Keeping sight of the vision...

John Harry King, Jr., MD
Founder

International
Eye Foundation

7801 NORFOLK AVENUE • BETHESDA, MARYLAND 20814 • USA
TEL (301) 986-1830 • FAX (301) 986-1876
e-mail: info@iefusa.org
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# Message from the President and Executive Director

D r. John Harry King founded the International Eye Foundation (IEF) in 1961 with the mission of preventing and curing blindness. That’s nearly 40 years ago, lots of time and lots of experience for new approaches to the mission he instituted.

Since IEF was founded, many new organizations dedicated to the prevention of blindness have been established. Additionally, many older organizations that once focused only on education and rehabilitation of the blind have recognized the importance of prevention and have established programs similar to ours.

What’s next for IEF? We continue to combat the leading causes of blindness: cataract, trachoma, vitamin A deficiency, and onchocerciasis—but in new ways. Our strategic goals developed in the last two years focus on the barriers to financial sustainability of existing eye care services in developing countries. Simply training more doctors and giving more equipment is not the answer. For instance, in most Latin American countries there are enough eye doctors per person—they’re just not where the need is greatest. People in India and parts of Africa underutilize the services available.

Why? Quality of service, surgical results, non-retention of qualified medical staff, absence of management capacity, motivation and renumeration of government-employed staff, inter alia. Patients don’t come because they can’t be seen in a reasonable time or they believe the trip isn’t worth the effort. Also many believe they will not receive any improvement in their sight.

World Health Organization/National Eye Institute studies in China, India and Nepal show that 30 to 40% of patients had no better sight after cataract surgery than before. These results were much worse than expected and fall far short of what can be done.

Starting in Malawi, IEF and our collaborating partners are introducing internal management systems, quality improvement methods, better and more modern microsurgical training, marketing techniques, cost accounting, and a level of cost recovery for operating costs. Our partners provide proven and successful models. Together we are sharing our experience and knowledge using a mentoring, team-based, hands-on approach. Some contend increasing volume will reduce service quality. We see that criticism as backwards. Improved quality and contented patients will increase demand for services. The best endorsement is word of mouth.

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Vision 2020: The Right to Sight
Campaign Launched
Goal - Eradicate Avoidable Blindness by the Year 2020

Our Mission is to eliminate the causes of blindness in order to give all people in the world, particularly the visually handicapped the right to sight. Helen Keller International (HKI), Victoria Sheffield, executive director of the International Eye Foundation; Jilly Stephens, vice president of program operations, ORBIS International; and His Excellency Jerome Mendoua, Ambassador of the Republic of Cameroon and vice president (FY 1999) of IEF's Board of Directors, was assembled from across the nation to participate in this historic event. The panel was moderated by Alan Harkey, president of Christian Blind Mission.

Panel members each shared information on the four major causes of blindness targeted by the Campaign (see box). Ambassador Mendoua, representing the beneficiary peoples of the world, offered a moving vision of the personal impact of blindness in the developing world. All panelists agreed that one message is clear—the Campaign's goal to eliminate avoidable blindness which constitutes 80% of all blindness world wide is "doable." Treatment and prevention strategies for these four causes of blindness are known, and adequate resource deployment are readily available.

A Supporting Member of the Campaign, the IEF joins more than 20 international organizations. "Member organizations of the Vision 2020: The Right To Sight campaign, in collaboration with UN agencies and national governments, will conquer avoidable blindness in developing nations by controlling disease, increasing the number of trained physicians and nurses, improving technology for eye care treatment and increasing access to affordable eye health services," said Dr. Sommer, a world renowned expert on vitamin A deficiency. "By working together, coalition members can pool resources and funds to combat this enormous problem."

In a statement issued from Geneva, Dr. Gro Harlem Brundtland, director general of WHO, concluded, "There are 45 million blind people and a further 135 million people with serious visual impairment in the world today. This is unacceptable both from a humanitarian and socio-economic point of view. Vision 2020: The Right to Sight campaign will raise awareness, mobilize resources and develop national blindness prevention programs with governments to prevent an additional 180 million people from being blind by 2020."

A leader in public health eye care in the developing world for nearly four decades, IEF staff and volunteers enthusiastically accept the challenge... and the hope embodied in the Vision 2020: The Right To Sight campaign. IEF programs address all four of the major causes of blindness. Preparing for the future by building on our strengths, the IEF in 1999 made major progress in developing innovative, effective eye care programs — programs to strengthen eye care systems, programs to reach more people with better services, and programs with the capacity for financial self-sufficiency.

Vision 2020: The Right To Sight campaign holds the promise of a solution to avoidable blindness in the world. The IEF is proud to be a part of that solution.

Blindness Around the World

- 45 million people currently suffer from blindness throughout the world
- Every five seconds one person in the world goes blind
- Every minute one child goes blind
- With population aging and increase, the number of blind is expected to dramatically increase by the year 2020
- 13% of the world's blindness is avoidable
- 60% of the world's avoidable blindness is from four major causes:
  - Cataract
  - Trachoma
  - Onchocerciasis, more commonly known as River Blindness
  - Childhood Blindness, most due to vitamin A deficiency

"I can testify to the devastation that blindness can bring to a life — life of an individual, life of a family, of a community, of a country. In fact the tragedy of blindness is unlike most diseases; one that every one of us can attempt to experience and even approach without running the risk of catching it. Some of us have to use glasses to be able to see. Imagine one hour, half a day, a day or more without the benefits of those glasses! What would it mean for our life or the lives of those around us? How much could we contribute to whatever we are now contributing? Even more, imagine those for whom glasses are of no help. We, you and I, can experience this, simply decide to close our eyes. How long would it take, how many minutes would it take until we would feel the barrier? Yet, unlike the blind, we have the security of knowing that we could regain our sight simply by opening our eyes again."

His Excellency Jerome Mendoua—
Ambassador to the United States from the Republic of Cameroon
The International Eye Foundation is dedicated to helping people see...

Expanding eye care services for those in need.
Supporting programs targeting avoidable blindness - cataract, trachoma, river blindness, and childhood blindness.
Providing affordable ophthalmic supplies, equipment, and medicines.
Enhancing financial self-sufficiency of eye care providers to offer quality eye care services.

A Strategic Shift Entering the New Millennium

This is a moment in time when businesses, like people, are more reflective, more aware of changing trends, and the need to stay "ahead of the curve." The end of the century and the millennium focused increased attention on this inner reflection. Organizations, like people, must also take time to reflect on where they have been, and make new plans for the future.

During 1998 and 1999, the IEF stepped up its efforts at self-evaluation, taking a long look at all aspects of our organization and programming. With guidance from Marsha Nelsen, a respected health care management consultant and IEF Board Member, IEF staff and volunteers embarked on a journey of discovery.

There are three distinct, yet interrelated paths evolved from our discussions and evaluation:

- Analysis of IEF programmatic and organizational strengths and areas for improvement
- Review of trends, needs, and possible solutions in delivering accessible eye care in the developing world
- Development of strategic initiatives to meet the eye care challenges of the 21st century

Growing out of this dynamic process were the following:

- Acceptance of an IEF mission statement which is reflective of the spirit and renewes the commitment to IEF founder Dr. John Harry King's vision of "...the promotion of peace through the prevention of blindness."
- Development of strategic initiatives for creating new eye care systems with increased focus on financial management and self-sufficiency
- Alignment of IEF programs to reflect the four pillars of IEF's mission statement.
- Under the umbrella of SightReach™, IEF's programs fall into one of three focus areas: SightReach™ Prevention, SightReach Surgical™, and SightReach Management. The International Eye Foundation is dedicated to helping people see...

