Keeping sight of the vision...

John Harry King, Jr., MD
Founder

the International
Eye Foundation

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Annual Report
1995

“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
The International Eye Foundation

The President's Report

"The preservation of peace through the promotion of wisdom." A simple statement, but one of immense depth when made by the IEF's founder, Dr. John Henry King, Jr. The IEF continues to be a model for all of us as we face the challenges of a changing world. By bringing peoples of different nations together to share ideas, to work together, and to become friends, the hope for peace is strengthened.

The IEF continues to work at the grassroots level, providing medical services, advice, and support to individuals and families. Our goal is to empower people, to help them help themselves, to create change and make a difference. Our programs are designed to be sustainable, to be self-sustaining, and to be adaptable to the needs of the people we serve. This year's report, you will read of our work and achievements. You are an important part of this work, and we applaud you for sharing in our contribution to world peace.

"Strength from experience — IEF's leadership and administration, a commitment to serve" is charged with the responsibility of guiding policy and direction for all IEF programs, setting the goals and priorities through which the IEF can fulfill its mission and purpose. In addition, it is responsible for providing program oversight and administrative and governance oversight for the operation of the organization. The IEF continues to be led by a Board of Directors and a team of dedicated leaders who bring a wonderful diversity of impressions backgrounds and experiences as well as their commitment to improving people's sight and lives through the work of the IEF.

During the 1984-1985 fiscal year, the Board of Directors approved several improvements designed to strengthen the IEF, financially and administratively. The John Henry King Endowment Fund was established to ensure future financial stability of the organization, and a number of smaller funds were consolidated into one Annual Fund Campaign.

Additionally, during an inter-awards planning retreat, the IEF staff presented to the Board a long-range plan to guide the IEF into the future. The Strategic Plan reaffirmed the IEF's commitment to a leadership role in blindness prevention while providing programmatic flexibility for the continuous evolution of health issues such as child survival and AIDS control.

The IEF’s "Sight" program is recruiting young ophthalmologists out of the cities and helping them establish private practices in underserved areas. They don't need to look ophthalmology, but they are helping to provide quality care to those who have little or no access to care. Sight is an area of the IEF where we want to be successful and continue to provide quality eye care to those who have little or no access to care.

In the United States, the IEF is addressing health financing challenges and is trying to increase the number of IEF's programs and increase service. In 1984, the IEF was able to support five ophthalmologists in their second year of training to provide care to patients in underserved areas.

In all countries, the IEF's programs are designed to meet the needs of the people, regardless of their race, religion, or social status. The IEF is committed to providing care to all, and we are proud of the work that we do.

Walter E. Bosh, President

Victoria M. Sheffield, Executive Director
It is estimated that there are more than 38 million blind persons in the world with approximately 2 million people with low vision (WHO, 1986). This total of 38 million people with some level of visual impairment represents a significant health issue. Primary causes of blindness include cataract, trachoma, glaucoma, onchocerciasis (in Africa), and childhood blindness (primarily due to xerophthalmia). Primary eye care services related to cataract and glaucoma focus on recognition and referral. Preventive and treatment strategies are the main focus for trachoma, onchocerciasis, and childhood blindness.

Nearly 17 million people are blind due to cataract, the greatest single cause of blindness. Predominantly affecting older populations, cataract also occurs in newborns, after ocular trauma, or associated with other diseases. With the aging of the population associated with a longer life span, we anticipate an associated increase in the number of people suffering from cataract.

Cataract affects the lens inside the eye causing it to turn from clear to opaque, limiting visual acuity. Blindness can be prevented by surgically removing the cataract and replacing the optical power of the natural lens with a spectacle, contact lens, or intraocular lens (IOL). Approximately 80% of patients experience full normal vision after cataract surgery. Yet, this simple procedure is not available to the majority of the people who need it. The reasons for this include lack of ophthalmologists or trained para-medical cataract surgeons (as in Africa), lack of eye care services in rural areas and small villages (Latin America and Africa), and inefficient or outdated equipment and supplies.

Glaucoma accounts for an estimated 5 million blind people worldwide. Difficult to diagnose, this disease gradually destroys a person's vision because the pressure inside the eye is too high causing damage to the nerves in the retina. Detected early enough, the increased pressure can be controlled by medication or surgery. Unfortunately, with the scarcity of adequate eye care services and personnel trained in recognizing the signs of glaucoma, many people lose much of their vision before it is diagnosed.

Trachoma is a contagious eye disease affecting nearly 600 million people worldwide, has blinded more than five million adults, and is one of the major preventable causes of blindness. It is found in dry areas of the world where inadequate water supplies and sanitation, lack of health and eye care services, large numbers of flies, and poverty are common. If detected early, treatment with antibiotic eye ointment can cure the disease and prevent the spread of the infection. More effective for the long-term control of trachoma, however, are improvements in public health and sanitation. In addition, simple public education messages which promote face washing for children and other sanitation measures can interrupt the spread of the disease.

