Annual Report 1986–1987

. . . Giving the Gift of Sight

the International Eye Foundation

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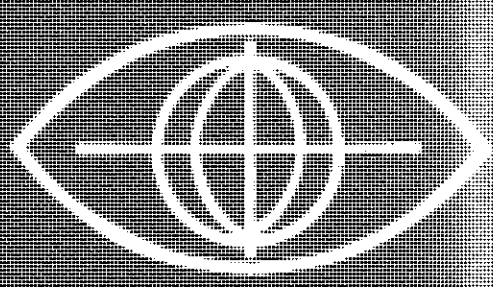


. . . Giving the Gift of Sight

the International Eye Foundation

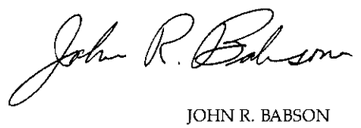
Report from the President

It is a widely accepted fact that countries in Africa have blindness rates between 20 and 30 times that of the so-called "developed" nations of western Europe and North America. Quantitatively this translates to approximately 40 blind persons per 1,000 population in Africa compared to 2 per 1,000 in the U.S. This is even more troubling when one examines the ratio of qualified ophthalmologists per population for the U.S. (1:25,000) and most countries in sub-Saharan Africa (1:1,000,000 or fewer). The situation is only modestly better in Latin America and the Caribbean. Consider as well the grim statistic that of the world's estimated 42,000,000 blind, nearly 30,000,000 are needlessly so. Clearly, all of us in the field of eye health and blindness prevention have our work cut out for us.

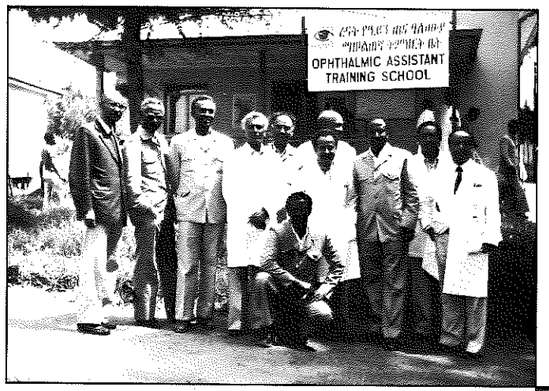
During the year being reported here, the IEF continued its efforts to support increased activity in eye health and blindness prevention. In Zimbabwe, Dr. Larry Schwab, an IEF stalwart, has been negotiating the start of an ophthalmic training course in a joint effort between the IEF and the Royal Commonwealth Society for the Blind. On another level, and half a world away, the poor of the Cortes Region of Honduras benefit from the IEF's Magi Eye Clinic at Leonardo Martinez Hospital in San Pedro Sula. This facility, which doubles as a training center and base for rural outreach work, has been made possible through the generosity of IEF Board Member, Mr. William M. Carrigan and Mrs. Carrigan.

The generosity exhibited by Mr. and Mrs. Carrigan is typical of a spirit that infuses most, if not all, IEF programs. I think it is one of the keys to the success of our efforts over the years. The same spirit motivates many of the fine individuals who have headed our programs. Dr. Larry Schwab has devoted the better part of his professional career to the IEF, foregoing the professional and financial rewards that would no doubt have been his had he chosen to pursue ophthalmology in this country. Similarly, the IEF's Project Director in Malawi, Dr. Baxter McLendon, gave up a lucrative private practice in this country to bring eye care to those who, otherwise, wouldn't have had access to it. Dr. Larry King, who serves in a volunteer capacity as the IEF's Medical Director, has devoted considerable time to IEF programs, most recently in Honduras, for no reward other than our thanks and the gratitude of the physicians and their patients who benefit from his teaching.

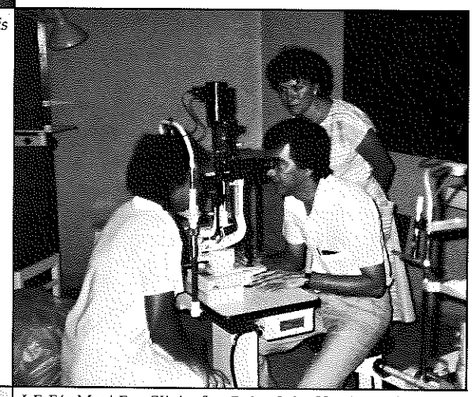
In the year ahead, more than ever before, we must depend on and develop this spirit of giving and volunteerism. Over the past year, the IEF has begun to feel the pinch of reduced federal government support. This year, for the first time, the IEF's income failed to keep pace with our program requirements. What can be done? Over the next year, and beyond, we must make every effort to develop private support from foundations, corporations, and, most importantly, from individuals. With the continued support of the IEF's friends, I am confident that the IEF will continue to provide essential assistance for many years to come.



