Facing Forward

DIGNITAS INTERNATIONAL
ANNUAL REPORT 2014
Dignitas International is dedicated to transforming patient health and health care systems for the most vulnerable people.

Because the right to health belongs to everyone.
ABOUT US
At Dignitas, we are innovators in global health. But we are humanitarians first.

By working with patients, health care workers, researchers and policymakers, we transform health care systems so people can regain their health and reclaim their dignity.

How do we accomplish this? First, we deliver and support frontline medical care in resource-limited settings. Secondly, we conduct research to improve how health care is delivered, to make it more effective and accessible. Most importantly, we share our findings broadly and advocate for better health care policy and practice for marginalized and underserved populations.

By coupling the frontline experience of our clinicians with the expertise of our scientists, we generate, pilot and scale up sustainable models of care that address barriers and gaps in health services. To amplify our impact, we partner with donors, volunteers, youth and concerned citizens like you to make health care better for everyone.

We invite you to join us.
2014 was a pivotal year for Dignitas International. We reflected on the challenges and successes of our first decade, and we looked forward to our future.

The theme of this year’s annual report is Facing Forward. In this report you’ll meet some of the people who have been with us on our journey, and who are facing forward with us to realize the next phase of our work.

Over the past ten years we’ve shown that our approach is effective.

The future of Dignitas will be rooted in the lessons we have learned over the past ten years. Launched in 2004 to tackle the AIDS epidemic in sub-Saharan Africa, Dignitas has worked for over a decade to save lives and safeguard the health and dignity of marginalized populations in Malawi and beyond.

Our three pillars of work – medical care, research and policy – compel us to engage with patients, health care workers, researchers and policymakers, in order to better understand the challenges, collaborate on solutions and define the way forward. We see and feel the impact of our efforts.

We harness evidence and experience to create innovative models of care – models that change the delivery of health care for the better and for the people who need it the most. The evidence generated by our research helps us to create solutions that are cost-effective, scalable and replicable.

But it is our frontline experience in delivering medical care that gives us the agency to advocate with policymakers and catalyze change in global health policy and practice. Our operational model ensures that we are having the greatest impact possible. It sets us apart from the rest.
A year of growth.

In 2014 we celebrated our tenth anniversary and marked a decade of living results for people with HIV, tuberculosis and related diseases. As we look back, we are pleased to report that it was a year of growth on all fronts.

Our most significant partner, the United States Agency for International Development (USAID), recognized our results in supporting more than 213,000 people on HIV treatment in Malawi’s southeast region. USAID is now investing an additional $8 million to bolster our efforts going forward. In collaboration with Grand Challenges Canada, we kickstarted the development of an integrated model of care to treat non-communicable diseases like hypertension, diabetes and cervical cancer. Non-communicable diseases are particularly prevalent among people with HIV and are predicted to be the leading killers in Africa by 2030.

In Canada we launched our Aboriginal Health Partners Program. An innovative partnership with the RBC Foundation and the Ontario Ministry of Health and Long-Term Care is propelling our efforts in this new sphere. The program is aimed at Aboriginal populations that experience alarming disparities in access to quality health care and face significantly higher rates of chronic and infectious diseases than the rest of Canada. We started working with the Sioux Lookout First Nations Health Authority to develop a model of care to support community health workers caring for patients with diabetes in Northern Ontario.

Research for an AIDS-free generation.

We collaborated with local and international partners on a number of pivotal studies that will inform health policy around the world.

We continued important research on Option B+, a program aimed at preventing the transmission of HIV from mothers to their children. Malawi pioneered this program in 2011 and it has since been endorsed by the World Health Organization. More than 20 countries have adopted Option B+ as policy to date.

Our research will help inform countries on how best to deliver this groundbreaking prevention program, which is targeted at achieving an AIDS-free generation.

A strategy for the future.

Over the past decade, we have seen remarkable transformations in the communities we serve. By breaking down the barriers to quality treatment and care, people are living longer and healthier lives. On a daily basis we are seeing people regain their health and reclaim their dignity. This inspires us to build a bold strategy for the future.

Our Board of Directors has identified strong governance, accountability and transparency as key organizational priorities to assure long-term financial health and viability. Rigorous management of the organization’s finances resulted in a modest fiscal surplus in 2014.

As we position ourselves for growth and development in our second decade, we must strengthen our funding strategy and look to innovative models to finance our current and future programs. We will continue to build a solid and diversified base of supporters and partners. Our ability to achieve the local and global impact we desire depends on it.

There are new global health opportunities and challenges ahead of us. The international community has adopted an aggressive strategy to end AIDS by 2030 and Dignitas is well positioned to help achieve this goal.

The United Nations has an ambitious 90-90-90 target. By 2020, the goal is that 90% of all people living with HIV will know their status; 90% of all people with diagnosed HIV will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression to prevent transmission to others. We endorse this strategy and will aim to reach these targets in the southeast region of Malawi.

The Millennium Development Goals are set to culminate in 2015 and the international community has its eye on a new set of universal objectives: the Sustainable Development Goals (SDGs). The SDGs are consistent with our vision to transform patient health and health care systems, and represent an important opportunity for Dignitas and the global health community.

