

Vision, Values and Goals

Our Vision

We believe in working collaboratively to enable vision for everyone, everywhere.

Our Values

Social Inclusion: We stand for safe and equitable care for all people regardless of gender, race, colour, ethnicity, age, social status, sexual preference, disability, or religious belief.

Collaboration: Our work is collaborative and inclusive, respecting community and supporting locally led service development. We build long term partnerships with aligned partners and groups seeking a shared goal to bring positive change and sustainable eye health care outcomes.

Accountability: We take responsibility for our actions and are transparent in our decisions. We adhere to best practice procedures, accountability and robust compliances building safety in our programs for all

Integrity: We value authentic knowledge and cultural autonomy for the communities we support. We work ethically and sensitively adhering to international and domestic development mandates.

Empowerment: We work actively to involve Indigenous peoples including Aboriginal and Torres Strait Islanders and vulnerable groups and communities in the design and implementation of our work.

Our Strategic Goals

- Goal 1: Develop, establish and strengthen inclusive people-centred eye health care services.
- Goal 2: Build a sustainable eye health care workforce through education and training initiatives.
- Goal 3: Measure effective outcomes and impact via frameworks, monitoring and evaluation.
- Goal 4: Support inclusion and social development via integrated and strengthened health systems.





BHF Optometrist and Top End Eye Health Coordinator on an outreach clinic at the Manayingkarirra community in the Northern Territory, Australia

Message from the CEO

Believing eye health care is a fundamental right for all people keeps our attention firmly focused on the role we play in the communities we support. This year, our programmatic operations have finally been freed of the pandemic restrictions. We have worked extremely hard to chip away diligently at the lengthened list of unmet needs, accrued over the last few years of COVID-19 both in Australia and overseas.

At all times, we are mindful that there are 2.2 billion people living in the world with blindness or vision impairment, of which at least 1 billion is preventable or treatable. We acknowledge the vast majority of people with uncorrected vision impairment live in low-middleincome countries.

We drafted our new strategic plan (which will be finalised in 2024) to align with the two global eye health targets recommended by the World Health Organization at the 74th World Health Assembly Resolution in May 2021: 40 percent increase in effective coverage of refractive error (eREC); and 30 percent increase in effective coverage of

cataract surgery (eCSC) by 2030, thereby reducing poverty, inequity and suffering both in Australia and internationally. These global targets encourage redress of the leading causes of avoidable blindness and uncorrected refractive error by 2030 and are both a vital mechanism to monitoring global progress on increasing eye health and to hold governments accountable at all levels.

Our Australia Program amplified its efforts by aligning cohesively with the Aboriginal Health and Medical Research Council (AH&MRC) in NSW and the Aboriginal Medical Services Alliance Northern Territory (AMSANT) in the NT. AH&MRC and AMSANT assist the Aboriginal Community Controlled Health Services (ACCHOs) and Aboriginal Medical Services (AMS) to ensure accessibility to a culturally appropriate skilled workforce who provide quality comprehensive primary health care services for Aboriginal peoples and communities.

The Foundation continues to be a member of Vision 2020 Australia and participates 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.

World Health Organization reports that 67.5% of Pakistanis can't afford to buy assistive devices and 24.7% of the people even don't know about the availability of these devices. Spectacles are among the most reported unmet needs for assistive devices (WHO 2023). The National Blindness Survey, Pakistan, concludes that there is an unmet need of 82% for distance glasses and 66.7% for reading glasses in subjects for refractive error (2023). To address this huge unmet need for optical services the Pakistan Country Team worked with partners and provided eye health care to 85,175 people including 52 transgender persons. Women and girls constitute 52% of the total beneficiaries.

In Papua New Guinea we are working closely with our diverse partners to complete the 2-year Phase III of the Strengthening Eye Health Systems Project funded by Lion Clubs International Foundation and DFAT, achieving progressive outcomes for the eye health systems nationally. The project has achieved remarkable and lasting advances developing critical health linkages and increasing robustness of referral pathways between existing Provincial Health Authorities and health teams.

An outstanding achievement made by Vietnam Program this year - the culmination of dedicated and collaborative advocacy over the last decade - was the Vietnamese Ministry of Health ratifying the last steps of the optometry profession. This change has brought enormous progress for optometry service provision in Vietnam. We joyfully heard all of the 378 Vietnamesetrained optometrists have been gainfully employed as eye health care professionals to serve their peoples eye care needs.

I hope you find our annual review informative.It provides a deeper view into our sustainable and life changing work of pursuing vision for everyone, everywhere.

Thank you for supporting us during this year! Best wishes,

Yvette Waddell, CEO



Eye health care worker in Papua New Guinea provides services to the community at the Provincial Health Authority eye clinic.

Brien Holden Foundation

Our Work

Brien Holden Foundation is an Australian public company limited by guarantee and a registered charitable organisation. 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 ongoing 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 to the prevention of avoidable vision impairment and loss. The Foundation trains, upskills and mentors primary health care

workers to provide eye health examinations and access referral pathways, strengthening them in the process.

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, Southeast 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 nongovernment partners and governments at ministry, provincial and district levels to achieve the agreed and much needed eye health care capacity building deliverables.

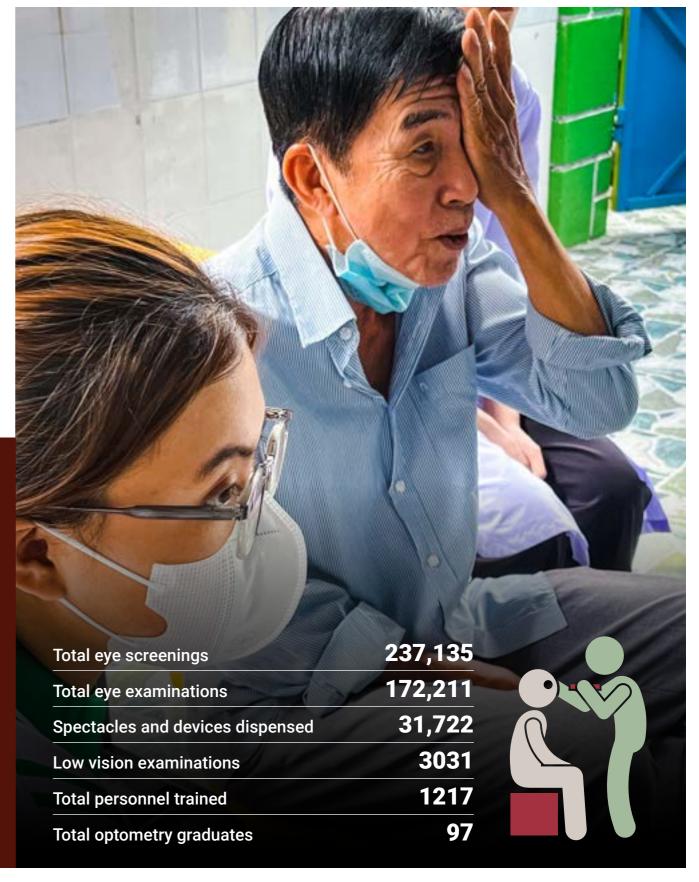
Key Performance Outcomes

July 2022 - June 2023

Our progress towards achieving the goals of the Foundation's Strategic Plan 2023-2026 is assessed against defined objectives, indicators and targets. At a programmatic level, all programs and projects are guided by the Foundation's revised Project Cycle Management system and its regular and iterative compliance processes. At an operational level, all new and current project plans demonstrate how they directly align with the objectives of the current strategic plan. Data collected at a project and operational level is analysed to report against the indicators and targets. Country strategic plans are written in consultation and implemented collaboratively in each individual location.

Data is collected directly from within the Foundation's monitoring and evaluating database and indirectly from our partner's (government and non-government) data set tools. The totals gathered are a mix of both these quantitative methods of capture. They are analysed to assess how the projects are progressing and to measure the impact of the work undertaken to ensure accountability to funders, partners and the community served, and how the organisation is progressing overall against its strategic alignment. The assessment is reviewed by the leadership and program management staff, enabling informed and appropriate actions to ensure the organisation continues to achieve according to its evolving strategies.

Annual Global Program Data Outcomes (BHF Programs, with partners)



An eye exam is provided to an older Vietnamese man in a community screening in Hanoi



Operations and Programs

During the reporting period the Foundation's programmatic work continued across many levels of partnerships to build local capacities and enable short and long-term development strategies. This included working to increase eye health care provision and strengthen health systems for target Indigenous communities in NSW and the NT in Australia and disadvantaged districts and regions in our partner countries; Papua New Guinea, Vietnam, Pakistan, Haiti and Tanzania.