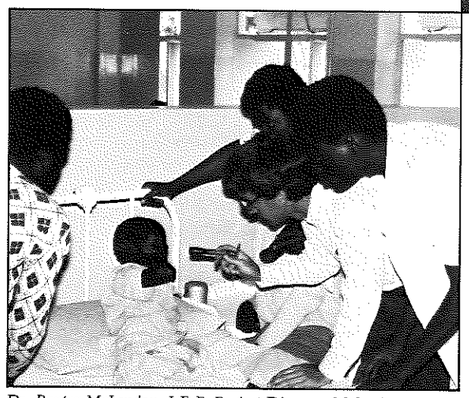
JOHN R. BABSON



Staff of the I.E.F.-sponsored Ophthalmic Assistant Training School in Addis Ababa, Ethiopia (fourth from left is Dr. Pawlos Quana'a, Project Director).



I.E.F.'s Magi Eye Clinic, San Pedro Sula, Honduras. (Rear is Ms. Tamara Oberbeck, IEF Training Consultant; right is Dr. Isidro Rodriguez, Chief Ophthalmologist, Leonardo Martinez Hospital, San Pedro Sula).



Dr. Baxter McLendon, I.E.F. Project Director, Malawi, demonstrates pediatric eye examination at Queen Elizabeth Central Hospital, Blantyre.

Training

If you restore the sight of one man,
you benefit one man.
If you teach one man how to restore sight,
you benefit many men.
And, if you teach many men,
you benefit mankind.

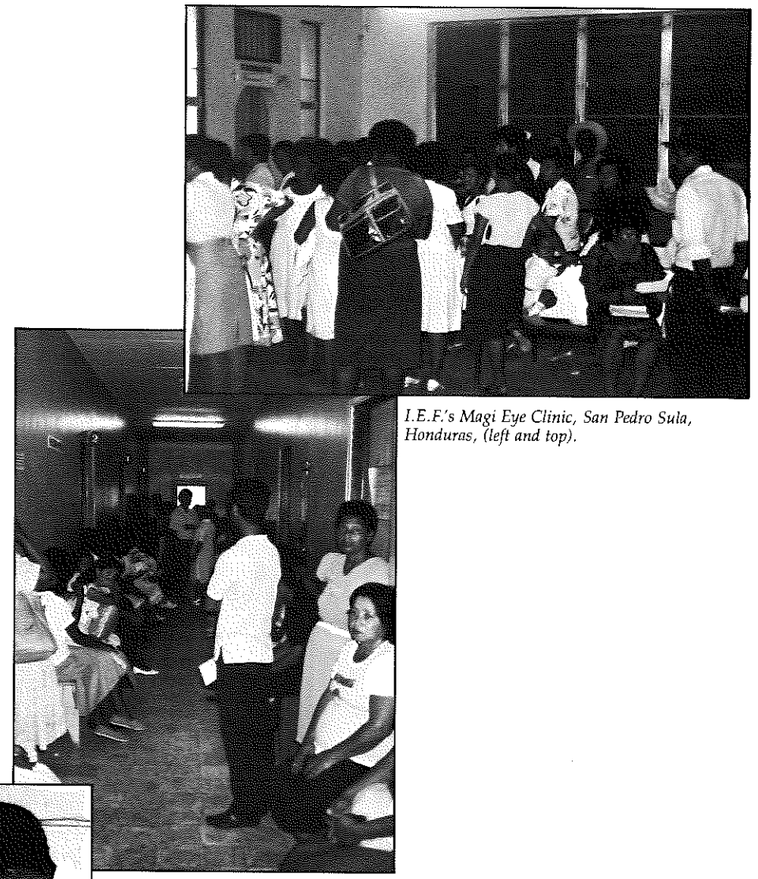
JOHN HARRY KING, JR., M.D.
Founder, IEF

One area of substantial effort for all IEF programs is training. This can range from highly technical, post-graduate level training for ophthalmologists to simple, half-day seminars in primary eye care for village-level health workers. The provision of appropriate training is the keystone upon which the IEF's successful programs to develop self-sufficiency in eye health care have been built.

