2030 Sustainable Development Agenda: Amplifying Canada's Impact on Global Health

International Assistance Review Submission
by Dignitas International

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DIGNITAS

BACKGROUND

On May 18, 2016, the Honourable Marie-Claude Bibeau, Minister of International Development and La Francophonie, launched a public review and consultation of Canada's international assistance policy and funding framework. Dignitas International welcomes the International Assistance Review (IAR) and thanks the Minister for the opportunity to provide input on how Canada can best contribute to the sustainable development agenda. We are pleased to contribute to the action plan that will define the priorities of the Ministry. Dignitas appreciates the efforts of Global Affairs Canada (GAC) to engage with civil society through these consultations. This report represents Dignitas International's submission to the IAR.

ABOUT DIGNITAS INTERNATIONAL

Dignitas International is an independent Canadian 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.

Dignitas was co-founded in 2004 by Dr. James Orbinski and James Fraser in response to the HIV and AIDS emergency in southern Africa. Our work has evolved over the last twelve years to focus on the specific needs of underserved groups: women, mothers and newborns, adolescents, prisoners, and health workers. We have supported the Ministry of Health in Malawi to develop, implement and evaluate integrated care and treatment models for HIV, tuberculosis and non-communicable diseases (NCDs) including hypertension, diabetes and cervical cancer.

With more than a decade of frontline experience supporting the HIV response in Malawi through medical practice, research and knowledge translation, we have gained a long-term perspective and the ability to make a unique contribution to the IAR. Focusing our work in Malawi has allowed us to build profound and lasting partnerships with the Government of Malawi's Ministry of Health and other key stakeholders. With these types of partnerships rooted in collaboration and trust, mutual respect and tangible results, we have shown what is possible in one of the poorest countries in the world.

Our long-term focus in Malawi has also provided DI with the opportunity to develop and test an iterative, cyclical model of engagement in the country at both local and national levels. This collaborative model of innovation, pilot, study/evaluation, and scale-up/scale-out has produced results that have helped to transform both the health of Malawians and health care delivery in that country:

- 1.7 million+ HIV tests administered
- 244,000+ people started on lifesaving antiretroviral treatment
- 60+ research papers published in peer-reviewed journals that have led to improvements in health policy and practice in Malawi and around the world

Another distinctive perspective that Dignitas brings to the IAR comes from our work with Indigenous communities in Canada. In 2014, Dignitas launched its Aboriginal Health Partners Program, and began working in partnership with the Sioux Lookout First Nations Health Authority (SLFNHA) in the Sioux Lookout Area of Northern Ontario – home to some of Canada' most remote and underserved communities.

We are piloting a model of community-based diabetes care to address chronic disease and health care delivery challenges, which focuses on building the capacity of community health workers. Our joint team has documented best practices from six leading CHW programs from around the world - including our own Malawi program - enabling us to design a customized pilot program based on best practices. This model of international knowledge translation and exchange is an important component of our mission to achieve equality in health outcomes. For more information on Dignitas International and our unique operating model, please see our Theory of Change brief.

DIGNITAS INTERNATIONAL'S PARTICIPATION IN THE IAR

For the purpose of this consultation, Dignitas will focus our comments to one of the key issues identified by GAC: **health and rights of women and children (including sexual and reproductive health and rights, as well as education, empowerment and protection, especially during conflict situations and humanitarian crises).** Dignitas has chosen to specifically focus on this one issue because of its alignment with our experience and area of expertise. We will also provide feedback on how Canada can best use its resources to address challenges in global health that have a profound impact on the health and rights of women and children.

