Message from the
President and Executive Director

We live our daily lives, often unaware of the threats to our sight and vision. Some are not blinding such as the need for glasses, or an episode of “pink-eye” conjunctivitis. Others are more serious and come without warning.

We all grow old. Cataract, a clouding of the crystalline lens inside the eye, comes with age and fortunately, most Americans have their cataracts removed surgically. Clear vision is restored with the miracle of modern ophthalmic medicine, the intraocular lens. But there are more sinister conditions that are harder to treat. Glaucoma sneaks up on you, slowly destroying the nerves in your retina and “stealing” sight little by little over the years. Fortunately, glaucoma can be controlled if you have a glaucoma specialist and insurance to pay for medicines or surgery.

Macular degeneration threatens the sight of older people and is a growing threat as the “baby boomers” retire. It’s devastating for those who put off the chance to travel or postponed reading those good books. Wonderful experimental treatments hold great promise, but they are expensive and not yet a cure.

We cannot forget diabetes; often shocking when people first learn it is the leading cause of blindness in working age Americans. Few realize the threat to sight until it’s too late.

The same threats exist in developing countries. However, millions of people do not have access to quality eye treatment or surgery.

IEF recognizes that the only way people can get the care they need is by improving existing resources. Quality treatment and surgery are vital. Strong management is critical so that patients are well treated, doctors’ time is used efficiently, supplies are ordered and available, costs are kept under control, and money is spent wisely. For those who can afford to pay even $5 toward the cost of their care, a system should be in place so they can. IEF addresses these issues of quality and management as well as creative ways to earn income to cover the cost of free services for the poor.

The following pages describe our achievements at six hospitals in Africa, Latin America, the Middle East, and India. Your support for this work makes it all possible. Thank you so much for your help.
Our Mission...

The International Eye Foundation (IEF) is dedicated to helping people see!

We see a world where everyone who needs eye care gets it, everyone at risk of blindness is treated in time, and diseases causing blindness are eliminated. We focus on the diseases that needlessly underlie the enormous gap between the developing world and the developed world, and that have solutions but receive less attention than the burden of blindness inflicts.

IEF remains committed to training and eliminating the leading causes of blindness through its SightReach® Prevention program. WHO's estimate of 45 million blind and 135 million with low vision worldwide, 90% living in developing countries, keeps us ever mindful that we must continue to find new and innovative ways of reaching people with existing resources.

Our major new initiative, SightReach Management, focuses on the weaknesses in service delivery. We completely redesign the way eye hospitals deliver services with a comprehensive approach to enhance existing medical, technical, and financial resources. Improving the quality of cataract surgery, hospital management and efficiency, customer satisfaction and financial sustainability.

SightReach Surgical®, IEF’s social enterprise, reduces the cost of ophthalmic products for doctors in developing countries helping them reduce their own costs and subsidize treatment for the poor.

IEF has a track record of success and over 40 years of experience in preventing blindness. Your support allows us to meet the growing demand for our assistance. What follows is a review of this year’s activities and accomplishments. Thank you for making this possible.

SightReach® Prevention

Investing in programs that reduce the four leading causes of treatable or preventable eye disease that represent 80% of the world’s blindness...

Cataract

Unoperated cataract accounts approximately 17 million blind worldwide. Many developing country hospitals perform only 1-5 cataract operations per week. In many cases, the patient does not receive an intra-ocular lens (IOL) to restore clear vision. IEF’s SightReach Management program described further in this report is improving the quality of cataract surgery in India, Egypt, Malawi, Tanzania, El Salvador and Guatemala and enhancing productivity of surgeons to increase the number of operations they do each year.

Trachoma

There are 6 million blind worldwide and 146 million with active disease needing treatment. By improving clinical and outreach care as well as accessibility to water, the rates of active disease are going down.

Onchocerciasis

"River blindness" is a parasitic disease that affects 17.6 million people worldwide, over 90% in Africa, and 80-100 million are at risk of infection. Presently, 350,000 people are blind and up to one million suffer severe vision loss. IEF’s programs in Adamawa Province, Cameroon and southern Malawi brought the miracle drug Meiztian® to nearly 1.1 million people last year alone exceeding targets and preventing further loss of sight. We are grateful to Meiztian® allowing us to continue reaching more and more people who need this sight-saving drug.

