School girls in Pakistan are happy to see their world clearly with their new glasses.
MISSION, VALUES, GOALS

Our mission is:
To deliver effective and innovative solutions for vision care and blindness prevention for communities in need.

Our values are:
• Sight is a fundamental right for all humans
• Our global strategies are influenced by local and cultural understanding and the core principle of sustainability
• We achieve through collaboration and partnerships

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
MESSAGE FROM THE CEO

This year has tested our ability to adapt to extraordinary circumstances. For all of us the period from July 2019 to June 2020, which is covered in this review, has been unusually challenging. The global COVID-19 pandemic declared in March 2020 and still affecting most of the world’s population has had unprecedented impact on the communities where we work. It formed a difficult backdrop to our task of working together as an organisation to prepare for our reaccreditation with the Australian Department of Foreign Affairs and Trade (DFAT).

In Australia, we continued building our Aboriginal Vision Program to improve access to optometry services in Indigenous communities in New South Wales and the Northern Territory, contributing towards the prevention of avoidable vision loss. Additionally, we have provided training and eye health equipment to primary health care workers in these locations to enable eye health checks and referral pathways to be regularly supported by health centres. We also expanded our programs to work with refugees, offering eye health examination and care to newcomers. During the COVID lockdown, remote consultations (telehealth) were used to achieve service continuity for remote communities in need.

In the global context, the pandemic has again shown the importance of continuing to work to strengthen global health systems. But in many countries COVID-19 has somewhat relegated eye care to a less critical area of public health. Measures taken by governments to stop or slow its spread has also meant that from March 2020 the Foundation could not continue operating the way it had; we had to align our priorities and projects with the global need to combat COVID-19. We had to modify our programmatic delivery and evolve what we did and how we did it.

Innovative measures were discussed, and the evolution of our work began. The Foundation’s teams in-country and our Sydney office took on the challenge to ‘pivot’ our projects to combat COVID-19 with early response and recovery activities on the ground. In Papua New Guinea and Pakistan, our teams facilitated local sourcing of Personal Protective Equipment (PPE) kits for hospitals and health workers. In Sri Lanka, we provided dry ration packs to the most vulnerable members of the communities who had lost their livelihood due to the national lockdown. We are grateful to DFAT and its Australian NGO Cooperation Program (ANCP) for their flexibility which enabled us to transition some of our projects to respond to
the COVID-19 pandemic. It was pleasing to see how the Foundation, together with its partners, was able to provide new relevant ways of delivering strong, impactful projects.

While we moved to respond to the COVID-19 pandemic, our teams also kept a strong focus on our goals to raise the global profile of eye health, particularly child eye health, develop optometry and eye care workforce, and contribute to gender equity and public health research.

We adapted to our new context and continued to support the development of optometry schools in seven countries via the use of technology and new online trainings and curricula. We had an advocacy breakthrough in Vietnam (succeeding collectively with our partners) when the Government accepted the emerging optometry profession as a recognised job code. In Cambodia, another long advocacy effort delivered a lasting result for the children, as school eye health was integrated into the national school health policy.

While the COVID-19 pandemic is not behind us yet, I’m confident that the Foundation through its partners and its dedicated and talented staff is in a very good position to address the challenges ahead of us and to continue our contribution to the reduction of poverty, inequality and suffering.

I hope you find our annual review informative and thank you for your continuing support.

Best wishes,
Yvette Waddell

GLOBAL RESULTS

The below Global Outcomes 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></th>
<th>Low Vision optical devices dispensed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye screenings</td>
<td>462</td>
</tr>
<tr>
<td>Eye examinations</td>
<td>228</td>
</tr>
<tr>
<td>Spectacles dispensed</td>
<td>5,715</td>
</tr>
<tr>
<td>Low Vision assessments</td>
<td>865</td>
</tr>
<tr>
<td>Number of personnel</td>
<td>1,206</td>
</tr>
</tbody>
</table>

In Australia, BHF optometrist raises awareness on the importance of regular eye checks.

Sri Lankan school girl waits in line for dry food rations through a COVID 19 Pivot Project.
## The Challenge

### Myopia (short-sightedness)

- **2 billion** people with myopia in 2010
- **2.5 billion** with myopia in 2021
- **80-90%** of high school graduates are myopic
- Rise in the prevalence of myopia from **26%** to **43%** among adults from 1971–72 to 1999–2004
- **6 to 22%** of blindness in various countries is due to myopia

### Myopic macula degeneration

- Significantly increases the risk of:
  - **Cataract**
    - 3.3X for myopia >6.00D
  - **Glaucma**
    - 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

### Uncorrected refractive error

- **625 million people** 2014
- **826 million people** with uncorrected near vision impairment (presbyopia)
- **108 million people** with uncorrected distance vision impairment

### 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
- **18,000** optical dispensers needed globally to provide appropriate glasses

### Quality of life impact

- Rise in the prevalence of myopia from **1971–72 to 1999–2004** among adults
- **826 million** people with uncorrected near vision impairment (presbyopia)
- **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 per year** is the one-off cost of providing comprehensive eye care worldwide
OUR RESPONSE

- Accessible eye health services
- Workforce development & education
- Research, Advocacy and Policy Change
IN THE COMMUNITY, WHERE IT MATTERS.

For 21 years, our Aboriginal Vision Program has been improving the access to optometry services for Aboriginal communities across Australia, visiting over 130 locations across NSW and the NT each year.

We do this because we believe that it is the right of everyone, everywhere to have the best possible vision.
Resilience has been the defining word of 2020 for the Australia programs. COVID-19 caused the majority of our service delivery locations to be suspended indefinitely from March. This was to ensure our Aboriginal, Torres Strait Islander and Refugee communities remained safe, by keeping COVID out, as the states and territories implemented strict lockdown measures.

During this time, the Foundation, with reduced outreach clinic travel commitments, focused staff efforts instead on our important reconciliation journey to ensure that our programs deliver the best possible outcomes through respect, trust and honest partnerships, ensuring our communities have access to the best possible services we can provide.

The Foundation developed its first Reflect Reconciliation Action Plan (RAP) during 2020 and acknowledges the valuable input of Sandra Bailey and Professor Reuben Bolt. The Foundation is seeking final comments from key stakeholders, the Aboriginal Health & Medical Research Council of NSW and the Aboriginal Medical Services Alliance in the Northern Territory. Submission of the finalised Reflect RAP to Reconciliation Australia is anticipated for early 2021. This process was enormously successful for our team, working together with Professor Bolt, Foundation Board member and Ms Bailey, Foundation Aboriginal Health Adviser.

In 2019, the Foundation received a multi-year donation totalling $225,000 for scholarship funding to train Aboriginal and Torres Strait Islander optometrists and providers of vision care services, within regional areas of Australia. During 2019-2020, we partnered with Indigenous Allied Health Australia (IAHA), who will help administer these scholarships to Aboriginal and Torres Strait Islander students.

The Aboriginal Vision Program improves access to optometry services for Aboriginal communities, contributing towards the prevention of avoidable vision loss. The Foundation provides these services directly, guides policy through participating in relevant sector working groups and committees, conducts research, develops and delivers eye health training to primary health care practitioners, and actively collaborates with other organisations working with these communities.

