Mission, Values & Goals

Our mission is:
To create and deliver effective and innovative solutions for vision care and blindness prevention for all people.

Our values are:
- Sight is a fundamental right for all humans
- Our passion for science and innovation is driven by the pursuit of knowledge and compassion for all humanity
- Our global strategies are influenced by local and cultural understanding and the core principle of sustainability
- We achieve through collaboration

Our strategic goals are:
1. To create the demand and enable equitable access to quality eye health services
2. To build and strengthen eye health systems through workforce development and education
3. To influence policy development to enable universal access to eye health services with a specific focus on refractive error and child eye health
4. To strive for organisational excellence to provide value to funders, accountability to stakeholders and a supportive environment for staff

Cover: We support Indigenous communities in the Northern Territory (and NSW) with eye health examinations and free spectacles.

Back Cover: We work in partnership with local Indigenous health services to provide visiting optometry services in the Northern Territory (and NSW).
We believe eye care is a fundamental right, and that our work has a catalytic role in people lives and in the developing communities in which we work. We are grateful for the enduring involvement of all our global funders, supporters and partners.

Over the last financial year, we have focused on increasing and deepening our areas of impact while keeping a clear vision towards Brien Holden’s legacy. We know from our research studies and current trends that myopia is fast becoming a major global public health crisis. Brien’s life of service to uncorrected refractive error left an indelible impression on the global health agenda, and we have continued to deepen that focus working with local governments, national committees and international peak bodies forging collaborations.

This year we have continued to raise the global profile of child eye health. In Cambodia we celebrated the Government’s adoption of a National Policy on School Health, an outcome that was five years in the making. We continued our development of comprehensive, evidence-based guidelines on school eye health, which were adopted by the International Agency of Prevention to Blindness and disseminated throughout the sector. We also developed supportive health communication methods and strategies to assist in the uptake of community and school-based outreach services. One outcome in this strategy was the development of a global series of culturally specific health promotion materials including age-appropriate messaging on myopia management for children. Our dedicated program managers have continued the ongoing role of advocating for policy change in the critical, cross-cutting themes of child protection, gender empowerment, disability inclusiveness and environmental impact management.

We put work into innovating our systems of collating and analysing data from vision centres we have been involved in establishing and managing. Another focus has been on learning from and replicating/adapting successful delivery models in new locations. We have continued to invest in optometry schools in eleven countries and produced the first generation of optometrists for three pioneer locations: We saw the first optometrists of Hanoi in Vietnam, Kampala in Uganda and Asmara in Eritrea.

We have assisted these new eye care professionals’ education by supporting the emerging optometry schools for more than a decade in many countries. The result so far is 637 new optometrists, with 994 more still enrolled and studying.

In a few years’ we expect there will be over 1600 first generation optometrists qualified and working to increase access to eye care services in locations of greatest need. We want to sincerely thank you for all your support and engagement which has helped us continue to move forwards this year in achieving vision for everyone, everywhere.

Tim Fricke
Acting Executive Director
Brien Holden Vision Institute Foundation

MESSAGE FROM THE ACTING EXECUTIVE DIRECTOR

GLOBAL OUTCOMES 2019
The below Global Outcomes for 2019 include activities conducted under the auspices of Our Children’s Vision campaign.

We believe that it is the right of everyone, everywhere to have the best possible vision.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye screenings</td>
<td>4,371,773</td>
</tr>
<tr>
<td>Eye examinations</td>
<td>513,280</td>
</tr>
<tr>
<td>Spectacles dispensed</td>
<td>260,058</td>
</tr>
<tr>
<td>Low vision assessments</td>
<td>10,565</td>
</tr>
<tr>
<td>Low vision devices dispensed</td>
<td>877</td>
</tr>
<tr>
<td>Total number of personnel trained across all projects</td>
<td>4328</td>
</tr>
<tr>
<td>Optometry graduates</td>
<td>142</td>
</tr>
<tr>
<td>Total optometry graduates to date</td>
<td>637</td>
</tr>
</tbody>
</table>

50% of the world’s population, that will have myopia by 2050, and especially the percentage who will suffer high myopia and a greater risk of blindness.

We continued our development of comprehensive, evidence-based guidelines on school eye health, which were adopted by the International Agency of Prevention to Blindness and disseminated throughout the sector.

