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Mission, Values, Goals

Our mission is:
To create and deliver effective and innovative solutions for vision care and blindness prevention for all people.

Our values are:
• Sight is a fundamental right for all humans
• Our passion for science and innovation is driven by the pursuit of knowledge and compassion for all humanity
• Our global strategies are influenced by local and cultural understanding and the core principle of sustainability
• We achieve through collaboration

Our strategic goals are to:
1. Create the demand and enable equitable access to quality eye health services
2. Build and strengthen eye health systems through workforce development and education
3. Influence policy development to enable universal access to eye health services with a specific focus on refractive error and child eye health
4. Strive for organisational excellence to provide value to funders, accountability to stakeholders and a supportive environment for staff
Message from the CEO

This last financial year has been an exciting and evolving period of innovation, consolidation and achievement. We have held a strong focus on increasing and deepening our areas of impact while keeping a clear vision towards Brien Holden’s legacy.

Brien’s life of service to uncorrected refractive error left an indelible impression on global health agenda, and we have continued to deepen that focus with local governments, national committees and international peak bodies forging collaborations for the long term.

We know from our research studies and current trends that myopia is becoming a major global public health crisis of the near future. Our attention is firmly fixed on the five billion people, roughly 50% of the world’s population, that projections indicate will suffer from myopia by 2050 and especially the percentage who will suffer high myopia and a greater risk of blindness.

Our child eye health campaign, Our Children’s Vision, which echoes Brien’s modus operandi, was launched to reach 50 million children by the year 2020. Using an inclusive and collaborative approach this year we have drawn 51 organisations together to focus on reaching this target. Over the last 12 months we have reached 1.3 million children and through providing eye care we have increased their access to education.

We have continued to invest in optometry schools and produced the first generation of optometrists in many global locations. We have assisted their education by supporting the optometry schools and creating 375 new optometrists to date. With 690 more still enrolled and studying, in a few years’ time there will be over 1000 first generation optometrists qualified and working to increase access to eye care services in countries like Malawi, Uganda, Mozambique and Vietnam.

We set up a social franchise model because we know social entrepreneurship is a powerful vehicle not only to empower local people but increase services. This model is supporting optometrists, ophthalmologists, and other eye care practitioners to set up businesses in Africa.

Believing eye care is a fundamental right keeps our attention firmly on the catalytic role we play in people lives and in the developing communities in which we work, and we are grateful for the enduring involvement of all our global funders, supporters and partners.

We want to sincerely thank you for all your support and engagement which has helped us continue to move forward this year in achieving vision for everyone, everywhere.

Professor Kovin Naidoo
CEO Brien Holden Vision Institute
The challenge

Short-sightedness (Myopia)

1.95 billion people with myopia in 2010

2.62 billion people with myopia in 2020

6% to 22% of blindness in various countries is due to myopia

Myopia significantly increases the risk of:

- Cataract
  (3.3X for myopia >6.00D)
- Glaucoma
  (14.4X for myopia >6.00D)
- Retinal pathology
  (7.8X for myopia >8.00D)

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

Ageing eyes (Presbyopia)

1040 million people with presbyopia in 2005

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

Global cost associated with need for glasses (Uncorrected refractive error)

625 million people 2014

517 million with uncorrected near vision impairment (presbyopia) and 108 million with uncorrected distance vision impairment
Vision impairment due to uncorrected distance refractive error costs the world US $202 billion per year in lost productivity, direct and indirect costs. US $28 billion is the one-off cost of providing comprehensive eye care worldwide.

47,000 functional clinical eye care providers needed globally to assess vision and eye health and prescribe corrective lenses needed to restore good vision.

18,000 optical dispensers needed globally to provide appropriate glasses.
Our year in numbers:  
A global view of services and training

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screenings</td>
<td>943,394</td>
</tr>
<tr>
<td>Eye examinations</td>
<td>614,311</td>
</tr>
<tr>
<td>Low Vision assessments</td>
<td>7,740</td>
</tr>
<tr>
<td>Spectacles dispensed</td>
<td>129,185</td>
</tr>
<tr>
<td>Children who received spectacles</td>
<td>73,084</td>
</tr>
<tr>
<td>Low Vision optical devices dispensed</td>
<td>1,159</td>
</tr>
<tr>
<td>Personnel trained</td>
<td>7,605</td>
</tr>
<tr>
<td>Optometry graduates</td>
<td>96</td>
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Creating access to services

Papua New Guinea
In 2016, a significant outcome for Papua New Guinea (PNG) was the establishment of the National Resource Centre for Eye Health in Port Moresby. This investment from the Lions Clubs International Foundation is an exciting initiative designed specifically to increase eye health outcomes for surrounding communities through both coordination of services and training of local eye care personnel.

Eye care in PNG is an urgent need. Vision impairment for people 50 years and older is 29.2% and there are currently only 14 ophthalmologists in PNG when more than 70 are required to meet the population needs. The majority of children in PNG do not have access to eye care and treatment.

With PNG Eye Care we are working to influence change and provide increased access to services. USAID became a funding partner in 2015 specifically to benefit the children. School screenings and outreach services are now regular activities serviced by the team from the new resource centre.

South Africa
Diverse programs help to capture and support the burgeoning eye care needs in South Africa. The Tshwane Mobile School Health Project, now in its third year strives to fill the gap during holidays in school eye health in a localised area. In the last six months 3,833 children were screened who may have not received eye care without this additional service.

