the International Eye Foundation

. . . Giving the Gift of Sight

Annual Report 1983-1984

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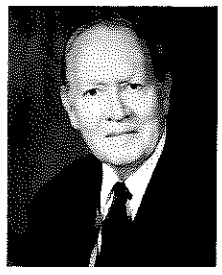
Message From the Founder and Executive Medical Director

Twenty three years ago, the International Eye Foundation was launched to fight the terrible scourge of blindness in the developing world. Most of us take our sight for granted, rarely, if ever, considering what it would be like to live in darkness. As Bob Hope said several years ago when he agreed to serve on the IEF's Advisory Council and produced some public service announcements, "Blindness is terrible loneliness . . ." We in the United States are fortunate—many of the blinding diseases found in the developing countries either no longer exist here or have been under control for years. For those that still exist, treatment that arrests and/or cures the blinding process is readily available.

Over the years, we have grown and altered the approach we take in our programs to eliminate blindness. From our early beginnings teaching corneal surgery to our current focus on primary eye care, our primary purpose has remained the same—the prevention and cure of blindness among the poorest of the poor in the developing world. Unfortunately, the rate of preventable and/or curable blindness has kept pace with our own growth, and blindness is still a health problem of major proportions in the developing world—in some countries, nearly four percent of the population is affected. This is about twenty times the rate in the U.S.

In the past year, IEF personnel and those supervised by them provided training in primary eye care and blindness prevention to over 5,000 health workers at all levels, from physicians to village health workers, and provided eye examinations and treatment to 450,000 people, most of whom would otherwise have gone without eye care. Over 13,000 benefitted from sight-saving surgery.

The support of the IEF's friends over the years has made our programs possible. Those who have contributed to our efforts are remembered daily with deep gratitude by us and by those served under our programs whose sight has been saved. In the coming year, with the ongoing support of the IEF's friends, we will continue giving the gift of sight.



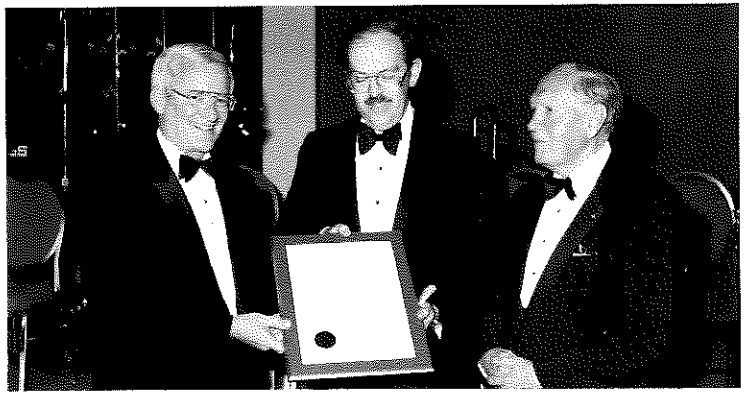
John Harry King Jr

Dr. John Harry King, Jr.
Founder and Executive Medical Director

Report from the President and Executive Director

The past year has been one of continued growth and development for the IEF. Programming accomplishments this year have been substantial and will be dealt with in some detail in the remainder of this report. The IEF was the first American private voluntary agency to provide assistance to the new government in Grenada after the fall of the previous regime, and we were the first American agency to provide assistance in primary eye care education to the People's Republic of China. We who work for and with the IEF are justifiably proud of our accomplishments over the course of the last year.

During the year covered by this report, one of our most important undertakings has been the development of new sources of financial and in-kind support, both at the corporate and individual levels. Chibret International, Merck and Company, Inc., Alcon, Ethicon, Allergan, Pfizer, Ingersoll-Rand Company, Houston Natural Gas, IBM, Martin Marietta, and the Bendix Corporation have all responded favorably to IEF requests for support. In addition, the Charles T. Campbell Foundation, the Public Welfare Foundation, the International Foundation, and the MacArthur Foundation all provided generous support for IEF programs. Last, but most assuredly not least, individual supporters continued to provide the bulk of the Foundation's private support, and to them, we owe special thanks.



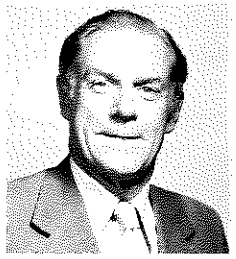
U.S.A.I.D. Administrator Mr. Peter McPherson, center, receives the IEF's International Medical Diplomacy Award granted in recognition of his agency's support of Foundation activities, from Dr. Robert H. Meaders, IEF Medical Director, and Dr. John Harry King, Jr., the IEF's Founder.

The IEF's Society of Eye Surgeons has been a major target of our efforts to expand the Foundation's support base. A membership drive has been launched, and a new program whereby Society members can opt to support specific IEF projects with their dues has been developed.

The IEF headquarters formally entered the "computer age" this year with the purchase of five computer-word processors. These have given us the capacity to analyze data collected during blindness prevalence surveys, simplify the preparation of timely reports on our activities, develop a substantial mailing list of IEF supporters, and has led to the implementation of computerized accounting procedures. The addition of Mr. R. Douglass Arbuckle, formerly with IEF's project in Kenya, to the Headquarters staff as Deputy Administrator has also increased our capabilities for planning for future programs and responding effectively to current program needs.

