

# F D U N D A T I D N



ANNUAL REPORT FY 2008-2009

# MESSAGE FROM THE CHAIR AND PRESIDENT



James P. Ganley, MD, DrPH Chair, Board of Directors



Victoria M. Sheffield President & CEO

When we both began working in blindness prevention in the 250's a nd 260's, most developing countries had few or no trained ophthalmologists of their own. They depended on help from abroad and used paramedical eye care workers who had been trained locally. Nearly 50 years on, we are thrilled with the progress that countries have made in reducing blindness from public health diseases. Thanks to Merck & Company's miracle drug Mectizan® donated to control onchocerciasis, people in their prime of life are no longer threatened by "river blindness". Rates of trachoma, the ancient disease common in poor villages where there is a lack of water and poor sanitation, are on the decline thanks to major efforts in public education, water development, and donation of the drug azithromycin by Pfizer. Blindness rates in children due to vitamin A deficiency have gone down significantly thanks to nutrition education, community vegetable gardens, and the donation of high dose vitamin A capsules by DSM Nutritional Products for children in the developing world. In the countries themselves, blindness from these diseases has been reduced thanks mainly to trained primary eye care workers at the community level. IEF is proud to have played a part in these successes.

Over the last 50 years, we have seen significant increases in the number of qualified ophthalmologists in developing countries. IEF is proud to have contributed to these achievements as well.

We cannot rest however. New challenges are emerging in the eye care field. We can no longer focus only on the public health conditions leading to blindness such as trachoma, onchocerciasis, and vitamin A deficiency. Cataract is still responsible for half the world's blindness with 90% of it in developing countries. Data also reflect increasing rates of glaucoma, macular degeneration, and diabetic blindness. What these blinding diseases have in common is that they cannot be treated by primary or paramedical eye care workers. They must be treated by ophthalmic surgeons and in some cases, retina specialists who are few and far between in the developing world. Additionally, many eye hospitals lack sophisticated equipment to treat these diseases.

Ten years ago, IEF reoriented its programming to focus on systems development and building capacity of eye care institutions to improve the quality of eye care, management, efficiency, productivity, and revenue generation. We are passionate about transforming eye hospitals to centers of excellence using evidence based approaches and monitoring quality and progress. We focus on the patients. What are their needs as they see them, how well are they treated when they are in the hospital, are they satisfied with their care. Without satisfied patients, a hospital will not thrive. We also focus on the ophthalmologists enabling them to have the technology and supplies they need in order to provide quality eye care. IEF invests in building revenue generating services such as optical shops that not only serve people who need glasses, but they help earn revenue that can be allocated to operating costs and services for the poor. As hospitals grow, we help them build satellite centers that bring services to rural communities. Business plans developed by IEF in collaboration with our partner eye hospitals plan for sustainable growth. We monitor who is coming for eye care to ensure that women and girls are reached. We envision eye hospitals in developing countries being centers of excellence providing professional satisfaction for the ophthalmologists and their staff, and places where patients are satisfied with the services they receive. IEF now has 24 eye hospitals in  $\square$  countries in our network. Each is making a positive impact reducing blindness among the people they serve.

A major initiative in making modern technology available in the developing world is SightReach Surgical® which reaches eye care providers in over 45 countries with quality ophthalmic products from a trusted source at affordable prices. IEF's passion and focus on improving the quality of clinical care, management practices, outreach and sustainability will help our partners be better prepared to address the eye diseases that only they are qualified to treat. Thank you for making IEF a leader in sustainability programming around the world!



# **Our Challenge**

There are 37 million blind people living in our world and 124 million have low vision.

Another 153 million need glasses.

90% of these visually impaired people live in developing countries.

1.4 million children are blindand 2.8 million children have low vision.45 million children need glasses.73% of these children live inAfrica and Asia.

IEF together with the international eye care community is saving sight and changing lives.



# **Our Mission**

IEF saves sight and prevents blindness by creating comprehensive, sustainable eye care services in developing countries.