Worldwide, one child goes blind every minute, according to the World Health Organization (WHO). In the developing world, the major causes of childhood blindness include:

- Vitamin A deficiency (principle cause of childhood blindness, covered in detail on pg. 4)
- Cataract
- Congenital cataract
- Congenital glaucoma
- Retinopathy of prematurity (principle cause - improper use of incubators for premature infants)
- Rubella
- Traditional medicine

In terms of blind years (number of blind times length of life), childhood blindness amounts to 75 million blind years. Prevention of childhood blindness requires public health systems, including primary eye care services, which are able to reach out to families and communities on a regular basis. The WHO estimates that 50% of blindness is treatable, with an additional 30% being preventable. Outlined above, there are many barriers to effective and consistent eye care services. An obstacle common to most developing countries is the capacity to incorporate primary eye care into public health systems already scrambling to cope with an ever-increasing number of health priorities. Clearly, the solution is to provide collaborative assistance to: 1) strengthen the health care infrastructure; 2) expand access to health care; and 3) enhance the availability and quality of clinical and medical services.

A formidable task, yet one which finds the IEP's Integrated approach to blindness prevention particularly well suited. Supporting the development of primary eye care programs, IEP's clinical and surgical activities through the years have included:

- Establishment of 29 eye banks in 20 countries and providing over 6,000 corneas to 55 countries from 1961 to 1971
- Ophthalmologists assigned to the ministries of health in Africa, Latin America, and the Caribbean for one to four years
- Sub-specialty training for ophthalmologists within their own countries
- Fellowships for foreign ophthalmologists to study basic science and subspecialties
- Technology transfer to enhance clinical and surgical capabilities

Restoring the sight and alleviating the suffering of countless blind people, IEP's programs blend the curative with the preventive. Through this integrative approach, the IEP works to strengthen the capacity of public health care services to truly meet the needs of the people whom they serve.
over 17 million people are infected with onchocerciasis, more commonly known as river blindness. More than 80 million people in 34 countries are at risk of contracting this disease, with 85% of all cases found in 27 African countries.

Onchocerciasis is a parasitic disease transmitted by the bite of the Black Fly which breeds in fast-flowing, fresh waters, hence the name river blindness. The disease causes severe skin rashes, unbearable itching, large nodules filled with adult worms, and in the advanced stages, irreversible blindness. The social and economic effects of the disease can be devastating and in many areas, whole villages have abandoned their agriculturally productive land to escape the disease.

Success and Hope - A Strategy of Collaboration

Control of river blindness is now possible using the drug Mectizan® (ivermectin). This well-tolerated drug, taken once a year, alleviates the symptoms of onchocerciasis as well as controlling the further spread of the disease, therefore ultimately preventing blindness. In an unprecedented decision in 1987, the Board of Directors of Merck & Co., Inc. under the leadership of then CEO Dr. P. Roy Vagelos, determined to provide Mectizan® free of charge for as long as the drug is needed for the control of river blindness.

Providing for distribution of ivermectin through the Mectizan® Donation Program based at the Carter Center in Atlanta, Georgia, a pivotal point was reached in the control of this serious, blinding disease.

To control transmission, Mectizan® needs to be taken once a year for a number of years, thus requiring a distribution system that can be sustained locally over a long period of time. An additional difficulty is the fact that many affected areas are very remote and therefore difficult to reach. Yet, the hope exists that perseverance will eventually result in the eradication of river blindness as a threat to the health and sight of millions of poor people in Africa and Latin America.

The IEF was the first non-governmental development organization (NGDO) to begin community-based ivermectin distribution, starting with Nigeria and Guatemala in 1988. In Cameroon, Guatemala, Malawi, and Nigeria, the IEF’s activities in this important and successful effort have included:

- Prevalence surveys in areas of suspected infection
- Infrastructure development for delivery and administration of the ivermectin
- The design of health education materials promoting the acceptance and use of ivermectin

The IEF continued to occupy a leadership position, achieving success by strengthening infrastructures and integrating river blindness control into public health systems, thereby offering hope to millions.

establishment of a framework for sustaining ivermectin distribution by integration into existing Ministry of Health programs

training and management support for management information systems (MIS)

serving as a member of the WHO/NGDO Coordination Group for ivermectin Distribution seeking to coordinate and effectively expand the areas of coverage

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"River Blindness Control — Hope, Collaboration, and Leadership"

"Children in a rural Guatemalan village are visited by an IEF health team and receive their mebendazole treatments and vitamin A capsules."

"After receiving his Mectizan® tablet and surrounded by his family, a Malawian man enjoys relief from the itching caused by onchocerciasis. With continued treatments, he and his family no longer fear going blind."

"The most exciting thing about the IEF’s work with vitamin A is the lives you touch. You can see that you are making a difference."

Jeff Brass, IEF Child Survival/Project Manager"
Providing tools for change

Through the RedPack component of its innovative SightReach program, the IEP is extending to rural poor and underserved areas the availability of quality eye care services. With funding under a matching grant from the United States Agency for International Development (USAID), the IEP recruits young ophthalmologists who wish to work in rural and peri-urban areas, and sponsors training for assistance in establishing their own practices. After screening and selection, a basic package of equipment is made available to them for $5,000, about half of what they would have to pay on their own. In addition, the IEP provides support through donated medical and surgical supplies to those offering free eye care to the poor. Finally, the long-term benefit for people in these underserved communities is that these young doctors will remain in the communities providing affordable and accessible ophthalmic care on into the future. To this end, RedPack works to strengthen their management skills and chances for success by offering training programs in Practice Management and in Equipment Maintenance and Repair.

