Professor Brien A. Holden
6 January 1942 - 27 July 2015

“The most influential optometrist in modern times.” Professor Earl Smith III

"Brien’s efforts and achievements have been recognised, applauded and adopted worldwide.” Professor Brian Layland

“He was truly an intellectual giant in eye health and vision.” Professor Kovin Naidoo

“Brien was both a visionary and a tireless source of inspiration.” Amanda Davis

“Brien was a larger-than-life character, wonderfully unique.” Yvette Waddell
Our values

- Sight is a fundamental right for all people
- Our passion for science and innovation is driven by the pursuit of knowledge and compassion for all humanity
- Our global behaviour is influenced by local and cultural understanding and the core principle of sustainability
- We achieve through empowerment and collaboration

Our mission

Our mission is to create and deliver effective and innovative solutions for vision care and blindness prevention for all people

Our vision

Vision for everyone... everywhere
Message from the CEO

This financial year was a period of strong achievement, challenges and change for the Brien Holden Vision Institute.

We reflect on this year with a heavy heart due to the passing of our founder, Professor Brien Holden. We also reflect on his legacy and remind ourselves that the road ahead to realise our mission, of vision for everyone...everywhere, is a long one.

This mission was made possible by the entrepreneurship, scientific excellence and compassion for the underserved of Brien, a visionary who was prematurely taken away from us but who in his time led the organisation to change the eye care landscape. Brien guided the Institute into a leading global eye care social enterprise that has delivered eye care services to more than three million people in over 50 countries; established over 400 vision centres or eye care sites worldwide; and helped train over 130,000 personnel around the world.

Brien’s passing has left both a professional and personal gap in our lives as he was more than a CEO to our staff. We draw comfort from the life of service he led that resulted in him placing uncorrected refractive error on the global health agenda. His drive and determination influenced change for the better. He believed in sustainability either through local leadership development, locally run vision centres, income generating projects or empowerment through training programs.

But Brien’s legacy will live on. And that begins with protecting our children’s vision. Our latest campaign, Our Children’s Vision, aims to upscale, accelerate and expand access to eye health services to more children, in more locations.

Our Children’s Vision is leading a call to action. We are reaching out to civil society, government and practitioners to come together to ensure that effective, sustainable eye health initiatives for children are part of appropriate health programs and are integrated into regional, national and global education and health policy.

Together, we must convince governments that eye care for school-aged children is critical to education and health outcomes – key drivers of economic development for a country.

Finally, I would like to thank the Institute staff for their ongoing dedication. To our partners, donors and volunteers, thank you for your continued support. Together, we will continue to ensure that good vision is not just a privilege but a right. It gives me great pleasure to share with you our collective progress towards vision for everyone...everywhere.

Professor Kovin Naidoo
Brien Holden Vision Institute
CEO
The challenge

**Myopia** (short-sightedness)

- **2 billion** people with myopia in 2010; **2.5 billion** with myopia in 2020\(^1\)
- **80%–90%** of high school graduates are myopic in urban areas of Singapore, China, Taiwan, Hong Kong, Japan, and Korea\(^2\)
- U.S. – rise in the prevalence of myopia from **25%–42%** among adults from 1971–72 to 1999–2004\(^3\)
- Myopia significantly increases the risk of **cataract** (3.3X for myopia >6.00D), **glaucoma** (14.4X for myopia >6.00D) and **retinal pathology** (7.8X for myopia >8.00D)
- Myopic macular degeneration is the number one cause of blindness in Shanghai, China\(^1\) and Tajimi, Japan\(^1\), **6%–22%** of blindness in various countries is due to myopia

**Presbyopia** (ageing eyes)

- **1040 million** people with presbyopia in 2005\(^10\)
- Quality of life impact of uncorrected near vision impairment (presbyopia) similar to uncorrected distance vision impairment\(^11\)

**Uncorrected refractive error** (Unnecessary or avoidable blindness or impaired vision due to the lack of an eye examination and appropriate glasses)

- **625 million** people in 2014\(^10, 12\)
- **517 million** with uncorrected near vision impairment (presbyopia)\(^10\) and **108 million** with uncorrected distance vision impairment\(^12\)
- Vision impairment due to uncorrected distance refractive error costs the world **US $202 billion per year** in lost productivity, annually\(^13, 14\)
- **US $28 billion** is the one-off cost of providing comprehensive eye care worldwide\(^14\)

**Deficit of eye care practitioners worldwide**

- **47,000** functional clinical eye care providers needed globally – to assess vision and eye health and prescribe corrective lenses needed to restore good vision\(^14\)
- **18,000** optical dispensers needed globally – to provide appropriate glasses\(^14\)
Our focus

At Brien Holden Vision Institute, we have continued to strive and work with our partners to bring eye care to those in need. We know that 90% of the world’s vision impaired live in developing countries and that 80% of all vision impairment can be prevented or treated.

More than 625 million people are unnecessarily blind or vision impaired simply because they do not have access to an eye examination and a pair of glasses. As both leader and collaborator, we build sustainable, culturally appropriate systems for vision care in local communities.

**Human resource development**

We believe that education is the most effective way to build the capacity to effect change. We not only establish and support schools of optometry, we ensure that culturally appropriate optometric and eye health education is available to develop all levels of personnel for a comprehensive eye care system. Through the Brien Holden Vision Institute Academy, we offer lifelong learning for eye care professionals.

