

BAYLOR COLLEGE OF MEDICINE

CHILDREN'S FOUNDATION

MALAWI 2019



BAYLOR
COLLEGE OF
MEDICINE
**Children's
Foundation**
MALAWI

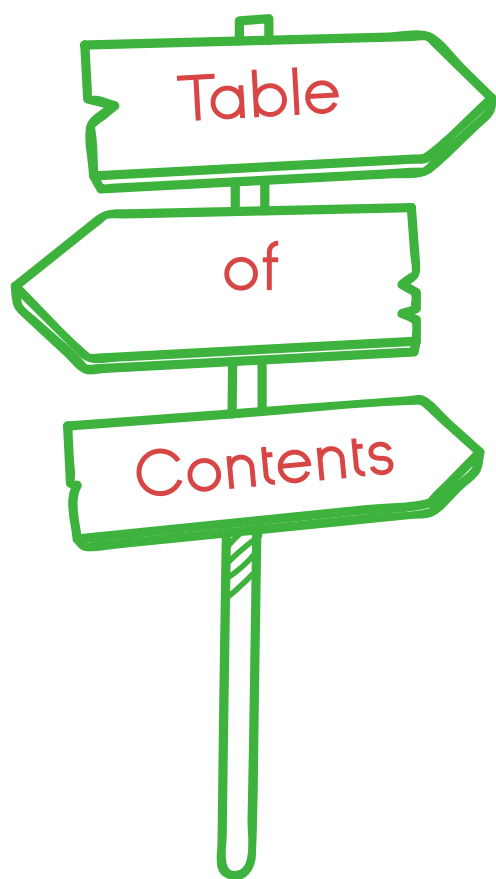
BIPAI Baylor International
Pediatric AIDS Initiative
at Texas Children's Hospital



**Texas Children's
Hospital**

Baylor
College of
Medicine

4	BIPAI
6	Letter from the executive director
7	Vision/ mission
8	Malawi
10	Highlights
11	Programmes
18	Global HOPE
25	Education
27	Testimonies
28	Scholarly activity
30	Partners



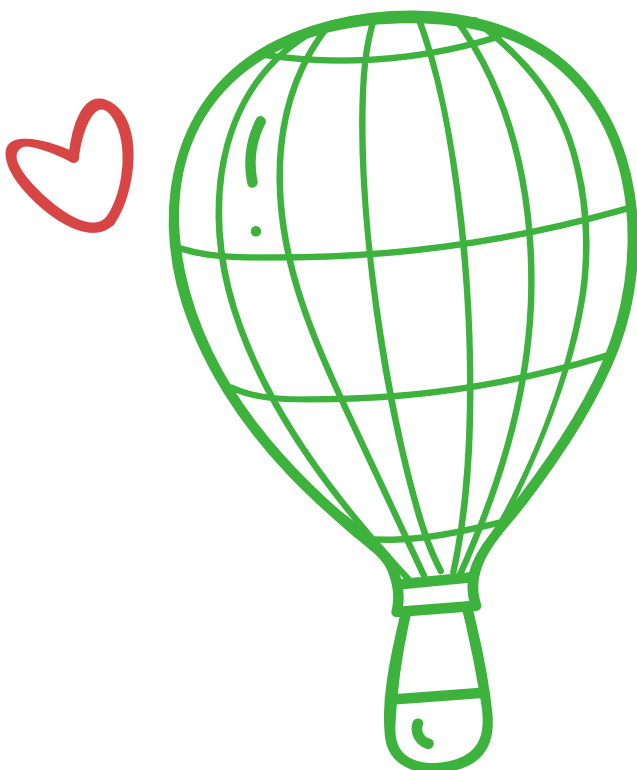
BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION
MALAWI
2019



Report Liaison
Joseph Mhango

Contributors
Mrs. P. Nyasulu
Dr. Amy Benson
Alick Mazenga
Dr. Jeffrey Wilkinson
Nathene Morley
Mrs. M. Magwaya
Judith Lungu
Mrs. P. Masepuka

Photography is generously provided by Smiley N. Pool.



BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION

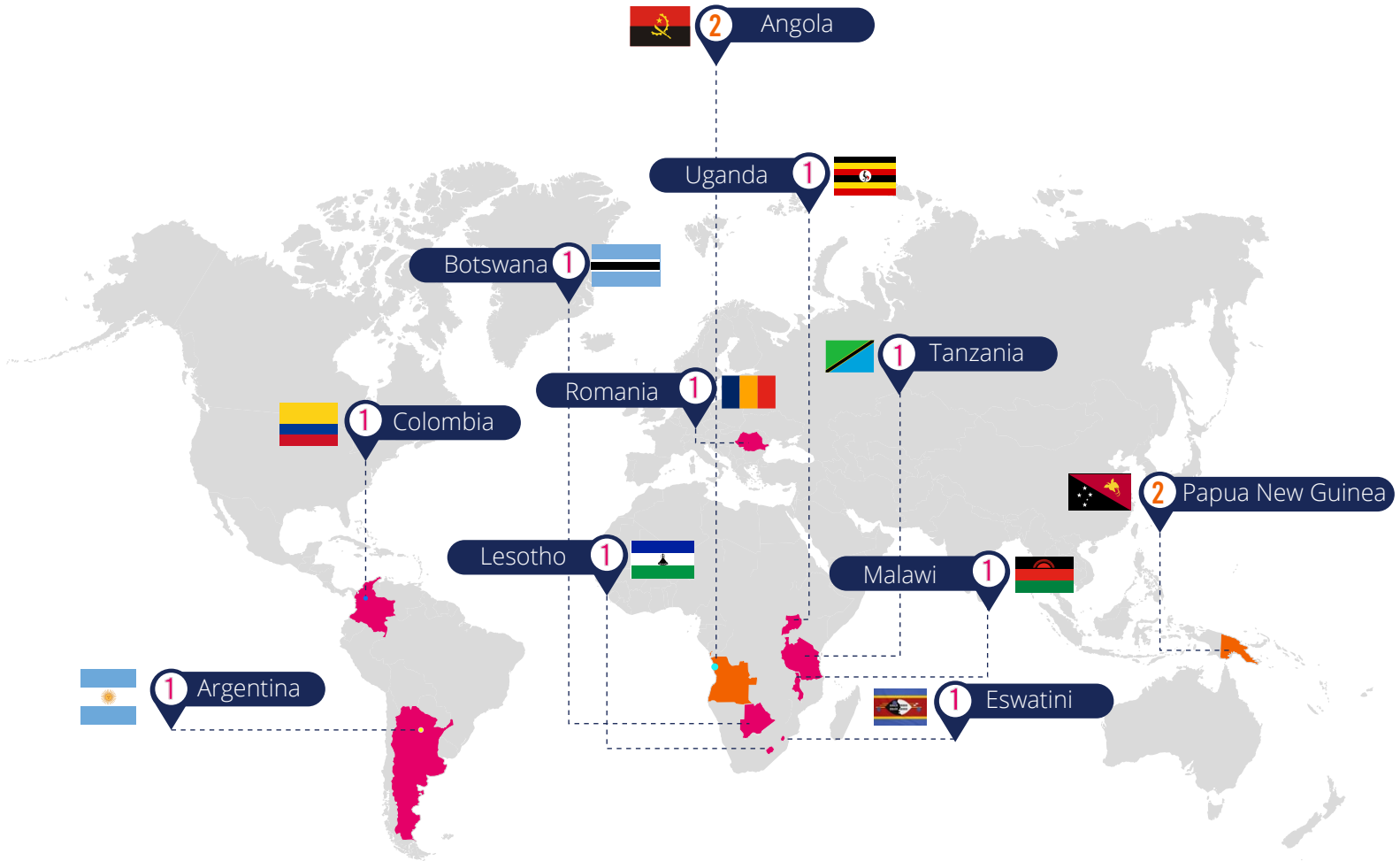
MALAWI
2019

BIPAI

HISTORY AND SCOPE

Baylor College of Medicine International Pediatric AIDS Initiative (BIPAI) at Texas Children's Hospital is the largest care and treatment network based at an academic institution supporting programs for HIV-infected and -affected children in the world. BIPAI consists of nine independent non-governmental organizations (NGOs) operating 11 Centers of Excellence that provide comprehensive outpatient care for more than 300,000 children and families worldwide. Over the past 20 years, BIPAI has also evolved its mission beyond HIV to include comprehensive health programs designed to work within the existing health systems and improve maternal and child health outcomes. BIPAI provides technical assistance to its network to ensure the highest level of quality care and treatment, education and training for health professionals, and operational research to improve patient care.





STATISTICS

-  **\$43** → Million budget
-  **80.000** → Health professionals trained around the world
-  **300.000** → Patients in care
-  **1500+** → Staff Members
-  **200** → Texas Children's Global Health Corps physicians

- 1** → **Foundations:**
 Romania (2001)
 Botswana (2003)
 Lesotho (2005)
 Eswatini (2006)
 Malawi (2006)
 Uganda (2008)
 Tanzania (2011)
 Colombia (2014)
 Argentina (2017)

- 2** → **Programs:**
 Angola (2011)
 Papua New Guinea (2013)

*Foundations are independent and legally registered non-governmental organizations located in the respective countries.
 *Date refers to year of establishment



EXECUTIVE DIRECTOR'S LETTER

It is with great pleasure that I present to you the Baylor Malawi Annual Report for 2018-2019, which includes key highlights from the main service lines under the Foundation: the Centre of Excellence (COE), Global HOPE, Global Women's Health, and The Tingathe Outreach Programme, also known as Technical Support to PEPFAR (TSP). During this period, Baylor Malawi experienced major leadership changes. Chief Operations Officer Ivy Chiweza left in December 2018, six months before the retirement of the founding Executive Director, Dr. Peter Kazembe. Dr. Kazembe, fondly known by many as Dr. "K", joined Baylor Malawi in 2004 and helped to establish the Foundation with support from Dr. Mark Kline. Dr. Kazembe's legacy remains a foundation for Baylor Malawi's work. The highlights in this report are a direct result of his valuable contributions. I am happy that Dr. Kazembe is now vice chair of the Baylor Malawi Board of Directors, which means we will continue to tap from his wisdom and professional acumen.

Baylor Malawi has continued to achieve its intended goals and objectives. At the core of the Foundation's work, we continued to provide Provider Initiated Testing and Counselling (PITC) services, care, and treatment to all our clients, along with a number of ancillary projects.

Through the nutrition programme we are implementing in collaboration with Pediatric Alliance for Child Health Improvement in Malawi (PACHIMAKE), we introduced HIV testing for all malnourished children admitted at Kamuzu Central Hospital (KCH) and their families.

As part of our effort to integrate all the services we offer, patients are screened for TB every Tuesday and for cervical cancer every Wednesday. This is in addition to the Young Motherhood programme, which addresses the needs of pregnant, HIV-infected adolescents to prevent mother-to-child HIV transmission.

As highlighted in our report, the needs of adolescents are enormous, and they change as young people grow into adulthood. Hence the need for the Foundation to remain innovative to address their needs appropriately and with their involvement. Camp Hope 2018 brought together 158 children, most of them newly diagnosed. The teens and their families appreciate this annual opportunity to learn more about HIV and other life skills.

Global HOPE is another service line under Baylor Malawi that has recorded numerous successes. The palliative care team continued to provide care and support to patients and caregivers, both in the clinic and at their homes. In addition, Global HOPE, in collaboration with the nutrition programme, introduced play therapy for children admitted at KCH to help keep them occupied while in hospital.

The Tingathe Outreach Programme continues to provide PITC, care, and treatment services in 120 health facilities with funding from USAID. In 2018-19, Tingathe was part of a consortium of three partners under Innovative HIV Services for Malawi (IHSM). In June 2018, Baylor Malawi, through the regional TSP programme, took over direct funding of Tingathe, with a planned transition to direct country-level funding by the start of 2020 as the TSP regional programme closes. From October 2018, Tingathe expanded cervical cancer and gender-based violence services, which to date have cared for nearly 1,000 survivors and screened over 10,000 women living with HIV for cervical cancer.

Mrs Phoebe Nyasulu
Executive Director



OUR MISSION

To provide high-quality, family centred paediatric health care, education, and child research worldwide

OUR VISION



A healthy and fulfilled life for every child and their family

MALAWI



Top 5 most frequent cancers (excluding non-melanoma skin cancer), ranked by cases: Cervix uteri, Kaposi sarcoma, Oesophagus, Non-Hodgkin lymphoma, and Breast.

Source: <https://bit.ly/33Nf76v>



1.000.000 → People were living with HIV.

2.28% → HIV incidence—the number of new HIV infections among a susceptible population during a certain time—among all people of all ages.

9.2% → HIV prevalence—the percentage of people living with HIV—among adults (15–49 years).

38.000 → People were newly infected with HIV.

13.000 → People died from an AIDS-related illness.

There has been progress in the number of AIDS-related deaths since 2010, with a 55% decrease, from 29.000 deaths to 13.000 deaths. The number of new HIV infections has also decreased, from 55.000 to 38.000 in the same period.

90%

● of people living with HIV knew their status

78%

● of people living with HIV were on treatment.

9%

● of people living with HIV were virally suppressed.

- Of all adults aged 15 years and over living with HIV, **79%** were on treatment, while only **61%** of children aged **0–14** years living with HIV were on treatment.
- More than **95%** of pregnant women living with HIV accessed antiretroviral medicine to prevent transmission of the virus to their baby, preventing 9600 new HIV infections among newborns. Early infant diagnosis the percentage of HIV-exposed infants tested for HIV before eight weeks of age stood at more than **95%** in 2018.

Source: <https://bit.ly/39fKW9f>

AT A GLANCE

Budget
\$7.4 million



Patients in care
3.067



1 Satellite Centre of Excellence



120 National outreach sites



106 Number of COE and Satellite COE staff



1.170 Number of outreach site staff

BAYLOR
COLLEGE OF
MEDICINE

Children's
Foundation

M A L A W I

Centre of Excellence



HIGHLIGHTS

- Provided HIV testing services to 793,829 people and identified more than 30,000 HIV-positive clients.
- Through Tingathe's index testing strategies, the project identified 14,568 contacts, and 33% of these were tested for HIV. Among the contacts tested, we identified 2,213 new HIV-positive clients, equal to about 13% of those newly tested.
- Distributed 4,543 self-test kits in Mangochi, Mulanje, and Machinga districts.
- The programme supported the country's transition to a Dolutegravir-based treatment regimen. By the end of September 2019, Tingathe had transitioned 57% (104,282) of total ART clients to Dolutegravir in six supported districts.
- Tingathe provided gender-based violence services to 891 clients in 12 sites in Machinga district.
- By the end of the third quarter, Tingathe had supported more than 8,000 early infant diagnosis tests for HIV, significantly more than the annual target.
- Attended to over 2,947 patient's visits.
- Trained 106 healthcare workers, out of whom 46 are Bachelor of Medicine and Bachelor of Surgery (MBBS) College of Medicine students.
- Two medical officers are completing their paediatrics residency in Uganda and one is studying paediatric oncology.
- Nine nurses graduated in paediatric oncology nursing while one clinical officer graduated with a Bachelor of Science (BSC) in palliative care from Makerere University in Uganda.
- Paediatric haematology and oncology (PHO) and COE doctors run education sessions with MBSS students while PHO nurses mentor nurses from KCH, Daeyang Luke Mission Hospital, and Mzuzu University.
- Reduced cases of malnutrition in children with cancer and blood disorders by 40%.
- Reduced childhood cancer and blood disorders deaths from 90% at the start of the programme to 50%.
- Registered 498 new patients (146 oncology and 352 haematology) and over 2,947 clinic visits.



