Mission, Values & Goals

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

Our values
• 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 goals
1. To create the demand and enable equitable access to quality eye health services
2. To build and strengthen eye health systems through workforce development and education
3. To influence policy development to enable universal access to eye health services with a specific focus on refractive error and child eye health
4. To strive for organisational excellence to provide value to funders, accountability to stakeholders and a supportive environment for staff
Standing behind our mandate of vision for everyone, everywhere... this year we have continued to build momentum driving the global eye care agenda forwards, investing in collaborative solutions that help us upscale and accelerate the scope of our work.

Believing eye care is a fundamental right keeps our attention firmly on the catalytic role we play in people’s lives.

This year we have amplified efforts to highlight the fact that myopia has the potential of becoming a major global public health crisis in the near future. Knowing this may mean five billion people – roughly 50% of the world’s population – are set to suffer from myopia by 2050, and with governments and the private sector unwilling or unable to invest, we continue to question what other innovations can we evolve as the solution?

Through our child eye health global initiative Our Children’s Vision campaign, a coalition of over 65 partners in 25 countries, this year we screened, provided glasses and referred 14.4 million children. When totalled with the figures from the previous year, that’s 16.5 million children reached to date.

Our global optometry program has been facilitating sustainable change in some regions for close to a decade. This year we saw 102 new graduates, bringing the total number of graduates since the program’s inception to 559, meaning there are 1342 new optometrists training or working globally. This program gives countries the human resources to independently manage the eye care needs of their people.

We paused to remember Brien Holden – two years has gone since his passing – by launching a tribute to his lasting legacy A lifetime of Vision.

I extend my sincere gratitude to the Board and staff of the Institute, and also to our committed partner organisations and colleagues, here in Australia and across the world. Your efforts are making a difference to people’s lives and addressing one of the components in the continuum of poverty.

We believe that it is the right of everyone, everywhere to have the best possible vision.

<table>
<thead>
<tr>
<th>Eye screenings</th>
<th>14,512,241</th>
</tr>
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<tbody>
<tr>
<td>Eye examinations</td>
<td>7,850,906</td>
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<tr>
<td>Spectacles dispensed</td>
<td>863,939</td>
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<tr>
<td>Low vision devices dispensed</td>
<td>1236</td>
</tr>
<tr>
<td>People trained including refractionists, health workers and teachers</td>
<td>9334</td>
</tr>
<tr>
<td>Optometry graduates</td>
<td>102</td>
</tr>
</tbody>
</table>

A MESSAGE FROM THE CEO

We are overjoyed parents enjoy their daughter’s happiness at seeing clearly for the first time in Tanzania.
THE CHALLENGE

Myopia (short-sightedness)

2 billion people with myopia in 2010

2.6 billion with myopia in 2020 and

4.8 billion by 2050

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 $>8.00D$

Uncorrected vision impairment

1.22 billion people with vision impairment due to uncorrected refractive error

1.1 billion people with uncorrected near vision impairment (presbyopia) and

123 million people with 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

Deficit of eye care practitioners worldwide

47,000 needed globally to assess vision and eye health and prescribe corrective lenses needed to restore good vision

OUR RESPONSE

Accesible eye health services

Advocacy & Policy

Workforce development & education

Brien Holden Vision Institute - Public Health Annual Report 2017
CREATING ACCESS TO SERVICES

We work collaboratively to create sustainable eye care systems to increase access to affordable and locally delivered services.

Australia

The Provision of Eye Health Equipment and Training program, supported by the Australian Department of Health, is designed to provide eye health testing equipment for diabetic retinopathy in more than 105 sites across Australia.

The Australian College of Optometry, Aboriginal Health Council of South Australia, the Centre for Eye Health and Optometry Australia through a consortium approach, aims to greatly increase early detection and appropriate care of eye disease in the Indigenous population, with a focus on increasing the rates of diabetic retinopathy screening and supporting referral pathways for comprehensive eye examinations.

