STRENGTH IN DIGNITY
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ABOUT US

Dignitas International is a leading medical humanitarian organization developing solutions for global health.

Committed to innovation, Dignitas works with patients, health workers, researchers and policymakers to tackle barriers to health care in resource-limited communities.

Combining frontline expertise and rigorous research, Dignitas saves lives and upholds the right to health and dignity for the world’s most vulnerable by increasing access to care, strengthening health systems and shaping health policy and practice.
WHAT WE DO

Frontline Medical Care
Health Systems Strengthening
Operations Research and Innovation
Advocacy and Policy Engagement
MESSAGE TO SUPPORTERS

Addressing global health challenges is a complex and dynamic pursuit, but is fundamental to the future of our shared humanity.

What are the barriers to health and dignity? What are the practical and effective ways to address the world’s most pressing health needs? These are the questions that drove James Fraser and Dr. James Orbinski to launch Dignitas International in 2004 and continue to drive our organization today.

At Dignitas, we believe that everyone has the right to health and all should live with dignity. Our greatest strength is people - we work with partners to treat patients, train health workers, and identify and solve weaknesses in health systems. We harness research and on-the-ground experience to develop practical health care solutions for the most vulnerable among us. By creating models of care that are cost-effective, scalable and replicable, we continue to catalyze change.

We are pleased to report that 2011 was a year of key progress on all of these fronts. We’ve advanced the expansion of our community-access model from one to six districts in Malawi’s South-East Health Zone. We’re training frontline workers and managers to better deliver HIV-related services to a catchment population of more than 3.1 million people.

From a research standpoint, we spent the last year investigating the outcomes of several potentially transformative innovations, including our Streamlined Tools and Training model, which provides practical, on-site training for rural health workers empowering them to save more lives. The results of our research will determine how we adapt and replicate them in other resource-limited settings.

Finally, our advocacy and policy engagement efforts contributed to Malawi’s adoption of a first-of-its-kind program to stop mother-to-child transmission of HIV. In addition, we continued to put pressure on governments to increase their investments in global health and to reform legislation that will enable developing countries to purchase affordable generic medicines for their public health needs.

Dignitas was created to save lives and develop innovative solutions that affirm the dignity of every human being. Realizing our vision begins with redefining the possibilities. Thanks to your support, we are improving the health of tens of thousands of people and increasing access to equitable health care in Malawi and beyond.

Pamela Hughes           Dr. Michael Schull
Board Chair                                          Interim President and CEO
OUR HISTORY

2004
In response to the severe health crisis linked to the AIDS pandemic, Dignitas International opens Tisungane HIV/AIDS Clinic at Zomba Central Hospital in Malawi. Operated in partnership with the Ministry of Health, the clinic dramatically increases access to HIV/AIDS treatment and care in Zomba District.

2005
In order to strengthen the health system, Dignitas begins providing training and mentorship to health workers, from nurses and clinicians to health system managers and supervisors. Life-saving, sustainable protocols in laboratory and pharmacy services are established. The result is improved timeliness and accuracy of diagnosis and better management of drug supplies and diagnostic materials.

2006
To address the issue of limited access to HIV-related services because of distance to care, Dignitas starts training health workers at rural community health centres to manage and deliver HIV-related services. These early efforts help kickstart the process of decentralizing HIV-related services to health centres across Zomba District, achieving geographical coverage in 2010.

2007
Dignitas establishes a Health Worker Clinic at Zomba Central Hospital, the first of its kind in Malawi, which enables health workers and their immediate families to receive confidential care. The clinic has increased the uptake of HIV/AIDS services by this group, who play such a vital role in delivering health care to thousands. The success of this clinic has prompted the opening of two additional clinics at other sites.
2008
Dignitas establishes a one-stop HIV-TB clinic at Zomba Central Hospital enabling patients to receive treatment for both diseases during one visit, with the goal of improved diagnosis, referral and treatment adherence. Research evidence shows the clinic increases the uptake of life-saving antiretroviral treatment by co-infected patients.

2009
Along with Canadian and African partners in the Knowledge Translation Unit at the University of Cape Town Lung Institute and in Malawi, Dignitas begins developing and implementing Streamlined Tools and Training (STAT). This toolkit and training model is designed to help health workers in remote areas recognize and treat common conditions like HIV, tuberculosis, malaria and pneumonia.

