Keeping Sight of the Vision...

John Harry King, Jr., MD, Founder
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.

---

**Message from the President and Executive Director**

We celebrate the millennium with new enthusiasm, and grasp the opportunity to review the last century that gave us so much invention, wealth, and also tragedy. Many countries have made tremendous strides, but others are being left behind. While outer space and computers are familiar to us now, most of the world's people still struggle to feed their families, educate their children, and live in peace.

Moving into the new century, the IEF is exploring how we can build on our achievements in new ways that go to the root causes of why people still find quality eye care beyond their reach. There will always be a need to train eye specialists, provide modern equipment, and expand outreach services. However, many patients are not satisfied with the care they receive, they have to wait a long time for surgery, they cannot afford to seek private care, or they feel they cannot be helped. Many doctors lack the equipment and supplies they need on a timely basis to provide better care, their pay is very poor, and they lack the management support that would allow them to be more productive.

Over the last two years, IEF has made strategic changes in order to address these critical issues. Under our SightReach® umbrella, we have created three departments:

- **SightReach® Prevention**: Programs target the 4 conditions responsible for 80% of the world’s blindness—cataract, trachoma, “river blindness,” and childhood blindness.

- **SightReach® Management**: Programs enhance management and financial self-sufficiency of eye care services leading to improved quality of care and long-term sustainability.

- **SightReach Surgical**: A social enterprise that offers high quality ophthalmic medical and surgical supplies, instruments and equipment at low cost in order to bring down the price of eye care and surgery, thus improving access and affordability of quality eye care.

Solving the problem of blindness is not just about training doctors, providing medicines, and doing surgery. It involves policy dialogue, reducing the cost of service, making care available to those who can pay and those who cannot, improving productivity so that more patients can be seen each day, and finding creative ways for eye care services to earn income. These are not the quick fixes, not the glamorous magic bullets, not the short-term inputs. These are the logistics and management methods that produce quality services, increased productivity, motivated staff, and satisfied patients.

All too often, we expect the developing world to achieve what has taken America, with all its riches and democratic values, a century to perfect. The new century however, is witnessing the expansion of democracy and globalization in the developing world. The IEF is enthusiastic about addressing the tougher issues faced by eye doctors and hospitals as they transition to independent management and self-sufficiency. Thank you to all of you who travel with us on this journey of challenge and achievement. Without your support, the needs would be even greater than they are today.
Peering into the 3rd Millennium with Imagination, Insight, Innovation and Vision

The transition of the millenniums brought reflection on our history and exciting plans for the future. In 2000, the IEF underwent a top to bottom review of our progress over nearly four decades of "...promoting peace through the prevention of blindness.” With almost 40 years of focused blindness prevention experience, the IEF enters the new millennium financially and administratively stronger, with a clear programmatic focus, and a renewed commitment to “Helping People See.”

The innovations of IEF's original SightReach® program rest on twin pillars:
1) improving basic management of eye clinics and hospitals while:
2) making them financially self-sufficient and sustainable.

SightReach® is now the “umbrella” for IEF's three program components. We are proud to share with you the accomplishments of IEF's dedicated volunteers and staff during the year 2000.

SightReach® Prevention
“Targeting avoidable blindness: cataract, trachoma, river blindness, childhood blindness.”

CATARACT

IEF's goal is to increase surgical productivity while improving visual outcome. The multi-disciplinary approach is outlined under IEF's SightReach® Management program. IEF's SightReach Surgical® program addresses the barrier of cost for cataract surgery by providing a source of quality medical supplies at reduced cost.

Mrs. Emily Mbiywana, age 60 of Traditional Authority Chadza in Malawi, lost three of her four sons and her husband in 1998. Her eyesight was failing and she felt helpless with one son, grandchildren and herself to care for. Her son walked with her over 10 kilometers to a screening camp where she was identified for cataract surgery. In July 2000, Emily had surgery on both eyes with intra-ocular lens implants at the Lions SightFirst Eye Hospital in Lilongwe. She now sees 20/20 in both eyes and her son tells the Ophthalmic Assistant (left) that “she was happy that she could go that day; he had no fear nor doubt that she would be helped.”

