ICEE Annual Report
1 July 2004 - 30 June 2005

“...giving sight today and developing eyecare for tomorrow”
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Message from the Chair</td>
<td>1</td>
</tr>
<tr>
<td>Mission and Strategy</td>
<td>5</td>
</tr>
<tr>
<td>Activities and Achievements</td>
<td>7</td>
</tr>
<tr>
<td>Australia</td>
<td>7</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>9</td>
</tr>
<tr>
<td>Africa</td>
<td>14</td>
</tr>
<tr>
<td>Vision 2020: The Right to Sight</td>
<td>18</td>
</tr>
<tr>
<td>History and Management</td>
<td>21</td>
</tr>
<tr>
<td>History</td>
<td>21</td>
</tr>
<tr>
<td>Structure</td>
<td>21</td>
</tr>
<tr>
<td>Board and Executive</td>
<td>22</td>
</tr>
<tr>
<td>Marketing and Fundraising</td>
<td>24</td>
</tr>
<tr>
<td>Financial Statements</td>
<td>27</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>31</td>
</tr>
<tr>
<td>ICEE Offices and Staff</td>
<td>33</td>
</tr>
</tbody>
</table>
Imagine you live in Malawi, with about 11 million people in one of the poorest countries of Africa, with 65% below the poverty line.

Imagine you are blind, you need help to get around, and you need other kids to tell you what’s on the blackboard. So you are placed in a special program at school to learn Braille and other ‘blind’ skills.

Then imagine some optometrists came to town and found…

…that you were not blind, and did not need to be reading Braille or getting help to get around, but you were just highly short-sighted or very, very long-sighted and that you just needed glasses to enjoy a normal seeing life.

In Malawi recently with ICEE and SightSavers UK I witnessed the extraordinary event when 60 children in special blind programs received spectacles, and could now see . . .

ICEE is witnessing such scenes all over the world when we provide eyecare to communities in need. And we are helping to put into place systems to provide such eyecare for years to come.

In Africa…

ICEE works closely with governments to ensure eyecare delivery is included within the public health system, and our hard working community optometrists in South Africa and Tanzania are developing and supporting these programs. ICEE is also helping to increase the services being delivered through its training programs. In 2004-2005 ICEE trained 27 ophthalmic nurses to refract, and three of our earlier trainees ran training courses in Nigeria and Cameroon, training a further 30 refractionists. In South Africa we trained 30 primary healthcare nurses in primary eyecare, screening and referral, plus a trainer was trained to continue training nurses in the province.

Also in South Africa, the National Refractive Error Program (NREP) is being developed by ICEE in response to the enormous need for public eyecare services - 85% of the population rely on public health care yet only 2% of optometrists are employed in the public sector. In this fantastic Program private sector optometrists work in public hospital clinics. It
is estimated that each clinic will be able to see 5,000 patients a year. This program is currently being piloted in Durban, KwaZulu-Natal, and 23 other sites around the country have been identified for implementation in 2006, ensuring that upwards of 100,000 extra people will have access to services next year.

A very exciting new project for ICEE in Africa is the African Vision Research Institute (AVRI). Despite the enormous need for eyecare in this continent, there has been little vision research conducted locally. The AVRI is being established by ICEE with assistance from the Institute for Eye Research and will be affiliated with the University of KwaZulu-Natal, and it will conduct blindness prevention research to pursue solutions to the various community eye health issues in Africa. It will also train Masters and Doctoral students and build long-term research capacity within Africa.

In Asia Pacific...
ICEE has helped provide eyecare in Sri Lanka following the devastation of the tsunami, conducting five trips, examining 8,357 people and giving out 7,229 glasses in the last year. Tragically, we have found that those who were deprived of vision correction by the tsunami were outnumbered many times over by those who had never had any vision care and had no foreseeable chance of receiving any.

Most people in these communities just accepted their bad eyesight, but ICEE has been able to give them back their vision. Our optometrists have been greeted with tears and had their feet kissed, for giving people the incredible gift of sight. We are now starting to train local people as eyecare personnel, in order to ensure eyecare is available to the community in the future.

Similarly, in Timor Leste and Tuvalu, ICEE has continued in our commitment to the development and support of human resources, by training nurses to provide ongoing eyecare. And in eight countries throughout Asia we have improved the skills of existing practitioners and educators with our presbyopia training programs. Over the last year, ICEE trained 1027 practitioners and 51 educators, and provided Educator resources to 36 schools.

In Samoa and Vanuatu, ICEE is using eyecare screening to help reduce complications from diabetes, which has a high prevalence in these islands. We are providing regular services in collaboration with the Australian Centre for Diabetes Strategies, the Ministries of Health in Samoa and Vanuatu and the Australian and New Zealand Society of Nephrology; and will also begin to train local health care workers to provide diabetic eye screening and care.

In Australia...
We are thrilled that the NSW Aboriginal Eyecare Program was recently recognised with an Award in the 2005 Prime Minister’s Awards for Excellence in Community Business Partnerships. It is an outstanding success for the team and for Aboriginal communities who now have access to much-needed eyecare.

Eye and vision care is now provided in 73 Aboriginal Medical Services around the State, through a collaboration of ICEE and the Vision Cooperative Research Centre, together with the Aboriginal Health and Medical Research Council (AHMRC) and local Aboriginal communities, and supported by a number of other organisations. In just over five years we have provided over 10,000 consultations and 9,000 pairs of spectacles to Aboriginal communities.

The Prime Minister’s Awards for Excellence in Community Business Partnerships are presented each year to recognise those businesses and community organisations that work in partnership: sharing skills, expertise, time and resources to address problems of disadvantage and to build stronger local communities. In 2005, 284 nominations were received. ICEE, AHMRC and Vision CRC received a Judges Encouragement Award for Medium-sized Business.

Also in Australia, as well as their other busy annual events our marketing team have launched a new fundraising program, “Grandparents with a Grand...
Vision’. This program lets all us Nans and Pops make a special gift to the world on behalf of our grandkids – the gift of sight. Grandparents are invited to make a donation on behalf of each grandchild, and funds raised will go to ICEE programs giving sight in countries of greatest need.

Our thanks…
The ICEE team throughout the world – in Australia, Africa, China, India and Indonesia – are simply a wonderful group of people, and on behalf of the Board I cannot thank them enough for all of their hard work. This year we particularly thank staff members who have now taken up other opportunities, including Garry Brian, Jacqueline Ramke and Renee Du Toit. Your efforts have made significant contributions to ICEE in your time with us.

Cooperation is the key to the success of our programs, and we also offer our heartfelt thanks to all our collaborators and supporters. From volunteer optometrists providing front-line care; to NGOs, universities and government groups working with us; to industry supporters and individuals providing sponsorship; you all help to make clear sight a reality for many people in need.

New statistics from the World Health Organization indicate that there has been a reduction in the number of people who are blind or visually impaired. The new statistics say that 37 million people around the world are blind, including 1.4 million children, and 124 million have low vision, resulting in a total of over 161 million visually impaired people.

However these figures do not include refractive error – the tragically large number of people who could see if they simply had the right pair of glasses. ICEE estimates that up to 250 million people around the world are blind or visually impaired because of correctable refractive error.

ICEE is now planning our activities and goals for the future, to continue to tackle this challenge and improve eyecare for people around the world. And we all look forward to seeing the faces of children who can see clearly for the first time.