Our child eye health program, active since 2014, has expanded into two new provinces bringing the total to seven. In the last six months 26,746 school-aged children were screened and 2408 received spectacles. The program was developed as a collaboration to deliver services within the government’s national Integrated School Health Program, and is supported by South African Optometric Association and the provincial departments of health and education.

The Giving Sight to Soweto program, under the Seeing is Believing project has screened 280 000 people. Over 77,000 were given full eye examinations, more than 21,000 people received spectacles or low vision devices. In addition, 279 health care professionals received primary eye health refresher training which aimed to increase eye care service access within the communities.

China
This year more than 13,750 children were examined in 18 partner hospitals and 8,262 spectacles were provided through the Seeing is Believing CHEER Program. Low vision and referral services completed the care offered in all locations to assist children with other eye care needs. In addition as a development initiative to provide long term screening capacity more than 550 health professionals have been trained in county hospitals, and 936 local teachers were trained to conduct vision screening.

Health promotion is also part of the program design for China and we can report that eye health messaging was delivered to 785 teachers, 15,535 parents and 20,883 students.
“Optometry is a new profession in Vietnam - full of potential for growth. It is a primary health care profession which is diverse and vast where optometrists are health care providers, counsellors and rehabilitators. Optometrists can address the immediate eye care needs of the country. I am very proud to be the first optometrist in the North of Vietnam and have been given many opportunities to help build a new profession that will greatly help change the level of eye health in Vietnam,” said Minh Anh, optometrist.
Developing a global workforce

Vietnam

A welcome development to the opening of Vietnam’s first optometry school in partnership with the Pham Ngoc Thach University of Medicine in Ho Chi Minh City one year ago, was the launch of the second optometry school further north at the Hanoi Medical University in September 2015.

We support both schools and the figure of currently enrolled student optometrists in first and second year is collectively over 200. This is a great increase to there being only three practicing optometrists in Vietnam in 2013, all of which were trained overseas.

Uganda

Optometry has the capacity to change the eye care landscape of Uganda. This profession is very young in Uganda, emerging over the last three years since the opening of the optometry program at Makerere University in 2013, funded by Department of Foreign Affairs and Trade and Optometry Giving Sight. There are currently optometry students enrolled in year one and two of the optometry program at Makerere University. The first graduates will emerge in 2018.

This ground-breaking development began nearly 10 years ago when discussions first began between Brien Holden Vision Institute, the Commissioner of Clinical Services at the Ministry of Health, the Department of Ophthalmology at Makerere University, Light for the World and the Optometrists Association of Uganda.

The opening of the Academic Vision Centre at Makerere University Hospital acts both as a practical training facility for the optometry students and as a much-needed eye care service to the community. This intervention of the optometry program working at a ground level cohesively with the vision centre is a model of long term parity towards sustainable change for eye health and also provides a viable resource for income generation.

Pakistan

Through years of advocacy and diligence our in country team has established representation in National and Provincial Committees for Eye Health and Education forums that provide the necessary support from the Government to affect change. A result of this collaborative advocacy, provincial governments in Punjab and Khyber Pakhtunkhwa have created posts for optometrists for the provision of sustainable and comprehensive eye care in both provinces.

Around 67% of the country’s population will be able to receive refractive and low vision services after the recruitment of these optometrists during the next year. With the increase in number of optometry professionals in public sector, more and more people will be able to access and benefit from good quality eye health services at all levels. Provision of eye health services will improve the quality of life, enhance livelihood opportunities, promote social inclusion, and increase access to education especially for the underserved communities.
Creating a sustainable cycle of life through educating and training a global workforce

Joel de Melo Bambamba, who graduated top of his class from Universidade Lúrio in Mozambique in one of the first optometrist cohorts, is the eldest of five brothers. He decided to study optometry because his grandfather was blind and one of his younger brothers had serious vision impairment. Growing up, his family experienced very limited access to eye care services. Although Joel described the course as challenging, he was awarded the Jill and George Mertz Fellowship by the American Optometric Foundation and has recently completed his Masters.

“I am very happy to have finished well,” he said humbly. “And also to have reached a dream of mine, and of my parents.”

This year Joel has been appointed as the Head of Department of the Optometry School.
Building a global workforce not only takes collaboration and commitment, it takes a great deal of time...

The impact of these figures is exponential:

375 optometrists examining 8 people a day, 5 days a week for a year (42 weeks) = 630,000

Global optometry students currently enrolled

Total number of global optometry graduates between 2008 and 2016

Global total of new optometrists training or working

Many of these students will become first optometrists of their country

more people receiving eye care per year
Focusing on child eye health

Cambodia

The Child Eye Health program in Cambodia services local high schools in the districts around the capital city of Phnom Penh. The program has focused on providing high school teachers and Ministry of Education staff with vision screening and eye health awareness training which will enable them to assist in identifying children who have vision problems.

This year 38 (24 males, 14 females) teachers, government staff and health care professionals have been trained in vision screening, and a further 520 have attended eye health awareness workshops.

Current numbers of children treated from the 16 schools supported by this initiative total at 4,545 children screened and 3,800 spectacles have been dispensed. This large number of spectacles are produce solely by our vision centre in Phnom Penh which services the surrounding communities.

East Africa

The East Africa Child Eye Health program active in Tanzania, Uganda and Kenya since 2012, has been working to improve the quality of lives and educational performance of an estimated population of 1.4 million children aged 0-15 years. This program is funded by Standard Chartered Bank under the Seeing is Believing program.

The program has seen tremendous improvement in access to eye health by children in the region surpassing its screening targets in some locations by more than 50%. In Uganda alone, the number of children screened across age groups exceeded the target by more than 2.5 times reaching 1,672,945 children. Many of these children received spectacles, low vision devices, treatment or referrals for further care where necessary, which has assisted in strengthening the service delivery pathways across the districts.