IEF's SightReach® Management approach was used to revise the outreach services so that patients over 50 years old needing cataract surgery were taken to the hospital the same day they were identified in the screening camp. This improves the chances of increasing the number of people actually accepting and receiving surgery.
WHO estimates:
- 146 million with active disease
- 10.6 million adults with in-turned eyelashes needing surgical repair
- 5.9 million blind due to trachomatous corneal scarring

TRACHOMA

IEF is a founding member of the WHO "Alliance for the Global Elimination of Trachoma." With support from the Edna McConnell Clark Foundation, country profiles have been developed for Guinea-Bissau, Guatemala, Malawi, Mozambique, and Nigeria. IEF’s trachoma control activities are currently focussed in Malawi and Mozambique promoting the S.A.F.E. strategy to eliminate the disease.

Malawi:
In Chikwawa District, the IEF conducted a Blindness and Trachoma Survey in early fall 1999 in collaboration with the Ministry of Health (MOH), Christoffel Blindnessmission (CBM), and the British Columbia Centre for Epidemiologic & International Ophthalmology (BCCEO) as partners. Dr. Paul Courtright of the BCCEO, IEF’s former Country Director in Malawi, headed the survey working closely with IEF and MOH personnel.

IEF gave new surgical instruments and suture to follow up all patients who needed surgical eyelid repair. The S, F, and E are already in place in Chikwawa and Nsanje Districts. IEF and the MOH are working towards the provision of adequate supplies of antibiotics to treat active disease.

| Prevalence of Childhood Trachoma in Chikwawa, Malawi |
|-----------------|-----------------|-----------------|
| Active Disease  | 1983 Survey     | 1999 Survey     |
| Total           | 36.7%            | 14.0%            |

| Prevalence of Trachomatous Trichiasis (50+ age group) |
|-----------------|-----------------|-----------------|
| Trichiasis (in-turned eyelashes) | 1983 Survey | 1999 Survey |
| Total            | 1.9%            | 1.0%            |

Primary objectives:
1. Determine prevalence of blindness, low vision and causes in adults 50+ years old and collect information for planning comprehensive eye care services.
2. Determine prevalence of trachoma, and generate sufficient information to create plans for eliminating trachoma as a public health problem.

Mozambique:
With Pfizer, Inc. support, IEF’s Country Representative Sandy McGonnigill, RN, MPH together with the Ministry of Health’s Chief Ophthalmologist, Dr. Yolanda Zambujo, are developing new programming to address trachoma in the country. First, a workshop will update the 26 Ophthalmic Assistants (OA) serving in Maputo and outlying provinces on the S.A.F.E. strategy and surgical techniques for repair of scarred eyelids. Each OA will also receive a new surgical instrument set.

Dr. Yolanda Zambujo at her eye clinic in Maputo.

Nigeria:
In 1999, IEF co-sponsored a pilot study by Dr. M.M. Rabiu in Katsina State, a Sahelian area in the north of Nigeria to assess the trachoma situation. Two reports were produced titled:

- “Prevalence of Trachoma and its Risk Factors in a Rural Community of Katsina State, Nigeria”
- “Trachoma Rapid Assessment Trial in a Sub-District of Northern Nigeria”

Prof. Gordon J. Johnson, Director of the International Centre for Eye Health, London, the primary sponsor of Dr. Rabiu’s research, presented the data to the WHO “Alliance for Trachoma Control” in Geneva in December 1999.