A. Health and Rights of Women and Children

HIV/AIDS and Canada's role in delivering on the 2030 Agenda

The 2016 United Nations political declaration on ending AIDS sets the world on the fast-track to end the epidemic by 2030. Ending the AIDS epidemic will be the most significant public health victory of our generation and Dignitas believes that Canada has an important leadership role to play in delivering on this ambitious goal. Bringing the AIDS epidemic to a close represents a pivotal opportunity to build the foundations for a healthier, more just and equitable world for people of all genders and backgrounds but especially for women and girls and members of key populations who are disproportionately impacted. Ending the AIDS epidemic will inspire broader global health and development efforts, demonstrating what can be achieved through global solidarity, evidence-based action and multi-sectoral partnerships.[1]

To date the global response to the AIDS epidemic has achieved impressive results. One example of this success: the goal of 15 million people on HIV treatment by 2015 was achieved nine months ahead of schedule. As a global community we have shown that we have the knowledge, skills and drive to meet these targets. What is needed now – and what will determine whether Fast-Track targets are met or missed—is the political and financial commitment from countries like Canada to implement proven tools effectively and equitably across underserved groups.

The next five years present a narrow window of opportunity to radically change the trajectory of the epidemic. Despite remarkable progress, if we remain on the current path and continue with the status quo, the epidemic will rebound in several low- and middle-income countries. More people will acquire HIV and die from AIDS-related illnesses in 2030 than in 2015. Treatment costs will rise sharply. Failure to seize this moment will also undermine efforts to end tuberculosis and reduce rates of maternal and child mortality.[2]

Dignitas is recommending three key actions for Canada to prioritize in order to strategically influence the 2030 Agenda and make an important and visible contribution to ending AIDS as a public health threat.

1. Provide leadership and investment for the development and scale-up of innovative and cost-effective care and treatment options for HIV, focusing support on global efforts to achieve the 90-90-90 goals.[3]

2. Become a strong global advocate to ensure equitable access to comprehensive treatment, prevention, care and support services for people living with HIV, particularly for at-risk and underserved groups, women and adolescents.

3. Lead efforts to deliver on the 2030 AIDS Agenda by fostering the development of strong health delivery systems, capable of providing integrated and holistic care for HIV and non-communicable diseases.

Recommendation One: Provide leadership and investment to the development and scale-up of innovative and cost-effective care and treatment options for HIV, focusing support on global efforts to achieve the 90-90-90 goals.

Although many and varied strategies will be needed, it will be impossible to end the AIDS epidemic without bringing HIV care and treatment to all who need it. The UNAIDS 90-90-90 treatment goals reflect a critical paradigm shift in the approach to HIV treatment scale-up.

These new targets differ from previous goals in several important ways[4] :

- They recognize the need to focus on the quality and outcomes of antiretroviral therapy as treatment services are scaled up. They measure the degree to which programs are meeting their ultimate goal of viral suppression, thus recognizing both the therapeutic and preventive benefits of HIV treatment: antiretroviral therapy not only keeps people alive but also prevents further transmission of the virus.

- They prioritize equity. The world will not end the AIDS epidemic unless all communities affected by HIV have full and equitable access to treatment and other prevention services.

- They emphasize speed in scale-up and early initiation of HIV treatment in a manner consistent with human rights. Earlier scale-up enables the response to begin to outpace the epidemic itself and enhances long-term economic savings. In order to reach the goal of ending the AIDS epidemic by 2030, expedited scale-up by 2020 will be required.

When this three-part target is achieved, at least 73% of all people living with HIV worldwide will be virally suppressed – a two- to three-fold increase over current estimates. Modelling suggests that achieving these targets by 2020 will enable the world to end the AIDS epidemic by 2030.[5]

Ending AIDS will require uninterrupted access to lifelong treatment for tens of millions of people, necessitating strong, responsive health systems, protection and promotion of human rights, and financing mechanisms capable of supporting treatment programmes across the entire life-cycle of people living with HIV.

In addition to the health and social benefits, HIV treatment also brings economic benefits. Rapid expansion of HIV treatment to all people living with HIV in South Africa alone is projected to avert 3.3 million new HIV infections through 2050 and save US$30 billion. Strong evidence suggests investments in HIV treatment scale-up generate returns more than two-fold greater when averted medical costs, averted orphan care and labour productivity gains are taken into account.[6]

Recommendation Two: Become a strong global advocate to ensure equitable access to comprehensive treatment, prevention, care and support services for people living with HIV, particularly for women, at-risk and underserved groups, and adolescents.