PROGRAMMES AND SERVICES



CARE AND TREATMENT

The Baylor Children's Clinical Centre of Excellence, or Baylor Malawi COE, is the largest provider of paediatric HIV care and treatment services in Malawi. The COE in Lilongwe has an active caseload of 3,067 patients (as of the end of the report period), with 2,843 of them on ART. During 2018-19, the COE had an average enrolment of 23 new patients per month. We provide comprehensive care to an average of 156 patients every work day.

The COE continues to perform routine and targeted viral load tests on its patients to monitor the efficacy of their antiretroviral therapy. In the reporting period, we sent 2,698 viral load samples, of which 90.7% were suppressed. We have sent 10 samples for genotyping in South Africa and currently have five patients on third-line medications.

Baylor Malawi clinical officers and paediatricians continue to provide paediatric HIV care consultations in Kamuzu Central Hospital (KCH) paediatric wards. We also mentor KCH clinicians and medical students with the goal of improving their knowledge in paediatric HIV management and general paediatrics.

Most importantly, we strive for a holistic approach to each patient. This might mean a visit to a nutritionist or the psychosocial counsellor during a routine visit. It might include setting up a home visit with our community health team. A patient visit may include a referral to VIA (cervical cancer screening) or contraception counselling or arranging for the entire family to come in for TB screening. At the Baylor Malawi clinical COE we work closely as a team with each service line to treat the entire patient.



SUPPORTING BRIGHT FUTURES

Chimwemwe (pseudonym) is a 12-year-old girl from Usisya, Nkhatabay district, a hard-to-reach hilly area along Lake Malawi. She has been coming to Teen Club since the age of 8 when her father died of HIV. Before full disclosure, she was doing poorly with medication adherence, which resulted in frequent school absenteeism as she was often sick. She was later enrolled in Teen Club for intensive psychosocial support. Though her mother has few resources, she has supported Chimwemwe by bringing her to the clinic. Her health and school performance quickly improved after attending Teen Club, and she has since started taking her medication. Last year, at 12 years old, she wrote her Malawi School Leaving Certificate Exams and was selected to two boarding schools: the government-run Bandawe Girls Secondary School and Amazing Grace Secondary School, a mission school. Because of the poverty at her home, UNICEF Malawi has committed to support Chimwemwe with her education until she completes secondary school.

TESTING AND PREVENTION

The Baylor Malawi COE leads HIV testing at Kamuzu Central Hospital (KCH) through its Provider Initiated Testing and Counselling (PITC) programme, which tested 18,638 clients during the 2018-2019 reporting period. Of those, 17,969 were negative and 285 were newly positive. Our goal is to offer and provide HIV testing for all patients and guardians in the paediatric ward and at the outpatient "Under-5 Clinic" at KCH. The counsellors work at the COE and in the hospital and provide testing and counselling seven days a week.

The full range of services we provide with HIV Testing and Counselling (HTC) are pre- and post-test counselling, and subsequent referral to appropriate HIV prevention; treatment, care, and any other clinical and support services required. HTC also works directly with laboratory services to support quality assurance and the delivery of accurate results.

HTC has teamed up with PACHIMAKE (Paediatric Alliance for Child Health Improvement in Malawi) on two current quality improvement projects. They work with the nutrition team to ensure all children admitted at KCH diagnosed with malnutrition are tested for HIV, while also working to identify contacts of those patients who require testing. We are proud of the HTC team's efforts, as they have consistently tested 99% of children and guardians admitted to the inpatient paediatric services.

The HTC team continues to mentor and train students and new graduates and to work closely with the local community. In March 2019, the Baylor Malawi HTS team received three newly qualified employees who were under mentorship for six months, and who now are working independently. They also mentor newly qualified counsellors and students from the three colleges surrounding KCH. Baylor Malawi counsellors are called upon to be part of the team at the Department of HIV/AIDS in the Ministry of Health, assisting in the development of guidelines. The Baylor College of Medicine Malawi has worked closely with Lilongwe City Council in honoring international memorial days, such as World Aids Day and International Candlelight Memorial.





TB SCREENING AND CLINIC

We have a clinic on Tuesday each week for patients with HIV who are also on TB treatment. The goal is to centralise care so that patients receive all their medications without delay under one roof.

We screen every patient at all routine clinic visits for symptoms of TB. Diagnosing TB in children is difficult because diagnostics are limited. There is growing interest in FASH (Focused Assessment with Sonography for HIV-associated tuberculosis), and several of our clinicians have received training in this during the past year.

NUTRITION

The Baylor Malawi nutrition team prevents, treats, and manages malnutrition and nutrition-related disorders in children and adolescents living with HIV. Their specific objectives are to expand nutrition knowledge, maintain or restore a healthy body weight in clients, prevent or control micronutrient deficiencies, and to treat or minimise HIV or medication-related complications that interfere with patients' intake or absorption of nutrients. Through this we can help them adhere to medication, prolong their lives, and improve their quality of life.

The nutrition team comprises one lead nutritionist and six nutrition mentors. Together they perform nutrition assessments during every patient visit at the Baylor Malawi COE. They counsel and educate, as well as provide therapeutic and supplementary meals to our malnourished patients.

The nutrition team also supports the Nutritional Rehabilitation Unit (NRU) at Kamuzu Central Hospital. They conduct nutrition assessments at the paediatric KCH outpatient department and refer the malnourished ones for appropriate care. They provide technical support for children with Severe Acute Malnutrition (SAM) at KCH and are part of the quality improvement team for the management of these particularly vulnerable patients. The nutrition team has created goals to improve the delivery of services at the paediatric ward. The interventions implemented so far include trainings for 67 nurses and clinicians on how to diagnose malnutrition and manage children with SAM, as well as meetings with these healthcare providers and with the HTC team to ensure HIV testing in the NRU. The Baylor Malawi nutrition team has also received support from UNICEF to strengthen the NRUs at 25 district sites and KCH.

Through Global HOPE, we provide nutritional support for children with cancer at Kamuzu Central Hospital. Malnourished patients receive milk and ready-to-use therapeutic food, as well as daily supplementary food, such as porridge. We teach guardians about a sound nutritional diet and how to provide it for their children through weekly nutrition education and cooking demonstrations. Children have access to nutritional supplements in their communities through a strengthened referral system.

The nutrition sub-department at Baylor Malawi is also involved in providing the nutrition services under the Young Motherhood Programme. We have conducted nutrition trainings and referral of malnourished mothers at Muloza Health Centre, Malombe Health Centre, and Nkhata Bay DHO. The department is planning to conduct cooking demonstrations to teach the young mothers how to plant vertical gardens to encourage the cultivation of nutritious vegetables and to prepare nutritious meals for their families.