The Foundation's capacity to deliver outcome-driven, culturally appropriate programs is also evident in the diversity of implementing partners who support our work which stretches across the Western Pacific, South Asia, Africa Region and Australia. Programmatic delivery is underpinned by a range of tried, tested and new implementation models and approaches which are validated through appraisal, research, monitoring and evaluating mechanisms.

The Foundation follows a focused thematic approach in its programmatic delivery, supporting child and school eye health, people-centered comprehensive services, workforce and optometry development, research, social entrepreneurship and low vision. These projects are underpinned by culturally appropriate methods with focus on the cross-cutting compliances; safeguarding, gender equity, disability inclusiveness and environmental impact.

The DFAT ANCP funded project work provided eye heath care service delivery and workforce development and speciality training in Vietnam, Pakistan, Papua New Guinea. The Foundation continues to work closely with Optometry Giving Sight to deliver three diverse projects in

Vietnam, Haiti and Tanzania, focusing on optometry development, paediatric child eye health services, and comprehensive community care in very underserved populations.

Equally, the Foundation continued its developmental and research focus by continuing to implement three Lion Clubs International Foundation (LCIF) projects. In Papua New Guinea, we navigated barriers to push ahead with the development project, continuing to deliver Phase III of the Eye Health Systems Strengthening Project across four provinces. The Foundation concluded the research project studying ocular morbidity in Vietnam and Pakistan with conclusive findings, allowing a new protocol to be developed for further use in the world. We began a new research project invited by LCIF which is solely in Pakistan, studying the effectiveness of the tried and tested optical store model we have been perfecting since 2016. This model has overseen the successful development of 16 optical stores over time.

We are pleased to report new program growth within the Foundation through the development of new partnerships. This is an evident and welcome outcome, specifically occurring due to our collaborative focus on attracting new long-term partners with strategic alignment, to enable building a broader and more robust funding structure with greater sustainability, year on year.

The Foundation continued to review and update all governance, compliance and risk assessment frameworks, including our Project Cycle Management, Development Effectiveness Framework, and our policies and procedures. In so doing, the Foundation is engaging in the practice of continuous improvement to build best practices and robust governance and outcomes.



Fifth year student to be graduating as one of the first optometrists of Haiti.

The Challenge

MYOPIA (SHORT-SIGHTEDNESS)



2 billion people with myopia in 2010 **2.5 billion** with myopia in 2020¹



Myopia prevalence increased worldwide from 28.3% in 2010 to 34% in 2020, an increase of about 20% from the baseline prevalence



80%-90% of high school graduates are myopic in urban areas of Singapore, China, Taiwan, Hong Kong, Japan and Korea²



26%–**43%** rise in the prevalence of myopia among adults from 1971-72 to 1999-2004³

Myopia significantly increases the risk of

Cataract (3.3X for myopia >6.00D)4,

€ Glaucoma (14.4X for myopia >6.00D)⁵ and



Retinal pathology (7.8X for myopia >8.00D)⁶



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%-1.5% Asian and 0.1%-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, and an estimated

295 million people had moderate and severe vision impairment and

258 million people had mild vision impairment¹²

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

108 million with uncorrected distance vision impairment



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





Mungindi clinic patient picking out glasses.

Australia Program

Our Australia Program remains dedicated to its commitment to improving eye health and delivering optometry services across the Northern Territory and New South Wales, prioritising reaching Aboriginal and Torres Strait Island communities. This year has also been marked by remarkable achievements and impactful contribution to the lives of our Indigenous communities. Our dedicated commitment to overcome the barriers of remoteness and harsh travelling conditions, has enabled the Foundation to provide essential eye health care services and workforce training. This work has have positive impact on communities by emphasising and supporting the unique cultural needs of Aboriginal and Torres Strait Islander peoples.

1. Aboriginal Vision Program

This year consistent progress was made in the Northern Territory (NT) and New South Wales (NSW) programs delivered 1,303 days of optometry services providing eye health care to 160 urban, rural and remote communities.

During the reporting period the Australia Program successfully provided 10,551 comprehensive eye examinations, with 4,401 men and boys and 6,150 women and girls seen. Over 8,811 patients received glasses, which positively impact their quality of life, especially for those who have been experiencing vision issues for a long time prior. We remain committed in our dedication to improving the eye health of Indigenous communities.

2. New South Wales (NSW) Program

Throughout the year, the NSW program has successfully provided optometry services to 6,236 patients. The NSW program recognises the unique challenges faced by Aboriginal communities and we make it our priority to engage in a patient centred approach and ensure culturally safe care is provided. This year 89% of our patients identified as Aboriginal.

In the year under review, the program conducted 1620 comprehensive eye examinations of children aged between 0 and 18. Notably, a significant majority of these children, 86% identified as Aboriginal. The optometry data sets revealed an increase in vision impairment showing that 46% of Aboriginal children and 37% of non-Aboriginal children required glasses.

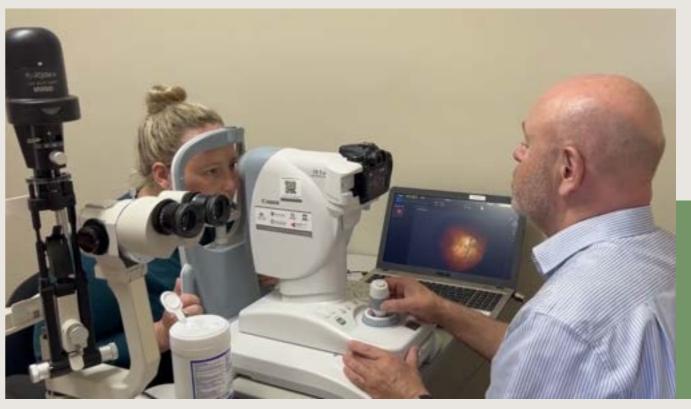
In 2023 - 2024, the NSW program is committed to extending our services and deepening our impact on the eye health and well-being of the communities we partner with. Our primary focus will be on enhancing awareness about the critical significance of eye health and ensuring that eye health remains a top priority for the communities we support.

3. Northern Territory (NT) Program

The NT Program team provided 532 days of optometry service, performing 4,315 comprehensive eye examinations. Over 3,079 pairs of glasses were supplied and 477 patients were referred for further care. Over 84% of our patients identified as Aboriginal and/or Torres Strait Islander.

In the NT, our staffing reduced from three optometrists to two, but the three non-clinical staff remained consistent. We have been supported by our partner organisations and locums to ensure optometry clinics were provided and maintained in all aspects.

There was little impact from COVID-19 in the Northern Territory during this financial year, most clinics were rescheduled, and visits were achieved in outreach locations by the end of the year.



NSW Condobolin Aboriginal Eye Health Worker Tori Whiley with BHF Optom Martyn Russell.

Case Study

Summary of Ophthalmology Day in Maningrida – strengthening partnership between BHF Optometry Team and the NT Health Ophthalmology Department

In the NT, Ophthalmology services to the communities that BHF visit are provided by the public hospitals (NT Department of Health) in Darwin and Alice Springs. Most services are provided as outpatients appointments in the hospital itself, and currently take approximately 24 months waiting time for a routine appointment. These appointments require a lot of logistics and cost to NT Health to ensure the patients from remote clinics attend the hospital in the major centre (travel, accommodation, language barriers etc). Some outreach services are provided to larger communities to minimise the need for all patients to travel to the major town for their appointments.

On 15 March, BHF Team of Sarah Nicholls, Tehanee Ansell and student Kerry Baker, worked alongside the ophthalmology team from Royal Darwin Hospital who were visiting Maningrida for their outreach service for the day. Ophthalmology had a few quiet clinics on previous occasions in Maningrida and were considering reducing outreach services.

The BHF team coordinated the patients on the day so that patients who had been referred for ophthalmology could attend their appointment locally rather than needing to travel to Darwin.

This partnership worked well for the following reasons –

- Patients were already known to optometrist Sarah and had established trust and relationships.
- All patients who were brought in by the clinic driver who stayed for their appointment as BHF team was able to keep them occupied whilst waiting for the ophthalmologist (eg. cups of tea, checking for glasses, conversation etc)

- Optometry team was able to do pre-testing for the ophthalmologist, so their admin staff were able to focus on reporting and paperwork
- Sarah was able to enter ophthalmology notes into the Communicare (Maningrida's patient medical system) so primary health clinic staff are kept up to date with the patient's care.
- Patients were able to receive new glasses from the optometry team, whilst waiting for the ophthalmologist appointment
- Less reliance on understaffed nursing team to coordinate the clinic.
- Further strengthened the working relationship between BHF optometrists and RDH ophthalmology team.

Fourteen patients were seen on the day. Of this, eight were waitlisted for cataract or pterygium surgery, four were referred to RDH eye clinic for further testing (ie. Needed OCT, A-scans which are not available in outreach setting), and two were discharged from ophthalmology care.