Our established visiting optometrist programs in NSW and the Northern Territory continue to support and provide services to the Indigenous communities.

This year eye exam figures are collectively 13,058 with 8672 people being prescribed spectacles and 1793 referred for further treatment.

China

In its fourth year of implementation the child eye health program in Shanshi, China saw a big increase in service delivery numbers this year, amounting to 73,738 children being screened and 48,892 of that number receiving spectacles. The program actively trained 1433 teachers and 1211 health professionals on vision assessment in children with or without disability.

Health promotion activities supporting international days celebrating health, children and eye care saw extensive opportunity to reach out to 56,971 students, 33,350 parents and 5785 teachers.

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Pakistan

March this year saw the launch of Brien Holden Vision Eye Health Facility in Rawalpindi, Pakistan inaugurated by the Australian High Commission, Pakistan. The facility is acting as an eye health hub for the region and supports a vision centre, low vision clinic and specialty ophthalmology clinic.

This hub further enables the team to work in partnership with the government and stakeholders to continue to empower communities in rural and semi-urban locations to become the agents of their own eye health development and meet the regional challenges of access to health and education.

The regional and country office teams continue to actively engage partners and other supporters in the provision of technical support and advocacy for covering critical gaps in national and provincial eye care plans.

The number of people provided across the range of eye health services are: eye exams 215,703; eye screenings 29,236; spectacles dispensed 21,211; referrals 1603; low vision exams 6803 and low vision devices dispensed 853.

I never thought that I would be able to get the solution for my eye problem. I followed the advice of Warakapola vision centre’s staff and got my spectacles. Now I can do my daily work very easily. I am very happy because I can support my family and continue my small business.”

Ms Kusumawathi, product maker, Sri Lanka

“We are very happy to be a part of this project. It has been such a wonderful experience. We have been able to help many children in our area.

Thank you for your support.”

Mr. Ramdas, teacher, Sri Lanka

“This is a great example of working together, the partnership between the Prince of Wales Hospital, the Brien Holden Vision Institute, and our Stronger Communities program supported by the Kingsford-Smith electorate, providing better health services for local Aboriginal communities.”

The Hon Matt Thistlewaite, MP, NSW, Australia

School children in China line up to take the eye screening test being provided at their school.
Child eye care programs when integrated into existing health and school services, can have the biggest impact on the vision of children as it influences life-long behaviours.

**East Africa**

The four year East Africa Child Eye Health program came to a successful completion during this reporting period. Launched in 2012, the program has been influential in delivery of eye care services, workforce development, policy change and creation of infrastructure.

The program ran in three countries: Kenya, Tanzania and Uganda, and worked to improve the quality of lives of children aged 0-15 years. Child screening figures achieved totalled more than twice the targets adding up to an impressive 4,624,256 children screened across the three countries.

Another positive on analysis is the gender split showing 2,429,821 girls and 2,194,436 boys were seen.

**Pakistan**

Incorporated into the child eye health program design in Pakistan are appropriate and culturally sensitive health education and promotion strategies to improve the uptake of services by the families at community level. This enables primary eye health services linking with established referral systems to secondary and tertiary eye care, with a focus on girl children and especially on socially marginalised and economically deprived families.

Over the last 12 months, eye health services have reached 233,994 children out of which 115,516 were girls, and succeeding in achieving a gender balance in rural and traditionally conservative communities where previous gender inequity was greatly experienced.

**Vietnam**

In Vietnam in the southern province of Ba Ria Vung Tau working collaboratively with our committed local partner, the six vision centres have provided more than 3000 eye examinations and 2500 pairs of spectacles, plus supporting extensive school and community outreach services.

Program planning included solutions for hard-to-reach patients in need of eye care through outreach screening, referral pathways and dispensing of glasses or low vision devices, ensuring disadvantaged children and those with special needs received comprehensive eye care and free spectacles or devices.

