

# BAYLOR FOUNDATION



# M A L A W I



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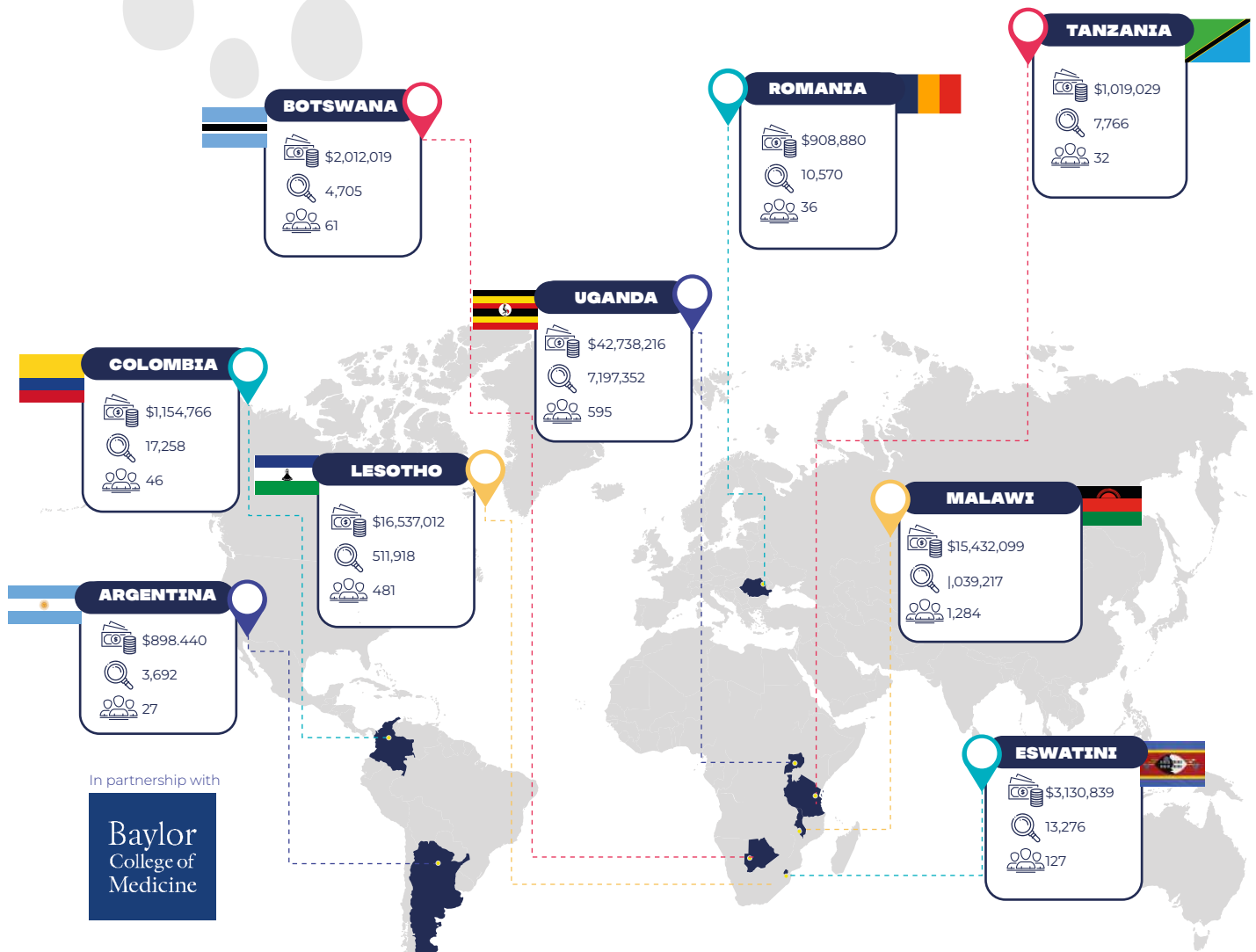
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# NETWORK IMPACT AT A GLANCE



PROGRAM FUNDING



PEOPLE REACHED



FOUNDATION STAFF EMPLOYED

## COLLECTIVE IMPACT



**\$83,831,300**  
Total Network  
Funding



**2,689**  
Total Staff Employed



**8,805,754**  
Total People  
Reached



**8,859**  
Total Health  
Personnel Trained

Each foundation in the Texas Children's Global Health Network works together, sharing ideas to tackle tough health problems in their communities and around the world.

# FOUNDATION BACKGROUND



Baylor College of Medicine Children's Foundation – Malawi (Baylor Foundation Malawi) is a not-for-profit organization working in partnership with the Government of Malawi (GoM) since 2005. Baylor Foundation Malawi's main areas of focus include direct service delivery, systems strengthening, training, and research. Baylor Foundation Malawi strives to improve the health and lives of HIV-infected children and families through high quality, high impact, ethical, state-of-the-art comprehensive care and treatment, training of health professionals, and clinical research.