Hundreds of thousands of patients at risk of blindness in the developing world are given the treatment and surgery they need thanks to the caring family of IEF supported eye care providers worldwide.



Member: International Agency for the Prevention of Blindness

Supporter: VISION2020: The Right to Sight

Member: VISION 2020/USA

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

# SightReach® - Prevention



Patrice Nkwelle, right front, and his team before the annual Mectizan distribution campaign.

# Over 800,000 receive sight saving drug to prevent River Blindness

Onchocerciasis has threatened the sight of people in Africa for centuries. Known as "river blindness", the flies that breed along the rivers carry a dangerous worm that causes blindness. People had a terrible choice. "Do we continue to live by the river where the land is fertile, but face blindness? Or do we move away from the river and save our eyes?"

Thanks to Merck & Company, the miracle drug Mectizan® kills the worms carried by the flies. And your donations make sure our dedicated staff reach every single person needing treatment every year. Working with Cameroon's National Onchocerciasis Control Programme and the African Programme for Onchocerciasis Control, IEF treated 856,416 people in 3,522 communities in Adamaoua and South Provinces in 2009, an ongoing commitment by IEF for nearly 20 years. People living along the rivers are no longer threatened by blindness!

# Vision Centers in southern India

IEF supports four Vision Centers, part of the Bejan Singh Eye Hospital's community services in southern India. Each serves 50,000 people and is the first point of contact for rural people needing eye care.



ARE CENTRE HISOM ADULU Spectacles s at the

An ophthalmologist and trained technicians examine, treat, and provide spectacles to their patients. This includes consulting with specialist ophthalmologists at the main Bejan Singh Eye Hospital through telemedicine hook-ups. Patients needing cataract and other eye surgery are referred to the base hospital for treatment.

"Preventing eye disease is easier, cheaper, and much less painful than treating it...."

Dr. Jim Ganley, IEF Board Chair

# The Joy of Seeing Clearly.....

Imagine you can see, but not clearly. A child at the blackboard, a teacher with his students, and a grandmother with her Bible. Setting up optical services where quality glasses are affordable is something IEF does well making a huge difference in people's lives.

In Malawi, 11,659 students and 626 teachers were screened in all 65 government secondary schools in Blantyre District. Of those, 75 students and 150 teachers needed glasses and received new, made to prescription, high quality spectacles on site. While less than 2% of children needed spectacles, 24% of teachers needed glasses showing there is a dire need for optical services for teachers. Mr. J. Lingiton, 59, a teacher at South Lunzu Secondary School said "Now I am happy to get a new pair of modern spectacles and I wish the project will continue services to reach more needy teachers."



Outreach screening campaigns were conducted at 65 rural village sites screening 3,823 people of which 10% were children. Of those, 1,079 received spectacles. Mr. Henderson Chitsulo, 49, a farmer from Malemia Village said openly "now I can read my Bible and letters from my relatives, friends and children." And 419 people were identified with cataract and referred to the hospital for surgery. IEF's John Barrows notes that "people will come for services when refraction and provision of new, high quality spectacles are offered rather than simple screening alone."

# SightReach® - Management

"I'm returning from La Union, I'm very happy, and I want to share with you my happiness, because today I did 7 cataracts surgeries, 3 pterygium surgeries, and I examined 33 outpatients. This has been possible thanks to the help that you gave to me. I always continue working the same way that you showed me. Thank you very much for your great help!"

Dr. Juan Miguel POSADA Fratti, El Salvador



IEF is passionate about helping eye clinics become efficient, productive and sustainable. Most do not function at their full potential. Resources, both human and technological, are wasted simply because they lack good management. Our social enterprise model institutes quality cataract and optical services first to address the leading causes of blindness and low vision. Sub-specialty services are added as capacity is built. We ensure that all levels of society are served, especially the poor, and equity is monitored so that women and girls receive the care they need.

We want to stop young, enthusiastic, well trained ophthalmologists in developing countries from leaving for better opportunities in the private sector or in the West. We must strengthen eye care at the provider level by investing in qualified staff, modern technology, and revenue generating services to reduce dependence on external donations. Critical outreach services identify patients in rural and poor communities and give them the resources to get to the eye clinic for care. After all, the future of blindness prevention and treatment lies with these ophthalmologists.

