A Global Action Plan

ICEE has taken the lead in advocating a greater focus on the impact of uncorrected refractive error (URE) on the global community.

At least 650 million people, mostly in the developing world, are blind or vision impaired as a result of uncorrected refractive error, or simply the need for glasses. Of those, at least 153 million suffer from treatable blindness or vision impairment due to distance refractive error, while an estimated 500 million have uncorrected presbyopia – the diminished ability of the eye to focus at near, which occurs with ageing.

Through the Refractive Error Programme Committee (REPCom), ICEE is working with the International Agency for the Prevention of Blindness (IAPB) to produce a strategic action plan designed to assist governments, public and private health systems, research institutes, non-government organisations, health practitioners, lay-people and communities seeking to reduce blindness and vision impairment caused by URE.

Our participation in REPCom is underpinned by research that has led to a global action plan for the elimination of vision impairment from URE.
The vision of the International Centre for Eyecare Education (ICEE) is to create a world where every individual has access to affordable eye care.
Since its inception, ICEE has performed 38,607 eye examinations in Sri Lanka and 29,523 people who have been prescribed and supplied glasses through ICEE programmes.
In the face of the immensity of the World Health Organization (WHO) estimate that more than 153 million people worldwide unnecessarily suffer preventable blindness and vision impairment through uncorrected refractive error (URE) at distance, and many more times that for near visual impairment, determined efforts are being made to address the problem. The link between poverty and avoidable blindness is indisputable. Uncorrected vision impairment causes profound economic disadvantages to individuals, their families and societies. People affected by URE are more likely to be excluded from basic education, suffer from isolation and have fewer employment opportunities.

Many of the corrective measures available to those living with vision impairment are often inaccessible to those in low socio-economic groups. Access to health care and education are crucial in lifting people and communities from poverty. ICEE seeks to reduce poverty levels by ensuring that those in underserved communities have access to affordable eye care through the development of eye care infrastructure, service delivery and importantly the training of local eye care personnel. When complete this system provides people with access to eye care that ultimately gives them the same opportunities as their normally sighted counterparts.

The International Centre for Eyecare Education (ICEE) has now been established for 10 years and while the size of the problem means the task of addressing URE worldwide has only just begun, significant outcomes have already been achieved. I am pleased to invite you to read this report of ICEE initiatives in Australia and around the world. The report is given a human face through the inclusion of case studies, which tell the stories of people whose lives are profoundly changed for the better by the simple, but often unavailable, opportunity for an eye test and prescription of glasses.

In 1999, WHO and the International Agency for the Prevention of Blindness (IAPB) launched the joint initiative known as VISION 2020: The Right to Sight, to eliminate the main causes of avoidable blindness by the year 2020. Through VISION 2020, sustainable programmes are planned, developed and implemented which incorporate the principles of primary health care, and which are based on three core strategies: disease control, human resource development and infrastructure development.

ICEE membership of VISION 2020 ensures that we operate internationally within an established framework. Our efforts to eliminate avoidable blindness and impaired vision caused by URE is guided both by our membership of VISION 2020, and by our adherence to globally accepted public health principles and development guidelines.

ICEE programmes aim to ensure the ongoing availability and accessibility of equitable services and the provision of high quality affordable eye care products. We ensure the sustainability of our programmes through a range of strategies: by targeting poor, underserved and marginalised populations; by building cost recovery into projects; and by selecting, recruiting and training local personnel. Our projects build on existing national eye care plans, strategies and processes where they exist.

Since its inception 10 years ago, ICEE has been working hard in a variety of locations across the globe. I am proud to announce that during that time we have conducted 467,086 eye examinations and provided 142,724 pairs of spectacles to those in need. Perhaps even more importantly, in the past 10 years, ICEE has trained nearly 7,000 eye care personnel through our own public health education programmes, while more than 23,000 educators and practitioners through our own ICEE professional education programmes or in partnership with the Varilux® Academy. These 7,000 eye care personnel have the capacity to impact the vision care needs of over 10 million people a year.

Building local and sustainable capacity through education and human resource development is a critical feature of ICEE educational programmes, ensuring the continuous development of education materials and the subsequent transfer of knowledge and skills. ICEE has achieved significant educational outcomes including the training of a broad range of personnel through both public health and professional education initiatives.

ICEE is also driving the global elimination of refractive blindness and impaired vision through participation in strategic planning at global, regional and national levels of VISION 2020: The Right to Sight. ICEE Global Programmes Director Kevin Naidoo is Chair of the IAPB in Africa and both he and myself are members of the IAPB Board of Trustees. Kevin, ICEE Asia Pacific Programmes Manager, Gerd Schlenther and researcher, Tim Fricke, are also an important part of the IAPB Refractive Error Programme Committee, who drafted the Strategic Plan for the Elimination of Blindness and Impaired Vision due to Uncorrected Refractive Error. Chief Operating Officer, Amanda Davis, is also a key member of the Australian Blindness Prevention Initiative and ICEE Board members, Brian Layland, Debbie Sweeney and myself are on the National Australian Vision 2020 Committee.

Underpinning both our programme and educational initiatives, ICEE also conducts research which allows us to improve the design and efficiency of our programmes and services. The publication and dissemination of our research builds significantly on the existing body of knowledge on public health issues.

The future for ICEE eye care programmes is encouraging. In May 2008, in a powerful indicator of its commitment to addressing URE, the Australian Government approved AUD$45 million funding to address eye health and vision care needs in the Asia-Pacific region as part of Australia’s Vision 2020 response. Through this initiative, Australia is taking a proactive position with regard to disability in general and, more particularly, blindness prevention and vision impairment. The funding announced in this year’s budget will have an unprecedented impact in the Asia-Pacific region.

With health leadership of this magnitude, Australia will make the most effective single effort toward reducing the progression of avoidable blindness and vision impairment witnessed in this region. ICEE thanks the Australian Government, the Minister for Foreign Affairs, the Hon. Stephen Smith MP and the Parliamentary Secretary for International Development Assistance, Hon. Bob McMullan, for their vision in the creation of this initiative.

While reflecting on ICEE achievements over the past 10 years, it is also timely to recognise and applaud the efforts of the individuals and organisations who work each year with us to contribute towards solutions to URE. Clinicians, technicians, administrators, educators, government and community-based agencies and individuals, researchers, volunteer participants, individual donors, corporate supporters, sponsors, and project partners: all contribute to the provision of sustainable community solutions to a global problem.

ICEE is also a close partner with IAPB and the World Council of Optometry in Optometry Giving Sight – the largest fundraising programme ever attempted to solve the immense refractive error problem and its contribution to world poverty. ICEE thanks all those contributing optometrists and industry partners; our patron the Institute for Eye Research and our major sponsors, Standard Chartered Bank and USAID for their continued support during 2007-2008. Without their support ICEE would not be able to contribute to eye care solutions as it does.

Finally, my thanks to the ICEE Board and our magnificent staff for their efforts and support throughout the year. I look forward to the challenges that the next year will bring to our continuing work to effect positive change in people’s lives around the world.

Professor Brien Holden OAM
Chair of ICEE
Across the world, many developing countries are confronted with dire poverty and its drastic repercussions in the areas of blindness, visual impairment and eye care services in general.¹ This situation highlights the need to define global eye care priorities, and to adapt interventions to suit those countries in most need while focusing attention on a need for broader strategies that achieve sustainable, integrated solutions which transcend the boundaries of eye care and encompass social, political and economic solutions.

While enormous gains have been made in blindness prevention efforts globally by Non-Government Development Organisations (NGDOs), governments and other entities, the targets that VISION 2020 seeks do not seem achievable with the current progress being made to expand and deliver eye care services. It is clear that a paradigm shift in our global and local strategy of VISION 2020 is required.

Recent calls for an agenda which takes a development, rather than a narrow prevention focus, has led to much debate about the route this agenda should take. While exciting to some, such an agenda is also daunting to others because of the need to catapult programs beyond the traditional coalitions and partners and into less familiar terrain which challenges not only clinically-oriented individuals, but public health advocates as well.

Such a development agenda emphasises the link between poverty, social development and health care. Blindness, disabling visual impairment and the overall lack of eye-care services are too often the result of social, economic and developmental challenges of the developing world. Sachs (2001)¹ captured this eloquently when he stated health is one of the most important, yet still broadly neglected, long-term foreign policy issues of our time. Life and health are our most precious assets. There is a growing awareness that investment in health is fundamental to economic growth and development.”

Refractive Error

Refractive conditions have historically been neglected as part of blindness prevention and eye care programmes but are gaining increasing prominence. The lack of services mirrors socio-economic conditions and is reflected in lack of access to refractive error assessment and the provision of spectacles.

While much of our discourse on refractive error has centred on the prevalence of the disease and the impact on visual impairment and blindness, a limited discourse has focused on the socio-economic implications of uncorrected refractive error (URE). The lack of research and publications on this subject bears testimony to this reality. URE impacts on educational and economic opportunities for the young and economically active individuals. For older adults, as well as other groups, URE has significant impact on the quality of life these individuals enjoy.

In a population-based study in South Africa, only 19% of the children requiring spectacles were wearing them or had had an eye examination². The study revealed that, unlike other situations where continued wear or compliance was an issue, the non-wearing of spectacles was related to the fact that the children had not had access to vision screenings, eye examinations or spectacles in the past. The lack of services in the public sector, as well as the prohibitive cost of spectacles in the private sector, were key contributing factors.

