



**Brien Holden
FOUNDATION**

Annual Review
2022

A large group of school children in Tanzania are standing in a long line outdoors, waiting for an eye examination. They are wearing white short-sleeved shirts and green skirts. The background shows a clear blue sky and some trees.

Vision, Values & Goals

Our Vision is:

To deliver eye health care services, education initiatives and conduct research in order to decrease uncorrected vision impairment and avoidable blindness globally.

Our Values are:

- Sight is a fundamental right for all people.
- To prioritise improving access to inclusive and localised eye health care.
- Our global strategies are influenced by cultural understanding and the core principle of sustainability.
- We achieve through collaboration with our partners.

Our Strategic Goals are:

1. Develop, strengthen and establish comprehensive eye health care services
2. Build sustainable eye health systems through education and training initiatives
3. Promoting effective change through development, measurement and evaluation
4. Develop strong partnerships to collaboratively drive change and target inequities

Front cover: A young newly qualified Vietnamese optometrist provides an eye examination to a school child under Our Children's Vision screening project.

Back cover: A schoolboy in Pakistan has his eye tested for the first time under the School Eye Health Project.

This double page: School children in Tanzania stand in line to have their eyes examined under Our Children's Vision screening project.



Women wearing traditional colourful patterns in Nyambiti village, Kwimba District, Tanzania

Message from the CEO

During this reporting period, Brien Holden Foundation achieved its project deliverables by continuing to evolve its programs and adapt its operational strategies to consolidate programmatic delivery, as the grip of the pandemic receded: The last few years has been an unparalleled exploration of our ability to adapt and accept extenuating circumstances and contexts. This process has enabled the Foundation to become more agile, resilient and robust in operations and delivery of programs.

The pandemic has again shown on an unprecedented level the critical importance of continuing to work to strengthen global health systems. New measures,

alliances and collaborations seem to have burst the previously siloed 'eye health care sector' and provided new possibilities for merging with the broader health agendas. Innovative measures have been tabled by the World Health Organization and the United Nations, boding well for the evolution of new consolidated global health outcomes.

Our Australia Program remained steadfast and focused on its vision to deliver equitable optometry services in urban, remote and rural NSW and Northern Territory via the Aboriginal Vision Program, using a mix of face-to-face and telehealth delivery to enable provision. While services were affected by the

pandemic early in the reporting period, normal project flows have resumed. Additionally, we provided in these locations eye health equipment and training to primary health care workers to enable eye health checks and referral pathways to be regularly supported by health centres. We expanded our program scope to continue to work with refugees, offering eye health examinations and vision care to newcomers to Australia.

The Foundation continues to be a member of Vision 2020 Australia participating in the four national policy committees: Aboriginal and Torres Strait Islander Committee; Independence and Participation Committee; Prevention and Early

Intervention Committee and the Global Committee collaboratively working to embed and strengthen eye health systems across the eye health care sector with Australia, the Pacific and Southeast Asia regions.

We are grateful for the flexibility of the Australian NGO Cooperation Program (ANCP) and its adaptable model enabling the Australian Department of Foreign Affairs and Trade (DFAT) to change and evolve support for our international programs. They consistently agree to our requests to evolve and provide new relevant ways of delivering strong, impactful projects globally.

In Pakistan, we provided eye health care to 330,732 people, of which 151,027 vulnerable beneficiaries were reached by accessible services included women and girls. We participated in the National Committee for Eye Health meeting with both the Prime Minister and Health Minister of Pakistan, advocating to influence policy development to enable universal access to eye health services with a specific focus on refractive error and child eye health.

This year in Vietnam Program we celebrated 55 new Vietnamese-

trained optometrists as they joined the 268 qualified optometrists who have trained over the last four years, collectively becoming the first generation of eye care professionals for their country. These new optometrists have provided accessible services to 8,563 school children through screening, referrals and/or spectacle provision who would have not otherwise received eye care.

In Papua New Guinea we work closely with our diverse partners to complete the 3-year Phase 2 of the Strengthening Eye Health Systems Project funded by Lion Clubs International Foundation and DFAT, achieving progressive outcomes for the eye health systems nationally and moving on to begin Phase 3. We are thankful to our long-standing funding partner LCIF, who chose to fund a third phase of the developing the eye health systems of PNG.

Research advanced well during the reporting period seeing the successful completion of the study on the *Effectiveness of teacher-led school-based eye health programs in Tanzania and Vietnam*. This research built on work conducted by our researchers 10 years ago in 2011, and preliminary findings were

indicative of the BHVI projected increase of prevalence rates of refractive error and myopia: more than 5 billion people may experience myopia by 2050.

While the COVID-19 pandemic is not behind us yet, I'm confident that the Foundation through its strong partnership and its dedicated teams is in a very good position to address the challenges ahead of us with renewed innovation and verve to continue to contribute to the reduction of poverty, inequality and suffering.

I would like to extend my sincere gratitude to the staff of the Foundation, including our hard-working Board. Reaching with equal gratefulness to our dedicated and committed partner organisations and colleagues both here in Australia and across the international programs. Together our efforts are making a difference to many lives through aligned development aims, continual strengthening of health systems and increased access to good vision.

Kind regards,

Yvette Waddell

Brien Holden Foundation

Our Work

Brien Holden Foundation is a public company limited by guarantee and a registered charitable organisation which does not pay dividends. The Foundation's working motivation is the belief that sight is a fundamental right for all people, despite circumstance or location, and its public health work is driven by the aim to provide vision for everyone, everywhere.

Working in strong partnerships to deliver service delivery and training programs guided by research,

the Foundation's purpose is to strengthen eye health care systems in Australia and partner countries by working with government and non-government partners.

By building sustainable services and locally led eye health capacity at country level and further developing skilled workforce to increase access to eye health care, the Foundation seeks to eliminate uncorrected refractive error and avoidable blindness, thereby reducing poverty, inequity and suffering.

In Australia, the Foundation provides eye health examinations

and on-going care, working in partnership with community health services. The Aboriginal Vision Program improves access to optometry services for Aboriginal and Torres Strait Islander communities in New South Wales and the Northern Territory, contributing towards the prevention of avoidable vision impairment and loss. The Foundation trains, upskills and mentors' primary health care workers to provide eye health checks and access referral pathways and in doing so, strengthen them.

The Foundation also implements (in partnership) refugee eye health projects across Australia, offering support to underserved newcomers who seek to make Australia home and may not have access to normal services. Additionally, the Foundation provides a blend of clinical services, eye health training for Indigenous health workers and eye imaging equipment training in Victoria, New South Wales, Queensland, Western Australia, and the Northern Territory.

Internationally, the Foundation works in the Western Pacific, South East Asia and Africa Regions with continuing projects in Pakistan, Vietnam, Papua New Guinea, Haiti and Tanzania. The project designs are contextualised to suit country level needs and governed by robust international development underpinning. We work in partnership with non-government partners and governments at ministry, provincial and district levels to achieve the agreed and much need eye health care capacity building deliverables.

Key Performance Outcomes 2022

July 2021 – June 2022

Progress towards achieving the goals of the strategic plan is assessed against defined indicators and targets of the current strategic plan. At a

programmatic level all projects are guided by the Foundation’s revised Project Cycle Management system and its regular and iterative processes. At an operational level, all new and current project plans demonstrate how they directly align with the objectives of the strategic plan. Data collected at a project and operational level is analysed to report against the indicators and targets. Country strategic plans are followed for each location.

Data is collected directly from within the Foundation’s monitoring and evaluating database and indirectly from our partners data set tools. The totals are a mix of both these quantitative methods of capture. They are analysed to assess how the projects are progressing, measure the impact of the work undertaken to ensure accountability to funders and the community served, and how overall the organisation is progressing against its strategic goals. The assessment is received by the Directors, management and staff enabling informed and appropriate changes to ensure the organisation continues working towards achieving its evolving strategies.

Operations and Programs

Thankfully this financial year saw significantly less disruption to both national and international

operations due to the COVID-19 pandemic. Program operations both within Australia and internationally, ran close to normal scheduling. The ongoing conditions, prevalence’s and the response of governments became less of a focus, as were irregular flows to operations and project activities. Program work concentrated on continuing to develop partnerships to build capacity, enable short and long-term development strategies work support eye health care empowerment for target communities in Australia and emerging countries.

Following on from the Foundation’s completion of the Australia Government accreditation process (which is mandatory every 5 years) during the last financial year, three items required a scheduled progress check known as ‘subject to’. The International Program team prepared well and met the required standards of compliances necessary during the ‘subject to’ process. The extensive reforms and the strengthened operational framework were translated by DFAT as a solid reform with potential for review back to full accreditation in the future. This completed the 18-month long DFAT re-accreditation process providing the Foundation with Base accreditation for 5-years until June 2026.


Due to the significant decrease in DFAT funding and a required change of project model to enable greater development effectiveness at program and project levels, the Foundation had to make tough decisions and implement an accelerated localisation methodology in some supported countries. Specially this meant in Sri Lanka and Cambodia operations changed and the programs were localised at partner level with good outcomes. Equally in the Africa region, the optometry schools in Eritrea, Kenya, Malawi and Mozambique were encouraged to take an independent step towards complete sustainability after more than a decade of funding support, with good outcomes across the region.

