other health outcomes in order to strengthen implementation and support efforts to identify and tailor interventions to enhance paediatric ART adherence.



¹ Maheu is a popular maize-based traditional African drink

Adolescent Program Activities

The success of the ARV programme has meant that a lot of our patients are now living a normal life and, more importantly, surviving to adolescence. Older youths have different needs, and we have developed specific programmes to address them:



Peer Supporter Programme

Adolescents living with HIV act as lay health workers to expand the delivery of paediatric HIV services to more adolescents and young adults. The Peer Support programme is for youths up to 24 years old and has improved retention and treatment outcomes. In the report year, peer supporters met with 1,699 adolescents at the Baylor clinic, discussing issues related to ART adherence, stigma and discrimination, memorising ART names, the best ways to disclose HIV status, coping with HIV status, relationships, and sexual and reproductive health.

Teen Club

Teen Club is a confidential meeting conducted one weekend day a month at the COE and satellite clinics to provide comprehensive medical care and psychosocial support to adolescents and youths living with HIV. It uses deliberate child-focused activities full of fun and play as part of therapy or medication adherence learning. In the report year, Teen Clubs have been expanded to 16 new sites across Malawi.



Transition Training

This is an eight-week curriculum for young adults between 18 and 24. They meet twice per week with members of community-based HIV organisations that volunteer as mentors to talk about self-care and life skills. From July 2017 to June 2018, 87 adolescents living with HIV graduated from the curriculum.

Camp Hope

Camp Hope is a weeklong residential retreat for newly disclosed adolescents living with HIV. Sourced from Teen Clubs and other adolescent groups, the number of campers grew by 35% from 2016, reaching 324 youths from six districts (Mulanje, Phalombe, Machinga, Zomba, Salima, and Lilongwe). We conducted a follow-up session to reinforce lessons from the camp from October to December 2017.

Teen Support Line (TSL)

The TSL is a 24-hour toll-free hotline that uses a five-digit short code to provide long distance psychosocial support services to adolescents living with HIV in Malawi. The hotline is constantly staffed with dedicated and well-qualified call takers based at the COE, who are prepared to listen and answer any kind of question. Since its inception in March 2013, TSL reached over 7,500 teens at launch events and has received over 3,586 calls. From July 2017 to June 2018, TSL has registered 1,368 calls.

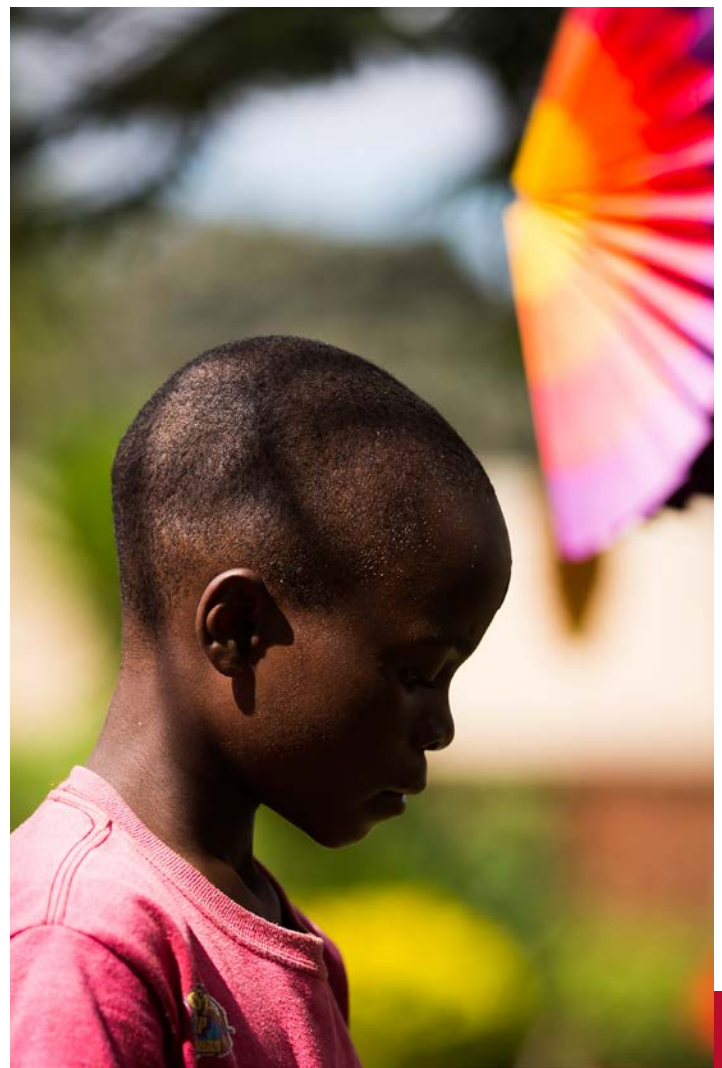
HIV Testing and Counselling Services

Baylor is responsible for all the HIV testing and counselling services in the Paediatric Department at Kamuzu Central Hospital (KCH). Additionally, our Tingathe programme provides testing and counselling at government facilities in several districts. Tingathe also participated in the piloting of a lay health worker programme, HIV Diagnostic Assistants, on behalf of the HIV department. The HIV Testing and Counselling Services Department of Baylor-Malawi is the pioneer of Provider Initiated Testing and Counselling (PITC) at the COE and in the paediatric ward at KCH, where, among the inpatients, close to 97% are screened to assess eligibility for counselling and testing. From July 2017 to June 2018, over 18,300 patients were tested.