In 2008, Baylor Foundation Malawi expanded its reach by introducing community outreach services called Tingathe, meaning “we can”. The program's initial goal was to respond to suboptimal uptake of PMTCT and pediatric HIV services in Malawi. The program has grown to support the full cascade of HIV care and treatment services. The current Tingathe Client Oriented Response to the Epidemic Control (CORE) program seeks to support the Malawi Government in achieving epidemic control by providing client focused care to people living with HIV (PLWH) from the time of diagnosis to linkage and full engagement in care. CORE programming is funded by USAID and is operating in six districts in Malawi: Lilongwe, Salima, Balaka, Mangochi, Machinga and Phalombe.

Baylor Foundation Malawi has also broadened its scope of service delivery to include pediatric hematology and oncology, pediatric emergency medicine and cardiology, and pediatric surgical and anesthesia services at Kamuzu Central Hospital (KCH). The Foundation has also expanded its maternal health services at Kamuzu Central Hospital - Ethel Mutharika Maternity Wing, , Area 25 Health Center Maternity Ward, and The Fistula Center at Bwaila Hospital.



## **OVERALL GOAL**

To improve the health and lives of HIV-infected children and families through high quality, high impact, high ethical, state-of-the-art comprehensive care and treatment, training of health professionals and clinical research.

## **VISION**

A healthy and fulfilled life for every child, woman, and family.

## **MISSION**

To provide comprehensive high quality pediatric, maternal, family centered health care, education, and health research in Malawi.

## **CORE VALUES**

- **Excellence:** We value consistency in meeting and managing patient needs and expectations.
- **Innovation:** We value research and technology as having great importance in providing comprehensive high-quality services to our clients and patients.
- **Integrity:** We believe in doing what we say and stand for.
- **Accountability:** We take responsibility for our actions and deeds.
- **Teamwork:** We strive to interact interdependently with a common goal and purpose.
- **Professionalism:** We endeavor to work within the prescribed standards of our work.



## EXECUTIVE DIRECTOR

Phoebe Nyasulu, M.B.A.

It has been an overwhelming few years for Malawi as natural disasters, epidemics and economic hardships we reported the previous year persisted through last year. The declaration of a state of disaster in 23 of the 28 districts in the country by the State President was reflected in the clients and patients that the foundation serves.

I am proud to be working with an amazing team of dedicated professionals in the foundation as we put in practice the famous phrase “when life gives you lemons, make lemonade!” Despite the impact of the challenges we faced as a country and a foundation, we continued to shine as we upheld our mission. The COE clinic expanded its clinical services and research, and the pediatric cardiology, emergency medicine, and surgery teams supported local capacity building of various cadres of healthcare workers. The pediatric hematology and oncology spearheaded the development of national guidelines while the maternal health introduced kangaroo mother care services, further growing the neonatal reach.

The year ended on a high note by the visit of Dr. Paul Klotman, president, chief executive officer, and executive dean of Baylor College of Medicine, who came to Malawi for the first time to appreciate the impact of the TCH/BCM partnerships.

