

DIGNITAS

2016 Annual Report | Transforming Health

At Dignitas International our mission is to innovate sustainable solutions to global health challenges, build resilient health systems, and advance the right to health for marginalized people and underserved communities.

We believe in the inherent dignity of every human being and that the right to health belongs to everyone.



Malawi



We Work on the frontlines with patients & health workers to deliver medical care & treatment where it's needed most.



We Conduct high-impact research & foster innovation to strengthen health systems.



We Advocate for equitable health policy using evidence generated from research & clinical practice.

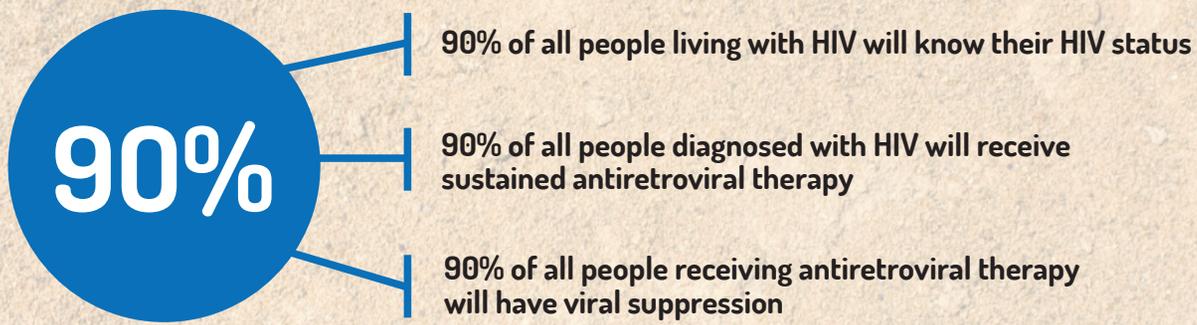
We innovate solutions that transform how health care is delivered, both locally and globally.

JR IMPACT



UNAIDS 90-90-90 TARGETS BY 2020

The UNAIDS 90-90-90 Targets are a global strategy to help end the AIDS epidemic. They call on all countries to reach the following goals by 2020:



DIGNITAS INTERNATIONAL IS SUPPORTING MALAWI'S EFFORTS TO REACH THE 90-90-90 TARGETS

AN IMPORTANT MILESTONE IN ENDING THE AIDS EPIDEMIC AS A PUBLIC HEALTH THREAT BY 2030



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Message to Supporters

The theme of our 2016 Annual Report is transformation – transforming health systems through our medical practice, research and knowledge translation. And while the word feels ambitious, at its core, our work truly is transformational.

One of the defining moments of 2016 came in September when we successfully concluded six years of work on our USAID-funded program, *Support for Health Systems Strengthening and HIV/AIDS Service Delivery in Malawi's South East Zone*. Thanks to the DI family and our many partners and supporters, our work has transformed HIV care and delivery in Malawi, making a significant impact on the lives of hundreds of thousands of people:

2.67 MILLION HIV Test Administered	272,700 PEOPLE Started on HIV Treatment	165 Health Centres Supported	1000+ Health Workers Supported Annually
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We have since started down an even more ambitious path with a new four-year program, *Innovative HIV Services for Malawi's Achievement of 90-90-90*. This equally transformational scope of work will have us working collaboratively to strengthen Malawi's health care system, helping to position the country to meet the UN 90-90-90 targets by 2020: The 90-90-90 target is an extremely important milestone on the way to ending the AIDS epidemic as a public health threat by 2030. Now that's transformational!

In Canada, our deepening partnership with the Sioux Lookout First Nations Health Authority (SLFNHA) has resulted in meaningful progress. The joint implementation of our type 2 diabetes pilot project has us working hand-in-hand with SLFNHA to design an intervention that is responsive, respectful, and contributing in a tangible way to building a health care delivery system designed and driven by the people it serves.

2016 was also a year of transformation inside Dignitas as we built a new, forward-looking strategic plan for 2017-2020. Four overarching goals will define the organization's progress in the coming years:

- GROW** our impact by bringing our unique model to new geographies and health challenges
- INNOVATE** solutions to emerging global health challenges
- STRENGTHEN** organizational capacity and resilience
- BUILD** on the foundation of our medical, research and knowledge translation achievements

We thank you for being part of our journey in 2016, and we look forward to working together to deliver on our ambitious plans!

Jennifer Keenan – Chair, Board of Directors

Heather Johnston – President & CEO



TRANSFORMING HEALTH CARE

2004

Our frontline medical programs continued to grow and change in 2016. Throughout the year, all **165** Dignitas International-supported health facilities in Malawi implemented a new **HIV Test & Treat** strategy that puts every HIV+ patient on life-long treatment immediately. This supported the enrollment of **34,700** new adult patients in life-saving HIV treatment, bringing the total to **272,700** people that we've helped start on antiretroviral medication since 2004.

Key Successes in 2016

Expert Clients

Expert Clients help fill gaps in Malawi's health system by taking on tasks that would otherwise be allocated to overburdened health care workers. Their multifaceted role includes patient counseling, psychological support, and health education about HIV. These dedicated individuals also trace patients on antiretroviral treatment who miss appointments, and encourage the spouses and children of people living with HIV to get tested.