Continuing to build the workforce is priority and more than 60 teachers were trained to help implement the school screening program.
Our Children’s Vision

Through our child eye health global campaign, 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.

The success of Our Children’s Vision lies in its partnerships – a coalition of over 65 partners in 25 countries. It represents a global community of dedicated practitioners, governments, civil society, not-for-profit organisations and donors who are driven to mobilise resources, networks and know-how to impact the lives of millions of children.

Our commitment to school eye health, emphasised by Our Children’s Vision campaign, saw the development of the Standard Guidelines for Comprehensive School Eye Health. They have been adopted by the International Agency for the Prevention of Blindness, and made available for global dissemination.

A children’s vision screening education slide package was developed to support the vision screening protocol. Subsequent training using the guidelines has been successfully implemented in Cambodia for school teachers.

14,399,850 children were screened
796,992 received glasses or low vision devices

A pair of glasses changed everything for Chantou

Chantou’s family had fallen into despair for their 15 year old daughter who was repeatedly failing in her studies. They live in Phnom Penh, Cambodia where access to eye care is limited.

“Our hopes for a better future for Chantou seemed lost as she was bottom of the class every year,” said Chantou’s mother.

“We knew in our hearts she was not a lazy girl but Chantou could not study well. We were very worried as a family as we live on a very low income and often struggle to get by,” she said sadly.

Chantou described her story of difficulty in a quiet, gentle voice.

“I had a lot of trouble at school with my studying. I tried and tried but I couldn’t seem to see the answers like the other children.”

“I even became bad-tempered because I felt like people believed I was lazy. I was ashamed and felt pretty down about going to school,” said Chantou. Fortunately Chantou’s high school was included in one of the Institute’s school eye health programs and she received an eye examination and was diagnosed with myopia.

Every day her glasses are helping change her future for the better. Her forgotten childhood dreams are taking shape again as she finds studying easier and her grades improve.

“Now I can fully focus on my studying. I have no headache and no bad feelings when being at school. As a result, my teacher says I am an outstanding student in my class – I got first grade this month,” said Chantou smiling proudly.

Children with uncorrected vision problems are 3 times more likely to fail at least one grade

Myopia is the leading cause of refractive error

Levels of myopia are expected to rise from 1.95 billion affected in 2010 to 4.76 billion by 2050

Children with uncorrected vision problems are 3 times more likely to fail at least one grade
DEVELOPING A GLOBAL WORKFORCE

We educate across the spectrum from eye screener to optometrist as we believe, intrinsic to building sustainable eye care services, is creating confident eye health professionals at every level.

Focusing on myopia and the increasing need for the global control of its progression, we researched practitioner attitudes and practices towards myopia management, and the findings highlighted close to 70% are still correcting myopia with single vision lenses as their primary mode of correction.

Informed by these drivers, we created an online Managing Myopia course for optometrists, addressing the need to compile evidence and guidelines for myopia management into a concise, clinically relevant education program for practitioners. A Myopia Calculator was also designed and made available for practitioners to demonstrate the possible benefits, over time, of managing myopia progression.

A blended Gender Equity in Eye Health course, designed with animated content and cultural specificity, was run in both Papua New Guinea and Pakistan with great practical outcomes. Advocacy in Eye Health, and Social Responsibility in Eye Health are other courses which were introduced this year, and provided relevant instruction, delivered practically on the cross cutting issues that are a necessary part of all public health development strategies.

EyeTeach©, our innovative education initiative designed to better equip optometry educators with the knowledge and expertise to facilitate student learning, progressed to having five blended courses in the series, and these courses both established and new, were consistently rolled out across countries in all five regions.

