



50th

Anniversary!

ANNUAL REPORT
FY 2010-2011



MESSAGE FROM THE CHAIR AND PRESIDENT



Frank S. Ashburn, Jr., MD
Chair, Board of Directors



Victoria M. Sheffield
President & CEO



John Harry King, Jr., MD
1910-1986
Founder



A half a century ago, we didn't even know how many people in our world were blind. In 1982, the World Health Organization (WHO) estimated there were 30-40 million, but that was based on very limited data. From 1982 on, the International Eye Foundation (IEF) was among a group of organizations that conducted blindness prevalence surveys in many parts of the world to determine blindness rates and their causes. In 2004, WHO estimated there were 45 million blind and in 2011, the number was reduced to 39 million. That says a lot!

It says that much has been done to understand the leading causes of blindness. Together with the pharmaceutical industry that has developed sight-saving medications and our research colleagues, we have learned where the blindness is, its causes, how to prevent it, and how to treat it. As a result, many millions of people have had their sight restored and many millions more have been saved from a life of blindness, especially children. The numbers also show that the work of IEF, our International Agency for the Prevention of Blindness colleagues, government Ministries of Health, WHO, and others are making a difference. While 39 million is huge and the additional 246 million with severe visual impairment represent actual children and adults, we are making an exponential difference and that is extremely gratifying.

We both knew Dr. John Harry King, Jr. and have the highest admiration and respect for IEF's visionary founder and first medical director. His distinguished career as a US Army ophthalmologist took him to both the Pacific and Atlantic theaters during World War II. He retired as Chief of Ophthalmology at the Walter Reed Army Hospital in Washington, DC having cared for many notables including Presidents Truman and Eisenhower. Dr. King was a pioneer in corneal transplant surgery and after the Army, he wrote the early texts on how to perform corneal grafts, and with support from local Lions Clubs, established eye banks here in Washington, DC.

After a request from missionary Tom Dooley in Thailand, Dr. King was drawn back to the issue of blindness internationally. In 1961, he established what is now the International Eye Foundation, one of the first eye care organizations dedicated to preventing blindness in developing countries. Short and long-term volunteers fanned out to train eye care professionals, help build national eye care services, conduct research, and provide care. In the 1980s thanks to drugs given free by the corporate sector, we were able to address vitamin A deficiency which no longer is the leading cause of childhood blindness, trachoma, and onchocerciasis "river blindness". In 1985, IEF was the first eye care NGO to be accepted into "official relations" with the WHO.

For the past decade, we have focused on building capacity and sustainability of eye care institutions through our SightReach® Management Program, and making quality ophthalmic products available through our pioneering SightReach Surgical® Program. Our achievements are reflected in what are not just numbers, but the millions of people who can see today thanks to Dr. King, his legacy, the IEF family of eye care professionals, and our generous donors who make it all possible. Thank you for an amazing 50 years!

Mission

Save sight and prevent blindness by increasing access and affordability to quality, comprehensive and sustainable eye care services worldwide.

Building capacity of existing eye hospitals changes health systems to become more efficient resulting in more people being served.



Blindness Data

39 million blind (82% over age 50)
246 with low vision (63% over age 50)
285 total visually impaired

1.4 million blind children
2.8 million children with low vision
73% of these live in Africa and Asia

90% of the world's visually impaired people live in developing countries

WHO data 2011

Blindness reduced by 29 million in 7 years!

WHO's 2011 data shows a remarkable reduction in blindness from 2004 to 2011. The number of blind dropped from 45 million in 2004 to 39 million, those with low vision dropped from 269 million to 246 million reflecting a total reduction in overall visual impairment from 314 million in 2004 to 285 million in 2011.

In our 50th year, IEF is proud to have played a part in these achievements...

