Since 1998, we have provided eye examinations and glasses to more than 3.2 million and trained over 139,000 people.
Our mission
Developing new solutions for vision care and elimination of vision impairment and avoidable blindness, thereby reducing poverty and suffering.

Our values
- Sight is a fundamental right for all people
- Our passion for science and innovation is driven by the pursuit of knowledge, development of beneficial new ideas and technology, and compassion for all humanity. Our global behaviour is influenced by local and cultural understanding and the core principle of sustainability
- We achieve through collaboration

Our vision
- Innovation and solutions to enable all people to obtain the vision that they need to achieve their potential
- Sustainable places where eye care is accessible and affordable in every part of the world
- People trained across environments and cultures to promote and protect vision and eye health
- A global public health and economic agenda where eliminating vision impairment and avoidable blindness are fundamental priorities
- Partnerships that are effective and enduring in the service of health and humanitarian goals
- Innovation that solves today’s eye health issues while planning for prevention of tomorrow’s problems
A message from our Chief Executive Officer
For 16 years, the Brien Holden Vision Institute has addressed the devastating shortfall in eye care education, provision and infrastructure in developing communities. The lack of educational opportunities has created a human resource gap and a critical eye care shortage for hundreds of millions of people in need of services.

Achieving vision for everyone...everywhere is a realisable goal. The tools, techniques and technology exist to make vision care for all a reality. With political will, resources, and commitment, both developing and established countries can combat spiraling numbers of avoidable blindness and improve accessibility to all.

Our research, published in the Bulletin of the World Health Organization, has recorded that avoidable blindness and vision impairment costs the global economy US$202 billion in lost productivity each year but the problem could be permanently solved with US$28 billion which would provide comprehensive access to eye care for all. It simply doesn’t make any sense not to find the money to resolve the problem.

We know that vision impairment is both a cause and a consequence of poverty. By tackling avoidable blindness people will be able to learn at school, return to work, and contribute to their families, communities and society.

I extend my thanks to the staff of the Brien Holden Vision Institute, including our Board, and of course our partner organisations and colleagues here in Australia and across the world who share in the belief that eye care is a right and not a privilege.

I sincerely thank you all for your continuing support and engagement with the Institute. As an organisation we are focused on finding the way forward to achieving quality of vision and equity of eye care services for all. It is with great pride that I present this year’s Annual Review and share with you our progress towards vision for everyone...everywhere.

Prof Brien Holden
Introducing our programs

Human resource development
A severe shortage of eye care providers is creating unnecessary blindness and vision impairment in developing communities worldwide. For the millions with vision impairment caused by uncorrected refractive error, a skilled practitioner available locally to provide an eye exam, determine the spectacle prescription needed, dispense glasses or refer appropriately, provides a life-changing service.

Education is key to our strategies: we have developed the expertise to set up relevant education programs including optometry schools, as well as a range of courses to teach different competencies – from the community level to professional development.

Sustainable service development
In more developed countries, most people with a vision problem have easy access to a health care practitioner and services to obtain the treatment they need. Sadly, this is not the case for the majority of the world. A lack of facilities, infrastructure and the equipment necessary to provide eye care services, as well as a shortage of practitioners and other skilled personnel, especially in rural and remote areas in developing communities, means eye care is inaccessible for hundreds of millions of people.

We develop new solutions for vision care services to get to places in need so everyone, regardless of their location, gender, culture or economic situation, can have access to the same kind of care. Our service development strategy is based on the establishment of environments that enable trained eye care professionals to provide much needed services locally.

Research
We believe there is a vital connection between the development of eye care and research. Research undertaken to develop new programs and devices, and evaluate the effectiveness of our programs feeds into subsequent designs and improves eye care outcomes worldwide. We devote resources to the collection and analysis of accurate data on eye care needs throughout the world, which is critical to our program design and evaluation.
Human resource development involves the establishment of country and culturally appropriate education programs to produce eye care professionals and supporting personnel. This process lies at the heart of all Institute programs. We have developed the expertise to set up relevant education programs including optometry schools, as well as a range of courses to teach different competencies from community level to professional development.

Education + Training = Capacity to affect change

Many developing countries do not have optometry schools and where they do exist some require extensive support. We work closely with governments to encourage the effective deployment of optometry graduates – into the public sector where the need is greatest.