Teen Club

AIDS is the leading cause of death for African teenagers, and the 2nd biggest killer of adolescents around the globe. To bridge an important gap between pediatric and adult care, we operate Teen Clubs across Malawi, offering a safe space for HIV+ teens to receive their medications, play games, and learn about managing their unique health challenges.

Training & Mentorship

We believe that training and mentorship of front-line health care workers and policy makers is an indispensable strategy in building resilient health systems. In 2016, we supported trainings that covered TB, nutrition, prevention of mother-to-child transmission of HIV, child HIV disclosure and many, many more.

410

Expert Clients

111

Health Facilities

37

Teen Clubs
established

3,800

HIV+
adolescents
attending

1,000+

Health Care Workers Trained



Prevention of Mother-to-Child Transmission

We support Malawi's efforts to implement Option B+, a national program that aims to eliminate mother-to-child transmission of HIV. In 2016, our continued support of this program in Malawi's South East Zone helped keep moms, babies and their families healthy.

13,880

Pregnant or breastfeeding women received sustained HIV treatment during pregnancy & delivery.

91%

Of all HIV+ infants in Dignitas-supported facilities enrolled in life-saving HIV treatment.

300,000

patients benefit from health education led by Expert Clients

Zomba Central Prison Clinic

Globally, HIV prevalence rates are up to 15 times higher in prisons than in general populations. With close to one quarter of its inmates living with HIV and on antiretroviral treatment, Zomba Central Prison (ZCP) has one of the highest HIV prevalence rates among prison populations anywhere in the world. In addition to supporting much needed clinic renovations at ZCP in 2016, Dignitas also continued to support HIV and TB testing, treatment and care for this incarcerated population.

100%

of ZCP's 1,452 HIV+ patients started antiretroviral treatment

Viral Load Monitoring & Suppression

Testing a patient's viral load, or the amount of HIV in the body, helps determine if antiretroviral medications are controlling the HIV virus. The goal of treatment is a suppressed or "undetectable" viral load, which greatly reduces the chances of transmitting HIV to other people. Dignitas-led viral load monitoring saw a tremendous increase over the year, growing from a total of 8,553 patients between 2014 and 2015 to an incredible 56,200 at the end of 2016. This had big results, and ensured that more people living with HIV were getting the treatment they need to stay healthy.

84%

of all patients in Malawi's South East Zone on HIV medication have viral load suppression.

Integrating Care for HIV & NCDs

People with HIV are especially vulnerable to non-communicable diseases (NCDs) such as diabetes, hypertension, and invasive cervical cancer – particularly those on HIV treatment. With NCDs projected to become the leading cause of death in sub-Saharan Africa by 2030, urgent action is needed. In collaboration with the Malawi Ministry of Health, we opened two new HIV-NCD clinics in district hospitals to further equip Malawi's health system to deal with future challenges.

3

HIV-NCD Integrated Clinics

1000

Patients served at Zomba Central Hospital, Mulanje District Hospital, and Machinga District Hospital

MALAWI

TRANSFORMATIVE RESEARCH

79 research papers published since 2004

One of the defining moments of 2016 came in September when we successfully concluded six years of work on our USAID-funded program, Support for Health Systems Strengthening and HIV/AIDS Service Delivery in Malawi's South East Zone. Thanks to the DI family and our many partners and supporters, our work has transformed HIV care and delivery in Malawi, making a significant impact on the lives of hundreds of thousands of people:

We published 18 papers in peer-reviewed journals throughout the year, including the CryptoDex study in the New England Journal of Medicine, one of the world's most prestigious journals of clinical medicine. The study, which looks at cryptococcal meningitis, found that supplementary treatment with steroids – widely expected to be beneficial – was actually harmful. This underlines the need for new, improved medications for people with this deadly infection.

Dignitas also had a strong showing at the **International AIDS Conference (IAC)** in Durban, South Africa in July, with research presented on our HIV program in Zomba Central Prison, Teen Club, and other areas connected to our frontline medical programs.

As the results rolled in, our team started two new studies and continued to move multi-year projects forward, including the new **Lay Health Worker TB study** and the ongoing **National Evaluation of Malawi's Prevention of Mother-to-Child Transmission Program (NEMAPP)**.

FEATURED ONGOING RESEARCH 2016

NEMAPP Study

The purpose of the NEMAPP study is to evaluate the effectiveness of Option B+, a significant Prevention of Mother-to-Child Transmission (PMTCT) program that offers all HIV-infected pregnant and breastfeeding women immediate and lifelong HIV treatment. The study measures HIV-exposure in approximately 34,000 infants and follows 3,500 mother-infant pairs to measure transmission rates during pregnancy, birth and breastfeeding. It also evaluates patient outcomes through 24 months of age, and follows a subset of 1,300 infants up to 48 months of age.