SightReach™

SightReach™ Prevention

IEF's SightReach™ Prevention programs target the four main causes of avoidable blindness as outlined in the Vision 2020: The Right To Sight campaign. Initiatives include long-standing blindness prevention and sight restoration programs such as Child Survival; Vitamin A Deficiency control; River Blindness control, Trachoma control, and "Seeing 2000" with its goal of increasing ophthalmic surgical capacity for children.

IEF's childhood blindness, trachoma, and trachoma programs increasingly focus on strengthening the systems which deliver these services to they become self-supporting.

IEF programs distribute Mectizan® tablets to control onchocerciasis, provide vitamin A capsules and immunization for children, dispense tetracycline eye ointment to control trachoma, educate communities on better nutrition, and help deliver holes for cleaner water. IEF now incorporates Quality Improvement methods, new management systems, and creative cost recovery methods within programs. Increasingly collaborative with other Non-Governmental Organizations (NGOs) and Ministries of Health, this approach holds a double-edged promise — achieving results in preventing blindness among the needy while strengthening the delivery system itself, ensuring continuity into the future.

SightReach™, eye care services in Latin America have been expanded, reaching hundreds of thousands of people in need.

Expansion of eye care services is implicit in and impacts all IEF programmatic objectives. Likewise, success in all areas will result in expanding services. The program pillars of IEF's strategic mission under the SightReach™ umbrella provide greater clarity and focus through integrated, effective initiatives to help people see.

SightReach™ Management

IEF’s SightReach™ Management programs support quality eye care services and providers.

Providing affordable ophthalmic supplies, equipment, and medicines.

SightReach Surgical™

It is difficult, if not impossible, to provide quality eye care without adequate ophthalmic equipment, supplies, or pharmaceuticals. For many years, IEF's "Gifts In Kind" program has worked to fill this need for IEF partners around the world to provide donated goods from generous individuals and companies. As eye care providers and institutions develop the capacity to be self-sufficient, their needs are changing and IEF is helping them meet these needs as the future demand for quality equipment and supplies increases.

In 1999, IEF's response was the development and launch of SightReach Surgical™. This social enterprise is dedicated to eliminating the barrier of cost of eye care and surgery. Offering high-quality ophthalmic medical and surgical supplies, instruments, and equipment at low cost, the aim is to reduce the price of quality eye care and surgery, making it more accessible for the poor.

Enhancing financial self-sufficiency of eye care providers to offer quality eye care services.

SightReach™ Management

SightReach™ Management is the direct descendant of IEF's original SightReach™ program. From lessons learned in SightReach™ and working with other successful models, the IEF is shifting its program priorities by enhancing the financial self-sufficiency of eye care providers, thus leading to improvement of service quality and efficiency, increased volume of patients, and expansion of overall eye care services. Fees for service mechanisms are being introduced (including "free" as a price level for the truly indigent) leading to greater financial independence of the eye care provider or institution. The result will greatly expand eye care for the needy, for today, and for tomorrow.

...Helping People See

Throughout its history, IEF and its programs have adjusted, changed, and evolved to meet increasing and changing needs in delivering quality eye care services in the developing world. More important, we have moved our programs forward, learning and growing, making changes as necessary to remain a leader in public health eye care. We do this not for the sake of change, but for the millions of under-served people around the world. We do this to help people see. Simple to say, yet more and more complex to achieve, we invite you to share in our accomplishments of the past year, and join in looking toward the future.
Expanding eye care services for those in need – SightReach™

A New Direction for Sight

The IEP's year-long investment of time and resources in strategic planning has yielded an updated mission, with programmatic objectives realigned under a unified banner: SightReach™. SightReach™ defines IEP's first, and underlying objective, expanding eye care services for those in need.

IEP's five-year-old innovative program, SightReach™, is bringing eye care to underserved people in Latin America by making it possible for young Latin American ophthalmologists to establish eye clinics in underserved areas. SightReach™ epitomizes the accomplishments and experiences which form a critical basis for IEP's long-term strategy to eliminate avoidable blindness in the world. In the past year, SightReach™ has transitioned from a specific IEP program to the symbol of all IEP programs. During its five years of program activities, and with support from the U.S. Agency for International Development (USAID), SightReach™ grew and matured, effecting a significant correction in the maldistribution of ophthalmologists in Ecuador, El Salvador, Guatemala, and Honduras.

For FY 1988-1989, the concluding year of the five-year program, SightReach™ activities included the following:

- Supported the 17 SightReach ophthalmologists and their eye clinics with donations of ophthalmic products to treat their poor patients. The doctors now also access ophthalmic products at low cost from IEP's SightReach Surgical company for the rest of their services.

- Assisted Ms. Claudia Alcero in the training of elementary school teachers now learning how to screen children's vision in Honduras. This is a new initiative of the Ministry of Education and is the first of its kind in Central America. The training sessions are an ongoing effort and are fulfilling the Ministry's 1987 mandate that all children should have their vision measured upon entering primary school. As of June 30, 1989, 388 teachers had been trained in 5 of 12 districts within Francisco Morazán Departamento. Unfortunately, the devastation from Hurricane Mitch delayed the opening of the schools from the fall of 1988 until March 1989. In spite of the delay, District 1 reported that 892 children had been screened, with 14 being referred for ophthalmic examination. The session will continue until all first grade teachers in the country have been trained.

- Sponsored Dr. Ana Maria Ilocua, Chief Pediatric Ophthalmologist at the Rodriguez Robles Hospital in Guatemala City which is also a "Seeing 2000" grant recipient, to conduct a pediatric ophthalmology workshop in Tecpígala, Honduras for Honduran colleagues. The information presented was based on a very well received seminar conducted in June 1988 in Guatemala City by Dr. Edward Buck, a pediatric ophthalmologist from Dube University in North Carolina.

IEP's SightReach™ program made great strides in making quality eye care affordable and accessible for people living in underserved areas of Latin America. Of the many statistics one could cite to support the impact of this ground-breaking effort, two stand out:

- It is planned that 75% (17 of 20) of the SightReach™ clinics will remain in the same areas indefinitely. Several SightReach™ doctors are planning to open satellite clinics in surrounding areas, further extending the reach of their vital ophthalmic care.

- SightReach™ ophthalmology clinics account for approximately 10% of the total number of ophthalmologists in the four program countries, a dramatic shift in ophthalmological resources for the region.

IEF moves into the new millennium with confidence in the strong foundation provided by SightReach™. No longer a specific program, SightReach™ stands as a powerful symbol of our goal to... "help people see by expanding eye care services for those in need."

"Without a doubt, the most important achievement in this project has been to enable young physicians to practice medicine using adequate equipment while providing a needed service to a previously underserved population. Harnessing individual enterprise and personal initiative for the benefit of both physicians and patients is a powerful tool which can yield impressive results in a relatively short period of time. Careful selection of those individuals seriously committed to the project and the extraordinary dedication of IEP's staff have been key factors in the attainment of these objectives," stated in the conclusions of the final evaluation (Ecuador component) July 1988.

