ICEE MISSION

Founded in 1998, the International Centre for Eyecare Education (ICEE) is a not-for-profit, non-government organisation that is committed to delivering a solution to eliminate avoidable blindness, particularly due to uncorrected refractive error, by developing sustainable solutions for disadvantaged communities in need of eyecare.

Our Vision
Our vision is a world in which avoidable blindness and vision impairment do not limit any person’s well-being, personal development, employment and leisure, and family and community involvement.

This is a world in which all people are able to exercise their right to sight.

Our Mission
Our mission is to eliminate avoidable blindness and vision impairment, particularly due to uncorrected refractive error.

The Challenge
In the world today, there are 45 million blind people. A further 135 million people have significant vision impairment.

There are important personal, social and economic implications for these people, their families, and the communities in which they live.

Uncorrected refractive error, which can be remedied with spectacles, accounts for 6 million of those blind, and 100 million people with significantly impaired vision.

If action is not taken, the number of people with blindness and vision impairment will double by the year 2020.

Our Strategy is to:
- create vision-related interventions that consistently deliver quality outcomes.
- educate individuals, communities, organisations and governments in the possibilities for, and practicalities of, these interventions.
- create opportunities for people in need to access these interventions.
- collaborate with other partners and institutions.

Our programs support the development of eyecare and its uptake by local people, through human resource and infrastructure development, and community education.
Vision is a wonderful and vital sense. Vision affects every aspect of our daily lives, from recognising family and friends, to reading, cooking, or catching a bus. That is why it is very rewarding and exciting to restore someone’s vision. The transformation that occurs in someone’s life when his or her blurry world suddenly comes into focus is a constant inspiration.

Sadly, so many people still live with vision impairment or functional blindness, just because they do not have the eyecare they need.

ICEE is helping to bring this much-needed eyecare within reach of many thousands of people around the world.

The ICEE solution is based on the simple equation: eyecare practitioners + spectacles = people who can see. Most importantly, the ICEE solution is based on sustainability and collaboration. We work with local and global organisations to help develop the resources needed to provide high quality, ongoing eyecare for all communities.
Five years from the inception of ICEE, this approach is proving effective, though we still have a long way to go. ICEE Public Health has provided 55,529 people with eyecare and delivered 71,858 pairs of spectacles. More important perhaps are our efforts in creating local capacity; including so far training 59 trainers in refraction; 337 refractionists and optical technicians; 31 eye health coordinators, assistants and health workers; 89 school teachers; and 31 nurses. In developing infrastructure, ICEE has helped to establish or develop 70 eye clinics, 2 optical workshops, and 3 optometry schools. ICEE Professional Education has provided skills and knowledge to 4,700 practitioners and 201 optometry students, and training and educational resources to 401 educators at colleges and institutions of optometry, ophthalmology and optical dispensing.

This year has witnessed a great increase in ICEE’s capacity to structure our efforts in a much more organised way through the appointment of Dr Garry Brian as CEO. Garry’s knowledge and experience, together with his commitment to those in need and ability to get the best out of all staff through his excellent leadership qualities, has meant a huge difference to ICEE. He has focused with the team on a consolidation of our programs and activities. ICEE continually assesses its work to drive improvement in systems and resources, and to ensure long term sustainability of services.

We were also fortunate to add Lisa McMurray and Jo Thomson, whose experience in vision care delivery complements the team of Jacqui Ramke and Renee Du Toit. Jacqui and Dr Cynthia Willis have also rendered sterling assistance and direction to the WHO Refractive Error Working Group. We are sad to see Les Donovan move on, but his role in myopia research will provide valuable knowledge for our team. The indefatigable Brian Layland keeps up his incredible energy, working with those outstanding people at the Aboriginal Health and Medical Research Centre, led by Sandra Bailey, to deliver eyecare to Aboriginal people in New South Wales in particular. Craig Butler and the ICEE professional education team, working with major sponsor, Essilor, have done outstandingly well throughout Asia in raising the standard of both education and delivery of optimal presbyopic correction in particular. Greg Campitelli and Hayley McDonald do a great job promoting and raising funds for us, and Edwin Hart and Colina Waddell run our administration with fantastic professionalism and skill.

A particularly exciting feature of the year has been the success of the Vision Cooperative Research Centre proposal. ICEE is a core partner in this Centre, which will research every aspect of vision correction to develop breakthrough products, eliminate the social and economic burden of avoidable vision impairment; and improve the well-being of millions of people. The Vision CRC is the largest vision correction research centre in the world, and it is addressing this vital area of healthcare through a unique international collaboration. The Vision CRC involves world-leading researchers from 38 national and international organisations who have come together to tackle the eyecare challenge.

Together with other core partners, the LV Prasad Eye Institute and the Centre for Eye Research Australia, ICEE will work in the area of Vision Care Delivery. This is one of the Centre’s five key programs, which will develop effective models for eyecare delivery, and develop technology and education to improve Australian and international eyecare.

The achievements of ICEE would not have been possible without the hard work of the ICEE team of skilled and experienced professionals. Our staff in Sydney, as well as the teams in Africa and Asia, have tackled the challenges of developing sustainable global eyecare with tremendous energy, enthusiasm and compassion. We thank them all.

We also thank the ICEE staff and volunteers, who have similarly been inspired to contribute their time and talents to this work, and our sponsors and supporters who are helping to bring within reach our goal of eliminating blindness due to refractive error. The generosity of these groups is helping ICEE to develop programs to give sight around the world.

We look forward to new collaborations with the Vision CRC and many other organisations around the world, and to the opportunities of the future. And we look forward to transforming the lives of many people with the gift of sight.

Brien A Holden, OAM,
Chair
Preventable blindness is one of our most tragic and wasteful global problems. By eliminating unnecessary blindness we could dramatically improve the education, employment, health and quality of life for many millions of people. We would reduce healthcare costs and pressure on community and health services, and improve economic and social development.

The International Centre for Eyecare Education (ICEE) is committed to eliminating avoidable blindness, particularly due to uncorrected refractive error.

Refractive error can be cured with a simple eye examination and provision of spectacles, yet many people have no-one to provide such treatment, or cannot afford the devices they need to correct their vision. Uncorrected refractive error causes significant visual disability and even blindness, which in turn has severe social and economic impacts on the individual, community and country. Uncorrected refractive error causes blindness for up to 6 million people and impaired vision for 100 million people, and it is now one of five priority areas in eyecare identified by the World Health Organisation. The incidence of refractive error is also increasing due to hereditiy, near work, urbanisation, and ageing of the population.
REFRACTIVE ERROR CAN BE CURED

ICEE aims to support the development of high quality, sustainable and ongoing eyecare, and to help ensure that everyone has access to the eyecare they need. The ICEE strategy is to develop integrated programs targeted to local needs, working in collaboration with other organisations. ICEE provides services and training programs throughout the world from its regional locations.

ICEE activities focus on

• Eyecare service delivery – providing eye examinations and spectacles to those in need
• Human resource development – training and equipping eyecare personnel and trainers
• Infrastructure – supporting and developing eye clinics and schools of optometry.

