# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>About Us</td>
<td>3</td>
</tr>
<tr>
<td>Message to Our Supporters</td>
<td>4</td>
</tr>
<tr>
<td>What We Do</td>
<td>5</td>
</tr>
<tr>
<td><strong>Deliver</strong></td>
<td>7</td>
</tr>
<tr>
<td><strong>Strengthen</strong></td>
<td>9</td>
</tr>
<tr>
<td><strong>Innovate</strong></td>
<td>11</td>
</tr>
<tr>
<td><strong>Advocate</strong></td>
<td>15</td>
</tr>
<tr>
<td>Financials</td>
<td>17</td>
</tr>
<tr>
<td>Thank You</td>
<td>21</td>
</tr>
<tr>
<td>Board of Directors</td>
<td>23</td>
</tr>
</tbody>
</table>
ABOUT US

Dignitas International is a medical humanitarian organization dedicated to increasing access to treatment and quality of care for people with HIV/AIDS and related diseases. Committed to innovation, Dignitas works with patients, health workers, researchers and policymakers to tackle barriers to health care in resource-limited communities.

Combining frontline expertise and rigorous research, Dignitas saves lives and upholds the right to health and dignity for the world’s most vulnerable by treating patients, strengthening health systems and shaping health policy and practice. Founded by Dr. James Orbinski and James Fraser, both formerly of Médecins Sans Frontières/Doctors Without Borders, Dignitas was launched with the underlying belief in human dignity. We are motivated by social justice as an ethical imperative. We are committed to breaking down the social, economic, gender, legal and geographic barriers to treatment and care.

Since 2004, we have been innovating solutions that address challenges faced by weak health systems. By working within the public health system in Malawi, Dignitas is able to develop insights and solutions that are transferable and replicable. As a result, our impact extends beyond Malawi to other resource-limited communities in the developing world.
MESSAGE TO OUR SUPPORTERS

It is easy to become immersed in the day-to-day operations of addressing the barriers to HIV/AIDS-related treatment and care. By stepping back and taking stock, we are able to assess our broader achievements. As our research outcomes and practical innovations are disseminated, it’s remarkable to see and feel the impact of our work.

At Dignitas, we **deliver, strengthen, innovate and advocate**. We do this so that our contributions have the greatest impact possible.

Since we began in 2004, we have delivered frontline medical care, strengthened health systems, created innovative yet practical solutions through research, and advocated for improved health policy and practice. Our ultimate aim is to save lives in Malawi, where we work, and in other resource-limited communities facing similar health challenges.

How do we ensure we’re having the greatest impact possible? We invest in our greatest resource of all: people.

By working with patients, health workers, researchers and policymakers every day, we tackle complex problems using an integrated approach. We are pleased to report that 2012 was a year that saw several successes as we continued the expansion of our community-access model from one to six districts in Malawi, bringing HIV/AIDS-related services to a population of more than 3.1 million people.

At Dignitas, we are motivated by our commitment to social justice as an ethical imperative. Alongside local and international partners, we envision a world in which health care is accessible to all, regardless of wealth, gender or geography.

Every day we face new challenges in this quest. We are truly grateful to our supporters who appreciate these challenges and, despite them, stand behind our commitment to improving access to treatment and care for the most vulnerable.

We are inspired by the incredible impact our work has had on the lives of our patients and the communities we serve. Healthy patients lead to strong families, vibrant communities and, over the long-term, robust economies.

Because of you, we are creating lasting change and taking our first steps to an AIDS-free generation. This possibility both excites and spurs us on to build a bold strategy for the future. We thank you for your support and look forward to your active engagement in realizing our vision.

Dr. Michael Schull
Board Chair

Marilyn McHarg
President and CEO
WHAT WE DO

Deliver  frontline medical care

Strengthen  health systems

Innovate  using research and evidence

Advocate  for improved policy and practice
“When I was found to be HIV-positive, I didn’t believe that I could have an HIV-free child. When my son was born, I even had him tested three times. Always he was negative. I am so happy and can now focus on working and raising my family.”

Diana, Expert Patient Mother
At Dignitas, it all begins with our patients. We deliver frontline medical care to save their lives and to relieve their suffering. Being on the ground in the hospitals and community health centres of Malawi allows us to see where the needs and challenges are so that we can address them on a broader scale through our research and policy work.