369 students currently enrolled in Institute developed tertiary optometry programs in Africa
Highlights

Mozambique’s first optometry graduates

The graduation of nine of Mozambique’s first optometrists from the School of Optometry at Uni Lurio University, Nampula, marked a momentous day in the history of Mozambique and a proud day for the Institute. The Institute was instrumental in establishing the school and course curriculum. The graduation means that optometry services will, for the first time, be available in the public sector.

- 2,195,000 people with uncorrected refractive error in Mozambique²
- 65% of vision impairment in Mozambique is due to uncorrected refractive error (RARE study)
- 56% of Mozambique optometry graduates were women
- 9 Mozambique optometry graduates

Sri Lanka welcomes first optometry course

The Institute has partnered with the University of Colombo, Sri Lanka, to offer the first optometry course in the country’s history. The course will significantly increase the numbers of trained eye care personnel to provide eye care for the population of Sri Lanka, and to improve the regulatory systems for new and current practitioners.

- 2,585,000 people with uncorrected refractive error in Sri Lanka²
- 1 School of Optometry in Sri Lanka
Brien Holden Vision Institute Academy

The Brien Holden Institute Academy supports the implementation of sustainable programs by creating and providing the educational support essential for capacity building activities. Importantly, it also offers life-long learning opportunities to the workforce generated by our human resource development activities.

We believe that education and training is the only way to build the capacity necessary to affect change.

Academy initiatives include:
The Australian Awards Fellowship, hosted by the Institute and funded by the Australian Government, is focused on increasing the teaching capacity of faculty motivated to develop locally qualified eye care personnel. The curriculum this year catered for ophthalmic nurses and ophthalmologists, which aims to broaden the development of teaching infrastructure and enhance a team approach to eye health.

Australian Awards Fellowship candidates participated in Australian Awards Fellowship Fiji, India, Papua New Guinea, Pakistan, Vietnam participant home countries

Globally, eye care practitioner numbers are low, with a deficit in training institutes a major factor. EyeTeach, an Institute education initiative, is a series of programs targeting optometry school development and equipping educators with teaching skills. EyeTeach activities were conducted in:

- Australia
- India
- Haiti
- Lebanon
- Peru
- Vietnam
- South Africa
- Mozambique
- Bolivia

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Global optometry resources
The Institute is building the global capacity of optometry by providing comprehensive online teaching and learning resources for emerging optometry schools and other eye care personnel.

- 1,869 Refractive Error Manual (English)
- 769 Primary Eye Care Manual (English)
- 436 Vision Centre Toolkit
- 366 Vision Centre Manual
- 177 Refractive Error Manual (Spanish)
- 12 Refractive Error Manual (French)
- 27 Refractive Error Manual (Portuguese)

Global optometry resources downloads (to date)

Eye Care Skills Set Package
To support eye care in Aboriginal Community Controlled Health Services, the Institute has developed an education package for primary health care staff called the Role of the Primary Health Worker in Eye Care. The programs build local capacity for primary eye care, early detection of eye conditions and referral pathways through training for Aboriginal and Torres Strait Islander health practitioners, nurses, general practitioners and other primary health care staff. The Eye Care Skills Set Package has been designed to provide background reasoning and evidence to support the need for routine vision checks along with concise guidelines for health care workers to conduct vision screenings.

Eye Care Skills Set Package

Virtual Refractor
The Virtual Refractor, an award winning web-based learning tool, simulates a complete distance refractive error examination using a refractor head on virtual patients, with numerous demographic profiles, who respond to test charts and questions regarding the effects of lens combinations introduced by the examiner. This procedure enables practitioners to confirm the strength of lenses needed to correct a patient’s particular distance vision impairment and provide effective treatments. The technology provides comprehensive training on one of the most important instruments in optometric practice.

Virtual Refractor

Sydney Design Awards
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Sydney Design Awards won for Best Digital Experience Website
We recognise the importance of building sustainable eye care systems in collaboration with national and regional health systems to ensure we meet community needs.

Our strategies are based on establishing environments that enable trained eye care professionals to provide clinical and refractive services. Service development programs are coordinated with other Institute activities to ensure eye care services are delivered and managed by local personnel, supported by local health systems, and are therefore sustainable.

Sustainable service development

625 million people unnecessarily blind or vision impaired

NO practitioners + NO glasses + NO facilities = 625 million people unnecessarily blind or vision impaired

Photo by: Usman Ghani
Social enterprise

Social enterprise is about maximising human well-being, taking the power of the market place to solve some of the most pressing issues in society. The Institute is using social enterprise philosophies to help answer eye care provision challenges. Local people are being skilled in an eye care profession, working actively in their community and breaking free from the poverty cycle. This sustainable and self-generated income enables a better quality of life for people and, their families, while providing much needed services in their communities.