IEP Executive Director, Victoria M. Sheffield (center), provided a computer to the Deputy Minister of Health (left) for use by the National Committee for the Prevention of Blindness. Dr. Marylisa Arias (right), IEP/Honduras Child Survival Medical Advisor looks on.
Setting our sights on eliminating avoidable blindness – SightReach and Prevention

IEF’s ‘traditional’ eye care programs have been our primary tool in meeting the global challenge to preserve and restore sight among the poor of the world. Tens of thousands of people in developing countries awake each day, able to see the world around them because of the IEF. They are the tangible evidence of IEF’s successful efforts over nearly four decades. People’s needs change, and IEF’s methods and strategies for direct interventions have evolved, keeping abreast of the pace of change. We have learned much from our own experience and from the experience of others. We believe that the best of each needs to develop innovative, more effective means to deliver basic eye care services. Some of these actions include:

- Integrating direct community involvement and responsibility for distributing Mectizan® to control River Blindness.
- Strengthening local public health services in order to achieve consistent, effective distribution of vitamin A capsules and other child health interventions.
- Introducing improved family gardening techniques, increasing the availability of vitamin A rich foods in the families’ diet, as well as producing extra family income from the surplus.
- Collaborating with partner NGOs in the collection of wells to provide a safe, dependable source of clean water, improving general hygiene, a critical component in the strategy to eliminate trachoma.

IEF’s SightReach® Prevention programs encompass all of the interventions above, and so much more. These programs target the four main causes of avoidable blindness identified in the Vision2020: The Right To Sight campaign: Cataract – Accounting for nearly half of the world’s avoidable blindness, IEF addresses this challenge through our SightReach Management and SightReach Surgical® initiatives. These efforts aim to increase dramatically the capacity of eye care institutions to offer high-quality, high volume cataract surgery, while lowering the associated costs of the necessary consumable supplies. Detailed information on IEF’s progress and activities may be found on page 17 of this report.

BOLIVIA

A new and exciting IEF program was established in 1999 in Bolivia, one of Latin America’s poorest countries. The program is titled “Capacity Building for Quality Child Survival Interventions” and is being implemented jointly by the Centre de Promocion Agroparacuaria Campesina (CEPAC) and IEF in Itchiku Province. The goal of the project is to improve the sustainable delivery of child survival interventions and expects to almost double the beneficiary population (from 10,000 to 51,000) currently served by CEPAC. This will be a five year program through September 2003 and is supported in part by a grant from USAID.

IEF’s Country Director in Bolivia is Dr. Fernando Muriño-Lopez who completed his ophthalmology training at the Johns Hopkins School of Medicine in Baltimore and his speciality fellowship at the Bascom-Palmer Eye Institute in Miami. He returned to his native Bolivia to serve his people and to help strengthen the ophthalmology services in the country.

IEF will serve in a managerial role, enabling CEPAC to strengthen its management skills, increase effectiveness and improve and increase ocular care for children.

There is great satisfaction in doing something well, in doing it with excellence, seeing the impact in people’s lives. We are proud to share with you these highlights from our 1998 – 1999 SightReach® Prevention programs.

CHILDHOOD BLINDNESS – CHILD SURVIVAL and Vitamin A DEFICIENCY CONTROL

IEF’s Child Survival and Vitamin A Deficiency Control programs have served countless children throughout the world. IEF programs in Eritrea, Ethiopia, Malawi, Guatemala, and Honduras have distributed vitamin A capsules to tens of thousands of children. In the current year, a new program will improve vitamin A status in children in Bolivia. Vitamin A is essential to healthy growth and general eye health. Xerophthalmia, a blinding eye condition caused by vitamin A deficiency, is the leading cause of blindness in children in the developing world. It causes a severe dry eye - so severe, in fact, that the cornea at the front of the eye can become ulcerated and blindness follows. More than half the children under age five who go blind from xerophthalmia die within a year – not from xerophthalmia but from complications associated with vitamin A deficiency. These include measles, acute respiratory diseases, and diarrheal diseases. Of the blind children who survive, life often takes an untimely and normal future.

IEF’s vitamin A capsule distribution programs also include nutrition education, promotion of family gardens where vitamin A rich foods are grown, and fortification of sugar with vitamin A and salt with iodine through government public health, and private sector collaboration.

ETHIOPIA

In Debubbir, and Basoa Werena Wereda districts, IEF is working collaboratively with Christian Children’s Fund (CCF) in Ethiopia. The partnership combines IEF’s technical strength in child survival programming with CCF’s expertise in community mobilization. The project focuses on reducing child mortality and improving eye health for children through increased immunization coverage and vitamin A capsule distribution.

During the year, project activities and accomplishments included:

- Training in June 1999 for project staff and key MOH officials in Qualitative Improvement (QI); implications for addressing quality; definitions, and QI tools and approaches.
- Increased immunization coverage for those receiving services in Debubrir and Basoa Werena by as much as an average of 15.2% over baseline immunization coverage.
- A five-day refresher training program for 24 community health workers (CHWs) in seven Peasant Associations.
- Distribution of 22,405 vitamin A capsules among those receiving services within the project’s two districts, a nearly 300% increase over the previous year.

HONDURAS

Hurricane Mitch left widespread destruction in its wake in October 1998. Besides the physical damage, another, potentially more threatening effect was malnutrition, especially among poor children. IEF’s vitamin A distribution project provided survival programs in Honduras have made great progress in the last 10 years, improving the overall health status of children and families. Countless Honduran children have been saved from blindness caused by vitamin A deficiency. Mitch posed a threat to these gains by destroying crops, roads, and health centers. In March and April 1999, IEF, with support from F. Hoffmann-LaRoche Ltd. “Task Force Sight and Life,” conducted a vitamin A situational analysis. The First Lady of Honduras, Mrs. Val Flores, attended the dedication in June 1999. The IEF presented its findings for representatives of interested and collaborating organizations, including the Honduran Ministry of Health, UNICEF, USAID, and the Pan American Health Organization (PAHO) Hondonas. The findings indicated that while vitamin A distribution was continuing, coverage was uneven. It was also noted that, with the loss of the current sugar crop, fortification efforts would be delayed until a new crop could be harvested. This was a significant setback, as studies have shown that the fortified sugar provides half of the dietary intake of vitamin A. Fortunately, recovery efforts include protecting vitamin A status in children and it is hoped that full recovery of health services will be reached by year’s end.

MALAWI

Twice each year, all IEF/Malawi staff participate in the Ministry of Health and Population’s (MOHP) “National Immunization Days.” IEF personnel are an integral part of these semi-annual nationwide two-day campaigns, providing needed manpower, as well as assurance that the immunization is effective and appropriate. In 1998, IEF successfully completed the transfer of responsibility for direct capsule distribution efforts into existing public health programs of the MOHP. IEF continues to provide managerial assistance and support to the MOHP.

Food Security – Working in villages in economically underdeveloped regions, we have come to recognize the difficulty of teaching about eye care when people are uncertain about having enough to eat. With support from UNICEF/Malawi, the IEF is using its experience in extending eye care }

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IEF Program Director
John Barrows, MBE
(standing, third from left) with the Christian Children’s Fund’s Child Survival Team in Ethiopia.
care services to remote villages to educate families in effective home gardening methods. This very small pilot program was implemented in 25 villages during 1998-1999, far exceeding the original target of 6 villages. Neighboring villages have requested EIP to assist them in implementing such a program. The program, though relatively small, has been nationally recognized by the Malawi MOHP as a model of successful intervention to improve the nutritional health of beneficiary families as well as produce extra family income. At the invitation of the MOHP, US Ambassador to Malawi Ellen Shippee, visited program villages in May 1999 and was impressed with the level of community participation.  

**MUNAF**  
Nutrition education along with iron and folic fortification for mothers and children are provided through this two-year micronutrient intervention program in Chilwara District. The program began in 1998 with support from the Canadian Government through World Vision International/Malawi. A major focus of the project is the district wide supplementation of pregnant and lactating women with iron and folic (milled). Additionally, a district-wide deworming campaign for children ages 2 to 5 is being conducted in order to improve the children's intestinal micronutrient absorption. Nearly all children targeted in Chilwara District were reached during the year's two campaigns. This was achieved by training Village Health Volunteers (VHVs) who reached approximately half of the children, and through the schools which reached the rest.  