The Seeing is Believing program has focused strongly on integrating child eye health in the policies and program work with the government departments. Through continuous engagement in Uganda of both Ministries of Health and of Education to support the program, policy documents developed include a School Health Policy, the Eye Health Advocacy Strategy, Clinical Guidelines for Eye Health and Eye Health Management Information System.

Pakistan

In Pakistan we engaged with provincial Governments of Sindh and Azad Jammu and Kashmir to contribute to the health, education and youth policies, to encourage focus on child health and emphasise the initiation of school health services.

Together with partners, we provided eye care to 47,559 children (46% girls) and trained 79 teachers (53% women) during the reporting year. The program has been implemented in both formal and informal education sectors.

Eye health services were also provided to the children enrolled in special education centres, which included provision of low vision devices when required. The school eye health program has been embedded in the health and education systems of

Sindh and Azad Jammu and Kashmir. This integration has been achieved through the continuous engagement with diverse partners; successful implementation of a demonstration model in Sindh; and empowerment of local communities.

Most vision impairment experienced by children globally is avoidable or treatable if diagnosed and treated early on. Myopia (short-sightedness) is very prevalent in children and recent evidence predicts that by 2050 half the world’s population will be myopic. However, we know we can slow down or reverse this accelerating trend if we reach children while their eyes are still developing before the mature.

Through our child eye health global initiative Our Children’s Vision we are upscaling, accelerating and expanding access to eye health services to more children in more locations to screen 50 million children by 2020.
Creating the possibility

What does a child see for their future? Moonwalks, sold out stadiums, the presidency? The most striking part of any child’s dream is their ambition. But the key to all those ambitions is a good education, and getting a good education is difficult without good eyesight.

The late Professor Brien Holden said, “Every seven year old child when going to school, should take along a certificate from their optometrist saying, ‘I’ve had my eyes examined, I’m ok I can see.’”

We believe children should not be limited by preventable or treatable vision impairment. Our Children’s Vision’s initial target is to provide services to 50 million children by 2020.

Advocacy is about bringing our voices together to instigate lasting social change. We work alongside governments, our partners and communities to prioritise and strategise ways to reduce avoidable blindness in children globally.

“There is something special about that moment a child sees clearly for the first time. That amazing moment when their faces light up, their posture changes... I am reminded of a child who at 17, had her eyes tested for the first time. She told us that for years she struggled to see the board, and even found it difficult to get to school. We gave her a pair of glasses, and such a simple thing changed her life. For the first time in years she saw clearly, and that moment of joy is something I will never forget.

I can remember her saying to me that for her that pair of glasses was a gift. It meant she wouldn’t be scared walking to school each day, and the stress of not being able to see to study was lifted.”

Neath Kong
Brien Holden Vision Institute, Country Coordinator, Cambodia
Why we need a consolidated effort for our children

Myopia is the leading cause of refractive error

LEVELS OF MYOPIA are expected to rise from

1.95 billion affected in 2010

up to

4.76 billion

by 2050

MILLIONS OF CHILDREN WORLDWIDE ARE VISION IMPAIRED

80% of what a child learns is processed through the visual system

80% of all vision impairment is PREVENTABLE OR CURABLE

63% of vision impairment in the 5-15 age group is due to refractive error
Influencing policy change

Mali

The result of continuing advocacy at government level assisted Mali in a recently national policy change making optometry an official profession under the Ministry of Health. From 2016 onwards, a yearly number of people will be recruited in optometry. Over time this will dramatically increase eye care access for the people of Mali and positively impact the growing eye health need of the population.

The Institute supports the Institut d’Ophtalmologie Tropicale de l’Afrique (IOTA) which is the only tertiary level diploma course training ophthalmic technicians in Mali. Since inception of the course in 2011, 43 ophthalmic technicians have graduated who work in roles similar to optometrists across the public and private sectors.

Mozambique

In 2012, an optometry school was established through the Mozambique Eyecare Project and a collaboration of partners. Optometry being accepted as a new profession within the established national health system was one of the significant barriers encountered. This was addressed through various advocacy processes, including the strategic planning workshop for the national eye health plan and hosting of a World Council of Optometry meeting in Maputo.

The partners advocated for policy change which would enable all graduate optometrists to be deployed within the public sector to deliver comprehensive eye health services including refractive services at a community level. A change in the national policy has allowed optometrists to be employed by Ministry of Health.

Local graduates have been employed as junior faculty and in a Master’s program at Alicante University in Spain.

Four junior faculty have completed their Masters and returned to practice in Mozambique. One of the first local graduates, Joel de Melo Bambamba, who graduated top of his class and won an international award has been appointed Head of Department of the Optometry School.

Global

A global meeting on myopia held in Sydney, Australia in March 2015 over two and a half days, chaired by the late Professor Brien Holden, Professor Serge Resnikoff former World Health Organization (WHO), Dr Ivo Kocur (WHO), and Dr Silvio Marriotti (WHO) was initiated by the former Australian Minister for Health, the Hon. Peter Dutton MP.

The outcome of this meeting was the authoring of a joint scientific report entitled The Impact of Myopia and High Myopia by the Institute and the World Health Organization. The report captures the evidence presented during the meeting on the magnitude of myopia, vision impairment and blindness in myopia, terminology and classification, pathological consequences, the impact on society, aetiology, risk factors, and evidence for myopia control. It also identifies gaps in current knowledge, and makes recommendations to address the gaps with the aim to better inform clinical practice and public health policy.