**NUMBER OF CHILDREN WITH CARDIAC  
DEFECTS WHO RECEIVED CARE**

**1000**

**429**

Number of patients  
enrolled with cancer  
and blood disorders

**11,232**

New antenatal care  
(ANC) clients

**2,234**

Nutritious and diverse  
meals served to  
waiting mothers

**8,320**

**NUMBER OF DELIVERIES  
WITH A SUCCESS RATE  
OF 99%**

**10,118**

Number of clients initiated  
on lifesaving ARVs

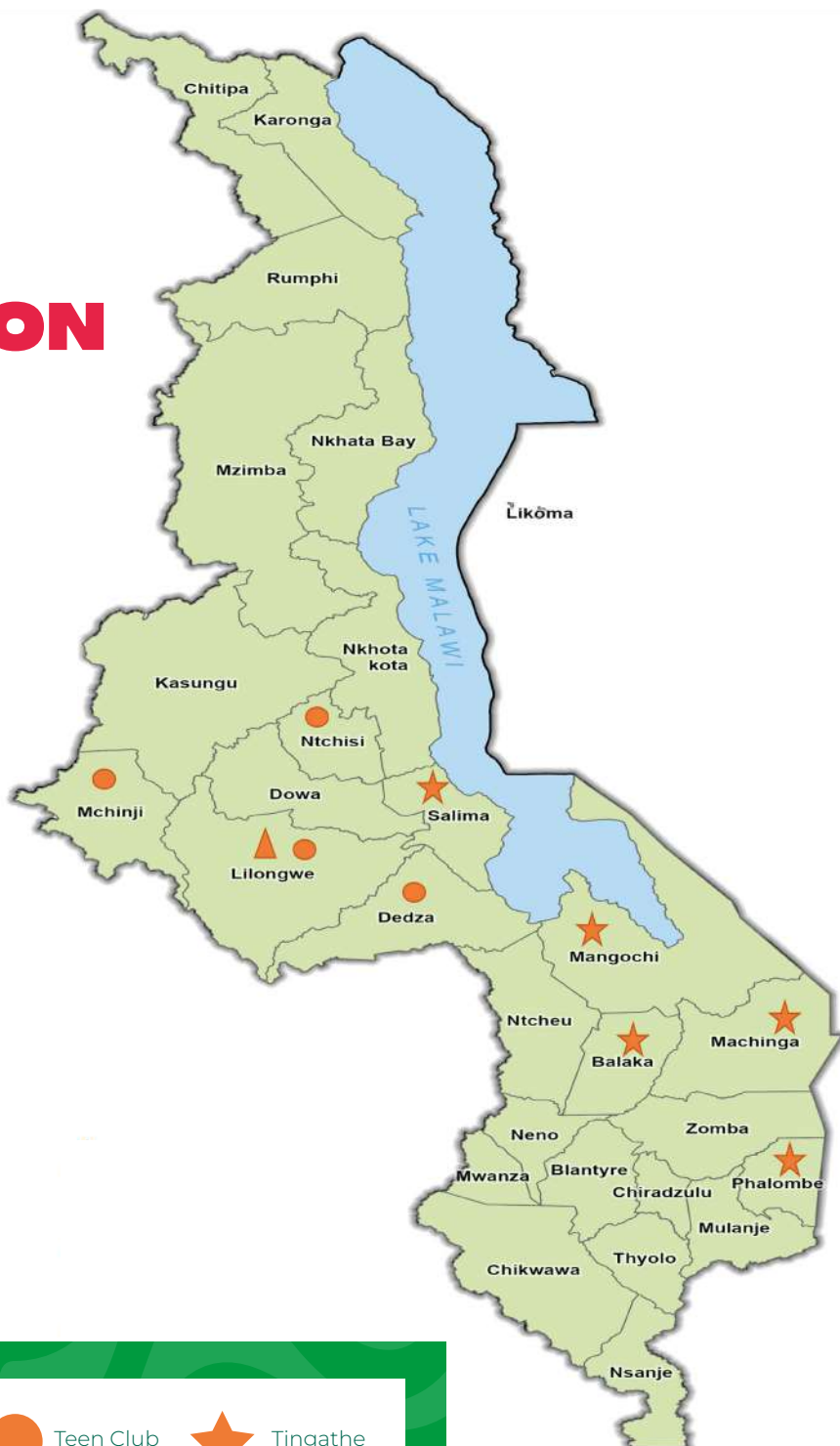
**97.9%**

Viral load suppression rate  
at COE

Total number of teen clubs for adolescents living with HIV supported

**133**

# AREAS OF OPERATION



▲ COE, MCH, PHO    ● Teen Club    ★ Tingathe

# PROGRAM HIGHLIGHTS

## CENTER OF EXCELLENCE (COE) CLINIC

The persistence of national challenges at the COE affected ART adherence as clients are encouraged to take medication with food which many of them could not afford. Despite the challenges, the COE continued to provide quality care and treatment services to its clients.

The COE saw a rise in HIV testing numbers having tested 21,264 clients with an average positive yield of 0.9% (averaging 44 new HIV cases per quarter). We were encouraged by the low yield but also inspired by our contribution to the Malawi National Strategic Plan's commitment to "ensure that all necessary HIV and AIDS control measures are implemented so that we reduce the impact of HIV and AIDS and eliminate HIV as a public health threat by 2030, in line with the 2016 United Nations General Assembly Political Declaration on HIV and AIDS." We are happy to report that we expanded testing services now reaching children presenting to the Kamuzu Central Hospital (KCH) pediatric outpatient department.

We saw an increase in the number of client visits, having had 34,626 client encounters with 2,431 clients active on ART. We further saw an increase in viral load coverage as we edged closer to the UNAIDs and national target of 95% averaging 94.8%. Our viral load suppression rate followed suit, currently at 97.9%. We continue, however, to struggle with viral suppression in children under 5 years of age but the under5 support group introduced last year has shown promising results as the suppression rate in the said age group was on a steady rise ending the year at 82%.

