“Giving sight to 300 million people seems like an ambitious target to set, but ICEE sincerely believes it can be achieved.

The strategies and partnerships are in place, all we need now are resources, a lot of dedication, skilled people and healthy quantities of energy and optimism.

This passion permeates the culture of ICEE, and all its activities, undertaken with the belief that we are contributing to the gradual and methodical elimination of unnecessary blindness and vision impairment and the poverty it causes.”

Professor Briën Holden OAM

A version of this Annual Report with larger text can be downloaded from www.icee.org
The vision of the International Centre for Eyecare Education (ICEE) is to create a world where every individual has access to affordable eye care.
"I feel happier and more free in my heart and spirit and it will now help me do the will of God and things that have been hindering me because of my eye sight".

James Mkhwanazi
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There’s a small informal settlement called Magwaveni, on the outskirts of Tongaat, a town outside Durban in South Africa. It’s a poor area, the closest eye care services are 45km away and, for many of its people, travel to even the closest health service is beyond reach.

In May this year, the International Centre for Eyecare Education (ICEE) made a field visit to Magwaveni. In a makeshift clinic our optometrists examined people for uncorrected refractive error and eye disease.

In only 4 hours more than 200 local people received eye care. Of those, 60 walked away with a pair of glasses and 45 were referred for further treatment. Amongst them was James Mkhwanazi, a 61 one year old man, whose great pleasure is to read the bible. For the last two years his sight deteriorated to the point where reading was no longer possible. After receiving a pair glasses for reading, James’ eyesight was restored. His response was, “I feel happier and more free in my heart and spirit and it will now help me do the will of God and things that have been hindering me because of my eye sight”.
This story could be told many times over. On World Sight Day 2006, the World Health Organization (WHO) revealed for the first time that, globally, there are at least 153 million people in the world suffering from treatable blindness or vision impairment at distance due to uncorrected refractive error. There are at least another 150 million people who are visually impaired at near due to uncorrected refractive error. Uncorrected refractive error is simple to diagnose and, fortunately, correctable with a pair of glasses. The number of people affected will keep climbing without committed action.

The mission of the International Centre for Eyecare Education (ICEE) is to give sight – to establish basic eye care services throughout the world through education and development of infrastructure and thereby help to eliminate uncorrected refractive error by the year 2020. This deadline has been set by the international eye care community, through Vision 2020: The Right to Sight, an initiative of the WHO and International Agency for the Prevention of Blindness (IAPB). ICEE is a Taskforce member of Vision 2020.

ICEE contributes by helping establish sustainable eye care services in the developing world. This endeavour is multi-dimensional. It requires advocacy – the recognition that this problem exists, is solvable and needs the commitment of governments to make it an ongoing priority. It involves training eye care personnel to conduct eye examinations, dispense glasses and referral of patients in need of further care. Eye care personnel need infrastructure including equipped vision centres to do the examinations and make the glasses.

Education is an ICEE core activity, based on research undertaken to increase the effectiveness of our training programmes. ICEE activities are fundamentally geared toward training local personnel to provide eye care services and build comprehensive eye care systems. Our core value of sustainability dictates that every ICEE programme contributes to enhancing local capacity to give, through education and development of infrastructure, sight to people in their communities.

**Highlights in 2006-2007**

**World Congress on Refractive Error in Durban**

The successful staging of this conference, held in March 2007, was a major achievement for ICEE and a significant breakthrough for the identification of uncorrected refractive error as a major public health issue of our time. Over 650 delegates from the international eye care community shared their experiences, knowledge, ideas and capabilities, in order to create a unified strategy to redress the tragic statistics of vision impairment across the world.

What eventuated was the historic Durban Declaration on Refractive Error – a comprehensive group of actionable resolutions that offers significant hope in eliminating avoidable blindness and vision impairment caused by refractive error, by the year 2020. While the conference highlighted that the need is urgent and that the magnitude of the problem is beyond original estimations, it also founded a united belief that the solution is achievable.

The Durban congress was chaired by Professor Kovin Naidoo, Director of Global Programmes for ICEE. Kovin has dedicated his professional life to
advocating not only the establishment of basic eye care services in the developing world, but also public health issues generally. His commitment and contribution to eye health was recognised this year by the World Council of Optometry (WCO), presenting him with its highly prestigious International Optometrist of the Year award.

Globally this year ICEE screened 39,060 people, dispensed 13,536 glasses and 1,122 personnel were trained.

Seeing is Believing Project
A considerable achievement for ICEE has been the commencement of the Seeing is Believing project. The project, made possible through funding by the Standard Chartered Bank, will deliver vision care and spectacles to 1 million people in South Africa by 2010. The aim is to integrate this service delivery model (the method of delivering eye care) into the district health system in the KwaZulu-Natal province. The model will be evaluated and then utilised as a blueprint for vision care services in other South African provinces and African countries, where the district health system is the cornerstone of national health systems.

USAID
The USAID KwaZulu-Natal Child Eye Care Programme is targeting blindness and vision impairment among the children of KwaZulu-Natal, South Africa. Most of the children being examined and receiving glasses have never had an eye exam. So far ICEE has managed to screen over 47,000 children and provide training for 88 health workers and optometrists in primary and secondary eye care.

The programme is conducted in partnership with the KwaZulu-Natal provincial government, including the education and health ministries. This kind of collaboration is crucial to building sustainable eye care services that will continue beyond our presence. Once again, it is envisaged that this will act as a model for a vision screening programme which can be transplanted into other provinces and countries. It is currently being rolled out in all 11 health districts of KwaZulu-Natal.

Aboriginal Health College
This year saw a tremendous advance in Aboriginal eye health with approval for the building of an Aboriginal Health College at Little Bay in Sydney. Due to be opened in January 2009, the college is a result of collaborations between the Aboriginal Health and Medical Research Council (AHMRC), the Institute for Eye Research, the NSW Government and ICEE.

The college will offer Aboriginal health workers the opportunity to acquire accredited skills and knowledge in a range of healthcare areas including eye health and will give a significant boost to Aboriginal health generally. The eye care course has been developed by the college staff, ICEE and AHMRC.

Professor Brian Layland, the founder and Director of the ICEE Aboriginal Eyecare Programme, has been the main architect of ICEE efforts to increase Aboriginal access to eye care services. Brian has been a tireless advocate for Aboriginal health care,
including his efforts to establish the Aboriginal Health College. His expertise and commitment was honoured this year by a NSW Health Award for Excellence in Health Service Delivery for Aboriginal people.

**Optometry Giving Sight**

Optometry Giving Sight is a major global initiative of IAPB, World Optometry Foundation and ICEE to galvanize support from optometrists, their patients, optometry associations, industry partners and corporations, to raise funds for projects aimed at the elimination of uncorrected refractive error. The phenomenal initial success of this fundraising organisation very positively impacts on the potential for all refractive error projects to be successful including ICEE and collaborator projects in South ern Africa, East Africa and Sri Lanka. Optometry Giving Sight will have a major impact on eye care for people in need.

Globally this year ICEE screened 39,060 people, dispensed 13,536 glasses and 1,122 personnel were trained. This year’s achievement would not have been possible without the hard work and dedication of our professional staff around the world. I thank them for their tireless efforts and determination to continually improve and expand upon our programmes. They tackle the challenges of developing sustainable global eye care with tremendous energy and compassion. I also must thank our volunteers, supporters and donors without whose generosity and contribution, our work would not be possible.