The DFAT funded program work continued providing eye heath care service delivery and workforce training in Vietnam, Pakistan, Papua New Guinea. The Foundation continue to work closely with Optometry Giving Sight to deliver three projects in Vietnam, Haiti and Tanzania. Equally, the Foundation continued its developmental and research focus by continuing to implement the three Lion Clubs International Foundation projects; in Papua New Guinea the development project completed Phase 2 and began Phase 3; and of the continuing research studies, the school eye health project in Vietnam and Tanzania completed; and the ocular morbidity project being conducted in Vietnam and Pakistan is on track.

The Foundation made steady progress on its first Reconciliation Action Plan (RAP) Reflect assisted greatly by the valuable input of Ms Sandra Bailey and Professor Reuben Bolt. The Foundation is seeking final comments from key stakeholders at the Aboriginal Health & Medical Research Council of NSW and the Aboriginal Medical Services Alliance in the Northern Territory and aims to submit the completed RAP to Reconciliation Australia in the near future.

The Foundation continued to review and update all governance, compliance and risk assessment frameworks, including the Project Cycle Management, policies and procedures following the premise of continuous improvement builds best practices.

Total eye screenings	639,135
Total eye examinations	283,206
Spectacles and devices dispensed	91,722
Low vision examinations	7042
Total personnel trained	2319
Total optometry graduates	124

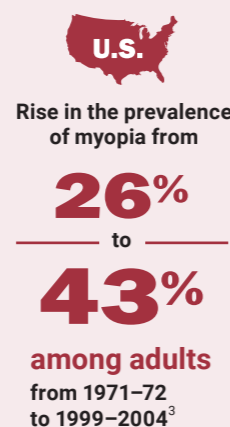
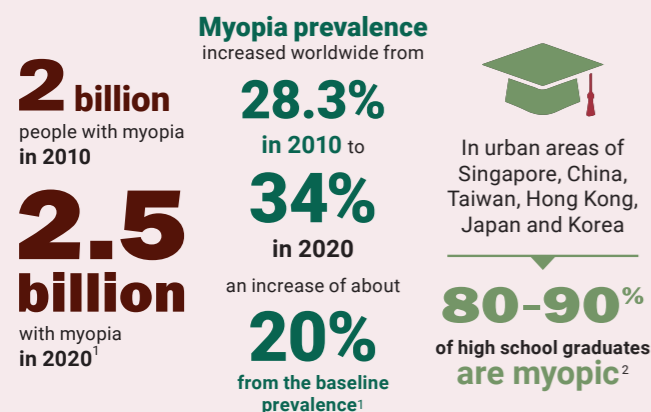




A young Vietnamese school boy receiving a low vision assessment in a school eye health project.

The Challenge

Myopia (short-sightedness)



Myopia

significantly increases the risk of

Cataract
3.3X for myopia >6.00D⁴

Glaucoma
14.4X for myopia >6.00D⁵

Retinal Pathology
7.8X for myopia >8.00D⁶

Myopic macular degeneration

is the number one cause of blindness in Shanghai, China and Tajimi, Japan^{7,8}

Pathologic myopia affects up to 3% of the world's population

with racial differences regarding the prevalence (0.2% to 1.5% Asian and 0.1% to 0.5% Caucasian).

The prevalence of myopic choroidal neovascularization (CNV) in individuals with pathologic myopia was reported to be

5.2%-11.3%⁹

Presbyopia (ageing eyes)

1040 million

people with presbyopia in 2005

517 million of whom had no spectacles or inadequate spectacles¹⁰



Quality of life impact of uncorrected near vision impairment (presbyopia) similar to uncorrected distance vision impairment¹¹

Uncorrected refractive error

In 2020, an estimated

43.3 million people were blind

295 million people had moderate and severe vision impairment

258 million people had mild vision impairment¹²

517 million people with uncorrected near vision impairment (presbyopia)¹⁰

108 million people with uncorrected distance vision impairment



The global economic productivity loss in international dollars (I\$) associated with the burden of uncorrected refractive error was at

I\$ 427.7 billion in 2007¹³

Vision impairment due to uncorrected distance refractive error costs the world

US \$202 billion per year in lost productivity, direct and indirect costs¹⁴

US \$28 billion

is the one-off cost of providing comprehensive eye care worldwide¹⁴

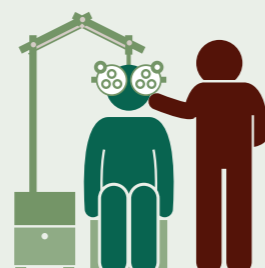
Deficit of eye care practitioners worldwide

47,000

functional clinical eye care providers

needed globally

to assess vision and eye health and prescribe corrective lenses needed to restore good vision¹⁴



18,000

optical dispensers

needed globally

to provide appropriate glasses¹⁴

Accessible eye health services

OUR RESPONSE

Research, Advocacy & Policy Change

Workforce development & education



BHF Optometrist Sarah with patients Johnny, Ronny and Peter at Laramba Community in Australia after having their eye exams and COVID vaccinations.

Australia Program

Aboriginal Vision Program

Our Australia Program had a successful year delivering services and training in both the Northern Territory and New South Wales. Despite the continuing COVID-19 challenges, the Foundation still delivered over 1018 days of optometry services to Aboriginal and Torres Strait Islander communities, performing 7626 comprehensive eye examinations, consisting of 3183 males and 4442 females, providing a pair of glasses to over 4711 patients.

NSW snapshot

The first six months of the year saw the NSW Aboriginal Vision Program significantly impacted by the pandemic. Regional Aboriginal community lockdowns unfortunately restricted all visiting services.

The NSW Aboriginal Vision Program provides services to more than 80 locations across New South Wales. Considering the significant COVID disruption to services, the Foundation still provided 586 days of full eye examinations to 4323 patients providing 3673 pairs of glasses.

We know 93% of our patients identify as Aboriginal. We measured 1110 of the 4323 patients seen during the year were children aged between 0 and 18. We have seen a climb in Aboriginal children requiring glasses and this year saw no different with 40% of children requiring a pair of glasses, and of that figure 37.8% identifying as Aboriginal.

NT snapshot

Ongoing project level impacts from COVID-19 continued in the Northern Territory (NT) causing some disruption to outreach clinics in early 2022. Most clinics were rescheduled, and visits were achieved to most outreach locations by the end of the reporting period.

The Foundation provided 432 days of optometry service, performing 3303 comprehensive eye examinations. Over 2390 pairs of glasses were supplied and 371 patients were referred for further care. Over 84% of our patients in the NT Program identified as Aboriginal and /or Torres Strait Islander.

In the Northern Territory, our permanent staffing (three optometrists, three non-clinical staff) remained consistent, and supported some of our partner organisations to ensure optometry clinics were provided and service delivery was maintained in all aspects possible.

Building trusted partnerships

In NSW, we continue to focus on our partnerships and collaborations with the Aboriginal Health & Medical Research Council of NSW (AH&MRC) and its member partners, to provide bulk billed optometry services to 24 AH&MRC Aboriginal Community Controlled member health services.

Our program also provides services where Aboriginal Community Controlled Services are not established via NSW Local Health District multipurpose and community health services, local Aboriginal Lands Councils and NSW schools.

The Foundation currently provides all school children with two pairs of glasses for home and school. During COVID-19 we could not provide many school clinic requests due to school visitor restrictions. The situation resolved slowly and in June 2022 a clinic was provided at Peak Hill Central School. The remaining schools will be serviced in next year's clinics.

We are excited to be part of the Sydney Eye Foundation Ophthalmology mapping exercise to identify Aboriginal communities with high demand for public health ophthalmology services. Working with Optometry Australia and NSW Rural Doctors Network to close the gap for public ophthalmology across NSW.

The NSW program would like to thank our ongoing partnerships with the AH&MRC, the NSW Aboriginal communities, BHF

Principal Advisor Sandra Bailey, for her ongoing support and guidance, the NSW Rural Doctors Network for their support through the Australian Governments Visiting Optometrist Scheme, the NSW Government Spectacle Scheme for the temporary expansion of their scheme to include all Aboriginal patients having access to glasses if required and our team of locum optometrists who we could not provide this service without.

The NSW program staff consist of four staff members providing much needed management, administration, logistics and on the ground support through our Aboriginal Outreach Optometry Assistant in Western NSW.



BHF Optometrist Amanda in the 4WD eye health care services ambulance in outback Australia.

Case Study NSW:

Narromine Primary School – Kerrie, Aboriginal Education Officer.

The staff at Narromine Public school are extremely grateful for the service and follow up that Brien Holden Foundation provide and have been providing to our school since 2015. Nat, BHF Aboriginal Outreach Optometry Assistant knows our students and most of their family connections they are comfortable with her and the BHF Optometry team they look forward to the team visiting our school.