Adults over the age of 40 years are usually dependent on presbyopic (reading) correction to function at work, home and to worship. The lack of affordable services, and the absence of the appropriate financial resources to purchase spectacles, have the potential to confine many to poverty and drive others into poverty by restricting them from economic activity that demands good near vision. Merely providing services without addressing affordability, or without supporting overall development efforts aimed at eradicating poverty, will limit the success of eye care NGDOs. A broader strategy should recognise the need for economic growth that results in greater public and private funded eye care services that focus on health promotion and prevention strategies to ensure the prevention of eye disease, the development of eye clinics in hospitals and health clinics, and the training of the appropriate human resources who can interact within a comprehensive health care team.

Recognising that poverty requires a multi-faceted approach to its eradication, ICEE partners with other civil society organisations in meeting communities needs so that our eye care activities are located within a broader development paradigm. One such example is the pairing of a child eye care program with that of an organisation involved in the development of vegetable gardens in schools located in impoverished areas. ICEE is striving to become more active in social forums that address communities’ needs in a broad strategy that recognises that eye care is but one aspect of a comprehensive agenda. The Social Entrepreneurship programme aims at developing vision centres and optical labs that support both the public and private sectors, while creating a source of income for families and individuals.

In this way, the sustainability of the eye care program is secure within the broader strategy.

Lack of research is a serious impediment to the development of appropriate solutions. Besides the development of new ideas and models, the lack of evaluation of existing refractive error programs has resulted in the perpetuation of failed policies.

ICEE is making significant investment in both its own research and research in collaboration with other partners. We aim to ensure that appropriate research strategies are developed to support a broader development agenda. Given the lack of strategies in relation to eye care and development, special emphasis will be placed on forums that seek to educate and define our strategies, particularly in relation to Refractive Error.

The World Conference on Refractive Error (WCRE2) to be held in September 2010 will begin with a forum that will discuss the broader development challenges of our world. World leaders from civil society organisations involved in poverty eradication and development programmes will address the conference. Subsequent discussions will be guided by this forum and aim to define a practical agenda for URE which is located within a development paradigm.

REFERENCES

In Africa, poor practitioner-to-patient ratios, the often total absence of eye care personnel, inadequate facilities and the lack of state funding and educational programmes all contribute to preventable and treatable vision conditions being among the leading causes of blindness. Eye diseases causing preventable blindness are often the result of a combination of factors such as poverty, lack of education and inadequate health care services.

Throughout Africa, the key challenge for implementation of the Vision 2020 Plan for Refractive Error and Low Vision continues to be the need to effectively and swiftly address human resource development in the field of eye care.

Compared to the rest of the world, Africa carries a disproportionate representation of blindness and visual impairment - with approximately 10% of the world’s population, Africa has 19% of the world’s blindness. It is no surprise that this reality also mirrors the region’s burden on world poverty. There is recognition of the link between poverty, state of development and health care. Increasingly, it is recognised that blindness and disabling visual impairments and the overall lack of eye care services are the result of social, economic and developmental challenges which affect the developing world.

In response, ICEE service development has delivered sustainable, long-term eye care services in the South African province of KwaZulu-Natal (KZN) through its Child Eye Care Programme while also providing a Mobile Outreach service in partnership with Nissan, South Africa.

As part of the problem of scant human resources, the challenge for sub-Saharan Africa continues to be not just the number of practitioners but the poor distribution of personnel, poor training, unexpected redeployment of personnel and lack of clear career pathways for mid-level eye care personnel. These factors lead to human capital flight, the emigration of trained and talented individuals to other nations or jurisdictions mostly due to lack of professional opportunities for personnel in their own communities in Africa.

In response to the need for human resources, ICEE has developed a multiple entry and exit model for optometry training that produces personnel with differing levels of skills. The model ensures that there are appropriately trained, highly skilled optometry technicians available within the regions to conduct refraction in public sector settings.

Southern Africa

In the past, South Africa has been the only country in the region with capacity to train optometric personnel. Other countries in the region have been further disadvantaged with limited or no access to refractive error and low vision public health services.

Malawi

Malawi School of Optometry

The ICEE model allows high volume refraction training to be provided and was initially implemented at the Malawi School of Optometry by a consortium of non-government organisations including ICEE, CBM and Sightsavers International working in conjunction with key in-country stakeholders.

This year, previously undertaken negotiations were consolidated with a Memorandum of Understanding between both the funding and implementing partners. Of particular importance during the period was the commitment to ongoing support of the project by the Malawi Ministry of Health.

CASE STUDY: CHANTAL

Chantal came to an ICEE clinic in KwaZulu-Natal, in South Africa, in 2007. She had difficulty seeing at school and in the playground. South Africa is one of more than 40 countries where ICEE is developing sustainable eye care systems.

School was particularly difficult, “I couldn’t see the board, I couldn’t see what I was doing and what was in front of me. I couldn’t see when I was writing and all my work was squashed up,” she recalls. Now, thanks to an eye examination and pair of glasses to correct her myopia (short or near sightedness), Chantal participates actively in school and enjoys normal activities with her friends like any typical 11-year old.

See Chantal’s story at www.icee.org
Regional Activities - Africa

Two sites for the training were identified – The Malawi College of Health Sciences in the capital Lilongwe and Mzuzu University in the North of Malawi.

The Malawi College of Health Sciences has historically trained Ophthalmic Clinical Officers for the region. Given this, Malawi was considered an ideal location to train Optometric Technicians (OTs) in refraction and basic primary eye care.

Mzuzu University, situated in the north of the country, is a relatively new institution with previously existing medical training facilities. As part of the project, the university will host the four-year degree programme for qualification as an optometrist.

The Malawi School of Optometry project aims to train optometrists and OTs for the Southern Africa region who will cater for the refractive error and vision impairment needs of previously underserved communities. The project has a number of aims and objectives including:

- training of OTs to provide basic refraction services through public health facilities and to people in rural areas in the targeted districts
- training of optometrists
- establishment of two Optical Workshops to ensure that people in rural and marginalised areas have access to affordable spectacles
- increased practitioner-to-patient ratios
- provision of career paths and opportunities for training in eye care cadres in Southern Africa. Previously, there has not been the opportunity for career progression for mid-level eye care personnel in the field of eye care. With the multiple entry and exit model, graduates from the diploma programme can re-enter the system mid-way to gain a degree qualification, hence creating a career path, with a standardised, regionally accepted, skills level.

At the end of the inaugural four-year cycle, it is envisaged that 40 OTs and 10 optometrists will have qualified through this training programme. By Year Three, two Optical Workshops will have been established as part of the programme, one at each site, which will support the training and provision of spectacles for patients served through the academic optometric clinics.

The countries targeted to benefit from this training programme are Botswana, Lesotho, Malawi, Namibia, Swaziland, Zambia and Zimbabwe.

After the implementation of the four-year cycle pilot project, it is anticipated that a successful, well-developed and sustainable system for training of optometric personnel for Southern Africa will have been developed within the two host institutions. In addition, the model is being used by ICEE in collaboration with partners, for the development of similar training programmes in other regions of Africa, most notably Mozambique, Uganda and Congo.

By 2012, it is anticipated that more than 60 optometric personnel will have been trained to deliver primary eye care and refractive services through the school.

South Africa Outreach Project

In South Africa, ICEE continues to provide services and resources to create sustainable, long-term eye care solutions, primarily in the province of KZN.

On World Sight Day in October 2007, the Giving Sight project was launched in Durban, South Africa. The project aims to improve the vision of one million people in the South African province of KZN by 2010 and is sponsored by the Standard Chartered Bank as part of its campaign initiative 'Seeing is Believing'.

The Standard Chartered Bank sponsorship was awarded to ICEE and the Department of Health, KZN, to provide sight to those members of the community who don’t have access to eye care services. This programme is also made possible by the inclusion of additional funding from our sponsor, Optometry Giving Sight.

The programme involves a comprehensive eye care framework, which has been developed through years of extensive research and draws on ICEE expertise and experience. It allows individuals across the community to gain access to eye care services, such as eye screening, provision of spectacles and onward referrals for more complicated conditions, wherever they may be living in the Province. The programme is an eye care model which, once piloted successfully within KZN, can then be replicated in other provinces, and potentially shared as best practice within other African countries where district health forms the cornerstone of the national health system.

In 2007-2008, through primary, community or hospital health care services, a total of 15,390 people were examined, with 9,695 of these being prescribed spectacles or low vision devices and 9,037 referred on for further services.

During 2007-2008, ICEE expanded its South Africa Outreach Project. The project was originally established in 2001 to take eye care services to the public health system where they have been lacking while also providing access to affordable spectacles.

ICEE is partnered in the Outreach Project by the South African Department of Health (DOH) and Air Mercy Services (AMS). The support and cooperation of both these organisations continue to be integral to the effectiveness of the project. AMS provides crucial daily aircraft transportation for optometrists and clinical assistants to the project’s outreach clinics, while the DOH continues to play a vital role in the project including the provision of:

- clinic sites
- complementary and support staff
- optometrical equipment
- assistance in research data collation
- support for the spectacle delivery service

South Africa

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<tr>
<th>Capital</th>
<th>Pretoria (Cape Town is the legislative center and Bloemfontein is the judicial center)</th>
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<td>GDP</td>
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<td>Population</td>
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<td>Life expectancy at birth</td>
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<td>female: 48.15 years - 2008 est.</td>
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<td>Infant mortality rate</td>
<td>42.11 deaths/1,000 live births</td>
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<td>Literacy</td>
<td>age 15 and over who can read and write: total population: 86.4%</td>
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<td></td>
<td>male: 87%</td>
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<td>female: 85.7% (2003 est.)</td>
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Regional Activities - Africa
ICEE plays a pivotal role in the project through:
- identifying the need for eye care services
- providing optometry and affordable spectacle delivery services
- recruiting eye care practitioners in areas of need
- raising eye care awareness in local communities
- working in collaboration with the community and other organisations
- supporting DOH to establish and maintain a sustainable eye care programme
- providing equipment to district hospitals and clinics
- collating and distributing statistical data to stakeholders

Outreach services are provided by an optometrist and a clinical assistant who travel daily to outlying clinics and hospitals. A complementary spectacle delivery service is an integral aspect of the project ensuring that the service’s clients receive comprehensive care and that the impact of the project’s interventions is complete and immediate.