Impact: Preliminary NEMAPP findings show that since the implementation of Option B+ in 2011, Malawi has achieved good PMTCT results. In particular, levels of HIV transmission measured early after delivery have declined to a level that comparable to rates observed in developed nations. Full results of the study are expected to be available in 2018

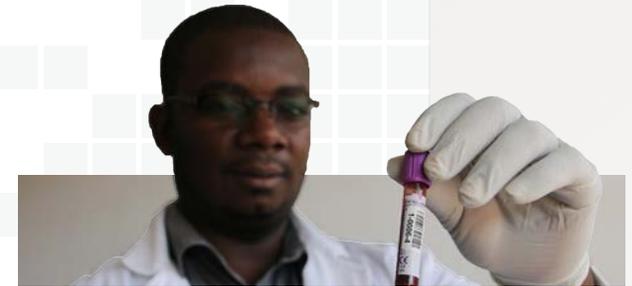
FEATURED NEW RESEARCH 2016

The Lay Healthcare Worker Tuberculosis Study

The aim of the study is to improve TB care provided by lay health care workers (LHWs), who are increasingly being employed to help support Malawi's vastly overburdened workforce. This is an essential tactic for the country, which has among the world's highest incidence rates of TB – and among the lowest health care worker population ratios with two physicians per 100,000 people.

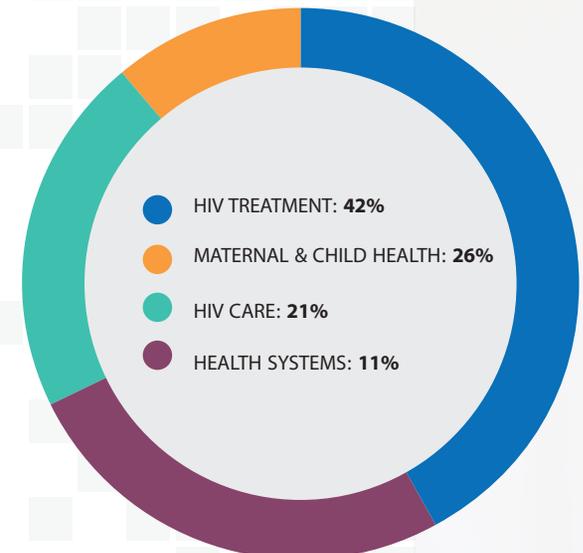
Evidence from initial trials show that LHWs improve access to basic health services and TB treatment outcomes. However, more needs to be done to address widely-recognized barriers to their effectiveness, including insufficient training and supervision.

Timeline: 2016 - 2017



Dignitas' Anthony Tebulo holds a blood sample used on the TSCQ study. The research aims to determine if the preventative use of an antibiotic or antimalarial is associated with reduced morbidity and mortality among adults receiving successful ART.

RESEARCH BY THEME 2016



PURE STUDY: STRENGTHENING MALAWI'S HEALTH SYSTEM

Since 2011, Malawi has offered all HIV-infected pregnant and breastfeeding women lifelong antiretroviral therapy (ART). The national policy is the result of the Option B+ public health strategy, which brings the biggest benefits to women living with HIV, their HIV-exposed infants, and their partners by encouraging a greater number of individuals to start ART. Nationally, an estimated 80 per cent of pregnant women living with HIV are now receiving ART.

To keep this momentum and help Malawi end AIDS, we launched the PURE study in 2012 in collaboration with our research and implementation partners. The study examines whether engaging Expert Mothers (women living with HIV who provide long-term support to newly diagnosed patients) in health centers or in the community improves rates of uptake and retention in HIV care. The study is led by Prof. Sam Phiri from The Lighthouse Trust and implemented through a group of partners that form the PURE consortium.

Dignitas International Senior Research Scientist Dr. Fabian Cataldo explains how PURE is shining a light on the important role Expert Clients are playing in Malawi's efforts to keep women on sustained HIV treatment, and how these health workers might be able to improve outcomes in other overburdened health systems.

How might the results of the PURE study impact the way health care is delivered in Malawi or other countries?

We hope that interventions involving peer-supporters will be further promoted and improved, especially since Universal Test and Treat, which encourages all individuals testing positive for HIV to start treatment immediately, is being rolled out. With already overburdened health workforces, Expert Mothers play an important role in renewing and sustaining patient engagement in HIV care, especially in resource-limited countries.

What key issues is the PURE Study examining & Why is it important?

The PURE study looks at novel interventions focused on engaging women and their families under Option B+. Specifically, the PURE study compared models of care that involved community health workers – in this case Expert Mothers – to support treatment uptake and retention in care. The study findings could support new and innovative responses to help retain patients within the HIV care continuum.

Why are Expert Mothers effective additions to Malawi's health system?

While the response to HIV has been increasingly medicalized, the linkages with communities and the roles of community actors within health systems are often blurred. Peer-based support models, which include Expert Mothers, offer a transition from clinical to a more personalized support, taking into account individual circumstances in patient care. Peer-based models of care are linked to broader moves towards greater patient self-management, and peer-supporters such as Expert Mothers offer models of exemplary compliance for other patients. They also create important linkages between health services and communities.

We are currently assessing Dignitas' Expert Client Program, another group of people living with HIV that support work within health facilities. Since 2007, Dignitas has trained over 400 Expert Clients.

However, the engagement of Expert Mothers and Expert Clients in routine care to 'fill the gaps' is often questionable. As the roles of Expert Clients continue to evolve, they still often lack important professional recognition and basic support to carry out their activities. This limits their ability to perform, and the health system's ability to deliver better service.