The success we have seen has been from early intervention, some students who have been prescribed glasses and wear them have not needed them for the long term as the intervention has corrected the eyesight. Patching here at school has also assisted students in improving their ear sight/strength. BHF has supplied the patches. The use of the brock string for eye strengthening exercises has also seen improvement in the student's eyesight.

Classroom teachers are now able to identify students who may need a vision test and have commented on what a difference the glasses have made to the students learning, concentration and engagement.

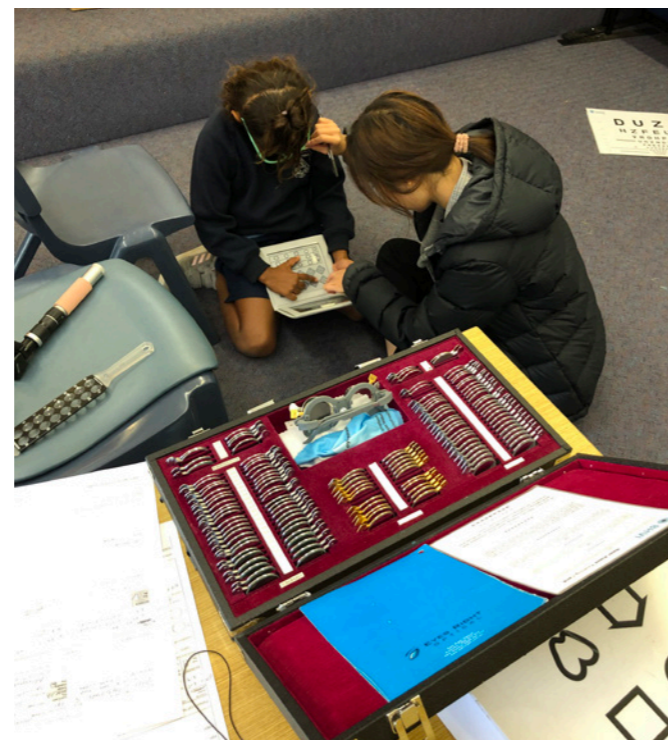
In 2022 we have been able to screen all our Kindergarten students they will continue to be monitored here at school.

Our nearest regional centre is around 30 minutes away but with the cost of living and fuel prices rising a lot of our families cannot afford the expense of the trip or the follow up required. We are fortunate that BHF continue to provide this much needed service to us otherwise some of our students may miss regular checks/interventions on their eye health.

We have staff members who attended the BHF Primary Eye Care training and found it extremely useful and worthwhile.

The Western One Regional Aboriginal Education Consultative Group President have invited Nat along to one of a meeting in 2023 to promote the service in our region which covers from Lithgow down to Gulgambone.

We continue to work in collaboration with the Northern Territory Department of Health and Aboriginal Community Controlled Health Organisations. We are grateful for our ongoing, strong relationships with Miwatj Health Aboriginal Corporation, Malala Aboriginal Health Corporation and Central Australia Aboriginal Congress who have employed eye health coordinators to support our optometrists on their outreach visits for many years. We also thank our subcontractors and locum optometrists who support our program.



Narromine Primary School clinic – BHF Optometrist with Narromine Student

Case Study Central Australia:

Sammy from Ti Tree in remote outback Australia

Sammy attended a Foundation outreach clinic in Ti Tree, Central Australia, two years ago in 2020. He was diagnosed with very dense bilateral cataracts and referred to ophthalmology for cataract surgery. His vision was right: 6/60 and only hand movement in the left eye.

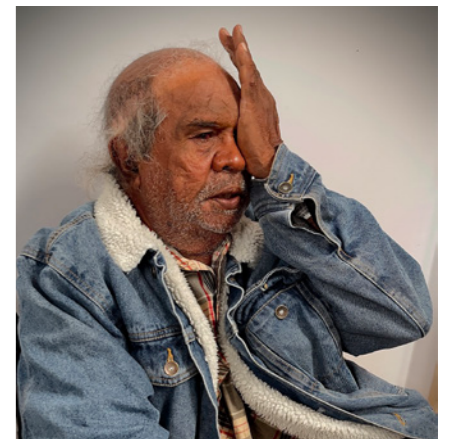
Unfortunately, Sammy initially became hesitant to proceed with the suggested treatment. Further attempts at surgery were complicated by travel issues and complexity of his cataracts. Finally, Sammy was rescheduled for October 2021. Given the obstacles of navigating the medical system, surgery and travel whilst being vision impaired, the Foundation offered to support Sammy through his surgery week, and worked in collaboration with Dr Tim Henderson and the Ti Tree clinic to make sure he had a successful outcome.

Sammy was nervous but extremely excited he was hopefully going to see better. The surgery was challenging but resulted in a fantastic result for Sammy, who can now see very well and with glasses is legal to drive!

Sammy was gifted some new clothes, shoes, bedding, and food supplies and was driven back to Ti Tree, 400 km round trip by Amanda, BHF Optometry Outreach Coordinator.

"It was amazing to see how excited Sammy was at being able to see country again on the drive home. Truly a life changing event for Sammy. Sometimes you need to go the extra mile to help your patients and with outcomes like this it makes it so worth it."

Sammy now walks happily around community saying hi to everyone and has a new lease on his life.



Dr Tim Henderson, Sammy, Amanda during his surgery

Community Education and Engagement

NT Kids Vision

We continued to strengthen our work on Kids Vision. We developed a targeted vision screening tool to enable the detection of distance and near vision impairment in children, recognising the challenges of delivering vision screening in the unique context of the Northern Territory. The tool is simple, fast and early use indicates that it is sensitive enough to detect most of childhood vision conditions.

Through our work with Department of Health and Education, we hope to systematically distribute a complete vision screening kit to local and remote schools with easy access to optometry services support by the Foundation or other partners. We plan for these kits be delivered alongside a health promotion workshop to drive awareness of the importance of vision in children and enthusiasm for vision screening in the education sector. To date, these workshops and a vision screening kit have been provided to two remote schools with hugely positive feedback from both, and we have begun to field requests from other schools who have become aware of our work in this area.

Education and Training

We continue to provide education and training sessions for primary health care workers on vision and eye health. This year our highlights were working with Macula Disease Foundation Australia to develop and deliver 'Eye Basics'. Our first session was delivered in Darwin, with great feedback from all participants. Our optometrists also delivered two sessions at NT Health Diabetes in community workshops over the year, as well as ongoing education and support to our primary health colleagues working in NT and NSW communities that we visit.



Sarah conducting Basic Eye training in Darwin funded by Macular Disease Foundation Australia (MDFA)

IEH Conference

During the reporting period, the National Aboriginal and Torres Strait Islander Eye Health Conference was held in Darwin. The Foundation was involved in the advisory group for the conference, supporting the first ever all Indigenous conference leadership group. The theme for the conference was 'Our Vision in Our Hands', and we enjoyed hearing from all the different speakers and sharing unique stories with all our national colleagues from interstate.

Refugee Services

The Foundation continues to provide refugee and migrant services across Australia in partnership with International Health and Medical Services (IHMS), NSW Refugee Health Services and with Melaleuca Australia, in Darwin Northern Territory. With the ongoing pandemic, new arrivals into Darwin remained halted until the beginning of 2022. New refugee families began being processed into Melaleuca from countries such as Pakistan, Sri Lanka, Ukraine, and Congo. Our optometrists work alongside translators to see all new arrivals and provide a comprehensive eye examination and spectacles, if necessary, as part of their health screenings.

We also provide ongoing eye care for previous refugee patients who still reside in Darwin and open the clinics to support the culturally and linguistically diverse populations in the top end who may face barriers seeking eye care elsewhere. We conducted 78 eye tests and dispensed 27 pairs of spectacles. Of these eye tests, 14 were primary school students seen at an outreach visit to Manunda Terrace Primary School. This school and students were flagged by teachers as children with potential eye



Jess with two patients from Ukraine at Melaleuca Australia Refugee clinic

problems from families with low incomes. All these students had never received an eye test before and two had high refractive error which could hinder their learning abilities.

Student Scholarship

In May, our scholarship student Shahnaz, was able to join our optometrists on some outreach trips. Having her visit was invaluable for both Shahnaz and our team.

Australian Eye and Ear Health Survey

The Foundation was excited to welcome Alemka Davis, Aboriginal Eye Health Project Officer for the Australian Eye and Ear Health Survey to the team. Alemka will lead engagement with the Aboriginal and Torres Strait Islander component of the Eye Health Survey ensuring cultural safety of the survey for all Aboriginal and Torres

Strait Islander participants. The Australian Eye and Ear Health Survey, which was launched on 3 March 2022, World Hearing Day.

For the first time, both eye and ear health in Australia will be assessed in a national study assessing the prevalence, risk factors and impacts of vision and hearing loss in the community. Macquarie University Hearing hosted the official launch of the Australian Eye and Ear Health Survey, to coincide with World Hearing Day. About 5,000 people will take part to help researchers build up a broader picture of the nation's eye and ear health. This is the first hearing survey to be conducted, and the second time vision will be studied.

