Photo: Pakistani men in their local community health centre wait patiently in line for an eye examination.
Brien Holden Vision Institute Foundation (formerly the International Centre for Eyecare Education) is the Public Health Division of Brien Holden Vision Institute.

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

More than 625 million people are unnecessarily blind or vision impaired due to uncorrected refractive error simply because they don’t have access to an eye examination and a pair of glasses.

As both leader and collaborator, Brien Holden Vision Institute advances vision care on the global public health agenda and builds sustainable, culturally appropriate systems for vision care in local communities.

Simple strategies, such as training people across environments and cultures and establishing or improving infrastructure for delivering eye examinations and glasses, yield profound benefits in curbing the human and economic toll of vision loss.

Since 1998, we have provided optometric services and glasses to more than 2.5 million people in need through 429 vision centres and sites for eye care.

Integrating with local health systems

Brien Holden Vision Institute firmly believes that basic eye care is a right and not a privilege. This belief underpins all aspects of eye care delivery and development of delivery systems, our human resource development, service development, education, social enterprise, research and advocacy activities, all of which are geared to building sustainable eye care systems.

Eye care services are integrated within local health systems and established in regions where they are most urgently required, through partnerships with local governments and non-government agencies and civil society.

We work to create sustainable, accessible and affordable vision care systems that are symbiotic and culturally acceptable for communities in need. Our focus includes:

• **Ground-up service development:** The most well intentioned efforts to affect change will fail without the infrastructure required to sustain it at the local level. For this reason, we focus on working with governments and other local stakeholders in setting up vision care centres and establishing stable spectacle supply systems. Our grasp of both national health systems and local context allow us to work alongside existing infrastructure to establish or improve delivery of eye care.

• **Education and training:** We believe that education and training is the only way to build the capacity necessary to affect change. Improving delivery of eye care necessitates establishing eye health protectors at every level – from “screener” to eye care professionals. We educate local community members – teachers, physicians, technicians and others – to participate effectively in the detection and treatment of eye disease and vision disorder. We provide online and optometry school resources for education from the primary to the post-graduate levels.

• **Human resource development:** Human resource development involves the establishment of culturally appropriate education programs to produce eye care professionals and other supporting personnel. This process lies at the heart of all Institute programs. We have developed the expertise to set up relevant education programs including optometry schools, as well as a range of courses to teach different competencies from the community level to professional development. Each professional will attend to the needs of approximately 80,000 people during their career.

• **Social enterprise:** The reduction in poverty we seek is not only linked directly to eye health; it also stems from how new eye care infrastructure creates economic opportunities for the communities we enter. Through our social enterprise work, local people can become skilled in an eye care profession, work actively in their community and break free from the poverty cycle. This sustainable and self-generated income enables them to achieve a better quality of life for them and their families.
Countries

We now have offices worldwide dedicated to building eye care systems, and have either delivered eye care services, helped develop human resource capacity through training programs or supported development of optometry schools, in more than 50 countries in five regions.

We hold full accreditation with Australian Government Department of Foreign Affairs and Trade (the Australian Government department responsible for managing Australia’s overseas aid program).

Our offices are located in Australia, China, Cambodia, Colombia, India, Malawi, Mongolia, Nigeria, Pakistan, Papua New Guinea, South Africa, Sri Lanka, Tanzania, Uganda and Vietnam.

Additionally, we work in many other communities to deliver urgently needed eye care, conduct optometric training programs and support development of optometry schools.

These countries include:

**Africa:** Cameroon, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Malawi, Mali, Mozambique, South Africa, Nigeria, Tanzania, Uganda

**Eastern Mediterranean:** Pakistan, Bangladesh

**Latin America:** Colombia, Haiti, Peru

**South Asia:** India, Sri Lanka

**Western Pacific:** Australia, Cambodia, China, Mongolia, Papua New Guinea, Vietnam.

Advocacy and collaborations

Brien Holden Vision Institute works in partnership to place the elimination of vision impairment and avoidable blindness as one foundation of our global health and economic agenda. Our focus includes:

**Advocacy:**

We are leaders in the global advocacy community, collaborating with peak international bodies including the World Health Organization, International Agency for the Prevention of Blindness, and Vision2020.

In 2007 and 2010, we brought together global leaders in blindness prevention at the World Congress on Refractive Error where the Durban Accord was adopted in an effort to prioritise and strategise realistic ways to reduce the global refractive error burden.

**Evaluation:**

We seek the insights and statistical data that will help us establish new evidence based programs, and make existing programs more effective. We collect data from our own programs and others for additional insights, with a focus on the nature and extent of vision impairment, direct and indirect economic burden on vision impairment and avoidable blindness, and impact on quality of life.

Find out more about where we work: [www.brienholdenvision.org/our-work.html](http://www.brienholdenvision.org/our-work.html)
Local people of Uganda line up at a community health centre to have their eyes screened. Photo courtesy Dean Saffron
Research

Find out more about our public health research:
Research

Science is at the heart of what we do. We seek scientific rigour and technological solutions that we can apply at the local level to affect change in eye health and vision care delivery.

Research, monitoring and evaluation are central to our public health strategy, as they inform our approach, define the future direction of our programs, measure the impact of our activities and ensure accountability to communities and stakeholders.

Determining the epidemiology of vision disorders and the economic and quality of life implications of avoidable vision impairment and blindness are key aspects of our research. Additionally, the Institute explores how to effectively and appropriately develop the necessary human resources and infrastructure needs that are critical in providing adequate and appropriate services.

We incorporate research elements into all program plans. The careful planning of our programs is augmented by on-going research activities that monitor, evaluate and inform all research aspects. This ensures our approaches are constantly refined and improved to provide better outcomes for eye care patients and trainees and ensures the best use of our resources.
Major Research Findings 2012-2013

**Restoring sight would save US$202 billion each year**

Governments could add billions of dollars to their economies annually by funding the provision of an eye examination and a pair of glasses to the estimated 625 million people globally that need them, a study conducted by researchers at the Institute and collaborators at Johns Hopkins University in the U.S. has found.

They calculated a saving of US$202 billion annually to the global economy through a one-off investment of US$28 billion in human resource development and establishing and providing vision care for five years. The investment would establish the eye care services to provide good vision to people with uncorrected refractive error, enabling greater workplace output and increasing gross domestic product.


**Refractive error services 400-times the value of other health interventions**

Research published in globally respected scientific journal Ophthalmology, has found that funding the systems to provide eye examinations and spectacles to the 625 million people with uncorrected refractive error, would be up to 400-times more cost-effective than other health interventions that meet government ‘value for money’ thresholds.

The health economics study is also significant for its discovery that people without corrective lenses for near vision impairment (presbyopia), experience roughly the same loss in quality of life as those without correction for distance vision impairment, such as myopia. While distance vision impairment has been recognised by global bodies like the WHO as a major health burden, presbyopia is yet to be acknowledged, even though a lack of corrective lenses results in 517 million having impaired near vision (the majority in developing communities), making this the leading cause of vision impairment globally.


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Find out more... [www.brienholdenvision.org/media-centre.html](http://www.brienholdenvision.org/media-centre.html)
Photo: Young boy at school in Phnom Penh, Cambodia has his eyes tested for the first time.
Photo by Dean Saffron
Recent Research Studies Conducted

**South Africa**
- Presbyopia and spectacle coverage in INK, Durban
- Prevalence of self-reported vision impairment in economically challenged area in SA
- RAAB, RARE and RESC
- Low vision study in South Africa
- KAPB towards eye health in INK, Durban
- Near spectacle correction and work productivity
- Understanding the choices of frames patients make in public sector

**Mozambique**
- RARE
- Cost-effectiveness of optometry training in Mozambique
- Students’ Pre-University Competencies, Perceptions and Expectations towards an emerging Eye Health Profession in Lusophone Africa

**Ghana** (RESC, RARE)

**Tanzania** (RARE)

**Uganda** (RARE)

**Eritrea** (RARE)

**Nigeria** (Cataract outcomes study)

**Vietnam**
- RESC
- Education evaluation
- KAP – Adults
- KAP – Children

**Australia**
- Clinical File Auditing for eye and vision care within primary health care settings (Continuous Quality Improvement)
- ACCHO-identified priorities for improved eye care systems integrated with Primary Health Care
- Analysis of the roles and training needs of regional eye health coordinators
- Practitioner perspectives on spectacle schemes and the concept of a national spectacle scheme for Aboriginal and Torres Strait Islander Australians
- The inclusion of patient and community perspectives in Aboriginal and Torres Strait Islander Health: A meta-narrative review
- In-service training by visiting optometrists: building capacity for improved primary eye care in remote Northern Territory community health centres
- Literature Review: Achieving avoidable vision impairment goals: contribution of village eye health workers

**Pakistan**
- Rapid assessment of refractive error in district Peshawar
- Knowledge, Attitude and Practice Study in district Jehlum and Lalamusa
- Market research to analyse the situation of refractive services in Sohawa and Sanghoi
- Factors associated with compliance to spectacle wear among rural secondary school children in Gaddap Town (on-going)

**Bangladesh**
Rapid assessment of refractive error in district Sirajganj

**Sri Lanka**
Barriers to refractive service in Sri Lanka from eye care providers’ perspectives

*Each project routinely collects data for monitoring and evaluation purposes to improve project design and effectiveness.