Looking to the year ahead, we anticipate a continuation of the growth and expansion that has characterized the IEF this year. The development of corporate support will continue as a priority, and we hope to be able to respond positively to a larger number of the many requests for assistance which we receive. Plans are underway for the production of a short film which will describe the work of the IEF and for the development of a nation-wide public information campaign to increase awareness about the problems of blindness and eye disease and the efforts of the IEF to eliminate them in the developing world.

All in all, the IEF can look back over the past year with a sense of real accomplishment and toward the year ahead with optimism and the hope that we will move closer to our goal of the elimination of preventable and curable blindness in the less developed countries of the world.



John R. Babson

Mr. John R. Babson, President and Executive Director

IEF Program Components

Education and Training

Since its inception the IEF has had as one of the principle components of all of its programs the provision of appropriate education and training for health workers, both ophthalmic and general, at all levels. This component has taken a variety of forms, ranging from relatively sophisticated training in corneal transplant techniques and cataract surgery to instruction in primary eye care and blindness prevention.

In all IEF programs, education and training have both didactic and practical components. The didactic portions are backed up by a variety of teaching aids ranging from slides to simple diagrams and charts. Most of these aids have been developed and extensively field tested by IEF personnel. Many have been designed for universal use with a wide range of students. Others have been developed to complement specific country programs and target groups. In addition, participants in IEF training programs are provided with materials for reference in the course of their day-to-day work.

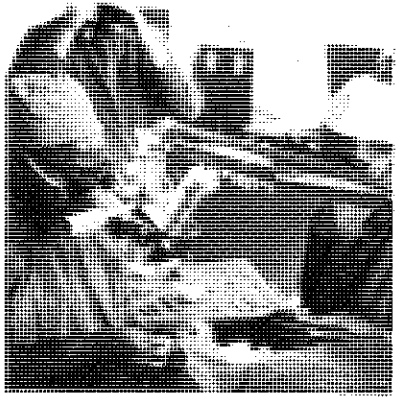
The level of training provided as part of an IEF program depends largely on the stage of development of the target country's eye health care delivery system. The rationale behind this is straightforward—it is logical to provide training in primary eye care and blindness prevention to rural health workers only if there is a support system for their work—to be effective, these health workers must have a back-up of clinical and surgical services to which they can refer patients when necessary. Without this, these workers would not be able to maintain their credibility as providers of eye health services. Therefore, in countries with little or no readily available eye health care, training is provided for physicians and focuses primarily on clinical and surgical techniques. In countries with fairly well developed health systems, the training focuses on the development of capabilities among rural health workers in primary eye care and blindness prevention.

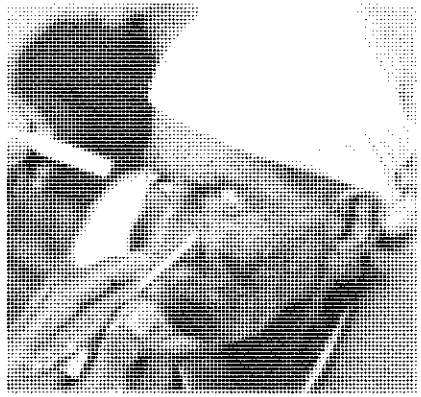
In all cases, the ultimate goal of IEF-provided education and training is to enable each country to attain self-sufficiency in the operation of an appropriate, effective eye health care delivery system covering tertiary, secondary, and primary levels and reaching all segments of the population.

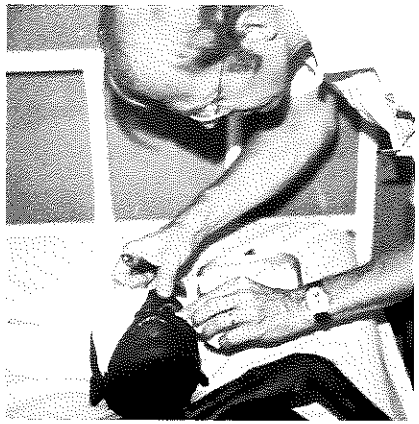
Research

Blindness Prevalence Surveys

The International Eye Foundation conducted its first blindness prevalence surveys in Kenya as a part of the activities of the Kenya Rural Blindness Prevention Project. The primary purpose of the surveys was to evaluate the prevalence, incidence, and etiology of blinding eye conditions in the rural parts of the country to assist the Ministry of Health in its eye services planning efforts. Over a period of seven years, surveys were conducted in eight districts of the country, covering each of the major ethnic groups and geographical/climatic variations in the country. Each member of the survey population received a complete eye examination, and information was gathered on such factors as age, water availability, and general housing conditions and sanitation. These surveys represented the first time the prevalence and incidence of eye disease and blindness had been studied on a







IEF Programs for the prevention and cure of blindness . . .
. . . giving the gift of sight.

nation-wide basis in Africa, and it is now recognized that information gathered in such surveys is essential to the rational planning of eye health care services.

A major collaborative study of eye disease and blindness, with major emphasis on Vitamin A malnutrition, was organized by the IEF in the Lower Shire Valley of Southern Malawi with WHO, Johns Hopkins University, and Helen Keller International. The IEF was selected for this task because of its recognized leadership and expertise in this vital research area.

