VISION
A healthy and fulfilled life for every HIV-infected or affected child and his family.

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

If there is a silver lining to be found in the HIV/AIDS pandemic, it is that the models of care BIPAI began developing 20 years ago are now being applied successfully to other devastating childhood health conditions.

Little did we know that the physical infrastructure and relationships we began building to address the HIV crisis would one day provide a foundation strong and adaptable enough to transform pediatric and maternal health services in widely disparate resource-limited settings.

Today, BIPAI treats approximately 250,000 children and family members with HIV/AIDS, tuberculosis, malaria, sickle cell disease, malnutrition, pediatric cancers and a host of issues related to maternal health.

This year we received a significant affirmation that our programs are among the best in the world: The U.S. Agency for International Development awarded a $69.8 million grant to provide technical assistance to support programs of the U.S. President’s Plan for Emergency AIDS Relief (PEPFAR) in Angola, Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe.

With this additional funding, our expanding mission to address all childhood health issues, not just HIV, means that BIPAI remains more relevant, determined and hardworking than ever.

Very best wishes,
Mark W. Kline, M.D.
President, Baylor College of Medicine International Pediatric AIDS Initiative
Physician-in-Chief, Texas Children’s Hospital
J.S. Abercrombie Professor and Chairman, Department of Pediatrics
Baylor College of Medicine
BIPAI now operates in 14 countries, providing family centered, pediatric care, education for medical professionals and operational research to improve care. The countries in blue indicate where we have centers and satellite clinics. Countries in yellow indicate where we have community outreach programs or have a long-term faculty presence.

In a sign that prevention programs are working, the center in the capital city of Mbabane, Swaziland, has received no new infant patients since 2012, meaning significantly fewer babies are being born HIV+. Botswana has seen results almost as encouraging. The challenge now is to strengthen prevention programs in rural areas.
2015-2016 Accomplishments

- Baylor-Malawi awarded a $69.8 million grant from the U.S. Agency for International Development to support a new program to bolster PEPFAR's HIV and AIDS efforts in the region and expand best practices to Angola, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.
- Celebrated the 10-year anniversary of the Pediatric AIDS Corps/Global Health Corps, a program that sends U.S. physicians to contribute to the strengthening of local health systems by providing clinical care for children and their families and conducting capacity enhancement programs with local health professionals.
- Expanded Romania Center of Excellence by adding a third floor to accommodate growing programs.
- Supported the adoption and implementation of the Test and Treat program, a national initiative in Lesotho, which is the first African country to fully implement the WHO recommendation that all people living with HIV should receive treatment.
- Expanded cervical cancer screening of mothers in Malawi and Swaziland, a leading cause of death among HIV+ women of childbearing age.
- In Botswana, expanded program to refill antiretroviral medicines in churches and schools near patients’ homes to make it easier for patients to get and remain on their medication.
- Launched a Mother-Baby Pair pilot program in Swaziland to improve early-infant diagnosis by testing and treating mothers and their infants in the same visit, which improves outcomes for both.
- Celebrated 10-year anniversary of our Centers of Excellence in Lesotho and Swaziland.
- Received $1.3 million in medical equipment and supplies from The American Foundation for Children Living with AIDS for health facilities in remote districts in Uganda.
- Completed the SAINTS project in Uganda. The six-year, $11 million SAINTS (Supporting and Improving National Training Systems) project increased the pool and availability of health workers, including midwives and laboratory staff, throughout the country.
- Developed a training program on pediatric palliative care for health workers in Swaziland, which addresses pain management and psychosocial issues, with a special emphasis on infants and adolescents, the groups most likely to succumb to HIV.
- Launched a new program in Malawi to improve the lives of teens living with HIV by helping them delay first pregnancy and improving self-care skills.
- Established a nation-wide HIV/TB helpline for Ugandan health workers with questions about treatment. The call center is staffed by a pediatrician, counselor and pharmacist.
- Created a pilot BIPAI Pharmacy Network, a forum that enables pharmacy personnel to share best practices, engage in continuing professional development, and identify peer points of contact for collaboration.
- Developed a summer global health internship for two graduate-level students at headquarters to learn and contribute to the management of international maternal-child health programs.

GETTING TO ZERO
A framework for our HIV programs

BIPAI builds its HIV programs around an ambitious, but achievable target set by UNAIDS:

90-90-90
This means that by the year 2020:
- 90% of all people living with HIV will know their HIV status.
- 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
- 90% of all people receiving antiretroviral therapy will achieve viral suppression.

BIPAI is working to help make 90-90-90 a reality by:
- Testing to identify patients for early treatment
- Preventing the spread of HIV from mothers to children through testing and treatment
- Expanding services to rural communities
- Educating local health professionals on HIV and pediatrics specialty care
- Researching best practices for resource-limited settings

GOAL
END THE AIDS EPIDEMIC
Nothing showcases BIPAI’s years of work better than the 2016 award of a $69.8 million grant from the United States Agency for International Development (USAID) to the Baylor College of Medicine Children’s Foundation-Malawi.

Seen as an affirmation of BIPAI’s decades of life-changing programs on the continent, the grant will support and expand its existing HIV/AIDS projects across Southern Africa. Southern Africa remains the epicenter of the HIV/AIDS epidemic, and a coordinated, regional effort will help countries address ongoing challenges to HIV care and treatment for children and teens.

The money will support technical assistance for HIV and AIDS efforts in the region and expand best practices to Angola, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia and Zimbabwe.

Called TSP, short for Technical Support to PEPFAR Programs in the Southern Africa Region, the team will work with ICAP at Columbia University and BIPAI-affiliated foundations in Botswana, Swaziland, Lesotho and Angola.