KIBO, a new affordable eyewear range with socially-conscious aims was launched in Tanzania. Named after one of the three volcano cones of Mount Kilimanjaro, the spectacle brand rallies private sector optometrists to respond to an estimated 3.5 million Tanzanians who lack prescribed glasses, by providing a new reliable source of low-cost, quality eyewear. The brand is a result of a partnership between the Institute and the Tanzanian Optometric Association. The Institute also provides participating optometrists access to continuing professional development courses free of charge, aiming to assist in skill and knowledge building for the eye care professionals.
Giving sight to the people of Soweto

Giving Sight in Soweto, an Institute program, has significantly boosted eye care in the township. The program is providing basic equipment for vision screening in local communities, training nurses and optometrists to deliver eye health services at clinics, community health centres and schools, coupled with eye health education initiatives at the primary health care level.

16,951 vision screenings provided in South Africa

Photo by: Graeme Wyllie
Highlights

Global Resource Centre

The Global Resource Centre was initiated by the Institute to supply affordable spectacle frames, lenses, ready-made readers, low vision aids and eye care equipment to the global population. The availability of eye care service delivery infrastructure by itself does not guarantee access to spectacles because of the lack of their availability or prohibitive costs, particularly in developing countries.

Through being actively involved in the supply chain at multiple levels, the Global Resource Centre circumvents much of the compounding effect of price mark-ups, which normally drives product prices upwards. Complementing this with a bulk buying, bulk discount and a pricing strategy driven from a social mission, as opposed to a profit perspective, enables the Global Resource Centre to keep the products affordable.

Through the National Spectacle Supply (NSS) program in Papua New Guinea (PNG) the Global Resource Centre is distributing affordable vision aids and order on demand services to PNG Eye Care, an initiative of the Institute. While PNG Eye Care and the Institute have successfully increased the reach and access of eye care services through vision centres and NSS sites, a huge population remains unreached. PNG Eye Care has four vision centres and will supply an additional thirteen NSS sites within hospitals. The affordability and convenience of the Global Resource Centre has helped make the NSS a sustainable initiative.

- US$3.20 starting cost of a pair of ready-made glasses from the Global Resource Centre
- 4,009 spectacles ordered through the NSS since January 2014
- 4x the amount ordered in 2013
Child eye health

Children in all regions of the world are affected by a range of eye diseases and conditions. We believe in order to be effective and sustainable, child eye health programs must be integrated within national and provincial health systems, and also within existing school health services.

80% of a child’s learning is processed through the visual system.

19,000,000 children are vision impaired.

12,000,000 children are vision impaired due to refractive error.

53,242 children in Pakistan received eye screenings.
Highlights

5,000 school children screened in a week

Over the course of one week, 5,000 school children from the Bak Touk High School in Phnom Penh had their eyes screened for the first time. The event was part of the child eye health focus in Cambodia, operating as a school screening program servicing local high schools in the districts of Phnom Penh. To complement this program, eye screenings in local communities, which feed the schools, were also provided.

11,108 children in Cambodia received eye screenings
1,741 children in Cambodia received glasses

School Eye Health in Tanzania given a boost

As part of the School Eye Health program in Tanzania, the Institute and partners handed over weight and height scales to 158 public schools in the Bagamoya and Kihaba Districts. Although the School Eye Health program is focused on eye health, monitoring the general health and normal growth of children is extremely important. It is vital that the holistic health of children be taken into account. The scales will monitor the growth of children, and ensure that development is occurring as it should.

61,489 children received vision screenings in Tanzania

Children in rural China to benefit from new program

Launched in 2013, the ‘Seeing is Believing’ program is bringing eye examinations, spectacles and referrals to school children in the Shanxi province. The program will create an eye care network of services for children, targeting school children in under-served regions by building human resource capacity for screening, diagnosis, prescription of spectacles, and possible surgeries. It will also build infrastructure through the establishment of low vision centres and optical shops in collaboration with prefectural and county medical facilities.

26,300 children in China had their vision screened under the Seeing is Believing program

Low vision services

Low vision care provides assistance to people who are severely vision impaired but who have some remaining vision with the use of low vision devices. The Institute is establishing low vision services so more people can fully participate in every part of life they choose. In Pakistan, the Institute has established eight low vision clinics in hospitals and upgraded the infrastructure of two low vision clinics.