**Sustainable service development**

We create the framework for sustainable and locally operated eye care services. In partnership with governments, non-governmental organisations and communities, these services will continue to serve communities long into the future.

**Research and evaluation**

To build knowledge and design programs tailored to each country we work in, collection and analysis of accurate data is crucial. Without this research we would not be aware that eye care problems exist, or have been able to build a critical evidence base, ensuring we effectively serve the needs of communities.

We also systematically collect and analyse information about our work to evaluate the results it is having and provide feedback to ourselves and stakeholders on the outcomes and lessons learnt.
Our year at a glance

In China, a new vision centre was opened to treat patients with low vision.

Ms Amanda Vanstone, Chair of Vision 2020 Australia, visited the Phnom Penh Vision Centre.

Amanda Davis, our Chief Operating Officer was named one of Australia’s 100 Women of Influence 2014.

We were invited to address delegates at the G20 Global Café, which preceded the G20 summit in Brisbane.

The official opening of Vietnam’s first optometry program at the University of Medicine Pham Ngoc Thach.

Madagascar welcomed its first optometry technicians who graduated from the regional optometry school in Mali.
We launched the first of 50 vision centres due to open in Malawi by 2019.

Our Vision Champions in Tanzania increased uptake of eye care in their community by 80%.

A new partnership with REVO and U2 lead singer Bono was announced to help eliminate avoidable blindness and vision impairment.

We hosted the first World Health Organization meeting on myopia.

Children from three schools in South Africa were screened under the South African School Eye Health Program.
### What we achieved - a year in numbers

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screenings</td>
<td>247,691</td>
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<tr>
<td>Eye examinations</td>
<td>183,209</td>
</tr>
<tr>
<td>Low vision assessments</td>
<td>6,803</td>
</tr>
<tr>
<td>Spectacles dispensed</td>
<td>82,086</td>
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<tr>
<td>Children who received spectacles</td>
<td>38,456</td>
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<tr>
<td>Low vision optical devices dispensed</td>
<td>1,272</td>
</tr>
<tr>
<td>Optometry degree graduates</td>
<td>342</td>
</tr>
<tr>
<td>Personnel trained across all projects</td>
<td>899</td>
</tr>
</tbody>
</table>

*Photo by: Dean Saffron*
Programs in focus

A new era of eye health in Vietnam

October 2014 heralded a historic moment in the growth of Vietnam’s education and eye health sectors with the official opening of the country’s first optometry program at the University of Medicine Pham Ngoc Thac in Ho Chi Minh City.

A joint initiative between the Institute, the University of Medicine Pham Ngoc Thach and the Ho Chi Minh City Eye Hospital, the school’s opening was the culmination of a ten year plan to introduce optometry to the country, with the primary goal of alleviating the burden of uncorrected refractive error in Vietnam in line with the Vietnamese National Eye Health Plan.

Historically, ophthalmologists aided by eye care nurses, ophthalmic technicians and refractionists have addressed the refractive error needs of the country. However, the rapidly growing eye health demand in the country has seen these dedicated professionals unable to adequately respond.

Twenty new optometry students commenced the program at the University of Medicine Pham Ngoc Thach in November 2014.

There are an estimated 21 million people in Vietnam with uncorrected refractive error, three million of those children.
Children champions as agents of change

Tanzanian children, many as young as 11 years old, have successfully increased uptake of eye care in their community by a staggering 80%. The 120 children trained as Vision Champions have been the key agents of change, increasing monthly patient figures at the local vision centre by five times.

The breakthrough research project has proved children to be efficient innovators in providing eye health education by changing attitudes and raising awareness. The Vision Champions’ success is shown clearly in the study’s figures: together they delivered eye health messages to 6,311 people, screened the vision of 7,575 people and referred 2,433 people for further care.

The Vision Champions project came about through our goal to introduce innovative and culturally appropriate ways to improve eye health seeking behaviour in local communities. We adopted the ‘child-to-child’ approach and equipped children with knowledge in eye health to help educate the broader community.

To date, 120 Vision Champions were trained from 10 schools. They have screened 7,575 people and referred 2,433 people for further care.

460 people went for further care and 338 people received glasses.
Country profile

An estimated 37 million people have vision impairment due to uncorrected refractive error in the Eastern Mediterranean region. This includes 33 million people without adequate correction for near vision impairment (presbyopia) and four million with uncorrected distance vision impairment (myopia).

School eye health

Our school eye health programs in 12 districts of Sindh, Azad, Jammu and Kashmir in Pakistan have ensured that the right services are in place to meet the needs and expectations of children and their families and that more intensive support is given to the most vulnerable.

Our projects encourage children participating as “agents of change”. We know that when children become partners in health promotion efforts their contribution is both beneficial and crucial for change.

Community based eye health

By bringing eye health services closer to communities, our social enterprise projects have enabled women who may not normally leave their homes to provide eye care services on their doorstep.

We are using social enterprise philosophies to answer eye care provision challenges while addressing gender inequality. We provide education to females, empowering them to earn a livelihood by training them as entrepreneurs so they can deliver eye care services and dispense spectacles in their communities - 4 enterprises have been set-up as part of this initiative.

With an estimated 75% of the population in developing countries surviving on less than $2 a day, this kind of self-generated and sustainable income is invaluable to promoting change.

Advocacy

As part of our advocacy initiatives in Pakistan, we worked closely with Ministries of Health; Education; Social Welfare; Civil Society and Professional forums. This year, we supported the first international optometry conference in the country, jointly organised by the Pakistan Optometric Society and Eastern Mediterranean Council of Optometry.