The nutrition team also contributes to our education mission, particularly through trainings for the many interns who rotate through the Baylor Malawi nutrition department. This year we have supported 22 nutrition interns both from local colleges and through a Ministry of Health collaboration.



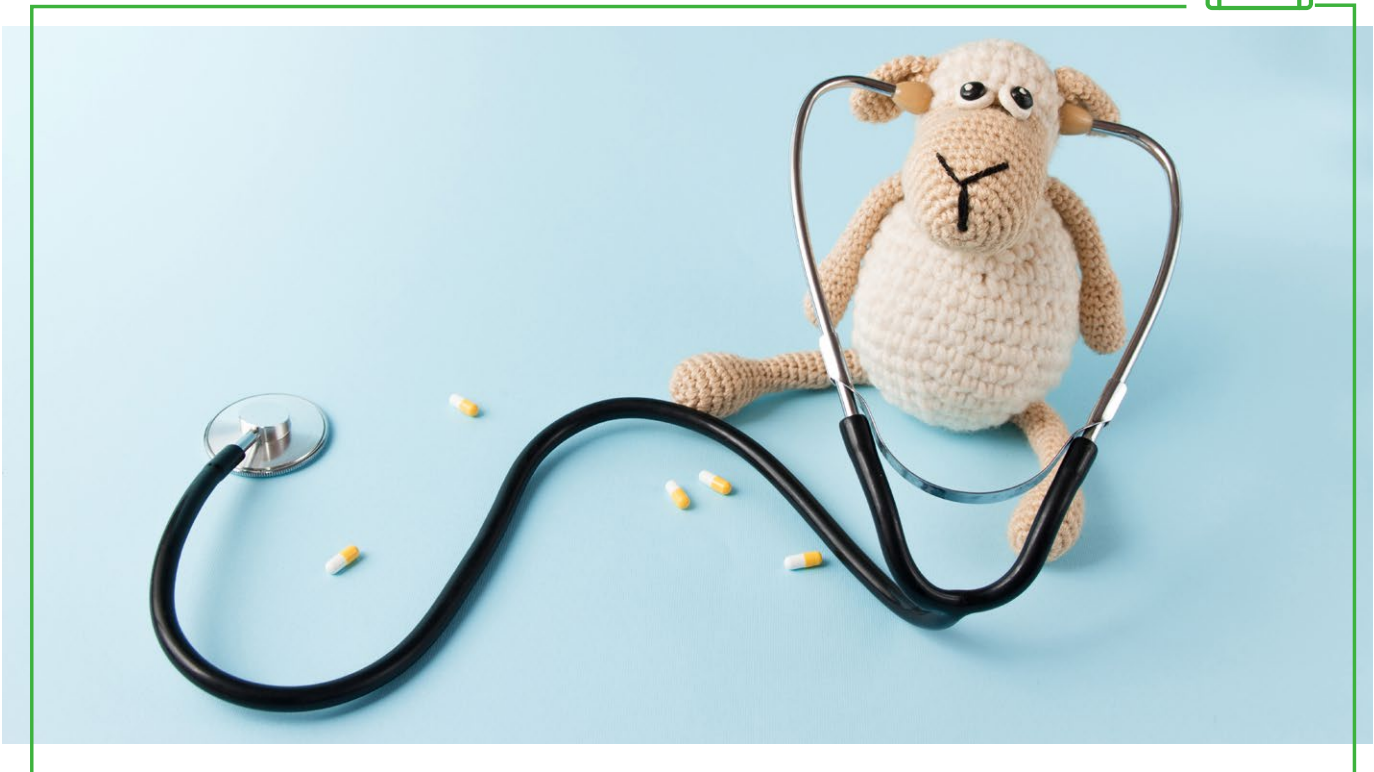
PLAY THERAPY AND EDUCATION SERVICES AT KAMUZU CENTRAL HOSPITAL

All hospitalised children miss out on significant portions of their school work. Children who stay for longer periods of time or have multiple hospitalisations usually need to repeat a term or even the whole year of school. Some do not even return to school to finish their education.

Also, hospitalised children face many emotional stresses. Play therapy is a form of counselling that uses play to help children resolve psychosocial challenges. To help with this, the nutrition sub-department provides on-site education, play therapy, and stimulation therapy to children admitted at Kamuzu Central Hospital.

Through the Haematology Oncology project, and with individual donations, the sub-department provided toys and education materials for this initiative. There is a small play centre at Kamuzu Central Hospital run by four volunteers who are provided monthly stipends through Global HOPE.

Fatsani Ndolo, a year 6 student from Kasungu, was one of our patients in play therapy and on site school during the end-of-year term. When discharged, she went to her school with a letter of recommendation and was allowed to write her exams. Fatsani got sixth position in a class of 125, and she has been promoted to year 7 in September. We are proud of Fatsani, who performed as good and often better than her fellow learners who were not hospitalised.





COMMUNITY HEALTH

We have a very successful community health programme led by two community health workers and two community health nurses. Through their efforts, we have brought many patients who have defaulted on their treatment back to care. They follow up with HIV-positive children who have absconded from the wards (many of them newly diagnosed) and with patients who have missed their appointments. They link newly diagnosed patients to care, and they offer emotional support to those who are struggling with the challenges of taking daily medications or other challenges associated with their chronic illness. During this report period, we visited 423 patients at home and called 526. We linked 276 newly diagnosed patients and guardians to care at the Baylor Malawi COE.

GLOBAL HOPE

Global HOPE (Haematology-Oncology Paediatric Excellence) is a comprehensive initiative which will build long-term capacity to treat and dramatically improve the prognosis of thousands of children with cancer and blood disorders in southern and eastern Africa.

The Challenge: 90% of children with cancer in Africa, including Malawi, die of the same diseases that are curable in other parts of the world.

The Solution: Texas Children's Hospital and Baylor International Paediatric AIDS Initiative (BIPAI) have launched a historic effort called Global HOPE, the first and only initiative focused on building long-term capacity to treat and dramatically improve the prognosis for children with cancer and blood disorders in Malawi.

Updates

- Dr. David Poplack and high-level directors at Texas Children's Hospital in Houston visited Malawi in February 2019 for the Global HOPE Leadership meeting and International Childhood Cancer Day celebrations on 16 February 2019. During this visit, Dr. Poplack met with government officials, COE leadership, BIPAI Board Chairperson Michael Mizwa and Bristol-Myers Squibb Foundation President John Damonti.
- Global HOPE has been mandated by the leadership of Kamuzu Central Hospital to move to the newly constructed Malawian Cancer Institute so that the centre can focus on diagnosing and treating both adult and paediatric cancers.
- Lions Club International awarded Global HOPE a \$1 million grant to support the development of state-of-the-art oncology pharmacies throughout Malawi. In September, we received an impromptu visit from Brian Sheehan, the 2nd Vice President of Lions Club International.
- In the past month, PHO received in-kind donations totaling about 3 million Malawian kwacha (~US\$4,200) toward nutritional support to the patients. The donations mainly came from an annual fundraising event (which Lions Club International organised), community groups, individuals, and companies.
- Global HOPE Malawi was recipient of a \$100,000 grant from the US pharmaceutical company Celgene to support nursing and pharmacy education. The grant is renewable based on performance.