We also developed supportive health communication methods and strategies to assist in the uptake of community and school-based outreach services. One outcome in this strategy was the development of a global series of culturally specific health promotion materials including age-appropriate messaging on myopia management for children. Our dedicated program managers have continued the ongoing role of advocating for policy change in the critical, cross-cutting themes of child protection, gender empowerment, disability inclusiveness and environmental impact management.
THE CHALLENGE

**Myopia (short-sightedness)**

- **2 billion** people with myopia in 2010
- **2.5 billion** with myopia in 2020
- 80-90% of high school graduates are myopic
- 47,000 functional clinical eye care providers needed globally to assess vision and eye health and prescribe corrective lenses needed to restore good vision
- **18,000** optical dispensers needed globally to provide appropriate glasses

**Myopia** significantly increases the risk of:
- Cataract: 3.3X for myopia >6.00D
- Glaucoma: 14.4X for myopia >6.00D
- Retinal Pathology: 7.8X for myopia >8.00D

**Presbyopia (ageing eyes)**

- **1.8 billion** people with presbyopia in 2015
- Quality of life impact of uncorrected near vision impairment (presbyopia) similar to uncorrected distance vision impairment

**Uncorrected refractive error**

- 826 million people with uncorrected near vision impairment (presbyopia) in 2015
- 108 million people with uncorrected distance vision impairment

Vision impairment due to uncorrected distance refractive error costs the world:

- **US $202 billion per year** in lost productivity, direct and indirect costs
- **US $28 billion** is the one-off cost of providing comprehensive eye care worldwide

**Deficit of eye care practitioners worldwide**

- **47,000** functional clinical eye care providers needed globally
- **18,000** optical dispensers needed globally

Our RESPONSE

- Accessible eye health services
- Workforce development & education
- Research, Advocacy & Policy Change

Myopic macular degeneration is the number one cause of blindness in Shanghai, China and Tajimi, Japan.
CREATING ACCESS TO SERVICES

We work collaboratively to create sustainable eye care systems to increase access to affordable and locally delivered services.

Australia

Continuing the momentum already generated by the Consortium-led national program, Provision of Eye Health Equipment and Training, outcomes indicate the total amount of cameras and training received this year to be 100 health centre sites and 497 trainees Australia-wide.

The Australian Department of Health expanded this program providing funding until June 2020. This additional program scope allows more retinal cameras to be distributed in primary health care sites across Australia, raising the total from 105 to 155. A second aim of the extension is to identify and support how best to embed the retinal cameras into the primary health care processes in each state of the nation.

Our established visiting optometrist programs in NSW and the Northern Territory continue to support and provide services to the Indigenous communities. This year, the number of people which were provided for across the range of eye health services are as follows: 9123 eye examinations conducted, 5942 spectacles dispensed and 1240 referrals for further care.

Uganda

In Uganda, the Seeing is Believing Mubende Comprehensive eye health program continued screening over 109,557 people from four districts achieving gender parity across the community split: 24,624 male adult, 28,851 boy children, 25,672 female adult and 30,410 girl children.

The program supported the National Eye Health Coordinator and Ministry of Health to host a 4-day workshop in to develop eye health education materials for five thematic areas, refractive error, low vision, cataract, glaucoma and diabetic retinopathy. Diagnostic and surgical equipment was bought for the district hospitals and eye units, and portable equipment to enable outreach delivery across the scope of care.

Together with the districts established teams comprising of Community Development Officers, Probation Officers, Village Health Team members and village chairpersons, to identify vision impaired and blind members of the communities, especially children who were not enrolled in school.

Papua New Guinea

Nearly four years ago at the start of 2016, access to eye health for all Papua New Guineans was increased by the building of the Lions National Resource Centre for Eye Health, in Port Moresby. Since the opening, the Centre has become an eye health hub supporting comprehensive services, workforce development, national spectacle distribution, advocacy and health promotion.

Working with our partner PNG Eye Care, we found through recent research, a very high national prevalence of vision impairment and blindness in Papua New Guinea. The first national survey on eye health in Papua New Guinea (PNG) has found that the prevalence of blindness among people aged 50 years and older is 5.6%, which is one of the highest rates in the world.

This year further facilities were funded enabling the eye clinic at the Port Moresby General Hospital, to be refurbished and reequipped. It is planned for the upgraded eye clinic to work in conjunction with the Resource Centre to provide the population with a full range of comprehensive eye health services, including paediatric and low vision services.

“I am a patient at the new eye clinic, and I’m very happy to see the big changes happening at the hospital. I came here to have my eyes checked and a cataract removed. This was done very well and I found out during the care I received that I have Type 2 diabetes and I have been referred to the diabetic clinic. Thank you for the big help,” said Mrs Solomon, a local retired woman.
Medical University (HMU) supported in funding by Optometry Giving Sight USA. The Board of Management of HMU approved the Centre to be located in a central area of Hanoi City, surrounded by schools giving the Centre good potential to serve the local community. It aims to increasing knowledge and contribute to paediatric eye care through the innovation of best clinical refraction of children.