What we have learnt

Our work in Pakistan has been designed to address the challenges of a huge unmet need for refractive services at a community level. By conducting a project evaluation in 2014 we learnt that our interventions are contributing to:

- Increased access to eye health services in Pakistan;
- Increased access to primary eye health services for the elderly, women and people with disabilities through micro entrepreneurs;
- Raised awareness broadly across the districts regarding eye health;
- Poverty reduction – increased number of women with self-employment and increased income;
- Helping to bring about positive change in community behaviour regarding eye health.
The launch of the Academy

In 2015, we launched Brien Holden Vision Institute Academy; a centre of excellence for global eye health and vision care education. Through the Academy, we aim to effect change through education and training by offering innovative, quality education programs, courses and resources to help build local capacity in eye health education, enabling lifelong learning for eye care professionals.

This year we developed an innovative online platform to deliver education to more people. We ran our first three online courses as part of our EyeTeach© series. We also developed and piloted our Mentor’s for Eye Health program to utilise volunteers as mentors for recent graduates from new schools of optometry in Africa.

Global Optometry Resources

We have created access to critical online teaching and learning resources for emerging optometry schools and other eye care personnel.

**Total users to date:** 1446, from 103 countries

**New users in 2014/15:** 448, from 36 countries

The Virtual Refractor

Our award winning web-based learning tool, the Virtual Refractor, is now available online.

Virtual Refractor simulates a distance and near subjective optometric refraction, using a refractor head on virtual patients. There are numerous patients, prescriptions and profiles, and the patients respond to test questions and charts based on user input. Virtual Refractor offers a good introduction to refraction for the new student, and also provides a useful refraction refresher for more experienced clinicians. The online database allows educators to set tasks for students and capture user refraction performance.
Research highlights

Eye care for Aboriginal and Torres Strait Islander Australians

2015 saw the completion of a five year research program funded by the Vision Cooperative Research Centre, enabling collaborative work by the Institute with Aboriginal Community Controlled Health Services and a national network of people from the Indigenous eye and health care sector. The program reviewed eye care service delivery patterns at locations in the Northern Territory and New South Wales, aiming to strengthen eye care services and outcomes.

Building on current evidence and guidelines for eye care for Indigenous Australians, we worked collaboratively to identify the most practical and workable solutions to improve access and uptake of eye care in “real-life” settings.

One solution was the development of the Eye and Vision Toolkit, which is a comprehensive package of resources designed to support stronger eye care systems for Aboriginal or Torres Strait Islander communities.

Near vision correction and worker productivity in South Africa

Good near vision is needed for a range of tasks; therefore uncorrected presbyopia (near vision impairment) can negatively affect the quality of life of individuals, impact on families and society and have negative impacts on employment and work productivity.

We conducted a cross-sectional study and sampled all workers who were aged 40 years and older and performed near vision tasks (machinist, cutter, zip sewer, clothing pressers and quality controllers) in seven clothing factories.

This study provides encouraging data on the value of providing near vision correction for factory workers and can serve as an important advocacy tool to promote greater access to eye care in the work environment.
Our Children’s Vision

Children need healthy eyes and vision to develop and thrive. Yet, millions of our children are vision impaired because of a lack of access to eye care.

Our Children’s Vision is a campaign initiated by the Institute to ensure that effective, sustainable, eye health initiatives for children are part of appropriate health programs and are integrated into regional, national and global education and health policy.

Our Children’s Vision is a global coalition of partners driving service provision, health promotion, and education and awareness initiatives.

Together, we will upscale, accelerate and expand eye health services to more children, in more locations.

Find out how you can get involved. [ourchildrensvision.org](http://ourchildrensvision.org)

**Buy vision, give sight**

We have joined forces with eyewear brand REVO and U2 lead singer Bono to help eliminate avoidable blindness and vision impairment.

When consumers purchases REVO sunglasses, $10 from the sale of every pair will be donated by REVO to the “Buy Vision, Give Sight” initiative. To execute the initiative, REVO and Bono are partnering with us to provide sustainable solutions for eye care and end avoidable blindness and vision impairment in under-resourced communities.

The funds donated by REVO will help pay for basic eye care services, particularly eye tests and prescription glasses, and also build stronger eye care services in target communities for the longer term by training local people to provide eye care and detect eye diseases.

An estimated 19 million children worldwide are vision impaired

90–95% of vision impairment in the 5–15 age group is due to myopia

80% of what a child learns is processed through the visual system
Funders, partners and supporters

We would like to thank and acknowledge the dedication of our partners, funders and supporters who each year help us deliver on the commitment of our organisation in every country in which we work.

Along with Institute Board, staff and volunteers, our partners, funders and supporters ensure that our goals are met and progress is made in the fight against avoidable blindness and vision impairment.