The Ophthalmology team were very appreciative of the partnership with BHF on the day, and have included positive comments on their reports back to NT Health and Commonwealth fund holders.

The next outreach ophthalmology visit to Maningrida is in March, so the BHF team has planned to coordinate one of their visits to Maningrida for the same time so the outreach ophthalmology visit can be run together again.

Report provided by Sarah Nicholls – Outgoing NT Clinical Manager / Optometrist



Gurruwiwi boys with Jessica Leung BHF Optometrist at Galiwin'ku NT

I feel incredibly fortunate to have been given this opportunity. Focusing on fundamental clinical skills without the aid of modern technology has helped me grow into a more confident clinician. The support and guidance of the friendly supervising optometrists have inspired me to consider working in a regional setting in the future. This opportunity has reaffirmed my interest in Indigenous eye health."

We also hosted two optometry students from the Queensland University of Technology who joined the NT team for 2-week placements in May visiting Top End communities.

Kids NT: A vision screening workshop was held with NT Catholic Schools on the Tiwi Islands in February. Following this workshop, inclusion support staff screened the 200 children to identify those with possible vision problems, requiring a comprehensive eye examination. In April, BHF staff optometrists returned to the school to deliver two clinic days as a follow-up from the vision screening. BHF optometrists also delivered a presentation at the NT Catholic Schools Inclusivity Forum later in March. The forum covers 18 schools in the Greater Darwin and Katherine regions.

Top End Connect: A networking event hosted collaboratively by BHF and NT Health Department of Ophthalmology and sponsored by Novartis was successfully held with 30 attendees from the eye health community in Darwin.

Successful day of outreach ophthalmology in Maningrida

A BHF optometrist supported the visiting ophthalmologist for the day, which increased patient attendance, helped with background information on patients, and improved our working relationship with NT Health and the RDH Ophthalmology Department.



Tehanee Ansell (right), Top End Coordinating Officer at Nguiu School on Bathurst Island NT.

Colleen Voss (left), Regional Eye Health Coordinator for Miwatj Health Aboriginal Corporation and Jessica Leung (right) BHF Optometrist.

Summary of Key Achievements

NT Equipment Upgrade: Thanks to an underspend in the VOS contract from the last two years of COVID travel restrictions, we were able to provide additional clinics, particularly in East Arnhem Land and we also received \$100,000 that was spent on much needed new optometry equipment and consumables.

Optometry student Placement: Kerry Baker, from Flinders University, undertook a 6-week placement

with BHF in the NT as a trial for longer placements in collaboration with Flinders University. The University works in partnership with NT Health for medical and allied health student training and placements.

"I have thoroughly enjoyed undertaking my placement with the Brien Holden Foundation over the last six weeks. I have been exposed to a wide range of patients with different backgrounds and pathologies. Practicing on country and learning the language to engage with patients has been an invaluable experience, and

Case Study

Toomelah Eye Health

"Colina Waddell, from the Brien Holden Foundation contacted me and asked if I would like to be trained in eye health care. Today I can stand here, and I can tell you as an Aboriginal woman with 30 years in rural and remote NSW and OLD that the Brien Holden Foundation is one of the most amazing Foundations helping to Close the Gap in Health" Ann Marie Thomas - NATSIEHC23 conference.

Ann Marie, a dedicated Registered Nurse based in Toomelah, had the honor of presenting at the recent NATSIEHC23 conference. She passionately shared insights about her beloved community, Toomelah, a small Aboriginal Mission located on the New South Wales/Queensland border. This tight-knit community, home to approximately 250 residents, is nestled amidst the vast landscape, with the nearest town, Goondiwindi on the Queensland border, situated 30 kilometers away.

Toomelah is characterized by its unique simplicity, comprising only a school, a Lands Council, and a Health Clinic. The Health Clinic operates as an outreach clinic of Pius X, a vital connection that enables essential healthcare services to reach this remote community. Ann Marie's remarkable dedication to Toomelah spans seven years where she has also been the dedicated eye health worker, where she has been instrumental in providing healthcare support to the community.

Toomelah also benefits from visiting Pius X GPs who dedicates one day a week to providing much-needed medical services to the community, enhancing the overall health and well-being of its residents. Ann Marie's presentation shed light on the challenges and triumphs of this remarkable community, highlighting the importance of healthcare accessibility in remote areas like Toomelah.

Brien Holden Foundation delivers six days of optometry services per year, with the flexibility



Ann Marie Thomas presenting at NATSIEHC23



BHF Optometrist Anna Morse with Toomelah Elder Kerry Sampson

to extend as needed. In the previous year, the Foundation conducted a total of 51 comprehensive eye examinations for community members, spanning from 7 to 88 years of age.

"Brien Holden Foundation Eye Clinics practice cultural safety, their staff are a part of our community, they are accepted and appreciated. BHF have pathways to support all Aboriginal and Torres Strait Islander people through their eye health journey. BHF do not discriminate and provide excellent care to ALL." Ann Marie Thomas, RN Toomelah, Pius X Aboriginal Corporation.



In March 2017, a pivotal partnership was forged between the Australian Government's Department of Health and the Brien Holden Foundation, resulting in a Contract for Services for the Eye Health Equipment and Training (PEHET) Project.

This monumental project reached its conclusion in December 2022. Notably, the Brien Holden Foundation co-led this initiative in collaboration with the Australian College of Optometry, adopting a consortium-based approach.

The consortium brought together aligned organisations, including the Aboriginal Health Council of South Australia, the Centre for Eye



NSW Optometrist Lauren Hutchinson with Orange AMS Patient.



NSW Clinic set up.

Health, and Optometry Australia. Together, this collective effort led to the successful delivery of 168 retinal cameras and 133 Slit Lamps, ensuring the equipment's accessibility and usability through localised training at each location. This collaborative approach reflects our dedication to enhancing eye health services and education within the community.

The project encompassed several courses designed to enhance eye health services:

Course One - Retinal Camera Training for Primary Health Care Workers: This course aimed to equip primary healthcare professionals with the skills to effectively use retinal cameras.

Course Two - Retinal Imaging Triaging: The objective of this course was to empower General Practitioners (GPs) and Primary Health Care staff to evaluate retinal images, identify signs of conditions like diabetic retinopathy, and manage patient referrals to prevent vision loss.

Course Three - Slit Lamp Training for Primary Health Care Professionals: This course targeted healthcare professionals with prior eye care knowledge, training them to use a slit lamp for assessing anterior eye conditions and guiding patient management decisions.

Course Four – Embedding Retinal Screening: The primary aim was to integrate retinal cameras into primary healthcare practices. This course complemented Course 1 and Course 2 and aimed to increase the utilization of MBS items 12325 and 12326. Training extended to GPs, Health Service CEOs, and Practice/Business Managers. Significant advancements in the development of Course 4 to facilitate the integration of retinal photography into primary healthcare processes. This involved tools like stakeholder surveys, stepby-step guides for camera use with different patient management systems, providing health clinics with camera usage data, and activities to engage the broader GP network and jurisdictional/ regional stakeholders.

The PEHET project represents a pivotal step forward in improving eye health services and enhancing the skills of healthcare professionals in the field. The Foundation continues to support sites in kind through the NSW Program Manager.

5. Refugee Program

The Foundation's commitment to offering services to refugees and migrants across Australia remains unwavering. We do this in close collaboration with valued partners, including International Health and Medical Services (IHMS), NSW Refugee Health Services, Settlement Services International (SSI) and Melaleuca. Over the past year, we conducted



NSW Ezidi SSI Clinic Armidale

a total of 663 comprehensive eye examinations, distributed 331 pairs of glasses, and facilitated 42 referrals. This demonstrates our dedication to addressing the unique eye health needs of the refugee and migrant communities we serve.

Settlement Services International (SSI) in Armidale

We remain committed to delivering optometry services to recently arrived Ezidi refugees, in close partnership with Settlement Services International (SSI) in Armidale. As an essential component of their arrival health assessments, SSI has established a dedicated optometry clinic. Throughout this period, the Brien Holden Foundation's visiting optometrist conducted eye examinations for 181 individuals who were newly settled, underscoring our steadfast dedication to promoting the eye health of refugee and migrant populations.

It's important to note that this service is made possible through funding provided by the Commonwealth Government Visiting Optometrist Scheme, facilitated by the NSW Rural Doctors Network. Additionally, the program is enhanced by the employment of a Multicultural Support Officer who provides essential translation and administration services during the clinics. Access to glasses is made available through the NSW Government Spectacle Scheme, which provides a collaborative care program with New England Eye Centre which provides valuable ophthalmology services ensuring comprehensive eye care for the communities we serve.