As the inability to access eye care services is directly attributable to the current absence of eye care services in the existing public health system, the outreach project fills this gap by providing optometrists and spectacles where they are most needed. Ideally, services provided through the project will eventually be absorbed by the DOH as part of its future ongoing health care provision within the region.

**KwaZulu-Natal Child Eye Care Programme**

The South African National Department of Health estimates that 85% of its population, or 38 million people, depend upon public health care. Of this group, 13 million are children under the age of 16. The majority of South African children still have extremely limited access to any form of health care services.

In 2003, the Refractive Error Study Amongst Children (aged 5-15 in Durban, South Africa) found that of those children with reduced vision, 63.3% was due to refractive error. In addition, they found that of those children who needed spectacles only 20% actually had them.

Four out of every five children blind or visually impaired from URE in KZN face unnecessary visual impairment. The disability has a natural impact on quality of life and education. Currently, vision screening for children falls within the mandate of the Department of Health, School Health Services.

ICEE has identified that currently, where School Health Teams exist, they reach close to 10% of primary school children, between the ages of five and seven, each year. The limited capacity of government to implement a comprehensive eye care programme for all school children contributes to the issue of undetected and uncorrected refractive error. Sadly, this has a critical role in condemning children who, with education, could otherwise become independent; and further contributing to the number of those living in poverty in South Africa.

There is very clear evidence relating to the importance of early visual assessments on a child’s future visual functioning and general health. The early detection of visual anomalies has very broad implications, given the role that vision plays in a child’s development – undetected and subsequently uncorrected visual anomalies may limit a child’s life experience by delaying motor skills development, personality development and orientation, as well as career opportunities and education. Social and emotional development may also be hampered and, of course beyond this are the resulting uncalculated economic implications for broader society.

In 2006, ICEE, in partnership with the United States Agency for International Development (USAID), began the very first Child Eye Care programme in KZN, named The KZN Child Eye Care programme – Let the Children See.

**CASE STUDY: BRIGHT**

Bright is a security guard at the Wentworth Hospital in Durban, South Africa. Like many ICEE patients, Bright had never had an eye examination even though his poor eye sight was making simple tasks difficult, hindering his job performance and endangering his ability to earn his livelihood.

Bright was fitted with a pair of bifocals to correct his refractive error. He now recalls, “before the glasses I couldn’t see clearly. Even doing my job, I was asking one of my colleagues to help me, especially with writing. And now I can do it on my own.”

Bright adds, “I’d like to thank ICEE because now I can see!” See Bright’s story at www.icee.org
The project aimed to immediately deliver eye care services to primary school children in need and concurrently strengthen and develop the capacity of existing government structures to deliver ongoing eye care services to all primary school children within the province.

Within the first year of the programme, approximately 147 000 children had their vision screened, a historic effort for delivery of eye care services to children within the province. This year, a further 174 160 children have been screened, a remarkable achievement with enormous social, educational, economic and developmental implications for the broader South African population.

The Nissan Mobile Eye Clinic: Mobilising the Child Eye Care Programme

In acknowledgement of ICEE work within the area of child eye care and vision health, Nissan South Africa partnered with ICEE to complement the delivery of the KZN Child Eye Care Programme. One of the key components of the Nissan / ICEE partnership was the handover, by Nissan, of a fully fitted mobile eye clinic and optical workshop in November 2007.

In addition to the support from Nissan South Africa, the Mobile Eye Clinic and Optical Workshop project is made possible by partnership with the KwaZulu-Natal Departments of Education and Health.

Of the 368 000 screened through the Child Eye Care Programme, close to 20 000 children have required further refraction. A critical issue has been despite referral for refraction within the public health sector, very few people actually present at referral locations for diagnosis and treatment. This low uptake of services is not surprising, given the economic burden of accessing care and competing demands on the family’s limited resources. ICEE addresses this by providing follow-up refraction services when required.

In 2007-2008, 3 283 refractions were conducted through the Nissan Mobile service and 1 196 pairs of spectacles were dispensed.

The imperative to make eye care more accessible to children remains a priority within the programme. The Nissan partnership, and the subsequent introduction of its mobile eye clinic to the programme in February 2008, has enabled a viable alternative method of service delivery.

Benefits flowing from the project include:
- identification of sites for the development of refractive services
- early detection of blinding conditions
- supply of spectacles
- community sensitisation to the importance of eye care
- mobilisation of resources within government departments
- dialogue on Child Eye Care and the prioritisation of services for children at government level
- development of a public-private partnership to alleviate blindness and vision impairment
- skills transference – personnel working on board the Nissan Mobile receive specialised training in optical dispensing and vision screening.

ICEE has also collaborated with the Department of Ophthalmology at the University of Ibadan Hospital in Nigeria where it secured additional training, supported by the World Health Organization, for a further two optometrists. These optometrists subsequently gained valuable practical experience by working as part of the Sightsavers International assessment programme.

As in other parts of Africa, in Western Africa the development of human resources and a raised awareness of uncorrected refractive error (URE) are increasingly recognised as the key to achieving successful URE solutions in the region. Through its Calabar office in Nigeria, ICEE manages its activities in Nigeria and Ghana.

This year ICEE engaged in some very successful advocacy work, particularly in promoting the vital need for increased eye care training to State and Federal Health Ministries. The success for this advocacy has been evident in the government’s approval of future training of all tertiary hospital-based optometrists in Nigeria in low vision and the establishment of a number of low vision clinics planned for early 2009. The project is expected to equip tertiary hospitals in the most populated African country with skilled personnel and facilities to provide eye care services.

Eye care outcomes in Nigeria have also been greatly enhanced by the training of 22 ophthalmic nurses, trained through a six-week ICEE Refraction Course conducted in Kaduna in Nigeria. The ophthalmic nurses are now practicing in a number of hospitals in northern Nigeria, an area previously lacking optometrists or refractive services.

Western Africa Region

Nigeria

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<td>Infant mortality rate</td>
<td>95.74 deaths/1 000 live births</td>
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<td>Literacy</td>
<td>age 15 and over who can read and write: total population: 68% male: 75.7% female: 60.6% - 2003 est.</td>
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As part of the ongoing strategy, an evaluation of the train-the-trainer course has been undertaken which will improve the learning outcomes and yield insights into difficulties encountered during the implementation of projects. The evaluation provides training programme outcome information for the participating sponsors.

In Ghana, ICEE successfully conducted a pilot study on refractive errors on school children in collaboration with World Council of Optometry. The full study is expected to commence in November 2008.
In Uganda ICEE Doctor, Naomi Nsubuga, helps people suffering from low vision and refractive error.

Without examinations, children with low vision are often placed in schools for the blind in East Africa, even though they may have some ability to see.

Dr Nsubuga explains the strategy ICEE employs in East Africa to increase accessibility to eye care, “ICEE travels to regions, district hospitals and health centres to train Ophthalmic Clinical Officers who become primary eye care providers. These health workers are typically practicing nurses or midwives. The more people we train, the more patients can be seen and more little girls like Auzum (pictured) will be able to see”.

CASE STUDY: DR NSUBUGA

In Uganda ICEE Doctor, Naomi Nsubuga, helps people suffering from low vision and refractive error. Without examinations, children with low vision are often placed in schools for the blind when, with the help of visual and non-visual aids, they could see and thereby reduce the impact of vision impairment on their daily lives. While in many cases low vision devices would be helpful, simple measures such as seating locations in classrooms and supply of large print reading materials makes a significant difference.

In August 2006, ICEE partnered with Sightsavers International and CBM to assess low vision children in parts of western and eastern Uganda. Following up the project in March 2007, ICEE combined spectacle delivery with assessment of newly-identified visually impaired children who required refractive, low vision services and referrals for children requiring surgery.

The past year saw the launch of the Optometrists Association of Uganda (OAU), and the election of ICEE East Africa Programmes Director, Dr Naomi Nsubuga, as OAU Vice Chairperson. 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 also advocates to have optometry recognised and regulated, and ensures that optometrists are employed in the public sector, where they are in great demand. ICEE and the African Council of Optometry have been assisting in this endeavour.

Regional Activities - Africa

Eastern Africa Region

Uganda

Capital Kampala
GDP USD $1 000 (GDP per capital - 2007 est.)
Life expectancy at birth male: 51.31 years
female: 53.4 years - 2008 est.
Infant mortality rate 65.99 deaths/1 000 live births
Literacy age 15 and over who can read and write:
total population: 69.9%
males: 79.5%
females: 60.4% - 2003 est.

Tanzania

Capital Dar es Salaam (legislative offices have been transferred to Dodoma, which is planned as the new national capital)
GDP USD $1 300 (GDP per capital - 2007 est.)
Life expectancy at birth male: 50.56 years
female: 42.88 years - 2008 est.
Infant mortality rate 70.46 deaths/1 000 live births
Literacy age 15 and over who can read and write:
total population: 78.2%
males: 85.9%
females: 70.7% - 2003 est.

