



**BHVI**

Foundation  
Annual Review

**2019**



# 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).

The work we do in one image. Pioneer Ugandan-trained optometrists provide outreach eye care services





Staff optometrist provides an eye examination to an Indigenous man in the Northern Territory.

## MESSAGE FROM THE ACTING EXECUTIVE DIRECTOR

We believe eye care is a fundamental right, and that our work has a catalytic role in people's 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. We understand and are preparing eye care systems, facilities and workforces that will be ready to care for the five billion people, roughly

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.

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.



A Cambodian refractometrist screening the vision of a child (as part of the school eye health program) on World Sight Day.

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

## 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.**

Eye screenings

**4,371,773**

Eye examinations

**513,280**

Spectacles dispensed

**260,058**

Low vision assessments

**10,565**

Low vision devices dispensed

**877**

Total number of personnel trained across all projects

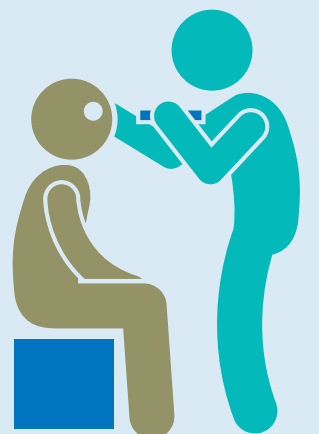
**4328**

Optometry graduates

**142**

Total optometry graduates to date

**637**





# THE CHALLENGE

## Myopia (short-sightedness)

**2 billion**  
people with myopia  
in 2010



In urban areas of  
Singapore, China, Taiwan,  
Hong Kong, Japan and  
Korea

**2.5 billion**  
with myopia  
in 2020<sup>1</sup>

**80-90%**  
of high school graduates  
are myopic<sup>2</sup>



Rise in the prevalence  
of myopia from

**26%**

to

**43%**

among adults  
from 1971-72  
to 1999-2004<sup>3</sup>

### Myopic macular degeneration

is the number one cause  
of blindness in Shanghai,  
China and Tajimi, Japan

**6 to 22%**

of blindness  
in various countries  
is due to myopia<sup>5</sup>

### 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<sup>4</sup>

## Presbyopia (ageing eyes)

**1.8 billion**  
people with presbyopia in 2015<sup>6</sup>

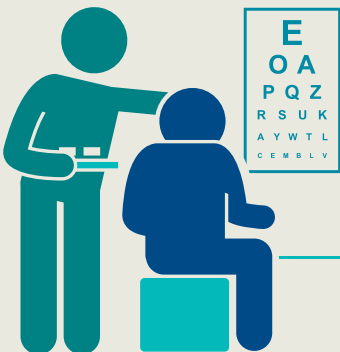


Quality of life impact  
of **uncorrected near vision impairment (presbyopia)** similar to uncorrected  
distance vision impairment<sup>7</sup>

## Uncorrected refractive error

**826 million people**  
with **uncorrected near vision**  
**impairment** (presbyopia) in 2015

**108 million people**  
with **uncorrected distance vision**  
**impairment**<sup>8</sup>



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

**US \$202 billion per year**  
in lost productivity, direct and  
indirect costs<sup>9</sup>

**US\$28 billion**  
is the one-off cost of providing  
comprehensive eye care worldwide<sup>10</sup>

## Deficit of eye care practitioners worldwide

**47,000**

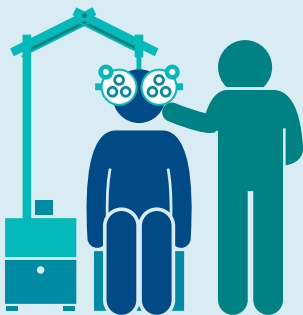
functional clinical eye care providers  
**needed globally**

to assess vision and eye health and prescribe  
corrective lenses needed to restore good vision<sup>11</sup>

**18,000**

optical dispensers  
**needed globally**

to provide appropriate glasses<sup>12</sup>



## OUR RESPONSE

Accessible eye  
health services

Research,  
Advocacy &  
Policy Change

Workforce  
development  
& education





A young girl has her eyes examined as part of our Australia Aboriginal Vision program.