Nutrition Services

HIV often leads to malnutrition, and yet good nutrition is crucial to effective HIV treatment. This link, and the importance of optimal nutrition for HIV-infected children, makes nutrition services an imperative component of the care we provide. The goal of the nutrition department is to prevent, treat, and manage malnutrition and nutrition-related disorders in children and adolescents living with HIV. The specific objectives are to maintain and expand nutrition knowledge, maintain or restore a healthy body weight, prevent or control micronutrient deficiencies, treat and minimise HIV- or medication-related complications that interfere with intake or absorption of nutrients, support adherence to medication, prolong life, and improve quality of life. The interventions the department implements are routine nutrition assessments, counselling and

education at the COE, and provision of therapeutic and supplementary food to the malnourished clients. We also provide routine services at the KCH Nutrition Rehabilitation Unit (NRU) and mentor 21 NRUs in Lilongwe, Salima, Zomba, Mangochi, and Balaka. This also includes nutrition education through cooking demonstrations. The nutrition department is also involved with Teen Club, providing nutrition counselling and cooking demonstrations. During Teen Club days, the nutrition staff have helped build vertical gardens.



Young Motherhood Program

The Baylor-Malawi Young Motherhood programme is focused on preventing mother-to-child transmission of HIV amongst pregnant adolescents living with HIV (ALHIV). We improve maternal and neonatal health through increased access to comprehensive clinical, psychosocial, and sexual and reproductive health services. In this way, young women are influenced to make healthy decisions and to adhere to ART, to learn parenting techniques and self-care skills, and to delay future pregnancies. As part of this programme, we:

1. Train local healthcare providers in youth-friendly service techniques.
2. Provide an educational curriculum taught monthly in peer group settings to address psychosocial needs of pregnant ALHIV and their families.
3. Support monthly visits for pregnant ALHIV for them to receive comprehensive services.

The young mothers project is being implemented in two high-risk districts in Malawi: Lilongwe and Salima. Already in the first quarter of 2018 we have conducted the following activities:

1. District Health Management Team (DHMT) Meeting

At this introductory meeting, Baylor presented the project summary, objectives, main activities, indicators, expected outcomes, monitoring, and evaluation and sustainability. To ensure the project continues to benefit young mothers, DHMT has developed a sustainability plan that includes:

- Putting the Young Motherhood Programme in their 2018/2019 District Implementation Plan
- Involving other stakeholders dealing with HIV issues in the district
- Making sure all those trained to implement the programme are accountable
- Identifying a district focal person for the programme

2. Staff Trainings

Two Young Motherhood Inception trainings were conducted in Salima district, one at the district hospital and the other one at Lifuwu health centre where implementation is being done. In January 2018, 26 nursing officers, clinical officers, nurses, hospital attendants, and health surveillance assistants received instruction on running the programme, as well as on cervical cancer screening and family planning.

3. Clinics

The clinics were conducted once a month at the 3 sites

- There were 12 supportive supervision visits both at Salima District hospital and Lifuwu Health Centre, plus 2 each at the outreach sites in Salima district.
- Equipment and supplies were procured for all the three sites.

Healthcare workers visited with a total of **51** clients at the three sites. At Salima, we saw 18 clients, representing **90%** of the annual target; 10 clients at Lifuwu (**50% of the target**); and 21 clients at the COE (**105% of the target**).





Baylor-Malawi, through the Tingathe programme, provides assistance to strengthen the quality of care within Ministry of Health operations. This includes the provision of training to MoH staff as well as one-on-one clinical mentorship on topics including PITC, treatment resistance, the updated 2018 ART guidelines, disclosure, and HIV services for key populations. The programme has also introduced psychosocial counselling services based at high-volume sites. Baylor-Malawi staff are part of national and district technical working groups and contributed to the updated 2018 ART guidelines as well as the country's HIV self-testing guidelines and training materials.

Baylor-Malawi has an education section that conducts weekly “journal clubs” and clinical case presentations to stay informed about new research discoveries and interesting clinical cases. These are opportunities for those interested among the Baylor and Kamuzu Central Hospital staff to gather for one-hour presentations, and they are also a continuing education requirement for the Medical Council of Malawi and the Nurses and Midwives Council of Malawi.



Global HOPE (Hematology-Oncology Paediatric Excellence) builds long-term capacity to treat and dramatically improve the prognosis for children with cancer and blood disorders in Sub-Saharan Africa. In Malawi, Globe HOPE treats paediatric cancer patients from the central and northern regions. The programme saw about 500 patients in 2018.

Our vision is to ensure that children with cancer and blood disorders receive the most effective, state-of-the-art therapies available and experience treatment outcomes comparable to those in the United States and Western Europe.

We're focusing our efforts toward five overall goals: operational excellence, health equity, health outcomes, capacity building, and sustainability.

1. Building Strong Infrastructure

Our first goal is to build strong and adequate health care systems and infrastructure to support excellence in Pediatric Hematology Oncology (PHO) care and strengthen individual, team, and organizational performance in alignment with TCH mission and values.

Global HOPE has a team of 24 professional staff operating within the renovated Kamuzu Central Hospital Paediatric Department. The PHO programme renovated the paediatric ward to accommodate paediatric cancer patients, as well as an acute care section close to the nursing station, with patient monitors, oxygen concentrators, and 24-hour stand-by power. This has helped improve quality care and timely support to acutely ill patients.