For optometrists and ophthalmologists the report details evidence around various myopia control interventions, including optical approaches, therapeutic drugs and behavioural changes. It is hoped the report will be a catalyst for action by health bodies and governments around the world.
Driving gender equity

Eritrea

Contrary to common belief that it is only socio-cultural norms that disadvantage women, some national policies inadvertently disadvantage women too. In 2010, we initiated a diploma optometry training program at Asmara College of Health Sciences in partnership with the Eritrea Ministry of Health. It was immediately observed at the first intake 100% of the students were male and about 80% were mature entrants – an unusual demographic for optometry schools as they normally follow school leaver age patterns.

Advocacy fuelled our discussions with both the ministry and the college management, and as a direct result the admission policy was revised. Women were granted permission to go directly from school into the optometry program, deferring their military service until after graduation. This gave them the opportunity to study, graduate and provide eye care to their own communities.

The following year, after this change to policy was implemented, saw the ratio of male to female enrolment gradually increase to a more balanced gender percentage.

Pakistan

Pakistan has a traditional and conservative society where women in rural areas have certain restrictions to access health services. With the focus on creating opportunity to move towards gender equity for access to services we developed and implemented an innovative “woman to woman” approach in our program design. Together with a local partner, we piloted a social entrepreneurship program from women.

Local women were given the opportunity to train in primary eye care, vision screening and business management with the specific aim of enabling them to build their own micro enterprise to provide eye care to their villages and surrounding communities. The women entrepreneurs have no social restrictions to visit any home to provide eye care to other women in their own and neighbouring villages.

Despite transportation issues and domestic work-load, this year 27 entrepreneurs have screened 5991 people (70% women or girls) and provided them with 2534 near-vision spectacles and sunglasses. These women have earned an income that increased their individual assets and ensured the provision of better education to their children.

Cambodia

Outreach community screenings in the Phnom Penh area have had an emphasis towards reaching the most vulnerable and less accessible members of the community, these being the women, those with disability and children. We have established an ongoing collaboration with a local non-government organisation devoted to addressing the gap in access to health services for under-privileged women.

A high percentage of the new team of eye care workers are women and some are leaders in their communities. This approach works well in the local context and reports a higher uptake of services by women who historically have not been able to access eye care services.

The results of the program has demonstrated the greater uptake of the eye care services by women in the community and has provided a greater balance in equity of eye care.
Evaluating through research

Australia
A five-year project was completed in late 2015, that resulted in some practical tools that have been directly applied to further support eye care services for Aboriginal communities. A resource package called the ‘Eye and Vision Care Toolkit’ is freely available through our Academy website. Due to this project focusing on practical outputs that could be applied in the working environment of the Aboriginal Community Controlled Health Services across Australia, research translation is now taking place.

The ‘translatability’ of these research outputs is credited to the ‘real-life’ setting in which the original research was conducted.

South Africa
We are currently conducting research surrounding the impact of near spectacle correction on work productivity and vision-related quality of life among textile factory workers in KwaZulu, Natal, South Africa. The project will determine the impact of correcting presbyopia among textile factory workers.

We know many countries are losing a great deal of labour productivity because vision health is not considered a priority. Preliminary results demonstrated an estimated increase in overall work productivity of 83%, after correction of participants’ presbyopia.

The current study will be used to advocate for inclusion of spectacle correction in health insurance plans; advocate for vision screening, eye health examination and spectacle provision as part of unskilled workers’ benefits and raise awareness among factory workers about the importance of having their eyes examined.

Papua New Guinea
We recently conducted research to measure the experiences and perceptions of vision impairment in Papua New Guinea (PNG).

Our primary observations showed people attending outreach eye care clinics in PNG reported it was difficult to attend eye health services due to transport difficulties and anticipated high costs. Negative attitudes towards spectacles were also prevalent, with negative perceptions appearing more frequently among older participants and those with less education. Women in PNG may actually be afraid of wearing glasses due to the social implications and vision impairment resulting in worry, sadness and social exclusion. The most commonly believed causes of vision impairment in PNG are environmental stressors (sun, dust, dirt and smoke), aging and sorcery.

Our work will now focus on addressing the functional uptake of eye health information. It is essential to address persistent beliefs in sorcery when developing health information packages and coordinate fully with counselling and well-being services for people experiencing vision impairment.

Colombia
In Colombia we are currently conducting a Rapid Assessment of Refractive Errors (RARE) study to determine the prevalence of refractive errors, presbyopia and spectacle coverage among adults (15+).

“People are very grateful for eye care in Colombia, there is a great need. One man we treated recently in our prevalence research study, had been wearing two pairs of glasses to be able to see clearly enough to get through his days,” said Luisa Fernanda Casas Luque, Programs Manager, Latin America and Caribbean.
During the 2015-2016 financial year, we worked with hundreds of partners, funders and supporters in our global programs. We would like to greatly thank and acknowledge the dedication of each and every one of these organisations who have helped us deliver on the commitment of the Institute in every country in which we work.

Along with the Institute Boards’, staff and volunteers, our partners, funders and supporters ensure that our mission is followed and our strategic goals influence progression in achieving vision for everyone, everywhere.