Melaleuca Australia - NT

Additionally, we've forged a valuable partnership with Melaleuca Australia in Darwin, Northern Territory, as part of our broader commitment to refugee health programs. Each arriving refugee undergoes a comprehensive health screening that includes a thorough eye examination and, when necessary, provision of spectacles – all at no cost to the patient. The refugees have arrived from diverse locations; Democratic Republic of Congo, Pakistan, and Sri Lanka. Furthermore, the Foundation extends its support to culturally and linguistically diverse populations referred to the clinic. We assist individuals who often face obstacles when seeking eye care through traditional avenues.

Over the course of 26 clinic days, we administered a total of 265 eye examinations, provided 102 pairs of spectacles, and referred 7 patients to ophthalmology for further assessments or

procedures. The eye examinations were carried out with the invaluable assistance of interpreters, either through Melaleuca's bicultural support workers or via phone-based translation services provided by the Translating and Interpreting Services. We are committed to ensuring access to quality eye care services for diverse populations within the refugee and migrant community.

6. Other Activities

2023 National Aboriginal and Torres Strait Islander Eye Health Conference

The seventh annual National Aboriginal and Torres Strait Islander Eye Health Conference (NATSIEHC23) convened on the ancestral lands of the Dharug people in Western Sydney from May 24th to 26th. Co-hosted by the AH&MRC (Aboriginal Health & Medical Research Council), the conference showcased the theme 'Our Vision in Our Hands: Finding Our Voices.' A diverse gathering of over 240 delegates from across Australia, of which 50% represented First Nations, participated in this significant event.

Members of the Brien Holden Foundation staff travelled to Sydney to partake in this inspiring conference, providing an exceptional opportunity for the Australia Program staff to come together and engage with other colleagues. The collaboration between the Foundation and partners; Toomelah Pius X, AMS Redfern, La Perouse Aboriginal Community Health Centre, Bulbuwil, South Eastern Sydney Local Health District clinics, enabled presentations showing their eye health project outcomes.



Australia NSW Natalie Newman NT Tehanee and NT Jess with Milpa



BHF Staff at Conference Dinner.

The response from conference delegates was profoundly gratifying, as it acknowledged the remarkable efforts of these community members locally leading essential eye health care services within their communities. This collaboration exemplifies the shared commitment to enhancing eve health and well-being in Aboriginal and Torres Strait Islander communities.

Australian Eye and Ear Health Survey

The Australian Eye and Ear Health Survey is a cross-sectional study to determine the prevalence of vision and hearing impairment among 1,750 Indigenous and 3,250 non-Indigenous Australians across 30 nation-wide sites. This study follows the National Eye Health Survey that conducted in 2015-16. The study aims to understand the changes in eye diseases since this last Survey and understand ear health among older Australians.

This survey is led by the Westmead Institute for Medical Research and University of Sydney, with partners the University of New South Wales (UNSW), Brien Holden Foundation, the George Institute for Global Health, and Macquarie University. Funded by Australian Government Department of Health and Macquarie University.

In March this year, Macquarie University took the lead in presenting the initial findings from the Australian Eye and Ear Health Survey. This significant event was hosted by Professor Bamini Gopinath, the Inaugural Cochlear Chair in Hearing at Macquarie University, coinciding with World Hearing Day. Professor Lisa Keay, who serves as the Head of the School of Optometry and Vision Science at the UNSW, delivered a comprehensive report on the eye health findings obtained thus far.

Throughout the year, we carried out the survey in significant locations, encompassing Malabar-La Perouse-Chifley, Seven Hills-Toongabbie, Kempsey, Tamworth, and Katoomba-Leura-Wentworth Falls. The research field team engaged with a total of 1,021 participants within these varied communities. It's important to note that the project experienced delays due to the challenges posed by the ongoing COVID-19 pandemic.

Our approaches to Australian programs

i. Being proactive towards child eye health

Untreated vision impairment can substantially impact a child's learning and overall development. To address the critical need, we take a proactive approach by

providing all school children with two pairs of glasses, ensuring that they have the necessary support both at home and in the classroom. This initiative aligns with our commitment to promoting equal opportunities for education and ensuring that no child's potential is hindered by uncorrected vision impairment or socio economic disadvantage.

ii. Building trusted partnerships

Our collaborative efforts, working in partnership with AH&MRC Aboriginal Community Controlled Health Services, NSW Government Local Health District multipurpose and community health services, Local Aboriginal Lands Councils and NSW schools, have resulted in the delivery of culturally safe optometry services. Throughout the past year, the NSW program maintained a strong collaborative partnership with the Sydney Eye Foundation, engaging in a critical initiative to chart Ophthalmology services across the state of New South Wales. This comprehensive endeavour allowed us to pinpoint Aboriginal communities facing a high demand for public health ophthalmology services. Our efforts in this area have yielded significant progress and enabled us to better direct our resources where they are needed most.

We would like to highlight our partnership with the Sydney Eye Foundation and Pius X, resulting in the successful reestablishment of Ophthalmology services at Pius X Moree. This positive step forward in ensuring that essential eye health care services are accessible to the communities.

In June 2023, our Head of NSW Programs, Colina Waddell, and Board Director Willi Friderich attended the annual Sydney Eye Hospital Foundation Fundraiser, Closing the Gap on Eye Care Luncheon, hosted at the iconic Sydney Opera House. This event showed collective commitment to bridging the gap in eye care and meaningfully impacting the eye health landscape.

Our partnerships are the cornerstone of our ability to provide essential eye care services to those in need, and we are deeply appreciative of their continued collaboration.

We continue to work in collaboration with the Northern Territory Department of Health and Aboriginal Community Controlled Health Organisations. We are grateful for our strong ongoing 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.



Photo courtesy of Sydney Eye Foundation

iii. Providing comprehensive eye health services

Our Australian Program remain committed to providing comprehensive eye care services to 100+ communities. These include providing bulk-billed eye examinations, facilitating access to glasses through the Government Spectacle scheme and facilitating referrals to local ophthalmology services. This comprehensive approach is designed to ensure that the communities have access to essential eye care services and vision correction.

We prioritise prevention, early intervention, and comprehensive care, focusing on addressing eye health issues proactively. To reduce barriers to access, we've taken our services directly to the communities we service, recognising the importance of local accessibility. Our ultimate goal is to improve individual health outcomes, especially concerning the management of chronic diseases that can pose a significant risk to eye health. Through our efforts, we pursue sustainable impact for the eye health of Aboriginal and non-Aboriginal people within the communities we support.

iv. Community Education and Engagement

In line with our commitment to sustainability and community empowerment, the Australia Program continues to place a strong emphasis on training and education. We continued to partner with Macula Disease Foundation Australia which has provided much-needed funding to deliver Eye Basics/Primary Eye Health Care training to primary health care staff.

The Foundation provided Primary Eye Care Training including Retinal Camera training to 72 primary health care staff in Central Australia, Western NSW, and Tasmania with more localised training provided in Brewarrina, Walgett, Armajun and Dubbo Aboriginal Health Services equipping them with the skills and knowledge they need to provide eye care services within their communities. We thank the Macula Disease Foundation Australia for their ongoing support for much needed on the ground education programs empowering local primary health care workers to be able to support eye health in communities.



Annie Vickerstaff (left), BHF NT Office Manager and San Luu (right) locum optometrist at Yirrkala NT.

Case Study

NATSIEHC23 Contribution to Aboriginal and Torres Strait Islander eye health by Aboriginal Community-Controlled Health Organisations (ACCHO) award

The conference has annual awards recognising achievements and contributions in Aboriginal and Torres Strait Islander eye health. Brien Holden Foundation nominated the Walgett Aboriginal Medical Service Eye Health Program for the Contribution to Aboriginal and Torres Strait Islander eye health by Aboriginal Community-Controlled Health Organisations (ACCHO) award and we were so excited when they won. WAMS was the first optometry clinic conducted by the Foundation back in December 1999. This award was collected by Jenny Hunt, the Eye Health Coordinator at Walgett Aboriginal Medical Service. Jenny was quoted in the local Walgett Spectator Newspaper ...

"I could not believe it when my name was announced. To be recognised by leaders in the field of eye health and my peers was such an honour and an unexpected one at that. Being able to help those in my community as well as Lightning Ridge, Collarenebri, Goodooga, Pilliga, Wee Waa and Narrabri, and the villages and hamlets within the Shire, is the highlight of my role. Supporting community is so important. I would like to thank Colina Waddell from the Brien Holden Foundation for her ongoing support as well as the WAMS staff and Board. It is through this that I can continue my work in the communities mentioned. I have been part of WAMS for the last seventeen years and during this time I have had the opportunity to work with specialists and optometrists. As a proud Indigenous woman, living in community that I love, giving back to this community is so important and

being recognised with this award is the realisation that the opportunity comes results and the results of this is the quality of services provided by WAMS."



Jenny Hunt WAMS Eye Health Coordinator accepting award.

