



DIGNITAS

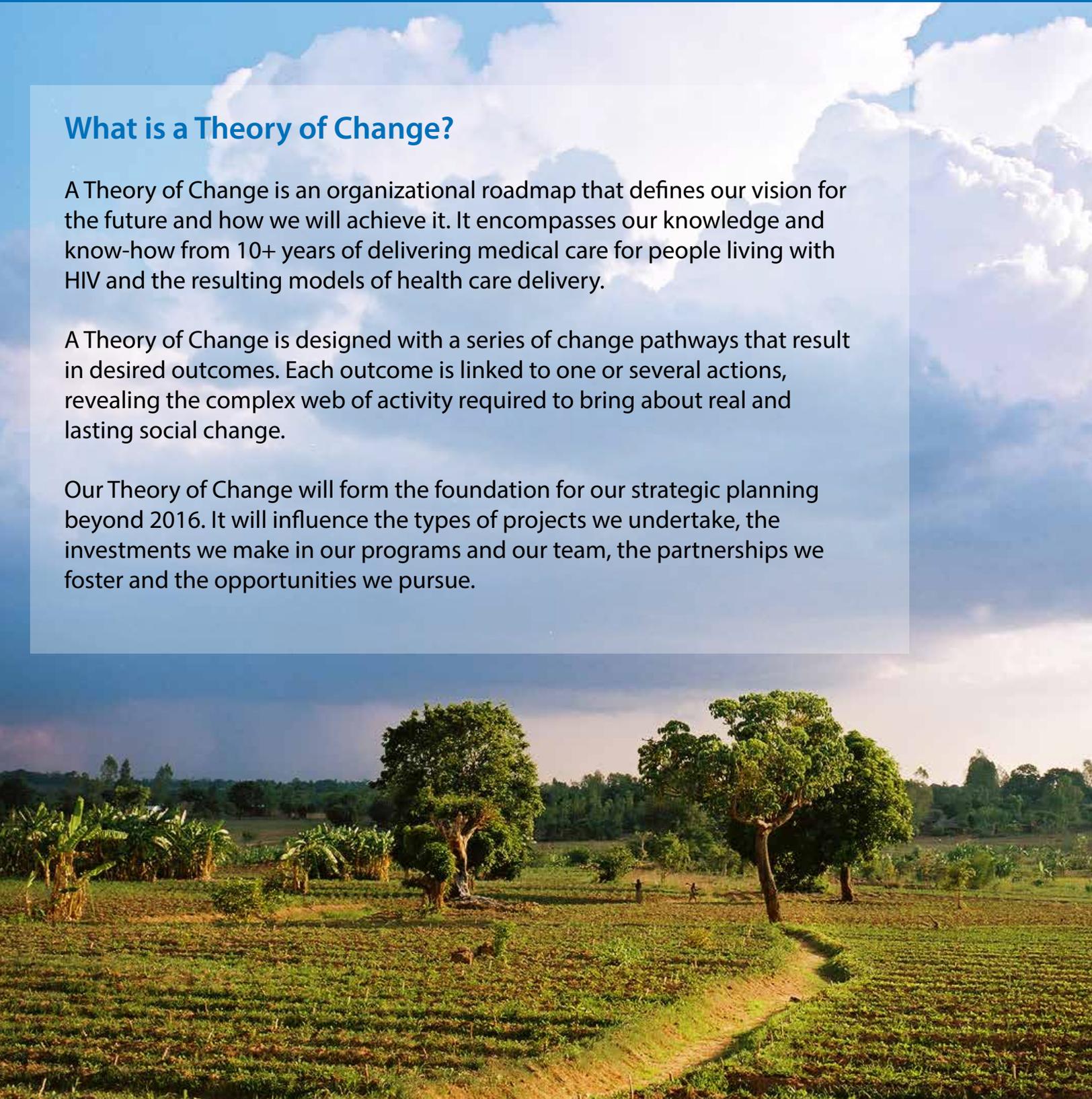
Enhancing Health Systems: *A Theory of Change*

What is a Theory of Change?

