Sight is one of our most precious gifts. Without it, education, reading, working or even playing a game, may be difficult, even impossible. Today, blindness and partial sight can be eliminated for millions of children and adults trying to live their daily lives by a simple eye examination and the provision of glasses.
# ICEE INAUGURAL REPORT 1998 - JUNE 2001

## CONTENTS

1. **Message from the Chair**
2. **ICEE - International Centre For Eyecare Education**
   2.1 ICEE - International Centre For Eyecare Education
   2.2 Challenge
   2.3 Vision 2020
   2.4 Participants and Structures
   2.5 Mission and Principles
   2.6 Strategy
   2.7 Board and Executive
3. **Achievements**
4. **Professional Education**
   4.1 Professional Education
5. **Public Health Programs**
   5.1 Public Health Programs
   5.2 Low Cost Spectacles
   5.3 Africa
   5.4 Asia Pacific
   5.5 Australia
6. **Partnerships**
   6.1 Partnerships
   6.2 Partners For Success
   6.3 Vision 2020 Australia
   6.4 ICEE Fellowships
   6.5 Community Engagement
7. **Financial Statements**

---

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Message from the Chair</td>
<td>1</td>
</tr>
<tr>
<td>2.1</td>
<td>ICEE - International Centre For Eyecare Education</td>
<td>3</td>
</tr>
<tr>
<td>2.2</td>
<td>Challenge</td>
<td>4</td>
</tr>
<tr>
<td>2.3</td>
<td>Vision 2020</td>
<td>4</td>
</tr>
<tr>
<td>2.4</td>
<td>Participants and Structures</td>
<td>5</td>
</tr>
<tr>
<td>2.5</td>
<td>Mission and Principles</td>
<td>7</td>
</tr>
<tr>
<td>2.6</td>
<td>Strategy</td>
<td>7</td>
</tr>
<tr>
<td>2.7</td>
<td>Board and Executive</td>
<td>8</td>
</tr>
<tr>
<td>3.1</td>
<td>Achievements</td>
<td>11</td>
</tr>
<tr>
<td>4.1</td>
<td>Professional Education</td>
<td>13</td>
</tr>
<tr>
<td>5.1</td>
<td>Public Health Programs</td>
<td>16</td>
</tr>
<tr>
<td>5.2</td>
<td>Low Cost Spectacles</td>
<td>17</td>
</tr>
<tr>
<td>5.3</td>
<td>Africa</td>
<td>18</td>
</tr>
<tr>
<td>5.4</td>
<td>Asia Pacific</td>
<td>21</td>
</tr>
<tr>
<td>5.5</td>
<td>Australia</td>
<td>24</td>
</tr>
<tr>
<td>6.1</td>
<td>Partnerships</td>
<td>26</td>
</tr>
<tr>
<td>6.2</td>
<td>Partners For Success</td>
<td>27</td>
</tr>
<tr>
<td>6.3</td>
<td>Vision 2020 Australia</td>
<td>28</td>
</tr>
<tr>
<td>6.4</td>
<td>ICEE Fellowships</td>
<td>28</td>
</tr>
<tr>
<td>6.5</td>
<td>Community Engagement</td>
<td>29</td>
</tr>
<tr>
<td>7.1</td>
<td>Financial Statements</td>
<td>30</td>
</tr>
</tbody>
</table>
Message from the Chair
Welcome to the Inaugural Report for ICEE - the International Centre for Eyecare Education.

ICEE is an exciting initiative in global eyecare, focusing on refractive error, or the need for spectacles.

ICEE believes that by targeting refractive error we can make a real contribution to eliminating avoidable blindness. It seems incredible that people in the world are effectively blind simply because they do not have the spectacles they need. Yet 10 to 20% of the world’s blind people and up to half of those with impaired vision could be ‘cured’ with glasses.

Since its inception in 1998, ICEE has made a strong start on programs and activities around the world. We are now active in 22 countries, and are building valuable links which will assist us in our mission of ‘giving sight’.

The key to ICEE is a focus on sustainability. We do not just want to restore someone’s sight today. We also want to develop the systems which will deliver eyecare to that person’s community for years to come. We are therefore targeting the two elements which are needed to correct refractive error - eyecare personnel, and affordable spectacles. A significant cause of blindness, partial sight, or vision impairment in the world is a lack of eyecare professionals and an inadequate supply of quality spectacles.

ICEE’s role is to create the human resources, supply of affordable glasses and the delivery system for those in need throughout the world.

ICEE is looking to the future by working with local communities and governments to establish the infrastructure needed for the ongoing education of future eyecare personnel and eyecare delivery in countries and regions in need. ICEE has therefore initiated training programs and supported the development of Optometry Schools in thirteen countries. These activities are producing the human resources needed in these countries to provide eyecare services.

One of the most exciting activities has been the development of the ICEE Low Cost Spectacles Program. This Program is delivering good quality, affordable spectacles throughout the world, and it is very satisfying to be providing such a simple but effective treatment which instantly restores sight to so many. We currently have 200,000 spectacles in our warehouse, and we are looking forward to the rapid expansion of the Program as ICEE spectacles are taken up for use by relevant organisations and programs around the world.

ICEE is proud to be a part of the global Vision 2020 initiative, supported by the World Health Organisation and the International Agency for the Prevention of Blindness. We work collaboratively to assist other organisations and ourselves reach the goal of eliminating avoidable blindness.

We have a committed team working for ICEE in Australia and overseas, and it is a pleasure and a privilege to work with these dedicated and caring people. We also appreciate the many people who have volunteered to help us in our work.

Since our inception we have provided 17,703 people with refractive services; trained 89 people to provide refraction, 12 eye health coordinators, 89 school teachers to screen children for vision problems, and 11 teachers of eyecare personnel; supplied 12,716 spectacles; helped to establish 9 eye clinics, 1 optical production laboratory, and 2 Optometry Schools, and provided professional education to 3,507 practitioners and 461 educators.

We look forward to the further development and expansion of ICEE programs, and to giving sight to many more people.
When people think about blindness, they often think about cataract or eye disease. But just as debilitating can be the simple lack of the right glasses.

Half of the children in blind institutions in Africa were found to be reading Braille not by feeling the dots, but by seeing them up close. With glasses these children would have access to normal education and employment. All they need is someone to look at their eyes and give them the right glasses. But in many countries there are neither the trained eyecare personnel nor the glasses available to give sight.

It is estimated that globally 35% or 2.1 billion people (consisting of 219 million children, 1 billion adults and 895 million people over the age of 40 years) have some sort of refractive error (meaning the need for glasses). Significant visually disabling refractive error (vision 6/18 or less or myopia = -1.00 or more and hyperopia of +4.00 or more) affects 1.1 billion people.

Of the people who have significant refractive error, 43% (467 million) are living in the rural areas of the less and least developing countries and may not have access to refractive services or cannot afford vision correction. It is estimated that of these people, around 165 million people have significantly disabling uncorrected refractive error.

Preventable blindness is one of our most tragic and wasteful global problems. By eliminating unnecessary blindness we can dramatically improve the education, employment, and quality of life for many millions of people. Vision screening and the provision of glasses are extremely cost-effective health interventions.

Vision 2020: The Right to Sight is a concerted worldwide effort designed to eliminate avoidable blindness by the year 2020. Established by an alliance of the World Health Organisation (WHO), the International Agency for the Prevention of Blindness (IAPB), and the Partnership Committee of the International Non-Government Development Organisations; the program aims to enable all parties and organisations involved in combating blindness to work in a focused and coordinated way.

In February 2000 ICEE was accepted as a Task Force Member for Vision 2020. Task Force members are as follows:
- Agenzia Internazionale Per La Prevenzione Della Cecità
- Al Noor Foundation
- Christoffel-Blindenmission Christian Blind Mission International
- Helen Keller Worldwide
- International Agency For The Prevention Of Blindness
- International Centre For Eyecare Education
- International Federation Of Ophthalmological Societies (IFOS)
- International Trachoma Initiative
- Lions Club International Foundation
- Operation Eyesight Universal
- Orbis International
- Organisation Pour La Prevention De La Cécité (O.P.C)
- Sight Savers International
- The Carter Centre
- The Fred Hollows Foundation
Vision 2020 aims to:
- Increase awareness of blindness as a major public health issue
- Control the major causes of blindness
- Train eyecare personnel to provide appropriate eyecare
- Create an infrastructure to manage the problem.

Vision 2020 is addressing the five most severe and amenable causes of blindness:
- Cataract
- Trachoma
- Onchocerciasis
- Childhood blindness
- Refractive error and low vision.

Also in February 2000 ICEE made a proposal to WHO and the IAPB for the establishment of a Vision 2020 Refractive Error Working Group.

A preliminary meeting for the Working Group was held on 3-5 July 2000 in Geneva. The meeting, which involved 23 attendees representing 14 international organisations, discussed recommendations for strategies and programs to address the problem of uncorrected refractive error.

ICEE is now leading the development of new international strategic plans and policies to eliminate uncorrected refractive error.