The Baylor College of Medicine - Abbott Fund Children’s Clinical Centre of Excellence (COE), situated on the campus of Kamuzu Central Hospital in Malawi’s capital city of Lilongwe, will operate as headquarters for the administrative work behind this monumental effort.

Key among TSP’s objectives will be to provide a common regional platform for dissemination and rapid adoption of best practices.

Baylor-Malawi and its partners have organized experts who provide a technical advice backbone for the program. Through its implementing partners, this team can access a network of more than 1,500 people, including doctors, nurses, social workers, counselors, community health workers, volunteers and pharmacists.

These experts will be called upon to help countries expand prevention, care and treatment programs for HIV/AIDS, build local capacity and improve pediatic and adolescent treatment services in the region.

As with all BIPAI programs, women and children are a special focus of TSP. It aims to eliminate mother-to-child transmission, double the number of children on antiretroviral therapy and, through the DREAMS Initiative, address gender-based violence and reduce new HIV infections in adolescent girls and young women. DREAMS, or Determined, Resilient, AIDS-free, Mentored and Safe Women, is a PEPFAR program to reduce HIV infections among girls and young women in sub-Saharan Africa.

The TSP grant is the second largest grant ever received by Baylor College of Medicine or its affiliates.
Behind the Scenes: Sithembire Dunda

People usually think of doctors and nurses when considering who is needed to care for children and families with HIV. However, a host of lesser-known professionals contribute to BIPAI’s world-class operations.

Sithembire Dunda is one such employee. Dunda serves as facilities management manager for the Baylor-Malawi COE in Lilongwe, in charge of building management, maintenance and transportation. This spring, Dunda became the first BIPAI employee to receive certification as a Facilities Management Professional from the International Facilities Management Association.

Certification required he study four modules and pass tests on each one. The study schedule called for finishing one module a quarter to become certified in one year, but as Dunda says, “I was so excited I completed all four in one quarter.”

Dunda says what he learned during his studies helps him bring greater efficiencies to his job and get better value for building services and equipment purchases. Plus, preventive maintenance has helped him reduce repair costs and equipment downtime. “It affects patient care if the lights don’t work or a doctor can’t access the EMR.”

In just one example, Dunda implemented a simple weekly check for the center’s vehicles and made sure drivers received training in basic mechanics. These actions eliminated break-downs when medical staff travel to provide care in rural areas, which helps doctors see more patients. “Our vehicles are assets worth US$40,000 to US$50,000. We should keep them in good working order and make them last as long as possible.”

Education of local health professionals remains a key component for BIPAI to build sustainable programs in the countries where it operates. This year, BIPAI trained 10,696 physicians, nurses, pharmacists, dietitians and social workers across its network countries.

Side-by-side mentoring in the high-volume setting of its centers and clinics helps build a professional’s confidence and comfort in providing HIV care and its common coinfections. Didactic training builds specialty knowledge in the care and treatment of children living with HIV.

To increase local capacity, BIPAI manages the Global Health Corps, a team of 24 physicians. These doctors work as healers, teachers and mentors, in countries where few specialists are available.

A unique educational program in the BIPAI Network occurs in Papua New Guinea. There, a BIPAI public health specialist and a pediatrician teach in the country’s medical and public health school to help increase the number of health care professionals. They also train medical residents at the Port Moresby General Hospital and conduct research into malnutrition and tuberculosis among the hospital’s pediatric patients.

Community education also features prominently into BIPAI’s efforts, with its Centers of Excellence hosting testing days, and its workers attending community festivals to discourage stigma and offer public education.

Community health workers in the Health and Indigenous Self-Sufficiency in La Guajira program known as SAIL help reduce childhood malnutrition and maternal mortality in the indigenous population of La Guajira, Colombia.
RESEARCH
Since its founding 20 years ago, BIPAI has been committed to improving pediatric HIV care and treatment through operational research grounded by a professional monitoring and evaluation program to strengthen the services we provide. Researchers use data collected to highlight successful interventions such as drug therapy or behavioral change, model practices that can be replicated, and inform others about lessons learned.

Information is also used to determine if planned program objectives are achieved, if target populations have been reached and the quality of services has improved.

Published research from July 1, 2016 - June 30, 2016
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• Dinardo, A, Lange, C, Mandelalas, A, 1, 2, 3 (years)… and you’re out. The end of a 1, 2, 3 historic era. Clinical Infectious Diseases, February 2016.

• Ahmed, S, Schwarz, M, Flick, RJ, Rees, CA, Harawa, M, Simon, K, Robison, JA, Kazembe, PN, Kim, MH. Lost opportunities to test and treat HIV-positive patients: Results from a baseline assessment of provider-initiated HIV testing and counseling (PTC) in Malawi. Tropical Medicine & International Health, January 2016.

See more research articles on the BIPAI website: www.bipai.org.
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Right: Michael Mizwa, right, BIPAI COO and director, Texas Children's Global Health, shakes hands with Dr. Alfred Madigele, Botswana's assistant minister of health, after signing a memorandum of agreement at the Ministry of Health in Gaborone, Botswana. The Botswana-Baylor Children’s Center of Excellence and the government of Botswana agreed to build the first children’s hematology and cancer center of excellence in Africa.
SPONSORS

All BPAI programs are made possible through the generous support and close partnership of the following organizations and governments:

Back photo: Consistent care and counseling helps prevent mother-to-child transmission of the HIV virus. Here a pediatrician in Constanta, Romania, performs a health check for a HIV-negative baby born to an HIV-positive mother.

Traditional dancers perform at the 10th Anniversary Celebration for the Baylor College of Medicine-Abbott Fund Children's Clinical Center of Excellence at Kamuzu Central Hospital in Lilongwe, Malawi.