The standard operating procedures for managing paediatric eye disorders has been developed by HMU’s optometry faculty. This will guide the Centre’s operations and will be part of the optometry education program for students. In the short time since the PRETC became operational there have been 77 optometry students of year 3 and year 4 trained there and also 680 patients were seen including 97 children.

Nigeria

The Seeing is Believing Child Eye Health program aims to provide comprehensive child eye health services to 1.5 million children aged 0-14 years in 11 States of Nigeria over the program life.

The program is consortium-led and cluster driven. Our service delivery component is focused in two States, Akwa Ibom and Cross River State. Outputs this year show 34,709 infants 0-5 years were screened, resulting in 39 boys and 16 girls being identified and referred to secondary and tertiary hospitals.

At primary school age 5-11 years, 83,604 girls and 77,322 boys were screened, equaling together 158,926 children receiving eye care services provided by 25 ophthalmic nurses. Of this figure, 13,340 of the children received eye medications and 1,048 were referred for further management.

The training of 609 secondary school teachers yielded screening of 23,737 children with the gender split reaching parity: 11,836 boys and 11,901 girls. Of that number, 3,031 children failed the visual acuity test and were referred to an eye clinic or hospital. Gender ratios showed good support of girl children with 1,739 girls and 1,292 boys receiving further treatment.

Sri Lanka

In Sri Lanka, two child eye health awareness programs were run in collaboration with World Vision Lanka. During the awareness sessions, program staff were provided with the opportunity to increase their scope in identifying risks to ensure child safeguarding and protection. Interventions included free eye examinations and spectacles.

A collaborative partnership with Muslim Hands saw implementation of a short-term eye health program for schools in the local project area. The program delivered positive outcomes which encouraged further discussion to expand the intervention in other eye units by following the similar integrated approach.

Eye care services provided through the four vision centres resulted in 11,514 people including 6,317 women and girls receiving care. Gender parity was achieved at 55%. The vision centres also provided low vision services to 53 persons during the year, and 1,289 persons were referred for secondary and tertiary eye care.

Relationships with Vision2020 Secretariat, local institutions and communities also further strengthened and led to increased accessibility for eye health services. By organising the outreach activities in collaboration with community groups, screening activities reached more disadvantaged people, women in remote locations, and people with disabilities providing them with primary eye care. Figures showed 739 persons, including 518 women and girl children, accessed our services through nine outreach camps, and 301 spectacles were dispensed.
Our Children’s Vision

The Late Professor Brien Holden said, “Every seven year old, when going to school, should take along a certificate from their optometrist saying, ‘I’ve had my eyes examined, I’m ok I can see.’” We believe no child should lead a diminished life limited by a preventable or treatable vision impairment or blindness.

Our Children’s Vision is a coalition of over 95 partners in 25 countries. It represents a global community of dedicated practitioners, governments, civil society, not-for-profit organisations and donors who are driven to mobilise resources, networks and know-how to impact the lives of millions of children. Together since 2016, we have screened more than 39 million children.

Our Children’s Vision’s commitment to school eye health saw the development of the Standard Guidelines for Comprehensive School Eye Health. These were adopted by the International Agency for the Prevention of Blindness, the guidelines have been endorsed and accepted in Pakistan, Sri Lanka, Cambodia, Vietnam, Uganda and Colombia through local translations.

We developed a global series of health promotion materials to provide culturally appropriate, translatable eye health education specifically for the school age group 5-18 years. The messaging covered common eye conditions including myopia, symptoms, treatments, nutrition, safety and WASH practices.


Fundraising update

This year we began the process of merging Optometry Giving Sight Australia with Brien Holden Vision Institute Foundation into one entity. Our aim was to unify and strengthen our voice in raising awareness and funds for inequalities in eye care. After years of working closely together, it was time to come together to share our story with the Australian public and our longstanding supporters in the eye care industry.

We will continue to run the Optometry Giving Sight campaign with familiar initiatives such as the World Sight Day Challenge, I Care & Share and the donation box program. Optometry Giving Sight will still remain a separate entity in Canada and U.S.A. raising much-needed funds for global eye care programs.

Trekking for Sight in 2020

We first began working in Sri Lanka after the 2004 tsunami. Our emergency support teams entered the country with the goal of providing emergency care and replacing people’s glasses that had been lost in the natural disaster. However, the team soon found that the overwhelming majority of people in the tsunami-affected areas hadn’t lost their glasses – they had never owned any.

The Foundation returned and set up a country office in 2008 to help fill the gap in eye care services. From 2008 to 2018, we screened over 98,000 people, dispensed over 54,000 pairs of glasses and referred more than 18,000 people for further treatment and services.

Fast forward and again, the country needs our support…. Our Trek for Sight team will be heading to Sri Lanka March 2020 to explore this beautiful country and spend a day volunteering at the Warakapola Vision centre. This adventure will take them through Adam’s Peak, across Knuckles Mountain Range and through the streets of Kandy and Colombo.

