



BAYLOR COLLEGE OF MEDICINE
CHILDREN'S FOUNDATION -

MALAWI

2016 - 2017 ANNUAL REPORT



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VISION

A healthy and fulfilled life for every child and their family.

MISSION

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

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

Cover photo: A mother and child in the paediatrics ward at Kamuzu Central Hospital.

Right: Staff and patients enjoy games at during a celebration at the Baylor College of Medicine - Abbot Fund Children's Clinical Centre of Excellence - Malawi.



LETTER FROM THE EXECUTIVE DIRECTOR

Dear Supporters,

As the HIV programme of the Foundation matures, so do our patients. As a result of the success of the antiretroviral treatment programme, a good proportion of them are now older children and adolescents. We are therefore putting a lot of emphasis on the unique services this group of our patients requires. We now 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 line), Camp Hope (a weeklong sleepaway programme, mostly focusing on newly disclosed children) and Young Motherhood (targeting HIV-infected, pregnant adolescents, focused on keeping them in care and to prevent mother-to-child HIV transmission). These programmes are detailed 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 Pediatric AIDS Initiative (BIPAI), has expanded from a purely HIV initiative to one that covers other conditions that threaten the lives of children and their families. We are providing obstetric care at Ethel Mutharika Maternity Hospital in collaboration with the Texas Children’s Hospital’s Global Women’s Health Program, the Ministry of Health, and the Malawi College of Medicine (COM). We are also assisting COM to train obstetrics and gynaecology specialists for their Master of Medicine degree.

In addition to OBGYN, we continue to expand haematology-oncology services at Kamuzu Central Hospital (KCH) as part of Texas Children’s Hospital’s Global HOPE (Haematology-Oncology Paediatric Excellence) programme. We’re currently working in a dedicated part of the paediatric ward and a standalone chemotherapy outpatient unit. The medium- to long-term plan is to build a standalone children’s haematology-oncology centre of excellence on the campus of KCH.

Taking advantage of our links with Texas Children’s Hospital, we also assist KCH with paediatric surgery. Two to three times a year, a paediatric surgeon and paediatric anaesthetist come to ease the workload of the hospital’s only paediatric surgeon and perform more complicated surgical procedures.

The last non-HIV service line we have grown to offer 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, and University of Malawi College of Medicine, led by the head of paediatric department at KCH. The objective of this consortium is to advance paediatric emergency care and medical education at KCH.

As all these other service lines are developing, we continue our focus on the original core business of HIV service delivery. Tingathe, our 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 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 will continue to consolidate these programmes with the expectation that given good, accountable performance from our staff, 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; we continue to be grateful for their support.

Sincerely,

Peter N. Kazembe, M.B., Ch.B., FRCP (C), Hon. FRCPCH (UK)
Executive Director

Right: A patient in the paediatrics ward at Kamuzu Central Hospital



2016-2017 ACCOMPLISHMENTS

- Lopinavir/ritonavir pellets pilot programme: In January 2017, Baylor Malawi COE piloted the introduction of a new formulation of the anti-retroviral medication - Lopinavir/ritonavir (LPV/r). We trained healthcare workers at the COE how to administer it and demonstrated that children could take the medication as prescribed without significant challenges. So we expanded the programme to the 15 other sites in Malawi that see the most patients, and we'll continue the expansion over the next few years.
- TB Clinic at Baylor Malawi COE: In June 2017, the COE developed and introduced a new clinic to address the needs of patients with both HIV and TB. The "TB Clinic" is held in conjunction with the ART clinic, but allows the clinicians most experienced in managing TB to focus on addressing the specific medical and social needs for our patients co-infected with TB and HIV.

AT A GLANCE

“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

3,486

Patients
in Care

796

Outreach
Sites

\$3,900,000

Total Budget

300

Total
Staff

127

Centre of
Excellence Staff

Lopinavir/ritonavir Pellets Pilot:

In 2016, the Ministry of Health (MoH) recommended that all HIV-infected children under 3 years of age should be placed on a regimen that includes the antiretroviral medication Lopinavir/ritonavir (LPV/r). The recommendation was made as the medication was becoming more widely available at a reduced cost and had also been shown to be superior over other options in clinical trials. However, until recently, the only formulations of LPV/r available in Malawi were bitter-tasting syrups that required refrigeration or non-crushable tablets. Since most children under 3 are unable to swallow tablets and many clinics and homes are without electricity, these formulations were not realistic options and the MoH recommendation was not implemented.