I would like to use this opportunity to congratulate you on your and IEF's outstanding accomplishments. You have made a critical positive change in the lives of thousands of people by giving them the most precious gift of restored eyesight. I wish you and your colleagues all the best with your next plans and projects and I look forward to our continued collaboration. With warm regards, Ivo

Dr. Ivo Kocur, MA, MSc
Prevention of Blindness and Deafness
World Health Organization

Member: International Agency for the Prevention of Blindness
VISION2020: The Right to Sight
Member: VISION 2020/USA

IEF is in "Official relations" with the World Health Organization since 1985 and supports the mission and goals of the WHO Programme for the Prevention of Blindness



World Health Organization



SightReach® - Prevention

In the last half century, we have seen public health diseases leading to blindness reduced significantly. IEF is proud to have played a part in these successes.

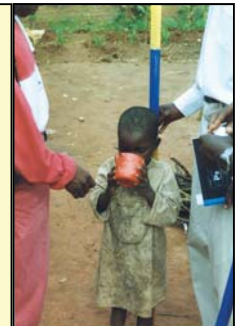
Xerophthalmia: the blinding complication of vitamin A deficiency is no longer the leading cause of blindness in children. While still a threat, the risk of blindness is reduced thanks to high dose vitamin A capsules provided by DSM and its predecessor F. Hoffmann La Roche. Significant funding from the US Agency for International Development (USAID) over 15 years enabled IEF's vitamin A deficiency/child survival programs in Asia, Africa, and Latin America to provide vitamin A capsules, nutrition education and home gardening for hundreds of thousands of children and their families.



Trachoma, a highly communicable eye infection known for centuries no longer leads to high rates of blindness thanks to screening, face washing, eye ointment, Pfizer's donation of azithromycin, and significant development in water and sanitation programs. Patients are treated early before scarring of the eye lids and cornea robs them of their sight. Thanks again to USAID support and our many donors, IEF's programs in Africa and the Middle East focused on screening, treatment, water development, sanitation practices, and education to prevent trachoma significantly reducing rates of active trachoma infection.



Onchocerciasis, commonly known as "river blindness" because the flies that pass the disease-causing worms to humans breed in rivers. Onchocerciasis once blinded millions in their most productive years, their 30's and 40's. Today, we are close to eliminating onchocerciasis as a public health problem thanks to the drug Mectizan® donated by Merck and Company. When Mectizan became available in 1989, IEF pioneered the first community-based Mectizan distribution programs in Latin American (Guatemala), and in Africa in Nigeria with Africare as well as in Cameroon and Malawi. In 2011, IEF treated a total of 935,559 persons in Cameroon. Additionally, 8,456 Community Directed Distributors were trained, and 638,371 persons were treated with Albendazole for other parasitic infections.



Childhood blindness is a focus of all IEF programs because a blind child faces a lifetime of disability. Besides our vitamin A/child survival programs in the 1980's and 1990's, IEF's USAID supported "Seeing 2000" program provided grants to train ophthalmologists in 15 countries to treat and operate on infants and children. Specialized equipment was also provided. In Eastern Europe and Latin America, emphasis was placed on Retinopathy of Prematurity (ROP) to save the sight of newborns who were exposed to high rates of oxygen in incubators. In 2011, a research project funded by the A2Z Child Blindness and Health Grants Fund was conducted in collaboration with Dr. Khumbo Kalua at the Blantyre Institute for Community Ophthalmology in Malawi to determine why some families bring their visually disabled children to the hospital for treatment and others do not. Using a composite socio-economic indicator, findings documented that families not bringing their children were poorer, had lower literacy rates, none had a radio, they lived further from the health facility, and their children tended to be bilaterally blind with other complications. IEF's John Barrows notes "these situations are complicated. It's not just about fear and cost of transport, it's about complicated decision making and family dynamics. Finding key messages for counseling will be critical to getting more children in for treatment".



SightReach® - Management

50th

Why do we continue to provide clinical training and equipment to dysfunctional health systems that underutilize their resources? We need to change the system!
IEF 1995



NGOs are agents of change, willing to take risks to achieve something different for the betterment of humanity. For 50 years, IEF has searched for creative and innovative solutions that improve the quality of life for those whose sight is at risk.