New courses this year

- Managing Myopia
- Advocacy in Eye Health
- Gender Equity in Eye Health
- Social Responsibility in Eye Health
- Retinal Camera Training for Primary Health Care Workers
- EyeTeach©: Educational Design for Learning
- EyeTeach©: Problem Based Learning in the Classroom

Global education outcomes

Number of eye care personnel trained this year

9436

“I am very happy to be graduating today after three years of hard work, and having overcome all the challenges I saw throughout the program. I can proudly say that I’m now a qualified optometry technician. I hope to work within the government public health system and be able to promote information around eye health, and educate people about the importance of taking good care of one’s eyes. I would also like to make sure that people even in remote areas understand the importance of having a regular eye test.”

Esther Solomon, optometry technician, Malawi.

Optometry students in Kenya use new equipment to further their skills in a clinic setting

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EyeTeach© in action; three women role play to gain further expertise and skill in teaching

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Global Optometry Development

Our global optometry development program has been facilitating change in some regions for close to a decade.

Building infrastructure and integrating systems and curriculum at tertiary level is a long process, and producing graduates which can in turn continue their academic journey and become faculty staff for the emerging profession in each institution takes even longer. Yet this is a critical component of creating optometry as a self-sustaining profession in each country.

So we are in it for the long haul – look how far we’ve come.

Malawi

In Malawi, the first five optometrists graduated five years ago in 2012, since then a further 30 have qualified at bachelor degree level from Mzuzu University and 68 at diploma level from Malawi College of Health Sciences (MCHS). The program plan for Malawi included encouraging graduates from the Mzuzu University to enrol in a post-graduate program enabling them with the qualifications required to become the first home-grown faculty lecturers in their country.

Thandiwe graduated with her degree in optometry from Mzuzu University in 2015 and joined the faculty at Malawi College of Health Sciences as a lecturer in 2017. She shares her inspiring story. “I am an appreciative and proud young woman to have gone through the corridors of Mzuzu University to obtain my BSc in optometry. I am one of our first generation of optometrists in Malawi. Currently, I am lecturer for Malawi College of Health Sciences serving under the faculty department of optometry, and I work every day sharing my knowledge with the students so as to improve the lives of our fellow Malawians.”

Kenya

Three years on from the first seven Kenyan optometrists graduating in 2014 from the Masinde Muliro University of Science and Technology (MMUST), we saw the emergence of the first junior faculty employed by the optometry department.

This year we also celebrated 30 students graduating with their BSc in optometry from MMUST and eight of these new graduates enrolled in the Master’s program which will progress their career path to becoming lecturers for the department, just like the first junior faculty employed recently. Continuous advocacy and providing ongoing support, has ensured the optometry department can now take on the responsibility of managing the degree training program towards being a self-sustaining profession in Kenya.

“...In 2013 as an optometrist and returned to Vietnam after studying my degree in India, I increased the number of optometrists in Vietnam by one third, from 3 to 4. In the four years since then I have completed a master’s degree in Vietnam to help support the establishment of the optometry program by enabling my lecturing knowledge. Currently, I am focusing on teaching the new generation of optometrists as their curriculum gets harder year by year, my job has increased. I am in charge of the optometry program right now at Hanoi Medical University.”

Minh Ahn, optometrist, Vietnam.

“I feel really encouraged about optometry being a new profession in Kenya and being part of that. I work as a Clinical Instructor, as junior faculty for the department of Optometry and Vision Science at Masinde Muliro University of Science and Technology (MMUST). My experience as a lecturer is great.

I am challenged every day and thus the need to increase my knowledge is inevitable – that is why I am currently taking my masters in optometry at MMUST and thereafter will pursue a doctorate degree. I am committed helping establish this profession for my country.”

Sheilah, optometrist, Kenya.

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Sheilah, optometrist, Kenya.
Research helps us quantify the nature and extent of vision impairment as well as the associated economic and quality of life impacts in each location. This feeds into subsequent program design and supports our evaluations of program outcomes and impact.

Committed to the aspiration that children with vision impairment, no matter where they live, or their socio-economic circumstances, should have access to affordable eye care, this year we collaborated on an extensive global situational analysis on child eye health funded by the World Bank.