Thirty-five years into the epidemic, and still more than 60 per cent of people living with HIV are without access to lifesaving antiretroviral therapy. Women and girls, men who have sex with men, transgender people, sex workers, adolescents, prisoners, people who use drugs and many other marginalized groups face the biggest barriers to lifesaving care.

Women and Girls

Women constitute a majority (58%) of adults living with HIV in sub-Saharan Africa[7], and in several countries of this region young women (15–24 years) are three to four times more likely to be infected than men in the same age group.[8] Young women consistently have lower comprehensive knowledge about HIV and AIDS than young men. In many countries, a significant proportion of women are infected in the context of marriage.[9] Addressing spousal transmission and discordant couples are important challenges for HIV prevention, treatment and care programs.

There is strong evidence that gender inequalities increase vulnerability of women and girls to HIV, compromise the effectiveness of HIV prevention strategies, and create barriers to effective HIV treatment and care. Addressing gender inequalities can contribute to improved uptake and quality of HIV/AIDS programs and services, and create an enabling environment to support individual behaviour change and risk-reduction.

WHO and UNAIDS recommend that to promote equitable access to HIV care and treatment for women and girls, there needs to be a supportive policy, an overall strengthening of health systems to be responsive to women's needs, a reduction in barriers to access, and targets and indicators to monitor progress.[10] These are all areas in which Canada can invest to promote the health and rights of women and girls living with HIV.

Case Study: Option B+

It is estimated that 12% of pregnant women in Malawi are infected with HIV and give birth to an estimated 85,000 infants each year. In 2011 the Malawi government launched Option B+, a ground-breaking Prevention of Mother-to-Child Transmission (PMTCT) program that offers all HIV-infected pregnant and breastfeeding women immediate and lifelong ART, regardless of clinical stage or CD4 count.

Option B+ is an example of 'treatment as prevention'. By suppressing a HIV-infected mother's viral load through ART, Option B+ prevents transmission to her baby before and during birth, and while breastfeeding. This ensures that babies are born HIV-free and that mothers remain healthy and can lead meaningful and productive lives.

Working with frontline staff, Dignitas has delivered HIV care to more than 82,000 HIV+ pregnant and breastfeeding women under Option B+. Dignitas has also supported this strategy by training health workers to deliver the regimen. In addition, we are conducting operational research and working to improve systems so that mothers living with HIV remain on treatment and HIV-exposed infants receive timely post-natal testing and care.

Informed by Dignitas' research and WHO guidelines, Malawi was the first resource-limited country to adopt this 'test and treat' strategy nationally, which has the potential to dramatically improve maternal and child health. Today Dignitas is the technical lead on the National Evaluation of Malawi's PMTCT Program. Early results show the vertical transmission rate under the Option+ policy at 4.1%. These findings validate Malawi's approach as they show the dramatic progress made in preventing mother-to-child HIV transmission within the context of extremely constrained health resources.

Today, more than 20 countries around the world have adopted Option B+ as policy. This is a powerful illustration of how Dignitas' integrated medical care, research and knowledge translation model is helping to improve health policy and eliminate barriers for women in accessing treatment and care.

Key Populations

In 2014, the UNAIDS Gap report highlighted the ways in which many marginalized groups are being left behind. Experiencing disproportionate risk and vulnerability, key populations warrant a prioritized, rights-based response. However, due to the persistence of stigma, discrimination and social exclusion, members of key populations experience inequitable access to care and reduced health outcomes. Unless we address the many factors that undermine effective responses for key populations, the 90-90-90 targets will remain out of reach.

Although key populations are at higher risk for HIV infection, they are often least likely to access HIV services. Stigma and discrimination, in the broader social environment, but especially in health care settings, deter many members of key populations from learning their HIV status or accessing lifesaving prevention and treatment services.