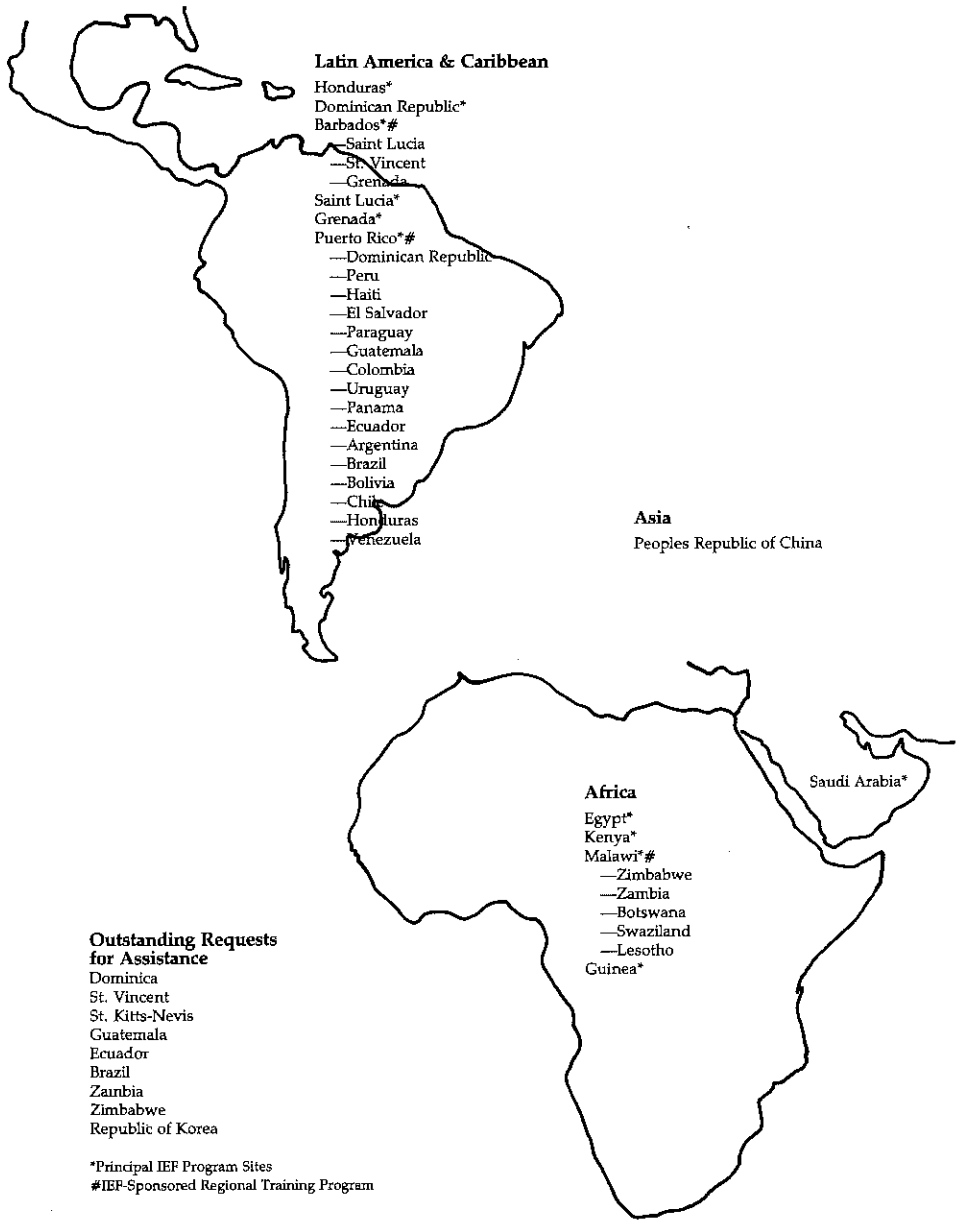
Recently, the IEF organized and conducted a nation-wide survey of the prevalence and incidence of eye disease and blindness in the Kingdom of Saudi Arabia as part of a major effort in the Kingdom to make eye health care services available to its entire population. This survey was especially significant because it was the first time that mini-computers were used in the collection of data in the field. The use of these computers both reduced the incidence of examiner error and variation, common problems when information is gathered by more than one individual, and allowed for on-the-spot, on-going analysis and evaluation of the data collected.

The implications of the use of mini-computers for field data collection extend far beyond blindness surveys, since they could be used for any type of field research where standardized survey instruments are used (such as national censuses).

Operations Research

In addition to its survey research, the IEF has been engaged in extensive operations research to assist in the rational development of eye health care delivery systems. In these efforts, the major question has involved how to maximize the availability of eye health care services in rural areas. Activities have centered on the development of effective methods for teaching appropriate eye care delivery to health workers at levels ranging from physician to village health worker and the use of paramedical health workers in the provision of primary eye care training. Work in this area has taken place in Kenya, Malawi, Egypt, Honduras, Dominican Republic, and several other Caribbean island-nations.

Countries Benefitting from IEF Programs in 1983-1984



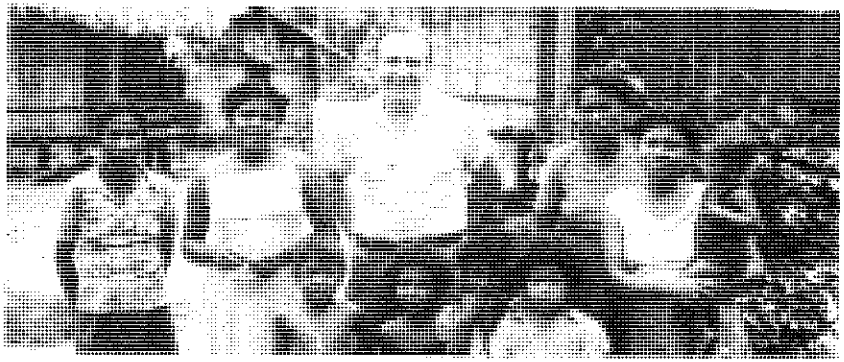
Major Programs

Honduras

The major portion of the IEF project in Honduras, which called for the provision of training in primary eye care and blindness prevention for physicians, nurses, and other auxiliary health personnel, was completed at the end of 1982. However, this did not mark the end of the IEF's commitment to improving the quality and availability of eye health care in the country.