2.4 PARTICIPANTS AND STRUCTURE

In 1998 researchers and educators from the Cooperative Research Centre for Eye Research and Technology (CRCERT) in Australia, the LV Prasad Eye Institute in India, and the Centre for Contact Lens Research in Canada, came together to identify how they could make a contribution to world eyecare.

Research in India had shown that refractive error, correctable by spectacles, was a major vision problem. A simple eye examination and the provision of spectacles can eliminate 12% of world blindness and up to 50% of impaired vision. Yet many people have no-one to provide such treatment, or cannot afford the devices they need to correct their vision.

The three organisations therefore decided to join together to use their combined expertise in international eyecare and education, to target refractive error. These groups bring to ICEE at least 60 years of experience in the field of international eyecare education and treatment.

- Cooperative Research Centre for Eye Research and Technology, Sydney, Australia (CRCERT)
  CRCERT was established in 1991 through the Australian Government’s Cooperative Research Centres Program. CRCERT is dedicated to developing better ways of correcting vision, and has a multidisciplinary research program with extensive links to international research and industry. CRCERT is also committed to the delivery of quality postgraduate education in Australia, as well as continuing education for practitioners and educators throughout the world.

- LV Prasad Eye Institute, Hyderabad, India (LVPEI)
  LVPEI is a state-of-the-art eye hospital and research centre dedicated to the improvement of eyecare for the Indian people. It has developed programs for the training of ophthalmologists and other paramedical personnel, a research program into eyecare and optical problems, and a commitment to patient surgery and care both within the hospital and in outreach clinics.

- Centre for Contact Lens Research, School of Optometry, University of Waterloo, Ontario, Canada (CCLR)
  CCLR is an integrated research facility within the School of Optometry at the University of Waterloo in Canada. The CCLR was established in May, 1988 and aims to support and coordinate contact lens and related research at the University of Waterloo, to foster postgraduate study and research fellowships, and to assist in enhancing the knowledge and skills of eyecare professionals and students.
ICEE is an international non-profit, non-government collaborative organisation. Established in 1998, ICEE was formed to eliminate avoidable blindness and impaired vision due to uncorrected refractive error.

ICEE is governed by a Board which reviews and oversees the direction and performance of the Centre, particularly in the areas of strategic direction and the development of ICEE relationships with other organisations and governments.

The ICEE Executive comprises the Chair and Executive Director. The Chair is responsible for the implementation of the decisions and policy of the Board. In addition, as Chief Executive Officer the Chair also supervises fundraising, and our Vision 2020 collaboration. The Executive Director is responsible for operations and programs.

The ICEE Head Office is in Sydney, Australia, with Regional Offices in Africa, China and India, and linkages to a range of other organisations. Globally, ICEE now employs 31 people full time and/or part time (equal to 15 full time staff).
2.5 MISSION AND PRINCIPLES

ICEE - International Centre for Eyecare Education, is curing blindness with glasses.

ICEE aims to eliminate avoidable blindness and impaired vision due to uncorrected refractive error, by developing sustainable systems to deliver vision care services and glasses to all those in need.

Blindness and impaired vision due to uncorrected refractive error can be prevented if there are adequate numbers of trained eyecare practitioners and if glasses are affordable. Over 12% of the world’s blind people (6 million) and over half of those with impaired vision (100 million) could be ‘cured’ with glasses.

The ICEE Giving Sight equation is:

\[ \text{Trained eyecare personnel} + \text{Glasses} = \text{People who can see!} \]

2.6 STRATEGY

1. Analyse the local situation.
   It is important that the activities of ICEE are tailored to local circumstances, to ensure that the effectiveness of any ICEE activity is maximised.

2. Educate eyecare personnel.
   While in developed countries there is one eyecare practitioner for every 10,000 people, in developing countries such as in Africa there is one practitioner per 500,000 people, and in rural areas there may be no caregiver at all. ICEE is delivering and training the personnel needed in these communities. ICEE’s target is one refractionist per 20,000 people.

   As well as training practitioners directly, ICEE is helping to develop the local infrastructure for education and increasing the number of practitioners being trained through the ‘Train the Trainers’ program. This program delivers training and educational materials to local educators. Training the local trainers will ensure that eyecare education can be delivered locally on an on-going basis.

3. Deliver attractive, good quality, comfortable glasses at an affordable price.

   In many areas of the world, glasses are either not available, inappropriate, or are too expensive. ICEE has designed and produced low cost, good quality ‘ready-made’ glasses. ICEE will distribute the ICEE Low Cost Spectacles through its own and other partners’ programs. Where it is appropriate, ICEE will also set up local optical laboratories to meet the need for custom order glasses.

4. Set up a model for self-sustaining eyecare delivery in developing countries.

   ICEE is developing an eyecare model that utilises community optometrists to deliver eyecare, and support themselves through the sale of ICEE Low Cost Spectacles. The model will be tested in Tanzania, where ICEE will
employ a local optometrist to go to under-served communities. The sale of ICEE glasses will help to support the optometrist, ensuring a sustainable system.

5. Conduct appropriate research.
A good understanding of the need for services is essential for program planning. Unfortunately reliable information is quite limited in the area of global refractive care. ICEE will conduct appropriate research to address some of the issues relevant to its future programs i.e. the prevalence of refractive error; best methods of providing refractive care, including the use of low cost instrumentation; and the best methods of delivering eyecare education in developing countries.

2.7 BOARD AND EXECUTIVE

Professor Brien Holden BAppSc PhD DSc OAM (Chair):
Brien Holden is a Professor of Optometry at the University of New South Wales (UNSW), Founder and Director of the Cornea and Contact Lens Research Unit (CCLRU) at the UNSW School of Optometry, and Director of the Cooperative Research Centre for Eye Research and Technology (CRCERT).

He graduated Bachelor of Applied Science from the University of Melbourne in 1964 and gained his PhD from City University (London) in 1971. He was appointed Lecturer in the UNSW School of Optometry in 1971, and promoted to Senior Lecturer in 1975, Associate Professor in 1985 and Professor in 1990. He has held numerous academic, professional and university appointments. He was a co-founder of the International Association of Contact Lens Educators (IACLE) in 1979, Vice-Chairman in 1979-1991 and President from 1991-1999. He was the Founding President-elect at the establishment of the International Society for Contact Lens Research (ISCLR). He served as President of the Society in 1982-1984 and continues as an Executive Member. He is Founder of the Optometric Vision Research Foundation, being President from 1973-1982 and Founding Director of the Institute of Eye Research, and Chairman of the Board of Management of VisionCare NSW. He is a Member of the Editorial Board of a number of scientific publications.

He is active in international education and research. His research has been in the area of ocular health with contact lenses and other forms of vision correction, and he is the author of over 175 refereed papers. Professor Holden was awarded Honourary Degrees of Doctor of Science, honoris causa by the State University of New York in 1994, by the Pennsylvania College of Optometry in 1998, and the City University (London) in 1999. He has received two major Australian awards (the HB Collin Research Medal and the Kenneth W Bell Medal), and three prestigious international awards, (the Ruben Gold Medal, the Glenn A Fry Award, and the British Contact Lens Association Medal), for his outstanding contribution to optometric research and education. He received the Medal of the Order of Australia from the Australian Government for contributions to eyecare research and education in 1997. The University of New South Wales awarded him a Scientia Professorship in 2001 for outstanding research performance.

Associate Professor Desmond Fonn
DipOptom MOptom: Desmond Fonn is an Associate Professor and Director of the Centre for Contact Lens Research (CCLR) at the School of Optometry, University of Waterloo in Canada. He is a graduate of the School of Optometry in Johannesburg, South Africa and the University of New South Wales in Sydney, Australia where he also served as a consultant for the Cornea and Contact Lens Research Unit. He was a Lecturer (1970-1974) then Senior Lecturer (1974-1986) at the School of Optometry, Technikon Wittersrand in South Africa, joining the School of Optometry at the University of Waterloo in 1986, subsequently taking up roles as Assistant Professor (1988-1992), Associate Professor (1992-present) and Director of the CCLR (1988-present).

He is a fellow of the American Academy of Optometry and a diplomate of the Cornea and Contact lens section, a Member of the Canadian and Ontario Association of Optometrists, and the Association for Research in Vision and Ophthalmology, and an Honourary Member of the Contact Lens Society of South Africa. He is a Council Member of the International Society for Contact Lens Research and a founding Member of the International Association of Contact Lens Educators in which he serves as Vice President.

His research interests include the ocular response and symptomology of contact lens wear, extended wear, developments in contact lens materials, designs and disinfection systems. He has lectured extensively and published over 40 refereed articles on these and other topics. He is an Editorial Board Member for several research journals.

Professor Brian Layland BSc OAM:
Since graduating with a Bachelor of Science (Opt. Sc.) in 1958, Brian Layland has become an experienced and well respected optometric practitioner who is very active in
the scientific and professional communities. He has been a Member of the Council of the Australian Optometrical Association (AOA), NSW Division, since 1955, and is a former National President of the AOA (1976-1979), National Vice President (1971-1989) and State President (1971-1972). He was Vice-President of the International Optometric and Optical League (1978-1979). Mr Layland was involved in the establishment of Australia’s Independent Optometrists group, and is a Member of the Board of Directors of the group’s holding company. In other financial affairs, he is Treasurer of VisionCare NSW Pty Ltd, and Chairman of the Finance Committee of the International Optometric and Optical League.