A Theory of Change is an organizational roadmap that defines our vision for the future and how we will achieve it. It encompasses our knowledge and know-how from 10+ years of delivering medical care for people living with HIV and the resulting models of health care delivery.

A Theory of Change is designed with a series of change pathways that result in desired outcomes. Each outcome is linked to one or several actions, revealing the complex web of activity required to bring about real and lasting social change.

Our Theory of Change will form the foundation for our strategic planning beyond 2016. It will influence the types of projects we undertake, the investments we make in our programs and our team, the partnerships we foster and the opportunities we pursue.





Our Story

Dignitas International is more than a medical and research organization. We are a family of scientists, innovators, artists, health care providers and humanitarians committed to tackling global health challenges and improving access to health care for all.

Our approach includes equal measures of action, compassion and scientific rigor. Add to this a sense of indignation that challenges the status quo when we witness injustice. Ours is a fight for the dignity of our patients, to make sure they receive the care and treatment we would want for ourselves. We are unapologetic about this.

Over the last decade, we have strengthened access to health care based on sheer vision and grit. Today, we are seen as changemakers in our sector. We aim to strike a balance between a visionary outlook and meeting the challenging realities of today. We are critical of ourselves and constantly look for ways to do and be better. And we always welcome new energy and ideas into our wheelhouse.

To address the next wave of global health challenges, we must be creative, committed and resourceful. We must use the best evidence and experience available. We will continue to hire the best people and maintain an open organizational architecture that allows us to be nimble and responsive. We have no qualms about changing course in order to improve the health of our patients. This is paramount to our work.

At Dignitas, we are innovators in global health. We believe in equal access to quality health care. We dare to imagine a world where all people realize their potential for a healthy and productive life. Because with health, anything is possible.

Our History

Dignitas International was launched as a humanitarian response to a global health catastrophe. In 2004, the AIDS epidemic was ravaging Malawi, a small country in sub-Saharan Africa, destroying its social and economic infrastructure and threatening its very survival as a nation.

Without access to treatment and care, AIDS was a death sentence in Malawi. Hospitals were doubling as morgues as patients were literally dying in the corridors. The situation was an affront to human dignity. We began our commitment to addressing this crisis by setting up an HIV clinic in Zomba district, in one of the poorest countries in the world. In our first month at the clinic we started 33 patients on treatment. Today, this figure has climbed to more than 25,000.

Because Tisungane Clinic was the only health facility offering HIV-related services in the district at the time, many of the sick had to walk for hours and days from their villages to access treatment. Many more didn't make it to our clinic simply because they couldn't afford the cost of a bus ticket. Distance was a critical barrier to health care and was putting tens of thousands of lives at risk. In our view, the fastest and most effective way to reach the rural poor was to bring treatment and care to them. It was a crucial choice. Rather than engaging in direct service delivery, we worked to expand our model of care and trained health workers across the district to deliver HIV services.

From the very beginning, we wanted to create ripple effects that would improve health care across Malawi. We also knew that if our efforts had a lasting positive impact on patients, we could leverage this knowledge to help others beyond Malawi's borders.

So we developed a robust research program to measure our successes and failures, and to publish findings that would be of use to health care providers facing similar challenges all over the world.

Today, we are supporting 164 health centres in 6 districts, covering a population of more than 3.6 million people. From a standing start in 2004, we have helped more than 1.7 million people get tested for HIV and helped over 244,000 people start lifesaving treatment.

We are proud to have played our part in responding to the devastation of AIDS in Malawi but our work is far from over. With HIV shifting to a manageable chronic condition, non-communicable diseases like diabetes, hypertension and cervical cancer are predicted to become the leading killers in Africa by the year 2030. These conditions are particularly prevalent for people living with HIV. It is clear that effective health care cannot be separated into disease-specific silos. We envision an integrated model so that patients can access a range of health services during a single visit at a local health centre.

