Keeping sight of the vision...

John Harry King, Jr., MD
Founder

the International Eye Foundation

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Reaching beyond the horizon—offering vision and hope
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Message from the President and Executive Director

We made some specific changes in strategic direction this year. Sustainability of programs has always been a strong consideration for us in evaluating our success, and we have redoubled our efforts to achieve it. Training ophthalmologists and other health personnel in the management of eye disease and its prevention, and the establishment of properly equipped eye clinics have been most important in working toward sustainability of eye care services. Of course, IEF’s manifold achievements in 28 years of programming in the developing world has laid a good foundation.

The problem is that eye care in the developing world, when available, is offered through the government health service at no cost. Developing countries have many competing priorities for their limited health budgets and as eye care is not a killing disease, it falls low on the list. The result is a limited ability to expand services to a growing number of people in need and an over reliance on external donations leading to diminishing motivation of personnel and aging equipment. We at IEF are focusing on barriers which keep people from getting quality eye care and their ophthalmologists from providing it. Most ophthalmologists work in capital cities or major urban areas where they have a small private practice and earn enough to supplement their meager government salaries. Working in rural areas where people are poor is risky because of the initial investment in setting up an eye clinic and the recurring costs; thus only a handful if any choose to work in these areas. The second barrier is service cost. Almost all of their ophthalmic equipment, instruments, and supplies have to be imported which increases costs and thus patients’ fees.

This year, we have been developing programs that build on SightReach™ to address these two problems. IEF has made available a basic package of ophthalmic equipment at approximately 1/5 the normal cost and this has made it possible for 28 young ophthalmologists from four Latin American countries to establish private eye clinics outside major urban areas. More than 3 million people can now access eye care on a timely basis from someone they know.

We are working with manufacturers of ophthalmic products around the world to get the best quality at the lowest price for these developing country ophthalmologists. This will enable them to lower their prices and make quality eye care available and affordable to many more people. These ophthalmologists now have busy and successful practices and are choosing to remain where they are and even set up satellite clinics in new areas—the real test of sustainability.

In the next five years, we will focus on helping eye care institutions as well as individual ophthalmologists move from free services to greater financial self-sufficiency and independence. Many patients can afford to pay something toward their eye care and want to choose their ophthalmologist. At the same time we take into account indigent persons whom we do not want to "fall through the cracks." They will still receive care through subsidies. Training in clinic management and the integration of Quality Improvement Management methods are being introduced which give individual ophthalmologists and eye care institutions a level of autonomy and self-sufficiency not previously enjoyed. This will enhance motivation and service.

Our struggle against vitamin A deficiency and malnutrition, river blindness, trachoma, and childhood blindness continues. But we know that governments cannot afford to continue providing eye care to their people. Addressing the barriers of maldistribution and costs will bring services closer to the people and make them affordable to most.
The Global Initiative for the Elimination of Avoidable Blindness

The latter decades of the twentieth century have seen tremendous progress in the worldwide effort to preserve sight and restore vision. Yet with all the successes, the future need for eye care services will be huge. The World Health Organization (WHO) estimates the number of blind people worldwide is increasing by 1.2 million per year. In economically disadvantaged countries, increased urbanization will further reduce resources available for rural areas. Aging of the population will result in an increase in communicable chronic diseases such as glaucoma and cataract. Existing eye care delivery systems do not have the capacity to meet this increased demand for services.

Early recognition of this situation and the need to take prompt and decisive action resulted in the birth of an unprecedented global collaboration. More than three years of study and development, members of the Task Force of the WHO/NGO Partnership Committee of International Non-Governmental Organizations Dedicated to the Prevention of Blindness and the Education and Rehabilitation of the Blind approved in February 1998 the "Global Initiative for the Elimination of Avoidable Blindness by the year 2020." Vision 2020: The Right To Sight campaign, to be launched globally in 1999 will focus public attention on blindness in the world and work to marshal the resources necessary to eliminate 80% of the avoidable blindness by the year 2020.

The campaign targets the four major causes of avoidable blindness: cataract, trachoma, onchocerciasis, and childhood blindness. In partnership with the WHO, the International Agency for the Prevention of Blindness, and 17 international eye care NGOs, the IEP is a supporting member of Vision 2020: The Right To Sight campaign.

The members of Vision 2020: The Right To Sight have committed themselves to working together to achieve the goals of this historic campaign. People the world over will reap the benefits of restored sight, improved vision, and a life free from avoidable blindness.

**FOUNDING MEMBERS:**
World Health Organization
International Agency for the Prevention of Blindness
Christoffel Blindenmission
Helen Keller International
Orbis International
SightSavers International

**SUPPORTING MEMBERS:**
AI Noor Foundation
American Academy of Ophthalmology
Asian Foundation for the Prevention of Blindness
Foundation Dark and Light
The Fred Hollows Foundation
International Eye Foundation
Lighthouse International
Nadi Al Bassar: North African Center for Sight and Visual Science
Operation Eyesight Universal
O.P.C.: Organisation Pour La Prevention De La Cécité
Perkins School for the Blind
SEVA Foundation
SIMAVI
World Blind Union

Like any business venture, the International Eye Foundation faces the challenge of reaching current program objectives while preparing for increased and changing needs of the future. Responding to changing needs has been an IEP hallmark since 1981. In 1998, IEP staff and volunteers successfully maintained ongoing blindness prevention and sight restoration programs while commencing a concerted effort to develop new and exciting eye care initiatives, to reach beyond the visible horizon.

Building on 37 years of international eye care experience combined with new ideas, IEP is anticipating future trends, to look over the horizon. The IEP in the past year began incorporating several new initiatives into existing programs, designed to address areas of quality improvement and revenue enhancement.

The issues affecting eye care in the developing world are not difficult to understand - inadequate or difficult access to eye care, insufficient public health support, too few ophthalmologists where needed, insufficient equipment and supplies, lack of training for health care officials, ineffective delivery systems, and the barrier of cost for surgeries. IEP programs help alleviate many of these issues in its program countries.