In the last year we have worked with:

- 2.5 New Vision Generation
- ABCD National Research Partnership (Menzies School of Health Research), Australia
- Aboriginal Health and Medical Research Council of NSW, Australia
- Aboriginal Health College, Australia
- Africa Vision
- African Council of Optometry
- African Vision Research Institute
- Al Basar Foundation, Saudi Arabia
- Al-Basar International Foundation
- Al-Ibrahim Eye Hospital, Pakistan
- Al Maktoom National Special Education Centre for Visually Impaired, Pakistan
- ALDOO (Asociacion Latinoamericana de Optometria y Optica)
- Aboriginal Medical Services Alliance of the Northern Territory, Australia
- Angua Memorial Hospital, Papua New Guinea
- Anyinginyi Health Aboriginal Corporation, Australia
- Appasamy Associates India
- Asmara College of Health Sciences, Eritrea
- Association of Schools and Colleges of Optometry (ASCO) India
- Australian College of Optometry
- Australian Government, Department of Foreign Affairs and Trade (DFAT)
- Australian Government Department of Health
- Australian Indigenous HealthInfoNet
- Ayeduase Community, Ashanti Region – Ghana
- Azad Jammu & Kashmir Committee for Eye Health, Pakistan
- Bank of Ceylon Pensioner’ Association, Sri Lanka
- Ba Ria-Vung Tau Peoples Committee, Vietnam
- Ba Ria-Vung Tau Provincial Eye Hospital, Vietnam
- Berendina Foundation, Sri Lanka
- Berendina Development Services, Gte Limited, Sri Lanka
- BOC Instruments Pty Ltd, Australia
- Buka General Hospital, Papua New Guinea
- Callan Services National Unit, Papua New Guinea
- Cape Peninsula University of Technology, South Africa
- Caribbean Council for the Blind
- CBM
- Central Australia Aboriginal Congress Aboriginal Corporation., Australia
- Centre for Eye Research Australia
- Centre for Remote Health (CRH), Australia
- Charity Vision, USA
- China Optometric and Optical Association (COOA)
- 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
- Cross River State College of Health Technology, Calabar Nigeria
- Da Nang National Technical College of Medicine No. 2, Vietnam
- Danila Dilha Health Service, Australia
- Department of Education, Eastern Cape, South Africa
- Department of Education, Gauteng, South Africa
- Department of Education, Gauteng, South Africa
- Department of Education, Gauteng, South Africa
- Department of Education, KwaZulu-Natal, South Africa
- Department of Health, Eastern Cape, South Africa
- Department of Health, Eastern Cape, South Africa
- Department of Health, Eastern Cape, South Africa
• Department of Health, KwaZulu-Natal, South Africa
• Department of Health, Northern Cape, South Africa
• Department of Health Mpumalanga Province, South Africa
• Department of Health, Papua New Guinea
• Department of Health, South Africa
• Department of Health, Azad Jammu & Kashmir, Pakistan
• Department of Education, Azad Jammu & Kashmir, Pakistan
• Department of Optometry, Shanghai Institute of Health Science, China
• Dr Shroffs Charity Eye Hospital
• Dublin Institute of Technology, Ireland
• Eastern Mediterranean Council of Optometry, Lebanon
• École d’optométrie de l’Université de Montréal
• Entebbe Hospital, Uganda
• Essilor Asia-Pacific
• Essilor Australia
• Essilor Canada
• Essilor Vision Foundation
• Eye Care Foundation (formerly Mekong Eye Doctors), South East Asia
• Eyezone Institute of Opticianry and Private Training, Kuwait
• FAL Lawyers, Australia
• Federal Ministry of Health, Nigeria
• Federación Colombiana de Óptometras (FEDOPTO), Colombia
• Federal Capital Territory Health & Human Services Secretariat, Abuja
• Federal Capital Territory Education Services Secretariat, Abuja
• Foresight Australia
• Fred Hollows Foundation Australia
• Fred Hollows Foundation Kenya
• Fred Hollows Foundation New Zealand
• Fredskorpsen (FK), Norway
• Fundación Visión-Paraguay
• Fundacao Olhos do Mundo
• Fundación Ver Bien Para Aprender Mejor
• Ghana Health Services, Ghana Global Partnership for Education USA
• Global Partnership for Education
• Government of Alberta, Canada
• Guangzhou Trade Vocational School, China
• Hanoi Medical University, Vietnam
• Hawassa University, Ethiopia
• Helen Keller International
• Help Moldova
• 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 Peoples Committee, Vietnam
• Ida Rieu School for Blind and Deaf, Pakistan
• India Vision Institute (IVI)
• Indian Optometry Federation (IOF)
• Indigenous Allied Health Australia
• Indigenous Eye Health Unit, University of Melbourne, Australia
• Institut Ophtalmologique Tropical d’Afrique (IOTA)
• Institute of Human Resource Advancement University of Colombo, Sri Lanka