The Australia program team continued their work with partners under difficult circumstances, providing essential eye health services to their Aboriginal and Torres Strait Islander community members. This included the provision of mentoring and support to community members via telephone and video conferencing, while working from home.

During the lockdown, the Aboriginal Vision Program staff in the Northern Territory (NT) established ‘Telehealth’ connections. This initiative was further strengthened with the team’s successful application for a grant through the NT Primary Health Network. This enabled us to purchase much needed equipment to support Telehealth and to reimburse our optometrists for their consultation time not covered under Medicare rebates. During the period from March – June, over 25 consultations were provided via Telehealth, as well as numerous hours spent developing training materials and supporting eye health workers remotely.

Sarah Nicholls, Brien Holden Foundation Project Manager – NT / Optometrist providing telehealth services
We were extremely fortunate to have three full time NT based optometrists employed in the team. When travel restrictions were lifted within the NT in June, we were able to resume Visiting Optometrists Scheme (VOS) outreach clinics immediately, whilst border restrictions prevented the travel of interstate locums.

We also expanded our NSW Low-Cost Spectacle Scheme into the NT, resulting in approximately 40% reduction in the price of spectacles for Aboriginal patients in the NT. The reduced cost and streamlining of processes enabled patients to receive their glasses in a shorter time frame.

This year, our Aboriginal Vision programs in NSW and the NT conducted 6,692 eye examinations, dispensed 4,936 spectacles and provided 772 referrals for further care. While this has been considerably less than the previous year, 2020 did experience an unprecedented three months of clinic closures. When clinics recommenced, patient numbers in some communities remained low as patients remained frightened to attend, unless of very ill health, due to perceived COVID-19 fears.

“WAMS are delighted to continue working with the exceptional team at the Brien Holden Foundation, to continue delivering these incredibly important services to our Aboriginal Communities,” said Christine Corby OAM, Chief Executive Officer, Walgett Aboriginal Medical Service Limited.

Brien Holden Foundation would like to thank both administrators of Visiting Optometrist Schemes, NSW Rural Doctors Network and Top End Health Service, Northern Territory Government, for their ongoing support.

Refugee Programs

We are honoured to be an integral part of refugee health programs across Australia, offering support to the refugees who seek to make Australia home. When they arrive on our shores, the Foundation is there, at a number of facilities, to provide eye health examinations and on-going care. We provide a blend of clinical services, eye health training and assistance to refugee support services in Victoria, New South Wales, Queensland, Western Australia, and the Northern Territory.

We provide these services in partnership with NSW Refugee Health Service, Melaleuca Refugee Centre (Darwin) and International Health and Medical Services. We have conducted 427 eye examinations, dispensed 252 pairs of spectacles and provided 56 referrals for further care. Our Refugee programs have been a roaring success and an important example of Australia’s commitment to provide care to those in need on an international scale. 100% of new refugee arrivals to Darwin received a comprehensive eye examination as part of their health screenings on arrival in Australia. While COVID-19 impacted the number of new arrivals of refugees into Darwin in 2020, it afforded the opportunity to expand our program with Melaleuca to provide culturally safe, sensitive and subsidised services to International Students and other migrant populations already living in Darwin.

“The eye clinic has created a blueprint for cultural and clinical safety in Refugee Health at Melaleuca,” says Melaleuca Refugee Centre Health Leader, Scott Andrews. “The clinic has created an excellent model to aid the reform process for refugee health in the NT.”

When 79-year-old Odija arrived in Australia from the Democratic Republic of Congo, as a Kirundi speaker, she had never had her eyes tested and could not speak English. She is a full time carer for her daughter with a disability and her eyes were blurry and sore when she tried to either look at letters or see out of the sides of her eyes. When she was given the test glasses and, for the first time, could see the letters right back down the page of the reading chart – she didn’t want to give the reading chart back! A life-changing moment, in more ways than one.

Not only could her bi-focal lenses enable her to see clearly up close, at a distance and in her periphery, they enabled her to learn English and more readily integrate into her new home, Australia.
Odija receives her new reading glasses from Melaleuca Refugee Centre’s Health Leader Scott Andrews.

Brien Holden Foundation would like to thank our partners in making these programs so successful.

Photo courtesy of Vision 2020 Australia
Partnerships

We continue our advocacy work with Vision 2020 Australia through ensuring Strong Eyes & Strong Communities. The Foundation staff participated in the following working groups: Aboriginal & Torres Strait Islander, National Subsidised Spectacle Scheme, Prevention and Early Intervention Coordination (PEIC), Independence and Participation Committee (IPC). This advocacy work has led to the following outcomes through the Australian Government’s continued support for Aboriginal and Torres Strait Islander eye health and vision:

- **A further $1.5 million for implementation of Strong Eyes, Strong Communities priorities.**

- **An additional $1.6 million of funding for additional slit lamps and equipment through a Brien Holden Foundation led consortium.**

- **$3.6 million for the Second National Eye Health Survey, a landmark survey that has assisted in the determination of the prevalence and major causes of vision impairment and blindness in Australia.**

The Second National Eye Health Survey is led by the University of Sydney in partnership with School of Optometry and Vision Science UNSW, the George Institute for Global Health and Brien Holden Foundation.

In September 2019, key eye health and vision care representatives were in Canberra, meeting with the Minister for Health Greg Hunt and the Minister for Indigenous Australians Ken Wyatt to discuss issues relevant to the sector in the lead up to 2020.

The team also continued to play an active role in regional eye health working groups, such as Central Australia, Barkly and Top End Integrated Eye Health Strategy, Western NSW Eye Health Partnership, and the Advisory Group – Aboriginal Eye Health (NSW/ACT).

As part of our Western NSW Eye Health Partnership, the Foundation provides annual Primary Care Eye Health Training for the partnership members. Due to COVID-19, this was modified to a webinar format, covering the theoretical part of the training. This webinar was conducted on 11 June 2020, with the Foundation presenting and the Western NSW Eye Health Partnership RIPO moderating. The practical vision screening component of the training will run once it is safe to conduct face-to-face training.
The Provision of Eye Health Equipment and Training (PEHET) Program

Diabetes related vision impairment is almost four times higher in Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians and 98% of vision loss in Aboriginal communities is preventable or treatable. The PEHET program is increasing the rate of diabetic retinopathy screening by Aboriginal primary health care services. If caught early, diabetic retinopathy can be treated with good results. Without early detection, it can be exceedingly difficult or impossible to treat and can cause permanent vision loss.

The Australian Government funds the national PEHET program providing eye health testing equipment (Retinal Cameras and Slit Lamps), training, and support for the health service practitioners across Australia. The Consortium trains Aboriginal health workers, nurses, general practitioners, and all other relevant personnel.

Brien Holden Foundation co-ordinates the program supported by the Australian Government Department of Health and co-leads the program with The Australian College of Optometry through a consortium approach. The consortium includes the Aboriginal Health Council of South Australia (AHCSA), the Centre for Eye Health (CFEH) and Optometry Australia (OA).

Our goal is to increase access to detection and care of eye disease within the communities we serve.