Going forward, we will continue to use our experience and expertise in HIV as an entry point to addressing broader health issues in other regions. In 2014, we launched our Aboriginal Health Partners Program, where we are leveraging knowledge gained in Malawi to strengthen health care delivery in Northern Ontario, where health worker shortages and distance to health facilities remain key challenges.

In the coming years, we will work to improve lives by developing and implementing models of care and sustainable solutions to global health challenges.

By adapting our approach to respond to an evolving context, we remain true to our founding vision: to seek tangible benefits for our patients through evidence-based initiatives, which can be applied around the world.

2004

In response to the AIDS epidemic, Dignitas International opens Tisungane Clinic in partnership with the Malawi Ministry of Health, dramatically increasing access to HIV-related treatment and care.

2005

To improve patient care, Dignitas begins training and mentoring health workers in the delivery of HIV-related services at Zomba Central Hospital.



2006

To address geographical barriers to treatment and care, Dignitas starts training health workers at rural health centres to deliver HIV-related services across Zomba District.



2007

Dignitas establishes a Health Care Worker clinic, the first of its kind in Malawi. Its success prompts the opening of two more clinics in the country.

2008

Dignitas establishes a co-located TB-HIV clinic enabling patients to receive simultaneous treatment with the goal of improving diagnosis and treatment adherence.



2009

Along with African and Canadian partners, Dignitas begins developing Streamlined Tools and Training (STAT), a practical training model to assist health workers in remote areas to treat common conditions like HIV, TB and malaria.



2010

With funding from USAID, Dignitas expands its decentralized model of care from one to six districts in Malawi's southeast region, bringing HIV-related services to more than 3.1 million people.

2011

Malawi launches Option B+, a groundbreaking strategy to prevent mother-to-child HIV transmission. Dignitas supports the strategy by training health workers to deliver the new treatment regimen.



2012

In partnership with the Ministry of Health, Dignitas launches Malawi's first Knowledge Translation Platform (KTPMalawi), bridging the gap between health care providers, researchers and policymakers.

2013

A research study shows that HIV+ adolescents enrolled in Teen Club are three times more likely to stay on HIV treatment than those not in the program. Dignitas expands Teen Club across Malawi's southeast region.



2014

Dignitas launches a partnership with Sioux Lookout First Nations Health Authority to address barriers to diabetes care faced by Aboriginal communities.



2015

With funding from Grand Challenges Canada, Dignitas kicks off training to help health workers provide integrated care for HIV and non-communicable diseases like hypertension, diabetes and cervical cancer.



Our Theory of Change



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VISION

We believe in equal access to quality health care. We envision a world where all people realize their potential for a healthy and productive life.

LONG-TERM GOAL

Strong health systems deliver quality care for communities facing a high burden of disease and unequal access to services.

CHANGE PATHWAYS

PROVIDERS Human Resources for Health

Health care providers and managers are performing at the top of their scope.

PRACTICE Health Care Delivery

Health care delivery is optimized through integrated screening, diagnosis and treatment of patients.

POLICY Equitable & Evidence-based Health Policy

Health policies are equitable, evidence-based, resourced and implemented.

EVIDENCE

KNOWLEDGE
TRANSLATION

MEDICAL
PROGRAMS

RESEARCH

INNOVATION

How We Work

In our Theory of Change map, Dignitas is changing how we represent our work.

Innovation

Innovation is represented as the foundation of our operating model, influencing the design and implementation of our research, medical care, and knowledge translation activities.

We will strive to be a key actor in the advances in science, technology and health care delivery that are already generating new possibilities that were previously unimaginable. We know that successful organizations habitually innovate, adjust quickly to new operating environments, and have the capacity to seize emerging opportunities that contribute to the achievement of overall objectives. We can accelerate our progress by prioritizing new innovations that will lead to improved access to quality care for the world's most vulnerable and underserved populations.