120+ low vision clinics established worldwide
7,114 low vision assessments provided
2,419 low vision optical devices dispensed
Research

Research is vital to achieving effective development. For us, research makes issues more visible, demonstrates the need for change and highlights the differences eye care interventions can make when sustainable systems are considered. Research forms the foundation of our program development and translates into effective vision programs that provide better outcomes for eye care patients and trainees and ensures the best use of our resources.

Child-to-child eye screening project

A research grant is enabling a first-of-its-kind study into the viability and success of a child-to-child eye screening training project in Bariada, Tanzania. The breakthrough project, which has been awarded by the Lions Club International Foundation’s Sight First Program, aims to train school children as Vision Champions, to test the eyes of their peers, family and community members.

The Vision Champions are envisaged to be around 12 years old and are interested learners who show aptitude in their studies. Part of the training is focusing on school children being taught to give simple screening tests to identify those who may require further eye care. The project also aims to encourage the children to raise awareness about the importance of good eye health.

We believe children are not simply the beneficiaries of eye health activities, but important links to the process for change. To achieve greater long-term success it is important to involve children in health implementation activities and promotion aimed at family members, their peers, and their communities.
ELIMINATING BARRIERS

RAISING AWARENESS

CHANGING ATTITUDES

VISION CHAMPIONS

EDUCATION

Basic vision screening skills

PEERS

PARENTS

NEIGHBOURS

GRAND-PARENTS

SIBLINGS
Improving Aboriginal eye care pathways

Diabetes related blindness in Aboriginal and Torres Strait Islander Australians is 14 times higher than in non-Indigenous populations. This alarming statistic has kick-started a series of Institute programs working to identify and remove gaps in the delivery of eye care services for patients with diabetes as well as improve detection and enable earlier treatment of diabetic eye disease.

Working with Aboriginal Community Controlled Health Centres, researchers from the Institute, as part of the Vision CRC, reviewed eye care service delivery patterns at locations in the Northern Territory and New South Wales. They were able to develop practical tools to clarify eye care referral pathways and identify areas to strengthen.

Prevalence of refractive error in Vietnam

A research paper authored and collaborated by the Institute ‘Prevalence of vision impairment and refractive error in school children in Ba Ria-Vung Tau province, Vietnam’, was published by Clinical and Experimental Ophthalmology.

The research project which inspired the paper, assessed the prevalence of vision impairment and refractive error in school children, 12–15 years of age, in Ba Ria-Vung Tau province.

Key study findings

- Uncorrected refractive error (myopia in particular) is the most common cause of vision impairment
- Prevalence of uncorrected vision impairment due to refractive error is 21.4%
- 2/3 of vision impaired children have never received an eye examination or wear spectacles

94% of vision loss in Indigenous Australians is preventable or treatable

Diabetes related blindness is present 14 times more in Aboriginal and Torres Strait Islander Australians compared to non-Indigenous populations.

21,000,000 people in Vietnam with refractive error

71% of people in Vietnam with refractive error do not have vision correction
# Published articles

<table>
<thead>
<tr>
<th>Article</th>
<th>Authors</th>
<th>Journal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climate change: Impact of increased ultraviolet radiation and water changes on eye health.</td>
<td>Jaggernath J, Haslam D, Naidoo KS.</td>
<td>Health</td>
</tr>
<tr>
<td>A population-based study of visual impairment in the Lower Tugela Health district in KZN, SA.</td>
<td>Naidoo KS, Sweeney D, Jaggernath J, Holden BA.</td>
<td>South African Optometry Journal</td>
</tr>
<tr>
<td>Global Vision 3: Demands of an ageing population.</td>
<td>Govender P.</td>
<td>Bausch and Lomb</td>
</tr>
<tr>
<td>Microbial contamination of contact lens care accessories and compliances with care regimens in Nepal.</td>
<td>Panthi S, Prakash P, Chaudhary M.</td>
<td>Contact Lens and Anterior Eye</td>
</tr>
</tbody>
</table>
In the last year we have worked with:

- ABCD National Research Partnership (Menzies School of Health Research), Australia
- Aboriginal Health and Medical Research Council of NSW, Australia
- Aboriginal Health College, Australia
- African Council of Optometry
- African Vision Research Institute
- Akademi Refraksi Optisi Gapopin, Indonesia
- Akademi Refraksi Optisi Leprindo, Indonesia
- Akademi Refraksi Optisi Padang, Indonesia
- Akademi Refraksi Optisi Surabaya, Indonesia
- Al-Ibrahim Eye Hospital, Pakistan
- Al Maktoom National Special Education Centre for Visually Impaired, Pakistan
- ALDOO (Asociacion Latinoamericana de Optometria y Optica)
- 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
- AusAid – Australian NGO Cooperation Program
- Australian College of Optometry
- Australian Government Department of Foreign Affairs and Trade
- Australian Government Department of Health
- Australian Optometry
- Ayeduase Community Ghana
- Ba Ria-Vung Tau Provincial Eye Centre, Vietnam
- Ba Ria-Vung Tau Peoples Committee, Vietnam
- 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, Australia
- Centre for Eye Research Australia
- Centre for Remote Health (CRH), Australia
- Civil Society Human and Institutional Development Program, Pakistan
- College of Ophthalmologists, Sri Lanka
- College of Ophthalmology and Allied Vision Sciences, Pakistan
- Cross River State Ministry of Health, Nigeria
- Da Nang National Technical College of Medicine No. 2, Vietnam
- Danila Dilba Health Service, Australia
- Department of Education KwaZulu-Natal, South Africa
- Department of Health and Ageing, Office of Aboriginal and Torres Strait Islander Health NSW, Australia
- Department of Health KwaZulu-Natal, South Africa

We would like to thank and acknowledge the dedication of our partners, funders and supporters who each year help us deliver on the commitment of our organisation in every country in which we work.

Along with Institute Board, staff and volunteers, our partners, funders and supporters ensure that our goals are met and progress is made in the fight against avoidable blindness and vision impairment.

During the 2013 – 2014 financial year, we worked with dozens of program partners in 30 countries around the world.
- Oil Search Limited, Papua New Guinea
- Optical Distributors and Manufacturers Association, Australia
- Optometrists Association of Uganda
- Optometry Council of India (OCI)
- Optometry Giving Sight
- ORBIS International
- Pakistan Blind Cricket Council
- Pakistan Optometric Society
- Pakistan Institute of Ophthalmology
- Pakistan Institute of Community Ophthalmologists
- Pakistan Institute of Rehabilitation Sciences, Pakistan
- Perkins International
- Post Graduate Institute of Medical Education and Research, Chandigarh, India
- PNG Eye Care
- Punjab Eye Health Committee, Pakistan
- Port Moresby General Hospital, Papua New Guinea
- Provincial Health Department, Ba Rai-Vung Tau, Vietnam
- Provincial Health Department, Banteay Meanchey, Cambodia
- Provincial Health Department, Battambang, Cambodia
- Provincial Health Department, Kampong Cham, Cambodia
- Provincial Health Department, Kampot, Cambodia
- Provincial Health Department, Pursat, Cambodia
- Public Health Optometry Group (PHOG), Australia
- Red Cross Air Mercy Service, South Africa
- Royal Australian and New Zealand College of Ophthalmology
- Royal Australian College of Surgeons
- Royal Flying Doctor Service, Australia
- Royal Institute for Deaf and Blind Children, Australia
- Rural Health Education Foundation, Australia
- Rural Health Continuing Education Grants Program, Australia
- School Health Department of MoEYS, Cambodia (Partner)
- School of Optometry and Vision Science, University of New South Wales, Australia
- School of Optometry, Queensland University of Technology, Australia
- School of Optometry, University of KwaZulu-Natal, South Africa
- School of Optometry, University of Melbourne, Australia
- SEGI University, Malaysia
- SENESE Inclusive Education Support Services, Samoa
- Services for Australia’s Rural & Remote Allied Health (SARRAH)
- SEVA Foundation
- Shanxi Provincial Eye Hospital, China
- Shu Zen College of Medicine & Management Kaosuing, Taiwan
- Sightsavers
- Sind Eye Health Committee, Pakistan
- Singapore Polytechnic University
- South African National Council for the Blind
- South African Optometric Association
- Sri Lanka Optometric Association
- Standard Chartered Bank
- State Primary and Secondary Education School Boards, Nigeria
- Sunrise Health Service Aboriginal Corporation, Australia
- Tanzania Optometric Association
- The Albino Foundation Nigeria
- The Lowitja Institute, Australia
- Tianjin Medical University College of Optometry, China
- Tianjin Vocational Institute, China
- Total Optical (Low Cost Spectacle Scheme), Australia
- Universidade de Lurio, Mozambique
- University Kebangsaan, Malaysia
- University of Calabar Teaching Hospital, Ghana
- University of Free State, South Africa
- University of Guyana, South America
- University of Johannesburg, South Africa
- University of Manchester, United Kingdom
- University of Melbourne, Australia
- University of Ulster, Ireland
- University La Salle, Colombia
- Vanimo General Hospital, Papua New Guinea
- Varilux College of Optometry Training Tianjin, China
- Victoria College of Optometry, Australia
- Vietnam National Institute of Ophthalmology
- Vision 2020 Australia
- Vision 2020 Latin America
- Vision 2020 Sri Lanka
- Vision Aid Overseas
- Vision Cooperative Research Centre, Australia
- VisionCare NSW, Australia
- Visiting Optometrists Scheme, Department of Health, Australia
- VOSH International
- Wenzhou Medical College, School of Ophthalmology and Optometry, China
- Western Optical USA
- World Council of Optometry
- World Optometry Foundation
- Wurli Wurlinjang Health Service, Australia
- Zamfara Ministry of Health, Nigeria
- Zhejiang Industry and Trade Polytechnic, China
- Zhongshan Ophthalmic Centre, Sun Yat-sen University, China