Childhood Blindness

Vitamin A deficiency, the leading cause of blindness in children in developing countries, affects 8-10 million children a year, 500,000 of those go blind. Once blind, 60% will die before their 5th birthday. Hunger and malnutrition are complex problems. IEF’s child survival programs in Ichilo Province, Bolivia and Nsanje Province, Malawi are helping families by improving nutrition, immunization rates, vitamin A capsule distribution, diarrheal disease control, and strengthening local health services for women and children. We are especially grateful to the US Agency for International Development (USAID), Task Force "SIGHT AND LIFE", and the thousands of individuals who support our efforts to save children’s sight.

Other threatening diseases such as "retinopathy of prematurity" and congenital cataract can leave a child blind for life. The simple need of a pair of glasses can help a child get a better education. IEF’s support of the LV Prasad Eye Institute and the Aravind Eye Hospitals in India where childhood blindness rates are some of the highest in the world has increased their capacity to provide sophisticated care for newborns and infants at risk of a life of blindness. SightReachSurgical's availability of inexpensive frames and lenses makes a pair of glasses a reality for a child in a poor country.
SightReach® Management

Investing in ophthalmologists and eye hospitals to improve quality, productivity, management, and financial sustainability, breaking the cycle of dependence on government and donors...

In the 1990s, IEF initiated a comprehensive approach to redesign how eye hospitals deliver their services. Training, quality surgery, outreach, and management are critical components that must be addressed together and be successful. Focusing on one area alone will not achieve results.

LIONS SIGHTFIRST EYE HOSPITAL (LSFH), LILONGWE, MALAWI, AFRICA REGION

In 1998, 100% of LSFH’s services were free of charge, even to patients who could and were willing to pay a fee, because no mechanism existed to earn income. As the hospital’s budget depended on the Malawi government and external donors, only 20% of cataract patients received an intraocular lens (IOL) during cataract surgery. As of 2003, the LSFH is consolidating changes made over the last three years in partnership with IEF. These include streamlining the examination process, refurbishing the operating room, creating two private rooms and a subsidized ward, establishing an optical service and cafeteria, and creating positions for an accountant, medical storekeeper and patient counselors. Two newly trained Malawian ophthalmologists have returned to the country increasing the number to four. All now perform modern cataract surgery and a full 95% of patients receive an IOL. The key achievement is that the LSFH now recovers 29% of its costs where it had no earned income just three years ago. Importantly, the majority (88%) of the earned income comes from the Optical Service and cafeteria, and 98% of patients still receive free eye care.

VISUALIZA, GUATEMALA CITY, GUATEMALA, CENTRAL AMERICA REGION

Visualiza was a private eye clinic that only treated paying patients. In partnership with IEF, it instituted a free/subsidized service for the poor, expanded its optical service, established outreach services, and created positions for patient counselors. In 2003, Visualiza achieved an increase in all indicators including 100% cost recovery making it 100% financially sustainable. From 2002 to 2003, patients examined increased by 16%, all eye surgeries increased by 64%, cataract surgeries increased by 111% doubling from 253 to 538, and the number of children treated more than doubled increasing by 127%. Importantly, the number of free/subsidized patients increased from 59% in 2002 to 86% in 2003.

MAGRABI EYE HOSPITAL, CAIRO, EGYPT, MIDDLE EAST REGION

Free/subsidized care for the poor offers a comprehensive package of services including the eye exam, special tests, surgery, and follow-up. From 2002 to 2003, the number of patients screened basically doubled increasing by 119%, cataract operations increased by 31%, and the number of children treated more than doubled increasing by 127%. Children operated represented 5% of all eye operations in 2002 and 10% in 2003. This hospital is well on its way to a break-even point for revenue vs. expenditure as 81% of costs were recovered in 2003. Importantly, nearly half of all patients (46%) received free or subsidized services, an important goal of the hospital’s partnership with IEF.
Thank you to the many ophthalmologists, technicians, and nurses who continue to donate functional gifts--in-need-of-care (SKID) kits that are assembled in our facilities. These gifts, along with the many donations of medicine, are critical to providing vision care to the poor around the world.