In 1983 and 1984, IEF personnel and consultants made several trips to Honduras to provide further training, both in primary eye care/ blindness prevention, and in more technically sophisticated areas such as retinal and corneal diseases. The former training was primarily conducted by the Project Director in Honduras, Ms. Tamara Oberbeck, while the latter was supervised by Dr. Lawrence M. King, the IEF's Deputy Medical Director.

Late in 1983, an extensive evaluation of the IEF Honduras activities was conducted by an independent consulting firm at the request of the United States Agency for International Development (USAID). The evaluation team found that the project had exceeded its training goals, had developed substantial, effective training materials and aids, and had brought about significant improvements in eye care at all levels.



Dr. Lawrence M. King, Jr., IEF's Deputy Medical Director, undertook an assessment of the eye health of Misquitos Indian refugees on behalf of the Honduran Ministry of Health this year. Dr. King continues to supervise the IEF's education programs in Honduras.

During the past year, a number of Honduran physicians have benefitted from IEF fellowships to the University of Puerto Rico Basic Science in Ophthalmology course and from short-term fellowships to the US, where they have worked with ophthalmologists specializing in such fields as retinal and corneal disease. In addition, the IEF has provided significant supplies of ophthalmic medicines and equipment for use in Honduras' main ophthalmic referral center, San Felipe Hospital in Tegucigalpa.

The IEF program in Honduras has benefitted significantly from support from the Public Welfare Foundation and the Charles T. Campbell Foundation during the past year.

Dominican Republic

The IEF has continued with the major training project which was begun in the Dominican Republic last year. During the first year of this project, the focus has been on the provision of training for general physicians, nursing supervisors, nursing instructors, community nurses, and health promoters (village-level health workers). Nursing supervisors and instructors have been given courses on techniques for training general health workers in primary eye care and blindness prevention, while for the general physicians, community nurses, and health promoters, the training program has emphasized recognition and treatment and/or referral of common eye conditions, simple methods of prevention of the diseases and blindness, and the promotion of eye health in the community.

In addition, two Dominican physicians were selected for training at the University of Puerto Rico Basic Science Course in Ophthalmology. On their return to the Dominican Republic, they wil be able to make significant contributions to the improvement of eye care there and will also provide training in primary eye care and blindness prevention to other health workers.

The IEF has been asked by the Dominican Ministry of Health to assist in the further development of rural eye health care services. A proposal is now being developed under which new eye clincs would be established at nine regional hospitals throughout the country, each with both clinical and training facilities. Sources for funding of this expanded program are now being sought, and it is hoped that it will be underway early in 1985.

Puerto Rico

The primary emphasis of the IEF's program in Puerto Rico continues to be the provision of training for health care professionals (both doctors and nurses) in order to provide suitably trained personnel for

the Spanish-speaking countries of Latin America and the Caribbean Basin. The IEF-supported training program, conducted under the auspices of the University of Puerto Rico, is unique in providing a complete course in basic ophthalmic science, blindness prevention, and national eye care/blindness prevention program development in Spanish.

The IEF provides fellowships for approximately 15 physicians per year for this course and supports the training of nurses in a similar, but shorter, course. In addition, annual fellowships are provided for two ophthalmologists from Spanish-speaking countries to study corneal surgery under the tutelage of Drs. William Townsend and Manuel Miranda of the University's Department of Ophthalmology.

Major support for this program is provided by the William M. and Ramona N. Carrigan Family Endowment for Blindness Prevention in the Americas, which was established by the Carrigan family, longtime supporters of IEF programs around the world.

Barbados

In June, 1983, the IEF launched a major new program in Barbados for the training of ophthalmologists for the island nations of the Eastern Caribbean. The training program is under the supervision of Miss Anthea Connell, FRCS, Senior Consultant Ophthalmologist to the Government of Barbados and Associate Lecturer in Ophthalmology at the University of the West Indies who has many years' experience in both academic and clinical ophthalmology in the Caribbean.

The program is providing training for ophthalmologists from Saint Lucia, Grenada, St. Vincent, St. Kitts/Nevis, Trinidad, Montserrat, Belize, and Guyana. After one year's didactic and clinical training in Barbados, each of the trainees will receive one year's additional training under the supervision of an IEF or other ophthalmologist.

In addition to the physician training, this program provides eye care training for nurses from each of the participating islands and provides assistance to these countries in the planning and implementation of effective eye health service delivery networks.

Significant support and collaboration for this project has been received from the Public Welfare Foundation, the Royal Commonwealth Society for the Blind, Operation Eyesight Universal (Canada), the Caribbean Council for the Blind, the International Agency for the Prevention of Blindness, and the Pan-American Health Organization.