**“Seeing 2000” – Helping Children See**  
Since 1995, EIP’s “Seeing 2000” program has saved the sight of over 14,000 children in 13 countries on five continents. Over 200,000 children have benefited from eye examinations and treatment. Funded by the US Agency for International Development (USAID), “Seeing 2000” aims to increase and improve ocular surgery for children by offering small sub-grants to indigenous charity hospitals and eye care organizations. An underlying strength built into the program is its flexibility — locally determined needs are met with locally designed strategies. The size of the grants and the variety of methods utilized have encouraged creativity and innovation in implementing eye care programs for children. There have been many unanticipated benefits from “Seeing 2000”, including:  
- Collected data on childhood blindness in regions where limited information existed previously  
- Improved management systems at eye clinics and hospitals, by incorporating standard Quality Improvement techniques  
- Stimulated greater interest in and development of pediatric eye care services  
- Proved the value of new outreach programs resulting in more children being examined and treated, thus leading to the decision to integrate targeted outreach into on-going efforts  

The greatest benefit of all comes from the smiles on the children’s faces after having their sight restored. Saving any person’s sight is a tremendous blessing, but it is made more so to those children who are the very children who now live independent of them. The “Seeing 2000” programs receiving funds during 1998-1999 included the range of activities utilized by “Seeing 2000” grantees in meeting their objectives. All have one thing in common, however, helping children see.  

**Telangana Eye Centre - Kathmandu, Nepal**  
Under the direction of Dr. Sanduk Ruit, increased staffing for screening and surgical eye camps resulted in a significant increase in its outreach efforts. Adding to its success is the constant flow of new children with cataracts being seen. By 1999, the centre was performing surgeries on 32 children a day, with a 99% success rate. Today, the centre performs over 1,300 surgeries a year and has grown a program in ophthalmic nursing to attract young children to surgery.  

**Aranjel Eye Hospital, Madurai, India**  
In the concluding year of this two-year project, Dr. P. Vijayanakshmi, project director and Chief of Pediatric Ophthalmology at Aranjel Eye Hospital, continued to prioritize outreach efforts in preschools and blind schools. In addition, hospital staff were trained to screen children as a component of their language and hearing program delivered to adult cataract screening camps. Combining children and adult screening in India proved particularly beneficial as these grandparents would often accompany their grandchildren to the hospital. The success of the school outreach in locating and identifying children who need eye care has resulted in the expansion and strengthening of Aranjel’s capacity to provide eye care services to children.  

“Seeing 2000” funding support has been an important adjunct in strengthening pediatric ophthalmology services at the Aranjel Eye Hospital.  

**Layton Rahmatulla Benevolent Trust (LBET) - Karachi, Pakistan**  
Emphasizing outreach and school screening programs, the LBET carries on these activities after the “Seeing 2000” grant period was concluded in August 1998. During its final quarter of “Seeing 2000” support, the project, under the direction of Mr. M. Shabbir Lillah, reported 205 surgeries performed on children with eye problems. “Seeing 2000” support has enabled the LBET to increase awareness and services for children at risk of visual impairment.  

L.V. Prasad Eye Institute (LVEI)  
Hyderabad, India  
“Seeing 2000” funding enabled the procurement of specialized pediatric ophthalmology equipment for a new pediatric eye unit, facilitating the safety and efficiency of eye surgery on infantile and very young children. Under the guidance of Dr. Gujralini N. Rao, Director of LVEI, a tertiary referral and training center for the region, the Institute’s “Seeing 2000” project emphasizes specialty pediatric eye care not readily available in India. In a six-month period during 1999, LVEI performed 855 surgeries on children and 163 Examinations under Anesthesia (EUA), the only proper way to adequately examine infants with eye problems. Continuously working to upgrade standards for eye care, the Institute’s new pediatric eye unit allows children to proceed directly from an outpatient screening room to an operating theater specifically now fitted for EUA, improving efficiency and decreasing time between initial consultation and appropriate examination and treatment.  

**North West Frontier Province, Lady Bundling Hospital, Peshawar, Pakistan**  
Project Director Professor Mohammad Daud Khan extended outreach eye care screening services to rural, mountainous regions in Northwest Frontier Province during 1998. Dr. Khan received the position as a Project Manager, continued the process of integrating Quality Assurance/Quality Improvement methodology into the existing eye care delivery services, improving the quality and efficiency of care and surgery for blind and visually impaired children.
Lumbini Rana-Ambika Eye Hospital, Bharatpur, Nepal
In addition to aggressive house to house screening, training of primary health care workers increased overall awareness of childhood blindness, available pediatric eye care, and eye care in general. Under the direction of Dr. K. K. Shrestha, this project has made great strides in reaching out to the population. During one three month period, 2,906 children under age 6 years were screened at the hospital and 1 primary eye care centre. Thoroughly more were screened house to house.

Related Highlights:
Successful results achieved by IEF’s “Seeing 2000” funded projects have been recognized in international publications and in scientific presentations given at international conferences.

World Health Organization (WHO)/International Agency for Prevention of Blindness (IAPB) Workshop on Childhood Blindness in Hyderabad, India, May 1998

ONCHOCEARIASIS CONTROL
CAMEROON
The IEF has been working to control onchocerciasis in Cameroon since 1991 when the IEF developed the first community based ivermectin (Mectizan®) distribution program in collaboration with the Ministry of Public Health (MOPH). In 1994, IEF successfully completed the implementation of treatment and distribution into the primary health care system in Dja et Lobo Division of South Province. The program also produced a "how-to" manual about the setting up of eye care through integration into existing public health care systems. In 1996, IEF joined a new Governmental Development Organization (NGDO) coalition to eliminate onchocerciasis countrywide with direct funding support from the Lions Club International SightFirst program. Each NGDO partner is responsible for an area of the country and IEF covers Adamawa Province which comprises six health areas. IEF has established 42 health post in Ngooundere, Djobo, and Tihati Health Districts. In the 1996–1999 period, Cameroon started receiving support from the African Programme for Onchocerciasis Control (APOC), a World Bank initiative. APOC funding has allowed IEF to add Tihati Health District, and the additional two districts will be added in the near future. The youth far more focus was the expansion of the strategy of Community Directed Treatment with Ivermectin (CDTI) from "positive" treatment at the community health centers.

MOZAMBIQUE
With support from Pfizer, IEF started working with Dr. Yolanda Zambuca, Chief Ophthalmologist with the Ministry of Health in Mozambique to make preliminary plans for a trachoma control program. This will include a workshop to upgrade the clinical and surgical skills of the nurses and doctors that play the major role in treating patients with trachoma. Each clinic will also receive a new set of surgical instruments. A stakeholders workshop will follow to identify geographic target areas where an intervention strategy is most likely to succeed given the lack of infrastructure and resources.

MALAWI
As noted previously, the IEF’s CHAPs program includes a strong component in water development and public health education focusing on hygiene and sanitation. These relate directly to the F and B of the SAFE strategy. At IEF’s request, Dr. Paul Courtright, IEF’s former Country Director in Malawi who now heads the British Columbia Centre for Epidemiologic and International Ophthalmology (BCCOEI), will conduct a Blindness and Trachoma Survey in Chichewa District later in 1999 to document changes in trachoma prevalence rates since the last survey conducted by IEF and partners in 1993. The data will help IEF focus future interventions on the pockets where trachoma infection is greatest.