The survey is sponsored by the Australian Government Department of Health, with support from Macquarie University to conduct the ear health component. It brings together investigators from seven institutions: Brien Holden Foundation, Westmead Institute for Medical Research's, Centre for Vision Research, Macquarie University Hearing, University of Sydney, School of Optometry and Vision Science, University of New South Wales and the George Institute for Global Health.



Shahnaz, with Sarah and Diane, health worker from Marthakal Homelands Health Service on airstrip at Nyinyikay homeland, East Arnhem Land



Launch of Australian Eye and Ear Health Survey

Provision of Eye Health Equipment and Training Program

The Australian Government funds the national PEHET program providing eye health testing equipment (Retinal Cameras [166] and Slit Lamps [133]), training, and support for the health service practitioners across Australia. The Consortium trains Aboriginal Health Practitioners/Workers, nurses, general practitioners, and all other relevant personnel. The 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) this program was extended to December 2022 due to continue to support communities to embedded retinal photography into everyday primary health care and being unable visit communities to conduct training due to COVID-19.

During 2021, Course 3 – Introduction to Slit Lamp Skills for Primary Health Care Workers and Course 4 – PEHET Toolkit were both create and distributed to all retinal camera and slit lamp locations.

Local Aboriginal community member Brad Davison and majority owned Indigenous company Blackfish Films were engaged to produce the slit lamp education video. Quick reference resources were developed for the toolkit to embed the retinal camera into primary care. These resources are applicable to most retinal cameras and are available to download on our website. The toolkit includes:

- Eye Health, Retinal Camera Factsheets and MBS items 12325/12326
- Measuring Visual Acuity
- Retinal Camera Canon CR-2AF
- Triaging and Patient Education
- Embedding Retinal Photography to Clinical Practice
- Grading Request Template
- Other Resources



Local La Perouse community member Brad Davison being our patient in the Slit Lamp instructional video being filmed by Blackfish.



A happy young patient in Pakistan with severe vision impairment smiling in wonder at his newly found good vision.



Enhancing the technical skills of optometrists to enable low vision care to patients in Pakistan.

International Programs

Highlights

Driving Sustainability: Best practices in Pakistan

Our Pakistan Country Team were invited to implement a long-term project to develop low vision services in Pakistan in partnership with Layton Rahmatulla Benevolent Trust (LRBT) and College of Ophthalmology and Allied Vision Sciences (COAVS).

The project had two main components and ran from July 2013 to June 2022 concluding in

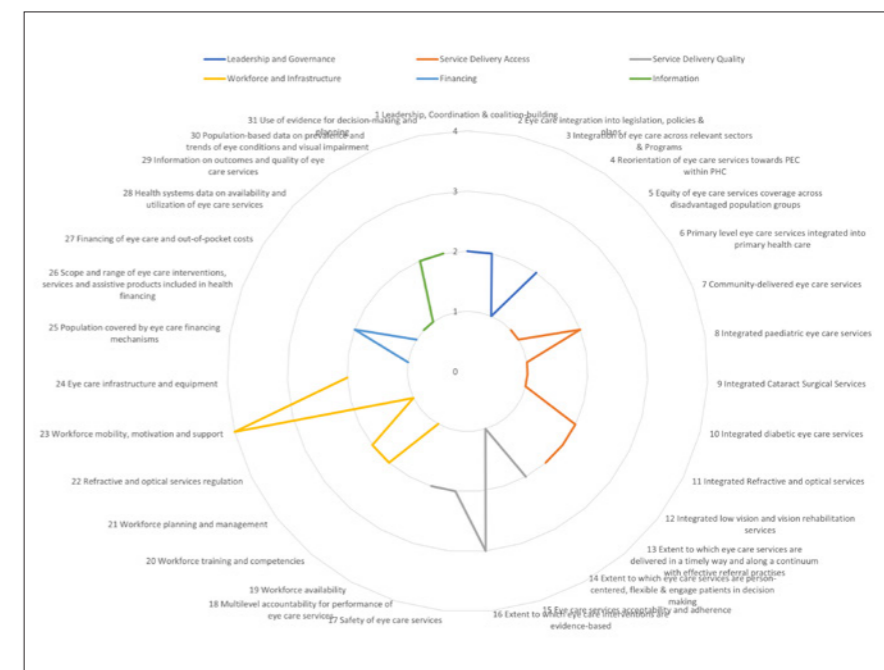
June this year: (1) Enhancing the technical skills of optometrists in clinical and functional low vision management; (2) Setting up low vision clinics at secondary level hospitals through providing assessment material, inventory and furniture and fixtures.

This year 2022 was the completion date and the project was successfully handed over to the partners. To sustain the training component and ensure these services are continuing, the Pakistan country team prepared two master training kits each for LRBT and COAVS to promote the sustainable pathway. Together we developed a consensus with the partners to collaboratively build

a train-the-trainer model. COAVS shared that they have developed an inhouse capacity to continue this training in future. LRBT requested the Foundation to provide support for three more years to initiate the trainings in LRBT. The Foundation agreed to conduct three annual trainings in LRBT. During the first training, Foundation's resource person led and delivered 80% of the contents while LRBT's resource person assisted the Foundation's facilitator and delivered 20% of the contents. During the second training, conducted this year, the two facilitators halved the training contents. In third training session during FY 2022-23, LRBT's facilitator will lead the session.

Invited by World Health Organization: ECSAT trialled in PNG

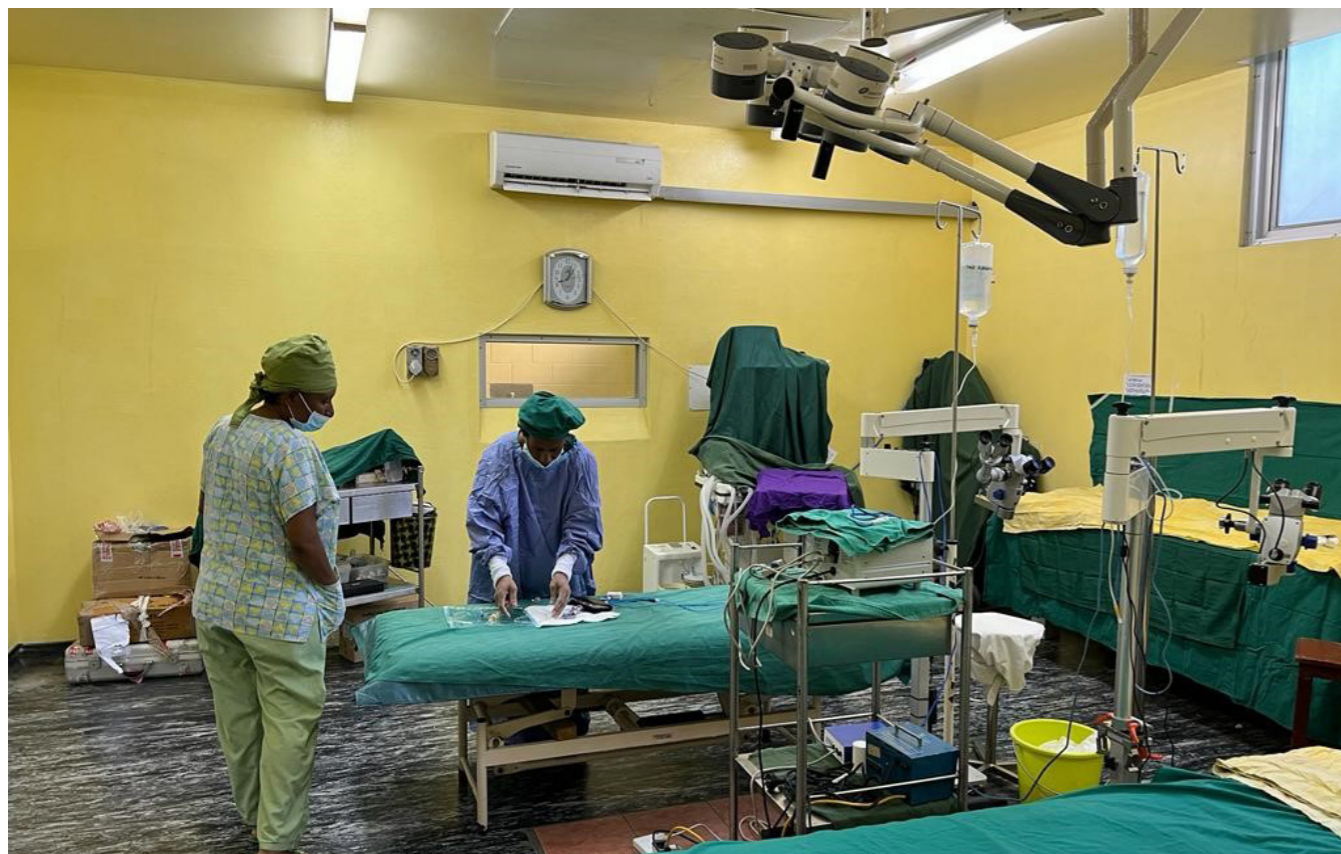
The World Health Organization requested the Foundation PNG country program be an initiator in trialling and completing the new Eye Care Situational Analysis Tool (ECSAT). This involved full cohesive collaboration of all partners working together with the National Department of Health (NDOH) and the Foundation to support, integrate and complete the processes required for this innovative assessment work. The outcomes were mixed and indicated growth in eye health care capacities in some regions and less in others. The outcomes will be formulated and hand forwards to the NDOH with further advocacy on the future requirement that will work to support the National Eye Health Plan. Please see on the right the visual representation of the ECSAT outcome for PNG.