For Dignitas, the processes of innovation and renewal will feed into our medical programming and research, both ongoing activities, and new spin-off projects and programs. Our ability to innovate will be critical to achieving our long-term goals, however our innovation will be iterative: the learning and discoveries of our work will influence the direction and nature of our programming and research, allowing us to develop the next wave of original research and programs that respond to a changing landscape of global health challenges. Opportunity and innovation will drive us to be nimble, flexible and forward-thinking.

Research, Medical Programs and Knowledge Translation

Historically, Dignitas defined itself by three independent pillars of work: clinical practice, research, and policy. In this revised diagram, the components of our work have been re-defined: medical programs, research and knowledge translation. Rather than represent each of these components as a stand-alone pillar, we have chosen to illustrate them as moving cogs.

The cogs demonstrate that these components of our work are moving; they are not stagnant, but rather dynamic and evolving. They also illustrate the integrated and intersecting nature of our work.

Our medical programs, research, and knowledge translation function interdependently, influencing each other in an iterative fashion. For example, many research questions emanate from our medical programs, and in return, our research helps us to determine if our medical programs are achieving the results we desire.

Finally, the map seeks to show that we do not conduct research or carry out medical programs and knowledge translation activities as an end in themselves. These actions are a means to an end, with the end goal being the achievement of the three outcomes expressed in our Theory of Change: Improving Human Resources for Health, Health Care Delivery and Health Policy.

Evidence

Evidence generated from our research, medical practice and knowledge translation will influence all our efforts to achieve the outcomes defined. We recognize that implementing the principles of evidence-based medicine relies on the rules of evidence and research, and requires a commitment from a wide range of stakeholders: Ministries of Health, medical schools, local health and medical licensing departments, clinicians, pharmacists, professional associations and health care organizations. Evidence will be a key factor in our work to develop clinical standards that have the potential to provide the best medical care at the lowest cost in resource-limited settings.

The Patient

The patient appears at the top of our Theory of Change map: our focus is always on the patient and the patient is always in our line of sight. Our ultimate purpose is to improve how we take care of people.

Our Vision and Long-Term Goal

We believe in equal access to quality health care. We envision a world where all people realize their potential for a healthy and productive life.

This vision statement recognizes the right to health for all people. The right to health is the economic, social and cultural right to a universal minimum standard of health to which all individuals are entitled. The concept of a right to health has been enshrined in several international agreements, including the Universal Declaration of Human Rights.

Our contribution to achieving this vision of a minimum standard of health for all is focused specifically on strengthening health systems at the community, sub-national and national levels.

Our **long-term goal** that contributes to this vision is:

Strong health systems deliver quality care for communities facing a high burden of disease and unequal access to services.

We will hold ourselves accountable to this goal in the communities and countries where we work.

Because so much of our work is focused at the health systems level, it is important for Dignitas to define what it means by strong health systems. According to the World Health Organization, a good health system delivers quality services to all people, when and where they need them.

The exact configuration of services varies from country to country, but in all cases a strong health system requires a robust financing mechanism, a well-trained and adequately paid workforce, reliable information on which to base decisions and policies, well-maintained facilities and logistics to deliver quality medicines and technologies.

To achieve this long-term goal we will focus our efforts specifically in low-income countries and with indigenous populations. We will work with communities struggling to manage a high burden of disease, while facing unequal access to public health care resources. Our efforts are always focused on under-capacitated health systems where there is an opportunity to work with government to develop sustainable solutions within existing structures.

Enhancing Health Systems: Three Pathways for Change

Our core efforts are focused where we have the greatest capacity to bring about meaningful and sustainable change towards our long-term goal of strong health systems.

Our Theory of Change defines how we will work towards this goal. We have identified three change pathways that align with several of the WHO's interrelated components of a health system. At Dignitas we seek to strengthen these system components to create a direct and positive impact on the health outcomes of individuals, communities and countries. These three change pathways are:

1. Human Resources for Health
2. Health Care Delivery
3. Equitable & Evidence-based Health Policy

Using an integrated approach, our research, medical programs and knowledge translation activities are designed and implemented to achieve the outcomes identified in these three change pathways.