PARTNERSHIPS:

Funders:

World Health Organization
Global Affairs Canada

Study Lead: Lighthouse Trust

Partners:

Malawi Ministry of Health
Dignitas International
Management Sciences for Health
University of North Carolina
University of Malawi – College of Medicine Malaria Alert Centre & University of Malawi – Chancellor College,
London School of Hygiene and Tropical Medicine
mothers2mothers

STUDY TEAM:

Dr. Sam Phiri, Principal Investigator
Dr. Fabian Cataldo, Co-Investigator
Dr. Monique van Lettow, Co-Investigator
Dr. Megan Landes, Co-Investigator
Florence Kasende, Study Coordinator



Expert Client Photo "Expert Mother in Malawi": An Expert Client helps record information during a routine medical examination in Malawi.

MALAWI

Knowledge that Transforms Health Systems

To help accomplish our mission to create innovative and sustainable solutions to global health challenges, we move research from the laboratory to journals, academic and government policy processes, and then into the hands of people and organizations for practical use. We call this process Knowledge Translation and use the strategy to ensure all parts of a health system are talking to and learning from each other.

The past two years have been particularly fruitful. With the support of Malawi's Ministry of Health, big gains were made in 2016 in the ongoing implementation of a national knowledge translation platform, KTPMalawi, which is strengthening both health policy and practice by linking policymakers, researchers and health workers at results-driven conferences.

We shared our findings throughout the year, and continued to provide strong guidance on the integration of non-communicable diseases (NCDs) into HIV care. With NCDs such as diabetes, cancer and hypertension expected to overtake infectious diseases as the major cause of death in Africa by 2030, arming health systems with the tools needed to manage this burgeoning epidemic is essential. For Malawi, experimenting with new models of integration within the health sector is important because the evidence generated now will help inform both policy and practice in the years ahead.

Other notable 2016 successes include assembling all available local and global evidence to improve how pharmaceutical supply chain data is used in Malawi. A new area for Dignitas, the data has strong linkages to improving the availability of medicines for our patients.

Our results-focused research was also featured at major policy events throughout the year, including 8 research papers presented at the International AIDS Conference in Durban, South Africa.





Dr. Victor Singano is a Malawian physician that's been treating patients living with HIV for close to a decade. Using lessons learned from the AIDS epidemic, he believes Malawi can offer better treatment and care to patients with chronic conditions such as diabetes.

DR. VICTOR SINGANO

“Diabetes rates are increasing rapidly in Africa...lessons we’ve learned from HIV care provide an answer.”

Rates of diabetes and other non-communicable diseases (NCDs) are increasing around the world. Changes to diet and lifestyle are among the primary drivers, but a lack of access to consistent treatment and care, particularly in poor countries, is making the challenge even bigger.

The increase is particularly visible in Africa, with the WHO reporting that prevalence rates of diabetes across the continent have more than doubled between 1980 and 2014 and are continuing to increase.

In Malawi, care for patients with diabetes, hypertension, and other chronic diseases is inadequate, with poorly organized clinical services, few trained staff and a lack of equipment and medication. This poor care results in needless suffering and death, seen regularly as part of the frontline clinical work that Dignitas provides.

Responding to the emerging epidemic of NCDs in Malawi is a new strategic priority for Dignitas, and we have a committed team leading the charge.

Dr. Victor Singano is among them. He has been involved in caring for HIV+ adolescents and other patients for close to a decade. He sees many similarities between treating HIV and chronic diseases such as diabetes and hypertension.

Dignitas is addressing this by taking the experience we’ve gained providing HIV care in Africa and applying it to help children and adults that are struggling to manage diabetes and other chronic conditions.

“Diabetes rates are increasing rapidly in Africa but few countries are prepared. Our health systems are still mainly designed around delivering single episodes of care for infectious diseases, limiting our ability to treat NCDs. But the lessons we’ve learned from HIV care provide an answer,” says Dr. Singano.

Throughout 2016, Dignitas worked with Malawi’s Ministry of Health on new policy research to integrate NCD and HIV care across the country, and by the end of the year we had a total of 3 clinics putting this research into practice. Operating out of the Zomba Central Hospital, Mulanje District Hospital, and Machinga District Hospital, plans over the coming years include opening more integrated clinics, especially in hard-to-reach areas.

“People living with HIV have a higher risk for cardiovascular disease – in the West, this is the leading cause of death of patients with HIV. By integrating care for NCDs and HIV, we are uncovering and treating these previously unrecognized conditions in our patients. Integration enables us to treat both conditions in a cost-effective way that is convenient for patients and providers. It also helps us achieve our mission to transform how health care is delivered in resource-limited countries like Malawi.”

The Music of Zomba Central Prison

A photograph of a man, James Justin, playing a green acoustic guitar. He is wearing a white short-sleeved shirt and is looking upwards and to the right. The background is a brick wall. The title 'The Music of Zomba Central Prison' is overlaid in large white text across the top of the image.

James Justin, an inmate at Zomba Central Prison and member of the Grammy-nominated Zomba Prison Project, tested HIV+ in 2008. The music he composes often talks about his experience living with HIV, and communicates health messages to his fellow inmates.

James Justin is a 39-year-old inmate at Zomba Central Prison, Malawi's only maximum-security facility.

Built in 1935 for about 400 inmates, James is one of 2,400 prisoners that now reside in the decrepit and overcrowded facility. Known as a home to people convicted of serious crimes, the Prison is also widely recognized for its successful band, the Zomba Prison Project, which earned Malawi its first-ever Grammy nomination in 2016.