OA Workshop Objectives:
- Upgrade medical therapy training
- Upgrade surgical skills
- Public health education
- Review of available data
- Basic survey/assessment skills
- Identify sites for Rapid Assessment

Prevalence of blindness: 1.5%
20% due to trachomatous corneal scarring
Trichiasis in females 15+ years old is 8.6%
Infection rate in children 10+ years old is 11.7%
ONCHOCERCIASIS

A founding member of the WHO/NGO Coordination Group for Ivermectin Distribution, IEF has worked since 1989 to eliminate onchocerciasis, commonly known as “river blindness.” Merck & Company’s unprecedented donation of Mectizan® offers hope for the eventual elimination of blindness and suffering. In 2000, IEF provided leadership in Cameroon and Malawi, serving on the respective National Onchocerciasis Task Force (NOTF) and assisting both countries to secure funding from the African Programme for Onchocerciasis Control (APOC), and to meet the technical standards for Mectizan® donation and distribution.

Cameroon:

IEF supports Cameroon’s NOTF and is responsible for Mectizan® distribution in Adamawa Province in the center of the country. IEF is grateful to APOC, the Lions SightFirst program, and our many individual donors for their strong support. The first three districts to receive Mectizan were Ngakundere, Djobong, and Tibati with Lions support. Then Tignere, Banyo, and Bankim were brought on with APOC support. IEF is currently working with the NOTF, APOC, and the Lions to integrate all six districts into one comprehensive Mectizan delivery program for Adamawa Province.

<table>
<thead>
<tr>
<th>Target Population In Project Area</th>
<th>Annual Treatment Objectives (ATO)</th>
<th>Number of Eligibles</th>
<th>Total Treatment for 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cameroon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>341,394</td>
<td>170,115</td>
<td>65,180</td>
</tr>
</tbody>
</table>

Malawi:

IEF and the Ministry of Health’s NTOF treat infected people in Thyolo and Mwanza Districts and are expanding treatment to Mulanje and Palombe Districts in the southern part of Malawi. A summary of the Mectizan treatment rates for 1999 show:

<table>
<thead>
<tr>
<th>Target Population In Project Area</th>
<th>Annual Treatment Objectives (ATO)</th>
<th>Number of Eligibles</th>
<th>Total Treatment for 1999</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>425,973</td>
<td>272,000</td>
<td>219,361</td>
</tr>
</tbody>
</table>

1.5 million blind--I child goes blind every minute in the developing world

CHILDHOOD BLINDNESS

- IEF’s “Seeing 2000” Pediatric Eye Care Programs
- IEF’s Child Survival/Vitamin A Deficiency Control Programs

“Seeing 2000” — a program begun in 1995 to enable children to “see beyond the year 2000” expands and improves ocular surgery for children.

Innovative and diverse, “Seeing 2000” programs have earned a reputation for excellent results in expanding clinical and surgical eye care for children in developing countries. With major support from the US Agency for International Development (USAID), IEF grants have enabled partner hospitals and NGOs to make significant improvements in pediatric eye care. Highlights through FY2000 include:

- 27 grants awarded to 22 hospitals and NGOs in 14 countries
- Aggregate increase of 63% (5,741 eye operations) for children
- Over 399,000 eye exams performed on children, an increase of 978%

A Practical Approach to Retinopathy of Prematurity will be published by Dr. Harsh Kumar of the All India Institute of Medical Science (AIIMS) in Delhi, India. The book is a result of his sight saving work with premature babies born at risk of developing permanent blindness from ROP and will serve as a critical guide for doctors to identify and treat ROP worldwide. Dr. Michael T. Shapiro of the University of Illinois at Chicago (UIC) is co-author. Dr. Marilyn Miller, also of UIC and an IEF consultant, will write the book’s forward.

Dr. Luis Gordillo of Lima, Peru used her “Seeing 2000” grant to develop creative training materials in an effort to expand outreach education about the risks of ROP and the importance of pre-natal care to prevent premature births. Dr. Gordillo’s ROP and pediatric ophthalmology seminars are spreading the word about ROP to general ophthalmologists and key medical personnel throughout Peru.