The study targeted 43 countries and a regional spectacle compliance study in three additional countries; Malawi, Nigeria and Nepal. In Pakistan, a rapid assessment of refractive error in school children and spectacle compliance study was successfully completed.

The key findings of this vital research are helping identify policy gaps and provide an evidence base to support advocacy efforts. In addition key challenges such as workforce gaps and spectacle affordability have been clearly identified which will support country level advocacy with these critical facts.

Papua New Guinea

This year we collaborated with partners on facilitating the first national Rapid Assessment of Avoidable Blindness (RAAB) in Papua New Guinea. The RAAB accessed the prevalence and primary causes of blindness and vision impairment, the quality of eye care services, barriers, cataract surgical coverage and other indicators of eye care services. Diabetes and diabetic retinopathy was also assessed in one region, the National Capital District.

This evidence is vital to planning eye care services and eye health education. We discovered PNG’s estimated national prevalence of blindness is 5.6% in adults 50+ years. This is higher than any other country in the Western Pacific region. Results indicate 40,746 people in PNG are blind in both eyes.

It was also determined 67% of people with vision impairment with distance refractive error did not have the spectacles they need. Also in the reporting period we coordinated the PNG component of the Global Trachoma Mapping Program, which is the largest infectious disease survey ever undertaken collecting data from 2.6 million people in 29 countries, helping to pinpoint accurately the world’s trachoma endemic areas.

Africa

This year in the Africa Region a wide range of research studies were conducted. A new partnership in Ghana fuelled a feasibility study to assess the potential and challenges for developing primary eye care services in the West African nation.

In Tanzania, on the island of Zanzibar we conducted a study on the benefits of different models of health promotion in which 10,964 children were screened, and 72 teachers were trained to be vision screeners helping to facilitate the study.

In Nigeria and Malawi we worked in collaboration to develop and finalise a study on spectacle compliance. In Malawi, we screened 2,993 children, and through further examination identified 70 children with significant refractive error.

Spectacle correction was observed and recorded twice a day by teachers for three months and the average spectacle compliance usage among the 70 children was 53.5%. In Nigeria, we screened 4001 children and 219 were identified under further examination to have refractive error. The average spectacle wear compliance among the 219 children at three months was 59.2%.

In South Africa, we concluded a study assessing the effect of poverty on eye health in which 800 adults participated in the quantitative component.

Preliminary results indicate cataract is the main cause of vision loss in the non-economically challenged group, whilst uncorrected refractive error is the main cause of vision loss in the economically challenged group. Overall figures showed only 53.5% of the subjects in both groups had the glasses that needed them.

Papua New Guinea

40,746 people in PNG are blind in both eyes.

67% with distance refractive error did not have the spectacles they need

Africa

Nigeria:

59.2% spectacle wear compliance

South Africa:

cataract is the main cause of vision loss in the non-economically challenged group

uncorrected refractive error is the main cause of vision loss in the economically challenged group
Pakistan

Pakistan ranks 121 out of 188 countries in UNDP gender inequality index 2015. Women constitute 48.6% of the total population in Pakistan while 61% women live in rural areas. Patriarchal family heads often prohibit women and girls to visit any clinic operated by a male practitioner even within the locality. Women ophthalmologists and optometrists are negligible in number in the skilled labour force within the eye sector in Pakistan.

This has created a vast gender gap between services providers and seekers. Our programs this year saw positive impact in child eye health reaching 233,994 children, of which 115,516 were girls, which equals 49.3%, achieving a closer gender balance for accessing services, and a similar percentage recorded, 50.4%, for the gender split accounting for spectacles and devices dispensed.

Global

Our child eye health programs actively support internationally recognised health promotion activities advocating for equity in access to health services for all girl children. Driving gender equity in access to eye care services underpins our organisational philosophy. This year our outputs are very encouraging as it demonstrates equity in both genders accessing services with a slight bias towards girls.