In 2012, we continued to provide treatment and care for people with HIV/AIDS-related diseases at Tisungane HIV/AIDS Clinic, which we established in partnership with the Malawi Ministry of Health. Since opening in 2004, the clinic has enrolled nearly 20,000 patients on life-saving antiretroviral treatment.

The clinic is also home to the first integrated HIV-TB clinic and the first Teen Club clinic in Southern Malawi, as well as the nation’s first dedicated clinic for HIV-positive health workers.

The integration of HIV and tuberculosis (TB) services creates efficiencies and cost-savings for the health system. Most importantly, patients diagnosed with TB gain immediate access to HIV testing and counseling. As a result, uptake of services has jumped from 6% in 2007 to over 80% in 2012. This means more TB patients are starting life-saving HIV treatment earlier, when treatment has a much greater chance of success.

Our Teen Club, based on a model developed by the Baylor International Pediatric AIDS Initiative, fosters an environment where HIV-positive adolescents transitioning into adulthood can develop a deeper understanding of their unique health needs. At this monthly clinic, nearly 200 youth receive antiretroviral medicines along with medical check-ups and peer-to-peer counseling. By sharing experiences with other HIV-positive youth, participating teens are able to gain strength in facing stigma from others.

Finally, Malawi’s health workforce is not invulnerable to HIV. The severe crisis in human resources for health has been further compounded by the epidemic. In an effort to avoid the stigma, health workers often avoid seeking treatment and care for HIV until it is too late.

To address this issue, Dignitas established a discreet health worker clinic, enabling health workers and their immediate families to receive timely and confidential care. Naturally, there has been a dramatic increase in the number of health workers receiving HIV/AIDS-related services, with close to 600 patients enrolled to date. In fact, the success of our health worker clinic prompted the opening of two similar clinics in Malawi, further helping to safeguard the country’s health workforce, who play a crucial role in delivering treatment and care to millions.

By providing specialized HIV/AIDS-related care, our Tisungane HIV/AIDS Clinic has become a referral centre, handling complex cases for the nation’s South East Health Zone. Our direct work with patients helps us gain an advanced understanding of the challenges they face in seeking quality care and how we can overcome them. With access to treatment and care, an HIV-positive diagnosis is no longer a death sentence. We are providing hope to our patients and enabling the chance to lead healthy and productive lives. This is at the core of everything we do.
“No matter what challenges health workers are facing, whether it is managing a patient condition or dealing with drug shortages, we troubleshoot with them. By providing support, we improve the delivery of health care.”

Ruth Manyera
District Program Nurse, Dignitas International
Malawi’s public health care system is severely underfunded and overstretched. The country ranks in the top ten for HIV prevalence in the world but there are fewer than 200 physicians for the whole country. By comparison, Canada has twice the population but over 100 times as many physicians.

It is easy to despair, but at Dignitas, we see the potential for change. We know that we can strengthen the health system by supporting, training and – most importantly – listening to health workers. We also see the opportunity for patients to counsel and support other patients. Further, we identify ways to streamline processes to better prevent and treat HIV/AIDS and related diseases.

We know the challenges health workers face in providing care at community health centres, because we face them ourselves. As a result, we use this knowledge to implement training programs and push for policies that improve health care across Malawi.

Since Dignitas began, we have trained more than 500 health workers - last year alone we provided over 1,000 training and mentorship sessions. We also supported the expansion of HIV/AIDS-related services to 158 health centres in Malawi’s South East Health Zone. Through our zonal expansion efforts in 2012, over 30,000 people in six districts were started on antiretroviral treatment, bringing our overall total to more than 152,000 people.

Much of our work to strengthen health systems in 2012 focused on the prevention of mother-to-child transmission of HIV (PMTCT). Our staff provided training for the groundbreaking Option B+ program, which aims to save lives and ensure the optimum health of HIV-positive mothers and their babies. This work involves training and mentoring health workers to treat HIV-positive pregnant mothers, educating community members and ensuring the steady availability of medicines. By the end of 2012, more than 100,000 expectant mothers had received PMTCT services through this aggressive ‘test and treat’ strategy.