I look forward to the challenges and opportunities that the next year brings and to be able to make a difference to people’s lives by improving eye care for people both within Australia and around the world.
World Congress on Refractive Error

It was a landmark year for ICEE as an international leader in eye care. In March 2007, ICEE hosted the first World Congress on Refractive Error and Service Development in Durban, South Africa.

Delegates gathered to address a key public health challenge of our time, Uncorrected Refractive Error (the need for an eye examination and a pair of glasses). The congress offered a unique opportunity to create a shared vision and strategy in this critical endeavour. The result was the historic signing of the Durban Declaration on Refractive Error. The declaration acknowledged that uncorrected refractive error has a major impact on the lives of individuals, their families and the communities in which they live and is a contributing cause of poverty.

Avoidable blindness has a global economic impact estimated at $US 42 billion, half of which is due to refractive error. By 2020 it is estimated that cost will reach $US 110 billion.

There is currently a crucial lack of refractive error services in the world. This is largely due to a shortage of trained personnel, most markedly in poor and marginalised communities. Other factors include the availability of spectacles and the equipment and facilities needed to dispense eye care services.

Congress Chairperson and Director of Global Programmes for ICEE, Professor Kovin Naidoo, noted that:

The discussions leading up to the Declaration will have a monumental impact on how we view the current eye care crisis in so many countries in the world. In most developing countries, there are no optometrists, no Schools of Optometry and no one to provide the appropriate refractive error services for the population. It is crucial that these services are established.

Professor Kovin Naidoo is the Director of ICEE, Africa. In Mexico City, April 2007, Kovin was named International Optometrist of the Year by the World Council of Optometry. He is a former Fulbright Scholar, an Ashoka Fellow for his efforts in social entrepreneurship, and globally recognised as a leader and advocate for better public health.
The programmes ICEE initiates are aimed at building skills and knowledge, creating employment opportunities, enlisting governments and communities to support eye care systems and enhancing community and individual confidence levels. Our programmes are designed to empower local people and communities to create solutions for eye care needs. Training local practitioners to perform eye care services builds a self-sustaining system and gives local people ownership of the whole process.

The development of refractive error services would have a profound impact on reduced levels of child and adult literacy rates. It would also significantly reduce poverty through increased employment and productivity. The declaration has set out a number of clear and actionable resolutions with the commitment of the participants, to address this situation.

At the opening of the Congress the necessity to support the declaration with committed action was recognised by Dr “Para” Pararajasegaram, representing WHO, in warning history will judge us by our collective actions, not our combined intentions.

ICEE is committed to action. As Global Programme Director for ICEE, Kovin combines the need for careful strategic planning and timely implementation of projects to create the opportunity to not only give sight to those in need but to work with communities to ensure that programmes are sustainable.

Kovin explains:

The programmes ICEE initiates are aimed at building skills and knowledge, creating employment opportunities, enlisting governments and communities to support eye care systems and enhancing community and individual confidence levels. Our programmes are designed to empower local people and communities to create solutions for eye care needs. Training local practitioners to perform eye care services builds a self-sustaining system and gives local people ownership of the whole process.

ICEE programmes are aimed at building local capacity and developing systems that will continue to provide eye care services and affordable spectacles beyond our involvement.
153 million are vision impaired due to a lack of glasses for distance vision and at least 150 million people are vision impaired due to a lack of glasses for short-sightedness.
Regional Activities

Palesa Dube is the Regional Director for ICEE Africa. Palesa is actively involved in Blindness Prevention and serves on the National Low Vision Working Group. She is also a member of the International Agency for the Prevention of Blindness Low Vision Working Group in South Africa. She is an expert in education and is key to the development of education strategy and implementation in this region. It is largely through her efforts that many eye care workers are trained in eye care across the continent.

Education is at the core of the ICEE strategy to build sustainable solutions to the widespread problem of avoidable blindness in the developing world. As Palesa explains:

Educating local eye care personnel with training and mentoring is a vital component of moving toward local capacity building. Our programmes are designed to empower local people and communities to create solutions to evolving eye care needs.

ICEE provides education for varying levels of eye care personnel. At a community level, personnel are trained to promote eye health awareness, screen for common eye diseases, make appropriate referrals, dispense spectacles to correct presbyopia and perform various logistical duties associated with ongoing eye care services. These personnel would typically be community workers, school teachers or primary healthcare workers.
At primary eye care level, personnel are trained to perform visual screenings and identify more common eye conditions, examine the eye, measure visual acuity, prescribe and fit spectacles and coordinate patient referrals.

In the African region, ICEE is also involved in training professional personnel. There is a specific focus on training optometrists in Low Vision detection and management. People are said to have Low Vision when their sight can’t be satisfactorily corrected with spectacles or even medical intervention. Low Vision is also sometimes referred to as “partial sight”.

Educating trainers is another way in which ICEE aims to develop local capacity. This involves ICEE imparting the necessary knowledge and skills to local trainers for them to be able to train eye care personnel. As well as educational techniques, the course involves learning about delivering an ICEE Primary Eye Care, Low Vision or Refraction course.

The last year saw ICEE focusing on some specific areas of eye care training in Africa. In accordance with sustainability and capacity building goals, these were conducted in collaboration with the respective Departments of Health. Embedded in the programmes are monitoring and evaluation procedures which ensure competency standards and allow for the ongoing modification of training models.

Monitoring and evaluation is key to a successful education programme. According to Palesa:

Wherever we educate people we utilise the knowledge gained from that experience to enhance the efficacy of future education programmes. Critical evaluation of all ICEE education allows for continual improvement and ongoing adaptation to meet the needs of local settings.
Since its formation in 1998, ICEE has committed much of its resources to improving eye care. In Africa large numbers of people have limited or no access to eye health services. In many areas the only primary eye care providers are ophthalmic assistants or nurses, who typically work in community health centres and conduct visits to rural communities.

In a continent as large and deprived of eye care services as Africa, the ICEE strategic approach is of immense importance. As Reshma explains:

ICEE does not aim to be the sole provider of eye care services in a country. It takes the role of implementer and facilitator, providing expertise in eye care education, infrastructure development and extensive advocacy experience with governments, communities and other stakeholders in the developing world. Through these efforts, ICEE offers assistance to countries to help build and maintain their own eye care systems.

**Southern Africa**

The bare figures suggest South Africa is well catered for in terms of the number of optometrists it boasts. However, the majority of these practitioners [around 95%] are employed in the private sector while the number of people who rely on the public hospital system for health care (85% of the population) are poorly served for eye care.

ICEE has sought to amend this situation through two collaborative projects. Firstly, with the establishment of the Red Cross/Air Mercy Service (AMS) eye care clinics that are conducted in public hospitals within the KwaZulu-Natal province of South Africa. The project, which sees optometrists flown into rural areas to conduct eye examinations, dispense spectacles and make referrals for more serious eye conditions, has been particularly successful.

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<tr>
<th>Training 2006-07</th>
<th>Vision Screeners</th>
<th>Refraction Training</th>
<th>Primary Eye Care Training</th>
<th>Train the Trainer</th>
<th>Low Vision Training</th>
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Reshma Dabideen is an experienced field optometrist and MBA graduate. She manages programmes in Africa and oversees all research activity in this region. Reshma integrates research into all programmes in Africa by implementing monitoring and evaluation systems.
In the past year, 10 new clinics have been established, all of which are now being operated by the Department of Health (DOH). As the DOH takes over a clinic’s operation, ICEE moves to establish a new clinic in another area. Additionally, 18 local optometrists have been recruited to the programme, allowing for a corresponding reduction of ICEE employed optometrists, whose expertise can then be utilised in other programmes.