IEP’s SightsReach™ program addresses the maldistribution of ophthalmologists in Latin America, improving access to ophthalmic care and cataract surgery.

IEP’s “Seeing 2007” program supports pediatric eye units as they increase the number and quality of cataract surgeries for children by strengthening internal clinical and surgical capacities.

IEP’s Gifts In Kind program distributes important ophthalmic equipment and supplies where needed.

IEP’s child survival/vitamin A deficiency control programs fill a critical need in reducing childhood blindness and reducing childhood mortality while onchocerciasis control programs reduce blindness caused by "river blindness" and improve the quality of life for entire villages.

Remaining true to its blindness prevention mission, IEP programs in 1998 increasingly sought to reach new levels in the delivery of eye care services. Some examples include:

- The introduction of standardized Quality Assurance (Improvement) methods provide an improved structure for tracking program progress.
- The integration of vitamin A capsule distribution and child survival program activities into existing public health care systems helps ensure long-term sustainability.
- The introduction of new methods of direct community distribution of Mevacron to treat "river blindness" expands and increases coverage in rural communities.

In 1998, IEP staff and volunteers kept burning brightly the vision of IEP founder Dr. John Harry King for "the promotion of peace through the prevention of blindness." This was only possible through the unselfish support of countless people, for which we wish to express our deepest gratitude. The IEP is proud of what has been achieved in the past year. We share the following record of our programs as both a window on the past, and as we reach beyond the horizon - offering vision and hope.

A Malawian child reaches for a bright horizon and a future free from river blindness, thanks to IEP.
Preserving Sight, Saving Lives—Children and Families

**Child Survival and Vitamin A Deficiency Control**

**SightReach**

**“Seeing 2000”**

In every culture around the world children hold a special place—they are the future. When a child goes blind, especially in the developing world, an added burden is placed on their families and community. Economically marginal regions lack the resources and personnel to provide the specialized services for treating children. Contributing factors to childhood blindness include: diets deficient in important micronutrients such as vitamin A, lack of trained personnel to conduct vision screening and make proper referrals, few, if any, ophthalmologists and eye care personnel trained in pediatric ophthalmology, and a lack of pediatric ophthalmic equipment and supplies.

Responding to these needs, the IEPF has earned recognition as a leader in eye care programs for children. IEPF utilizes three main strategies:

- **Prevent blindness and reduce childhood mortality with child survival and vitamin A deficiency control interventions.**
- **Increase the availability of pediatric ophthalmic care by conducting surveys in the blind schools, training ophthalmologists in pediatric ophthalmology, and developing referral networks to facilitate specialist care for children identified with visual disorders.**
- **Increase the number and improve the quality of ocular surgeries for children by strengthening the capacity of indigenous eye care institutions.**

IEPF’s childhood blindness strategies have evolved progressively, beginning with prevention and control of the major cause of childhood blindness which is vitamin A deficiency, followed by efforts to expand the availability of basic eye care services for children leading to systemic strengthening of local eye care service providers. All have an underlying theme, to save a child’s sight.

**Child Survival and Vitamin A Deficiency Control**

IEPF’s Child Survival and Vitamin A deficiency control programs have reached tens of thousands of children in Ethiopia, Eritrea, Malawi, Guatemala, and Honduras. The program’s centerpiece remains the distribution of vitamin A capsules, especially to save children from xerophthalmia, the blinding effects of vitamin A deficiency. Saving the sight of a child under the age of five may save a life as well. In the developing world, more than half of the children under the age of five who go blind from vitamin A deficiency will die within a year. Their deaths are usually caused by medical complications associated with measles, acute respiratory diseases, and diarrhoeal diseases, all of which are less dangerous when a child is given vitamin A.

In addition to vitamin A capsule distribution, IEPF staff and volunteers work to improve overall family health through nutrition education, promotion of family gardens, and promotion of sugar and salt fortification with vitamin A. IEPF’s efforts in the past year focused on integrating these interventions into existing public health outreach programs. In addition, IEPF staff participated in and subsequently offered training in Quality Assurance (improvements) methods for Ministry of Health personnel and eye care professionals to promote on-going improvements in both the delivery and the quality of the eye care services provided.

**Caring for Children with Eye Disease**

Children also get eye diseases that need the care of an ophthalmologist. Designed to “...increase the capacity of pediatric eye care services by training health workers, teachers, and pediatric ophthalmologists to diagnose, refer, and treat children with visual disorders...”, this highly successful initiative, part of IEPF’s SightReach program, was implemented in Albania, Bulgaria, Guatemala, Honduras, Eritrea, and Malawi.

Early diagnosis and treatment is critical in preventing blindness and promoting healthy vision in children. One example of IEPF’s success is the signing of a Convenio by the Ministry of Education in Honduras mandating vision screening for all children entering elementary school. This legislation, facilitated by the IEPF in Honduras is the first of its kind in Central America.

IEPF’s “Seeing 2000” program in 1998 continued to build on local strengths, forming alliances to increase ocular surgeries for children. During the year, 20 eye units in 13 countries expanded services for children with a “Seeing 2000” grant from the IEPF. The program’s strength lies in the wide range of activities which the various projects have undertaken. These include sending teams of outreach workers to conduct house to house eye examinations, referring children to a provincial eye clinic or hospital, purchase of pediatric anesthesia equipment and training of personnel in its proper use, development of special awareness activities to detect and attend cases of Retinopathy of Prematurity, and training of a pediatric ophthalmologist for a rural underserved area.

In 1998, “Seeing 2000” project ophthalmologists have shared their experiences through a communications network established for them at IEPF headquarters. In addition, while attending the 1997 annual meeting of the American Academy of Ophthalmology in San Francisco, representatives from 12 projects were able to come together, exchanging ideas and information. “Seeing 2000” has made it possible for pediatric eye units to flourish in countries where general eye care services can not support a specialized service for children.