Saint Lucia

At the beginning of the 1983-1984 year, Dr. Ben Baker assumed responsibility for the training and clinical activities being carried out

as part of the IEF's program on Saint Lucia. This program is being conducted in partnership with the Massachusetts Eye and Ear Infirmary (MEEI). During the past year, seven residents from MEEI spent six week rotations at Victoria Hospital in Castries, the capital, providing clincial and surgical care under Dr. Baker's supervision.

The Saint Lucia program goal of improving the quality and availability of eye care on the island was greatly advanced when a local physician, Dr. Emsco Remy, was selected for training in ophthalmology in the IEF-sponsored training program in Barbados. Dr. Remy completed the didactic portions of this course in June, and returned to Saint Lucia for continued surgical training with the IEF ophthalmologist.

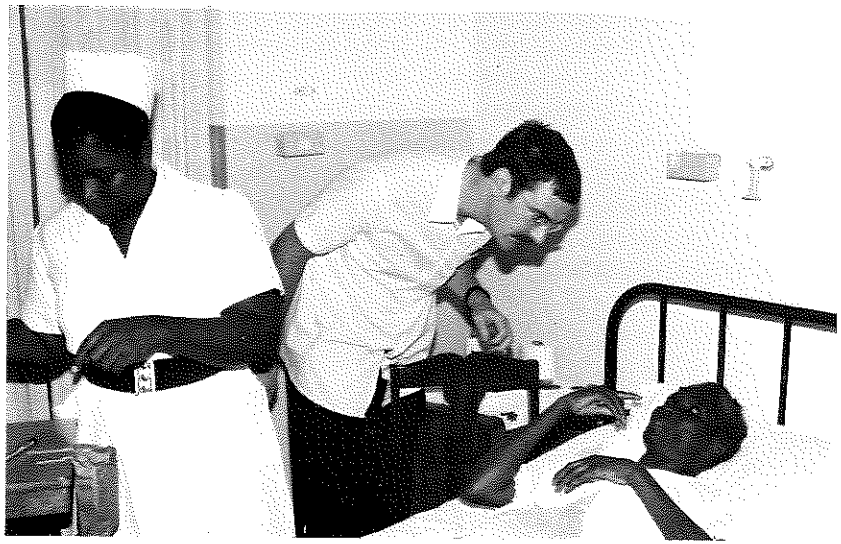
One significant aspect of the IEF's program in Saint Lucia has been the institution of a fee-for-service clinic at the Victoria Hospital in Castries. Under this program, patients at the eye clinic (with the exception of school children and those over 60 years of age) are asked to pay a small fee each time they attend clinic for a new condition. The money thus collected is then used to support the eye clinic. While it is still too early to judge the success of this innovative project, it could provide a partial solution to the problems generated for eye services by the limited financial resources of Ministries of Health in developing countries.

Grenada

In November, the IEF was the first American voluntary agency to provide assistance to the Government of Grenada after the fall of the former Marxist regime. Dr. Robert Meaders, the IEF Medical Director, travelled to Grenada, where he met with officials of the new government and arranged for the provision of emergency ophthalmic services by the IEF on a short-term basis. Dr. John Distler, formerly of the IEF's Saint Lucia project, and Dr. William Eichner both volunteered their services under IEF auspices as part of this short-term project.

With the withdrawal of Cuban technical support in November, and the subsequent closure of the eye clinic at the main hospital in St. Georges, Grenada had been left without ophthalmic services until IEF volunteers arrived on the island. However, several nurses who had been assigned to the eye clinic and had received substantial training in ophthalmology (two of them as part of the IEF nurse-training program for the Eastern Caribbean) were reassigned to the clinic just prior to the arrival of the first IEF ophthalmologist and were able to ensure that the clinic was ready to resume provision of services.

Early in 1984, the IEF, after consultations with the Grenadian Min-



Dr. Colin Wilson, FRCS, was seconded to the IEF's program in Grenada by the Royal Commonwealth Society for the Blind. Dr. Wilson is providing clinical and training services until a full-time IEF ophthalmologist arrives on the island.

istry of Health, developed a long-term program for the development of eye care services on an island-wide basis. This program combines training and the provision of clinical services by IEF personnel. A Grenadian physician, Dr. Elliott McGuire, has been selected to undergo ophthalmic training in the IEF sponsored program in Barbados. As soon as local personnel are capable of providing eye care for the island, the IEF team will institute a similar program in the next scheduled country.

In addition to the provision of clinical and training services and assistance in the planning and implementation of eye care services in Grenada, this grant also provides for the development of a low-cost spectacles workshop, which will be operated by the Grenadian Society of Friends of the Blind. There is presently no source of reasonably priced spectacles in the Eastern Caribbean, and it is hoped that this workshop will be able to meet the need for this service for most, if not all, of the countries of the region. Support for this program will come from the World Health Organization, the Pan American Health Organization, and the Royal Commonwealth Society for the Blind, in addition to the IEF.

Kenya

Phase II of the IEF's Kenya Rural Blindness Prevention Project was completed during the past year. This program brought the IEF recognition for its innovative programs from the World Health Organization and other international and regional bodies. The program provided assistance to the Kenyan Ministry of Health in the development of a rationally planned, effective eye health care delivery system, and provided a combination of training and clinical services for Kenya.