Patients know good care when they find it. A clinic's reputation for good quality spreads. By changing the way eye care is delivered, more patients will have access to the eye care they need.

Patients Examined and Operated in 2009				
Outpatients Examined	All Eye Surgeries	Cataract Surgeries	Child Eye Surgeries	
446,113	40,989	21,574	5,371	

"Nearly 90% of the world's blindness is caused by cataract, glaucoma, macular degeneration, and diabetic eye disease. We must focus on strengthening eye hospitals with qualified staff, modern technology, and sustainable systems to give patients the quality eye care they deserve." Raheem Rahmathullah, IEF Sustainability Specialist







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

- Assists with the acquisition of ophthalmic products and eye care technology for developing countries and international NGOs.
- Provides information on advances and availability of new technologies not readily accessible in developing countries.
- 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.

IEF & SightReach Surgical® at the American Academy of Ophthalmology annual meeting

View the thousands of ophthalmic instruments, equipment and supplies available on:

www.sightreachsurgical.com



Bill Shields (left), Director of SightReach Surgical®, assists with the installation of a new inverter for the operating microscope at the IEF supported Magi Eye Clinic in San Pedro Sula, Honduras. Dr. Hector Membreńo, the clinic's director, is at right.



SightReach Surgical® (SRS) staff give valuable guidance on the types of equipment and instruments that are appropriate for various settings. They know about installation and maintenance issues and provide trusted advice to eye care providers around the world.

SightReach Surgical collaborates with many eye care development organizations and health charities worldwide to assist them with their procurement needs.

The goal of SRS is to reduce the cost of eye care by reducing the cost of new technology for eye care providers in developing countries.

International Eye Foundation's mission is to prevent blindness and restore sight. Through it's SightReach Management® and SightReachSurgical® programs, IEF collaborates and networks with an ever increasing number of Hospitals, NGO's, Organizations and Manufacturers to bring quality eye care to individuals in 145 countries worldwide.

# **HOSPITALS - NGO'S - CORPORATIONS** MULTILATERAL, BILATERAL, GOVERNMENT & PRIVATE ORGANIZATIONS

A2Z Program

Academy for Educational Development (AED)

Adcan Specialist Clinic - Nigeria Adetula

African Programme for

Onchocerciasis Control (APOC)

Al Noor Foundation

American Academy of Ophthalmology (AAO)

American Schools and Hospitals Abroad American Society of Cataract and

Refractive Surgery (ASCRS)

Aravind Eye Care System

Aswan Eye & Laser Center, Egypt

Bani Sueif Eye Hospital, Egypt

Bejan Singh Eye Hospital, India

Bellingham Central Lions Club BNSB Eye Hospital, Bangladesh

Bucci Vision

Bulgarian Eye Foundation

Cap Hatien Eye Clinic, Haiti

Carter Center

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Coptic Evangelical Organization for Social Services (CEOSS), Egypt

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Flying Doctors-ONA Network, Australia Fred Hollows Foundation, International

Fundacion Oftalmologica del Valle, Fcuador

Georgetown University Center for Sight Gomabai Nethralaya & Research Center,

Governments of Egypt, Ghana, Malawi, and Niger

Health for Humanity

Helen Keller International

Earl & Shirley Herbst Eye Research Fund at the Connecticut Community

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Himalayan Cataract Project: Ethiopia,

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(IVDP), Honduras

Instituto de la Vision, Mexico

International Agency for the

Prevention of Blindness (IAPB)

International Centre for Eye Health (ICEH) International Council of Ophthalmology

Ismailia Central Hospital, Egypt

Kilimanjaro Centre for Community

Ophthalmology (KCCO) Kilimanjaro Centre for Community

Ophthalmology (KCMC)

Lavelle Fund for the Blind

LDS Church

LDS Humanitarian Services

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Ophthalmology (LAICO)