## CREATING ACCESS TO SERVICES



Eye Health Workers provide primary health care including eye screenings in remote Australia.

*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



A health worker points to the Tumbling E Visual Acuity Chart in our Australian Retinal Camera program

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.*





A young Vietnamese-trained optometrist examines a school boy's eyes.

## FOCUSING ON CHILD EYE HEALTH



In Vietnam, a school girl wears her new glasses and smiles in delight at the clear vision she now sees.

*We believe focused child eye health programs when integrated into existing health and school services, can have the biggest impact on children's futures.*

### Vietnam

In Vietnam, continuing our focus on child eye health, we established a new Paediatric Refractive Error Training Centre (PRETC) at the Hanoi

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 increase 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 660 patients were seen including 97 children.

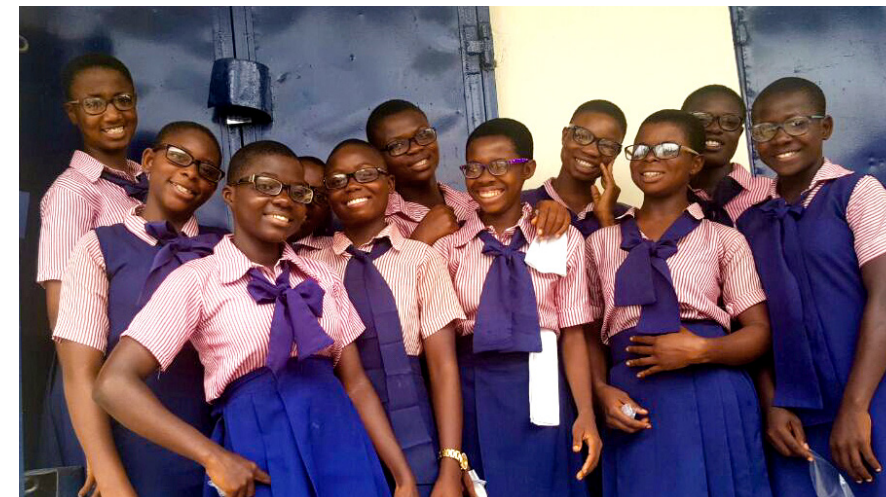
### Nigeria

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, 81,604 girls and 77,322 boys were screened, equalling 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



In Nigeria, the school girls are happy to receive their new glasses, a first time experience for many.

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.



School children in Sri Lanka prepare to decorate the eye care team as they arrive to screen the children's eyes.





Children in Vietnam have their eyes screened to check for vision impairment or other eye conditions.

## 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.

Brien Holden Vision Institute Foundation co-founded Our Children's Vision campaign with Essilor in 2015.



"Being able to look around today and see clearly, helps me believe my life will now change for better. I feel so happy I can now play with my friends and I might even be able to join in sport. I will be able to see the lesson board even from the back of the room. I won't have to fail anymore," said Deborah, a school girl from Nigeria, Africa

## 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.



A young Sri Lankan seamstress explains the benefits of her new glasses for her work.

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 inequities in eye care access and services in Sri Lanka and the other international programs we implement.



A community outreach program provides much needed access to eye examinations in Sri Lanka





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

## DEVELOPING A GLOBAL WORKFORCE



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

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

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 (ODFI) 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.

The ODFI initiative includes the EyeTeach program, a strategic teaching development program, Managing Myopia; a continuing education course for optometrists, access to social responsibility modules offering perspective on gender, inclusiveness, teaching and learning resources.

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 Isra 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.