We will continue striving to make a measurable contribution to the goal of equality in health and health care for vulnerable populations around the globe.

Partnership remains the key ingredient to our success. We are tremendously indebted to our supporters who appreciate the challenges and stand behind our commitment to transform global health. You have empowered us to improve the lives of hundreds of thousands of people and create lasting change for future generations.

We look forward to your continued engagement in realizing our shared vision.

Together, we will do it.

Dr. Michael Schull
Chair, Board of Directors

Heather Johnston
President and CEO

June 15, 2015

*Since January 2015
Facing Forward to find solutions.

MALAWI

MEDICAL CARE

At Dignitas, people are at the centre of everything we do. Our frontline engagement with patients gives us a deeper understanding of the barriers they face on a daily basis, while our ongoing support of health care workers allows us to strengthen health care delivery by addressing operational challenges and gaps in the system.

Launched in 2004, at the height of the AIDS epidemic in Malawi, our Tisungane Clinic has dramatically increased access to HIV treatment and care for people living in the city of Zomba and the surrounding communities. Since its inception, nearly 22,000 patients have enrolled on lifesaving HIV treatment at our flagship clinic, which provides referral care for the country’s entire southeast region.

In addition to delivering clinical care, Dignitas strengthens Malawi’s health care system by training and mentoring health care workers. In 2014 Dignitas trained and provided ongoing support to more than 600 health care workers at 174 health facilities. As a result, we helped more than 37,000 people start HIV treatment last year, extending our cumulative impact to more than 213,000 HIV+ people since 2004.

Our impact doesn’t stop there. We also delivered innovative health care programs, including Option B+, TB-HIV care, Teen Club, the Health Care Worker clinic, the Prison clinic and the Expert Patient program, all aimed at improving care for vulnerable populations.

To support Malawi’s bold efforts to build an AIDS-free generation, we worked with frontline staff to deliver the national Option B+ program aimed at eliminating mother-to-child HIV transmission. More than 126,500 HIV+ pregnant women received HIV care in 2014, which not only prevents transmission to their babies, but keeps mothers healthy so they are able to care for their children.

TB is a leading killer of people with HIV, causing one quarter of all HIV-related deaths. And yet, one in three people who are ill with TB are missed by health systems. These staggering facts highlight the need to do more. Dignitas runs an integrated TB-HIV clinic in Zomba District to provide one-stop treatment and care for both conditions. The clinic achieved a 99% uptake of HIV treatment among co-infected patients in 2014.

With support from the Izumi Foundation, we also began building an integrated TB-HIV clinic in Machinga District last year. The new clinic was architecturally designed to handle TB services in a well-ventilated space. In addition, Dignitas supported service integration and infection control training for health care staff at six district hospitals in the southeast region. By coordinating TB and HIV services, co-infected patients are getting diagnosed and starting treatment earlier, increasing their chances for survival.

In 2014 Dignitas continued to improve services for HIV+ youth, who are particularly vulnerable to HIV-related stigma. The fear of being exposed and judged can cause adolescents to stop their HIV treatment. Our Teen Club program, provides youth-friendly HIV services under one roof. At Teen Club, HIV+ adolescents get medical check ups, receive peer support and develop a deeper understanding of their unique health needs as they transition into adulthood.

We expanded the Teen Club program in 2014 to 11 sites with 1,300 Teen Club members enrolled. Our monitoring and evaluation efforts showed that 95% of Teen Club members stayed on HIV treatment. We are reaching more teens than ever before with lifesaving care and we look forward to expanding the program further in 2015.
The AIDS epidemic has had a devastating impact on Malawi’s health workforce. In an effort to avoid stigma and discrimination, health care workers often avoid testing and treatment for HIV until it’s too late. To overcome this challenge, Dignitas runs a Health Care Worker clinic which provides discreet services to these individuals. As a result, the clinic has dramatically increased the number of health care workers enrolled on treatment. By safeguarding Malawi’s human resources for health, Dignitas is helping to save the lives of thousands of people who rely on nurses and clinicians for treatment and care every day.

Malawi has one of the highest prison HIV prevalence rates in the world. Dignitas has been supporting HIV testing and counselling at the Zomba Central Prison since 2008. In 2014 we added a full-time clinical team to support care for prison inmates. In just four months, the team increased HIV testing among prisoners by 254% and HIV treatment uptake by 33%. This program is poised for growth in 2015.

We also continued to encourage greater involvement of people with HIV in health care delivery. This is the underlying principle behind our Expert Patient program. These patients, who themselves are successfully managing conditions like HIV and TB, provide administrative support at busy health facilities, enabling clinical staff to spend more time caring for their patients. As living proof that treatment works, Expert Patients also provide essential peer-based support to patients who have just begun antiretroviral treatment. By the end of 2014, more than 100 Expert Patients were supporting HIV care in health facilities.

Finally, Dignitas partnered with the Art and Global Health Center – Africa in 2014 to produce and pilot the Make Art/Stop AIDS (MASA) film project aimed at breaking down the barriers to HIV treatment and care. The film is an adaptation of a theatrical play portraying the real life experiences of the actors, many of whom are HIV+.