Palliative Care

The palliative care team continued to provide palliative support, including psychosocial support services, to both patients and caregivers in clinic and in their homes. Ninety-two patients and their families have received support during the year under review.

TINGATHE OUTREACH PROGRAMME (TSP)

Tingathe, which means “together we can” in Chichewa, supports the Ministry of Health to provide comprehensive HIV services throughout Malawi in an effort to achieve the UNAIDS 95-95-95 targets. Tingathe’s technical objectives are to optimise the identification of new HIV cases, link HIV-positive clients to treatment, retain them in care, drive viral suppression among clients, and provide gender-based violence (GBV) and cervical cancer services.

The Tingathe programme has continued to strengthen Malawi’s health system through human resources support, helping establish efficient systems, promoting quality service delivery, and assisting with basic infrastructure. In 2018-19, USAID funded Baylor Malawi as one of three partners implementing the Innovative HIV Services for Malawi, rapidly expanding from four districts to seven, for a total of 120 sites. Baylor Malawi, through the regional TSP programme, took over direct funding of Tingathe from the USAID consortium funding mechanism through Right To Care, an organisation based in South Africa, in June 2018, with a planned transition to direct country-level funding by the start of 2020 as the TSP regional programme closes. From October 2018, we expanded our efforts in cervical cancer and GBV, and to date we have provided services to nearly 1,000 survivors and screened over 10,000 women living with HIV for cervical cancer. Tingathe’s rapid growth from 66 to 120 sites in one year coincided with our re-launch of an official brand identity and strategy in all seven districts in order to increase the consistency and visibility of the Tingathe programme.

INCREASED SCREENINGS AND OUTREACH

Tingathe is committed to ensuring all Malawians know their HIV status. Workers provided testing to more than one million people during 2018-19. They accomplished this through screenings at supported health facilities and through targeted community outreach 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 (known as index case testing, or ICT). ICT was again Tingathe’s highest-yield strategy in HIV case identification during 2018-19.

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.

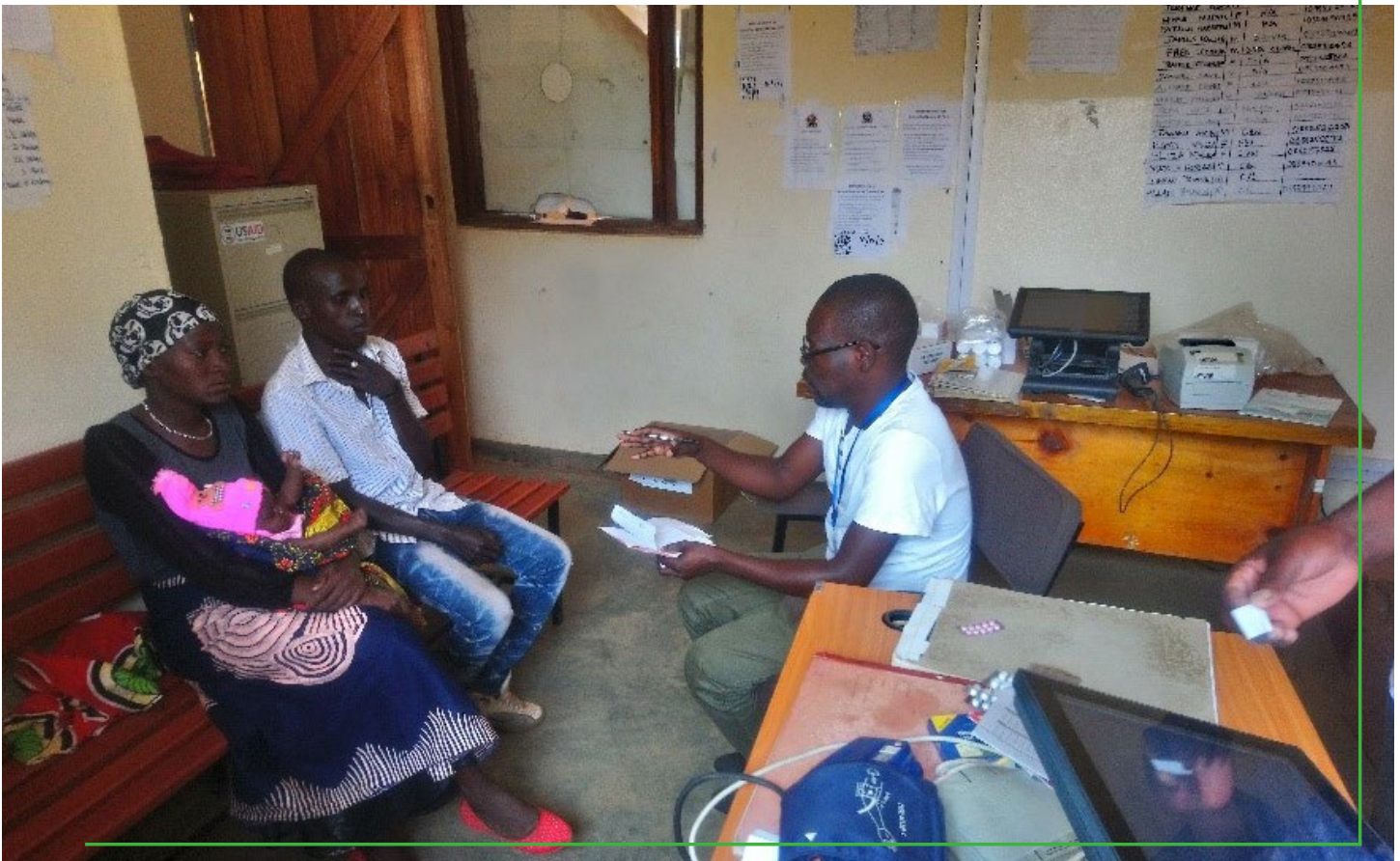
After supporting the development of the country’s HIV self-testing guidelines and training materials in 2018, in 2019 Tingathe supported the roll-out of the first wide-scale HIV self-testing initiative in Malawi. In 2019, the Tingathe programme trained 342 self-test kit distributors and provided 4,543 self-test kits to people in Mangochi, Mulanje, and Machinga districts.

Our focus on optimised testing has reduced the overall number of clients tested and the number of positives identified, while still achieving 98% of our case-finding target by the third quarter of the year. These differentiated strategies help us focus valuable financial and human resources on not simply testing more individuals, but testing more individuals who are living with HIV, and linking them to — and retaining them in — care. Through Baylor Malawi’s robust monitoring and evaluation and operational research, Tingathe continues to analyse sub-populations and strategies that produce the greatest yield of HIV-positive clients.

STARTING ART AND VIRAL LOAD MONITORING

Once Tingathe identifies someone living with HIV, our health workers begin that individual on life-saving ART. In 2018-19, Tingathe initiated 28,985 (94%) of all clients who tested positive for HIV on treatment. 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 with 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, 89% were virally suppressed. In 2019, Tingathe initiated Intensified Care ART Clinics (ICAC) in 76 sites targeting those clients with more complex cases, such as new ART initiates, clients with high viral loads, children on ART, and clients with coinfections. ICAC provides longer clinic visits to facilitate enhanced treatment to address client-specific challenges and curb disease progression. Through ICAC, clients receive treatment and adherence support, identification and management of ARV side effects, treatment of opportunistic infections, and support for other emerging issues related to HIV care.