As of 30 June 2020 the Consortium had provided training to 140 primary health care sites across Australia, training 789 Primary Health Care Workers and 164 General Practitioners, Aboriginal Health Workers, Nurses, Diabetes Educators, and other staff on how to triage retinal photos in order to refer for further treatment by an Optometrist or Ophthalmologist.

A highlight from this program was Emma Dargin, the Eye Health Co-Ordinator at Condobolin Aboriginal Health Service. Emma was able to use the retinal camera to help save a patient’s sight. During the suspension of Visiting Optometry Services due to COVID-19, Emma opportunistically took retinal photos of a young patient with uncontrolled blood sugar levels. The patient had also noticed black spots in her vision. Emma immediately recognised the urgency for treatment due to reduced Visual Acuity and the presence of retinal and vitreous haemorrhages in the eye. She alerted the GP and the visiting optometrist (via telephone), as well as confirming the results with the CFEH Grading Service. The optometrist was able to contact a bulk billing ophthalmologist in Orange and the patient was seen and treated within five days. Emma’s quick thinking saved the patient’s sight.

We are pleased to formally announce that the PEHET project was extended to June 2021. This extension allows health services to access ongoing embedding training and access to the Centre for Eye Health reading services for an additional 12 months. With this extension, we are rolling out slit lamps to primary health care services across Australia who have regular optometry and ophthalmology visiting services.

We thank the Australian Government Department of Health for their ongoing support of this project.
Marthakal Mikayla Aboriginal Health Worker Nyinyikay homeland East Arnhem Land. Nyinyikay is a small Yolgu homeland situated on the coast of East Arnhem Land within Arnhem Bay.

Kylie Dreaver, Brien Holden Foundation Optometrist delivering PEHET Retinal Camera Training to Ethan Elkedra from Ali Curung Community.
INTERNATIONAL PROGRAMS

COVID-19 – Our response to the pandemic

Together we are fighting the unparalleled global health battle of COVID-19 and adapting to deal with its effects. Worldwide stress on state health systems has hindered the global provision of vision care to those in need.

Brien Holden Foundation, as a member of the Australian NGO Cooperation Program (ANCP), has been prompt in supporting the global pandemic response by implementing ‘Pivot Projects’. The Pivot Project model supports the shift of Australian Government funds through the adaptation of existing projects to focus on responding to COVID-19. By pivoting our on-going development activities, we continue to work directly with communities in-country to support critical COVID-19 health promotion actions, whilst implementing programs to respond to the social and economic impact of the pandemic. The Foundation ran four pivot projects in Sri Lanka, Pakistan, Vietnam and Papua New Guinea, working at local and national levels in-country to maximise efforts to address the pandemic.

In Sri Lanka, COVID-19 has caused a large strain on the economy as many institutions and companies have stopped operating due to restrictions. An overwhelming number of jobs have been lost, resulting in many Sri Lankans struggling to afford adequate daily meals. The Pivot Project introduced by the Foundation provides dry food rations to many. We have provided so far around 2,122 relief packs to families who are unable to meet their daily food requirements due to the loss of their existing income and travel restrictions. These dry ration packs are enough to last a family for a week, assisting them in staying home and safely physically distancing.

The Government of Pakistan has placed strict measures to fight the spread of COVID-19, causing the temporary closure of Outdoor Patient Departments and limiting the number of patients allowed to visit hospitals. Within the Khyber Teaching Hospital (KTH) the unavailability of Personal Protective Equipment (PPE) kits, in tandem with Government restrictions, has led to the suspension of eye health services. As part of our Pivot Program, we partnered with the National Committee for Eye Health to provide 200 PPE kits that included full washable suits, safety goggles, masks and gloves, to the hospital staff. The PPE kits allowed for the resumption of eye health care services for emergencies. The Foundation provided a further 6,600 PPE kits to 23 public and non-profit hospitals in Pakistan.
Additionally, to raise public awareness about COVID-19 in Pakistan, the Foundation has specially designed 20 banners and 200 posters to enhance the knowledge of underprivileged communities about the importance of handwashing.

In Vietnam, Optometry Teaching Assistants at the Hanoi Medical University were also affected by the pandemic and unable to subsidise their low university salaries with extra clinical teaching, as face-to-face teaching was suspended due to COVID-19. Foundation staff teleconferenced with colleagues at the Hanoi Medical University to discuss needs, options and solutions in order to provide support. We were able to support each of the ten Optometry Teaching Assistants with US$200/month for 3 months. This Pivot Program sponsorship has enabled the Teaching Assistants to continue teaching optometry online and provided needed economic support during the pandemic.

Our partner in Papua New Guinea, PNG Eye Care, has been unable to deliver its usual services of vision tests, refraction and glasses made to order due to COVID-19 lockdown provisions enforced by the PNG Government. PNG Eye Care’s role as coordinator of the National Prevention of Blindness Committee quarterly meetings, facilitating the co-ordination for eye care provision and research, has also been affected by the pandemic. They have pivoted from face-to-face to online meetings and services to support patients. The Foundation has sourced IT equipment, including a computer, monitor, speaker, microphone, and a camera with a wide enough angle to capture the whole room. This has allowed more patients to be met, and the scheduled National Prevention of Blindness Committee meetings to occur.

Through PNG Eye Care, we have also provided 50 locally made PPE packages to our colleagues at the Port Moresby General Hospital. The packages contain gloves, surgical masks, sanitiser, towels, soap and floor tape, and will ensure medical staff’s safety, and enable them to see patients during the pandemic.

In Pakistan, a young girl has her eyes examined by BHF partners in PPE kits during the COVID-19 lockdown.
PAPUA NEW GUINEA

Program overview

In 2007 the Foundation began working in Papua New Guinea and supported the development of a national non-government organisation (NGO), PNG Eye Care, as a social enterprise. Since then, PNG Eye Care has evolved into an enduring partner who holds a key role in eye care development and health systems strengthening throughout Papua New Guinea.

Our partnership with PNG Eye Care has resulted in research and evaluation that inform PNG’s National Eye Health Plan, the World Health Organization, and enable our program planning to be relevant and appropriate to Papua New Guinea’s priority needs. Extensive collaboration with other international NGOs and service providers, including the Lions Clubs International Foundation, supports ongoing projects conducted nationally. As an active member of the National Prevention of Blindness Committee, the Foundation continues to support eye care development through collaborative efforts such as the Cataract Surgical Quality Assurance initiative, a direct response to the Rapid Assessment of Avoidable Blindness research facilitated by the Foundation and supported by the Queen Elizabeth Diamond Jubilee Trust in 2017.

Project Highlights

PNG Eye Care

During the reporting period the Foundation continued in their partnership with PNG Eye Care delivering two projects: the PNG Eye Care Development Project, supported by the Department of Foreign Affairs and Trade (DFAT) under the Australian NGO Cooperation Program (ANCP); and the Lions Eye Health Strengthening Project supported by the Lions Clubs International Foundation (LCIF).