The second component of SightReach endeavors to literally reach out to blind and visually impaired children. Effectively utilizing existing IEP infrastructure and staff and partner NGOs, the project, originally known as ChildSight, aims to strengthen the capacity of children's eye care services in Albania, Bulgaria, Ethiopia, Ghana, Guatemala, and Honduras through three primary objectives:

1) determine the leading causes of childhood blindness in blind schools using standardized survey methods and the WHO
2) conduct workshops for non-ophthalmologists in the recognition and referral of blind and visually impaired children
3) strengthen the capacity of tertiary ophthalmic centers to perform pediatric ocular surgery through technical training and improvement of surgical instrumentation and equipment

The IEP's commitment to the prevention of childhood blindness in the developing world was derived from the potential of others to increase capacity for and access to eye care continues with renewed strength through both components of SightReach.

"I have rarely seen such enthusiasm...it was very moving, marvelous...participants were excitedly showing me copies of visual screening tracking forms they had developed them- selves..."

Dr. Arnold MacLean, pediatrician, Midtown Chicago Volunteer (left), and Dr. Sydney Mouradian (right), participating in an equipment maintenance workshop, a key component of the IEP's SightReach program.

hospitals...sometimes holding two or three different doctors...sometimes patients were being treated by doctors who had never seen a patient before. These doctors...are not equipped to handle these cases properly and are not trained to do so.

"Gifts-In-Kind Filling the gaps"

"Operating Research and Surveys — Assessing the Needs"

"Elles M. Parrietti, MPH, Director of the IEP's 'In-Kind Donation Program,' displays the wide range of equipment, pharmaceuticals, supplies, and publications given in support of IEP programs by generous donors."

"In much of Latin America there exists a serious imbalance between eye care services and those who need them. Unlike Africa, where the issue is a lack of trained ophthalmologists, Latin America's problem is distribution. Ninety percent of the ophthalmologists live and work in major cities, leaving rural areas and smaller communities with little or no access to eye care services. The main reason for this imbalance is an economic one. Young ophthalmologists and new residents seldom have enough money to establish a private practice of their own. They look instead for a part-time job as optometrists at an established practice, where doctors who have been established for many years in the capital, or in city..."
ALBANIA
The IEP is assisting the ophthalmologists in Albania in two ways. First, Albania is part of the IEP’s six-country SIGHTREACHChildSight initiative specifically addressing childhood blindness. Second, the IEP is proud to be working with Health for Humanity (HfH) to strengthen the overall eye care services in the country by supporting technology transfer and training.

- Sponsored Dr. Astrit Beci, a young ophthalmologist from Skodra in the north, to attend the 6-month course in community ophthalmology at the International Centre for Eye Health in London. Dr. Beci focused his studies on the prevention of childhood blindness and observed clinical care at the Children’s Hospital at Great Ormond Street. He is utilizing his new skills to help collect data on blindness and to help develop the national plan for the prevention of blindness.

- Sponsored Dr. Sulmajam Zhubi, Chief Ophthalmologist with the Ministry of Health in Tirana, to visit various ophthalmology centers in the Washington, DC area. In San Francisco, he attended the annual American Academy of Ophthalmology (AAO) meeting under the AAO’s Host an Ophthalmologist Program having the opportunity to network with American ophthalmologists, international colleagues, and to attend continuing education courses and review state of the art technology.

- Developed a plan and schedule to design primary eye care workshops for non-ophthalmologist health personnel. By having children’s eyes problems recognized and properly managed early, the risk of blindness is greatly reduced.

- Procured and shipped over $50,000 worth of ophthalmic equipment, supplies, and pharmaceuticals for the University Eye Clinic-Tirana, the northern center in Skodra, and the southern center in Vlore. This effort assists Health for Humanity’s project to improve the eye care infrastructure in Albania.

- Trained 15 ophthalmologists in Tirana in the modern management of a wide range of pediatric ocular diseases and conducted hands-on workshops on modern examination techniques. Dr. Kim Corum of the University of Chicago conducted this training under the joint sponsorship of HfH and the IEP.

BULGARIA
The IEP continues to support activities of the “Pashov Center for Sight” and the Bulgarian Eye Foundation, both established during its first three-year program in Bulgaria from 1991 to 1994. Bulgaria is also part of the IEP’s six-country SIGHTREACHChildSight initiative specifically addressing childhood blindness.

- Developed a plan, schedule and syllabus for ophthalmic workshops to train non-ophthalmologist health personnel to screen children for ocular disease and make appropriate referrals.

- Co-hosted the first ever Balkan Regional Meeting of the International Agency for the Prevention of Blindness in June 1995 in Boroveta, Bulgaria. Participants representing 9 central and eastern European countries, 3 western European countries, the U.S. and WHO/Geneva, met to review the status of eye care and blindness prevention services and programs in the region and to promote blindness prevention strategies in their own countries.

- Facilitating the establishment of the Sofia Eye Bank under the auspices of the International Federation of Eye Banks based in Baltimore, USA with the expected opening to take place in September 1995.