Tingathe has also more than doubled the number of Teen Clubs to 59 in six districts, and has begun to streamline the Teen Club into existing clinical ART monitoring systems. Trained Youth Supporters work with adolescents and youth to encourage HIV testing, provide psychosocial support, and promote linkage to care and retention of youths diagnosed as HIV-positive.



*Intensified Care ART Clinics support clients that have more complex clinical or social needs for treatment.

FOLLOWING THE NEED, NO MATTER HOW FAR

The Baylor Malawi adolescent programme collaborates not only with health facilities to manage adherence among children but has also engaged directly with community leaders and guardians. These collaborations have assisted in improving clinic attendance: There are fewer missed appointments and more teens enrolled in Teen Club. A typical example of community and guardian support is happening in Usisya, where guardians bring their children to the clinic a day prior to Teen Club and go back home the following day. People in this area live on the islands of Lake Malawi or deep in the hills, far from the clinic. Parents would often say the distance prevented them from bringing their children to ART appointments. After we established Teen Clubs closer to their homes and engaged with the parents on the importance of psychosocial support and not missing appointments, the parents took their community leaders and health facility leadership to task. Now there is space available at the facilities for Teen Club, and the facility also supports guardians with food that they prepare during the days they are at the clinic. Baylor Malawi, with funding from UNICEF, provides the guardians and children with transport funds to reach the clinic.

MEETING THE NEEDS OF THE MOST VULNERABLE

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 is also responding to high rates (52%) of HIV/TB co-infection. This starts with screening all clients who attend the health facility for TB, and ensuring all TB patients test for HIV. All patients are screened to identify whether they need a test, but not all patients are tested. Those who screen positive as TB suspects are always tested if the client consents. Tingathe clinicians aid in TB diagnosis during ward rounds and provide mentorship to health workers. Presumptive TB registers were placed at ART clinics to ensure documentation and follow-up of presumptive TB cases. During 2018-19, the proportion of clients with HIV/TB co-infection treated for TB while on ART was 98%.

Tingathe provided gender-based violence (GBV) services to 435 survivors at 12 sites in Machinga district from October 2018 to June 2019. The services included health talks to increase awareness and screening to identify survivors of GBV. Tingathe conducted re-orientation training and supportive supervision for clinical staff and community health workers. We developed monitoring checklists and a minimum package of GBV services to be provided, including screenings, and we referred complex cases to specialised care, all of which contributed to improved screening and documentation of cases.

Tingathe is supporting the Ministry of Health to scale up cervical cancer services across nine sites in Balaka, Mulanje, Machinga, Mangochi, Salima, and Phalombe districts. During 2018-19, a total of 10,763 HIV-positive women were screened. Of these, 157 women were found to have possible precancerous lesions. Most (64%) were treated the same day, while the remaining women were referred to other health facilities to treat larger lesions.



EVIDENCE-BASED QUALITY IMPROVEMENTS

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 and to implement 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 assess progress over time, facilitating responsive and increasingly effective programming. For example, the programme has established additional supportive supervision systems and shifted more experienced staffers to lower-performing sites to improve performance and meet service targets. Staff members 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 within the Ministry of Health. This includes trainings for MoH staff and one-on-one clinical mentorship on topics including PITC, treatment resistance, the transition to and provision of dolutegravir (DTG)-based treatment regimes, disclosure, and HIV services for key populations. The programme has also introduced psychosocial counselling services based at high-volume sites.

In response to the availability of the new WHO-backed DTG-based HIV treatment regimens, Tingathe staff supported all facilities in the seven supported districts to transition eligible clients. We provided health talks on transitioning to DTG during ART clinic days to dispel misconceptions associated with this regimen, particularly for women of childbearing age, and to promote awareness about the transition. Prior to initiation, we offered one-on-one or group counselling on the benefits of DTG. By the end of September 2019, Tingathe had transitioned 57% (104,282) of all our ART clients to DTG in six supported districts.

In 2019, Baylor Malawi became the prime implementing partner for the Tingathe programme, expanded from four districts to seven, and nearly doubled the number of sites. The Tingathe team looks forward to the opportunity to increase Baylor Malawi's impact across the country.



TEEN MOTHERHOOD PROGRAMME

The goal of this programme is to prevent mother-to-child transmission of HIV amongst pregnant adolescents and young people living with HIV in Malawi through increased access to comprehensive clinical, psychosocial, sexual, and reproductive health services that will positively influence healthy decisions, parenting techniques, self-care skills, and also delay future pregnancies.

During the reporting period July 2018 to June 2019, the Baylor Malawi COE and two other sites — Salima District Hospital and Lifuwu Health Centre — continued to provide quality comprehensive services, such as antenatal and post-natal care; psychosocial support; sexual and reproductive health services, including family planning; and cervical cancer screening.

Participation in the programme positively influenced young women and adolescents on HIV self-care, adherence to ART, sexual health decision-making and life-skills that lead to life-long viral suppression, thus reducing mother-to-child transmission of HIV and preventing future unintended pregnancies.

The programme recruited 77 clients in the three sites, surpassing the annual target of 60.

Apart from presenting the topic for the month, the following themes were also discussed with each client during each visit:

- Adherence to ART
- Danger signs of pregnancy and post-natal period
- Danger signs for the infant
- Importance of giving Nevirapine to the infant

The following are highlights of the activities conducted in the reporting period:

- Provision of antenatal and post-natal services to young mothers and their babies
- Checking adherence status
- Physical examination
- Viral load checking
- Taking blood for DNA PCR tests for babies at 6 weeks after birth

MALAWI MATERNAL AND NEONATAL HEALTH PROGRAM

The Baylor Malawi program in Maternal and Neonatal Health program is engaged in local, national and international programs to:

1. Provide excellent clinical care to medically under-represented patients,
2. Educate existing health care providers and the next generation of women's health care leaders and
3. Perform paradigm changing research in to critical medical and surgical problems in low resource setting.

We focus in four major areas in Malawi including:

1. A public -private partnership with the Malawi Ministry of Health at the Area 25 hospital in Lilongwe
2. Surgical consultation care at the Freedom from Fistula Foundation Fistula Care Center at Bwaila Hospital in Lilongwe
3. Consultant level clinical care and teaching at the Kamuzu Central Hospital and
4. Partnership with the Malawi College of Medicine Obstetrics and Gynecology Residency program

Achievements:

- Completed building and opened the operating theatre suite at Area 25
- Nearly doubled the number of deliveries performed at Area 25
- Participated in over 400 obstetric fistula surgeries
- Published over ten scientific publications in peer-reviewed journals

Challenges:

- Some communication issues which are inherent to a new enterprise and model which were managed on a case by case basis and resolved
- Unpredictable shortages of supplies , equipment, water and electricity
- Personnel challenges
- Difficult expanding workforce to meet increasing numbers of deliveries and surgeries.

Plans for next year:

- Establish new postpartum, post-operative and neonatal unit design that aligns with funding availability at Area 25
- Complete Maternity extension at Area 25
- Implement Artificial Intelligence driven fetal monitoring
- Solidify partnership with Malawi University of Science and Technology
- Integrate new Fistula Care Centre leadership in to Baylor Malawi team
- Maintain funding for Malawi COM OBGYN residency

EDUCATION

THE POWER OF KNOWLEDGE IN THE FACE OF TRAUMA

Mphatso (pseudonym), a 13-year-old girl from Usisya, was walking home alone from school one day when she felt someone gripping her and pulling her to the ground. She tried to get back to her feet, but the man she was wrestling with was too strong. The next few minutes were horrifying. The man ran off, but she recognised him as someone from her community. A few days before, she had attended a Baylor Malawi training on sexual gender-based violence, in which health workers informed local community leaders and guardians about how to report violence and get support. Mphatso had assumed she would never need this information. After all, she knew most of the people in her community, and who could do something so unspeakable to a child? She got up from the ground and tearfully went home. She reported the case to her family, who immediately followed procedure in supporting their daughter, just as they had been instructed. At hospital, she filed a police report. The community engaged the Child Justice magistrate who managed the case at the community. The culprit was caught and sentenced to 15 years in prison with hard labour. Mphatso is still getting psychosocial support from the Teen Club mentors and other facility staff in Usisya.