Brien Holden, Chair
ICEE volunteer Optometrist Darryl Flegg fitting a patient with new glasses as part of the first ICEE Clinical Team visit to Sri Lanka after the Boxing Day tsunami.
The Challenge
Preventable blindness is one of our most tragic and wasteful global problems. 75% of the world’s blindness is avoidable or treatable.

Many millions of people live with unnecessary vision impairment or blindness because they do not have the eyecare they need. Up to 250 million people have impaired vision simply because they don’t have glasses.

By eliminating preventable blindness we can dramatically improve education, employment and quality of life for these people.

About ICEE
ICEE (pronounced ‘I See’) – the International Centre for Eyecare Education, is an Australian-based not-for-profit, non-government organisation that is helping to bring much-needed eyecare within reach of people around the world.

Our Mission
Our mission is to help eliminate avoidable blindness and impaired vision, particularly due to ‘uncorrected refractive error’ (needing glasses to see).

Our Strategy
The ICEE strategy for the development of high quality, sustainable eyecare is summarised by:

Trained Eyecare Personnel + Affordable Glasses = People Who Can See!

Uncorrected refractive error is easily fixed by an eye examination and the provision of appropriate glasses. However, in many developing countries there are little or no eyecare services in place, and glasses are either too expensive or simply not available.

We aim to ensure that everyone has access to the eyecare they need. We do not just want to restore someone’s sight today, but to help develop each country’s capacity to provide eyecare to their communities for years to come.
ICEE Activities
ICEE works in collaboration with the community and with other organisations to target local needs, including:

Immediate care
• **Eyecare services**: We provide eye examinations, glasses and referrals to answer the immediate needs of disadvantaged communities.

Sustainable services
• **Education**: We increase the number of eyecare practitioners available for communities in need by training and equipping practitioners and educators. We also aim to improve the knowledge and skills of existing practitioners and educators with professional education, and to raise eye health awareness within local communities.

• **Infrastructure**: We are developing systems to distribute affordable spectacles in developing countries. We help to establish eye clinics and training facilities to foster ongoing eyecare services.

Honorio Xavier, ICEE trained eyecare nurse in East Timor.
Australia

Many Aboriginal people in Australia lose their vision because of entirely preventable or treatable causes. Aboriginal people suffer up to 10 times the incidence of blindness 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. ICEE activities aim to ensure that Aboriginal people have access to quality eyecare and vision correction.

Providing Aboriginal eyecare in NSW

Approximately 28% (120,000 to 135,000) of Australia’s Aboriginal population resides in NSW. The need for vision care is immense; preventable blindness is 10-fold greater in the Aboriginal community compared to the non-Aboriginal population.

ICEE has developed a program in collaboration with the Aboriginal Health and Medical Research Council (AHMRC) with the aim of improving indigenous people’s access to eyecare, and in particular to provide refractive services and spectacles to reduce uncorrected refractive error.

Since its establishment in December 1999, the ICEE/AHMRC Aboriginal Eyecare program has continued to progress, and now provides eyecare within 74 Aboriginal Community controlled facilities throughout NSW. More than 11,500 optometric consultations have taken place to date, and 10,000 pairs of spectacles, low vision aids and contact lenses have been supplied through the NSW Government’s Spectacles program. The program is supported by local optometrists and around 30 optometrists participated in the program during 2004-2005.

An important result of the ICEE/AHMRC program is that Aboriginal people with diabetes are able to have the condition of their eyes regular reviewed in accordance with NHMRC guidelines. So far in the program between 15% and 20% of those people examined have diabetes, with the associated risks of vision loss from diabetic retinopathy. Of those
examined, 4% to 6% have been referred for medical or surgical treatment resulting from the presence of eye conditions diagnosed by the visiting optometrist.

A number of reviews of elements of the ICEE program have occurred during the year. Implementation of the recommendations resulting from the “Review of the Aboriginal and Torres Strait Islander Eye Health program”, released in May 2005 commenced during the year. The recommended review of the Visiting Optometrist Service (VOS) has commenced and is expected to be completed during the latter part of 2005. Early in 2005 the Department of Community Services commenced a review of the Government’s spectacle program. Transport problems resulting from the Review of the “NSW Government’s Rural Aerial Health program” have been resolved and with the assistance of this Service and the Royal Flying Doctor Service, services to some remote areas that would otherwise be difficult to visit have continued. Finally an audit of eye clinic equipment purchased by the Commonwealth and installed in Aboriginal Community Controlled Health Services throughout Australia is to be conducted, and tenders have been invited.

Six of the seven original eye health coordinators appointed by OATSIH Department of Health and Ageing when the program commenced in 1999 have moved on to other positions or have retired. There is a need for further educational programs for these replacement EHCs. ICEE has sought funding to conduct these programs and expects to bring all EHCs to attend training in the latter part of 2005.

Aboriginal spectacles

There is evidence, both anecdotal and from structured enquiry, of significant unmet need in urban, rural and remote Aboriginal communities for refraction services and spectacles, despite various schemes to provide services. The availability of spectacles, particularly in rural and remote communities, is often problematic; and the cost of custom-made spectacles is frequently prohibitive.

ICEE is conducting research into existing refraction and spectacle systems, in order to identify barriers and successes, and to develop effective models incorporating lessons learnt. ICEE then intends to trial and evaluate these, and educate and lobby for their widespread implementation.

In the last year ICEE has looked at data from ICEE clinics in Aboriginal Medical Services, and also at data provided by VisionCare NSW regarding spectacles provided to Aboriginal people through the NSW Spectacle Program.

In the ICEE clinic data people over \( \geq 40 \) years accounted for approximately 60% of consultations, with more women attending than men. Seventy-five per cent of all patients attending ICEE eye clinics since 1999 were in need of spectacle correction and 20% of all patients had never had an eye examination before. The need for spectacle correction was greatest in the older age groups (87% of \( \geq 40 \) years and 71% of 18-39 year olds).

Of those attending ICEE clinics, diabetes was reported in 10.4% of 18-39 year olds and 33% of those \( \geq 40 \) years. Diabetic retinopathy (5.4%) was the most prevalent ocular disease, followed by cataract (4.4%) then glaucoma (0.8%). More patients from metropolitan and rural areas had diabetic retinopathy compared to rural town locations and more patients in metropolitan areas had cataract and glaucoma compared to rural town and rural locations.

Demographic data from ICEE clinic data was in close agreement with data derived from VisionCare NSW spectacle orders. Of those who ordered spectacles, 71.7% were over \( \geq 40 \) years and more women received spectacles than men.

Analysis of the needs of the community and the achievements of existing programs will help to increase access in Australian Aboriginal communities to affordable, good quality spectacles by people suffering from visual impairment.
Asia Pacific

The Asia Pacific region is an area of immense diversity, ranging from poverty to plenty, and from areas in great need of basic eyecare to urban areas provided with the latest in vision correction. ICEE’s programs in the region span this diversity. ICEE offers immediate care to those in greatest need, and education both to develop human resources where they are most needed, and to improve the skills of practitioners and educators in providing the best possible eyecare for their communities.

Tsunami relief in Sri Lanka

The Boxing Day tsunami that struck the east coast of Sri Lanka left up to 1 million people homeless, and the relatives and friends of 31,000 people mourning the deaths of their loved ones. Due to the international attention the disaster received, a myriad of international aid organisations turned their efforts and resources towards communities affected by the tragedy.