In education he is a visiting lecturer (since 1971) and Advisory Committee Member (since 1957) of the UNSW School of Optometry, and has been Chairman of the Liverpool College of TAFE Committee (1963-1988). He is a Visiting Professor through the Cooperative Research Centre of Eye Research and Technology and has authored a number of research publications. Mr Layland is also a Member and Chairman of many professional committees involved with government at State and Commonwealth level. He has appeared before many hearings relating to health care, optometry, health insurance, and road safety. He is a Member of the Optometrical Services Committee of Inquiry for Medibank, and Medicare, and was closely involved in the negotiations to have optometric services included in Medicare. He has been a Member of the AOA’s Fees Committee since 1979. He has served on the NSW Optometrists’ Registration Board since 1972, and on the Optical Dispensers Board since 1976.

Mr Layland’s work and dedication has been recognised through a number of awards. Most notably he was International Optometrist of the Year in 1992. He received the Medal of the Order of Australia for services to the profession of optometry in 1979, and the Medal of the Order of Liverpool for services to technical education and the community. He was awarded the Wilfred I Wenborn Award for Conspicuous Service in the Advancement of the Profession of Optometry in 1990. He has been made an Honourary Life Member of the AOA (NSW Division).

Dr Gullapalli Rao MBBS PhD:
Gullapalli Rao is the Founder and Director of the LV Prasad Eye Institute (LVPEI) in India. Having graduated from Guntur Medical College in India, he became a Fellow in Ophthalmology at the Tufts-New England Medical Center, Boston (1974-1975); Fellow in Ophthalmology, University of Connecticut Health Center (1975-1976); Fellow in Cornea and Anterior Segment Microsurgery, Rochester Eye and Human Parts Bank (1976-1977); Director of Ophthalmology, Park Ridge Hospital, New York (1977-1982); and joined the University of Rochester School of Medicine and Dentistry in 1978. He left the University in 1986 to found LVPEI.

His international work and standing is epitomised by his appointment as Secretary-General of the International Agency for the Prevention of Blindness (1998-present), and former Chairman of the South-East Region (1994-1999). He is also Executive Officer of the International Contact Lens Society of Ophthalmologists; One of the Chairs of the Academy Ophthalmologica Internationalist (50 top elected academicians in ophthalmology); President of the Asia Pacific Region and Member of the Board of the International Association of Contact Lens Educators (1995-present); Member of the International Advisory Committee of the International Federation of Eye Banks (1995-present); Member of the International Medical Advisory Board of Orbis International (1994-present). He is also a Fellow of the American Academy of Ophthalmology, Member of the Association for Research in Vision and Ophthalmology; Member of the Eye Bank Association of America, Member of the All India Ophthalmology Society; International Member of the Contact Lens Society of Ophthalmologists, Member of the International Society for Contact Lens Research, and the International Association of Contact Lens Educators, and is a Member of numerous Editorial Boards.

He is an active researcher has published over 160 refereed journal articles in the areas of ophthalmology and public health. Among other awards he has received the Ranbaxy Research Award for contributions to medical science (1995); Louis Emile Javal Silver Service Award from the International Contact Lens Council of Ophthalmology (1994); Nightingale Award from the Nightingale Hospital, Andhra Pradesh for outstanding service in the field of medicine (1993); Outstanding Service Award of the Association of Asian Indians in Ophthalmology (1984); Honor Award of the Telugu Association of North America for outstanding accomplishments in medicine; and the Honor Award of the American Academy of Ophthalmology for distinguished service (1983).

Associate Professor Deborah Sweeney BOptom PhD: Deborah Sweeney is Associate Professor and Executive Director of the Cooperative Research Centre for Eye Research and Technology (CRCERT), and the Cornea and Contact Lens Research Unit (CCLRU) of the School of Optometry at the University of New South Wales. Having joined the CCLRU in 1980 as a Professional Officer, she became Manager of Basic Research (1984-1991), Deputy Director (1986-1991), Director of Basic Research (1991-1993) and Executive Director (1991-present). She was also a Senior Research fellow at the Department of Ophthalmology, Helsinki Central Hospital, Finland (1983-
1985) and has held an external appointment as Senior Advisor to the Academic Committee on Optometry for the Wenzhou Medical College in China.

Her major research area has been corneal physiology, and her work has been instrumental in developing an understanding of the physiology of the human cornea and the effects of contact lens wear on corneal function characteristics. She is Director of the CRCERT/CCLRU Contact Lens Clinic, and she has published over 70 refereed journal articles.

Deborah Sweeney is also very active in national and international optometric and ophthalmic organisations, including as Secretary (1991 - 2000), Treasurer (1994 - 2000), and President of the International Association of Contact Lens Educators (2000 - present); Secretary, Asia-Pacific Regional Group (1991 - present) and Assistant Secretary, European, Africa-Middle East and Latin American Regional Groups, International Association of Contact Lens Educators (1991 - present); Councillor (1988 - 1990), Secretary and Member of the Executive (1990 - present), and President Elect of the International Society for Contact Lens Research (2000 - present); Treasurer of the Optometric Vision Research Foundation (1984 - present); and Secretary of VisionCare New South Wales (1994 - present).

She has been actively involved in designing and implementing education programs for educators and practitioners in Asia Pacific, Africa and Latin America, and her interests include education technology and business modelling.

Ms Yvette Waddell: Ms Waddell joined ICEE as Executive Director of Public Health in April 2001. She is responsible for both strategic direction and all day to day operational issues. Ms Waddell has been involved with optometric education for the past eight years, previously as Business Development Manager for the Institute for Eye Research (IER) and Director of Administration for the International Association of Contact Lens Educators (IACLE). She is currently completing her Master of Business Administration at the Australian Graduate School of Management, University of New South Wales.

Dr Arthur Back: BOptom PhD:
Since the inception of ICEE in 1988 Arthur Back has been Director of Professional Education, heading the Presbyopia Education Program which delivers professional education to practitioners and educators throughout the Asia region and in Australia. Dr Back received his Bachelor of Optometry degree from the University of New South Wales (UNSW) in 1981 and his PhD from the same institution in 1997. He joined the Cornea and Contact Lens Research Unit at UNSW in 1983, and has primarily worked on projects related to presbyopic contact lens corrections, soft and rigid lens design and material biocompatibility. He was the director of the Asian Pacific Contact Lens Education Program (APCLEP), which from 1990-1997 presented 384 days of practitioner education to 12,750 attendees, in nine asian countries. In 1991, he was appointed as a Project Director in the Cooperative Research Centre For Eye Research and Technology (CRCERT). He leads a team specifically dedicated to conducting ophthalmic education for practitioners, especially in Asia, and communication of Ophthalmic technology.
3.1

ACHIEVEMENTS

achievements
# ICEE Achievements 1998 - 30 June 2001

<table>
<thead>
<tr>
<th>Region, Country/State</th>
<th>Professional Education</th>
<th>Service Delivery</th>
<th>Education</th>
<th>Low Cost Spectacles</th>
<th>Infrastructure</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AFRICA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eritrea</td>
<td></td>
<td></td>
<td></td>
<td>431 spectacles</td>
<td></td>
<td>Low Cost Spectacles</td>
</tr>
<tr>
<td>Ethiopia</td>
<td></td>
<td></td>
<td>1 trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ghana</td>
<td></td>
<td></td>
<td>1 refractionist</td>
<td>6 refractionists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
<td>2 trainers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td>2 trainers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td></td>
<td></td>
<td>1 trainer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sierra Leone</td>
<td></td>
<td></td>
<td>2 trainers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>3000 patients</td>
<td>14 refractionists</td>
<td>2000 spectacles</td>
<td>Optometry school established as base Training Residence</td>
<td>Follow-up of trainees</td>
<td></td>
</tr>
<tr>
<td>Swaziland</td>
<td>19 refractionists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>Curricula upgraded</td>
<td>500 spectacles</td>
<td></td>
<td>1 optometry school supported Eyecare model developed</td>
<td>Eyecare model tested</td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ASIA PACIFIC</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>755 practitioners</td>
<td>Visiting team</td>
<td>89 school teachers</td>
<td>8,400 spectacles</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>140 educators</td>
<td>12,603 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Timor</td>
<td></td>
<td></td>
<td>89 school teachers</td>
<td>8,400 spectacles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hong Kong</td>
<td>291 practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>16 educators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>533 practitioners</td>
<td>Education model &amp; curricula developed</td>
<td>1 optometry school supported Eyecare model developed</td>
<td>Eyecare model tested</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>65 educators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td>203 practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>27 educators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>62 practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>46 educators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaysia</td>
<td>269 practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10 educators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td>675 practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>144 educators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Singapore</td>
<td>387 practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>13 educators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td>300 practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tibet</td>
<td>14 refractionists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vanuatu</td>
<td></td>
<td></td>
<td></td>
<td>485 spectacles</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>AUSTRALIA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New South Wales</td>
<td>32 practitioners</td>
<td>1 community optometrist</td>
<td>12 Eye Health Coordinators</td>
<td>1 Warehouse 800 spectacles</td>
<td>9 eye clinics established</td>
<td>Aboriginal eyecare needs</td>
</tr>
<tr>
<td></td>
<td>1300 patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Territory</td>
<td>1 community optometrist</td>
<td>550 spectacles</td>
<td></td>
<td>150 sunglasses</td>
<td></td>
<td>Aboriginal eyecare needs</td>
</tr>
<tr>
<td>Western Australia</td>
<td>1 Fellowship</td>
<td>350 spectacles</td>
<td></td>
<td>50 sunglasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICEE Fellowships</td>
<td></td>
<td></td>
<td>1 Fellowship hosted</td>
<td>350 spectacles</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3507 practitioners</td>
<td>17,703 people provided with refractive services</td>
<td>89 refractionists</td>
<td>13,516 spectacles supplied</td>
<td>9 eye clinics</td>
<td>Low Cost Spectacles</td>
</tr>
<tr>
<td></td>
<td>461 educators</td>
<td></td>
<td>11 trainers</td>
<td>13,516 spectacles supplied</td>
<td>1 optical laboratory</td>
<td>Trainers Eyecare model Aboriginal eyecare needs</td>
</tr>
</tbody>
</table>
Improving the correction of ageing sight in Asia