![An Indian orthoptist, trained in vision screening through IEPF’s “Seeing 2000” program, examines an infant at an outreach clinic sponsored by Aravind Eye Hospital, Madurai, India.](image)
Strengthening, Building, and Expanding—Clinical and Surgical Eye Care Services

**SightReach**

**“Seeing 2000”**

**Training**

**Gifts in Kind**

From its founding, the IEP placed quality clinical and surgical ophthalmic services at the heart of its blindness prevention and sight restoration programs. In the developing world, there exists a shortage of available eye care services. The reasons for this vary widely from region to region and include such factors as too few ophthalmologists in Africa, lack of specialty training in Eastern Europe, and a maldistribution of ophthalmologists in Latin America. Common to all areas is a need for more training of ophthalmic and health care personnel and a general shortage of ophthalmic equipment and supplies.

To meet these needs, the IEP through the years has provided ophthalmologists for short and long-term programs in developing countries, offered sub-specialty ophthalmological training, trained Ophthalmic Medical Assistants in Africa to perform simple cataract surgery, and donated millions of dollars worth of ophthalmic equipment, supplies, and medicines. In recent years the IEP has built on its successful clinical and surgical programs to develop innovative new strategies targeting core management capacities. These include cost recovery, integration of Quality Assurance (Improvement) methods, and efforts to reduce the barrier of cost for cataract surgery.

IEP’s programs address the following needs:

- Maldistribution of ophthalmologists in Latin America - IEP’s SightReach program assists young ophthalmologists to establish eye clinics in rural and underserved areas
- Lack of pediatric eye care throughout the world - IEP’s “Seeing 2000” program strengthens the capacity of indigenous eye care organizations to provide pediatric eye care services
- Lack of trained personnel - all of IEP’s programs include training as a major focus
- Shortage of ophthalmic equipment, supplies and medications - Gifts in Kind, IEP’s longest continuous program, receives donations of equipment, supplies, textbooks and journals, and pharmaceuticals, and distributes them where needed
- These efforts, a blend of old and new, have served a critical role in IEP’s quest to restore vision for those living in underdeveloped areas of the world. In 1998, exciting new strategies were spawned, ideas holding the promise for extending eye care to more needy people than ever before.

**SightReach**

Begun in 1994, IEP’s original SightReach program addresses the maldistribution of ophthalmologists in Latin America. This innovative program recruits young ophthalmologists and aids them in establishing eye clinics in underserved areas. Earlier strategies for providing eye care in these areas involved “sending” U.S. ophthalmologists for short and long-term visits to provide direct care. SightReach took a large step forward by placing ophthalmologists from their own countries permanently in underserved areas, ensuring competent eye care for the people of a country for the first time.

Selection as a SightReach ophthalmologist afforded the opportunity to purchase a basic package of ophthalmic equipment, at approximately half the normal cost. The IEP supported this venture with training in Equipment Maintenance and Repair as well as Clinic Management. Training included information on how to determine costs, and establish a “sliding fee scale,” so that the ophthalmologist can receive remuneration for services from those who can pay and also offer free eye care to those who truly cannot afford it, in keeping with their SightReach agreement to serve the poor. IEP’s Gifts in Kind program provides support by providing ophthalmic supplies and pharmaceuticals to the SightReach doctors for their free patients.

The success of SightReach may be measured in the number of trainings conducted, the number of clinics established, and in the amount of equipment secured. Its true success, however, is to be found in the significant shift in the distribution of ophthalmologists in the four SightReach countries, in the number of people examined locally in their own communities, and in the number of surgeries performed to restore sight. Without SightReach, the picture would not have been the same. Significant accomplishments include:

- SightReach doctors serve a population of 3,250,000.
- 20 of the 23 ophthalmologists selected purchased the basic package of equipment.
- 8 doctors purchased or were supplied with a surgical microscope, 16 ophthalmologists of the 17 clinics have access to a surgical microscope to perform major eye surgery.
- 17 clinics still remain active serving rural populations, and the doctors have expressed their intent to stay in the area indefinitely and even establish satellite clinics.
- A critical factor was found to be the psychological benefit for patients receiving treatment from a “local” doctor. This is especially true in rural areas of Guatemala only recently recovering from civil war.
- 19,161 patients have been examined at the SightReach clinics.
- 1,379 cataract surgeries have been performed.
- $2,040,000 worth of medical supplies and medicines have been donated to SightReach doctors to treat poor patients.

When first introduced, SightReach extended the horizon of eye care delivery in the developing world. Its success has spawned new strategies for expanding eye care services, specifically a new social enterprise to reduce the barrier of cost for cataract surgery, to be launched in the coming year. SightReach has had a tremendous impact in providing eye care in areas where there formally was none, giving rural people the opportunity to access eye care near where they live by doctors they know and trust.

**“Seeing 2000”**

IEP’s “Seeing 2000” program seeks to improve the quality and quantity of cataract surgeries for children. Described in greater detail on page 5, “Seeing 2000” in 1998 expanded its support to include training for project staff in Quality Assurance (Improvement) methods. “Seeing 2000” projects are varied in their activities, yet all have one common thread—giving sight to children, offering hope for a brighter future.

**Training**

A belief in the power of sharing knowledge has permeated every eye care program since Dr. King first founded the IEP in 1961. The range of training offered would constitute a complete “how to” manual for international public health eye care. The IEP has trained families in nutrition education, educators and health officials in vision screening techniques, ophthalmic personnel and ophthalmologists in sub-specialty ophthalmology. The types of training may be seen in a review of the activities reported with the country projects (beginning page 14). In 1986, the IEP began a concerted effort to incorporate Quality Assurance (Improvement) methods into its training programs. Specific examples are found within this report on program initiatives. Furthering Dr. King’s belief in sharing knowledge will continue to be a priority for the IEP, looking always to improve and enhance the learning experience.

**Gifts in Kind**

One global constant in eye care is a need for appropriate ophthalmic equipment, supplies, and pharmaceuticals. IEP’s Gifts in Kind program, aids ophthalmologists and eye clinics which serve the poor, as well as public health agencies in filling this need. Through the years, IEP has been fortunate in receiving the support of many generous corporations and individuals. In the past year, IEP received nearly $1.5 million dollars worth of gifts in kind support. Major contributors include Merck & Co., Inc., Project Hope, Alcon, Ethicon, and Bausch & Lomb Foundation.