• Institute of Vocational Education, Hong Kong
• Interamerican University of Puerto Rico
• International Agency for the Prevention of Blindness
• International Council of Ophthalmology
• International Islamic University of Malaysia
• International University College of Twintech, Malaysia
• International Resources for the Improvement of Sight
• Irish Aid, Department of Foreign Affairs
• Irish Embassy, Mozambique
• Irish Embassy, South Africa
• Isra School of Optometry, Pakistan
• Jinling Institute of Technology, China
• John Hopkins University
• Katherine West Health Board, Australia
• Keeler
• Khyber Pakhtunkhwa Eye Health Committee, Pakistan
• Kilimanjaro Christian Medical University College, (KCMU-College), Tanzania
• Kwame Nkurumah University Ghana
• KZN Society for the Blind, South Africa
• Layton Rahmatullah Benevolent Trust, Pakistan Lechang Community Hospital, China
• Lechang Ministry of Education, China
• Lechang Ministry of Health, China
• Light for the World
• Lions Club International
• Lions Club International Foundation
• Lions District 201Q2, PNG
• Lions Golden Jubilee Trust for Healthcare and Skills Development, Sri Lanka
• L’Occitane
• LV Prasad Eye Institute, India
• Makerere University, Uganda
• Malawi College of Health Sciences
• Masaka Regional Referral Hospital, Uganda
• Mbarara University, Uganda
• Masinde Muliro University of Science and Technology, Kenya
• Mbarara University of Science and Technology, Uganda
• Mendi General Hospital, Papua New Guinea
• Mid-City Eye Care, Fiji
• Ministério da Saúde (MISAU), Mozambique
• Ministry of Education, Youth and Sport (MoEYS), Cambodia
• Ministry of Education, Sri Lanka
• Ministry of Education and Vocational Training, Tanzania
• Ministry of Education and Sports, Uganda
• Ministry of Education & Training, Vietnam
• Ministry of Education, Kenya
• Ministry of Health, Kenya
• Ministry of Health and Medical Services, Solomon Islands
• Ministry of Health, Cambodia
• Ministry of Health & Social Welfare, The Gambia
• Ministry of Health, Nutrition and Indigenous Medicine, Sri Lanka
• Ministry of Skills Development and Vocational Training., Sri Lanka
• Ministry of Health, Eritrea
• Ministry of Health, Mongolia
• Ministry of Health, Malawi
• Ministry of Health, Mozambique
• Ministry of Health, Pakistan
• Ministry of Health, Vietnam
• Ministry of Health, Canada
• Ministry of Health, New Zealand
• Ministry of Health, Australia
• Ministry of Health, South Africa
• Ministry of Health, Uganda
• Ministry of Health and Social Welfare, Tanzania
• Ministry of Health and Women Affairs, Tanzania
• Ministry of Health Services, Ghana
• Miwatj Health Aboriginal Corporation, Australia
• Mongolian Optical Association
• Mount Hagen General Hospital, Papua New Guinea
• Mozambican Eye Care Coalition (MECC)
• Mozoptica
• Mzuzu University, Malawi
• National Aboriginal Community Controlled Health Organisation, (NACCHO), Australia
• National Committee for Eye Health, Pakistan
• National Institute for Occupational Safety and Health, Sri Lanka
• National Ophthalmology Association, Vietnam
• National Program for Eye Health, Cambodia
• National Program for Eye Health, Kerala, India
• Nayonika Eye Charitable Trust
• Njombe Community Development Company, Tanzania
• National Health Insurance, Kenya
• University of Technology, 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
• School of Optometry, Killimanjaro Christian Medical Centre, Moshi - Tanzania
• SEGI University, Malaysia
• SENESE Inclusive Education Support Services, Samoa
• Services for Australia’s Rural & Remote Allied Health (SARRAH)
• SEVA Foundation
• Shanxi Provincial Eye Hospital, China
• Shandong Eye Hospital
• Sheikh Zayed Regional Eye Care Centre, Abu Dhabi, United Arab Emirates
• Shu Zen College of Medicine & Management Kaosuing, Taiwan
• Sight savers
• Sindh Eye Health Committee, Pakistan
• Singapore Polytechnic University
• South African National Council for the Blind
• South African Optometric Association
• Sri Lanka Optometric Association
• Standard Chartered Bank
• State Primary and Secondary Education School Boards, Nigeria
• Ster-Kinekor, South Africa
• Sunrise Health Service Aboriginal Corporation, Australia
• Tanzania Optometric Association
• Tanzania Optometry Council
• The Albino Foundation, Nigeria
• The EYElliance
We would like to acknowledge the support of all the NSW Aboriginal Health Services that we partner with for the NSW Aboriginal Vision Program, our program would not be a success without your support and dedication to the program.