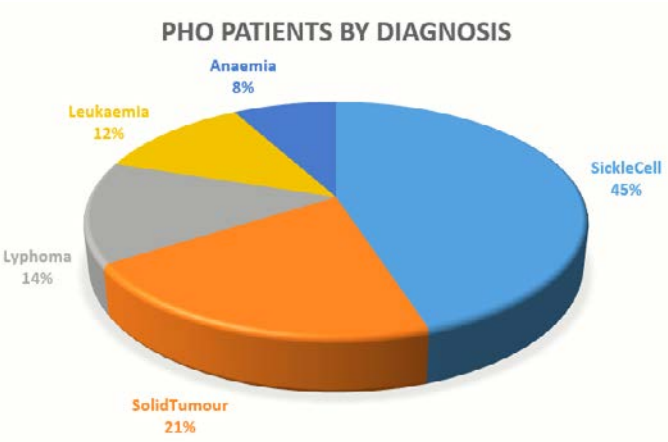
2. Increasing Health Equity

We aim to increase access to care and timely presentation to diagnosis and care for all PHO patients. PHO has some diagnosis equipment, but where equipment is not available (such as a non-functioning CT machine), we outsource services to other providers. We doubled our annual target of 300 patients, reaching over 600 people after adopting University of North Carolina study patients.

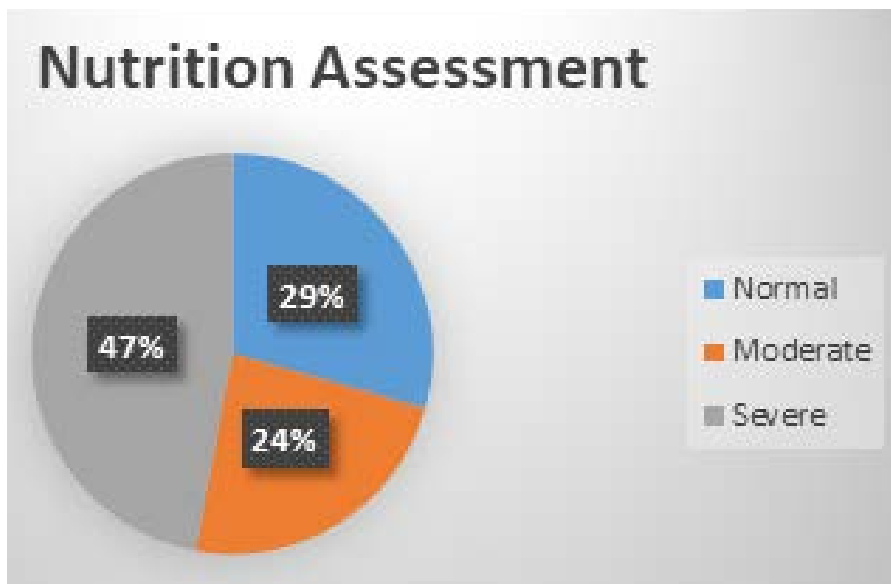
In the past 12 months, PHO conducted 422 various blood tests and 128 CT scans to improve accuracy and speed up diagnosis.

3. Improving Health Outcomes

Whenever a patient completes their treatment and is declared cancer free, we hold a bell-ringing ceremony to celebrate their achievement. These are touching events for paediatric cancer patients and their loved ones, but they are also a motivation to patients still on treatment: physical evidence that cancer is curable.



Nutrition Assessment



Fighting Malnutrition

Children with cancer are at a greater risk of malnutrition. For a child with cancer in a resource-limited setting, the risk of malnutrition is even greater due to poor nutrition at baseline. Fifty-nine percent of our paediatric patients with cancer were acutely malnourished at diagnosis, and undergoing chemotherapy makes them even weaker, hence the need for nutritional support. For this reason, these patients are provided with Ready to Use Therapeutic Feeds (fortified protein food supplements for severe malnutrition) and weekly nutrition education for their guardians.

4. Capacity Building

Apart from treatment of paediatric patients, the PHO medical team has been running lecture sessions with KCH medical staff and college of medicine students on early detection of cancer, acute care, and general oncology. The lecture sessions reached 83 PHO physicians and students.

PHO donated general nursing books and oncology nursing Moodle course materials to the Malawi College of Health Sciences and Kamuzu College of Nursing. PHO nurses completed online nursing oncology Moodle courses with Dr. Marilyn Hockenberry, a senior professor at Duke University. (Moodle courses are paediatric oncology nursing courses taken online through an education software package called Moodle. It is widely used in American universities.)

5. Sustainability

As part of sustainability, the PHO programme continues to build capacity of local staff to become paediatric oncologists and haematologists. There are also efforts underway to build strong relationships with local donors, private individuals, and institutions, such as the local and international Lions club.

Tingathe Outreach Program

Saving lives for a decade

Tingathe celebrates 10 years of service in Malawi in 2018! Cumulatively, the programme has provided HIV testing to 2.3 million people and initiated over 73,000 people living with HIV on life-saving treatment. The programme has strengthened Malawi's health system through human resources support, helping establish efficient systems, promoting quality service delivery, and assisting with basic infrastructure. Staff have contributed to the production of 34 peer-reviewed journal articles for ongoing learning and programme enhancement.