Lions Clubs International

Lions Sight First Eye Hospitals, Blantyre and

Lilongwe, Malawi

Madigan Army Medical Center Eye Missions

Magi Eye Clinic, Honduras

Magrabi Eye Hospital, Egypt

Magupa

Manipol Academy of Higher Education - India

Mahidol University

Middle East African Council of Ophthalmology (MEACO)

MEDIOPSA

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Millennium Village Project: Eye Care Model

Nadi Al Bassar, Tunis

National Institutes of Eye, Public Health

National Ministries of Child & Family Welfare, Education, Finance, Health, Health & Social

National Programs for Onchocerciasis Control National Programs for Prevention of Blindness

**ORBIS** ORBIS - Bosma

Partners in Health

Quena Eye Hospital, Egypt

Ridge Hospital, Ghana

Robles Hospital - Guatemala

Roosevelt Hospital - Guatemala

Rotary International

Rotary Lenchfeur - Germany

Rotovision

SEE International

SEVA Foundation

Shebin El Koum Hospital, Egypt

Sight Savers International - Malawi

South-East European Ophthalmological Society

Synskey Eye Clinic, Ethiopia

United States Agency for International

Development (USAID)

Vision America, Honduras

Volunteer Optometric Services to Humanity (VOSH) VOSH - PA Unidad Nacional de Oftalmologia

Vision2020—Latin America

Vision2020 - The Right to Sight Vision2020 - USA

Visualiza - Guatemala Volunteer Eye Surgeons

World Eye Mission

World Health Organization (WHO)



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# Society of Eye Surgeons



L-R: Dr. Courtright, Dr. Lewallen and IEF Board Chair Dr. Jim Ganley



L-R: Dr. Patrick Kwaw-Quaidoo, IEF President Victoria Sheffield, and Director of Programs John Barrows



The 2008 Society of Eye Surgeons breakfast meeting was held during the American Academy of Ophthalmology meeting in Atlanta in November. Dr. Susan Lewallen and Dr. Paul Courtright, co-founders of the Kilimanjaro Centre for Community Ophthalmology in Tanzania presented "The IEF Ripple Effect: Planning for Sustainability in Eye Care in Eastern Africa". Dr. Patrick Kwaw-Quaidoo, MPH, Chief Ophthalmologist at the Ridge Hospital in Accra, Ghana described IEF's collaboration to expand the clinic's facilities, equipment, optical service, establishing the important outreach program to rural communities, and developing their sustainability plan.

# 2009 SES Members

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Georgianna Hallheimer
Julia S. Hopping
Merry Hunt
Barbara McConaghy Johnson
Shahin D. Mafi
Howard Pyle
Pat Skantze

# **MEACO** Bahrain



L-R: Dr. Mansur Rabiu, Dr. Babar Qureshi, Ms. Sheffield

IEF President Victoria Sheffield organized the 2-day symposium "VISION 2020 in Africa – The Next 10 Years" during the Middle East African Council of Ophthalmology (MEACO) congress held in March 2009 in Manama, Bahrain. The symposium brought together ophthalmic specialists from all over the Middle East and Africa as well as distinguished guests from around the world. Along with co-organizers Dr. Babar Qureshi of Pakistan and Dr. Mansur Rabiu of Nigeria, and MEACO President Dr. Abdulaziz AlRajhi, leading experts from the Africa, WHO, MEACO, IAPB, AGFUND, and the African Development Bank presented on the challenges facing eye care providers in Africa and made recommendations to MEACO for the next 10 years.

# **Events**

# Promotion of Peace & Vision Awards 2008



L-R: Jean Peterson, Dr. Scott Peterson, "President Thomas Jefferson", Rowland Bradley and Nancyfaye Autenzio

W. Scott Peterson, MD, received IEF's 2008 Award to an ophthalmologist. Board Chair Dr. Jim Ganley noted Dr. Peterson's service on the Board as Senior Medical Director, and his ongoing commitment to international ophthalmology and the IEF mission.