A complete list of these generous suppliers may be found on page 24. IEP’s Gifts in Kind program complements and enhances IEP’s efforts to strengthen, build, and expand clinical and surgical eye care services by supplying the physical tools necessary to preserve vision.

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Dr. Maria Eugenia Sanchez (right), trained in pediatric ophthalmology through IEP's SightReach program performs sight restoring surgery in the pediatric eye wing at Hospital "Roballo Robales V" in Guatemala City.

Dr. Victor Carrion, an IEP SightReach doctor, stands proudly in the door of his new eye clinic in Calderon, Ecuador.
Prevention Through Control
Ochronocerciasis Control
Trachoma Control

Two important components of IEP's blindness prevention efforts are programs to control ochronocerciasis, commonly known as river blindness, and trachoma. Blindness due to ochronocerciasis and trachoma is endemic, with well-proven treatment methods.

One ancient strategy is the creation of effective behavior change through the distribution of leaflets aimed at inspiring populations to avoid biting insects, such as the Aedes aegypti mosquito, which transmits dengue fever.

IEP trained Community Distributors dispense sight saving Mectizan® in a rural village in one of the countries measuring the poles to determine the proper dosage (based on height and weight).

Strategic Alliances and Resources
IEP's Partners in Eye Care Development
Society of Eye Surgeons
Fund-Raising
Board of Directors
Volunteers

Believing that there is "strength in numbers," the IEP actively nurtures a wide range of relationships and strategic partnerships, enriching the horizons for blindness prevention and sight restoration. Benefits include expanded breadth of expertise, greater access to resources, and improvements in organizational management.

IEP's 20th anniversary, held in Washington, DC in May 1988 for international nutritionists and public health specialists. The conference, co-sponsored by the Pan American Health Organization, aimed to identify guidelines and recommendations for research in relation to maternal supplementation with iron, vitamin A, and multi-vitamins.

As far back as the founding of the Society of Eye Surgeons (SES) as an auxiliary of the IEP in 1968, the IEP has been recognized as a leader in blindness prevention. The SES, which was officially honored in a ceremony held during the annual meeting of the American Academy of Ophthalmology (AAO), serves as a forum for sharing information on the current status of international programs in the field of public health ophthalmology. (See page 11 for information on the 1997 meeting and a list of SES members.) SES members are faithful and dedicated supporters of the IEP and its mission.

Financial resources provide the lifeblood of the IEP's programs. The IEP has been fortunate in having built and maintained strong relationships with a generous and diverse group of supporters. Primary support is in the form of specific program grants from the United States Agency for International Development (USAID). Other major corporate and foundation supporters include "task force" Sight and Life"-F. Hoffmann-La Roche, Ltd., Merck & Co., Inc., Health for All Foundation, UNICEF/Malawi, the Edna McConnell Clark Foundation, the Foundation for International Medical Services, the Lions Clubs International Foundation.

In June 1988, IEP representatives attended the 6th International Congress on Ophthalmology (ICO). IEP's Executive Director coordinated a symposium on "International Models of Blending Ophthalmic Meals," a trend that continues today. IEP is well positioned to continue this and other IEP programs, with support from the Foundation for International Medical Services, attended the International Society of Geographic and Epidemiologic Ophthalmology meeting in June 1989 to present data on glaucoma, a follow-up to the IEP's "Glaucoma in the Developing World" meeting in 1988.

Growing out of a series of informal meetings of USAID-supported organizations conducting child survival programs, the Child Survival Collaborations and Resources Group (CORE) was created. IEP staff, including Director of Programs John Barrows, MPI and Child Survival/Public Health Coordinator Liliana R. Clement, MPI, have assumed leadership roles within CORE, co-chairing the Technical Improvement Working Group. In addition, Ms. Clement helped organize an International Supplemental Nutrition Conference held in Washington, DC in May 1988 for international nutritionists and public health specialists. The conference, co-sponsored by the Pan American Health Organization, aimed to identify guidelines and recommendations for research in relation to maternal supplementation with iron, vitamin A, and multi-vitamins.

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Our Partners in Eye Care Development

Health Personnel in Ophthalmology (SCHP), Lesbian-Rightists,Bureaucrats Trust (Pakistan), Lions Clubs International International- Sightfirst, Lions Sightfirst Eye Hospital (Jordan), Lima Karina Arubí Eye Hospital (Spain), L.P. Premdas Eye Institute (Indi), Madhavani Hospital (Sri Lanka), Mandalawady South Comprehensive Eyecare Programme (Thailand), Medizin Donation Program of the Center City, National Center for Ophthalmology (Macedo), NGO-Heart Collaboration for Neprocasm Distribution, ORBS International, Pan American Health Organization (PAHO), Project HOPE, Sisters Elizabeth Central Hospital (Jordan), South West General Hospital (Honduras), Sura Foundation, Sight Savers International (UK), The Sona Foundation, Surgical Eye Expeditions, "Task Force Sight and Life" in Taiwan, diabetes/Korea, Tegna Eye Centre (Thailand), UNICEF/India, UNICEF/Rigas, U.S. Agency for International Development (USAID), University Research Corporation, VOSI/Susanville (Pennsylvania), World Health Organization (WHO), WHO/NGO Partnership Committee of International Non-Governmental Organizations Dedicated to the Prevention of Blindness and the Education and Rehabilitation of the Blind, World Learning, Inc., World Vision.

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.

Ann Arbor, MD

Rivas Lopez

Sorrel

Trukova

Nelson

Andrews

Jensen

Washington

Ophthalmologists with an interest in international blindness prevention, members of the Society of Eye Surgeons (SEBS) support IEF’s mission by offering their professional experiences, surgical skills, and financial resources. The 1997 IEPFSE Breakfast Meeting was held in San Francisco and featured Dr. Kazuichi Koyama of the Department of Ophthalmology at Juntendo University School of Medicine in Tokyo as a Honorary Chairman. Dr. Koyama received the 1997 AAO “International Vision Preservation Award.” Sharing with members his many years of experience, Dr. Koyama spoke on “Public Health Ophthalmology in Its True Sense of Practice.” In addition, Prof. Mohammad Daud Khan presented results of the highly successful “Seeing 2000” project at Lady Reading Hospital in Peshawar, Pakistan.