The Eastern Africa region is serviced through an ICEE office in Uganda, where it oversees programmes in Tanzania, Kenya and Uganda. Again, in Eastern Africa the focus has been on developing and expanding eye care sector human resources.

Much of the past year was devoted to advocacy work, as well as 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 critical that ICEE works closely with the public health system, 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.

In Eastern Africa an all too familiar situation is evident. As the region lacks the human resources needed to address URE, many people do not receive an appropriate diagnosis and are treated as blind. Sadly, some children with low vision are placed in schools for the blind when, with the help of visual and non-visual aids, they could see and thereby reduce the impact of vision impairment on their daily lives. While in many cases low vision devices would be helpful, simple measures such as seating locations in classrooms and supply of large print reading materials makes a significant difference.
CASE STUDY: YASHODA

Yashoda is a typical grade seven student in KwaZulu-Natal, South Africa. For Yashoda’s family, the costs associated with glasses were insurmountable. Her teachers recognise that clear sight means better education and economic opportunities. When ICEE visited Yashoda’s school as part of the Child Eye Care Programme, Yashoda received an eye examination and glasses.

Yashoda dreams of becoming a writer, “I would love to be an author because I love to read books. I love to write and if I were to be an author I have to have glasses to see properly.”

“Now I can see better and it feels great to be able to see clearly, and be able to read properly,” she says. Yashoda is one of over 300 000 children in South Africa screened by ICEE through the Child Eye Care Programme.

ICEE provided technical advice in the establishment of a Low Vision Working Group (LVWG) in Uganda. The 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 NGOs are involved in the LVWG.

Central to advancing the effectiveness of the Ugandan eye care system has been the launch of the Third National Eye Plan, which sets out a strategy to build eye care services for the next five years. ICEE took an active role in National Prevention of Blindness Committee meetings that led to the formation of the plan which addresses URE and low vision priority areas, and ICEE participation is a key feature of the plan.

In a pilot project for Northern Tanzania, ICEE was involved in low vision training for optometrists at the Kilimanjaro College of Community Ophthalmology in Moshi, Tanzania, which resulted in the training of eight optometrists from northern Tanzania.

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

This year, ICEE trained six low vision workers in refraction and advanced refraction for low vision. The trainees are based in eye care units in the region. Four of the trainees were from Uganda, one from Kenya and one from the Democratic Republic of Congo.
In PNG, limited refractive error services are available for a population of six million people. Service provision in PNG is complicated by the nature of the country itself. Of PNG’s population, 18% live in urban centres, with the majority of those in very few major urban centres. The rest of the population live in traditional communities, often in terrain that is diverse and beautiful but rugged and inaccessible. This presents problems of access for services in reaching target populations and, in some areas, air transport is the only option. Notwithstanding the difficulties of service delivery, ICEE has initiated programmes in PNG which aim to provide sustainable and affordable eye care through manufacturing and distributing spectacles, building local capacity through training and support and creating local jobs. Once again, at the very heart of ICEE activity lies the fundamental objective of building capacity and sustainability among PNG’s own communities.

In common with its approach throughout both Australia and the world, ICEE recognises the importance of developing infrastructure, delivery systems and professional capacity with appropriate in-country partners to enable communities to assess and meet their own eye care and vision needs.

Currently, there are three programmes at various stages of realisation in PNG — PNG Eye Care, the ICEE Vision Centres Programme and the Volunteer Programme PNG. These programmes are intended to address both the immediate and longer term goals of enabling people in PNG to access affordable eye care and vision services while building the capacity within PNG’s communities to develop and deliver their own eye care services into the future.

PNG Eye Care
In PNG there are a very limited number of eye care nurses, trained specifically in refraction, to serve the population of more than six million people. While ready-made and custom-made spectacles are available, they remain largely unaffordable and out of reach for the urban poor and those living in rural and remote areas. PNG Eye Care, a new in-country NGO, was established by ICEE. PNG Eye Care aims to support eye care and eye care development and to work towards making spectacles accessible and affordable to all people of PNG. It will achieve its aim by developing local systems and creating local capacity through training and support and creating local jobs. Once again, at the very heart of ICEE activity lies the fundamental objective of building capacity and sustainability among PNG’s own communities.

ICEE has implemented a number of programmes in PNG aimed at addressing both the immediate need for accessible and affordable eye care along with longer term capacity building requirements to allow PNG to respond to its own future eye care and vision needs.

In common with its approach throughout both Australia and the world, ICEE recognises the importance of developing infrastructure,
Volunteer Programme Papua New Guinea

While there are current eye care service delivery activities occurring in PNG, ICEE aims to address the shortages in services delivery by working with locally established organisations to co-ordinate volunteer optometry trips. In doing so, ICEE has worked in collaboration with Oil Search who have given logistical support to the project. This support has included participation in scheduling and co-ordination of activities, provision of food and accommodation, and transport within PNG. Assistance from Oil Search has allowed mobility and the effective reach of services in the Southern Highlands Province.

A number of objectives are met through the volunteer service. These include increased accessibility to optometric examinations for people in remote areas who currently have no access to eye care; better mechanisms for co-ordination of activities occurring in PNG, ICEE aims to address primary eye care, refractive services and affordable spectacles so that people in Kegalle will have access to good quality, comprehensive primary eye care.

The ICEE Vision Centre project will potentially reach over 1.68 million people in the Kegalle and Badulla districts by the year 2010. The Vision Centres will be staffed by trained Vision Technicians (VTs) who will be skilled in performing eye examinations, prescribing and referring where required and dispensing spectacles.

ICEE initiatives in Sri Lanka have been assisted by the supportive Sri Lankan Ministry of Health (MoH). The country is a signatory to Vision2020 and URE is recognised in Sri Lanka as a priority condition to be addressed through the National Programme for Prevention and Control of Blindness.

The success of ICEE in fostering an effective URE response in Sri Lanka has been evidenced by a number of important highlights. In December 2007, ICEE was officially recognised through its registration as a Non-Governmental Organisation (NGO) in Sri Lanka. ICEE now operates as a recognised and registered NGO in that country.

In June 2007, ICEE signed a Collaborative Training Agreement with the LVPEI in India. Seven Sri Lankan students were subsequently selected to train as VTs at the Institute and began their training in February 2008 for a period of 12 months. The VTs will return to Sri Lanka in January 2009 to begin a two-year apprenticeship in an assigned Vision Centre. In June 2008, three of the seven students were accepted into the Birla Institute of Technology, Bachelor of Science Optometry degree, in India following an ICEE offer to students to extend their scholarship by sitting for the entrance exam into the Optometry degree programme. The students will continue to reside at LVPEI Kismatpur Campus (with the other VT students) while they complete their four-year, full-time programme.

To ensure an efficient and effective spectacle supply is maintained, an optical workshop will be developed in Kegalle district to produce and provide the spectacles prescribed by VTs at the Vision Centres. Spectacle Technicians will be trained in the use of spectacle production equipment and techniques to ensure the rapid production of quality spectacles and vision products. The Vision Centre will be closely monitored to ensure appropriate patient care practices; effect quality control and to ensure that affordable spectacles are made available to those accessing Vision Centres.

ICEE has been proactive in working towards the opening of a country office and the employment of an in-country representative to oversee the project and liaise between ICEE head office and project personnel in Sri Lanka. The considerable work by a wide range of ICEE and Sri Lankan personnel was rewarded when, in May 2008, Anitha Munasinghe was appointed the ICEE representative. In June 2008, ICEE efforts were consolidated with the opening of an office in Battaramulla.

ICEE success in Sri Lanka was further reflected in February 2008 when, in collaboration with IRIS, Christofel-Blindenmission and Sight savers International, the Ministry of Health and College of Ophthalmologists signed a Memorandum of Understanding to establish a Vision 2020 Secretariat.

Sri Lanka

**Capital**
Colombo (Sri Jayawardenepera Kotte is the legislative capital)

**GDP**
USD $4,000 (GDP per capita) - 2007 est.

**Population**
21,128,772 - 2008 est.

**Life expectancy at birth**
Male: 72.95 years
Female: 77.08 years - 2008 est.

**Infant mortality rate**
19.01 deaths/1,000 live births

**Literacy**
Age 15 and over who can read and write:
Total population: 92.3%
Male: 94.8%
Female: 90% - 2002 est.

At the heart of ICEE objectives is the imperative to build community capacity among our target populations. Central to achieving that objective is building skills and sustainable capacity among communities in Sri Lanka.

The Vision Centre model, developed by the LV Prasad Eye Institute (LVPEI) in India, has been customised for local conditions. The project aims to provide access to primary eye care and affordable spectacles in the District of Kegalle, Sri Lanka.

In Sri Lanka, ICEE aims to improve access to primary eye care, refractive services and affordable spectacles so that people in Kegalle will have access to good quality, comprehensive primary eye care.

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Vietnam

**Capital**
Hanoi

**GDP**
USD $2,600 (GDP per capita) - 2007 est.

**Population**
86,116,560 - 2008 est.

**Life expectancy at birth**
Male: 68.52 years
Female: 74.33 years - 2008 est.

**Infant mortality rate**
23.61 deaths/1,000 live births

**Literacy**
Age 15 and over who can read and write:
Total population: 98.3%
Male: 93.9%
Female: 86.9% - 2002 est.

Of the population of Vietnam, approximately 73% live in rural areas. The prevalence of vision impairment due to URE, in the World Health Organization region in which Vietnam is located, is estimated to be 2.1% of the population. This translates to approximately 1,767,272 people who are in need of correction for refractive error and unnecessary blindness.