STRENGTHENING HEALTHe THROUGH INTEGRATION STRATEGIES IN MALAWI
The IEF has long recognized that accessible, quality eye care is dependent on strong and effective public health systems. This is especially true in poor regions of the world where available resources for health care are severely limited. In response to this challenge, IEF has earned a reputation for developing successful integrated strategies for delivering eye care and health care. IEF’s management of two USAID funded programs in Malawi, STAPH and CHAPs, have demonstrated significant achievements.
Enhancing financial self-sufficiency of eye care providers to offer quality eye care services — SightReach™ Management

For millions of people in the developing world, eye care, in fact most health care, is part of the government's public health system. While attempting to provide some level of basic health care, all of which is justifiable in emergencies, such systems are inherently limited in the amount and types of care they can provide. This is particularly true in much of Africa and Latin America. Struggling economies combined with greatly increased health demands leave few resources for non-life-threatening conditions such as eye disease. IFs past efforts to strengthen and increase available eye care have concentrated on:

- Training of ophthalmologists, ophthalmic nurses, and other eye health providers
- Providing donated ophthalmic equipment, supplies, and medicines to hospitals and clinics
- Recruiting and training young Latin American ophthalmologists to establish eye clinics in underserved areas of their countries
- Integrating vitamin A capsules and Mectizan® tablet distribution into existing health care systems

These strategies have proven successful in reducing blindness. Yet, we recognize that by themselves, they will be inadequate to meet the goals of eliminating avoidable blindness as outlined in Vision 2020: The Right To Sight. Eye care delivery systems must be created that are financially self-sustainable. The need is for quality eye care services which are available, and affordable for everyone, while increasing the financial capacity to operate with little dependency on government funds or donations from outside the country.

In 1998-1999, IF staff and volunteers focused on creating a government system, one that would better manage and efficiently utilize resources — human, physical, and financial — for delivering high volume, quality eye care services. The result is SightReach™ Management, combining what we know works from our own experience with the experience of successful models of partner NGOs.

**Transformation in Malawi**

Evaluation of already successful, self-sustaining eye care delivery models in other developing countries has shown that high volume eye care models, improved quality and service delivery, and a level of cost recovery were possible. Beginning in late 1998, the IF sought an eye care institution in Sub-Saharan Africa that was ready and willing to transform its current eye care delivery system to one that would develop independent management capacity, increase volume of services provided, and improve the quality of service through tracking patient satisfaction and clinical outcomes. For more than 20 years in Malawi, the IF has collaborated with Dr. Moses Chiramba who wears many hats. Among them, former Chief Consultant Ophthalmologist to the Ministry of Health, Sight Savers International's Eye Care Consultant for East & Southern Africa, and Director of the WHO Collaborating Centre for the Prevention of Blindness—Lions SightFirst Eye Hospital in Lilongwe. Receptive to IFs proposal, Dr. Chiramba had independently recognized the need for change, positioning in regard to addressing the increasing cataract blindness problem.

Working together, the IF and Dr. Chiramba identified four factors critical to implementing sustainable change:

1. Political will, the willingness of the government to support the changes necessary
2. Strong leadership within the eye department to ensure success and continuity
3. Adequate patient pool to support high volume cataract surgery
4. Organizational capacity, with enough trained ophthalmologists, ophthalmic assistants, and health care personnel to meet demand for services

With goals closely matching those of Dr. Chiramba, the IF proposed to facilitate the fundamental changes needed. Consultants supported by the AI Noo Foundation and IF staff worked with Dr. Chiramba to develop the action
Putting the plan to work

Utilizing the information gathered in the initial assessment, the LSEH team traveled to the Aravind Eye Hospital in India, a seminal model of success in the developing world. Combining field visits, hands-on experience, and training review sessions, the LSEH team was exposed to the various clinical, surgical, outreach, management, and quality assurance practices that contribute to the high standard of efficiency, quality, and sustainability at Aravind. Joint reviews helped refine procedures and protocols for adaptation in Malawi.

When the LSEH team returned to Malawi, they began to bring the plan to life. Activities included orientation of the hospital staff and Ministry of Health personnel, changes in patient flow by the Out Patient Department, establishing new protocols, testing the revised outreach strategy, introduction of revised data monitoring and reporting systems, identification of strengths and weaknesses in organizational structure and management systems, team development training, and micro-surgical training. The Indian team planned to return to Malawi in September 1989 to analyze progress and make further refinements in the system.

In 1989, the LSEH in Lilongwe had performed 560 cataract operations, an average of 17 per week. With the sweeping changes being introduced by the transformed management systems, Dr. Chimombo and his team set as their goal to sustain 80-100 cataract operations per week, utilizing 100% of hospital bed and surgical capacity.

The second major improvement will be a reduction of the cost per patient receiving cataract surgery. The revised outreach strategy utilizes a comprehensive diagnostic outreach team approach. All patients identify needing surgery are brought immediately for treatment to the central hospital (LSEH) rather than being given a slip to return at a later date. Improved facilities, better utilization of personnel and resources, and better patient follow-up should result in a much higher quality of service, significant reduction of costs, and increased patient satisfaction.

In monitoring and evaluating progress in Malawi, the IEP will focus on increasing the ability to pay and development of a structured pricing system, which will include $0 as an option for the truly indigent. With implementation of cost recovery beginning in 2000, there is every prospect for the LSEH to become financially self-sufficient for operating costs. IEP looks forward to taking the lessons learned from this experience and identifying new countries, particularly in Africa, that are ready to be transformed. New systems and new ways of thinking will enable the only way to meet the increasing challenge of eliminating avoidable blindness by the year 2020.

Getting the resources to do the job—SightReach Surgical™

Even the simplest tasks require appropriate tools and equipment. The lack of affordable ophthalmic supplies, equipment, and medicines in the developing world is a significant obstacle to reducing blindness. IEP's largest, and longest-standing program is Gifts In Kind.

Generous corporations and individuals donated over $14 million dollars worth of ophthalmic supplies, equipment, medical tests, ophthalmic and scientific journals, and medicines in 1988-1999. Distributed to IEP supported programs and affiliated eye centers in six countries, these important resources are used to treat the poor. The materials supplied through Gifts In Kind grant vital tools into the hands of eye doctors as they strive to meet the needs of patients in developing countries.

IEP has been blessed with strong support for many years from corporations and individuals. Some of the most generous include Alcon Laboratories, Inc., Bausch & Lomb Surgical-Chiron Vision System, Merck & Co., Inc., and the Order of St. John of Jerusalem (A complete list of Gifts In Kind donors may be found on page 20). We are pleased to extend our deepest gratitude to all of our Gifts In Kind donors. Their assistance, whether large or small, has given us the opportunity to provide medical resources necessary to reach out to thousands of people around the world.

Forward Into the Future—SightReach Surgical™

While IEP's Gifts In Kind program has helped people and programs for decades, we remain dependent on outside donations. Although these donations are significant, there are inherent limitations on expanding Gifts In Kind more widely. Arising from its strategic planning efforts in 1999, IEP introduced SightReach Surgical™. A logical extension of Gifts In Kind, the objective of SightReach Surgical™ is to lower fixed and variable costs thus enabling eye care providers to offer services to more people at lower prices and allowing government institutions to better afford needed products and supplies. The mission statement: "SightReach Surgical™ . . . is a social enterprise dedicated to eliminating the barrier of cost by providing high quality ophthalmic products and surgical supplies, instruments, equipment and pharmaceuticals at the lowest possible price in order to make eye care and surgery affordable to all while maintaining an orientation to the poor." An integral component of IEP's original SightReach program included negotiating with ophthalmic equipment manufacturers and suppliers to get the best possible prices for the young SightReach™ ophthalmologists establishing their eye clinics permanently in underserved areas. This valuable experience positions IEP well for the next step, reaching longer term agreements with manufacturers and suppliers that will enable SightReach Surgical™ to fulfill its mission. The profits from sales will be re-invested in IEP programs, thereby increasing our programmatic flexibility and expanding services to doctors and patients. From surveys and interviews of ophthalmologists, particularly in Latin America, it was determined to focus on the disposable supplies necessary for cataract surgery. Initial inventory will include intraocular lenses, ophthalmic needles and sutures, and visco-elastic solution.

