DIGNITAS
LIVING RESULTS.
ANNUAL REPORT 2015
Dignitas International is a medical and research organization dedicated to improving health care for people facing a high burden of disease and unequal access to services. By working together with health care providers, researchers, policymakers and communities, we are strengthening health systems and helping people regain their health, and reclaim their dignity.

LIVING RESULTS

1.9 Million HIV tests administered
164 Health facilities supported
~242,000 People started on HIV treatment
1,000+ Health workers trained
60 Research publications
Message to Supporters

In the life of an organization, reflecting on the passing year often brings a feeling of pride for all things accomplished and a sense of anticipation for the year to come. At Dignitas, 2015 was a year of significant growth and change. We rose to meet many new challenges and prepared to make even bigger strides in the years ahead – both in Malawi and here at home in Canada.

We take enormous pride in an important program milestone reached this year: nearly 250,000 people started on lifesaving HIV treatment in Malawi since we began our work in 2004 in close partnership with the Ministry of Health. For our frontline team this is not just a statistic, it is about lives saved and hope restored for every person who gained access to care and treatment through our efforts. It is also about their families and their children and the possibility the future holds because of our work.

Another highlight from 2015: the deepening of our partnership with the Sioux Lookout First Nations Health Authority and our four pilot communities. The foundations are now in place to begin our work to transform diabetes care with First Nations communities in Northern Ontario. This slow, deliberate process of building trust and relationship is an absolutely essential part of our strategy that will be a game-changer in the delivery of diabetes care in these communities. It’s about how we work, valuing the knowledge and experiences of our partners, and arriving at solutions collaboratively. We are excited about the next steps of rolling out our Community Health Worker program together and scaling it out to more communities to improve the quality of care for people living with type 2 diabetes.

There are so many other momentous moments that stand out from this year. One was our dynamic presence at the 2015 International AIDS Society Conference in Vancouver where we presented six research abstracts, hosted a public engagement event and achieved both local and national media coverage of our work. Being on home soil gave us great energy; it was inspiring to see the momentum of the 2030 Agenda at the conference and the possibility that we might witness the end of the AIDS epidemic within our lifetime. Our contribution to delivering on that goal in Malawi will continue to drive and motivate us in the coming years.

One other 2015 highlight that deserves mention: the impressive growth of our research program as we embarked on three new cutting-edge clinical research trials in collaboration with highly-respected global health research colleagues and their institutions. All of these new studies are directly linked to our goal of finding cost-effective solutions to delivering quality health care in resource-limited settings.

The year was not without its challenges. The staff demonstrated incredible determination in maintaining clinical quality and program excellence as we doubled the size and scope of our Malawi operations with increased USAID funding. Our talented and dedicated team rose to meet this challenge, positioning us strongly for the next four-year phase of our care and treatment program.

We hope you enjoy reading about all of these adventures in the pages of our 2015 Annual Report.

Looking forward, we are excited about the year ahead and the challenges and opportunities it holds. 2016 will see the launch of our Global Health Incubator, which will seed new and innovative opportunities to tackle global health challenges. We will also develop our next strategic plan that will guide our growth to 2020.

We hope you will continue to be part of our exciting journey!

Heather Johnston - President & CEO
Dr. Michael Schull - Chair, Board of Directors
Medical Programs

We focus on strengthening health systems because people are at the heart of everything we do.
Medical Programs: Malawi

In 2015, our frontline medical programs scaled up dramatically: 1,000 health care workers were trained and mentored; 30,000 new people started HIV treatment (bringing our cumulative impact to 242,000 since 2004); and our work with HIV+ mothers, teens and Expert Clients, continued to flourish.

2015 by the Numbers

Expert Clients
Expert Clients are HIV+ people that have openly declared their status and work to inspire others to seek testing and treatment. They also assist with tasks like measuring vital signs, recording weights in patients’ health passports, filing patient records and much more.