Villages infected with onchocerciasis receive their Mectizan® tablets after being measured by the meter stick in Thyolo District, Malawi.

Left: Dr. Luis Gordillo’s pamphlet tells mothers that all premature infants need an eye examination to prevent blindness. Above: Five of Dr. Gordillo’s ROP patients who have been treated with the laser to save their sight.

Dr. Harsh Kumar
New Delhi, India

“...started screening in a large hospital where no screening was done before. A whole set up has been created and the process set in motion, all because of this programme.”
Honduras:
IEF has been working to improve the lives of children in Honduras for over a decade. Before IEF's pilot project to train first grade teachers to measure vision and do a basic eye exam, school children in Honduras did not receive a vision test when entering primary school. IEF's project resulted in legislation passed by the Ministry of Education in 1997 mandating that all first graders have their eyes tested when entering school.

First Lady Doita Mary Flake Flores has been a visible advocate for this innovative program. First grade teachers are being trained in the 12 districts of Francisco Morazán Province which includes the capital Tegucigalpa. They will, in turn, examine their students identifying those who appear to have vision problems. These children are referred to local ophthalmologists working in collaboration with the National blindness Prevention Committee and the IEF for follow-up care. Expansion of teacher training and further school screenings began in March 2000.

In Francisco Morazán Province:
- 21,341 first graders screened
- 1,587 of those had vision worse than 20/40
- 268 of the 1,587 had vision worse than 20/50 and are priority for treatment due to difficult transport
- 31 students received follow-up exams
- 40 received spectacles from Optica Luz y Amor donated by IEF
- 9 got spectacles through other means

Each year in the developing world:
- 8-10 million children affected
- 500,000 of those will go blind
- 60% of the half million will die

Bolivia:
IEF’s new 5-year program, “Capacity Building for Quality Child Survival Interventions,” is being implemented jointly by the Centro de Promocion Agropecuaria Campesina (CEPAC) and IEF in Ichilo Province with support from USAID, Task Force “Sight & Life,” and IEF’s generous individual donors. Key personnel:

- Fernando Murillo-Lopez, MD, Ophthalmologist, IEF Country Director, based in La Paz
- Kirk Leach, MPA, IEF Project Advisor, based in Santa Cruz working directly with CEPAC
- Mr. Widen Abastoflor, Director, CEPAC, based at CEPAC headquarters in Santa Cruz

In February 2000, project staff conducted a Knowledge/Attitude/Practice (KAP) Survey, and a Health Facilities Assessment. Results showed that only 63% of children less than two years old had eaten a vitamin A-rich food in the last seven days in San Carlos, Buena Vista, and Yapacani. Just 20% of children under age two years had received a vitamin A capsule in the six months prior to the KAP survey. This and other vital information will guide the IEF/CEPAC program intervention plan to improve child survival rates and decrease vitamin A deficiency in Ichilo Province.

Goal:
- Nearly double beneficiary population from 30,000 to 51,000 children & young mothers
- Make delivery of child survival interventions sustainable

The children of Ichilo Province.
Prevention

Ethiopia:
The joint IEF/Christian Children's Fund “Vitamin A Deficiency Control/Child Survival” project is being implemented at CCF project sites Basanawerera Woreda and Debrehirhan Woreda. Poverty rates are high and only 35% of mothers can read and write. The project aims to increase childhood and maternal immunization, plus vitamin A capsule distribution.