Our Trek for Sight team will raise much-needed funds for addressing inequalities in eye care access and services in Sri Lanka and the other international programs we implement.
Following our commitment to quality life-long learning, we continued to support implementation of sustainable programs by creating and providing the educational framework essential to professional development and global capacity building.

Advocacy in Eye Health, run in partnership with the World Council of Optometry, completed with 18 candidates successfully graduating the four-month course. Preparations are underway for the next iteration of the course to commence in early 2020.

Social Responsibility in Eye Health is another course introduced this year. It provided relevant instruction, delivered practically on the cross cutting issues that are a necessary part of all public health development strategies.

The Myopia Education program ran throughout the year offering Course 1: Managing Myopia in October with 353 participants completing the English version, and 62 participants completing the Spanish translation. For the first time Course 2: Complex Cases ran in November attracting 440 participants all of which completed the English version successfully. A participant survey provide good results showing 98% of the participants were satisfied with the course and 97% will recommend the course to colleagues.

Focusing on supporting our emerging optometry schools and their pioneer graduates, the Optometry Faculty Development Initiative (OFDI) ran for the first time to support and enhance the training of optometrists at emerging optometry schools across the world. The initiative aims to strengthen the faculty of the schools in their ability to design teaching for learning and to upskill their skills around Myopia Management and social responsibility. The first course had 42 participants from 14 institutions completing first element of program.

EyeTeach©, our innovative education initiative designed to better equip optometry educators with the knowledge and expertise to facilitate student learning, progressed to having five blended courses in the series. These courses both established and new, were consistently rolled out across countries in all five regions.

The Seeing is Believing, Low Vision for Africa certificate course ran providing opportunity for candidates from key institutions across the region including South Africa, Nigeria, Kenya and Uganda. The course consisted of several components including; face-to-face classes in South Africa, placements in India at a partner institution, continual assessment and research work, allowing capacity building of low vision instructors in four institutions and in four countries.

In Pakistan, two female faculty members from Iara School of Optometry were supported to complete their Masters in Optometry at the Pakistan Institute of Community Ophthalmology. In Sri Lanka, two vision technicians were trained as Master Trainers to conduct trainings in child eye health and vision screening.

We educate across the spectrum from eye screener to optometrist as we believe in creating confident eye health professionals at every level.

“I feel very grateful to be part of the low vision capacity building program for Sub-Saharan Africa as it has been a great initiative offering further specialist optometric training to faculty members from Uganda, Kenya, Nigeria and South Africa. This great program is run in collaboration with Seeing Is Believing (SiB) of Standard Chartered Bank, IAPB and LV Prasad Institute,” said Wanok Geoffrey, pioneer Ugandan-trained optometrist.

UPNT graduated its first ever cohort of Vietnamese-trained optometrists from the North.

The four optometry faculty members at LVP undertaking the low vision capacity building program for Sub-Saharan Africa.

First Eritrean-trained optometrists graduate from the Asmara University, Eritrea.
Global Optometry Development

Our global optometry development program has been facilitating change in some regions for more than a decade. This year workforce development progressed in 11 optometry programs in nine countries.

Nine optometry schools graduated 142 students resulting in 637 practitioners cumulatively who can reach 1,274,000 beneficiaries per year, determined by a conservative estimate of 2000 potential patients per year. Currently there are 944 students enrolled across the 11 optometry programs including the new intake of 300 students.

Vietnam

In Vietnam, the optometry development program continued to build at both partner universities, Hanoi Medical University (HMU) and University of Medicine Pham Ngoc Thach (UPNT). We can report a total amount of 246 optometry students are currently studying at the two optometry schools, HMU in the north and UPNT in central Vietnam.

During the reporting period at UPNT, 10 optometry students completed year four of study, with 12 graduating this year. There are 26 optometry students in year three of study, and 31 students are currently in year two. There are 27 first year students enrolled and currently studying year one. At HMU, 56 optometry students are in year four of study, with 47 students in year three, and 59 in year two. In September 2018, 65 first year optometry students were recruited and are studying year one. The recently graduated new Vietnamese optometrists continued working at UPNT and HMU as the teaching assistants of the Optometry Sub-departments, helping to build locally trained faculty for the emerging optometry profession.

Three international lecturers have had long-term involvement and contributed much in developing faculty structure, and influencing specialist optometric skills such as paediatric refraction and low vision.

In this reporting period, the equipped pre-clinics were used for teaching at UPNT and HMU. The equipped AVCs at both HCMCEH and UPNT in the South and at HMU in the North have been used for 3rd and 4th year students to practice under the supervision of the faculty members.