Baylor-Malawi, through the regional TSP programme, took over direct funding of Tingathe in June 2018. The programme provides comprehensive care and treatment services in 66 health facilities across four districts – with planned expansion to 120 facilities in seven districts from October 2018. Cervical cancer and gender-based violence services will form part of this programming.

Tingathe, which means “together we can” in Chichewa, is a programme which supports the Ministry of Health to provide comprehensive HIV services in order to achieve the UNAIDS 90-90-90 targets. In 2017-18, USAID funded Baylor-Malawi as one of three partners implementing the Innovative HIV Services for Malawi project, supporting 66 health facilities across four districts: Balaka, Lilongwe, Mangochi, and Salima.

Tingathe has a large staff complement, with over 500 community health workers and HIV diagnostic assistants, 70 site supervisors, nine community HTS programme officers, 42 clinical personnel (medical doctors, clinical officers, and nurses), 14 staff providing clinical support (laboratory and pharmacy technicians and psychosocial counsellors), and 27 management personnel. Together, this team seeks to develop innovative programming, build local capacity and sustainable health systems, and deliver high-quality services to help children and families live healthy, fulfilled lives.

Tingathe is committed to ensuring that all Malawians know their HIV status, and workers provided testing to more than 600,000 people during 2017-18. They do this through screening of clients at the supported health facilities (PITC), as well as conducting targeted community outreaches and home-based testing. Tingathe screens 90% of clients (both adults and children) at multiple health facility service points, including the inpatient and outpatient units, and has introduced weekend and early morning testing to expand service availability. Staff also provide home-based testing to contacts of people living with HIV, including sexual partners and children (also known as index testing). The programme conducts outreach visits to further expand testing access to men and higher-risk populations, such as fishermen, estate workers, sex workers, and bicycle taxi operators. These visits are often conducted in partnership with other stakeholders in the community to assist with mobilisation and follow-up to ensure those who test HIV-positive are linked to care.

Once Tingathe identifies someone living with HIV, staff help to begin that individual on life-saving ART. As treatment is for life, Tingathe assistance is ongoing to support adherence and regular viral load monitoring. Staff provide intensive adherence counselling to those whose viral load is unsuppressed and follow up those who miss appointments. This case management approach is effective in providing tailored, client-centred support for long-term retention in care. Of those who received a viral load test during the year, 85% were virally suppressed, and Tingathe is supporting over 83,600 people on ART.

The programme gives special attention to vulnerable populations, including mothers and babies, adolescents, and people diagnosed with tuberculosis (TB). Staff confirm that pregnant women know their HIV status from their first antenatal care visit and then support them through pregnancy, delivery, breastfeeding, and until the child is 2 years old to prevent mother-to-child transmission of HIV. Tingathe helped document the HIV status of over 100,000 pregnant women at its supported health facilities during the year, with over 98% of those living with HIV either initiated on or continued on ART. Over 97% of babies who complete the PMTCT programme are HIV-free. Those who are diagnosed with HIV are initiated on treatment and receive ongoing support from Tingathe. Tingathe has replicated the successful Teen Club model, with 27 clubs serving 1,400 adolescents living with HIV. The team developed a Youth Supporter programme and piloted it at 15 sites in Balaka, Mangochi, and Salima districts (five each) to explore additional youth-centred approaches which are effective and feasible in low-resource settings. Trained Youth Supporters work with adolescents and youth to encourage HIV testing, provide psychosocial support, and promote linkage to care and retention of youth diagnosed as HIV-positive. Tingathe will continue to implement both

Teen Clubs and the Youth Supporter programme and assess the outcomes of each approach to inform future programming.

Tingathe is also responsive to high rates of HIV/TB co-infection. This starts with screening all clients who attend the health facility — and particularly those living with HIV — for TB, and ensuring all TB patients test for HIV. During 2017-18, 98% of TB patients were aware of their HIV status, and 234 clients on ART were diagnosed with TB and started on treatment.

Tingathe seeks to constantly improve its programming through data and evidence from operational research. The programme has created data feedback loops at multiple levels (site, district, and project) to identify areas of strong and weak performance as well as more effective approaches, such as highest-yield HIV testing strategies (those which facilitate identification of a relatively larger proportion of people living with HIV). Tingathe uses interactive dashboards to quickly and easily



assess its progress over time, facilitating responsive and increasingly effective programming. For example, the programme has established additional supportive supervision systems and shifted more experienced staff to lower-performing sites to improve performance and meet specific service targets. Staff are part of site- and district-level monthly feedback meetings to recognise achievements and address challenges with the MoH and other stakeholders. Quality improvement plans and committees have been established to embed and reinforce efforts to provide consistently high-quality services.

In addition to site-level support, Tingathe provides assistance to strengthen the quality of care and the Ministry of Health's systems. This includes the provision of training to MoH staff as well as one-on-one clinical mentorship on topics including PITC, treatment resistance, the updated 2018 ART guidelines, disclosure, and HIV services for key populations. The programme has also introduced psychosocial counselling services based at high-volume sites. Tingathe staff are part of national and district technical working groups and contributed to the updated 2018 ART guidelines as well as the country's HIV self-testing guidelines and training materials.

In 2018, Tingathe marked its 10th year, and staff look forward to its expansion and the opportunity to increase Baylor-Malawi's impact across the country.

Tingathe recently launched a website to share its work, including an extensive toolkit with programming tools, strategies, and training materials, at www.tingathe.org.