- Critical Goals:
  - Increase full immunizations of children 12-23 months of age
  - Increase immunization against tetanus in women 15-49 years old
  - Increase # of children receiving "Oral Rehydration Therapy" during diarrheal episodes
  - Improve amount of liquids children receive during diarrheal episode
  - Improve amount of breast milk children receive during diarrheal episode
  - Increase the # of children 6-71 months receiving semi-annual high dose vitamin A capsule
  - Increase # of post-partum women receiving high dose vitamin A capsule within 30 days after delivery
  - Increase # of 0-4 month old infants exclusively breastfeeding

A Knowledge/Practice/Coverage (KPC) Survey was carried out in April 2000. DPT3/Polio 3 coverage increased from 20% to 30%, still low but improving. Full immunization rate for infants increased by 7%. A 25% increase in the number of mothers recognizing that measles immunization should be given at 9 months of age was shown. The number of children with diarrhea was nearly half the number reported at baseline. Exclusive breastfeeding increased 50.3% from 17.7% at baseline. Supplementary feeding of solid/semi-solid foods to 6 through 9 month olds improved from 47% to 71%. Importantly, 69.3% of children received vitamin A supplementation surpassing the project goal of 60%. And 15.3% of post-partum mothers received vitamin A capsules with a goal of 30%.

There is still work to do and continued emphasis on health education is making slow but important progress in improving health behaviors for the families of this very poor area of Ethiopia.

Malawi:
IEF’s Food Security Project in Chiluwawa District is improving the diets of families in this hot, dry, hard scrable part of the Lower Shire Valley. IEF works with local women to develop community gardens, solar dryers, and to nurture indigenous vitamin A rich plants such as the Moringa Tree.

The women of Losi Village utilize modern tilling and irrigation techniques to produce a variety of vitamin A rich fruits and vegetables. A manual treadle pump brings water from a small pool to the garden. Carrots, collard greens, corn, and papaya are just some of the produce harvested and preserved in solar dryers for the winter.

The gnarly Moringa Tree (moringa oleifera) thrives in desert climates and is said to be an outstanding example of what has been lost in many other plants and animals: a genetic versatility to survive pests and blights bred away by the huge agribusinesses. Its seeds are a natural water purifier, the seed oil is used for cooking and does not spoil, the bark produces a blue dye used in paint, and the leaves make a highly nutritious sauce. For IEF, Moringa is a high source of beta-carotene (vitamin A). The leaves provide from 360% to 977.1% of the recommended daily allowance of vitamin A, depending on age and sex, and are high in vitamin C, iron, protein, and other vitamins and minerals. IEF values the natural blessing of the Moringa Tree as another tool in the fight against vitamin A deficiency.

“The project is efficient, effective, and comprehensive as it includes all areas of food production, storage, and resource conservation. It was also clear that the women were proud of their garden and how they maintain it.”

Victoria Sheffield
August 1999

“Scientifically speaking, Moringa sounds like magic.”
Mark Frits, International Herald Tribune
March 30, 2000
SightReach® Management

"Enhancing financial self-sufficiency of eye care providers offering quality services to all economic strata."

Worldwide, there is a tremendous need to dramatically increase the number of surgeries for cataract, the leading cause of blindness. In Africa, with few ophthalmologists serving very large, rural populations, it is critical that available human, technical, and financial resources be used as efficiently as possible. The Aravind Eye Hospital in Madurai, India, is a successful model that is being adapted elsewhere in the world, often with skepticism outside of India.

Malawi

The IEF has undertaken management and sustainability planning at the Lions SightFirst Eye Hospital in Lilongwe, the capital. Dr. Moses Chirumbo leads the Malawi team that includes nurses, technicians, and administrators. David Green, MPH, a social entrepreneur sponsored by the Al-Noor Foundation/Egypt, Dr. Moses Chirumbo’s team, and IEF staff developed goals and put the plan into action.

A strong example of south-to-south collaboration, IEF together with the Lions Aravind Institute for Community Ophthalmology (LAICO) from the renowned Aravind Eye Hospital/India, and the Seva Foundation/US, instituted the three step “training transfer”:

1. Assess the management and financial need, and build the team needed to achieve the goals. In the spring of 1999, the LAICO/India team traveled to Malawi to assess the four key systems areas: clinical services, administration, management systems, and outreach services.
2. Hands-on immersion into the Aravind model management system. Dr. Chirumbo’s team traveled to India for a full six weeks at the Aravind Eye Hospital working side-by-side with LAICO personnel.
3. The LAICO/India team again visited Malawi in September 1999 for five weeks to evaluate progress in implementing the plan.