ICEE and other Vision 2020 partners, in collaboration with key local NGOs and health care personnel and funded by ICEE, Optometry Giving Sight in Australia and the City of London, have been providing much-needed eyecare to the region. In the last year ICEE teams made five visits to the region and conducted thirty four clinics in the Ampara and Batticaloa districts on the northeastern coast of Sri Lanka; seeing 8,357 people and giving out 7,229 pairs of spectacles.

The teams found that those who were deprived of vision correction as a result of the tsunami were outnumbered many times over by those who had never had any vision care and had no foreseeable chance of receiving any. Most people, even those with severe visual problems, have never had their eyes tested before. This is not only due to the scarcity of trained eyecare professions (there was reported to be only one trained optician and 1 ophthalmologist servicing a population of approximately 1.3 million people), but also because the cost of a pair of spectacles is way beyond the reach of most people. It is estimated that up to 25% of the population in the areas affected need vision correction.

Future teams will now be focussing on local education and infrastructure in an attempt to make services more sustainable in the future. ICEE, together with Vision 2020 Australia, Australian Medical Aid Foundation and the Centre for Health Care, have identified local people for training as eyecare personnel, and training has commenced with the July team. The training program was developed and successfully delivered in the past by ICEE through programs in India, Africa and East Timor. It is hoped that the success of sustainable programs, such as those established by ICEE in East Timor, will be replicated in Sri Lanka.

Developing eyecare in Timor Leste

The nation of Timor Leste has an estimated population of 920,000. From September 1999 until early 2003, there were no active permanent eyecare personnel to support the eyecare needs of the population. Prior to 1999, eyecare services were delivered by visiting Indonesian doctors. When the referendum for independence was held in 1999, these services discontinued and any existing eyecare infrastructure
was destroyed in the violence that followed.

Since 2000 ICEE has partnered with other organisations to provide eyecare and to develop the human resource base and infrastructure for an appropriate, accessible, affordable and sustainable eyecare system in Timor Leste.

With the generous support of collaborating partners, over the past five years ICEE has delivered primary eyecare training to 22 nurses, and refresher training to 15 of these. In addition, ICEE has mentored the eyecare nurses at the National Hospital in Dili and the districts of Los Palos and Maliana, and sponsored five nurses to complete the one-year eyecare training course at LV Prasad Eye Institute – two commencing work in Timor Leste in August 2004, and three returning from their training in July 2005.

Throughout 2004-2005, ICEE has continued in our commitment to the development and support of human resources for the provision of eyecare in Timor Leste.

• Monitoring visits to the Eye Clinics of existing Eye Care Nurses from the Los Palos CHC and Maliana Referral Hospital were undertaken by ICEE in October 2004 and May 2005. During this time, an ICEE Eyecare Educator conducted evaluations of the Nurse’s skills and knowledge, in order to facilitate planning of continuing education requirements and the Ministry of Health human resource skills database.

• A three-week refresher training workshop for Eyecare Nurses from Guido Valadares National Hospital, Maliana Referral Hospital and Los Palos CHC was organised and conducted by ICEE in February 2005.

• Two eye doctors from Guido Valadares National Hospital were trained by ICEE program personnel in the use of A-scan and Keratometer equipment, provided by ICEE, for pre and post-surgical assessment of cataract patients.

• In collaboration with the Ministry of Health, ICEE provided support for the preparation and delivery of a National Eyecare Program planning workshop for Eyecare Nurses, Doctors and Managers, held in November 2004.

ICEE has established a permanent supply of affordable readymade spectacles in five districts, including the National Hospital in Dili and four district eye clinics. The establishing of an Optical Workshop facility by ICEE at the National Hospital in March 2005, including the training of three Timorese Optical Technicians to edge and fit spectacles, has enabled the ordering and distribution of custom-made spectacles to all eye clinics in order to service those with more specific visual requirements.

In the last year ICEE also procured equipment to enable the establishing of five Eye Clinics in Guido Valadares National Hospital, Maliana Referral Hospital, Suai Referral Hospital, Oecusse Referral Hospital, and Los Palos CHC.

Financial support and technical assistance was provided by ICEE to assist the MOH in the implementation of a population based Eye Health survey in the Dili and Bobonaro Districts between March-May, 2005. This survey found that almost 1 in 20 Timorese people older than 40 years is blind, with those living rurally and the poor most at risk. The information will be used by the MOH to assist in the development of a five year strategic National Eyecare Plan.

For the remainder of 2005, in partnership with the MOH, ICEE plans to conduct “training of trainers” so that Eyecare Nurses can deliver Primary Eyecare Training to nurses in each of their districts, and continue to support the Eyecare Nurses with refresher training and mentoring.

Nutrition in East Timor

ICEE is also supporting the important work of Forum Comunicações Juventude Oratorio Don Bosco (FCJ) in providing food for street children in Dili. The program aims to give each child one meal a day, and supports up to 30 children each day. FCJ also provides teaching for the children who would not otherwise have access to education.

Training in Tuvalu

Tuvalu is a small Western Pacific island nation located north of Fiji. The national population of approximately 10,000 is distributed across 9 islands. There are as few as 90 people on some islands and approximately 5,000 on the main island of Funafuti. The only link between the outer islands and the main island is a boat service. The trip from the most distant islands can take 24 hours.

Nurses are the sole permanent providers of health care on all islands of Tuvalu except Funafuti, and prior to 2004, there were no permanent trained
Sri Lankan patients from the first ICEE Clinical Team visit after the Boxing Day tsunami.
eyecare providers in the country. Along with cataract, uncorrected refractive error has been identified as one of the major causes of impaired vision in Tuvalu.

Visiting Australian teams endeavoured to fill some of the gaps in eyecare over the past eight years. From 2001, ICEE Optometrists have complemented annual surgical visits provided by the Royal Australian College of Surgeons (RACS) and funded by AusAID, with vision screening, refraction services, and spectacle provision. The addition of ICEE optometrists to the RACS surgical visits has been recognised as extremely valuable to the success of the annual eyecare service delivery.

ICEE is now working together with the Government of Tuvalu to develop national eyecare policies and sustainable local programs to prevent and treat many causes of avoidable blindness and visual impairment. The Tuvalu Ministry of Health (MOH) has expressed a need for general nurses to receive training in the provision of primary eye care. Together, ICEE and the MOH planned a Primary Eyecare Training Course, and in August 2004 training was undertaken with 12 nurses in the diagnosis and management of common primary eyecare conditions presenting in Tuvalu. Six nurses were from the outer islands and the other six participants were based at the national hospital in Funafuti. Vision charts and a copy of the Primary Eye Care Manual were provided to enable participants to perform visual acuity measurements and presbyopic spectacle testing on their return to their workplaces. As a result of this course the nurses will be able to fit up to 70% of people requiring spectacles on their islands, as well as provide basic eye treatment and referrals.

In order to ensure Tuvaluan patients would have access to spectacles, ICEE provided a seed donation of readymade spectacles. Funds from spectacles sales will contribute to recurring costs of the program, and additional funds can be used for further nurse training, eyecare awareness programs and school screening programs.

In September 2004, an ICEE Eyecare Educator accompanied the visiting RACS ophthalmological team to Tuvalu in order to conduct monitoring visits for a number of the trained eye care nurses on outer islands, and provide assistance where required with eye health screening and patient referral for the nurses on Funafuti.

In the coming year a continuing education and refresher workshop of the Primary Eyecare and Presbyopic Spectacles training for senior nurses is being planned in consultation with Director of Public Health Dr Tekai Nelesone. In addition to reinforcement of training previously received, training in children’s vision is planned in order to broaden the scope of eyecare able to be provided by the nurses for their community.

