OUR VISION
To be an international leader in transforming patient health and health care systems for the most vulnerable people.

OUR MISSION
To provide and support excellent integrated clinical care, undertake high-impact research, translate knowledge, and catalyze change in global health policy.
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Dignitas International is a medical and research organization dedicated to transforming patient health and health care systems for the most vulnerable people.

Dignitas was launched with an underlying belief in human dignity. Committed to innovation, Dignitas works with patients, health care workers, researchers and policymakers to tackle barriers to care in resource-limited communities. Combining frontline medical care and high-impact research, Dignitas saves lives and upholds the right to health by treating patients, translating knowledge and catalyzing change in global health policy and practice.

Since 2004, we have been developing solutions that address challenges faced by patients and health care workers in Malawi. By working within the public health care system, Dignitas is able to develop insights and innovations that are sustainable and scalable. As a result, our impact extends beyond Malawi to other resource-limited communities around the world.
OUR MODEL

FRONTLINE MEDICAL CARE

INNOVATION

TRAINING AND MENTORSHIP

RESEARCH

POLICY ENGAGEMENT

INFORMATICS
MESSAGE TO SUPPORTERS

In 2004, the AIDS pandemic was devastating much of sub-Saharan Africa. Without access to treatment or care, AIDS was a death sentence. The virus was wiping out an entire generation in Malawi and leaving elders to care for orphaned grandchildren. The impoverished country’s economic infrastructure was weakening and the health care system was collapsing. This is where our story begins.

Dignitas International was created as a humanitarian response to this global health catastrophe. Thanks to the generosity of our donors, we set up Tisungane Clinic in partnership with the Malawi Ministry of Health, to provide free treatment and care for HIV and related diseases. In our first month, we enrolled 33 patients. Today, this figure has climbed to over 20,000 patients who have received treatment for HIV and related diseases. These individuals have been given the opportunity to return to work, continue their education, raise their children and live relatively healthy and normal lives. They have been given the opportunity to give back.

From the very beginning, we have worked to improve patient health and to create a lasting impact in Malawi and beyond. So we trained and mentored health care workers in rural health centres, proving that a model of decentralized care was effective and feasible. In 2010, in partnership with the Ministry of Health, we expanded our role by supporting HIV-related services across Malawi’s southeast region, which has a population of more than 3.1 million people. By the end of 2013, Dignitas-supported clinics had started more than 176,000 people on lifesaving HIV treatment.

Our work is not just about transforming the way health care is delivered; it is about transforming lives. After 10 years our very first patient is still alive, and today continues to serve as a health care worker in Malawi. Having regained his own health, this man is helping others. Again and again, we see how one person can have a powerful impact on his or her community.

But we aim for global impact. We are doing this by creating a robust research agenda to study what we do, produce evidence and share it – both the successes and the failures – so that health care providers and policymakers around the world will benefit from the lessons we’re learning along the way. In doing so, we are influencing health policy nationally and internationally.
In 2014, we mark our 10th anniversary; it’s an opportunity to celebrate the resilience of families and communities affected by HIV/AIDS in Africa. As we look back over the past decade, we have seen a remarkable transformation in our patients. Today, people with HIV are living longer and healthier lives.

There are new challenges ahead. The World Health Organization predicts that by the year 2030 non-communicable diseases, which include diabetes, hypertension and cervical cancer, will be the leading cause of death in Africa. These conditions are particularly prevalent in people with HIV.

At Dignitas, we know that an integrated approach is the only way to effectively and sustainably address the disease burden that regions like sub-Saharan Africa now face. In the year ahead, we will begin using our decade of experience and expertise in delivering HIV-related services and strengthening health care systems to address non-communicable diseases. We are also actively seeking opportunities to apply and share knowledge gained in Malawi to improve patient health in other parts of the world. We have recently launched a partnership to work with Aboriginal communities in northern Canada, where people similarly suffer from non-communicable diseases and live in remote communities with difficult access to health care.

Finally, we celebrate the 10th year in our history with our volunteers and donors whose determination and commitment over the years have propelled us forward. Indeed, your giving has enabled us to achieve 10 years of living results! In this annual report, you will read stories of ordinary people doing extraordinary things – we hope that you are inspired by them as much as we are. We will also celebrate our triumphs and share our trials to help bring you closer to our work and the people we serve.