References

Financial information

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 which comprises the balance sheet as at 30 June 2016, profit and loss statement and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Corporations Act 2001 and are appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

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 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 auditors’ 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 entity’s preparation and fair presentation of the financial report 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.

Audit 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 2016 and of its performance for the year ended on that date; and

(ii) complying with Australian Accounting Standards to the extent described in Note 1 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 2016, profit and loss statement, statement of change in equity and table of cash movements for designated purposes for the year ended 30 June 2016.
Audit Opinion

In our opinion, the information reported in the Code of Conduct Summary Financial Reports set out on pages 23 to 25 is in accordance with the ACFID Code of Conduct, and 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 27 September 2016. 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.

Scope

We have audited the financial report of the Brien Holden Vision Institute Foundation for the year ended 30 June 2016 in accordance with Australian Auditing Standards.

SWT SYDNEY

[Signature]

R M TAYLOR

SYDNEY

Dated ........ day of ....... month, 2016.
<table>
<thead>
<tr>
<th>REVENUE</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monetary</td>
<td>38,833</td>
<td>42,815</td>
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<tr>
<td>Non-monetary</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Bequests and legacies</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of Foreign Affairs and Trade</td>
<td>2,548,205</td>
<td>2,842,082</td>
</tr>
<tr>
<td>Other Australian</td>
<td>8,447,661</td>
<td>5,084,821</td>
</tr>
<tr>
<td>Other overseas</td>
<td>1,138,194</td>
<td>287,053</td>
</tr>
<tr>
<td>Investment income</td>
<td>18,331</td>
<td>30,368</td>
</tr>
<tr>
<td>Other income</td>
<td>269,356</td>
<td>573,346</td>
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<tr>
<td>Revenue for International Political or Religious Adherence Promotion Programs</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Non-Monetary Income</td>
<td>2,031,395</td>
<td>1,861,816</td>
</tr>
<tr>
<td>Total revenue</td>
<td>12,496,974</td>
<td>12,577,371</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>International Aid and Development Programs Expenditure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds to international programs</td>
<td>7,016,767</td>
<td>7,215,355</td>
</tr>
<tr>
<td>Program support costs</td>
<td>182,376</td>
<td>232,347</td>
</tr>
<tr>
<td>Community education</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Fundraising costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Government, multilateral and private</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Accountability and Administration</td>
<td>153,463</td>
<td>140,365</td>
</tr>
<tr>
<td>Non-Monetary Expenditure</td>
<td>2,031,395</td>
<td>1,861,816</td>
</tr>
<tr>
<td>Total International Aid and Development Programs Expenditure</td>
<td>9,383,299</td>
<td>9,451,683</td>
</tr>
<tr>
<td>International Political or Religious Adherence Promotion Programs Expenditure</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Domestic Programs Expenditure</td>
<td>2,180,580</td>
<td>2,225,950</td>
</tr>
<tr>
<td>Cash commitments to Australian entities</td>
<td>-</td>
<td>200,000</td>
</tr>
<tr>
<td>TOTAL EXPENDITURE</td>
<td>11,563,879</td>
<td>11,671,633</td>
</tr>
<tr>
<td>EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE</td>
<td>934,595</td>
<td>695,738</td>
</tr>
</tbody>
</table>
**BRIAN HOLDEIN VISION INSTITUTE FOUNDATION**  
A.B.N. 66 081 872 386  
Information required under the ACNC Code of Conduct  
BALANCE SHEET AS AT 30 JUNE 2016

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>2,711,925</td>
<td>2,816,921</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>1,253,022</td>
<td>567,306</td>
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<tr>
<td>Prepayments</td>
<td>53,511</td>
<td>28,883</td>
</tr>
<tr>
<td>Assets held for sale</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>51,795</td>
<td>29,928</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>4,079,443</td>
<td>3,653,336</td>
</tr>
<tr>
<td>Non-current assets</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>169,676</td>
<td>85,864</td>
</tr>
<tr>
<td>Investment property</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Inventories</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Non-Current Assets</td>
<td>169,676</td>
<td>85,864</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>4,249,119</td>
<td>3,739,200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>307,869</td>
<td>844,051</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>375,274</td>
<td>285,581</td>
</tr>
<tr>
<td>Other</td>
<td>112,924</td>
<td>158,128</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>795,997</td>
<td>1,282,760</td>
</tr>
<tr>
<td>Non Current Liabilities</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>477,049</td>
<td>543,045</td>
</tr>
<tr>
<td>Other</td>
<td>206,284</td>
<td>136,604</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td>273,333</td>
<td>479,650</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>1,575,330</td>
<td>1,762,410</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>2,710,789</td>
<td>1,776,173</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Reserves</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>2,710,769</td>
<td>1,776,173</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>2,710,769</td>
<td>1,776,173</td>
</tr>
</tbody>
</table>
### Statement of Changes in Equity

**For the Year Ended 30 June 2016**

<table>
<thead>
<tr>
<th></th>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2015</td>
<td>1,776,173</td>
<td>0</td>
<td>0</td>
<td>1,776,173</td>
</tr>
<tr>
<td><strong>Adjustments or changes in equity due to:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For example, adoption of new accounting standards</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Transfers of Other Comprehensive Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Levels of revenue over expenses</td>
<td>934,395</td>
<td>0</td>
<td>0</td>
<td>934,395</td>
</tr>
<tr>
<td>Other amounts transferred (net) or from reserves</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2016</strong></td>
<td><strong>2,710,769</strong></td>
<td>0</td>
<td>0</td>
<td><strong>2,710,769</strong></td>
</tr>
</tbody>
</table>

---

### Table of Cash Movements for Designated Purposes

**For the Year Ended 30 June 2016**

<table>
<thead>
<tr>
<th>Designated Purpose</th>
<th>Cash available at beginning of financial year</th>
<th>Cash collected during financial year</th>
<th>Cash distributed during financial year</th>
<th>Cash available at end of financial year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Foreign Affairs and Trade</td>
<td>34,937</td>
<td>2,548,205</td>
<td>-2,524,418</td>
<td>18,708</td>
</tr>
<tr>
<td>Designated Purpose or Appeal B</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total for either designated purpose</strong></td>
<td><strong>2,715,796</strong></td>
<td><strong>9,049,769</strong></td>
<td><strong>10,073,462</strong></td>
<td><strong>2,653,213</strong></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,715,796</strong></td>
<td><strong>12,699,056</strong></td>
<td><strong>12,611,870</strong></td>
<td><strong>2,731,925</strong></td>
</tr>
</tbody>
</table>
## Financial Summary

Plain language summary of income and expenditure and overall financial health.