Initial success is seen in the hospital’s implementation of a more aggressive outreach program that plans to develop a continuous flow of 80-100 cataract patients per month. The project has created semi-private wards for which patients are willing to pay. Although the amounts may be small, this is one of the most necessary activities to improve the financial sustainability of the hospital.

Building on the Malawi experience, IEF plans to develop a similar strategy for the Queen Elizabeth Central Hospital in Blantyre, Malawi; the new El Maghraby Eye Hospital in Cairo, Egypt; and an eye hospital to be identified in Latin America.

SightReach Surgical®

"Providing quality ophthalmic products at low cost for developing countries."

The cost of cataract surgery depends partly on the cost of ophthalmic supplies. By reducing the cost of intraocular lenses, suture, instruments, and equipment, the cost to eye clinics, hospitals, and government health ministries of providing cataract surgery is reduced.

IEF’s newest venture aims to reduce fixed costs associated with cataract surgery for eye care institutions in the developing world. SightReach Surgical® is a for-profit social enterprise selling quality ophthalmic products at reduced prices, and expands on the business relationships developed during IEF’s original SightReach® program. With an initial market focus on Latin America, IEF is developing its customer base, sales team, and vendor relations. Of course, IEF continues to donate ophthalmic products through its Gifts-In-Kind program so that the truly indigent may have the surgery free of charge.

FY2000 activities:

- Registered the name SightReach Surgical® with the US Patent and Trademark Office
- Secured Internal Revenue Service approval for IEF to engage in a mission-related ‘for-profit’ enterprise
- Sales of $50,010 with a net profit of $7,755 for IEF program support
- Sales team: Roberto Jule/El Salvador, Dr. Orlando Oliva/Guatemala, and Claudia Alcero/Honduras

Gifts-In-Kind

While SightReach Surgical® offers affordable products to reduce the cost of ophthalmic supplies and reduce the dependence on donations by eye clinics, IEF recognizes that there is still a need for donations to treat the truly indigent. IEF’s longest continuous program, Gifts-In-Kind has met this challenge by accepting gifts of selected, appropriate products and distributing them where they are most needed. This program is ancillary to the new directions our program partners are taking to improve their financial future and sustainability. This year, we distributed $2,017,973.00 worth of ophthalmic equipment, supplies, pharmaceuticals, texts and journals. The IEF is especially grateful to Merck & Co., Inc., Task Force “Sight & Life,” and the American Academy of Ophthalmology among others for their generous support. A full list of our generous donors is listed at the back of this report.
International Collaboration

IEF remains in “official relations” with the World Health Organization’s Programme for the Prevention of Blindness, a relationship established in 1985. IEF is a member of Group E of the International Agency for the Prevention of Blindness (IAPB) and IEFs Executive Director was elected Chairman for the North America Region of IAPB at the 5th General Assembly held in Beijing in September 1999. In collaboration with the WHO, IEF is a member of the Alliance for the Global Elimination of Trachoma and the WHO Coordination Group for Interventions.

At home, IEF is part of InterAction, a consortium of over 160 international development organizations dedicated to improving standards of health, education, agriculture, democracy, and conflict resolution in the developing world. IEF staff and medical advisors serve on the American Academy of Ophthalmology’s Committee on International Ophthalmology and participate in a number of forums that promote international understanding and collaboration.

"Night of the Stars" 33rd Annual Eye Ball®

IEFs 33rd Annual Eye Ball® brought together Honorary Patrons Admiral and Mrs. William J. Crowe, Ball Chairs Stanton Wallenberg and Raphael Langford, and the evening’s Honorees for a splendid evening of dining, dancing, and “helping people see.” The millennium’s last Eye Ball® was held October 8, 1999 at the beautiful Four Seasons Hotel in Washington, DC.