VOLUNTARY ASSISTED PARTNER NOTIFICATION

One important area of our index testing strategy is known as voluntary assisted partner notification (VAPN), which has supported thousands of clients over the years to notify their partners and get them tested for HIV. Through 2018-19, Tingathe scaled up routine VAPN implementation by training over 300 providers on how to assist clients in notifying their partners of their HIV-positive status. In efforts to effectively link HIV-positive clients to treatment immediately, the majority of Tingathe-supported sites across the seven districts provide same-day ART initiation. During the reporting period, we provided one-on-one support and mentorship to ART providers who have not yet been trained on the new guidelines.

DISCLOSURE TRAININGS

We conducted disclosure trainings for local staff in Mulanje, Mangochi, and Machinga on disclosure processes and counselling skills. The staff members of these facilities were trained in adolescent care with a focus on the disclosure of HIV status to infected children in an age-appropriate manner. These trainings will help the health workers to conduct partial and full disclosure sessions and to address psychosocial issues affecting adolescents living with HIV.

CERVICAL CANCER SCREENINGS

Women living with HIV are at increased risk of cervical cancer in addition to other morbidities. In response, Baylor Malawi trained community nurses and other providers to conduct visual inspection with acetic acid screenings, resulting in the identification of over 150 women with precancerous lesions, all of whom were either immediately treated or referred to district hospitals.

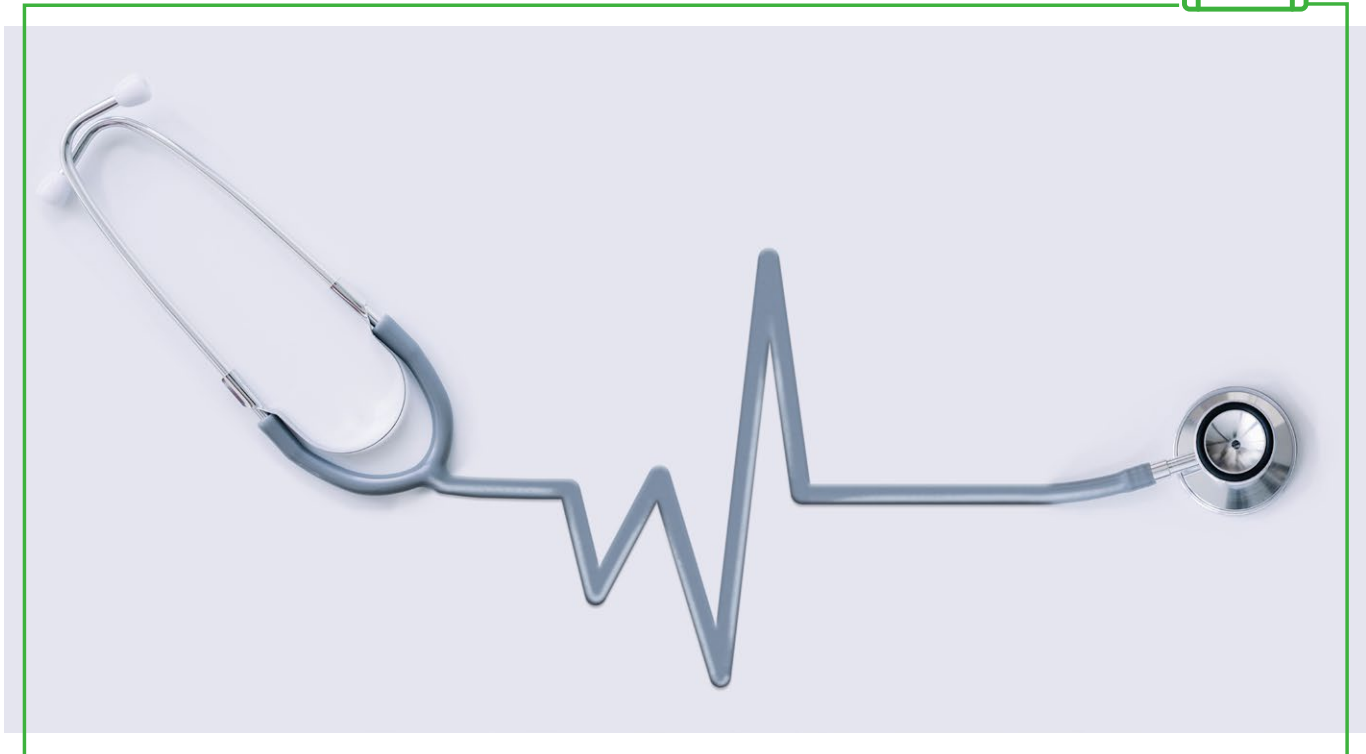
HIV SELF-TESTING

Baylor Malawi trained over 200 staff members on the use of HIV self-testing kits in Balaka, Salima, Phalombe, Mulanje, Mangochi, Lilongwe, and Machinga districts. This will increase access to HIV self-testing kits among the hard-to-reach population we're targeting: men and young people.

Index case testing has been an instrumental strategy in achieving targets related to yield because it focuses on those who are most likely to be HIV-positive but do not yet know their status. Index testing has also provided the greatest yield of HIV-positive clients of all testing strategies used by Tingathe. Sustained trainings and mentorship continue to improve the quality and implementation of these screenings throughout all supported sites.

NUTRITION TRAININGS

The nutrition team also contributes to our education mission, particularly through trainings for the many interns who rotate through the Baylor Malawi nutrition department. This year we have supported 22 nutrition interns both from local colleges and through a Ministry of Health collaboration.



FEATURE STORY

Testimony

Bright and Chifuniro, aged 9 and 10, are brothers with the same diagnosis, Burkitt lymphoma, a cancer which affects the immune system. At the time of first presentation at the paediatric haematology-oncology clinic, the kids were severely malnourished and sick. They were kept in the intensive care unit for a week before being admitted to the oncology ward. They were on oxygen for more than two weeks as they steadily improved. Though still on treatment, the family is in disbelief to see their sons walk, attend school, and play with their peers.



