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

The photography in this report was generously provided by Smiley Pool.
Dear friends,

There is nothing good about HIV. But if there’s a silver lining to the global HIV pandemic, it’s this: we’ve figured out an efficient, effective model to deliver life-saving care in the most resource-limited places on earth.

Now, more than 350,000 children in sub-Saharan Africa, Romania, Papua New Guinea and South America are living happier, longer lives with our support. I’m not aware of any healthcare organization with more active patients than the Baylor College of Medicine International Pediatric AIDS Initiative.

Even as we continue to provide lifelong support for HIV patients, testing services, and prevention programs, we have already begun to tackle other pressing health problems. We now have robust tuberculosis programs throughout our network, as well as treatment for malaria, hepatitis, and cancer, screening for sickle cell, and obstetric services. We do not turn away patients in need. In fact, we actively seek them, with teams going door to door to screen contacts of patients with communicable diseases. We have learned to become as efficient, relentless, and thorough as the diseases we’re fighting.

All our work was validated last year in the form of a $50 million grant from the Bristol-Myers Squibb Foundation, which we are required to match from other donors, to establish a pediatric cancer network. Twenty-two years ago, we envisioned a future for kids with HIV and no treatment options. Today, hundreds of thousands of those kids are growing up, going to school, getting jobs, and imagining a future for themselves. Our care model works. It’ll work for cancer, too.

Thank you for facing these challenges with us. Your support has made all of this possible.

Very best wishes,

Mark W. Kline, M.D.
Physician-in-Chief, Texas Children’s Hospital
Chair, Department of Pediatrics, Baylor College of Medicine
Founder & President, BIPAI

Right: Dr. Mark Kline is BIPAI’s founder and president.
Photo courtesy of Texas Children’s Hospital
WHERE WE WORK

Headquartered in Houston, Texas, USA, BIPAI now reaches 20 countries, providing family centered pediatric care, education for medical professionals and operational research to improve health outcomes. The countries in blue indicate where we have Centers of Excellence and satellite centers. Countries in yellow indicate where we have community outreach programs or long-term faculty presence.

BIPAI Centers of Excellence
• Gaborone, Botswana
• Maseru, Lesotho
• Lilongwe, Malawi
• Constanța, Romania
• Mbabane, Swaziland
• Mwanza, Tanzania
• Mbeya, Tanzania
• Kampala, Uganda

BIPAI Satellite Centers of Excellence
• Botha-Bothe, Lesotho
• Leribe, Lesotho
• Mohale’s Hoek, Lesotho
• Mokhotlong, Lesotho
• Q’acha’s Nek, Lesotho
• Hlatikulu, Swaziland
• Manzini, Swaziland
Global Health Programs

- Angola
- Argentina
- Brazil
- Colombia
- Liberia
- Malaysia
- Morocco
- Mexico
- Nicaragua
- Philippines
- Papua New Guinea
- Saudi Arabia
- Sierra Leone
SAVING LIVES AS A MATTER OF POLICY

How BIPAI has quietly left its mark on entire public health systems.

In Uganda, a Baylor research paper on antiretroviral therapy adherence in children led to a new nationwide policy.

In Romania, Baylor staff headed an initiative to improve sexual education in rural schools. In Papua New Guinea, a Baylor doctor helped write parts of the treatment manual for general pediatrics used by physicians throughout the country.

Wherever the Baylor College of Medicine International Pediatric AIDS Initiative operates, it has occupied a central role in guiding national health policy. BIPAI’s mission has always been to treat people, care for them, and prevent others from getting sick. But the world-class expertise of its medical professionals and the depth of their practical experience have made BIPAI a key resource for governments and other organizations.

“If they’re looking for people who know the local situation and have a lot of expertise and on-the-ground experience, they frequently end up asking our folks to contribute,” said Dr. Mark Kline, president and founder of BIPAI. “That’s been happening from Day One. I wouldn’t call it our primary mission focus, but it’s an important aspect of what we do. We influence national guidelines.”

BIPAI operates in countries with scarce resources to fight the world’s most destructive diseases. And that includes financial and human resources. Baylor doctors are often among the few—or the only—pediatricians where they work.

Swaziland is a representative case. Baylor-Swaziland has at least one physician (sometimes two) sitting on the Ministry of Health’s HIV-related technical working groups. They frequently make presentations at important meetings, and they’re often asked to formulate national messaging and to review data for international distribution, said Dr. Magnus Beneus, a BIPAI pediatrician based at the Center of Excellence in Mbabane, Swaziland. National policy documents on pediatric health don’t go out before Baylor-Swaziland has reviewed them.
“In short,” Beneus says, “we have been actively involved at every level in decisions related to pediatric HIV in Swaziland.” For BIPAI donors, the ability to create a lasting policy impact is a major factor in their decision to support the organization. It’s rewarding for Baylor staff as well.

“Directly, my job is to assist with the school of medicine,” said Dr. Henry Welch, a pediatrician attached to The University of Papua New Guinea School of Medicine. “But indirectly, we’ve had a big impact on the areas of malnutrition and TB. We helped write the country guidelines for TB.”