Lawrence M. King, Jr., MD and Mrs. Ruth Insel, ophthalmologist and community member respectively, were honored with the 3rd annual “Promotion of Peace and Vision Awards” for their dedication and outstanding service in support of the International Eye Foundation and the cause of blindness prevention. The awards honor the memory of Dr. John Harry King, Jr. who saw IEF’s work as “...the promotion of peace through the prevention of blindness.”

1999 IEF/Society of Eye Surgeons Breakfast

IEF Highlights Latin America in Orlando

More than 65 ophthalmologists and friends attended the 1999 Annual Breakfast Meeting of the Society of Eye Surgeons (SES) on October 26 in Orlando, Florida. SES Executive Secretary Dr. Howard Cupples introduced the 1999 Honorary Chairman Dr. Francisco Contreras of Peru who presented “Certain Aspects of the Fight Against Blindness in Latin America.” Dr. Contreras was honored the day before at the opening ceremonies of the annual American Academy of Ophthalmology meeting with the AAO’s 1999 International Blindness Prevention Award.

Dr. Luz Gordillo, also of Peru reported on her fight against retinopathy of prematurity (ROP), a condition that blinds premature infants for life if not recognized and treated early. Dr. Gordillo’s work is supported by a grant from IEFs “Seeing 2000” program.

SOCIETY OF EYE SURGEONS

2000 Members

Dr. Jack A. Aaron
Dr. Alfred L. Andrus
Dr. Frank S. Askham, Jr.
Dr. Haroon Rashid Awan
Dr. Manohar Prakash Bhikhu
Dr. Michael Bady, MD
Prof. Joaquín Barragán, MD
Dr. Terry E. Barnes
Dr. Robert W. Burger
Dr. Juan-Claude Cadet
Dr. Roberto Carnei
Dr. Nieves E. Christy
Dr. C. Francisco Contreras
Dr. Claude L. Cowan, Jr.
Dr. Howard Cupples
Dr. Chandler Davison
Dr. David Dennery
Dr. John A. Dutler
Dr. Hannes Bosse Paul

Dr. James P. Gardley, DrPH
Dr. Paul T. Gavaris
Dr. James P. Gills, Jr.
Dr. Luz Gordillo
Dr. William K. Harris
Dr. Markus H, Holod
Dr. Lawrence M. King, Jr.
Dr. Aristides George Lapithis
Dr. Michael H. Lashmet
Dr. Susan Lowenda
Prof. Ralph Malabadi
Dr. Buster F. McLendon
Dr. Joseph Michon, Jr.
Dr. Marilyn T. Biffier
Dr. Zia Mohammad
Dr. Mohammad Mohsin
Dr. Fernando H. Muñoz-López
Dr. George Norton
Dr. John P. O’Neill
Dr. Kenneth Onu
Dr. Raul V. Panfilian
Dr. R. Purushothaman
Dr. Nitin M. Patel

Dr. David Parson
Dr. Theodore O’Hare
Dr. Roger P. Peterson
Dr. Gennadiy N. Ruo
Dr. John W. Reed
Dr. Dennis K. Rehan
Dr. Tom Schwab
Dr. Larry Schwab
Dr. Bradford J. Shingleton
Dr. Francis C. Spellings, Jr.
Dr. James B. Sprague
Dr. James E. Standerfer
Dr. Paul G. Steinkuller
Dr. Bjorn Thylstrom
Dr. Alex Allen
Dr. Ahmed M. Tabak
Dr. Clara Enverre de Loriguera
Dr. Stephen O. Waller
Dr. Floyd L. Weingrad
Dr. Marian B. Wheeler
Dr. Randolph W. Whetzel, Jr.
Dr. Paul D. Wiener
Dr. M. Roy Wilson