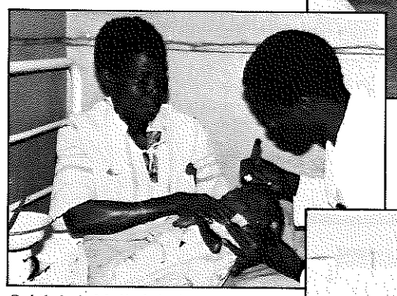
In Ethiopia, the IEF, along with the Ethiopian Ministry of Health and Relief and Rehabilitation Commission, initiated a significant training program for ophthalmic assistants. Each year for the next three years, this program will train 15 or more health assistants who will then become the eye health care providers in rural areas. In many instances, these workers will be the only source of eye care in a particular region. This program is particularly important to the IEF both because it marks the IEF's return to Ethiopia after a 12-year absence and because it is the first major program undertaken by the IEF in many years without USAID funding. The IEF's Project Director for this program is Dr. Pawlos Quana'a who, in the early 1970's, participated in an IEF-sponsored short-term training program in the U.S. The IEF's work in Ethiopia is funded by USA for Africa and the BandAid/LiveAid Foundation, both of which came into existence in response to the severe drought and famine which have plagued Africa in recent years.

In Zimbabwe, the IEF has begun a joint effort with the Royal Commonwealth Society for the Blind (U.K.) to assist the Ministry of Health in the development of a training program for ophthalmic medical assistants. This program is being developed by Dr. Larry Schwab, who has previously worked in IEF programs in Ethiopia, Kenya, and Malawi. Dr. Schwab has spent much of the past year working with the Ministry of Health to design a suitable curriculum and course outline. This effort in Zimbabwe marks the IEF's first formal collaborative effort with the Royal Commonwealth Society for the Blind, though the two agencies have been working together informally for many years.

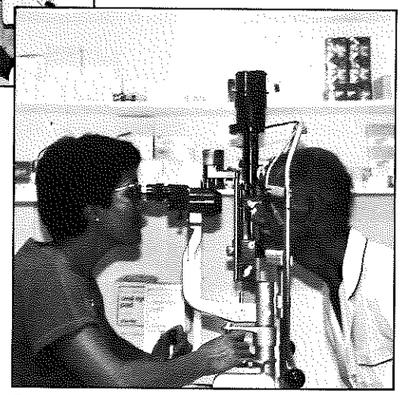
In Malawi, the IEF provides training in areas related to child survival interventions as part of its activity in the Lower Shire Valley of that country. Several hundred health workers have received training in such areas as childhood immunization, oral rehydration therapy (ORT) for treatment of acute diarrhea, one of the leading causes of childhood mortality in the developing world, and proper



I.E.F.'s Magi Eye Clinic, San Pedro Sula, Honduras, (left and top).



Ophthalmic Medical Assistant, Malawi, examines an infant.



Dr. May Khadem, I.E.F. Project Director, Grenada, examining a patient in the eye clinic.

nutrition. In addition, IEF team members have continued to participate in the regional training program for ophthalmic medical assistants operated by the Malawian Ministry of Health.

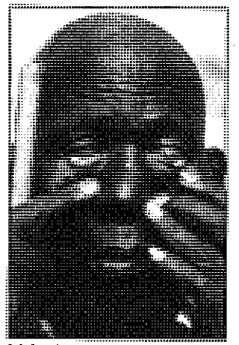
In Honduras, the IEF continues to provide a variety of training opportunities. Principal among these is the teaching done by Dr. Lawrence M. King, Jr., the IEF's Medical Director. Dr. King has lectured and provided clinical demonstrations at the San Felipe Hospital in Tegucigalpa and at the Leonardo Martinez Hospital in San Pedro Sula. On one such trip, Dr. King was accompanied by Dr. David B. Davis of Hayward, California who lectured on cataract extraction and IOL implantation.

At the University of Puerto Rico, the IEF has continued its sponsorship for the Basic Science in Ophthalmology course for Latin American physicians. Each year, the IEF provides short-term fellowships to 12 physicians from various Latin American countries for this course, which is a precursor to formal training in ophthalmology. One of the areas of emphasis in this course is preventive ophthalmology and the concept of community service. In addition, the IEF provides support for advanced training in corneal surgery at the University of Puerto Rico for two ophthalmologists per year.