The East Africa Child Eye Health program servicing Kenya, Tanzania and Uganda over the last four years and screening over four million children, achieved gender parity in services provided. Analysis of the data showed the gender split to be 2,429,821 girls and 2,194,436 boys.

Global

Parity was achieved this year in both genders accessing services

<table>
<thead>
<tr>
<th>60%</th>
<th>40%</th>
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<tbody>
<tr>
<td>20%</td>
<td>0%</td>
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</table>
INFLUENCING POLICY CHANGE

Policy change happens through extensive advocacy with governments and other stakeholders on eye health needs and the positive health, social and economic impacts that healthy vision can have on individuals, families and communities.

Vietnam

A long term goal of our program work in Asia Pacific was to influence through advocating to the governments for the inclusion of the eye health agenda into the national public health strategic plans. In Vietnam this year, advocacy for the national Eye Health Strategic Plan (2016-2020) continued including taking part in sector group advocacy workshops and meetings with Ministry of Health and all other stakeholders working in eye health within Vietnam. The outcome in June was the strategic plan was approved by the Prime Minister to be adopted as the national guiding policy.

We collaborated with partners on a research assessing of the quality of refractive services in Vietnam. The results of this study will be used in advocating to the Vietnamese ministries, provincial departments and key stakeholders for the improvement of standards around provision of refractive error services in Vietnam.

Uganda

Consistent advocacy has influenced government support in Uganda through policy change to establish and increase the government allocation of funded optometry scholarships. This change to policy supports an increasing allocation of optometry positions within the existing public health services by making these permanent positions available to graduate optometrists. This is great progression of government support as it ensures optometry becomes a self-sustainable profession – one of the key focal strategies of our Global Optometry Development program.

The enrolment for the optometry school at Makerere University in 2016 was four students, of which two were government funded scholarships with public health positions allocated on graduation. This year the Ugandan government has indicated there will be 10 funded scholarships and enrolment numbers have jumped up to 21 students.

"It took me five hours to reach this screening today. I nearly turned back but I am here and now I am so happy because my eye problem has gone away. I can read, write and help with my grandchildren again."

Thi, a grandmother in Vietnam.
INCLUSIVE PROGRAMS

Uganda
This year in Uganda under the East Africa Child Eye Health program, 376 children were assessed from special needs schools and of that number 262 children were diagnosed with low vision and received devices and 114 were diagnosed as blind.

The success of this program relied on ensuring key stakeholders were involved from the concept phase. This included the Special Needs Education Department and the Disability Section of the Ministry of Gender, Labour and Social Development. These departments are key to enabling the necessary pathways to achieving disability inclusiveness for both children and adults.

Pakistan
Kashif is a resident of Lahore, Pakistan and the sole earner for his family. During a bomb blast in October 2016, he suffered severe injuries losing one eye and experiencing vision loss in his second eye. He was referred to a low vision clinic supported by our programs where he was advised on environmental modifications that could help him resume some of his daily work practices, and useful devices for his daily life.

The counsellor at the hospital helped him to regain his confidence and trained Kashif in the use of low vision devices including magnifier, telescope and filters.

Kashif shared, “It felt like that I had lost my world but the team at the low vision clinic, their support and the devices has changed my life. I feel like a new person whose disability is not a barrier anymore. I can live my life independently and support my family. These wonderful low vision services have helped me to live my life again.”

Australia: Indigenous Eye Health
This year we hosted the first Northern Territory Indigenous eye care conference which provided a unique opportunity for broader health sector advocacy, learnings and exchanging of ideas, solutions and practical actions to assist Indigenous eye care. It focused on coordinating better patient access to eye care at the grass-roots level, and considered the systematic approaches that would be required to improving eye care outcomes for Indigenous Australians living in the Northern Territory.

Refugee Program
We expanded our service provision within Australia to encompass a new small scale program reaching to the people seeking refuge in Australia, both those who have been detained and those living in the open community but with little access to eye health services most Australian citizens can access.