After the film is screened, cast members engage the audience in a powerful public dialogue about the issues raised in the story, including the importance of getting tested, stigma related to HIV, promiscuity inside marriages, male sexuality, etc. At the end of the evening, a Dignitas medical team offers moonlight HIV testing and counselling. To creating lasting change, workshops are held with community elders the next day to address the social, cultural and structural barriers identified by the community. The MASA film was shown in five communities last year with nearly 4,700 people in attendance. As a result, more than 600 people were tested for HIV immediately after the performance. Additional screenings are planned in the coming year.

More than a decade after Dignitas started working in Malawi, we are inspired by the people we have helped and humbled by the change we have seen in communities that have overcome the devastation of AIDS. With access to treatment, a positive diagnosis for HIV is no longer a death sentence. Today, more than 500,000 people in Malawi are on HIV treatment and Dignitas has helped nearly half of these patients access lifesaving care. As we look forward to the next decade, we will continue applying our experience and expertise in HIV care to respond to emerging epidemics and evolving patient needs.

The Face of Mentorship

“People living with HIV and AIDS need to be treated with dignity,” says Gabriel Mateyu.

Tasked with overseeing the decentralization of HIV services, Gabriel has been instrumental in bringing HIV treatment to rural communities in Malawi. Gabriel has taught hundreds of health care workers to recognize symptoms, take blood samples for testing and counsel patients.

Gabriel considers Dignitas’s ‘community-access’ model of care to be one of the organization’s biggest successes.

“People have been able to access treatment who may not have been able to get it otherwise,” he says.

Before Dignitas started bringing HIV care to communities, many people couldn’t access treatment because they couldn’t afford to travel long distances to the hospital. Thanks to tremendous support from the United States Agency for International Development (USAID), we have removed this barrier to care for more than 3.1 million people.

Working in partnership with the government, Gabriel and other Dignitas staff provide mentoring and ongoing support to health care workers in six districts spanning Malawi’s southeast region.

Having been with Dignitas since its early days, Gabriel has seen a remarkable transformation in his patients. “Before, we were seeing patients who were very sick. Now, we’re seeing patients who are healthy,” says Gabriel.

“This motivates me to keep going.”
RESEARCH

At Dignitas, the needs of our patients drive our research agenda. We are currently collaborating with local and international partners on a number of critical national and multi-country research studies. These studies are expected to shape health care policy for marginalized and underserved populations in Malawi and around the world. The following is a snapshot of selected research activities completed in 2014.

An important part of Dignitas’s research is operational and rooted in our frontline experience. Since 2004, Dignitas has worked with the Malawi Ministry of Health to provide HIV treatment and care. With funding from the Canadian Institutes of Health Research (CIHR), Dignitas is engaging in an observational cohort study aimed at assessing the effectiveness of decentralized HIV service delivery. The creation of a digitized database of cohort records from rural sites in Zomba District will provide an important foundation, allowing our study teams to explore a wide range of research questions.

In 2014 we continued our efforts to simplify HIV care and make it accessible to more people. Dignitas is a partner in the Lablite study which is evaluating the effectiveness of delivering HIV treatment and care at smaller health centres, closer to where people live, without the use of expensive lab monitoring. The aim of the study is to inform policymakers on how to best maximize treatment coverage with limited funding. Led by the UK Medical Research Council and funded by the UK Department of International Development, this study is being implemented in Malawi, Uganda and Zimbabwe.

We are also studying the effectiveness of Option B+, a bold strategy to prevent mother-to-child HIV transmission (PMTCT), the most common source of pediatric HIV infections. With support from the US Centers for Disease Control and Prevention, Dignitas is supporting the National Evaluation of Malawi’s PMTCT Program.

The study is expected to yield pivotal results that will inform other countries on how best to deliver national mother-to-child transmission prevention programs.

We also continued our work on the PMTCT Uptake and Retention in Malawi (PURE) study in 2014, which is being funded by the World Health Organization. The PURE study will evaluate whether additional peer-to-peer support for women provided either at the clinic or community level will improve the likelihood of starting and remaining on HIV treatment.

Tuberculosis (TB) is the major cause of AIDS-related deaths worldwide. With support from the International Union against TB and Lung Disease, Dignitas evaluated the impact of a new diagnostic guideline in Malawi’s National TB Program, namely first-priority HIV testing combined with GeneXpert diagnostic technology. Our investigation revealed that one quarter of patients with presumptive TB were not tested for HIV and that mortality was high for those patients. The impact of GeneXpert on TB diagnosis was also found to be limited, independent of whether the equipment was available at the health facilities. Study results indicate that reinforcement and a wide-scale evaluation of this new guideline is needed.

For people living with HIV in Asia and Africa, cryptococcal meningitis is a leading killer. Each year, the brain infection is responsible for 625,000 deaths globally. Last year, in collaboration with the Oxford University Clinical Research Unit and Malawi-Liverpool Wellcome Trust, we launched CryptoDex, a clinical trial aimed at improving health outcomes for people with HIV and cryptococcal meningitis. Together, we investigated whether adjunctively using dexamethasone, an inexpensive and readily available drug, reduced the number of disease-related deaths in Laos, Malawi, Uganda, Vietnam and Thailand.
Results from the study, which was funded by the UK Department for International Development, Wellcome Trust and the UK Medical Research Council, is expected to have global impact and will be published later this year.