- 210 Expert Clients
- 80 health facilities in Malawi

Training and Mentorship
Dignitas led training of front-line health care workers in the prevention of mother-to-child transmission (PMTCT) of HIV, Antiretroviral Therapy, TB, Laboratory testing and other areas.

- 1,000+ Health Care workers trained
- 180 Dignitas International staff trained in best practices in pharmacy management

Viral Load Monitoring
Testing viral loads to to ensure the HIV infection is controlled by antiretroviral medications contributes to helping UNAIDS achieve its 90-90-90 targets by 2020.

- 130 health facilities provide routine viral load testing, up from 6 in 2014

Zomba Central Prison Program Support
With one of the highest prison HIV prevalence rates in the world, Dignitas has supported HIV testing and counseling at the Zomba Central Prison since 2008.

- 88% of HIV+ patients started antiretroviral treatment (ART)
- 90% of 498 patients on ART registered undetectable viral loads

Teen Club
Teen Club offers a safe space for HIV+ teens to receive their medications, play interactive games, and learn about their unique health challenges.

- 18 Teen Clubs
- 1609 HIV+ adolescents attending

Option B+
Option B+ is a national program that aims to eliminate mother to child transmission (PMTCT): a key plank in Malawi’s efforts to build an AIDS-free generation.

- 15,027 HIV+ mothers received live-saving HIV treatment to prevent transmission of the virus to their babies

Integrating Care for HIV and Noncommunicable Diseases
People living with HIV also have high rates of noncommunicable diseases (NCDs), some of which go undiagnosed. Because of this, Dignitas started a pilot project in 2015 that integrates HIV treatment and NCDs - hypertension, diabetes and cervical cancer in particular.

- 1600+ patients gained access to integrated screening at Dignitas International’s Tisungane Clinic in 2015

Martha Kanyika, Expert Client
Martha Kanyika is from Chiladzulu District, part of the Southern region of Malawi. She tested positive for HIV in 2000, when she was still a teenager. Because she was not showing any signs of illness, Martha didn’t start HIV treatment until a life-changing event in 2011.

“I started on antiretroviral therapy (ART) after I became pregnant. It was to protect my child from contracting HIV,” she said.

Martha now has a healthy child who is HIV-free.

Martha also works at Zomba Central Hospital as an Expert Client, a Dignitas International medical program that trains HIV+ people in administrative and peer-support roles. Expert Clients not only free-up medical staff to provide needed care, but also offer newly diagnosed HIV patients with much needed encouragement and advice. By the end of 2015, the program expanded to cover 80 health facilities in Malawi with 210 Expert Clients.

“I used to go to Matawale Health Centre in Zomba for my ART. I was inspired how Expert Clients treated HIV+ patients, and how they openly disclosed their status. I wanted to be like them,” she explained.

Martha disclosed how becoming an Expert Client has changed her life:

“It was like starting a new chapter in life. Even though I used to advise people about health issues, I was not officially trained. Now I know a lot of critical issues concerning HIV, TB and Non-Communicable Diseases. I feel good when I am counselling people because I believe in what I do, and I believe in myself.”

Expert Clients helped close to 52,000 patients gain more information on everything from the importance of HIV testing and treatment adherence to enhancing nutrition and meal management throughout 2015. Martha has a passion for health and helping the most vulnerable:

“I am happy that I’ve reached a lot of HIV+ patients who were afraid and lived in denial because of stigma and discrimination. A lot of the patients follow our advice - particularly when they realize that we have also gone through the same challenges.”
Medical Programs: Canada

With First Nations people experiencing rates of type 2 diabetes up to 5 times higher than the national average, new and innovative approaches to health care are urgently needed to better serve their needs. That’s why Dignitas is working in partnership with the Sioux Lookout First Nations Health Authority (SLFNHA) to develop a model of community-based diabetes care that empowers Community Health Workers.