**Glossary of Terms**
- **RARE** - Rapid Assessment Refractive Error study
- **RESC** - Refractive Error Study in Children
- **RAAB** - Rapid Assessment of Avoidable Blindness study
- **KAP** - Knowledge, attitudes and practices study
- **QoL** - Quality of life study
- **VC Effectiveness** - Vision centre effectiveness
Publications and Presentations

Our results are disseminated through scientific journals and conferences. The Institute has hosted the World Congress on Refractive Error twice, and played a major support role in the 9th General Assembly of the International Agency for the Prevention of Blindness held in Hyderabad, India in September 2012.

These are important forums that allow for the sharing of knowledge between the many international organisations and individuals working in blindness prevention and poverty reduction.

Peer-reviewed publications

The Institute in collaboration with individuals and partner institutions, has produced the following peer-reviewed publications during 2012-2013:


Panthi S, Paudel P, Chaudhary M, Sapkota K and Shah DN. Microbial contamination of contact lens care accessories and compliance with care regimens in Nepal. Contact Lens and Anterior Eye. (published online ahead of print)


A cold day in Durban, South Africa as Institute staff work through the community gathering outreach eye care diagnoses.
Professor Kovin Naidoo, Global Programs Director fits glasses to a school girl at a World Sight Day screening in Durban, South Africa.
Conference Posters

- Refractive error and presbyopia awareness amongst Inanda, Ntuzuma and KwaMashu (INK) residents in KwaZulu Natal, South Africa
- Refractive services through effective partnerships and coalition
- Addressing uncorrected presbyopia through small business development within the primary health care (PHC) system-experiences from a South Africa pilot
- Community participation in developing access to eye care in Ashanti Region, Ghana
- Prevalence of visual impairment and spectacles usage pattern in Volta region, Ghana: Results from RARE study
- Innovation to improve access and equity
- Effective scale up of refractive error and primary eye care service within District Health System: Results of the Seeing is Believing Program in the province of KwaZulu Natal
- Refractive error, presbyopia and spectacle coverage: Results of a RARE study in Kamuli District, Uganda
- The prevalence of self-reported visual impairment/blindness in economically disadvantaged regions of South Africa
- A systematic approach for identifying and evaluating the costs associated with receiving and managing donated eye care products
- Enhancing female access to eye health services in Sri Lanka
- Analysis of the roles and training needs of REHCs
- Outreach optometry in central Australia - the power of partnership
- Utility and uncorrected refractive error
- In-service training for remote primary health care workers in Australia: a novel and useful mode of education delivery
- Optometrists’ experiences in short-term locum placements in remote Aboriginal health centres
- Comparison of Australian spectacle schemes and provider perspectives on a national spectacle scheme for Aboriginal and Torres Strait Islander Australians
- Development of optical dispensing in Mongolia
- Review of a spectacle technician training course in Vietnam
- Working with local NGOs to provide eye care for disadvantaged communities in Phnom Penh, Cambodia
- An evaluation of the EyeTeach program for developing local refraction trainers in Vietnam
- Addressing refractive error in Vietnam: development of refraction training and optometry program
- Developing a national solution for refractive errors: the Eritrea approach
- Workplace evaluation of trained refractive personnel in Vietnam
- Development of a vision centre operations training course
- Towards centralised spectacle distribution for the Pacific region: the Brien Holden Vision Institute Experience
- Vision services utilisation and need in Papua New Guinea
- EyeTeach: developing effective teaching skills in eye care educators
- Utility and uncorrected refractive error
- Building refractive services through effective partnerships and coalitions
- Impact of impaired vision and eye disease on quality of life in Papua New Guinea
- Eye care delivery performance of one-year trained vision technicians in vision centres
- Presbyopia and gender: results of a population based presbyopia study in Durban, South Africa
- Ophthalmic nurse refraction up-skilling in the Solomon Islands
- Key components of a vision centre
- Key factors determining success of primary eye care through vision centres in rural India: patients’ perspectives
Interview with Vingfai Chan, Research Manager, Africa Region

What role does research play in getting eye care to people that need it?

The Institute is actively involved in providing refractive care for different age groups in East Africa, West Africa and Southern Africa. In order to assist in planning for refractive services and blindness prevention strategies, prevalence data on refractive error and spectacle coverage is a pre-requisite.

We’re proud of what we are doing here in the Africa region, because as well as focusing on scientific rigor in our research, we place a strong emphasis on the applicability of the outcomes of studies. Using study results to inform our planning strategies, our work can target the root of the problem and create solutions which are effective and sustainable. However, this can only be done successfully through close coordination between our programs and research – creating that link between research and service delivery.
What are some of the studies undertaken this year?

In Eritrea (North East Africa), a Rapid Assessment of Refractive Error was conducted, finding that uncorrected refractive error is of public health importance and prompt measures are needed to address the problem. The prevalence of refractive error ranged from 5.6–7.2%. Only 22.2% of those who need spectacles have adequate correction. The prevalence of presbyopia among people 35 to 50 years old was 32.9% with only 9.9% of those with correction. The majority of people said that they did not seek treatment because they did not feel the need for consultation or simply because they could not afford the cost of examination and spectacles.

In Durban (South Africa), we assessed the prevalence of near vision impairment caused by uncorrected presbyopia and to determine the spectacle coverage for presbyopia. The prevalence was extremely high in the study group (77%) and only 5 out of 100 people who needed near vision correction actually have impairment with people who were older and those with lower education levels at higher risk of having uncorrected presbyopia. A large proportion fall into the low socioeconomic bracket and we’ve found that unemployment and crime are contributing factors, together with poor health service delivery.

In Ghana (West Africa), we examined 2435 children attending 53 private schools and found the prevalence of uncorrected vision impairment was 3.7%. Out of these, uncorrected refractive error was the main cause of uncorrected vision impairment, which accounted for 71.7%. Short-sightedness (or myopia) was present in 3.4% of children while long-sightedness (or hyperopia) was present in 0.3% of children.

What are the consequences of uncorrected refractive error and presbyopia for people in Eritrea?

Our study group in Eritrea included people who were 15 to 50 years and older, and this group of people are economically active. The fact that they don’t have correction for their refractive error and presbyopia may have a detrimental effect on their work productivity and quality of life.

These results have motivated us to further engage in research studies which are now being implemented in South Africa. They aim to determine the effects of uncorrected near vision correction towards work productivity and quality of life and also assess the association between poverty and eye health in South Africa.

What are the barriers to receiving adequate correction?

In Eritrea, it was found that people, though aware that they have an eye problem, felt no need to seek management or they just cannot afford the services. The greatest barrier we found in the Durban study was a lack of access to near vision spectacles. Participants are willing to pay for them but there are no services within these communities to offer an eye examination and prescribe appropriate spectacles. However, this tells us that in different regions, there will be a need for different strategies if we want to improve eye health seeking behaviour.

Are participants in research studies then provided with appropriate correction?

I cannot emphasize it more by saying “No service, no screening”. It is our social and ethical responsibility to provide appropriate correction for all those who were identified as needing refractive correction.

What are study results used for?

Results are used for planning strategies in delivering services to the community. In Eritrea, as we have found that there is a significant number of people with uncorrected refractive error, the Institute has advocated for training of local optometric technicians and are in the process of discussions on the implementation of a degree program in Eritrea. Then study results also serve as baseline information for evaluating the impact of our intervention.