Since 2004, Dignitas has established a track record for delivering and improving frontline medical care, conducting high-impact research, piloting health care innovations and translating evidence to achieve policy-level change. As we enter our next decade and move closer to an AIDS-free generation, we will continue to safeguard the right to health for the most vulnerable, transform lives through innovative health care and dare to imagine a healthy future for all.

We invite you to join us in realizing this vision.

Dr. Michael Schull
Chair, Board of Directors

Marilyn McHarg
President and CEO

June 18, 2014
DIGNITY reclaimed.
The Champion

Alice Kadzanja is far too familiar with the devastation of AIDS. Having lost two brothers, a sister, a daughter and countless friends, there is no part of her life that hasn’t been touched by the epidemic.

In 1994, Alice tested positive for HIV. Today, she runs our Health Care Worker clinic and provides discreet and confidential HIV-related care to other health care workers and their families. She has served with Dignitas since our very start in 2004.

As a nurse, Alice takes care of people without a second thought – patients, fellow health care workers and her family. She understands that many health care workers avoid testing and treatment because they don’t want to be stigmatized by the communities that depend on them. “Before we established a dedicated clinic for health care workers, too many were dying or were very sick and unable to serve their nation in their profession,” says Alice.

For every nurse like Alice that is kept healthy and strong because of HIV treatment, Dignitas is also impacting thousands of patients who depend on that nurse when they visit their local health centre for routine care. The best part of Alice’s job is being able to use her personal experience to educate others and calm their anxieties. “People see that I’m healthy despite my HIV status and it gives them hope,” she explains.

The second best part of the job? Learning. “In medicine we always learn about new treatments and better ways of providing care. Dignitas has really helped us improve how we take care of our patients,” says Alice.

Alice is a beacon of hope for her peers and a living result of our work over the past decade.
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 care 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 care 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 care workers in remote areas to treat common conditions like HIV, TB and malaria.

2010
Dignitas expands its community-access model 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 care workers on how 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 management and care faced by Aboriginal communities.
HEALTH regained.
In 2004, when we opened the doors to our Tisungane Clinic in partnership with the Malawi Ministry of Health, nearly two-thirds of hospital deaths were HIV-related. Most troubling, only about 3,000 people in the entire country had access to treatment. A decade later, we are proud of the transformative change we’ve helped to achieve.

Today, the HIV rate in Malawi has dropped to 10.8% from 16.9% (in 2001) and more than 450,000 people are on HIV treatment across the country. We have enrolled more than 20,000 patients on lifesaving treatment at our Tisungane Clinic, which has become a hub for innovation and is evolving into a centre of excellence for the country.

In Malawi, tuberculosis (TB) is still a big problem and more than two-thirds of TB patients are HIV+. In 2008, Dignitas established a co-located TB-HIV clinic so that patients could get treated for both conditions in one visit. In 2013, we expanded the clinic to provide better patient access and infection control. We have increased the number of TB patients testing for HIV from 6% to almost 100%. This means more co-infected patients are getting diagnosed and starting treatment earlier.

Thanks to improved pediatric care, children who contract HIV at birth are surviving and reaching adolescence. In 2010, we started a Teen Club in Zomba District so that HIV+ youth could attend medical appointments, learn about reproductive health and share life skills with their peers. At Teen Club, adolescents are given a safe space to be themselves as they transition into adulthood and learn to manage their unique health needs. In 2013, we expanded Teen Clubs in neighbouring districts and had registered more than 600 regular Teen Club members by year-end.

Since Dignitas began, we have strived to improve patient care by providing ongoing training and mentorship to more than 500 health care workers in Malawi. Last year, we provided support to 158 health centres across the southeast region. As a result, more than 32,000 people in six districts started HIV treatment in 2013, bringing our cumulative total to more than 176,000 people at year-end.

Throughout 2013, we increased the number of women enrolled on treatment through Option B+, an ambitious strategy to prevent mother-to-child transmission of HIV, and documented our successes and challenges to share with other countries. We also worked with Expert Patients – people living with HIV who help to support newly diagnosed women. In 2013, nearly 12,000 pregnant women and breastfeeding mothers started treatment under Option B+, dramatically reducing transmission to newborns.