Conceived and developed in 1998-1999, initial steps included:

- Prepared appropriate documentation to develop the corporation
- Negotiated initial marketing agreements with vendors
- Conducted market surveys among Latin American ophthalmologists
- Developed a strategic business plan

In June 1999, SightReach Surgical™ was officially launched. IEP enters the new millennium with a powerful new tool to help people see—SightReach Surgical™'s statement of values concludes: "SightReach Surgical™ does not seek profit for profit's sake, but to reduce the cost of materials, expand services to reach more and more people in need, and provide a quality option to ophthalmic care providers whose choices have been thus far limited."
Alliances, resources, and people —

Board of Directors, Society of Eye Surgeons; Eye Ball 
Partner Organizations, Volunteers Pages

As we spent this year examining our past and planning for the future, we identified numerous common threads binding the IEF’s programming and organization into a coherent whole. Absolutely critical to our success are the people and partners with whom we work for the fulfillment of IEF’s mission. We depend on them all, our Board of Directors and other volunteers who give of their time and talents, dedicated individuals who support us with donations and who help us raise funds, our Society of Eye Surgeons made up of ophthalmologists with a particular interest in international blindness prevention, and partner organizations with whom we collaborate. Our achievements are a direct reflection of their involvement. We take this opportunity to recognize all our supporters and partners, they are the blood coursing through the IEF’s veins.

Board of Directors

IEF’s Board of Directors provides strong leadership and guidance. The variety of professional and organizational backgrounds serve as a wellspring of experience from which to draw strength. During this year of pivotal change, the Board was instrumental in guiding and supporting the strategic planning process. Under the leadership of Ambassador Julius Waring Walker, 1998-1999 Board President, IEF’s Board of Directors embraced and encouraged the new strategic initiatives which will move the IEF into the new millennium.

At the Board’s Annual Meeting in June 1999, the Directors took the historic step of electing a representative from a beneficiary nation to serve as President for FY 1999-2000. As the IEF enters the new century, the election as Board President of His Excellency Jerome Mendonga, Ambassador to the United States from the Republic of Cameroon, publicly acknowledge the critical interrelationship with those whom we serve, to help people see.

A complete list of the 1998-1999 Board of Directors may be found on pages 30 and 31.

32nd Annual Eye Ball – a Washington, DC tradition to help people see

Under the leadership of Benefit Chairs Ambassador and Mrs. Julius W. Walker, the 32nd Annual Eye Ball was a great success. Guests dined and danced late into the night of October 29, 1999 at the beautiful Four Seasons Hotel in Washington, DC. The Eye Ball, one of the longest continuous charity galas in the greater Washington area, was started by IEF founder Dr. John Harry King to expand awareness of the IEF’s sight-saving work, and to raise critical unrestricted funds to support that work.

The 1999 recipients of the IEF’s second annual “Promotion of Peace and Vision Awards” were Mr. David P. Close and Dr. Paul T. Gavara. Given by the IEF’s Board of Directors, the awards honor a community member and an ophthalmologist respectively, recognizing their commitment and service in furthering the IEF’s blindness prevention mission. The awards are given in honor of Dr. King’s visionary statement “the promotion of peace through the prevention of blindness.”

Partners in Eye Care

One of the critical result areas identified during the strategic planning process was to increase and strengthen relationships with “partners.” From its founding, the IEF has worked with Ministries of Health, local public health agencies, international and national eye and health NGOs, bilateral organizations such as the W.H.O. and UNICEF, and international coalitions. Mutual benefits include leveraging limited resources, sharing vital information, and maximizing organizational strengths. Previous sections of this report chronicle the progress and success of IEF’s current programmatic partnerships. During the year, IEF staff and volunteers actively participated in critical international meetings:

- Dr. David Paton
- Dr. Theodore Otto Paul
- Dr. Roger E. Pearson
- Dr. Guido Santini
- Dr. John W. Boyd
- Dr. Dennis K. Ryan
- Dr. Ivan Schab
- Dr. Larry Schab
- Dr. Bruce B. Skoglund
- Dr. Frances Cowlin Skilling
- Dr. Jane E. Sneyd
- Dr. James F. Steinfelder
- Dr. Paul G. Steinbacker
- Dr. Bjorn Stenberg
- Dr. Alex Tilen
- Dr. Andrew J. Frabetti
- Dr. Chen Zhenyu
- Dr. Stephen G. Waller
- Dr. Floyd L. Werneland, Jr.
- Dr. Margaret R. Whelan
- Dr. Randolph W. Whipple
- Dr. Paul D. Wintzer
- Dr. M. Roy Wilson
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, 1998 to June 30, 1999. The IEF made every effort to ensure the accuracy of this listing. If no 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.

1999 Annual Fund: Contributors to the IEF’s ‘Annual Fund’ campaign are marked with an (*).

Anonymous
Mrs. Eleanor Close Barzin
Mr. Walter Beach
Ms. Cassandra Masters Bradley
Mrs. Charles T. Campbell
Mr. David P. Close
Mr. & Mrs. Robert Cyphert
Dahlgren & Close
Mr. & Mrs. Louis T. Donatelli
Mr. Robert J. Englehorn
His Highness Prince Faisal Bin Farhan
Bin Abdullah al-Faisal al-Saud
Mrs. Marina Fanning
Dr. Paul T. Gavaris
Mrs. Mary O’Brien Gibson
Dr. James Pitzer Gills, Jr.
Mrs. Helen King Harlequin
Mr. William K. Howell
Mr. Neil L. Jacobson
Mr. and Mrs. Thomas Lantz
The Martin R. Lewis Charitable Foundation, Inc.

Ms. Mary E. Liebman
Missionary Oblates of Mary Immaculate
Mrs. Kenneth Montgomery
Mrs. E.G. Pearson
Mr. & Mrs. Thomas H. Price, III
Mr. Howard Pyle
Ms. Margaret M. Rudel
Dr. & Mrs. Larry Schwab
Mrs. Betty Eileen Sheffield
Ms. Victoria M. Sheffield
Mr. & Mrs. Andrew Shelly
Mr. & Mrs. Bradford Shingleton
Dr. Jim Sprague & Ms. Elsie Hull
Mr. John L. Springer
Mr. Charles B. Wheeler
Father Boniface Wittenbrink

John Harry King Benefactors:
The highest recognition level for individuals, named in honor of the founder of the International Eye Foundation, recognizes gifts to the IEF over $1,000.
Honor Gifts
In honor of Dr. Larry Schrader, by Mr. & Mrs. Robert Cygbert
In honor of Dr. Larry Schrader, by Dr. & Mrs. John L. Chapman