We would like to express our gratitude to our dedicated team, partners, and supporters for their unwavering commitment to the Australia Program's success. Together, we have achieved significant milestones and made a positive impact on the communities we support. This year's achievements are measured by our collective efforts, and we look forward to another year of progress and positive change.





Celebrating World Sight Day in Pakistan with a community screening project.

International Program

Best Practices, Innovated Outcomes.

Strengthen the capacity of in-country partners in Vietnam

For over a decade since 2013, the Foundation has been supporting its partners Hanoi Medical University (HMU) and the University of Medicine Pham Ngoc Thach (UPNT) to develop and sustain the first-ever Vietnam optometry degree program and build the optometry profession from the ground up.

The Foundation's capacity strengthening support is trilevel. At the first level, the Foundation supported two partners by providing curriculum, advocacy, international faculty support to teach the optometry courses. Over the years, the senior optometry students and fresh graduates were encouraged to join HMU and UPNT as teaching assistants. During 2022-2023, 24 local optometry graduates were working as

junior faculty and teaching assistants in two schools as teaching assistants to replace international faculty in the near future.

At the second level, the Foundation has developed four Academic Vision Centres near HMU and UPNT to enhance the clinical skills of optometry students. The centres help the optometry graduates to provide the best eye care services and enable them to create an enabling space in the market as a new profession.

At the third level, the Foundation works closely with the Health Strategy & Policy Institute (HSPI) - the Ministry of Health and other NGOs to advocate for the optometrist job licensing process. This will facilitate the employment process of optometrists in the public and private sectors.

Eye health social entrepreneurship is key to sustainability

In Pakistan, ANCP supported the piloting of an eve health social enterprise during 2015-2016. The support was provided to set up four optical shops in the secondary level eye health hospitals of LRBT, the largest eye care NGO in Pakistan. In 2019, the Foundation set up the 5th optical shop in another LRBT hospital through the project revenues. The Foundation gradually reduced ANCP support for this project and the shops' revenues contributed to supporting its functioning. In 2020, the project supported its further expansion through its revenues and set up one more optical shop. The project thus

not only started sustaining itself but also contributed to its further expansion. The Foundation presented this project as best practice to the Government and other INGOs.

The Foundation received the expression of interest to partner with CBM, an eye health international organisation to set up optical shops for one of their projects. The Foundation is also advocating with the health department to replicate the model in the public sector. If ripens, this would be perhaps the first optical enterprise in Government hospitals in Pakistan.

Flexibility to trial new ideas

The Foundation designed a pilot project 'Development Program enabling effectiveness by building local capacity in Vietnam, Papua New Guinea and Tanzania' during 2022-23 to enable effectiveness and robust project management and delivery, seeking to strengthen compliances, build capabilities and enhance capacities of partner organisations to enable sustained locally-led commitment to reducing the prevalence of avoidable blindness and increasing access to services. The project yielded encouraging results and contributed to enhancing the understanding of the Foundation and its partners in the thematic areas of safeguards and partner capacity building. Based on the pilot project, the Foundation designed a three-year partner capacity-building project. The Foundation appreciates the flexibility of ANCP to trial new ideas.



Compliance training for fourth year students and new graduates in Vietnam.

Pakistan

Pakistan Program aims to develop and strengthen eye health services for the citizens of Pakistan, especially for people from rural, remote and underserved areas, persons with disabilities and Indigenous communities. The program is aligned with the National Integrated People-Centred Eye Care Plan (2020 - 2025) of the National Committee for Eye Health (NCEH), Ministry of National Health Services Regulation and Coordination, Government of Pakistan. The country team works closely with the Sindh Institute of Ophthalmology and Visual Sciences (SIOVS), Layton Rahmatulla Benevolent Trust (LRBT), Doaba Foundation, Social Welfare Department and others to effectively implement the national program. During the year, the program focused on three main areas; development and strengthening of good quality refractive and low vision services, enhancing the quality of optometry education through faculty and institutional development, and contributing towards eye health policy development and effective implementation.

The Pakistan Country Team worked with partners and provided eye health care to 85,175 people including 52 transgender persons. Women and girls constitute 52% of the total beneficiaries. The team actively participated in the biannual meetings of National and Provincial Eye Health Committees and contributed to eye health development and implementation

processes. Together with partners, the team celebrated World Sight Day, International Women's Day, and Universal Children's Day and disseminated relevant important messages to the rural and far-off communities.

World Health Organization reports that 67.5% of Pakistanis can't afford to buy assistive devices and 24.7% of the people even don't know about the availability of these devices. Spectacles are among the most reported unmet needs for assistive devices (WHO 2023). The National Blindness Survey, Pakistan concludes that there is an unmet need of 82% for distance glasses and 66.7% for reading glasses in subjects for refractive error (2023). To address this huge unmet need for optical services, the Pakistan team launched a project to provide good quality and affordable optical services by setting up social enterprise optical shops in local markets. Based on the successful partnership with LRBT of setting up and sustaining optical shops, the Foundation partnered with CBM, Pakistan to expand its ongoing program of providing good quality and low-cost optical services to low-income communities in other underprivileged areas of Pakistan. The country team partnered with Doaba Foundation, a local NGO and set up four optical shops in the least developed districts in Pakistan. This led to an increase in the total number of shops to 11 in the country. The 11 optical shops dispensed 85,380 spectacles during the year.



Training on Clinical and Functional Low Management (Credit: M Zubair Khan, LRBT)



A DFAT delegation led by H.E. Australian High Commissioner to Pakistan Neil Hawkins visited a project in Pakistan. (Photo credit: Muhammad Naeem)

The team also conducted accessibility audits of the new optical shops and made all shops accessible to wheelchair users. It is worth sharing that the seven optical shops set up by the Foundation in partnership with LRBT are already sustainable and maintaining their expenses on their own.

The Foundation completed a four-month shortterm project in partnership with SIOVS to provide integrated, people-centred, and comprehensive eye health services to at least 80% of the population living in rural and remote Union Council Massu Bhurgri. The project was aligned with the National Integrated People-centred Eye Care Plan 2020-2025, and also aligned with the Sindh Integrated People-centred Eye Care Plan 2020 -2025. Union Council has a total population of 23,754 and the project has reached out to 19,203 (88.20%) out of this. During the project, 61 school teachers, 20 healthcare workers and four union council staff members were trained in child eye health and vision screening and provided vision screening services to 4,115 children enrolled in Government schools. 647 spectacles were provided to the women, men and children who otherwise wouldn't be able to purchase these spectacles. The project team also arranged 30 awareness sessions in schools where 750 children, teachers and non-teaching staff learned about the eye health prevention measures.

Under Our Children's Vision Campaign with LRBT, the Foundation provided free spectacles to 4,621 children including 50% girls, during the year. The children who received free spectacles belonged to low-income families and couldn't afford to buy the spectacles.

To ensure the accessibility of eye health services to underprivileged communities, the Foundation team together with the social welfare department and other organisations arranged 04 outreach activities. During these activities, 398 persons including 205 women and girls received eye health services.

WHO categorises Pakistan as one of the countries with the lowest health workforce. The situation of the eye health workforce is not different from the overall health sector. Pakistan has only 9 Allied ophthalmic personnel per million while the country ranks 68 out of 102 in this ranking. Pakistan team tried to improve this ranking through its different activities. During the year, the country team trained 61 school teachers, 20 healthcare workers and four union council staff members in child eye health and vision screening. 10 persons including 5 persons with disabilities were trained in shop management, spectacle dispensing, customer dealing and record keeping. 15 optometrists working in different LRBT hospitals were trained in clinical and functional low vision management. 20 people from different projects were oriented on the Foundation's Child Safeguarding and PSEAH policies and procedures. To spread key messages of eye care among the students and teachers, the Foundation's partners arranged nine awareness-raising sessions in Government schools during the year. The project teams shared the five key messages of eye care with 41 community members including 26 women and girls. This activity helped to raise awareness among the children on eye health issues and the importance of vision screening.



A group of transgender people after receiving eye health services in Pakistan (Credit: Muhammad Naeem)

Case study

Enhancing the quality of life through sight restoration in Pakistan

Ayesha, a seven-year-old student in grade one lives in Sindh, Pakistan. She has 9 siblings including 6 brothers and 3 sisters. She is the youngest of all. She was unable to see the blackboard in her class, read her books and write her homework. In addition to these problems, her poor sight was also the main obstacle to her participation in sports activities. She used to sit aside when her friends played on the ground. She was losing confidence in herself and almost left class participation. She shared her problems with her parents but there were no eye health facilities nearby where her parents could take her for treatment. Her parents were struggling to meet the essential family needs and her health was being compromised.