Throughout 2020, the Foundation focused on developing a referral pathway for people with vision impairment, providing outreach low vision services while working within COVID-19 safe hygiene protocols, supported the BHF initiative, the National Low Vision Network, during the final phase of the 3-year LCIF project, which successfully upgraded the eye clinic facilities in Port Moresby General Hospital. The LV Network strategic planning workshop was held in March 2020 following the National Prevention of Blindness Committee (PBL) meeting and the inaugural launch of the World Health Organization’s World Report on Vision (WHO WRoV), supported by the Foundation. The Lions Past District Governor Gary Kenny participated as a Panel Member for the WRoV launch, which received television and print media coverage in Papua New Guinea, in Australia, and captured the attention of the Minister for Health, the Hon. Jelta Wong.

As a result of COVID19 travel restrictions, 50% of low vision outreach services, the inaugural national Low Vision seminar and a ground-breaking disability inclusiveness evaluation led by members of the disability sector will now occur in the first half of 2021. Multi-sectoral stakeholder collaboration continued unabated. Gender
equity, child safeguarding and prevention of sexual exploitation, abuse and harassment training (PSEAH), and development of strategic and business plans continued while delivering awareness events (each two-days of activities): World Sight Day and International Day for People with Disability. This work aligns with the WHO recommendations to support national health systems strengthening through partnerships and the integration of people-centred eye care for universal health coverage - a goal the Australian Minister of Health, The Hon Greg Hunt, recently committed to progress with the international community.

The Foundation fostered a new public-private partnership between PNG Eye Care and the PNG pharmacy chain, CPL Group, to support a reliable spectacle distribution scheme. The Foundation provides the primary eye care training material for PNG Eye Care to deliver to CPL Group nurses and pharmacists.

Program outcomes during the reporting period in PNG include our partner conducting 2,144 eye examinations of which 55% were adult female, plus a further 128 screening eye examinations. Our partners dispensed over 1,100 pairs of spectacles to the people of Papua New Guinea despite COVID-19 restrictions.

Pivot Projects

Funds released by DFAT's focus-shifting initiative - the ‘Pivot Projects’ - provided scope to improve PNG Eye Care's online connectivity and capacity to continue to host international stakeholder meetings and provide online education for medical and post-graduate ophthalmology students including the ophthalmology examinations. Dr Magdelene Mangot, who supports our Low Vision Outreach services, successfully graduated as a new national, fully-qualified, female ophthalmologist. The airfreighted equipment was delivered to PNG Eye Care in July under the Pacific and Timor-Leste Essential Services and Humanitarian Corridor Group provided by DFAT. The Pivot Project funding also provided support for PPE kits to be sourced locally, enabling PNG Eye Care to provide community awareness raising about COVID-19 hygiene safe practices and Port Moresby General Hospital colleagues to provide eye care services for emergency patients even during the PNG State of Emergency.

DFAT and the ANCP program continued to support PNG Eye Care, enabling the refinement of monitoring and evaluation mechanisms for the Port Moresby Vision Centre and for a new finance officer to come onboard to the PNG Eye Care team. The review of the previous gender equity work, disability and environmental processes and outcomes were facilitated. It is well received that the impact of the current and previous support into PNG has produced tangible and significant results.

“\textit{The National Resource Centre has meant we have our own place to have lectures and meetings. In the past we used a very small room in the eye clinic, crowded with patients waiting to be seen. It was not a pleasant environment. This has improved our research coordination and registrar training. The resource centre has state of the art equipment for training of both undergrads and post grads. With a library of reference textbooks and journals, the lecturer has an office space with Low vision services of paediatrics. As President of the Prevention of Blindness Committee the centre has been a focal area of meetings and workshops. It has really boosted our morale in the eye care centre.}”

\textit{Personally, I am so proud and am very thankful for this facility and the eye clinic renovations. It has a major impact on eye care service delivery... Thank you very much.} - Dr Jambi Garap, Ophthalmologist and President of the Prevention of Blindness Committee, Head of Ophthalmology, University of PNG
VIETNAM

Program overview

In 2014, the Foundation was integral in creating an historic moment for Vietnam – the launch of its first optometry degree. This exciting inception was piloted at the University of Medicine Pham Ngoc Thach (UPNT) in Ho Chi Minh City – a joint venture between the Foundation, UPNT and the Ho Chi Minh City Eye Hospital. A year later, a parallel program followed in the north, at Hanoi Medical University (HMU) in partnership with the Vietnam National Institute of Ophthalmology (VNIO).

Today, there are 112 Vietnam-trained optometrists and 348 optometry students enrolled in years 1 to 3 in both faculties. This totals 460 eye care professionals to serve the growing population of 94 million.

Project Highlights

Optometry Development

Due to COVID-19 risks and restrictions, the Foundation moved the delivery of the optometry program training to online sessions, with the critical support of both universities’ administrators and international lecturers working from distance.

Progress towards faculty sustainability has also been made with locally trained teacher’s assistants being employed at the universities, as this contributes to further developing the optometry profession. The newly graduated Vietnamese-trained optometrists are passionate about working at UPNT and HMU as the teaching assistants. These supportive positions, working within the optometry sub-departments give practical and clinical opportunities for the teaching assistants to work both with patients, students and international optometrists. This builds their teaching capacity and helps develop competencies to support the emerging profession.

There are three Academic Vision Centres (AVCs) that work collaboratively with the optometry schools. The services provided help to both the optometry students to gain clinical practice and the communities to receive much needed eye care. During this reporting period, the three AVCs provided a total of 1,867 eye examinations and 326 spectacles to individuals needing them.

Work was done to produce Standard Operating Procedures for the management of paediatric eye disorders, a specialist field which needs very specific instructions. It was developed by the Hanoi Medical University’s team of optometrists and faculty lecturers. The UPNT optometry team also developed similar procedures to inform practises within UPNT’s AVCs. This has been used to guide operations in the AVCs and part of the optometry education program for students in all three locations.
Advocacy for policy change

Under the optometry development program, there have been continuing advocacy to succeed in getting the optometry profession recognised by the Vietnamese Government. The first advocacy workshop was organised in August 2019 by the Health Strategy and Policy Institute (HSPI) in collaboration with the Eye Care Foundation, Fred Hollows Foundation, and Brien Holden Foundation with the participation of representatives from the Ministry of Health, VNI0, HMU, UPNT, the Ho Chi Minh City Eye Hospital, provincial departments, eye hospitals and NGOs working in eye care throughout the country.

A delegation of representatives from the Ministry of Health, the Health Strategy and Policy Institute and VNIO participated in a study tour in Malaysia and Australia from 26th September to 1st October 2019. The purpose of the seven-member delegation was to understand the scope of practice, governance and registration of optometrists in the region, and study examples of integration of optometry into public and private health facilities and the contribution of optometry as a profession to eradicate avoidable blindness.

Following the study visit to Malaysia and Australia, the advocacy has achieved a significant step in receiving positive support from the Vietnamese Ministry of Health, Ministry of Home Affairs and relevant partners, on ratifying the optometry profession. Since November 2019, all parties have agreed to include the optometrists into the category of public servants. HMU and UPNT have been requested to develop an optometry framework for three levels: diploma, bachelor and post-graduate to be included in the national job code application.