Our country program in Papua New Guinea undertakes the World Health Organization's Eye Care Situational Analysis Tool (ECSAT)



Upskilled optometrists and eye health care workers show appreciation for the low vision training they have received.



New equipment and consumables is equipping the Provincial Health Authorities hospitals in Rabaul (pictured) and Mt Hagen in PNG.

Papua New Guinea

In Papua New Guinea our program began implementation of Phase 3 of the Eye Health Systems Strengthening Project funded by Lions Clubs International Foundation (LCIF). Phase 3 of the project aims to pursue two major objectives; upgrading equipment and service development of the eye clinics on four provincial hospitals; and enhancing the quality of eye health care services.

To achieve objective 1; the country program is focused on procurement and installation of equipment in four provincial hospitals enabling comparable quality service provision achieved at the renovation of Port Moresby General Hospital and establishment of the National Lions Resource Centre, achieved in Phase 1 and 2. For objective 2; the program seeks to train, mentor and supervise provincial health workforce to ensure consistent quality surgical outcomes when treating cataract. The program also focuses on enabling international best practice standards in the eye clinic and operating theatre management benefiting patients by improving the effectiveness and quality of service delivery. Under objective 2, the program also aims at standardised data collection to enable surgical self-audit and continuing education, monitoring and evaluation, and improved national data collection supporting the PNG National Eye Health Plan.

Phase 3 is the final stage of the Eye Health Systems Strengthening Project funded by LCIF. Phase 1 was implemented between 2016-2018 and Phase 2 between 2018-2021. Implemented in parallel, the two projects have supported good mid- and long-term outcomes against the PNG strategic program objectives.



Project objectives included: Refurbish and equip the eye clinic at Port Moresby General Hospital (PMGH); develop a low vision and paediatric clinic linked with PMGH and the National Resource Centre for eye health; develop a low vision network in PNG aligned with PNG's National Eye Health Care Plan; conduct eye health promotion and awareness raising to promote service development, national awareness of eye health care and the national plan; monitoring and evaluating project and country level outputs and outcomes.

During the three years of Phase 2, the project recorded 37,334 people received eye health care consultations at PMGH Eye Clinic, of which: 1,350 cataract surgeries; 1,117 paediatric consultations; 1,006 low vision consultations; 343 diabetic retinopathy treatments; 148 low vision patients with disability were treated during eight low vision outreach clinics supported by PMGH. Female

(adult and child) presentation rate compared with male presentation was seen to be an inequitable 30%. Cataract surgical treatment to females had slightly improved over the project from 35% and 37%.

During this year, the DFAT PNG Development Project working with our partner PNG Eye Care conducted 2319 eye examinations of which 51% were female and 731 spectacles were dispensed.

The Development Project has continued to support workforce development by training the following cadres over the last 3 years supporting: Two female ophthalmologists to graduate; two new female refractionists to be trained; two new female optical technicians to be trained; 12 primary health care workers to be trained in primary eye care and near spectacles provision; four provincial ophthalmologists upskilled in low vision service provision and assessment; 7 ophthalmic nurses upskilled in

low vision service provision and assessment; and, enabled four community-based rehabilitation workers and special education teachers to be trained in the vision impairment referral pathway.

National eye health care advocacy continued to support the new National Eye Care Coordinator role identified by the National Department of Health (NDoH) who provided national equipment assets registers, procurement matrices, surgical calendars, and letters to solicit reduced freight costs.

Global advocacy arrived via the World Health Organization (WHO), the International Agency for the Prevention of Blindness (IAPB) and the Fred Hollows Foundation who presented a 20 year Eye Health Roadmap. A new WHO capacity assessment tool was trialled in PNG called Eye Care Situational Analysis Tool (ECSAT) supported by IAPB roll out with the Foundation.



The eye health care team including nurse refractionists and optical technicians in PNG is ready and equipped with new equipment and training to provide comprehensive eye health care service



The new optometrists of Vietnam graduating in 2022 in Hanoi from the optometry school at Hanoi Medical University.

Vietnam

Our Vietnam Program aims to improve eye health of the target population by increasing accessible, comprehensive service provision through optometry development and child eye health. During this reporting period, our optometry development work continued delivering good outcomes in Vietnam. The Optometry Development Project at Hanoi Medical University (HMU) and at University of Medicine Pham Ngoc Thach (UPNT) in Ho Chi Minh City is implemented collaboratively by the Vietnam Country Team working with our government partners. Working closely with UPNT and HMU the Vietnam Country Team provides guidance to the optometry education project through regular briefings, meetings, workshops and interaction.

Between HMU and UPNT there are currently 342 students enrolled (260 female, 82 male) and this year saw 56 new cohort enrolling at HMU in Hanoi, and 35 new cohort enrolling at UPNT in Ho Chi Minh City. It was also recorded that 199 optometry students continued to practice at the three Academic Vision Centres (AVCs) in Hanoi and HCMC.

This year there were 55 new graduate optometrists emerge from the two optometry schools bringing the total to 268 Vietnamese-trained optometrists. There were 11 new graduates re-employed as Teaching Assistants (junior faculty) to assist in the running of the three AVCs that provide a forum for supervised clinical exposure for optometry students and serving the community with eye health care.

The Academic Vision Centres are a very successful model in Vietnam, and in total this reporting period 18,515 people had short vision examinations, 6,592 full eye examinations, 2,680 of which were children, and 1,535 spectacles dispensed.

The Foundation's support for the optometry schools follows international expertise and lecturing of the optometry curriculum, advice on the academic timetable, allocation of teachers for relevant teaching subjects, equipment purchase, teaching plans, textbooks and course preparation.

Collaborative advocacy continued for the finalisation of the Optometrist's Job Code to be fully recognised by the Government of Vietnam. The Vietnamese Team continued to work closely with Health Strategy and Policy Institute (HSPI) Ministry of Health (MoH), and other NGOs including Fred Hollows Foundation, Eye Care Foundation, and other partners. The Optometrist's Job Code will allow new policy structure and enable employment pathways to be created integrating the emerging profession into the public health system to achieve sustainability for optometry.

During this year, the child eye health project supported by DFAT and the ANCP Program, continued

with planned school screening activities in the south of Vietnam in Ba Ria-Vung Tau Province (BRVT) where the COVID19 rate was much less prevalent. A total of 4,435 school children screened at six primary and lower secondary schools, 337 free spectacles provided to the disadvantaged children and 291 referrals to the BRVT Provincial Eye Hospital for further treatment.

In the second and third quarter, the planned school screening project was conducted by the optometry students and teachers at HMU and UPNT. Outcomes included servicing four lower secondary schools in Hanoi and Ho Chi Minh City enabling 11,243 school children to be screened and 756 spectacles provided to poor children from disadvantaged communities. Refresher vision screening training was provided to 100 teachers to enable the continuing model of school based preliminary assessment to continue effectively.



A young new qualified optometrist examines a schoolgirl in Ho Chi Minh City in Vietnam.



World Sight Day is celebrated in Pakistan with a school vision screening activity.

Pakistan

Pakistan Program aims to improve access to inclusive and sustainable eye health care. Refractive and low vision services remained the key focus of the country program during the year, worked directly with the partners in public and non-profit sectors and indirectly with the government schools and secondary eye hospitals to implement the eye health activities. Team Pakistan achieved its 99% outputs and provided eye health care to 330,732 persons including 151,027 (46%) women and girls during the year. Almost 90% of the participants belong to low-to-middle families.

Social entrepreneurship, capacity building and awareness raising of the partners and advocacy with stakeholders remained key implementation strategies during the year. The program supported eye health enterprises such as academic vision centre and optical shops to provide quality eye health services to the underprivileged communities. Capacity building activities such as training of school teachers in child eye health and vision screening, training of partner's staff in effective project management and sessions with optical technicians and sales persons on child safeguarding and prevention of sexual exploitation, abuse and harassment (PSEAH) contributed to improve the quality of program implementation. The Foundation's team promoted the agenda of "vision for everyone, everywhere" during meetings with Government officials, National Committee for Eye Health (NCEH) and other stakeholders and through arranging World Sight Day and Universal Children's Day.

Children (under age 18 years) constitute 79% of the total participants, 44% of those reached were girls. Team Pakistan made deliberate efforts to reach out the excluded segments of society through providing eye



Community screening continues for the community at district level in Pakistan.

health services at their doorsteps by arranging outreach eye health awareness and examination camps. Under Our Children's Vision campaign, the program works with LRBT and AIEH and provides free of cost, quality spectacles to the children from underprivileged communities. During the year, 4,975 children including 2,473 girls received free spectacles in 11 districts of Pakistan.