• Provided HIV testing services to 608,607 people

• Initiated 16,512 people on life-saving ART – 89% of those who tested HIV-positive

• Supported 83,652 people on ART

• Helped ensure that over 98% of pregnant women living with HIV at supported sites were on treatment

• Promoted viral load testing to monitor treatment efficacy: 85% of those who received a viral load at supported sites were virally suppressed

Technical Support for PEPFAR



Technical Support for PEPFAR (TSP) is a regional programme funded by USAID and implemented by Baylor-Malawi with assistance from its consortium partners (including Baylor-Lesotho and Baylor-Swaziland). In 2017-2018, TSP oversaw 14 projects with both country-specific and regional impact. TSP engagements are strengthening the HIV response in specific countries and across southern Africa by promoting evidence-based best practices for programming.

TSP projects vary from short-term technical assistance and research to long-term direct implementation. Key achievements for the year include:

- Supporting the provision of comprehensive HIV care and treatment services at 65 health facilities in four districts in Malawi, with planned expansion to a total of 120 sites in seven districts from October 2018
- Strengthening index case finding approaches in Malawi, developing a comprehensive toolkit for use in Namibia, and hosting representatives from USAID/Namibia's implementing partners and the Namibia Ministry of Health and Social Services for a south-to-south exchange on index case finding best practices
- Facilitation of OVC trainings with the Ministry of Gender Equity and Child Welfare in Namibia
- Analysis of the PMTCT/EID treatment cascade in Namibia

- Producing a special-issue JAIDS supplement on best practices and lessons learned from the Accelerating Children's HIV/AIDS Treatment initiative, including research on multi-month prescribing (MMP), and hosting a satellite session at the International AIDS 2018 Conference in Amsterdam, Netherlands
- Establishing 213 Community Adherence Monitoring and Refill Assistance groups to promote adolescent treatment access and adherence in Lesotho
- Conducting operational research to assess and improve care to children co-infected with TB and HIV across the BIPAI network in Africa and developing a tool to assist with paediatric treatment forecasting
- Providing technical assistance to the supply chain and pharmaceutical sector in Eswatini, developing Ministry of Health capacity at various levels, as well as improving infrastructure and systems
- Significantly improving SHARE as a source of HIV and AIDS information in southern Africa by more than doubling the number of unique users and site sessions from the previous year, adding a research digest to its services, and providing a resource library with more than 3,000 items



TSP Engagements in 2017-2018

Country-Specific Engagements

Programmes to optimise index case finding and adolescent service delivery

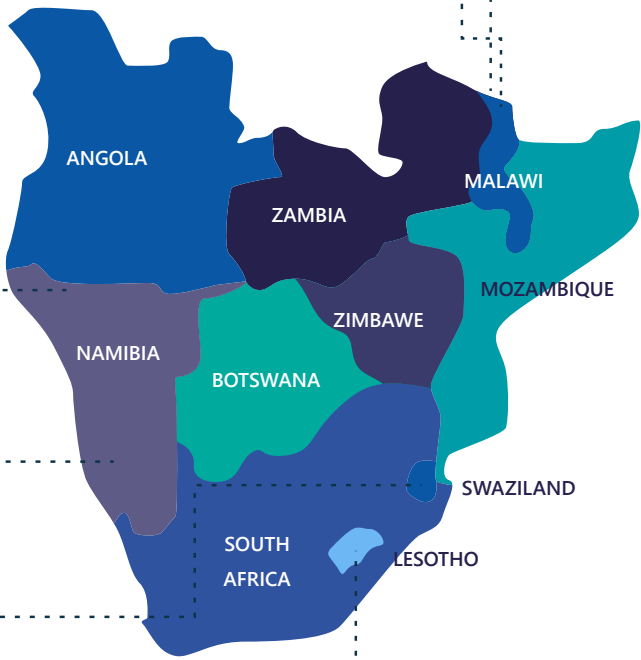
Tingathe Care and Treatment programme

Development of national Combination Prevention Guidelines and provision of OVC training to social workers

Cascade analysis to improve PMTCT implementation and creation of an index case finding toolkit

Technical assistance on national supply chain and pharmaceutical systems

Implementation support for paediatric and adolescent HIV programming



Regional Engagements

Management of SHARE (hivsharespace.net), a website to disseminate best practices and foster regional collaboration

Research on the health outcomes of ART multi-month prescribing (MMP)

Data analysis of children living with HIV and co-infected with tuberculosis to inform integrated care

Facilitation of post-ACT programme journal supplement and satellite symposium session at AIDS 2018

RESEARCH

Scholarly Activity

In this reporting period, the Foundation had two scholarly publications and also made a number of abstract presentations at various national and international scientific meetings. These conferences included the College of Medicine Research Dissemination Conference (Malawi), BIPAI Network Meeting (Johannesburg, South Africa), European Congress on Tropical Medicine and International Health (Antwerp, Belgium), International Association for Adolescent Health, World Congress on Adolescent Health Conference (New Delhi, India), International AIDS Society Conference (Paris, France) and Paediatric and Child Health Association Conference (Lilongwe, Malawi).

Publications

1. Kim MH, Mazenga AC, Simon K, Yu X, Ahmed S, Nyasulu P, Kazembe PN, Ngoma S, Abrams EJ. Burnout and self-reported suboptimal patient care amongst health care workers providing HIV care in Malawi. *PLoS One*. 2018;13(2):e0192983. PMID: PMC5821338. doi:10.1371/journal.pone.0192983.
2. Flick RJ, Munthali A, Simon K, Hosseinipour M, Kim MH, Mlauzi L, Kazembe PN, Ahmed S. Assessing infection control practices to protect health care workers and patients in Malawi from nosocomial transmission of *Mycobacterium tuberculosis*. *PLoS One*. 2017;12(12):e0189140. PMID: PMC5718482. doi:10.1371/journal.pone.0189140.