In Vietnam, approximately 27% of the population is over the age of 40 years. Using available data from this region, an estimated 63.8% (more than 10 million people) of those aged 40 years and over are presbyopic (age-related difficulty with near vision), and up to 70% are in need of spectacle correction for presbyopia. Refractive error is estimated to affect 16-20% and 8-10% of urban and rural school children respectively. An estimated 1.5 million children and students are thought to require correction for refractive error.
For ICEE, in Vietnam, the focus has been on capacity building and advocacy to ensure that URE is addressed. To support its advocacy work, ICEE attended a National Workshop in December 2007 to assist the Vietnam National Institute of Ophthalmology (VNIO) in the development of refraction training capacity. During that meeting, ICEE met with the VNIO Director who requested ICEE refraction training courses be conducted to build the Vietnamese capacity to address vision impairment due to URE.

ICEE followed up by attending a Regional Planning Workshop in Hanoi in May 2008, providing both expertise and strategies to address URE in Vietnam.

During both the December 2007 and May 2008 visits, ICEE and representatives from the VNIO discussed refraction training capacity and upskilling of nurses and basic eye doctors. This culminated in an agreement on a training programme to be delivered in Vietnam in 2008-2009. ICEE also visited the Ho Chi Minh City Eye Hospital to offer support for the hospital’s refraction training programme. During that visit, ICEE confirmed an earlier commitment to provide a Postgraduate Study Scholarship for a student to study at University of New South Wales (UNSW) in 2009.

### Cambodia

**Capital**
- Phnom Penh

**GDP**
- USD $1,900 (GDP per capita) - 2007 est.

**Population**
- 14,241,640 - 2008 est.

**Life expectancy at birth**
- male: 59.65 years
- female: 63.83 years - 2008 est.

**Infant mortality rate**
- 56.59 deaths/1,000 live births

**Literacy**
- age 15 and over who can read and write:
  - total population: 73.6%
  - male: 84.7%
  - female: 64.1% - 2004 est.

### Cambodian National Refraction Training Project

The 2007 Durban Declaration on Refractive Error and Service Development recognises that the greatest contribution to a severe worldwide shortage of refractive error services is the limited number of trained personnel, a need that is most pronounced in poor and marginalised communities in Cambodia.

The establishment of a National Refraction Training Centre in Phnom Penh and the delivery of refraction training by local personnel have been identified as the most effective means to address the shortage of refraction personnel in Cambodia.

The ophthalmic community in Cambodia is new and emerging. For example, in 2007, optometric services were provided by only 19 refractionists with no national refraction training available in the country.

In late 2007, Dr May Ho, an ICEE optometrist and Programme Development Officer, joined a dedicated team of local eye nurses and ophthalmologists working to improve Cambodian eye health systems by implementing the Cambodian National Rapid Assessment of Avoidable Blindness (RAAB) survey.

The results of the RAAB will be used to inform the next National Eye Care Plan for Cambodia. Following on from the RAAB, the National

**CAMBODIAN NATIONAL RAPID ASSESSMENT OF AVOIDABLE BLINDNESS SURVEY**

ICEE optometrist and Development Officer, Dr May Ho, travelled to Cambodia’s remote Kampong Thom province to support local eye nurses and ophthalmologists in the implementation of the National Rapid Assessment of Avoidable Blindness survey.

The survey will provide data on prevalence and causes of blindness and vision impairment which will be used to inform the establishment of services and, ultimately, the next Cambodian National Eye Care Plan. Dr Ho reflects, “The people of the villages were kind and incredibly welcoming ... we examined in front yards or underneath traditional houses to escape the heat. I am proud that ICEE is playing a major part in the initiative to give the people access to quality eye care.”
Refraction Training Project is a five-year project to establish a government-recognized national refraction training centre and training course in Cambodia with an overall goal to contribute to the reduction of blindness caused by URE.

The project supports the current Cambodian Ministry of Health National Five Year Action Plan on the Prevention of Blindness (PBL), as well as the VISION 2020 initiative of the World Health Organization. It also adheres to the Durban Declaration on Refractive Error and Service Development, 2007.

The project will be implemented from 2008 to 2012 under a collaborative partnership between ICEE and the Fred Hollows Foundation Australia, and the Cambodian MoH through the National Programme for Eye Health.

In April 2008, as part of the Project, a National Refraction Training Centre at the Department of Ophthalmology in Preah Ang Duong Hospital in Phnom Penh, Cambodia, was established, refurbished and equipped with the necessary refraction equipment.

The training at the centre will increase the number of refractionists working in the public health system in Cambodia which will, in turn, improve the quality of refraction services, increase the number of patients accessing refraction services and contribute to a reduction of blindness caused by URE in accordance with national PBL goals.

Already seven refractionists have increased their refraction skills, knowledge and techniques under a Refresher Training in Refraction Course at the centre.

When fully established, the Centre will deliver a number of refraction outcomes:

- Three week-long Refresher Training Courses in refraction will be delivered for 14 existing refractionists in the first and second years of the project (seven trainees enrolled each year).
- A Training of Trainers (ToT) Course in refraction will be delivered at the centre to six practicing refractionists who have completed the above Refresher Training course. The course will be held in the first and second years of the project (three trainees enrolled each year) for two weeks each year.
- A Refraction Nurse Training Course will be delivered at the centre by graduates of the ToT course to at least 20 Basic Eye Nurses or Eye Nurses. This course will be delivered each year of the five-year Project (at least four trainees enrolled each year) for a duration of three months each year.

At the end of the five-year project, at least 20 fully qualified refraction nurses will be available to the public health sector in Cambodia. The project will monitor the performance of these refraction nurses at public eye care facilities, after graduation and will also provide continuing education and mentoring to graduate refraction nurses.

Consistent with the ICEE capacity-building approach in other locations around the globe, the Cambodian project incorporates a number of key developmental objectives. These include:

- establishing the national refraction training centre
- training and deploying local national refraction trainers
- developing and delivering a refraction nurse training course
- supporting continuing education of refraction nurses
- improving the delivery of refraction services in eye care facilities in Cambodia.

There are limited refractive services in Mongolia. According to the national plan, “Refractive Error is present in both children and adults and accounts for around 15% of blindness and probably more than double that for vision impairment, but the situation is unclear”. The plan further states, that “most refraction is done by ophthalmologists using skiascopy mirrors”. While there are some volunteer teams that visit the country, and some school screening programmes are conducted, follow-up is rather limited.

ICEE seeks to advocate for URE services in Mongolia by conducting refraction and spectacle technician training and organising service delivery trips in association with the UNSW School of Optometry preceptorship programme.

ICEE Programme Manager for Asia-Pacific, Gerd Schlenther, accompanied Richard le Mesurier, International Agency for Prevention of Blindness Western Pacific Regional Co-ordinator, in a visit to Mongolia in October and November 2007 to determine how best ICEE could contribute to the development of eye and vision care.

Meetings were held with stakeholders, including the Ministry of Health to determine what the situation was and how best ICEE could assist within the framework of the National Plan, mainly in regard to the provision of refractive services, training and infrastructure.

They found that limited eye care infrastructure and services exist in the aimags (provinces) of Mongolia, and people have to rely on ophthalmologists to do refractions. Many have not had sufficient training to enable them to perform refractions. In addition, there were a number of factors which provide real challenges for potential projects in Mongolia, including:

- extreme climate conditions
- expensive and difficult travel
- sparsely distributed population (51% urbanised and mainly residing in Ulaanbataar)
- isolated remote, marginalised populations
- under-developed infrastructure.

ICEE conducted a Spectacle Technician course attended by eight members of the Mongolian Optical Association in June 2008 to improve the quality of spectacle provision in Ulaanbataar and to set a standard for technician training in Mongolia.

A service delivery trip utilising a volunteer optometrist, two UNSW preceptorship students and Mongolian eye doctors and nurses commenced on 3 June 2008, with the team returning on 15 June. During the trip more than 1 000 patients were examined in the remote areas of Hovsgul province.
Regional Activities - Asia Pacific

Aboriginal and Torres Strait Islander (ATSI) Programme – New South Wales

It has been estimated that 50% of blindness and 70% of vision impairment in Australia is caused by conditions that are preventable or treatable. Aboriginal Australians suffer up to 10 times the level of blindness from preventable eye disease than non-Aboriginal people, and they attend eye care practitioners in proportionally far lower numbers than other members of the Australian population. Some of the barriers to achieving progress have been a lack of availability of local and culturally-appropriate services, lack of eye health awareness, lack of follow-up, the perceived cost of spectacles and other economic factors.

NSW has a population of approximately 6 600 000 people of which approximately 138 000 are Aboriginal or Torres Strait Islanders. In NSW, ICEE programmes were initially established to increase immediate access to, and awareness of, eye care services for Aboriginal people. ICEE continues to ensure that optometric services are provided in Aboriginal community-controlled health facilities around the state, with additional locations visited as needed or when visits are requested.

Where possible, relatively local optometrists are utilised to service these locations. Where this is not possible, ICEE arranges an optometrist to visit from other parts of the country.

Currently there are seven trained regional Aboriginal Eye Health Co-ordinators (AEHCs). Each is responsible for one of seven Aboriginal Eye Health regions in NSW. Each AEHC conducts satellite clinics in surrounding Aboriginal communities. Overall, there are now a total of 91 locations in which ICEE clinics are organised and provided. AEHCs play a significant role in co-ordinating the services in their communities and, as service coverage becomes more widespread, the programme has increased training and support for the Aboriginal Health Workers (AHWs).