There are new challenges ahead. According to the World Health Organization, non-communicable diseases will be the leading cause of death in Africa by the year 2030. Diseases like hypertension and diabetes are common among HIV+ patients in Malawi, especially those on HIV treatment. These conditions can lead to serious complications including stroke, heart disease, kidney failure and blindness. Although cited to be common reasons for hospital admission in Malawi, prevalence and incidence of hypertension and diabetes in HIV+ patients has not been well studied.

Supported by CIHR funding, Dignitas engaged in a study to estimate the proportion of HIV+ people in Malawi with hypertension, diabetes and cardiovascular risk factors. Our study revealed a rate of 24% for hypertension and a rate of 3% for diabetes among Malawian adults in HIV care. The results of this study are being used to develop integrated care, which will benefit HIV+ patients with these conditions.

In the coming years, Dignitas will push our research agenda through collaboration with partners. We will also continue to employ a pragmatic approach by developing models of care and evaluating interventions that can transform health care delivery. These are the keys to driving change in health policy and practice at a national and international level.

The Face of Research

Dr. Sumeet Sodhi, Senior Research Scientist, has worked with Dignitas since 2006. Along with her colleagues, she conducts research that aims to improve health care for Malawians and others facing similar disease burdens. Sumeet’s work is a combination of patient-centered and systems research.

Patient-centered research focuses on patient perceptions, health outcomes, timeliness of care and barriers to accessing medical services.

“You can have the best treatment available but if patients don’t accept that treatment, or if they don’t like the taste of it, or if they feel it’s going to cause stigma, then it’s just not going to work in the real world,” says Sumeet.

Systems research investigates the effect of different models for delivering care and assesses optimal strategies for addressing health inequities.

According to Sumeet, Dignitas is unique because “we both deliver health care and conduct research.”

“This gives us credibility and allows us to develop recommendations that are feasible on the ground.”
At Dignitas, our impact on global health isn’t limited to the geographic regions in which we work. Our operational model enables us to not only treat patients, but also to expand good ideas to scale and share evidence with health care providers and policymakers in communities facing similar challenges.

Global health conferences offer key moments to disseminate our research findings and to share our models of care on a broader scale. It is also a chance to learn from the experiences of others and form networks to further our work. Last year Dignitas participated in two major international conferences with both oral and poster presentations.

The first of these was the 20th International AIDS Conference (AIDS 2014) in Melbourne, Australia. This is the premier conference for presenting new scientific knowledge and fostering a structured dialogue on the major issues facing the global HIV response. Research topics presented by the Dignitas team ranged from the pharmacokinetics of anti-tuberculosis drugs to understanding the transition to adulthood for HIV+ adolescents. But our main focus at the conference was targeted at the elimination of mother-to-child transmission of HIV in Malawi’s Option B+ era. Results from Malawi’s Option B+ program show a dramatic increase in the number of mothers initiated on treatment, but there are challenges. At the conference, we presented findings on the performance of different Option B+ models of care used for starting lifelong HIV treatment for pregnant women in Malawi. Our study results showed that 20% of pregnant women who started HIV treatment at an antenatal clinic but were then transferred to an HIV clinic for follow-up stopped treatment within six months. Better results were found when pregnant women were started and followed on treatment at the same clinic until delivery.

At the 45th Union World Conference on Lung Health in Barcelona, Spain, we presented findings from our HIV-TB research, including key results from our study on TB diagnostics and patient outcomes related to presumptive tuberculosis. We also shared our HIV-TB service integration survey which showed significantly varied levels of integration across health facilities in Malawi. Furthermore, our survey on TB infection control at health facilities in southern Malawi revealed significant barriers related to deficient administrative procedures, a lack of personal protection measures and insufficient infection control training for health care providers. There is some good news. An exploration of patient perspectives revealed largely positive views about patient access to integrated HIV and TB services. Addressing key gaps in the cascade of care for people with TB and HIV as well as support for health care workers will be crucial to improving health outcomes.

The key to leveraging results we achieve locally to improve health policy and practice globally lies in evidence-based policy engagement. In partnership with the Ministry of Health, we continued building Malawi’s knowledge translation platform (KTPMalawi) in 2014. The aim of KTPMalawi is to bring together frontline clinicians, researchers and policymakers to improve the dialogue on high-priority health issues.
Without formalized collaboration, researchers can fail to meet the needs of policymakers, who in turn miss opportunities to use research evidence and best practice in policy decisions. This platform brings together stakeholders from across the country and internationally.

To facilitate this effort, KTPMalawi established Communities of Practice to review existing research evidence and develop policy recommendations in two high-priority areas: strengthening the management of Malawi’s drug supply chain and improving the quality of clinical care for people affected by HIV and hypertension. In the coming months these groups will convene high-level policy dialogues to translate this locally and globally derived research evidence into sound and practical health policy and practice.