Rowland Bradley and Nancyfaye Autenzio shared the 2008 Community Member Award for their distinguished service as officers of the Board and their founding of the DC Ambassadors' Wine Tasting.

Held at the historic Gadsby's Tavern Museum ballroom in Alexandria, VA where President Thomas Jefferson held his inaugural banquet in 1801, Williamsburg's Jefferson interpreter Bill Barker spoke eloquently of the importance of civil society organizations such as IEF that have contributed so much to the building of our nation and the world. The awards honor IEF founder, the late Dr. John Harry King, Jr. and his belief in "...the promotion of peace through the prevention of blindness."

# Eye Ball 2008



Mrs. Pat Skantze (left) chaired IEF's 41st annual black tie gala with co-chair Mrs. Shahin Mafi at the beautiful Four Seasons Hotel in Washington, DC. Dining, dancing to the music of *The Wright Touch*, and silent auction highlighted a special evening and its purpose of raising funds to support IEF's sight saving programs.



2008 Gala Benefit Committee at work

# IEF Tour - Tanzania

The Kilimanjaro Centre for Community Ophthalmology (KCCO) founded by former IEF staff members Paul Courtright, DrPH and his wife Susan Lewallen, MD (ophthalmologist) in Moshi, Tanzania hosted I I Board members, donors and friends\* who saw first hand the important training and programs for eye health care workers from all over Africa. Situated next door to the Kilimanjaro Christian Medical Centre (KCMC), Chief Ophthalmologist Dr. Anthony Hall invited the group to tour the unit and to observe a cataract operation.

Traveling 3000 feet up Mount Kilimanjaro to Mwika with the outreach team, men, women, school children and infants who had assembled were examined, treated and given glasses. Of the more than 250 people seen, 13 were brought back to KCMC for cataract surgery.

The Ngoro Ngoro Crater, Serengeti Game Reserve, and Zanzibar highlighted not only the country's rich landscapes, but the fragile environment and many challenges faced by Africans every day in seeking food, water, shelter, and health care. Prof. Petja Vassileva, IEF's Country Representative in Bulgaria noted "We are still enchanted with memories and overwhelmed with compassion, especially for the Masai children".

Clockwise from top left: vision testing at Mwika Village, child with eye injury at KCMC eye ward, Drs. Lewallen & Courtright, IEF group with KCCO & KCMC staff.



<sup>\*</sup> Participants traveled at their own expense

# 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, 2008 to June 30, 2009. 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.

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Alcon
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# SUMMARIZED STATEMENT OF ACTIVITY AND CHANGES IN NET ASSETS

# INTERNATIONAL EYE FOUNDATION

Public Support & Revenue	Year Ended June 30, 2009	Year Ended June 30, 2008
Public Support – Received Directly (Contributions from Individuals, Corporations and Foundations)	3,944,933	10,716,697
Grants from Governmental Agencies	82,905	281,734
Other Revenue (Dues, Interest and Dividends, Net Unrealized and Realized Gains/(losses) on Marketable Securities, Other Income)	(113,280)	(236,826)
Total Public Support & Revenue	3,914,558	10,761,605
Expenses		
Program Services	3,375,921	10,209,602
Management and General	482,984	326,165
Fund Raising	317,726	414,837
Total Expenses	4,176,631,	10,950,604
Change in Net Assets	(262,073)	(188,999)
Net Assets, Beginning of Year	2,092,244	2,281,243
Net Assets, End of Year	1,830,171	2,092,244

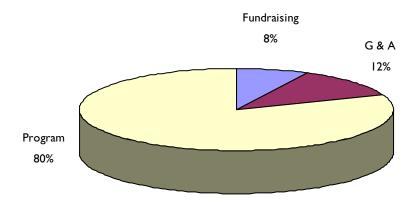
Please note that this is an abbreviated Statement of Activities and Changes in Net Assets. A complete audited financial statement with auditor's opinion may be obtained by contacting:

International Eye Foundation
Public Affairs Office
10801 Connecticut Avenue
Kensington, MD 20895
Telephone: 240-290-0263
Or go online to our website at
http://www.iefusa.org/funding.shtml

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Maryland Office of the Secretary of State Charitable Division State House Annapolis, MD 21401 The International Eye Foundation is diligent in its stewardship of the financial resources entrusted to us by all our donors, large and small. We are proud of the prudent use of these funds in providing effective and high quality eye care services.