In 2012, we also continued to run our innovative Expert Patient program. By training HIV-positive patients to provide counselling and support, newly diagnosed patients get the important information they need from a trusted peer. Furthermore, these individuals take on clerical and administrative duties to free up health workers for the task of paramount importance: providing treatment and care for their patients.

As always, we continued to work hand-in-hand with Malawi’s Ministry of Health to ensure that expertise and resources are used as efficiently as possible. By seeing the potential in health workers and patients to champion the sustainable delivery of health care, the impact of our work extends from hospitals and clinics to families and communities across a nation.
“Dignitas combines operations research with health care delivery. We are researching how Option B+, a treatment regimen which prevents mother-to-child transmission of HIV, is contributing to the health of HIV-positive mothers and the survival of their children. If we want to improve life-saving treatment programs, we need to look at how they work not just in theory, but also in practice.”

Ken Phiri, Research Manager, Dignitas International
Dignitas is uniquely suited to conduct research and **innovate** solutions that make health care more sustainable and patient-centered.

By working closely with health workers in both remote and urban settings, we see the barriers and challenges in Malawi’s health system and these give rise to our research questions. Our study results are not only fed back into improving Malawi’s health care, they are disseminated around the world through peer-reviewed research so that other countries and regions facing similar challenges can also benefit.

In 2012, we launched a large comprehensive study into the impact of the new Option B+ regimen, which was nationally rolled out to prevent the spread of HIV from mothers to their babies. We are currently gathering clinical data in sites across six Malawian districts while also conducting surveys with health workers. By tracking tens of thousands of patients, we will be able to examine the impact of the ‘treatment as prevention’ regimen on the health of mothers and their babies.

The study will also compare models of prevention of mother-to-child transmission (PMTCT) services and assess how family-centered and community outreach approaches might result in better health outcomes for mothers and their children. First launched in Malawi, governments of other developing countries are watching to see whether they should also implement Option B+. Some countries including Uganda, Rwanda and Haiti have already done so.

Further on the research front, we continued significant studies that will be vital in determining more efficient and effective ways for delivering care. For example, we completed the first phase of our Lablite study, which investigates the effectiveness of HIV care provided without the use of expensive laboratory testing. The Lablite study is based on the groundbreaking DART trial, which showed that the clinical monitoring of patients enrolled on antiretroviral treatment is just as safe and effective as lab tests.

As many African countries simply cannot afford the cost of purchasing and maintaining expensive lab equipment, we strongly believe in the importance of finding practical alternatives. The results of the Lablite study could inform how limited public health dollars are spent to ensure maximum impact for the people of Malawi.

Finally, we also completed a multi-country research study on Adolescent Sexual and Reproductive Health. This research investigated the barriers to health care for HIV-positive adolescents in Mozambique, Zambia, Zimbabwe and Malawi. The study showed that hospitals in parts of Southern Africa lack the facilities or trained staff to specifically address the unique needs of teens living with HIV. We are currently developing numerous policy recommendations to make health care more adolescent-friendly in this region.

In the coming year, we will continue to push our research agenda forward. Our relentless pursuit of innovation to address health care challenges is generating insight in Malawi and other resource-limited settings.
Publications

In 2012, Dignitas International published the following research findings in peer-reviewed journals:

**Evaluation of Lay Health Workers’ Needs to Effectively Support TB Treatment Adherence in Malawi.**
International Journal of Tuberculosis and Lung Disease

**High Prevalence of Tuberculosis and Serious Bloodstream Infections in Individuals Presenting for Antiretroviral Therapy in Malawi.**
PLOS ONE

**Increasing the uptake of HIV Testing in Maternal Health in Malawi.**
CIGI-Africa Initiative (Discussion Paper)

**Involving Expert Patients in Anti-Retroviral Treatment Provision in a Tertiary Referral Hospital HIV Clinic in Malawi.**
BMC Health Services Research
Tenthani L, Cataldo F, Chan AK, Bedell R, Martiniuk ALC, van Lettow M.

**Language in Tuberculosis Services: Can We Change to Patient-Centered Terminology and Stop the Paradigm of Blaming the Patients?**
International Journal of Tuberculosis and Lung Disease

**Mortality and Health Outcomes in HIV-infected and HIV-uninfected Mothers at 18-20 Months Postpartum in Zomba District, Malawi.**
PLOS ONE
Landes M, van Lettow, Bedell R, Mayuni I, Chan AK, Tenthani L, Schouten E.