In the last year we have worked with:

- ABCD National Research Partnership (Menzies School of Health Research), Australia
- Aboriginal Health and Medical Research Council of NSW, Australia
- Aboriginal Health College, Australia
- Africa Vision
- African Council of Optometry
- African Vision Research Institute
- Akademi Refraksi Optsi Gapopin, Indonesia
- Akademi Refraksi Optsi Leprindo, Indonesia
- Akademi Refraksi Optsi Padang, Indonesia
- Akademi Refraksi Optsi Surabaya, Indonesia
- Al Basr Foundation, Saudi Arabia
- Al-Ibrahim Eye Hospital, Pakistan
- Al Maktoom National Special Education Centre for Visually Impaired, Pakistan
- ALDOO (Asociacion Latinoamericana de Optometria y Optica)
- Aboriginal Medical Services Alliance of the Northern Territory, Australia
- Angua Memorial Hospital, Papua New Guinea
- Anyinginyi Health Aboriginal Corporation, Australia
- Appasamy Associates India
- Asmara College of Health Sciences, Eritrea
- Association of Schools and Colleges of Optometry (ASC0) India
- AusAid – Australian NGO Cooperation Program
- Australian College of Optometry
- Australian Government, Department of Foreign Affairs and Trade
- Australian Government Department of Health
- Australian Indigenous HealthInfoNet
- Ayeduase Community, Ashanti Region - Ghana
- Ba Ria-Vung Tau Peoples Committee, Vietnam
- Ba Ria-Vung Tau Provincial Eye Hospital, Vietnam
- BOC Instruments Pty Ltd, Australia
- Buka General Hospital, Papua New Guinea
- Callian Services National Unit, Papua New Guinea
- Cape Peninsula University of Technology, South Africa
- Caribbean Council for the Blind
- CBM
- Central Australia Aboriginal Congress Aboriginal Corporation., Australia
- Centre for Eye Research Australia
- Centre for Remote Health (CRH), Australia
- Civil Society Human and Institutional Development Program, Pakistan
- College of Ophthalmologists, Sri Lanka
- College of Ophthalmology and Allied Vision Sciences, Pakistan
- Cross River State Ministry of Health, Nigeria
- Cross River State College of Health Technology, Calabar Nigeria
- Da Nang National Technical College of Medicine No. 2, Vietnam
- Danila Dilba Health Service, Australia
- Department of Education, Eastern Cape, South Africa
- Department of Education, KwaZulu-Natal, South Africa
- Department of Health, Eastern Cape, South Africa
- Department of Health Gauteng, South Africa
- Department of Health KwaZulu-Natal, South Africa
- Department of Health, Northern Cape, South Africa
- Department of Health Mpumalanga Province, South Africa
- Department of Health Papua New Guinea
- Department of Health South Africa
- Department of Health, Azad Jammu & Kashmir
- Department of Education, Azad Jammu & Kashmir
- Department of Optometry, Shanghai Institute of Health Science, China
- Dublin Institute of Technology, Ireland
- Eastern Cape Province Ministry of Health, South Africa
- Eastern Mediterranean Council of Optometry
- Entebbe Hospital, Uganda
- Essilor Asia-Pacific
- Essilor Australia
- Eye Care Foundation (formerly Mekong Eye Doctors), South East Asia
- FAL Lawyers, Australia
- Federal Ministry of Health, Nigeria
- Federación Colombiana de Óptometras (FEDOPTO), Colombia
- Federal Capital Territory Health & Human Services Secretariat, Abuja
- Federal Capital Territory Education Services Secretariat, Abuja
- Foresight Australia
- Fred Hollows Foundation Australia
- Fred Hollows Foundation New Zealand
- Fred Hollows Foundation Kenya
- Goa Vision-Paraguay
- Gauteng Department of Education, South Africa
- Ghana Health Services, Ghana Global Partnership for Education USA
- Ghana Health Services
• Government of Alberta, Canada
• Guangzhou Trade Vocational School, China
• Hanoi Medical University, Vietnam
• Helen Keller International
• Help Moldova
• Higher Education Commission, Pakistan
• Higher Education Authority, Mozambique
• Hong Kong Society for the Blind, Hong Kong
• Ho Chi Minh City Eye Hospital, Vietnam
• Ho Chi Minh City Peoples Committee, Vietnam
• Ida Rieu School for Blind and Deaf, Pakistan
• India Vision Institute (IVI)
• Indian Optometry Federation (IOF)
• Indigenous Allied Health Australia
• Indigenous Eye Health Unit, University of Melbourne, Australia
• Institut Ophtalmologique Tropical d’Afrique (IOTA)
• Institute of Human Resource Advancement University of Colombo, Sri Lanka
• Institute of Vocational Education, Hong Kong
• Interamerican University of Puerto Rico
• International Agency for the Prevention of Blindness
• International Islamic University of Malaysia
• International University College of Twintech, Malaysia
• International Resources for the Improvement of Sight
• Irish Aid, Department of Foreign Affairs
• Irish Embassy, Mozambique
• Isra School of Optometry, Pakistan
• Jinling Institute of Technology, China
• Katherine West Health Board, Australia
• Keeler
• Khyber Pakhtunkhwah Eye Health Committee, Pakistan
• Kilimanjaro Christian Medical University College, (KCMU-College), Tanzania
• Kwame Nkurumah University Ghana
• KZN Society for the Blind, South Africa
• Layton Rahmatullah Benevolent Trust, Pakistan Lechang Community Hospital, China
• Lechang Ministry of Education, China
• Lechang Ministry of Health, China
• Light for the World
• Lions Club International
• Lions District 201Q2, PNG
• Lions Golden Jubilee Trust for Healthcare and Skills Development, Sri Lanka
• LVPrasad Eye Institute, India
• Makerere University, Uganda
• Malawi College of Health Sciences
• Masaka Regional Referral Hospital, Uganda
• Mbarara University, Uganda
• Masinde Muliro University of Science and Technology, Kenya
• Mbarara University of Science and Technology, Uganda
• Mendi General Hospital, Papua New Guinea
• Mid-City Eye Care, Fiji
• Ministry of Education, Youth and Sport (MoEYS), Cambodia
• Ministry of Education and Vocational Training, Tanzania
• Ministry of Education and Sports, Uganda
• Ministry of Education & Training, Vietnam
• Ministry of Education, Kenya
• Ministry of Health, Kenya
• Ministry of Health and Medical Services, Solomon Islands
• Ministry of Health, Cambodia
• Ministry of Health & Social Welfare, The Gambia