In January 2017, LPV/r pellets arrived in Malawi as a potential solution to these problems. The heat-stable and easy-to-administer formulation did not require refrigeration and allowed the medication to be fed to the child with food. Baylor COE, because of the clinic's high paediatric volume and reputation as the national leader in paediatric HIV care, was selected to develop protocols and educational tools for this formulation and then

pilot its implementation. Patients received regular home visits and visited the clinic to identify and address administration difficulties and other challenges associated with this new formulation of medication.

After seven months, 55 children had been started on LPV/r pellets without significant difficulties. The MoH agreed that the COE had clearly demonstrated that caregivers could be trained on how to appropriately administer the medication and they decided to expand the pilot to 15 other sites with large paediatric volume across Malawi. Baylor then took the lead to develop the protocols and tools used to train the various NGO-supported sites, which began prescribing the medicine in August 2017. The MoH is following these sites closely with hopes to provide access to LPV/r pellets at all HIV clinics across the country within the next few years.

TB Clinic and Baylor-Malawi COE:

Tuberculosis is known to be one of the leading causes of infectious disease-related mortality worldwide. It has been well established that the immunosuppression caused by HIV makes an individual much more susceptible to TB infection, with some estimates demonstrating that two-thirds of TB patients are co-infected with HIV. Since TB typically occurs in areas of overcrowding and poor living conditions, it most commonly affects the poor. It is therefore not uncommon for patients infected with TB to have difficulty arranging transport to clinics and reduced access to quality medical care, as well as the inability to afford a variety of nutritious foods. Thus, in addition to the many problems patients with HIV experience, TB-HIV co-infected patients often face even more complex medical problems and social challenges.

In response to this, the COE developed and introduced a dedicated TB clinic within the setting of its HIV clinic. The TB clinic enrolls HIV-infected patients who are also infected with TB and provides specialised care for both their HIV and their TB. One day a week, HIV and TB co-infected patients are scheduled to see a clinician who has been

trained in the latest TB guidelines and management. In addition to the COE's standard HIV care, the clinician provides comprehensive TB care, which includes a focus on nutrition, identifying the source of infection (often a family member at home), prescribing TB medications, ensuring disease cure, and providing thorough education to the patient and family members to reduce the spread of the disease. We identify social issues, and patients can be referred for appropriate psycho-social services. All TB and HIV co-infected patients are seen at least monthly and then discharged back into the regular HIV clinic after successfully completing TB treatment.

Teen Club

Teen Club is a marquee programme for the BIPAI network that offers youths living with HIV a chance to build camaraderie, learn through staff-led programming, and engage in therapeutic recreation. Confidential meetings are held once a month at Baylor Malawi facilities. They focus on addressing the unique challenges of growing up with HIV, including adherence, stigma and discrimination, disclosure of status, sexual and reproductive health, emotional health, future planning, nutrition, and life skills. In 2017, we expanded Teen Club to 14 new sites. Across its 43 locations, Teen Club served 3,251 teens (1,552 males and 1,699 females), with support from UKAID, USAID, UNICEF, and the National AIDS Commission.

PATA Peer Supporters

Sometimes the most positive supporter an adolescent living with HIV can have is another adolescent living with HIV. This is what the PATA peer support programme is all about. We train young leaders to become mentors to their peers on issues related to ART adherence, stigma and discrimination, memorising ART names, disclosures, coping with HIV status, ART

storage, and sexual and reproductive health. In 2017, Baylor Malawi supported 622 adolescents through PATA, and 170 others participated in an adherence-focused forum called Peer to Zero.

Camp HOPE

Camp Hope is a weeklong recreational sleepaway retreat for newly disclosed adolescents living with HIV. They come from Teen Clubs and other adolescent groups around the country, giving the kids an opportunity to meet new peers with HIV. We hosted 324 campers in 2017, a 41% increase over 2016. We also conducted eight follow-up sessions intended to reinforce the lessons they learned at camp.