Speaking from inside the Prison's music workshop, James said before he was jailed in 2008, he was a member of a popular Malawian band – an aspect of his life he thought would disappear behind bars. But just as surprising as the band itself, his skill and passion for song became part of his reform process.

Unfortunately, his rebound into music coincided with serious illness. The situation forced him to undergo HIV testing that Dignitas International provided at the Prison's clinic. After testing HIV-positive, he started on life-prolonging antiretroviral medication (ARV).

"I tested HIV positive and immediately started on treatment. I fully understand the benefits of taking ARVs and I make sure that I use the clinic that Dignitas International is running in the Prison," he said.

From clinic to music workshop, James started to combine his experience living with HIV with his talent as a guitarist to compose songs that tackle HIV/AIDS and other critical health issues.

"Some of the songs that we perform carry health messages - especially on HIV/AIDS. A frequent theme is dealing with stigma and discrimination, which are still common despite the various messages that discourage them."



Inmates at Zomba Central Prison line up for regular HIV screening at Zomba Central Prison.

In one of his favourite compositions, James likens the HIV virus to the notoriously parasitic witchweed, which causes big yield losses in maize fields across the country.

"I chose that title because HIV is strong and fearless and it does not fear even the rich, or their wealth – it is just like a burning fire," he said.

He says that through performing songs and various interventions in prison, he has witnessed a remarkable transformation. Most of his fellow inmates are now accepting the messages of change in his music, and many of them are changing the way they live.

"After I perform, I see fellow inmates going for HIV testing. This shows me that my messages are working."

Prison Inspector Thomas Binamo is the band leader and confirmed that the band has helped a lot in spreading messages on HIV/AIDS.

"We take the band to various prisons where we perform. Additionally, we sometimes even perform outside the prison walls," said Binamo, who proudly leads the Grammy-nominated prison band.



Prison Inspector Thomas Binamo is the band leader & a driving force behind the Zomba Prison Project.

With USAID support, Dignitas International will continue to offer HIV and TB testing, treatment and care to the prison's inmates, 1,450 of which are HIV+. In 2016, Dignitas helped renovate the prison's old, crumbling clinic to better facilitate health care needs and ensure all inmates are effectively screened for HIV, TB and hepatitis.

Zomba Central Prison is one of the toughest places to be on earth – more so with health challenges like HIV. But interventions like the prison clinic, mass health screening, and spreading health messages through music, even disadvantaged and heavily stigmatized prison populations can gain the basic right to health.

DIGNITAS AT THE 2016 INTERNATIONAL AIDS CONFERENCE

Dignitas was in Durban, South Africa for the 21st International AIDS Conference (AIDS 2016), the world's biggest meeting on any global health or development issue.

Our team of scientists had a big impact at the conference, with both oral and research poster presentations shared with the conference's 18,000+ delegates. Meanwhile, our advocacy and awareness experts made some serious noise at the civil-society rallying point in the event's Global Village, with a film screening, a motivating race challenge, and other youth-focused events throughout the week.

The location of the conference has an important historical precedence. It was at IAC 2000 in Durban that the battle against AIDS reached a major turning point, altering the way experts and policymakers approached the pandemic.

But the numbers are still staggering. With at least 36 million people worldwide HIV-positive, efforts are needed to end AIDS. To ensure no one is left behind, this year's conference focused on protecting the world's most vulnerable populations. High on the agenda were discussions on strategies core to Dignitas' mission, especially scaling up prevention and treatment for women, girls, all young people, and hard-to-reach populations such as prisoners.



Meeting the Challenge at the AIDS 2016 Canadian Pavilion! (Back row, L - R) Dignitas' Monique Van Lettow, Megh Jagriti and Joep van Oosterhout with (L-R) Fabian Cataldo, Global Health Fellow Elizabeth Wetzel, MASA Film Project Coordinator Sharifa Abdulla and Dignitas' Rekha Sadasivan.



Research: Peer Support & HIV Care in Prisons

Big conference, big results: we presented 8 different studies at AIDS 2016, many of them focused on marginalized populations. We discussed how Expert Clients, HIV-positive people that work in health care settings to provide peer-based support, help enhance retention and adherence to treatment in Malawi. With only 2 doctors and 28 nurses for every 100,000 people in the country, one of our major systems strengthening initiatives has been to support the Malawi Ministry of Health adopt a strategy of task-shifting from duties usually performed by doctors to clinical officers and nurses. Task-shifting can also be employed as a means of empowering HIV-positive individuals to become involved with HIV programming.

We also shone a light on how HIV services offered in Zomba Central Prison are making a big difference for people who are most often out of sight, and out of mind.

Globally, rates of HIV, sexually transmitted infections (STI's) and hepatitis B (HBV) in prison populations are 15 times higher than in general populations. These risks affect prisoners, prison staff, their families and the broader community.



Expert Clients help process medical records at a clinic in Malawi.

Make Art, Stop AIDS & the Race for Dignity Challenge

In the Global Village, we hosted a film screening of the Make Art / Stop AIDS (MASA) Community Film Project and motivated delegates to push hard to end AIDS with our Race for Dignity Challenge.