What interventions are available to address uncorrected refractive error and presbyopia?

In Eritrea, we are setting up vision centres to provide refractive service to the people. Another important step we are taking is to finalise the spectacle provision policy to ensure end-users have access to affordable spectacles.

References

Photo: First optometry graduates in Mozambique celebrate their graduation day at the School of Optometry, UniLurio University, Nampula.
Sustainable Service Development

Find out more about global eye care:
www.brienholdenvision.org/global-eye-care.html
We recognise the importance of building sustainable eye care systems in collaboration with national and regional health systems to ensure we meet local community needs. This approach enables us to work alongside existing health infrastructure to further establish and improve delivery of eye care.

An estimated 625 million people are blind or vision impaired globally because they can’t access the eye care they need. This is largely due to a lack of facilities, infrastructure and the equipment necessary to provide eye care services, as well as a shortage of practitioners and other skilled personnel, especially in rural and remote areas in developing communities.

<table>
<thead>
<tr>
<th>Total people seen and or treated 2012-2013 for all regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examinations / screenings</td>
</tr>
<tr>
<td>Glasses dispensed</td>
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<tr>
<td>Low vision devices dispensed</td>
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<tr>
<td>Referrals</td>
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Find out more about global eye care: www.brienholdenvision.org/global-eye-care.html
Service development

Our sustainable service development strategy is an overarching approach that harmonises the programs that work toward creating affordable, equitable and accessible services. Our methods are based on establishing sustainable environments that enable trained eye care professionals to provide integrated clinical and refractive services.

We advocate in partnership with governments, non-governmental organisations and communities to build sustainable, locally operated and government run eye care services. Sustainable Service Development is a pillar of our work and encompasses service development, social enterprise activities and affordable spectacles via the Global Resource Centre.

Service development programs are coordinated with the Institute’s other activities to ensure eye care services are delivered and managed by local personnel supported by local health systems, and are therefore sustainable. Our human resource development program educates eye care personnel and builds local education institutional capacity to produce the locally trained optometrists, spectacle technicians, vision centre managers who staff these centres.

Increasing the supply of affordable spectacles at a community level has been a major focus of the global service development strategy this year. New supply initiatives have been developed and rolled out both in the Western Pacific and Africa regions.

In the Western Pacific Region, Pacific Spectacles, an initiative of the Institute which aims to address the need for low cost spectacles in the Pacific region, currently partners with a local regional supplier, Mid City Eye Care. The aim of this initiative is to drastically increasing the supply and distribution of low cost, quality spectacles across the countries in the Pacific region in which we work; Papua New Guinea, Solomon Islands and Samoa.

This initiative, based in the Fiji Islands, builds on and is an extension of the far-reaching work done previously in the Solomon Islands and Samoa by a collaboration of organisations including the Institute, Foresight, Centre for Eye Research Australia, Royal Australasian College of Surgeons, Royal Institute for Deaf and Blind Children, and is endorsed by the Ministry of Health and Medical Services in both the Solomon Islands and Samoa.

In Papua New Guinea (PNG), a complimentary supply system that works in conjunction with Pacific Spectacles, has been developed and implemented by PNG Eye Care – an initiative of the Institute and currently PNG’s only indigenous eye care non-government organisation.

This supply system is called National Spectacle Supply (NSS), and is now providing spectacles to seventeen sites across PNG within public hospitals where there is a clinically trained eye nurse. Prior to the operation of NSS these eye nurses had only limited access to ready-made spectacles and no access to custom-made spectacles.

The eye care nurses at each site are now able to provide comprehensive treatment services to their communities as a result of the simple to use re-ordering system from a warehouse in Port Moresby, which is in turn regularly stocked by supplies from the Pacific Spectacles operations in Fiji.

Our Global Resource Centre currently supplies stock to the Pacific Spectacles, and indirectly to the National Spectacles Supply in PNG, and therein is the leading conduit to the global chain of affordable, quality ready-mades and custom-made spectacles.

In Australia, the Aboriginal Vision Program continues to expand and contribute towards reducing the disparities in eye health, vision impairment and avoidable blindness currently experienced at significantly higher rates by Aboriginal and Torres Strait Islander Australians.

The Institute has focused this year on strengthening the skills of Aboriginal eye health workers and health care workers established within Aboriginal Medical Services, by introducing a new educational course in eye care skills and practices. Part of the training was delivered in December 2012 across 19 locations in New South Wales (NSW) and the Northern Territory.

The Aboriginal Vision Program has been working closely with the Aboriginal Health College in NSW to define and outline the eye care skills set package. The development course was designed in conjunction with the Aboriginal Health College and Community Services and Health Industry Skills Council (CCHISC). The eye care skill set has recently been approved for national endorsement and was made available for eye health workers in July 2013.
Vision centres development and outreach services

A main component of our service development strategy is the creation of vision centres as permanent facilities, providing affordable and culturally appropriate eye care services for local communities. We make them fully operational by refurbishing buildings and sourcing reliable equipment and spectacle supplies.

We facilitate the delivery of eye care services to communities in need through vision centres and outreach clinics. We conduct epidemiological and operational research and engage in advocacy efforts to ensure vision centres are established in locations that will maximise their impact and fit in with local health care systems and are supported through government blindness prevention plans.

In the Africa region, most commonly the Institute funds and manages the vision centres which are housed within public hospitals. This structure helps to strengthen the service base of the health care facility by broadening the range of services available to the community. The career opportunities generated through the vision centres can change the lives of the eye care professionals by offering a skilled career and steady income, as well as the thousands of people in need they can provide eye care to.

In Tanzania, working with local partners since 2008, there are now 14 vision centres at regional and district hospitals across the country; 12 on the mainland and two on the islands. In Eritrea, to complement the current education strategy with increased service development, since 2009 the Institute has set up 15 vision centres in partnership with the Ministry of Health. Vision centres are also established in Ghana, Nigeria and are soon to open in Kenya.

Outreach services complement vision centres by extending access and raising awareness of the importance of eye health. In some areas, outreach clinics are the only way of reaching remote or underserved schools or communities.

In Vietnam in the southern province of Ba Ria-Vung Tau through the Vietnam Australia Vision Support Program funded by AusAID, outreach screenings are serviced by three vision centres, established in 2012 in the districts of Ba Ria, Dat Do and Xuyen Moc. Figures show 12,000 patients have been screened and more than 10,000 glasses have been dispensed. During an outreach program, an eye clinic was also established on the remote island of Con Dao which is 60 nautical miles off the coast of Ba Ria-Vung Tau. This program provided the first eye care service to the isolated population since residency began on the island in the 1970’s.
The establishment of vision centres in Sri Lanka has greatly increased access to affordable eye care for those in most need, offering sustainable eye care solutions to many in the population. For many local people having access to readily available eye care and spectacles has helped them maintain their employment and unlocked income opportunities.

By establishing these vision centres and their supporting outreach services, Institute programs in Sri Lanka have provided over 29,000 eye screenings, dispensed over 35,000 pairs of spectacles and referred more than 3,000 individuals for secondary or tertiary eye care services, while also conducting awareness programs that have reached 4,000 community members.

Social enterprise

Social enterprise is a development initiative that provides marketable skills and small enterprise ownership opportunities to communities with a lack of access to eye care who face poverty and growing unemployment. By creating income generating opportunities for local people to become skilled in a profession and work actively in their community, they can break free of the poverty cycle and achieve a better life for their families.

We believe over time social franchise vision centres will strongly contribute to overall expansion and sustainability of affordable eye care services worldwide. Currently four vision centres have been opened under the social franchise approach, three in Pakistan and one in Kenya. This allows us to upscale our efforts by partnering with local eye care practitioners and assist them to own practices in underserved areas and support their community and earn an income.

For the conceivable future our focus will remain on identifying and developing more vision centres under the social franchise model. Additionally we have made initial designs for a research strategy for social enterprise projects which will effectively assist in monitoring and evaluating key outcomes.

In 2012, a partnership with the Tanzanian Optometric Association was established in order to market an affordable range of spectacles to private optometrists in Tanzania. In this location a gap in retail was identified for available and affordable spectacles, and we designed a range of budget level spectacles specifically to fill this space in the market. The social enterprise project is called KIBO and it aims to ensure quality low cost spectacles are available and affordable to the Tanzanian communities previously underserved and brings the private sector into a strategic partnership to address the eye care needs of those with limited resources.