Abstracts

3. Uganja K, Kachitenji W, Makuti S, Magalasi P, Lungu J, McKenney A, Kazembe PN. Enhancing pediatric HIV services delivery through engaging less technical health providers at Baylor College of Medicine Children's Foundation Malawi (BCM-CFM) Clinic. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
4. Turetsky R, McKenney A, Hrapcak S, Lungu J, Makuti S, Magalasi P, Lytle H, Banda T, Chopi V, Jaffu J, Mumba SK, P. Improving uptake of and retention in care during the perinatal period for HIV infected young mothers. In: The International Association for Adolescent Health, World Congress on Adolescent Health; 2017; New Delhi, India. Abstract Number: IAAH170484.
5. Tembo T, Simon K, Phiri D, Ng'ambi A, Montandon M, Chitsonga N, Mpama K, Harawa M, Chilala S, Kavuta E, Kim M, Kazembe PNA, S. Screening index clients attending ART clinic to identify untested children at risk of HIV infection in Balaka, Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa. and Tembo T, Simon K, Phiri D, Ng'ambi A, Montandon M, Chitsonga N, Mpama K, Harawa M, Chilala S, Kavuta E, Kim M, Kazembe PNA, S. Screening index clients attending ART clinic to identify untested children at risk of HIV infection in Balaka, Malawi. In: Interest Workshop; 2017; Lilongwe, Malawi.
6. Teferi B, Zolfo M, Midiani D, Mhango J, Simon K, Kizito W, Chu S, Peno W, Kumwenda J, Alemayehu A, Tweya H, Takarinda KC, Saeed A, Kumar A, Kim MH, Kazembe PN. Does the deployment of HIV diagnostic assistants in Malawi improve early infant HIV diagnosis and enrolment to care?. In: European Congress on Tropical Medicine and International Health; 2017; Antwerp, Belgium.
7. Simon K, Montandon M, Kim M, Wetzel E, Sabelli R, Beyene T, Kavuta E, Chikoti C, Namachapa K, Kazembe PNA, S. Provider-initiated testing and counseling: Is it still high yield? Yield of routine HIV testing in pediatric and adult inpatient wards in central and southern Malawi. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Simon K, Montandon M, Kim M, Wetzel E, Sabelli R, Beyene T, Kavuta E, Chikoti C, Namachapa K, Kazembe PNA, S. Provider-initiated testing and counselling: Is it still high yield? Yield of routine HIV testing in pediatric and adult inpatient wards in Central and Southern Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa. and Simon K, Montandon M, Kim M, Wetzel E, Sabelli R, Beyene T, Kavuta E, Chikoti C, Namachapa K, Kazembe PNA, S. Provider-initiated testing and counseling: Is it still high yield? Yield of routine HIV testing in pediatric and adult inpatient wards in central and southern Malawi. In: International AIDS Society Conference; 2017; Paris, France. Abstract Number: TUPED1222. Available from: <http://www.abstract-archive.org/>.
8. Sabelli RA, Simon KR, Kazembe PN, Ahmed S, Kim MH. Linkage Expert Program facilitates timely linkage to care and promotes early retention for people living with HIV. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa. and Sabelli RA, Simon KR, Kazembe PN, Ahmed S, Kim MH. Linkage Expert Program facilitates timely linkage to care and promotes early retention for people living with HIV. In: International AIDS Society Conference; 2017; Paris, France. Abstract Number: TUPED1253. Available from: <http://www.abstract-archive.org/>.