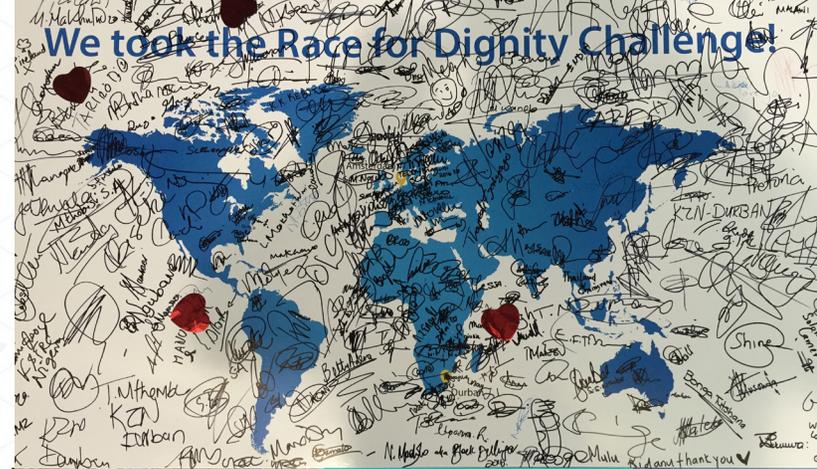
The MASA project is a powerful documentary, directed by a former BBC journalist, which tells the story of a grassroots initiative that is mobilizing communities against the AIDS epidemic using drama and film. Telling the story of residents from a small Malawian village who are all living with or affected by HIV, the film explores issues such as stigma and discrimination.

Meanwhile, in the AIDS 2016 Inter(SEX)ion Youth Networking Zone in the Global Village, we engaged conference delegates and members of the public to help raise awareness about how we're breaking down barriers for youth living with HIV through our Teen Club and Race for Dignity programs.

Malawian Teen Club member and mentor Innocencia Mpinda was on hand to share her experiences related to first learning about her HIV status, facing challenges at school and in her community, and her participation in the Teen Club program. At the same time, we got people motivated for big results at AIDS 2016 with our Race for Dignity Challenge, which saw hundreds of delegates mounting stationary bikes to symbolically pedal for better results for HIV-positive youth.



Teen Club Mentor Innocencia Mpinda discussing her experience living with HIV at AIDS 2016 in Durban, South Africa.



CANADA

TRANSFORMING COMMUNITIES

We launched our Indigenous Health Partners Program (IHPP) in 2014 to deliver innovative health solutions in partnership with First Nations communities. With rates of type 2 diabetes up to 5 times higher in Indigenous communities than the general Canadian population, we're taking what we've learned working in hard-to-reach places in Malawi and adapting our solutions to meet the unique health needs of Northern Ontario.

Community Health Worker Diabetes Pilot Program

Our Community Health Worker (CHW) Program is designed to train and support health workers in the Sioux Lookout Area deliver better type 2 diabetes services. Alarming, diabetes prevalence is as high as 45 percent in some of the area's communities and care is often fragmented and not fully integrated, especially in harder to reach, fly-in areas. To help address this, we partnered with the Sioux Lookout First Nations Health Authority to build a customized, community-driven CHW program to bridge critical gaps in the health system.

Over the course of 2016, the program saw big gains and helped train a total of 11 new CHWs, 3 health directors, and 65 home care nurses across the pilot communities of Kingfisher Lake, Kitchenuhmaykoosib Inninuwug (Big Trout Lake), Slate Falls and Kasabonika Lake. Covering important skills including checking blood pressure, blood sugar and medications, CHWs also gained hands-on experience conducting simple physical examinations and marking progress on treatment plans. This had direct health benefits to 500 patients, and impacted another 2,000 individuals across the 4 communities with extended health services.

Research: Environmental Scan

Preliminary results from our Diabetes Environmental Scan Study showed that the overall perception of diabetes care in the Sioux Lookout Area is good, but many critical issues still need to be addressed. The study interviewed 111 participants between June 2015 and June 2016, including community leaders, health directors, service providers, and clients. Strengths of current diabetes care highlighted by community leaders include access to the land for diet and exercise, and the presence of CHWs who speak local languages. Areas that need improvement are increased attention to the elderly, improvements in food security, and turnover of care providers. Community leaders also identified a significant lack of community-level data about diabetes.