Secondly, the National Refractive Error Programme (NREP) developed by ICEE, places private optometrists in public hospital eye clinics throughout South Africa. Optometrists are rostered on a rotational basis, helping to overcome the shortage of eye care practitioners accessible to public patients. Two new clinics have been established in the last year. There are currently NREP clinics located at R.K. Khan Hospital in KwaZulu-Natal, Heidelberg Hospital in Gauteng Province and Rustenburg Hospital in North West Province.

Last year also saw planning for the Giving Sight to Africa in KwaZulu-Natal project come to fruition. Made possible by funding from the Standard Chartered Bank “Seeing is Believing” programme, the project aims to deliver eye care services to 1 million people in KwaZulu-Natal by the year 2010. It is intended that the service delivery model being developed and employed will act as a blueprint for the successful integration of eye care services into district health systems throughout South Africa.

Additionally USAID Child Eye Care Project is making a significant contribution to the eradication of blindness and vision impairment among the children of KwaZulu-Natal. Most of the children examined and receiving glasses have never had an eye exam - only 19% of those with refractive error and who need correction, have previously received treatment.

Most of the children being examined and receiving glasses have never had an eye exam - only 19% of those with refractive error and who need correction, have previously received treatment.

The programme is being conducted in partnership with the KwaZulu-Natal provincial government, involving collaborations with both education and health ministries, which should lead to a swift integration of the vision screening programme into the health and school systems of KwaZulu-Natal. The project also involves the development of a model for vision screening which can be duplicated in other parts of the country. It addresses a long standing problem of different approaches to vision screening.

The project is rolling out in all 11 health districts of KwaZulu-Natal. To date 47,000 children have undergone vision screening – the largest number in Sub-Saharan Africa. To date 84 people, who previously worked as volunteers within the DOH, have been skilled in vision screening. A further four optometrists have received intensive
training in Low Vision to assist in the provision of Low Vision services.

On the importance of developing skills within the community, Reshma emphasises:

The development of skills and greater employment prospects for the trained personnel enhances a sense of empowerment, as well as building the sustainability of the screening programme being implemented.

The sustainability of the programme is dependent upon the continued involvement of the government. With two ministries currently involved, the prospects look good. The challenge for ICEE, through advocacy efforts, is to ensure the incorporation of the model into the planning and implementation process of all provincial governments.

Significant research protocols have been built into the USAID project. This ensures that, apart from delivering essential eye care, training local personnel and enhancing the sustainability of eye care services, ICEE is able to undertake critical investigations into a number of aspects of eye care. The data retrieved from the project will assist in the development of a sustainable model for child eye care delivery for children throughout South Africa.

West Africa

ICEE services the West Africa region through its office in Calabar, Nigeria, where it currently manages activities in Nigeria and Ghana.

A 6-week refraction course was conducted by ICEE in Kaduna, Nigeria, where 22 ophthalmic nurses were trained. The trainees were government employees prior to their involvement in the course.
They are now practicing in a number of hospitals in northern Nigeria.

ICEE has been collaborating with the University of Ibadan Hospital (Nigeria), Department of Ophthalmology, where it provided additional training for two optometrists in Low Vision. The training was supported by the World Health Organization (WHO). The optometrists subsequently participated in the Sightsavers International (SSI) assessment programme which gave them the opportunity for practical experience.

A 5-day train-the-trainer course was conducted in April 2006 in Calabar, for 11 optometrists to become eye care educators. They are now part of an accredited faculty from which ICEE will draw trainers to conduct Community Eye Health courses.

An evaluation of the train-the-trainer course has been undertaken. It is anticipated this will improve the course and yield insights into difficulties encountered during the implementation of projects. The evaluation also performs the important function of providing information about outcomes of the course to the programme sponsors.

In Ghana, ICEE conducted a refractive error survey on children in collaboration with the World Council of Optometry (WCO). The survey is investigating patterns of refractive errors among school age children in West Africa.

**East Africa**

The East Africa region is serviced through an ICEE office in Uganda, where it oversees programmes in Tanzania, Kenya and Uganda. Much of the past year was devoted to advocacy work, some professional training and the establishment of a professional optometry association in Uganda. Given the commitment of ICEE to fostering sustainable eye care systems, it is imperative it works closely with governments, eye care organisations and communities in the region. These links are critical to the success of education and training programmes, service delivery and research activities.

Unfortunately many people suffering from Low Vision who haven’t received an appropriate diagnosis are treated as blind. Some children with Low Vision are placed in schools for the blind, even though they have some ability to see. With the help of visual and non-visual aids ICEE can reduce the impact of vision impairment on daily life. While in many cases Low Vision devices will be helpful, simple measures such as careful seating in classrooms or supplying large print reading materials can make a significant difference.

In August 2006, ICEE partnered with SSI and the Christian Blind Mission to assess Low Vision children. A multi-disciplinary team involving ophthalmologists, optometrists and ophthalmic clinical officers screened 547 children in parts of western and eastern Uganda. In a follow up to the project, ICEE participated in delivering spectacles and Low Vision devices in March 2007, while at the same time building a database of children requiring surgery.

The past year saw the launch of the Optometrists Association of Uganda (OAU) where ICEE East Africa Programmes Director Naomi Nsubuga was elected Vice Chairperson of the Association. The main focus of the OAU is on human resource development and service provision by qualified personnel. The establishment of such professional associations is an important step in the building of comprehensive eye care systems.
The OAU provides advice to the Ministry of Health on Refractive Error and Low Vision. It is also attempting to have the optometry profession recognised and regulated, partly to have optometrists serving in the public sector, where they are in great demand.

During the last year a Low Vision Working Group (LVWG) was established in Uganda to address this form of visual impairment and a LVWG task force collaborated with the Ministry of Health to develop Low Vision guidelines. A range of representatives from government ministries, local health care bodies, professional associations, eye care educators and Non-Government Organisations (NGO’s) were involved in the LVWG. ICEE acted as technical advisors to assist in the establishment of the group while SSI provided funding for the 3-day planning workshop.

An important advance for the Ugandan eye care system has been the launch of the National Eye Plan, which sets out a strategy to build eye care services for the next 5 years. ICEE took an active role in the National Prevention of Blindness Committee meetings that led to the formation of the plan.

During the past year ICEE was involved in Low Vision training for optometrists (pilot course) at the Kilimanjaro College of Community Ophthalmology in Moshi, Tanzania. The course trained eight optometrists from northern Tanzania.

ICEE has also been involved in the Continuing Professional Development for the Tanzania Optometrists Association in Dar es Salaam by providing lectures and workshops at the annual meeting of the association.
Research in Africa

ICEE strives to continually improve on the outcomes of its programmes. Prasidh Ramson, Coordinator of Research in Africa, explains the importance of research within a programme:

Whether it is a patient being satisfied with the glasses they’ve been prescribed, an eye care worker feeling confident in their ability to perform examinations after undergoing training, or a vision centre being managed effectively, monitoring and evaluation activities play an important role in ensuring ICEE endeavours to build this assessment process into all activities.

Research activities for the year include a data analysis study undertaken on outreach clinics in KwaZulu-Natal. The clinics performed screening and refractive services on 2,721 patients over a 12-month period. The data will be utilised for other projects, reports and presentations that contribute to the National Refractive Error Project, Global Resource Centre and the World Congress on Refractive Error.