2010
Thanks to a multi-year grant from the U.S Agency for International Development (USAID), Dignitas begins expanding its community-access model to five additional districts comprising Malawi’s South-East Health Zone. Upon completion, the expansion will bring HIV-related services to a catchment population of more than 3.1 million people.

2011
Informed by Dignitas research and WHO guidelines, the Malawi Ministry of Health embarks on a novel and ambitious HIV Prevention of Mother-to-Child Transmission program known as Option B+. Malawi is the first resource-limited country to adopt this ‘test and treat’ strategy nationally, which has the potential to dramatically improve maternal and child health. Dignitas assists with program implementation and evaluation.
STRENGTH IN PARTNERSHIP
Our efforts began in 2004 with the opening of Tisungane HIV/AIDS Clinic at Zomba Central Hospital to provide frontline medical care to communities devastated by HIV/AIDS and related conditions.

Working in partnership with the Malawi Ministry of Health, the clinic has dramatically increased access to HIV treatment and care through the delivery of crucial services such as HIV testing and counselling (HTC), prevention of mother-to-child transmission (PMTCT) and antiretroviral therapy (ART). The clinic has also been the site for an array of health care innovations.

In 2011, Dignitas continued to improve services for key populations who face barriers to accessing and remaining in treatment and care. For example, in order to provide tailored services for adolescents who are particularly vulnerable to stigma and discrimination and consequently experience problems adhering to their treatment, Dignitas operates a ‘Teen Club’ clinic, which provides youth-friendly services under one roof. Teen Club is a safe space for HIV-positive teens to receive medications, form supportive peer relationships and learn about sexual and reproductive health. Approximately 130 HIV-positive teens benefit from these services on a monthly basis.

In addition, Dignitas continued to encourage greater involvement of people with HIV/AIDS, which is the underlying principle behind our ‘Expert Patient’ program. These patients, who themselves are successfully managing conditions like HIV and TB, provide administrative and patient-intake support at high volume sites, enabling clinical staff to spend more time treating and caring for patients. Expert Patients also provide peer-based adherence and psychosocial support to patients who have just begun antiretroviral treatment.

Finally, Dignitas continued to operate an integrated clinic for patients requiring integrated HIV-TB care, as well as a dedicated clinic to provide discreet services for health workers, the first of its kind in Malawi. In 2011, both clinics experienced increased patient uptake of services offered.

By the end of 2011, over 18,000 patients had been started on life-saving ART at Tisungane HIV/AIDS Clinic, which is recognized nationally as a centre of excellence, providing referral services for the nation’s South-East Health Zone.
STRENGTH IN COMMUNITY
Mayamiko is a nineteen year-old living with HIV in Malawi. He first learned of his status while in high school. With his mother’s encouragement, Mayamiko remained determined to continue his education. In 2010, Mayamiko joined Dignitas’s Teen Club and has been motivated by the nurses and doctors who have provided him with ongoing care. In fact, the experience has inspired him to become a health worker.

“I know that one day, I will go into the field of medicine,” he says. “Right now, the doctors are busy helping me. One day, I’ll help others. And I will tell them my story.”

Mayamiko Ongah
Dignitas Teen Club Member
STRENGTH IN IMPACT
At Dignitas, we’re dedicated to strengthening health systems and ensuring that our programs lead to lasting change. Our efforts focus on harnessing the knowledge and determination of health workers, researchers and policymakers on the ground. Encouraged by our success in rolling out HIV-related care in Zomba District, the Malawi Ministry of Health invited Dignitas to expand our community-access model to five additional districts in the nation’s South-East Health Zone.

Bolstered by a multi-year grant from USAID in 2010, we've expanded activities to Phalombe, Mulanje, and Machinga, and by the end of 2011 operations had commenced in the remaining districts of Mangochi and Balaka.

We are supporting these districts by training and mentoring frontline health workers to identify and address challenges faced on a daily basis. We’re also working with health system managers to troubleshoot gaps in providing timely patient care. In low-resource settings, avoidable deaths of children and adults – due to late diagnoses or drug stockouts – are all too common. By supporting the entire health system, we are safeguarding lives now and in the future.