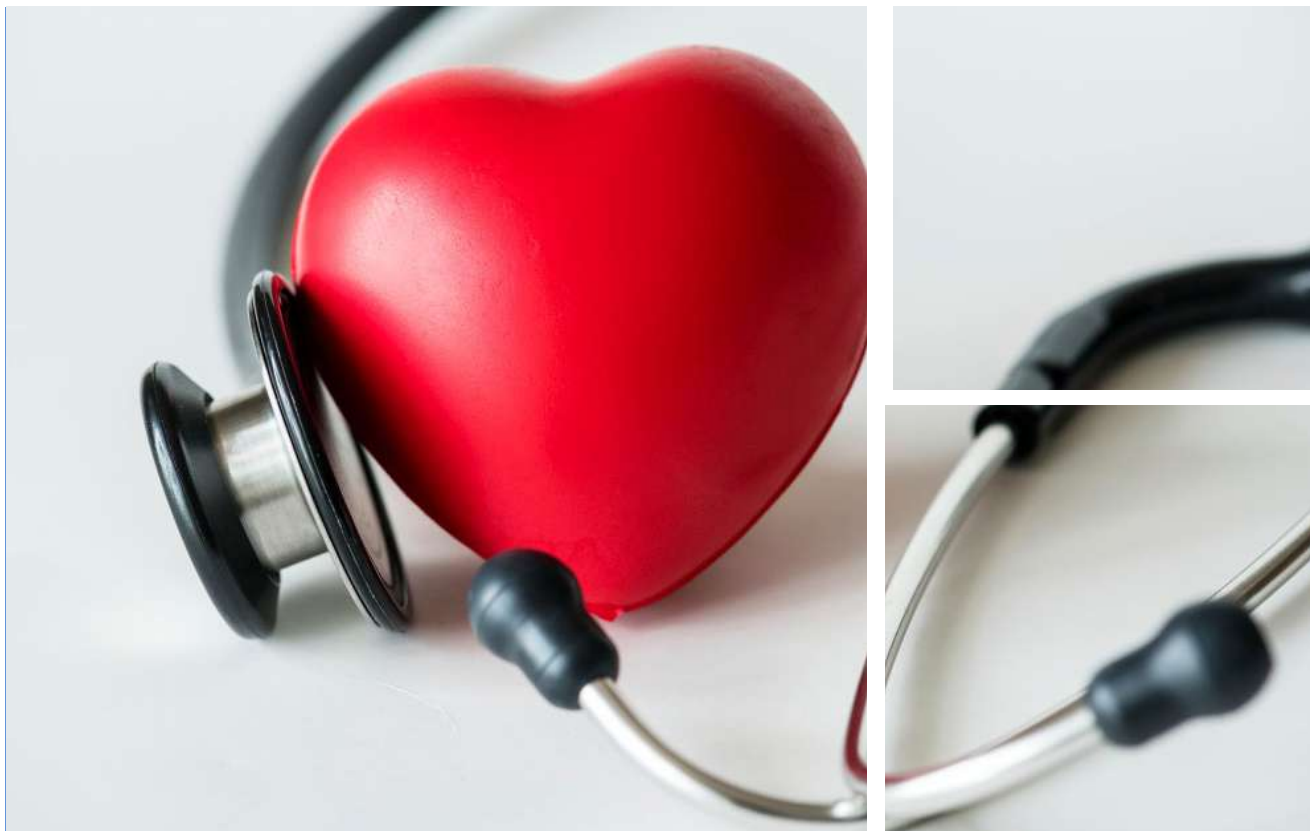
Funded for the adolescent program which supported 21 teen clubs came to an end and close out activities took place early last year. Currently, all efforts are focusing on the COE adolescent program. The clinic had 1,197 adolescents active in teen club last year. Camp Hope, our therapeutic recreation residential program for adolescents living with HIV continues to aim at improving the overall health of clients through addressing psychosocial needs and peer support. Last year the camp expanded its reach by offering its intentional programming to patients with childhood cancer, with the goal of impacting the lives of more children living with other chronic conditions.

The clinic as anticipated saw high rates of acute malnutrition last year with 357 clients screened positive. 14% of these clients were diagnosed with severe acute malnutrition warranting intensive management. The clinic continued to support over 400 clients with food insecurity. The nutrition department also experienced growth as we saw the expansion of the demonstration garden at the COE which has increased permaculture activities and enhanced client support.

The clinic trained healthcare workers in screening for cervical cancer with the use of human papilloma virus (HPV) self testing kits. This method as been accepted more than the visual inspection with ascetic acid (VIA) by the growing adolescent and young adult clients. The clinic also rolled out the “Closing – TB GAPS – for people living with HIV: TB Guidance for Adaptable Patient -Centered Service (TB GAPS)” study which is part of a regional study that aims to address challenges faced with diagnosing tuberculosis in children.



## CARDIOLOGY



Baylor Foundation Malawi supports the Kamuzu Central Hospital (KCH) cardiology clinic, where more than 1000 children with cardiac defects receive care each year. Half of the children who are followed have acquired heart disease, most with rheumatic heart disease, and half with congenital heart disease. The cardiology clinic is led by Treasure Mkaliainga, a KCH clinical officer, and Dr. Amy Sanyahumbi, a Baylor College of Medicine / Texas Children's Hospital pediatric cardiologist. The team performs more than 1000 echocardiograms each year. They refer children in need of cardiac surgery to outside institutions through the Malawi Ministry of Health program and other charitable organizations. Dr. Sanyahumbi is also actively engaged in inpatient pediatric cardiology consultations, training and mentorship. This year, she has led 2 pediatric echocardiography training workshops. The team also mentor clinicians in pediatric cardiology at the district level through the PEN Plus program. Dr. Sanyahumbi also leads research projects primarily focused on rheumatic heart disease and improving care for children with cardiac disease in Malawi.