1998 Members

Jack A. Aaron, M.D.
Haroon Bashir Asaw, M.D.
Karen A. Beyer, M.D.
Pranab Bikash Bakhru, M.D.
Michael Bardy, Ph.D.
Prof. Josep Parra Barquet, M.D.
Kevin Bevitt, M.D.
Charles B. Bolo, M.D.
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Eugene Sigard, M.D.
Dino Singh, M.D.
Sadil Singh, MPH, M.D.
Francis Curie Stilling Jr., M.D.
James B. Speargr, M.D.
James E. Randel, M.D.

Society of Eye Surgeons

(10) NGO and WHO representatives from around the world at the 16th Annual Meeting of the Society of Eye Surgeons (SEB)

(11) Society of Eye Surgeons
IEF Around the World

Albania
- SightReach™
- Training
- Clinical, Surgical, and Preventive Services
- Equipment, Supplies, and Medications
- Operational Research and Surveys

Bulgaria
- SightReach™
- Training
- Clinical, Surgical, and Preventive Services
- Equipment, Supplies, and Medications
- Operational Research and Surveys
  - "Seeing 2000"

Egypt
- "Seeing 2000"
- Ophthalmic Medical Personnel Training Program

Guatemala
- SightReach™
- Training
- Clinical, Surgical, and Preventive Services
- Equipment, Supplies, and Medications
- Operational Research and Surveys
- Vitamin A Deficiency Control/Child Survival
  - "Seeing 2000"

El Salvador
- SightReach™
- Training
- Equipment, Supplies, and Medications

Dominican Republic
- "Seeing 2000"

Nigeria
- "Seeing 2000"
- River Blindness Control
- Training

Ecuador
- SightReach™
- Training
- Equipment, Supplies, and Medications

Pakistan
- "Seeing 2000"

Ethiopia
- Vitamin A Deficiency Control/Child Survivor
  - "Seeing 2000"
- SightReach™
  - Training
  - Clinical, Surgical, and Preventive Services
  - Equipment, Supplies, and Medications
  - Operational Research and Surveys
  - "Seeing 2000"

Honduras
- Vitamin A Deficiency Control/Child Survival
  - SightReach™
  - Training
  - Clinical, Surgical, and Preventive Services
  - Equipment, Supplies, and Medications
  - Operational Research and Surveys

Peru
- "Seeing 2000"

Cameroon
- River Blindness Control
  - Operational Research and Surveys
  - Training

Papua New Guinea
- "Seeing 2000"

Malawi
- Vitamin A Deficiency Control/Child Survival
  - River Blindness Control
  - Training
  - Clinical, Surgical, and Preventive Services
  - Equipment, Supplies, and Medications
  - Operational Research and Surveys
  - "Seeing 2000"

Zimbabwe
- "Seeing 2000"
CAMEROON
FY 1998 Program Expenses - $255,272

Onchocerciasis
- IEP's control efforts moved from passive clinic-based treatment methods to active Community Directed Treatment with Ivermectin (CDTI) approaches through training of Community Distributors.
- A household and community census were initiated in the three Health Districts assigned to the IEP, Ngaoundere, Tibati, and Djobo. Concurrently, an additional Rapid Epidemiological Assessment was conducted.
- With retraining for CDTI approval was received for African Programme for Onchocerciasis Control (APOCH) support to expand into IEP's three Health Districts.
- Promotional materials were developed in Arabic and other local languages to facilitate acceptance within local communities.
- 20,103 persons were treated during 1998.

Health teams delivering Meccizina™ in Cameroon face tremendous challenges trying to reach villages "at the end of the road."

ETHIOPIA
FY 1998 Program Expenses - $80,300

Child Survival/ Vitamin A Deficiency Control (with Christian Childrens Fund)
- Start-up activities were begun during the year, including the purchase of necessary equipment.
- In preparation and for planning and evaluation purposes, a Health Facilities Assessment was conducted, along with a baseline Knowledge Practice Coverage (KPC) survey. Findings from the KPC survey include:
  - Only 2% of children had ever received a vitamin A capsule.
  - Only 15.5% of children fully immunized.
  - Only 17.7% of mothers exclusively breastfed. Exclusive breastfeeding for new-born children has been shown to improve their nutritional intake, as well as passing important natural immunities to the child.

IEP's child survival and vitamin A deficiency control program with Christian Children's Fund helps ensure a healthier, sight-filled future for this Ethiopian child.

GUATEMALA
FY 1998 Program Expenses - $108,746

SightReach™
- Dra. Anna Raquel Hernandez completed a three month pediatric ophthalmology sub-specialty training program at Clínica de Oftalmología del Valle in Cali, Colombia. Her training was supported by the William M. and Ramona N. Currigan Endowment. After completing her training, she returned to the Roosevelt Hospital in Guatemala City to work in the newly established pediatric eye clinic.
- IEP's SightReach™ program sponsored Dr. Maria Eugenia Sanchez and Dr. Ana Maria Illiescas to attend the Congreso Latino Americano de Estrabismo, a scientific meeting focusing on the treatment of children with squint and "lazy eye."
- Two training workshops for primary school teachers were conducted in Sanarate, a small rural town an hour outside Guatemala City. Dr. Orlando Oliva trained 38 primary school teachers, who, in turn, screened 1,500 students and referred 71 for ophthalmological examination, which were conducted by Dr. Maria Eugenia Sanchez. Dr. Sanchez studied pediatric ophthalmology at the Aravind Eye Hospital in Madurai, India, sponsored by IEP's SightReach™ program.
- Dr. Edward Buckley, a pediatric ophthalmologist from Duke University, conducted a pediatric ophthalmology workshop for Guatemalan ophthalmologists in Guatemala City in June 1998.