Community Health Worker Diabetes Pilot Program

The goal of the Community Health Worker (CHW) Program is to train and support health workers across the Sioux Lookout Area to deliver improved type 2 diabetes prevention, management and care services. With the high turn-over of fly-in health professionals in remote communities, CHWs can strengthen the continuity of care and help provide essential services to patients including monitoring, supporting patients to self-manage their diabetes, and helping them follow treatment plans.

In 2015, SLFNHA and Dignitas International team completed a series of observational visits to leading international CHW programs in Brazil, Ethiopia, Malawi, Pakistan and Zambia, as well as Alaska and Minnesota in the US. The visits helped capture some of the world’s most inspiring examples of best practices and lessons learned, which were then applied to the design of our CHW Pilot Program.

The CHW Diabetes Pilot Project has identified 4 communities to participate in the program – New Slate Falls, Kasabonika Lake, Kingfisher Lake and Kitchenuhmaykoosib Inninuwug (Big Trout Lake) – that experience high rates of type 2 diabetes. A customized training manual and capacity-building program was also developed for CHWs in the pilot communities, covering important tasks including checking medication, blood pressure and blood sugar levels, conducting a simple foot examination, and reviewing treatment plans.

2015 Aboriginal Health Partners Program by the numbers

Community Health Worker Pilot Program

- Now being tested in 4 communities, with ambitions to expand to 31 in the Sioux Lookout Area

Sioux Lookout Zone and Type 2 Diabetes

- Estimated 25% of the population in the Sioux Lookout Area communities has type 2 diabetes

Aboriginal people in Canada experience rates of type 2 diabetes up to 5 times higher than the national average. We’re working with the Sioux Lookout First Nations Health Authority to develop a model of community-based diabetes care.
Health systems that are informed by groundbreaking research is part of what makes our work unique.
The strong connection between frontline medical care and research is a big part of what makes our work unique. With the support of local and international partners, our research generates evidence that improves health care policy and practice in resource-limited settings around the world.

Just like our health programs, the needs of our patients sets our agenda. That’s why we focus our efforts on studying the effectiveness of policies surrounding the prevention of mother-to-child transmission (PMTCT) of HIV, how to offer better treatment to patients suffering from Tuberculosis (TB)-HIV co-infections and non-communicable diseases such as diabetes and hypertension.

We completed a total of 10 peer-reviewed research publications in 2015, bringing our total portfolio to almost 60 completed papers. What follows is a snapshot of our research activities over the course of 2015, including a sample of a few of our most important studies that are still in progress.

FEATURED COMPLETED RESEARCH 2015

Lablite Study
The Lablite study aims to inform national and international policy on how best to maximize coverage of HIV treatment with available funds. Lablite did this by evaluating the effectiveness of providing antiretroviral therapy (ART), a combination of medicines used to help manage HIV, at smaller health centres, nearer to where people live, using clinical as opposed to laboratory monitoring. The study was done in Malawi, Uganda and Zimbabwe.

Impact: Initial findings suggest that younger women require more attention, as they are more likely to disengage from ART and related care.

FEATURED ONGOING RESEARCH 2015

NEMAPP Study
The National Evaluation of Malawi’s Prevention of Mother-to-Child Transmission Program (NEMAPP) study aims to evaluate the effectiveness of Option B+, a national program that offers all HIV-infected pregnant and breastfeeding women immediate and lifelong antiretroviral treatment.

Context: Mother-to-child HIV transmission accounted for 260,000 of the 2.3 million new HIV infections around the world in 2012. This represents a 52 percent decline from a documented 550,000 new childhood infections in 2001. The NEMAPP study has so far shown that under Option B+, Malawi’s mother-to-child transmission rate is very low at 4.1 per cent - similar to levels seen in developed nations. While encouraging, there is still a need to scale up access to antiretroviral therapy (ART) for HIV+ pregnant and breastfeeding women.

Timeline: Sept 2013 – 2018

STAMP Study
The STAMP study aims to improve the treatment of patients with TB and HIV in sub-Saharan Africa by finding out if adding urine testing to routine sputum tests reduces mortality and is cost effective in TB-HIV co-infected patients.