Victoria M. Sheffield
IEF President & CEO



Agents of Change

Above are some of IEF's early partners in sustainability programming pictured at the IAPB General Assembly in Dubai—2006

Top row L-R: Mr. S. Saravanan/LAICO-India
Dr. Gamal Ezz El-Arab/AI Noor-Egypt
Mr. R. Rahmathullah/IEF-USA
Mr. J. Barrows/IEF-USA
the late Dr. M. Chirambo/LSFEH-Malawi
IEF's Senior Medical Director Dr. J. Ganley
Front row L-R: Ms. V. Sheffield/IEF-USA
Dr. M. Yee/Visualiza-Guatemala
Dr. S. Lewallen/KCCO-Tanzania

IEF WORKSHOPS & TRAINING IN FY2011

July 2010—Egypt

Sustainability workshop at Al Noor for 2 hospitals

Oct. 2010—Peru

PRECOC workshop on cataract outcomes

Nov. 2010—Peru

Sustainability workshop for 5 hospitals

Feb. 2011—India

Participation in Seva CCO Network workshop

April-May-July 2011 Tanzania, Peru, India, Washington, DC
A2Z Child Blindness & Health Grants Fund regional workshops and Final Partners Meeting

15 program visits to assess progress in: Ecuador, Guatemala, Haiti, India, Mexico, Malawi, Nicaragua, and Peru

PRESENTATIONS AT NATIONAL/INTERNATIONAL MEETINGS IN FY 2011

Oct. 2010—Chicago

American Academy of Ophthalmology Annual Meeting

- Course faculty: "Strengthening Eye Care Infrastructure in Developing Countries"
- Course faculty: "International Post Residency Ophthalmology Fellowship Program"

Apr. 2011—New York City

VISION2020/USA Meeting

IEF organized program session

Apr. 2011—Washington, DC

American Academy of Ophthalmology Mid-Year Forum

"Volunteering: The NGO Perspective" presented at Going Global: Considerations for Effective Volunteering



SightReach® - Management

IEF's Evolution to Sustainability Programming A Decade of Achievement 2000—2011

"The burgeoning rates of blindness, 90% of which is in developing countries, can only be addressed when the quality of eye care is that which patients will seek, accept, and for those who can afford, be willing to pay for. While training more eye care professionals is a piece of a larger puzzle, the root causes of current inefficiencies, poor quality, and under-utilization of services lie in the poor management and lack of financial sustainability of existing services."

International Eye Foundation: Monograph 2005

"A stable but inherently unjust equilibrium exists in eye care in developing countries causing exclusion, marginalization, and suffering of both patients with eye disease and eye care providers who lack the authority, autonomy, resources or political will to change the situation. Patient choices include an unaffordable private sector or an inherently inefficient public system."

"Transforming Eye Clinics and Hospitals to Sustainability-
The International Eye Foundation's Social Enterprise Model"
European Ophthalmic Review, 2008

Core Values

Challenge the status quo: promote change in the private sector to become more social, and in the public and NGO sector to be more business oriented.

Leadership: develop trusting long-term relationships, inspire eye care providers, and promote effective teams to enable change.

Management systems: create comprehensive, focused, efficient, and high quality eye care systems that serve all patient populations, including the poor.

Demand driven: design services around patient needs and create transparent service choices.

Sustainability: achieve positive cost recovery through revenue generation, diversification and balancing donor inputs to grow services and reduce dependence.

Best practices: develop data to demonstrate effectiveness and communicate best practices to influence policy.