In the USAID project, the ICEE research team has devised protocols and data tools. The protocols are essentially guidelines for the implementation and progression of the project and help guide the researchers toward the study goal. The database tool is a mechanism used to capture and analyse information to reveal trends and patterns.

System design consultations and quality assurance issues relating to the USAID project are ongoing and detailed to ensure that field workers and clinicians show consistency in their decisions. Prasidh explains:

Research implementation involves various systems of checks and balances that work together to ensure that fieldworkers screen, data is delivered, reports are generated, outputs achieved and ultimately spectacles are put on people’s faces.

The publication and dissemination of ICEE research results add to the existing knowledge base on public health issues. The objective is to promote extensive implementation of models, as well as the knowledge derived through their development and testing to government ministries of health, international non-governmental development organisations and WHO. This is achieved through journal publications, conference presentations and by sharing knowledge with project partners.
Globally, at least 300 million people are blind or vision impaired simply because they don’t have access to an eye examination and a pair of glasses.
South-East Asia and the Western Pacific region, as determined by the World Health Organization (WHO), has the greatest need for assistance for vision impairment and blindness in the world. Gerd Schlenther is the ICEE Programmes Manager for Asia Pacific.

Gerd explains:

The solution to giving sight to these people involves having enough eye health personnel to treat them. The ICEE strategy is to create a range of education models that can train the various kinds of eye care personnel necessary to manage this task. The models are comprehensive education programmes that possess all the necessary information, implementation guidelines and course manuals to train eye health workers in the knowledge and skills necessary to provide a particular eye care service.

All ICEE activities – eye examinations, dispensing glasses, training eye care workers, negotiating with governments – provide data that contributes to the development of these models. Specific research projects are undertaken to investigate different aspects of eye care delivery systems as well as the efficacy of training models, in order to create more effective eye care delivery systems.

Successful education and eye care delivery models can then be duplicated and customised for worldwide implementation. According to Gerd:

That’s what model development is all about – being able to transfer a model to another country is much easier than devising a new model every single time.

Gerd Schlenther is the ICEE Programmes Manager for Asia Pacific. Gerd holds post-graduate qualifications in Business and Public Health. His role includes project design and advocacy to develop and implement educational and research projects for countries that lack basic eye care services. He has been with ICEE since 2003.
The integration of these training models within public health systems and their coordination with other eye care projects is crucial to the growth of sufficient numbers of eye health practitioners. Importantly, this growth needs to be accompanied by coordinated efforts to ensure the infrastructure exists to support practitioners. ICEE devotes substantial resources to this endeavour.

Gerd explains how this strategy will play out:

Our activities in the next 2 or 3 years will be characterised by getting the models right – getting accessible services to people, setting up vision centres, training the personnel and getting spectacle dispensing systems on the ground. But then it needs to be followed by a mass roll-out of the models within the region ...we want to get the models right and once we do, ICEE will have to grow exponentially...and that’s the only way we can tackle the Vision 2020 goals.

All ICEE projects are designed to deliver permanent eye care services or facilitate the development of such services. As Gerd says, “Our models are all about developing sustainable systems that are culturally appropriate that will last beyond our involvement in that country”.

**Western Pacific**

This area includes Vanuatu, Tuvalu and Papua New Guinea, where ICEE optometrists and educators have been involved in providing and developing eye care for a number of years. The geographical spread of these island nations presents quite a challenge in building sustainable eye care services, partly because of the spread of people across lightly populated islands, but also because of limited established health care infrastructure and resources.
Tuvalu

Tuvalu is a nation with approximately 10,000 people living on its nine islands. To help fill an existing lack of eye care services, ICEE optometrists, alongside members of the Royal Australasian College of Surgeons, began annual visits to Tuvalu in 2001. While the visits provided much needed eye care to people suffering from uncorrected refractive error and cataract disease, the Tuvalu Ministry of Health (MOH) and ICEE were seeking to develop a more sustainable method to ensure ongoing access to basic eye care.

Nurses are the sole providers of health care on Tuvalu outside the main island Funafuti, which is home to the national hospital. The solution developed was to train these nurses in primary eye care. “This is where ICEE fits in. We work in a niche, at the primary eye care level - at the community level, so we always look for collaborators and our models always sit within the bigger framework of the community we are working in,” Gerd says.

In the past year, ICEE has further contributed to the eye care system in Tuvalu through the training of nine junior nurses. By educating nurses in the diagnosis and treatment of basic eye conditions, Tuvalu can take advantage of the existing health care system to provide primary eye care. ICEE also educated a trainer in primary eye care and presbyopic spectacles, enhancing the capacity to build a self-sustaining system.

Together with the MOH, ICEE has conducted a number of Primary Eye Care Training courses, resulting in Tuvalu now having 22 nurses trained in eye health deployed across its nine islands. This is a significant achievement - it means basic eye care, provided by local practitioners based in their communities, is now readily available to people throughout the country.
Vanuatu

Vanuatu is a nation of around 200,000 people spread over a group of 83 islands and 450,000 square kilometres in the Pacific. Like Tuvalu, health infrastructure is limited and the spread of population and remoteness of the islands means the most feasible way to provide eye care is through local nurses based in their communities.

ICEE has assisted the development of Vanuatu’s eye care system through the training of 10 eye nurse practitioners and two optical workshop technicians in refraction over the last year.

Papua New Guinea (PNG)

A service delivery trip was conducted by ICEE in collaboration with Oil Search community health staff at various clinics in the Southern Highlands province. The aim was to investigate the possibility of continued eye care services in that province. The main targets for service delivery were isolated communities which presently have no access to eye care. In total, 330 people were screened, of whom 187 received eye examinations, with 125 receiving spectacles.

Whilst education is the focus of ICEE efforts to eliminate avoidable blindness and vision impairment, it also invests resources into helping develop the necessary infrastructure to support eye care services. A crucial element of this is the availability of affordable ready-made and custom-made glasses, which can be ensured through the existence of an optical workshop.

A visit to Port Moresby General Hospital (PMGH) in May 2007 was made to reach an understanding on the establishment of an optical workshop. Planning has commenced with the PMGH regarding the training of workshop technicians and equipping the optical workshop. Two optical workshop technicians will be trained in spectacle lens cutting, fitting and dispensing in 2008.

A critical design feature of the optical workshop is the potential for it to be self-sustaining. By selling glasses at an affordable price, the technicians manning it will be able to ensure their livelihood and help offset other infrastructure costs.

Timor Leste

ICEE programmes in Timor Leste began with service delivery trips in 2000 which evolved into the development of permanent eye care services in partnership with the MOH and other organisations. ICEE has subsequently assisted, through planning assistance, infrastructure development, eye care education programmes, financial support, eye screening and provision of glasses. To date this includes the screening of 30,000 people, dispensing of 18,000 spectacles and the training of 27 mid-level personnel. In addition ICEE undertook mentoring and training for these personnel.

Sri Lanka

ICEE work in Sri Lanka began with a response to the humanitarian crisis created by the Boxing Day Tsunami in 2004. While providing basic eye care and conducting training, it became clear to ICEE personnel that most Sri Lankans had never had an eye examination and that the cost of spectacles was beyond the means of most people.