• Ministry of Health Care and Nutrition, Sri Lanka
• Ministry of Health, Eritrea
• Ministry of Health, Mongolia
• Ministry of Health, Malawi
• Ministry of Health, Mozambique
• Ministry of Health, Pakistan
• Ministry of Health Qatar
• Ministry of Health, Vietnam
• Ministry of Sport and Education, Samoa
• Ministry of Health and Social Welfare, Tanzania
• Ministry of Health, Uganda
• Ministry of Health and Women Affairs, Tanzania
• Ministry of Health Services, Ghana
• Mongolian Health Aboriginal Corporation, Australia
• Mongolian Optical Association
• Mount Hagen General Hospital, Papua New Guinea
• Mozambique University of Health
• Mzuzu University, Malawi
• National Aboriginal Community Controlled Health Organisation, (NACCHO), Australia
• National Eye Health Committee, Pakistan
• National Institute for Occupational Safety and Health, Sri Lanka
• National Ophthalmology Association, Vietnam
• National Program for Eye Health, Cambodia
• National Prevention of Blindness Committee, Papua New Guinea
• National Referral Hospital, Solomon Islands
• Negombo Community Development Company, Sri Lanka
• Nicolae Testemitanu State University of Medicine and Pharmacy
• No Roads to Health Foundation, Papua New Guinea
• Northern Cape Department of Health, South Africa
• Norwegian Association of Optometry
• National Rural Health Alliance, Australia
• Ninti One Limited, Australia
• Nigerian Optometric Association
• Nissan South Africa
• Nonga General Hospital, Papua New Guinea
• Nova Vision, China
• NSW Department of Technical and Further Education, Australia
• NT Government Department of Health, Australia
• NSW Government Rural Aerial Health Service, Australia
• Operation Eyesight Universal
• Optical Distributors and Manufacturers Association, Australia
• Optometrists Association of Uganda
• Optometry Australia
• Optometry Council of India (OCI)
• Optometry Giving Sight
• ORBIS International
• PacEyes
• Pakistan Optometric Society
• Pakistan Institute of Ophthalmology
• Pakistan Institute of Community Ophthalmology
• Pakistan Institute of Rehabilitation Sciences, Pakistan
• Partnership for Child Development UK
• Perkins International
• Post Graduate Institute of Medical Education and Research, Chandigarh, India
• PNG Eye Care
- Punjab Eye Health Committee, Pakistan
- Port Moresby General Hospital, Papua New Guinea
- Prevention of Blindness Union Saudi Arabia
- Provincial Health Department, Ba Rai-Vung Tau, Vietnam
- Provincial Health Department, Banteay Meanchey, Cambodia
- Provincial Health Department, Battambang, Cambodia
- Provincial Health Department, Kampong Cham, Cambodia
- Provincial Health Department, Kampot, Cambodia
- Provincial Health Department, Pursat, Cambodia
- Public Health Optometry Group (PHOG), Australia
- Red Cross Air Mercy Service, South Africa
- Rotary Club, Rawalpindi, Pakistan
- Royal Australian and New Zealand College of Ophthalmology
- Royal Australasian College of Surgeons
- Royal Flying Doctor Service, Australia
- Salus University
- School Health Department of MoEYS, Cambodia (Partner)
- School of Optometry and Vision Science, University of New South Wales, Australia
- School of Optometry, Queensland University of Technology, Australia
- School of Optometry, University of KwaZulu-Natal, South Africa
- School of Optometry, University of Melbourne, Australia
- School of Optometry, Kilimanjaro Christian Medical Centre, Moshi - Tanzania
- SEGI University, Malaysia
- SENSE Inclusive Education Support Services, Samoa
- Services for Australia’s Rural & Remote Allied Health (SARRAH)
- SEVA Foundation
- Shaxi Provincial Eye Hospital, China
- Shu Zen College of Medicine & Management Kaosuing, Taiwan
- Sightsavers
- Sind Eye Health Committee, Pakistan
- Singapore Polytechnic University
- South African National Council for the Blind
- South African Optometric Association
- Sri Lanka Optometric Association
- Standard Chartered Bank
- State Primary and Secondary Education School Boards, Nigeria
- Ster-Kenkor, South Africa
- Sunrise Health Service Aboriginal Corporation, Australia
- Tanzania Optometric Association
- Tanzania Optometry Council
- The Albino Foundation Nigeria
- The Lowitja Institute, Australia
- Tianjin Medical University College of Optometry, China
- Tianjin Vocational Institute, China
- Total Optical (Low Cost Spectacle Scheme), Australia
- Tropical Ophthalmology Institute of Africa (IOTA), Mali
- Universidad Autonoma Benito Juarez de Oaxaca Mexico
- Universidad del Sinu Programa de Optometria, Colombia
- Universidad Nacional Autonoma de Nicaragua, Managua
- Universidad Santo Tomas School of Optometry, Colombia
- Universidade de Lurio, Mozambique
- Universite d’Etat d’Haiti
- University Kebangsaan, Malaysia
- University of Alabama at Birmingham
- University of Calabar Teaching Hospital, Nigeria
- University of Colorado at Denver, United States
- University of Florida, United States
- University of Kuopio, Finland
- University of Manchester, United Kingdom
- University of Melbourne, Australia
- University of Medicine Pham Ngoc Thach, Vietnam
- University of Papua New Guinea
- University of Ulster, Ireland
- University La Salle, Colombia
- Vanimo General Hospital, Papua New Guinea
- Vairilux College of Optometry Training Tianjin, China
- Ver Bien Mexico
- Vietnam National Institute of Ophthalmology
- Vision 2020 Australia
- Vision 2020 Latin America
- Vision 2020 Pakistan
- Vision 2020 Sri Lanka
- Vision Aid Overseas
- Vision Australia
- Vision Cooperative Research Centre, Australia
- VisionCare NSW, Australia
- Vision X, Dubai
- Visiting Optometrists Scheme, Department of Health, Australia
- VOSH International
- VSP / Nike
- Wenzhou Medical College, School of Ophthalmology and Optometry, China
- Western Optical USA
- World Bank
- World Blind Cricket Council
- World Council of Optometry
- World Optometry Foundation
- Wurli Wurlinjang Health Service, Australia
- Zamfara Ministry of Health, Nigeria
- Zhejiang Industry and Trade Polytechnic, China
- Zhongshan Ophthalmic Centre, Sun Yat-sen University, China
References