To strengthen the impact of KTPMalawi, Dignitas started building linkages with Uganda’s knowledge translation platform and became a member of the Evidence Informed Policy Network (EVIPNet) steering committee in 2014. Launched by the World Health Organization, EVIPNet promotes the systematic use of health research evidence in policymaking by fostering regional and international networks of policymakers, researchers and civil society. These partnerships will foster new developments for KTPMalawi in the coming year.

We strengthen weak health systems through frontline support and by leveraging our experience and expertise with policymakers. We cannot be silent when we have the evidence to improve the health of millions of people.”

– CAROL DEVINE, DIGNITAS BOARD MEMBER

The Face of Transformation

Wisdom Chikuni hails from Masambuka village in Malawi’s Zomba district. After learning he was HIV+ as a teenager, Wisdom wanted to end his life. Fortunately, after joining Dignitas’s Teen Club in 2010, things started to turn around.

At Teen Club Wisdom formed friendships with other HIV+ teens and received the counselling he needed to plan his future.

“Before Teen Club, it was very difficult for me to accept that I was HIV+,” says Wisdom. “I wasn’t taking my medications regularly and was sick frequently.” This negatively impacted Wisdom’s education, as he spent many days at home. At one point he dropped out of school altogether.

Wisdom’s health improved significantly upon receiving guidance from other Teen Club members and health care providers. He gained a new outlook about his status and future. Once he got the support he needed, Wisdom returned to school and excelled at his national exams. Now he hopes to attend university and become a computer engineer.

Today, Wisdom is an executive member of Malawi’s National Association for Young People Living with HIV. He is a role model for HIV+ youth.

“Now I am able to give others hope that being HIV+ shouldn’t stop them from pursuing their dreams.”
In 2014 we launched our Aboriginal Health Partners Program to deliver innovative and culturally appropriate health solutions in partnership with First Nation communities. By applying what we’ve learned in working with remote and rural communities in Malawi, we hope to improve health care in Northern Ontario.

First Nation communities in Canada face severe inequities in access to quality health care and high rates of chronic disease. For example, Aboriginal people experience 2.5 to 4 times higher rates of type 2 diabetes compared to the general population, with higher rates among women. It has also been documented that Aboriginal Canadians experience disparities in diabetes-related risk factors, complications and mortality. Our Aboriginal Health Partners Program aims to improve diabetes care, prevention and treatment in the Sioux Lookout Zone of Northern Ontario, where we estimate that type 2 diabetes prevalence exceeds 25%.

We are partnering with the Sioux Lookout First Nations Health Authority (SLFNHA), which provides health services to 33, largely fly-in, communities in the Sioux Lookout Zone. Together, we will develop, pilot and evaluate a program to train and support community health workers (CHWs) to improve care for people living with diabetes and other chronic diseases. This initiative will be based on international best practices and Canadian clinical guidelines, and will integrate First Nations concepts of health and wellness.

CHW programs have been extensively deployed around the world to address shortages of highly trained health care workers, particularly in remote and rural communities. Various models have been successfully adapted across different cultures, locales and communities to address a spectrum of health care needs. CHWs provide health care in First Nation communities. They are typically members of the communities in which they operate, and therefore speak the local language and possess a deeper understanding of the cultural practices and issues impacting the community. The skill sets of CHWs vary across communities and no national standards of practice currently exist.

To inform the design of this health systems strengthening program, we are building a strong foundation of evidence from our research studies. In 2014 we launched two pivotal studies: an examination of diabetes services in the Sioux Lookout Zone and the development of international case studies on successful CHW programs.

Our diabetes study explores the perceptions and experiences of patients, community stakeholders and service providers to gain a deeper understanding of diabetes services, and to identify challenges and opportunities in optimizing diabetes care in the region. We will apply our findings to 1) inform the design of our diabetes intervention and develop a baseline to measure our progress in improving diabetes care; and 2) contribute to strengthening collaboration amongst the different parties who have a stake in diabetes programs and services in the Sioux Lookout Zone.

Our second study aims to identify key traits of successful CHW programs through in-depth case studies. Our study team visited five CHW programs in different countries and contexts - the United States (Alaska and Minnesota), Ethiopia, Malawi and Zambia to observe CHWs in action. We documented program structure, features, systems and processes. The results are being utilized to design a customized CHW capacity-building program to be piloted in up to five remote communities in the Sioux Lookout Zone. The program will be evaluated to assess its impact on improving patient health outcomes, the quality of health services, as well as patient, provider and community satisfaction.
POLICY

As part of our Aboriginal Health Partners Program, we began forging the development of a multidirectional knowledge platform.

Currently, there are no global knowledge networks that convene health experts to address common challenges in preventing and treating chronic diseases in marginalized populations in both low- and middle-income countries and Indigenous populations.

Through this novel collaboration, Dignitas and our partners will demonstrate the early effectiveness of a new global partnership model that transforms the way knowledge is exchanged and generated between different regions of the world. This innovative platform will provide an alternative to the tradition of one-way knowledge transfer from the Global North to the Global South, instead modelling multidirectional knowledge exchange that will continuously generate new learning for improved health policy and practice in the 21st century.

The platform will forge international partnerships and channels for using research between collaborators from different regions facing similar challenges. With programs in both Southern Malawi and Northern Ontario and a network of international and Canadian health experts, Dignitas is uniquely positioned to launch this international knowledge-sharing collaboration.