## PEDIATRIC SURGERY

Baylor Foundation Malawi continues to be the key partner supporting pediatric surgery in Kamuzu Central Hospital. Why do we need surgeons specialized in children? Because children are not just small adults. They have different anatomy, physiology and psychology. Most adult surgeons would be scared at the thought of operating on a 1.8kg newborn.

Having helped to establish a new pediatric surgical unit in KCH and a thriving training program, this year our priorities were to grow the training program, improve patient care, and data collection. While the latter sounds boring it is an essential part of quality care, and necessary to assess our outcomes.

Our number of trainees grew from five to eight, with most of them now being women. Our senior two trainees are currently completing one year in Johannesburg, in a collaboration with Wits University. They have been exposed to a better funded healthcare system. We hope their vision will guide the development of pediatric surgery in KCH. They were also exposed to some conditions that we are currently unable to manage at KCH. Finally, they participated in a more established academic program than ours.

In the meantime, our academic program is growing thanks to collaborations with pediatric surgeons from Bristol Children's Hospital, Arkansas Children's Hospital, Texas Children's Hospital, and the Netherlands. This year we hosted Dr Madhusree Zope, a surgical resident from the University of Alabama. Together we were awarded a prestigious INSIGHT Fogarty Fellowship to implement a pilot telehealth follow up project. Very little post-discharge surgical data exists in Sub-Saharan Africa. This is crucial to assess our outcomes and guide policy. Dr Zope enrolled 300 families, and after two telephone calls, one-month post-discharge was able to contact 66% of them by phone. We are currently analyzing the data to assess acceptability, feasibility and the results of the 30-day follow-up. We plan to incorporate 30-day telephone follow-up into our standard of care and have applied for funding for a follow-up study using text messaging instead of phone calls, to see how the two systems compare.

Mr. Martin Chigwede, our pediatric surgery quality improvement nurse, received a grant from the Royal Society of Tropical Medicine and Hygiene, to undertake his study 'Knowledge, attitude and practices of healthcare workers on Gastroschisis pre-referral management interventions in central Malawi'. Gastroschisis is a condition in which a baby is born with the bowels protruding from the umbilicus. We see up to 100 cases a year, and after instituting a new care package our survival has gone from almost zero percent to about 30%. We still have a long way to go before we approach the 90% survival seen in high income countries, but Martin's project may be part of the puzzle. He was also awarded a scholarship to present a promissory abstract about the project at the Council of International Neonatal Nurses (COINN) 2024 Conference in Denmark.

Dr. Bvumi Tembo, one of our senior trainees, completed his Masters in Surgical Sciences degree, online, from the University of Edinburgh. He passed with merit, and his thesis was selected for presentation at the British Association of Pediatric Surgeons conference in Sheffield UK. It showed that from January to March we admitted 122 babies less than 30 days old with surgically correctable congenital anomalies, sadly our overall mortality was 30%. These are a very challenging group of patients in any environment. We have received funding for a follow-on project to see how we can improve our neonatal mortality.

Finally, the big news this year, we launched our pediatric surgery in-patient database. This project has been in the planning for many years and was made possible by a collaboration with the University of North Carolina. As part of the project the department has hired data clerks to minimize the time clinicians spend doing data collection. While there have been some teething issues we continue to improve the database.



## PACHIMAKE

The PACHIMAKE Consortium (Pediatric Alliance for Child Health Improvement in Malawi at KCH and Environs) brings together Baylor Foundation Malawi with Kamuzu Central Hospital (KCH), Kamuzu University of Health Sciences and 4 US-based pediatric hospitals (Texas Children's Hospital/ Baylor College of Medicine, Cincinnati Children's Hospital Medical Center, University of North Carolina Chapel Hill/Project Malawi, and University of Utah/Primary Children's Hospital) with a mission to improve acute pediatric care, education, and research at KCH. The consortium supports a full-time physician specialist and several months of visiting specialists in pediatric emergency care at KCH in the department of pediatrics; this provides an additional 52 weeks of physician specialist coverage on the wards at KCH who are involved in the care of approximately 9,000 acutely ill patients per year. This allows for direct clinical care with mentoring and bedside teaching alongside Malawian pediatricians, residents, clinical officers, medical students, and nurses.

PACHIMAKE supports additional educational initiatives to build capacity for pediatric providers and trainees. Training more local pediatricians is critical to sustainably improving child survival in Malawi. Our partnership and presence helped launch the development of the MMED program (pediatric residency) at KCH which now has 8 trainees with 2 sponsored by scholarships from Texas Children's Hospital. Our continued presence supports the program through supervision, feedback, and numerous ongoing training sessions including bedside, didactic, and hands-on simulation.