Transition Training

As adolescents living with HIV graduate from Teen Club, they can benefit immensely from an additional step before entering a further educational institution or the workforce. T2 is about getting our clients to start envisioning a future for themselves. In one exercise, we ask them to imagine what they'll be doing and who they'll be in one year, five years, 10 years. They learn networking, resume writing, and income-generating skills. They receive computer training

and find out about educational opportunities in Malawi, in addition to various self-care skills: HIV status disclosure techniques, scientific knowledge about the disease, and reproductive health and contraception. From 2016 to December 2017, we ran six cohorts of 215 clients, with funding from the German development agency GIZ, Children's Investment Fund Foundation (CIFF), National AIDS Commission, Johnson & Johnson, and UKAID. Eighty-nine graduates attended supplementary computer courses supported by a CIFF grant.

Teen Support Line

Our Teen Support Line has become a vital psychosocial resource for HIV-positive adolescents in Malawi, growing in popularity each year. In 2014, a year after we launched the 24-hour toll-free hotline, we received about 500 calls from teens looking for help and answers about HIV. In 2017, the number of calls has more than doubled, to 1,290 calls. Trained Baylor call takers discuss issues related to sexual and reproductive health, disclosure, stigma, and discrimination. Since March 2013, the Teen Support Line has reached at least 7,389 teens and received 3,218 calls.

Teen Motherhood Programme

The Teen Motherhood Programme grew out of Teen Club as a way to improve uptake and continuation of care during the perinatal period. This programme provides high-quality antenatal care, psychosocial support, and health education in a youth-friendly environment, which is not otherwise provided in the normal antenatal care setup. The programme has reached 69 teen mothers, who have completed a 12-month educational curriculum. The teens enrolled from three facilities: Baylor Clinic-Lilongwe, Baylor-Monkey Bay and Mangochi District Health Office.

Women Empowerment Clinic

At the Baylor Clinic, we've noticed that too few young women are regularly using contraception or accessing cervical cancer screening. The Women Empowerment (Atsikana Otsogola) programme is aimed at empowering young women to take advantage of sexual and reproductive health services at the Baylor Clinic. The programme allows them to receive their ART refills while

discussing sexual and reproductive health topics in a youth-friendly environment and linking them to the family planning services and visual inspection with acetic acid (VIA) cervical cancer screenings. We have also started a counterpart service for young men

focused on sexual and reproductive health education, gender issues, and the importance of responsibility and contraceptives.

Below: Empowering women begins with education.





Baylor
College of
Medicine

Pediatric Hematology - Oncology

Texas Children's Cancer
and Hematology Centers
Peter Wasswa, M.D. MCHIPP, FRCP

Global HOPE (Hematology-Oncology Pediatric Excellence)

Since Baylor Malawi began 10 years ago, we've made extraordinary progress against HIV/AIDS, expanding our services to dozens of outreach sites around the country and providing treatment and care to thousands of patients. In early 2017, Texas Children's Cancer and Hematology Centers, the Baylor International Pediatric AIDS Initiative at Texas Children's Hospital, and the Bristol-Myers Squibb Foundation announced an ambitious plan to take on childhood cancers and blood disorders in sub-Saharan Africa. Here in Malawi, we've been eagerly ramping up our Global HOPE team, and already we've diagnosed and begun treatment for hundreds of patients.

In the past year, we diagnosed 267 new paediatric cancer patients and initiated them on treatment. An additional 131 new haematology patients were diagnosed and enrolled into the care of the Global HOPE team. As our team continues to grow and as we begin outreach activities, we anticipate these numbers to continue to increase.

Dr. Peter Wasswa, a paediatric oncologist, now leads a clinical team of nine as the medical director for the Global HOPE programme here. The staff includes a highly trained paediatric haematology-oncology (PHO) physician, nurses, clinical officers, and medical officers. We have opened up an additional eight positions that we plan to fill in 2018, including a paediatrician, additional nurses, medical officers, and business and administrative professionals.