**Mortality and Health Outcomes of HIV-Exposed and Unexposed Children in a PMTCT Cohort in Malawi.**
PLOS ONE
Landes M, van Lettow M, Chan AK, Mayuni I, Schouten EJ, Bedell RA.

**Introduction to Qualitative Research Methodology.**
UK Department for International Development (Manual)
Kielmann K, Cataldo F, Seeley J.
Multilateral Cooperation between Africa, Latin America and Europe to Detect Successful Policies for Tackling Maternal and Child Health Inequalities.
UNICEF 2012
Limbani F, MASCOT Group.

Simplified Methods of Determining Treatment Retention in Malawi: ART Cohort Reports vs. Pharmacy Stock Cards.
Public Health Action
Chan AK, Singogo E, Changamire R, Ratsma YEC, Tassie JM, Harries AD.

Six-Month Mortality Among HIV-Infected Adults Presenting for Antiretroviral Therapy with Unexplained Weight Loss, Chronic Fever or Chronic Diarrhea in Malawi.
PLOS ONE
van Lettow M, Åkesson A, Martiniuk ALC, Ramsay A, Chan AK, Anderson ST, Harries AD, Corbett E, Heyderman RS, Zachariah R, Bedell RA.

Understanding the Linkages between Informal and Formal Care for People Living with HIV in Sub-Saharan Africa.
Global Public Health
Lees S, Kielmann K, Cataldo F, Gitau-Mburo D.
“Over the last decade, an abundance of health research has been conducted in Malawi but we haven’t been able to summarize the research findings in order to effectively inform policy and practice. KTP Malawi is both exciting and inspiring for health workers, researchers and policy-makers alike - it has the potential to bridge the knowledge-to-action gap. Few countries have yet to adopt such an innovative approach.”

Dr. Damson Kathyola, Director of Research, Policy and Planning, Malawi Ministry of Health
Dignitas is determined to see the results of our medical programs and research translate into meaningful impact on a broader scale.

Our advocacy and policy engagement efforts ensure this impact. We advocate with practitioners and policymakers for health care programs that take into account the unique challenges faced by key populations, including adolescents, pregnant women and children.

We also advocate for health systems that are intelligently designed and cost-effective. Because we see first-hand the challenges and opportunities in delivering health care in developing countries and share our evidence and experience, our recommendations carry weight.

In Malawi, we recently began a groundbreaking initiative to encourage life-saving research and evidence-informed policymaking. This first-of-its-kind Knowledge Translation Platform (KTPMalawi) brings together practitioners, researchers and policymakers to bridge the communication and information-sharing gap that exists between health care research and practice in much of Africa, and around the world.

To launch KTPMalawi, we facilitated stakeholder consultations with Malawian researchers and policymakers. These discussions inspired ideas about the changes required to ensure research conducted in Malawi truly contributes to better health care and stronger communities. In the coming year, Dignitas will help implement these changes, which include workshops and an online forum to share research findings in a comprehensive and accessible way.

On the international front, Dignitas participated in various global health conferences in 2012, including the XIX International AIDS Conference in Washington DC, where we had one oral presentation and six poster presentations.

In addition, we actively participated in the Global Treatment Access Group (GTAG), a coalition of NGOs that advocates on a number of issues including improvements to Canada's Access to Medicines Regime and the replenishment of the Global Fund to Fight AIDS, TB and Malaria.

We will continue to apply pressure on the Canadian government to take a principled lead on the world stage by supporting initiatives that ensure the delivery of free or affordable medicines to poor countries facing a high burden of disease. Armed with evidence and experience, we will push for health policies and practices that save lives and foster healthy communities.
Ripples of Impact

285,000+ people tested for HIV
12 active research studies
1,000+ training and mentorship sessions
2012 RIPPLE EFFECTS
158 health centres supported
13 research publications
30,000+ people started on treatment
## DIGNITAS INTERNATIONAL