We provided clinics at Christmas Island, Nauru and monthly clinics in Victoria and New South Wales, and quarterly clinics in Western Australia.
MAJOR FUNDERS AND DONORS

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

“On behalf of Putumayo’s rural and vulnerable community, we would like to express our deep gratitude for the eye care we received here. This work that reaffirms the social sense of the Institute by providing eye care to more than 1000 people who never had access to services previously.”

Optilentes Putumayo, a local partner, Colombia

References

FINANCIAL INFORMATION


Opinion

We have audited the financial report of Brien Holden Vision Institute Foundation which comprises the statement of financial position as at 30 June 2017, 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 to the financial statements, including a summary of significant accounting policies, and the directors’ declaration.

In our opinion, the accompanying financial report of The Company is in accordance with the Corporations Act 2001, including:

(i) giving a true and fair view of the Company’s financial position as at 30 June 2017 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards to the extent described in Note 1, and the Corporation Regulations 2001.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibility under those standards are further described in the Auditor’s responsibilities for the Audit of the Financial Report section of our report. We are independent of the Council in accordance with the auditor independence requirements of the Corporation Act 2001 and the ethical requirements of the Accounting Professional and Ethical Standards Board’s APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence requirements of the Corporations Act 2001 which has been given to the directors of The Company, would be in the same terms if given to the directors as at the time of this auditor’s report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.
We draw your attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the director’s financial responsibilities under the Corporations Act 2001. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Directors’ for the Financial Report

The directors of The Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the Financial Report is appropriate to meet the requirements of the Corporations Act 2001 and is appropriate to meet the needs of the members. The director’s responsibility also includes such internal control 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.

In preparing the financial report, the directors are responsible for assessing the company’s ability to continue as a going concern disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Council or to cease operations, or have no realistic alternative but to do so.

Auditor’s Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conduct in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of the audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risks of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the Company’s internal control.

Evaluate the appropriate of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

Conclude on the appropriateness of the directors use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the council’s ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor’s report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor’s report. However, future events or conditions may cause the council to cease to continue as a going concern.

Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.


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 2017, profit and loss statement, statement of change in equity and table of cash movements for designated purposes for the year ended 30 June 2017.

Audit Opinion

In our opinion, the information reported in the Code of Conduct Summary Financial Reports set out on pages 24 to 26 is in accordance with the AFRID 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 30 June 2017. 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.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

SWT SYDNEY

R M TAYLOR

SYDNEY

Dated 30 June 2017.
### Analysis of Financial Performance

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>14,871</td>
<td>15,699</td>
<td>-828</td>
</tr>
<tr>
<td>Donations</td>
<td>5,317</td>
<td>13,134</td>
<td>-7,817</td>
</tr>
<tr>
<td>Other</td>
<td>1,474,861</td>
<td>2,660,301</td>
<td>-1,185,440</td>
</tr>
<tr>
<td>DFAT (Formerly Ausaid)</td>
<td>2,119,230</td>
<td>2,548,205</td>
<td>-428,975</td>
</tr>
<tr>
<td>Industry Grants</td>
<td>3,012,856</td>
<td>942,334</td>
<td>2,070,522</td>
</tr>
<tr>
<td>Sponsorship - Major Donors</td>
<td>373,965</td>
<td>1,871,076</td>
<td>-1,497,111</td>
</tr>
<tr>
<td>Other Government Grants</td>
<td>3,497,320</td>
<td>2,107,143</td>
<td>1,390,177</td>
</tr>
<tr>
<td>Interest</td>
<td>12,384</td>
<td>18,331</td>
<td>-5,947</td>
</tr>
<tr>
<td>Royalties</td>
<td>17,513</td>
<td>289,356</td>
<td>-271,843</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>12,879,329</td>
<td>12,496,974</td>
<td>382,355</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>1,116,246</td>
<td>844,555</td>
<td>271,691</td>
</tr>
<tr>
<td>Fundraising</td>
<td>695</td>
<td>0</td>
<td>695</td>
</tr>
<tr>
<td>Domestic Program</td>
<td>3,278,366</td>
<td>2,180,580</td>
<td>1,097,786</td>
</tr>
<tr>
<td>Overseas Program</td>
<td>8,761,995</td>
<td>8,537,244</td>
<td>224,751</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>13,157,302</td>
<td>11,562,379</td>
<td>1,594,923</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET SURPLUS/ (DEFICIT)</strong></td>
<td>-277,973</td>
<td>934,596</td>
<td>-1,212,568</td>
</tr>
</tbody>
</table>