The exclusion of key populations is often institutionalized in national laws and policy frameworks. Sex work and drug use are routinely criminalized throughout the world and compulsory detention remains as policy in many countries. 78 countries criminalize same-sex relationships and transgender individuals routinely struggle to obtain legal recognition of their gender identity or protection from violence and discrimination.[11] Removing laws and policies that impede testing and treatment efforts for key populations is essential to achieving the 90-90-90 target.

In many parts of the world, it will not be possible to achieve the 90-90-90 target for key populations solely through mainstream service systems. Tailored approaches and strategies, developed collaboratively with key populations, will be needed to achieve treatment goals for the populations most heavily affected by the epidemic.

Case Study: Zomba Prison

The Zomba Prison in Malawi is a good example of the obstacles marginalized individuals face in gaining equal access to HIV prevention and care. Since 2014 Dignitas International and the Malawi Prison Health Services have been implementing a screening and treatment program for HIV and other sexually transmitted infections (STIs) at the colonial-era maximum-security prison, which holds 2,000 inmates in a facility designed for 340.

The prevalence rate in the prison sits at a staggering 35%, nearly four times higher than the national average. However health and prison authorities have shown a remarkable commitment to providing HIV treatment options, including specialized programs for prisoners. As a result of this commitment and stable funding from international donors, close to 90 per cent of prisoners living with HIV in Zomba prison are on antiretroviral therapy. And all eligible prisoners receive viral load testing to monitor their health – a remarkable achievement in a country as poor as Malawi.

The obstacle in access to comprehensive care and treatment at the prison is one that is faced by many marginalized groups around the world. While prisoners are offered HIV care and treatment, they are denied the one simple strategy that would halt rapid spread of virus: condoms. The prisoners are almost entirely male and homosexuality is illegal in Malawi. No condoms are allowed in the jail, which puts all prisoners at risk of infection unnecessarily.

Dignitas encourages the Canadian government to invest in targeted programs using a human rights-based approach to ensure access to comprehensive treatment, prevention, care and support services for key populations and other vulnerable groups. Canada must also commit to bold and ambitious action to end the widespread violations of human rights that undermine effective responses to the AIDS epidemic.

Adolescents

Adolescents are also disproportionately affected by AIDS; the numbers present an alarming picture. **AIDS is the leading cause of death among adolescents (10-19) in Africa and the second leading cause of death among adolescents globally.**[12] While the annual number of AIDS-related deaths worldwide fell by 35% from 2005 to 2013, deaths among adolescents living with HIV have sharply risen, increasing by 50% from 2005 to 2012. Adolescent girls and young women continue to experience elevated HIV risk and vulnerability. Young people between the ages of 15 and 24 years account for more than one third of all new HIV infections among adults, with 2,000 young people becoming infected with HIV each day.[13] Of the 2.8 million young people aged 15–24 years living with HIV in sub-Saharan Africa in 2014, 63% are female.[14]

Adolescents living with HIV confront numerous obstacles to treatment access and positive health outcomes, including stigma, discrimination and unfavourable laws and policies, including parental consent laws that limit young people's ability to independently access HIV testing and other services. Like adults and younger children, adolescents often

struggle to link to health care services, and to remain in care. Young people often have no access to sexual education and limited information regarding sexual and reproductive health and rights. Many adolescents living with HIV struggle with disclosure of their HIV status.

Dignitas believes that there is an important opportunity for the Canadian government to play a leadership role in the global effort to accelerate and scale up the AIDS response for adolescents. Canada should consider the recommendations from the global consultation on adolescent treatment access with respect to new treatment targets:

- Enhanced age-disaggregated data collection and reporting and development of robust surveillance strategies to monitor trends and outcomes for children and adolescents.
- Increased commitment to address the HIV treatment needs of young people, including efforts to engage youth actors as HIV treatment leaders.
- Specific steps to increase HIV testing for young people, expand treatment options for adolescents, adapt health services to meet adolescent needs, mobilize social support and empower young people.