Uganda

This year in Uganda marked the momentous occasion of the pioneer Ugandan-trained optometrists graduating at Makerere University in Kampala, after completing the first optometry degree course ratified in Uganda. The five (5) new and graduating optometrists completing their internships (25 weeks) were joined by the four (4) fourth years who are starting their rotation.

Establishing the School of Optometry at Makerere University took more than ten years of intense planning, negotiations and collaboration by many dedicated partners working closely with the University. These included the Brien Holden Vision Institute Foundation, Australian Department of Foreign Affairs and Trade, University of New South Wales in Australia, Optometry Giving Sight, Light for the World, and the Optometrist Association of Uganda.

The progression of having locally trained optometrists in Uganda will raise the efficiency of eye care services by increasing access for the population and strengthen referral pathways enabling great cost-effectiveness for the existing health systems. Currently there are 57 optometry students enrolled with 18 students in year three, 19 students in year two and 16 student first years who are studying year one.

The University of New South Wales (UNSW), School of Visual Science faculty support program continued with visitations from senior UNSW lecturing staff who provided specialist optometric workshops on paediatric refraction, low vision, neuro optometry and other areas of critical knowledge.

Eritrea

Eritrea also experienced an historic progression with 20 pioneer optometrists completing the Bachelor of Science in Optometry at Asmara University, Orotta College of Medicine and Health Sciences.

The best student received a medal of recognition from the Eritrean Government. Two graduates received High Distinctions and four received Distinctions. All will be posted in government hospitals and will join 96 opticometric technicians already in public service.

Currently, 14 students are enrolled in year 5 and 10 students are studying year four. A monitoring visit took place in November to meet with the Government, renew the Memorandum of Understanding and assess the status of the optometry program in the context of supporting the National Eye Health Plan.

The program forms part of a five-year project, funded by which aims to contribute to the development of optometry in Eritrea by training 75 students to become opticometric technicians and placing them in district hospitals, training 35 degree-qualified optometrists, establishing vision centres and providing services to the underserved population.

First Ugandan-trained optometrists graduate from Makerere University, Kampala, Uganda.
School children in Port Moresby hear about the importance of eye screenings and good vision

EvAluAtIng through rEsErCh

Research helps evaluate our programs and guide future design for child eye health.

Cambodia

Uncorrected refractive error is the leading cause of low vision in Cambodia, and an important cause of blindness. Approximately 1.1 million people in Cambodia are vision impaired simply because they do not have access to a pair of glasses. While readymade spectacles and custom-made spectacles are available in Cambodia at a low price in the capital city Phnom Penh and other urban areas, they are still out of reach for many poor people living in urban areas and those living in rural and remote areas. The only available evidence on the affordability of spectacles in Cambodia was conducted in 2008.

These drivers encouraged us to undertake in collaboration a research study to find out the willingness to pay for spectacles by the Cambodian people. The primary barrier for spectacle purchase in Cambodia is affordability, particularly for women, those with lower household incomes and those from rural areas. Including spectacles in Health Equity Fund (HEF) policies would remove this barrier for a significant proportion of the population.

The results showed ready-made spectacles are not affordable for a significant proportion of the population in Cambodia. People affected are more likely to have low household incomes, and be female. Custom made spectacles are even less affordable as 84% of participants were not willing to pay the unaffordable cost for customized spectacles. These people are more likely to be from rural areas. Other factors play a significant role in spectacle purchase decision making.

Papua New Guinea

The recent result findings of the PNG RAAB (Rapid Assessment of Avoidable Blindness) conducted in collaboration were presented at the World Ophthalmology Congress in Spain in June. Later in the year the RAAB study was published by British Journal of Ophthalmology. Key findings of the research, which studied 4818 adults over 50 years old in a randomised control trial, included finding untreated cataract and uncorrected refractive error are the two most common causes of blindness and vision impairment in PNG.

We also discovered PNG’s estimated national prevalence of blindness is 5.6% in adults 50+ years. This is higher than any other country in the Western Pacific region.

Results indicate 40,746 people in PNG are blind in both eyes. It was also determined 67% of people with vision impairment with distance refractive error did not have the spectacles they need.

This evidence is vital to planning eye care services and eye health education. The RAAB study conclusions suggest PNG has one of the highest reported prevalence of blindness globally.

Vietnam

Delivery of the ‘Quality of Refractive Services in Vietnam’ program report, and dissemination in Vietnam. This program faced many delays and data quality issues. After these issues and barriers were resolved, we conducted the analysis, and developed the final report. In summary this research study demonstrated that there is a significant need to improve the quality of refractive services in Vietnam.