Direct service development outputs achieved are as follows:

- Eye examination services provided to 1,740 persons including 1,015 women and girls through academic vision centre and outreach activities.
- 71,591 persons including 7,168 children received quality spectacles for myopia, presbyopia, hyperopia, astigmatism and other anomalies through social enterprise optical shops.
- 50,072 children including 16,497 girls received eye health services through school eye health program in District Tando Allah Yar
- 668 teachers including 123 women in Government schools of District Tando Allah Yar were provided with eye health services
- 1,079 persons including 759 women and girls received eye health services through outreach activities in partnership with Social Welfare Department
- Country team participated in 16 meetings and highlighted the message of "vision for everyone, everywhere".

Direct outputs achieved in workforce development are as follows:

- 1,200 teachers including 315 women from Government schools were trained in child eye health and vision screening
- 1,200 vision screening kits provided to trained schoolteachers

- 29 faculty members including 18 women from five optometry institutions enrolled and graduated from Optometry Faculty Development Initiative (OFDI)
- 14 clinical optometrists including nine women and girls trained in clinical and functional low vision management
- 16 optometry students enhanced their optometric skills through academic vision centre
- 13 persons trained in spectacle dispensing and managing optical shops



Health communication and community awareness is important to achieve complete coverage of improved eye health care.

Research Outcomes

We ensure research and evaluation guides the program work we deliver. One research project concluded during the reporting period and one research study continued into its second year of analysis. Both studies were funded jointly by Lions Clubs International Foundation (LCIF) and DFAT.

The concluding study focused on the *Effectiveness of teacher-led school-based eye health programs in Tanzania and Vietnam*. School eye health projects have the potential to identify and address children’s vision needs in a timely and efficient way, improving lifelong and community-wide eye health literacy and care of eyes.

This study aimed to evaluate the effectiveness of ongoing school eye health in Ba Ria-Vung Tau Province in the south and Mwanza Region, Tanzania. It built on work conducted in one similar location in Vietnam by our researchers 10 years ago in 2011, and one location in Tanzania in which we studied during 2016.

The research objectives for the study included: Identifying which schools are still implementing the teacher-led school-based eye



In Vietnam, a research study measures the prevalence of ocular morbidity in districts of Hanoi.

health programs; assessing the accuracy of the trained teachers who have been performing eye health and vision screening in children; identifying the changes, including prevalence of refractive error and myopia.

The continuing research focused on studying ocular morbidity with project field teams operating in two countries: Pakistan and Vietnam. The research study aims to *‘develop and field test a protocol, including questionnaire, to assess prevalence of main causes of*

ocular morbidity and vision loss in a representative sample of all-ages of a population’. The study will also explore *‘how to ‘operationalize’ the ocular morbidity protocol, ‘by determining appropriate sample sizes, approximate costs and resources required.’*

The research study is on track to complete in October 2022. Brien Holden Foundation is grateful for the long-term support LCIF and DFAT have shown towards eye health care research outcomes.

	Vietnam	Tanzania
Total schools participated in VASVP or EACEHPV	23 schools	113 schools Kwimba 212 schools Misungwi
Schools participated in similar other initiatives	23 schools	0 schools
Trained school teachers present	12 of 23 schools (52.2%) (3/11; 27.3% schools in Ba Ria and 9/12; 75.0% schools in Xuyen Moc)	158 of 325 schools (48.6%) (84/113; 74.3% schools Kwimba and 74/212; 34.9% schools Misungwi)
School teachers who conducted vision screening in last 2 years	Total 11 of 23 schools (37.8%) (2/11; 18.2% schools in Ba Ria and 9/12; 75.0% schools in Xuyen Moc)	Total 58 of 158 schools (36.7%) (37/84; 44.0% schools Kwimba and 21/74; 28.4% schools Misungwi)

Education

Optometry Faculty Development Initiative

The Optometry Faculty Development Initiative (OFDI) is an integrated professional development project that supports and enhances the capabilities of faculty of emerging optometry schools across the world. The project offers a suite of five courses to support the effective teaching and training of optometry students. Three courses are designed to build the foundational educational knowledge and skills crucial for lecturers and clinical supervisors (*Educational Design for Learning; Problem-based Learning; Clinical Teaching and Learning*). The Initiative also includes courses in current myopia management, social responsibility in optometry professional practice (*Child Safeguarding in Eye Health Practices*), and social inclusion (*Gender Equity in Provision of Eye Health Services*). This Foundation Initiative has been offered annually since 2018 ensuring a sustained up-skilling of faculty and in turn future optometrists. The 2021-2022 iteration of the OFDI project was offered to 50 faculty members (27 female; 23 male) from 18 optometry schools across seven countries.



New optometrist graduates from Malawi celebrate their achievement finishing their degree. We had two optometrists participate in ODFI in 2022.

Country	Schools	Offers per institution	Gender	
			M	F
Haiti	Haiti Université d’État d’Haïti (UEH)	2	1	1
Kenya	Kenya Musinde Mulirio University of Science and Technology (MMUST)	7	4	3
	Kenya Medical Training College	1	0	1
	Not specified	1	1	0
Malawi	Malawi College of Health Science (MCHS)	1	0	1
	Malawi Mzuzu University (MMU)	1	1	0
Nigeria	Madonna University	1	0	1
Pakistan	Bashir Institute of Health Sciences (BIHS)	1	0	1
	Dow University of Health Sciences	2	0	2
	LRBT Tertiary Eye Hospital (Mandra)	2	1	1
	Pakistan College of Ophthalmology and Allied Vision Sciences (COAVS)	7	5	2
	Pakistan Institute of Rehabilitation Sciences, Isra University, Islamabad	5	3	2
	Pakistan Isra School of Optometry (ISO), Karachi	1	1	0
	Sindh Institute of Ophthalmology & Visual Sciences, Hyderabad (SIOVS)	2	0	2
	Al-shifa Trust Eye Hospital, Kohat	1	1	0
	Pakistan Institute of Community Ophthalmology (PICO)	2	1	1
Uganda	Uganda Makerere University (UMU)	1	1	0
Vietnam	Vietnam Hanoi Medical University (HNU)	5	0	5
	Vietnam University of Medicine Pham Ngoc Thach (UPNT)	7	3	4
Total 7 countries	18 institutions (9 from Pakistan; 2 from Vietnam; 2 from Malawi; 2 from Kenya; 1 from Uganda; 1 from Haiti; 1 from Nigeria)	50	23	27



Children of Nyambiti Village in rural Tanzania, receive their first eye examination.

Tanzania

The Tanzania Program aims to increase access to eye health services by strengthening existing health systems within two rural districts of the underserved Mwanza Region in Tanzania. We continued to work collaboratively with the Ministry of Health and the President's Office as our partners. Building on work done, we consolidated the independent running of the three new eye clinics recently established at Simiyu Regional Referral Hospital and Kwimba District Hospital, and a satellite clinic at Nyambiti Health Clinic.

All clinics provide comprehensive care offering both optometry and ophthalmic services, and during this quarter of operations Kwimba treated 2179 patients, Simiyu treated 3571 patients and Nyambiti treated 879 patients within the rural population.

During May, the first week-long



Dr Nasser leads a community vision screening and outreach activities in his origin village.

Monitoring and Evaluating Trip was undertaken by our project team and both ministries, Ministry of Health and the President's Office. The Monitoring and Evaluating Team led by Dr Bernadetha Shilio, the National Eye Care Coordinator from the Ministry and Mr James Bonifaice from the President's Office were pleased with the level eye health care deliverables achieved in each of the three new clinic locations.

The week-long visit included project level reflection meetings followed by planning meetings to identify and map out the remaining work. It was identified that more transport for the outreach component and refresher training for both the optometrists and the ophthalmologists and the clinic management teams in both locations are much needed interventions in the next phase of the project.

Challenges to the project include; changes in national and district government staff, gaps in the health service pathways between the National Health Insurance Scheme and the hospital project sites, lack of capability within the hospitals finance systems to ring-fence project funds, changing priorities within the daily/weekly/

monthly working agendas of the Regional Medical-Officer-in-Charge, the District Emergency Director and the hospital Directors, inadequate equipment or breakdown of equipment.

Work to overcoming the challenges has included a six month no-cost extension at project sites to enable additional time to achieve the project activities; an additional planning meeting at each project site to workshop and resolve barriers; monthly WhatsApp calls at clinic staff level and district levels; regular project level meetings and follow ups with dot point agendas to track progress; writing of letters from the Foundation to Ministry and district health authorities.