ICEE aims to work closely with international blindness prevention efforts and organisations. Vision 2020: The Right to Sight is a worldwide initiative designed to eliminate the major causes of 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 international non-governmental development organisations. ICEE is a member of the global Vision 2020 Task Force, and a founding member of the Australian Vision 2020 group.
**ACHIEVEMENTS March 1998 - 30 June 2003**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>SERVICE DELIVERY</th>
<th>PUBLIC HEALTH EDUCATION</th>
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</thead>
<tbody>
<tr>
<td><strong>AUSTRALIA</strong></td>
<td></td>
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</tr>
<tr>
<td>New South Wales</td>
<td>8,000 patients</td>
<td>20 Eye Health Coordinators 2 Eye Health Coordinator Assistants 9 Aboriginal Health Workers</td>
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<tr>
<td>Victoria</td>
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<td>Queensland</td>
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<tr>
<td>Northern Territory</td>
<td>3,000 patients</td>
<td>1 Fellowship hosted</td>
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<tr>
<td>ICEE Fellowship</td>
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<tr>
<td><strong>ASIA PACIFIC</strong></td>
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<tr>
<td>China</td>
<td></td>
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<tr>
<td>Fiji</td>
<td></td>
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<tr>
<td>Hong Kong</td>
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</tr>
<tr>
<td>India</td>
<td>School vision screening kit developed</td>
<td>Education model and curricula developed 40 Bachelor 49 Diploma and 49 Technician students enrolled 20 Technicians graduated 101 refractionists 11 trainers</td>
</tr>
<tr>
<td>Indonesia</td>
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<td>Japan</td>
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<tr>
<td>Korea</td>
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<td>Malaysia</td>
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<td>New Zealand</td>
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<td>Papua New Guinea</td>
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<td>Philippines</td>
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<td>Singapore</td>
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<td>Solomon Islands</td>
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<tr>
<td>Thailand</td>
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<tr>
<td>Tibet</td>
<td>14 refractionists</td>
<td></td>
</tr>
<tr>
<td>Timor Leste</td>
<td>21,710 patients</td>
<td>89 school teachers 22 nurses 2 refractionists</td>
</tr>
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<table>
<thead>
<tr>
<th>AFFORDABLE SPECTACLES (AS)</th>
<th>INFRASTRUCTURE</th>
<th>RESEARCH</th>
<th>PROFESSIONAL EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,000 spectacles</td>
<td>66 eye clinics established</td>
<td>Aboriginal eyecare needs</td>
<td>82 optometry students 1 educators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>17 practitioners</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>24 practitioners 86 optometry students 8 educators</td>
</tr>
<tr>
<td>1,200 AS</td>
<td></td>
<td>Aboriginal eyecare needs</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1128 practitioners 301 educators</td>
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<tr>
<td>3,692 AS</td>
<td>Assisted in development of 1 optometry school Assisted in set-up &amp; training for optical workshop and shop</td>
<td></td>
<td>747 practitioners 151 educators</td>
</tr>
<tr>
<td>1,344 AS</td>
<td></td>
<td></td>
<td>292 practitioners 45 educators</td>
</tr>
<tr>
<td>4,296 AS</td>
<td></td>
<td></td>
<td>62 practitioners 46 educators</td>
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<td></td>
<td></td>
<td>67 practitioners 13 educators</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>500 practitioners 11 educators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>31 practitioners 33 optometry students 3 educators</td>
</tr>
<tr>
<td>198 AS</td>
<td></td>
<td></td>
<td>730 practitioners 151 educators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>502 practitioners 18 educators</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>300 practitioners</td>
</tr>
<tr>
<td>13,081 AS</td>
<td>1 optical workshop established</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10,525 spectacles</td>
<td></td>
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### ACHIEVEMENTS March 1998 - 30 June 2003

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>SERVICE DELIVERY</th>
<th>PUBLIC HEALTH EDUCATION</th>
<th>ACHIEVEMENTS</th>
<th>AFFORDABLE SPECTACLES (AS)</th>
<th>INFRASTRUCTURE</th>
<th>RESEARCH</th>
<th>PROFESSIONAL EDUCATION</th>
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<tbody>
<tr>
<td>Tuvalu</td>
<td>1,044 AS</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Vanuatu</td>
<td>3,888 AS</td>
<td></td>
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<tr>
<td>AFRICA</td>
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</tr>
<tr>
<td>Cameroon</td>
<td>1 trainer</td>
<td></td>
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<tr>
<td>Eritrea</td>
<td>1 trainer</td>
<td></td>
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</tr>
<tr>
<td>Ethiopia</td>
<td>1 trainer</td>
<td></td>
<td>20 refractionists</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Gambia</td>
<td>4 trainers</td>
<td></td>
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<td></td>
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<tr>
<td>Ghana</td>
<td>1 trainer</td>
<td></td>
<td>14 refractionists</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Kenya</td>
<td>3 trainers</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Liberia</td>
<td>2 refractionists</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Madagascar</td>
<td>1 trainer</td>
<td></td>
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</tr>
<tr>
<td>Malawi</td>
<td>2 trainers</td>
<td></td>
<td>45 refractionists</td>
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<tr>
<td>Namibia</td>
<td>7 trainers</td>
<td></td>
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<tr>
<td>Nigeria</td>
<td>4 trainers</td>
<td></td>
<td>26 refractionists</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Palestine</td>
<td>1 trainer</td>
<td></td>
<td>12 refractionists</td>
<td></td>
<td></td>
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<tr>
<td>Sierra Leone</td>
<td>2 trainers</td>
<td></td>
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</tr>
<tr>
<td>South Africa</td>
<td>13,502 patients</td>
<td>5 trainers</td>
<td>26 refractionists</td>
<td></td>
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</tr>
<tr>
<td>Swaziland</td>
<td>21 refractionists</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tanzania</td>
<td>9,317 patients</td>
<td>Curricula upgraded</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Uganda</td>
<td>4 trainers</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zambia</td>
<td>4 trainers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>4 refractionists</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>TOTAL</td>
<td>55,529 people provided with refractive services</td>
<td>31 nurses, 31 Eye Health Coordinators, Assistants &amp; Health Workers, 20 Technicians, 89 school teachers, 31 nurses, 1 Fellowship</td>
<td></td>
<td>1,044 AS</td>
<td>20,500 AS</td>
<td>Affordable Spectacles acceptance</td>
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</table>
ICEE entered into an agreement with the Aboriginal Health and Medical Research Council (AHMRC), the peak Aboriginal Health organisation in NSW, to provide eye and vision care services within Aboriginal Community Controlled Health Services (ACCHSs) was one of the main barriers to Aboriginal people seeking eye care they needed. The Commonwealth therefore agreed to fund the equipping of seven eye clinics within ACCHSs in NSW, and to provide ongoing funding for the employment of seven Eye Health Coordinators.

ICEE entered into an agreement with the Aboriginal Health and Medical Research Council (AHMRC), the peak Aboriginal Health organisation in NSW, to provide eye and vision care services within these facilities and at other locations as requested.

Objectives: ICEE activities in NSW aim to ensure that all Aboriginal people in the State have access to quality eyecare.

Progress: The eye clinics established at ACCHSs in NSW with the help of ICEE are meeting a great need in the clinics have never been seen by an eyecare practitioner before. These people have received vital eye and health care:
• 15% have been found to have diagnosed diabetes and have been introduced into a regular eye review program as part of a Diabetes Prevention program. It can be expected that as a result of these regular examinations very many of these people will avoid blindness or seriously impaired vision which would otherwise have been a complication of their diabetes.
• 16% of those with diagnosed diabetes were found to have some level of diabetic retinopathy.
• In the school screenings, approximately 20% of children failed one or more vision tests.
• 85% of those examined had uncorrected or undercorrected refractive error.

The effectiveness of the ICEE/AHMRC program is evidenced by the increased use of the NSW Government Spectacle scheme by Aboriginal people. Around 80,000 spectacles are distributed each year to low income earners in NSW through the Spectacles scheme, and until the establishment of the ICEE clinics, it is estimated that less than 20 of these each year were Aboriginal people. Now almost 6,000 pairs of spectacles, contact lenses, and low vision aids have been supplied to Aboriginal people through the scheme at no cost to the patient.

Collaboration: The key to the success of this program has been collaboration. ICEE firstly works closely with the AHMRC and the staff of ACCHSs in program organisation and service delivery, to ensure that programs are developed in accordance with community needs and sensitivities. Secondly, the program has harnessed contributions of a number of State, Federal, community and professional organisations and individuals. This has provided efficiencies in service and resource provision, which are essential to the sustainability of the Program. The NSW Department of Community Services contributes financial support; the Commonwealth Department of Health and Ageing pays for optometric consultations through the Medicare program; the Office of Aboriginal and Torres Strait Islander Health has funded educational programs conducted by ICEE for Eye Health Coordinators and other Aboriginal Health Workers; VisionCare NSW, which manages the NSW Government Spectacles scheme, cooperates in the provision of optical appliances to Aboriginal people; and the Royal Flying Doctor Service and the NSW Government’s Rural Aerial Health Service provide support in reaching rural and remote communities. Finally, almost 30 optometrists throughout the State give their time and professional skills to conduct the eye clinics.
Future: The ICEE Program is being continually developed and refined in order to make it more efficient and hence more productive. The Program has steadily expanded over its life, and will continue to expand as needs are identified, for example.

- The service will be expanded to other large Aboriginal communities, such as in Newcastle, Tamworth, Coffs Harbour, Lismore, Lake Macquarie, and Batemans Bay.
- There are many smaller Aboriginal communities, located in the main in the North West, South West and North Eastern areas, which can be best served by a mobile eye team. It is planned to develop and staff a mobile service to visit these locations. Initially the aim is to provide a service one week in each month.

Program leader: Professor Brian Layland

NORTHERN TERRITORY
...reaching remote communities

Background: 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, since 2000 an ICEE Community Optometrist has been employed to provide optometric services to remote and indigenous communities in the Northern Territory (NT).

Objectives: The objectives of the Project have been to provide eyecare and to establish a sustainable system of optometric eyecare delivery to remote indigenous communities.

Progress: Tess Pollock, ICEE’s Community Optometrist, has provided optometric services to up to 35 remote indigenous communities, serving around 30,000 people.