## ACUTE CARE QUALITY IMPROVEMENT

In Malawi, despite ongoing improvement, 1 in every 25 children still die before reaching their 5th birthday, often due to treatable illnesses. KCH has a pediatric inpatient mortality rate of 2-5%, with most deaths occurring within the first 48 hours. Early recognition and management of acute illness can reduce child mortality. We have established a quality improvement team with local physician and nurse leaders at KCH to identify areas for improving care. The team began implementing a triage system for children arriving at the hospital which has been very successful, with over 90% of children receiving appropriate triage and therefore early recognition and treatment of acute illness. The team is now focusing on monitoring the acute care wards and early detection of clinical deterioration as well as unit readiness for emergent situations.



## **PEDIATRIC HEMATOLOGY ONCOLOGY**

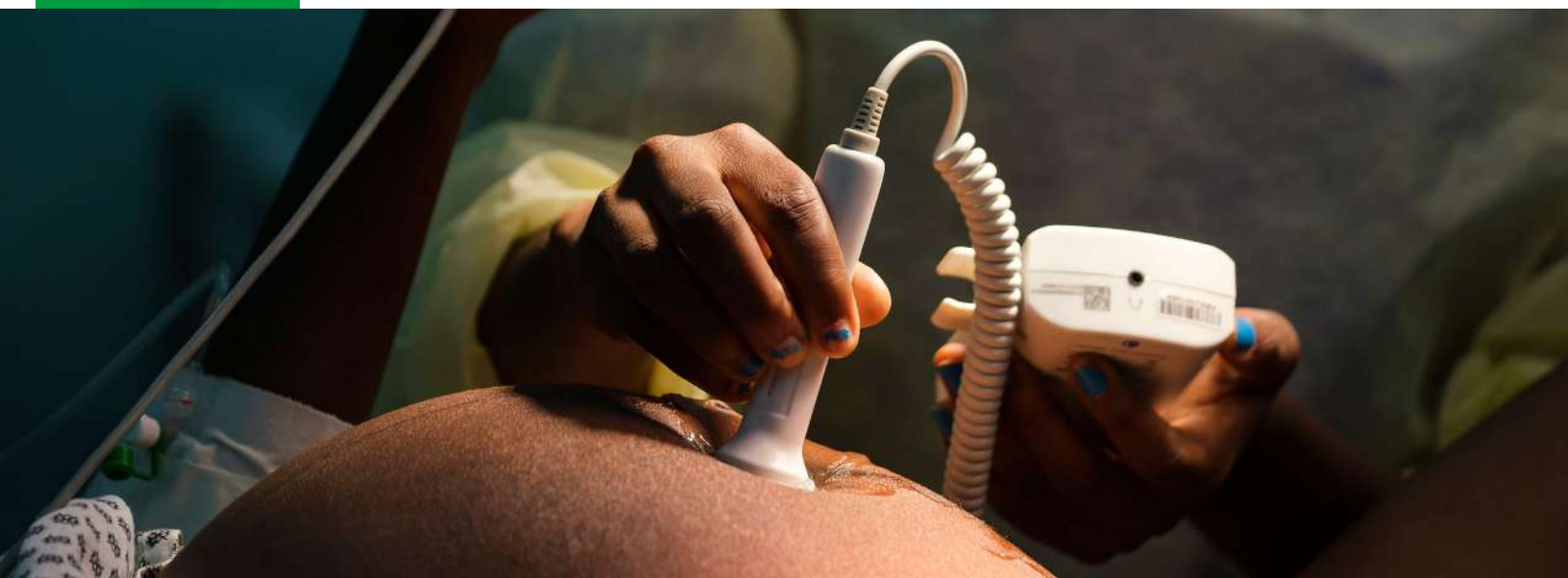
The Pediatric Hematology Oncology Pediatric (PHO) Program in collaboration with the Ministry of Health delivers comprehensive care and treatment for children with cancer and blood disorders at the Malawi National Cancer Center within KCH.

In the past year, the PHO program enrolled 429 patients, comprising 179 with cancer and 246 with blood disorders, primarily sickle cell disease. Our outreach initiatives, funded by the My Child Matters grant, included training programs for Community Health Workers and Child Protection Workers focused on early childhood cancer symptom recognition. We have also hosted clinical officers from some of our catchment district hospitals for them to gain insight into the care of children with cancer and blood disorders. These efforts have significantly enhanced care coordination with local clinics and district hospitals.

A cornerstone of our program is the cultivation of strong partnerships to improve patient care. This has enabled four patients to receive radiotherapy treatment at a private cancer center in Blantyre. We have also collaborated with pharmacists across Africa to develop the International Society of Pediatric Oncology (SIOP) pharmacy curriculum. Furthermore, we have spearheaded the creation of national and regional treatment guidelines and presented our findings at both national and international conferences.