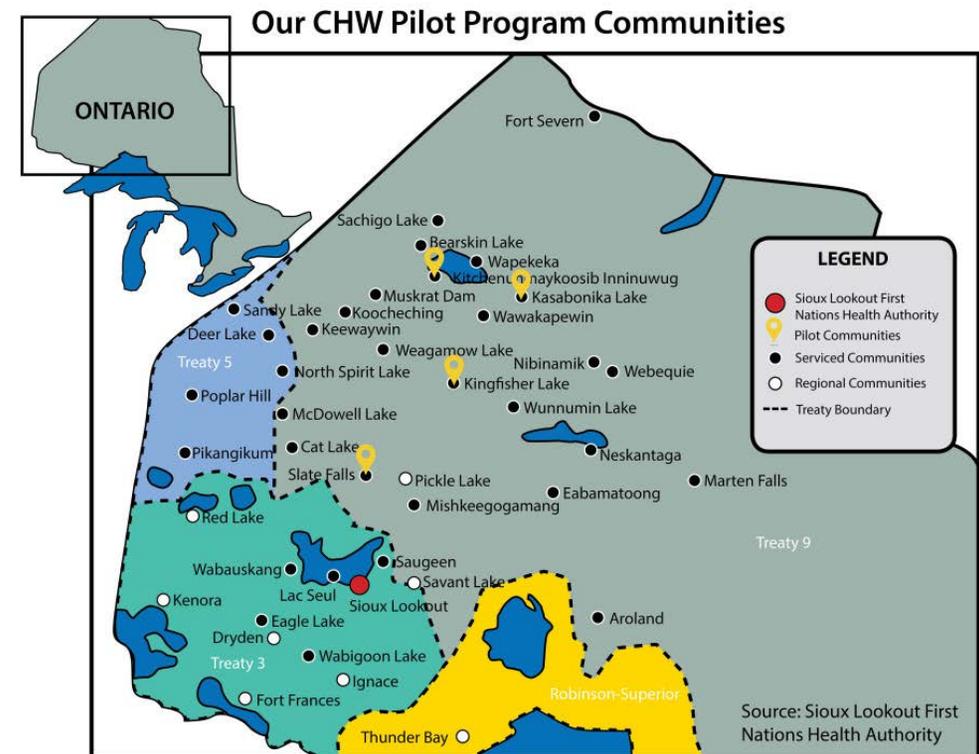
Connecting Health Workers

Other notable successes include the development of a patient database, which helps alert health care workers of clinical issues with individual patients that need more attention. Knowledge-sharing website CHWConnect.ca was launched, offering an online and sharable home for the customized learning tools developed to train Sioux Lookout Area health workers. In addition to providing remote health care workers with training resources, the new CHW website also aims to support the education needs of other First Nations communities across Canada.

Next Steps

In continued partnership with SLFNHA, we plan to expand our efforts to address the critical need for health care workers in 33 Sioux Lookout communities. Plans over the next five years include building more capacity at both the community- and regional-level, strengthening our clinical treatment support training program, incorporating mental wellness and land-based practices, and supporting the integration of the CHW program into regional public health and primary care strategies.

CRITICAL SUPPORT FOR OUR INDIGENOUS HEALTH PARTNERS PROGRAM IS PROVIDED BY:





TRANSFORMING HOW HEALTH CARE IS DELIVERED:

COMMUNITY HEALTH WORKERS

Kasabonika Lake First Nation Community Health Workers (L – R) Abner Stoney, Susie Anderson, and Philip Semple received their First Phase Certification from the joint Dignitas - Sioux Lookout First Nations Health Authority diabetes training program in 2016. Guided by the customized CHW Training Manual we helped develop, the 3 new CHWs also received input from local community partners, including community members, already certified CHWs, health directors, and health care providers.

The CHW program helps address the challenges of limited training options and lack of supportive supervision of health care workers in First Nations communities. With better disease management and treatment skills as well as culturally appropriate training tools, the CHW Program is helping improve the capacity of local health workers, giving patients a higher quality of care right at home.

PEOPLE & COM



THE DINNER: **A TASTE OF FRANCE**

Some of Toronto's top French chefs joined forces in late September for A Taste of France Gala Dinner, a fundraiser initiated by the Consul General of France in Toronto to support Dignitas International's Indigenous Health Partners Program.

Generously hosted by the Toronto French School, guests experienced an exquisite gastronomic four-course dinner prepared by a trio of Toronto-based French Chefs, Rodney Alleguede, Pascal Geffroy, and Didier Leroy. We are grateful for your effort to raise funds that will help improve how health care is delivered in First Nations communities living in remote and rural areas in Canada.



THE JOURNEY: **DOCTORS RIDE FOR HEALTH**

South African physician and Dignitas International staff member Dr. Colin Pfaff (L) took to the road this fall with fellow health advocate Mark Beckett (R) for Doctors Ride for Health, a 760km journey across parts of Malawi, Mozambique and Kenya to raise awareness about the urgent need for better non-communicable disease (NCD) care in Africa. With the WHO now predicting that diabetes, cardiovascular disease and other NCDs will surpass HIV/AIDS as the leading cause of death in sub-Saharan Africa by 2030, it's critically important to prepare the region's health systems to manage this epidemic now. At Dignitas, we are applying the lessons we've learned providing HIV care and applying them to chronic conditions such as diabetes and other NCDs.

"Through Ride for Health, I hope to focus attention on how quickly rates of NCDs are increasing across Africa, and what needs to be done to slow down this growing epidemic." – Dr. Colin Pfaff

MUNITY

Dignitas International's work is made possible through the generous contributions of individual donors, corporate partners, foundations and organizations. In 2016, thousands of you came together in unique ways to create awareness and fundraising events that support our mission to innovate sustainable solutions to global health challenges. We are deeply grateful for your support and would like to take a moment to recognize some of the outsized efforts you made this year to bring the right to health to everyone.



THE COMMUNITY: GIVE A DAY

We are grateful for the incredible community behind Give a Day, a grassroots response to the global HIV epidemic. With more than two thirds of the 36.7 million people living with HIV/AIDS in sub-Saharan Africa, we collaborate with the Stephen Lewis Foundation (SLF) to challenge Canadians to give a day's pay in support of communities impacted by HIV/AIDS on World AIDS Day, which falls on December 1st each year.