9. Ng'ambi A, Tembo T, Simon K, Beyene T, Kazembe PN, Kim MH, Saeed A. Conducting targeted community HIV testing and counselling to increase identification of people living with HIV in Mangochi District, Malawi: A Pilot Program. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi.
10. Mutai M, Mtete I, Stanley C, Wasswa P, Mtunda M, Chasela M, Westmoreland K, Fedoriw Y, Scheurer ME, Lubega J, Mehta PS, Kazembe PN, Gopal S, El-Mallawany NK. Lactate dehydrogenase (LDH) and clinical stage in endemic Burkitt's lymphoma: A Model for risk-stratification in Sub-Saharan Africa. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
11. Mumba S, Jaffu J, Chopi V, Magalasi V, Makuti S, Turetsky S, Lungu J, Lytle H, McKenney A, Kazembe PN. Improving uptake and retention into care during perinatal period for pregnant HIV infected young adolescents and mothers at Baylor College of Medicine - Children's Foundation Malawi. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Mumba S, Jaffu J, Chopi V, Magalasi V, Makuti S, Turetsky S, Lungu J, Lytle H, McKenney A, Kazembe PN. Improving uptake and retention into care during perinatal period for pregnant HIV infected young adolescents and mothers at Baylor College of Medicine - Children's Foundation Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
12. Mtambo S, Mumba S, Jiyani J, Magalasi P, Makuti S, Lungu J, McKenney A, Hrapcak S, Kazembe PN. HIV and AIDS skill building workshop for secondary school prefects. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Mtambo S, Mumba S, Jiyani J, Magalasi P, Makuti S, Lungu J, McKenney A, Hrapcak S, Kazembe PN. HIV and AIDS skill building workshop for secondary school prefects. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
13. Mpinganjira S, Chimkonda J, Kishombe W, Gonzalez C, Kazembe PN. Hospitalization of children within the first six months of antiretroviral therapy in Lilongwe, Malawi. In: Paediatric and Child Health Association Conference; 2017; Lilongwe, Malawi.
14. Mhango S, Kazembe PN. Leveraging nutrition services to improve HIV care at Kamuzu Central Hospital paediatric ward in Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
15. McKenney A, Magalasi P, Makuti S, Chang'ana A, Bwanali M, Lungu J, Cohen I, Parent JK, P.N. Magalasi P, Makuti S, Chang'ana A, Bwanali M, Lungu J, Cohen I, Parent J, Kazembe PN. Transition Training (T2): Transferring the necessary economic psychosocial and self-care skills needed for young adults living with HIV (YALHIV) in Malawi to make a healthy and successful transition into adulthood. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and McKenney A, Magalasi P, Makuti S, Chang'ana A, Bwanali M, Lungu J, Cohen I, Parent JK, P.N. Transition Training (T2): Transferring the necessary economic psychosocial and self-care skills needed for young adults living with HIV (YALHIV) in Malawi to make a healthy and successful transition into adulthood. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa. and McKenney A, Magalasi P, Makuti S, Chang'ana A, Bwanali M, Lungu J, Cohen I, Parent JK, P.N. Transition Training (T2): Transferring the necessary economic psychosocial and self-care skills needed for young adults living with HIV (YALHIV) in Malawi to make a healthy and successful transition into adulthood. In: The International Association for Adolescent Health, World Congress on Adolescent Health; 2017; New Delhi, India. Abstract Number: IAAH170435.
16. Magalasi P, Makuti S, Msiska K, Lungu J, Katema C, Makoza B, McKenney A, Kazembe PN. Addressing psychosocial needs and care/treatment delivery gaps for adolescents living with HIV (ALHIV) using technology: The case of Teen Support Line (TSL) in Malawi. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Magalasi P, Makuti S, Msiska K, Lungu J, Katema C, Makoza B, McKenney A, Kazembe PN. Addressing psychosocial needs and care/treatment delivery gaps for adolescents living with HIV (ALHIV) using technology: The case of Teen Support Line (TSL) in Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa. and Magalasi P, Makuti S, Msiska K, Lungu J, Katema C, Makoza B, McKenney A, Kazembe PN. Addressing psychosocial needs and care/treatment delivery gaps for adolescents living with HIV (ALHIV) using technology: The case of Teen Support Line (TSL) in Malawi. In: The International Association for Adolescent Health, World Congress on Adolescent Health; 2017; New Delhi, India. Abstract Number: IAAH170478.
17. Jobo K, Matchado J, Tamula E, Sokosi S, Matiya N, Jackie C, Samuel S, Nkusa A, Kazembe PN. Evaluating missed appointment/defaulting tracing program, using home visits and phone tracing by community health workers at Baylor College of Medicine Children's Foundation Clinic Lilongwe, Malawi. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Jobo K, Matchado J, Tamula E, Sokosi S, Matiya N, Jackie C, Samuel S, Nkusa A, Kazembe PN. Evaluating missed appointment/defaulting tracing program, using home visits and phone tracing by community health workers at Baylor College of Medicine Children's Foundation Clinic Lilongwe, Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
18. Daire C, Magalasi P, Makuti S, Lungu J, McKenney A, Bethune T, Phiri SC, Qaba R, Kantepa A, Kazembe PN. Using recreational sleep away camps to provide psychosocial care support to adolescents living with HIV (ALHIV) in Malawi. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Daire C, Magalasi P, Makuti S, Lungu J, McKenney A, Bethune T, Phiri SC, Qaba R, Kantepa A, Kazembe PN. Using recreational sleep away camps to provide psychosocial care support to adolescents living with HIV (ALHIV) in Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
19. Chavula B, Choko A, Ngwira B, Muula ASK, P.N. Rate of Antiretroviral drug substitution before and after the introduction of Tenofovir based regimen in Malawi. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Chavula B, Choko A, Ngwira B, Muula ASK, P.N. Rate of Antiretroviral drug substitution before and after the introduction of Tenofovir based regimen in Malawi. In: Interest Workshop; 2017; Lilongwe, Malawi.
20. Chapani A, Makuti SC, Magalasi P, Adison E, McKenney A, Kazembe PN. Evaluating the effectiveness of community health workers (CHWs) in reducing the number of missed appointments at Baylor College of Medicine Children's Clinical Centre of Excellence

Malawi (BCM-COE). In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Chapani A, Makuti SC, Magalasi P, Adison E, McKenney A, Kazembe PN. Evaluating the effectiveness of community health workers (CHWs) in reducing the number of missed appointments at Baylor College of Medicine Children's Clinical Centre of Excellence Malawi (BCM-COE). In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.