The practical effect of this kind of influence is that children visiting non-BIPAI clinics for care are often seen by a BIPAI-trained doctor applying these country guidelines in their respective practices. In Papua New Guinea, there are 22 practicing pediatricians. “We helped train them all,” Welch said.

BIPAI is at the cutting edge of care delivery in resource-strapped locations, but it does not keep its innovations secret: Doctors regularly publish their methods and results for the public health community to review. In 2016, for instance, a Baylor-Uganda manuscript reported improved adherence among children when Lopinavir doses came in the form of pellets rather than tablets or syrups. It’s a simple thing, but treatment adherence can mean the difference between life and death for a child with HIV. The Baylor-Uganda paper caused the Ministry of Health to adopt pellets as the standard of care nationwide.

It’s not the most glamorous work: attending meetings, preparing talking points, collecting data. But the impact is far-reaching and directly improves the care and well-being of hundreds of thousands of children in each country.

BIPAI is one of the first and largest providers of pediatric HIV treatment and care in the world. “We’ve brought all the experiences of two decades and almost 350,000 patients to bear on the guidelines that doctors around the world now follow,” said Michael Mizwa, chief operating officer. “It’s not the most visible thing we do, but it changes lives.”
“BIPAI continues to expand its impact in the communities where we work treating the most vulnerable and continuing to increase access to care.”

-Michael B. Mizwa

>200,000
Patients

>$50,000,000,000
Annual Network Budget

>1,500
Total Staff

>10,000
Health Workers Trained

Left: Teen Club provides psycho-social support to HIV positive adolescents throughout the BIPAI network.
“The Angola Sickle Cell Initiative works to improve the diagnosis, care and outcomes for infants and children with sickle cell disease. Our work focuses on newborn screening and treatment at two project sites, Luanda and Cabinda.”

- Dr. Gladstone Airewele, Medical Director

32
Total Staff

1,073
Healthcare Workers Trained

52,946
Patients

$1,000,000
Total Budget (USD)

Key Programs:
- Sickle Cell Diseases screening and treatment

Key Accomplishments:
- Tested more than 244,000 children since inception of program
- 2,323 patients have been linked to care
“Training remains at the core of our activities as we seek to impact the capacity of the health system in Añelo to deliver quality pediatric and maternal healthcare services.”

- Agustina Perez, Executive Director

Key Programs:
- Child Health
- Maternal Health

Key Accomplishments:
- Formally registered Baylor College of Medicine Children’s Foundation-Argentina as a non-governmental organization.
- Established a committee of private and government institutions to advise on the primary health issues in Añelo, Neuquen, Argentina.
- Conducted newborn resuscitation training in Añelo to provide adequate services for at-risk newborns.
“We could not have achieved all of this success had it not been for the support of our dedicated staff and their families, partner institutions, the Botswana government, and our clients and their families.”

- Dr. Mogomotsi Matshaba, Executive Director

**Key Programs:**
- Paediatric Infectious Disease Clinic (PIDC)
- Paediatric KITSO Training
- Outreach Mentorship Programme
- Visiting Scholars Programme
- Adolescents Programme
- Botswana Paediatric Haematology and Oncology Programme
- Botswana Comprehensive Care and Support for Orphans and Vulnerable Children Project (OVC Care and Support Project)
- Advancing Partners and Communities (APC) Project
- Collaborative African Genomics Network (CAfGEN)
- Public Health Evaluation (PHE) - Ba Nana Study
“Managing not only the absence of the infirmity or disease but incorporating a holistic approach in our health initiatives is our main driver. Determinants of health such as: lack of water, food insecurity and education are included in our health holistic approach.”

- Ana Maria Galvis, Executive Director

Key Programs:

Care and Treatment
- Pediatrics and Obstetrics & Gynecology
- Community approach to malnutrition
- Food security
- Diagnostic testing
- Vaccinations
- Family planning
- Malnutrition Recovery Center
- First Thousand Days with ICBF

Education
- Safe maternity
- Public health
- Integrated Management of Childhood Illness (IMCI)
- Malnutrition management for children <5
- Midwifery
- Ethnic educational health training for indigenous community

Research
- Maternal and infant mortality
- Anemia and malnutrition in pregnant Wayúu women
- Malnutrition Recovery Center
“This year we have been fully engaged in supporting some of the initiatives the Ministry has adopted, such as ‘Test and Treat’, which has accelerated the country’s progress toward achieving the UN’s 90-90-90 targets.”

- Dr. Edith Mohapi, Executive Director
“As our HIV programmes mature, so do our patients. Thanks to the success of the ART we provide, a large proportion are now older children and adolescents.”

- Dr. Peter Kazembe, Executive Director

3,486
Patients in Care

62
Outreach Sites

$3,900,000
Total Budget

796
Total Staff

127
Centre of Excellence Staff
“Romania remains a country where challenges and difficulties appear to be insurmountable, but we remain confident that every one of us, either Baylor team members, our patients or collaborators represent enablers of positive changes.”