Ecuador and EL SALVADOR
The IEP has added Ecuador and El Salvador to its SIGHTREACH program and began recruiting young ophthalmologists to establish ophthalmology practices in underserved areas in both countries.

ERICA
After a devastating 30-year civil war, this newly independent democratic country is experiencing great progress and stability which are also having a positive effect on the health sector. The IEP is assisting the Ministry of Health to enhance ophthalmic care for children at the Birkan Eye Hospital, and addressing the need to prevent vitamin A deficiency and diseases of childhood in the rural areas of north-eastern Eritrea.

CAMEROON
The IEP worked with the Ministry of Health and the National Onchocerciasis Control Program to provide onchocerciasis to populations at risk of “River Blindness” in the Dja et Lobo region of Cameroon. That program has now been institutionalized within the Ministry of Health infrastructure.

- Published an “integration manual” which describes the development and implementation process of IEP’s Onchocerciasis Control Program in Cameroon and its integration into the Ministry of Health system. This manual has been provided to the Government of Cameroon, the World Health Organization, and other interested parties battling onchocerciasis.

- Developed public education posters, pamphlets and other training materials to inform the public about the new drug ivermectin (Mectizan) and where they can receive treatment to control the disease. These are being used by health workers and other sectors to educate the public about the new drug and its benefits.

- Collaborating with three partner international agencies and the Lions SightFirst Program to build a coalition which will assist the Ministry of Health to implement an effective ivermectin distribution program nationally for all people living in the endemic zone.

- Conducted an onchocerciasis prevalence survey in the Adamawa Province of Cameroon, the region for which the IEP will be responsible in the coalition, to determine the level of infection.

- Hosted the Fifth meeting of the “Non-Governmental Development Organization Coordination Group for Ivermectin Distribution” in collaboration with the WHO in Washington, DC. A reception for the participating NGOs was held at the Embassy of the Republic of Cameroon under the gracious patronage of IEP Board member, Mrs. Excellency, Ambassador Jerome Mendoga.

Child Survival/Vitamin A Deficiency Control
- IEP received grant approval from USAID for a four-year Child Survival/Vitamin A Deficiency Control program targeting women and children living in the Northern Red Sea Zone (formerly Sahel Province) where the child mortality rates are some of the highest in Eritrea. The project’s target population is located in a 40,000 square kilometer area of dry, rugged, and arid land. It is expected that the target population will increase after the current data is announced as there are returnees arriving in the area daily. The region north of IEP’s project area has not yet been demilitarized. However, once the land mines have been disarmed, the IEP will evaluate the need to expand child survival activities to this area. The standard child survival interventions will be instituted as well as a Quality Assurance strategy to monitor the use of pharmaceuticals and vaccines. Scheduled to start in late 1998, this program will work intensively with the Ministry of Health towards full integration of all activities within the provincial MOH infrastructure.
GUATEMALA
The IEP Program in Guatemala is active in a number of areas including service delivery, blindness prevention, training, operational research, and water blindness control. The Child Survival/Vitamin A Deficiency Control project in the indigenous Mayan region of Alta Verapaz is reaching women and children in 45 indigenous rural communities.

Child Survival/Vitamin A Deficiency Control
- Tripling child immunization coverage.
- Treating 70% of children between 2-6 for intestinal parasites.
- Doubling use of ORS for treatment of diarrhea.
- Increasing Vitamin A capsule coverage of children 6-7 months to 80%.
- Initiating program of Vitamin A capsule supplementation for women within one month after delivery of their newborns to improve the vitamin A content of their breast milk.
- Training 15 IEP staff members, 168 MOH personnel, and 165 village volunteers in oculary health and the control of vitamin A deficiency, diarrheal disease, lower respiratory infections as well as the promotion of immunizations, nutrition information, promotion of home gardening for vitamin A rich fruits and vegetables.

SIGHTREACH/ChildSight
- Sponsored Dra. Maria Eugenia Sanchez for 6 months of training in pediatric ophthalmology through collaboration with Dr. G. Venkateswaru, Director of the Aravind Eye Hospital in Madurai, India. Under the guidance of Dr. Yijay Lahiri, Dra. Sanchez performed 325 eye operations, managed pediatric ophthalmic cases, and taught medical students during her stay in India.
- Recruited 2 more ophthalmologists to establish practices in underserved areas bringing the total number in Guatemala to 4 ophthalmologists.
- Conducted workshops twice on “Clinic Management” and “Equipment Maintenance and Repair” for young ophthalmologists from Guatemala and Honduras.
- Conducted two workshops on “Screening and Detection of Ocular Conditions.” The first for MOH personnel including physicians, professional nurses, health technicians, and auxiliary nurses. The second for rural health workers in conjunction with MOH personnel and stressing the importance of proper referrals of patients for specialized eye care.
- Sponsored Dr. Orlando Oliva, SIGHTREACH program director in Central America, to attend the annual meeting of the American Academy of Ophthalmology held in San Francisco.

HONDURAS
The IEP has been extremely active in Honduras since 1989 working with the poor in both peri-urban and rural areas. At the national level, the IEP has been active with both the Ministry of Health to establish policies to control vitamin A deficiency, and the Ministry of Education to establish a policy ensuring that all primary school children have an eye examination on entry to the schools. The IEP has been recognized as a leader in micronutrient programming in Honduras by the Ministry of Health and USAID/Honduras.