As we look ahead, Dignitas will continue applying our expertise in HIV-related care as an entry point for broader investigations and interventions. In 2013, we completed a feasibility study which explored potential opportunities to partner with Aboriginal communities in rural parts of northern Canada to address pressing health issues. We are now in the first stages of a partnership with the Sioux Lookout First Nations Health Authority to investigate ways of improving diabetes management and care in communities where diabetes rates are up to 5 times higher than in the general Canadian population. The initiative will allow us to apply our African experience in addressing geographic barriers and health care worker shortages in remote communities and will be strengthened through collaboration with leaders in northern health, such as the Northern Ontario School of Medicine.

By providing and improving frontline medical care, we are restoring hope and health to the patients and communities we serve. Our direct engagement with patients affords us an intimate understanding of the challenges they face while our presence in hospitals and community health centres allows us to address system-level challenges. Every day, we are inspired by the transformation of people regaining their health and reclaiming their lives.
COMMITMENT to our patients.
When Grey Wisiki learned that he was HIV+ in 1995, at the age of 19, he immediately accepted his status. “No matter where I went, the virus would be with me for the rest of my life. There was no point in trying to escape from the truth.”

Grey decided to stay in his village of Nkasala and to set an example that would help others understand the facts about HIV. He started HIV treatment and has remained healthy ever since.

Less than 10 years ago, people from Nkasala had to walk all day just to access HIV services in Zomba. Thanks to Dignitas’s work in bringing HIV-related services to rural communities, people like Grey can now be tested and treated at health centres much closer to home.

Today Grey works as an Expert Patient at the Nkasala Health Centre, where he provides counselling and support to people newly diagnosed with HIV.

Grey’s motivation for sharing his testimony with others is clear: “By seeking HIV care, you are not only safeguarding your life, you are also safeguarding your family’s life and the life of your nation.”
EMPOWERMENT of health care workers.
The Mentor

To run smoothly, health centres need well-trained health care workers. This is where George Sankhulani comes in. As a district program coordinator, he mentors and supports health care workers at more than 40 health facilities.

“Mentoring is a practical way of building someone’s capacity,” says George.

George is responsible for mentoring health care workers in providing HIV testing and counselling, starting patients on treatment and preventing mother-to-child transmission of HIV. The aim is to empower health care workers to be skilled and confident in delivering quality care.

George was completing an internship at Kamuzu Central Hospital in Malawi’s capital when the AIDS epidemic peaked in 2003. The experience left an indelible mark on his heart. “Each day, nearly half the patients admitted to a hospital ward would die. Death was everywhere.”

After his internship, George specialized in HIV services and moved to Zomba in 2007 to work with Dignitas. He remembers a time when people walked up to 35 kilometres for a simple medical check-up.

“With Dignitas’s help, we shifted HIV services from the central hospital to rural health centres across Zomba District. Back then, we were among only a few districts doing that,” he says. Thanks to support from the United States Agency for International Development, Dignitas has since expanded HIV-related services to 158 sites across Malawi’s southeast region.
INNOVATION in addressing barriers to treatment and care.
At Dignitas, our work is guided by an underlying belief in human dignity. By working within the public health care system, we see first-hand the barriers faced by patients and health care workers in Malawi. And so we are committed to undertaking rigorous research that improves frontline medical care, strengthens health care systems and shapes global health policy. In 2013, we collaborated with local and international partners on a number of pivotal research studies – the outcomes of which will inform health policy and practice in Malawi and the region.

In conjunction with Malawi’s groundbreaking efforts to prevent mother-to-child HIV transmission (PMTCT) with the Option B+ strategy, we continued our work on the PMTCT Uptake and Retention in Malawi (PURE) study, funded by the World Health Organization. The objective of this study is to explore whether enhanced support for women and their families using Expert Patient mothers (HIV+ patients that provide peer counselling to newly diagnosed patients) at health facilities or in the community will result in more mothers enrolling and staying on treatment. Findings from the study are expected in 2016.