Ayesha's class teacher received training in child eye health and vision screening and a vision screening kit through the Foundation's school eye health project funded by the Australian NGO Cooperation Program. She conducted the vision screening of her students and identified Ayesha with eye health anomalies. Ayesha received comprehensive eye examination services from the field team of the Foundation's partner Sindh Institute of Ophthalmology and Visual Sciences. She was diagnosed with a congenital cataract. She went

through free of the cost bilateral cataract surgery. Her surgery remained successful. She could see clearly when the pads on her eyes were removed.

"I can now see clearly and identify the faces of people around me. I can see the blackboard, read books and write. I can now join my friends in playing hopscotch which I always wanted to. Before surgery, I couldn't see the toss coin to participate in the game."

Ayesha and her family are appreciative of the project and support from ANCP.



Ayesha is reading a book in her class. Picture credit: Fahad Soomro



Papua New Guinea

Throughout the reporting period, the PNG program has expanded from Port Moresby to five provincial health authorities, supporting quality eye care service delivery in Rabaul (East New Britain), Lae (Morobe), Mt Hagen (Western Highlands) and Mendi (Southern Highlands) and throughout Western Province. The focus for Rabaul, Lae, Mendi and Mt Hagen has been to bring upgraded equipment to enable improved standards of cataract surgery, refraction and low vision assessments.

Each Provincial Health Authority (PHA) has received at least one refresher course on the National Standard Operating Procedures for Eye Clinic Management and Operating Theatre Management and Support. All staff have also received Gender Sensitisation training which includes Adult and Child Safeguarding including Prevention of Sexual Exploitation, Abuse and Harassment training. The training is specific to each PHA context linking with the training and services provided by the hospital-based Family Protection Units.

Also received training on data collection to use as evidence for advocacy; patient satisfaction expectations and key messaging for awareness raising with patients, their accompanying support people and within communities when undertaking outreach. Additionally, surgeons and staff have benefited from collegial support from Dr Robert Ko that includes knowledge exchange for surgical techniques, rationale for surgical audit, and use of new equipment. optometry school progression.



Eight peer-supported surgical events occurred, two in each centre, bringing 2,500 intraocular lenses, 3,000 pairs of spectacles for close work and all other necessary consumables required for cataract operations including surgical operating microscopes, clinical microscopes, and other complex equipment and instruments required to support the surgeons and specialist nursing staff. Additional support



Eye nurses assessing patients keratometer measurements in Mendi PNG

was provided, training nursing staff to use the new equipment and refreshing all staff on the national clinical and surgical procedural standards including safeguarding training.

A new system to enable ongoing re-supply of spectacles has been put in place with each of the four target hospitals. Additionally, the groundwork required to enable a new project with a new partner called Sustainable Development Program was actioned. This new project is being implemented throughout Western Province providing Primary Eye Care training and self-refraction with 'instant' spectacles has been established to be rolled out in the upcoming FY24.

During this FY, breakthrough cloud-based data collection methods have been developed in collaboration with provincial hospital medical records departments, the national electronic information system and eye care staff.

A community awareness campaign that has the capacity to enable multiple information campaigns was developed in collaboration with each of the four target hospitals as well as a cloud-based patient satisfaction survey. These new data collection systems and quality of service information, support one of the primary recommendations from the WHO Eye Care Situation Analysis Tool (ECSAT). Facilitated by BHF, a new version was piloted in PNG and a strategic workshop was held with all stakeholders in May 2023 in Port Moresby.

During the last guarter of the FY, BHF supported key personnel from our long-term partner, PNG Eye Care to present on BHF-supported data collection and reporting tools used for PNG Eye Care Vision Centre and also the impact of our collaborative approach to advocacy in the region.



SDP aerial health staff learn primary eye health in Western Province, PNG.

Case study

Stories from the people of PNG



Mr Kanibe, 53 years old, attended the eye clinic in Mt Hagen as he was having difficulty seeing. Unfortunately, when Dr Ko checked his eyes, the problem was caused by diabetes. Mr Kanibe had been diagnosed with Diabetes Mellitus Type II in 2010 and required a lower leg amputation in 2016 as a consequence of his diabetes. He was already demonstrating changes to the back of his eye also caused by his diabetes. If he had cataract also, operating on patients with diabetes can exacerbate the condition at the back of their eyes especially if no treatment for the diabetic changes in their eyes is provided. Most importantly, Mr Kanibe requires to have laser treatment done to his eyes.



At 60 years, here is Mr Alo with his son Jeremiah and with Dr Robert Ko in Mt Hagen. Mr Alo presented to the hospital blind in both eyes because of bilateral cataract. His level of sight when he first came in for screening was that it was light, or it was dark (Perception of Light). He had his left eye operated on first and he could see well enough to legally drive a car after the operation. He will need glasses only for near tasks (anything he does with his hands). Reading glasses are supplied to all the patients after surgery. Mr Alo's big smile is infectious, and thumbs up says it all!





School screening including the schoolteachers in Ho Chi Minh City, Vietnam.

Vietnam

In Vietnam, our two optometry schools and three Academic Vision Centres established at University of Medicine Pham Ngoc Thach, and Hanoi Medical University continued as centres for clinical training of optometry students to enable them to provide much needed eye health care to the local communities of Hanoi and Ho Chi Minh City. The Foundation partners with Ba Ria Vung Tau Provincial Hospital in the south of Vietnam, Hanoi Medical University (HMU) in the north and the University of Medicine Pham Ngoc Thach (UPNT) in central Vietnam for more than 15 years and remain committed to develop optometry, strengthen eye health services and support the school eye health policy development process to include outof-school-children.

During the reporting period, the Vietnam team working in a partnership model, provided eye health services to 18,351 people (9627 women and girls) including 10,701 children. The majority of the persons who received eye health services exist in underprivileged areas. We are pleased to report 2,247 free pairs of spectacles were also provided to the children from the poorer communities identified with refractive error.

During the reporting period, the Foundation continued working with our partner optometry schools to strengthening the local faculty through post-graduation development. During the year, 74 optometrists

graduated from UPNT and HMU, leading to a total of 387 optometrists in Vietnam (208 women). 24 optometry graduates continued working in both schools as teaching assistants to replace international faculty supported by the Foundation in the near future. At least 621 optometry students (472 girls) enhanced their clinical skills through a rotational training program at three Academic Vision Centres (AVCs) set up in HMU and UPNT. The Foundation also trained 90 lower secondary school teachers in primary eye health and vision screening and equipped those with vision screening kits.



UPNT screening in community.



The new optometrists of Hanoi, Vietnam show their appreciation for eye health care.

The Foundation and HMU set up the 'Paediatric Refractive Error Training Centre (PRETC)' in 2019. On a monthly basis the PRETC provides eye health care services to 300 patients and dispenses 100 spectacles. PRETC also serves as a clinical training centre for optometry students and provides 15 students an opportunity to learn about paediatric refraction. The PRETC conducted school screening activities within the local communities screeing more than 19,895 school children over the reporting period, some with disability and/or disadvantage.

The Foundation's team continued working closely with the Health Strategy & Policy Institute (HSPI) -Ministry of Health, its partners including HMU and UPNT advocated on the optometric services and licensing for optometrists in Vietnam by working with the representatives from Medical Services Administration (MSA), Ministry of Health to provide necessary documents relating to the global practice of optometrists. This facilitated the MSA and MoH to develop the necessary guidelines needed to build the registration process within the MSA to enable optometrists to be seen as an independent profession and hence allowing all optometrists to open optical shops, vision centre and operate independently.

Vietnam team also participated actively in eye care working groups or national committees for the prevention of blindness. The team contributed to developing the national plan of reviewing and upgrading the refractive error services in Vietnam and advocating for the integration of the eye into the school health program.



A schoolboy with disability receiving his new glasses in a school screening activity

Case study

Light for the future, unforgettable memories of the first vision screening appointment of the year

Trang is an optometrist, who specialises in paediatric eye care and works as a teaching assistant at Hanoi Medical University (HMU). She enjoys her work as a teaching assistant and also likes to provide eye health services to underprivileged communities through outreach activities organised by HMU.

She remembers a 12-year-old boy who visited with his parents at a paediatric refractive errors training centre set up in HMU. The boy was suffering from Stargardt, a rare genetic eye disease in which the patient usually starts losing his vision. Trang examined the child and counselled his parents to facilitate his son to live a relatively normal life. The boy visited often her clinic and received many counselling sessions with his parents. Over time, she observed a significant improvement in the boy and his parents' attitudes. They made many changes to their lifestyle to help the boy cope with his problem. Trang considers that continuing learning is crucial to learning new knowledge and skills in the field of optometry. To enhance her exposure to the different types of eye health diseases and learn about rural and remote communities, she used to devote herself to outreach activities.