The key to the success of this programme has been the high level of collaboration and co-operation between ICEE and its partners. This has involved working through, and with, Aboriginal community-controlled health services to ensure that programmes are developed in accordance with community needs and cultural sensitivities. It has also involved the harnessing of the contributions of a number of State and Commonwealth governments, community and professional organisations and individuals. These partnerships have produced efficiencies in service and resource provision, which are essential to the sustainability of the programme.

During 2007–2008, ICEE optometrists conducted in excess of 3 000 eye examinations and provided an almost similar number of pairs of spectacles, contact lenses and other visual aids in NSW. ICEE optometrists continued to monitor the eyes of the almost 20% of those examined who were previously diagnosed with diabetes.

CASE STUDY: GEORGE

George Brown lives in a small Aboriginal community on the beautiful South Coast of NSW. Like many Aboriginal people in Australia, George suffers from diabetes. A serious complication of diabetes is diabetic retinopathy which may lead to severely impaired vision and even blindness.

The ICEE Aboriginal Vision Programme provides eye care through ICEE clinics conducted, upon invitation, in Aboriginal community controlled facilities like this AMS in Wreck Bay.

Australia

Capital Canberra
GDP USD $37 300 (GDP per capita) - 2007 est.
Population 21 007 310 - 2008 est.
Life expectancy at birth male: 79.16 years female: 84.02 years - 2008 est.
Infant mortality rate 4.82 deaths/1 000 live births
Literacy age 15 and over who can read and write: total population: 99% male: 99% female: 99% - 2003 est.
Aboriginal and Torres Strait Islander Programme — Northern Territory (NT)

Anthony Sharpe, ICEE Locum Optometrist, provided an insight into his NT experience by observing "the highlights of working as a locum optometrist with ICEE in the NT involved gaining an insight into life and its difficulties in a remote northern town and feeling the satisfaction of helping people who really need it."

There are currently many barriers to Aboriginal people seeking eye care. A lack of eye care services within Aboriginal community-controlled facilities has long been recognised by the Australian Commonwealth Government as a major barrier further complicated by a range of factors which impact Aboriginal Australians’ access to eye care services. Factors include cost, transport, previous adverse experiences, practitioner inaccessibility, knowledge and awareness of eye care and access to Aboriginal or culturally sensitive practitioners.

According to the Australian Bureau of Statistics, Australia’s NT has a population of around 205 900 of which 29%, or approximately 60 000, are Aboriginal or Torres Strait Islander. Due to geographical isolation alone, a large proportion of the Aboriginal population within NT receive little, if any, regular eye care. Much of the population is also located in regional and remote areas, without permanent access to eye care. Of the NT population, 75 000 people access services through outreach clinics — relying on infrequent services from the Specialist Outreach Service (Ophthalmologist) from Royal Darwin Hospital or Alice Springs Hospital. During the wet season months between November and April, when many communities are further isolated by the effects of flooding and restricted roads, accessing eye care services becomes even more difficult.

Since its beginnings in November 2006, after the Anyinginya Health and Aboriginal Corporation approached ICEE for optometric support, the NT programme has continued to expand, providing direct access to optometric care for the Aboriginal people. Typically, an ICEE optometrist, accompanied by an AEHC, will travel out to the communities, providing eye examinations and low cost spectacles on site where people live.

The AEHC network is the key to delivery of culturally-appropriate eye and vision care services to indigenous communities. They ensure that patients receive the eye care they need by arranging for service providers, patient appointments and follow-up, patient transport, supply and delivery of affordable spectacles and the provision of vision screenings in the communities where their clients live. Usually ICEE will send at least one optometrist into each health region, but only after invitation and collaboration by the relevant AMS and their AEHC.

ICEE has now visited 40 communities since the project was implemented in 2006. The frequency of visits is linked to population, with larger communities visited quarterly. Smaller sites receive annual visits. In the past year, 1 438 patients received eye examinations with 852 patients requiring spectacles.

The success of the NT Aboriginal Torres Strait Islander Programme enhanced ICEE opportunities to receive two National Eye Health Demonstration Grants (NEHDGs) — to fund AHW training and Aboriginal education resource production. Clearly, additional projects will overlap with current NT service delivery and will benefit NT.

Aboriginal and Torres Strait Islander National Eye Health Demonstration Grant (NEHDG) — Northern Territory (NT) "I have achieved a lot, I know a great deal about eye problems, and how to help the patient fix glasses and do screening on children."

NEHDG funded training programme participant feedback

Currently there is a shortage of eye health training activities for AHWs and AEHCs working in the NT.

In August 2007, ICEE received a National Eye Health Initiative Grant from the Australian Commonwealth Government, to develop and deliver a training programme aimed at further improvement of the skills and knowledge of Regional AEHCs and selected AHWs from the Darwin region.

AEHCs and AHWs are responsible for ensuring that patients in their communities receive the eye care they need by arranging for service providers, patient appointments and follow-up, patient transport, supply and delivery of affordable spectacles and identification of people at risk through vision and eye health screening.

The resulting training curriculum and materials have been based on training curricula and resources which ICEE had developed previously with the Aboriginal Health and Medical Research Council and the Aboriginal Health College in NSW. After consultation with other eye health professionals involved in outreach activities and the AEHCs and NT Clinical Learning Department for AHWs, the material was updated and modified for the NT.

The project focuses on the training and support for two groups of AHWs. These groups are:

Regional Aboriginal Eye Health Coordinators (AEHCs)

There is currently an AEHC allocated for each of the five health regions in the NT. However, these personnel have minimal support and training for their eye care roles.

The first one-week training course for NT AEHCs was conducted in February 2008. Ten participants (AHWs and AEHCs) attended the course.

Local Aboriginal Health Workers (AHWs)

Locally trained AHWs, who have a broad knowledge and skill base in all areas of health, currently support each community.

These Aboriginal health personnel are a critical link in the delivery of culturally appropriate eye and vision care services to indigenous communities. They ensure that communities where they work receive the eye care they need by arranging for service providers, patient appointments and follow-up, patient transport and the supply and delivery of affordable spectacles and vision screenings.

The training programme will enable the health workers to work more effectively, particularly in the areas of vision and eye health screening, to ensure that treatable and preventable conditions including URE, cataracts and diabetic retinopathy are detected and, where necessary, referred for treatment.

The grant has been used to allow the development and implementation of:

- workshops which are competency-based to enable the participants to learn and practise technical skills
- a manual with diagrams and self-assessment questions for use during the training and as a reference resource
- pre- and post-course assessment of participants and an evaluation six months after the conclusion of the training
- a refresher course conducted approximately 12 months after the initial training.

NEHDG — Aboriginal and Torres Strait Islander Eye Health and Vision Care Health Education Resources Project

In June 2008, ICEE was a successful recipient in the second round of the Australian Commonwealth Government NEHDGs.

The aim of this project is to improve awareness and accessibility to quality eye health and vision care education resources (mostly image-based) for Indigenous communities in remote areas of Australia.

People in these communities are often marginalised and disadvantaged by their distance from major population centres and because English is often a second or third language.

The project focuses on increased access to image-based resources for adult patients and clients in remote and very remote ATSIs communities across Australia.
CASE STUDY: SHARON

Sharon is an Aboriginal woman from Toongabbie in Sydney’s western suburbs who is studying to become a midwife. Her studies and midwifery course require a lot of reading. Long hours reading were giving her headaches. This meant Sharon was unable to work for long periods without vision problems.

Sharon visited an ICEE clinic, where the National Indigenous Eye Health Survey (NIEHS), a project led by the Centre for Eye Research Australia (CERA) in collaboration with the Vision CRC and supported with funding from the RANZCO Eye Foundation, was being conducted. Sharon was examined and prescribed the glasses she needed.

Sharon is now looking forward to completing her studies.

RESEARCH

ICEE research priorities include developing effective and sustainable approaches to spectacle provision and utilisation, training models for eye care personnel, Aboriginal eye health, eye health of children and participation in the implementation of the National Indigenous Eye Health Survey in Australia. Key research projects include:

**Spectacle provision in under-developed countries and regions** (Student Project - PhD)
This study aims at developing a model for the most effective method of providing spectacles for correction of refractive error in under-developed countries and regions. It is investigating whether custom-made spectacles are an efficient solution; whether supplying ready-made spectacles on an ad-hoc basis is a counter-productive method; and whether appropriate eye care can only be achieved through the establishment of sustainable local infrastructure.

**Alternative training models of eye care personnel for remote / developing communities** (Student Project – PhD)
This study analyses and compares the competency levels of trained vision technicians and optometrists in performing refraction, as well as the detection, diagnosis and management of ocular disease. The individual attributes, job confidence and satisfaction level of these personnel, as well as patients’ perception on the quality of eye care received, will also be evaluated.

**Evaluating vision and eye conditions in Aboriginal communities** (Student Project - PhD)
This project is investigating the prevalence of eye conditions (specifically diabetic retinopathy, cataract and refractive error) among Aboriginal people, as well as barriers to accessing eye health services and the impact of vision impairment on quality of life for Aboriginal Australians.

An Investigation of the Visual Status of Children attending Schools for the Visually Impaired in KwaZulu-Natal, South Africa (Student Project – Masters)
In Africa the year was marked by an increasing research focus on the Child Eye Care Programme and the Giving Sight to Africa initiative in KwaZulu-Natal province.

Over 211 000 records have been successfully collected, captured and stored in an online database. The captured data represents valuable information on child eye care refractive error trends and patterns in South Africa. The data analysis, and subsequent publication of relevant findings, will be conducted in the new financial year.