Professional Training in Asia

Presbyopia is a vision condition affecting the lens inside eye that makes reading and seeing small detail difficult for everyone aged over 45. The ICEE Varilux Academy Asia Pacific (VAAP) practitioner education program and the Varilux Academy Educator Initiative (VAEI) educator training programs focus on improving the quality of life for presbyopes by developing the capacity of local educators, practitioners and optical industry staff to manage presbyopia, including empowering them to confidently recommend and fit Progressive Addition Lenses (PAL), the most modern type of spectacle lens. While there are 1.2 billion presbyopes in Asia Pacific, less than one percent is experiencing the benefits of wearing PAL technology, while the modernisation of Asia Pacific cultures and the aging employed population means demand for this technology is increasing.

The VAAP and VAEI programs have been continuously developed by ICEE in collaboration with Essilor Asia Pacific, the world’s largest manufacturer of spectacle lenses, since 2002, to accelerate the successful uptake of advanced spectacle lens technology by the ageing population in the Asia Pacific region. The programs are conducted in Australia and New Zealand and throughout Asia, including in China, India, Indonesia, Hong Kong, Malaysia, Singapore, Korea, and the Philippines.

The innovations in lens design and technology that are incorporated in the PAL means this lens must be prescribed and fitted very accurately by eyecare practitioners, to ensure spectacle wearers receive the maximum benefits which include comfortable, clear vision and enhanced task performance on routine activities, intended by the lens designers.

ICEE assessed the curriculum in undergraduate teaching institutions and found they did not contain enough information about PAL technology to enable practitioners to manage the increasingly sophisticated vision requirements of the presbyopic population.
ICEE developed education materials that resolve this problem, and also created an Educator Training Program to ensure the locally based teachers are confident to present the ICEE materials using the latest education methods. The materials can easily be included in any undergraduate ophthalmic, optometric or technical education program with the cooperation of the institution, the regional ICEE coordinator and the local Essilor subsidiary. The endorsement of ICEE education programs by Essilor subsidiary managers in each country has been vital to achieving acceptance of VAAP and VAEI objectives. This includes following up practitioners, educators and undergraduates, and supporting them to implement the best practices for managing presbyopia, long after the ICEE team has departed.

The VAAP and VAEI programs are three years into a seven year project with Essilor which includes preparing a team of local educators certified by ICEE to present the VAAP programs in Asian countries into the future. So far, ICEE has trained and certified 34 local presenters in eight Asia Pacific countries to use the translated education materials to conduct the VAAP and VAEI programs on behalf of ICEE and Essilor in their preferred language, including Mandarin, Cantonese, Tamil, Bengali, Hindi, Korean, Philippine, Japanese and English. The programs are tailored for each location, taking into account cultural and economic environments as well as audience expertise.

Over the last year, ICEE trained 1027 practitioners and 51 educators; conducting 9 Educator Programs and 30 VAAP Programs; visited 15 schools and provided Educator resources to 36 schools; and certified 17 new presenters. With the continued commitment of Essilor to collaborate with ICEE to conduct these education and training programs, people over the age of 45 years in the Asia Pacific region will receive improvement to the quality of their lives.

Diabetes – Samoa and Vanuatu

Diabetes and associated eye disease has a high prevalence amongst Pacific Island populations. People with diabetes are at risk of blindness due to diabetic retinopathy, but regular eye checks and treatment can prevent vision loss. ICEE is working together with the Australian Centre for Diabetes Strategies, the Ministries of Health in Samoa and Vanuatu and the Australian and New Zealand Society of Nephrology; in a project which aims to prevent diabetes complications by providing and developing.
local healthcare services in Samoa and Vanuatu. The Project: Building Capacity - Reducing Diabetes Complications: A Pacific Islands Model, is funded by a grant from the World Diabetes Foundation, Denmark.

In the last year the team of optometrists, endocrinologist, kidney specialists and diabetes educators visited both Islands to assess previously diagnosed diabetic patients for diabetes complications and document any complications for future reference and comparison.

From 30 April to 14 May 2005, the team screened 243 people with diabetes at the Diabetes Clinic at the National Hospital in Tonga. 31% exhibited some form of diabetic retinopathy. Most patients seen had either no or inadequate spectacles and were most appreciative of the ready-mades, and 225 pairs were dispensed.

From 28 May to 10 June 2005, the team saw 200 people with diabetes at the Port Vila Central Hospital, Port Vila, Vanuatu; and 43.5% showed retinopathy. In Vanuatu, ICEE’s affordable readymade spectacles are already dispensed from Dr John Szetu’s hospital clinic.

The ICEE Project centres on primary care, referral networks and clinical governance systems. The Project will continue to provide regular services and will also begin to train local health care workers to provide diabetic and eye screening and care. ICEE also provided refraction training for primary eyecare nurses in Vanuatu during the year.

Africa
Africa bears the burden of the world’s blindness, with rates up to 7 times higher than those in the developed world. Of the estimated population of 600 million people in Sub-Saharan Africa, 9 million people (1.5%) are blind, 27 million (4.5%) have low vision, and 30 million (5%) have refractive error [World Health Organisation Estimates, 2003].

It was in recognition of this enormous need that ICEE opened a dedicated Africa office in 1999. ICEE in Africa runs a diversity of programs in Africa and South Africa including training courses, development of delivery models, mobile community optometrist programmes and affordable spectacle supply solutions.
Community Outreach

ICEE has two key community outreach programs. In South Africa we have our own “Flying Optometrist”. Currently, the public sector is unable to attract sufficient optometrists, especially in rural areas. To address this a refractive error program was developed in conjunction with Red Cross Air Mercy Services. This involves daily outreach programs flying to rural areas where eye exams are conducted, spectacles dispensed and referrals for disease conditions are made. Currently, Kesi visits 20 clinics a month and helps around 6,000 patients a year. This is part of an overall capacity building approach for the KwaZulu Natal province - as optometry posts are created and filled, ICEE moves out of the clinic, handing it over to the Department of Health, and establishes a new clinic in an un-served area. To date ICEE has handed over seven clinics.

The KwaZulu-Natal Department of Health has just created 25 new optometry posts, bringing the total posts in the province to 31. In 2001 there were no posts so this is excellent progress for the province. As a result ICEE should be able to reduce the number of rural clinics we fly to but will identify other areas in need of services and continue to work with Government to supply services and build capacity.

In Tanzania, our community optometrist Damas Mworia travels to remote communities in the Kilimanjaro area. ICEE in Africa has paired with the Kilimanjaro Centre for Community Ophthalmology (KCCO) to provide fully integrated, “direct delivery” eyecare. A complete team of nurses, ophthalmologists, the ICEE optometrist, counsellors and clinical assistants provide treatment at rural community sites that have been developed over the last three years. KCCO and ICEE are currently working together with the Tanzanian Department of Health to develop outreach programs for their optometrists to enable them to reach under-served communities, and this program is now being implemented in Singida Tanga and Mara Districts.

Tanzania is relatively unique - they are one of only three countries in Sub-Saharan Africa to have their own Government-run school of optometry, and the majority of optometrists that graduate are employed in the public health sector. KCCO and ICEE provide support via training and advocacy. KCCO and ICEE also facilitate the supply of affordable spectacles to these isolated regions. ICEE has also donated a basic set of equipment to the optometrist at Mara. Although
the Government has employed an optometrist for the region they were unable to provide them with any of the equipment needed to do refractions.