Myopia and child health

Under the Foundation’s child eye health program, and supported by Our Children’s Vision campaign, school screening activities were conducted in the Ba Ria-Vung Tau (BRVT) province in southern Vietnam, with 1,158 students seen, and 92 spectacles provided to vulnerable children. Child referrals were guided to the Provincial Eye Hospital in BRVT.

With five vision centres established the Ba Ria-Vung Tau province, the eye health services have been sustainably delivered under the management of the Provincial Eye Hospital. Each month the five vision centres collectively provide services to around 1,300 patients, with a sustainable monthly revenue.

School screening activities were conducted by the optometry students and teachers of the Hanoi Medical University (HMU) in June 2020, testing the eyes of 1,500 primary school children and providing 100 free pair of glasses to disadvantaged children in Hanoi.

Project preparations continued at the new Paediatric Refractive Error Training Centre (PRETC). The space was refurbished, equipped and launched in September 2020. The PRETC’s space was approved by the Board of Management of the HMU. The location is in a central part of Hanoi City, surrounded by schools, and convenient for the local communities. The PRETC received on average 300 patients and provided about 100 spectacles each month, as well as provided clinical training for 3rd and 4th year optometry students.

Two refresher paediatric refractive error training courses for the optometry students at HMU and UPNT were designed by an international lecturer employed by the Foundation in March 2020, for delivery in late March and April 2020. But due to the COVID-19 pandemic, these courses were put on hold until they were redesigned to be taught online. The course will be taught in the first quarter of next financial year.

“As an optometrist and a teaching assistant of Hanoi Medical University, it’s important to develop myself continuously with the optometric knowledge in order to become the optometry faculty member in the future. Paediatric eye care and binocular vision are very important for me in teaching and providing eye care service for patients, especially children with potential binocular vision problems. After participating in several courses, conducted by Brien Holden Foundation’s expert, I feel more confident to diagnose a wide variety of vision and eye problems presenting in paediatric patients and able to communicate appropriately with them” - Duong Cong Quyen, a Teaching Assistant of Hanoi Medical University.
CAMBODIA

Program overview

The Foundation started working in Cambodia in 2008 to support the Ministry of Health in their development of the new National Program for Eye Health (NPEH). Through the NPEH, refractionist training has been provided to nurses and other health care professionals. Workforce development increases access to services when supported by developing infrastructure, such as vision centres, which can be integrated into the national health systems.

The Foundation has also worked in partnership with the Ministry of Education Youth and Sport to conduct child eye health interventions and school vision screening projects. To date the Foundation has provided school-centered eye care screening and services to more than 50,000 individuals, 83% of which are children.

This year, school eye health was integrated into the national school health policy, achieving a key advocacy goal. The Foundation has since received an invitation by the Cambodian Government to assist in the development of the national school eye health curriculum.

Project Highlights

Phnom Penh Vision Centre

Since 2009, the Phnom Penh Vision Centre (PPVC) has screened and examined over 65,000 individuals and delivered 21,257 spectacles to local beneficiaries. PPVC acts as a hub for our Cambodian eye care services, providing and engaging in clinical care, outreach work, the strengthening of referral pathways for people needing eye surgery, the provision of vision rehabilitation for people with low vision, eye care education, advocacy within government, and collaboratively working with other NGOs and partners to build eye care in Cambodia.

PPVC works in partnership with local schools and communities to improve access to eye health through outreach screening activities and spectacle provision. However, during 2020, outreach screening to partners were mostly postponed due to COVID-19 precautions and national lock down. This year, so far, 2,600 patients have received free eye examination services at the PPVC.

Eye Care Workforce Development Program

We have worked in collaboration with the NEPH to set up the National Refraction Training Centre, now self-sustaining, to train refraction nurses and spectacle technicians at the National Refraction Training Centre. During the first and second quarter of 2019, a six-month National Refraction Training Course was conducted and completed with 22 trainees, including 12 women, graduating as refractionist nurses.

Up-skilling also occurred for PPVC staff who attended the global online workshop hosted by the International Agency for the Prevention of Blindness, and the CREW workshop organised by the Optometric Society of Cambodia. It was an opportunity to gain more knowledge and build their skills in refraction, as well as networking with local and overseas colleagues.

School Eye Health Project

In the last five years we have worked with the Ministries and the Australian Department of Foreign Affairs and Trade, to successfully implement child eye health services in 39 schools in Phnom Penh and Kandal province.

This year child eye health work continued during the reporting period, supported by Our Children’s Vision campaign and providing vision screening services, spectacle provision, referrals for eye conditions treatment and public awareness on eye health. During the reporting period over 7,759 children have received vision screening through our school screening program.

“My spectacle helps me to feel relax of seeing things, protect my eyes from sun light or dusts, and felt safe from traffic accident while I am driving. It is really improving my life. There are four members in my family who had refractive error and are using PPVC’s service. I do hope that this vision centre could continue to provide such services since our children and large population are still looking for it”. - Monica, a young man from Phnom Penh
SRI LANKA

Program overview

The Foundation’s work in Sri Lanka began in response to the humanitarian crisis created by the 2004 tsunami, providing eye health services to the affected population and replacing broken or lost spectacles. The team quickly learnt that there was a huge unmet need for eye health services in Sri Lanka, especially in disaster-hit areas. Four vision centres were established in the Kegalle and Colombo districts to provide eye health services to rural and semi-urban communities. By June 2020, twelve years later, the Foundation had reached over 110,000 people and dispensed 64,500 spectacles in low-income communities.

Project Highlights

Accessible Eye Health Services

During the reporting period, the Foundation’s Sri Lanka program focused on enhancing accessibility to eye care services through its four vision centres and outreach interventions. In total 10,077 (5,845 females and 4,232 males) individuals accessed eye care centres during the period, marking 58% of women and girl accessibility. Moreover, 18 outreach programs were conducted during the period.

Four vision centres provided services to 31 individuals with low vision and 876 persons were referred for secondary and tertiary eye care. The outreach activities increase the accessibility to eye health services in poor and vulnerable communities. Patients requiring referral to authorized health institutes and acquired donor funding from local NGOs who are affiliated with the Foundation, in particular from Muslim Hands and Deaflink.

The Foundation introduced a procedure to check patient diabetes and blood pressure levels in all vision centres. The initiation will assist the early detection of some conditions in patients, further referring them for treatment if required. Activities in the reporting period were adjusted as a result of the COVID-19 global crisis.

Child Eye Health

The child eye health project targeted 45 public schools in the Anuradhapura and Polonnaruwa districts, in the North Central province of Sri Lanka. During the reporting period it delivered eye screening for 2,710 identified school children in remote areas.

The initiative provided free spectacles for 440 students in the Anuradhapura district in collaboration with Deaflink and relevant educational authorities. The Foundation also delivered training on vision screening for 34 teachers of selected schools in the Polonnaruwa district, in collaboration with Walikanda Area Program of World Vision Lanka, along with the training kits for the 34 trained teachers.