Participation in the National Indigenous Eye Health Survey (NIEHS)
The last reliable national information on the status of Aboriginal vision, eye health and eye care services was obtained 30 years ago from the National Trachoma and Eye Health Programme. The NIEHS, a project led by the Centre for Eye Research Australia (CERA) in collaboration with the Vision CRC and supported with funding from the RANZCO Eye Foundation, aims to provide up-to-date information on the major causes of visual impairment and blindness in Aboriginal and Torres Strait Islander communities in Australia and the influence that access to eye care services has on the status of vision and eye health. ICEE is leading the survey implementation in NSW and ACT. ICEE works with Aboriginal communities to upskill and employ local Aboriginal people to assist with the survey implementation.

www.icee.org
Publications

- Dabideen R. Global resource centre: an AID to sustainability (Presentation)
- Holden, B. Refractive Error: Global Needs and Future Therapies. (Presentation)
- Holden, B. Can Myopia Be Controlled? (Presentation)
- Holden, B. Optometry Giving Sight Update. (Presentation)
- Holden, B. Silicon Hydrogels and Lens Care – Interactions: How to avoid adverse events. (Presentation)
- IAPB Board of Trustees, Vancouver, September 2007
- SA Blue Congress, Adelaide, November 2007
- Holden, B. Refractive Error: Global Needs and Future Therapies. (Presentation)
- Holden, B. Models of Service Delivery. (Presentation)
- Holden, B. Can Myopia Be Controlled? (Presentation)
- Holden, B. Silicon Hydrogels and Lens Care – Interactions: How to avoid adverse events. (Presentation)
- IAPB Committee and BDO Meetings, Chittagong, Bangladesh, February 2008
- Holden, B. Refractive Error Programme Committee. (Presentation)
- Holden, B. Optometry Giving Sight. (Presentation)
Public Health Education
Education underpins all ICEE programmes in Australia, Africa and the Asia-Pacific region. Only through education can we build local capacity, thereby creating sustainable solutions for addressing avoidable and preventable blindness.

Over the past 10 years, ICEE-developed educational resources have been used to train eye care personnel in more than 30 countries across three continents. The education team recently identified the need for an updated, more comprehensive Refractive Error Training Package – aimed at providing eye health workers with the knowledge and skills necessary to perform accurate refractions and prescribe and provide appropriate spectacles.

Development of this new training package, which consists of resources for both teachers and students of refractive error, commenced in February 2008. Diagrams, pictures, flow charts and case studies are used to explain key concepts and procedures. Uncomplicated language is used throughout, to accommodate trainees from non-English speaking backgrounds, and to simplify translation into other languages.

To ensure that affordable and accurate spectacles are available in developing countries, ICEE has also developed a training course for spectacle technicians. Upon completion of this course, trainees have the knowledge and skills to take basic facial measurements, as well as fit and edge spectacles. This training course was conducted for the first time in Ulaanbaatar, Mongolia, in June 2008.

In addition, ICEE is currently in the process of developing a distance learning course for those spectacle technicians who wish to further their education and become fully qualified optical dispensers.

The availability of these educational resources, combined with the establishment of appropriate infrastructure, will help create sustainable solutions for refractive error blindness and visual impairment.

There is close collaboration between the ICEE project and education teams at levels such as advocacy, project planning and development, community research, as well as the selection and recruitment of eye health personnel. Based on the LV Prasad Eye Institute selection criteria for Vision Technicians in India, an ICEE strategy for the recruitment and selection of suitable trainees to provide refractive error services was developed this year – which has proved to be very successful.

HUMAN RESOURCES
Eye care personnel, who can refract, dispense, undertake primary eye care and detect blinding diseases

AFFORDABLE TECHNOLOGY
Spectacles and low vision aids

SUSTAINABLE INFRASTRUCTURE
Vision care outlets including spectacle workshops

PEOPLE WHO CAN SEE

In Malawi, Southern Africa, an ICEE-developed multiple entry and exit model for optometry training will produce personnel with different levels of skills, which are much needed on the African continent. A great deal of work has been done by ICEE to establish this training programme, including logistical planning and the continuing development of training materials and curricula.

The 2007–2008 period also saw the development of culturally-appropriate training materials for Aboriginal and Torres Strait Islander communities in the Australian Northern Territory, made possible through a Commonwealth Government National Eye Health Demonstration Grant. This project exemplifies the ICEE education objectives which are aimed at developing the skills of Aboriginal Eye Health Coordinators and Aboriginal Health Workers and the capacity to deliver eye care services by, and within, the target communities.

Professional Education
In partnership with Vision CRC, ICEE has continued to develop and deliver a range of professional education courses, models and materials for effective training at all levels of the eye care profession and within industry, aimed at supporting and improving global eye care.

The professional education programmes developed by ICEE and Vision CRC, in conjunction with Essilor International, are having a particular impact throughout the Asia-Pacific region. Practitioners are taught how to prescribe and fit advanced-design ophthalmic lenses for the future benefit of thousands of presbyopes who require vision correction. This past year saw the training of 1 207 practitioners in 16 cities throughout Indonesia, India, China, Malaysia, Singapore, Taiwan, Australia and New Zealand.

Training programmes and teaching resources were also provided to 137 educators in Australia, China, India, South Africa, Nigeria, Taiwan and Indonesia to enhance the teaching effectiveness in 32 undergraduate teaching institutions, which graduated about 1 280 new eye care practitioners.

In addition, 16 industry and education institution staff members from India, Taiwan, Hong Kong, Thailand, Korea Singapore, Indonesia, Australia, and New Zealand were certified by ICEE educators to conduct licensed versions of the Varilux® Academy education programmes. During this year 9 498 local practitioners were trained by the certified presenters to prescribe advanced spectacle lens technology.

ICEE aims to enable and empower ophthalmic practitioners, educators, students and industry representatives to achieve their potential. The professional education team provides industry-ready graduates and skilled clinical practitioners who have sound clinical abilities, while also enhancing the status and profile of vision care within the professional community.
## Acknowledgements

### Corporate Patron
- Institute for Eye Research

### Our Sponsors
- Optometry Giving Sight
- Standard Chartered Bank
- Nissan, South Africa

### Major Partners
- Aboriginal Health and Medical Research Council
- Aboriginal Medical Services, Commonwealth of Australia
- CBM
- Centre for Eye Research Australia
- International Agency for Prevention of Blindness
- LV Prasad Eye Institute, India
- Oil Search Limited
- Optical Distributors and Manufacturers Association
- PNG Eye Care
- Red Cross Air Mercy Service, South Africa
- Sightsavers International
- Vision Cooperative Research Centre, Australia
- VisionCare NSW

### Professional Bodies and Associations
- African Council of Optometry
- Mongolian Optical Association
- Optical Distributors and Manufacturers Association
- Optometry Association of Australia
- Royal Flying Doctor Service
- South African Optometric Association
- World Council of Optometry

### Industry
- Essilor Asia-Pacific
- Essilor Australia

### Our Supporters
- Allen & Unwin
- Bullseye Direct
- Dell Computers
- FAL Lawyers
- Hoya Lens Australia
- MacMillan
- Marchon Eyewear (General Optical) Australia
- Pettaras Press
- Sony
- Total Learning Centres

### Non-Government Organisations and Foundations
- Aboriginal Health and Medical Research Council
- Anyinginyi Health Aboriginal Corporation
- Australian Council for International Development
- CBM
- Danila Dilba Health Service
- Fred Hollows Foundation
- IRIS
- Mwaj Health Aboriginal Corporation
- PNG Eye Care
- Royal Australian and New Zealand College of Ophthalmology
- Royal Australian College of Surgeons
- Royal Institute for Deaf and Blind Children
- South African National Council for the Blind
- Wurli Wurlinjang Health Service

### Universities
- Australia
  - NSW Department of Technical and Further Education, Open Training and Education Network
  - Open Training and Education Network
  - School of Optometry and Vision Science, The University of New South Wales
  - School of Optometry, University of Melbourne

- India
  - Aditya Jyot, Mumbai
  - All India Institute of Medical Sciences, Delhi
  - Aravind Eye Hospital, Madurai
  - Bausch & Lomb School of Optometry, Hyderabad
  - Bharati Vidyapeeth School of Optometry
  - BVP School of Optometry, Pune
  - College of Optometry and Ophthalmic Sciences

- China
  - Anhui Medical College Department of Optometry, Hefei
  - Beijing Tongren Hospital, Capital Medical University
  - Department of Optometry and Ophthalmology, North Sichuan Medical College, Nanchong
  - Department of Optometry, Shanghai Institute of Health Science
  - Donghua University Department of Optometry, Shanghai
  - Eye and ENT Hospital of Fudan University, Shanghai
  - Guangzhou Business – Trade Vocational School
  - Shanghai University Department of Optometry
  - Tianjin Medical University College of Optometry
  - Tianjin Medical University College of Optometry
  - Tianjin Vocational Institute (previously TPC)
  - Vorialux College of Optometry Training, Tianjin
  - Wenzhou Medical College, School of Ophthalmology and Optometry, Wenzhou
  - West China School of Medicine, Chengdu
  - Zhejiang Industry and Trade Polytechnic, Wenzhou
  - Zhongshan Ophthalmic Center, Zhongshan University, Guangzhou

### Vision 2020
- Vision 2020
- National Programme for Eye Health, Cambodia
- Vision 2020 Australia
- Vision 2020 Sri Lanka