This year the IEF completed its formal program in Grenada, in the eastern Caribbean. Under this program nearly all Ministry of Health workers received training in appropriate management and referral of eye cases under the able direction of the IEF's project director, Dr. May Khadem. Largely due to the efforts of Dr. Khadem in training, Grenada is considered among the best in the Caribbean in terms of availability of quality eye care. Next year a Grenadian ophthalmologist, Dr. Elliot McGuire, will complete his advanced training in London and return to Grenada, fulfilling the IEF's commitment to eye health self-sufficiency in Grenada.

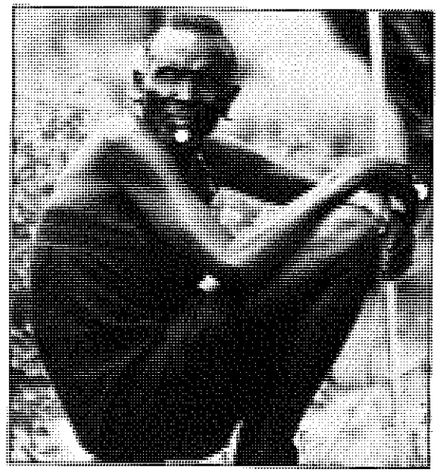
One highlight of the past year has been the publication by Oxford University Press of *Primary Eye Care in Developing Countries*, a training manual written by Dr. Larry Schwab. Dr. Schwab has been affiliated with the IEF since 1972, when he first volunteered for service in Ethiopia. Subsequently, Dr. Schwab has served in IEF programs in Kenya and Malawi, and now heads the joint IEF/RCSB effort in Zimbabwe.

Honduras

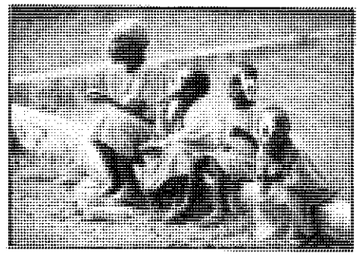


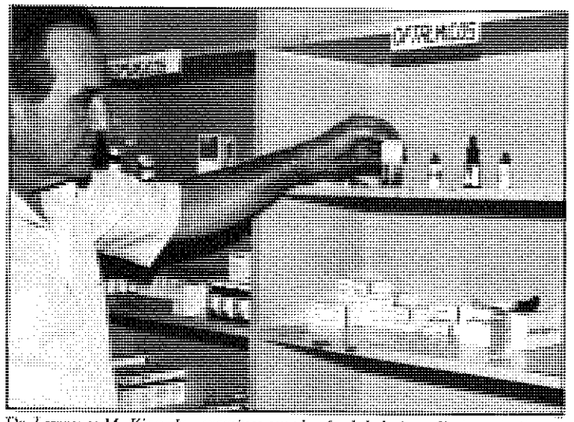
Malawi

Typical patients who benefit from I.E.F. assistance.



Kenya.





Dr. Lawrence M. King, Jr., examines supply of ophthalmic medications in the pharmacy of Leonardo Martinez Hospital. Shortages have been relieved since the opening of the I.E.F.'s Magi Eye Clinic.

Clinical and Surgical Services

Cataract is the most common—and fortunately one of the most easily remedied—cause of visual incapacity and blindness.