We highlighted the importance of creating an indicator framework that can be applied to measure status and progress within countries, not just between countries. This is particularly relevant when examining the health status of Indigenous peoples and other at-risk and vulnerable populations that may experience poorer health outcomes relative to the general population.

Along with civil society partners in 108 countries, we also supported a grassroots campaign for universal health coverage. The campaign’s aim is to change the way health care is financed, so it is equitable and accessible for all. In this vein, Dignitas also encouraged G8 governments to support a global financial transaction tax with the potential to generate billions in funds for global health mechanisms like the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund ensures that countries like Malawi have a stable supply of medicines to fight these epidemics.

The right to health and access to medicines remained an advocacy priority for Dignitas in 2014. In Canada, we contributed to the public consultations related to the UN Sustainable Development Goals (SDGs), providing feedback on the SDG goal to ensure healthy lives and promote wellbeing for all at all ages.

The most important outcome is not only the improved lives of millions of people, but also improved knowledge, improved health care systems, not just for a day or a week or a year, but for generations.”

— DR. JAMES ORBINSKI
DIGNITAS CO-FOUNDER

The Face of Dignitas Youth

Yi-Min Chun was introduced to Dignitas after reading Dr. James Orbinski’s book, An Imperfect Offering.

The book fundamentally changed the way she understood humanitarian work and inspired her to join the Dignitas Youth chapter at the University of Toronto.

Yi-Min went on to serve as chapter president from 2011 through 2014. In addition to raising funds and awareness for Dignitas, Yi-Min has used her skills as a medical illustrator to produce powerful infographics to highlight the organization’s programmatic impacts.

She has also been instrumental in mobilizing her peers across Canada to take action on HIV and AIDS. In 2014 the Ontario Council for International Cooperation recognized Yi-Min as a Global Changemaker for her work with Dignitas.

Yi-Min is inspired by Dignitas’s “continual search for interventions, strategies and tools that can enhance the quality and coverage of health systems and services.” Dignitas has deepened her understanding and passion for global health. Our approach has helped her to see the value of a long-term commitment to supporting communities.

For Yi-Min, “safeguarding the right to health and dignity of every individual” is the basis for achieving equitable health care.

“The work Dignitas does can help spread these principles across the globe.”
A reduction in adult blood stream infection and case fatality at a large African hospital following antituberculosis therapy roll-out.

CYP2B6 polymorphism is associated with nevirapine hypersensitivity in Malawian and Ugandan HIV populations.

Assessment of second-line antiretroviral regimens for HIV therapy in Africa.

Hepatitis B virus (HBV) sub-genotype A1 infection is characterized by high replication levels and rapid emergence of drug resistance in HIV-positive adults characterized by high replication levels and rapid fatality at a large African hospital following antituberculosis therapy roll-out.

HIV-associated neurocognitive disorders (HAND) in Malawian adults and effect on adherence to combination antiretroviral therapy (ART) in Malawian adults.

Incompletely recovered pneumococcal CD4 T cell immunity after initiation of antiretroviral therapy in HIV-infected Malawian adults.

Peripheral blood mitochondrial DNA/nuclear DNA (mtDNA/nDNA) ratio as a marker of mitochondrial toxicities of stavudine containing antiretroviral therapy toxicities of stavudine containing antiretroviral therapy in HIV-infected Malawian patients.

Malawian adults and effect on adherence to combination antiretroviral therapy (ART) in Malawian adults.

Population pharmacokinetic and pharmacogenetic analysis of nevirapine in hypersensitive and tolerant HIV-infected patients from Malawi.

Antimicrobial Agents and Chemotherapy

Impact of early and routine antiretroviral therapy roll-out following HIV self-testing on antiretroviral therapy adherence and uptake in Malawi.

Retention in care under universal antiretroviral therapy for HIV-infected pregnant and breastfeeding women (‘Option B+’) in Malawi.

Supporting middle-cadre health care workers in Malawi: lessons learned during implementation of the PALM PLUS package.

Task-shifting and prioritization: a situational analysis examining the role and experiences of community health workers in Malawi.

The Lablite project: A cross-sectional mapping survey of decentralized HIV service provision in Malawi, Uganda and Zimbabwe.

Towards elimination of mother to child transmission of HIV: performance of different models of care for initiating lifelong antiretroviral therapy for pregnant women in Malawi (Option B+).
The Face of Rotary

As a member of the Rotary Club of Uxbridge, Charles (Chuck) Taylor has helped facilitate Rotary’s extraordinary support for Dignitas. Over the years, Rotarians have raised more than half a million dollars for the organization’s programs.

For Chuck, “the most rewarding part of being a supporter is knowing that there are individuals who I will never meet who are going to have better lives” as a result of Dignitas’s efforts.

Chuck first heard about Dignitas at a talk given by co-founder Dr. James Orbinski in 2006. After doing some research, he discovered that Uxbridge Rotarians had helped fund the organization’s start-up back in 2004. He was immediately compelled by the story and the possibility of achieving an AIDS-free generation.