- Ana-Maria Schweitzer, Executive Director

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<th>Active HIV Patients</th>
<th>1,035</th>
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<tbody>
<tr>
<td>Hepatitis Patients</td>
<td>1,274</td>
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<tr>
<td>Total Budget</td>
<td>$698,190</td>
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<tr>
<td>Total Staff</td>
<td>46</td>
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<tr>
<td>Health Workers Trained</td>
<td>154</td>
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“In line with our vision of ‘a nation with healthy and fulfilled children, adolescents and their families,’ we have brought new infant HIV cases down to zero and nearly eradicated lost-to-follow-up patients.”

- Makhosazana Z. Hlatshwayo, Executive Director

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<th>Total Patients:</th>
<th>28,638</th>
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<td>Active Patients:</td>
<td>5,217</td>
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<tr>
<td>Patients on ART:</td>
<td>4,497</td>
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<td>Patients on TB Treatment:</td>
<td>622</td>
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<tr>
<td>Healthcare Workers Mentored:</td>
<td>37</td>
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<tr>
<td>Health Workers Trained:</td>
<td>33</td>
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<table>
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<th>Health Workers Trained:</th>
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<td>Counsellors:</td>
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<tr>
<td>Pharmacists / Assistants:</td>
<td>4</td>
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<td>Expert Clients:</td>
<td>8</td>
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<td>Receptionists:</td>
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<tr>
<td>Social Workers:</td>
<td>4</td>
</tr>
<tr>
<td>Screening Officers:</td>
<td>4</td>
</tr>
<tr>
<td>Lab Technicians / Phlebotomists:</td>
<td>6</td>
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<tr>
<td>Medical / Clinical Officers:</td>
<td>5</td>
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</tbody>
</table>

Swaziland Government Subvention: $915,384

U.S. Government Funding: $607,994

UNICEF Funding: $105,160

Budget: $1,690,090
“In 2017, we concluded our current eight-year grant cycle with USAID, without whose support none of our activities would be possible.”

- Dr. Lumumba Mwita, Executive Director

- Table -

<table>
<thead>
<tr>
<th>Category</th>
<th>Numbers</th>
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<tbody>
<tr>
<td>Tested for HIV</td>
<td>95,233</td>
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<td>Tested at outreach sites</td>
<td>89,311</td>
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<tr>
<td>Children on ARVs</td>
<td>2,630</td>
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<tr>
<td>Lost-to-follow-up</td>
<td>&lt;5%</td>
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<tr>
<td>Enrolled in treatment of ARVs</td>
<td>1,582</td>
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<tr>
<td>Health care workers trained</td>
<td>415</td>
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<tr>
<td>Home visits</td>
<td>163</td>
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<tr>
<td>Adolescent enrolled in Teen Club</td>
<td>163</td>
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<tr>
<td>Adolescent reproductive health counselling</td>
<td>630</td>
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<tr>
<td>Supported orphans, vulnerable children, and caregivers</td>
<td>986</td>
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<td>TB cases prevented</td>
<td>675</td>
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<tr>
<td>Tested for TB</td>
<td>828</td>
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<tr>
<td>163 hands-on clinical trainings at COEs</td>
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</table>
“The recently released Uganda Population-Based HIV Impact Assessment to assess the progress of Uganda’s national HIV response showed that our supported regional blocks registered the highest decline in HIV prevalence over the period 2011-2016.”

- Dr. Adeodata Kekitiinwa, Executive Director

7,786 patients in care
6,525 virally suppressed
9,150 new mothers on ART
93,650,530 total budget (USHS)
7,768 patients on ART
$2.6 M total funding (USD)
7,202 infants tested for HIV - 1st PCR
300,000 new mothers tested for HIV
5,000+ health workers trained
**Key Education Programs:**
- Medical education in Pediatrics
- Public Health
- Malnutrition
- Tuberculosis

**Key Accomplishments:**
- Improved HIV testing rates from 40-80% among children with malnutrition
- Mentored post-graduate students on research, resulting in 2 publications and 1 presentation at a major international conference
- Helped establish and implement a Masters of Public Health training program at University of Papua New Guinea School of Medicine and Health Sciences (UPNG-SMHS)
- Established an Employment Matching Services Program at UPNG-SMHS to help connect newly trained physicians to open positions throughout the country
“I am privileged to be working with Baylor’s clients, watching them get better and stay well, despite the scourge and stigma that HIV inflicts on their daily lives. I love being a part of a safe place for them, and helping build other pockets of safety for HIV+ children throughout the Lake Zone region. In short, I went to med school to fight the good fight, and here, I can’t help but feel that I am.”

- Dr. Alexandra Coria, Former GHC (Tanzania)

Key Focus Areas:
- Malnutrition - Colombia
- Palliative Care - Tanzania
- Adolescent Health - Malawi
- Cervical Cancer - Swaziland
- Health Professional Training - Botswana
- Hematology - Angola
- Tuberculosis - Lesotho

Where Are They Now:
- UNICEF
- USAID
- PEPFAR
- CDC
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Global Health Corps Coordinator
BIPAI has developed valuable partnerships that sustain our work throughout the world. Without these important organizations, corporations and people, we would not be able to sustain these life-saving activities.