Child Survival/Vitamin A Deficiency Control
- Coordinating the National Micronutrient Deficiency Control Program. Honduras is one of only 2 Latin American countries working to address this issue in a comprehensive manner through development and implementation of a national plan.
- Increased exclusive breastfeeding to 52% from baseline thereby improving the nutritional intake of vitamin A and other nutrients by newborns.
- Increased to 90% the number of children receiving vitamin A supplementation in 25 villages and peri-urban communities.
- Increased to 72% the number of children regularly being fed vitamin A rich foods.
- Increased the knowledge level of women about vitamin A rich foods to 84%, a 40% increase from baseline.
- Increased the complete immunization coverage rate of children to 88%, one of the highest levels in the world.
- Developed a community-based infrastructure to meet the needs of poor populations, and in integrating effective, sustainable primary health care services into the local government health services.

SIGHTREACH/ChildSight
- Conducted two series of workshops for Primary School Teachers on how to screen children for vision problems and ocular conditions. The first was held in collaboration with Lumen XXI, a Honduran NGO. The second involved Special Education Teachers from nearly all regions of Honduras. Additionally, four separate workshops were conducted by IEP/Honduras Technical Advisor Dr. Marylene Ariza and serve as a great example of the strength of networking. Each special education teacher then trained the first grade teachers from their schools in how to test the vision of their primary school students. The vision screening results that have been collected and are now part of a data base at the Ministry of Education for analysis and reporting back to the Ministry of Health and IEP.

"Dr. Jorge Cisneros in Choluteca, Honduras displays his brand new indirect ophthalmoscope acquired through the IEP's SIGHTREACH program."
**MALAWI**

The IEP has been proud to assist the development of the eye care services in Malawi since 1976. Volunteer ophthalmologists have served long-term in the Ministry of Health and the IEP is addressing specific diseases which threaten the health and sight of the people in the southern region of the country.

**Child Survival/Vitamin A Deficiency Control**

- Recognized for the quality of IEP's work to increase child survival and reduce vitamin A deficiency, a second three-year extension was awarded by USAID for the IEP's project in the Lower Shire Valley, one of the poorest areas in Malawi.
- Initiated the transfer of 17 IEP health workers to the MOH, thus actively ensuring sustainability of the project. The MOH is taking fiscal and administrative supervisory responsibility and the IEP will continue to provide technical assistance and supervision. This hand over is being considered a "watershed" event for both the IEP and the MOH.
- Increased by 80% the number of patients self-presenting to the hospital for cataract surgery. This is a direct result of IEP's innovative training of Traditional Healers who are the first line of care in the villages.

**Ophthalmia Control**

- Increased the number of people receiving Meclizine treatment to 75% in the project area of the Thyolo Highlands.
- Discovered additional pockets of infection in Mwanna District through rapid assessment surveys. IEP is now providing Meclizine to treat the infected and at risk populations in Mwanna.

**NIGERIA**

The IEP has been working in collaboration with UNICEF/Nigeria to assist seven states with high rates of "River Blindness". Nigeria has the highest rates of onchocerciasis and related blindness in the world.

- Designed a computerized Management Information System to be utilized by all states to track ivomec/treatment distribution to infected and at risk populations. This system is to be made available nationally.
Efficient use of its resources marks any Dr. Harry King's effectiveness. The IEF continues to be blessed with many resources:
- caring and generous people who provide financial support
- dedicated volunteers giving their time and talents
- concerned ophthalmologists and members of the Society of Eye Surgeons who serve as an unparalleled source of technical expertise, experience, and support
- qualified staff committed to the blindness prevention mission of the IEF
- partnership with a strong, worldwide network of collaborating organizations
- official relations with the World Health Organization

Society of Eye Surgeons — Ophthalmologists Sharing with the World
Established by IEF founder Dr. Harry King in 1967, the Society of Eye Surgeons (SES) was created as a membership organization to serve as the IEF's medical auxiliary. Members have provided clinical and surgical services within IEF programs while offering training for ophthalmologists, ophthalmic medical assistants and nurses, and other health professionals. Society members continue serving IEF's programs as an invaluable source of technical expertise, ensuring high quality and a high degree of credibility for our programs.

On November 14, 1994, the Annual IEF/SES Breakfast meeting was held in San Francisco, California during the annual meeting of the American Academy of Ophthalmology. A time to renew old friendships and make new ones, the breakfast served as an informal forum, focusing each year on a different theme of eye care in the developing world. Dr. David Apple of the Storm Eye Institute of South Carolina served as Honorary Chairman for 1994.

Presentation: Personalized Perspective on Ophthalmology in Malawi was by Dr. Susan Lewallen, who served for three years as the sole ophthalmologist in the southern region of Malawi. Dr. Edgar Orlando Oliva de Leon of Guatemala and Jack Blank, former IEF Director of Programs, presented The SightFirst Concept, an overview of this new and exciting IEF program to increase access to clinical and surgical care for the poor in Latin America.