The annual breakfast meeting of the Society of Eye Surgeons for 2002 was held at the La Jolla, California, Institute for Medical Research. In collaboration with the Community Ophthalmology (ACIO) in Malawi, the Institute shared a presentation on the application of the Institute's SightReach Management program. Social Entrepreneur David G. D. (D. E. G!) provided insights into the spirit of SightReach Management.
WITH GRATITUDE

The important work of the International Eye Foundation is possible only through the continued generosity, dedication and commitment of people and organizations like you. We are grateful for the 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.

INDIVIDUAL

The IEF wishes to recognize individual donors from July 1, 2002 to June 30, 2003. 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 the IEF so that a proper listing may be made. Thank you.

Contributors to the IEF’s ‘Annual Fund’ campaign are marked with an (*).

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Furthering Dr. King's vision, recognizing gifts over $10,000.

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AMBASSADOR’S WINE TASTING

The 3rd and 4th Ambassador’s Wine Tastings fell within this fiscal year. Founded and continually sponsored by Rowland R. Bradley and his wife Nancyfaye Autenio, all proceeds go to IEF’s sight-saving programs.

3rd Ambassador’s Wine Tasting hosted by Her Excellency Elena Poptodorova at the Bulgarian Embassy in Washington, D.C. in September 2002 highlighted an excellent collection of Bulgarian wines accompanied by local Bulgarian specialty hors d’oeuvres.

4th Ambassador’s Wine Tasting hosted by the Embassies of Bolivia, Bulgaria, Cameroon, Guatemala and Malawi took place at the historic City Tavern Club in Georgetown. Steve Silver of Pearson’s Wine and Liquor donated the wines and guided guests through an informative and entertaining review of the day’s offerings.

Volunteers

The IEF wishes to extend its deepest gratitude to these special people for their gifts of time and talent in support of the IEF’s mission.

Tom Ainsworth
Nancyfaye Autenio & Rowland Bradley
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Robert & Clare Pyle
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Steve Silver

Honorary Patrons, Ambassador and Mrs. Ariel Rivera-Irias of Guatemala, hosted the 36th Annual Eye Ball on October 11, 2002 at the historic Organization of American States in Washington, D.C. Benefit Chairs, Bob and Claire Pyle created a colorful evening of dining and dancing with Latin American flair.

Peter Y. Evans, MD, former Professor & Chair of the Center for Sight at Georgetown University, was presented with IEF’s ‘Promotion of Peace and Vision Award’ for his outstanding dedication to IEF’s training programs for ophthalmic medical personnel in developing countries. Judith Gilmore, Director of USAID’s ‘Office of Private and Voluntary Cooperation,’ accepted the ‘Promotion of Peace and Vision Award’ for its partnership with IEF over 26 years noting that over $20 million has been awarded to IEF since the first grant was given supporting the Innovative Kenya Rural Blindness Prevention Project in 1976.
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Global Impact

OF ACTIVITY

Year Ended June 30, 2003 Year Ended June 30, 2002

\[
\begin{align*}
\text{net} & \quad 4,181,582 & \quad 3,121,661 \\
\text{865,180} & \quad 1,451,759 \\
\text{(94,873) } & \quad (214,209) \\
\text{5,138,435} & \quad 4,359,211
\end{align*}
\]

Expenses

Program Services 4,555,423 4,082,038
Management and General 200,885 179,057
Fund Raising 316,496 472,729
Total Expenses 5,072,794 4,734,846
Change in Net Assets 85,641 (375,653)
Net Assets, Beginning of Year 1,534,375 1,910,028
Net Assets, End of Year 1,600,016 1,534,375

2003 IEF Program Expenditures

- Asia: 23%
- Eastern Europe: 10%
- Latin America: 17%
- Africa: 15%
- Other: 19%

2003 IEF Expenditures

- O & A: 4%
- Programming: 81%
- Fundraising: 15%
- Programs: 90%

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

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