“Now I am a disable person. I cannot go for work as I did in early days. But, I need to feed another five members in family. Though my wife is in abroad, she cannot send the money in this situation. I have been receiving small assistance from the government, which is the only income at this stage to feed my entire family. Sometimes, we slept without food, especially during curfew days. We didn’t get any support from any other person or organisation. But, we were fortunate enough to receive a dry ration pack from Brien Holden Foundation during difficult time period. - Perumal

Perumal receives his dry ration pack from Brien Holden Foundation
PAKISTAN

Program overview

Operations in Pakistan launched in 2011, the focus of our interventions has been to integrate and align eye health into the existing health care system through our comprehensive, sustainable, local empowerment approach. In a country where an estimated 12 million people have unnecessary vision impairment due to uncorrected refractive error, our work ensures that affordable and quality eye health services such as vision screenings, eye examinations and provision of spectacles are accessible to those in need.

From our school eye health program to our community-based eye care and low vision services, from our social franchise optical stores to the innovative Enterprise for Sight program, our work in Pakistan continues to ensure accessible eye health services are available at the community level while also creating livelihood opportunities for future eye care professionals.

Project Highlights

Workforce Development

During the reporting period, our team in Pakistan contributed to enhancing the knowledge and skills of 554 teachers in child eye health and vision screening. 100 out of 554 teachers were trained with the support of the Allergan Foundation while 454 teachers were trained with the support of DFAT. Teachers trained by the Health Department provided vision screening services to 40,047 students during the year.

Training on Clinical and Functional Low Vision Management was offered to the Foundation’s partners and other low vision clinics. 16 optometrists from the College of Ophthalmology and Allied Vision Sciences, Al Shifa Eye Hospital, Al Ibrahim Eye Hospital (AIEH) and Layton Rahmatulla Benevolent Trust (LRBT) participated in this training. The team also provided the latest low vision assessment charts and other material to these clinics. The facilitator presented case studies and enhanced the participants’ skills sets and knowledge through examining the patients in low vision clinics, and provided an opportunity for the participants to observe the examination process of complicated cases.

The Academic Vision Centre (AVCs) established at the Isra School of Optometry (ISO) continued providing opportunity to the optometry students to learn practically and enhance their optometry skills. During the year, 302 optometry students (including 211 women) learned about history, slit lamp examination and subjective refraction.

In Pakistan, a young school girl has her eyes tested for the first time.

In Pakistan an older woman is delighted to be able to have clear vision restored through an eye test and glasses.
Enhancing access to eye health services

During the reporting period, the Foundation through its partners, provided eye health services to 259,536 persons including 51% women and girls. Through the innovative social enterprise project, the team dispensed spectacles to 61,961 persons including 66% women and girls. Majority of the beneficiaries who received eye health and optical services belong to rural and remote areas. In partnership with College of Ophthalmology and Allied Vision Sciences and Layton Rahmatulla benevolent Trust, 5,584 persons with low vision have enhanced their confidence to live a dignified life after receiving low vision assessment and rehabilitation services and low vision devices.

Children constitute 76% of the total beneficiaries. Around 50% of the children were provided with eye care for the first time. The team worked with Comprehensive Eyecare Cell Azad Jammu & Kashmir, Layton Rahmtulla Benevolent Trust and Al Ibrahim Eye Hospital to reach out more children from rural and remote areas of Pakistan.

The Foundation worked with National Committee for eye health to provide personal protective kits to medical practitioners, including doctors, nurses and other paramedical staff, to help combat COVID-19 in Pakistan. The team prepared a proposal and sought the support of donors, with DFAT approving a Pivot Project to provide 6,800 protective kits to the Health Department of Pakistan. The kits were provided to 25 Government and Charities hospitals in four provinces of Pakistan.

Advocacy for Eye Health

The country team participated in the biannual meetings of the National Committee for Eye Health. The team contributed to the process of the development of National and Provincial Eye Health Plans. The Foundation also supported the National Committee for Eye Health to conduct the National Survey of Blindness and Low Vision.

The Country team observed various international days including World Sigh Day and Universal Children day in coordination with Comprehensive Eye Care Cell AJ&K and local NGOs. The team and the partners arranged seminars, awareness-raising sessions and eye examination camps in schools and villages. 2,849 persons including 1,886 women and girls received eye examination services and 711 persons including 350 women and girls received spectacles through these activities.

To raise the public awareness during COVID-19, the team worked closely with Social Welfare department. 200 posters and 20 banners carrying the key messaged related to the prevention of COVID-19 were developed and displayed at public places.

“My mother was hesitant to take me to any eye care facility due to the cultural traditions. Eye examination camp at my school provided me with an opportunity to access eye care.” - Fareena
INTERNATIONAL HIGHLIGHTS

Global Optometry Development

Blindness and vision impairment affects 1.2 billion individuals globally. Uncorrected refractive error accounts for 90% of vision impairment and 89% of those affected reside in developing countries. Vision impairment caused by uncorrected refractive error can easily be corrected with a pair of spectacles, but the lack of qualified optometrists prevents this.

The global optometry development program has been driving change in some regions for more than a decade, to address the shortage of qualified optometrists needed. This year workforce development progressed in nine optometry programs in seven countries. This year nine optometry schools graduated 228 students resulting in 865 practitioners cumulatively who can reach 1,453,200 beneficiaries per year, determined by a conservative estimate of 2,000 potential patients per year. Currently there are 1,266 students enrolled across the nine optometry programs.

This project complements DFAT’s bilateral and regional programs through its focus on education and capacity building in developing countries. Trained optometrists help improve marginalized communities' access to eye health care. It will also strengthen the countries’ eye health systems for universal eye health. Supporting the selected countries is in line with DFAT’s bilateral partnership focus and adheres to DFAT’s policy on sustainable development and Partnerships for Recovery policy with emphasis on local capacity development, mainstream disability inclusion, employment opportunities and enhancing opportunities for women. Geographically, Vietnam is in South East Asia, a priority region for COVID 19 development response.

![Optometry Workforce Development](image)

Total of new optometrists training or working

Global optometry students currently enrolled

Total number of global optometry graduates between 2008-2020

The impact of these figures is exponential:

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

1,453,200 Projected amount of more people receiving eye care per year

Countries and optometry schools supported by the Global Optometry Development project

<table>
<thead>
<tr>
<th>Country</th>
<th>School Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti</td>
<td>Université d’État d’Haiti</td>
</tr>
<tr>
<td>Malawi</td>
<td>Mzuzu University (Degree), Malawi College of Health Sciences (Diploma)</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Universidade Lurio</td>
</tr>
<tr>
<td>Uganda</td>
<td>Makerere University</td>
</tr>
<tr>
<td>Kenya</td>
<td>Masinde Muliro University of Science and Technology</td>
</tr>
<tr>
<td>Vietnam</td>
<td>University of Medicine Pham Ngoc Thach (UPNT), Hanoi Medical University (HMU)</td>
</tr>
<tr>
<td>Eritrea</td>
<td>Orot College of Medicine and Health Sciences</td>
</tr>
</tbody>
</table>

While COVID has adversely affected level of service delivery projects, the optometry school projects have been remotely managed and monitored since their inception except for Malawi and Vietnam which have in-country Program and Country Managers. The current restrictions on international travel therefore did not have adverse impact on the monitoring component of the delivery. The Program Managers have been able to be able to conduct remote monitoring via the Foundation Project Cycle Management iterative processes, through monthly reviews and annual reports, which give a complete overview of the academic year’s performance.
Over time, the institutions have made great progress working towards reaching sustainability, this is dependent on the faculty of each optometry school ‘growing’ locally trained optometrists with post graduate training. The Foundation provides enrolment for current faculty members into its Optometry Faculty Development Initiative that aims to develop pedagogical, clinical, research skills of participants. This phase of the project focuses on the development of graduates who are nationals of those countries as future faculty members for their institutions. It will also support the institutions’ efforts in developing their own graduates to qualify as lecturers in the emerging faculty. The Foundation will prioritise women candidates in both initiatives in line with its strategic focus of gender equity and supporting the advancement of women in their professional settings.