Context: Between 30-67 percent of HIV+ adult patients who die in hospitals are found to have TB, which is one of the leading causes of AIDS-related illness and death worldwide. With up to 75 percent of HIV-associated TB cases occurring in sub-Saharan Africa, more needs to be done to properly diagnose patients to ensure they receive timely and effective treatment.

Timeline: March 2015 – October 2017

Informed by Dignitas research and other studies conducted by our partners, Malawi implemented a groundbreaking Prevention of Mother-to-Child Transmission (PMTCT) program in 2011 by offering all HIV-infected pregnant and breastfeeding women immediate and lifelong antiretroviral treatment, regardless of clinical stage or CD4 count. Known as Option B+, this program allows babies to be born HIV-free and enables mothers to remain healthy and able to care for their children.

© Dignitas International / Ernest Mbanga
Research: Canada

Our research portfolio includes specific studies aimed at developing evidence-based solutions for health issues impacting First Nations communities in Northern Ontario. In 2015, our Aboriginal Health Partners Program continued to develop two studies designed to directly inform our Community Health Worker (CHW) Pilot Program and the broader body evidence on diabetes services in Northwestern Ontario.

Diabetes Care in the Sioux Lookout Area

The diabetes study aims to understand the complexity of the health service landscape from the perspective of patients, providers and community members in the Sioux Lookout Area.

Developed as a direct response to the endemic nature of diabetes in the area, Dignitas agreed to support SLFNHA to jointly design a research study. Ultimately, the study aims to enhance understanding among health stakeholders of the factors that might help improve diabetes care in First Nations communities in Northern Ontario, and strengthen collaboration, coordination and information-sharing among the different parties who have a stake in diabetes programs and services in the region.

Community Health Worker Study Learning

Leading examples from 6 countries are helping inform the development of the Community Health Care Worker Pilot Program:

- Brazil
- Ethiopia
- Malawi
- Pakistan
- Zambia
- United States

The Community Health Worker Study

Our study on international CHW programs is being directly applied to the design of our pilot health worker program in the region. Over a 12-month period, our study team visited leading examples of CHW programs on four continents to document how they operate and what challenges they face. The results are being used to inform the development of our CHW Pilot Project in 4 Sioux Lookout Area communities, and will also be applied to new areas as the program expands in the coming years.

Dignitas International’s Clinical Lead Dr. Ben Chan has his height measured by a Community Health Care Worker during a skills training session in Sioux Lookout. In partnership with the Sioux Lookout First Nations Health Authority, we are working to with community health workers to improve basic skills such as height measurement and taking blood pressure to help better address health care challenges experienced by remote First Nations communities.

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Knowledge Translation

We help scale-up good ideas and share evidence for the benefit of communities around the world that face similar challenges.
One of the biggest challenges in health care today is applying the results of medical research directly to a patient’s bedside. At Dignitas, our solution to addressing gaps between “what is known” and “what is being done” in health care is something we call Knowledge Translation – a strategy that helps strengthen health systems by improving communication between researchers, policymakers and health practitioners. Policymakers actively share their health policy questions with researchers, who can in turn conduct and disseminate research. The research can then be used to improve health policy and practice in Malawi and around the world.

In 2015, we made significant progress together with Malawi’s Ministry of Health in improving research uptake into policy and practice through Malawi’s Knowledge Translation Platform (KTPMalawi). KTPMalawi brought national-level policymakers, researchers and implementers together to find solutions to the country’s most pressing health challenges, including the integration of non-communicable diseases (NCDs) into HIV care. This is particularly important because NCDs are increasing in almost every region of the globe, with the largest increases in mortality projected to occur in Africa.

Dignitas International staff also brought our findings to influential policy events throughout the year. We had a total of 26 abstracts accepted at international conferences, including 6 at the International AIDS Society Conference in Vancouver.