Although gender wasn’t expected to be an important aspect of the program, by looking at quality outcomes by gender, we found that men had significantly better visual acuity with their spectacles (purchased recently from an optical store) than women. While it is true that vision impairment and blindness is greater in women and girls in Vietnam and globally, there are no known biological reasons why vision outcomes with recent spectacles should be worse, and it is unclear whether refractive services in Vietnam have biases towards age or gender. This unexpected finding requires additional research to explore the nature of the apparent inequity. We have completed the report, and requested feedback from our partner.

The proposed dissemination workshop was organised as part of the quality eye care programs reporting workshop which was hosted by the Medical Services Administration (MSA), Ministry of Health in Hanoi in December. No further comment were heard from MSA and other stakeholders on the report.
Gender equity is a central strategy of our global programs and we support gender-based innovations and outcome-driven initiatives.

**Pakistan**

Great effort has been made to integrate eye health into Pakistan’s popular primary health care program; Lady Health Worker (LHW). Our team approached the Government of Pakistan to mobilise financial support for the implementation of this program, focusing on the training of LHWs in primary eye care and vision screening using a WHO-endorsed module and establishing a supply chain mechanism of reading glasses for local communities.

To enhance the access to eye care for vulnerable society including women, children and people with disabilities the program team continued exploring new and strengthening existing partnerships in public, private and not-for-profit sectors during the year. Partners requested 16 outreach activities for deprived communities, which were provided refractive and low vision services to 4,208 people of which 73% were women and girls. Children constituted 29% of the total beneficiaries.

To ensure that program activities reach the poor and vulnerable members of the community new partnerships with local development and women-focused organisations have been actively fostered. These new and strengthened collaborations facilitate the integration of eye health into broader education and disability programs in Pakistan.

An outreach activity was organised to celebrate International Women’s Day 2019, in collaboration with local partners. During the day there were gender awareness and eye screening activities, 103 employees were examined including 42 male adults and 61 female adults.

**Sri Lanka**

Like all our global programs, Sri Lanka is committed to ensuring gender equity in delivering eye care through its implementation strategies. To facilitate equitable access to eye care, the team has created an enabling environment for women and girls at its vision centres and community outreach programs. A close monitoring and evaluating review showed our vision centres have achieved gender parity in the ratio of women and girls. Ratios show 55% of people accessing services are women and 55% of spectacles dispensed went to female beneficiaries.

Gender responsive programming aims to address and evolve some of the following entrenched barriers women and girls experience: low levels of education and minimal knowledge of eye health; restricted options due to remoteness and lack of transport; negative feelings associated with wearing glasses; and limited ability to venture to public places where health services are available.

The countries we achieved gender parity in this year are; Vietnam, Cambodia, Pakistan, Sri Lanka, South Africa, Nigeria, and Uganda.

Gender-responsive programs in Pakistan have help diminish the barrier to women adopting health-seeking behaviours.

**South Africa**

Women bear approximately two-thirds of the burden of blindness in the world, 80% of which is preventable or treatable. Due to these global inequities, gender equity is a central focus guiding our program design, and also our monitoring and evaluation.

This year our program outcomes globally achieved gender parity, meaning we provided services to an equal gender split or in many locations more women and girls received the eye care they needed.

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Pakistan

193,345 children reached by eye health services

With an average of 86% of program scope attributed to children and 47% being women and girls, collaboratively with our partners we are working towards gender parity.

A South African woman takes part in community screening program in her place of work.
Policy change is enabled by extensive advocacy efforts and long term consultation with governments and other key stakeholders.

Cambodia

In 2010, we began working in Cambodia in partnership with Ministry of Education, Youth and Sport in the school vision screening program to provide services to the school children of Phnom Penh. From 2013, we began working more closely with the Department of School Health and the Ministry of Education. In these relations we advocated for the inclusion of eye health to be included in the national School Health Policy.

During that period Her Excellency Kim Sethany, Secretary of State and Dr. Chhay Kimsotheavy, Director of School Health Department were invited to conduct a site visit, monitor the program, provide feedback on school screenings and attend a public spectacle delivery event.

From this visit and others similar, it was identified that revision of the existing School Health Policy was needed. With funding support from Australian Government, Department of Foreign Affairs and Trade and Vision 2020, we held consultative workshops and provided technical support for stakeholders to review the policy.

In April 2019, the new national School Health Policy, which includes eye health, was approved and endorsed by the Royal Government of Cambodia. It will support the development of a sustainable platform to establish eye health screening for all children in Cambodia that attend school. The Policy is not only to support the elimination of blindness and impaired vision in children but to address broader child health concerns as well as improved education.

Uganda

We began working in Uganda in 2006, and over the next few years advocacy began for an optometry development program at Makerere University in Kampala. By progressing policy to enable locally trained optometrists in Uganda we knew would raise the efficiency of eye care services, strengthen referral pathways enabling great cost-effectiveness for the existing health systems.