Presbyopia is the age-related inability of the eye to focus on near objects. The condition affects almost all people over the age of 40, meaning that most people will need to wear reading glasses as they age. There are currently 1.5 billion presbyopes in the world, representing 23% of the population. This percentage will grow as our population ages.

The key to correcting eyecare problems such as presbyopia is having practitioners with knowledge of the condition and a good understanding of the best available options for correction. Unfortunately, most eyecare practitioners in the Asia Pacific region have limited training in the treatment and correction of this condition. This creates a major barrier to the provision of adequate eyecare.

The Presbyopia Education Program (PEP) is a collaborative project between ICEE and Essilor International to deliver education about this condition and its management to Asia Pacific eyecare practitioners and educators.

One of the most important innovations of this program is that it targets both practitioners and educators. Improving the skills of practitioners has an immediate and direct effect on the eyecare they provide. Improving the knowledge, skills and materials of educators on the other hand, has an ongoing effect on all the future practitioners they teach. In this way ICEE is helping both the practitioners of today and of the future.

In the Practitioner PEP, activities revolve around practical one-day workshops, which provide hands-on experience with lens fitting and problem solving. The workshops successfully develop the practitioner’s confidence and skills and a lens fitting kit is provided to the practitioners, enabling them to use the skills in their practices immediately.

In the Educator PEP, the program involves three phases:

- **Phase 1 - Fact finding**
  ICEE educators visit key institutions to introduce PEP and conduct meetings with educators to better understand each schools’ ophthalmic lens curriculum.

- **Phase 2 - Train the educators**
  Key educators are invited to attend the practitioner PEP courses, and ICEE educators make further visits to selected institutions to provide targeted training.

- **Phase 3 - Curriculum development**
  The objective of this phase is to provide an ophthalmic lens curriculum tailored to the needs of each teaching Institution. In this phase, ICEE, working closely with the Institution and the local PEP country coordinators, obtains the existing day to day lecture/laboratory schedules for ophthalmic lens teaching and refraction from the targeted institutions. These curricula are then reviewed and where relevant, ICEE develops the content with the PEP resources. To familiarise the educators with the new curriculum, ICEE educators deliver an intensive two day program at the School.

**Progress**

The Presbyopia Education Program has made a major impact in Asia and the management of presbyopia in only three years. PEP has developed effective training programs and innovative educational materials, and forged productive links between ICEE, Essilor and educators and practitioners in the Asia Pacific.

PEP has been carried out in the Philippines, Hong Kong, Singapore, Malaysia, India, China, Indonesia, Thailand, Japan and Australia. The Program has reached 3,507 practitioners and 461 educators. The response to these programs has been very positive, with attendees participating enthusiastically in the workshops, and 97% of practitioners would recommend the Program to their colleagues. ICEE has also built valuable linkages with educators in other countries, and has appointed PEP coordinators in India, China, Indonesia, Malaysia and the Philippines.

The core activity of the educator PEP has been the development of teaching resources. The teaching materials include a Resource Centre, the Teaching Modules, the Ophthalmic Lens Curriculum and Examination Questions.

The PEP Resource Centre consists of the most relevant ‘must-have’ textbooks, pamphlets, video and computer programs. Each school participating in the PEP curriculum development program is provided with a PEP Resource Centre.

Eight Teaching Modules on presbyopia are being developed.
to provide a ready source of slides and lecture notes, and are also being translated into Chinese and Bahasa (Indonesian). In the ICEE Ophthalmic Lens Curriculum, ICEE has developed a short (20 hour) and long (42 hour) course, consisting of 10 lectures and 3 workshops, including laboratory notes and record forms.

To date, ICEE has completed curriculum upgrades in Singapore, Malaysia, Philippines (3), and China (3).

**Collaboration**

- ICEE
- Schools of Optometry throughout Asia
- Program coordinators in India, China, Indonesia, Malaysia and the Philippines
- Essilor International.

**The future**

With the overwhelming success of the initial activities, PEP is now planning to expand to other countries in the region, including Korea and New Zealand. PEP will also be increasing its activities in China and India, where educational resources in particular are needed.
5.1 Public Health Programs
5.2 LOW COST SPECTACLES
Providing affordable vision correction around the world

Effective delivery of refractive eyecare services is dependent on the provision of affordable vision correction devices. While having adequately trained practitioners is essential to providing refraction and eyecare to communities, this care must be supported with the devices needed to restore sight. While glasses are the simplest method of vision correction, in many areas of the world glasses are either not available, inappropriate, or are too expensive.

The ICEE Low Cost Spectacles Program is delivering affordable spectacles to overseas communities and for many of Australia’s indigenous communities, people who would otherwise be blind or visually impaired. While there are existing ad hoc and local programs providing low cost devices, the ICEE Program is the only international system delivering spectacles to those in need.

The ICEE Low Cost Spectacles Program is an exciting project which is making a real difference to the elimination of preventable blindness worldwide.

Progress
The most important aspects of the provision of spectacles are supply and distribution to ensure all communities in need have access to affordable vision correction; and quality to ensure spectacles are comfortable, durable and attractive.

Following extensive research on regional spectacle requirements and availability, ICEE has designed and produced a range of affordable, good quality spectacles and has set up warehouses in Sydney and South Africa from which the spectacles will be distributed throughout the world.

Both metal and plastic frames are featured in the range, and there are also children’s frames available. The spherical power range available is: +1.00 to +6.00 and -0.50 to -6.00.

A key to the ICEE project is sustainability. While some of the glasses will be available at 100% discount for specific projects and appropriate groups, any income from the glasses will be ploughed back into the Program to ensure its continuation. ICEE also aims to use the Low Cost Spectacles to establish sustainable eyecare services for communities in need. ICEE Spectacles will be an important part of a model which enables eyecare practitioners in developing countries to sell the glasses to support and continue their activities, as well as assisting in delivery to disadvantaged people.

The price of ICEE Spectacles is negotiable, depending on the buyer’s ability to pay and other relevant circumstances. They will be distributed internationally through ICEE and other relevant programs and Non-Government Organisations.

The ICEE Low Cost Spectacles Program is an essential element of the ICEE Giving Sight Equation (Trained eyecare personnel + Affordable spectacles = People who can see!). To date ICEE Spectacles have been supplied to South Africa, Tanzania, Eritrea, East Timor, India, Papua New Guinea, Vanuatu, and to Aboriginal communities in Australia.

Collaboration
◆ ICEE
◆ Vision Care NSW.

The future
The ICEE warehouse currently contains 200,000 ‘ready-made’ spectacles, and by year 3 of the Project it is expected that ICEE could be supplying 1 million pairs of glasses per year around the world. Additional warehouses will be set up in India and China.

ICEE invites all interested organisations and programs to apply to use the ICEE Low Cost Spectacles to provide affordable vision correction to those in need. For further information on obtaining spectacles through the Low Cost Spectacles Project, contact ICEE.

<table>
<thead>
<tr>
<th>Achievements</th>
<th>To Date</th>
<th>Target for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of spectacles distributed</td>
<td>13,516</td>
<td>20,000</td>
</tr>
</tbody>
</table>
**INTERNATIONAL PROGRAMS**

5.3 **EDUCATION IN AFRICA**

**Training new refractionists and trainers**

Eyecare in Africa is in crisis, with rates of blindness up to seven times higher than the rest of the world. African countries are desperately in need of eyecare personnel and the infrastructure to produce and support them. ICEE aims to produce 50,000 new eyecare personnel to deliver services to African communities in need. This will be achieved through the development of 500 trainers in the next 10 years, by establishing new programs, helping existing organisations, training educators, and providing educational materials.

The ICEE Africa office is based at the Department of Optometry in the University of Durban-Westville in South Africa. ICEE Coordinator for Africa since 1999, Dr Kovin Naidoo and the ICEE team have been very active in the region and have established numerous training programs.