**National Refractive Error Program**

South Africa is in the unique position in Africa of technically having enough optometrists to meet the needs of the population, however there are enormous inequities in the provision of health care services. The Department of Health estimates 85% of the population rely on public health care yet only 2% of optometrists are employed in the public sector - effectively 50 optometrists to meet the needs of 38 million people.

The ultimate goal is the establishment of government run clinics with optometrists employed by the Department of Health and part of an integrated eyecare team. However in the short term, given the lack of optometrists in the public sector and the limited resources available, alternative strategies need to be explored.

Recognising that there is a need for refractive services and that mobilizing the private sector can be beneficial, ICEE developed the National Refractive Error Program which was presented to the South African National Prevention of Blindness Vision 2020 committee by Professor Kovin Naidoo (Head of ICEE in Africa). The provincial health departments present enthusiastically received this program and follow-up meetings have been held to map the way forward.

The National Refractive Error Program utilizes the private sector in a collaborative relationship, where private sector optometrists work in public hospital clinics, without compromising their private practices. The process is as follows: Private optometrists are recruited for the program and then provide services and spectacles on a specific roster basis. The optometrists are remunerated at a specific rate according to the number of patients they see. The program provides the management, monitoring and evaluation and program development expertise. ICEE works with the district and hospital to ensure that screening and referral sites are in place, and affordable spectacles are made available to the patients.

It is estimated that each NREP clinic will be able to see 5000 patients a year. This program is currently being piloted in RK Khan hospital in Durban, KwaZulu-Natal but already 23 other sites around the
country have been identified for implementation in 2006, ensuring that upwards of 100,000 extra people will have access to services next year. ICEE sees this as an interim solution, as posts are created and filled, and community optometry is introduced; the NREP optometrists will withdraw leaving behind them fully functioning clinics for the new Government Optometrist to step into.

ICEE is also very proactive on the local Vision 2020 task force and works closely with each of the nine health districts to support them in developing and implementing Vision 2020 programs.

**Development of Models**

One of ICEE’s strengths is the development of systems to deliver integrated eyecare services. In 2004 we were approached by the Department of Health for the Free State to develop and implement a district system to deliver eyecare services where nothing previously existed. This included all clinic administrative and referral systems, developing spectacle delivery systems, establishing outreach clinics, training clinic nurses in primary eyecare, screening and referral, training a trainer to continue this program, and finally publicising the availability of eyecare services to the surrounding community. ICEE deployed two optometrists to the region for six months, and at the end of this time a fully-functioning system was handed over to an optometrist employed by the Department of Health and ICEE stepped out of the project.

**Training**

There is a severe lack of optometrists in Africa. The shortage of personnel is compounded by their concentration in the private sector and in urban areas. To quote a few countries as an example: Zimbabwe has a population of 18 million with 26 optometrists, and none in the public sector; Ethiopia has a population of 73 million with 7 optometrists, and one in the public sector; and South Africa has a population of 45 million with 2280 optometrists, but only 50 in the public sector.

There are only 13 optometry schools on the continent, producing, on average a total of 500 students a year. Most courses are 4 years in duration, and at this rate it will be impossible for Africa’s refractive error needs to be met. One solution is the creation of more optometry schools with a multiple entry and exit strategy, but this will take time and resources. The second solution is short refraction courses for mid-level personnel.

In 2004-2005 ICEE trained 27 Ophthalmic nurses to refract, and three of our earlier trainees ran training courses in Nigeria and Cameroon, training a further 30 refractionists.

In addition, in the Province of the Free State in South Africa we trained 30 primary healthcare nurses in primary eyecare, screening and referral, plus a trainer was trained to continue training nurses in the province. The Free State had only two ophthalmic nurses for the entire province so a solution was needed to provide basic eyecare and referral at a community level.

**Low Vision**

Low Vision is a hugely neglected area of care on the African continent, and ICEE in Africa is forming partnerships with Sight Savers International, CBM and Lighthouse International to deliver Low Vision training courses across the continent. It is estimated that there are over 12 million people with Low Vision in Sub-Saharan Africa.

As a first step, the Vision 2020 Low Vision Working group is holding a national workshop in Durban, South Africa to train key people from around the continent on the planning and implementation of Low Vision services in their countries. A major barrier in the past has been the cost of devices, such as magnifiers and telescopes, however with the development of the Low Vision resource centre in Hong Kong, these devices are now available to those in need at a fraction of the price.

**Providing Spectacles to Those in Need**

A key barrier to reducing refractive error in Africa is the accessibility and affordability of spectacles. ICEE in Africa has continued to make provision of affordable spectacles a core focus, finding new suppliers of low cost quality products and new distribution networks to get them to our patients.
A key ICEE strategy is the integration of programs, ensuring that for example a refraction training course will not be held unless there is a system in place to ensure the refractionists are able to provide spectacles to patients.

**African Vision Research Institute**

This year has seen an important advance for blindness prevention in Africa; with the founding meeting and appointment of the Board of the African Vision Research Institute (AVRI) in Durban, South Africa.

After being invited by the World Health Organisation to an expert technical committee meeting on Global Eye Research in Geneva, Professor Kovin Naidoo (Director of ICEE in Africa) realised that public health research in blindness prevention in Africa has been limited. Furthermore much of this research has been conducted by the developed world institutions and has not resulted in building the research capacity of African institutions and researchers. He approached other African colleagues and raised the idea of an African Vision Research Institute (AVRI) focused on blindness prevention research and building local capacity so that local research can inform program development.

ICEE and the Institute for Eye Research in Australia enthusiastically contributed support and organisational systems to enable AVRI to get a flying start.

The Institute has now been formally registered as a non-profit organisation. It will be affiliated with the University of KwaZulu Natal (UKZN) and with the Institute for Eye Research in Australia – both organisations having a real commitment to growing vision and eye research with UKZN keen to host AVRI. To date all the research institutes in Africa approached have committed to involvement as well as many optometry and ophthalmology institutions in South Africa. Formal links will be established with key research institutes worldwide.

AVRI will conduct blindness prevention research in the pursuit of solutions to the various community eye health issues in Africa. A congress is soon to be held to set the initial research agenda for the Institute. The institute will have a significant training component for Masters and Doctoral students and will collaborate with major international universities, researchers and other institutes.

**Other Research**

In 2005 ICEE in Africa was commissioned by Sight Savers International and CBM to undertake a situational analysis in several African countries. This will be completed by the end of 2005 and will form the basis for future planning in Africa blindness prevention initiatives. ICEE has also been commissioned to carry out a second epidemiological study amongst school children in Johannesburg in South Africa.

**Vision 2020: The Right to Sight**

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.

Strategies of Vision 2020 include:
- Increase awareness of blindness as a public health issue
- Control the major causes of blindness
- Train eyecare personnel to provide appropriate eyecare
- Create infrastructure to manage the problem
- Mobilise resources to fund essential eyecare and blindness prevention programs.

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.

**Global**

ICEE has been involved with the global Vision 2020: Right to Sight since the program was launched in
MESSAGE FROM THE CHAIR

ICEE refraction training, East Timor.
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. Associate Professor Kovin Naidoo, Director of ICEE in Africa, is a member of the working group and Dr Cynthia Willis coordinates activities of the REWG.

Last year Vision 2020 announced a high level of success in efforts in the fight against avoidable blindness. New WHO statistics indicate a reduction in the number of people who are blind or visually impaired and a decline in the number of people blinded by infectious diseases.