VOLUNTEERS

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

Tom Ainsworth
Claudia M. Alcacer
Carol Burgess, RN, CRNA
Lolly Burke
Elizabeth Allen Burt, COT
Jo A.S. Carpenter
Paul Court对我, DPH
David Green, MFP
Chafika Kappaz
Susan Lawlison, MD
Marilyn T. Miller, MD
Fernando Murillo-Lopez, MD
Photographers Gallery
James B. Sprague, MD
Savannah Walker
Maynard B. Wheeler, MD
With Gratitude

The generosity, dedication and commitment of IEMF's donors make it possible for us to continue our mission each year. They are a diverse group representing school children to corporations, individual bequests and memorials to foundation grants, in kind product donations to gifts of securities and other financial instruments. We are grateful to all of our sponsors and partners whose contributions and the government support we receive to further our important work.

Our donors for the years 2019-2020 are recognized below. IEMF makes every effort to ensure the accuracy of this list. If an error has been made, or if a donor wishes to remain anonymous, please contact us so that a proper listing may be made. Thank you.

(*) contributors to the IEMF's Annual Fund program.
International Service Agencies.

The IEF is a member (#0118) of ISA, a federation of premier international organizations. ISA conducts workplace giving campaigns in corporations and with local, state, national and overseas-based government employers. The IEF wishes to thank these employees for their generosity and compassion. In addition, we thank the agencies, businesses, and those at ISA who helped make these gifts possible.

IEF STAFF, FIELD OFFICES, AND REPRESENTATIVES

IEF Headquarters
7801 Norfeolk Avenue, Suite 200
Bethesda, MD 20814
Telephone: 301-986-1830 Fax: 301-986-1876
E-mail: info@iefus.org

Victoria M. Sheffield .................. Executive Director
Edwin M. Henderson .................. Director of Finance and Administration
John M. Barrows, MPH .................. Director of Programs
Ellen M. Parietti, MPH .................. Program Officer
Lori Carnuth, MPH .................. “Seeing 2002” Program Coordinator
Calvin Baerwaldt .................. Public Affairs Officer
Bened Swaal .................. Administrative Assistant
Sarah Gray .................. Administrative Assistant
Laura Riva-Rincon .................. Receptionist

IEF GUATEMALA
Fundacion Internacional del Ojo,
2a. calle, 23-89A, Zona 15, V. Hermosa 1. 01015,
Guatemala City, Guatemala.
Orlando Oliva de Leon, MD, SightReach Representative

IEF HONDURAS
Fundacion Internacional del Ojo,
Colonial Florencio Sucre, Avenida Las Pinas,
4021, Z. Culla,
Tegucigalpa, Honduras.
Marylena Arita Anam, MD,
Medical Advisor to Child Survival,
Claudia Almario, Country Representative

IEF MALAWI
PO. Box 2273, Blantyre, Malawi.
Christine Witte, PhD, MPH, Country Director

IEF Field Offices

IEF BOLIVIA
PO Box 199, La Paz, Bolivia.
Telephone: 591-2-394372
Fax: 591-2-342772.
Fernando Murillo, MD, Country Director,
Kirk Lesch, MPA, Project Advisor

IEF CAMEROON
B.P. 6617,
Yaounde, Cameroon.
Telephone: 237-20-5007.
Fax: 237-21-5567.
Patrice Nkewele, Project Advisor

IEF ETHIOPIA
Christian Children’s Fund Inc.,
PO Box 5545,
Addis Ababa, Ethiopia.
Telephone: 251-1-613426.
Dr. Yared, Health Manager/Project Representative

(Notes Personnel information recorded above was current during FY 2000. 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 301-986-1830.)

FY 2000 Program Expenditures

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America</td>
<td>8%</td>
</tr>
<tr>
<td>Asia/Eastern Europe</td>
<td>10%</td>
</tr>
<tr>
<td>Africa</td>
<td>82%</td>
</tr>
<tr>
<td>G &amp; A</td>
<td>4%</td>
</tr>
<tr>
<td>Program</td>
<td>89%</td>
</tr>
</tbody>
</table>

IEF FY 2000 Expenditures