**Optometry Faculty Development Initiative**

The Optometry Faculty Development Initiative (OFDI) is a professional development program that supports and enhances the capabilities of faculty of emerging optometry schools across the world. The program offers courses designed to build the critical educational knowledge and skills of lecturers and clinical supervisors to support the training of future optometrists. The Initiative also includes courses in current myopia management and social responsibility in optometry professional practice.

The Foundation offers this Initiative annually to ensure the ongoing up-skilling of faculty and in turn future optometrists. The last iteration of the OFDI program concluded in September 2020 was offered to 40 faculty members from nine optometry schools across seven countries.

This project complements DFAT’s bilateral and regional programs through its focus on education and capacity building in developing countries. Trained optometrists help improve marginalized communities’ access to eye health care. It will also strengthen the countries’ eye health systems for universal eye health. Supporting the selected countries is in line with DFAT’s bilateral partnership focus and adheres to DFAT’s policy on sustainable development and *Partnerships for Recovery* policy with emphasis on local capacity development, mainstream disability inclusion, employment opportunities and enhancing opportunities for women. Geographically, Vietnam is in South East Asia, a priority region for COVID-19 development response.

Teira Patrick is a new graduate optometrist from the emerging School of Optometry at Makerere University, in Kampala Uganda supported by Brien Holden Foundation. Here is his story:

*Having grown up in a low-income neighborhood in one of Kampala’s suburbs in Uganda with a Type 1 diabetic sister who I frequently had to escort for her medical checkups. One of the many clinics my sister was advised to regularly visit was the eye clinic at Mengo Hospital in Kampala. Being one of the very few eye care facilities in the country, the waiting line was always long and we normally had to wait for days before getting seen. Consequently, so many people particularly those who had to travel long distances from all the far corners of Uganda to get these eye care services usually ended up giving up and were predictably condemned to lives of reduced vision and blindness. I feel very grateful to all involved that have helped me graduate as an optometrist. I am one of very few Ugandan trained optometrists. Thank you to the donors who have support the development of our optometry school, one of which is the DFAT. My ambition is to continue my work at the community level providing much need eye health services. - Teira*

In Uganda, Teira Patrick stands outside the emerging Optometry School at Makerere University
SOCIAL INCLUSIVE PROGRAMS

Focusing on Disability Inclusiveness

Sri Lanka program has worked to ensure disability inclusiveness in the program implementation by providing eye health service to children with disabilities. The Foundation conducted two eye camps for children who live in orphanages and children with disabilities. 25 differently able children and 61 children who live without both parents in Sirisangabo Special Children’s Foundation and Korea-Sri Lanka Cultural and Social Welfare Foundation received full eye examination. 26 children were provided with spectacles free of charge. The initiative was implemented in collaboration with Gampaha District secretariat.

Driving Gender Equity

In Pakistan, women and girls constitute 47% of the total beneficiaries during the reporting period. This is almost aligned with the overall ratio of women and girls in the country. The team follows a pro-active approach to maintain the gender balance in the projects’ beneficiaries. For the purpose, the team kept on monitoring the gender ratio in the project beneficiaries. Upon noticing any change, the team immediately communicates to the partner to bring its attention to the issue. For example, if more men teachers are trained during any month, then team shares this with the partner to plan the next training for women teachers wherever feasible.

Caring about Environmental Impact

Sri Lanka Program team is using biodegradable, 100% environmentally friendly non-woven fabric bags instead of polythene bags for the customers. All vision centres adapted to the concept of environment friendly initiatives. The bags also used as promotional material to communicate key eye health messages, messages were developed, and banners were displayed during the eye camps in order to convey effects of environmental factors on eye health. The Foundation’s country office and vision centres’ waste management process is also in full compliance with local regulations.

Evaluating through Research

During this reporting period, the Lions Clubs International Foundation funded a research study in Vietnam and Tanzania on ‘the effectiveness of teacher-led school-based eye health programs in Vietnam’, being conducted in the Ba Ria-Vung Tau province, to determine the quality and appropriateness of current programs in Vietnam and, if needs be, make changes to school eye health program in the future. This study will also be conducted in Tanzania during 2021.

New research study reviews outcomes five years after a school eye health intervention
RESEARCH

Evaluating school-based eye health programs through Research

Leveraging Lions Clubs International Foundation funding, we have been researching effectiveness of teacher-led school-based eye health programs in Vietnam and Tanzania. Our aim is to determine whether schoolteachers trained in detection and referral of schoolchildren with vision impairment five years ago remain effective. Are the teachers still conducting vision screening at schools? Have uncorrected refractive error rates reduced in these schools compared to comparable schools that were not part of the teacher training and vision screening program. This project also aims to report the facilitators and barriers of teacher-based vision screening programs at schools from stakeholders’ (children, parents, trained teachers, principals, local community health providers, and relevant school health providers/stakeholders) perspective.

This evaluative research will inform future improvements to school eye health programs in Vietnam and Tanzania, with potential for extrapolations to other countries based on similarities.

Population-based community screening approach for determining prevalence of ocular morbidity

Lions Clubs International Foundation funding is also facilitating us to develop and field-test a protocol to assess the prevalence of ocular morbidity and vision loss in a representative sample of all-ages in diverse populations. “Ocular morbidity” includes eye problems that are important to people, absorb eye care personnel time and resources, but don’t cause vision impairment (e.g. sore eyes from uveitis, itchy eyes from ocular allergies, or a retinal hole that has not caused retinal detachment). We will test the adaptability of the protocol across diverse geographies, ethnicities, cultures, languages, and health and political systems by implementing it in Malawi, Pakistan and Vietnam.

The secondary aim is to determine how to ‘operationalize’ the ocular morbidity protocol, by determining appropriate sample sizes, required resources and approximate costs – i.e. a standard protocol available for use in all countries in future. The study outcomes will inform relevant stakeholders and policy makers about the burden of ocular morbidities in the existing eyecare services and improvement required in current health service systems.

Research and evaluation strategic planning 2021-2024

We continue our plan to research and evaluate all projects and programs, with a particular focus on Vietnam, Pakistan, and Papua New Guinea. A snapshot of key research areas across our four strategic pillars are listed in the figure below.