During Phase II, several hundred health workers received training in primary eye care and blindness prevention which enabled them to provide essential eye care services and community blindness prevention training in areas previously without regular eye care. In addition, the IEF developed and implemented a successful community health project in the Meru District under which nearly 90 percent of the households constructed pit latrines and over 75 local residents received training as village eye health workers. These residents, many of them illiterate, are now providing basic eye and general health care to their community on a volunteer basis and initiating a variety of blindness prevention activities. This IEF-initiated health project was commended by UNICEF for its innovative approach to the promotion of community eye health.

The Kenyan Ministry of Health has requested further assistance from the IEF in the strengthening of its training program for Ophthalmic Clinical Officers, the paramedical workers who provide the bulk of the country's clinical eye services, and in the development of a regional training program for such health workers from Tanzania, Uganda, Zambia, Sudan, Ethiopia, and Somalia, in addition to Kenya. This regional training center is now being planned with the Ministry of Health.

This new phase of IEF activity in Kenya will be under the direction of Dr. Teferra Tizazu who has, for the past three years, been the IEF's Project Director in Malawi. He will move to Kenya early in the next fiscal year. Dr. Tizazu will replace Dr. Randolph Whitfield, who has supervised IEF activities in Kenya for the past 12 years. Dr. Whitfield left the Foundation at the end of June to join the Royal Commonwealth Society for the Blind as their Regional Medical Advisor for Africa. Dr. Whitfield will continue an affiliation with the IEF through its Medical Advisory Council, on which he has agreed to serve.

The IEF's program in Kenya has benefitted substantially in the past year from the support and collaboration of USAID, the Royal Commonwealth Society for the Blind, Operation Eyesight Universal, and the Kenya Society for the Blind.

Malawi

During the past year, the IEF's Drs. Teferra Tizazu and Larry Schwab have continued to carry major responsibility for the provision of eye care services and training in Malawi. They have been based in Lilongwe and Blantyre, respectively.

The Southern African Sub-regional Ophthalmic Training Center, one of the major activities undertaken in Malawi by the IEF to date, graduated its first class of Ophthalmic Medical Assistants (OMAs) in December. They returned to their home countries to begin providing ophthalmic services in previously unserved rural areas. The 22 graduates of this course were drawn from Malawi, Swaziland, Botswana, Lesotho, Zamiba, and Zimbabwe.

This training center is a model for inter-agency cooperation and collaboration. Support for the development of the center and the first class of trainees was received from the Royal Commonwealth Society for the Blind, the World Health Organization, Operation Eyesight Universal, and the Government of Malawi.

Dr. Larry Schwab, left, IEF Malawi Project Director, discusses the care of this elderly cataract patient with the President of Malawi, His Excellency Hastings Kamuzu Banda, right, a strong supporter of IEF activities in his country.

Last fall, the IEF undertook a major study of nutritional eye disease in children and blindness prevalence in Malawi's Lower Shire Valley in collaboration with Johns Hopkins University, Helen Keller International, the World Health Organization, the Royal Commonwealth Society for the Blind, and the Malawi Ministry of Health. During this three-month survey, over 7,000 people, including 5,000 children, were given complete ocular examinations. In addition, all the children were given examinations for nutritional deficiency (height- and weight-for-age, etc.) This extensive survey effort was directed by Mr. Jack W. Swartwood, the IEF's Administrative Director, who spent the entire three-month survey period in Malawi coordinating day-to-day operations. The data collected under this survey is currently undergoing

analysis, and will provide the basis for a major blindness intervention effort in the Lower Shire Valley in the near future.

The IEF's activities in Malawi, particularly the provision of clinical services and supervision of rural eye workers, has received generous support from the Rotary Clubs of Blantyre, Rotary International, Chibret International, and the International Foundation. These organizations made it possible to obtain additional Mobile Eye Units, which greatly improved the availability of regular eye services in the rural areas, particularly in the southern part of the country.

Guinea

Over the past year, the IEF has continued to provide limited assistance to the Guinean Ministry of Health in the development of eye care services. Early in the year, the IEF ophthalmologist, Dr. Jean-Paul Heldt, completed his assignment in Conakry and returned to the U.S.

In June, the IEF reached agreement with USAID for funding which will allow the IEF to provide the necessary equipment and supplies for the Ministry of Health's new Ophthalmic Referral Center in Conakry. When it is completed late in 1984, this center will be the major referral facility for the entire country. It will have 25-30 inpatient beds, two surgical suites, and a large out-patient clinic, and will be staffed by Guineans trained under IEF programs. The center will also serve as the ophthalmic training center for the country.

In Guinea, the IEF is assisting the Ministry of Health with the construction and equipping of a National Ophthalmic Referral Center in Conakry, the capital. The building was donated for this purpose by the Government of Guinea.

The IEF program in Guinea has been unique in that the major cooperating partners, in addition to the Government of Guinea, have been the Martin Marietta Corporation, the Halco (Mining) Company, and the Companie des Bauxites de Guinée, a consortium of bauxite producers of which Halco is a member. Transportation of equipment and supplies, local housing and transportation, and technical support have been provided free of charge by this group.

Dr. Mamdouh Fakhri, the IEF's Project Director in Egypt, demonstrates examination techniques to ophthalmology residents participating in a survey of blindness and eye disease in the Khalifa District of Cairo.