The new statistics, based on the world population in 2002, claim that 37 million people around the world were blind, including 1.4 million children, and 124 million had low vision, resulting in a total of over 161 million visually impaired people. These figures do not include refractive error.

The decrease in vision loss from vitamin A deficiency, onchocerciasis, trachoma, and to an extent cataract, is a result of improvement in primary eyecare activities as part of primary health care systems. Moreover, countries such as India, Morocco and the Gambia show success in the progress of the elimination of avoidable blindness.

Political support is one of the reasons for the increase in blindness prevention around the world. The acceptance of the Vision 2020 Resolution at the 56th World Health Assembly last year demonstrates the strength of global political support. The Resolution states that all member countries should develop National Prevention of Blindness Plans by next year, implement them by 2007 and produce evaluated results by 2010. Vision 2020 has also raised the profile of avoidable blindness and secured the cooperation and commitment of professionals in the eyecare sector and Non-Government Organisations.

**Australia**

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

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.

On World Sight Day, Vision 2020 Australia launched the Save Your Sight campaign, which will run until November 12, 2005. The campaign aims to raise public awareness of the importance of good eyecare, especially for Victorians aged 50 and over, and encourages people to get their eyes tested regularly so that conditions can be detected early and treated accordingly. It also aims to inform people about common eye conditions and their symptoms.
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 areas of strategic planning and the development of ICEE relationships with other organisations and governments.

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, and Indonesia, and linkages to a range of other organisations.

Board and Executive

**Scientia Professor Brien Holden BAAppSc PhD DSc OAM, ICEE Chair:**

Brien Holden is Scientia Professor of Optometry at the University of New South Wales and Deputy Chief Executive Officer of the Vision Cooperative Research Centre. He was founder and Director of the Cornea and Contact Lens Research Unit and the Cooperative Research Centre for Eye Research and Technology. Professor Holden has held numerous academic, professional and university appointments; is active in international education and research and is the author of over 180 scientific papers. He is also very active in public health. As well as his role in ICEE, he was appointed as the Chair of the Refractive Error Working Group of the World Health Organisation, and is Deputy Co-Chair of the Vision 2020 Australia group, which aims to work collaboratively to support efforts to eliminate avoidable blindness. Professor Holden is internationally recognised for his work in eyecare. He has received four Honorary Degrees of Doctor of Science from international universities as well as numerous other national and international awards, including the Medal of the Order of Australia in 1997 for contributions to eyecare research and education.

**Professor Deborah Sweeney BOptom PhD, ICEE Board Member:**

Deborah Sweeney is Professor and Chief Executive Officer of the Vision Cooperative Research Centre (Vision CRC). Previously Deborah was Executive Director for the Cooperative Research Centre for Eye Research and Technology and the Cornea and Contact Lens Research Unit of the School of Optometry at the University of New South Wales. 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. Associate Professor Sweeney is also active in Australian and international optometric and ophthalmic organisations, including Executive roles in the International Society for Contact Lens Research, The Keratoprosthesis (KPro) Study Group, the International Association of Contact Lens Educators and VisionCare New South Wales.

**Professor Brian Layland BSc OAM, ICEE Board Member and Director of ICEE Public Health and Aboriginal Programs:**

Brian Layland is an optometric practitioner who is very active in the scientific and professional communities. Since 1955 he has been a member of the Council of the Australian Optometrical Association (NSW Division), and is a former National President of the AOA (1976-1979), National Vice President (1971-1969) and State President (1971-1972). He was Vice-President of the International Optometric and Optical League (1978-1979). In education he is a visiting lecturer and committee member of the UNSW School of Optometry and Vision Science, visiting Professor through the Vision Cooperative Research Centre (Vision CRC) and previously through the Cooperative Research Centre for Eye Research and Technology. Professor Layland is member and Chairman of many professional committees involved with government at State and Commonwealth levels. He is a Board Member of the Vision CRC and is the chief architect, overseer and Secretary of the Board of VisionCare NSW, which administers the NSW Government Spectacle program. 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 OAA (NSW Division).

**Professor Desmond Fonn**
DipOptom MOptom, ICEE Board Member:
Desmond Fonn is a Professor and Director of the Centre for Contact Lens Research 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. He is a fellow of the American Academy of Optometry and diplomat of the Cornea and Contact Lens section; Member of the Canadian and Ontario Association of Optometrists, and the Association for Research in Vision and Ophthalmology; Honorary Member of the Contact Lens Society of South Africa; Council Member of the International Society for Contact Lens Research; and founding Member of the International Association of Contact Lens Educators in which he serves as Vice President.

**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; and is 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), and Fellow of the American Academy of Ophthalmology. His awards include 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; 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 Padmashri Award (Republic Honour from the President of India) in 2002.

**Associate Professor Kovin Naidoo BSc BOptom OD MPH, ICEE Board Member and Director of ICEE in 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.

**Dr Garry Brian MB ChB FRACS FRANZCO, Chief Executive Officer, ICEE:**
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.

Mr Craig Butler BOptom FACBO FCOVD, Director of Professional Education:
Craig received his Bachelor of Optometry degree from the University of New South Wales in 1982. He was made 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 optometric 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.

Marketing and Fundraising
The aim of the ICEE marketing campaign is to raise funds to expand our program delivery services. Currently, fundraising income is generated from the following sources: Optometry Giving Sight, National Sunnies for Sight Day, Grandparents with a Grand Vision, special events, corporate sponsorship and general public contributions.

Optometry Giving Sight
The core of ICEE’s mission is uncorrected refractive error. This is the very essence of optometry. With this in mind, ICEE has formed a partnership with the International Agency for the Prevention of Blindness (IAPB), and the World Council of Optometry (WCO) to establish a global Optometry Giving Sight fundraising campaign.

This unique collaboration also gives all optometrists worldwide the opportunity to participate in addressing preventable blindness. Funds raised from Optometry Giving Sight will be used to support the improvement of human resources, infrastructure and service delivery of vision care to those in need.

This financial year saw international launches of Optometry Giving Sight in the Netherlands, Canada and the United States. These campaign launches join existing programs in the United Kingdom and Australia. In Australia, the three agencies have partnered with the Optometrists Association Australia and in this financial year raised over $93,000. Funds raised under this initiative assisted in funding eyecare visits to the tsunami-ravaged regions of Sri Lanka.

National Sunnies For Sight Day
This year, on Friday 25 February 2005, more than 300,000 Australians took part in ICEE’s “National Sunnies for Sight Day”. Schools, optometric practices, kindergartens, hospitals, sporting clubs, fire-stations and many workplaces across the country all became involved by getting their staff/employees/
students to don a pair of sunglasses or to design their own ‘fun’ pair to raise awareness of eye health and blindness prevention. Just on 1,300 organisations took part in what is becoming a major event on the ‘charity calendar’.

The event was supported by a radio campaign through Southern Cross Talk Radio; a television campaign with Channel 9 which featured Larry Emdur as the face of National Sunnies for Sight Day; web-based campaigns through Sensis owned sites; and print media advertising.

Extensive coverage was achieved including for the first time television coverage nationally across all three commercial television networks; over 120 publications ran pictures and editorials on the day; and 25 radio interviews were given.

Over AUD$175,000 was raised for ICEE eyecare projects. ICEE acknowledges the support received from event supporters. Gold Sponsors were the Nine Network, CIBA Vision (Focus Dailies), Essilor/Nikon, Southern Cross Talk Radio and CU2 Sunglasses. Silver Sponsors were Createl Publishing (Teachers Professional Diaries), FAL Lawyers, the Institute for Eye Research and Streamline Sunglasses. The support of these organisations contributed significantly to the success of the day.