SCHOLARLY ACTIVITY

PUBLICATIONS

1. Flick R, Simon K, Nyirenda R, Namachapa K, Hosseinipour MC, Schooley A, Kavuta E, Theu J, Kazembe PN, Ahmed S, Kim MH. The HIV diagnostic assistant—early findings from a novel HIV testing cadre in Malawi. *AIDS* 2019; 33(7): 1215-24. PMID: 31045942. Doi:10.1097/QAD.0000000000002159.
2. Siberry GK, Amzel A, Watts DH, Ahmed S. Supplement introduction: Accelerating children's HIV/AIDS treatment (ACT) initiative: Using what we learned to maintain the pace to close the pediatric HIV treatment gap. *J Acquir Immune Defic Syndr*. 2018 Aug 15;78 Suppl 2:S63-S64. PMID: 29994826. doi: 10.1097/QAI.0000000000001728.
3. Kim MH, Wanless RS, Caviness AC, Golin R, Amzel A, Ahmed S, Mhango J, Damba D, Kayabu A, Chodota M, Dlamini S, Chidah N, Mokhali M, Calles NR, Abrams EJ. Multimonth Prescription of Antiretroviral Therapy Among Children and Adolescents: Experiences from the Baylor International Pediatric AIDS Initiative in 6 African Countries. *J Acquir Immune Defic Syndr*. 2018 Aug 15;78 PMID: 29994828.
4. Simon KR, Flick RJ, Kim MH, Sabelli RA, Tembo T, Phelps BR, Rosenberg NE, Ahmed S. Family Testing: An Index Case Finding Strategy to Close the Gaps in Pediatric HIV Diagnosis. *J Acquir Immune Defic Syndr*. 2018 Aug 15;78 Suppl 2:S88-S97. PMID: 29994830. doi: 10.1097/QAI.0000000000001731.

ABSTRACT PRESENTATIONS

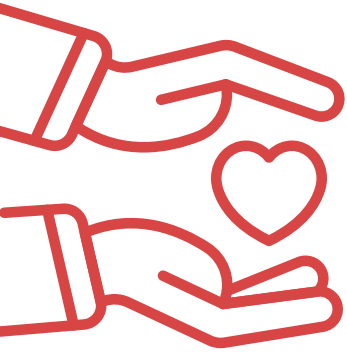
1. Mazenga AC, Kim MH, Ahmed SA, Mlotha V, Kazembe PN, Moodie R, O'Hare B. The relationship between depressive symptoms and adherence to antiretroviral therapy in adolescents living with HIV. Oral Presentation, 7th Malawi Mental Health Research and Practice Development Conference Meeting 2019, Blantyre, Malawi. 10th and 11th June 2019.
2. Kim MH, Mazenga AC, Yu X, Simon K, Nyasulu P, Kazembe PN, Kalua T, Abrams E, Ahmed SA. Factors associated with burnout amongst healthcare workers providing HIV care in Malawi. Oral Presentation, 7th Malawi Mental Health Research and Practice Development Conference Meeting 2019, Blantyre, Malawi. 10th and 11th June 2019.
3. Bvumbwe MJ, Dziweni L, Ulaya K, Masambuka M, Kazembe PN. Viral re-suppression in suspected second-line HAART failure in the era of intensive adherence counselling (IAC) sessions at Baylor Clinical Centre of Excellence Lilongwe, Malawi. Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
4. Simon K, Holmes B, Maulidi B, Solanki A, Matupa E, Bvumbwe BJ, Odo M, Kazembe PN, Kim MH. Early results from provision of lopinavir/ritonavir (LPV/r) pellets as part of first and second-line ART regimens for young children in an urban health center in Malawi. Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
5. Mazenga AC, Maleta K, 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. Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018
6. Simon K, Hartig M, Wetzel E, Chester E, Chembezi C, Kabwinja A, Nkhono Z, Kavuta E, Nyirenda R, Kazembe PN, Ahmed S, Kim MH. The surge: a targeted, multi-strategy approach to accelerate HIV case finding in Malawi. Poster presentation, International AIDS Society Conference 2018, Amsterdam, Netherlands. . Abstract Number: WEPEE66 and Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
7. Villiera J, Kamiyango W, Mehta PS, Kazembe PN, El-Mallawany NK. Potential for improved survival outcomes after treatment with intensified chemotherapy and antiretroviral therapy in children with pulmonary Kaposi sarcoma presenting with severe pleural effusions. Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
8. Tembo T, Simon K, Ahmed S, Beyene T, Wetzel E, Kabwinja A, Kammera W, Chibowa H, Chavula B, Nkhono Z, Kavuta E, Kazembe PN, Kim. Scale-up of a passive referral model of HIV index case testing to accelerate case identification in Mangochi, Malawi. Poster presentation, International AIDS Society Conference 2018, Amsterdam, Netherlands. Abstract Number: WEPEE593 and Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
9. Wanda W, Manda G, Mpsa A, Wachepa S, Mtete I, Butia B, Chasela M, Sabantini M, Chirwa G, Bank R, Mulemba T, Itimu S, John

- T, Wasswa P, Huibers M, Kazembe PN, Martin S. Treatment outcomes of paediatric non-hodgkin lymphoma (NHL) following chemotherapy completion: a single centre experience- Kamuzu Central Hospital (KCH), Malawi. Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
10. Wetzel E, Simon K, Beyene T, Turetsky R, Kabwinja A, Kammera W, Chavula B, Chikoti C, Chibowa H, Mhango J, Kazembe PN, Ahmed S, Kim MH. Achieving the second 90: Linking adolescents living with HIV to treatment in rural Malawi in the era of test and treat. Poster presentation, International AIDS Society Conference 2018, Amsterdam, Netherlands. Abstract Number: AbA-899-0188-08544 and Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
 11. Makoza B, Makuti S, Magalasi P, Mikwamba G, Mafeni C, Katema C, Daire C, McKenney A, Lungu J, Kazembe PN. Evaluating the impact of child HIV disclosure trainings to health care workers in 13 health centers in Malawi. Oral Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
 12. Manda G, Wanda W, Mpasu A, Wachepa S, Mtete I, Butia M, Chasela M, Mulemba T, Sabantini M, Chirwa G, Bank R, Lemon S, Nandi B, Huibers M, John T, Wasswa P, Kazembe PN, Martin S. Combination chemotherapy of Wilm's tumour with vincristine, doxorubicin and cyclophosphamide (VDC): challenges and treatment outcomes from a resource limited setting in Lilongwe, Malawi. Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
 13. Wanda W, Manda G, Mpasu A, Wachepa S, Mtete I, Butia M, Chasela M, Sabantini M, Chirwa G, Bank R, Mulemba T, Itimu S, John T, Wasswa P, Huibers M, Kazembe PN, Martin S, Margolin J. Paediatric chronic myeloid leukaemia in Lilongwe Malawi. Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
 14. Ng'ambi A, Tembo T, Chavula B, Kavuta E, Kawonga S, Beyene T, Kazembe PN. Increasing HIV testing uptake among key groups through targeted community outreach setting. Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.
 15. Phiri D, Tembo T, Kawonga S, Mbendala B, Kavuta E, Thomson H, Ulambo J, Beyene T, Simon K, Kazembe PN. Voluntary HIV counselling and testing of family members of adults attending Chinsawa support group led to high HIV case identification in Balaka, Malawi. Poster Presentation, 20th BIPAI Network Meeting, Johannesburg, South Africa, 12th - 16th November 2018.

STUDIES UNDERWAY

1. Kim MH, Mazenga AC, Zomba G, Abrams EJ, Chinkhumba J, Ahmed S, Kazembe PN. VITAL Start: Brief facility based video intervention to improve partner outcomes and maternal retention and adherence to 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 at Mangochi District Hospital, Kawale & Area 25 HCs.
2. 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.
The main aim of this study is to evaluate the effectiveness of Voluntary Assisted Partner Notification (VAPN) in real-world programmatic settings; a non-randomized, stepped wedge study in high volume facilities in 6 high HIV burden focus districts (Blantyre, Zomba, Chikwawa, Machinga, Mangochi and Lilongwe urban). The conduct of the study was being overseen by MOH, CDC and USAID. Baylor College of Medicine Children's Foundation was supporting the implementation of the evaluation.

PARTNERS



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



BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION
MALAWI
2019