It is imperative that any strategy to improve adolescent health outcomes addresses the issue of HIV and AIDS. This includes intensifying efforts towards the goal of comprehensive prevention, treatment, care and support programs that will reduce new infections, advance health outcomes and improve the quality of life for young people, and promote and protect their human rights.

Case Study: Teen Club

Adolescents living with HIV present a unique challenge for health care providers as youth are learning to cope with their HIV status in addition to issues related to rapidly changing physiological and psychological maturity. Youth living with HIV are particularly vulnerable to stigma and discrimination from friends, family and community members. They are also particularly prone to risky social and sexual behaviours. Facing critical gaps between pediatric and adult HIV care, teens with HIV are deterred from seeking treatment and are more likely to drop out of care.

In 2010, Dignitas began supporting teens living with HIV in Malawi through a program called Teen Club. The program offers a safe space for teens to receive medical check-ups, develop supportive peer relationships, play interactive games and learn life skills. Teen Club is having a measurable impact. Dignitas' research shows that adolescents enrolled in Teen Club are three more times likely to stay on HIV treatment than those who are not. The program is also empowering youth living with HIV to become role models to others facing similar challenges. Currently there are more than 2,000 teens enrolled in 30 clubs across the southeast region of Malawi with plans to expand the program even further.

Recommendation Three: Lead efforts to deliver on the 2030 AIDS Agenda by fostering the development of strong health delivery systems, capable of providing integrated and holistic care for HIV and non-communicable diseases.

The delivery of quality prevention and treatment services for people living with HIV is often undermined by fragile health systems. While the AIDS response has strengthened health systems in many countries, in others, weak health systems continue to be a significant barrier to bringing HIV treatment to all who need it.

According to the World Health Organization (WHO), a good health system delivers quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well-maintained facilities and logistics to deliver quality medicines and technologies.

The United States President's Emergency Plan for AIDS Relief (PEPFAR) has recognized that with its focus on rapid scale-up during the first five years, the program sometimes established parallel health systems within a country, rather than strengthening the existing health systems. These 'dual' delivery systems continue to exist in many countries, where the standard of care for patients living with HIV is significantly better than the general population.

As HIV infection evolves into a chronic disease, broader access to antiretroviral therapy means that people with HIV are now living near normal life spans—and as result, facing different health challenges. Lifestyle changes, driven by urbanization and Westernization means that metabolic syndrome and its components rival HIV as a leading cause of illness in Africa. The result is that middle–old age in both those with and without HIV is affected by poor health due to non-communicable diseases (NCDs).[15]

Women with HIV infection have a higher risk of developing cervical cancer, which kills an estimated 275,000 women every year, 85% of whom are in developing countries.[16] Integrating cervical cancer screening and treatment into HIV services will be an important challenge for struggling health care systems in many low- and middle-income countries – but one that must be met if the rights and health of women are to be a priority.

There is also an urgent need globally for research to inform health policy and practice in the area of NCDs for people living with HIV. That necessity is even more pressing in countries in sub-Saharan Africa which face a dual challenge of high prevalence of HIV and fragile health systems. The cornerstone of a successful effort to build stronger, integrated health systems is research.

Currently there are clear and important gaps in knowledge with respect to the epidemiology of NCDs and their intersection with HIV. Little knowledge exists about whether public health strategies that were effective for HIV will be useful for NCDs. There are few trials investigating clinical outcomes and cost-effectiveness of treatments for patients with both HIV and NCDs outside of high-income countries. Moreover, there is an urgent need for implementation research that looks at how best to develop and finance health systems and provide services to deal with infections and NCDs in low-income settings.[17]

The Sustainable Development Goals (SDGs) have highlighted NCDs, but achieving success in the SDGs will require strong in-country policy and implementation. Successful scale-up of treatment of NCDs in sub-Saharan Africa will require broad-based health system strengthening and a move away from single-disease prioritization, like we have seen with HIV.[18]