### Vision 2020
- Vision 2020
- National Programme for Eye Health, Cambodia
- Vision 2020 Australia
- Vision 2020 Sri Lanka
In March 2007, ICEE combined spectacle delivery with its assessment of visually impaired children requiring refractions, low vision services and referrals for surgery. For children like 11 year old schoolgirl Elizabeth from Uganda, improved sight through ICEE programmes have meant better educational outcomes. Elizabeth explains, “I used not to perform well on my tests and examinations, but now I pass them very well.”
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<tr>
<th>Country</th>
<th>Address</th>
<th>Contact Person</th>
<th>Role</th>
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<td>India</td>
<td>Shinde Eye Care Center</td>
<td>Lakshmi Shinde</td>
<td>India Coordinator</td>
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<td></td>
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<td>Fax and Tel: 91-80-23513449</td>
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<td>Email: <a href="mailto:ices@icee.org">ices@icee.org</a></td>
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<td>Indonesia</td>
<td>Academy of Refractionist Optician Leprindo</td>
<td>Cheni Lee</td>
<td>Indonesia Coordinator</td>
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<td>Sri Lanka</td>
<td>713 D.P. Wijesinghe Mw.</td>
<td>Anitha Munasinghe</td>
<td>Sri Lanka Coordinator</td>
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<td>Papua New Guinea</td>
<td>PNG Eye Care Port Moresby General Hospital Boroko 11</td>
<td>Judith Maio</td>
<td>Vision Centre Coordinator</td>
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<td>Cici Gong</td>
<td>Country Officer</td>
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<td>Cheni Lee</td>
<td>Mongolia Coordinator</td>
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<td>P O Box 6328</td>
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<td>Cambodia</td>
<td>No. 228A, Street 155, Sangkat Toul Turn Pong 1 Khan Chambar Morn, Phnom Penh</td>
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<td>CAMBODIA</td>
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Board of Directors

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

Professor Brien Holden
B AppSc PhD DSc OAM
ICEE Chair and CEO
Professor of the School of Optometry and Vision Science, University of New South Wales (UNSW), Chief Executive Officer of the Institute for Eye Research, and Chief Executive Officer of the Vision Cooperative Research Centre (Vision CRC), Founder and Director of the UNSW 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 Organisation, Deputy Co-Chair of the Vision 2020 Australia group and recipient of the Medal of the Order of Australia 1997. Brien has been honoured five times with honorary Doctorates from around the world.

Professor Kovin Naidoo
BSc BOptom OD MPH
ICEE Board Member and Director of Global Programmes
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, Chair 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 Eye Care 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 Optometrists Association of Australia (OAA, NSW Division), former National President of the OAA (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 by the NSW Department of Health.

Professor Deborah Sweeney
BOptom PhD
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 (IACLE).

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), a Chair of the Academia Ophthalmologica Internationalis, President of the Asia Pacific Region and member of the Board of IACLE member of the International Advisory Committee of the International Federation of Eye Banks member of the International Medical Advisory Board of Orbis International, and Fellow of the American Academy of Ophthalmology, Recipient of Ranbaxy Research Award for contributions to medical science 1995, Honour 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, honouris causa from the UNSW in 2001, and the Padmashri Award (Republic Honour from the President of India) in 2002.

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 New South Wales, Canada, 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, Secretary of the International Society for Contact Lens Research, and founding member and Vice President of the International Association of Contact Lens Educators (IACLE).

From left to right first row: Professor Brien Holden, Professor Kovin Naidoo, Professor Brian Layland
Second row: Professor Desmond Fonn, Professor Deborah Sweeney, Professor Gullapalli Rao
Vidya was recruited to train as a Vision Technician through the ICEE Giving Sight to Sri Lanka programme. Vidya knows that the opportunity to train at the LV Prasad Eye Institute (LVPEI) in Hyderabad, India, and work with ICEE will lead to a career that will allow him to help both his family and his community. Recently, Vidya qualified to study the Birla Institute of Technology and Science Optometry Degree programme, conducted in collaboration with LVPEI in the Bausch & Lomb School of Optometry. When asked about studying in India Vidya says, “I think practice in rural areas will be the best part of my studies. We can meet people and see the impact of our knowledge.”

For a copy of the full financial report for the year ending 2008, please contact ICEE Secretariat on +61 2 9385 7459.
Director’s Report
For the year ending 30 June 2008

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 $436,168 (2007: $581,218).

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

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 eyecare industry in Australia and in the third world or 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.

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.

The company’s operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

No options over issued shares or interests in the company were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

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.

Director’s Declaration
For the year ending 30 June 2008

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 2008 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

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 …………… day of …………… 2008
Financials

Independent Audit Report
To the Members of International Centre for Eyecare Education Limited

We have audited the accompanying financial report of International Centre for Eyecare Education Limited which comprises the balance sheet as at 30 June 2008, profit and loss statement and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors’ declaration.

Directors’ Responsibility for the Financial Report
The directors of the company are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Corporations Act 2001 and are appropriate to meet the needs of the members. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditors’ judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity’s preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence
In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Audit Opinion
In our opinion, the financial report of 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
   (ii) complying with Australian Accounting Standards to the extent described in Note 1 and complying with the Corporations Regulations 2001; and
(b) other mandatory professional reporting requirements

R M TAYLOR
SYDNEY
Dated this …………… day of …………… 2008

Income Statement
For the year ending 30 June 2008

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<td>23 974</td>
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<tr>
<td>Community education</td>
<td>1 985 161</td>
</tr>
<tr>
<td>Fundraising costs</td>
<td></td>
</tr>
<tr>
<td>• public</td>
<td>624 190</td>
</tr>
<tr>
<td>• government, multilateral and private</td>
<td>0</td>
</tr>
<tr>
<td>Administration</td>
<td>221 450</td>
</tr>
<tr>
<td>Total expenses</td>
<td>5 921 428</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>427 168</td>
</tr>
<tr>
<td>(shortfall) from continuing operations</td>
<td></td>
</tr>
</tbody>
</table>

TABLE OF CASH MOVEMENT
No single appeal or other form of fundraising for designated purpose generated 10% or more of total income for the period under review.
Financials

Balance Sheet as at 2008
For the year ending 30 June 2008

The International Centre for Eyecare Education (ICEE) is grateful for the support it receives from its Patron, the Institute for Eye Research (the Institute). 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 not only sight, but hope to 300 million people around the world with refractive error.

ICEE is a participant in the Vision Cooperative Research Centre (Vision CRC). The Vision CRC is the largest vision correction research centre in the world. This unique organisation is a worldwide collaboration of almost 30 organisations which have come together to develop breakthrough technology and products for the correction of myopia and presbyopia, to deliver innovative education programmes at all levels of the eye care industry and to 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 World Health Organisation (WHO), 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 a signatory to the Australian Council for International Development 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 non-government organisation (NGO) community. Our voluntary adherence to the Code of Conduct demonstrates our commitment to ethical practice and public accountability.

ICEE is a principle partner in Optometry Giving Sight along with the World Optometry Foundation and the IAPB. Optometry Giving Sight supports the goals of VISION 2020: The Right to Sight, an initiative of IAPB and the WHO. Optometry Giving Sight supports programmes that offer eye exams and glasses in countries with little or no access to them, while also establishing infrastructure and training the local human resources required for sustainable, quality vision care.

ICEE is a recipient of the Standard Chartered Bank, Seeing is Believing initiative which works to support projects that have an immediate impact on people’s lives and establish sustainable health care for the future. The Seeing is Believing initiative supports VISION 2020: The Right to Sight, a global collaboration bringing together the IAPB, the WHO and international NGOs to eliminate avoidable blindness by the year 2020.

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1 776 553</td>
<td>1 574 139</td>
</tr>
<tr>
<td>Financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>88 864</td>
<td>15 929</td>
</tr>
<tr>
<td>Other</td>
<td>523 905</td>
<td>894 585</td>
</tr>
<tr>
<td>Total Assets</td>
<td>2 389 322</td>
<td>2 484 653</td>
</tr>
<tr>
<td>LIABILITIES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>836 028</td>
<td>1 232 533</td>
</tr>
<tr>
<td>Provisions</td>
<td>219 699</td>
<td>122 123</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>1 132 443</td>
<td>1 654 963</td>
</tr>
<tr>
<td>Net Assets</td>
<td>1 256 859</td>
<td>829 690</td>
</tr>
<tr>
<td>EQUITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reserves</td>
<td>1 256 859</td>
<td>829 690</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>1 256 859</td>
<td>829 690</td>
</tr>
</tbody>
</table>

Statement of Changes in Equity
For the year ending 30 June 2008

<table>
<thead>
<tr>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2007 (commencing balance)</td>
<td>829 691</td>
<td>829 691</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>427 168</td>
<td>427 168</td>
</tr>
<tr>
<td>Amount transferred (to) from reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 30 June 2008 (year end balance)</td>
<td>1 256 859</td>
<td>1 256 859</td>
</tr>
</tbody>
</table>
Case Study: Rasika

ICEE programmes develop both communities and individuals. Recruited by ICEE in November 2007, Rasika is one of the most enthusiastic of the recent Sri Lankan Vision Technician (VT) training programme recruits. Like many ICEE recruits, Rasika hopes to be able to support her family with her VT employment - a very personal outcome from her involvement in ICEE training. Rasika explains, “I am a poor girl because my father’s job is not permanent and my mother does not work. I am the elder one in my family therefore I have more responsibility. I must do a job if I [am to] give a good future to my mother and father and my sister...”

Glossary of Terms

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 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.

Optic unsuccessfully - Eyewear worn to correct refractive errors.

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

Refractive Error - A focusing 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 cornea).

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 - provide 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.

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