Memorials
In memory of George Baughman, by Eye Associates of Washington, D.C.
In memory of John B. Bourton, by Eye Associates of Washington, D.C.
In memory of Carline Brooks, by Eye Associates of Washington, D.C.
In memory of Stephen A. Camnott, by Eye Associates of Washington, D.C.
In memory of Dr. Phil L.C. Carberry, by Eye Associates of Washington, D.C.
In memory of Richard A. Carr, Jr., by Eye Associates of Washington, D.C.
In memory of Margaret Dunahay, by Eye Associates of Washington, D.C.
In memory of Tabitha Dowd, by Eye Associates of Washington, D.C.
In memory of Edward L. Fafard, by Eye Associates of Washington, D.C.
In memory of Bernard Flynn, by Eye Associates of Washington, D.C.
In memory of Leon Friedman, by Eye Associates of Washington, D.C.
In memory of Thomas Galey, by Eye Associates of Washington, D.C.
In memory of Leon Goldman, by Eye Associates of Washington, D.C.
In memory of Janet M. Goldman, by Eye Associates of Washington, D.C.
In memory of Warren J. Haldows, by Eye Associates of Washington, D.C.
In memory of Joseph H. Herron, by Eye Associates of Washington, D.C.
In memory of Jo-Boy by Ambassador and Mrs. Julian W. Walker
In memory of Ford Kall, by Eye Associates of Washington, D.C.
In memory of Joseph Kerman, by Eye Associates of Washington, D.C.
In memory of Barry L. Leifer, Jr., by Eye Associates of Washington, D.C.
In memory of James Newton Owens, by Eye Associates of Washington, D.C.
In memory of William C. Palmer, by Eye Associates of Washington, D.C.
In memory of Kalenik Pilphak, by Eye Associates of Washington, D.C.
In memory of Carolyn Pumphrey, by Eye Associates of Washington, D.C.
In memory of Edwin J. Taplin, by Eye Associates of Washington, D.C.
In memory of Patricia Vandemoer, by Eye Associates of Washington, D.C.
In memory of Kenneth Watkins, by Eye Associates of Washington, D.C.
In memory of Helen Whalen, by Eye Associates of Washington, D.C.
In memory of Eleanor S. Wood, by Eye Associates of Washington, D.C.

Corporations and Foundations
Anonymous
Al Neer Foundation, Saudi Arabia
Aldo Almeida, Optometrist
C. Barkey
Dr. Mier Ben-Nissan
Bohler-Thomson Foundation
E.B. Brown Opticians
Edna McConnell Clark Foundation
Diet & MeLean Optical Co., Inc.
Feighly
Foundation for International Medical Services
G.A. Franzen, OD
Gillingham Opticians
Harwicht Opticians
Health for Humanity
Johnson & Johnson
J.E. Kelly, Inc.
Knobulle Foundation
Macc & Co., Inc./Cheilest
International
Modern Optical
Nienam Marcus-Dann Cataract
Oak Tree Eye Clinic
Rick administrators
Rocky Mountain Eye Center
Society Opticians
Sorin Foundation
Stainless Steel Products, Inc.
Martha Washington Stratus
Harry H. Strauss Foundation Inc.
Tang "Ike" Emery Eye Foundation
T. H. Bartlett Eye Foundation
T. Wilson Thorsen Foundation
C. Truex
USA Agency for International Development
Waldey Optical
Crystal Vision Optical
Western Optical
West Village Opticians
Wilson-Thorsen Foundation

Gifts in Kind and Support
Alcon Laboratories, Inc.
Allergan Pharmaceuticals
American Academy of Ophthalmology
Bakus + Lomb - Chorion Vision - Starm
Boston-Dickman & Company
Brother to Brother
Carole Bernsch, CRNA
E. H. Bollman
Connecticut Children's Medical Center
Dot de Paz Photography
Dudi, Inc.
Leon L. Gillin, MD
Haag-Streit International
Hoffmann-La Roche, Ltd.
Inter Med Sales Corp.
Goliad, Joseph, MD
Johnson Visionary Healthcare
Kahl Pharmacal Optometrists, Inc.
Stephen Kelly
Keller Instruments, Inc.
Koch Vision Medical & Surgical
Michael A. Lamp, MD
A. J. Maggi, MD
Larry M. Magrath, MD
Merck & Co., Inc.
Lauder Martinson, MD
Ocular Instruments, Inc.
John P. Orvel, MD
Optogenics, USA
Order of St. John
Presbyterian Society of Illinois
Project Hope International
Pittsburgh Eye Foundation
James Ross, MD
Roy S. Sadler, MD
Larry Schrader, MD
Michael Tignor, MD
Volk Optical
Welch Allyn
Western Eye Practitioners
Roy Dover, MD
Howard Weiss, MD

FINANCIAL REPORT
INTERNATIONAL EYE FOUNDATION, INCORPORATED
Independent Auditor's Report
Board of Directors
International Eye Foundation
Bethesda, Maryland

We have audited the accompanying statements of financial position of International Eye Foundation (IEF) as of June 30, 1999 and 1998, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of IEF's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits 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 assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of International Eye Foundation as of June 30, 1999 and 1998, and the changes in its net assets and cash flows for the years then ended in conformity with generally accepted accounting principles.

Our audits were performed for the purpose of forming an opinion on the basic financial statements of International Eye Foundation taken as a whole. The accompanying schedule of government related revenues, expenses and cash flows, program services, and computations of overhead rates are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information has been subject to the auditing procedures applied for the audits of the basic financial statements. In our opinion, it is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Bethesda, Maryland
September 27, 1999

Statement of Financial Position • June 30, 1999

June 30, 1999

TOTAL CURRENT ASSETS

$307,181

304,105

MARKETABLE SECURITIES

$1,781,487

1,453,990

PROPERTY AND EQUIPMENT— at cost:

$27,911

27,522

Equipment under capital lease

6,441

6,441

Less accumulated depreciation

20,016

17,431

Net property and equipment

14,336

16,532

TOTAL ASSETS

2,103,004

2,104,587

CURRENT LIABILITIES

Accounts Payable

66,881

74,683

Accrued pension

1,317

3,404

Accrued vacation

19,799

22,860

Refundable advances

48,834

18,103

Capital lease obligation—current portion

1,432

2,147

Total current liabilities

138,263

121,197

LONG-TERM LIABILITIES:

Capital lease obligations, net of current portion

1,432

1,432

Total liabilities

138,263

122,629

NET ASSETS

Unrestricted

1,132,601

1,007,318

Temporarily restricted

432,605

275,105

Permanently restricted

399,535

399,535

Total net assets

1,964,741

1,681,958

TOTAL LIABILITIES AND NET ASSETS

2,103,004

2,104,587

SIGNATURES

By: [Signature]

Chief Financial Officer

International Eye Foundation

Walter S. Schrader, Jr.

President & CEO

[Signature]

[Signature]
### International Eye Foundation—STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED • JUNE 30, 1999