### Analysis of Financial Performance

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2016</th>
<th>2015</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>15,699</td>
<td>19,258</td>
<td>-3,559</td>
</tr>
<tr>
<td>Donations</td>
<td>13,134</td>
<td>23,557</td>
<td>-10,423</td>
</tr>
<tr>
<td>Other</td>
<td>2,660,301</td>
<td>2,281,748</td>
<td>378,553</td>
</tr>
<tr>
<td>DFAT (Formerly Ausaid)</td>
<td>2,548,205</td>
<td>2,842,082</td>
<td>-293,877</td>
</tr>
<tr>
<td>Optometry Giving Sight Grants</td>
<td>742,334</td>
<td>650,841</td>
<td>91,493</td>
</tr>
<tr>
<td>Sponsorship - Major Donors</td>
<td>1,871,076</td>
<td>1,354,037</td>
<td>517,039</td>
</tr>
<tr>
<td>In-Kind Sponsorship - Major Donors</td>
<td>2,031,395</td>
<td>1,861,816</td>
<td>169,579</td>
</tr>
<tr>
<td>Other Government Grants</td>
<td>2,107,143</td>
<td>3,018,737</td>
<td>-911,594</td>
</tr>
<tr>
<td>Industry Grants</td>
<td>200,000</td>
<td>125,000</td>
<td>75,000</td>
</tr>
<tr>
<td>Interest</td>
<td>18,331</td>
<td>30,368</td>
<td>-12,037</td>
</tr>
<tr>
<td>Royalties</td>
<td>289,356</td>
<td>364,727</td>
<td>-75,371</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>12,496,974</strong></td>
<td><strong>12,572,171</strong></td>
<td><strong>-75,197</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2016</th>
<th>2015</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>844,555</td>
<td>2,236,528</td>
<td>-1,391,973</td>
</tr>
<tr>
<td>Fundraising</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Domestic Program</td>
<td>2,180,580</td>
<td>2,425,930</td>
<td>-245,350</td>
</tr>
<tr>
<td>Overseas Program</td>
<td>8,537,244</td>
<td>7,215,155</td>
<td>1,322,088</td>
</tr>
<tr>
<td>Overseas Non Program</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>11,562,379</strong></td>
<td><strong>11,877,613</strong></td>
<td><strong>-315,235</strong></td>
</tr>
</tbody>
</table>

**NET SURPLUS/ (DEFICIT)**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>934,596</td>
<td>694,558</td>
<td>240,038</td>
</tr>
</tbody>
</table>

### Ratio Analysis:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Expense Ratio</td>
<td>7.30%</td>
<td>18.83%</td>
</tr>
<tr>
<td>Program Expense Ratio</td>
<td>92.70%</td>
<td>81.17%</td>
</tr>
<tr>
<td>Fundraising Expense Ratio</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

### Commentary:

- Revenue decreased by 0.60% on the previous year, mainly driven by a decrease from Other Government Grants.
- Administration costs remained low in the current year, ensuring that 92.7% of expenditure could be directed to Programs.
Analysis of Financial Position

<table>
<thead>
<tr>
<th>Assets</th>
<th>2016</th>
<th>2015</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>2,711,925</td>
<td>2,826,821</td>
<td>-114,896</td>
</tr>
<tr>
<td>Trade &amp; Other Receivables</td>
<td>1,253,692</td>
<td>567,356</td>
<td>686,336</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>169,676</td>
<td>85,844</td>
<td>83,832</td>
</tr>
<tr>
<td>Other</td>
<td>104,806</td>
<td>58,562</td>
<td>46,244</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>4,240,099</strong></td>
<td><strong>3,538,583</strong></td>
<td><strong>701,516</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade &amp; Other Payables</td>
<td>307,809</td>
<td>841,051</td>
<td>-533,242</td>
</tr>
<tr>
<td>Provisions</td>
<td>802,323</td>
<td>626,627</td>
<td>175,696</td>
</tr>
<tr>
<td>Other</td>
<td>419,198</td>
<td>294,732</td>
<td>124,466</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1,529,330</strong></td>
<td><strong>1,762,410</strong></td>
<td><strong>-233,081</strong></td>
</tr>
</tbody>
</table>

| Net Assets                  | 2,710,769     | 1,776,173     | 279,325            |

**Ratio Analysis:**

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>5.11</td>
<td>2.69</td>
</tr>
<tr>
<td>Debt/Equity</td>
<td>0.56</td>
<td>0.99</td>
</tr>
</tbody>
</table>

**Commentary:**

- Additionally, with liabilities decreasing and assets increasing compared to last year, this led to a stronger Net Asset position.
- The net asset position is large enough to absorb future losses, and current assets are more than sufficient to cover current liabilities.

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>

An independent audit of the Brien Holden Vision Institute financial accounts for the year ended 2016 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 following Financial Statements 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 Guidance available at [www.acfid.asn.au](http://www.acfid.asn.au)

For a copy of the full financial report for the year ending 2016, please contact the Institute’s Secretariat.

**Phone: +61 2 9385 7459 or email:** info@brienholdenvision.org
Global Board Members
Dr Gullapalli N Rao
Board Member and Chair
Professor Kovin Naidoo
Board Member and CEO
Ms Sandra Bailey
Board Member
Ms Jan Ferguson
Board Member
Ms Jenni Lightowlers
Board Member

Africa Board Members
Mr Reggie G Naidoo
Board Member and Chair
Ms Sindy A Mabe
Board Member
Ms Sibongile A Thwala
Board Member
Dr Clarence M Mini
Board Member
Dr Percy K Mashige
Board Member

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.

You can contact us in the following ways:
Email: info@brienholdenvision.org
Web: www.brienholdenvision.org
Phone: +61 2 9385 7516
Write: Brien Holden Vision Institute, PO Box 6328 UNSW Sydney NSW 1466

Global Head Office
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Sydney NSW 2052 Australia

Australian Government
Department of Foreign Affairs and Trade

ACFID MEMBER

Brien Holden Vision Institute Foundation is committed to taking all reasonable measures to monitor and regulate organisation practices to fully adhere to the Australian Council for International Development (ACFID) Code of Conduct. Should you feel that the ACFID code has been breached and wish to take the matter further, please visit the complaints section at: www.acfid.asn.au

Find out more at brienholdenvision.org
Brien Holden Vision Institute Foundation is a registered charity: ABN 86 081 872 586