Outcomes: The ICEE NT Program has developed a successful optometric service delivery structure and demonstrated that this service can be sustained by mainstream funding, without the need for additional financial input from a non-government development organisation such as ICEE (since funds coming into ICEE from the Health Insurance Commission exceed the travel costs and salary supplement paid to the optometrist).

Collaborations: ICEE has worked with the Community Optometrist and NT Health in this project.

Future: With the development of a self-sustaining structure, it is time for ICEE to withdraw from the Northern Territory program. In December 2002 Tess Pollock and the current NT Health ophthalmologist, Rob MacKay, took on the responsibility of negotiating with NT Health and local Aboriginal communities to ensure this service continues and is responsive to consumer and practitioner needs.

Program leader: Dr Garry Brian

ASIA PACIFIC

TIMOR LESTE
...new vision for a new country

Background: Timor Leste is a small nation of approximately 800,000 people, which ranks among one of the poorest countries of the world. Poverty is widespread - it is estimated that 50% of the population live below the international established criteria for absolute poverty of US$1 per day, and GDP per capita in 2001 was US$344.

From September 1999 until early 2003, there were no permanent health personnel to support the eyecare needs of the population. Analysis by ICEE of service data collected over the last 3 years shows that up to 4% of the population presenting to the eye clinic are blind (less than 3/60 better eye), showing that visual disability is an important health issue in Timor Leste.

Objectives: ICEE aims to work with the Ministry of Health (MOH) and other stakeholders to improve access to and availability of high quality eyecare services in Timor Leste.

Progress: Since 1999, ICEE has worked to deliver and improve eyecare in Timor Leste. In particular, ICEE has aimed to develop the infrastructure and local capacity needed to meet the eyecare needs of the country.

Local nurses have been trained to provide basic eyecare and screening to their communities. In December 2002, an onsite monitoring visit was made to each of the nurses who received training in June 2002. This assessment enabled ICEE to make recommendations to the MOH regarding trainee selection and integration of eyecare services into the duties of nurses, as well as to inform the needs for refresher training.

ICEE, in partnership with National Centre for Health Education and Training (NCHET) and the MOH, also conducted primary eyecare refresher training for these and additional nurses in June 2003. Each district of Timor was represented, and five nurses were selected to undertake one year of training at LV Prasad Eye Institute in Hyderabad, India to gain further training, clinical experience and practical application of clinical procedures.

A permanent supply of ICEE Affordable Spectacles has been established under an agreement with the Dili National Hospital. In April 2003 a daily eye clinic run by Sr Fatima Filomena de Rosalay was established at the Hospital. A seed donation of 2,000 spectacles was provided by ICEE, and a rotating fund has been established whereby further spectacles will be ordered as required, and the small profit invested in the local delivery of services.
ICEE has been involved in much-needed interim eyecare service delivery in Timor Leste as part of the collaborative East Timor Eye Program (ETEP). This year there were two trips in May and June, involving visits to the Dili National Hospital as well as outreach visits to the districts of Ermera and Baucau.

Outcomes: In the past year, 5,200 people were provided with refractive services, with 2,678 receiving spectacles. To date 22 nurses have been trained in primary eyecare. This primary eyecare training program ensures that a sustainable and more comprehensive service is delivered and that eyecare continues to be accessible to all in the future.

Collaboration: ICEE works closely with the MOH in developing plans for the provision of eyecare services in the country. ICEE also collaborates with NCHET, Dili National Hospital, and the Royal Australian College of Surgeons in the provision of services and training.

Future: ICEE is initiating a planning workshop with the MOH in 2004 in order to increase and improve eyecare services in India and throughout Asia. 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, was established in 2000 in association with ICEE partner, the LV Prasad Eye Institute. The school provides a range of training and educational courses, and will also conduct research in optometry. ICEE is involved in planning the development of educational models and curricula; student selection; and regular functioning of the School.

Objective: The School aims to provide high quality education for all levels of the eyecare profession in order to increase and improve eyecare services in India and throughout Asia.

Progress: The School is fulfilling its objective with strong enrolments for all its programs. This year 20 students were enrolled for the Bachelor of Optometry, 10 for the Diploma in Ophthalmic Techniques (DOT), and 30 for the Vision Technician Course. As a part of Vision 2020 activities in the Asia Pacific, the School conducted refresher training for Para-Medical Ophthalmic Assistants (PMOAs), to upgrade their refraction and eye examination skills. The program was conducted in collaboration with the International Centre for Advancement of Rural Eyecare (ICARE), and trained 101 PMOAs over five days. It is anticipated that 400 refractionists will be trained in this program. In addition, 11 trainers from regional hospitals were trained to enable them in turn to deliver training to PMOAS.

The School also aims to expand eyecare into schools, and is developing a vision screening kit for teachers. An optical shop and dispensing laboratory was established by ICEE in the RR Lions Hospital of Palakol. Since its establishment last year, 1,400 spectacles have been distributed through the shop.

Outcomes: Since September 2000, the School has enrolled:
- 60 Bachelor students, with 10 students from the first intake now in internships. Internships provide valuable experience for students, and also deliver eyecare services to communities in need.
- 40 DOT students, with 10 from the first intake now in their second year of internship, and 10 from the second intake now in their first year of internship.

A third year DOT intern examines 15 to 17 patients a day which works out to more than 3,500 patients a year.
- 49 Vision Technician students. Around 20 students who have completed the one year program are now working in eye hospitals in rural areas, examining on average 30 to 35 patients a day.

Collaboration: The School works particularly with Vision 2020 activities in India, and collaborates with the International Centre for Advancement of Rural Eyecare.

Future: The School is strengthening and expanding a number of areas. In particular, a Masters program is being developed, and the internship programs for all courses are being improved to enhance the experience of students, and to increase service delivery. It is anticipated that a clinic will be established at the School to support these aims and to provide valuable eyecare services to the local community.

Program leader: Vallam Rao
PACIFIC EYECARE
…delivering vision to the islands

Background: Many of the islands in the Pacific region have limited eyecare services. ICEE has collaborated with a number of groups to address this need.

Objectives: The ICEE Pacific program aims to deliver vital eyecare services to the region, and to develop local resources to provide ongoing eyecare.

Progress: With a population of 11,000, Tuvalu has no eyecare providers and relies on service delivery visits from outside the country. Since 2001 an ICEE optometry team has been involved in service delivery with the Royal Australian College of Surgeons (RACS). In August 2002, the team travelled to Tuvalu prior to the RACS ophthalmology team’s arrival and conducted screening on Funafuti and two of the outer islands. The ICEE team screened for eye disease and serious complaints which were then referred to the RACS surgery team. In addition to screening, the optometrists performed refraction and distributed ICEE Affordable Spectacles and sunglasses.

ICEE also conducted valuable research into eyecare in Tonga, Samoa, Fiji and the Cook Islands. In partnership with the Fred Hollows Foundation, ICEE collected information to determine the prevalence of the major causes of blindness and visual impairment in these countries. This information is likely to greatly enhance support by local health officials to further strengthen and effectively plan national eyecare programs.

In May this year, eyecare workers from eight Pacific Island nations came together in Fiji for one week to assist each other with the development of national and regional eyecare programs. The workshop was funded by the Fred Hollows Foundation with technical assistance from ICEE and the LV Prasad Eye Institute.

Outcomes: As well as the planning and research which will help to improve eyecare in the region, in Tuvalu this year the team provided direct eyecare to 600 people and 500 school children, and provided 360 pairs of spectacles.

ICEE also continues to facilitate the availability of affordable spectacles throughout the Pacific region, through the sale of spectacles to the Solomon Islands, Fiji, Vanuatu, Papua New Guinea and Fiji; with 4,878 pairs of glasses distributed to date.

Collaboration: The Pacific Program is built on collaboration, most notably between ICEE and the Fred Hollows Foundation, and the Royal Australian College of Surgeons. The LV Prasad Eye Institute also contributes significantly to the training programs.

Future: Next year will see training programs for nurses and community health workers implemented in the Solomon Islands, Samoa, Tuvalu and Vanuatu. Further planning will take place with local ministries of health to ascertain refractive error and primary eyecare training needs. ICEE is working closely with the Fred Hollows Foundation and the LV Prasad Eye Institute to assist Pacific institutions in the development of regional eyecare training.

Program leader: Jacqueline Ramke

AFRICA

TRAIN THE TRAINER, SOUTH AFRICA
...producing the human resources needed for African eyecare

Background: 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 infrastructure to produce and support them. Unlike developing countries, where there is approximately one eyecare practitioner for every 10,000 people, Africa often has one practitioner per 500,000 people, and the situation is much worse in many rural areas, where there may be no caregiver at all.

60% of avoidable blindness and impaired vision is due to cataract and refractive error – or the need for glasses.