Establishing the School of Optometry at Makerere University took more than ten years of intense planning, negotiations and collaboration by many dedicated partners working closely with the University. These included the Brien Holden Vision Institute, Australian Department of Foreign Affairs and Trade, University of New South Wales in Australia, Optometry Giving Sight, Light for the World, and the Optometrist Association of Uganda.

In June 2018, the Allied Health Professionals' Council (AHPC) in the Ministry of Health approved the registration of optometry and it was gazetted. The AHPC hosted an introductory meeting and briefed the professional associations and training institutions regarding the requirements for the registration process. All existing optometrists (10 only to service a population of 40 million) must register. The AHPC also informed us that all graduates must complete at least 25 weeks on internship prior to registration.

In January 2019, the first six students emerged from Makerere University with a Bachelor Degree in Optometry to become the pioneer Ugandan-trained optometrists for their country.
INCLUSIVE PROGRAMS

Including people with disabilities in our development efforts is integral to supporting and recognizing the same human rights for all people.

Nigeria

This year in Nigeria, we joined two child eye health planning meetings held across four days with The Albino Foundation who care for disadvantaged children with albinism. The ensuing discussion enabled us to organise low vision outreaches in Cross River State to reach the children in need and provide low vision assessments in two locations: Calabar and Boki local government areas. Outcomes of the outreach include servicing 134 children living with Albinism who were examined by a team of three optometrists and one specialist in paediatric low vision. We provided 72 low vision devices and dispersed 31 pairs of spectacles. Consistent advocacy and discussion with University of Calabar and the teaching hospital children’s department, produced a request to support the unmet surgical needs with equipment to enhance surgeries and plan suitable address of the public health waiting list. Working with the local ministries we learnt the Special Education Curriculum Development Committee presented a draft copy of the revised curriculum for special considerations needed when caring for the blind children.

Through community discussions we discovered 284 children living with different forms of disability in five special needs schools (four in Cross River State, one in Akwa Ibom State. The children were examined by our outreach team and resulted in 47 children needing treatment; 39 received spectacles and eight received low vision devices.

Working with our partners to raise eye health awareness in the community, health promotion radio jingles were created and played via local radio stations. This measure increased the number of children attending the eye units supported by the child eye health program. As a result, 2,044 refractions were carried out at the local eye units enabling 1,268 children to received spectacles. Comparatively, this showed a 300% increase from the previous year.

Pakistan

Enhancing the access to eye care services for low-to-middle income communities, especially women and girls, remained one of the top priorities this year in Pakistan. To increase access to eye care for disadvantaged segments of society, the program team continued exploring new, and strengthening existing partnerships in public, private and not-for-profit sectors during the year.

There was active engagement with partners in the provision of technical support and advocacy for covering critical gaps in national and provincial eye care plans. Valued partnership expansion helped launch two more optical stores at secondary eye hospitals.

On the request of a number of development and social welfare organisations, 16 outreach activities we conducted for the socially and economically deprived communities and persons with disabilities. To promote eye health services and locally available and affordable treatments, health promotion was provided locally.

Australia

We expanded our service provision within Australia to encompass a new small scale Refugee program reaching to the people seeking refuge in Australia. Families can access these services in few locations across the nation, enabling them to received free eye health examinations and spectacle provision when required.

The team provided refractive, low vision and optical services to 4,208 persons including 73% women and girls. Children constituted 29% of the total beneficiaries. These outreach activities were an eye-opener for the need of accessible eye health services in Pakistan where millions of people especially women, girls and persons with disabilities are not able to access the eye care due to many reasons including inaccessibility, unawareness, cultural constraints and remoteness.

The team continued to increase access to services providing 355,710 people with eye health services and dispensing 33,685 spectacles, overseeing 6439 referrals, providing low vision exams 9946 and dispensing 637 low vision devices.

Sri Lanka

The Sri Lankan team worked to ensure disability inclusiveness guides the program design and implementation, by providing eye health services to children with disabilities. Child eye health screening events organised and implemented in collaboration with partners, was an opportunity for children with disabilities to receive free eye examinations and spectacles. We serviced 48 children with disabilities who were provided with spectacles.

We worked closely with long-term program partners to increase the scope of our community outreach to reach those in most need. These engagements provided our vision centre teams with opportunities to participate in public health forums and communicate key messages about eye health; preventive measures for eye diseases; and services available at our vision centres.