We are proud to report a sustained improvement in survival rates, with one-year survival now at 58%, surpassing the WHO-reported survival rate of less than 30% for cancer in low- and middle-income countries. Additionally, treatment-related mortality has dramatically decreased from 30% to 5% since 2016, while treatment abandonment rates have dropped to 7%. Recognizing the need to enhance the referral system and supportive care services, we are committed to continuing our positive impact on patient outcomes.

To ensure long-term sustainability of the program, we emphasize local leadership and support from stakeholders. In this spirit, Dr. Rizine Mzikamanda has taken on the role of Medical Director to lead the ongoing development of high-quality care for children with blood disorders and cancer.



## **MATERNAL NEONATAL HEALTH**

The Maternal and Neonatal Health (MNH) Program at Area 25 Community Hospital in partnership with the Ministry of Health continues to provide comprehensive Maternal and Neonatal care. In the reporting year, we welcomed 11,232 new antenatal care (ANC) clients, with 1,577 high-risk cases receiving specialized care in our high-risk OBGYN specialist clinic. Our dedicated and skilled health personnel facilitated 8,320 deliveries with a success rate of 99%. Of these, 1,341 were performed through cesarean sections. Remarkably, no maternal deaths were recorded at the facility, marking a significant achievement.

In neonatal care, 1,094 sick neonates were treated in our specialized care unit with 100% survival rate. Towards the end of this reporting period, we introduced Kangaroo Mother Care (KMC) services, promoting skin-to-skin contact improving survival rates among preterm babies. Our permaculture program has also achieved significant impact: providing 24,690 trees to our clients upon discharge to encourage sustainable practices. In addition, it served 2,234 nutritious and diverse meals to waiting mothers, enhancing community health and wellbeing. Lastly, we trained 113 healthcare workers, enhancing capacity and skills in neonatal resuscitation and cardiotocography, supporting our commitment to strengthening the healthcare workforce and improving service delivery.



## **TINGATHE**

With funding from PEPFAR through USAID Malawi, the Tingathe outreach program continued to implement the Client-Oriented Response for HIV Epidemic Control (CORE II) Program at 96 health facilities across five districts, including the Baylor Center of Excellence in Lilongwe. The program aims to reduce new HIV infections, as well as HIV-related morbidity and mortality in Malawi, by implementing innovative interventions that enhance HIV case finding, facilitate linkage to treatment, manage associated conditions such as Tuberculosis (TB), and promote viral load suppression among People Living with HIV (PLHIV).



## **DELIVERY MODEL**

Tingathe's delivery model aims to accelerate and sustain epidemic control by providing high-quality, client-centered services that engage and retain individuals in care.

Over the past year, Tingathe has implemented “pediatric surge” interventions to address persistent gaps in treatment coverage for children and adolescents living with HIV (C/ALHIV). These efforts focus on case identification, ART coverage, and improving viral suppression for children, while ensuring comprehensive services remain available for all. Tingathe has increased the number of facilities with full-time pediatric clinical expertise, ensuring that all 32 high-volume pediatric sites have a dedicated provider. The program currently employs a total of 57 ART providers.

The program also conducts multidisciplinary virtual Center of Excellence (COE) clinical case discussions for all children with a high viral load. This approach promotes team-based, client-centered problem-solving to enhance ART adherence and facilitates close monitoring for potential drug resistance due to previous ART regimens, with third-line referrals made as necessary. Over 3,200 CLHIV with HVL have been reviewed, with approximately 77% achieving viral load suppression after implementation of adherence support activities.

Tingathe continues to implement an innovative and flexible programming framework to ensure the ongoing provision of essential HIV prevention and treatment services to clients.

## **NATIONAL RECOGNITION AT MOH DISTRICT ENGAGEMENT FORUM**

Four out of five Tingathe-supported districts were recognized and awarded for excellent performance at the MOH district leadership engagement forum held in October 2024. This annual forum highlights important updates on HIV funding priorities, new data estimates, program performance, data quality audits, and the sustainability agenda and awards highest-performing districts based on performance and results of supervision assessments. Phalombe, Balaka, Machinga, and Mangochi districts ranked among the top five districts for HIV service delivery out of the 28 districts represented at the meeting.



## 95-95-95 TARGETS AT A GLANCE

**1<sup>ST</sup> 95**



**779,015** people tested for HIV  
**10,303** notified of a positive HIV test result

**2<sup>ND</sup> 95**



**10,118** clients initiated on lifesaving ARVs  
**98%** linkage to ART  
**157,077** total PLHIV in care

**3<sup>RD</sup> 95**



**92%** of PLHIV who received a VL test result  
are virally suppressed (**139,618** people)

**100%**

of adults and  
children are on  
optimized ART  
regimens

**≥95%**

TB screening for  
PLHIV and 100%  
HIV testing among  
TB clients

**112**

Supporting 112 teen  
clubs for adolescents  
living with HIV

**6,100**

Over 6,100 people  
initiated on  
Pre-Exposure  
Prophylaxis

**34,000**

Over 34,000  
women living with  
HIV screened for  
cervical cancer

**9,300**

Over 9,300 survivors of  
Gender Based Violence  
received the full  
package of support  
services