One of her outreach activities, she recalls one arranged in Ngo Sy Lien Secondary School. Her teacher, Minh Anh supported her during these arrangements. During the two-day activity, she with a team of one doctor, six optometrists and one optometry student provided eye health services to over 1,200 students. Free-of-the-cost spectacles were also provided to the students who otherwise wouldn't be able to buy them.

The majority of the children who participated in this activity were receiving eye health services for the first time. Some of the children had overcorrected spectacles. Trang felt satisfaction in coordinating this event and providing eye health services to needy children. She believes that her decision to become an optometrist was perfect and helps her to be satisfied with her life's achievements. She is thankful to HMU and the Brien Holden Foundation for providing her with new opportunities to enhance her skills and knowledge about eye health.







Trang examining a child in the Paediatric Refractive Error Training Centre in Hanoi.



Tanzania

In Tanzania, the effective completion of Phase 1 of the Roshanali Nasser Eye Health Project was achieved. Following on from the 2.5 years of the active project near 10,000 people received eye health care services. A further 9 month no cost extension was provided to allow time for an additional monitoring and evaluation period, and official hand over of the equipment to the regional and district level health authorities at Kwimba and Simiyu Districts in Mwunza Region. The following participants were trained during the Vision Centres Management course in Tanzania; 2 from the Ministry of Health, 1 from the President's Office,15 from Simiyu Reginal Referral Hospital, Clinicians and Hospital management, 12 from Kwimba District Hospital, clinicians, hospital and district management, Risk management training was done as part of vision centre management training in Tanzania. Simiyu and Kwimba clinicians, hospital and district management participated. Each eye clinic now has a Risk Management Plan. The Foundation is currently working with possible new collaborations to fund and implement Phase 2 of the project.

Haiti

In Haiti, the delivery of the optometry course at Université d'État d'Haïti (UEH) has continued to make steady progress despite the great and many sociopolitical challenges.

Phase 1 of the project has completed, and Phase 2 of the project has begun with a new lead partner. BHF is still one of the four partners as the technical implementer. All the students (Years 1 to 5) reported in the last quarter are still enrolled and studying. Despite the continual challenges of civil unrest at country level all Phase 1 project deliverables were met to inception at the end of Phase 1 project scope. These are: (1) Establish a quality reputable school of optometry and vision science in Haiti at l'Université d'État d'Haïti; (2) Increase local capacity to train optometrists to deliver quality eye care services to the people of Haiti, thereby assisting in the decrease of uncorrected vision impairment and avoidable blindness; (3) Initiate discussions to pursue an Academic Vision Centre (AVC) to provide optometric care, training and community service delivery; (4) The AVC will progress to be a public-facing clinic which enables a sustainable income stream for the School of Optometry while enabling a much-needed supervised clinical practice space for the optometry students to further develop their clinical competencies; (5) Promote and advocate for the creation of the optometry profession and, by extension, the creation of optometry posts within the public sector and the employment of optometrists by the Haitian Ministry



A large scale community screening in Mwanza region in Tanzania.



Comprehensive care is provided to communities in Simiyu district in Tanzania.



Fifth year optometry students provided supervised eye care to local communities.

of Health to provide eye care services to Haiti's most marginalised communities; (6) Support the university to become an optometric education and training resource for the Latin Americas and Caribbean region.

Course Coordinator and lead lecturer Koumbo Ornella originally trained and graduated from the BHF established optometry school in Cameroon, shared the progress and challenges of the Haiti Optometry Development project in Phase 2 of the project (Phase 1: 2017-2022) which began as a continuation at the beginning of the reporting period.

The Haiti project supports establishing the only optometry school in the island nation, to better develop and service eye health care in Haiti. Blindness rates in Haiti are among the highest in the world measuring around 5-7%. The Foundation has provided support by supporting two faculty members dedicated to this course and the enrolled students. The faculty members teach the students online via Zoom. Due to political unrest and a poor internet connection, the classes and teaching process are often severely disturbed. The faculty has increased the number of assignments and following alternate strategies to teach the students remotely such as taking lectures via the telephone.

Nevertheless, despite all the challenges the school's 61 students are still enrolled across the 5 years curriculum. Year 5 has 11 students who are nearing the completion of their study period and will graduate as the first Haitian optometrists ever to provide eye care to their communities. During this year, the





Dr Cadet, former Dean of the Haiti optometry school provides supervision to an optometry student.

5th year students have completed a month-long internship with an ophthalmologist in Cap Haitien to gain hands-on clinical experience and work on their competencies. This has been an enormously positive experience for the 5th years and provided them with good opportunity to gain skills as they move towards graduating during 2024.





A young optometrist in Vietnam measures a man's vision impairment.

Research Outcomes

Research advanced well during the reporting period seeing the successful completion of the study on the Effectiveness of teacher-led school-based eve 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: that more than 5 billion people may experience myopia by 2050.

Funded by Lions Clubs International Foundation the final draft of the research findings report on the Ocular Morbidity study was completed and sent out for review and comment. The study team faced issues of overrepresentation of over-aged persons in Vietnam, this challenge was not present in the Pakistan component Under the new Effectiveness of Optical Services research, the study team in Pakistan completed the pilot testing and data collection for the main study in one out of six hospitals. The study team was excited to use the data entering systems REDcap for all data collection. In Pakistan, a situational analysis of optical services was also completed during the year.

Safeguarding and compliance in Brien Holden Foundation

The Foundation believes that safeguarding our beneficiaries, partners and staff is the responsibility of each and every team member in the Foundation and the partner organisations and of each member of our sector as a whole. The Foundation continued its work to ensure that all those affiliated with the organisation understand and champion their responsibilities and have access to relevant resources and knowledge to act upon it.

During the year 2022-2023, key achievements have been made for compliance are as follows:

Financial Risk Management

- · In Vietnam, a training course on project and financial management was conducted for all three partners. A total of 32 staff members were trained.
- Although no Financial management training or anti-fraud traning sessions were undertaken in PNG this year, assessment of all staff involved in the project was done at project commencement.
- · An updated risk management plan was made for all the three Partners in Vietnam.
- · Pakistan also made a Risk Management Plan with Doaba Founation.
- · Orientation session on risk management for partner teams was conducted for 4 participants.
- · Orientation session on budget and project financial management was conducted for partners finance and project staff in Pakistan. 14 staff members attended the sessions.
- The following participants were trained during the Vision Centres Management course in Tanzania:
- 2 from the Ministry of Health
- 1 from PORALG
- 15 from Simiyu Reginal Referral Hospital -Clinicians and Hospital management
- 12 from Kwimba district Hospital Clinicians and Hospital and district management

Risk management training was done as part of vision centre management training in Tanzania. Simiyu and

Kwimba clinicians and Hospital and district management participated and each eye clinic (2) has a Risk Management Plan.

Child Protection and Safeguarding

- Training in Child Protection for HMU & UPNT students was conducted during the first half of the year in Vietnam. A total of 98 participants attended the training.
- 11 teaching members of HMU completed the Child Protection training in April while 41 staff from BRVT PEH completed the same course.
- · All the three institutions in Vietnam now have Child Safeguarding Policies in place.
- · Assessment of partners' policies was conducted in May in Vietnam as part of the periodic assessment.
- In PNG, introduction and training sessions at each of the 4 Provincial Health Authorities Eye Clinics was done. There was a total of 32 participants.
- Partner's Child Safeguarding Risk Assessment was done at Doaba Foundation in Pakistan
- Pakistan also explained Child safeguarding policy in the partnership agreement for compliance with the two partners.
- · 17 in country staff of the Partner organizations in Pakistan Signed the child safeguarding code of conduct
- Orientation sessions/refreshers on child safeguarding policy and code of conduct was done to partner teams in which 40 staff members participated
- The following were trained in child protection and safeguarding during the Vision Centres Management Course and teachers vision screening in Tanzania:
 - 124 teachers
 - 20 participants from the President Office Regional Administration and Local Government
- 3 participants from the Ministry of Health

PSEAH

- In PNG, introduction and training sessions at each of the four Provincial Health Authorities Eye Clinics was done in PSEAH. There was a total of 32 participants from all the four clinics.
- PSEAH Training was conducted for UPNT and HMU and 98 people participated in the first half of the year. Additional PSEAH training was conducted for BRVT PEH staff and 41 staff members were trained in May.
- 11 teaching staff of HMU completed the training in April.
- PSEAH capacity assessment was done for Doaba Foundation in Pakistan.
- PSEAH policy was explained in the partnership agreement for compliance with both partner organizations in Pakistan.
- Orientation sessions/refreshers on PSEAH policy was done for both partners with 32 participants in Pakistan.
- Four new sessions and two refreshers on PSEAH was also done for both partners with 19 participants.

Counter terrorism

 Although no training sessions were undertaken on counter terrorism, assessment of all staff involved in this project was undertaken at project commencement in PNG.