We believe KIBO has the long-term potential of intensifying the partnership and expanding our network of working with private optometrists in a mutually beneficial way. The project was initially rolled out in Tanzania to assess impact and suitability with a view to monitoring and further developing the project model.

Global Resource Centre

The Global Resource Centre (GRC) is a well established system that supplies affordable spectacle frames, lenses, readymade readers, low vision aids and eye care equipment to our global programs.

By focusing on the needs of the public health and non-government organisation sector, the GRC is in a position to supply affordable products, enhancing the ability of these organisations and institutions to provide better eye care services while simultaneously increasing the chances of a patient gaining access to a pair of spectacles or low vision aids.

The GRC currently supplies stock to the Pacific Spectacles, and indirectly to the National Spectacles Supply in PNG, and therein is the leading conduit to the global chain of affordable, quality ready-made and custom-made spectacles.

As an extension of its procurement role, the GRC was able to initiate a corporate social responsibility motivated relationship with a US based eyewear retail company called EyeFly, to provide donations of frames to the Institute’s global programs on an ongoing basis. This is the first contractual relationship of this nature that facilitates structured donations with marketing incentives for the retailer, for the public health division of the Institute.

The GRC is planning expansion to decentralise its distribution and discussions were held with two organisations in Cameroon and in Paraguay. From these discussions it was established that potential existed for a partnership to supply to these local stakeholders.
Vision impairment has very real consequences for a child’s well being when left uncorrected. We believe in order to provide the community services that are to be effective and sustainable, child eye health programs must be integrated within the national and provincial health systems, and also within existing school health services. It is essential that child eye health services are linked with extended education and social development systems. Our focus aims to strengthen organisational and institutional capacities at policy, planning and implementation level.

We know that health has a direct impact on learning and absenteeism. Worldwide poor health can result in the loss of millions of school days annually. We currently have Child Eye Health or School Screening programs in seven countries across the Africa, Eastern Mediterranean, Western Pacific regions; China, Cambodia, Vietnam, Samoa, Pakistan, Uganda and Tanzania.

In Cambodia, the School Screening program has been active since 2010 targeting local high schools in the districts around the capital city serviced by the Phnom Penh Vision Centre. By the end of 2013, more than 10,000 children from fourteen schools will have been screened and provided with spectacles or referrals where required. Community screenings are also being provided in the districts which support the schools to date more than 3,000 people have been screened.

Find out more about the children we have helped: www.brienholdenvision.org/our-work/case-studies.html
Initial funding was from AusAID and this year, Optometry Giving Sight provided funding for the program to continue. Training local teachers and health care workers in vision screening is a vital part of establishing the Child Eye Health or School Screening programs in order to service the vast number requiring treatment. In Vietnam, in the last year vision screening training courses have been provided for 97 local teachers and 142 health care workers. Serviced by these teachers and the outreach screening team, to date more than 40,000 students in 56 schools have been serviced in school screenings in Ba Ria, Dat Do and Xuyen Moc districts, in the province of Ba Ria-Vung Tau. More than 4800 students from low-income families have received free spectacles.

In the Africa region in January 2013, the Institute commenced leading a consortium of six other non-government organisations on the Seeing is Believing, East Africa Child Eye Health program funded by the Standard Chartered Bank. This program runs over four years and stretches across three countries; Uganda, Kenya and Tanzania.

The child eye health initiatives of the project aims to develop and implement an effective child eye health program to cover an estimated population of four million children, aged 0-15, in order to improve their quality of lives and educational performance. The reach of the program will cover nine districts in Tanzania, four districts in Uganda and two districts in Kenya.

In Uganda, the East Africa Child Eye Health program is working in the districts of Tororo, Lira, Wakiso and Mbarara. The program is in the process of screening one million children; this includes 330,000 preschool children and 670,000 school aged children.

Over the next four years, 250 village health workers will be trained to be able to educate the community in eye health and together with 2200 teachers trained in vision screening, the communities will be better equipped to identify children with eye conditions. In addition in the public health system, 130 maternal child health workers will be trained in primary eye care, 90 nurses will be trained in child eye health, and 36 eye care professional will receive further training.

Following on from the work already done since early 2012, the School Eye Health program in Tanzania, partnering with the local ministries and funding by Optometry Giving Sight and Cooper Vision, has trained local teachers in vision screening and following appropriate referral pathways. Assisted by these teachers, the target is to screen 70,000 pupils enrolled in all government primary schools of Kibaha and Bagamoyo districts during the period 2012-2014.

In October 2011, the Institute introduced the School Health program in Pakistan. The aim was to initiate development of sustainable strategies with local partners to ensure students have access to essential health services. This has been facilitated and currently the School Health program is working in partnership with Al-Ibrahim Eye Hospital, Health and Education Departments and community based organisations.

Growing up healthy will help students develop the skills to make more informed choices about their health and future. Program strategies support child health, training teachers and school support staff to conduct these assessments, and importantly link with other health initiatives, to support learning and success in schools.

Currently the figures relating to the implementation of this program stand at 17,402 children from 69 schools have been screened, of which 701 were referred for further treatment. To assist in making these large screening figures possible and to help build local skilled capacity we supported vision screening training for 549 local teachers.
A ‘Train the Trainer’ workshop being held in Cambodia designed to help upskill the local eye care workers. Photo courtesy Dean Saffron.
Human Resource Development and Education

Find out more about human resource development:
Human Resource Development and Education

Introduction

It is a goal of the Brien Holden Vision Institute to marry our expertise in research, optometry and education with our ability to ensure that quality vision and equitable and affordable access to eye services are delivered worldwide. Our education objectives are managed through two key pillars:

1. **Human Resource Development (HRD)** – building the foundations for sustainable eye care systems through program implementation, academic support, educator development programs, advocacy and related service development.

2. **Brien Holden Vision Institute Academy** – offering courses in clinical, pedagogical, research, management and business areas and developing educational resources.

“Both education and institutional development are fundamentals of the capacity building process, without which, there can be no meaningful long-term sustainable development.”

Dr Luigi Bilotto, Director of Global Human Resource Development
Human Resource Development

Multiple programs are building the foundations for sustainable eye care systems, including the implementation and support of optometry programs.

**Optometry school development** - Many developing countries do not have optometry schools and where they exist some require extensive support. We advise through:

- **Academic set-up and support** – curriculum, educational resources, faculty, infrastructure development and logistical assistance
- **Advocacy** – endorsement, legislative, registration, scope and organisation
- **Continuous education** – professional education and mentoring
- **Service development education** – supporting deployment and employment of graduates

Existing optometry schools in parts of Africa, China, India, the Middle East and Latin America require fundamental support for their framework and education. We work closely with governments to encourage the effective deployment of optometry graduates – into the public sector where the need is greatest. In Africa alone, we’ve collaboratively developed and assisted optometry schools in Malawi, Mali, Cameroon, Mozambique, Kenya and Eritrea.

Our newly established Latin America and Caribbean office in Colombia, will actively seek to support emerging optometry programs and develop a new program in Haiti. In Vietnam we are currently developing the first optometry school in the country. The same applies to the Eastern Mediterranean region where an office formally opened in Pakistan in 2011 and which is currently working on the development of the first optometry school in Sri Lanka.

In India, the Institute has been closely involved in efforts to transform and harmonize the optometry landscape, to build the systems and generate the quality human resources necessary to service a population of more than one billion.

Working with industry in Australia, India, Indonesia, Malaysia, Saudi Arabia, Singapore, United Arab Emirates, Philippines, Thailand, India and China, we are also striving to improve optometry standards through our professional education activities aimed at optometry practitioners.

---

**Total people educated 2012-2013 across all regions**

<table>
<thead>
<tr>
<th>Personnel trained in eye care</th>
<th>20,083</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optometrists trained</td>
<td>879</td>
</tr>
<tr>
<td>Profession eye care educators trained</td>
<td>260</td>
</tr>
<tr>
<td>Professional eye care practitioners trained</td>
<td>170</td>
</tr>
</tbody>
</table>

* Personnel includes: teachers, nurses, community workers and health workers
Highlights 2012-2013

Malawi
The first five optometrists graduated from the newly initiated four year degree at the Malawi School of Optometry at Mzuzu University. This year also saw the Academic Vision Centre launch in Malawi – a state of the art training centre for Mzuzu University optometry students, which will go a long way to creating a human-resource, educational and deployment solution in eye care for Southern Africa.