Additionally the country program reached into former school eye health established capacities to resume child eye health activities. Under Our Children's Vision program, 62 schools in each of two districts (124 schools in total) were provided with vision screening services including spectacle provision to 13,715 children over the reporting period. Refresher training of 400 schoolteachers was completed through the train-the-trainer model of upskilling local government



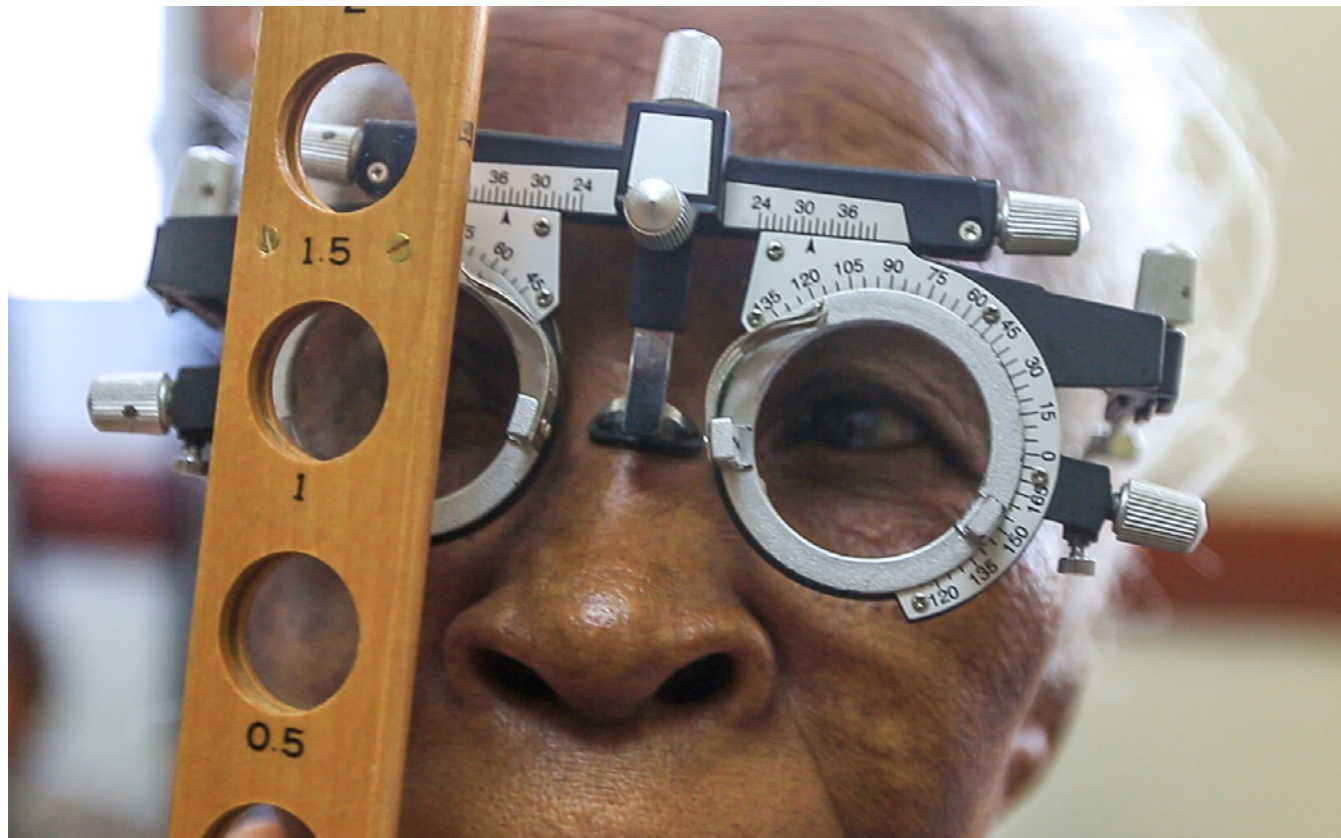
A mother is thrilled her child can see clearly for the first time with her new spectacles.

education staff at both primary and secondary level. These activities also increased community awareness of the new eye clinics.

Funding partnerships for this project are held with the global funder Optometry Giving Sight and the Tanzanian-born Dr Moes Nasser. The new project is called the Roshanali Nasser Eye Health Project, in memory of Dr Nasser's father, the Late Mee Roshanali Nasser.



The people of Nyambiti Village in rural Tanzania line up patiently to seek eye health care.



A Haitian woman receives much needed eye care at the community day of the Haiti School of Optometry.

Haiti

The aim of the Haiti Program is to reduce avoidable blindness and uncorrected vision impairment in Haiti by increasing access to eye health care services, by developing optometry as a profession and collaboratively establishing an optometry school at Université d'État d'Haïti.

This year steady progress has been made in the delivery of the optometry course at Université d'État d'Haïti (UEH) despite the great and many socio-political challenges that have defined Haiti country context for many decades. Following on from the President's assassination in 2021 and the subsequent extreme weather events of the same year, unfortunately the social fabric of Haiti has continued to fragment with extended fuel and drinkable water storages. Gang violence has escalated within Port au Prince, the city location of the optometry school at Université d'État d'Haïti, causing increased drops out in internet services, no-go areas and an unsafe civil environment for the students and lecturers to move freely within.

The commendable commitment and resilience of the UEH's project management team and their relationship with the Foundation's project team has enabled the students to continue to receive the optometry course curriculum on a regular basis.

This year we plan to repeat the additional education program providing Summer School to the 2nd, 3rd and 4th year students. It will be delivered online by the two native French-speaking lecturers who were employed by the project and are based in Canada and Australia respectively, assisted by a local optometrist who provides support for the semi-clinical practicals during Summer School. Currently UEH has 51 students enrolled across 1st, 2nd, 3rd and 4th years. UEH has confirmed at the start of the



A young schoolgirl receives new spectacles to match her uniform in Haiti.

new academic year there will be a new 1st year cohort starting of between 11-15 new cohort.

Drawing on our strong partner relationship with Dr Jean Cadet, Dean of the Optometry School and the Project Management Team; which comprises two representatives of the UEH optometry school and two representatives of the Foundation with a further two representatives providing expert knowledge input continued to effectively workshop all challenges and barriers.

To assist with the approaching Phase 2 of the Haiti Optometry Development Project partnership, the project has continued to work with a local bio technician from UEH to compile a full inventory of all existent equipment. The inventory is enabling the optometry school and project team to review the equipment needed for the four years of enrolled students to successfully complete the 5-year course.

The Project Management Team continually assesses the project's progress towards achieving objectives set out at the beginning of the project and to be achieved during the scope of project.

The project objectives are: Increase the number of skilled optometrists to deliver quality eye care services to the people of Haiti through the development of optometry, thereby assisting in the decrease of uncorrected vision impairment and avoidable blindness; begin set up of an Academic Vision Centre at UEH to provide optometric care and management training; promote and advocate for the creation of optometry posts within the public sector and the employment of optometrists by the Haitian Ministry of Health to provide eye care services to Haiti's most marginalised communities; and support the UEH to become an optometric training resource for the Caribbean region.



The new cohort of year 1 optometrists look pleased to start their training at the Haiti School of Optometry.

CASE STUDY: VIETNAM

The story of Giang, the Vietnamese Optometrist, working as a Teaching Assistant at the Optometry and Vision Science Department, University of Medicine Pham Ngoc Thach (UPNT) sharing her story of the first time she was a lead organiser of a school vision screening project.

I am Giang – a Vietnamese optometrist who graduated in the first cohort from the first optometry school in Vietnam in 2018. I became a Teaching Assistant (TA) for the University of Medicine Pham Ngoc Thach (UPNT). When I was a junior, I had my first experience participating in vision screening projects in some provinces. I never thought that one day, I could be the one who organises and controls such important project work. That day came when Dr. Chau, my senior, gave me an opportunity to conduct a vision screening independently. The school vision screening project this time was funded by Brien Holden Foundation and CooperVision. We chose Hiep Binh High School in Thu Duc District, Ho Chi Minh City as they have great need.

The avenger team was assembled. I had three junior TAs including Linh, Khang and Long to join this journey with me. We started by contacting the school representative and writing out the proposals and plans. We also recruited partners who were students from year four and UPNT Optometry club. I was surprised by how active and energetic youth brought to this project. The most difficult thing for me was to be extremely specific in planning everything in different periods. Before the D-day, we had an outpost trip to visit the school to choose the venue and prepare facilities. Fortunately, the teacher and the school representatives were nice and always willing to help.



School screening begins and there are many students to examine.



A visual acuity chart on the wall in a Vietnamese school.

With the mission to screen over 1300 students in four days and give out 100 pairs of free glasses to poor students. The screening group was made of five TA's, 18 senior optometry students, and two junior students. After three weeks with many plans being made and rejected and then remade, the ship was ready to sail.

On the morning of the first day, we were overwhelmed as the time ran by and only half of the target number was achieved. As the senior students' first screening experience, they were

a bit bewildered. The flow was congested, and plan B should be conducted; seek support from my seniors. Dr. Chau and Ms. Ngan, who have had many experiences in overcoming obstacles in designing the flow, helped me a lot. The process reached its highest productivity, and the duty was getting easier.

I saw myself smile and sweat at the same time. I also found happiness and disappointment at the same place. There were few cases with pathology background that we had to refer.



School screening projects require great organisation and coordination.