All pre-schools, primary and secondary schools and workplaces across the country can easily become involved by fostering the concept within their local community. The next ‘National Sunnies For Sight Day’ is on Friday 24 February, 2006.

Grandparents With A Grand Vision

‘Grandparents With A Grand Vision’ is an exciting initiative from ICEE. It invites all grandparents to consider the special relationship they have with their grandchildren and then in turn make a donation to help give a person sight.

In the developing world, the extended family plays a pivotal role in ensuring everyday survival. In many countries where ICEE works there are little or no government financial health benefits and so families rely heavily on each other for survival. Grandparents often have an important role in raising grandchildren and running the family home whilst parents work often on very meager incomes.

Grandparents are invited to give help to a person in the developing world sight by making a $5, $10 or $20 donation on behalf of each grandchild. In return, the grandparent receives a certificate of thanks which lists the names of each grandchild. Funds raised will help support ICEE’s critical eyecare work.

Gala Dinner

In February, ICEE held its annual gala dinner that doubled as the formal campaign launch of National Sunnies for Sight for the year. The event was held at Melbourne’s prestigious Plaza Ballroom on Collins Street. Around 250 guests were entertained with a show that featured fashion parades by Alfredo Santo’s Tremayne Salon.

Other contributions

ICEE has received support from many other groups and individuals, and these are listed in the Acknowledgements section.

Communications

ICEE produces a range of material to maintain communication with the profession, industry and public. These include a quarterly magazine, which keeps our supporters informed as to progress and achievements. The magazine is also available on the ICEE website.

ICEE is grateful for the support, advice and assistance it receives from the services of the Institute for Eye Research design group, i-media. The group is responsible for all ICEE design work and promotional material including the official website at www.icee.org. ICEE thanks the Institute for Eye Research for its valued and continued support.
Promotional posters and advertisements produced for ICEE “National Sunnies for Sight Day” and “Grandparents With a Grand Vision” campaigns.

National Sunnies for Sight’ Day
Friday 25 February 2005

“We urge all Aussies to share our dream. Go for gold and help others see.”

Brooke Hanson and Kerri Pottharst, Olympians and Gold medal winners.

Globally, around 6 million people are blind because they don’t have:

$5 = glasses for one

Wear your sunnies and make a coin donation

Register your work:
1300 66 42 3
sunniesforsight

How Can You Help?

become a

“Grandparent with a Grand Vision”

$5 can provide glasses for one person!

In Australia, there are 3,100 optometrists.....In East Timor, there are none.

At ICEE, we provide glasses, training and resources to help solve this problem.
Information required under the ACFID Code of Conduct

<table>
<thead>
<tr>
<th>Statement of financial position</th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>1,203,517</td>
<td>734,867</td>
</tr>
<tr>
<td>Investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>18,462</td>
<td>16,617</td>
</tr>
<tr>
<td>Other</td>
<td>230,844</td>
<td>916,564</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>1,452,823</td>
<td>1,668,048</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and borrowings</td>
<td>1,413,881</td>
<td>1,823,941</td>
</tr>
<tr>
<td>Provisions</td>
<td>115,487</td>
<td>87,368</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>1,529,368</td>
<td>1,911,309</td>
</tr>
<tr>
<td><strong>Net liabilities</strong></td>
<td>(76,545)</td>
<td>(243,261)</td>
</tr>
<tr>
<td><strong>Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Funds available for future use</td>
<td>(76,545)</td>
<td>(243,261)</td>
</tr>
<tr>
<td><strong>Total deficiencies in equity</strong></td>
<td>(76,545)</td>
<td>(243,261)</td>
</tr>
</tbody>
</table>

Sound financial management throughout the year has enabled ICEE to achieve its goals for 2004-2005...
Information required under the ACFID Code of Conduct

Operating statement
For the year ended 30 June 2005

<table>
<thead>
<tr>
<th></th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and gifts - monetary and non-monetary</td>
<td>253,061</td>
<td>55,886</td>
</tr>
<tr>
<td>Legacies and bequests</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grants - AusAid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>- Other Australian</td>
<td>2,981,674</td>
<td>1,379,125</td>
</tr>
<tr>
<td>- Other overseas</td>
<td>1,191,993</td>
<td>1,306,207</td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of goods</td>
<td>300</td>
<td>250,425</td>
</tr>
<tr>
<td>Commercialisation proceeds</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Royalties</td>
<td>100,878</td>
<td>0</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>185,959</td>
<td>115,790</td>
</tr>
<tr>
<td>Investment Income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>4,713,865</td>
<td>3,107,433</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2005 $</th>
<th>2004 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disbursements</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overseas projects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funds to overseas projects</td>
<td>1,865,172</td>
<td>684,816</td>
</tr>
<tr>
<td>Other project costs</td>
<td>1,665,195</td>
<td>1,686,353</td>
</tr>
<tr>
<td>Domestic projects</td>
<td>283,996</td>
<td>132,535</td>
</tr>
<tr>
<td>Community education</td>
<td>8,501</td>
<td>0</td>
</tr>
<tr>
<td>Fundraising costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public</td>
<td>300,050</td>
<td>567,493</td>
</tr>
<tr>
<td>Government, multilateral and private</td>
<td>53,871</td>
<td>0</td>
</tr>
<tr>
<td>Administration</td>
<td>370,364</td>
<td>676,984</td>
</tr>
<tr>
<td><strong>Total disbursements</strong></td>
<td>4,547,149</td>
<td>3,748,181</td>
</tr>
</tbody>
</table>

Excess of revenue over disbursements (shortfall) before extraordinary items 166,716 (640,748)

Extraordinary items 0 0

Excess of revenue over disbursements (shortfall) after extraordinary items 166,716 (640,748)

Funds available for future use at the beginning of the financial year (243,261) 397,487

Amounts transferred to Reserves 0 0

Funds available for future use at the end of the financial year (76,545) (243,261)

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.

Full financial statements are available upon request, contact ICEE: 02 9385 7463.
Independent audit report to the members of International Centre For Eyecare Education Ltd

Audit Opinion

In our opinion, the information reported in the summarised financial report set out on pages 27 and 28 is consistent with the annual statutory financial report from which it is delivered and upon which we expressed our audit opinion in our report to the members dated 14 November 2005. 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 2005 in accordance with Australian Accounting Standards.

PricewaterhouseCoopers

CB McIlveen
Partner
Sydney
16 November 2005
Directors’ declaration

In the directors’ opinion:

(a) the financial statements and notes set out on pages 5 to 14 [in the statutory financial report] are in accordance with the Corporations Act 2001, including:
   (i) comply with Accounting Standards, the Corporations Regulations 2001 and other mandatory professional reporting requirements; and
   (ii) give a true and fair view of the company’s financial position as at 30 June 2005 and of its performance, as represented by the results of its operations and its cash flows, for the financial year ended on that date; 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;

(c) the statement of financial performance gives a true and fair view of all income and expenditure of the company with respect to fundraising appeals;

(d) the statement of financial position gives a true and fair view of the state of affairs with respect to fundraising appeals conducted by the company; and

(e) internal controls exercised by the company are appropriate and effective in accounting for all income received and applied by the company from any of its fundraising appeals.