"People are our Strength"
Organizations are only as good as the people whom they comprise. The IEF has been both privileged and blessed throughout its history with people whose lives exemplify the best in service to others. Beginning with Dr. John Harry King, Jr., IEF volunteers and staff have often been recognized by their peers for their accomplishments and service to humanity. In October 1984, Dr. Larry Schwab, who served the IEF with his family in Ethiopia, Kenya, Malawi, and Zimbabwe from 1972 to 1988, and is now the IEF's Senior Medical Director on the Board, was recognized by the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO) as one of two the 1984 State Assembly heard reciters. Previous IEF recipients of this honor include Dr. John Harry King and IEF Executive Director Victoria M. Sheffield. In November 1984, Dr. Larry Schwab and Victoria M. Sheffield were invested into the Most Venerable Order of St. John of Jerusalem. For their long and dedicated service, they were nominated by IEF Director Emeritus David F. Cline, a Knight of the Order and a founding member of IEF's Board of Directors. This British royal order, dating back to 1999 and the Knights of the Crusades, supports the St. John's Ophthalmic Hospital in Jerusalem and is dedicated to the prevention of blindness.

It is unlikely that one could overstate the value for the IEF, and for the people around the world whom we serve, of the involvement of people like Dr. Schwab and Ms. Sheffield. Combined with the countless people who give their hard earned money to help others see, the village health volunteers helping their friends and neighbors, the volunteer ophthalmologists offering their talents to restore sight to the needy while teaching at the same time, the IEF's partner eye care organizations cooperating in order to enhance blindness prevention services for all who serve, IEF's volunteer Board of Directors providing guidance and leadership, the office volunteers increasing the effectiveness of staff, these are the foundations on which rest the IEF's success... and its future.

The names of the people and organizations which have given so generously are listed on pages 16 through 17 of this report, and their efforts are truly appreciated. Their hard work and commitment provide assurance that the IEF will continue to strive for the realization of our goal: "to achieve a world in which there is no longer a problem of poverty through the prevention of blindness."

Dr. Jack A. Aaron
Dr. Bruce A. Attia, Jr.
Dr. George S. Ashman
Dr. Karen A. Baur
Dr. Manoj Palhri Bakthoum
Dr. Michael Baryd, PhD
Dr. Enrico Barriquias, MD
Dr. Kevin Beville
Dr. Christina Braun, MPH
Dr. Robert Bronstein
Dr. Robert W. Butterer
Dr. Claude-Claude Cadet
Dr. Samuel B. Caldwell
Dr. Roberto Cantu
Dr. Suman Chagala Chapa
Dr. Narvel R. Christy
Dr. Ronald M. Cohn
Dr. G. Francisco Contrares
Dr. Curtis R. Cornelius
Dr. Claude L. Cowan, Jr.
Dr. Terrence Curran
Dr. John E. David
Dr. David Derrico
Dr. John Timothy Diegel
Dr. John A. Distler
Dr. William J. Richter
Dr. John E. Elfer, FACS
Dr. Humberto Zepponi
Dr. Hannah Bassee Paal
Dr. Joseph J. Fammartino, FACS
Dr. Douglas F. Fell
Dr. Boyce Leon Fonken
Dr. Lourado Luiz Fonseca
Dr. Albert Jean-Louis Galard
Dr. James P. Ganey, DeFRI
Dr. Paul T. Garb
Dr. James P. Gills Jr.
Dr. John W. Gittinger, Jr.
Dr. Jai Narain Goyal, FRCS
Dr. Wesley G. Graham
Dr. John T. Hamper
Dr. William K. Harris
Dr. David H. Heston
Prof. Gordon James Johnson
Dr. Alan C. Jones
Dr. Stephen Lee Kee
Dr. M. Munir Khan
Dr. Justin William Kohl
Dr. Anastasia G.P. Konstand
Dr. Jong Hoo Lee
Dr. Arudines George Lapahil
Dr. Harish Lashley
Dr. Martin E. Lederman
Dr. Robert F. Loretzen
Prof. Ridha Mahadek
Dr. Krishina M. Mani
Dr. Advait M.H. Maruqui
Dr. Silvano Mathur
Dr. Elliott Mcguire
Dr. David H. McKenzie
Dr. Gerald A. Metz
Dr. Joseph Mchon, Jr.
Dr. Marilyn T. Miller
Dr. Peter F. Mims
Prof. Ali M. Tonda
Dr. Shaked Murad
Dr. Suryanarayan Nageswaran
Dr. FN. Nagal
Dr. Bagavan Neelakantan
Dr. Frank W. Newell
Dr. George Norton
Dr. Laura Elena Flores Perez
Dr. Nicolas Osbal-Nersaa
Dr. Kenneth Omi
Dr. Nital V. Pangilinan
Dr. Notin M. Patel
Dr. Ekh A. Paul, Jr.
Dr. Theodore Olox Paul
Dr. Roger E. Peterson
Dr. Robert S. Pinto
Dr. Amiya Prasad
Dr. Rosalyn Prinett
Dr. John Rowden Quigley
Dr. William A. Ritz
Dr. Anil S. Rao
Dr. Roger Rath
Dr. John W. Reed
Dr. Emmer N. Reineberg
Dr. William M. Rowlatt
Dr. Jan Hooyman Schuman
Dr. Larry Schwab
Dr. Ashok K. Shal
Dr. Bradford J. Shingleton
Dr. Ragnar Sigurdsson
Dr. Dee Singh
Dr. Kodile Singhal, MPH
Dr. Francis Curtis Skilling, Jr.
Dr. James B. Stope
Dr. James E. Slandeford
Dr. Paul G. Stiller
Dr. David Taush
Dr. Joseph M. Terry
Dr. Bjorn Thoelke
Dr. Alres Tiler
Dr. Ahmed M. Trueboli
Professor Dr. med. Bernd Uhoff
Dr. Jesse M. Varg
Dr. Phyllis B. Vardel
Dr. Randolph Whittfield, Jr.
Dr. Paul W. Whittfield
Dr. Ron Wilson
Dr. Arturo D. Wong
Dr. Edmund Pratt Woodward