*"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.*



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



## Optometry Workforce Development

Global optometry students currently enrolled

994

Total number of global optometry graduates between 2008 and 2019

637

Total of new optometrists training or working

1,631

The impact of these figures is exponential:

637 optometrists examining  
8 people a day  
5 days a week for  
42 weeks (a year) =

1,274,000

Projected amount of more people receiving eye care per year

Many of these students will become first optometrists of their country



## 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, 16 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



"I have learnt so much for the visiting lecturers from UNSW in Australia. For us, the first optometrists from Uganda, it is very important to receive specialist training so we have a bigger skillset to use working in outreach. I have found that many people we reach have never had an eye care before. I feel proud to be able to care for them," said new optometrist graduate from Makerere University

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 Vision 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 optometric 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 optometric 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 RESEARCH



In Vietnam, school children attend the spectacle delivery event to receive their new glasses

*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<sup>13</sup> 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.



Community outreach is a critical component to delivering comprehensive eye health to remote populations





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

## DRIVING GENDER EQUITY



A grandmother waits in line for her vision to be tested and to make sure her eyes are healthy

*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.

### 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 56% of spectacles dispensed went to female 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 Sri Lanka.

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.

### 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.

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.



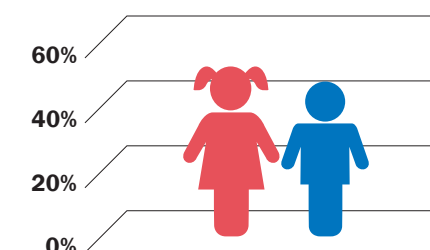
A South African woman takes part in community screening program in her place of work.

### 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.







School children in Uganda wait in line to have their eyes tested.

## INFLUENCING POLICY CHANGE



A young refractometer in Cambodia starts the eye sight examination with a school child.

*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



Our Cambodian program team and local partners ready to begin the school screening program

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.



Celebrating "White Cane Day", in Kampala, Uganda by providing eye screenings and new white canes to the blind.





New glasses for all the family! Eye care services provided through our Australian refugee program

## INCLUSIVE PROGRAMS



Advocacy meeting in Nigeria to deliver program outcomes to government and stakeholders.

*Including people with disabilities in our development efforts is integral to supporting and recognising 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 were examined by a team of three optometrists and one specialist in paediatric low vision. We provided 72 low vision devices and dispensed 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 receive spectacles. Comparatively, this showed a 300% increase from the previous year.

### 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.

### 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.

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.

### 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 receive free eye health examinations and spectacle provision when required.



A young family in Sri Lanka happily take part in a community screening program in their village.





















A textile worker in Sri Lanka has his eyes tested due to diminished near vision through aging eyes.

# MAJOR FUNDERS AND DONORS

Thank you to all our project partners and supporters. Through collaboration we have achieved so much more.

	Optometry Giving Sight		Essilor
	Australian Government Department of Foreign Affairs & Trade		Lions Club International Foundation
	Australian Government Department of Health and Ageing		L'Occitane
	USAID		VOSH International
	Seeing is Believing / Standard Chartered Bank		NSW Rural Doctors Network
	The Fred Hollows Foundation		WorldBank
	Orbis International		International Health and Medical Services
	REVO		BHVI Limited

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## FINANCIAL INFORMATION

## Financial summary

Plain language summary of income and expenditure and overall financial health

### Analysis of Financial Performance

	2019	2018
Fundraising	42,757	41,935
Donations	43,649	80,620
Overseas Grants	489,040	984,012
DFAT	1,911,662	2,138,851
Other Australian Grants	8,769,592	8,550,006
In-Kind Sponsorship - Major Donation	1,083,149	1,325,090
Other Income	288,786	168,592
Interest	8,612	7,916
Royalties	1,265	41,961
<b>Total Revenue</b>	<b>12,638,511</b>	<b>13,338,983</b>

Expenditure	2019	2018
Administration	1,566,858	1,255,326
Fundraising	446,382	128,086
Domestic Program	4,812,810	3,499,414
Overseas Program	7,887,353	7,469,559
Other	672,397	
<b>Total Expenditure</b>	<b>15,385,800</b>	<b>12,352,385</b>

<b>Net Surplus / (Deficit)</b>	<b>2,747,289</b>	<b>986,598</b>
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### Ratio Analysis

Ratio	2019	2018
Administration Expense	10%	10%
Program Expense	83%	89%
Fundraising Expense	3%	1%
Other	4%	100%
	100%	200%