HONDURAS
FY 1998 Program Expenses - $228,785

SightReach™
- With support from IEP's SightReach™ program, Dra. Xiomara Garay established an eye clinic at Hospital San Roque in Colónia Mira Flores, a suburban poor area outside Tegucigalpa. Run by a Catholic NGO called Apostolos de la Salud, the hospital receives referrals from 14 Apollos satellite clinics. There were no ophthalmologists practicing in this area prior to Dra. Garay's clinic.
- Utilizing Quality Assurance (Improvement) techniques introduced at the Hospital Materno Infantil in Tegucigalpa, the percent of post-partum women receiving vitamin A capsules was increased by 60%.
- During SightReach™, 22 ophthalmologists received training in pediatric ophthalmology (1/2 of all 44 ophthalmologists in the country).

Child Survival/ Vitamin A Deficiency Control
- In the fourth year of program activities, Dra. Marylona Arika introduced Quality Assurance (Improvement) methods. An evaluation was conducted to develop a plan to increase tetanus toxoid vaccinations for women from 40% to 100%. Tetanus is a leading killer of newborns in developing countries.
- IMPACT II monitors the fortification of sugar and salt to increase the daily dietary intake of vitamin A and iodine. The IEP provided administrative management support to the MOH which monitored quality control of the packaging and distribution process of sugar and salt targeted for use in homes. During the year, table sugar fortified with vitamin A increased by over 90%.

A young Mayan mother whose child has bilateral cataracts waits to have her child's eyes examined at the pediatric eye clinic in Hospital "Rodolfo Robles V." in Guatemala City, supported by IEP's SightReach™ program.

A young boy is examined by Dr. Edgardo Navarro during a National Committee for Prevention of Blindness sponsored outreach clinic in a small village outside Yoro, Honduras. The IEP is a member and supports the National Committee in its efforts to reduce blindness in Honduras.
After 12 years of child survival and vitamin A deficiency control programming in Chikwawa District in the Lower Shire Valley, IEF successfully incorporated the distribution of vitamin A capsules within the existing MOH system, training Health Surveillance Assistants on the importance of vitamin A, as well as proper distribution methods which assure that all children receive their doses and are tracked properly.

CHAPS - Community Health Partnerships

This program works with senior and mid-level managers to improve management skills and efficiency with the District Health Management Team, a joint committee including representatives from the MOH in Chikwawa District, the IEF, and the Christian Hospital Association of Malawi (CHAM).

A Quality Assurance (Improvement) assessment was completed in April 1998 in Chikwawa District to gather baseline data on MOH management capacity relating to reporting, logistics, personnel supervision, and supply chains. The assessment outlined various strategies to work with the MOH to correct problems in areas of transport, supervision, and stock/inventory control for medicines.

The IEF coordinated the integration of vitamin A capsule distribution into the MOH's National Immunization Day. In 1998, the IEF delivered 100,000 vitamin A capsules to the Chikwawa MOH and 130,000 to Regional Health Offices.

The IEF's Food Security Garden Project promotes better nutrition and food security by promoting "home" gardening to improve access to vegetables for families. The 1998 training focus was on nutrition, food preservation and preparation. 10 new target villages were identified from August to November 1997. The 1997 original target was to reach 42 villages. In 1998, the IEF actually reached 150 farms, far surpassing the original goals.

MICAH

This new, 2-year program is funded by the Canadian government through World Vision, International/Canada. It is designed to improve dietary micronutrient intake for mothers and children in Chikwawa District through iron and iodine fortification.

Capacity Building - Financial Sustainability of Eye Care Institutions

In April 1998, IEF headquarters staff with partner consultants conducted an initial assessment and orientation to financial sustainability programming. Plans were developed with the Lions SightFirst Eye Hospital, a unit of the Lilongwe Central Hospital, with the goal of strengthening the hospital's basic infrastructure and management capacity including skills enhancement for personnel in order to eventually expand the nation's eye care services.

Onchocerciasis

In 1967-1968, the program transitioned from a solely IEF managed and funded initiative to an African Programme for Onchocerciasis Control (APOC) funded, coalition managed program (IEF, Tea Estate Management of the Thyolo Highlands, Ministry of Health and Population (MOH), Christian Hospital Association of Malawi, and APOC.)

In 1968, the program undertook a reorientation to Community Directed Treatment with Ivermectin (CDTI). Training was completed for MOH staff, and training of Community Directed Distributors (CDD) was initiated.

Rapid Epidemiological Mapping of Onchocerciasis and additional Rapid Epidemiological Assessments were completed in 1998, with five additional districts identified as areas endemic with the disease.

The program distributed over 160,000 treatments during 1998.

TRACHOMA

With support from the Edna McConnell Clark Foundation, the IEF developed country profiles of the trachoma situation and needs in three African countries.

Guinea-Bissau

Sponsored by IEF. Dr. Paul Courtwright of the British Columbia Centre for International and Epidemiologic Ophthalmology (BCCIO) visited Guinea Bissau to work with Dr. Justino Padia, the only Bissau ophthalmologist in this former Portuguese colony of 1.2 million people, to develop the country profile, assess the needs, and design a program proposal. Travelling throughout most of the country, they visited the most endemic sites in the north and the out islands of this mostly rural and very poor country.

Mozambique

Dr. Paul Courtwright visited Mozambique on behalf of the IEF to meet with Dr. Isidora Zambulo and her colleagues to assess the trachoma situation. Mozambique is another former Portuguese colony which has recently emerged from a devastating 16 year civil war which has left the country's basic infrastructure and service delivery network in ruins. The population is widely dispersed and records have not been kept making it difficult to secure accurate data. A review of available data and clinic records determined that the 16 Ophthalmic Assistants see many patients with a blindness trachoma and it is anecdotally considered to be a significant blindness disease in the country.
Dr. Susan Lewallen, an ophthalmologist who has worked with the IIEF for four years in Malawi, visited Dr. Moses Chiramo, the senior ophthalmologist in the country, and his colleagues to assess the trachoma situation. Trachoma has been addressed on a general basis by the ophthalmologists and especially the Ophthalmic Medical Assistants, the backbone of eye care service delivery in Malawi. Reviewing clinical data and anecdotal evidence, trachoma is still considered to be one of the most serious eye diseases in the country and the development of a national trachoma control program would be of great benefit.