Egypt

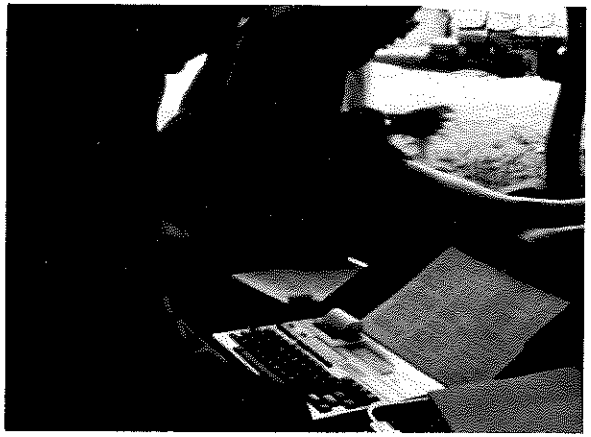
During the first year of the Cairo Program the IEF's Khalifa District Integrated Urban Primary Eye Care Project made significant progress toward achieving its goal of upgrading the eye care capabilities of a wide range of health workers at all levels. Fifty general physicians and nearly 200 nurses and nursing students have received training in primary eye care and community eye health. This exceeds the numbers of personnel expected to be trained over the entire life of the project. This training consisted of instruction in recognition and management of common eye complaints, review of available sources for treatment and rehabilitation of the blind in Cairo, and preventive ophthalmology as related to individual and community hygiene and public health practices. As part of the training exercises, the project staff has developed a variety of teaching materials in Arabic. These have been adopted by the Ministry of Health for use in training programs throughout the country and have been distributed to a number of other Arabic-speaking countries.

In addition, the staff of the IEF's project in Cairo, led by the Project Director, Dr. Mamdouh Fakhri, are conducting a comprehensive survey of the distribution and causes of blindness and eye disease in a sample of about 2,500 residents of Khalifa District. This research will provide information on which the Ministry of Health can plan the

development of eye health services both in Khalifa District and in other, similar urban districts.

As part of the project in Cairo, the IEF has been asked by the Ministry of Health to assist in the provision of needed supplies and equipment for the district's main tertiary eye care facility, the Khalifa General Hospital. In the past year, over one million dollars worth of equipment and medications have been sent to this hospital. Ninety five percent of this has consisted of in-kind donations by American corporations and individuals.

During the year ahead, the IEF Project will focus on completion of the on-going prevalence survey, provision of further training for health workers, particularly at the community level, and the development, in cooperation with the Ministry of Health, of a plan for the establishment of similar projects in both urban and rural areas of the country.



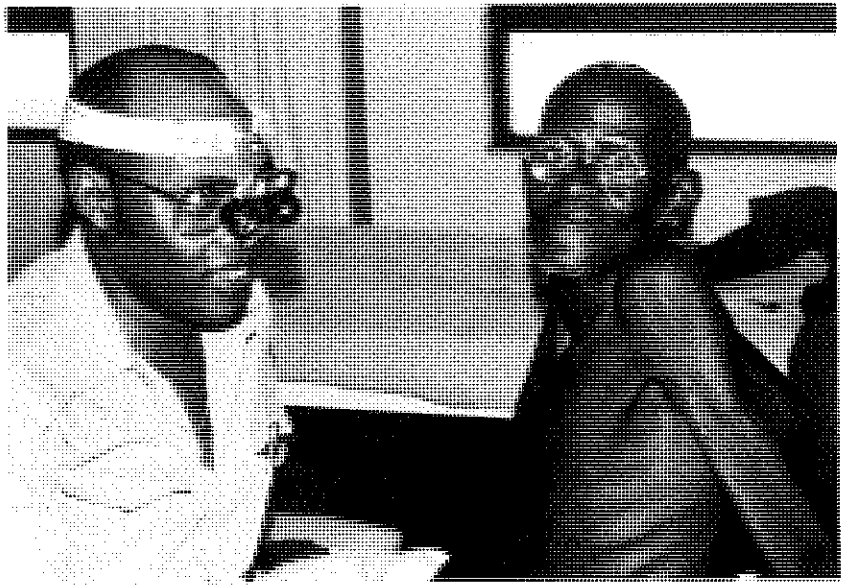
This year, the IEF undertook a National Blindness Prevalence Survey in the Kingdom of Saudi Arabia at the request of the Ministry of Health. Mini-computers were used for the collection of data.

Saudi Arabia

In September, 1983, the IEF launched a major study of blindness and eye disease in Saudi Arabia. This survey, requested by the Saudi Ministry of Health and the King Khaled Eye Specialist Hospital, the Kingdom's main eye care referral facility, covered the entire country. During the course of the survey, 16,810 individuals were examined, representing all geographical regions of the country in both urban and rural areas.

One innovative aspect of this survey was the use of hand-held computers for purposes of data collection. This is the first time such computers have ever been used in this way. As each subject was examined, the information was entered directly on the computer, using a program developed by the Foundation's Statistician/Epidemiologist, Mr. Dennis Ross-Degnan. By using the computers in the actual data collection, it was possible to greatly reduce errors in data entry and to produce daily data summaries. This enabled the survey teams to provide local officials with information on blindness and eye disease as they completed the survey activity in each area. The results of the survey will be used by the Ministry of Health to develop a system of eye health care delivery under which eye care will be readily available to all Saudi subjects.

This was surely one of the most difficult surveys of blindness and eye disease ever undertaken and probably the first ever undertaken on a national scale at one time. Given the Kingdom's rugged terrain and widely scattered population, the IEF can be proud of having completed the exercise successfully. Credit for this success lies largely with Mr. Ross-Degnan, who worked tirelessly under difficult circumstances to ensure a successful and scientifically sound operation.