Objectives: The ICEE Train the Trainer (TTT) Program aims to provide trainers with the necessary skills and knowledge needed to teach refraction to other eyecare personnel when they return to their countries. In this way ICEE aims to ensure that eyecare education can be delivered locally and be ongoing.

Progress: The program is led by Palesa Dube, ICEE Education Development Coordinator, and is open to educators from throughout Africa and the Middle East. The program continues to add significantly to the eyecare resources in the region. To date educators from Cameroon, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Madagascar, Malawi, Namibia, Nigeria, Palestine, Sierra Leone, South Africa, Swaziland, Uganda, Zambia, and Zimbabwe have been trained.

Ongoing support and promotion of the program has been fostered through regional visits, this year to Nigeria and Uganda.

In conjunction with other eyecare providers in South Africa and under the Vision 2020 banner, ICEE Africa was also a key participant in Eye Care Awareness week. Fifty optometrists from around South Africa gave their time to provide free eye tests. The optometrists were supplied with affordable spectacles to dispense to patients, and over 750 pairs of glasses were dispensed during this week.
DEVELOPING LOCAL EYECARE

Outcomes: Three training schedules are held in the TTT Program each year. This year 21 trainers and 9 refractionists were trained, making a total of 47 trainers and 198 refractionists now providing these services to their communities through the activities of ICEE. Each trainer can in turn train 15 refractionists per year, and each refractionist can provide eyecare to 5,000 per year.

Evaluation of the trainers shows that the confidence and expertise of the students was significantly increased in retinoscopy, refraction, dispensing, computer usage and teaching methods.

Collaboration: ICEE has received support from local hospitals and community groups in the delivery of eyecare and health education.

Future: The Program is currently focussed on developing sustainable local eyecare delivery.

Program leader: Palesa Dube

COMMUNITY OPTOMETRIST, TANZANIA

Background: In Tanzania, it is estimated that there are 300,000 blind people. Of the 160 optometrists in the country, about half of them are employed by the Tanzanian government or by NGOs. The others are either unemployed, or are in private practice in Tanzania or Kenya. Although the ratio of optometrist to population is currently 1 optometrist to 170,000 people, most optometrists are concentrated in the urban areas (especially in Dar es Salaam).

Tanzania also has around 20 ophthalmologists, 240 qualified ophthalmic nurses, and about 50 assistant medical officers in ophthalmology (AMO/Os). Some AMO/Os are qualified as refractive surgeons as well.

Objectives: The Community Optometrist Program aims to contribute to the prevention of blindness in Tanzania by providing access to and use of appropriate, effective and sustainable vision care services. To reach this aim, ICEE has developed a low cost business model of Community Optometry with two primary objectives:

- To provide first class eyecare services to underserved communities through the delivery of affordable ready-made spectacles and prescription spectacles.
- To build capacity to provide eyecare services by creating local opportunities for Community Optometrists to own a business and earn a living.

Progress: The Community Optometrist program is defined by the following features:

- Mobile. The Community Optometrists initially operated in a 500 km radius around Arusha, and moved to Tabora in Central East Tanzania, roughly 700km from Arusha in May 2003.
- Affordable spectacles and supplies.
- Cost-recovery financing.
- Affiliation and integration with district hospitals.
- Community-based eye-health education and promotion.

Damas Mworia has successfully implemented the Program, developing regular outreach programs with clinics, churches and schools; and supplying patients with both ready-made and made to measure glasses.

He moved from the original area around Arusha when clinics able to offer affordable glasses were established in that region. It was felt that this area now had reasonable eyecare support and Damas should concentrate on an area where there are no eyecare services.

This move was only made in April/May 2003 and Damas has already been successful in establishing outreach clinics in the area.

Outcomes: Damas screened approximately 4,500 people this year.

Collaboration: The Community Optometrist works with local hospitals and community groups in the delivery of eyecare and health education.

Future: The Program and model will be evaluated to improve and expand the system, and to continue the move to sustainability. Damas will continue to focus on developing outreach clinics.

Program leader: Ms Pirdhita Govender

COMMUNITY OPTOMETRISTS, SOUTH AFRICA

Background: There is a paucity of eyecare personnel and facilities in South Africa, particularly within the public sector health service. Only about 20 of the 2,127 optometrists in South Africa work in the public sector. Public health models need to be developed in order to respond to the eyecare needs of the population.

Objectives: ICEE aims to support the incorporation of optometry into the public health system.

Progress: ICEE entered into negotiations with the Department of Health in KwaZulu-Natal to establish and fund optometry positions within the public health sector. To date four positions have been established at hospitals in Port Shepstone, Edendale, Madadeni and Ngwelezana.

ICEE has assisted the hospitals with securing donations for equipment, setting up systems and recruiting the optometrists. The hospitals are all supplying ICEE’s range of Affordable Spectacles. The optometrists are also conducting outreach programs at clinics and schools.

The hospitals and optometrists have agreed to participate in ICEE Africa’s data capture program and are sending detailed patient histories for epidemiological research.

Outcomes: Four eye clinics have been established within the public health system.
Collaboration: ICEE is working with the Department of Health in KwaZulu-Natal, and each individual hospital, in establishing efficient eyecare clinics.

Future: This program involves an ongoing process of negotiation with the Department of Health, both in the provinces and at a national level, to increase the number of optometry posts in public hospitals in South Africa.

Program leader: Palesa Dube

STANGER HOSPITAL EYE CLINIC
…providing local eyecare in rural Africa

Background: Stanger Hospital falls within the health district of the Lower Tugela, in the Durban region of KwaZulu-Natal, serving a predominantly rural population of about 1 million people.

The patients at Stanger were in need of a fully equipped eye clinic offering eyecare services. Having recognized this need, ICEE set up an eyecare clinic in February 2002.

Objectives: The clinic aims to provide a comprehensive eyecare service for patients in the health district of the Lower Tugela; to provide access to affordable spectacles for those patients in need; and to develop an appropriate model for eyecare delivery in the public health sector of South Africa.

Progress: The eye clinic has become very well established within the hospital’s daily functioning. All patients with ocular complications are referred to the eye clinic, where appropriate treatment is administered. A very good referral system has also been established with King Edward Hospital, so that patients can be referred promptly for more specialised treatment.

The addition of optometry to this region is making a major contribution to patient care. Providing local eyecare eliminates the need for patients to travel the eighty kilometres to Durban, which can prove costly, particularly for return visits. For example, the return trip to collect spectacles or medication is too expensive, and thus patients remain without visual correction or vital treatment.

Outcomes: In the past year 2,743 people were provided with refractive services through the clinic, with 80 ICEE affordable spectacles provided. In addition, a clinical administrator was trained to assist with dispensing and ordering of spectacles.

Collaboration: ProVision has donated AUD$23,000 to equip the eye clinic, and ICEE works with Stanger Hospital in developing effective eyecare for the region.

Future: The Stanger eye clinic will continue to monitor outcomes in order to ensure the delivery of high quality eyecare.

Program leader: Yashika Inderjeet

MOBILE OPTOMETRISTS, SOUTH AFRICA
…bringing eyecare to communities in need

Background: Long distances, poor roads and general lack of infrastructure, coupled with the difficulty of attracting quality personnel to rural areas, have been major obstacles in providing communities in rural South Africa with access to health care.

ICEE has become involved with two programs that are delivering eyecare in rural areas in South Africa: through mobile eye clinics, permanent eyecare centres, and Sight Saver tours.

ICEx has become involved with two programs that are delivering eyecare in rural areas in South Africa: through the South African Red Cross, and through the Bureau for the Prevention of Blindness:

• The SA Red Cross Air Mercy Services have one optometrist who, with other medical specialists, serves 20 provincial hospitals in KwaZulu-Natal on a monthly schedule. ICEE provides Affordable Spectacles for this program, and in September 2002 was approached to manage the Red Cross eyecare services.
• ICEE also provides an optometrist to work with the Bureau for the Prevention of Blindness, which offers a variety of services to people in remote rural and township areas in Africa through mobile eye clinics, permanent eyecare centres, and Sight Saver tours.

Objectives: The Program aims to deliver quality eyecare services and affordable spectacles to rural communities and public sector patients.

Progress: The Red Cross Flying Optometrists see around 500 patients at 27 clinics each month. ICEE is working to increase the number of eye clinics and to create local capacity by devolving services to community optometrists. The sale of affordable spectacles has increased, and the program is now paying the cost of the optometrist and an assistant to help with clinics and dispensing.

In March 2003, ICEE Africa raised funding from Spec-Savers Africa to fund an optometrist to work for a year with the Bureau for the Prevention of Blindness. Bureau services also use ICEE affordable spectacles, and 1,700 ICEE spectacles have so far been provided. The complementary services of an optometrist contribute significantly to the work of the Bureau, adding refractive services to create a fully functional eyecare service. For example, cataract patients can be promptly fitted for spectacles, ensuring that they receive optimum vision correction following cataract surgery.