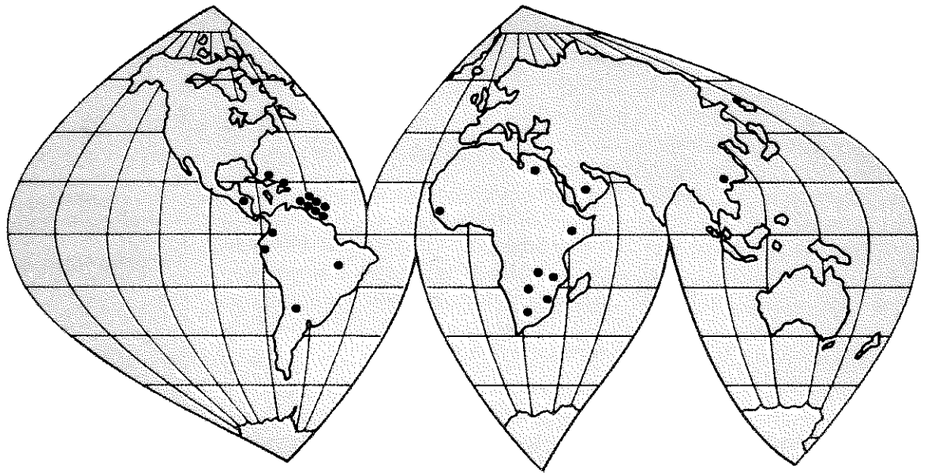
SIR STEWART DUKE-ELDER

The provision of clinical and surgical services continues as one vital element of most IEF programs of assistance. The majority of countries hosting IEF projects suffer from severe shortages of ophthalmic manpower at all levels. While the IEF focuses its attention on longer-term solutions, this cannot be done without paying considerable attention to the situation at hand. Thus, while "Country A" is in need of a training program for ophthalmic paramedicals they may have a more immediate, short-term need for an ophthalmologist to provide services. Where possible, the IEF attempts to meet that need while working toward the long-term solution.

In Honduras, the I.E.F. is sponsoring the Magi Eye Clinic at the Leonardo Martinez Hospital in San Pedro Sula. This facility, made possible through the generosity of Mr. and Mrs. William M. Carrigan and the dedicated efforts of the IEF's Medical Director, Dr. Lawrence M. King, Jr., provides eye care to the poor of the Cortes Region, the first time they have had such access on a regular basis. The clinic, which has outpatient facilities, several in-patient beds, and its own operating theatre, is staffed by several part-time Honduran ophthalmologists and a full-time nursing staff who are paid by the Ministry of Health. Once this facility is well-established, it will take on training and rural outreach roles as well. For the time being, the Magi Eye Clinic provides a valuable service in a medically underserved region of the country.

In St. Lucia, Grenada, and St. Kitts, IEF ophthalmologists have provided a full range of clinical and surgical services. The availability of services in Saint Lucia has been augmented by the return of Dr. Emsco Remy, a Saint Lucian physician trained in ophthalmology in Barbados and Israel. With the return of Dr. Remy, the IEF will most likely phase out its presence in Saint Lucia over the next six months to a year. Eye care services in Saint Kitts are provided by volunteers recruited for periods of a month or more. Dr. Susan Lewallen, of Pueblo, Colorado, spent six months in St. Kitts as the first of the long-term IEF volunteers there. As noted elsewhere in this report, the IEF program in Grenada was completed at the end of the year under review. Efforts are now underway to identify funding sources to enable the IEF to place another ophthalmologist in Grenada to ensure continuity of services until the return of the Grenadian ophthalmologist now in training in England.

In Malawi, the two IEF ophthalmologists, in addition to their training and public health responsibilities, also provide a wide range of eye health care to a population of nearly four million people in the southern region of the country. They conduct consultant clinics in each of the district hospitals in the region on a regularly scheduled basis and generally follow-up these visits with a day or more of surgery and post-op care. Over the past year, the IEF team undertook over 600 major surgeries and nearly 700 minor cases, and provided supervision for nearly that many surgical procedures carried out by ophthalmic medical assistants working out of rural district hospitals in the Southern Region.



COUNTRIES BENEFITTING FROM IEF PROGRAMS

Research

During the year under review, the IEF collaborated in a glaucoma prevalence study in Saint Lucia with the Howard University Department of Ophthalmology, recipients of a grant for this purpose from U.S.A.I.D. Previous anecdotal information had suggested that the prevalence of glaucoma might be exceptionally high in Saint Lucia and other eastern Caribbean islands. This study sought to confirm this fact and to identify, if possible, risk factors in glaucoma. Preliminary results of this study suggest a glaucoma prevalence rate of between 8 and 12 percent of the population, several times the prevalence rate in the U.S. As a result of this survey, the Lions Clubs of Saint Lucia, in conjunction with the IEF project, have undertaken to screen the entire population of adults over the age of 40 to identify those in need of treatment. Chibret International is providing partial support for this activity through equipment loans and donations.

The Society of Eye Surgeons

The Society of Eye Surgeons, the medical supporting arm of the International Eye Foundation, supports the aims and objectives of the Foundation. Membership is drawn from 64 countries around the world; the Society's Consultant Board consists of world-renowned ophthalmologists from all continents.

The Society has as its purpose the promotion of the science of ophthalmic surgery among all peoples and nations through fellowships, sponsorship of teaching teams and visiting professors, and support of the IEF's programs. Short-term volunteers in the IEF programs are frequently drawn from the SES membership.

In November, the SES held its first annual breakfast meeting at the New Orleans Hilton during the meetings of the American Academy of Ophthalmology. In previous years, SES members had met over lunch. The breakfast meeting was very well attended.