BRIEN HOLDEN VISION INSTITUTE FOUNDATION

INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF BRIEN HOLDEN VISION INSTITUTE FOUNDATION


We have audited the accompanying financial report of Brien Holden Vision Institute Foundation which comprises the balance sheet as at 30 June 2015, 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 Brien Holden Vision Institute Foundation is in accordance with:

(a) the Corporations Act 2001, including:

(i) giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and

(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


We have audited the accompanying Code of Conduct Summary financial report of Brien Holden Vision Institute Foundation which comprises the balance sheet as at 30 June 2015, profit and loss statement, statement of change in equity and table of cash movements for designated purposes for the year ended 30 June 2015.
Audit Opinion

In our opinion, the information reported in the Code of Conduct Summary Financial Reports set out on pages 23 to 25 is in accordance with the ACFID Code of Conduct, and is consistent with the annual statutory financial report from which it is derived and upon which we have expressed our audit opinion in our report to the members dated October 2015. For a better understanding of the scope of our audit this report should be read in conjunction with our audit report to the statutory financial report.

Scope

We have audited the financial report of the Brien Holden Vision Institute Foundation for the year ended 30 June 2015 in accordance with Australian Auditing Standards.

SWT SYDNEY

R M TAYLOR

SYDNEY

## INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2015

### REVENUE

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and gifts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Monetary</td>
<td>42,815</td>
<td>143,900</td>
</tr>
<tr>
<td>* Non-monetary</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Requests and Legacies</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Department of Foreign Affairs and Trade</td>
<td>2,842,082</td>
<td>2,780,078</td>
</tr>
<tr>
<td>* Other Australian</td>
<td>6,894,871</td>
<td>7,700,838</td>
</tr>
<tr>
<td>* Other overseas</td>
<td>287,053</td>
<td>515,666</td>
</tr>
<tr>
<td>Investment Income</td>
<td>30,368</td>
<td>14,567</td>
</tr>
<tr>
<td>Other Income</td>
<td>523,166</td>
<td>45,101</td>
</tr>
<tr>
<td>Revenue for International Political or Religious Adherence Promotion Programs</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Non Monetary Income</td>
<td>1,861,816</td>
<td>1,898,183</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>13,072,171</td>
<td>13,098,739</td>
</tr>
</tbody>
</table>

### EXPENDITURE

#### International Aid and Development Programs Expenditure

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>International programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Funds to international programs</td>
<td>7,215,155</td>
<td>7,666,321</td>
</tr>
<tr>
<td>* Program support costs</td>
<td>232,347</td>
<td>352,629</td>
</tr>
<tr>
<td>Community education</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Fundraising costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Public</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>* Government, multilateral and private</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Accountability and Administration</td>
<td>142,365</td>
<td>219,318</td>
</tr>
<tr>
<td><strong>Non-Monetary Expenditure</strong></td>
<td>1,861,816</td>
<td>1,898,183</td>
</tr>
<tr>
<td><strong>Total International Aid and Development Programs Expenditure</strong></td>
<td>9,452,491</td>
<td>10,176,401</td>
</tr>
</tbody>
</table>

#### International Political or Religious Adherence Promotion Programs Expenditure

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Programs Expenditure</td>
<td>2,225,930</td>
<td>2,377,821</td>
</tr>
<tr>
<td>Cash commitments to Australian entities</td>
<td>200,000</td>
<td>200,000</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td>11,677,613</td>
<td>12,774,322</td>
</tr>
</tbody>
</table>

**EXCESS / (SHORTFALL) OF REVENUE OVER EXPENDITURE**

<table>
<thead>
<tr>
<th>Description</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess / (shortfall) of revenue over expenditure</td>
<td>694,558</td>
<td>184,411</td>
</tr>
</tbody>
</table>

Page 23
BRIEN HOLDEN VISION INSTITUTE FOUNDATION  
A.B.N. 88 381 872 186  
Information required under the ATFID Code of Conduct  
BALANCE SHEET AS AT 30 JUNE 2015