IEF's Director of Sustainability Initiatives, Raheem Rahmathullah, leads a sustainability workshop in Latin America

Mentoring

- Mentoring a "team" vs. individuals is critical to buy-in throughout the service.
- Mentoring is not just training. It is building a relationship and trust as well as financial investments in building capacity of the mentee, and 2-4 years of solid follow-up.
- IEF looks for eye clinics and hospitals that are willing to change and adapt to IEF's sustainability model:
 - Private practices that wish to incorporate services for the poor.
 - NGO and charity hospitals that wish to find creative ways of earning revenue to subsidize the poor.
 - Clinics that IEF builds in places where services are lacking for the majority of the population.
- Fostering a network of like-minded development organizations will create a critical mass of sustainable eye care services that will change how eye care is delivered in the developing world.

SightReach® - Management

50th

A Decade of Mentoring 26 Eye Clinics/Hospitals in 17 Countries 2000—2011

1993: IEF launches RESPACK to address the lack of credit and financing for young ophthalmologists in Central America. Twenty graduating ophthalmology residents took advantage of the program and set up eye clinics in underserved rural and peri-urban areas. Photo top L-R: Dr. Oliva of Guatemala and Dr. Levisohn of El Salvador.

1999: IEF launches a pilot sustainability project at the Lions SightFirst Eye Hospital in Lilongwe (LSFEH), Malawi to create greater efficiency, increase cataract surgery, support management personnel, and earn revenue. Photo second down: LSFEH optical service.

1999: IEF establishes SIGHTREACH SURGICAL®, the first non-profit platform offering new ophthalmic equipment, instruments and supplies specifically targeted to helping eye care providers in developing countries and international NGOs reduce the costs of providing care.



2000: IEF establishes its innovative SightReach® Management sustainability program in co-operation with David Green, MPH and LAICO/India. With an initial grant from USAID, seven eye hospitals in six countries are supported in Africa, Asia, Latin America and the Middle East. Photo at third down L-R: Dr. Akef El-Maghraby, David Green, IEF's John Barrows-Cairo 2001.

2006 to today: Our goal is to have 50 eye clinics and hospitals in our sustainability network by the year 2020. Thanks to support from the Lavelle Fund for the Blind, the de Beaumont Foundation, the William M. and Ramona N. Carrigan Foundation, and Alcon Labs, we have 26 eye clinics and hospitals in 17 countries in our sustainability network with three new hospital partners in India coming on line this year.

Photos clockwise from right reflect elements of IEF's sustainability model

- Telemedicine at a Bejan Singh Eye Hospital Vision Center—India
- Patient exams by Dr. Juan Miguel POSADA Fratti—El Salvador
- Surgical training at the Magrabi Eye Hospital's wet lab—Egypt
- Patient counselors aiding cataract patients—Guatemala
- Outreach by the Al Noor Outreach Caravan—Egypt
- Management by the Blantyre Lions Eye Unit's accountant—Malawi
- Optical services for children at the Ridge Hospital—Ghana
- Data collection training on the Computerized Management Information System by Visualiza's Juan Francisco Yee—Peru
- Cataract surgery at the Instituto de la Vision—Mexico





Established in 1999, SightReach Surgical® is the first non-profit platform to address affordability and lack of access to new ophthalmic equipment, instruments and supplies by eye care providers in developing countries.

Advantages:

- SRS staff provide guidance on the types of technology appropriate for various settings as well as trusted advice on installation and maintenance issues.
- SRS collaborates with NGOs, eye care development organizations, and health charities worldwide to assist them with their procurement needs.
- SRS helps reduce the cost of eye care by reducing the cost of new technology for eye care providers in developing countries.

View the catalogue online:

www.sightreachsurgical.com

Photo right: Look for IEF & SightReach Surgical® attend the American Academy of Ophthalmology meeting annually



Serving eye care providers in over 145 countries worldwide, SightReach Surgical® offers unique services:

1. Assists with the acquisition of ophthalmic products and eye care technology for developing countries and international NGOs.
2. Provides information on advances and availability of new technologies not readily accessible in developing countries.
3. Understands the challenges faced by eye care providers in the developing world because of the International Eye Foundation's history, experience and expertise in eye care program development.