In-service trainings have continued to build capacity for PHO diagnosis and care. Mike Cabbage, assistant director of laboratory and translational research at Texas Children's Hospital, facilitated a weeklong training in flow cytometry for the BIPAI COE laboratory staff in May 2017. The training included modules on leukemia and lymphoma analysis via flow cytometry using our state-of-the-art laboratory equipment for cancer diagnosis. In June 2017, 36 nurses completed a weeklong PHO training led by nurses from Texas Children's Hospital. The training included didactic and bedside training modules specific to paediatric oncology.

TINGATHE OUTREACH PROGRAM



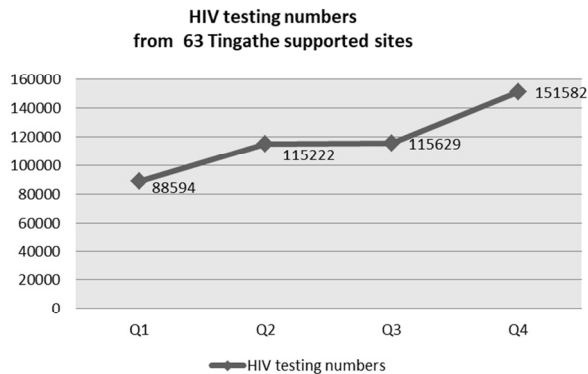
Above: The Tingathe Programme has reached nearly half a million people for testing in Malawi.

Tingathe Outreach Program

Tingathe, which means ‘yes we can’ in Chichewa, is our banner programme in Malawi, laser focused on boosting HIV testing and bringing down loss-to-follow-up. Together with an army of partners and community leaders, Tingathe has supported the Ministry of Health toward achieving the UNAIDS 90-90-90 targets. Baylor Malawi launched the programme in 2008 in partnership with the government and the Lilongwe District Health Office.

Starting in 2010, we pursued a six-year, USAID-funded programme called “Communi-

nity Health Workers as a Bridge Between PMTCT, EID and Pediatric Services.” As the name suggests, the focus of the project was to bring down the 70% loss-to-follow-up rate that had been stifling our efforts against HIV. We’ve trained hundreds of community health workers and HIV diagnostic assistants, all lay members of the local communities, to identify people living with HIV, ensure they are linked to treatment, and promote adherence to medication. They will even physically escort patients to the clinic, if necessary. In addition, clinical mentors provide side-by-side technical support and systems strengthening to health facilities



to support high-quality, comprehensive HIV services.

The project concluded in September 2016 and has resulted in enormous advances in testing and adherence, with 280,517 ART clients now on treatment. Now we've begun a new phase of Tingathe, the USAID-funded "Innovative HIV Services for Malawi" programme, which by 2020 will prepare the nation's health system to meet the 90-90-90 targets by 2030. The project supports community outreach for 63 sites across four districts: Lilongwe, Salima, Balaka, and Mangochi.

Tingathe has reached nearly half a million people for testing by meeting them wherever they are: inpatient and outpatient provider-initiated testing and counselling, weekend testing, evening testing, intensified testing of sexual partners and family members of people living with HIV, targeted community test-

Key Tingathe Achievements 2016-2017

- Expanded programme to **4** new districts
- Recruited and trained an additional **271** programme staff, raising total staff to **667**
- Provided HIV testing services to **471,027** people
- Identified **16,859** new people living with HIV
- Initiated **15,333** (91% of diagnoses) on lifesaving treatment
- Screened **88,528** pregnant women accessing antenatal services
- Maintained **280,517** clients on ART treatment

ing, and outreach testing. Clients diagnosed with HIV are initiated on ART immediately and subsequently monitored for viral suppression. Community health workers also conduct TB and nutritional screening with ART clients at every clinic visit and follow up clients who miss appointments or default treatment.

We've also made strides in the prevention of mother-to-child transmission and early infant diagnosis by assigning community health workers to HIV-positive pregnant women. They support them throughout their pregnancy, then

follow up the HIV-exposed babies, providing reminders on infant testing, feeding, and nevirapine prophylaxis.

The strength of the Tingathe programme is the sheer scale of one-on-one attention we can offer to patients through our lay health workers. Tingathe provides a five-day training to community health workers (CHWs) to prepare them for their role. The CHW training package includes: the basics of HIV prevention, diagnosis, linkage to care, and care and treatment in both adults and children; counselling; documentation and reporting; professional conduct; and roles and responsibilities. In 2016-2017, Tingathe trained 169 new CHWs and provided refresher training to 100 existing CHWs.