Eritrea
This four year project established a school of optometry at Asamara College of Health Sciences, to train optometrists and optometry technicians. During the year 16 optometry technicians graduated and have secured positions in vision centres located across the country.

Bricks and mortar provide solution to vision care – Pakistan
Newly built classrooms are the literal building blocks of vision care capacity in Pakistan. Lack of infrastructure has long been an obstacle to adequately reaching the 1.5 million people blind or vision impaired due to uncorrected refractive error. The extra teaching space now being provided through the Brien Holden Vision Institute Academic Block at the Isra School of Optometry in Karachi will help accommodate the increasing numbers of optometry students to expand the region’s optometric workforce.

CHEER (Children’s Healthy Eye brings Education Award) – China
As part of the five year child eye care project in Shauxi province the Institute is developing a curriculum for refraction training at the county, prefectural and provincial level.

Global Optometry Resources website – now in multiple languages
The website provides free optometry modules online that educators in emerging optometry schools and all other groups of eye care personnel in resource poor settings can utilise for teaching, course and curriculum development. A major upgrade to the site now has all modules available in four different languages – English, French, Portuguese and Spanish.

“The global optometry resources downloaded in over 75 countries by over 700 ‘users’ were received with open-arms and acclaimed globally. Instructors and students alike of emerging countries who previously had very limited resources now have quality tools to better themselves, enhance the educational process and ultimately the level of eye care delivered.”

Dr Luigi Bilotto, Director of Global Human Resource Development

Find out more about our global optometry resources:
http://education.brienholdenvision.org
Vision Link

Vision Link is an online education program being developed in collaboration with Essilor, supporting development of eye care education for undergraduate students by supplying up-to-date teaching tools, resources and online aids. It also aims to expand and improve the curriculum used in ophthalmology, optometry schools and dispensing colleges in ophthalmic optics and refraction. Vision Link will offer two different types of resources for day to day teaching, including the innovative Virtual Refractor tool, which has been designed to simulate a complete distance refractive examination using a refractor head:

- **Teaching materials** – for use as complete lectures or workshops or as individual supplements for existing teaching materials.
- **Interactive student materials** – for student-self learning which also allows setting assessment protocols to measure the progress of students.

Find out more about education resources: www.brienholdenvision.org/education.html

Photo: An electronic snapshot of the innovative online resource called the Virtual Refractor being developed.
Brien Holden Vision Institute Academy

Operating alongside our HRD activities, the Academy supports the implementation of sustainable programs by creating and providing the educational support essential for capacity building activities. It also offers life-long learning opportunities to the relevant workforce generated by and involved in HRD activities.

Developing courses to teach different skills

We believe that education and training is the only way to build the capacity necessary to affect change. Improving delivery of eye care necessitates establishing eye health protectors at every level and up-scaling the global workforce – from ‘screener’ to eye care professionals. Some of our initiatives include:

• **Education at the primary level** – We train health workers and teachers to conduct vision screenings in some settings such as schools so they can identify vision disorders and make referrals for the appropriate treatment.

• **Refraction, technical and optometric education** – We deliver instruction in refraction, eye examinations, low vision and other specialty areas through courses.

• **Vision centre management** – to ensure the everyday running of our vision centres is efficient and working towards sustainability, we run workshops for administrative staff and spectacle technicians.

• **Faculty development through education** – We develop and strengthen eye care educators, enabling quality education to be conducted and sustained at a local level.

• **Research** – courses in research methodology and scientific writing are delivered to promote the incorporation of research in education and public health activities to validate processes and develop new models in eye care.

• **Professional continuing education** – through seminars and special programs we deliver topical information to eye care providers at all levels to enhance know-how and improve the quality of eye care services.

Additionally, a series of downloadable resources for other levels of eye care education are available, including:

• Primary Eye Care manual
• Refractive Error manual
• Vision Centre Toolkit

Find out more about our downloadable resources:
www.brienholdenvision.org/education/download-resources.html
Highlights 2012-2013

• Australia Awards Fellowship program
  A three week program of lectures, workshops and practical sessions across a range of topics to improve teaching skills included 22 participants from China, Ethiopia, India, Vietnam and Pakistan.

• East Africa Child Eye Health Program – Kenya, Uganda, and Tanzania
  Education of local trainers in Kenya, Uganda, and Tanzania as part of the East Africa Child Eye Health Program.

• EyeTeach – India, Latin America, Vietnam and China
  EyeTeach Faculty Development Workshops conducted in India, Latin America, Vietnam and China, are offered to optometry and eye health educators to enhance the learning and teaching experience of students. These instructors form part of a strong foundation upon which a comprehensive vision care system that serves all can be built.

• Practitioner training – China
  Practitioner education programs were conducted to improve technical skills and assist in career pathways through continuing education.

• Brien Holden Vision Institute Academy – South Africa
  The Institute’s Academy was launched in Africa (Cape Town) and a further launch scheduled for the Latin America and Caribbean region in Colombia in October 2013. In addition to providing the education and related instructive tools necessary to train or upskill eye care personnel, the Academy plays a significant role in the retention of personnel by creating motivational and career opportunities.

• Aboriginal Vision Program – Australia
  The eye health skill set training was piloted in the state of New South Wales and the Northern Territory (NT) with Regional Eye Health Coordinators and is now a nationally accredited program. Other training included a program for Primary Health Care workers (PHCs), covering eye and vision assessments in routine primary care, which involved 137 PHCs. The program will be refined to develop an online version: a module about ‘Eye Care in Primary Care’ as part of the RAHC (Remote Area Health Corp) e-learning modules.

• Low vision refresher training - Papua New Guinea
  Low vision refresher training was conducted in Port Moresby for PNG Eye Care refractionists, not only serving to increase their skills but allowing numerous people to be examined, with encouraging outcomes for many with low vision.

Postgraduate research education

We are preparing the next generation of leaders and innovators to create new and improved vision correction technologies and treatments, to advance understandings of ocular health and to improve delivery of eye care to people in need throughout the world. The Institute offers postgraduate opportunities in Australia and through our associated organisations in Africa, China and India, including:

• Brien Holden Vision Institute, Sydney, Australia
• African Vision Research Institute, Durban, South Africa
• India Vision Institute, Hyderabad, India
• LV Prasad Eye Institute, Hyderabad, India
• Zhongshan Ophthalmic Centre, Guangzhou, China
Photo: Marketeer in a street market in Phnom Penh, Cambodia counts his daily takings.
Photo courtesy Dean Saffron
Financial Report
BRIEN HOLDEN VISION INSTITUTE FOUNDATION

INDEPENDENT AUDIT REPORT

TO THE MEMBERS OF BRIEN HOLDEN VISION INSTITUTE FOUNDATION


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 2013, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility 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 and the Corporations Act 2001 and for such internal controls as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the company's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of the Brien Holden Vision Institute Foundation, would be in the same terms if given to the directors as at the time of this auditor’s report.

Opinion

In our opinion, the financial report of Brien Holden Vision Institute Foundation is in accordance with:

(a) the Corporations Act 2001, including:

(i) giving a true and fair view of the company’s financial position as at 30 June 2013 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards and complying with the Corporations’ Regulations 2001; and

(b) other mandatory professional reporting requirements


We have audited the accompanying Code of Conduct Summary financial report of Brien Holden Vision Institute Foundation which comprises the balance sheet as at 30 June 2013, profit and loss statement, statement of change in equity and table of cash movements for designated purposes for the year ended 30 June 2013.
Stirling Warton Taylor

Audit Opinion

In our opinion, the information reported in the Code of Conduct Summary Financial Reports set out on pages 23 to 25 is consistent with the annual statutory financial report from which it is derived and upon which we have expressed our audit opinion in our report to the members dated October 2013. For a better understanding of the scope of our audit this report should be read in conjunction with our audit report to the statutory financial report.