Collaboration: ICEE works with the SA Red Cross and the Bureau for the Prevention of Blindness in the delivery of local eyecare in South Africa, and has received support from Spec-Savers Africa.

Outcomes: Through the Red Cross, 5,627 patients were seen by an optometrist for refraction and referral this year, with 746 readymade and 1,133 made to order spectacles dispensed.

Future Plans: The Red Cross program will extend existing services to the rest of the province by conducting regular scheduled primary care clinics in all
rural areas, and will continue to devolve responsibility for clinics to the community ophthalmists as the capacity arises. The Bureau Program will continue, and it is expected that the optometrist position will become self-funding through the sale of Affordable Spectacles.

**Project Managers:** Kesi Naidoo, Palesa Dube

**ENABLING TECHNOLOGY**

**AFFORDABLE SPECTACLES**

— making vision correction possible

**Background:** Effective eyecare services are dependent on the availability of affordable vision correction devices. While spectacles are the simplest method of vision correction, in many areas glasses are not available, inappropriate, or are too expensive. ICEE’s evolving Affordable Spectacle Program offers attractive, appropriately priced glasses to overseas communities and Australia’s indigenous communities.

**Objectives:** ICEE aims to provide good quality affordable spectacles to those in need of vision correction, and to develop systems to incorporate the sale of spectacles into sustainable eyecare services.

**Progress:** Following research on regional requirements and availability, ICEE has developed a range of good quality spectacles and has set up warehouses in Sydney and Africa from which the glasses are delivered internationally through ICEE and other relevant programs and organisations.

ICEE spectacles do more than just improve the quality of life of those with refractive errors. They are also an important part of a sustainable model that enables eyecare practitioners in developing countries to sell the glasses to support their eye health activities. Donations and fund-raising also enable ICEE to subsidise these glasses for communities where necessary.

**Outcomes:** During 2002/2003 ICEE distributed approximately 38,100 pairs of spectacles throughout South Africa, Tanzania, East Timor, Tuvalu, India, Vanuatu, Solomon Islands, Papua New Guinea, and Australia.

**Collaboration:** ICEE works with a wide range of organisations to deliver Affordable Spectacles through ICEE or other programs.

**Future:** With growing and changing needs, ICEE’s spectacles and system of distribution are frequently re-appraised. It is likely that there will be changes in both during the next year.

**Program leader:** Dr Garry Brian

**VISION 2020: THE RIGHT TO SIGHT**

**GLOBAL**

— collaborating to eliminate preventable blindness

**Background:** Vision 2020: The Right to Sight is a worldwide initiative designed to eliminate the major causes of 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 numerous international non-governmental development organisations, the program aims to coordinate all parties involved in combating blindness.

**Objectives:** for ICEE involvement in the global Vision 2020 program and the REWG:

- Share what ICEE has learned about addressing eye and vision problems with other groups who are working toward Vision 2020 goals
- Learn about successful intervention strategies used by other partners in the Vision 2020 network
- Contribute to the development of Vision 2020 policies and programs.

**Progress:** During the Fifty-Sixth World Health Assembly in May 2003, member states of the WHO passed a formal resolution pledging their commitment to the objectives of Vision 2020. Activities will increase internationally as each member country develops and implements national blindness prevention programs in

**Vision 2020** addresses five causes of global blindness for which cost-effective solutions are currently available: cataract; trachoma; onchocerciasis (river blindness); childhood blindness; refractive errors and low vision.

ICEE has been involved with the global Vision 2020: Right to Sight since the program was launched in 2000. ICEE involvement with Vision 2020 Global includes:

- Participation in meetings of the Task Force;
- Chair, technical and financial support for the Vision 2020 Refractive Error Working Group;
- Membership on the Resource Mobilisation Committee;
- Membership on the Communication Committee;
- Membership on the Cataract Working Group; and
- Member of the “Giving Sight” fund-raising collaborative for Vision 2020.

The Refractive Error Working Group (REWG) was established by WHO and IAPB in 2001 to make recommendations for eliminating disabling uncorrected refractive errors worldwide through Vision 2020. Professor Brien Holden and Dr Serge Resnikoff, Director of Blindness and Deafness programs for WHO, have co-chaired this committee since that time. ICEE makes several additional contributions to the REWG. Dr Kavin Naidoo, ICEE Africa Program Director, is a member of the working group. ICEE seconded and funded two more of our public health optometrists to support the REWG on a part-time basis in 2002-2003: Dr Cynthia Willis coordinates activities of the REWG and Jacqueline Ramke provides technical support.

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In accordance with the new resolution.

Plans are underway for the meeting of the REWG on September 6, 2003 at WHO Headquarters in Geneva. During this meeting, working group members will finalize work on:

- An estimate of the global burden of blindness and visual impairment that exists worldwide due to uncorrected refractive error. Jacqueline Ramke from ICEE has contributed significantly to this work by gathering and reviewing international studies which have measured the number of children and/or adults whose vision is limited because of need for appropriate corrective spectacles.

  Ms Ramke will work with WHO statisticians as they analyse this information to quantify the disability suffered worldwide as a result of this problem.

- A strategic plan for the global elimination of uncorrected refractive error. The final REWG report to the IAPB, expected in late 2003, will make recommendations in the areas of at-risk groups, human resources needs, technology requirements, and the delivery of vision services.

  Countries with high rates of uncorrected refractive error in their populations will use these recommendations as they develop and implement more comprehensive National Blindness Prevention Programs.

- A list of countries where additional studies are needed because the proportion of the population with refractive error is unknown.

Outcomes:

- Professor Holden and Dr Kevin Naidoo attended Vision 2020 Task Force Meetings in Prague (July 2002) and Geneva (February 2003).

- Review of published data on the prevalence of refractive error completed by Ms Jacqueline Ramke.

- Literature reviewed by Dr Cynthia Willis to address specific technical issues for the REWG strategic plan.

- First draft of the Strategic Plan for the Elimination of Refractive Error prepared by the REWG and presented by Professor Holden to the Vision 2020 Taskforce in July 2002.

- Fact sheet about refractive-error blindness and visual impairment, designed for the public, prepared by ICEE volunteer and optometry student Katherine Collett. The draft will be shared with the IAPB.


ICEE involvement as a principal partner is in the following areas:

- Professor Brien Holden is the Co-Chair of the Vision 2020: The Right To Sight Australia Board

- ICEE is developing collaborative projects under the Vision 2020 banner

- Membership of the Australia Community Committee

- Membership of the Aboriginal and Torres Strait Islander Committee

- Membership of the Global Committee.

Future: ICEE is committed to contributing and supporting Vision 2020 and the REWG. We will continue to gather lessons learned from our projects in public health education, personnel training, service delivery and development of infrastructure, including schools. In the coming years, we aim to develop a research program to investigate ways to increase the effectiveness, efficiency and sustainability of eye services and blindness prevention programs.

Program leader: Professor Brien Holden

AUSTRALIA

…improving Australian eyecare

Almost 50 organisations have now joined the Vision 2020 Australia partnership.

ICEE is a Principal Partner in the Vision 2020: The Right To Sight Australia initiative. In response to the establishment of the global Vision 2020 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 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.

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ICEE PROFESSIONAL EDUCATION

VARILUX ACADEMY ASIA PACIFIC
AND VARILUX ACADEMY EDUCATOR
INITIATIVE

…improving eyecare for ageing vision by training
practitioners and educators

Background: Recognising the need to improve eyecare
for the world’s ageing population led, in 1998, to a
unique partnership being formed between Essilor and
ICEE. Five years later more than 4,800 practitioners
and almost 400 educators have been taught how to
provide the best and latest care, first via the Presbyopia
Education Program (PEP) and now through Varilux
Academy Asia Pacific.

Supported with US$5 million from Essilor, PEP
was designed to enhance the skills of practitioners,
to enable them to provide complete eyecare to their
communities. In addition, educators are provided with
the most up-to-date teaching resources and materials
to support long-term improvement in presbyopia
treatment. The program has been successfully
conducted in New Zealand, India, China, Philippines,
Indonesia, Malaysia, Singapore, Hong Kong, Thailand,
Japan, Korea and Australia.

Objectives: Varilux Academy Asia Pacific (VAAP)
was developed in response to eyecare practitioner and
industry requests to expand the scope of practitioner
education in the region. The Academy is sponsored by
Essilor and was developed by ICEE, using as a model
both Varilux University Paris and the successful ICEE
Presbyopia Education Programs.

In addition to teaching clinical skills for successful
prescribing and fitting of Progressive Additional Lens
and other modern lens designs, VAAP programs go
further and include communication, psychology and
sales skills for the management of presbyopia.