Consequently, ICEE has sought to assist the development of a sustainable eye care system, managed by the Sri Lankan people, through a number of initiatives. A significant step in realising
The ICEE Sri Lanka Vision Programme aims to eliminate avoidable blindness and vision impairment due to uncorrected refractive error in the Sri Lanka population of 20,926,000.
this has been the agreement reached with the Sri Lankan MOH for a comprehensive eye care programme, including the recruitment and training of Optometric Technicians (OTs). OTs will be able to perform visual screening and refraction as well as prescribe and dispense spectacles.

ICEE is currently developing a 13-year plan to train enough refractionists / vision technicians to give sight to more than 20 million people in Sri Lanka. A model will be piloted in stage one of this plan, in which 12 people from a rural area in Sri Lanka will be trained at the LV Prasad Eye Institute in Hyderabad, India, to become vision technicians. Following their 12-month training, the trainees will return to be employed in vision centres, established by ICEE, throughout Sri Lanka that are based on this model.

Gerd elaborates on the purpose of complimenting these training models with a strong research component:

We take the candidates from Sri Lanka, train them in India, get them back into Sri Lanka working and then conduct research to see how they are going and if the training meets requirements. Monitoring and evaluation is the key to improving on our education programmes.

The potential of this project is cause for optimism about the prospect of delivering eye care to all people by the year 2020.
Aboriginal Programmes

Aboriginal Australians have rates of preventable blindness 10 times greater than non-Aboriginal Australians. ICEE established its Aboriginal eye care programme in 1999 and currently carries out programmes in NSW, the Northern Territory and the Australian Capital Territory to increase Aboriginal access to basic eye health services. The programmes are run in partnership with the Aboriginal Health and Medical Research Council (AHMRC) and local Aboriginal managed health services.

The NSW programme is currently consolidating the services provided at 82 locations throughout the State and continues to expand into new areas. During the past year ICEE optometrists conducted 2,600 eye examinations within Aboriginal Controlled Community Health Services (ACCHSs) and supplied about 2,500 pairs of spectacles through the NSW Department of Community Services spectacles programme, which is managed by VisionCare NSW. The training of 15 health workers in eye care continued in NSW during the year.

A new development in Aboriginal eye care for ICEE this year was the expansion of clinics in the Northern Territory. ICEE optometrists this year worked with the local Aboriginal Medical Services in Tennant Creek, Katherine, Nhulunbuy and 18 remote Aboriginal communities in East Arnhem Land and the Darwin region. A total of 959 patients have received an eye examination with 637 being prescribed spectacles.

During the year ICEE commenced a training programme for Aboriginal Eye Health Coordinators (EHCs) in the Northern Territory. The aim of the training was to equip the EHCs with the knowledge and skills to be able to conduct vision screenings, deliver and adjust spectacles, raise awareness of eye health problems and the need for eye health services in the community, and coordinate and facilitate the eye health programme in their region. To date eight EHCs have received training in these areas.

Brian Layland has worked in eye health for more than 50 years. During that time he has co-founded ICEE and the Institute for Eye Research. He has played a major role in the delivery and establishment of eye care services for Aboriginal communities in Australia. In 2006, Brian was presented with a NSW Health Award for Excellence in Health Service Delivery for Aboriginal people.
Aboriginal Health College

An exciting prospect for ICEE is the planning and building of an Aboriginal Health College, due to be opened at its Little Bay location in Sydney on 19th January, 2009. The College will develop a greater number of Aboriginal health workers by offering accredited health care training courses. This initiative is a result of collaborations between the AHMRC, the NSW government, the Institute for Eye Research and ICEE.

Professor Layland elaborates on the purpose of the College:

One of the problems that’s confronted Aboriginal health workers in the past is that they’ve been able to enroll in courses at technical colleges and other places, but they weren’t necessarily accredited and didn’t lead to anything. At the Aboriginal Health College people will be able to come and do prolonged courses, they’ll be offering a wide range of subjects. It’s a tremendous step forward.

The eye care course has been put together by ICEE, the College staff and the AHMRC. The College recently celebrated its first graduate to complete a course. The graduation ceremony was attended by the NSW Minister for Aboriginal Affairs, Paul Lynch, it was a “real milestone in the development of the programme”, noted Professor Layland.

The co-operative nature of this venture is characteristic of the consultative approach ICEE takes with all of its programmes. Brian explains how this relationship works with the Aboriginal community:

It’s been a very successful programme. We have never done anything to bring about change without talking to the AHMRC people. So if we are asked to go to a new location to provide services, we would consult with the AHMRC and the representatives from the local Aboriginal community.
Research in the Asia Pacific

ICEE research activities are undertaken on an ongoing basis to continually improve the design and efficacy of its programmes and services. Priorities include: developing cost-effective and appropriate models for the provision of eye health services; determining the prevalence of specific eye conditions (primarily uncorrected refractive error); and monitoring and evaluating in-country programmes.

Some research projects involve post-graduate researchers investigating a particular aspect of eye care services while others include the incidental collection of data through projects. An eye care clinic conducted in a remote region may provide the opportunity to do a basic assessment of eye care needs in the area. Systematic retrieval of data is also achieved via protocols built into training models, which may assess practitioner confidence, competence and satisfaction with training materials. ICEE also takes advantage of the research findings of its collaborators which are incorporated into model development.

ICEE is a core participant in the Vision Cooperative Research Centre (Vision CRC), based at the University of New South Wales, Sydney, the largest vision correction research centre in the world. This unique worldwide collaboration brings together 30 of the world’s foremost organisations involved in eye research and the development of vision correction products. It facilitates cooperative partnerships investigating crucial areas of eye care, which can utilise the combined expertise of the participants to produce ground-breaking research. Vision CRC provides funding and support for the development of innovative education programmes and models that provide effective, affordable and sustainable eye care services to communities in need. ICEE’s research activities within its Asia Pacific programmes are conducted in partnership with the Vision CRC.

The primary research focus of ICEE in the Asia Pacific region is the Mid Level Eye Care Personnel (MLP) project. The recent World Congress on Refractive Error identified the training of MLPs as its major strategy for tackling preventable blindness and vision impairment caused by uncorrected refractive error.

MLP are primary eye care workers, notably, ophthalmic nurses, optometric technicians and optical workshop technicians. They perform functions such as: refraction services; eye disease screening; prescribing and dispensing spectacles; cutting and fitting spectacles; and coordinating referrals. MLPs are a convenient and cost-effective way of providing these services when working at the community level. This is the most appropriate platform for the regular screening of school-aged children and the elderly (those most at risk of suffering from uncorrected refractive error).

There are a number of advantages in focusing on the use of local personnel to perform refraction related functions. Pre-service training costs are greatly reduced; local workers are likely to more easily integrate into communities, are more willing to work in hardship areas and are used to local conditions; and the personnel are more easily retained in the country.

MLP are a widely used and important resource in health care in several countries. However, there is little systematically collected and scrutinised data available on them. Through its participation in the Vision CRC, ICEE aims to create a model that
will ensure the training and deployment of MLP in developing countries, as well as improve eye care services to Aboriginal communities in Australia.

The MLP project has sought to firstly quantify the need for MLP in eye care. The primary goal is to create, trial, monitor, evaluate and modify models of effective selection, training, employment and delivery of eye care services. The implementation of these models is geared toward integration with other elements of blindness prevention programmes.

Gerd explains the significance of this project to ICEE:

If you are a leading organisation in addressing this problem you need to be close to the front in researching and getting evidence related to the problem. Our niche is refractive error. At the one end we need to clearly state the problem and at the other end we need to propose a solution.