Change Pathway One: Providers Human Resources for Health

Intermediate Outcome:

Health care providers and managers are performing at the top of their scope.

The health workforce is central to achieving good health outcomes. A high performing workforce is one that is responsive to the needs and expectations of people and is fair and efficient to achieve the best possible outcomes given the resources available and the circumstances. As part of its work in this area, Dignitas will support a wide variety of cadres to improve the overall performance of the workforce, including policy makers, health care managers and administrators, frontline health workers, and peer-to-peer workers and volunteers. Key factors in achieving this outcome are improving the education, training and distribution of health care providers, enhancing productivity/performance and improving retention.

Immediate Outcomes:

1. Optimized roles within health care teams.

At a structural level, Dignitas works with health care teams to ensure that work roles are optimized through ensuring the right mix within the workforce with regards to diversity and competencies. Decentralization and task-shifting are examples of how Dignitas supports health systems to optimize human resources capacity.

2. Adequately trained health care providers and managers that are able to apply their training.

Dignitas supports health systems to ensure that health care providers and managers are adequately trained and able to apply their training. Dignitas supports health systems to deliver training and continuing education that promotes best practice at both a clinical and operational level.

3. Strong supervision and mentoring structures.

Dignitas works within health systems to build strong supervision and mentoring structures that support health care teams to perform at their maximum capacity, while ensuring compliance with national standards and protocols.

4. Healthy health care providers and managers.

At an individual level, Dignitas recognizes that health care providers and managers are impacted in similar ways to the general population, sometimes more acutely, when communities face a high burden of disease with insufficient access to health care resources. This depletes health systems of critical human resources at a time when they are needed most. In order for health systems to deliver high quality patient-centred care, frontline health care providers and managers must be healthy and able to perform their functions. A key Dignitas intervention therefore is to provide discreet, specialized health care for frontline health workers.

5. Positive and professional attitudes among health care providers and managers.

Dignitas also believes that the human resources within the health system have a role in creating an environment that is conducive to high quality, unprejudiced health care. A key outcome for Dignitas will be to ensure that health care providers and managers demonstrate positive and professional attitudes that encourage health-seeking behaviours within the populations they serve. This is particularly important when addressing diseases – such as HIV and AIDS – that carry a negative social stigma.

6. Mechanisms to promote cooperation among all stakeholders within the health system.

For Dignitas mechanisms to promote cooperation among all stakeholders within the health system are critical to enabling health care providers and managers to perform at the top of their scope. Cooperation mechanisms include health worker advisory groups, technical working groups, donor coordination groups, private sector, professional associations, communities, and client/consumer groups. Dignitas will support these cooperation processes as part of its efforts to achieve improved human resources for health.

Change Pathway Two: Practice Health Care Delivery

Intermediate Outcome:

Health care delivery is optimized through integrated screening, diagnosis and treatment of patients.

Patients are at the core of a health system and how we take care of them is an important component of our work. Health systems are only as effective as the services they provide. Dignitas works within health systems to ensure that the delivery of care is optimized through effective and integrated screening, diagnosis and treatment. Direct engagement with patients is an important part of how Dignitas operates. While we support the Ministry of Health to improve health care delivery, we also, as a team and as individuals, deliver health care to patients. This is a critical part of our work that gives us agency, credibility and first-hand experience of the systems we are influencing.

Immediate Outcomes:

1. Organized community engagement.

Dignitas recognizes that quality health care begins with organized patient and community engagement and believes in the importance of including communities as active participants in decision-making in the health system. Community engagement is an important strategy to ensure that health services are organized around needs and priorities of target populations, including marginalized and underserved populations. Dignitas supports stakeholders within the health system to increase their knowledge and understanding of community engagement, and to enhance their skills, practice and implementation of these processes.