Progress: This year Essilor and ICEE agreed to
extend the collaboration of the last 5 years in Asia
Pacific until at least 2005.

Over the next three years Essilor will collaborate with
ICEE to conduct 82 education days for up to 2,460
practitioners in nine countries in the Asia Pacific.
A large proportion of time will be spent in China,
India and Indonesia, which represent not only the
most populous countries in the world but the ones
whose communities will benefit significantly from
improved eyecare.

With Essilor’s support ICEE has introduced the Varilux
Academy Educator Initiative (VAEI) to train up to 15
industry personnel based in Asia Pacific countries each
year, who will conduct VAAP programs using ICEE
education materials, to increase the frequency and
reach of practitioner education programs within their
countries.

In addition, 67 educators at undergraduate teaching
institutions throughout the region will be given
education materials and training to assist them to
produce optometrists skilled in the use of modern
spectacle lenses. These educators will join more than
400 who have already benefited from this work since
1998.

Essilor also actively supports education in Australia.
The Essilor-ICEE Scholarship was established in 2002
for a student to undertake research into presbyopia or
internet education.

Outcomes: The Program has trained 4,700 practitioners,
201 optometry students, and 401 educators since 1998.

Collaboration: ICEE continues to collaborate with
ophthalmic teaching institutions in each country. In
particular LV Prasad Institute, India and the School of
Optometry at the University of Waterloo, Canada
have played an important role in the development of
the program.

Future: To consolidate the achievements of the last
five years within Asia Pacific countries that will gain
the most benefit, the ICEE professional education
programs will be focused on practitioners and
educators in Australia, China, India and Indonesia over
the next three years.

Program leader: Craig Butler
ICEE was established in 1998, when researchers and educators from the Cooperative Research Centre for Eye Research and Technology 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 use their combined expertise in international eyecare and education to make a contribution to global blindness prevention efforts.

ICEE has developed good systems of governance and management. ICEE is governed by a Board which reviews and oversees the direction and performance of the Centre, particularly in the areas of strategic planning and the development of ICEE relationships with other organisations and governments. The ICEE Executive comprises the Chair, Executive Director, and Program Directors. The Chair is responsible for the implementation of the decisions and policy of the Board, and for Vision 2020 collaboration. The Executive Director is responsible for Program overview, administration and finance. The ICEE Head Office is in Sydney Australia, with Regional Offices in Africa, China, India, Indonesia and Philippines, and linkages to a range of other organisations.
BOARD AND EXECUTIVE

Professor Brien Holden BAppSc PhD DSc OAM, ICEE Chair: Brien Holden is Professor of Optometry at the University of New South Wales (UNSW), founder and Director of the Cornea and Contact Lens Research Unit at the UNSW School of Optometry and Vision Science, and Director of the Cooperative Research Centre for Eye Research and Technology. 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 a co-founder of the International Association of Contact Lens Educators (1979), Vice-Chairman (1979-1991), President (1991-1999), Founding President-elect, President (1982-1984), and Executive Member of the International Society for Contact Lens Research. Awards include: Honorary Degrees of Doctor of Science by the State University of New York 1994, Pennsylvania College of Optometry 1998, City University London 1999 and University of Durban-Westville 2002; HB Collin Research Medal; Kenneth W Bell Medal; Ruben Gold Medal; Glenn A Fry Award; British Contact Lens Association Medal; Special Recognition Award from the Association for Research in Vision and Ophthalmology; and the Medal of the Order of Australia for contributions to eyecare research and education in 1997. UNSW awarded him a Scientia Professorship in 2001 for outstanding research performance, and he was inducted into the USA National Optometry Hall of Fame in 2002.

Professor Desmond Fonn DipOptom MOptom, ICEE Board Member and Director of Aboriginal Programs: Since graduating with a Bachelor of Science (Opt Sc) in 1958, Brian Layland has become a well respected optometric practitioner 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; National President of the AOA (1976-1979), National Vice President (1971-1989) and State President (1971-1972); Vice-President of the International Optometric and Optical League (1978-1979); and was involved in the establishment of Australia’s Independent Optometrists group. He is a visiting lecturer (since 1971) and Advisory Committee Member (since 1957) of the UNSW School of Optometry and Vision Science; a Visiting Professor for the Cooperative Research Centre of Eye Research and Technology; Chair of the Institute for Eye Research; and a Member and Chairman of many professional committees involved with government at State and Commonwealth levels. Awards include: International Optometrist of the Year 1992; Medal of the Order of Australia for services to the profession of optometry 1979; Medal of the Order of Liverpool for services to technical education and the community; Wilfred I Wenborn Award for Conspicuous Service in the Advancement of the Profession of Optometry 1990; Honorary Life Member of the AOA (NSW Division).

Dr Gullapalli Rao MBBS PhD, ICEE Board Member: Gullapalli Rao is the Founder and Director of the LV Prasad Eye Institute (LVPEI) in India. His international work and standing is epitomised by his appointment as Senior Vice President/President-Elect of International Agency for the Prevention of Blindness (IAPB). He has also been the Secretary-General of IAPB (1998-present), and former Chairman of the South-East Region (1994-1999). He holds one of the Chairs of the Academia Ophthalmologica Internationalis; President of the Asia Pacific Region and Member of the International Association of Contact Lens Educators in which he serves as Vice President.
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), and Fellow of the American Academy of Ophthalmology. His awards include: Ramsay Research Award for contributions to medical science 1995; Louis Emile Javal Silver Service Award from the International Contact Lens Council of Ophthalmology 1994; 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; the Senior Honor Award of the American Academy of Ophthalmology 1993; Doctor of Science, honoris causa from University of New South Wales in 2001; and the Padma shri award (Republic Honour from the President of India) for his contribution to medicine and ophthalmology in 2002.

Associate Professor Deborah Sweeney BOptom PhD, ICEE Board Member: Deborah Sweeney is Associate Professor and Executive Director of the Cooperative Research Centre for Eye Research and Technology, and the Cornea and Contact Lens Research Unit of the School of Optometry and Vision Science at the University of New South Wales. She is extremely active in international optometry, taking roles as Secretary (1991-2000), Treasurer (1994-2000), President (2000-present), Secretary of the Asia-Pacific Regional Group (1991-present) and Assistant Secretary of the European, Africa-Middle East and Latin American Regional Groups (1991-present), of the International Association of Contact Lens Educators; Councillor (1988-1990), Secretary and Member of the Executive (1990-present), President and President Elect of the International Society for Contact Lens Research (2000-2003); Secretary General, Keratoconus (KPro) Study Group (2001-present); Treasurer of the Optometric Vision Research Foundation (1984-present); Board Member, The Ocular Surface Editorial Board (2002-present); Board Member, The International Contact Lens Clinic Editorial Board (2002-present); and Secretary of VisionCare New South Wales (1994-present).

Dr Garry Brian MB ChB FRACS FRANZCO, ICEE Director of Public Health: Garry Brian is an ophthalmologist with extensive experience in eye service development for indigenous Australians and in developing countries. Starting his career in 1989, Garry has worked in hospitals throughout Australia, as well as in private practice. His interest in the area of indigenous health led to a position firstly on the Medical Advisory Board and later as Medical Director for the Fred Hollows Foundation, and he was instrumental in the planning, delivery, and assessment of the remote area eye services that lead to the 1997 Commonwealth Government review of Aboriginal and Torres Strait Islander eye health. He has held a number of academic appointments including Associate Professor, as a conjoint appointment at Mount Isa Centre for Rural and Remote Health with the School of Public Health and Tropical Medicine, James Cook University; and Clinical Associate Professor, Department of Surgery, The University of Queensland; and has published a number of papers as well as manuals and reports in this field.

Liesel Wett, Executive Director Liesel Wett has been involved in health related business management for the past six years. Ms Wett has skills and qualifications in Public Health (MPH) and business, having recently completed her Master of Business Administration (MBA). Liesel’s strengths lie in business management, innovative change management, strategic planning and efficient resource utilisation. She joined ICEE as Executive Director in July 2002. In this position, Liesel contributed greatly to the strengthening of ICEE’s management structures. To ICEE’s loss, she was headhunted for a senior position in a medical organization. Liesel left ICEE in April 2003.

Mr Craig Butler BOptom FACBO FCVOID, ICEE Director of Professional Education: Mr Butler received his Bachelor of Optometry degree from the University of New South Wales in 1982. He was a Fellow of the Australasian College of Behavioural Optometrists in 1989 and the College of Optometrists in Vision Development in 1992. Craig has worked in private practice since 1982, in the United Kingdom and Australia. He was Director of the Vision West Optometry Clinic in Perth, Western Australia, for 10 years until April 2001. During this time he provided clinical supervision and tutoring for visiting French and Indonesian students of optometry, and he has also mentored graduate optometrists enrolled in the University of New South Wales Behavioural Optometry unit of the Master of Optometry degree program.