At these community events, participants were provided with free eye health screening and further advice. We distributed 10,000 leaflets with eye health messages reaching more than 4,000 people and providing 580 beneficiaries with eye health services.
References

Financial summary
Plain language summary of income and expenditure and overall financial health

Analysis of Financial Performance

<table>
<thead>
<tr>
<th></th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fundraising</strong></td>
<td>42,757</td>
<td>41,935</td>
</tr>
<tr>
<td><strong>Donations</strong></td>
<td>43,649</td>
<td>80,620</td>
</tr>
<tr>
<td><strong>Overseas Grants</strong></td>
<td>489,040</td>
<td>984,012</td>
</tr>
<tr>
<td><strong>DFAT</strong></td>
<td>1,911,662</td>
<td>2,138,851</td>
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<tr>
<td><strong>Other Australian Grants</strong></td>
<td>8,769,592</td>
<td>8,550,006</td>
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<tr>
<td><strong>In-Kind Sponsorship - Major Donation</strong></td>
<td>1,083,149</td>
<td>1,325,090</td>
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<td><strong>Other Income</strong></td>
<td>288,786</td>
<td>168,592</td>
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<tr>
<td><strong>Interest</strong></td>
<td>8,612</td>
<td>7,916</td>
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<tr>
<td><strong>Royalties</strong></td>
<td>1,265</td>
<td>41,961</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>12,638,511</td>
<td>13,338,983</td>
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<tr>
<td><strong>Expenditure</strong></td>
<td>2019</td>
<td>2018</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>1,566,858</td>
<td>1,255,326</td>
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<tr>
<td><strong>Fundraising</strong></td>
<td>446,382</td>
<td>128,086</td>
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<tr>
<td><strong>Domestic Program</strong></td>
<td>4,812,810</td>
<td>3,499,414</td>
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<tr>
<td><strong>Overseas Program</strong></td>
<td>7,887,353</td>
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<td><strong>Other</strong></td>
<td>672,397</td>
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<tr>
<td><strong>Total Expenditure</strong></td>
<td>15,385,800</td>
<td>12,352,385</td>
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<tr>
<td><strong>Net Surplus / (Deficit)</strong></td>
<td>2,747,289</td>
<td>986,598</td>
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**Ratio Analysis**

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Expense</td>
<td>10%</td>
<td>10%</td>
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<tr>
<td>Program Expense</td>
<td>83%</td>
<td>89%</td>
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<tr>
<td>Fundraising Expense</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>100%</td>
<td>200%</td>
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</table>
INDEPENDENT AUDITOR’S REPORT
TO THE MEMBERS OF
BRIEN HOLDEN VISION INSTITUTE FOUNDATION


Opinion

We have audited the accompanying financial report of Brien Holden Vision Institute Foundation (the company), which comprises the statement of financial position as at 30 June 2019, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the directors’ declaration.

In our opinion, the financial report of Brien Holden Vision Institute Foundation is in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) giving a true and fair view of the company’s financial position as at 30 June 2019 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the Australian Charities and Not-for-profits Commission Act 2012.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Report section of our report. We are independent of the company in accordance with the auditor independence requirements of the Corporations Act 2001 and the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of the company, would be in the same terms if given to the directors as at the time of this auditor’s report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
Key Audit Matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial report of the current period. These matters were addressed in the context of our audit of the financial report as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Going concern assessment

In forming our opinion on the financial report, which is not modified, we have considered the adequacy concerning the company’s ability to continue as a going concern. The company had an operating loss and negative operating cashflows as at financial year end.

Our audit work included, but was not restricted to, the following:

- An evaluation of the directors’ assessment of the company’s ability to continue as a going concern. In particular, we reviewed forecasts for the next 12 months.
- An evaluation of the directors’ plans for future actions in relation to its going concern assessment, taking into account any relevant events subsequent to the year-end through discussions with those charged with governance and agreeing the Funding Deed with the Brien Holden Vision Institute Limited.

Responsibilities of the Directors for the Financial Report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal controls as the directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the company’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.
Board Members

Ms Sandra Bailey Chair
Dr Howard Purcell
Professor Fiona Stapleton
Ms Yvette Waddell
Mr David Galbally
Dr Reuben Bolt

Feedback

We value your feedback. If you would like to provide us with feedback or would like to lodge a complaint please contact us and your message will be directed to the appropriate staff for resolution.

Contact

Email: info@bhvi.org
Phone: +61 2 9385 7516
Write: Brien Holden Vision Institute Foundation, PO Box 6328 UNSW Sydney NSW 1466

Head Office
Level 4 North Wing, Rupert Myers Building Gate 14 Barker Street, University of New South Wales. Sydney NSW 2052 Australia

Brien Holden Vision Institute Foundation is committed to taking all reasonable measures to monitor and regulate organisation practices to fully adhere to the Australian Council for International Development (ACFID) Code of Conduct. Should you feel that the ACFID code has been breached and wish to take the matter further, please visit the complaints section at: www.acfid.asn.au

Find out more at bhvi.org
Brien Holden Vision Institute Foundation is a registered charity: ABN 86 081 872 586

vision for everyone... everywhere®
bhvi.org