2. Positive patient-provider interaction.

Positive patient-provider interaction is another key component of successful health care delivery. For Dignitas this positive interaction is based on cultural competence and patient-centeredness that results in improved clinical outcomes and patient satisfaction rates. It improves the quality of the patient-provider relationship and decreases the use of diagnostic testing, prescriptions, hospitalizations, and referrals.

3. Comprehensive and integrated package of clinical and public health interventions.

For health systems to deliver on their mandate, they must have the capacity to provide a comprehensive and integrated package of clinical and public health interventions that respond to the complete scope of health challenges faced by the populations they serve. This is about improving how we take care of people.

Dignitas works within the health system to improve the delivery quality of these interventions. Dignitas places particular emphasis on the service delivery areas where it can achieve the greatest impact: the provision of integrated clinical services, effective clinical monitoring and laboratory services, well-functioning referral systems and retention strategies, and adequate supplies, materials and infrastructure. For Dignitas, emphasis will be placed on ensuring that health care services are effectively integrated along the entire cascade of care (within and across service areas and organizations).

4. Comprehensive standards of care protocols and guidelines.

Underpinning all effective health care delivery is a comprehensive standard of care protocols and guidelines that determine access and define quality of care, including safety, effectiveness, integration, continuity, and people-centeredness. Dignitas believes it has a role to play in accompanying health systems to develop and disseminate these standards, norms and guidelines as part of its broad goal of strengthening health systems.

5. Strong Health Information Systems.

Reliable and relevant evidence generated from dependable information systems underpins the effectiveness of health care delivery. Functioning health systems require good information on the effectiveness of clinical interventions and on the performance of the health system itself. Dignitas' contribution to generating health data and information and to building reliable information systems will focus primarily on access to care, on the quality of the services provided, and on effective clinical diagnostics and interventions. Dignitas will use health data to support health systems to develop a culture of continuous improvement and evaluation.

Dignitas will also help to strengthen monitoring and evaluation systems, including core indicators and targets, data collection and management, and analysis. In some specific instances, Dignitas will participate in strengthening systems of information gathering to measure progress on health challenges and health equity, including epidemiological surveillance.

Change Pathway Three: Policy Equitable and Evidence-based Health Policy

Intermediate Outcome:

Health policies are equitable, evidence-based, resourced and implemented.

Within the leadership and good governance framework of health systems, Dignitas defines its role with a specific focus on evidence-based and equitable health policy. Dignitas' interventions in this part of the health system focus on ensuring that evidence-based and equitable health policies are resourced and operationalized. Dignitas will influence national health policies, strategy and plans to ensure that they establish a clear direction for the health sector and express in particular the value-driven high level policy goal of health equity. One way in which Dignitas does this is through participation in technical working groups and convening national and international communities of practice composed of policymakers, researchers and practitioners. The Malawi Knowledge Translation Platform and the Multidirectional Knowledge Translation Network initiatives are examples of this work.

Immediate Outcomes:

1. Strengthened scientific evidence base and policymaker capacity for evidence-based decisionmaking.

An important component of our Theory of Change will be to support the generation and translation of evidence on prioritized, emerging health issues, for example the increasing burden of NCDs in Malawi's HIV+ patient population. We will also strengthen the capacity of policymakers to engage with scientific research (from inception to publication) and facilitate processes that increase the practice of evidence-informed policymaking.

Dignitas believes it has a specific contribution to make to support policymakers and planners to prepare for future challenges such as epidemiological shifts (changing disease profile of an aging population), changes in the environment (extreme weather events or disasters linked to climate change), as well as managing current, high-burden health issues in both the general and at-risk/marginalized populations.

2. Political will to create an equitable health system.

Dignitas also recognizes that an equitable health system is the result of strong political will to distribute health resources fairly across populations, geographic areas, and health care priorities. In some instances – although this will not be a key focus of our work – Dignitas will support civil society actors to strengthen their advocacy capacity and build effective advocacy strategies to hold governments to account for equitable and accessible health systems. In this work we may directly collaborate with organizations comprised of members of underserved or marginalized groups (and/or are mandated to represent their interests), for example, Indigenous self-governed organizations and associations for people living with HIV. Similar to the first outcome, we will facilitate processes that support the generation and translation of evidence that may be used in platforms that advocate for inclusiveness and equity in the formulation of health policy and practice.