Dr Garry Brian MB ChB FRACS FRANZCO, ICEE Director of Public Health: Garry Brian is an ophthalmologist with extensive experience in eye service development for indigenous Australians and in developing countries. Starting his career in 1989, Garry has worked in hospitals throughout Australia, as well as in private practice. His interest in the area of indigenous health led to a position firstly on the Medical Advisory Board and later as Medical Director for the Fred Hollows Foundation, and he was instrumental in the planning, delivery, and assessment of the remote area eye services that lead to the 1997 Commonwealth Government review of Aboriginal and Torres Strait Islander eye health. He has held a number of academic appointments including Associate Professor, as a conjoint appointment at Mount Isa Centre for Rural and Remote Health with the School of Public Health and Tropical Medicine, James Cook University; and Clinical Associate Professor, Department of Surgery, The University of Queensland; and has published a number of papers as well as manuals and reports in this field.

Dr Kevin Naidoo BSc BOptom OD MPH, Director of ICEE Africa: Dr Naidoo is the former Head of the Department of Optometry at the University of Durban-Westville, South Africa, and plays an active role in the development of optometry and eyecare services in Africa and other developing countries. A Fulbright scholar, Dr. Naidoo received his BSc in 1988 and his BOptom in 1992 at the University of Durban-Westville; his Doctor of Optometry from the Pennsylvania College of Optometry in 1995, and Masters in Public Health from Temple University in 1995. His expertise and commitment to public health has led to both national and international roles, including as co-chair of the International Agency for the Prevention of Blindness (IAPB) Africa, Chairperson of the Esati Public Health Initiative, Member of the Public Health and Development Committee of the World Council of Optometry; Chairperson of the board of trustees of the South African Red Cross Air Mercy Services, Member of the Department of Health Prevention of Blindness Commission and Provincial Eyecare Committee. He is also an Adjunct Faculty Member of Pennsylvania College of Optometry. Dr Naidoo was chosen as the African Optometrist of the Year for 2002/3 in recognition of his work in blindness prevention in Africa.

MARKETING AND FUNDRAISING
Marketing and fundraising is important to maintaining and expanding the ICEE eye care delivery program. Fundraising income is currently generated from the Optometry Giving Sight campaign, ICEE National Sunnies For Sight Day, corporate sponsorship and public contributions.

Optometry Giving Sight
ICEE is endorsed by the Optometrists Association Australia and is a member of the Australian Council For Overseas Aid. ICEE is also the nominated and preferred charity of ProSight – the largest network of independent optometrists in Australia.

The core of ICEE’s mission is correcting uncorrected refractive error. This is the very essence of optometry. With this in mind ICEE’s Optometry Giving Sight campaign is one of the major cornerstones of ICEE’s marketing and fundraising effort.

ICEE invites all those involved in the optometric and optical profession to work with ICEE by:
• Advocating the importance of optometry’s role in blindness prevention
• Becoming a financial supporter
• Making in-kind donations of new stock or equipment.

By end of June 2003, there were 91 Practices and 171 practice outlets who had generously become members of Optometry Giving Sight. These supporters are listed on the ICEE website.

Optometrists Association Australia
ICEE has received extensive support from the Optometrists Association (OAA) Australia National Office and its State Bodies. Apart from officially endorsing ICEE, this assistance is often provided through editorial assistance in official publications; and official trade booths at various conferences and congresses. ICEE’s receives outstanding support from the official publication of the OAA, the Australian Optometry magazine.

An International Alliance
In December 2002, ICEE formed an exciting partnership with the World Council of Optometry (WCO). The WCO, through their fundraising organisation – the World Optometry Foundation (WOF), have formed a global alliance to establish a global Optometry Giving Sight fundraising campaign. The combined efforts of ICEE and the WOF are critical to mobilising the funds needed to make a real difference. This unique collaboration also gives ICEE’s Australian optometry supporters the chance to join with their colleagues worldwide to address the issue of preventable blindness.

Optical Industry Corporate Supporters
Since its inception ICEE’s professional education program has been sponsored by the generosity and support of Essilor, one of the world’s largest

All Australian pre-schools, primary and secondary schools and workplaces are welcome to become involved in Sunnies for Sight. The next National Sunnies For Sight Day is on Friday 27 February, 2004.

Communications
ICEE produces a range of material to maintain communication with the profession, industry and public. These include a quarterly magazine, which keeps supporters informed as to progress and achievements. In Australia and South Africa it is mailed to all optometrists as an insert with the national optometric publications. The magazine is also available on the ICEE website.

The ICEE website is maintained with the help of i-media. The new ICEE website was launched in early June, and is already averaging almost 800 hits per day. On-Line Banking became a feature of the site in August 2002, providing ICEE with the facility of electronic donations.

Thanks
The Melbourne Office is housed at the offices of the Christian Blind Mission International. CBMI has provided invaluable assistance in the development of ICEE’s fundraising effort, and ICEE acknowledges the generosity and support it has received from CBMI.

Communications
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Independent audit report to members of International Centre for Eyecare Education Limited

Audit opinion
In our opinion, the financial report of International Centre for Eyecare Limited:
• gives a true and fair view of the financial position of International Centre for Eyecare Limited at 30 June 2003, and of its performance for
the year ended on that date, and
• is presented in accordance with the Corporations Act 2001, Accounting Standards and other mandatory financial reporting requirements in
Australia.
This opinion must be read in conjunction with the rest of our audit report.

Scope
The financial report and directors’ responsibility
The financial report comprises the statement of financial position, statement of financial performance, statement of cash flows, accompanying
notes to the financial statements, and the directors’ declaration for International Centre for Eyecare Limited (the company), for the year ended
30 June 2003.

The directors of the company are responsible for the preparation and true and fair presentation of the financial report in accordance with the
Corporations Act 2001. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to
prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach
We conducted an independent audit in order to express an opinion to the members of the company. Our audit was conducted in accordance
with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement.
The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal
control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements
have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the
Corporations Act 2001, Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding
of the company’s and the consolidated entity’s financial position, and of their performance as represented by the results of their operations and
cash flows.

We formed our audit opinion on the basis of these procedures, which included:
• examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report; and
• assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made
by the directors.

We read the other information in the Annual Report to determine whether it contained any material inconsistencies with the financial report.

While we considered the effectiveness of management’s internal controls over financial reporting when determining the nature and extent of our
procedures, our audit was not designed to provide assurance on internal controls.

Our audit did not involve an analysis of the prudence of business decisions made by directors or management.

Independence
In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the

RJF Bradgate
Partner
Sydney
17 November 2003

Information required under the ACFOA Code of Conduct

Operating statement
For the year ended 30 June 2003

<table>
<thead>
<tr>
<th></th>
<th>2003 ($)</th>
<th>2002 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and gifts</td>
<td>1,899,817</td>
<td>537,425</td>
</tr>
<tr>
<td>Grants</td>
<td>3,607</td>
<td>88,966</td>
</tr>
<tr>
<td>Other overseas</td>
<td>79,876</td>
<td>157,944</td>
</tr>
<tr>
<td>Investment income</td>
<td>4,254</td>
<td>7,516</td>
</tr>
<tr>
<td>Other income</td>
<td>56,920</td>
<td>13,578</td>
</tr>
<tr>
<td>Sale of goods</td>
<td>1,198,995</td>
<td>2,035,443</td>
</tr>
<tr>
<td>Commercialisation</td>
<td>76,765</td>
<td>184,562</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total revenue</td>
<td>3,316,173</td>
<td>3,025,534</td>
</tr>
</tbody>
</table>

Disbursements

|                      |          |          |
| Overseas projects    | 401,778  | 301,207  |
| Other project costs  | 760,020  | 896,512  |
| Domestic projects    | 428,331  | 487,957  |
| Fundraising costs    | 270,247  | 143,915  |
| Public               | 1,007,248| 689,542  |
| Administration       | 1,017,484| 3,010,243|
| Total disbursements  | 2,467,724| 2,339,531|

Excess of revenue over disbursements (shortfall)

<table>
<thead>
<tr>
<th></th>
<th>2003 ($)</th>
<th>2002 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds available for future use at the beginning of the financial year</td>
<td>477,407</td>
<td>487,962</td>
</tr>
<tr>
<td>Funds available for future use at the end of the financial year</td>
<td>477,407</td>
<td>487,962</td>
</tr>
</tbody>
</table>

Information required under the ACFOA Code of Conduct

Statement of financial position
As at 30 June 2003

<table>
<thead>
<tr>
<th></th>
<th>2003 ($)</th>
<th>2002 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>287,409</td>
<td>40,346</td>
</tr>
<tr>
<td>Plant and equipment</td>
<td>7,295</td>
<td>22,193</td>
</tr>
<tr>
<td>Other</td>
<td>1,014,043</td>
<td>317,562</td>
</tr>
<tr>
<td>Total assets</td>
<td>1,308,747</td>
<td>380,101</td>
</tr>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and borrowings</td>
<td>810,209</td>
<td>334,839</td>
</tr>
<tr>
<td>Provisions</td>
<td>105,051</td>
<td>94,234</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>915,260</td>
<td>429,063</td>
</tr>
<tr>
<td>Net liabilities</td>
<td>397,487</td>
<td>(48,962)</td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds available for future use</td>
<td>397,487</td>
<td>(48,962)</td>
</tr>
<tr>
<td>Total surplus/(deficiencies) in equity</td>
<td>397,487</td>
<td>(48,962)</td>
</tr>
</tbody>
</table>

No single appeal or other form of fund raising for a designated purpose generated 10% or more of the total income for the period under review.