Chuck is inspired by Dignitas’s potential for global impact. “Not only are you achieving results in Malawi,” he says, “but your work is setting an example that can help with the fight against HIV worldwide. You have the capacity to influence global health policy.” He is motivated by the fact that Dignitas’s research is fundamentally changing the way health care is delivered in Africa.

Chuck believes that if you are “delivering health care and ensuring that everyone who needs HIV drugs gets them, then you are giving people the ability to survive and grow.” Chuck’s commitment to spreading the word and raising funds for Dignitas is guided by his core beliefs.

“I believe basic health care is a human right and I’m distressed that it’s not always seen that way.”
Facing *Forward* with pride.
## FINANCIALS

### Statement of Financial Position

**December 31**

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<td>Cash</td>
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<td>1,185,909</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>139,371</td>
<td>133,642</td>
</tr>
<tr>
<td>Excise Tax Recoverable</td>
<td>95,391</td>
<td>88,674</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>7,928</td>
<td>41,437</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>1,588,217</td>
<td>1,449,662</td>
</tr>
<tr>
<td>Long-term Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capital Assets</td>
<td>261,858</td>
<td>302,540</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>1,850,075</td>
<td>1,752,202</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating Credit Facility</td>
<td>-</td>
<td>70,627</td>
</tr>
<tr>
<td>Accounts Payable and Accrued Liabilities</td>
<td>157,906</td>
<td>134,159</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>157,906</td>
<td>204,786</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invested in Capital Assets</td>
<td>261,858</td>
<td>302,540</td>
</tr>
<tr>
<td>Unrestricted</td>
<td>843,371</td>
<td>684,004</td>
</tr>
<tr>
<td>Restricted</td>
<td>586,940</td>
<td>560,872</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>1,692,169</td>
<td>1,547,416</td>
</tr>
<tr>
<td><strong>Excess of Revenues over Expenditures for Year</strong></td>
<td>144,753</td>
<td>706,757</td>
</tr>
</tbody>
</table>

### Statement of Operations

**Year ended December 31**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government and Institutional Grants</td>
<td>828,766</td>
<td>652,819</td>
</tr>
<tr>
<td>Private Donations</td>
<td>1,643,023</td>
<td>1,857,067</td>
</tr>
<tr>
<td>Other</td>
<td>9,624</td>
<td>63,013</td>
</tr>
<tr>
<td><strong>Total Revenues</strong></td>
<td>2,501,209</td>
<td>2,527,899</td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States Agency for International Development</td>
<td>2,002,130</td>
<td>2,046,475</td>
</tr>
<tr>
<td>Other Institutional Grants</td>
<td>156,599</td>
<td>83,838</td>
</tr>
<tr>
<td>Other</td>
<td>76</td>
<td>23,175</td>
</tr>
<tr>
<td>Ministry of Health (drugs in kind)</td>
<td>1,160,834</td>
<td>860,453</td>
</tr>
<tr>
<td><strong>Total Malawi</strong></td>
<td>3,378,951</td>
<td>3,053,425</td>
</tr>
<tr>
<td><strong>Excess of Revenues over Expenditures for Year</strong></td>
<td>144,753</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 2014 audited financial statements, please visit DignitasInternational.org.
We are grateful to these donors who gave generously to help us to achieve living results in 2014.

$1M+
United States Agency for International Development

$100,000 – $999,999
Blossom Foundation
Grand Challenges Canada
Marguerite Steed Hoffman
Ontario Ministry of Health and Long-Term Care
Patrick and Barbara Keenan Foundation
RBC Foundation
Rotary International
UK Medical Research Council\(^1\)
US Centers for Disease Control and Prevention\(^2\)
World Health Organization\(^3\)

$50,000 - $99,999
Edward W. Rose III Family Fund of the Dallas Foundation
International Development Research Centre\(^4\)
Lloyd and Marie Barbara
Michael and Sharon Young
National AIDS Commission, Malawi
Peterborough K.M. Hunter Charitable Foundation
UK Department for International Development\(^5\)
Unifor Social Justice Fund

$10,000 - $49,999
Allison and Jason Chang
Canadian Institutes of Health Research\(^6\)
Chris Graham
CIBC World Markets
Daniel Drimmer
David and Yvonne Fleck
Donner Canadian Foundation
Evans Investment Counsel
First Intelligence Corporation
Global Health Corps
Goodmans LLP
Greg and Lynn Mills
Greystone Foundation
Gwen and Richard Harvey
Ira Gluskin & Maxine Granovsky Gluskin Charitable Foundation
Jennifer Keenan and Donald Raymond
Peter Kenward
Quality of Life Canada Inc.
Walter and Laura Elcock (in honour of James M. Kitchens, Jr.)
William and Catherine Rose

\(^1\) via Liverpool School of Tropical Medicine
\(^2\) via Management Sciences for Health
\(^3\) partially via Lighthouse Trust
\(^4\) partially via REACH Trust Malawi and Sunnybrook Health Sciences Centre
\(^5\) via University College London
\(^6\) via University Health Network

Dignitas thanks longstanding supporters (pictured opposite from left to right) Michael Young, Marguerite Steed Hoffman, Jennifer Keenan and David Young for helping to build the foundation of our work.
Facing Forward

with humility.