What Does Success Look Like?

Dignitas will establish its own set of indicators to measure organizational progress towards each of the long-term, intermediate and immediate outcomes identified in our Theory of Change. Dignitas will conduct an annual review process to establish these targets and measure progress against them. Our ability to reach these targets and to measure progress will be key to determining our success.

In addition to our own targets, we will also measure our success by our ability to work in partnership with others to make a measurable contribution by 2030 to Sustainable Development Goal three in communities facing a high burden of disease and unequal access to health care services.

Goal Three is: *Ensure healthy lives and promote well-being for all at all ages.*

If we are successful, we will have leveraged and applied what we know about strengthening health systems to deliver HIV treatment and care in Malawi to other diseases, contexts and health systems.

Specifically, our work in enhancing health systems will contribute directly to the achievement of six Sustainable Development Goal targets in at least five defined geographic regions for identified populations, communities or diseases. An example of this is our contribution to enhancing health care delivery mechanisms for HIV+ patients in the South East Zone of Malawi.

Using the SDG targets as a reference point, but not an end point, our programs, research and knowledge translation activities will be designed and implemented to contribute to achieving these goals.

Sustainable Development Target	Examples of How Dignitas will Contribute to Achieving this Target
End the epidemics of AIDS and tuberculosis and other communicable diseases.	<ul style="list-style-type: none"> • Provide HIV care and treatment with the aim of achieving the 90-90-90 goals, including targeted strategies for underserved, at-risk and marginalized populations with high disease burdens • Advance the study and implementation of test-and-treat strategies with the goal of ending the AIDS epidemic as a public health threat by 2030 • Develop a body of work that anticipates and addresses the emerging needs of a surviving and aging HIV+ population, including adolescents and 45+ cohorts • Improve the quality of TB care and treatment, specifically strengthening the integration of TB/HIV service provision • Strengthen under-resourced health systems to plan for and respond to high priority communicable diseases
End preventable deaths of newborns and children under 5 years of age.	<ul style="list-style-type: none"> • Develop and implement optimal models of PMTCT programming to ultimately achieve an HIV-free generation • Improve newborn and child survival through delivering high quality care to all HIV-exposed infants
Reduce premature mortality from non-communicable diseases.	<ul style="list-style-type: none"> • Strengthen under-resourced health systems to plan for and respond to emerging NCDs • Improve the integration of primary care services, specifically for a surviving and aging HIV+ population • Develop and implement models of NCD care that are inclusive of, and responsive to, the health needs and priorities of underserved, at-risk and marginalized populations
Increase the recruitment, development, training and retention of the health workforce.	<ul style="list-style-type: none"> • Build capacity of health care providers to perform at the top of their scope and optimize roles within health care teams • Train and mentor health care providers to deliver high quality care for prioritized communicable and non-communicable diseases in line with national guidelines • Strengthen systems and practices for supporting and retaining a healthy and satisfied frontline workforce, especially in rural and remote areas
Achieve universal health coverage, including access to quality essential health care services and access to safe, effective, quality and affordable essential medicines for all.	<ul style="list-style-type: none"> • Improve access to quality health services where people live, including in rural, remote and isolated communities • Leverage disease-specific strategies to strengthen the management and delivery of decentralized health services • Engage both service providers and communities in developing strategies to improve the delivery and uptake of essential services
Strengthen the capacity for early warning, risk reduction and management of national and global health risks.	<ul style="list-style-type: none"> • Strengthen under-resourced health systems to plan for and respond to climate change and extreme weather events that pose major threats to population health • Strengthen the interface between health services, health surveillance systems and other early warning systems • Advocate for climate change mitigation measures that will have the biggest impacts on population health



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