7. Presentation by Dr. Tran Hai Yen at a workshop on Development of the Optometry Training Centre, Feb. 2010.

Financial report

BRIEN HOLEN 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 2014, 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 statement, 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
Stirling Warton Taylor  
ABN 75 13079 609
1st Floor, St James Centre  
111 Elizabeth Street, Sydney NSW 2000  
GPO Box 7019, Sydney NSW 2001  
twt@browntaylor.com  
Telephone (02) 8236 7900  
Facsimile (02) 8236 7905

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 Brian 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 2014 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 Brian Holden Vision Institute Foundation which comprises the balance sheet as at 30 June 2014, profit and loss statement, statement of change in equity and table of cash movements for designated purposes for the year ended 30 June 2014.
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 ACFD 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 October 2014. 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 2014 in accordance with Australian Auditing Standards.

SWT SYDNEY

[Signature]

R M TAYLOR

SYDNEY

Dated [Date], day of [Month] 2014.
## INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and gifts</td>
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<tr>
<td>• Monetary</td>
<td>343,960</td>
<td>413,082</td>
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<tr>
<td>• Non-monetary</td>
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<tr>
<td>Requests and Legacies</td>
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<tr>
<td>Grants</td>
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<tr>
<td>• Department of Foreign Affairs and Trade</td>
<td>1,780,078</td>
<td>1,022,095</td>
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<tr>
<td>• Other Australian</td>
<td>7,706,818</td>
<td>7,161,292</td>
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<tr>
<td>• Other overseas</td>
<td>515,644</td>
<td>623,311</td>
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<tr>
<td>Investment Income</td>
<td>14,967</td>
<td>38,483</td>
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<tr>
<td>Other income</td>
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<td>1,004,090</td>
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<tr>
<td>Revenue for International, Political or Religious Adherence Promotion Programs</td>
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<tr>
<td>Non-Monetary Income</td>
<td>1,406,143</td>
<td>1,482,649</td>
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<tr>
<td><strong>Total Revenue</strong></td>
<td>11,086,713</td>
<td>17,713,862</td>
</tr>
</tbody>
</table>

|                      |          |          |
|                      | 2014     | 2013     |
| **EXPENDITURE**      |          |          |
| International Aid and Development Programs Expenditure |          |          |
| International Programs |          |          |
| • Funds for international programs | 7,066,511 | 9,036,048 |
| • Program support costs | 352,629  | 551,587  |
| Community education  | 0        | 0        |
| Fundraising costs    |          |          |
| • Public             | 0        | 44,492   |
| • Government, multilateral and private | 0 | 0 |
| Accountability and Administration | 233,318  | 251,072  |
| Non-Monetary Expenditure | 1,898,113| 1,481,649|
| **Total International Aid and Development Programs Expenditure** | 10,116,431| 11,366,818|

|                      | 2014     | 2013     |
|                      |          |          |
| International Political or Religious Adherence Promotion Programs Expenditure | 0 | 0 |
| Domestic Programs Expenditure | 2,377,871 | 2,201,115 |
| Cash commitments to Australian entities | 106,000 | 106,000 |
| **TOTAL EXPENDITURE** | 12,714,322| 13,764,038|