Dr. Beatrice L. M. Mwagomba, National Program Manager of Non-Communicable Diseases & Mental Health, Malawi Ministry of Health

“Too often research is conducted in Malawi but not utilized to improve our countries’ health policy and practice,” says Dr. Beatrice L.M. Mwagomba, the Ministry of Health’s National Program Manager of Non-Communicable Diseases & Mental Health.

“The evidence generated in Malawi gets published, but extremely busy policymakers can’t spend weeks on end reading and interpreting all of the new articles published on so many health challenges. We needed synthesized and contextualized policy briefs that bring together all the available global and local evidence on health priorities. This is where KTPMalawi has benefitted the country,” she adds.

Dr. Mwagomba has been involved in KTPMalawi, a Knowledge Translation Platform jointly developed by the Malawi Ministry of Health and Dignitas International to improve how health-sector research is used in the country. As an epidemiologist, Dr. Mwagomba understands how important it is to find innovative ways to bring people together to solve health challenges.

“When asked about Dignitas’ role in developing the KTPMalawi platform, she says:

“Since 2012, Dignitas International has played a big role in utilizing KTPMalawi to make positive changes in our health policies. In particular we have made significant strides in the integration of NCD and HIV care, which is a big priority for the Ministry of Health and my unit.”

Hypertension, for instance, affects about 32 per cent of the population, and is particularly common among patients living with HIV. Alarmingly, 94 per cent of all patients suffering from hypertension are unaware - and therefore go untreated. This makes integrated care especially urgent.

“Through KTPMalawi we have brought together researchers, policymakers and program implementers to discuss and coordinate NCD-HIV integration pilot programs throughout the country. This is generating high quality local evidence on how best to integrate these two important health priorities so that we can improve the care and treatment of patients suffering from both NCDs and HIV.”

On the overall influence and the future of the Knowledge Translation Platform, Dr. Mwagomba says:

“The current dialogue around HIV and NCD integration is the result of a process initiated and fostered by KTPMalawi, and I think it will help achieve much more in many health areas. I am proud of being a part of a local initiative that fits well into global initiatives.”

©Beatrice L.M. Mwagomba
Our Aboriginal Health Partners Program is also informed by a Knowledge Translation cycle, a process that helps researchers, health workers and decision-makers collaborate to develop solutions to major health challenges. Our goal is to help develop strong evidence-based solutions to managing and treating diabetes and other chronic diseases in communities with limited access to health care - both in Northern Ontario and around the world.

In 2015, Dignitas and the Sioux Lookout First Nations Health Authority (SLFNHA) hosted a planning and knowledge exchange forum with Community Health Directors from the Authority’s 31 catchment communities. Other participants included representatives from the Nishnawbe Aski Nation, Health Canada Zone Nurses, North-West Local Health Integration Network and the Sioux Lookout Meno Ya Win Health Centre. The purpose was to engage the participants in the early stages of our Community Health Worker Pilot Program to build an initiative that is relevant and scalable to all communities in the Sioux Lookout Area.

At the forum, the team shared findings from our observations of international CHW programs and received feedback from the Health Directors on how these best practices could be applied to programs for the Sioux Lookout area’s population of 30,000 people.

Also this year, the Dignitas team launched an initiative to bring an international focus to both our Malawi and Canadian programs. In July, we co-hosted the inaugural Multidirectional Knowledge Sharing Workshop with the Northern Ontario School of Medicine and Nishnawbe Aski Nation in Thunder Bay. The event brought together Canadian First Nations, South American and African policymakers, researchers and practitioners working with Indigenous and other underserved populations.

The workshop achieved its aims to facilitate the exchange knowledge from these different regions and launch an international network to advance the development of equity-focused and inclusive non-communicable disease policy, research and practice.

In July 2015, Dignitas helped convene the Health Directors Forum in the Sioux Lookout Area to share best practices from international Community Health Care Worker programs and set priorities for our pilot program.