## Analysis of Financial Position

	2019	2018
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents	5,440,646	7,942,429
Trade and other receivables	1,624,388	488,661
Inventories	54,496	65,013
Assets held for sale	-	-
Other financial assets	818,409	765,113
<b>Total Current Assets</b>	<b>7,937,939</b>	<b>9,261,216</b>
<b>Non current assets</b>		
Trade and other receivables	-	-
Other financial assets	-	-
Property, plant and equipment	31,050	63,945
Investment property	-	-
Intangibles	-	-
Other non-current assets	-	-
<b>Total Non Current Assets</b>	<b>31,050</b>	<b>63,945</b>
<b>TOTAL ASSETS</b>	<b>7,968,989</b>	<b>9,325,161</b>
<b>LIABILITIES</b>		
<b>Current liabilities</b>		
Trade and other payables	1,295,598	876,289
Borrowings	-	-
Current tax liabilities	-	-
Other financial liabilities	-	-
Provisions	207,585	565,605
Other	5,209,110	70,333
<b>Total Current Liabilities</b>	<b>6,712,293</b>	<b>1,512,227</b>
<b>Non Current Liabilities</b>		
Borrowings	-	-
Other financial liabilities	-	-
Provisions	584,355	566,048
Other	-	3,827,493
<b>Total Non Current Liabilities</b>	<b>584,355</b>	<b>4,393,541</b>
<b>TOTAL LIABILITIES</b>	<b>7,296,648</b>	<b>5,905,768</b>
<b>NET ASSETS</b>	<b>672,341</b>	<b>3,419,393</b>
<b>EQUITY</b>		
Reserves	-	-
Retained Earnings	672,341	3,419,393
<b>TOTAL EQUITY</b>	<b>672,341</b>	<b>3,419,393</b>
<b>Current Ratio</b>		
Current Assets	7,937,939	9,261,216
Current Liabilities	6,712,293	1,512,227
	1.18	6.12
<b>Debt to Equity Ratio</b>		
Liabilities	7,296,648.00	5,905,768.00
Equity	672,340.91	3,419,393.00
	10.85	1.73

## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF BRIEN HOLDEN VISION INSTITUTE FOUNDATION

### Report on the Audit of the Financial Report

#### 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.



**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF  
BRIEN HOLDEN VISION INSTITUTE FOUNDATION  
(continued)**

### 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.

**INDEPENDENT AUDITOR'S REPORT  
TO THE MEMBERS OF  
BRIEN HOLDEN VISION INSTITUTE FOUNDATION  
(continued)**

### Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.

### Compliance with the ACFID Code of Conduct

We have audited the accompanying Code of Conduct Summary Financial Reports of Brien Holden Vision Institute Foundation, which comprises the Balance Sheet as at 30 June 2019, the income statement, the statement of changes in equity and the table of cash movements for designated purposes for the year ended 30 June 2019.

### Audit Opinion Pursuant to the ACFID Code of Conduct

In our opinion, the information reported in the Code of Conduct Summary Financial Reports set out on pages 27 to 29 is in accordance with the ACFID Code of Conduct and is consistent with the annual statutory financial report.



**Calibre Partners Pty Limited**



**Roger Wong**  
Director

Dated this 16<sup>th</sup> day of January 2020.





#### Board Members

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**Ms Sandra Bailey** Chair

**Dr Howard Purcell**

**Professor Fiona Stapleton**

**Ms Yvette Waddell**

**Mr David Galbally**

**Dr Reuben Bolt**

#### Feedback

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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

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**Phone:** +61 2 9385 7516

**Write:** Brien Holden Vision Institute  
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Sydney NSW 1466

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ACFID  
MEMBER

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](http://www.acfid.asn.au)



Australian Government  
Department of Foreign Affairs and Trade

**Australian  
Aid** 



Find out more at [bhvi.org](http://bhvi.org)

Brien Holden Vision Institute  
Foundation is a registered charity:  
ABN 86 081 872 586

**vision** for everyone...**everywhere**<sup>®</sup>  
[bhvi.org](http://bhvi.org)