SWT SYDNEY

R M TAYLOR

SYDNEY

Dated ___ day of November 2013.
## Income Statement for the Year Ended 30 June 2013

<table>
<thead>
<tr>
<th>Source of Revenue</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monetary</td>
<td>41,082</td>
<td>62,794</td>
</tr>
<tr>
<td>Non-monetary</td>
<td></td>
<td>338</td>
</tr>
<tr>
<td>Bequests and Legacies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AusAID</td>
<td>2,922,995</td>
<td>2,884,826</td>
</tr>
<tr>
<td>Other Australian</td>
<td>7,161,392</td>
<td>5,334,004</td>
</tr>
<tr>
<td>Other overseas</td>
<td>62,251</td>
<td>65,629</td>
</tr>
<tr>
<td>Investment Income</td>
<td>38,483</td>
<td>55,375</td>
</tr>
<tr>
<td>Other income</td>
<td>1,004,090</td>
<td>1,009,530</td>
</tr>
<tr>
<td>Revenue for International Political or Religious Adherence Promotion Programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Monetary Income</td>
<td>1,483,689</td>
<td>1,040,751</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>12,713,882</td>
<td>10,533,236</td>
</tr>
</tbody>
</table>

## Expenditure

### International Aid and Development Programs Expenditure

<table>
<thead>
<tr>
<th>Program Category</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>International programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds to International programs</td>
<td>9,030,008</td>
<td>6,548,220</td>
</tr>
<tr>
<td>Program support costs</td>
<td>351,587</td>
<td>358,147</td>
</tr>
<tr>
<td>Community education</td>
<td></td>
<td>27,244</td>
</tr>
<tr>
<td>Fundraising costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>44,492</td>
<td>73,929</td>
</tr>
<tr>
<td>Government, multilateral and private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability and Administration</td>
<td>251,092</td>
<td>367,775</td>
</tr>
<tr>
<td>Non-Monetary Expenditure</td>
<td>1,483,689</td>
<td>1,040,751</td>
</tr>
<tr>
<td>Total International Aid and Development Programs Expenditure</td>
<td>11,360,868</td>
<td>8,416,066</td>
</tr>
</tbody>
</table>

### Domestic Programs Expenditure

<table>
<thead>
<tr>
<th>Program Category</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Programs</td>
<td>2,207,175</td>
<td>1,394,573</td>
</tr>
<tr>
<td>Cash commitments to Australian entities</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td>TOTAL EXPENDITURE</td>
<td>13,798,144</td>
<td>10,014,039</td>
</tr>
</tbody>
</table>

### Excess / (Shortfall) of Revenue over Expenditure

<table>
<thead>
<tr>
<th>Excess / (Shortfall) of Revenue over Expenditure</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1,054,262)</td>
<td>522,597</td>
</tr>
<tr>
<td>ASSETS</td>
<td>2013</td>
<td>2012</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
<td>------</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,760,964</td>
<td>1,549,725</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>892,908</td>
<td>1,178,649</td>
</tr>
<tr>
<td>Inventories</td>
<td>35,489</td>
<td>7,674</td>
</tr>
<tr>
<td>Assets held for sale</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>20,157</td>
<td>57,309</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>2,709,518</td>
<td>2,793,556</td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Property, plant, and equipment</td>
<td>104,193</td>
<td>241,313</td>
</tr>
<tr>
<td>Investment property</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intangibles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>104,193</td>
<td>241,313</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>2,813,711</td>
<td>3,034,670</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>709,258</td>
<td>587,384</td>
</tr>
<tr>
<td>Borrowings</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Current tax liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provisions</td>
<td>263,052</td>
<td>216,493</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>972,310</td>
<td>803,876</td>
</tr>
<tr>
<td><strong>Non Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Provisions</td>
<td>254,000</td>
<td>206,430</td>
</tr>
<tr>
<td>Other</td>
<td>890,196</td>
<td>272,997</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td>1,144,196</td>
<td>479,427</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>2,115,507</td>
<td>1,283,304</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>697,204</td>
<td>1,751,366</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>697,204</td>
<td>1,751,366</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td>697,204</td>
<td>1,751,366</td>
</tr>
</tbody>
</table>
### Statement of Changes in Equity

<table>
<thead>
<tr>
<th>Description</th>
<th>Required Earnings</th>
<th>Reserves</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2012 (commencing balance)</td>
<td>1,791,386</td>
<td>0</td>
<td>0</td>
<td>1,791,386</td>
</tr>
<tr>
<td>Adjustments or changes in equity due to, for example, adoption of new accounting standards</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Changes in equity for example from changes in asset fair value transactions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>(1,054,142)</td>
<td>0</td>
<td>0</td>
<td>(1,054,142)</td>
</tr>
<tr>
<td>Other amounts transferred profit or loss</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td>737,244</td>
<td>1</td>
<td>0</td>
<td>737,245</td>
</tr>
</tbody>
</table>

### Table of Cash Movement for Designated Purposes

<table>
<thead>
<tr>
<th>Category</th>
<th>Cash movement as at 1 July 2012</th>
<th>Cash movement during the year</th>
<th>Cash balance as at 30 June 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>AyAID</td>
<td>230,097</td>
<td>2,022,995</td>
<td>(2,754,092)</td>
</tr>
<tr>
<td>Designated Purpose or Appeal B</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total for other non-designated purposes</td>
<td>1,308,728</td>
<td>8,790,887</td>
<td>(8,716,141)</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Financial Summary

Plain language summary of income and expenditure and overall financial health

## Analysis of Financial Performance

### REVENUE

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>INCREASE/(DECREASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>32,898</td>
<td>56,217</td>
<td>-23,319</td>
</tr>
<tr>
<td>Donations</td>
<td>8,184</td>
<td>6,577</td>
<td>1,607</td>
</tr>
<tr>
<td>Other</td>
<td>1,205,711</td>
<td>1,517,426</td>
<td>-311,716</td>
</tr>
<tr>
<td>Ausaid</td>
<td>2,922,995</td>
<td>2,984,827</td>
<td>-61,832</td>
</tr>
<tr>
<td>Optometry Giving Sight Grants</td>
<td>364,091</td>
<td>965,110</td>
<td>-601,019</td>
</tr>
<tr>
<td>Sponsorship - Major Donors</td>
<td>3,384,142</td>
<td>1,000,000</td>
<td>2,384,142</td>
</tr>
<tr>
<td>In-Kind Sponsorship - Major Donors</td>
<td>1,483,689</td>
<td>1,040,751</td>
<td>442,938</td>
</tr>
<tr>
<td>Other Government Grants</td>
<td>1,850,441</td>
<td>1,424,906</td>
<td>425,535</td>
</tr>
<tr>
<td>Industry Grants</td>
<td>500,000</td>
<td>500,000</td>
<td>0</td>
</tr>
<tr>
<td>Interest</td>
<td>38,483</td>
<td>55,373</td>
<td>-16,889</td>
</tr>
<tr>
<td>Royalties</td>
<td>923,248</td>
<td>982,050</td>
<td>-58,802</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>12,713,882</strong></td>
<td><strong>10,533,237</strong></td>
<td><strong>2,180,645</strong></td>
</tr>
</tbody>
</table>

### EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>INCREASE/(DECREASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>2,286,369</td>
<td>1,693,646</td>
<td>592,723</td>
</tr>
<tr>
<td>Fundraising</td>
<td>44,492</td>
<td>73,928</td>
<td>-29,436</td>
</tr>
<tr>
<td>Domestic Program</td>
<td>2,407,175</td>
<td>1,621,816</td>
<td>785,359</td>
</tr>
<tr>
<td>Overseas Program</td>
<td>9,030,008</td>
<td>6,548,220</td>
<td>2,481,788</td>
</tr>
<tr>
<td>Overseas Non Program</td>
<td>0</td>
<td>73,030</td>
<td>-73,030</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td><strong>13,768,044</strong></td>
<td><strong>10,010,640</strong></td>
<td><strong>3,757,404</strong></td>
</tr>
</tbody>
</table>

### NET SURPLUS/(DEFICIT)

|                                    | -1,054,162 | 522,597 | -1,576,759 |
### Ratio Analysis:

<table>
<thead>
<tr>
<th>RATIO</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Expense Ratio</td>
<td>16.61%</td>
<td>16.92%</td>
</tr>
<tr>
<td>Program Expense Ratio</td>
<td>83.07%</td>
<td>81.61%</td>
</tr>
<tr>
<td>Fundraising Expense Ratio</td>
<td>0.32%</td>
<td>0.74%</td>
</tr>
</tbody>
</table>

### Commentary:
- Revenue increased by 20.7% on the previous year, predominately driven by Sponsorship from a major donor.
- Administration and Fundraising costs remained low in the current year, ensuring the additional Sponsorship could be directed to Overseas Development.