The opening of the UPNT Optometry School in Ho Chi Minh City – the first optometry school in Vietnam.

But there was light at the end of the tunnel. I met a girl with a history of corneal trauma. 10 years ago, her right cornea was stabbed by a pen accidentally. She had surgeries and missed a year of school for recovery. But her optimism was fascinating to us. My students and I slowly analysed her case and examined her condition. Luckily, we found out her visual acuity could be increased three lines if she had cataract surgery. The uncorrected visual acuity was 20/200 and reached 20/70 after refractive correction. It improved three more lines with a pinhole. Using a retinoscope, my team found a +2 cataract, which is the key point making me confident in advising her to have a comprehensive examination for a cataract surgery. There were many other cases that I believed my students could learn from and be inspired by. We also spent time giving recommendations and to those with no ocular disease but could be good candidates for contact lenses or myopia management.

I am so grateful to, Brien Holden Foundation and Cooper Vision and my university UPNT that gave me the opportunity to pursue wonderful and meaningful work improving children's vision. I see that I have trust and kindness from colleagues, seniors, and students. Besides, gaining more experience in planning and higher professional clinical competency, I could feel I became closer to my students and more mature in behaving and communicating with them. One of the happiest expressions I heard from a student after the vision screening was this, "I think that I love becoming an optometrist more and more after this screening project". After hearing this, as my first time as a vision screening project leader - I could not express enough joy in my thoughts and pride in my words... and I am sure these feelings can never be faded.



The lineup for eye health care in rural Tanzania, in Nyambiti Village.

Major Funders and Supporters

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

Australian Department of Foreign Affairs and Trade, Australian NGO Co-operation Program		Lions Clubs International Foundation	
Australian Department of Health		Lions Clubs Australia	
Australian Council for International Development		Optometry Giving Sight	
Australian College of Optometry		Vision 2020 Australia	
Brien Holden Vision Institute		World Health Organization	
CBM		Aboriginal Health and Medical Research Council of NSW	
Coopervision		NSW Rural Doctors Network	
Fred Hollows Foundation		NSW Government Spectacle Scheme	
Northern Territory Department of Health			

Financial summary

Plain language summary of income and expenditure and overall financial health

REVENUE	2022	2021
Donations and gifts		
Monetary	30,399	22,016
Non monetary	-	-
Bequests and Legacies	-	-
Grants		
Department of Foreign Affairs and Trade	779,236	2,032,310
Other Australian Grants	3,307,309	4,387,493
Overseas Grants	544,367	163,573
Commercial Activities Income	-	-
Investment income	316	1,274
Other income		
ATO Cash flow boost 1	-	25,000
JobKeeper	-	300,450
Other Income	-	237,372
Revenue for International Political or Religious Adherence Promotion Programs	-	-
Non Monetary Income	1,443,679	1,275,009
TOTAL REVENUE	6,105,306	8,444,496
EXPENDITURE		
International Aid and Development Programs Expenditure		
International programs		
• Funds to international programs	1,041,024	1,895,809
• Program support costs	383,329	774,090
Community education	20,297	50,045
Fundraising costs		
• Public	-	-
• Government, multilateral and private	-	-
Accountability and Administration	80,806	483,009
Non Monetary Expenditure	1,444,583	1,330,339
Total International Aid and Development Programs Expenditure	2,970,038	4,533,292
International Political or Religious Adherence Promotion Programs Expenditure	-	-
Domestic Programs Expenditure	3,247,173	3,534,924
Commercial Activities Expenditure	-	-
Other Expenditure	34,061	236,333
TOTAL EXPENDITURE	6,251,272	8,304,550
SURPLUS/(DEFICIT)	(145,966)	139,946
OTHER COMPREHENSIVE INCOME	-	-
TOTAL COMPREHENSIVE INCOME	(145,966)	139,946

**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 2022, 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 2022 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards – Simplified Disclosures (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.

ASSETS	2022	2021
	\$	\$
Current Assets		
• Cash and cash equivalents	1,890,081	4,270,698
• Trade and other receivables	494,746	298,498
• Inventories	-	-
• Assets held for sale	-	-
• Other financial assets	23,489	148,795
Total Current Assets	2,408,316	4,717,991
Non current assets		
• Trade and other receivables	-	-
• Other financial assets	-	-
• Property, plant and equipment	579	8,375
• Investment property	-	-
• Right of Use assets non current (Leases)	64,287	36,444
• Intangibles	-	-
• Other non current assets	-	-
Total Non Current Assets	64,866	44,819
TOTAL ASSETS	2,473,182	4,762,810
LIABILITIES		
Current liabilities		
• Trade and other payables	514,445	730,155
• Borrowings	-	-
• Current tax liabilities Other financial liabilities	-	-
• Lease liability current	14,458	28,268
• Provisions	149,598	127,262
• Other	759,883	2,753,655
Total Current Liabilities	1,438,384	3,639,340
Non Current Liabilities		
• Borrowings	-	-
• Other financial liabilities	-	-
• Lease liability - non current	52,139	60,172
• Provisions	145,892	131,311
• Other	-	-
Total Non Current Liabilities	198,031	191,483
TOTAL LIABILITIES	1,636,415	3,830,823
NET ASSETS	836,767	931,987
EQUITY		
• Reserves	-	-
• Retained Earnings	836,767	982,733
TOTAL EQUITY	836,767	982,733

**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 recorded 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
- Obtained a letter of financial support from 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 – Simplified Disclosures 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

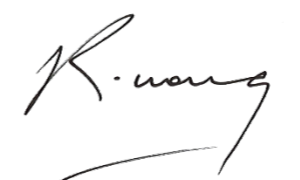
We have audited the accompanying Code of Conduct Summary Financial Reports of Brien Holden Vision Institute Foundation, which comprises the Balance Sheet as at 30 June 2022, the income statement, the statement of changes in equity and the table of cash movements for designated purposes for the year ended 30 June 2022.

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 are 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 November 2022.



References

1. Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ, Resnikoff S, Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050, *Ophthalmology*, May 2016 Volume 123, Issue 5, Pages 1036–1042.
2. Morgan IG, Ohno-Matsui K, Saw SM. Myopia. *Lancet* 2012;379:1739-48.
3. Vitale S, Sperduto RD, Frederick LF III. Increased prevalences of myopia in the United States between 1971-1972 and 1999-2004. *Arch Ophthalmol* 127; 12; DEC 2009
4. Younan C, Mitchell P, Cumming RG, Rochtchina E, Wang JJ. Myopia and incident cataract and cataract surgery: The BlueMountains eye study. *Investigative ophthalmology & visual science* 2002;43:3625-32.
5. Qiu M, Wang SY, Singh K, Lin SC. Association between myopia and glaucoma in the United States population. *Invest Ophthalmol Vis Sci* 2013; 54: 830–835.
6. The Eye Disease Case-control Study Group. Risk factors for idiopathic rhegmatogenous retinal detachment. *Am J Epidemiol* 1993; 137: 749–757.
7. Wu L, Sun X, Zhou X, Weng C. Causes and 3-year-incidence of blindness in Jing-An District, Shanghai, China 2001- 2009. *BMC ophthalmology* 2011;11:10.
8. Iwase A, Araie M, Tomidokoro A, et al. Prevalence and causes of low vision and blindness in a Japanese adult population: the Tajimi Study. *Ophthalmology* 2006;113:1354-62.
9. Wong TY, Ferreira A, Hughes R, Carter G, Mitchell P. Epidemiology and disease burden of pathologic myopia and myopic choroidal neovascularization: an evidence-based systematic review. *American journal of ophthalmology* 2014;157:9-25 e12.
10. Holden BA, Fricke TR, May Ho S, Wong R, Schlenther G, Cronje S, Burnett A, Papas E, Naidoo KS, Frick KD, 'Global vision impairment due to uncorrected presbyopia', *Archives of Ophthalmology*, Vol 126 (No. 12), Dec 2008.
11. Tahhan, N., Papas, E., Fricke, T. R., Frick, K. D. & Holden, B. A. 2013. Utility and uncorrected refractive error. *Ophthalmology*, 120, 1736-44.
12. Bourne RR, Stevens GA, White RA, Smith JL, Flaxman SR, Price H, et al. Causes of vision loss worldwide, 1990-2010: a systematic analysis. *The Lancet Global Health* [Internet]. 2013 13 November 2013. Available from: [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70113-X/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70113-X/fulltext)
13. Smith TS, Frick KD, Holden BA, Fricke TR, Naidoo KS. Potential lost productivity resulting from the global burden of uncorrected refractive error. *Bulletin of the World Health Organization* 2009;87:431-7.
14. Fricke TR, Holden BA, Wilson DA, Schlenther G, Naidoo KS, Resnikoff S & Frick KD, Global cost of correcting vision impairment from uncorrected refractive error, *Bulletin of the World Health Organization* 2012;90:728-738.



**Brien Holden
FOUNDATION**

Board Members

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Professor Fiona Stapleton

Ms Yvette Waddell

Mr David Galbally

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.

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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



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

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