PricewaterhouseCoopers

RJF Bradgate
Partner
Sydney
17 November 2003
Committee member
Professor Brian Layland
Sydney 13 November 2003

Independent audit report to the members
of International Centre for Eyecare Education

Audit opinion
In our opinion, the information reported in the summarised financial report is consistent with the annual statutory financial report from which it is derived and upon which we expressed our audit opinion in our report to the members dated 17 November 2003. For a better understanding of the scope of our audit this report should be read in conjunction with our audit report on the statutory financial report.

Scope
We have audited the summarised financial report of International Centre for Eyecare Education Ltd for the year ended 30 June 2003 in accordance with Australian Accounting Standards.

PricewaterhouseCoopers

Michelle Chiang
Partner
Sydney 17 November 2003

International centre for Eyecare Education Ltd

Committee members’ declaration
the directors declare that the financial statements and notes set out on pages 1 to 13:
(a) comply with Accounting Standards, the Corporations Regulations 2001 and other mandatory professional reporting requirements; and
(b) give a true and fair view of the company’s financial position as at 30 June 2003 and of its performance, as represented by the results of its operations and its cash flows, for the financial year ended on that date.

In the directors’ opinion:
(a) the financial statements and notes are in accordance with the Corporations Act 2001; and
(b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the directors.

Professor Brian Layland
Committee member
Sydney 13 November 2003

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Telephone +61 2 8266 0000,
Faxenline +61 2 8266 9999,
Direct phone 8266 5200

ACKNOWLEDGMENTS
ICEE wishes to thank all those individuals, communities and companies who have supported ICEE in the past year. Without your assistance, ICEE would not be able to achieve its goal of Giving Sight.

Special acknowledgment should be given to the Institute for Eye Research (IER) and the Cooperative Research Centre for Eye Research and Technology (CRCERT), firstly, for caring about and recognising their responsibility to people in need of vision care around the world. Secondly for providing intellectual and financial resources to establish ICEE and enable ICEE to make a major contribution to eliminating avoidable blindness and visual impairment, especially due to refractive error.

Since 1999, the IER has provided over $2.3 million in direct financial support to the Centre. The staff, Boards and management of the IER and CRCERT provided critical and generous personal support and considerable in-kind contributions. This is also true of the people in ICEE Professional Education (and its sponsor, Exsight), who in every way possible helped support the public health activities of ICEE.

The generosity of all of these people, and the countless efforts of the ICEE staff, often under incredible workloads, are gratefully acknowledged by ICEE and all the people ICEE has helped.

Partners
• Centre for Contact Lens Research, University of Waterloo, Canada
• Cooperative Research Centre for Eye Research and Technology, Australia
• LV Prasad Eye Institute, India

Universities
• Department of Optometry, University of Durban-Westville, South Africa
• School of Optometry, Queensland University of Technology
• School of Optometry and Vision Science, University of New South Wales
• Victorian College of Optometry

Government
• Australian Council for Overseas Aid
• Aboriginal Health and Medical Research Council
• Aboriginal Medical Services, Commonwealth of Australia
• Dki National Hospital
• Federal Department of Health and Ageing, through the Office of Aboriginal and Torres Strait Islander Health NSW
• Health Insurance Commission
• Ministry of Health, Timor Leste
• Ministry of Health, Tanzania
• NSW Department of Community Services
• NSW Government Rural Aerial Health Service
• National Eye Institute (USA)

NGOs
• Centre for Eye Research Australia
• Christian Blind Mission International
• Evangelical Lutheran Church, Tanzania
• Fred Hollows Foundation, Australia
• Fred Hollows Foundation, New Zealand
• Institute for Vision Research Foundation
• Red Cross Air Mercy Service, South Africa
• Sight Savers International

• Spitz Savers South Africa
• Ryder Ophthalmology Foundation, Timor Leste
• VisionCare NSW

Optical Industry
• Baby Bueno
• Essilor International
• Hoya Ltd
• Institute for Eye Research
• Manthorin Ltd
• Spectacle Specs

Other corporate supporters
• Classic Press
• Crecil Publishing
• National Foods
• Sports Force

Optometric practices
• Glenn Howell Optometrist
• Kay Street Optometrist
• Minchin Eyewear
• Oreatment Optometrists
• Paul Stevens Optometrist
• Philip Milford Optometrist
• The Optical Superstore

Individuals
• Marc Alexandre
• Marcello Amural
• Eric Bernard
• Katherine Collett
• Director Medical Officers of Monduli, Arumera, Karatu, Arusha, Tabora and Singida, Tanzania
• Sibongile Dube
• Melbourne Eye
• Daniel Erisa
• Frances Gentle
• Trish Gloss
• Vive Guardan
• i-media staff
• Dr Mac Ivo
• Kane Kalf
• Herman Khacove
• Sophie Koh
• Mrs Kunzienberg
• Amanda Kyte
• Colene Livermore
• Maryland Sievers, Alice Timor Leste
• Andrew Mather
• Lisa Morgan
• Lamale Monte Mofo
• Dr Sdeholph Nkhashe
• Dr Tek Pek
• Dr Teant Rooyoo
• NSW Aboriginal Vision Program Optometrists
• NSW Aboriginal Eye Health Coordinators
• Alain Petit
• Professor Hugh Philport
• Rowan Prendergast
• Tisha Rajeva
• Dr Richard Rawson
• Regional Medical Officers of Arabella, Singida and Tabora regions, Tanzania
• Saratmo
• Mad Sczapouci
• Dr Buu Siemou
• Murray Smith
• Dr John Su
• Tim Thurn
• Savelia Vratnabah
• Dr Paul Vrul
• Carmel Williams
• Refractive Error Working Group Members

PricewaterhouseCoopers

Michelle Chiang
Partner
Sydney 17 November 2003
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Dr Garry Brian - Director of Public Health
Katherine Costello (12/02)
Les Donovan (05/03)
Rene du Toit
Edwina Hart
Prof. Brian Leyland
Lisa Murray
Jacqueline Ramke
Katherine Costello
Les Donovan
Renee du Toit
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Damas Mwasa
Kezi Naidoo
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Peymain Khanyile
Meai Mazibuko
A Rangamudan
Cindy Moodley
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Kerasha Madded
Sifiso Vilakazi
Khaibuber сделал Perry Masibge
Ophthalmologists
Dr Prashant Sahare

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Chen Hau - Coordinator China

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Dr Cheri Lee - Coordinator Indonesia

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1101 Philippines
Dr Charlie Ho - Coordinator Philippines

ICEE is a signatory to the Australian Council for Overseas Aid (ACFOA) Code of Conduct which defines minimum standards of governance, management and accountability for non-government development organisations. Adherence to the Code is monitored by an independent Code of Conduct Committee elected from the NGO community. Our voluntary adherence to the Code of Conduct demonstrates our commitment to ethical practice and public accountability. More information about the ACFOA Code of Conduct can be obtained from ICEE, and from ACFOA at:
Website: www.acfoa.asn.au
Tel: (02) 62851816 Email: acfoa@acfoa.asn.au
Fax: (02) 62851720

ICEE is a Task Force member of the Vision 2020: The Right to Sight initiative, established by 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 initiative aims to eliminate avoidable blindness by the year 2020, by enabling all parties and organisations involved in combating blindness and impaired vision to work in a focused and coordinated way.

ICEE is a Principal Partner of the Vision 2020: Australia initiative. Vision 2020 Australia’s mission is to work collaboratively to promote vision as a basic human right, to support efforts to eliminate avoidable blindness and improve vision care in Australia and internationally as part of the global initiative.

ICEE is grateful for the support it receives from the i-media team. All of ICEE’s promotional materials are proudly sponsored by i-media.