Our Partners in Eye Care Development

Action Aid: Alliance for a Global Community; American Academy of Ophthalmology (AAO); Auroville; Central Eye Research Foundation; Association for World Vision in Rehabilitation and Research (AVRR); Islamic Eye Foundation; Caribbean Council for the Blind; CSSIAM (Guatemala); Christoffel-Blindenmission (CBM); Church of Jesus Christ of Latter Day Saints; Doba Center for Preventive Ophthalmology (Johns Hopkins University); Dubai Blind Center; Ethiopia National Program for Prevention of Blindness; Family Health International/Allied; Health for Humanity; Fred Hollows Foundation; International Institute for Nutrition for Central America and Panama (IINCAP); International; King's Own Institute for the Prevention of Blindness (IFP); International Center for Eye Health (ICF); International Federation of Eye Banks (IFEB); International Science and Technology Institute (ISTI)/IMPACT International Service Agencies (ISAs); International Vitamin A Committee Group (IVACG); Joint Commission on Allied Health Personnel in Ophthalmology; Johns Club International; International Papers Initiative—SightFirst; Malawi Hospital (Malawi); Medicins sans Frontieres Donation Program at the Carter Center; National Committee for the Blind and Deaf of Guatemala; National Council of Osteopathic Medical Associations; National Oedipus Project for Prevention of Blindness; National Eye Institute; National Eye Institute/World Health Organization (WHO); Necker-Enfants Malins; Necker Enfants Malins, Ministers for International Cooperation; New York Bar Association; Ocular Institute; Ophthalmological Society of the United States; Project HOPE; Public Welfare Foundation; River Blindness Foundation; Sight Savers (BCS); The Horse Foundation; Surgical Eye Expeditions Task Force—"Sight and Life"—El Hoffmann; Las Reco; NGOP/IRACR; NIGMS; Nigeria; U.S. Agency for International Development (USAID); University Research Corporation; and World Health Organization (WHO).

Society of Eye Surgeons 1995 Members

Volunteers

Mr. Tom Almount
Ms. Amanda Baevold
Dr. Neal B. Bailey
Kevin Beville, MD
Jack B. Blank, MSc
Ms. Jennifer Bongiorno
Ms. Beverly Burke
Elisabeth Christensen, CRT, OCT
Mr. Jo A.S. Carpenter
Mr. Charles Casey
Kim Curnyn, MD
Mr. Michael Frederick
Dr. Alberto Rieger
Dr. Clare Gilbert
Darrel Green, MPH
Mr. Ronnie Harris
Ms. Kathy Rendin
Federico Horrera, MD
Lawrence M. King, Jr.
Mr. Al Lewonski
Mr. Allen Mackenzie, MD
Mr. Javier Pelayo Lopez
Steven A. Mervale, O.D.
Peter D. Nash
Mrs. Megan O'Leary
William Feldman, MD
Paul G. Steinmuller, MD
With Gratitude

The important and necessary work of the International Eye Foundation is possible only through the continued generosity, dedication and commitment of people and organizations representing a wonderfully diverse range of social, economic and philosophical backgrounds. The sources of this support are as diverse as the people who provide it: a family collected by young school children learning to care about others less fortunate in the world; in kind contributions by ophthalmologists and corporations; large and small; collections taken up by caring optical companies; bequests made by those wishing to leave a lasting legacy; and contributions of cash and financial assets from individuals, organizations, and corporations. For all of these blessings, the International Eye Foundation, on behalf of the individuals it serves, is honored to express its deep gratitude.

The IEF wishes to recognize the donors from July 1, 1994 — June 30, 1995. The IEF makes every effort to correctly identify donors. 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!

1995 Annual Fund: In 1994, the IEF combined two solicitation campaigns into one ‘Annual Fund’ campaign. Those generous people who contributed during this second Annual Fund campaign are marked with an (*)

Donors

[List of donors]

[List of corporate and foundation donors]

Corporations and Foundations

[List of corporations and foundations]

[Contact information for IEF]

[Logos and Contact information for various organizations]
Independent Auditors’ Report

To the Board of Directors
International Eye Foundation
Bethesda, Maryland

We have audited the accompanying statement of financial position of the International Eye Foundation as of June 30, 1995 and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

In accordance with Government Auditing Standards, we have also issued a report dated September 5, 1995 on our consideration of the International Eye Foundation’s Internal Control structure and a report dated September 10, 1995 and cash flows for the year then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on the financial statements based on our audit. The financial statements of International Eye Foundation as of June 30, 1994 were audited by other auditors whose report dated November 8, 1994 expressed an unqualified opinion on those statements. Information for the year ended June 30, 1994 is presented for comparative purposes only and was extracted from the financial statements prepared for that year.