### Analysis of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
<th>INCREASE/(DECREASE)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>1,760,964</td>
<td>1,549,725</td>
<td>211,239</td>
</tr>
<tr>
<td>Trade &amp; Other Receivables</td>
<td>892,908</td>
<td>1,178,649</td>
<td>-285,741</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>104,193</td>
<td>241,313</td>
<td>-137,120</td>
</tr>
<tr>
<td>Other</td>
<td>55,646</td>
<td>64,983</td>
<td>-9,337</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade &amp; Other Payables</td>
<td>709,258</td>
<td>587,384</td>
<td>121,874</td>
</tr>
<tr>
<td>Provisions</td>
<td>517,053</td>
<td>422,923</td>
<td>94,130</td>
</tr>
<tr>
<td>Other</td>
<td>890,196</td>
<td>272,997</td>
<td>617,199</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>2,116,507</td>
<td>1,283,304</td>
<td>833,203</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>697,204</td>
<td>1,751,366</td>
<td>-1,054,162</td>
</tr>
</tbody>
</table>
Ratio Analysis:

<table>
<thead>
<tr>
<th>RATIO</th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>2.79</td>
<td>3.47</td>
</tr>
<tr>
<td>Debt/Equity</td>
<td>3.04</td>
<td>0.73</td>
</tr>
</tbody>
</table>

Please note the ratios used in this analysis have been calculated as follows:

<table>
<thead>
<tr>
<th>RATIO</th>
<th>CALCULATION ASSUMPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Expense Ratio</td>
<td>Total Administration Expense/Total Expenses</td>
</tr>
<tr>
<td>Program Expense Ratio</td>
<td>Total Program Expenses/Total Expenses</td>
</tr>
<tr>
<td>Fundraising Expense Ratio</td>
<td>Total Fundraising Expenses/Total Expenses</td>
</tr>
<tr>
<td>Current</td>
<td>Current Assets/Current Liabilities</td>
</tr>
<tr>
<td>Debt/Equity</td>
<td>Total Liabilities/Net Assets (or Total Equity)</td>
</tr>
</tbody>
</table>

Commentary:

- The improved cash position compared to the previous year was offset by a reduction in debtors and property, plant and equipment carrying value, over the same period.
- Additionally, we saw a rise in payables, provisions, and other liabilities, resulting in a reduction in the Net Asset position.
- The net asset position, however, is still large enough to absorb future losses, and current assets are more than sufficient to cover current liabilities.

An independent audit of the Brien Holden Vision Institute financial accounts for 2013 was conducted by:

**R M Taylor, Chartered Accountant**  
**Stirling Warton Taylor**  
**11th Floor St James Centre**  
**111 Elizabeth Street**  
**Sydney NSW 2000**  
**Phone: + 61 8236 7500**

The Summary Financial Reports have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Implementation Guidance available at [www.acfid.asn.au](http://www.acfid.asn.au)

For a copy of the full financial report for the year ending 2013, please contact the Institute’s Secretariat.

**Phone: +61 2 9385 7459 or**  
**email: info@brienholdenvision.org**
Funders, partners and supporters

- AusAID, Australian Government
- Brien Holden Vision Institute
- Essilor
- Nissan, South Africa
- Optometry Giving Sight
- Standard Chartered Bank

- ABB Concise, United States of America
- ABCD National Research Partnership (Menzies School of Health Research), Australia
- Aboriginal Health and Medical Research Council
- Aboriginal Health College, Australia
- African Council of Optometry
- African Vision Research Institute
- Akademi Refraksi Optisi Gapopin, Indonesia
- Akademi Refraksi Optisi Leprindo, Indonesia
- Akademi Refraksi Optisi Padang, Indonesia
- Akademi Refraksi Optisi Surabaya, Indonesia
- Al-Ibrahim Eye Hospital, Pakistan
- Al Maktoom National Special Education Centre for Visually Impaired, Pakistan
- ALDOO (Asociacion Latinoamericana de Optometria y Optica)
- AMSANT (Aboriginal Medical Services, Alliance of the NT)
- ANCP AusAID
- Angua Memorial Hospital, Papua New Guinea
- Anyinginyi Health Aboriginal Corporation, Australia
- Appasamy Associates India
- ARO Surabaya, Indonesia
- Asmara College of Health Sciences, Eritrea
- Association of Schools and Colleges of Optometry (ASCO) India
- Australian College of Optometry, Australia
- Ayeduase Community Ghana
- Ba Ria-Vung Tau Provincial Eye Centre, Vietnam
- Ba Ria-Vung Tau People Committee, Vietnam
- BOC Instruments Pty Ltd, Australia
- Buka General Hospital, Papua New Guinea
- Brien Holden Vision Institute Pvt Ltd - India
- Callan Services National Unit, Papua New Guinea
- Cape Peninsula University of Technology, South Africa