During the meeting, Dr. Frank Newell was presented with the SES's Derrick T. Vail Gold Medal which is given in recognition of outstanding original contributions to the advancement of the science of ophthalmic surgery. Dr. Newell was to have been presented with this award at the SES International Congress in Rome, Italy, in May, 1986, but this meeting was postponed due to the tense international situation at that time.

The IEF's Policy and Planning Committee was also introduced during the 1986 SES breakfast meeting. This group of eminent ophthalmologists and others active in the field of eye care and blindness prevention was formed by the IEF to advise on program plans and content and to assist, as needed, with new and ongoing IEF programs.

Financial Summary

Detailed financial information extracted from the report of the IEF auditors can be found on the facing page. During the past year, for the first time ever, revenues failed to keep pace with expenses. The IEF continued to experience a decline in government grant revenues. Unfortunately, the IEF was not able to pick up the difference from the private sector. Recently, many private voluntary organizations have found themselves in similar circumstances.

In the coming year, special emphasis will have to be placed on the development of private resources. Donations to the IEF can be made in a variety of ways, including unrestricted general contributions, donations to support a specific program or activity, a deferred gift, gifts of insurance policies, or bequests in a will. Many donations to the IEF can be effectively doubled under the terms of the IEF's matching grant agreement with U.S.A.I.D., or by employer matching gifts programs.

Donations to the International Eye Foundation are tax-deductible for income tax purposes.

Summary Statement of Revenue and Expenses—1986–1987

	Year Ended 30 June 1986	1987
Public Support*		
Contributions	409,390	382,992
Fund Raising Events	36,550	21,620
Combined Federal Campaign	187,580	103,727
TOTAL PUBLIC SUPPORT	633,520	508,339
Other Revenue		
Government Grants	654,083	588,555
Dues, Rental Income, Interest and Dividends, and Miscellaneous	102,374	98,302
TOTAL OTHER REVENUE	756,457	686,857
TOTAL REVENUE	1,389,977	1,195,196
Expenditures		
Program Services	1,124,824	1,162,098
Support Services	140,586	124,753
Fund Raising	113,291	184,972
TOTAL EXPENDITURES	1,378,701	1,471,823
RETAINED REVENUE	11,276	(276,627)

Financial Position—1986–1987

	Year Ended 30 June 1986	1987
Fixed Assets		
Furniture and Equipment	29,086	34,507
Real Estate	120,000	120,000
Mortgage Notes Receivable	138,985	72,006
Total Fixed Assets	288,071	226,513
Current Assets		
Cash and Investments	787,007	654,941
Receivables and Prepaids	90,173	117,879
Total Current Assets	877,180	772,820
Current Liabilities		
Accounts Payable & Accrued Expenditures	147,316	258,025
Total Current Liabilities	147,316	258,025
Fund Balance		
Unrestricted	619,856	342,229
Restricted	398,079	399,079
NET FUND BALANCE**	1,017,935	741,308

*Gifts-in-kind, consisting entirely of drugs & medical supplies are not included here.

**Total Assets less Total Current Liabilities.

International Eye Foundation, Inc.

Gifts to the I.E.F. are Tax-Deductible

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May Khadem, M.D., *Project Director*

HONDURAS

% Eye Department, Leonardo Martinez Hospital, San Pedro Sula, HONDURAS
Ms. Tamara G. Oberbeck, R.N., C.O.M.T., *Training Consultant*

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SAINT KITTS/NEVIS

% Eye Department, Joseph N. France Hospital, Basseterre, ST. KITTS

SAINT LUCIA

% Victoria Hospital Eye Clinic, Castries, SAINT LUCIA
J. P. Dailey, M.D., *Project Director*

ZIMBABWE

Box A-596, Avondale, Harare, ZIMBABWE
Larry Schwab, M.D., *Project Director*

Collaborating Institutions and Agencies

World Health Organization • Massachusetts Eye and Ear Infirmary/Harvard University
Royal Commonwealth Society for the Blind • Operation Eyesight Universal
Helen Keller International • Kenya Society for the Blind • Caribbean Council for the Blind
Christoffel Blindenmission • International Agency for the Prevention of Blindness
Johns Hopkins University/Wilmer Institute, International Center
for Epidemiology and Preventive Ophthalmology
Howard University • University of Puerto Rico • University of West Indies
University of London Institute of Ophthalmology