Dr. Teferra Tizazu, the IEF's Project Director in Malawi from 1981 until early this year, now heads the IEF's continuing program of education and training in Kenya.

Society of Eye Surgeons

The Society of Eye Surgeons is the medical branch of the International Eye Foundation. Its members provide a pool of talented medical professionals who volunteer their services in support of the IEF's worldwide programs. The society has as its purpose the promotion of the science of ophthalmic surgery among all peoples and nations through fellowships, sponsorship of teaching teams and visiting professors, and support of the IEF's programs.

One component of the Society is its Consultant Board, whose members provide advice and assistance to both the Society and the IEF. Members of this board are internationally recognized ophthalmologists who support the IEF's efforts to combat blindness.

In February, the Society held its Vth World Congress in Cairo, Egypt. This meeting was attended by over 1,000 ophthalmologists from around the world and provided the participants with opportunities to take part in clinical updates and continuing medical education courses. The theme of the Congress was ophthalmology and blindness prevention in the developing world.

The Derrick T. Vail Gold Medal Award, which is given at each of the Society's Congresses in honor of Derrick Vail's enormous contributions to ophthalmology, was presented this year to Professor Barrie R. Jones, Chairman of the Department of Preventive Ophthalmology of the University of London's Institute of Ophthalmology. Professor Jones has been a pioneer in the field of community ophthalmology and blindness prevention, and his paper, "International Cooperation in Prevention of Blindness and Strengthening of Eye Services" drew on his many years of experience in the field.

The Walter S. Atkinson Lecture, in honor of Walter Atkinson's well known contributions to Ophthalmic Anesthesia, was given by Professor Kathryn E. McGoldrick of the Massachusetts Eye and Ear Infirmary, Boston. Through the Atkinson Lecture, the Society of Eye Surgeons promotes the spread of knowledge on this important, but neglected, field.

Members of the Consultant Board of the Society of Eye Surgeons

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Financial Summary

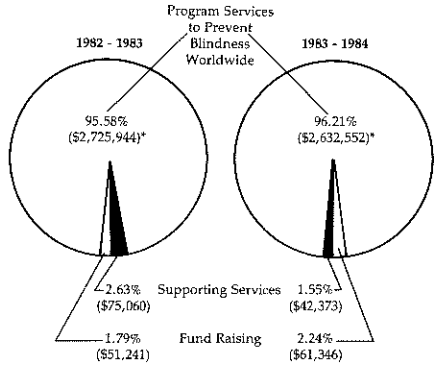
Detailed financial information abstracted from the report of the IEF auditors can be found on the next pages. It is worth noting that this year, expenditures on support services and fund raising constituted less than four percent of expended funds. This means that more than 96 percent of IEF expenditures go toward program services to prevent and cure blindness worldwide.

This year, private contributions to the IEF increased by 21 percent over the 1982-1983 fiscal year. Total public support increased by ten percent and the Foundation's Endowment Fund by nearly eleven percent. However, all this does not diminish the IEF's need for the continued assistance from its supporters. Requests for new programs of assistance are received almost weekly, and the IEF's ability to respond is limited only by its financial resources.

Donations to the IEF, which are tax-deductible, can be made in a variety of ways, including unrestricted contributions, donations to support specific IEF projects or activities, or bequests in wills. In many cases, donations to the IEF can be matched by employer matching gifts programs, thus doubling or even tripling their impact.

International Eye Foundation, Inc.

Direct expenditures on Program Services for the prevention and cure of blindness constitute over 96 percent of total IEF expenditures.



*Includes donations of medical and surgical supplies and equipment.

Summary Statement of Revenue and Expenditures—1983-1984

	Year Ended 30 June 1983	1984
*Public Support**		
Contributions	378,266	459,336
Fund Raising Events	27,802	**
Combined Federal Campaign	155,557	158,175
TOTAL PUBLIC SUPPORT	561,625	617,511
Other Revenue		
Government Grants	917,788	891,772
Dues	16,925	10,445
Rental Income	7,492	6,868
Interest and Dividends	10,388	12,902
Miscellaneous	8,983	1,524
TOTAL OTHER REVENUE	961,576	923,511
TOTAL REVENUE	1,523,201	1,541,022
Expenditures		
Program Services	1,107,839	1,287,783
Support Services	75,060	42,373
Fund Raising	51,241	61,346
TOTAL EXPENDITURES	1,234,140	1,391,502
RETAINED REVENUE	289,061	149,520

Financial Position, 1983-1984

	Year Ended 30 June 1983	1984
Fixed Assets		
Furniture and Equipment	11,026	21,708
Real Estate	120,000	120,000
Mortgage Notes Receivable	208,499	200,398
Total Fixed Assets	339,525	342,106
Current Assets		
Cash and Investments	436,526	630,038
Receivables and Prepaids	86,605	78,769
Total Current Assets	523,131	708,807
Current Liabilities		
Accounts Payable & Accrued Expenditures	100,324	139,061
Total Current Liabilities	100,324	139,061
Current Fund Balance		
Unrestricted	354,363	463,624
Endowment	68,444	106,122
NET CURRENT FUND BALANCE***	422,807	569,746

*Gifts in-kind, consisting entirely of drugs & medical supplies, are not included here.

**The "Eye Ball," the IEF's annual fund raising event, was postponed, and was, therefore, not held during this fiscal year.

***Total Current Assets less total current liabilities.

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