Informed by Dignitas research and WHO guidelines, Malawi adopted an aggressive PMTCT program in November 2011 known as Option B+, which couples prevention efforts with improved treatment for mothers with HIV. Transmission of the virus can be virtually eliminated by ensuring that all mothers-to-be are offered HIV testing and all HIV-positive pregnant and breastfeeding women are offered immediate access to lifelong ART, regardless of the stage of their illness. As part of our health systems strengthening efforts, Dignitas trained health workers across the South-East Health Zone on the delivery of the treatment regimen to ensure that HIV-positive pregnant women start and stay on treatment and that HIV-exposed infants receive timely post-natal testing and care.

Furthermore, we worked with stakeholder groups to increase uptake of health services and decrease stigma and discrimination in communities. These include voluntary community health committees, which advocate on health issues and provide information on health centre service offerings, as well as community health workers who deliver at-home services as part of the Ministry of Health’s continuum of care.

Our zonal expansion increases impact and reach by supporting HIV-related services at 141 sites. Upon completion in 2013, the expansion will facilitate the health service delivery across Malawi’s South-East Health Zone, enabling 200,000+ people to be tested and 40,000+ to be started on treatment.
STRENGTH IN INNOVATION
At Dignitas, we emphasize evaluating current health practices in resource-limited settings, as well as the effectiveness of our programs. We continually identify what can be improved to ensure we’re making the greatest impact possible. Recognizing that innovation is most valuable when it can be adapted and replicated on a larger scale, we pursue high-impact research and develop models of care that can be applied around the world. The following is a snapshot of selected research activities in 2011.

In partnership with the Knowledge Translation Unit at the University of Cape Town Lung Institute, we studied the outcomes of our Streamlined Tools and Training (STAT) model. Through STAT, we’re equipping health workers with easy-to-follow guidelines and practical on-site trainings that aim to improve diagnosis of diseases including HIV/AIDS, tuberculosis, malaria and pneumonia, and to boost health worker job satisfaction and retention. The results of our cluster randomized controlled trial will be important for the development of similar programs, including a tool to aid community health workers in the delivery of services.

Building on the groundbreaking DART clinical trial which showed how the delivery of ART to HIV-positive adults can be safe and effective using clinically-directed monitoring as opposed to routine laboratory testing, Dignitas continued activities on the Lablite study which will investigate the cost-effectiveness of ART program delivery using a clinically-directed monitoring approach in a real-world setting. The hope is that this research will generate evidence to encourage the roll out of HIV treatment and care to more rural remote communities where laboratory facilities may not exist.

Finally, with greater access to antiretroviral treatment today, a growing number of HIV-positive children in resource-limited countries are able to live long lives. Last year, Dignitas engaged in a multi-country collaborative study to identify the challenges faced by HIV-positive adolescents living in Malawi, Mozambique, Zambia and Zimbabwe. The study provided evidence that new policies and funding for HIV in low income settings must include safer sex advice and youth-friendly sexual and reproductive health interventions, as well as training for health workers and families so that adolescents are equipped to make healthy/positive choices about relationships, safer-sex and HIV disclosure.

Our role in championing innovation in under-resourced health systems is gaining recognition by major research institutions. In 2011, we received grants from the Canadian Institutes for Health Research, the International Union Against Tuberculosis and Lung Disease and the Centre for International Governance Innovation (CIGI) to examine and exploit opportunities to improve health care for those who need it most.
“One of the unique elements of Dignitas is the integration between our research and program teams. We’re committed to monitoring and evaluating the effectiveness of our health interventions, gathering systematic evidence and adapting strategies as needed. The aim of our research is to improve the delivery of health care, not just in Malawi but in other low-income countries.”

Joshua Berman, Sr. Research Officer, Dignitas International

Image (left): Joshua Berman with Dignitas Zonal ART Coordinator Gabriel Mateyu in Malawi.
Publications

In 2011, Dignitas published the following research findings in peer-reviewed journals:

**Anti-retroviral treatment outcomes among older adults in Zomba District, Malawi.**

**Diagnostic Management and Outcomes of Pulmonary Tuberculosis Suspects admitted to a Central Hospital in Malawi.**

**Evaluating a streamlined clinical tool and educational outreach intervention for health care workers in Malawi: The PALM PLUS case study.**

**From PALSA PLUS to PALM PLUS: adapting and developing a South African guideline and training intervention to better integrate HIV/AIDS care with primary care in rural health centers in Malawi.**

**Outcome Assessment of a Dedicated HIV Positive Health Care Worker Clinic at a Central Hospital in Malawi: A retrospective Observational Study.**

**Reasons for accepting or refusing HIV services among TB patients at a TB-HIV integrated clinic in Malawi.**

**Timing and uptake of ART during treatment for active tuberculosis in HIV co-infected adults in Malawi.**

**Uptake and outcomes of a prevention-of mother-to-child transmission (PMTCT) program in Zomba district, Malawi.**
STRENGTH IN CHANGE
ADVOCACY AND POLICY ENGAGEMENT

In 2011, Dignitas continued to engage practitioners and policymakers for better delivery and accessibility of health care for vulnerable populations including women of childbearing age and survivors of sexual and gender-based violence.