We conducted our audit in accordance with generally accepted audit standards and Government Auditing Standards, issued by the comptroller General of the United States and the provisions of Office Management and Budget Circular A-133. Audits of Institutions of Higher Education and other Nonprofit Institutions. Those standards and Office Management and Budget Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes examining accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the International Eye Foundation at June 30, 1995, and the results of its operations and its cash flows for the year then ended in conformity with generally accepted accounting principles.

The International Eye Foundation welcomes inquiries about our financial statements. For a copy of the IED’s complete 1995 Audit Report including Notes, please write or call:

Public Affairs Officer
International Eye Foundation
7801 Shiloh Avenue, Suite 200
Bethesda, MD 20814

Phone: 301-986-1859
Fax: 301-986-1876
E-mail: Info@iif.permament.org

Schedule of Program Services for the year ending June 30, 1995

<table>
<thead>
<tr>
<th>COUNTRY/RELATED</th>
<th>EDUCATION AND DEVELOPMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
</tr>
<tr>
<td>Latin America</td>
<td>499,600</td>
</tr>
<tr>
<td>Africa</td>
<td>386,200</td>
</tr>
<tr>
<td>Other</td>
<td>374,800</td>
</tr>
<tr>
<td>Total</td>
<td>1,260,600</td>
</tr>
<tr>
<td><strong>Public Education</strong></td>
<td>820,500</td>
</tr>
<tr>
<td><strong>Program Development</strong></td>
<td>172,500</td>
</tr>
<tr>
<td><strong>Total Education and Development</strong></td>
<td>993,000</td>
</tr>
<tr>
<td><strong>Program Services</strong></td>
<td>267,600</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,260,600</td>
</tr>
</tbody>
</table>

**EXPENSES**
- Salaries: 499,600
- Supplies and materials: 386,200
- Travel and per diem: 374,800

**Total**: 1,260,600

**Unrestricted Fund**
- Salaries: 499,600
- Supplies and materials: 386,200
- Travel and per diem: 374,800

**Total**: 1,260,600

**Restricted Fund**
- Salaries: 499,600
- Supplies and materials: 386,200
- Travel and per diem: 374,800

**Total**: 1,260,600

**LIABILITIES AND FUND BALANCES**
- Accounts payable: 499,600
- Accrued penalties: 386,200
- Accrued vacation: 374,800

**Total**: 1,260,600

**FUND BALANCES**
- Unrestricted fund balance: 194,100

**Total**: 194,100
IEF Staff and Offices

IEF CAMEROON
Invercree Distribution Project, Cameroon. Laine Isaacson, MA, Project Advisor.

IEF CROATIA

IEF EGYPT

IEF EHRITREA
Bahir Dar Eye Hospital, Asmara, Eritrea. Telephone: 011-291-1-111977 (Eye Hospital). Dr. Desbele Gebreghiorgis, Country Representative.

IEF GHANA
Fundacion Internacional del Ojo, 17 Ave, 5-39, Zona 14, Guatemala City, Guatemala. Telephone and fax: 00502-2-69742, Emmanuel Alvarez, MD, Country Director, Martha Burdick de Piedrauska, MPH Vitamin A Project Manager; Lc. Eugenia Suisa de Mejada, UPA Coordinator.

IEF HONDURAS
Fundacion Internacional del Ojo, Colonia Los Castanos, Cable Cede, Real No. 201, Tegucigalpa, Honduras. Telephone and fax: 00504-95-8590. Raúl Gomez, MD, Country Director; Victoria Vivas de Albarrado, RN, MS, Project Manager.

IEF MALAWI
P.O. Box 2373, Blantyre, Malawi. Telephone and fax: 001-265-48-446, Josefa Canasa, MHS, Country Director; Henderson Chikhozi, CSVA Project Manager.

IEF NIGERIA
NOCF Office, Zone C, 1 Golf Course Road, Kaduna, Nigeria. Telephone and fax: 001-234-22-37-924, Hennan Umolu, IEF Managing Director to UNICEF.

Prof. Pejaz Yousufa (left) and Yordanka Koleva (right) display the donated ophthalmic texts and journals now available at the Fasher Center for Sight.

Dr. Desbele Gebreghiorgis and wife Dr. Ghearet outside the Birhan Eye Hospital in Asmara, Eritrea.

(Note) Personnel information recorded above was current during FY 1995. Addresses are listed current as of the date of this publication. Should there be any difficulty in directly contacting any of the above offices, contact the IEF Headquarters in Bethesda, Maryland at 301-896-1900. Editor: Calvin Baerweldt. Layout Design: Dustin Piper, Waveline Direct, Inc.

Touring the new ophthalmic library established by Health for Humanity and the IEF in Tirana, Albania are Dr. Sulejman Zguldi (left), Garth Polslock (right) and John Barrows (center).

Guatemala staff at the IEF office in Guatemala City.