With our partner, the Sioux Lookout First Nations Health Authority, Dignitas is working to find innovative solutions to the health care challenges underserved communities face.
Supporter List

Dignitas International gratefully acknowledges the generosity of the many supporters who make our work possible.

**$1M+**
- United States Agency for International Development (USAID)

**$100,000-$999,999**
- Blossom Foundation
- Grand Challenges Canada*
- Marguerite Steed Hoffman
- Izumi Foundation
- US National Institute of Allergy and Infectious Diseases
- Ontario Ministry of Health and Long-Term Care
- RBC Foundation
- Rotary International*

**$50,000-$99,999**
- Donner Canadian Foundation
- Patrick and Barbara Keenan Foundation*
- Peterborough K.M. Hunter Charitable Foundation
- Unifor Social Justice Fund

**$10,000-$49,999**
- Phil Arthur & Mary Wilson
- Cheryl Atkinson & Don Schmitt
- Avingstone Investments Limited
- Lloyd & Marie Barbara
- J.P. Bickell Foundation
- BMO Financial Group
- BMO Capital Markets
- Alliston & Jason Chang
- CIBC World Markets
- Walter & Laura Elcock
- Robert Evans Investment Counsel Ltd
- David & Yvonne Fleck

1. Via University of Maryland, Baltimore
2. Via University College London and London School of Hygiene & Tropical Medicine, UK
3. Via London School of Hygiene & Tropical Medicine, UK
4. Via Lighthouse Trust

*program support carried over from previous years.

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Supporter Profile

**The Patrick and Barbara Keenan Foundation**

It was Barbara Keenan who was first inspired to support Dignitas’ Aboriginal Health Partners Program, motivated by a strong sense of responsibility for improving health care with First Nations communities.

“I believe our responsibility lies here because Aboriginal peoples first lived in this land, and when the Europeans sought to settle here, they interrupted the path of a culture which, over the centuries, had developed a balance in their way of life. This led to the breakdown of cultural and social systems including how Aboriginal peoples fed and nourished themselves, and huge health issues arose.”

Her daughter Gwen Harvey agrees:

“Hearing about the high rate of avoidable amputations – such a permanent consequence for people not being able to manage their health conditions was very disturbing. Knowing that there was an organization committed to working with the Aboriginal communities to help solve this and other health related problems made us step forward.”

The Keenans were early champions of the Aboriginal Health Partners Program, but their support for Dignitas stretches back to the organization’s earliest days, when Patrick Keenan came to know of Dignitas through his involvement with St. Michael’s Hospital in Toronto, where Dignitas co-founder James Orbinski was a doctor.

“Dignitas’ core principles of individual dignity, respect and equality really resonated with us,” Gwen recalls. “And the idea that Dignitas’ medical research helps create solutions that can be adopted elsewhere – the multiplier effect – means incredible long term impact. That is powerful.”

Gwen became further involved by serving for 7 years on Dignitas’ board, visiting Tisungane clinic as part of a board visit.

“I was struck by the dedication of the staff and how this Canadian organization was helping to empower the Malawi staff to manage and build solutions for their healthcare system. That same philosophy is present in the Aboriginal Health Partners Program, and is a respectful way to approach the current problems.”

What inspires the Keenan Foundation to support Dignitas? Both Barbara and Gwen agree that the answer is simple:

“We know Dignitas is doing work that is meaningful, helping so many people improve their lives. That’s work we want to support.”
**Financial Statements**

### Financials

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- **76%** Government and Institutional Grants
- **12%** Private Donations & Other
- **12%** In-Kind Medicines

### Statement of Financial Position

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### Statement of Operations

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### Supporting activities

| Management and General | 280,995 | 277,288 |
| Fundraising | 512,169 | 571,939 |
| **Total expenses** | 793,164 | 849,227 |
| Excess of revenues over expenditures for year | 9,710,987 | 5,656,299 |
| **Total net income** | 1,559,785 | 1,144,753 |