## **TESTIMONIALS**



### **CASE 1**

#### **Maternal Care**

“Tamala is a 22-year-old who had 3 miscarriages, her first encounter with the A25 team was in January 2023, and unfortunately, she was diagnosed with an ectopic pregnancy and was provided with prompt surgical care. Following this she was advised to seek early antenatal care in her future pregnancies. In June of 2023, she came to Area 25 at 17 weeks pregnant and diagnosed with cervical insufficiency. To ensure she did not lose this baby, she had a cervical cerclage placed and was followed up regularly in our high-risk clinic. At 36 weeks, Tamala’s cerclage was removed and continued to be monitored regularly. At 40 weeks, it was noted the baby did not have enough amniotic fluid, she was admitted and put on fetal monitoring which revealed an abnormal heart rate tracing. She was taken to our operating theater for an immediate cesarean section. Tamala delivered a healthy baby, who received neonatal care from our specialist pediatrician. After experiencing four unfortunate pregnancy losses, Tamala was finally able to return home with a healthy baby. Tamala’s story is just one story of the many inspiring success stories of women who have benefited from the exceptional care provided through the MNH program at Area 25.



## **CASE 2**

### **Neonatal care**

“Our experience with the KMC services has been remarkable. Baby E.A., who was admitted at 4 weeks of age with a weight of 1600g and spent 1 week in the KMC ward, reached a healthy discharge weight of 1850g. At 1 week follow up after discharge, was 2030g. Baby M.S., admitted at 1500g and discharged at 1840 after two weeks, has continued to thrive, weighing 2450g at a follow-up visit. The continuous skin-to-skin contact and specialized care in the ward have made all the difference in their early growth and well-being.





## Chisomo: a story of love and family support

Chisomo, 19, was born with HIV and started antiretroviral therapy (ART) as a baby. In May 2023, her viral load test result was very high. Mphatso, a community health worker from Baylor Tingathe traced Chisomo to provide support so that she could achieve viral suppression. During the counselling session, Chisomo shared that she sometimes missed ART doses because her medication schedule conflicted with her fish business hours. Additionally, she had a boyfriend, Peter, to whom she hadn't disclosed her HIV status and lacked parental care and support.

*"I am into the fish business and fish boats' arrival at the shore is not fixed. Sometimes it happens that fish boats come at the time I was supposed to take my medicine, and it is not possible to do so"*

Together, Mphatso and Chisomo discussed the challenges Chisomo faced and identified some approaches to overcome them. Mphatso engaged Chisomo's mother, her treatment supporter, in the conversations. Together they planned for Chisomo to take her medication together with her mother, so that she and her mother could take medication as a team and help one another with adherence. They also agreed to shift the time of taking her medication so that it did not conflict with her fish business.

Chisomo was hesitant to disclose her HIV status to her boyfriend, however. Their relationship was only three months old, and she did not know if Peter knew his own HIV status. They had not discussed it.

*"We were only three months into the relationship. I was scared I would lose him if he knew I was HIV positive. I didn't want him to blame me if he comes out positive"* says Chisomo.

Mphatso shared some ideas for Chisomo to consider. She emphasized the importance of testing partners and presented Chisomo with options for notifying Peter to come for an HIV test using index case testing strategy. Chisomo chose a Voluntary Assisted Partner Notification (VAPN) dual referral in which she and Peter could together come to the facility for HIV testing. Peter tested negative, received counselling on HIV prevention, and was initiated on PrEP medication.

*"I love Chisomo a lot. Things happen. Her being HIV positive doesn't make her a bad person. I decided to be with her despite her HIV status,"* said Peter.

In October 2023, Chisomo had a follow-up viral load test. In January 2024, Peter and Chisomo were excited to find out that Chisomo's viral load results showed the viral load was suppressed. Chisomo mentioned that a lot had changed since the counselling and assisted disclosure. She no longer missed doses, and Peter was very supportive.

*"I am happy for the support I got from Tingathe. My struggle with taking medication is a thing of the past. I did not expect that Peter would still choose to be with me despite us being a discordant couple. He is very supportive, and I am very lucky to have him."*

In July 2024, Peter went for a PrEP refill and tested HIV negative. By that time, the couple was expecting their first child, and Chisomo was diligently attending antenatal clinic appointments for Prevention of Mother-to-Child Transmission (PMTCT) services. In September, she safely delivered a healthy baby with the assistance of skilled medical professionals. The infant is now enrolled in the HIV care clinic, with the first Early Infant Diagnosis (EID) milestone test scheduled for six weeks, set for the second week of November. Chisomo and Peter are closely following medical advice, as they want their baby to be HIV-free.

[Note: Names have been changed for confidentiality]

# **BAYLOR** **FOUNDATION**

**M A L A W I**