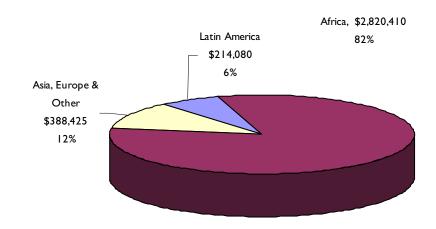
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# 2009 IEF Program Expenditures





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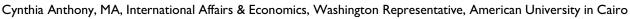
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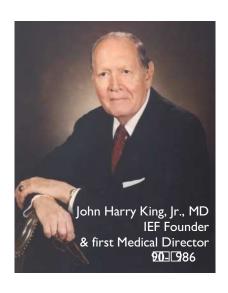
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# Legal Counsel

Thomas H. Price, III, JD, Attorney, Thomas H. Price, III, PA





Ruth Insel, Director Emeritus, passed away on Nov. 0, 2009 at 96. A native of Cleveland, OH, Ruth received her undergraduate degree from New York University and Masters of Social Work from Columbia University. Ruth was involved in numerous organizations related to social work, health and education. Wife of the late H. Herbert Insel, an ophthalmologist, Ruth traveled with her husband on missions to developing countries as his assistant. Together, they raised four sons, all distinguished physicians. Ruth served IEF as Board Vice Chair and Treasurer, and received IEF's 999 "Promotion of Peace & Vision Award".

# **IEF Headquarters**

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Director, SightReach Surgical®

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# **AFRICA**

GHANA: Ridge Hospital, Accra

MALAWI: Lions SightFirst Eye Hospital, Lilongwe

MALAWI: Lions Eye Unit, Queen Elizabeth Central Hospital, Blantyre TANZANIA: Kilimanjaro Centre for Community, Ophthalmology, Moshi

IEF's SightReach Management Sustainability Partners 24 eye clinics in LS countries

# **LATIN AMERICA**

ECUADOR: Fundación Oftalmologica del Valle, Cumbaya Quito (in collaboration with CBM/Latin America)

EL SALVADOR: Clinica Oftalmologica Dr. Jose Miguel POSADA Fratti, San Salvador GUATEMALA: Visualiza, Guatemala City (in collaboration with VOSH/PA)

HONDURAS: Vision America, Tegucigalpa

HONDURAS: Instituto de la Vision Dr. Douglas Perry (IVDP) and OptiLens, San Pedro Sula

MEXICO: Instituto de la Vision, Montemorelos and Sureste

PARAGUAY: Fundación Vision

PERU: Clinica Oftalmologica Divino Nino Jesus, Lima (in collaboration with CBM/Latin America)

# **MIDDLE EAST**

EGYPT: Magrabi Eye Hospital, Cairo

EGYPT: Coptic Evangelical Organization for Social Services (CEOSS) Hospital, Menia

EGYPT: Shebin El Koum Hospital, Menofiya EGYPT: Quena Eye Hospital, Quena EGYPT: Bani Sueif Eye Hospital, Bani Sueif

EGYPT: Ismailia Central Hospital Eye Department, Ismailia

EGYPT: Aswan Eye Clinic, Aswan

# **ASIA**

INDIA: Gomabai Nethralaya and Research Center, Neemuch, Madhya Pradesh

INDIA: Bejan Singh Eye Hospital, Kanyakumari District, Tamil Nadu

# **CONSULTANCIES**

BANGLADESH: BSNB Eye Hospital, Sirajganj on behalf of Volunteer Eye Surgeons

ETHIOPIA: Synskey Eye Clinic, Addis Ababa on behalf of American Society of Cataract & Refractive Surgery (ASCRS)

HAITI: Cap Haitien on behalf of Volunteer Optometrists for Service to Humanity (VOSH/PA)