Two post-graduate research projects examining specific aspects of MLP in remote locations/developing communities have been identified: the use of MLP within the context of the optical workshop – developing and evaluating a model for the effective training and deployment of optical workshop personnel; and the use of MLP to provide refractive care – examining the selection criteria, training characteristics, workplace needs, equipment, space, time, management support and systems, required for the training and subsequent deployment of personnel.

Two suitable post-graduate candidates have been identified and enrolment will commence in 2007-2008.

The **Aboriginal Communities Research project** seeks to understand more about the prevalence of eye conditions among Aboriginal people. It also hopes to learn about barriers to accessing eye health services and the impact of vision impairment on quality of life for Aboriginal Australians.
This project collaborates with other peak Aboriginal bodies and eye research centres in Australia to conduct a national survey of Aboriginal eye health. The purpose of this study is to provide essential evidence in order to more effectively deliver eye care to Aboriginal Australians. An important part is developing the processes and protocols so that they are not only scientifically valid, but also culturally relevant and appropriate for Aboriginal people.

An ICEE/Vision CRC PhD student is working to develop and validate these procedures and conduct a pilot study for the national survey. Currently in planning and development stage, the pilot study will commence November 2007, in NSW.

The ICEE research strategy is driven by the commitment to achieving the goals of Vision 2020 with a particular emphasis on uncorrected refractive error and contributing to global research. In March 2007, a Refractive Error Programme Committee was established as the implementing instrument of the Refractive Error Working Group of the International Agency for the Prevention of Blindness. ICEE provides expertise and logistical support to this committee.
Aboriginal Australians have rates of preventable blindness 10 times greater than non-Aboriginal Australians.
ICEE education programmes operate at a number of levels. ICEE develops the content of educational curricula that can be customised for varying local conditions. Training different levels of personnel to perform specific eye care services and training local personnel as educators to ensure the ongoing production of trained eye care workers.

At a more advanced level, courses are designed to improve the knowledge and skills of practitioners, educators and industry personnel.

Craig elaborates on how this works:

We take complex ideas and make them really simple. So whether you’ve got humungous amounts of equipment and resources in a clinic, in a school, or whether you’re really just down to the basics – you’ve got a chalkboard – then we can actually tailor the education. We figure if we do that then that educator is going to be in a school situation or a college situation where they’re training maybe 40 students a year...and if you string enough of those schools together you end up producing a couple of thousand graduates who’ve been trained with the knowledge and the skill and the confidence to prescribe specs—that’s the self-sustaining method we use.

An important innovation of the ICEE professional education programme is that it targets both practitioners and educators. Improving the skills of practitioners has an immediate and direct effect on the eye care they provide. Improving the knowledge, skills and materials of educators on the other hand, has an ongoing effect on all the future practitioners they teach. In this way ICEE is helping both the practitioners of today and of the future.

ICEE has developed a range of comprehensive training courses for professional education including a series of workshops for participants to develop practical skills and 1,200 powerpoint slides with lecture notes for every slide. These can be modified to whatever level of education or training is being done.

The Varilux Academy Asia Pacific (VAAP) is a collaborative initiative between ICEE and the spectacle lens manufacturer Essilor Asia Pacific. Practitioners are trained to prescribe and fit advanced design ophthalmic lenses, which has benefited the large numbers of people (around 150 million) suffering from presbyopia.

Craig Butler is Director of Professional Education at ICEE. Craig’s role involves coordinating and planning eye care education programmes being implemented in the Asia Pacific region. Craig has been with ICEE for 6 years.
In the past year 722 people participated in VAAP programmes conducted by ICEE in India, Australia, New Zealand, Malaysia, Indonesia, China and Singapore. In addition to these numbers, local educators in the Asia Pacific have trained 340 practitioners using ICEE materials in the prescription and fitting of advanced design ophthalmic lenses. These educators had previously completed the ICEE Presenter Training Programme (PTP). This highlights the potential of the ICEE strategy to exponentially increase the number of trained personnel. It also demonstrates how ICEE facilitates capacity building by giving local “ownership” to the educators and getting local industry involved in committing funding to programmes.

The Educators’ Presbyopia Education Programme (EPEP) is an integral part of the Varilux Academy Educator Initiative. It is designed to enhance the knowledge and teaching skills of educators and raise the standard of undergraduate optometry education in Asia Pacific teaching institutions.

The EPEP programmes were conducted in India, China and Korea with 98 students and 70 educators from 35 participating schools.

The PTP supports local educators and industry staff to present ICEE education materials to practitioners, enabling more frequent and wider availability of practitioner education programmes in the Asia Pacific region.

The PTPs were conducted in the local languages for 18 participants from India, Singapore and China.

ICEE is continually seeking to enhance all aspects of its education programmes. To this end, it undertakes post-training evaluation of practitioners to look at confidence levels, abilities, changes in attitudes, as well as interest and enthusiasm with course materials.
ICEE currently has 41 schools and colleges of optometry in Asia using its education programmes. Each institution educates in the region of 30 students per year - which equates to approximately 1,230 graduates in total, per year.

Craig sums up the importance of education in the mission to rid the world of avoidable blindness by the year 2020:

If we develop enough practitioners, starting with undergraduates in schools and colleges of optometry, learning the core skills of refraction and how to prescribe and fit a pair of specs, then you can solve it that way. So, it’s a matter of creating enough people with these skills and that’s a pretty big challenge, that’s basically what education’s all about.
Well over 2/3 of the world’s population require some form of vision correction.
Effective and efficient operational management is essential to allow ICEE to conduct its education, service development and research programmes. Substantial logistical and administrative support is required to allow programme staff to travel to countries throughout Africa, Asia and the Pacific and train eye care workers in the field, develop education models, set up optical workshops or deliver glasses to people with impaired vision.

Operational models and strategic programme focus must be well aligned to ensure the organisation is functioning at optimum level. An ICEE staff strategic planning meeting was held in March this year to coincide with the World Congress on Refractive Error.

According to Amanda:

The World Congress was a great opportunity for the ICEE global team to meet and incorporate the knowledge gained and shared at this forum into a new strategic plan, which will lead to better eye care for more people.

The Global Resource Centre (GRC) is an important ICEE initiative in the integrated approach ICEE takes to building sustainable eye care services. The GRC has been established to increase affordability and availability of spectacles and the equipment necessary to dispense eye care services. ICEE has been expanding and fine-tuning its GRC operations this year. Amanda explains:

We now have a dedicated office in China managing the procurement and supply of low cost spectacles and low vision devices as well as a fully operational website coordinating orders. The challenge now is to market the GRC to those organisations that have the need for these products to let them know that the supply is now readily available and affordable.

Optometry Giving Sight is a joint initiative of ICEE, the World Optometry Foundation and the International Agency for the Prevention of Blindness. Optometry Giving Sight supports ICEE through funding the establishment of sustainable eye care services in countries where none exists. This year Optometry Giving Sight cemented their plans for their support of programs in three priority areas; South Africa, East Africa and Sri Lanka. In the next year, and subsequent years, ICEE will

Amanda Davis is Chief Operating Officer of ICEE. She has a background in health and human resource management. Amanda joined ICEE in 2006.
receive funding from Optometry Giving Sight to implement projects in these priority areas.

**Fundraising**

ICEE is a not-for-profit organisation and consequently, as Amanda points out, “To make all of these programmes happen, ICEE needs money”. Hence, fundraising and marketing are crucial functions that the Operations team manage in promoting ICEE and attracting supporters.