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>1999 Total</th>
<th>1998 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PUBLIC SUPPORT &amp; REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support-received directly:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions</td>
<td>$626,243</td>
<td>-</td>
<td>-</td>
<td>$626,243</td>
<td>$628,361</td>
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<tr>
<td>Grants (independent)</td>
<td>172,541</td>
<td>$50,000</td>
<td>-</td>
<td>222,541</td>
<td>166,083</td>
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<tr>
<td>Donated medical supplies</td>
<td>1,467,199</td>
<td>-</td>
<td>-</td>
<td>1,467,199</td>
<td>1,475,995</td>
</tr>
<tr>
<td>Donated medical services</td>
<td>4,500</td>
<td>-</td>
<td>-</td>
<td>4,500</td>
<td>5,400</td>
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<tr>
<td>Total received directly</td>
<td>2,270,483</td>
<td>50,000</td>
<td>-</td>
<td>2,320,483</td>
<td>2,279,419</td>
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<td>Special event-Eyeball®</td>
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</tr>
<tr>
<td>Revenue from event</td>
<td>66,660</td>
<td>-</td>
<td>-</td>
<td>66,660</td>
<td>85,058</td>
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<tr>
<td>Direct cost of event</td>
<td>(34,639)</td>
<td>-</td>
<td>-</td>
<td>(34,639)</td>
<td>(36,296)</td>
</tr>
<tr>
<td>Net support from special event-Eyeball®</td>
<td>32,021</td>
<td>-</td>
<td>-</td>
<td>32,021</td>
<td>48,772</td>
</tr>
<tr>
<td>Total received directly</td>
<td>2,302,504</td>
<td>50,000</td>
<td>-</td>
<td>2,352,504</td>
<td>2,328,191</td>
</tr>
<tr>
<td><strong>Public support-received indirectly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allocated by International Services Agencies</td>
<td>45,318</td>
<td>-</td>
<td>-</td>
<td>45,318</td>
<td>32,683</td>
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<tr>
<td>Total Public Support</td>
<td>2,347,822</td>
<td>50,000</td>
<td>-</td>
<td>2,397,822</td>
<td>2,360,874</td>
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<tr>
<td>Grants from U.S. Government Agencies</td>
<td>1,011,293</td>
<td>-</td>
<td>-</td>
<td>1,011,293</td>
<td>1,222,605</td>
</tr>
<tr>
<td><strong>Other revenue:</strong></td>
<td></td>
<td></td>
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<tr>
<td>Dues</td>
<td>3,275</td>
<td>-</td>
<td>-</td>
<td>3,275</td>
<td>2,350</td>
</tr>
<tr>
<td>Interest and dividends</td>
<td>35,437</td>
<td>63,464</td>
<td>-</td>
<td>100,801</td>
<td>89,199</td>
</tr>
<tr>
<td>Net unrealized and realized gains on marketable securities</td>
<td>148,185</td>
<td>92,329</td>
<td>-</td>
<td>240,514</td>
<td>197,510</td>
</tr>
<tr>
<td>Other income</td>
<td>3,067</td>
<td>-</td>
<td>-</td>
<td>3,067</td>
<td>8,141</td>
</tr>
<tr>
<td>Total other revenue</td>
<td>189,964</td>
<td>157,793</td>
<td>-</td>
<td>347,757</td>
<td>297,200</td>
</tr>
<tr>
<td>Net assets released from restriction</td>
<td>50,293</td>
<td>(50,293)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Public Support &amp; Revenue</strong></td>
<td>3,399,372</td>
<td>157,500</td>
<td>-</td>
<td>3,756,872</td>
<td>3,880,679</td>
</tr>
</tbody>
</table>

**EXPENSES:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Unrestricted</th>
<th>Temporarily Restricted</th>
<th>Permanently Restricted</th>
<th>1999 Total</th>
<th>1998 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operational programs</td>
<td>1,481,541</td>
<td>-</td>
<td>-</td>
<td>1,481,541</td>
<td>1,508,006</td>
</tr>
<tr>
<td>Donated medical supplies</td>
<td>1,438,475</td>
<td>-</td>
<td>-</td>
<td>1,438,475</td>
<td>1,487,801</td>
</tr>
<tr>
<td>Support Services:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and administrative</td>
<td>214,217</td>
<td>-</td>
<td>-</td>
<td>214,217</td>
<td>134,041</td>
</tr>
<tr>
<td>Fund raising</td>
<td>339,856</td>
<td>-</td>
<td>-</td>
<td>339,856</td>
<td>308,262</td>
</tr>
<tr>
<td>Total expenses</td>
<td>3,474,089</td>
<td>-</td>
<td>-</td>
<td>3,474,089</td>
<td>3,438,110</td>
</tr>
<tr>
<td><strong>CHANGES IN NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>125,283</td>
<td>157,500</td>
<td>-</td>
<td>282,783</td>
<td>442,569</td>
<td></td>
</tr>
<tr>
<td><strong>NET ASSETS AT BEGINNING OF YEAR</strong></td>
<td>1,007,318</td>
<td>273,105</td>
<td>399,535</td>
<td>1,681,958</td>
<td>1,239,389</td>
</tr>
<tr>
<td><strong>NET ASSETS AT END OF YEAR</strong></td>
<td>$1,132,601</td>
<td>$432,605</td>
<td>$399,535</td>
<td>$1,964,741</td>
<td>$1,681,958</td>
</tr>
</tbody>
</table>
1988–1999
IEF Board of Directors

With a wide range of professional experiences, social backgrounds, and philosophies, the members of the IEF Board of Directors all share common bonds—a dedication to service and to the IEF’s mission to saving sight and preventing blindness. Overseeing IEF’s management, finances, and programmatic direction, the diversity within the Board is a great asset in achieving our goals in a responsible manner. The IEF wishes to acknowledge our debt of gratitude to these selfless individuals who give of their time, their talents, and their resources for “the promotion of peace through the prevention of blindness.” (Dr. John Harry Kin, Founder)

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Clinical Professor of Pediatrics, Georgetown University School of Medicine

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Partner, Lecoy, Levy, & Lainzette, LLC
Member, Women’s Board, CARE

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President, University Ophthalmology Consultants of Washington
Clinical Professor of Ophthalmology, Georgetown University

Edwardo Peña, Jr., Esq.
Principal, Edwardo Peña, Jr. & Associates, P.C.
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Arnold B. Simonson, Ph.D., D.S.W.
Executive Director, Prevention of Blindness Society of Washington, D.C.
Secretary, National Association of Vision Professionals

Walter J. Stark, M.D.
Director, Cornel University Institute, The Wilmer Institute, Johns Hopkins University School of Medicine
Professor of Ophthalmology, Johns Hopkins University School of Medicine

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President, International Union of Nutritional Sciences, Institute of Medicine, National Academy of Sciences

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President, Euberticas & Former Chairman, Board of Trustees of Solomon Hospital
Former Vice President and Trustee, National Cathedral Association
1999

IEF Staff, Field Offices & Representatives

IEF Headquarters
7801 Norfolk Avenue, Suite 200, Bethesda, MD 20814. Telephone: 301-986-1890. Fax: 301-986-1876. E-mail: info@iefusa.org Victoria M. Sheffield, Executive Director; Edwin M. Henderson, Director of Finance and Administration; John M. Barrows, MPh, Director of Programs; Liliana Riva Clement, MPh, Child Survival/Public Health Coordinator; Ellen M. Parrietti, MPh, Program Officer; Lori Carruthers, MPh, "Seeing 2000" Program Coordinator; Calvin Baserveldt, Public Affairs Officer; Blinod Suwal, Administrative Assistant.

IEF Field Offices

IEF Bolivia

IEF Cameroon

IEF Ethiopia
Christian Children's Fund Inc., PO Box 5545, Addis Ababa, Ethiopia. Telephone: 011-251-1-615426. Dr. Yared, Health Manager/Project Representative.

IEF Guatemala

IEF Honduras

IEF Malawi
PO Box 2273, Blantyre, Malawi. Telephone: 011-265-624-448. Fax: 011-265-624-536. Christine Witte, PhD, MPh, Country Director; Genser Chipwana, CSA/VA Project Manager.

IEF Representatives

IEF Albania

IEF Bulgaria
Eye Department, "Paavler" Center for Sight, St. Anna Hospital, 8th Floor, 1 "Evgeni Pavlovska" st., Sofia, Bulgaria. Telephone: 011-359-2-74-6165. Fax: 011-359-2-76-8300. Prof. Petja I. Vasilev, MD, PhD, DSc, MPh, Country Representative, Yordanka Keleva, "Seeing 2000" Project Manager.

IEF Nigeria
NOCUP Office, Zone C, 1 Golf Course Road, PO Box 503, Kaduna, Nigeria. Telephone and Fax: 011-334-62-237323. Ifeoma Umolu, MPh, IEF Managerial Advisor to UNICEF

(Note: Personal information recorded above was current during FY 1998. 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 301-986-1890.)

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 301-986-1890.