**Progress**

In many parts of Africa the only primary eyecare providers are ophthalmic assistants or nurses, who work in community health centres and who regularly visit rural communities. ICEE is training these nurses in basic refraction (and as needed other aspects of primary care), so that they can provide this invaluable service to their communities.

ICEE refraction courses have been initiated for ophthalmic nurses from South Africa, Ghana, Kenya, Malawi, and Swaziland. ICEE has initiated from three-week to three month training courses covering areas such as basic optics, basic dispensing, presbyopia, refraction, binocular balancing, and cycloplegic refraction. To date 75 refractionists have been trained through ICEE programs in Africa.

An ICEE ‘Train the Trainer’ program has also now been initiated in Durban. The program aims to provide trainers with the skills and knowledge needed to teach refractionists. Trainers from Ethiopia, Ghana, Kenya, Malawi, Nigeria, Sierra Leone and Zimbabwe have been trained. One trainer is already passing the knowledge on and held their own training program in Kenya in December 2000, and another program in March 2001, which ICEE attended.

The ‘Train the Trainer’ Program is open to trainers throughout Africa, and every effort is made to accommodate all those interested in attending the course. The course is a 9-week training schedule, covering teaching and communication skills as well as refraction and eyecare. Trainers are also provided with clinical and educational materials to take away.

ICEE has recently purchased a house in Durban, South Africa. This too is part of ICEE’s philosophy of supporting all aspects of education in order to create an on-going program which will address the needs of the community. The house will provide low cost, comfortable accommodation for participants in training programs, so that more people can take advantage of the courses held at the University of Durban-Westville.

**Collaboration**

- ICEE
- University of Durban-Westville.

**The future**

ICEE will continue both refractionist and trainer programs in Africa. ICEE will also follow up the activities of course graduates, in order to monitor the ongoing impact of ICEE’s work and to provide support where possible.

In 2001 ICEE will commence a refractive error study under the auspices of the National Eye Institute (NEI), following on from the NEI studies undertaken in China, Nepal, Chile and India. The study will provide invaluable data on the status of refractive error needs in Africa, which will support the development of effective eyecare programs.

<table>
<thead>
<tr>
<th>Achievements</th>
<th>To Date</th>
<th>Target for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of trainees trained</td>
<td>75</td>
<td>164</td>
</tr>
<tr>
<td>Number of trainers trained</td>
<td>11</td>
<td>21</td>
</tr>
<tr>
<td>Number of patients examined</td>
<td>3,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Number of patients provided with spectacles</td>
<td>2,000</td>
<td>5,000</td>
</tr>
</tbody>
</table>
TANZANIA
Developing the African eyecare model

The School of Optometry at the Kilamanjaro Christian Medical Centre (KCMC) was established in 1979 and trains around 10 optometrists a year. The Centre has a daily attendance of over 500 patients, with 60 of these attending the Eye Clinic. The School of Optometry is the only optometry training school in Eastern and Central Africa, and takes students from Tanzania and Zanzibar. The small intake of students does not reflect the real needs of the country, but is due to the shortage of teaching facilities and resources. In Tanzania there are 300,000 people for each optometrist.

ICEE is supporting the School and helping to develop its role as a centre for East African eyecare. ICEE is also developing eyecare models which will assist in the delivery of eyecare throughout Africa. Tanzania has the educational infrastructure required to produce eyecare practitioners, while having similar demographic, economic and geographic characteristics to other African countries. Tanzania is therefore important as a proving ground for eyecare delivery models which test the appropriate number, distribution and activities of human resources.

Progress
ICEE is developing a 10 year plan to establish Tanzania as the model for eyecare service and training delivery in Africa. KCMC will be used as a base of operations and the program will be facilitated through the ICEE Africa office. The plan includes:

- Infrastructure and program improvement for KCMC
  ICEE is providing funds to help maintain the school with basic teaching materials and general running costs, and also to support the Centre’s Outreach Program, which regularly takes optometrists to serve in clinics in outlying regions of the country.

- ICEE is also reviewing and upgrading the existing optometry curricula, training facilities and educational materials. ICEE will conduct training for KCMC educators to upgrade their knowledge and teaching methods. ICEE’s support will strengthen the existing program at KCMC and ensure that graduates have the skills and knowledge to provide eyecare and primary health care for communities in Africa.

- establishing KCMC as a Centre of Excellence
  KCMC is already in a role of prominence, being the only eyecare training facility in Eastern and Central Africa. ICEE will help KCMC to develop this role through the provision of training for other African countries; through the establishment of KCMC as a base for Community Optometrist activities; through the development of postgraduate training courses; and through the development of the Centre as a distribution point for ICEE Low Cost Spectacles.

  The establishment of KCMC as an Eyecare Centre of Excellence will ensure that delivery of eyecare services and education becomes a sustainable and ongoing element of African health care services.

- Community Optometrist Model
  ICEE will employ one African Community Optometrist to deliver mobile eyecare to communities. The optometrist will be fully equipped and trained to provide primary eyecare services, and will be provided with ICEE Low Cost Spectacles. Their activities and results will be used to determine appropriate guidelines and targets for screening and examination procedures, and the development of a cost recovery system.

Collaboration
- ICEE
- Kilamanjaro Christian Medical Centre, Tanzania.

The future
ICEE is assisting with infrastructure and curricula development for KCMC and will facilitate their development as an Eyecare Centre of Excellence in Africa. In 2001 ICEE will employ the first Community Optometrist in the development and testing of the ICEE Community Optometrist Model.

The Tanzania project is an important step for ICEE. ICEE’s experience in Tanzania will be invaluable in the development of transferable models and resources for the development of sustainable eyecare in Africa and in other developing countries.
ERITREA
Delivering low cost spectacles and determining their effectiveness

In a country with other pressing healthcare and social problems, eyecare is often low on the list of priorities. However, lack of eyecare restricts the education and employment opportunities of otherwise healthy people, and places a significant burden on families and social services.

Eritrea is a country of 4.1 million people, with continuing conflict stemming from an unresolved border war with Ethiopia.

Progress
ICEE supplies a Low Cost Spectacles free of charge to the Asmara Hospital in Eritrea for distribution through their eye clinic. ICEE has sourced good quality spectacles through its Low Cost Spectacles Program, and it is now making them available to eyecare projects throughout the world. To date ICEE has provided 431 free pairs of spectacles to the Asmara Hospital. ICEE is also conducting valuable research in Eritrea to determine if the ICEE spectacles are easy to dispense and well accepted by patients, which will assist in future ICEE programs in other regions of need.

The research aims to determine whether ICEE Spectacles are cosmetically acceptable to wearers; are comfortable, require adjustment to maximise comfort; and are still being worn 3 months following dispensing. Results indicate that 100% of patients found their spectacles comfortable or very comfortable and only 23% required adjustments, which resulted in improved comfort. 96% of patients found them attractive or very attractive; and 100% will wear them most of the time. To date all those patients contacted are still wearing their ICEE spectacles.

Collaboration
- ICEE
- Asmara Hospital, Eritrea.

The future
ICEE will continue to support the Asmara Hospital and to conduct patient surveys.

ICEE also hopes to support the Children’s Vision Screening Program which tests Eritrean children from Elementary or Primary schools (aged six to ten years). They are tested primarily for refractive error, and then for other problems, such as trachoma and Vitamin A deficiency. Children have been chosen by teachers as exhibiting some sort of eye problem in class, for example having difficulty seeing the blackboard, having a turned eye, etc. A schedule has been made for these children to come in their school groups, twenty children per day, to the Edaga Hamus Hospital, where they will have a basic eye test. This test includes visual acuity, retinoscopy, cover test, eye movements, and if required, ophthalmoscopy and slit-lamp examination. Children who have a refractive error will be supplied with ICEE spectacles. Those children with eye infections or other problems will be referred to the general eye hospital in Asmara, for further treatment.

In total, 2,080 children will be screened over a period of five months. The screening data is collected and will be analysed after the screening is finished. It will provide important information regarding the eyecare problems faced by the children in this part of Eritrea.

As well as helping children to see, which in turn helps with their education, the Children’s Vision Screening Program helps to develop community awareness of refractive error, which is an eye problem that is very easily diagnosed and treated, but which is so commonly ignored in Africa.
5.4 ASIA PACIFIC

EAST TIMOR
Providing eyecare and developing sustainable services in a new country

In the aftermath of war, eyecare services may seem low on the list of priorities. But in a country with no optometrists, ophthalmologists, or health care workers with any eyecare training, blindness and impaired vision rapidly become a major health problem.

This is the situation in East Timor. Eyecare has necessarily taken a back seat to more pressing health needs, and many thousands of people are suffering unnecessary blindness or vision impairment. The most common eyecare problems in East Timor are cataract, Vitamin A deficiency, and refractive error, all of which can cause significant visual impairment or blindness. Yet all of these conditions are preventable or treatable.

An Australian team of eyecare personnel, including ICEE, is coordinating the only eyecare services in this newly born nation. The East Timor Eye Program (ETEP) is a five year project which has been designed to deliver and create eye services in the country. The ETEP team makes quarterly visits to deliver eyecare and develop human resources and clinics needed for ongoing eyecare in East Timor.