Amanda adds:

We’re extremely grateful to all our supporters for giving us the opportunity to achieve all we have in providing eye care to those in need over the last year, especially our patron and major sponsor, the Institute for Eye Research.

A major fundraising initiative for ICEE has been the annual National Sunnies for Sight Day, which has been a tremendous success. The day invites Australians to wear sunglasses to work or purchase a pair, in order to build awareness and help raise funds for ICEE blindness prevention programmes. ICEE is excited about plans for National Sunnies for Sight Day in the coming year, when schools will be invited to participate, giving children the opportunity to have a fun day while learning about important eye health issues.

Another initiative this year was the Cycle for Sight campaign. This campaign aimed to raise funds for ICEE programmes and maximise fundraising efforts by the participants, increasing awareness of the problem of uncorrected refractive error and ICEE efforts to eliminate the problem. Eight cyclists took part in a trip around China. According to one participant, Madeleine Whiting (pictured above far right), “This was probably the most rewarding experience of my life.”
Volunteers

Volunteer Colette Kinsella (pictured above) travelled to Sri Lanka with ICEE in June 2006. While there she experienced first hand the difference a pair of glasses can make in life. Her passion for the work of ICEE inspired her to do something great, “this experience has changed the way I look at life and I will never be the same”. Three hundred of her closest friends gathered and raised nearly $50,000 to help support the Sri Lanka Giving Sight programme.

The work of ICEE would not be possible without the generous support of individuals who choose to volunteer their time to our programmes. ICEE would like to thank all volunteers who have helped ICEE to give sight to those in need.
50% of blindness, 70% of vision impairment can be eliminated.
Publications


Acknowledgements

Corporate Patron
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Major Partners
- Vision Cooperative Research Centre, Australia
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- Australian Council for International Development
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Universities

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- Queensland University of Technology
- NSW Department of Technical and Further Education, Open Training and Education Network

**India**
- Aditya Joyt, Mumbai
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- Bausch & Lomb School of Optometry, Hyderabad
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- Lotus College of Optometry, Mumbai
- LV Prasad Eye Institute, Hyderabad
- Municipal Eye Hospital, Mumbai
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- Zhongshan Opthalmic Centre, Guangshao

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- ARO Gapopin; ARO Leprindo; ARO Medan;
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- ARO Surabaya

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- Busan College of Information Technology, Busan
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**Government**
- Port Moresby General Hospital, Papua New Guinea
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- Department of Health KwaZulu-Natal
- Eastern Cape Province Ministry of Health
- Federal Department of Health and Ageing, through the Office of Aboriginal and Torres Strait Islander Health NSW
- Ministry of Health, Timor Leste
- Ministry of Health, Tuvalu
- NSW Department of Community Services
- NSW Government Rural Aerial Health Service
- Ministry of Health Sri Lanka
- Department of Education KwaZulu-Natal
- University of Calaba Teaching Hospital

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- Optometry Giving Sight
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**Board of Directors**

From left to right first row: Scientia Professor Brien Holden, Professor Kovin Naidoo, Professor Brian Layland
Second row: Professor Desmond Fonn, Professor Deborah Sweeney, Professor Gullapalli Rao

**Scientia Professor Brien Holden**
AppSc PhD DSc OAM
ICEE Chair
Scientia Professor of the University of New South Wales (UNSW), Chief Executive Officer of the Institute for Eye Research, and Deputy Chief Executive Officer of the Vision Cooperative Research Centre (VisionCRC), Founder and Director of the Cornea and Contact Lens Research Unit and the Cooperative Research Centre for Eye Research and Technology, Chair of the Refractive Error Working Group of the World Health Organization, Deputy Co-Chair of the Vision 2020 Australia group and recipient of the Medal of the Order of Australia in 1997.

**Professor Kovin Naidoo**
BSc BOptom OD MPH
ICEE Board Member and Global Programmes Director of ICEE Africa
BSc in 1988, BOptom in 1992 from the University of Durban-Westville, Doctor of Optometry from the Pennsylvania College of Optometry in 1995, Masters in Public Health from Temple University in 1995, Co-Chair of the International Agency for the Prevention of Blindness 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, Adjunct Faculty Member of Pennsylvania College of Optometry, Recipient of African Optometrist of the Year for 2002-2003, and International Optometrist of the Year 2007.

**Professor Brian Layland**
BSc OAM
ICEE Board Member
and Director of Aboriginal Programmes

Member of the Council of the Australian Optometrical Association (AOA) (NSW Division), Former National President of the AOA (1976-1979), National Vice President (1971-1989) and State President (1971-1972), Former Vice-President of the International Optometric and Optical League (1978-1979), UNSW School of Optometry and Vision Science, visiting lecturer and committee member, Board Member of the Vision CRC, member and Secretary of the Board of VisionCare NSW, International Optometrist of the Year in 1992, recipient of the Medal of the Order of Australia in 1979, awarded Excellence in Health Service Delivery by a Non-Aboriginal person in 2006.

**Professor Desmond Fonn**
DipOptom MOptom
ICEE Board Member

Professor and Director of the Centre for Contact Lens Research at the School of Optometry, University of Waterloo, Canada, Fellow of the American Academy of Optometry and diplomate 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, Secretary of the International Society for Contact Lens Research, and founding Member and Vice President of the International Association of Contact Lens Educators.

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

Professor of the UNSW and Chief Executive Officer of the Vision CRC, Executive roles in the International Society for Contact Lens Research, the Keratoprosthesis (KPro) Study Group, VisionCare New South Wales, President IACLE, Board member of the Institute for Eye Research.

**Professor Gullapalli Rao**
MBBS, PhD
ICEE Board Member

Founder of the LV Prasad Eye Institute, India, President of IAPB, Former Secretary-General of IAPB (1998-present), former Chairman of the South-East Region (1994-1999), A Chair of the Academia Ophthalmologica Internationalis; 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, Recipient of 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 the UNSW in 2001, and the Padmashri Award (Republic Honour from the President of India) in 2002.
62% of vision impairment in Australia is because people don't have a pair of glasses or they don't have the right pair of glasses.
Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

The operating profit of the company for the financial year was $581,218 (2006: $325,016).

No significant changes in the company's state of affairs occurred during the year.

The principal activities of the company during the financial year were research and education in the eye care industry in Australia and in developing countries. ICEE is a company limited by guarantee and is also a registered charitable organisation.

No significant change in nature to these activities occurred during the year.

As a result of the introduction of Australian equivalents to International Accounting Financial Reporting Standards (IFRS) the company’s financial report has been prepared in accordance with those standards. There were no adjustments arising from the transition to Australian equivalents of IFRS.

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

Likely developments in the operations of the company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

ICEE is a registered charitable organisation and therefore does not pay dividends.

No indemnities have been given or insurance premium paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

No person has applied for leave of Court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings.

The company was not party to any such proceedings during the year.
The Directors of the company declare that:

1. The financial statements and notes are in accordance with the Corporations Act 2001:
   (a) comply with Accounting Standards and the Corporations Regulations 2001; and
   (b) give a true and fair view of the financial position as at 30 June 2007 and the performance for the year ended on that date of the company and economic entity;

2. In the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable;

3. The statement of financial performance gives a true and fair view of all income and expenditure of the company with respect to fundraising appeals;

4. The statement of financial position gives a true and fair view of affairs with respect to fundraising appeals conducted by the company;

5. 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 Board of Directors.