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cash and cash equivalents</td>
<td>2,820,821</td>
<td>1,759,120</td>
</tr>
<tr>
<td>• Trade and other receivables</td>
<td>567,036</td>
<td>987,300</td>
</tr>
<tr>
<td>• Inventories</td>
<td>28,983</td>
<td>31,088</td>
</tr>
<tr>
<td>• Assets held for sale</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Other financial assets</td>
<td>29,578</td>
<td>13,925</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>3,452,390</td>
<td>3,789,429</td>
</tr>
<tr>
<td>Non-current assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Trade and other receivables</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Other financial assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Property, plant and equipment</td>
<td>65,864</td>
<td>104,582</td>
</tr>
<tr>
<td>• Investment property</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Intangibles</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Other non-current assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Non Current Assets</td>
<td>85,644</td>
<td>203,582</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>3,538,034</td>
<td>3,993,011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Trade and other payables</td>
<td>841,051</td>
<td>872,891</td>
</tr>
<tr>
<td>• Borrowings</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Current tax liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Other financial liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Provisions</td>
<td>283,083</td>
<td>316,482</td>
</tr>
<tr>
<td>• Other</td>
<td>158,128</td>
<td>53,089</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>1,282,260</td>
<td>1,246,222</td>
</tr>
<tr>
<td>Non Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Borrowings</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Other financial liabilities</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Provisions</td>
<td>343,946</td>
<td>383,716</td>
</tr>
<tr>
<td>• Other</td>
<td>135,694</td>
<td>187,458</td>
</tr>
<tr>
<td>Total Non Current Liabilities</td>
<td>479,640</td>
<td>571,174</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>1,761,900</td>
<td>1,817,396</td>
</tr>
<tr>
<td>NET ASSETS</td>
<td>1,776,134</td>
<td>2,175,615</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reserves</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>• Retained Earnings</td>
<td>1,776,134</td>
<td>1,081,615</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>1,776,134</td>
<td>1,081,615</td>
</tr>
</tbody>
</table>
### Statement of Changes in Equity
For the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th>Retained Earnings</th>
<th>Reserves</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 July 2014 (commencing balance)</td>
<td>1,081,015</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adjustments or changes in equity due to, for example, adoptions of new accounting standards</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Items of Other Comprehensive Income</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Excess of revenue over expenses</td>
<td>694,558</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other amounts transferred (to) or from reserves</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Table of Cash Movements for Designate Purposes
For the Year Ended 30 June 2015

<table>
<thead>
<tr>
<th>Department of Foreign Affairs and Trade</th>
<th>Designated Purpose or Appeal B</th>
<th>Other Designated Purposes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>76,949</td>
<td>2,842,082</td>
<td>(7,496,144)</td>
<td>34,317</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

| Total for other non-designated purposes | 3,982,265 | 9,730,059 | (9,615,444) | 2,793,204 |
**Financial summary**

Plain language summary of income and expenditure and overall financial health

**Analysis of Financial Performance**

<table>
<thead>
<tr>
<th>Revenue</th>
<th>2015</th>
<th>2014</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fundraising</td>
<td>19,258</td>
<td>31,361</td>
<td>-12,104</td>
</tr>
<tr>
<td>Donations</td>
<td>23,557</td>
<td>112,538</td>
<td>-88,982</td>
</tr>
<tr>
<td>Other</td>
<td>2,281,748</td>
<td>2,130,314</td>
<td>151,435</td>
</tr>
<tr>
<td>DFAT (Formerly Ausaid)</td>
<td>2,842,082</td>
<td>2,780,078</td>
<td>62,005</td>
</tr>
<tr>
<td>Optometry Giving Sight Grants</td>
<td>650,841</td>
<td>1,286,935</td>
<td>-636,094</td>
</tr>
<tr>
<td>Sponsorship - Major Donors</td>
<td>1,354,037</td>
<td>1,831,956</td>
<td>-477,919</td>
</tr>
<tr>
<td>In-Kind Sponsorship - Major Donors</td>
<td>1,861,816</td>
<td>1,898,183</td>
<td>-36,367</td>
</tr>
<tr>
<td>Other Government Grants</td>
<td>3,018,737</td>
<td>2,654,916</td>
<td>363,821</td>
</tr>
<tr>
<td>Industry Grants</td>
<td>125,000</td>
<td>425,000</td>
<td>-300,000</td>
</tr>
<tr>
<td>Interest</td>
<td>30,368</td>
<td>14,967</td>
<td>15,402</td>
</tr>
<tr>
<td>Royalties</td>
<td>364,727</td>
<td>-67,516</td>
<td>432,242</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>12,572,171</strong></td>
<td><strong>13,098,732</strong></td>
<td><strong>-526,561</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2015</th>
<th>2014</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>2,236,528</td>
<td>2,470,130</td>
<td>-233,602</td>
</tr>
<tr>
<td>Fundraising</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Domestic Program</td>
<td>2,425,930</td>
<td>2,577,870</td>
<td>-151,940</td>
</tr>
<tr>
<td>Overseas Program</td>
<td>7,215,155</td>
<td>7,666,322</td>
<td>-451,167</td>
</tr>
<tr>
<td>Overseas Non Program</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>11,877,613</strong></td>
<td><strong>12,714,322</strong></td>
<td><strong>-836,709</strong></td>
</tr>
</tbody>
</table>