Through IEF's SightReach Management® and SightReach Surgical® programs, we collaborate and network with an ever increasing number of hospitals, NGO's, organizations and manufacturers to bring quality eye care to individuals around the world.



HOSPITALS - NGO's - CORPORATIONS MULTILATERAL, BILATERAL, GOVERNMENT & PRIVATE ORGANIZATIONS

A2Z Child Blindness & Health Grants Fund
Academy for Educational Development (AED)
Adcan Specialist Clinic - Nigeria
African Programme for
Onchocerciasis Control (APOC)
Al Noor Foundation
Alcon Labs, Inc.
American Academy of Ophthalmology (AAO)
American Schools and Hospitals Abroad
American Society of Cataract and Refractive
Surgery (ASCRS)
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Bejan Singh Eye Hospital - India
Bellingham Central Lions Club
Blantyre Institute for Community Ophthalmology
Malawi
BNSB Eye Hospital - Bangladesh
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Malawi, Nepal, Rwanda, Sudan
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SEVA Canada
SEVA Foundation
Shebin El Koum Hospital - Egypt
Sight Savers International, - UK
Sir Charles Gairdner Hospital - Australia
Synskey Eye Clinic - Ethiopia
UNESCO
United States Agency for International Development
(USAID)
Vision2020—Latin America
Vision2020 - The Right to Sight
Vision2020 - USA
Vision America - Honduras
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Washington University School of Medicine
World Eye Mission
World Health Organization (WHO)



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Welch Allyn
Western Ophthalmics
Wilson Ophthalmic
Zeiss Meditec
Zoll Medical Corporation

50th

American Academy of Ophthalmology (AAO) Middle East Africa Council of Ophthalmology (MEACO) Joint meeting - Chicago 2010



CEO's of the Joint Reception
sponsoring organizations

"Celebrating our shared commitment to end avoidable blindness" was the theme of the first Joint Reception sponsored by Orbis, IEF, Helen Keller Int'l, Seva Foundation, SEE Int'l, and the Himalayan Cataract Project held during the Joint AAO/MEACO meeting in Chicago. Over 200 eye care development colleagues and friends joined in to network and to recognize Dr. Ahmed Trabelsi of Tunisia, the AAO's 2010 recipient of its International Blindness Prevention Award.



Welcome

Celebrating Our Shared
Commitment to
End Avoidable Blindness



IEF President Victoria M. Sheffield received the 2010 Prince Abdulaziz Ahmed al Saud Prevention of Blindness Award "for her substantial contribution to the Global fight against Blindness and Visual Disability especially in the Middle East and Africa region". The award was presented at the AAO Board dinner by HRH Prince Abdulaziz. Ms. Sheffield was recognized the following morning at the AAO/MEACO Opening Ceremony. Pictured left with MEACO President Dr. Abdulaziz AlRajhi.



Floyd L. Wergeland, Jr., MD (left) received IEF's 2010 "Promotion of Peace & Vision Award" (ophthalmologist) from Senior Medical Director W. Scott Peterson, MD during the 2010 AAO/MEACO meeting in Chicago. Dr. Wergeland's distinguished career in the US Army Medical Corps included service as Chief Ophthalmologist and Assistant Chief of Surgery at the Letterman Army Medical Center in San Francisco during the Viet Nam war where he cared for the most serious casualties. In Saudi Arabia, he commanded the Saudi Arabian National Guard responsible for managing the King Fahad National Guard Hospital in Riyadh from 1985 to 1986. While there, he was the Senior Medical Advisor to Crown Prince Abdullah. After retiring from the Army in 1987 and moving to private practice in California, Dr. Wergeland served in Eisenhower's "People to People" program providing eye care to the underserved in Peru, and conducted educational trips to Australia and New Zealand, China, Jordan, Kenya, South Africa, and Viet Nam. Dr. Wergeland has supported IEF since its founding in 1961.