Dignitas also completed the Models of Care study, funded by the Union Against Tuberculosis and Lung Disease, which describes how various health facilities in Malawi have introduced Option B+ and how these different models of care impact initiation and retention rates. The study showed that 20% of pregnant women that started HIV treatment at an antenatal clinic but were then transferred to an HIV clinic for follow-up stopped treatment within 6 months. Better results were found when pregnant women were started and followed on treatment at the same clinic until delivery. The next step is patient-level research to explore which models are most successful in encouraging women to get tested and, if positive, stay on lifelong treatment and care.

In addition, Dignitas is collaborating with the Malawi Ministry of Health, the U.S. Centers for Disease Control and Management Sciences for Health to study the effectiveness of the Option B+ strategy through the National Evaluation of the Malawi PMTCT Program. Results of the study will help to inform other countries on how best to deliver mother-to-child transmission prevention programs.

The majority of Dignitas’s research is operational in nature – the kind of scientific inquiry that helps us optimize the delivery of health care. Last year, however, we launched a clinical trial aimed at improving treatment for people with HIV and cryptococcal meningitis. The study, known as CryptoDex, is being conducted in collaboration with the Oxford University Clinical Research Unit and Malawi-Liverpool Wellcome Trust. Cryptococcal meningitis is a major cause of death in people with HIV in Asia and Africa – it kills approximately 625,000 people each year. The multi-country study will determine if an adjunctive treatment with dexamethasone, an inexpensive and readily available drug, will reduce deaths from cryptococcal meningitis. This research is part of the Joint Global Health Trials Initiative, funded by the UK Department for International Development, Wellcome Trust and the UK Medical Research Council, and is being conducted in Laos, Malawi, Uganda, Vietnam and Thailand.

To explore HIV-related vulnerabilities and equity in accessing health services, we undertook the Chiopsezo Project. The study focused on people most at risk of HIV infection or re-infection and those most exposed to stigma, marginalization and discrimination. With funding from the Open Society Initiative of Southern Africa, we collaborated with the Malawi College of Medicine and representatives from at-risk groups in Zomba District.

Participants included commercial sex workers, health care workers, people with disabilities, men who have sex with men, fishermen, adolescents and police. As a result of the study, we found that challenges related to testing, disclosure, prevention and engaging in safer sex were similar across the groups.
We also identified that poverty was a significant factor and that fears of disclosure were not limited along lines of age, gender or social standing. Finally, participants noted a shortage of correct information, specialized prevention messages and access to free condoms. Many participants suggested the inclusion of HIV-related care within routine health services to reduce the risk of stigma. Our next steps include developing practical solutions and publishing study results to share with other health care providers and policymakers.

An important stream of our research aims to investigate the safety and effectiveness of delivering decentralized HIV-related care. To this end, Dignitas is a key partner in the Lablite project, which is led by the UK Medical Research Council and funded by the UK Department of International Development. Lablite builds on the groundbreaking DART (Development of Antiretroviral Therapy in Africa) clinical trial, which showed that the use of clinical assessments (as opposed to expensive laboratory testing) to monitor patients is safe and effective. The Lablite project is evaluating the safety and cost-effectiveness of rolling out HIV treatment and care with a similar approach in real-life, resource-limited settings. The study is being carried out in Malawi, Uganda and Zimbabwe.

Key findings from the baseline assessment phase of the Lablite project showed a lack of laboratory services and personnel, critical health care worker shortages and significant stock-out challenges for HIV test kits and medicines in some rural health centres. These findings highlight the need for innovative approaches to monitoring patients. As part of the project, we are implementing a novel video-based training program to help mentor health care workers on proper diagnosis and referrals. The demonstration phase of the project is currently underway.

In the coming months and years our research agenda will continue to focus on improving patient care and developing pragmatic solutions that address barriers to treatment. It is through Dignitas’s research that our impact will extend beyond Malawi to other resource-limited contexts around the world.
The Innovator

Edson Mwinjiwa is working on solving a pressing challenge in Malawi – rising deaths related to cryptococcal meningitis, which is common in people living with HIV.

“On average cryptococcal meningitis kills seven out of 10 HIV+ patients,” says Edson.

As a clinical officer, Edson has been treating patients with Dignitas since 2006. Now he is helping to coordinate the CryptoDex Study in Malawi.

“This clinical trial aims at finding an effective treatment for cryptococcal meningitis by using a new drug combination. An inexpensive and readily available drug called dexamethasone is being added to the standard treatment to see if it will help to reduce mortality,” he explains.