We're also working to educate Malawi's health-care providers on provider-initiated testing and counselling (PITC), in which every person who accesses a health facility is offered HIV testing services. PITC is a key strategy to increase HIV case identification. Tingathe provides orientation on PITC to all healthcare providers at the sites it supports, and newly qualified HIV testing providers are given a three-day PITC training covering the basics of HIV testing and counselling, quality assurance, screening and active case finding, health education on PITC, index case testing, documentation, and reporting. This year, 99 new HIV testing providers

were trained in PITC, and 94 existing HIV testing providers received refresher training.

The sensitive disclosure to children and adolescents of their HIV-positive status is important for their psychosocial wellbeing and contributes to better outcomes, such as adherence to treatment. Tingathe provided trained nurses and CHWs from 25 health facilities (one nurse and one CHW from each health facility) with training on the disclosure counselling process.

Tingathe also supports the department of HIV/AIDS within the Ministry of Health to develop and deliver several other training programmes, including for ART providers and clinical mentors.

TECHNICAL SUPPORT FOR PEPFAR

Technical Support for PEPFAR Programs in the Southern Africa Region

Baylor Malawi is managing a regional US-AID-funded project, TSP, which seeks to reduce the impact of the HIV and AIDS epidemic in southern Africa by providing technical, programme management and implementation, and monitoring and evaluation expertise to providers within the national health systems. Ultimately, each of the initiatives within TSP aim to build capacity among PEPFAR beneficiaries for the eventual day that PEPFAR funding is no longer there.

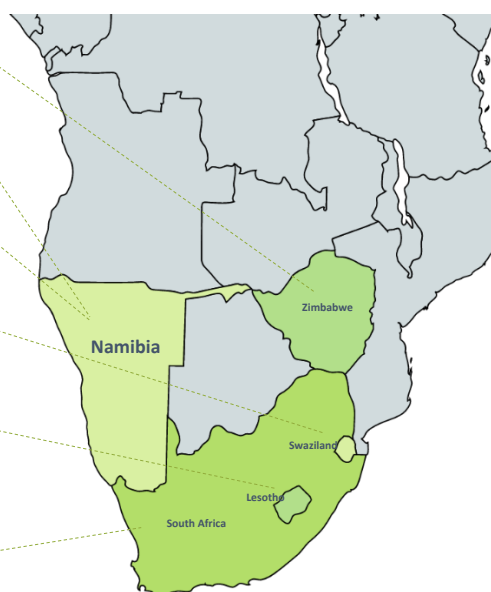
land, and Zimbabwe), as well as regional programmes across multiple countries. Three ended during the reporting year, seven are still in process.

The programmes vary from short-term provision of technical assistance to longer-term direct implementation and cover a broad spectrum of services, including community-focused engagements, an end-of-programme evaluation, paediatric HIV policy support, research and reviews of HIV intervention studies, paediatric HIV clinical services, and regional online community and website development and support.

TSP has overseen programmes in five countries (Lesotho, Namibia, South Africa, Swazi-

Country-Specific Engagements

- Pediatric HIV Consultancy
- Improving Retention Across the PMTCT/EID/Pediatric HIV Cascade
- Combination Prevention Guidelines
- Advancing PEPFAR Swaziland's HIV/AIDS Community Engagement
- Technical Assistance for the Lesotho Pediatric and Adolescent HIV Program (MELD)
- External Participatory Evaluation of South Africa PEPFAR funded USAID HIV Treatment Program



Regional Engagements

- SHARE Platform and Community
- Multi-Month Prescribing (MMP)
- Post-ACT Initiative Journal Supplement
- Environmental Scan of Pediatric ART Adherence and Retention Interventions

Above: TSP has overseen programs in five countries (Lesotho, Namibia, South Africa, Swaziland, and Zimbabwe), as well as regional programs spanning multiple countries.

RESEARCH

Baylor Malawi continued to implement high-quality, high-impact operational research. In this reporting period, we published three papers and made a number of presentations at local and international scientific conferences. Below are lists of publications and presentations.