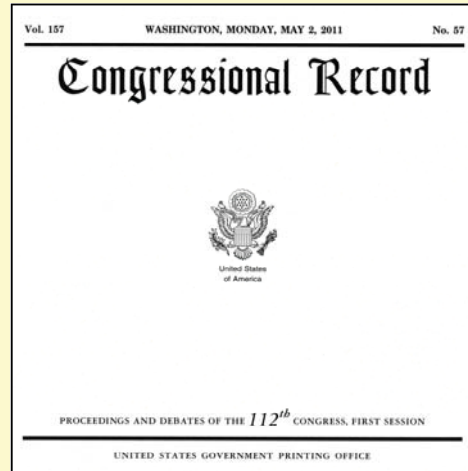
Kathryn D. Leckey, JD received IEF's 2010 "Promotion of Peace & Vision Award" (community member) from Board Chair Dr. Frank S. Ashburn, Jr. during the June 2011 Board meeting. "Kathryn has supported IEF for over 25 years, or should I say been its cheerleader!" noted Dr. Ashburn. She first co-chaired the Eye Ball® in 1994 and again in 2007. Ms. Leckey has supported events, traveled to the field, and served on the Board of Directors, first in 1996 for two terms, re-elected in 2003 and again in 2010. She is loved by all and most generous with her time, expertise and resources.

Events

50th



Congressman Chris Van Hollen of Maryland pictured at left, placed a citation in the May 2nd, 2011 Federal Congressional Record celebrating IEF's 50 years of service in blindness prevention and sight restoration.



Left: IEF President Victoria Sheffield receives a copy of the Congressional Record from Joan Kleinman, District Director in Congressman Van Hollen's Maryland office.

To read the full citation, enter this link into your web browser:

http://www.iefusa.org/download/CongressionalRecordMay2_2011.pdf

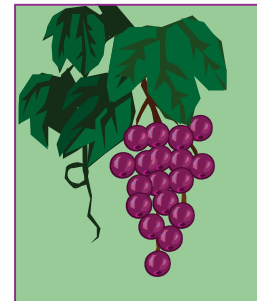


The Cultured Pearl, one of the most popular restaurants in Rehoboth Beach, Delaware, hosted a wine tasting in support of IEF on June 5th, 2011. It was a sunny Sunday afternoon and Board members, friends and supporters came together on the deck to enjoy exquisite sushi and fine wines.

Thanks go to Media Sponsor "Camp Rehoboth" and Brent Mundt who wrote a wonderful article in the

Camp Rehoboth newsletter. Wines were presented by Paul Zientek of Vintage Imports through Bin 66 Wine & Spirits owner Tom Poor. We also thank long-time supporters and event sponsors Harry and Sandy Kolodner.

Pictured above are a few of the Board members, staff and citizens who love the ocean at Rehoboth, the Cultured Pearl, and the work of the International Eye Foundation.



IEF Volunteers

Allen E. Beach
Bob Best
Jo A.S. Carpenter
Harry & Sandy Kolodner
Cathy Nowack
Danny & Judy Nuessle
Howard Pyle

Thank You!



WITH GRATITUDE

The International Eye Foundation is grateful to all the caring people whose generosity offers the gift of sight. Our support comes from many sources -- pennies collected by school children learning to care about others, contributions of cash and other financial instruments, in-kind donations from ophthalmologists and corporations, collections taken up by caring optical companies, bequests to leave a lasting legacy, and gifts to honor a person or significant life event. For all of these blessings, we thank you on behalf of the countless people who benefit from your generosity.

We wish to recognize the donors from July 1, 2010 to June 30, 2011. We make every effort to ensure the accuracy of this listing. If an error has been made, or if a donor wishes to remain anonymous, please contact us so that a proper listing may be made. Thank you.

DONORS — CORPORATIONS & FOUNDATIONS

\$500,000 and Above

Merck & Co., Inc. **

\$100,000 to \$499,999

Alcon Foundation, Inc.