NCDs are a less tangible area than infectious diseases, and require investment in more complex systems, but this challenge should be a call to action for countries like Canada to invest. We must use the delivery mechanisms that have been set up for HIV care to build health systems that care for everyone, and for all diseases. The anecdotal complaint of the NCD patient that they would have received better treatment if they were living with HIV must be addressed. Canada should support national governments to ensure that they are acting in concert to strengthen health systems that care for the patient as a whole.[19]

Dignitas urges the Canadian Government to become a pioneer in responding to these emerging health issues, and to drive the research and implementation agenda on strengthening health systems to respond to the growing need for integrated NCD-HIV care and treatment.

B. Delivering Results

Dignitas' 10+ years experience of strengthening health care systems in resource-limited settings gives it a unique perspective on how Canada and Canadians can make a meaningful difference to the sustainable development agenda. We offer the following three recommendations on how Canada can become best-in-class in international assistance innovation and delivery.

Recommendation One: For greatest impact in women's health, invest in an innovative integrated model of health care programming, research and knowledge translation.

Investments in the health and rights of women and children will be more impactful, scalable, and measureable if they are made using an integrated approach that encompasses health care programming, research and knowledge translation. Investments in stand-alone health promotion and health care delivery programs will not achieve their full impact: they must be part of an integrated feedback loop that includes both operational research and knowledge translation.

Research allows us to generate evidence on which medical programs and policies are effective, and which are not. Evidence must be at the heart of how we shape national and international health care delivery and policy frameworks. Research gives rise to solutions that are scalable and transferrable, creating impact in resource-limited settings globally. Canada must work collaboratively with recipient governments and research funders to develop strong African-led research capacity directed to priority areas of regional and national interest.

Knowledge translation strategies capture the evidence generated from clinical practice, medical programs and research with the goal of improving health care policy and practice. And through the synthesis, dissemination, exchange and ethical application of evidence, Knowledge Translation makes key knowledge and know-how accessible to health care workers and managers, policymakers and other stakeholders engaged in improving health care.

To increase the impact of its investments in global health, we recommend that the Canadian government adopt this integrated approach where assistance for medical programs is accompanied by concomitant support for research and knowledge translation.

Recommendation Two: Take advantage of the unique opportunity to facilitate linkages between Indigenous communities and their international counterparts by investing in culturally- and internationally-relevant knowledge exchange and evidence generation strategies.

The UN Sustainable Development Goals (SDGs) present Canada with an opportunity to play a lead role in advancing the dialogue and collaborations needed to improve the health outcomes of Indigenous, at-risk and underserved populations globally. The universal SDG framework has the potential to strengthen evidence-based learning and knowledge exchange on common challenges across and within low-income countries (LICs), middle-income countries (MICs) and high-income countries (HICs), bringing issues of health equity to the forefront, including gender equality in health. This is particularly relevant when addressing the health and well-being of Indigenous peoples, who experience poorer health outcomes relative to general populations. Indigenous and underserved populations in North America, South America and Africa face common barriers in accessing quality health care related to geographic isolation, low human and financial resources, and the lack of culturally safe care. Promising work is being done in all regions to address these barriers, however, internationally relevant initiatives are often not shared with other jurisdictions in a timely and accessible manner.

Canada has a critical facilitation role to play in supporting the development of new platforms and exchange mechanisms that will enhance knowledge flow in all directions to wherever it is most needed. This should include key investments to:

- Accelerate the exchange of best practices and collaborative evidence generation among Canadian organizations working with Indigenous and underserved populations and their international counterparts.
- Increase the participation of Canadian Indigenous health leaders in the design and implementation of Canada's international assistance priorities to improve the potential for synergy and innovation between Indigenous communities here and abroad.