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

Professor Brien Holden
Chairman
11 November 2005
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 Vision Cooperative Research Centre for providing intellectual and financial resources to ICEE. Special thanks also go to the volunteer optometrists and others who have generously given their time to be part of the ICEE eyecare visits to Sri Lanka, Vanuatu and Samoa.

The generosity of all of these people, and the tireless efforts of ICEE staff, are gratefully acknowledged by ICEE and all the people ICEE has helped.

Partners
- Centre for Contact Lens Research, University of Waterloo, Canada
- Vision Cooperative Research Centre, Australia
- LV Prasad Eye Institute, India

Professional
- Optometrists Association Australia (National Body; New South Wales Division; Queensland & Northern Territory Division; South Australia Division; Tasmania Division; Victoria Division & Western Australia Division)
- Royal Australian and New Zealand College of Ophthalmologists (NSW)
- Royal Australian College of Surgeons
- Royal Flying Doctors Service
- World Council of Optometry
- World Optometric Foundation

Optometry
- CIBA Vision Australia
- City Optical
- CU2 Sunglasses
- Eyecare Plus
- Express Eyecare
- Essilor International
- Hoya Lens Australia
- Institute for Eye Research
• Kosmac & Clemens Optometrists
• Marchon Eyewear (General Optical) Australia
• Optical Superstore
• Opticare
• OptiWear
• Paul Brown Optometrist
• Precision Optics
• ProVision
• Streamline Sunglasses
• Tristar Optical

Corporate supporters
• Alfredo Santo’s Tremayne Salon
• BOC Instruments
• Gibson Importing
• Createl Publishing
• Community Alliance
• FAL Lawyers
• Freehills Lawyers
• Ian Melrose, Optical Super Store
• Nine Network
• Optical Manufacturers
• Perkins Shipping Darwin
• Southern Cross Talk Radio
• TOLL Smithfield
• Tracer Aluminium Australia
• Vic O’Callaghan, Springwood East Timor Support Group

Universities
• Centre for Eye Research Australia
• Fudan University School of Business Management, Shanghai, China
• School of Optometry, Queensland University of Technology
• School of Optometry, University of KwaZulu-Natal, South Africa
• School of Optometry and Vision Science, University of New South Wales
• Victorian College of Optometry

Government
• Australian Council for International Development
• Aboriginal Health and Medical Research Council
• Aboriginal Medical Services, Commonwealth of Australia
• Department of Health South Africa
• Department of Health KwaZulu-Natal
• Dill National Hospital
• Federal Department of Health and Ageing, through the Office of Aboriginal and Torres Strait Islander Health NSW
• Guido Valadares National Hospital (Timor Leste)
• Health Insurance Commission
• Ministry of Health, Timor Leste
• Ministry of Health, Tuvalu
• National Centre for Health Education and Training (Timor Leste)
• NSW Department of Community Services
• NSW Government Rural Aerial Health Service
• National Eye Institute (USA)

NGOs
• Australian Medical Aid Foundation
• Centre for Health Care
• Christian Blind Mission International
• Evangelical Lutheran Church, Tanzania
• Fred Hollows Foundation
• Fred Hollows Foundation, New Zealand
• Optometric Vision Research Foundation
• Red Cross Air Mercy Service, South Africa
• Retina South Africa
• Sight Savers International
• Spec Savers South Africa
• Ryder Cheshire Foundation Tiba, Timor Leste
• Silverton Foundation
• Task Force Sight and Life
• VisionCare NSW

Foundations
• Silverton Foundation
• The City of London

Celebrity support
• Brooke Hanson
• Kerri Pottharst
• Larry Emdur (Nine Network)
• Peter Smith (Nine Network)
• Bruce Mansfield (Southern Cross Talk Radio)
• Peter Byrne
ICEE Offices and Staff

The dedicated staff of ICEE have continued to help the organisation with its mission to eliminate avoidable blindness and impaired vision around the world . . .

ICEE in Australia
Level 4, North Wing, Rupert Myers Building
The University of New South Wales
Kensington NSW 2033 Australia
Email: icee@icee.org

Garry Brian - Chief Executive Officer
Professor Brian Holden – Chair
Craig Butler – Director of Professional Education
Professor Brian Layland – Director of Public Health
Tsu Shan Chambers – Professional Education
Renee du Toit – Program Director Human Resources
Michelle Huang – Education Coordinator
Donna La Hood – Project Coordinator
Caroline Llewellyn – Administrative Assistant
Chuan Ooi – Program Director Professional Education
Anna Palagyi – Project Officer
Jacqueline Ramke – Program Director Timor Leste
Gerd Schlenther – Project Director Aboriginal Spectacles
Suit May Ho – Program Delivery Manager
Nina Tahhan – Project Officer
Colina Waddell – Executive Secretary

Cynthia Willis – Coordinator Refractive Error Working Group
Edwina Hart - Administrative Assistant

Marketing and Fundraising Office
56 Rutland Rd, Box Hill VIC 3128, Australia

Gregory Campitelli – Director of Marketing
Hayley McDonald – Administration Coordinator
Madeleine Whiting – Fundraising Coordinator

ICEE in Africa
C/- Department of Optometry
University of Durban Westville
University Road, Private Bag X54001
Durban 4001 South Africa
Email: icee@iceeafrica.co.za

Professor Kovin Naidoo – Director ICEE in Africa
Palesa Dube – Deputy Director ICEE in Africa
Daveena Brain – Programs Manager
Reshma Dabideen – African Vision Research Institute
Pirindha Govender – Research and Training Optometrist
Kesi Naidoo – Community Optometrist
Yashika Inderjeet – Community Optometrist
Anna Mbonami – Clinic Assistant
Cindy Moodley – Spectacle Distribution Administrator
Philisewe Mathonsi – Housekeeper Training House
Damas Mworia – Community Optometrist, Tanzania
Lakshmi Shinde – Education
Thokozani Sibisi – Spectacle Distribution Assistant
Mirashne Rajah – Office Administrator
Diane Wallace – Optometrist

ICEE in China
EENT Hospital, Medical College of Shanghai, Fudam University, 83 Ten Yang Rd, Shanghai 2001 China
Dr Feng (Lily) Xue – Coordinator China

ICEE in India
21 14th Cross AECS Layout, Sanjay Nagar, Bangalore 560094 India
Lakshmi Shinde – Coordinator India

ICEE in Indonesia
Academi Refraksi Optisi Leprindo

Jin. Panguma Polim Raya
125A Kebayoran Baru
Jakarta Selatan 12430 Indonesia
Dr Cheni Lee – Coordinator Indonesia

Consultants
Louise Ayliffe
Bernie Eastwood
Tim Fricke
Suit May Ho
Hsien Jin Teoh
Jane Kierath
Merry Koh
Albert Lee
Ivy Liu Ya
Genevieve Napper
Margie O’Neill
Sara Maria Pereira
Bronwen Phillips
Jane Satterford
Subashree Srinivasan
Tim Thurn
Adam Sun Jinyun
David Wilson
Zhu Xiaoping
ICEE is a signatory to the Australian Council for International Development (ACFID) 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 ACFID Code of Conduct can be obtained from ICEE, and from ACFID at:
Website: www.acfid.asn.au Tel: (02) 62851816 Email: acfid@acfid.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: The Right to Sight, 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 Institute for Eye Research and its i-media team. The Institute, a leading Australian research organisation, provides a range of in-kind and cash resources, and all of ICEE’s promotional materials are proudly sponsored by i-media.
Our Mission

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