One of the most important activities of the ETEP team has been the “Teach the Teacher” training program. This program instructs local East Timorese teachers in how to screen children for visual defects. This helps to streamline the provision of services from visiting teams, and also allows the teachers to play a role in preventing blindness. Vitamin A deficiency is one of the leading causes of preventable blindness in children in developing countries, and it is prevalent in East Timor due to poor diet and lack of health services. Teachers are trained on how to identify Vitamin A deficiency in its early stages and provided with teaching aids to assist with their assessment of children.

Progress

♦ Trip One (July/August 2000)

The advance team on the trip in August consisted of two ICEE optometrists who carried out screening for eye diseases and prescription of glasses. Over 250 patients were seen in five villages over a three day period. Over 150 ICEE spectacles were dispensed and 23 patients needing further medical attention were given appointments to attend the eye clinic at the Dili National Hospital.

The remainder of the team, consisting of volunteer ophthalmologists and operating theatre nurses, arrived a week later. Using equipment and medication which had been sent earlier from Darwin, during the second week 87 patients underwent surgery (6 children) and over 1500 cases were seen, with over 1000 pairs of ICEE spectacles supplied. The visiting team worked along with East Timorese and expatriate staff of the Dili National Hospital.

The team found that 23% of patients had a significant untreated visual problem; 7.3% were categorised as blind (<6/60 in the better eye); 16.6% were visually impaired (<6/12 in the better eye); and 58% of patients needed spectacles.

Patients were referred by local doctors, nurses and health workers. Many came on their own. Of note was the fact that fifteen patients who were totally blind due to bilateral mature cataracts were operated upon and regained their sight and their independence.
Trip Two (October/November 2000)
Over a five week period the ETEP team of three ophthalmologists, six optometrists, two registered nurses and one logistics coordinator visited the two major cities of Dili and Baucau and 11 remote districts (many only accessible by helicopter). The team screened 7000 patients, distributed over 5000 ICEE spectacles and performed nearly 120 surgeries.

Trip Three (February 2001)
In the third trip, over 2000 people were screened, 124 surgeries performed, and approximately 1300 ICEE spectacles dispensed. Week one involved the team travelling to the Los Palos district located five hours drive outside of Dili. The second week was spent in the Dili area with activities including school screening and Surgical Procedures.

Significant progress was made in reaching agreement with authorities responsible for health planning and implementation. Most significantly the East Timor Transitional Administration, District of Health Services (DHS) has endorsed the program. A 12 month service plan has been drawn up with components covering Curative Services, Outreach, Training, and School vision screening. Meetings were also held with UNICEF and other Non-Government Organisations responsible for delivery of services at a district level.

Trip Four (June 2001)
Over the two weeks the team saw 2,784 patients, dispensed 1,849 ICEE spectacles, prescribed 85 grind spectacles and performed 92 surgical procedures.

The screening team (consisting of five optometrists, one ophthalmic registrar and one logistics coordinator) arrived ahead of the surgical team in order to prepare the surgery list. In the second week the team was joined by a further two ophthalmologists, two theatre nurses, the program development manager and representatives from the Royal Blind Society.

Collaboration
The Partners in the ETEP program are:
- ICEE
- Laila Foundation
- Australian Red Cross, Northern Territory Branch
- Foresight Australia.

The future
While a wide range of health services have been provided in East Timor by visiting NGOs, most of these are likely to move out of the country within nine months. It is therefore very important to begin to establish ongoing and sustainable health services. The Australian program is designed to develop long-term services for the East Timorese community.

The future plans of ETEP include:
- Setting up an eye clinic in Dili
- Strengthening the infrastructure for eye surgery in Dili
- Establishment of primary eyecare clinics staffed by trained local staff
- Establishment of a school screening program involving school teachers
- Transfer of skills to East Timorese health professionals
- Employment of an onsite coordinator/manager.

It is hoped that the "Teach the Teacher" program will continue alongside the development of local trained eyecare personnel. The next ETEP visit is planned for December 2001.

<table>
<thead>
<tr>
<th>Achievements</th>
<th>To Date</th>
<th>Target for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients examined</td>
<td>12,603</td>
<td>6,000</td>
</tr>
<tr>
<td>Number of patients provided with spectacles</td>
<td>8,400</td>
<td>3,600</td>
</tr>
<tr>
<td>Number of school teachers trained to provide screening</td>
<td>89</td>
<td>Follow-up &amp; consolidation of skills</td>
</tr>
</tbody>
</table>

TIBET
Providing skills and glasses
Tibet is a part of China with limited eyecare facilities, with the supply of glasses and community eyecare services almost non-existent. A new training program and spectacle workshop established by ICEE hopes to improve eyecare for Tibetans.

Progress
In a joint project between ICEE, the Seva Foundation, USA, and Seva Service Society, Canada, a Refraction Training Class was held in 2000 for Tibetan practitioners, and an optical workshop to assemble spectacles was set up in the MenziKang Hospital in Lhasa.

The project began with a desire to establish a workshop to produce affordable glasses locally, so that people would have access to the vision correction they need. The local hospital was very supportive of the project, and provided ICEE with space and manpower. ICEE travelled to Tibet to oversee the establishment of the workshop and set up of the equipment provided by the Seva Foundation.

The glasses workshop, managed by local Tibetans, is expected to produce up to 80 glasses per week. While private

Achievements
To Date | Target for 2002
---|---
Number of patients examined | 12,603 | 6,000
Number of patients provided with spectacles | 8,400 | 3,600
Number of school teachers trained to provide screening | 89 | Follow-up & consolidation of skills

TIBET
Providing skills and glasses
Tibet is a part of China with limited eyecare facilities, with the supply of glasses and community eyecare services almost non-existent. A new training program and spectacle workshop established by ICEE hopes to improve eyecare for Tibetans.

Progress
In a joint project between ICEE, the Seva Foundation, USA, and Seva Service Society, Canada, a Refraction Training Class was held in 2000 for Tibetan practitioners, and an optical workshop to assemble spectacles was set up in the MenziKang Hospital in Lhasa.

The project began with a desire to establish a workshop to produce affordable glasses locally, so that people would have access to the vision correction they need. The local hospital was very supportive of the project, and provided ICEE with space and manpower. ICEE travelled to Tibet to oversee the establishment of the workshop and set up of the equipment provided by the Seva Foundation.

The glasses workshop, managed by local Tibetans, is expected to produce up to 80 glasses per week. While private
commercial optical workshops exist in Tibet, this is the first non-profit workshop in the country, which will provide glasses for many Tibetans who would otherwise not have access to the vision correction they need.

Along with establishing the workshop, it was recognised that there was a real need for human resources trained in refraction to provide vision screening and determine the correct glasses needed by the patient.

Fourteen participants, including ten ophthalmologists, two nurses and two technicians from local hospitals or health centres, underwent the three week ICEE training course, which was coordinated by the Tibet Development Fund (TDF). Half the participants had never had any refraction training, and the overall level of refraction knowledge was very low. The training course was run by Dr Chen Hao, ICEE Coordinator in China, and three volunteer Chinese ophthalmologists from Wenzhou Medical School. All the course presentations and materials were delivered in Chinese.

The course was designed to provide the local eyecare personnel with refraction knowledge and skills. It is expected that some of these participants will manage the optical workshop, while some will provide refractive services to their communities.

Collaboration

- ICEE
- Seva Foundation, USA
- Seva Service Society, Canada
- Tibet Development Fund
- Wenzhou Medical College, China.

The future

The refractive training provided by ICEE will make a real difference to the service Tibetan eyecare personnel are able to provide for their patients. Feedback from the participants and TDF staff was very positive, and the group is now examining the possibility of regular training programs in Tibet. ICEE will maintain contact with the workshop to ensure continued production capabilities.

INDIA

Comprehensive education for eyecare professionals

The population of India is 1 billion, with at least 10 million blind, and perhaps 19 million visually impaired. Refractive error occurs at a rate of 1 in 25 (4.0%). Current barriers to the correction of refractive error include the availability and accessibility of trained personnel and refractive services.

The Bausch and Lomb School of Optometry in Hyderabad, India, has been established in association with ICEE partner, the LV Prasad Eye Institute. The School will make a major contribution to eyecare education and service delivery in India and Asia. The School plans to train students from throughout Asia in order to increase and improve eyecare services, and will also conduct research in optometry to improve the standard of eyecare practices in India and Asia.

Progress

ICEE is assisting in the establishment and development of the Bausch and Lomb School of Optometry through the ICEE Coordinator in India, Dr Vallam Rao. ICEE is actively involved in: the development of educational models and curricula; faculty identification; student selection; and management of the School.