<p>|                      | 2014     | 2013     |
|                      |          |          |
| <strong>EXCESS/SHORTFALL OF REVENUE OVER EXPENDITURE</strong> | 384,413 | (1,064,612) |</p>
<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,760,064</td>
<td>1,760,064</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>35,469</td>
<td>892,908</td>
</tr>
<tr>
<td>Inventories</td>
<td>31,088</td>
<td>20,137</td>
</tr>
<tr>
<td>Aspects held for sale</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>11,925</td>
<td>11,925</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>2,799,425</strong></td>
<td><strong>2,799,510</strong></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>154,312</td>
<td>154,312</td>
</tr>
<tr>
<td>Investment property</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Intangibles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other non-current assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td><strong>165,312</strong></td>
<td><strong>154,312</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>2,964,737</strong></td>
<td><strong>2,953,822</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>710,258</td>
<td>710,258</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>269,052</td>
<td>269,052</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>989,312</strong></td>
<td><strong>989,312</strong></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>254,000</td>
<td>254,000</td>
</tr>
<tr>
<td>Provisions</td>
<td>254,000</td>
<td>254,000</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td><strong>508,000</strong></td>
<td><strong>508,000</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>1,497,312</strong></td>
<td><strong>1,497,312</strong></td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td><strong>1,467,425</strong></td>
<td><strong>1,456,510</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>1,081,015</td>
<td>1,081,015</td>
</tr>
<tr>
<td>Retained earnings</td>
<td>697,204</td>
<td>697,204</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td><strong>1,081,015</strong></td>
<td><strong>1,081,015</strong></td>
</tr>
</tbody>
</table>
### Statement of Changes in Equity

**FOR THE YEAR ENDED 2014**

<table>
<thead>
<tr>
<th>Description</th>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 Jan 2013 (Commencing balance)</td>
<td>697,204</td>
<td>0</td>
<td>0</td>
<td>697,204</td>
</tr>
<tr>
<td>Adjustments or changes in equity due to, for example, adoptions of new accounting standards</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Less: Other Comprehensive Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>184,413</td>
<td>0</td>
<td>0</td>
<td>184,413</td>
</tr>
<tr>
<td>Other amounts transferred to or from reserves</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Balance at 31 Dec 2014 (year end balance)</strong></td>
<td>1,881,615</td>
<td>0</td>
<td>0</td>
<td>1,881,615</td>
</tr>
</tbody>
</table>

---

### Table of Cash Movements

**FOR THE YEAR ENDED 2014**

<table>
<thead>
<tr>
<th>Department or Purpose</th>
<th>Cash Inflow at Beginning of Financial Year</th>
<th>Cash Flows during Financial Year</th>
<th>Cash Inflow at End of Financial Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department of Foreign Affairs and Trade</td>
<td>208,194</td>
<td>2,714,554</td>
<td>1,046,711</td>
</tr>
<tr>
<td>Designated Purpose or Appeal</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total for other non-designated purposes</td>
<td>1,062,710</td>
<td>0</td>
<td>1,062,710</td>
</tr>
</tbody>
</table>

**Total**                                           | 2,264,710                                 | 0                               | 2,264,710                          |
## Financial summary