Published research from July 2016 to June 2017:

1. Maria H Kim, Alick C Mazenga, Xiaoying Yu, Saeed Ahmed, Mary E Paul, Peter N Kazembe, Elaine J Abrams. High self-reported non-adherence to antiretroviral therapy amongst adolescents living with HIV in Malawi: barriers and associated factors. *Journal of the International AIDS Society* 2017 Mar 30, 20(1):21437. doi:10.7448/IAS.20.1.21437
 2. El-Mallawany NK, Mutai M, Mtete I, Gopal S, Stanley CC, Wasswa P, Mtunda M, Chasela M, Kamiyango W, Villiera J, Fedoriw Y, Montgomery ND, Liomba GN, Kampani C, Krysiak R, Westmoreland KD, Kim MH, Slone JS, Scheurer ME, Allen CE, Mehta PS, Kazembe PN. Beyond Endemic Burkitt Lymphoma: Navigating Challenges of Differentiating Childhood Lymphoma Diagnoses Amid Limitations in Pathology Resources in Lilongwe, Malawi. *Glob Pediatr Health*. 2017 Jun 23;4:2333794X17715831. doi: 10.1177/2333794X17715831. eCollection 2017. PubMed PMID: 28680947; PubMed Central PMCID: PMC5484428.
 3. Ahmed S, Sabelli RA, Simon K, Rosenberg NE, Kavuta E, Harawa M, Dick S, Linzie F, Kazembe PN, Kim MH. Index case finding facilitates identification and linkage to care of children and young persons living with HIV/AIDS in Malawi. *Trop Med Int Health*. 2017 Aug;22(8):1021-1029. doi: 10.1111/tmi.12900. Epub 2017 Jun 20. PubMed PMID: 28544728.
- ## *18th BIPAI Network Meeting - South Africa*
4. Bvumbwe M, Montandon M, Kazembe P. Lessons learned about adherence ascertainment in settings of routine viral load scale up - experience from Baylor Malawi COE, 18th Annual BIPAI Network Meeting, poster presentation, 31st October – 4th November 2016.
 5. A. McKenney, L. Siwande, K. Kanjelo, A. Dean, C. Ndala, D. Mkwezalamba, K. Jobo, P. Kazembe, J. Mhango. Using a Simple “Sticker System” to Increase HIV Testing Coverage on a High-burden, High-volume Pediatric Inpatient Ward at a Central Hospital in Malawi. 18th Annual BIPAI Network Meeting, oral presentation 31st October – 4th November 2016
 6. Mhango S, Mankhambo L, Kazembe P. Effect of mentorship initiative in Salima District Health Office Nutrition Rehabilitation Units by nutrition specialists from Baylor College of Medicine Children’s Foundation. 18th Annual BIPAI Network Meeting, poster presentation, 31st October – 4th November 2016.
 7. Mikwamba G, Kazembe P. Investigating the impact of involving male caregivers in improving ART adherence and family support system at