In the health field, Dignitas sees a tremendous opportunity to launch research studies that include communities in Canada and overseas, and customize and implement evidence-based programs, policies and guidelines developed across different settings. Furthermore, the inclusion of Indigenous knowledge alongside scientific evidence in such initiatives can help achieve gains in community health and well-being.

Case Study: Community Health Workers / International Knowledge Translation

There are numerous Community Health Worker (CHW) programs around the world that successfully provide essential health services to Indigenous and underserved communities. In Canada, a wide range of CHWs provide health care in Indigenous communities, but skill sets of CHWs vary from community to community and no national standards of practice currently exist. CHWs often lack the support they need to perform at the top of their scope.

Dignitas and the Sioux Lookout First Nations Health Authority (SLFNHA) are partnering to develop a CHW program for improved care and management of type 2 diabetes. We launched our initiative by studying best practices in CHW care globally, conducting site visits to leading programs in Malawi, Ethiopia, Zambia, Alaska, Minnesota, Brazil and Pakistan. Our team identified the key factors of successful CHW programs, mapping program structure, features, systems and processes, gathering program documentation and observing CHWs in action during site visits. This type of data collection allowed us to gather information on program design at a level of detail that typically does not exist in published documents.

We have applied this international evidence-based learning to design a customized training and mentorship program for CHWs in four Sioux Lookout Area (SLA) communities. We will evaluate our pilot program and publish the results, in order to contribute the learning from the SLA to the global body of evidence and further advance the knowledge exchange process between Canadian and international jurisdictions. Program learning and scientific results will also be shared on a knowledge exchange website aimed at knowledge users seeking to develop or improve CHW programs.

Recommendation Three: Invest in Canadian civil society to increase our presence internationally.

One of Canada's greatest strengths in delivering international assistance is its dynamic civil society. Civil society organizations working in the area of international cooperation form a rich array of talented, experienced, and dedicated not-for-profits, faith groups, unions, and diaspora associations. Collectively these organizations bring to the table the scope and ability to work with Canadians and the Canadian government to advance our country's interests globally and enhance our presence in the international arena.

Most often Canadian organisations work effectively with local partners, developing a profound and deep-rooted knowledge and understanding of local contexts, cultural dynamics, and political interests. They bring a high level of cost-effectiveness, flexibility and adaptability to their efforts, adjusting to changing environments and altering course when the situation requires or if results are not as expected. Nationally and locally in the countries where they work, Canadian organisations bring a human face to Canadian aid. They are known by local partners, politicians and populations as representatives of Canadian values, and of our country's commitment to promote sustainable development and create a more just and equitable world. Canadian organisations create a presence for Canada internationally, from the small woman's artisanal cooperative to the halls of power in national governments of partner countries. Likewise, Canadian civil society organizations engage regularly with their constituents at home to inform the public on their work and on global issues of importance to Canadians.

When Canadian international assistance is delivered through complex bi-lateral and multi-lateral arrangements or via large international NGOs, the Canadian face of our aid and assistance is lost, and an opportunity for Canada to build its presence globally is missed. Goals and objectives may be achieved, but the beneficiaries of our assistance – from the community to the national government – are often not aware that Canada is supporting or driving these efforts. While aid delivered through global institutional mechanisms can sometimes achieve results on a large scale, it does not always achieve the same sustainable impact of the smaller-scale, nimble and innovate interventions carried out by civil society organizations.

However global funding mechanisms can and do work synergistically with Canadian organizations. For example, the antiretroviral drug supply provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria via the Malawi Ministry of Health is essential to the medical program Dignitas is implementing in Malawi designed to strengthen HIV-related services. Both a stable drug supply and the training and mentoring of local health workers that Dignitas conducts are critical to delivering life-saving care to people living with HIV. One delivery mechanism could not succeed without the other.

Dignitas calls on Global Affairs Canada to prioritize investments in innovative and responsive programs led by Canadian organizations. This will be an important and effective strategy to enhance Canada's presence internationally and give a human face to Canadian aid, both at home and in our partner countries.

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