The School is implementing a four year multiple entry and exit model for three levels of eyecare professionals. One problem with eyecare services in developing countries is the lack of professionals at a range of levels, from public health nurses to refractionists and ophthalmologists. Another difficulty in these countries is that eyecare practitioners lack the opportunities for continuing or higher education to further their career, and often abandon eyecare for other fields. The Indian School of Optometry’s educational model will therefore provide a range of choices for prospective students, and will produce the range of professionals needed for the provision of adequate eyecare services. The students can exit the program at different levels to enter the work arena, ready to deliver eyecare services, and after a period of time, they can re-enter the course to complete the four-year degree in Optometry. This feature helps shorten the lead-time between a student joining the course and the time they can begin offering eyecare services in their community. The aim of these courses is to bring the practitioner to population ratio to 1:50,000 from the existing 1:200,000 by the year 2020. The School’s 5-acre campus, located at Kismatpur near Gandipet, is endowed with the state-of-the-art equipment and support facilities essential to provide world class training to the students. The School of Optometry is the third of its kind in India, and is affiliated to the Birla Institute of Technology and Science.

The first student intake was in September 2000 with ten students enrolled for the four year course, and ten for
the two year course.

**Collaboration**
- ICEE
- LV Prasad Eye Institute
- Bausch and Lomb
- Bausch and Lomb School of Optometry.

**The future**
ICEE will continue its involvement in the School, and looks forward to the expansion of the student intake, which will be doubled from 2001 onwards.

ICEE will also closely monitor the educational model, with a view to assisting in its successful implementation in other developing countries.

**NATIONAL PROGRAMS**

### 5.5 AUSTRALIA

Many Aboriginal people are losing their vision because of entirely preventable or treatable causes. Aboriginal people in Australia suffer up to 10 times the level of blindness from preventable eye disease than non-Aboriginal people. For example, diabetes and associated eye disease has a high prevalence amongst the Aboriginal population, and the rate of cataract is double that of the non-Aboriginal population. Aboriginal people also attend eyecare practitioners in far lower numbers than other members of the Australian population. Some of the barriers to effective Aboriginal eyecare have been identified as lack of eye health awareness, lack of support and follow-up, and social and economic conditions.

### NEW SOUTH WALES

#### Establishing Aboriginal eyecare services

New Eye Clinics established at Aboriginal Medical Services in NSW with the help of ICEE are meeting a great need in Aboriginal health care.

The NSW Eye Clinics provide eyecare and vision correction, including spectacles and other optical aids, within Aboriginal community controlled health services.

#### Progress

The Eye Clinic in Redfern, Sydney was launched in July 2000. A Community Optometrist attends the clinic four days per week through the support of ICEE and the Department of Community Services. A registrar from the Department of Ophthalmology at Prince of Wales Hospital attends for one session each week.

The Redfern clinic has seen 1,300 patients since its inception in July 2000. The clinic has also provided 800 spectacles free of charge to its client group. Vision screening has been conducted at two Aboriginal pre-schools, and the ICEE Community Optometrist has started a program of visits to areas in NSW isolated from Aboriginal Medical Services.

One of the particular targets of the Eye Clinics is care for diabetics. Diabetes and associated eye disease has a high prevalence amongst the Aboriginal population. People with diabetes are at risk of blindness due to diabetic retinopathy but regular eye checks and treatment can prevent vision loss. The Eye Clinics work closely with the Aboriginal Medical Services in identifying and following up diabetics for treatment.

In addition to the Redfern Clinic, ICEE has helped to equip Eye Clinics at Aboriginal community controlled health services in Walgett, Moree, Wellington, Bega, Nowra, Wagga Wagga, and Kempsey. The Eye Clinics are creating partnerships between local optometrists and the Aboriginal communities. It is expected that between 2,000 and 2,400 patients annually will receive eyecare through the ICEE Clinics.

ICEE is also training the first NSW Aboriginal Eye Health Coordinators, who are stationed at established Eye Clinics. ICEE has received a grant from the Federal Government’s (Department of Health and Aged Care) Office for Aboriginal and Torres Strait Islander Health (OATSIH) - New South Wales to establish a training course for the Coordinators. In 1998 the NSW Review of Eye Health Services for Aboriginal Communities revealed a lack of regional coordination of eye services in NSW, and the need to establish a focal point from which to provide and coordinate services and disseminate education. In response, the Commonwealth Government has made funds available to appoint seven regional Eye Health Coordinators for rural and outback NSW. The Eye Health Coordinators will provide a focal point from which to provide and coordinate services and disseminate education. The Coordinators are based in Broken Hill, Walgett, Bourke, Wellington, Wagga Wagga, Kempsey, and Nowra.

In order to optimise the outcomes of this initiative for NSW regional eyecare, it is essential that these Coordinators and other health workers assisting them are provided with relevant training. The ICEE training course is designed to provide essential support to the Coordinators and other health workers, which will significantly enhance the service.
they are able to provide to their communities.

ICEE training is focused on aspects of patient care and health service such as clinical management; logistics of eyecare delivery; patient communication; maintenance of patient records; networking; emergencies; and screening techniques for eye disease and vision correction; as well as basic information for health workers such as diseases and disorders of the eye; and anatomy and physiology of the eye. Training at ICEE headquarters in Sydney is part of a total education package which will include training at each of the regional centres and ongoing support.

Collaboration
Eye Clinics
- ICEE
- Aboriginal Health and Medical Research Council of NSW
- Commonwealth Department of Health and Aged Care - Office for Aboriginal and Torres Strait Islander Health (OATSIH), NSW Branch
- Department of Community Services
- Department of Ophthalmology, Prince of Wales Hospital
- NSW Health, Aboriginal Health Branch
- University of New South Wales
- VisionCare NSW.

Coordinator Training
- ICEE
- Cooperative Research Centre for Eye Research and Technology
- Department of Ophthalmology at the Prince of Wales Hospital
- School of Optometry, University of New South Wales.

The future
ICEE will continue to work with the NSW Eye Clinics in the delivery of eyecare to Aboriginal communities; the creation of service networks; and the collection of data. Additional Clinics will be established as required. Negotiations have commenced with a view to establishing an Eye Clinic at Tharawal, and outreach visits to rural areas and schools will also be conducted.

NORTHERN TERRITORY
Delivering eyecare to Aboriginal communities

The remote areas of Australia have limited access to health services, including eyecare. Some Aboriginal communities in particular are situated in areas with little or no eyecare or vision correction available, resulting in unnecessary loss of vision for people in these communities.

Helping to combat this problem, an ICEE Community Optometrist is employed to provide optometric services to remote and indigenous communities in the Northern Territory.

Progress
The ICEE optometrist is based in Darwin and travels on a weekly basis with a resident ophthalmologist to 26 Aboriginal communities and outstations in the area, covering around 30,000 people. Around 75% of patients seen to date have required spectacles, which are supplied through the ICEE Low Cost Spectacles Program supported by the Office of Aboriginal and Torres Strait Islander Health.

Data on eyecare needs is also being collected through the Territory program. This data helps to establish a picture of eyecare needs in rural and remote Aboriginal communities, and to assist in future eyecare service planning.

Collaboration
- ICEE
- Dr Nitin Verma
- Specialist Outreach Service, Territory Health Services
- Office of Aboriginal and Torres Strait Islander Health (OATSIH), Northern Territory

The future
ICEE will continue to support the activities of the Northern Territory Community Optometrist, and is also looking to train Aboriginal Eye Health Coordinators.

<table>
<thead>
<tr>
<th>Achievements</th>
<th>To Date</th>
<th>Target for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Eye Clinics established in NSW</td>
<td>9</td>
<td>14 (total)</td>
</tr>
<tr>
<td>Number of patients examined</td>
<td>1,300</td>
<td>2,000</td>
</tr>
<tr>
<td>Number of diagnosed diabetes patients examined</td>
<td>260</td>
<td>200</td>
</tr>
<tr>
<td>Number of patients provided with spectacles</td>
<td>800</td>
<td>1,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Achievements</th>
<th>To Date</th>
<th>Target for 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients examined</td>
<td>800</td>
<td>500</td>
</tr>
<tr>
<td>Number of patients provided with spectacles</td>
<td>550</td>
<td>350</td>
</tr>
</tbody>
</table>
6.1 PARTNERSHIPS
6.2 Partners for Success

One of ICEE’s principles is to work with other relevant groups in order to enhance program outcomes and to harness available resources. ICEE therefore seeks to develop an international network of organisations, including other Non-Government Organisations, healthcare and community groups, government departments, and educational institutions.

International
- Vision 2020: The Right to Sight
- International Agency for Prevention of Blindness (IAPB)
- World Health Organisation (WHO)
  Vision 2020: The Right to Sight is a worldwide initiative to eliminate avoidable blindness by the year 2020; established by the WHO, IAPB, and the Partnership Committee of the International Non-Government Development Organisations. ICEE is a Task Force Member of Vision 2020. ICEE also made a proposal to Vision 2020 for the establishment of a Refractive Error Working Group to be part of the global Vision 2020 activities, in recognition of this important issue in global eyecare. The proposal was accepted, and the group is now developing strategies and policies for international eyecare efforts.