Edson appreciates the role that research and innovation play in helping to improve health care delivery.

“With research, we are able to create evidence-based solutions that are directly fed into our programs to improve patient outcomes,” he says.
In 2013, Dignitas International published the following research findings in peer-reviewed journals:

**A taxonomy for community-based care programs focused on HIV/AIDS prevention, treatment and care in resource-poor settings.**
Global Health Action
Rachlis B, Sodhi S, Burciul B, Orbinski J, Cheng A, Cole D.

**Building a national direction for research in the prevention of mother to child transmission of HIV: results from a national prioritization initiative in Malawi.**
Health Research Policy and Systems
Landes M, van Lettow M, Cataldo F, Chan AK, Tippett Barr B, Harries AD, Bedell R.

**Burden, characteristics, management and outcomes of HIV-infected patients with Kaposi’s sarcoma in Zomba, Malawi.**
Public Health Action

**Longitudinal lactate levels from routine point-of-care monitoring in adult Malawian antiretroviral therapy patients: associations with stavudine toxicities.**
Transactions of the Royal Society of Tropical Medicine and Hygiene
Chagoma N, Mallewa J, Kaunda S, Njalale Y, Kampira E, Mukaka M, Heyderman RS, van Oosterhout JJ.

**Mitochondrial subhaplogroups and differential risk of stavudine-induced lipodystrophy in Malawian HIV/AIDS patients.**
Pharmacogenomics
Kampira E, Kumwenda J, van Oosterhout JJ, Dandara C.

**Patient costs associated with accessing HIV/AIDS care in Malawi.**
Journal of the International AIDS Society
Pinto AD, van Lettow M, Rachlis B, Chan AK, Sodhi SK.

**Severe toxicity and polymerase-c gene abnormalities in Malawian adults on stavudine-based antiretroviral therapy.**
Pharmacogenetics and Genomics

**Updating a patient-level ART database covering remote health facilities in Zomba District, Malawi; lessons learned.**
Public Health Action
Argarwal M, Bourgeois J, Sodhi S, Matengeni A, Bezanson K, van Schoor V, van Lettow M.

**Using concept mapping to explore patient defaulting from an antiretroviral therapy program in the Zomba district of Malawi.**
Tropical Medicine & International Health/BMC Health Services Research

**Village registers for vital registration in rural Malawi.**
Tropical Medicine & International Health

**Women’s choices regarding HIV testing, disclosure and partner involvement in infant feeding and care in a rural district of Malawi with high HIV prevalence.**
AIDS Care
Bedell RA, van Lettow M, Landes M.
The Counsellor

Chrissie Gondwe joined Dignitas International in 2008 as a home-based care nurse but now she coordinates the Teen Club in Zomba – a club for HIV+ teens. The club combines the features of an HIV clinic with a unique support group tailored to teens.

“We hold fun activities like football, netball and indoor games. We teach the teens about sexual and reproductive health, treatment adherence, future careers, and nutrition.”

According to Chrissie, Teen Club opens up opportunities. “It gives hope to these children. We encourage them to stay in school so that one day they will be leaders. The only thing they have to do to stay healthy is take their medicines consistently.”

Chrissie feels that she has an important role working with teens because they see her as a friend.

“They feel free with me and know that they can reach out whenever they need help. My hope is to see these teens grow up and excel in their lives. This will make me very happy.”

Recent research showed that adolescents participating in Dignitas’s Teen Club were three times more likely to stay on HIV treatment than teens not enrolled in the program. In 2013, Dignitas supported the expansion of Teen Clubs and currently runs six programs in Malawi’s southeast region.
Exploring experiences of women and health care workers in the context of PMTCT Option B Plus in Malawi

Abian Cataldo¹, Levison Chiwaula¹-², Misheck Nkhata¹, Monique van Lettow¹, Florence Kasende¹, Nora Rosenberg³, Hannock Tweya⁴, Veena Sampathkumar⁵, Mina HosseiniPour³, Erik Schouten⁶, Atupele Kapito-Tembo⁷, Michael Eliya⁸, Frank Chimb wandira⁸, Sam Phiri⁴ and the PURE Consortium Malawi