- Caribbean Council for the Blind
- CBM
- Central Australia Aboriginal Congress, Australia
- Centre for Eye Research Australia
- Centre for Remote Health (CRH), Australia
- Chung Shan Medical University, Taiwan
- City Municipality of Lechang, Guangdong Province, China
- Civil Society Human and Institutional Development Program, Pakistan
- College of Ophthalmologists, Sri Lanka
- College of Ophthalmology and Allied Vision Sciences, Pakistan
- Cross River State Ministry of Health, Nigeria
- Da Nang National Technical College of Medicine No. 2, Vietnam
- Danila Dilba Health Service, Australia
- Department of Education KwaZulu-Natal, South Africa
- Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health NSW, Australia
- Department of Health KwaZulu-Natal, South Africa
- Department of Health Mpumalanga Province, South Africa
- Department of Health Papua New Guinea
- Department of Health South Africa
- Department of Optometry, Shanghai Institute of Health Science, China
- Dublin Institute of Technology, Ireland
- Duplin Institute of Technology, Mozambique
- Eastern Cape Province Ministry of Health, South Africa
- Entebbe Hospital, Uganda
- Essilor Asia-Pacific
- Essilor Australia
- Eye Care Foundation (formerly Mekong Eye Doctors), South East Asia
- FAL Lawyers, Australia
- Federal Capital Territory Health and Human Services Secretariat
- Federal Ministry of Health, Nigeria
- Foresight Australia
- Fred Hollows Foundation Australia
- Fred Hollows Foundation New Zealand
- Fundacion Vision-Paraguay
- Gauteng Department of Education, South Africa
- Ghana Health Services in Nsawam General Hospital in Eastern
Region and Ho Regional Hospital in Volta Region
- Government of Alberta, Canada
- Guanzhzhou Trade Vocational School, China
- Helen Keller International
- Higher Education Commission, Pakistan
- Higher Education Authority, Mozambique
- Hong Kong Society for the Blind, Hong Kong
- Ho Chi Minh City Eye Hospital, Vietnam
- Ho Chi Minh City People Committee, Vietnam
- Hoya Lens Australia
- India Vision Institute (IVI)
- Indian Optometry Federation (IOF)
- Indigenous Eye Health Unit, University of Melbourne, Australia
- Institute of Human Resource Advancement University of Colombo, Sri Lanka
- Institute of Vocational Education, Hong Kong
- Interamerican University of Puerto Rico
- International Agency for Prevention of Blindness
- International Islamic University of Malaysia
- International University College of Twintech, Malaysia
- International Resources for the Improvement of Sight
- Irish Aid
- Isra School of Optometry, Pakistan
- Jinling Institute of Technology, China
- Katherine West Health Board, Australia
- Keeler
- Khyber Pakhtunkhwah Eye Health Committee, Pakistan
- Kwame Nkurumah University Ghana
- KZN Society for the Blind, South Africa
- Layton Rahmatullah Benevolent Trust, Pakistan
- Light for the World
- Lions Club International
- Lions Golden Jubilee Trust for Healthcare and Skills Development, Sri Lanka
- LV Prasad Eye Institute, India
- Makerere University, Uganda
- Malawi College of Health Sciences
- Masaka Regional Referral Hospital, Uganda
- Mbarara University Uganda
- Mendi General Hospital, Papua New Guinea
- Menzies School of Health Research (One21Seventy, ABCD National Research Partnership)
- Ministry of Education, Youth and Sport (MoEYS), Cambodia
- Ministry of Education and Vocational Training, Tanzania
- Ministry of Education and Sports, Uganda
- Ministry of Health and Medical Services, Solomon Islands
- Ministry of Health, Cambodia
- Ministry of Health Care and Nutrition, Sri Lanka
- Ministry of Health, Eritrea
- Ministry of Health, Mongolia
- Ministry of Health, Malawi
- Ministry of Health, Vietnam
- Ministry of Sport and Education, Samoa
- Ministry of Health and Social Welfare, Tanzania
- Ministry of Health, Uganda
- Ministry of Health and Women Affairs, Zanzibar
- Ministry of Health Services, Ghana
- Miwatj Health Aboriginal Corporation, Australia
- Mongolian Optical Association
- Mount Hagen General Hospital, Papua New Guinea
- Mozambique University of Health
- Mozambique Eye Care Coalition
- Mzuzu University, Malawi
- National Aboriginal Community Controlled Health Organisation, (NACCHO)
- National Eye Health Committee, Pakistan
- National Institute for Occupational Safety and Health, Sri Lanka
- National Program for Eye Health, Cambodia
- National Referral Hospital, Solomon Islands
- Northern Cape Department of Health, South Africa
- Northern Territory Medicare Local, Australia
- National Rural Health Alliance, Australia
- Ninti One Limited, Papua New Guinea
- Nonga General Hospital, Papua New Guinea
- Nova Vision, China
- NSW Department of Community Services, Australia
- NSW Department of Technical and Further Education, Australia
- NT Government, Department of Health (OATSIH), Australia
- NSW Government Rural Aerial Health Service, Australia
- Oil Search Limited, Papua New Guinea
- Optical Distributors and Manufacturers Association
- Optometrists Association Australia
- Optometrists Association of Uganda
- Optometry Council of India (OCI)
- ORBIS International
- Pakistan Blind Cricket Council
- Pakistan Optometric Society
- Pakistan Institute of Ophthalmology
- Pakistan Institute of Community Ophthalmologists, Pakistan
- Pakistan Institute of Rehabilitation Sciences, Pakistan
• Perkins International
• Post Graduate Institute of Medical Education and Research, Chandigarh, India
• PNG Eye Care
• Punjab Eye Health Committee, Pakistan
• Port Moresby General Hospital, Papua New Guinea
• Provincial Health Department, Ba Rai-Vung Tau, Vietnam
• Provincial Health Department, Banteay Meanchey, Cambodia
• Provincial Health Department, Battambang, Cambodia
• Provincial Health Department, Kampong Cham, Cambodia
• Provincial Health Department, Kampong, Cambodia
• Provincial Health Department, Pursat, Cambodia
• Public Health Optometry Group (PHOG), Australia
• Red Cross Air Mercy Service, South Africa
• Royal Australian and New Zealand College of Ophthalmology
• Royal Australian College of Surgeons
• Royal Flying Doctor Service, Australia
• Royal Institute for Deaf and Blind Children
• Rural Health Education Foundation, Australia
• Rural Health Continuing Education Grants Program, Australia
• School Health Department of MoEYS, Cambodia (Partner)
• School of Optometry and Vision Science, University of New South Wales, Australia
• School of Optometry, Queensland University of Technology, Australia
• School of Optometry, University of KwaZulu-Natal, South Africa
• School of Optometry, University of Melbourne, Australia
• SEGI University, Malaysia
• SENSEE Inclusive Education Support Services, Samoa
• Services for Australia’s Rural & Remote Allied Health (SARRAH)
• SEVA Foundation
• Shanxi Provincial Eye Hospital, China
• Shu Zen College of Medicine & Management Kaosuing, Taiwan
• Sightsavers
• Sind Eye Health Committee, Pakistan
• Singapore Polytechnic University
• South African National Council for the Blind
• South African Optometric Association
• Sri Lanka Optometric Association
• State Primary and Secondary Education School Boards, Nigeria
• Sunrise Health Service Aboriginal Corporation, Australia
• Tanzania Optometry Association
• The Albino Foundation Nigeria
• The Lowitja Institute
• Tianjin Medical University College of Optometry, China
• Tianjin Vocational Institute, China
• Total Optical (Low Cost Spectacle Scheme)
• Universidade de Lurio, Mozambique
• University Kebangsaan, Malaysia
• University of Calabar Teaching Hospital, Ghana
• University of Free State, South Africa
• University of Guyana, South America
• University of Johannesburg, South Africa
• University of Manchester, United Kingdom
• University of Melbourne, Australia
• University of Ulster, Ireland
• University La Salle, Colombia
• Vanimo General Hospital, Papua New Guinea
• Varilux College of Optometry Training Tianjin, China
• Victoria College of Optometry, Australia
• Vietnam National Institute of Ophthalmology
• Vision 2020 Australia
• Vision 2020 Australia’s Global Consortium
• Vision 2020 Global
• Vision 2020 Latin America
• Vision 2020 Sri Lanka
• Vision Aid Overseas
• Vision Cooperative Research Centre, Australia
• VisionCare NSW, Australia
• Visiting Optometrists Scheme, Department of Health, Australia
• VOSH International
• Wenzhou Medical College, School of Ophthalmology and Optometry, China
• Western Optical USA
• World Council of Optometry
• World Optometry Foundation
• Wurli Wurlinjang Health Service, Australia
• Zamfara Ministry of Health
• Zhejiang Industry and Trade Polytechnic, China
• Zhongshan Ophthalmic Centre, Sun Yat-sen University, China
Global board members meet on a regular basis to progress sustainable development and research strategies. Photo by Dean Saffron
The Board

Brien Holden Vision Institute, Public Health Division, Global Board would like to acknowledge the dedication and passion of hundreds of Institute staff, locums and volunteers, partners, funders and supporters who work tirelessly each year to deliver on the commitment of our organisation in every country in which we work.

Institute staff and volunteers often work long hours in difficult conditions, sometimes with limited resources and still go beyond our expectations to ensure that goals are met and progress is made in the fight against avoidable blindness and uncorrected vision impairment. Without them, the Institute could not transform the lives of those in most need, develop sustainable systems for communities in which we work and secure opportunities for education and employment for the future that contribute to poverty reduction.

We are proud of their achievements this year and we thank every one of them.

Global Board Members

Professor Brien A Holden BAppSc PhD Dsc OAM
Board Member and CEO

Professor Gullapalli Rao MBBS PhD
Board Member and Chair

Professor Brian Layland BSc OAM
Board Member and Director of Aboriginal Programs

Professor Kovin Naidoo PhD FAOO BSc BOptom OD MPH
Board Member and Director of Global Programs

Jenni Lightowlers
Board Member

Barry MacNamara
Board Member

Africa Board Members

Reggie G. Naidoo
Board Member and Chair

Sindy A. Mabe
Board Member

Professor Kovin Naidoo PhD FAOO BSc BOptom OD MPH
Board Member and Director of Global Programs

Sibongile A. Thwala
Board Member

Our commitment

Brien Holden Vision Institute Foundation (formerly the International Centre for Eyecare Education) is the Public Health Division of Brien Holden Vision Institute.

We are a global non-profit, non-governmental organisation. In the last fourteen years, the Institute has delivered sustainable eye care services, education and training programs in 54 countries. The Institute is focused on the elimination of uncorrected vision impairment and avoidable blindness by developing eye care solutions within communities in most need, thereby improving opportunities in education, employment and quality of life. The public health division of the Institute is supported by Optometry Giving Sight.

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 the ACFID Code has been breached and would like to submit a complaint to the Foundation, please contact: info@brienholdenvision.org

Or in the event you which to take the matter further to ACFID, please visit the complaints section at: www.acfid.asn.au

The Foundation is committed to ensuring all donations accepted support the intrinsic mission of our organisation, abide by our legislative guidelines and if accepted do not have the potential to damage our reputation or that of our donors. In line with this premise, the Foundation is aware there maybe instances where a conflict of interest could arise through the acceptance of a donation and we reserve the right to refuse such a donation.

Brien Holden Vision Institute Foundation is a registered charity: ABN 86 081 872 586
Nigerian community members take advantage of a tree’s shade while waiting for their eyes to be screened. 
*Photo courtesy Dean Saffron*