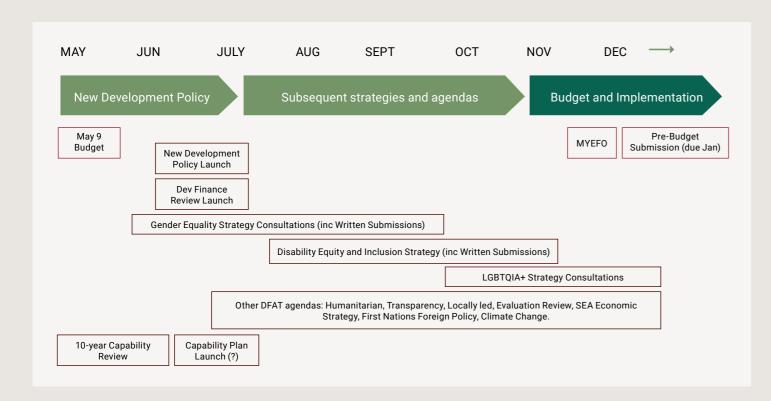
- Briefing for partners was done on counter terrorism and anti-fraud in Vietnam for all the 3 partners.
- The following exercises were conducted on both the partner organizations with 10 participants in each activity:
- Security screening of partner staff and relevant websites
- Orientation session on counter terrorism policy of the Foundation and partners
- Advise partners to conduct session and security screening of project staff
- Police verification certificate of each staff at the Foundation and partner level

Training session of the partner staff on counterterrorism screening was conducted with 4 participants

Obtained police character certificate of project staff at the partner level for 4 staff members

Anti-fraud

- Orientation session on anti-fraud policy of the Foundation and partners was conducted in Pakistan for the two Partners. A total of 29 participants attended.
- Screening of staff at the Foundation and partner level was also conducted.





Major Funders and Donors

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



Aboriginal Health and Medical Research Council of New South Wales



Australian Council for International Development



CBM



Lions Clubs International Foundation









Australian Department of Foreign Affairs and Trade, Australian NGO Co-operation Program

















Australian Department of Health



Brien Holden Vision Institute



Fred Hollows Foundation







Optometry Giving Sight



World Health Organization

Financial summary

Plain language summary of income and expenditure and overall financial health

	2023	2022
REVENUE	\$ (%)	\$ (%)
Donations and gifts		
* Monetary	57,360	30,399
Grants		
*Department of Foreign Affairs and Trade	333,263	779,236
*Other Australian Grants	3,053,760	3,307,309
*Overseas Grants	1,170,402	544,367
Investment Income	1,784	316
Non Monetary Income	1,646,197	1,443,679
TOTAL REVENUE	6,262,766	6,105,306
EXPENDITURE		
International Aid and Development Programs		
Expenditure		
International programs		
*Funds to International programs	1,074,281	1,041,024
*Program support costs	340,422 (23%	6) 383,329 (23%)
Community education	661	20,297
Accountability and Administration	81,151 (1%)	
Non-Monetary expenditure	1,646,197 (269	6) <u>1,444,583</u> (23%)
Total International Aid and Development Programs Expenditure	3,142,712	2,970,038
International Political or Religious Adherence Promotion Programs Expenditure		
Domestic Programs expenditure	3,033,620 (49%	%) 3,247,173 (52%)
Other expenditure	26,625 (0%)	34,061 (1%)
TOTAL EXPENDITURE	6,202,957	6,251,272
SURPLUS/(DEFICIT)	59,809	(145,966)
OTHER COMPREHENSIVE INCOME	-	
TOTAL COMPREHENSIVE INCOME	59,809	(145,966)

Section Sect		2023	2022
Cash and cash equivalents 1,481,075 1,890,082 Trade and other receivables 242,207 494,746 Right of Use assets currnet (Leases) 71,833 - Other financial assets-current - 23,489 Total Current Assets 1,795,115 2,408,317 Non Current Assets 579 Property, plant, and equipment 23,275 579 Right of Use assets non currnet (Leases) 44,662 12,148 Total Non Current Assets 67,937 12,726 TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES Current Liabilities 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 781,783 1,438,384 Non Current Liabilities 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576	ASSETS	\$	\$
Trade and other receivables 242,207 494,746 Right of Use assets currnet (Leases) 71,833 - Other financial assets-current - 23,489 Total Current Assets 1,795,115 2,408,317 Non Current Assets 579 Property, plant, and equipment 23,275 579 Right of Use assets non currnet (Leases) 44,662 12,148 Total Non Current Assets 67,937 12,726 TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 182,76 - Lease liability - non current 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 143,693 145,892	Current Assets		
Right of Use assets currnet (Leases) 71,833 - 23,489 Total Current Assets 1,795,115 2,408,317 Non Current Assets - 23,275 579 Property, plant, and equipment 23,275 579 12,148 Total Non Current Assets 67,937 12,726 TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES - 514,446 Lease liabilities 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities - - Lease liability - non current 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY 8etained Earnings 896,576 836,767	Cash and cash equivalents	1,481,075	1,890,082
Other financial assets-current - 23,489 Total Current Assets 1,795,115 2,408,317 Non Current Assets - - 579 Property, plant, and equipment 23,275 579 12,148 Total Non Current Assets 67,937 12,726 12,148 TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 18,276 - Lease liability - non current 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767	Trade and other receivables	242,207	494,746
Non Current Assets 1,795,115 2,408,317	Right of Use assets currnet (Leases)	71,833	-
Non Current Assets 23,275 579 Right of Use assets non currnet (Leases) 44,662 12,148 Total Non Current Assets 67,937 12,726 TOTAL ASSETS 1,863,052 2,421,044	Other financial assets-current	. <u></u> <u>-</u>	23,489
Property, plant, and equipment 23,275 579 Right of Use assets non currnet (Leases) 44,662 12,148 Total Non Current Assets 67,937 12,726 TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 18,276 - Lease liability - non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY 896,576 836,767	Total Current Assets	1,795,115	2,408,317
Right of Use assets non current (Leases) 44,662 12,148 Total Non Current Assets 67,937 12,726 TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 1 1 1 1 2 <	Non Current Assets		
Total Non Current Assets 67,937 12,726 TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Property,plant, and equipment	23,275	579
TOTAL ASSETS 1,863,052 2,421,044 LIABILITIES Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities - - Lease liability - non current 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY 8etained Earnings 896,576 836,767	Right of Use assets non currnet (Leases)	44,662	12,148
LIABILITIES Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 31,438,384 Non Current Liabilities 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY 842 896,576 836,767	Total Non Current Assets	67,937	12,726
Current Liabilities Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 3 1,438,384 Non Current Liabilities 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	TOTAL ASSETS	1,863,052	2,421,044
Trade and other payables 607,037 514,446 Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	LIABILITIES		
Lease liability - current 27,707 14,458 Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Current Liabilities		
Provisions-current 147,039 149,598 Other-current - 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities - Lease liability - non current 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Trade and other payables	607,037	514,446
Other-current 759,883 Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY 896,576 836,767	Lease liability - current	27,707	14,458
Total Current Liabilities 781,783 1,438,384 Non Current Liabilities 18,276 - Lease liability - non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Provisions-current	147,039	149,598
Non Current Liabilities Lease liability - non current 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Other-current	-	759,883
Lease liability - non current 18,276 - Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Total Current Liabilities	781,783	1,438,384
Provisions-non current 166,417 145,892 Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Non Current Liabilities		
Total Non Current Liabilities 184,693 145,892 TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Lease liability - non current	18,276	-
TOTAL LIABILITIES 966,476 1,584,276 NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Provisions-non current	166,417	145,892
NET ASSETS 896,576 836,767 EQUITY Retained Earnings 896,576 836,767	Total Non Current Liabilities	184,693	145,892
EQUITY Retained Earnings 896,576 836,767	TOTAL LIABILITIES	966,476	1,584,276
Retained Earnings 896,576 836,767	NET ASSETS	896,576	836,767
Retained Earnings 896,576 836,767	EQUITY		
TOTAL EQUITY 896,576 836,767		896,576	836,767
	TOTAL EQUITY	896,576	836,767

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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 2023, 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 2023 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 Regulations 2022.

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.

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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

Level 8 1 York St. Sydney NSW 2000

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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 2023, the income statement, the statement of changes in equity and the table of cash movements for designated purposes for the year ended 30 June 2023.

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 in the following pages are in accordance with the ACFID Code of Conduct and is consistent with the annual statutory financial report.

Calibre Partners Pty Limited

Calibe Partners

Roger Wong Director

Dated this 22nd day of November 2023.





Board Members

Chair: Professor Serge Resnikoff
Professor Fiona Stapleton
Ms Yvette Waddell
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

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





www.brienholdenfoundation.org