### Statement of Financial Position

**As of December 31, 2012**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Assets</td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>$881,459</td>
</tr>
<tr>
<td>Short-term Investments</td>
<td>$9,171</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$371,679</td>
</tr>
<tr>
<td>Excise Tax Receivable</td>
<td>$52,051</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>$29,651</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>$1,344,011</td>
</tr>
<tr>
<td>Long-term Assets</td>
<td></td>
</tr>
<tr>
<td>Capital Assets</td>
<td>$237,019</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>$1,581,030</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Liabilities</td>
<td></td>
</tr>
<tr>
<td>Operating Credit Facility</td>
<td>$83,992</td>
</tr>
<tr>
<td>Accounts Payable and Accrued Liabilities</td>
<td>$543,451</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>$627,443</td>
</tr>
<tr>
<td>Long-term Liabilities</td>
<td></td>
</tr>
<tr>
<td>Long-Term Accounts Payable</td>
<td>$112,928</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Invested in Capital Assets</td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>$237,019</td>
</tr>
<tr>
<td>Restricted</td>
<td>$2,684</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$600,956</td>
</tr>
<tr>
<td><strong>Total Net Assets Invested in Capital Assets</strong></td>
<td>$840,659</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>$1,581,030</td>
</tr>
</tbody>
</table>
DIGNITAS INTERNATIONAL
Statement of Operations

Year ended December 31, 2012

<table>
<thead>
<tr>
<th>REVENUE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td></td>
</tr>
<tr>
<td>Individuals</td>
<td>729,499</td>
</tr>
<tr>
<td>Events and Community</td>
<td>736,081</td>
</tr>
<tr>
<td>Foundations</td>
<td>462,818</td>
</tr>
<tr>
<td>Corporations</td>
<td>21,713</td>
</tr>
<tr>
<td>Gov't and Institutional</td>
<td></td>
</tr>
<tr>
<td>CIDA</td>
<td>67,076</td>
</tr>
<tr>
<td>Other</td>
<td>632,978</td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
</tr>
<tr>
<td>Gov't and Institutional</td>
<td></td>
</tr>
<tr>
<td>USAID</td>
<td>1,140,508</td>
</tr>
<tr>
<td>International Union Against Tuberculosis and Lung Disease</td>
<td>69,755</td>
</tr>
<tr>
<td>Medical Research Council UK</td>
<td>156,832</td>
</tr>
<tr>
<td>Other</td>
<td>24,590</td>
</tr>
<tr>
<td>Ministry of Health (drugs-in-kind)</td>
<td>778,102</td>
</tr>
<tr>
<td></td>
<td>4,819,952</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Delivery</td>
<td>2,938,685</td>
</tr>
<tr>
<td>Ministry of Health (drugs-in-kind)</td>
<td>778,102</td>
</tr>
<tr>
<td>Fundraising and Events</td>
<td>435,195</td>
</tr>
<tr>
<td>Management and General</td>
<td>526,790</td>
</tr>
<tr>
<td></td>
<td>4,678,772</td>
</tr>
</tbody>
</table>

Excess of revenue over expenditures for year

141,180

Please contact us to receive a copy of our audited Financial Statements.
“During a recent visit, we were able to see the impact being made in the lives of people and communities able to access treatment and care for HIV/AIDS. The Blossom Foundation is honoured to support Dignitas International in this effort, which is creating transformative change and helping us move forward to achieving an AIDS-free generation in Malawi.”

Nina Georgiadis, Director
Blossom Foundation

Ripples of Generosity
THANK YOU

We are grateful to these donors who contributed $10,000+ to our work in 2012

$1M+
United States Agency for International Development

$100,000 - $999,999
amfAR, The Foundation for AIDS Research
Lloyd and Marie Barbara
Blossom Foundation
Canadian Institutes of Health Research\(^1\)
Marguerite Steed Hoffman
RBC Foundation
UK Department for International Development\(^2\)

$50,000 - $99,999
Canadian International Development Agency
CAW Social Justice Fund
Donner Canadian Foundation
Bobby Fessler and Daphne Weaver
Harold Simmons Foundation
International Development Research Centre\(^3\)
International Union Against Tuberculosis and Lung Disease
Macquarie Capital
Edward W. Rose III and Deedie Rose
Joe Schull and Anna Yang
World Health Organization\(^4\)
Michael and Sharon Young