Brien Holden Foundation’s Research Strategic Planning 2021-2024

- Need Assessment - Ocular Morbidity (LCIF project), Refractive error study such as RESC and RARE, Spectacle coverage and compliance, Research build on PNG RAAB
- Development and evaluation of school eye health education and promotion
- Barriers to refractive error services
- Patient outcome research
- Burden of eye diseases at community level (RE, Cataract, Glaucoma and DR)
- Development and evaluation of an integrated eye health approach
- LCIF “Effectiveness of school screening in Vietnam and Tanzania (5 year follow up)”
- Program evaluation (process, outcome and impact) - E.g. Australia PEHET program
- Optometry workforce survey - roles in health care systems, job satisfaction, professional issues and barriers
- Evaluation of refraction skills, myopia management education, training and professional development
- Vision centre management and service evaluation
- Evaluation/review of the contemporary approaches to social entrepreneurship in eye health
- Global advocacy with global epidemiological projects
- Burden of eye health diseases with special focus on disability, gender equity, and environment
## FINANCIAL SUMMARY

Plain language summary of income and expenditure and overall financial health

### Revenue

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Donations and gifts</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monetary</td>
<td>85,548</td>
<td>86,406</td>
</tr>
<tr>
<td>Non-monetary</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bequests and Legacies</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Grants</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Foreign Affairs and Trade</td>
<td>1,564,697</td>
<td>1,911,662</td>
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<tr>
<td>Other Australian Grants</td>
<td>4,345,249</td>
<td>8,769,592</td>
</tr>
<tr>
<td>Overseas Grants</td>
<td>310,534</td>
<td>489,040</td>
</tr>
<tr>
<td>Commercial Activities Income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Investment income</td>
<td>5,300</td>
<td>8,612</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATO Cash flow boost 1</td>
<td>50,000</td>
<td>-</td>
</tr>
<tr>
<td>JobKeeper</td>
<td>126,000</td>
<td>-</td>
</tr>
<tr>
<td>Other Income</td>
<td>219,713</td>
<td>290,051</td>
</tr>
<tr>
<td>Revenue for International Political or Religious Adherence Promotion Programs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Non Monetary Income</strong></td>
<td>1,470,695</td>
<td>1,083,384</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>8,177,73</strong></td>
<td><strong>12,638,747</strong></td>
</tr>
</tbody>
</table>

### Ratio Analysis

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>International Programs</td>
<td>32%</td>
</tr>
<tr>
<td>Domestic Programs</td>
<td>36%</td>
</tr>
<tr>
<td>Fundraising Costs</td>
<td>1%</td>
</tr>
<tr>
<td>Accountability and Administration</td>
<td>7%</td>
</tr>
<tr>
<td>Non-monetary expenditure</td>
<td>19%</td>
</tr>
<tr>
<td>Other expenditure</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
## FINANCIAL SUMMARY

### Expenditure

<table>
<thead>
<tr>
<th>International Aid and Development Programs Expenditure</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>International programs</strong></td>
<td></td>
</tr>
<tr>
<td>Funds to international programs</td>
<td>1,765,308</td>
</tr>
<tr>
<td>Program support costs</td>
<td>751,468</td>
</tr>
<tr>
<td>Community education</td>
<td>18,203</td>
</tr>
<tr>
<td><strong>Fundraising costs</strong></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>73,867</td>
</tr>
<tr>
<td>Government, multilateral and private</td>
<td>-</td>
</tr>
<tr>
<td>Accountability and Administration</td>
<td>580,432</td>
</tr>
<tr>
<td>Non-Monetary Expenditure</td>
<td>1,493,440</td>
</tr>
<tr>
<td><strong>Total International Aid and Development Programs Expenditure</strong></td>
<td>4,682,718</td>
</tr>
<tr>
<td><strong>International Political or Religious Adherence Promotion Programs Expenditure</strong></td>
<td>-</td>
</tr>
<tr>
<td>Domestic Programs Expenditure</td>
<td>2,895,487</td>
</tr>
<tr>
<td>Commercial Activities Expenditure</td>
<td>-</td>
</tr>
<tr>
<td>Other Expenditure</td>
<td>429,085</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>8,007,290</td>
</tr>
<tr>
<td><strong>SURPLUS/ (DEFICIT)</strong></td>
<td>170,446</td>
</tr>
<tr>
<td><strong>OTHER COMPREHENSIVE INCOME</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL COMPREHENSIVE INCOME</strong></td>
<td>170,446</td>
</tr>
</tbody>
</table>
## FINANCIAL SUMMARY

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>5,237,229</td>
<td>5,440,646</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>467,150</td>
<td>1,624,388</td>
</tr>
<tr>
<td>Inventories</td>
<td>55,689</td>
<td>54,496</td>
</tr>
<tr>
<td>Assets held for sale</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>356,770</td>
<td>818,409</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>6,116,838</td>
<td>7,937,939</td>
</tr>
</tbody>
</table>

| **Non current assets** |           |           |
| Trade and other receivables | -         | -         |
| Other financial assets     | -         | -         |
| Property, plant and equipment | 22,883    | 31,050    |
| Investment property        | -         | -         |
| Right of Use assets non currnet (Leases) | 94,767 | -         |
| Intangibles                | -         | -         |
| Other non-current assets   | -         | -         |
| **Total Current Assets**   | 6,234,488 | 7,968,989 |

### Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>1,045,815</td>
<td>1,339,997</td>
</tr>
<tr>
<td>Borrowings</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Current tax liabilities</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Lease liability - current</td>
<td>28,268</td>
<td>-</td>
</tr>
<tr>
<td>Provisions</td>
<td>146,571</td>
<td>464,854</td>
</tr>
<tr>
<td>Other</td>
<td>3,997,152</td>
<td>5,164,711</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>5,217,806</td>
<td>6,969,562</td>
</tr>
</tbody>
</table>

| **Non Current Liabilities** |           |           |
| Borrowings               | -         | -         |
| Other financial liabilities | -       | -         |
| Lease liability - non current | 60,172  | -         |
| Provisions               | 113,723   | 327,086   |
| Other                    | -         | -         |
| **Total Non Current Liabilities** | 842,787  | 672,341   |

**TOTAL LIABILITIES** | 5,391,701 | 7,296,648 |

**NET ASSETS** | 842,787 | 672,341 |

### Equity

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>842,787</td>
<td>672,341</td>
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<td><strong>TOTAL EQUITY</strong></td>
<td>842,787</td>
<td>672,341</td>
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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 2020, 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 2020 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 2020, the income statement, the statement of changes in equity and the table of cash movements for designated purposes for the year ended 30 June 2020.

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 31 to 33 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 28th day of January 2021.
Thank you to all our project partners and supporters. Through collaboration we have achieved so much more.

**MAJOR FUNDERS & DONORS**

Australian Government Department of Foreign Affairs and Trade (DFAT)

Australian Government Department of Health

Northern Territory Government

Optometry Giving sight

VOSH International

NSW RURAL Doctors network

International Health and Medical Services

Lions Clubs International Foundation

VisionSource

Vision 2020 Australia
REFERENCES


Board Directors
Chair: Professor Serge Resnikoff
Professor Fiona Stapleton
Ms Yvette Waddell
Mr David Galbally AN, QC
Professor Reuben Bolt
Ms Rebecca Hodges
Mr Willi Friderich

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 Information
Email: info@brienholdenfoundation.org
Phone: +61 2 9065 0700
Write: Brien Holden 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 www.brienholdenfoundation.org

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