Plain language summary of income and expenditure and overall financial health

### Analysis of financial performance

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2014</th>
<th>2013</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>31,361</td>
<td>32,898</td>
<td>-1,537</td>
</tr>
<tr>
<td>Donations</td>
<td>112,538</td>
<td>8,184</td>
<td>104,354</td>
</tr>
<tr>
<td>Other</td>
<td>1,731,293</td>
<td>1,205,711</td>
<td>525,582</td>
</tr>
<tr>
<td>DFAT</td>
<td>2,780,078</td>
<td>2,922,995</td>
<td>-142,917</td>
</tr>
<tr>
<td>Optometry Giving Sight grants</td>
<td>1,286,935</td>
<td>364,091</td>
<td>922,844</td>
</tr>
<tr>
<td>ORBIS grants</td>
<td>399,020</td>
<td>399,020</td>
<td></td>
</tr>
<tr>
<td>Sponsorship - major donors</td>
<td>1,831,956</td>
<td>3,384,142</td>
<td>-1,552,186</td>
</tr>
<tr>
<td>In-Kind Sponsorship - major donors</td>
<td>1,898,183</td>
<td>1,483,689</td>
<td>414,494</td>
</tr>
<tr>
<td>Other government grants</td>
<td>2,654,916</td>
<td>1,850,441</td>
<td>804,475</td>
</tr>
<tr>
<td>Industry grants</td>
<td>425,000</td>
<td>500,000</td>
<td>-75,000</td>
</tr>
<tr>
<td>Interest</td>
<td>14,967</td>
<td>38,483</td>
<td>-23,516</td>
</tr>
<tr>
<td>Royalties</td>
<td>-67,516</td>
<td>923,248</td>
<td>-990,764</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>13,098,732</strong></td>
<td><strong>12,713,882</strong></td>
<td><strong>384,850</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2014</th>
<th>2013</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>2,470,130</td>
<td>2,286,369</td>
<td>183,761</td>
</tr>
<tr>
<td>Fundraising</td>
<td>0</td>
<td>44,492</td>
<td>-44,492</td>
</tr>
<tr>
<td>Domestic program</td>
<td>2,577,870</td>
<td>2,407,175</td>
<td>170,695</td>
</tr>
<tr>
<td>Overseas program</td>
<td>7,666,322</td>
<td>9,030,008</td>
<td>-1,363,686</td>
</tr>
<tr>
<td>Overseas non program</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>Total expenditure</strong></td>
<td><strong>12,714,322</strong></td>
<td><strong>13,768,044</strong></td>
<td><strong>-1,053,722</strong></td>
</tr>
</tbody>
</table>

| NET SURPLUS/ (DEFICIT)               | 384,411 | -1,054,162 | 1,438,573 |

### Ratio analysis:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration expense ratio</td>
<td>19.43%</td>
<td>16.61%</td>
</tr>
<tr>
<td>Program expense ratio</td>
<td>80.57%</td>
<td>83.07%</td>
</tr>
<tr>
<td>Fundraising expense ratio</td>
<td>0.00%</td>
<td>0.32%</td>
</tr>
</tbody>
</table>

### Commentary:

- Revenue increased by 3.03% on the previous year, receiving a new revenue stream from ORBIS relating to the Seeing Is Believing Program in China.
- Administration costs remained low in the current year, ensuring that 80.57% of expenditure could be directed to Programs.
Public Health - Annual Review 2014

Ratio analysis:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2014</th>
<th>2013</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>2.24</td>
<td>2.79</td>
<td></td>
</tr>
<tr>
<td>Debt/Equity</td>
<td>1.67</td>
<td>3.04</td>
<td></td>
</tr>
</tbody>
</table>

Analysis of financial position

<table>
<thead>
<tr>
<th>Assets</th>
<th>2014</th>
<th>2013</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>1,759,110</td>
<td>1,760,964</td>
<td>-1,854</td>
</tr>
<tr>
<td>Trade &amp; Other Receivables</td>
<td>987,307</td>
<td>892,908</td>
<td>94,399</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>103,582</td>
<td>104,193</td>
<td>-611</td>
</tr>
<tr>
<td>Other</td>
<td>43,013</td>
<td>55,646</td>
<td>-12,633</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>2,893,011</strong></td>
<td><strong>2,813,711</strong></td>
<td><strong>79,300</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>872,891</td>
<td>709,258</td>
<td>163,633</td>
</tr>
<tr>
<td>Provisions</td>
<td>702,158</td>
<td>517,053</td>
<td>185,105</td>
</tr>
<tr>
<td>Other</td>
<td>236,347</td>
<td>890,196</td>
<td>-653,849</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>1,811,396</strong></td>
<td><strong>2,116,507</strong></td>
<td><strong>-305,111</strong></td>
</tr>
</tbody>
</table>

**NET ASSETS** 1,081,615

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

- Administration expense Ratio: Total Administration Expense/Total Expenses
- Program expense ratio: Total Program Expenses/Total Expenses
- Fundraising expense ratio: Total Fundraising Expenses/Total Expenses
- Current: Current Assets/Current Liabilities
- Debt/Equity: Total Liabilities/Net Assets (or Total Equity)

An independent audit of the Brien Holden Vision Institute financial accounts for the year ended 2014 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

For a copy of the full financial report for the year ending 2014, 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.

You can contact us in the following ways:

Email: info@brienholdenvision.org
Web: www.brienholdenvision.org/who-we-are/the-institute/contact-us.html
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

vision
for everyone... everywhere

Find out more at brienholdenvision.org

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

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Board Member

Professor Kovin Naidoo
Board Member and Director of Global Programs

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Board Member

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Board Member

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Board 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