21. Chang'ana A, Bwanali M, Kajiyani C, Devison F, Munthali P, Corbyn F, Magalasi PN, McKenney P, Kazembe PN. Imparting basic computer knowledge, skills and techniques to adolescents living with HIV as they transition to adulthood at a large pediatric HIV care center in Lilongwe, Malawi. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Chang'ana A, Bwanali M, Kajiyani C, Devison F, Munthali P, Corbyn F, Magalasi PN, McKenney P, Kazembe PN. Imparting basic computer knowledge, skills and techniques to adolescents living with HIV as they transition to adulthood at a large pediatric HIV care center in Lilongwe, Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
22. Banda ML, Kachingwe R, Kazembe PN. Identifying gaps in psychosocial services available to HIV positive adolescents: A case of three health centres in Lilongwe, Malawi. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa.
23. Banda B, Hrapcak SM, A., Kalera T, Banda M, Kachingwe I, Mtambo S, Lungu J, Makuti S, Magalasi P, Kazembe P. Improving access to quality comprehensive clinical and psychosocial care for adolescents living with HIV (ALHIV) across Malawi using the "Teen Club" Model. In: College of Medicine Research Dissemination Conference; 2017; Blantyre, Malawi. and Banda B, Hrapcak SM, A., Kalera T, Banda M, Kachingwe I, Mtambo S, Lungu J, Makuti S, Magalasi P, Kazembe P. Improving access to quality comprehensive clinical and psychosocial care for adolescents living with HIV (ALHIV) across Malawi using the "Teen Club" Model. In: BIPAI Network Meeting; 2017; Johannesburg, South Africa. and Banda B, Hrapcak SM, A., Kalera T, Banda M, Kachingwe I, Mtambo S, Lungu J, Makuti S, Magalasi P, Kazembe P. Improving access to quality comprehensive clinical and psychosocial care for adolescents living with HIV (ALHIV) across Malawi using the Teen Club Model. In: The International Association for Adolescent Health, World Congress on Adolescent Health; 2017; New Delhi, India. Abstract Number: IAAH170475.

Study Projects Underway

- a. Kim MH, Mazenga AC, Zomba G, Abrams EJ, Chinkhumba J, Ahmed S, Kazembe PN. VITAL Start (Video intervention to Inspire Treatment Adherence for Life) – note that this study is supported through an external funding stream.

Description and Progress: The team developed an innovative 35-minute, single session counselling video (VITAL Start) aimed at standardising pre-ART education and promoting behaviour change using pre-tested messages woven into an entertaining drama. The video promotes partner involvement, maternal initiation, and retention on ART by providing an intervention at the critical teachable moment between testing HIV-positive and committing to life-long ART. To understand more fully how VITAL Start compares to the standard of pre-ART counselling currently being done at health facilities, Tingathe is conducting a formal evaluation of VITAL Start and examining impact on partner outcomes, and maternal ART adherence. The pilot study started in December 2016 and will end when the last enrolled participant attends their one year follow-up visit. The main study is projected to start in September 2018 in all the three study sites in Mangochi (Mangochi DHO) and Lilongwe (Kawale and Area 25 Health Centres). There is good collaboration with all stakeholders present at the facilities.

- b. Mazenga AC, Ahmed, Kazembe PN, Kim MH, Moodie R, O'Hare B. The relationship between depressive symptoms and adherence to antiretroviral therapy (ART) in adolescents living with HIV (ALHIV) in Lilongwe and Zomba, Malawi.

Description and Progress. This is a quantitative study, part of the Baylor Teen Depression Study, to examine the relationship between depressive symptoms and adherence to antiretroviral therapy in adolescents living with HIV at the Baylor College of Medicine Clinical Centre of Excellence in Lilongwe and the Zomba Central Hospital ART clinic. Data from 519 participants were included in data analysis. In summary, the study findings show that global depression, moderate depression, severe loss of libido, and excessive guilt were associated with self-reported non-adherence. Manuscript development for publication is in progress.

- c. Buono N, Worku A, Kasola J, Ng'ona K, Mitambo C, Auld A, Goldstein R, Nyangulu M, Odek J, Kim E, Wadonda-Kabondo N, Maida A, Shiraishi R, Valverde E. Assessing the Effectiveness and Feasibility of Voluntary Assisted Partner Notification Services in High HIV Burden Districts of Malawi: a Pragmatic, Non-Randomized Stepped-Wedge Study.

Description and Progress: The main aim of this study is to evaluate the effectiveness of Voluntary Assisted Partner Notification (VAPN) in real-world programmatic settings; a non-randomised, stepped wedge study in high volume facilities in six high HIV burden focus districts (Blantyre, Zomba, Chikwawa, Machinga, Mangochi, and Lilongwe urban). The primary objective is to compare the percentage of contacts tested during the standard of care (SOC) phase (i.e., using FRS index testing methodology) with the percentage of contacts tested during the SOC plus VAPN phase, by one, two, and three months after the initial contact with the index client. The study was approved by the National Health Sciences Research Committee (Malawi) on 5 February 2018, and the protocol is still under review by Baylor College of Medicine IRB (USA).

It is projected that the study will commence enrolling participants in all Baylor-supported sites in Mangochi once the IRB approval is obtained from Baylor College of Medicine IRB. The conduct of the study will be overseen by MoH, CDC, and USAID.

OUR PARTNERS

- AbbVie Foundation
- Malawi Government, through Ministry of Health
- Baylor College of Medicine, Houston, Texas
- Baylor International Paediatric AIDS Initiative, (BIPAI)
- Texas Children's Hospital
- USAID
- UKAID
- UNICEF
- NAC
- Airborne Lifeline Foundation
- Positive Action for Children Fund (PACF)
- Bristol-Myers Squibb Foundation



2 • 0 • 1 • 8

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

BAYLOR
COLLEGE OF
MEDICINE
Children's
Foundation


Texas Children's
Hospital

Baylor
College of
Medicine