Ignitas International, Zomba, Malawi; ²Chancellor College, Zomba University of Malawi; ³The University of North Carolina Project, Lilongwe, Malawi; ⁴Lighthouse Trust, Lilongwe, Malawi; Mothers2Mothers, Lilongwe, Malawi; ⁶Management Sciences for Health (MSH), ⁷College of Medicine, University of Malawi, Blantyre, Malawi, ⁸Ministry of Health, Malawi

CHANGE in health policy and practice.
POLICY ENGAGEMENT

At Dignitas, we believe that our agency and voice stem from our work in Malawi – from providing direct medical care and rigorously searching for solutions to the challenges faced by people living with HIV and their caregivers. Our research allows us to propose evidence-based changes for quality, fair and accessible health care.

In 2013, we continued our work with Malawi’s first knowledge translation platform (KTPMalawi) in partnership with the Malawi Ministry of Health. KTPMalawi aims to translate lifesaving research into sound health policy and practical improvements in health care. This platform brings together health care providers, researchers and policymakers – from across the country and internationally. As a first step, these stakeholders have selected two key focus areas (non-communicable diseases and supply chain management) which have great potential to improve patient outcomes and the calibre of health care in Malawi. KTPMalawi participants are now developing concrete policy recommendations to influence national health policy reform and improve health outcomes for patients.

Global health conferences present an important opportunity to share our research learnings to benefit as many governments and health organizations as possible. Last year, Dignitas participated in two key international conferences with both poster and oral presentations.

The first of these was the 7th International AIDS Society Conference (IAS 2013) in Kuala Lumpur, Malaysia, where we presented findings on the impact of our Teen Club clinic, based on a model developed by the Baylor International Pediatric AIDS Initiative. Adolescents living with HIV have specific health challenges including chronic lung disease, stunted growth and delayed sexual development. To exacerbate this, teens face barriers in their interactions with the health care system due to gaps between pediatric and adult care, as well as experiencing insensitive and judgmental attitudes from health care providers. Teen Club provides youth-friendly services under one roof where HIV+ teens receive medications, learn about reproductive health and life skills, and form supportive peer and mentor relationships.

Our research showed that adolescents participating in Teen Club were three times more likely to stay on HIV treatment than teens not enrolled in the program. The results indicate that specialized services can improve health outcomes by creating a positive environment for peer interactions and psychosocial support. Notably, the research study received praise at the closing session of the IAS 2013 conference.

Dignitas also delivered several presentations at the 17th International Conference on AIDS and STIs in Africa (ICASA 2013) in Cape Town, South Africa. ICASA is the largest conference of its kind on the continent. One of our presentations was on the early findings of our qualitative research on Malawi’s groundbreaking Option B+ program to prevent mother-to-child transmission of HIV. The results of the study highlighted the need for innovative approaches in supporting pregnant women and breastfeeding mothers receiving HIV-related care, including the engagement of Expert Patient mothers already enrolled in the program, as well as male partners and families. As Option B+ continues to be rolled out across Malawi and other countries, such interventions will be paramount to the success of the program.

Finally, on a global scale, Dignitas continued to advocate for access to essential treatment for people living with HIV, TB and related conditions. Along with civil society partners, we encouraged G20 governments to increase support to the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund helps ensure that countries like Malawi have a stable supply of essential medicines for these diseases. In the coming year, we will continue to combine evidence and experience as we work with partners to catalyze change in global health policy and practice.
1 million+ HIV tests administered
50+ research projects completed
500+ health care workers trained each year
LIVING RESULTS since 2004
158 health centres supported
31 research publications
176,000+ people started on HIV treatment
176,000+ people started on HIV treatment
The Clinician

Harriet Akello is from northern Uganda and grew up in a family that valued education. Her mother was an accountant and her father a teacher. “I was the first to venture into the scientific field and this was quite a surprise, especially for a girl child,” she says.

Harriet completed a diploma in clinical medicine and community health. After following her Malawian husband to Zomba, she joined Dignitas in 2008. Her profession as a clinician has become her passion.

“I consider it a calling. I wholly give myself including my time, energy and enthusiasm. Our patients are the reason we are here and therefore they come first. Their needs are our deeds,” she explains.