The Malawi Ministry of Health’s recent adoption of Option B+, an aggressive strategy to prevent mother-to-child transmission of HIV (see Health Systems Strengthening Highlights - pg. 13) is a powerful illustration of how Dignitas’s research is helping to improve health policy and eliminate barriers for women in accessing treatment and care. Malawi is the first resource-limited country to adopt this treatment regimen nationally and early results have shown a dramatic increase in the number of patients started on treatment.

Furthermore, Dignitas and its partners formed a network in Phalombe District last year to better respond to incidents of sexual and gender-based violence (SGBV). Drawing on previous experience in Zomba District, we fostered engagement with stakeholders including police and legal representatives, health workers and policymakers through workshops, trainings and advocacy campaigns. This rapid-response SGBV network now collaborates across sectors to improve and expand the medical, psychosocial and legal response.

Finally, Dignitas continued to participate in collaborative efforts to reform Canada’s Access to Medicines Regime. As a member of a sector-wide NGO coalition, Dignitas worked to improve awareness of global health issues amongst policymakers and reform existing legislation that will make it easier for developing countries to purchase generic medicines at lower prices.

As our body of research and programming continues to grow, Dignitas will use evidence and experience to identify the resources needed and the changes in policy and practice required to improve health care in Malawi and beyond.
STRENGTH IN NUMBERS
FINANCIAL SUMMARY

Revenue:
- Individuals: 30.2%
- Events and Community: 17.7%
- Foundations: 4.0%
- Corporations: 0.5%
- Gov’t and Research Institutions: 26.9%
- Gifts-In-Kind: 20.7%

Expenditures:
- Programs and Research: 74.1%
- Fundraising and Events: 20.3%
- Management and General: 5.6%
DIGNITAS INTERNATIONAL
STATEMENT OF FINANCIAL POSITION

As of December 31, 2011

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DIGNITAS INTERNATIONAL
STATEMENT OF OPERATIONS

Year ended December 31, 2011

REVENUE
Canada
   Individuals  2,093,238
   Events and Community  1,227,314
   Foundations  277,302
   Corporations  38,750
   Gov’t and Research Institutions  413,322
      CIDA  75,388
   Other
   Total for Canada  4,125,314

Malawi
   Gov’t and Research Institutions  1,159,990
      USAID  71,384
      International Union Against Tuberculosis and Lung Disease  64,801
      Medical Research Council UK  81,933
      Other
   Ministry of Health (drugs-in-kind)  1,436,921
   Total for Malawi  6,940,343

EXPENDITURES
Program Delivery  3,545,822
   Ministry of Health (drugs-in-kind)  1,436,921
   Fundraising and Events  1,365,762
   Management and General  373,352
   Total for Program Delivery  6,721,857

Excess of revenue over expenditures for year  218,486

To receive a copy of Dignitas International’s audited Financial Statements, please contact us at info@dignitasinternational.org.
STRENGTH
IN YOU
Thank you

We are grateful to these donors who contributed $10,000+ to our work in 2011.*

*January 1 - December 31, 2011

$1M+
Marguerite Steed Hoffman
United States Agency for International Development

$100,000 - $999,999
Lloyd and Marie Barbara
Blossom Foundation
Canadian International Development Agency
Tim Headington
Patrick and Barbara Keenan Foundation
RBC Foundation
Michael and Sharon Young

$10,000 - $49,999
Naomi Aberly and Laurence Lebovitz
in honour of Marguerite Steed Hoffman and Michael Young
Roland Augustine
Belinda Stronach Foundation
Willa Black and Donald Jarvis
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David and Yvonne Fleck
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Gucci Foundation
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TD Securities
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Fred and Maureen Wright
Xtreme Labs
Said Zahraoui

1 via University Health Network
2 via Reach Trust and Sunnybrook Health Sciences Centre
3 via South African AIDS Trust

We appreciate the generosity of our supporters and have made every effort to ensure this report reflects donor recognition preferences. If an error has occurred, please contact us at 416.260.3100 or donations@dignitasinternational.org to ensure that we appropriately acknowledge your support in the future.
STRENGTH IN HOPE
“We’re asked to give a lot based on our hearts. But when you can marry the heart and the mind, that’s very powerful.