**Seeing 2000**

**FY 1998 Program Expenses - $317,501**

**LATIN AMERICA**

**Centro Cristiano de Servicios Medicos, Inc.,**

**Hospital Dr. Elias Santanta, Santo Domingo, Dominican Republic**

Project Director: Juan Butille, M.D.

Providing assistance for low-income patients through subsidies for congenital cataract surgery. In the last six months, 71 cataract surgeries were performed. The project has also offered outreach services throughout the country, including vision screening with follow-up care provided at the hospital. The success of “Seeing 2000” was highlighted in a presentation at the June 1998 annual meeting of Dominican Republic ophthalmologists.

**Hospital Roosevelt,**

**Guatemala City, Guatemala**

Project Director: Arturo Quevedo, M.D.

“Seeing 2000” helped strengthen this public hospital’s capacity to perform pediatric eye surgery on a daily basis through acquiring specialized equipment. During the year, 12,201 children were examined. An additional benefit from the “Seeing 2000” project was the allocation of space for a dedicated pediatric eye examination room and pediatric eye operating room.

**Hospital “Redolfo Robles V.,”**

**Guatemala City, Guatemala**

Project Director: Miguel Rene Escobar Mendez, M.D.

“Seeing 2000” provided staff training, as well as supplies and equipment for this private hospital’s newly opened Pediatric Ophthalmology Unit. In the past year, 916 children were examined for eye disease.

**Instituto de Educación y Prevención en Salud Visual, Lima, Peru**

Project Director: Luz Gordillo, M.D.

“Seeing 2000” supports activities at the Hospital Moderno Infantil San Bartolomeo to detect and attend cases of Retinopathy of Prematurity (ROP), an increasing major cause of blindness in newborns and infants. Coordinating with UNICEF’s “Kanaguru” program for premature babies, the project has done extensive work in increasing awareness of ROP, serving as a strong advocate to the medical community and parents on the importance of early detection and treatment. The program director has appeared on television and radio programs, and has created a series of comic book novellas used to educate parents. The program director has also developed a method for reporting expenses in the local currency and US currency, a system now being used as a model for other projects. During the year, 568 examinations were performed, with 30 children having received sight-saving surgery.

**ASIA AND THE PACIFIC REGION**

**Ai - Sifaka Trust Eye Hospital,**

**Rawalpindi, Pakistan**

Project Director: Haroon Rashid Awan, M.D.

Training and outreach eye screening camps were supported by IIEF’s “Seeing 2000” program. Screening camps were conducted in seven villages and 74 children were identified for surgery. During the year, 17,565 children were screened, with 340 receiving sight-saving surgery. In March 1998, Prof. Marilyn Miller, M.D. of Chicago and Susan Day, M.D. of San Francisco, conducted ortho sub-specialty training in pediatric ophthalmology for hospital staff.

**Aaravind Eye Hospital,**

**Madurai, India**

Project Director: P. Vijayalakshmi, M.D.,

Chief of Pediatric Ophthalmology

“Seeing 2000” supports identification of children needing eye care through outreach programs in schools, preschools, and eye camps. During the past year, this aggressive program conducted 56,943 eye exams and 1,652 surgical procedures. Aaravind Eye Hospital serves as a model for providing high-quality, high-volume cataract surgery that is affordable for all persons needing care, including free service for the truly indigent.

**Layton Rahmatullah Benevolent Trust,**

**Karachi, Pakistan**

Project Director: Mr. Shafir Lilah

IIEF’s “Seeing 2000” support helped establish a dedicated pediatric eye unit at Korangi Hospital, in Karachi. For 1998, school screening activities and examinations at the hospital resulted in 2,453 examinations. From these examinations, 522 surgeries were conducted to restore sight for children. A total of 130 Examinations Under Anesthesia were performed, the only way to properly examine an infant.

**L. V. Prasad Eye Institute (UVPE),**

**Hyderabad, India**

Project Director: Gullapalli N. Rao, M.D., Director

A regional referral and training center, pediatric care is an important component of UVPE’s activities. In December 1997, UVPE opened a new Pediatric Center within the Institute to provide comprehensive pediatric eye care. “Seeing 2000” supported the acquisition of specialized anesthesia equipment for the new pediatric eye unit. In the last quarter of the fiscal year, 819 surgeries and 535 Examinations Under Anesthesia were made.

**Lummini Rana-Ambika Eye Hospital,**

**Bhairahawa, Nepal**

Project Director: S.K. Shrestha, M.D., Lummini Program Director

Increasing the safety, awareness and utilization of child ocular surgery in the Lummini Zone, IIEF’s “Seeing 2000” support played an important catalytic role in the hospital’s pediatric surgical activities. An ophthalmic technician received specialized anesthesia training in the United States. During this year, 501 surgical procedures were performed on children. Outreach teams remain an important component of the project to identify and treat pediatric eye disease early. During home-to-home visits in the village, these outreach teams screened over 100,000 children for eye disease, and distributed vitamin A capsules when necessary.

**North West Frontier Province, Hayatabad Medical Complex, Peshawar, Pakistan**

Project Director: Dr. Mohammad Daud Khan, MBBBS, DO, FRCOphthalm, PCPS, FRAMS, Professor and Head of the Department

IIEF’s “Seeing 2000” grant in Peshawar enabled the purchase of ophthalmic equipment to be used exclusively for child ocular surgeries, including a dedicated bed for pediatric service in the operating theaters. The use of para-medicals in vision screening coupled with outreach screening activities in rural areas has resulted in an increase in pediatric surgical cases. The Project Manager, Dr. Sadia Sethi, participated in a Quality Assurance (Improvement) training program in June 1998, held at the Johns Hopkins School for Public Health and Hygiene in Baltimore, Maryland. On her return to Pakistan, she began working with teams to implement QA into ongoing activities. During the year, 5,655 examinations were conducted with 170 ocular surgeries performed.

**Tilganga Eye Centre, Kathmandu, Nepal**

Project Director: Sanduk Ruit, M.D.