$10,000 - $49,999
940412 Ontario Limited
Willa Black and Donald Jarvis
BMO Capital Markets
BMO Financial Group
Burgundy Asset Management
Tim Byrne
Canfirst Capital Management
Centre for International Governance Innovation
CIBC World Markets
Cisco Canada
Ralph Curton Jr.
Daniel Drimmer
Roman and Roma Dubczak
Evans Investment Counsel
David and Yvonne Fleck
The Estate of Jane W. Galliford
Global Health Corps
Susan and Gregory Guichon
Gwen and Richard Harvey
IMAX Corporation
Ira Gluskin and Maxine Granovsky
Gluskin Foundation
John and Jocelyn Barford Family Foundation
Macquarie Group Foundation
Al Mawani
Michael Vukets and Associates Ltd.
North American Fur Auctions

Open Society Initiative of Southern Africa
Patrick and Barbara Keenan Foundation
Pediatric AIDS Treatment for Africa
Prairie Merchant Corporation
Howard and Cindy Rachofsky
Raymond James Ltd.
William and Catherine Rose
Scotiabank
Southern African AIDS Trust
TD Securities
The Mill Charitable Trust (UK)

We appreciate the generosity of our supporters and have made every effort to ensure this listing reflects your donor recognition preferences. If a change is required, please contact us so we can appropriately acknowledge your support in the future.

\(^1\)via University Health Network
\(^2\)via Medical Research Council UK
\(^3\)via REACH Trust Malawi and Sunnybrook Health Sciences Centre
\(^4\)partially via Lighthouse Trust
“We believe that sharing our experience and expertise can strengthen weak health systems in communities well beyond Malawi. We believe that the innovations we implement, research and evaluate can produce valuable results and evidence - evidence that can improve many lives.”

Carol Devine, Board Member, Dignitas International
Dignitas International

Dr. Michael Schull (Chair)
Clinician-Scientist and Professor,
Department of Medicine,
University of Toronto

Lloyd Barbara*
Vice-Chairman,
Burgundy Asset Management Ltd.

Willa Black
Vice President, Corporate Affairs,
Cisco Canada

Roman Dubczak
Managing Director, Head of Cash Equities,
CIBC World Markets Inc.

David Fleck*
President and CEO,
Macquarie Capital Markets Canada

Mario Garcia*
Director, New Haven Health Department

Gwen Harvey
President,
BridgeWater Family Wealth Services

Pamela Hughes
Senior Partner, Blake, Cassels & Graydon LLP

Dorothy nyakunda Kamanga
High Court Judge, Malawi

Elske Kofman*
President, EMK Event Marketing Consultants

Jacquie Labatt
President, CanAIDia International

Douglas Lawson
Sr. Vice President and CFO,
North American Fur Auctions

Nada Ristich
Director, Corporate Donations,
BMO Financial Group

Dr. Ross Upshur
Canada Research Chair in Primary Care
Research; Professor, Department of
Family and Community Medicine and
Dalla Lana School of Public Health,
University of Toronto

Seodi White
National Coordinator, Women and
the Law in Southern Africa Research
and Education Trust (WLSA Malawi)

Dr. Merrick Zwarenstein*
Senior Scientist, Institute for Clinical
Evaluative Sciences, Sunnybrook Health
Sciences Centre, University of Toronto

* served in 2012

Dignitas USA

Michael Young (Chair)
President, Quadrant Capital

Roland Augustine
Co-Founder, Luhring Augustine Gallery

Carol Devine
Writer and Researcher, HIV/AIDS,
Policy, Gender and Access to Medicines

Mario Garcia*
Director, New Haven Health Department

Marguerite Steed Hoffman
Chairman, Custom Food Group

Pamela Hughes
Senior Partner, Blake, Cassels & Graydon LLP

Ciara Hunt
CBC Royal Commentator,
Former Editor-in-Chief, HELLO! Canada

Dr. James Orbinski
Director, Africa Initiative,
Centre for International Governance
Innovation; CIGI Chair in Global Health,
Balsillie School of International Affairs

Tom Stephenson
CEO, LOOK Cinemas

Vanessa Weaver
President, Primus Vantage Inc.

Monica Winsor*
Trustee, Donner Canadian Foundation
and William H. Donner Foundation