Professor Brian Layland (Director)

Professor Debbie Sweeney (Director)

Dated this 5th day of November, 2007
Scope

The financial report and directors’ responsibility

The financial report comprises the income statement, balance sheet, cash flow statement, accompanying notes to the financial statements, and the directors’ declaration for International Centre for Eyecare Education Limited for the year ended 30 June 2007.

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 financial report.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements and the Corporations Act 2001.

Audit Opinion

In our opinion, the financial report of International Centre for Eyecare Education Limited is in accordance with:

(a) the Corporations Act 2001, including:

(i). giving a true and fair view of the company’s financial position as at 30 June 2007 and of their performance for the year ended on that date; and

(ii). complying with Accounting Standards in Australia and the Corporation Regulations 2001; and

(b) other mandatory professional reporting requirements

SWT SYDNEY

R M TAYLOR
SYDNEY
6 November 2003
### Operating Statement

**For the year ended 30 June 2007**

<table>
<thead>
<tr>
<th></th>
<th>2007 $000</th>
<th>2006 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Donations and gifts - monetary &amp; non-monetary</td>
<td>383</td>
<td>813</td>
</tr>
<tr>
<td>Legacies and bequests</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• AUSAID</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• other Australian</td>
<td>1,710</td>
<td>1,862</td>
</tr>
<tr>
<td>• other overseas</td>
<td>1,131</td>
<td>1,063</td>
</tr>
<tr>
<td>Investment income</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other income</td>
<td>2,854</td>
<td>462</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>6,077</td>
<td>4,200</td>
</tr>
</tbody>
</table>

| **EXPENSES**           |           |           |
| Overseas projects      |           |           |
| • funds to overseas projects | 2,883   | 1,620     |
| • other project costs  | 382       | 693       |
| Domestic projects      | 177       | 436       |
| Community Education    | 345       | 19        |
| Fundraising costs      |           |           |
| • public               | 1,588     | 615       |
| • government, multilateral and private | 0 | 0 |
| Administration         | 122       | 491       |
| **Total expenses**     | 5,496     | 3,875     |

Excess of revenue over expenses (shortfall) from continuing operations

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>581</td>
<td>325</td>
</tr>
</tbody>
</table>
Balance Sheet as at 2007
For the year ended 30 June 2007

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2007 $000</th>
<th>2006 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1574</td>
<td>1480</td>
</tr>
<tr>
<td>Financial assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Non current assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>895</td>
<td>236</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>2485</strong></td>
<td><strong>1732</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>1233</td>
<td>1338</td>
</tr>
<tr>
<td>Provisions</td>
<td>122</td>
<td>146</td>
</tr>
<tr>
<td>Non current liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Payables</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>300</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>1655</strong></td>
<td><strong>1484</strong></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>830</strong></td>
<td><strong>248</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves</td>
<td>830</td>
<td>248</td>
</tr>
<tr>
<td><strong>TOTAL EQUITY</strong></td>
<td><strong>830</strong></td>
<td><strong>248</strong></td>
</tr>
</tbody>
</table>

Statement of Changes in Equity for the Year ending 2007

<table>
<thead>
<tr>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2006 (commencing balance)</td>
<td>248,471.00</td>
<td>248,471.00</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>581,219.00</td>
<td>581,219.00</td>
</tr>
<tr>
<td>Amount transferred to (from) reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance at 30 June 2007 (year end balance)</strong></td>
<td><strong>829,690.00</strong></td>
<td><strong>829,690.00</strong></td>
</tr>
</tbody>
</table>
ICEE is grateful for the support it receives from its Patron, the Institute for Eye Research. The Institute is a not-for-profit organisation and a leading international medical research institute dedicated to eye health and vision care for all. The Institute is an innovator in the field of giving. Since its inception, the Institute has given millions of dollars of cash and in-kind support to ICEE and shared the vision to give more than just sight, but hope to 300 million people around the world with refractive error.

ICEE is a participant in Vision CRC. Vision CRC is the largest vision correction research centre in the world. This unique worldwide collaboration of almost 30 organisations have come together to develop breakthrough technology and products for the correction of myopia and presbyopia; deliver innovative education programmes at all levels of the eye care industry; and develop models which provide effective, affordable, and sustainable eye care delivery to communities in need.

ICEE is a Task Force member of the Vision 2020: The Right to Sight initiative, established by the WHO, 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 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.
Aboriginal Eye Health Coordinators - Eye care personnel trained to perform visual screenings and identify common eye conditions, examine the eye, measure visual acuity, fit glasses, organise patient referrals and perform various logistical duties associated with ongoing eye care services.

Aboriginal Health Workers - Specialised workers who liaise between medical professionals and Indigenous patients to improve the quality and cultural appropriateness of health services provided.

Basic eye care services – Having access to trained personnel who can detect and refer eye disease as well as dispense spectacles.

Community Level Personnel - Community workers, school teachers, primary health workers and eye health coordinators who promote eye health awareness, screen for common eye diseases, make appropriate referrals, dispense spectacles and perform various logistical duties associated with ongoing eye care services.

Low Vision – Visual acuity of less than 6/18, but equal to or better than 3/60, or corresponding visual field loss to less than 20 degrees, in the better eye with best possible correction (WHO).

Mid-Level Personnel - Eye care personnel trained to perform vision screenings and identify common eye conditions, examine the eye, measure visual acuity, prescribe and fit lenses, and coordinate patient referrals. Term includes ophthalmic nurses, optometric and vision technicians, dispensing opticians and optical workshop technicians.

Ophthalmic nurses – Registered nurses with additional eye care training, who work in the hospital system alongside ophthalmologists, assisting with surgery and giving pre and post operative care.

Optical Workshop Technicians – Trained personnel with the ability to produce custom-made spectacles on-site, repair damaged spectacles, dispense completed spectacles and assist patients with frame selection.

Optical Workshop – Produces and sells readymade and custom made glasses and is equipped with lens cutting, edging and frame-fitting equipment.

Optometrist – Examines eyes for vision and health problems as well as prescribes glasses, fits contact lenses, prescribes ophthalmic medications, assists with pre and post operative care and treats eye disorders.

Optometric Technician – Senior eye care worker in Vision Centres that performs refraction, eye disease screening, prescribing and dispensing of spectacles, cutting and fitting spectacles (those Vision Centres that have an optical workshop on site) and coordinating appropriate patient referrals as needed.

Refraction – Measurements to determine the power of spectacle focus that provides maximum benefit to vision.

Refractive error – A focussing error causing reduced vision. The three most common types of refractive error are, myopia (near sightedness), hyperopia (far sightedness), astigmatism (distorted vision resulting from an irregularly curved corneal).

Service Delivery – Providing vision screening, refraction and the dispensing of glasses in communities that lack access to eye care services.

Train-the-trainer courses – Teach trainers the knowledge and education techniques necessary to train personnel.

Vision Centre – A centre that will service the primary eye care needs of communities – provided refraction, eye disease screening, prescribing and dispensing of spectacles, cutting and fitting spectacles, coordinating appropriate patient referrals.

Vision Screening – Involves performing tests to detect, but not diagnose, vision disorders or visual defects. Often includes refraction and dispensing of ready-made spectacles

Vision Technician – Vision Technicians usually work in Vision Centres in rural or remote areas. They are the primary source of eye care for their communities and collaborate with secondary and tertiary eye care services to develop effective referral pathways.