Australia
- Vision 2020: The Right to Sight - Australia
- Centre for Eye Research Australia (CERA)
- Christian Blind Mission International (CBMI)
- Fred Hollows Foundation
- Lions Sight First
- National Aboriginal Community Controlled Health Organisations
  In August 2000 Vision 2020: The Right to Sight - Australia was established to advance the Vision 2020 goals in this country. Vision 2020 Australia brings together over 50 Australian organisations involved in vision and eyecare research, education and community work to promote sight as a basic human right and to create cooperation to address avoidable blindness and visual impairment. ICEE was a founding Member of Vision 2020 Australia, and is providing Secretariat services to the group. ICEE is also a Member of the Board of Directors along with representatives of the organisations listed, and independent members. ICEE is exploring the opportunities for joint Vision 2020 Australia projects, such as the East Timor Eyecare Program.
- Aboriginal Health and Medical Research Council (AHMRC)
- Commonwealth Department of Health and Aged Care
- Department of Ophthalmology, Prince of Wales Hospital
- Office for Aboriginal & Torres Strait Islander Health (OATSIH)
  ICEE has established nine Aboriginal eyecare clinics at Aboriginal Medical Services (AMS) in NSW, supported by funding from the Commonwealth Department of Health and Aged Care through OATSIH. ICEE and the Prince of Wales Department of Ophthalmology are also providing training for Regional Eye Health Coordinators stationed at AMSs where Eye Clinics are established.
- Foresight Australia
- Laila Foundation
  As well as being Members in Vision 2020 Australia, ICEE, Foresight and the Laila Foundation also collaborate on the East Timor Eyecare Project.
- VisionCare NSW
  VisionCare NSW administers the NSW Spectacle Program which supplies vision correction to approved low income earners. VisionCare NSW is assisting ICEE with the establishment of its Low Cost Spectacle Program, with the support of the NSW Department of Community Services.

Other countries
- Asmara Hospital, Eritrea
  ICEE low cost spectacles are distributed through the Asmara Hospital in Eritrea, and valuable research on the use and acceptability of the spectacles is also being conducted.
- Bausch and Lomb School of Optometry, Hyderabad, India
  ICEE India is situated at the LV Prasad Eye Institute and is working with the Bausch and Lomb School of Optometry in India in the development of educational programs and curricula.
- Essilor International and Essilor Asia Pacific
  Essilor is collaborating with ICEE in the delivery of the Presbyopia Education Program in Asia.
- Kilimanjaro Christian Medical Centre (KCMC), Tanzania
  KCMC is the only optometry training school in Eastern and Central Africa. ICEE is supporting the school through funding and equipment. ICEE is also
developing in Tanzania a model for eyecare delivery in Africa, using KCMC as a base of operations.

- Seva Foundation, USA
- Seva Service Society, Canada
  A joint project between Seva and ICEE delivered refractive training to Tibetan practitioners, and established an optical workshop in Lhasa to assemble spectacles.

- University of Durban-Westville, South Africa
  ICEE Africa is situated at the University of Durban-Westville, and the University's School of Optometry has formed a base for the delivery of eyecare education throughout Africa.

- Wenzhou Medical College, China
  ICEE China is situated at the Wenzhou Medical College, and Wenzhou personnel have assisted with eyecare training in Tibet.

Volunteers
Volunteer work is an important part of ICEE’s programs. ICEE is developing a database of potential volunteers around the world, and has attracted almost 30 volunteers to date through publicity of ICEE’s programs and the ICEE website. Volunteers have contributed to the delivery of eyecare in East Timor, training in Tibet, and are distributing spectacles in Eritrea. Additional volunteer activities are now being developed.

6.3 AUSTRALIA
Collaboration in vision care

In response to the establishment of the global Vision 2020: the Right to Sight campaign, a number of Australian organisations involved in vision and eyecare research, education and community work have come together to organise the implementation of the Vision 2020 goals in this country. ICEE is one of the founding members of Vision 2020: the Right to Sight Australia. The Australian initiative aims to promote sight as a basic human right and to create cooperation to address the avoidable problems and conditions that affect sight. Almost 50 organisations have now joined the Vision 2020 Australia partnership.

ICEE has helped to establish this important collaboration, which is focussing on:
- The Australian Community
- Aboriginal and Torres Strait Islanders
- Global Eyecare.

ICEE supported the establishment of Vision 2020 Australia by providing secretariat and administrative services for the group, and ICEE staff are members of the Vision 2020 Australia Board and Committees. ICEE is developing collaborative projects under the Vision 2020 banner, such as the East Timor Eyecare Program.

6.4 ICEE FELLOWSHIPS
Sharing the knowledge

ICEE, through its proximity and connections to the Cooperative Research Centre for Eye Research and Technology (CRCERT), the Cornea and Contact Lens Research Unit (CCLRU), the Department of Ophthalmology at the Prince of Wales Hospital, and the School of Optometry at the University of New South Wales (UNSW), has access to a wealth of information on eyecare, vision correction, ocular research and education.

These organisations are internationally recognised in the field of eyecare, and for many years have played host to a wide range of visiting researchers, educators, clinicians and practitioners.

ICEE is now offering this expertise to interested people in international eyecare, public health and blindness prevention.

Progress
In February 2001, ICEE hosted a Fellowship Program sponsored by the World Health Organisation. Dr Zuraidah Mustari, from the Kuala Terengganu Hospital in Malaysia, attended ICEE in Sydney for one month, and interacted
with the staff and facilities at a number of organisations. She also enjoyed a visit to the Centre for Eye Research Australia in Melbourne for additional meetings and to attend a conference on Appropriate Technology, held by Vision 2020 Australia.

Dr Mustari’s aim in the Fellowship was to ‘acquire skills and expertise in planning the monitoring of blindness and its complications’. ICEE tailored a comprehensive program of meetings and workshops for Dr Mustari, covering areas such as the prevention of blindness; low vision; clinical study design; data collection and analysis; publications; hospital administration; day surgery; and Australian and Aboriginal eyecare. Dr Mustari also attended lectures given as part of the University of New South Wales’ Master of Health Administration.

The Fellowship represented a valuable opportunity to utilise the resources of ICEE and its affiliates to improve international eyecare, and both Dr Mustari and ICEE were enriched by the sharing of information.

Collaboration
- ICEE
- World Health Organisation
- Centre for Eye Research, Australia
- Elder Eye Clinic
- School of Optometry, University of New South Wales
- Vision 2020 Australia
- VisionCare NSW.

The future
ICEE looks forward to hosting more such fellowships in the future. ICEE was also pleased to learn about activities in Malaysia from Dr Mustari, and assisted with the planning for future programs and systems in her hospital. ICEE will maintain linkages with Dr Mustari with a view to future collaboration and interaction.

6.5 COMMUNICATIONS ENGAGEMENT

ICEE is developing a range of avenues to communicate with relevant groups, the profession and the public. Public relations initiatives have included the establishment of a newsletter, and a number of press releases featuring ICEE activities have been distributed and published, particularly by professional publications. The inaugural report will also be distributed to a range of interested persons and organisations. ICEE has recently updated its website, which covers ICEE activities and programs around the world (http://www.icee.org). It is intended that the site will be a valuable method by which the ICEE network will keep in touch with ICEE activities.

ICEE also communicates with a wide range of professionals through conferences and meetings. For example ICEE was selected to give one of six ‘Showcase presentations’ at the opening of the annual Cooperative Research Centres Association conference in Brisbane in 2000. ICEE was chosen because it was particularly successful in demonstrating the CRC program objective of stimulating a broader education and training experience. Professor Brien Holden gave the presentation, entitled ‘Giving Sight’, which was enthusiastically received by the audience, which included government, industry and media representatives.

ICEE was selected to conduct one of three Global Workshops in areas of important scientific and community endeavour, hosted by the University of New South Wales during the staging of the Olympic Games in Sydney. The Vision 21 Workshop brought together six of the world’s leaders in academia and industry in the field of eyecare, to discuss the future of vision with senior Australian researchers from CRCERT and other organisations. Topics covered in Workshop discussions ranged from tackling avoidable blindness worldwide, to the ‘myopia epidemic’, and the eyecare industry. Attendees discussed the latest research and activities, as well as looking into the future for vision correction.

In addition to funds raised through organisational support and government grants, over the past year ICEE has initiated a number of fundraising activities. Notably, the Vision for Australia 2001 Calendar was a highly successful project, with profits from the sale of the Calendars going towards the ICEE Low Cost Spectacles Program. The Calendar featured the work of upcoming Australian artists and was produced with donated time, materials and support. The Christian Brothers College in Melbourne also contributed funds raised from the annual walkathon undertaken by their students. Students and staff made the 16 kilometre walk around Albert Park to raise $12,000 for ICEE, and have repeated the achievement in 2001, raising $10,000. ICEE would like to thank all those involved in these fundraising efforts for their generosity and support.
We gratefully acknowledge the contribution of the Institute for Eye Research (IER), i-media communications and the ICEE Giving Sight team to this report.

The report was produced by i-media at minimal cost.

For further information regarding ICEE Giving Sight please contact:
ADDRESS / DETAILS HERE

For further information regarding i-media communications please contact us:
Level 4, North Wing, RMB, Gate 14, Barker Street, UNSW, Sydney, NSW 2052 Australia.
Ph. (02)9385 7447  Fax. 9385 7401 Email. www.i-media.com.au

Proudly Sponsored and Produced by:
The Institute for Eye Research and i-media communications

Editor: Kylie Evans
Designer: Amee McFadden
Photographers: Brad Ferguson, Paul Santelmann, Katherine Costello, Jaquie Ramke.