Dignitas is not only providing health care to some of the world’s most vulnerable people. It is working to uncover the most cost-effective and replicable answers to today’s global health challenges.

I’ve seen the remarkable difference in the communities where Dignitas has been able to provide support. It’s so important that we continue to scale up this work.”

Marguerite Steed Hoffman
Board Member, Dignitas International

Image (right): Marguerite Steed Hoffman with Dignitas International Co-Founder Dr. James Orbinski in Malawi.
STRENGTH IN LEADERSHIP
<table>
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<tr>
<th><strong>Dignitas International</strong></th>
<th><strong>Dignitas USA</strong></th>
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<tbody>
<tr>
<td><strong>Pamela Hughes</strong>, Senior Partner Blake, Cassels &amp; Graydon LLP (Chair)</td>
<td><strong>Michael Young</strong>, President Quadrant Capital (Chair)</td>
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<tr>
<td><strong>Lloyd Barbara</strong>, Vice Chairman Burgundy Asset Management Ltd.</td>
<td><strong>Roland Augustine</strong>, Co-Founder Luhring Augustine Gallery</td>
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<tr>
<td><strong>Willa Black</strong>, Vice President Corporate Affairs, Cisco Canada</td>
<td><strong>Carol Devine</strong>, Writer and Researcher HIV/AIDS, Policy, Gender and Access to Medicines</td>
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<tr>
<td><strong>Roman Dubczak</strong>, Managing Director Head of Cash Equities CIBC World Markets Inc.</td>
<td><strong>Marguerite Steed Hoffman</strong>, Chairman Custom Food Group</td>
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<td><strong>David Fleck</strong>, President and CEO Macquarie Capital Markets Canada</td>
<td><strong>Pamela Hughes</strong>, Senior Partner Blake, Cassels &amp; Graydon LLP</td>
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<td><strong>Gwen Harvey</strong>, President BridgeWater Family Wealth Services</td>
<td><strong>Ciara Hunt</strong>, CBC Royal Commentator Former Editor-in-Chief, HELLO! Canada</td>
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<td><strong>Dorothy nyaKaunda Kamanga</strong>, Deputy Registrar, High Court of Malawi</td>
<td><strong>Dr. James Orbinski</strong>, Director of the Africa Initiative, Centre for International Governance Innovation; CIGI Chair in Global Health, Balsilie School of International Affairs</td>
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<td><strong>Elske Kofman</strong>, President EMK Event Marketing Consultants</td>
<td><strong>Dr. James Orbinski</strong>, Director of the Africa Initiative, Centre for International Governance Innovation; CIGI Chair in Global Health, Balsilie School of International Affairs</td>
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<td><strong>Jacquie Labatt</strong>, President CanAIDia International</td>
<td><strong>Dr. Michael Schull</strong>, Clinician-Scientist and Associate Professor, Department of Medicine, University of Toronto</td>
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<td><strong>Douglas Lawson</strong>, Sr. Vice President and Chief Financial Officer North American Fur Auctions</td>
<td><strong>Tom Stephenson</strong>, Managing Partner Look Entertainment</td>
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<td><strong>Seodi White</strong>, National Coordinator Women and the Law in Southern Africa Research and Education Trust (WLSA Malawi)</td>
<td><strong>Dr. Ross Upshur</strong>, Canada Research Chair in Primary Care Research; Professor, Department of Family and Community Medicine and Dalla Lana School of Public Health, University of Toronto</td>
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<td><strong>Dr. Merrick Zwarenstein</strong>, Senior Scientist Institute for Clinical Evaluative Sciences, Sunnybrook Health Sciences Centre, University of Toronto</td>
<td><strong>Dr. Ross Upshur</strong>, Canada Research Chair in Primary Care Research; Professor, Department of Family and Community Medicine and Dalla Lana School of Public Health, University of Toronto</td>
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