**NET SURPLUS/ (DEFICIT)**

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET SURPLUS/ (DEFICIT)</strong></td>
<td>694,558</td>
<td>384,411</td>
<td>310,147</td>
</tr>
</tbody>
</table>

**Ratio Analysis:**

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Expense Ratio</td>
<td>18.83%</td>
<td>19.43%</td>
</tr>
<tr>
<td>Program Expense Ratio</td>
<td>81.17%</td>
<td>80.57%</td>
</tr>
<tr>
<td>Fundraising Expense Ratio</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

**Commentary:**

- Revenue decreased by 4.02% on the previous year, mainly driven by a decrease from major Australian donors.
- Administration costs remained low in the current year, ensuring that 81.17% of expenditure could be directed to Programs.
- There were no fundraising costs incurred in the year ended 30 June 2015 as any donations were derived from regular donors.
## Analysis of Financial Position

<table>
<thead>
<tr>
<th>Assets</th>
<th>2015</th>
<th>2014</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>2,826,821</td>
<td>1,759,110</td>
<td>1,067,711</td>
</tr>
<tr>
<td>Trade &amp; Other Receivables</td>
<td>567,356</td>
<td>987,307</td>
<td>-419,951</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>85,844</td>
<td>103,582</td>
<td>-17,738</td>
</tr>
<tr>
<td>Other</td>
<td>58,562</td>
<td>43,013</td>
<td>15,549</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>3,538,583</td>
<td>2,893,011</td>
<td>645,572</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>2015</th>
<th>2014</th>
<th>Increase/(Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade &amp; Other Payables</td>
<td>841,051</td>
<td>872,891</td>
<td>-31,840</td>
</tr>
<tr>
<td>Provisions</td>
<td>626,627</td>
<td>702,158</td>
<td>-75,531</td>
</tr>
<tr>
<td>Other</td>
<td>294,732</td>
<td>236,347</td>
<td>58,386</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>1,762,410</td>
<td>1,811,396</td>
<td>-48,986</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NET ASSETS</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,776,173</td>
<td>1,081,615</td>
<td>694,557</td>
</tr>
</tbody>
</table>

### Ratio Analysis:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>2015</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>2.69</td>
<td>2.24</td>
</tr>
<tr>
<td>Debt/Equity</td>
<td>0.99</td>
<td>1.67</td>
</tr>
</tbody>
</table>

### Commentary:

- The cash position was stronger compared with the previous year, driving the overall increase in assets.
- Additionally, with liabilities remaining fairly consistent with last year, the stronger cash balance helped to drive the increase in the Net Asset position.
- The net asset position is large enough to absorb future losses, and current assets are more than sufficient to cover current liabilities.

Please note the ratios used in this analysis have been calculated as follows:

<table>
<thead>
<tr>
<th>Ratio</th>
<th>Calculation Assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Expense Ratio</td>
<td>Total Administration Expense/Total Expenses</td>
</tr>
<tr>
<td>Program Expense Ratio</td>
<td>Total Program Expenses/Total Expenses</td>
</tr>
<tr>
<td>Fundraising Expense Ratio</td>
<td>Total Fundraising Expenses/Total Expenses</td>
</tr>
<tr>
<td>Current</td>
<td>Current Assets/Current Liabilities</td>
</tr>
<tr>
<td>Debt/Equity</td>
<td>Total Liabilities/Net Assets (or Total Equity)</td>
</tr>
</tbody>
</table>

An independent audit of the Brien Holden Vision Institute financial accounts for the year ended 2015 was conducted by:

**R M Taylor, Chartered Accountant**  
**Stirling Warton Taylor**  
**11th Floor St James Centre, 111 Elizabeth Street. Sydney NSW 2000**  
**Phone: + 61 8236 7500**

The following Financial Statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Guidance available at [www.acfid.asn.au](http://www.acfid.asn.au)

For a copy of the full financial report for the year ending 2015, please contact the Institute’s Secretariat.

**Phone:** +61 2 9385 7459 or **email:** info@brienholdenvision.org
Global Board Members

Professor Kovin Naidoo
Board Member and CEO

Dr Gullapalli N Rao
Board Member and Chair

Ms Sandra Bailey
Board Member

Ms Jan Ferguson
Board Member

Ms Jenni Lightowlers
Board Member

Africa Board Members

Mr Reggie G Naidoo
Board Member and Chair

Ms Sindy A Mabe
Board Member

Ms Sibongile A Thwala
Board Member

Dr Clarence M Mini
Board Member

Dr Percy K Mashige
Board Member

Feedback

We value your feedback. If you would like to provide us with feedback or would like to lodge a complaint please contact us and your message will be directed to the appropriate staff for resolution.

You can contact us in the following ways:

Email: info@brienholdenvision.org
Web: www.brienholdenvision.org/who-we-are/the-institute/contact-us.html
Phone: +61 2 9385 7516
Write: Brien Holden Vision Institute, PO Box 6328 UNSW Sydney NSW 1466

Global Head Office

Level 4 North Wing, Rupert Myers Building
Gate 14 Barker Street, University of New South Wales
Sydney NSW 2052 Australia

Find out more at brienholdenvision.org

Join us

Brien Holden Vision Institute Foundation is a registered charity: ABN 86 081 872 586

Brien Holden Vision Institute Foundation is committed to taking all reasonable measures to monitor and regulate organisation practices to fully adhere to the Australian Council for International Development (ACFID) Code of Conduct.

Should you feel that the ACFID code has been breached and wish to take the matter further, please visit the complaints section at: www.acfid.asn.au