In 2016, we were very lucky to have the support of the incredible Hleli Luhlanga (right), a sexual and reproductive health rights expert from Swaziland, who participated in a series of panel discussions with representatives from SLF and Dignitas. Thanks to the generous support of hosts Osler, Hoskin & Harcourt LLP, Filion Wakely Thorup Angeletti LLP, Borden Ladner Gervais LLP, and Torys LLP, we were able to raise a total of \$200,000 this year. Over \$4.5 million has been raised since Give a Day first started in 2004.



THE DISCUSSION: THE ROAD AHEAD FOR INDIGENOUS HEALTH & EDUCATION

The biggest issues impacting Canada's First Nations communities were covered at a Pivot Group event featuring the Right Honourable Paul Martin, former Prime Minister of Canada, and Dr. Alika Lafontaine, the head of the Indigenous Physicians Association of Canada. In an intimate panel discussion sponsored by RBC, Martin and Lafontaine shared their perspectives on First Nations-led approaches for the future, diving deep into the health and education inequities that are impacting Canada's indigenous communities.

The Road Ahead was a Pivot Group event, one in a series of exclusive engagements for a membership circle of philanthropic individuals who are committed to supporting the Dignitas mission.

SUPPORTERS

Dignitas International gratefully acknowledges the many supporters who make our work possible. Thank you to all our generous donors.

\$1,000,000 +

**United States Agency for International Development (USAID)
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via Right to Care

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via London School of Hygiene and Tropical Medicine, UK

via Management Sciences for Health

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SUPPORTING HEALTH CARE WHERE THE NEED IS GREATEST

LLOYD & MARIE BARBARA

Lloyd and Marie Barbara's long-time association with Dignitas International emerged from a sense of shared values and a deep passion for health care. Since helping the organization get started in 2004, they've been key supporters of our mission to extend the right to health to marginalized and underserved communities.

"We were inspired by the vision and passion of Dignitas back in 2004 and at the peak of the AIDS crisis, we saw the immensity of the work that needed to be done to beat AIDS. That's what first got us involved with Dignitas – a shared belief that all people have the right to health care, especially people in need," said Marie.

Over the past 13 years, Lloyd and Marie have witnessed some of the most devastating impacts HIV/AIDS has had on Sub-Saharan Africa. But they've also seen incredible transformations across the region and in Malawi, where treatment and care for HIV has improved. However, even with the progress that had been made, ending AIDS still requires a long-term commitment:

"It's been a privilege to support Dignitas' evolution – it's a wonderful organization that's doing good work where the need is greatest. We've seen how its medical and research programs have grown to meet new challenges, and how the organization continues to put the long-term treatment and care of some of the world's most marginalized people at its core," said Lloyd.

"Ending AIDS and achieving better health for people isn't a short-term commitment, It takes all the resources you have at your disposal."

"From the moment we supported Dignitas to test its first patients in Zomba, we've continued to be inspired by the work the organization is doing in Malawi to create an AIDS-free generation. To be able to support this critical global goal is a great honour for both of us."



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FINANCIAL STATEMENTS



- GOVERNMENT & INSTITUTIONAL GRANTS: **81%**
- PRIVATE DONATIONS & OTHER: **9%**
- IN-KIND MEDICINES: **10%**



- PROGRAMS: **93%**
- FUNDRAISING: **4%**
- MANAGEMENT & GENERAL: **3%**

Statement of Operations

<i>Year ended December 31</i>	<i>2016</i>	<i>2015</i> <i>Restated</i>
	\$	\$
Revenue		
Government & institutional grants	9,677,142	7,891,954
Donations & other income	1,103,850	1,368,126
Drugs in kind	1,204,087	1,368,126
	<u>11,985,079</u>	<u>10,662,060</u>
Expenditures		
Program		
International programs	9,521,015	6,996,347
Canadian programs	493,529	519,496
Program innovation	28,920	0
Drugs in kind	1,204,087	1,401,980
	<u>11,247,551</u>	<u>8,917,823</u>
Supporting activities		
Management & general	384,384	280,995
Fundraising & marketing	492,692	512,169
	<u>877,076</u>	<u>793,164</u>
	<u>12,124,627</u>	<u>9,710,987</u>
Excess (deficiency) of revenue over expenditures	(139,548)	951,073

Statement of Financial Position

<i>As at December 31</i>	<i>2016</i>	<i>2015</i> <i>Restated</i>
	\$	\$
Assets - Current		
Current Assets		
Cash & cash equivalents	1,175,214	2,323,402
Accounts receivable	1,458,413	538,751
Prepaid expenses	26,387	28,605
	<u>2,660,014</u>	<u>2,890,758</u>
Long-Term Assets		
Capital assets	462,329	564,138
	<u>3,122,343</u>	<u>3,464,896</u>
Liabilities - Current		
Current Liabilities		
Accounts payable & accrued liabilities	846,155	202,942
Deferred contributions	359,434	1,195,652
Prepaid expenses	1,205,589	1,398,594
	<u>1,916,754</u>	<u>2,056,302</u>
Net Assets		
Invested in capital assets	462,329	564,138
Unrestricted	1,454,425	1,492,164
	<u>1,916,754</u>	<u>2,056,302</u>
	<u>3,122,343</u>	<u>3,454,896</u>

To view our full audited financial statements visit dignitasinternational.org/impact/

DIGNITAS INTERNATIONAL

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26-0387288

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