Harriet appreciates the commitment demonstrated by her colleagues: “Apart from providing direct patient care, our team is helping to strengthen the health care system with ongoing training and mentorship and by ensuring that health centres have what they need to work effectively.”

Harriet attributes her happiness to the contribution she is making to other people’s lives. “Former patients turn up to say zikomo (thank you) and remind me of how very sick they were when they first learned they were HIV+. Their smiles are priceless,” she notes.
FINANCIALS

Revenue

- Government and Institutional: 49.8%
- Private Donations: 34.8%
- Gifts In Kind: 15.4%

Expenditures

- Programs and Research: 86.9%
- Fundraising: 7.9%
- Management and General: 5.2%
The Driver

McDonald Chisale used to work for a car rental company often contracted by Dignitas. He ended up joining the organization in 2008 as a driver/logistician and went to work in Mulanje District, a two-hour drive south of Zomba.

At that time, people living with HIV in Mulanje could only collect their medicines at the district hospital. “It was difficult and expensive and led to increased cases of people stopping treatment,” he remembers.

Fortunately, Dignitas worked to decentralize both HIV services and drug dispensing to health centres, helping patients save on transport costs, which is often a barrier to care in resource-limited countries.

In the course of a given day, McDonald can be seen transporting health care workers to their mentorship sessions, picking up drugs to alleviate stock ruptures, dropping off specimen samples to the lab or delivering new equipment to a rural health centre. Because the vehicles he drives are marked with a Dignitas logo, he is often approached by people with questions about HIV.

“I wouldn’t know how to respond to these questions if I didn’t work for Dignitas,” says McDonald. He believes that working as a driver makes him an ambassador for the organization.

Over the years, McDonald has seen how Dignitas has helped to improve health care in Malawi. He illustrates the critical role that Dignitas plays: “We provide ongoing training to health care workers so they can provide quality medical care to their patients.”
## FINANCIALS

### Statement of Financial Position

**As of December 31, 2013**

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<td><strong>Long-term Liabilities</strong></td>
<td></td>
</tr>
<tr>
<td>Long-term Accounts Payable</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Invested in Capital Assets</td>
<td>302,540</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>684,004</td>
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<tr>
<td>Restricted</td>
<td>560,872</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>1,547,416</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,752,202</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td>1,752,202</td>
</tr>
</tbody>
</table>
## FINANCIALS

**Statement of Operations**

**Year ended December 31, 2013**

### REVENUES

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canada</strong></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>-</td>
</tr>
<tr>
<td>Institutional</td>
<td>652,819</td>
</tr>
<tr>
<td>Private Donations</td>
<td>1,920,080</td>
</tr>
<tr>
<td><strong>Malawi</strong></td>
<td></td>
</tr>
<tr>
<td>United States Agency for International Development</td>
<td>2,046,475</td>
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<tr>
<td>Institutional</td>
<td>83,838</td>
</tr>
<tr>
<td>Other</td>
<td>23,175</td>
</tr>
<tr>
<td>Ministry of Health (drugs in kind)</td>
<td>860,453</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>5,586,840</td>
</tr>
</tbody>
</table>

### EXPENDITURES

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Delivery</td>
<td>3,378,951</td>
</tr>
<tr>
<td>Ministry of Health (drugs in kind)</td>
<td>860,453</td>
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<tr>
<td>Fundraising</td>
<td>387,772</td>
</tr>
<tr>
<td>Management and General</td>
<td>252,907</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4,880,083</td>
</tr>
</tbody>
</table>

### Excess of Revenues over Expenditures for Year

<table>
<thead>
<tr>
<th>Excess of Revenues over Expenditures for Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>706,757</td>
</tr>
</tbody>
</table>

Dignitas International’s financial statements have been independently audited by Hilborn LLP and found to be in accordance with Canadian accounting standards for non-profit organizations. To download a complete copy of our 2013 audited financial statements, please visit Dignitasinternational.org.
TRANSFORMATION in families and communities.
The Policymaker

Dr. Collins Mitambo heads up the Knowledge Translation section at the Ministry of Health and is working closely with Dignitas to build Malawi’s first national Knowledge Translation Platform (KTPMalawi).

“Medical research has existed in the country for decades. However, much of this research fails to reach policymakers. Conversely, some health policies have been developed without evidence acquired through research,” says Collins.