### Ratio Analysis:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Expense Ratio</td>
<td>8.48%</td>
<td>7.30%</td>
</tr>
<tr>
<td>Program Expense Ratio</td>
<td>91.51%</td>
<td>92.70%</td>
</tr>
<tr>
<td>Fundraising Expense Ratio</td>
<td>0.01%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

### Commentary:

- Revenue increased by 3.06% on the previous year, mainly driven by an increase in Government & Industry Grants.
- Administration costs represented only 8.48% of total expenditure in the current year, ensuring that 91.51% of expenditure could be directed to Programs.

### Analysis of Financial Position

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>3,565,160</td>
<td>2,711,925</td>
<td>853,235</td>
</tr>
<tr>
<td>Trade &amp; Other Receivables</td>
<td>866,204</td>
<td>1,253,692</td>
<td>-387,488</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>109,666</td>
<td>169,676</td>
<td>-60,010</td>
</tr>
<tr>
<td>Other</td>
<td>406,491</td>
<td>104,806</td>
<td>301,685</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>4,947,521</td>
<td>4,240,099</td>
<td>707,422</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade &amp; Other Payables</td>
<td>512,597</td>
<td>307,809</td>
<td>204,788</td>
</tr>
<tr>
<td>Provisions</td>
<td>865,477</td>
<td>802,323</td>
<td>63,154</td>
</tr>
<tr>
<td>Other</td>
<td>1,136,652</td>
<td>419,198</td>
<td>717,454</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>2,514,727</td>
<td>1,529,330</td>
<td>985,397</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>2,432,795</td>
<td>2,710,769</td>
<td>-683,712</td>
</tr>
</tbody>
</table>

### Ratio Analysis:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>4.82</td>
<td>5.11</td>
</tr>
<tr>
<td>Debt/Equity</td>
<td>1.03</td>
<td>0.56</td>
</tr>
</tbody>
</table>

### Commentary:

- Additionally, with liabilities increasing compared to last year by $985,397, this led to a lower 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.

### Financial Summary

Plain language summary of income and expenditure and overall financial health

An independent audit of the Brien Holden Vision Institute financial accounts for the year ended 2017 was conducted by:

**R M Taylor, Chartered Accountant**  
Stirling Warton Taylor  
11th Floor St James Centre, 111 Elizabeth Street, Sydney NSW 2000  
Phone: +61 8 236 7500

These 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

For a copy of the full financial report for the year ending 2017, please contact the Institute’s Secretariat.

Phone: +61 2 9385 7459 or email: info@brienholdenvision.org
Feedback

We value your feedback. If you would like to provide us with feedback or would like to lodge a complaint please contact us and your message will be directed to the appropriate staff for resolution.

Contact

Email: info@brienholdenvision.org
Phone: +61 2 9385 7516
Write: Brien Holden Vision Institute, PO Box 6328 UNSW Sydney NSW 1466

Global Head Office
Level 4 North Wing, Rupert Myers Building, Gate 14 Barker Street, University of New South Wales, Sydney NSW 2052 Australia

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

Find out more at brienholdenvision.org

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

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

Professor Kovin Naidoo
Board Member

Ms Sindy A Mabe
Board Member

Ms Sibongile A Thwala
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