Lavelle Fund for The Blind, Inc. **

United States Agency for
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**SUMMARIZED STATEMENT OF ACTIVITY
AND CHANGES IN NET ASSETS**

INTERNATIONAL EYE FOUNDATION

Public Support & Revenue	<i>Year Ended June 30, 2011</i>	<i>Year Ended June 30, 2010</i>
Public Support – Received Directly (Contributions from Individuals, Corporations and Foundations)	4,922,748	4,535,564
Grants from Governmental Agencies	109,181	0
Other Revenue (Investment Income (loss), Program Service Fees and Equipment Sales, Dues, Miscellaneous Programs)	2,294,105	1,376,395
Total Public Support & Revenue	7,326,034	5,911,959
Expenses		
Program Services	6,321,649	4,934,445
Management and General	507,078	574,488
Fund Raising	325,242	328,776
Total Expenses	7,153,969	5,837,710
Change in Net Assets	172,065	74,249
Net Assets, Beginning of Year	1,904,420	1,830,171
Net Assets, End of Year	2,076,485	1,904,420

Please note that this is an abbreviated Statement of Activities and Changes in Net Assets. A complete audited financial statement with auditor's opinion may be obtained by contacting:

International Eye Foundation
Public Affairs Office
10801 Connecticut Avenue
Kensington, MD 20895
Telephone: 240-290-0263
Or go online to our website at
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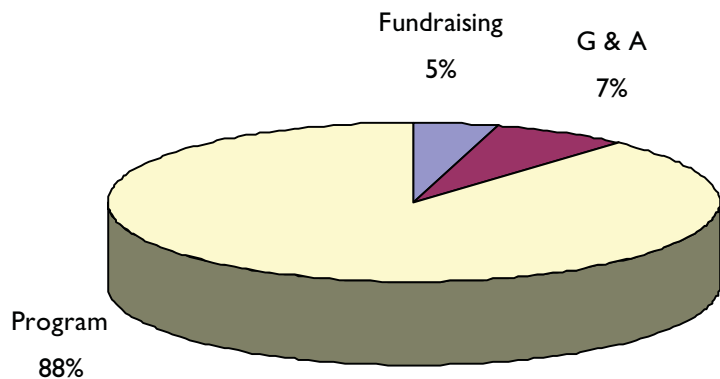
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2011 IEF Expenditures



2011 IEF Program Expenditures

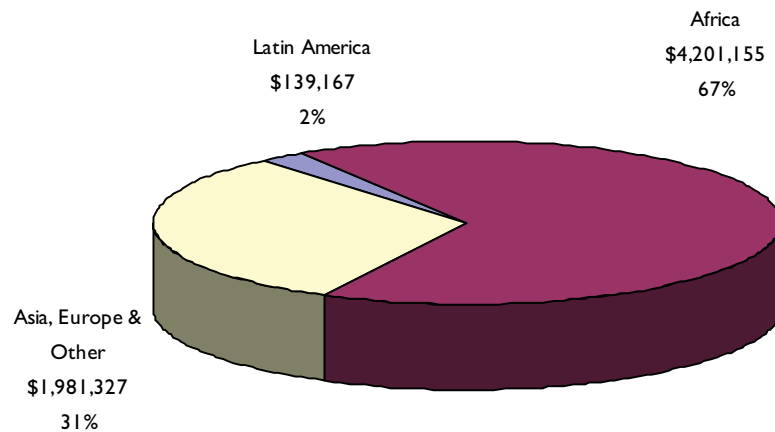


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I would like to reciprocate by thanking you and the entire IEF team (board members, staff, partners) for the wonderful work to prevent blindness and restore sight in Malawi and other African countries, and in this regard helping us to achieve the Millennium Development Goals and our national development goals. As a board member, I am privileged to give some of my time and talents to further the IEF mission around the world and be part of the IEF family.

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Thanksgiving 2011

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