Focusing on recognition and treatment of amblyopia (lazy eye), “Seeing 2000” support increased the number of staff for screening eye camps and surgical eye camps. For 1998, the Centre reported a dramatic increase in pediatric patients, a 44% increase during the first half of the year compared to the baseline data. Through eye camps and other outreach activities, 2,397 vision examinations were conducted, with corrective surgery being performed on 102 children.
**Eastern Europe**

Bulgarian Eye Foundation, Sofia, Bulgaria

Project Director: Petja Vasileva, M.D., P.H.D., D.Sc., M.D.

*Seeing 2000* is expanding the availability of pediatric eye care in rural and underserved regions of the country through training of ophthalmologists in pediatric ophthalmology.

Dr. Rozitsa Loleva completed a four-month pediatric ophthalmology training program at the Aravind Eye Hospital in the end of 1997, specifically improving her surgical skills. Dr. Robert Spurrett of Denver conducted hands-on training in Bulgaria in September 1997. The project has conducted outreach activities in rural and underserved areas and in schools for the blind. 1,712 children were screened for eye disease and thirty-four children received surgical care. An added benefit has been the ability to leverage "Seeing 2000" success in securing other funding program. During 1998, the Bulgarian Eye Foundation was successful in receiving funding from PHARE, a European Union social program, to continue the project's outreach services.

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**AFRICA**

El Maghary Hospital's Blind Schools Survey, Cairo, Egypt

Project Director: Tarek Badawy, M.D.

IEF "Seeing 2000" provided support to provide care detection, medical intervention, low vision aids and rehabilitation for blind and visually handicapped children enrolled in the 17 schools for the blind in the greater Cairo area. During the year, 506 children were examined in the blind schools, with 162 cases identified and referred for sight restoring surgery.

Lions Sightfirst Eye Hospital, Lilongwe, Malawi

Project Director: Moses C. Chimbandi, M.B., Director

"Seeing 2000" supported the training of Ophthalmic Medical Assistants and the outreach screening which identified children needing eye surgery. During the past year, over 20,000 children were examined.

Matebeleland South Comprehensive EyeCare Programme, Gwanda, Zimbabwe

Project Director: Sanjiv Dhawan, M.S.

Specialized training for a pediatric ophthalmologist and an anesthetist assistant, along with the purchase of specialized instruments and equipment were provided with "Seeing 2000" funding. Dr. Dhawan attended the 1997 American Academy of Ophthalmology meeting, participating in pediatric ophthalmological workshops. An anesthetist assistant, Mr. Mapusa, received pediatric anesthesia training in 1998. An awareness of Gwanda Eye Unit's ability to treat children's eye problems has increased, referrals to Gwanda Provincial Hospital have also increased, with 56 children receiving ocular surgery. In 1998, 866 children, including 36 children in blind schools, were examined.

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**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 diverse range of social, economic and philosophical backgrounds. The sources of this support are as varied as the people who offer it: money 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; gifts made to honor a person or a significant life event; and contributions of cash and other financial assets from individuals, organizations, and corporations. For all of these blessings, the International Eye Foundation, on behalf of the countless people served, is honored to express its deep gratitude.

The IEF wishes to recognize the donors from July 1, 1997 to June 30, 1998. The IEF makes 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.

1998 Annual Fund: Contributors to the IEF's "Annual Fund" campaign are marked with an (*).
Giving Opportunities

The International Eye Foundation has been working for the prevention and cure of blindness in the developing world since 1961. This has been made possible through the foresight, dedication, and generosity of many thousands of people like yourselves. Your gift assures the continuance of these critical, sight-saving programs today and...tomorrow. Various gift opportunities exist to meet your personal requirements.

Cash, securities, or personal property — Gifts of cash, securities, or personal property are tax deductible and may also be eligible for a matching gift from your employer.

Bequests — When preparing your will or securing life insurance, consider leaving a charitable bequest. After ensuring the needs of family and loved ones, a charitable bequest through a will or life insurance policy is a simple, yet effective means of making a significant contribution to the work of the IEF. The following forms are suggestions for discussion with your attorney:

To specify an amount: I give, devise, and bequeath the sum of $_______ (or ___% of my estate) to the International Eye Foundation, Inc., Bethesda, Maryland.

To leave a residual amount, after satisfying other bequests: I give, devise, and bequeath all (or a specified portion of) the rest, residue, and remainder of my estate, both real and personal, to the International Eye Foundation, Inc., Bethesda, Maryland.

Gifts Paying Income to You — Life-income plans allow you to donate an asset while retaining the income from the asset. Gift Annuities, Charitable Remainder Trusts, Charitable Lead Trusts, or other Charitable Trusts will pay an income to you or to other named beneficiaries for life or for a specified period of years. The benefits to you include an immediate tax deduction, capital gains tax benefits, estate tax benefits, and reduced probate costs.

Honor and Memorial Gifts — Honor and Memorial Gifts provide a wonderful means of thoughtfully remembering a loved one or recognizing a significant event in someone’s life. The International Eye Foundation sends an acknowledgment that a memorial or honor gift was made.

The IEF welcomes inquiries from you or your advisor about any of these gift opportunities. Please contact the IEF’s Public Affairs Officer at 301-986-1830.
<table>
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<tr>
<th>PUBLIC SUPPORT &amp; REVENUE</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>1998</th>
<th>1997</th>
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<td>Revenue from event</td>
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<td><strong>Total Public Support &amp; Revenue</strong></td>
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<td>-</td>
<td>3,880,678</td>
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**EXPENSES:**
- Program Services:
  - Operational programs: 1,508,004
  - Donated medical supplies: 1,487,801
- Support Services:
  - General and administrative: 134,042
  - Fund raising: 308,262
- **Total expenses** 3,438,109

**CHANGES IN NET ASSETS BEFORE CUMULATIVE**
- NET ASSETS AT BEGINNING OF YEAR, as restated: 2,605,556
- NET ASSETS AT END OF YEAR: $1,007,318

<table>
<thead>
<tr>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>$1,007,318</td>
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1997-1998 Officers

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