- Baylor Malawi Centre of Excellence (COE), 18th Annual BIPAI Network Meeting, oral presentation, 31st October – 4th November 2016.
8. Mpasa A, Wasswa P, Kazembe P. Aplastic Anaemia – 12 months 'experience at Kamuzu Central Hospital, Malawi. 18th Annual BIPAI Network Meeting, oral presentation, 31st October – 4th November 2016.
 9. Msiska K, Mckenney A, Katema C, Makoza B, Makuti S, Daire C, Ramirez M, Hrapcak S, Hann M, Kazembe P. Addressing psychosocial needs and care/treatment delivery gaps for adolescents living with HIV (ALHIV) using technology: The case of the Teen Support Line (TSL) in Malawi. 18th Annual BIPAI Network Meeting, oral presentation, 31st October – 4th November 2016.
 10. Musiwa P, McKenney A, Kazembe P. Evaluating knowledge gained from nutrition cooking demonstrations at Teen Clubs. 18th Annual BIPAI Network Meeting, poster presentation, 31st October – 4th November 2016.
 11. P. Nyirenda, T. Nkosi, A. McKenney, S. Hrapcak, J. Lungu, P. Kazembe. Evaluating Impact of Group Therapy Based Intervention on Anti-Retroviral Therapy (ART) Adherence among Adolescents Living with HIV (ALHIV) in Malawi, 18th Annual BIPAI Network Meeting, oral presentation, 31st October – 4th November 2016.
 12. Rodriguez O, Campbell L, Bacha J, Kovarik C. Case report: Bacillary Angiomatosis in an HIV-infected child. BIPAI Network Meeting (Oral)
 13. Wasswa P, Kazembe P Feasibility, Safety, and Efficacy of an Anthracycline containing Induction Protocol for Childhood Acute Lymphoblastic Leukaemia in Malawi, 18th Annual BIPAI Network Meeting, poster presentation, 31st October – 4th November 2016.
 14. Wachepa S, Wasswa P, Kazembe P. Evolving profile of childhood Leukaemia at Kamuzu Central Hospital, Lilongwe Malawi, 18th Annual BIPAI Network Meeting, poster presentation, 31st October – 4th November 2016.
- College of Medicine Research Dissemination Conference - Malawi*
15. Rodriguez O, Campbell L, Bacha J, Kovarik C. Case report: Bacillary Angiomatosis in an HIV-infected child 20th COM/NAC Research Dissemination Conference (Oral), 2016.
- American Academy of Pediatrics (AAP) National Conference & Exhibition - USA*
16. Sanyahumbi, A et al: Pattern of inpatient pediatric cardiology consultations in Sub-Saharan Africa. poster presentation, 2017 American Academy of Pediatrics (AAP) National Conference & Exhibition

21st International AIDS Conference - South Africa

17. Flick R, Simon K, Munthali A, Dimba A, Kim M, Kazembe P, Hosseinipour M, Ahmed S. Yield of community health worker-driven intensified case finding for tuberculosis among HIV-positive patients in rural Malawi. Abstract WEAB0204 (Oral Presentation). International AIDS Society Conference, Durban, South Africa, 2016.
 18. Flick R, Simon K, Kavuta E, Harawa M, Beyene T, Namachapa K, Kayuni C, Kazembe P, Kim M, Ahmed S. Preparing for HTC scale-up: High-yield rapid assessment for placement of a pilot cadre of dedicated HTC counselors in Malawi. Abstract THPEE491. International AIDS Society Conference, Durban, South Africa, 2016.
 19. Sabelli R, Kim M, Simon K, Kavuta E, Harawa M, Dick S, Linzie F, Kazembe P, Ahmed S. Index case finding initiative facilitates identification and linkage to care of children and youth living with HIV/AIDS. Abstract TUPEE484. International AIDS Society Conference, Durban, South Africa, 2016.
 20. Simon K, Flick R, Ahmed S, Namachapa K, Harawa M, Mhango J, Beyene T, A. K, Kazembe P, Kim M. The HIV Diagnostic Assistant - preliminary findings from a novel HIV testing cadre. Abstract WEPEE628. International AIDS Society Conference, Durban, South Africa, 2016.
 21. Simon K, Kim M, Mazenga A, Yu X, Kazembe P, Ahmed S. An Assessment of Perceived and Objective HIV Knowledge among counselors providing HIV Diagnostic Services in Southeastern Malawi. Poster presentation. Abstract WEPEE620. International AIDS Society Conference, Durban, South Africa, 2016.
 22. Simon K, Kim M, Mazenga A, Yu X, Kazembe P, Ahmed S. Assessment of Knowledge of Pediatric HIV Care and Treatment among Health Workers in Southeastern Malawi. Poster presentation. Abstract WEPEE621. International AIDS Society Conference, Durban, South Africa, 2016.
-

Right: A child at a haemetology-oncology programme celebration at the Baylor-Malawi Centre of Excellence.





PARTNERS

The programmes of Baylor College of Medicine Children's Foundation - Malawi are made possible through the generous support and close partnership of these organizations:



**Texas Children's
Hospital®**



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FOUNDATION**



USAID
FROM THE AMERICAN PEOPLE



Left: The Tingathe team is helping Malawi reach 90-90-90.

Back cover: Children celebrate life at Baylor-Malawi.

BAYLOR-MALAWI

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