The Face of Support

Canadian singer-songwriter and Dignitas supporter Leslie Feist recently travelled to Malawi to see our medical and research programs firsthand. Leslie met patients, health care workers and researchers working to improve health care for people in the country’s southeast region.

Leslie visited our Tisungane Clinic, spent time with HIV+ teens at one of our Teen Clubs and met mothers who had given birth to healthy HIV-free babies thanks to Dignitas. Leslie also travelled to a rural village where she saw the impact of Dignitas’s community-access model of care which has helped hundreds of thousands of people gain access to treatment for HIV and TB close to home.

“After stepping through the door Dignitas opened to me, I feel woken up to some facts I had long been avoiding. The whole question of “how to help” feels simpler and less abstract now, and is contextualized by gratitude and respect rather than an abstracted guilt around our disproportionate world.

What I saw of Dignitas’s work in Malawi was so absolutely tangible and detailed and pragmatic yet undertaken with guts and fortitude and an absolute respect for the humanity of the people they’re working with. There’s a beautiful synergy to this kind of exchange between resource and need… the payback to all of us over here is in working to right an unnatural distribution of opportunity the first world has bought into as normal. It’s refreshing, and in the hands of the calibre of people with Dignitas, it’s possible.”

Facing Forward

with humility.
Facing Forward in solidarity.

CHAMPIONS

We deeply appreciate these individuals and organizations for championing our work in 2014.

DIGNITAS YOUTH
Appleby College
Bishop Strachan School
Branksome Hall
Greenwood College School
Royal St. George’s College
Sir Wilfrid Laurier Collegiate Institute
St. Clement’s School
University of Toronto
Upper Canada College
Vaughan Road Academy
Western University

EVENTS
Albert Schultz
Angela Colterjohn
Cheryl Jackson
Courtney Howard
Elske Kofman
Leslie MacKinlay
Shinan Govani

SPECIAL INITIATIVES
Aeroplan
Blake, Cassels & Graydon LLP
Charles Taylor
Chris Snyder
Cisco Systems Canada Co.
Defedo Teno
George Soros
Joseph Zulu
Maureen Bird
Natalie Bocking
Robbi Howlett
Robert Bennett

GIVE A DAY CAMPAIGN
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Mike Fekete
Osler Hoskins & Harcourt LLP
Registered Nurses Association of Ontario
Roy Filion
Sack Goldblatt Mitchell LLP
Stikeman Elliott LLP
Thomson Rogers
Torys LLP
Victoria Prince

“"Our work is made possible because of the champions who propel us forward. Thank you for your commitment.”

– ALLISON CHANG, FUNDRAISING COMMITTEE CHAIR
The Face of Commitment

Pamela Hughes is a senior partner with Blakes, one of Canada's top business law firms. She is also one of Dignitas’s first Directors, joining the Board in 2004 when the AIDS epidemic in Malawi was at its height. Pam currently serves as the Board Vice-Chair as well as the Chair of the Governance & Nominations Committee.

Pam’s firsthand experience convinced her of the need for Dignitas’s work. “In Malawi I saw the importance of increasing access to medical care. It’s very compelling when you see what limited medical resources people have access to.”

Pam and her colleagues at Blakes have contributed thousands of hours of pro bono service to the organization. Over the years, Blakes has provided essential counsel on industry regulations, employment law and trademark issues, helping Dignitas navigate the complex legal landscape for charities.

Pam’s impact extends well beyond the boardroom to people living with HIV. She championed a transformative workshop for health care workers on HIV and human rights. Furthermore, the Blakes team developed a manual to support frontline clinicians in providing HIV-related counselling and care for survivors of sexual gender-based violence in Malawi.

Reflecting on more than a decade of volunteering with Dignitas, Pam says “it’s very rewarding to have the opportunity to work with such talented and committed people, to see the work grow and to be part of the significant contribution that Dignitas has made.”
BOARD OF DIRECTORS

DIGNITAS INTERNATIONAL

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Clinician-Scientist and Professor,
Department of Medicine, University of Toronto

Pamela Hughes (Vice-Chair)
Senior Partner, Blake, Cassels & Graydon LLP

Allison Chang
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Carol Devine
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Balsillie School of International Affairs,
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Dalla Lana School of Public Health, University of Toronto

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Assistant Professor, Department of Surgery,
Faculty of Medicine, University of Toronto

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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)

David Young
Playwright, Novelist, Screenwriter;
Founder, Writers’ Trust of Canada

*completed term in 2014.

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President, Quadrant Capital

Roland Augustine*
Co-Founder, Luhring Augustine Gallery

Carol Devine
Writer and Researcher, Global and Earth Health

Janet Graham
Corporate Director, Author, Speaker

Marguerite Steed Hoffman
Chairman, Custom Food Group

Pamela Hughes
Senior Partner, Blake, Cassels & Graydon LLP

Dr. James Orbinski
Research Chair & Professor in Global Health,
Balsillie School of International Affairs,
Wilfrid Laurier University, and Professor of Medicine,
Dalla Lana School of Public Health, University of Toronto

Tom Stephenson
CEO, LOOK Cinemas

Vanessa Weaver
President, Primus Vantage Inc.

*completed term in 2014.