Researchers often fail to share their research outcomes in ways that can be easily distilled by busy policymakers. The chasm between researchers and those who set health policy means that lifesaving solutions aren’t implemented as quickly as they should be.

The objective of KTPMalawi is to encourage routine dialogue between government officials and researchers and to provide training to both parties to ensure research evidence translates into sound health care decisions.

Collins describes knowledge translation as a “dynamic and iterative process” and is enthusiastic about bridging the communication and information gap. His hope is that KTPMalawi changes how researchers, health care providers and policymakers work together.

“The initiative is an important one because it will enable the Ministry of Health to make evidence-based policies. At the same time, researchers will be able to formulate research questions that are relevant to addressing the challenges on the ground,” says Collins.

The anticipated result: improved patient health and a stronger health care system.
OPPORTUNITY to give back.
We are grateful to these donors who gave generously to help us to achieve living results in 2013.

**$1M+**

United States Agency for International Development

**$100,000 – $999,999**

amfAR, The Foundation for AIDS Research
Blossom Foundation
Canadian Institutes of Health Research¹
Liverpool School of Tropical Medicine
Patrick and Barbara Keenan Foundation
UK Department for International Development²

**$50,000 - $99,999**

Bobby Fessler and Daphne Weaver
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**$10,000 - $49,999**

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RBC Foundation
Roland Augustine
Scotia Capital
Southern African AIDS Trust
The Milestone Group
Tim Byrne
William and Catherine Rose

¹ via University Health Network
² via Medical Research Council UK
³ partially via REACH Trust Malawi and Sunnybrook Health Sciences Centre
⁴ partially via Lighthouse Trust
HOPE for an AIDS-free generation.
The Expert

Every morning, Linda Chawanda makes breakfast for her two girls before heading to the hospital to help people living with HIV.

Linda is HIV+ and has been healthy on treatment since 2006. She serves as an Expert Patient at our Tisungane Clinic. In this role, she encourages everyone, especially expectant mothers, to get tested and treated for HIV. Most importantly, she inspires people to live healthier lives.

On a typical day, Linda guides patients to consultation rooms, assists with tasks like recording patient weights in health passports and counsels newly diagnosed patients.

“I feel happy and satisfied to help people who are in a condition similar to mine,” says Linda.

Linda’s baby daughter Chisomo was born HIV-free because of Malawi’s groundbreaking Option B+ program. Under Option B+, pregnant and breastfeeding women are tested and those who are HIV+ are offered lifelong treatment, regardless of the stage of their disease. This ‘treatment as prevention’ regimen ensures that mothers stay healthy and babies are born HIV-free.

“I am thankful to Dignitas for encouraging me to get tested and treated. I encourage other women to do the same. I tell them ‘Look at me, I am healthy and strong and my baby is HIV-free. I work and support my children without any problem.’”
We deeply appreciate these individuals and organizations for championing our work in 2013.

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Margaret Atwood
Michael Ondaatje
Sarah Polley

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IMAGINATION
of a healthy future for all.
The Photographer

Fourteen-year-old Edith Kachingwe was orphaned when she was just a year old and raised by her aunt. Life has not been easy for her.

But lately things have been looking up. In November 2013, Edith won a World Health Organization photo competition, earning her a prize of $1,000 USD. She was the youngest winner, and the only one from Africa.

Edith says she took the winning picture (featured on page 40) for fun and had no previous photography experience. She was introduced to the competition through Dignitas’s Teen Club.

Teen Club combines an HIV clinic with a peer support group for adolescents. It offers a nurturing environment where teens can build relationships, strengthen self-esteem and make healthy life choices as they transition into adulthood. More than 600 adolescents participate in Teen Clubs across Malawi.

Edith attends school in Zomba. To get there and back, she walks three hours a day. “My ambition is to become either a journalist or a nurse,” she says.

Winning the competition has changed the way Edith values herself and how others value her.

“My friends at school and in my community say that I am an intelligent girl with a bright future. Even my teachers say so. This assures me that with hard work, I can make it in life,” affirms Edith.
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*completed term in 2013.
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Tom Stephenson
CEO, LOOK Cinemas

Vanessa Weaver
President, Primus Vantage Inc.

*completed term in 2013.