### Africa

**Ghana:**
- Ridge Hospital, Accra

**Malawi:**
- Lions SightFirst Eye Hospital, Lilongwe
- Lions Eye Unit, Queen Elizabeth Central Hospital, Blantyre

**Tanzania:**
- Kilimanjaro Centre for Community Ophthalmology, Moshi

### Latin America

**Brazil:**
- Recife Eye Hospital, Recife

**Costa Rica:**
- Caja Costarricense del Seguro Social Hospital (CCSS), San José/Clinica Dr. Carlos Duran Cartín, Zapote

**Ecuador:**
- Fundación Oftalmológica del Valle, Cumbayá Quito

**El Salvador:**
- Clínica Oftalmológica Dr. José Miguel POSADA Fratti, San Salvador
- Instituto Salvadoreño del Seguro Social (ISSS), San Salvador

**Guatemala:**
- Visualiza, Guatemala City

**Haiti:**
- Clinique Visión Plus, Cap Haitien
- Clinique Ophthalmogique Spécialisée, Port-au-Prince

**Honduras:**
- Visión America, Tegucigalpa
- Instituto de la Visión Dr. Douglas Perry (IVDP) and OptiLens, San Pedro Sula
- Hospital San Felipe Eye Department, Tegucigalpa

**Jamaica:**
- Kingston Public Hospital
- University Hospital of the West Indies
- Cornwall Regional Hospital
- Mandeville Regional Hospital

**Mexico:**
- Instituto de la Visión, Montemorelos and Sureste
- Chiapas Satellite Hospital, Chiapas
- Hospital Regional de Alta Especialidad de Vera Cruz, Vera Cruz
- Clínica de la Vista, Club de Leones LCIF IAP, Obregón, Sonora
- Clínica de la Vista Clínica de Ojos, Zacatecas
- Club de Leones de la Ciudad de Chihuahua, Chihuahua

**Nicaragua:**
- Clínica Oftalmológica Ojo Sano (FONIPRECE), Managua

### Middle East

**Egypt:**
- Magrabi Eye Hospital, Cairo
- Coptic Evangelical Organization for Social Services (CEOSS) Hospital, Menia
- Shebin El Kour Hospital, Menoufiya
- Qena Eye Hospital, Qena
- Bani Suef Eye Hospital, Bani Suef
- Ismailia Central Hospital Eye Department, Ismailia
- Aswan Eye Clinic, Aswan

### Asia

**India:**
- Aravind Eye Hospital
- Gomabai Nethralaya and Research Center, Neemuch, Madhya Pradesh State
- Bejan Singh Eye Hospital, Kanyakumari District, Tamil Nadu State
- Akhand Jyothi Eye Hospital, Masticheck, Bihar State
- Sitapur Eye Hospital, Sitapur, Uttar Pradesh State
- Rotary Eye Hospital, Palampur, Himachal Pradesh State
- Bansara Eye Hospital, Shilong, Meghalaya State
- Susrut Eye Foundation & Research Centre "satellite", Berhampur, West Bengal State
- Rotary Eye & ENT Hospital, Jammu & Kashmir State
- Rotary Shroff Eye Centre, Karol Bagh, Delhi, New Delhi State

**Consultancies**

**Bangladesh:**
- BSNB Eye Hospital, Sirajganj on behalf of Volunteer Eye Surgeons

**Ethiopia:**
- Synskey Eye Clinic, Addis Ababa on behalf of American Society of Cataract & Refractive Surgery (ASCRS)

**Jamaica:**
- FISH Eye Clinic, Kingston on behalf of Orbis International

**Peru:**
- Organizacion de Lucha Contra la Ceguera, Arequipa on behalf of CBM/Latin America
- Fundación Oftalmológica del Norte, Piura on behalf of CBM/LA

**USA:**
- Wills Eye Hospital
- Kitwe Central Hospital, Kitwe on behalf of Orbis International

*Highlighted in yellow are hospitals with which IEF currently works*
GLOBAL BLINDNESS FACTS

36 MILLION PEOPLE ARE BLIND + 217 MILLION PEOPLE HAVE SEVERE OR MODERATE VISUAL IMPAIRMENT = 253 MILLION PEOPLE ARE VISUALLY IMPAIRED

CAUSES OF VISUAL IMPAIRMENT

- Others: 14.7%
- Trachoma: 0.8%
- Uncorrected Refracted Error: 49.0%
- Age-Related Macular Degeneration: 4.1%
- Cataract: 25.8%
- Corneal Opacity: 1.7%
- Diabetic Retinopathy: 1.2%
- Glaucoma: 2.8%

89% OF VISUALLY IMPAIRED PEOPLE LIVE IN LOW & MIDDLE INCOME COUNTRIES

IEF FACTS

With your support, IEF has been able to PARTNER WITH 62 HOSPITALS IN 22 COUNTRIES

ACHIEVEMENTS

- 387,087 CATARACT SURGERIES
- 66,909,994 EYE EXAMS
- 1,207,485 PEOPLE TREATED IN CAMEROON FOR ONCHOCECRIASIS
MESSAGE FROM THE CHAIR AND PRESIDENT

Journeys take many forms and you are part of ours. Victoria and I trained at Georgetown University Medical School in the late 1970’s. I trained in the three-year ophthalmology residency program and she in the two-year ophthalmic technology training program. I went on to become a glaucoma specialist and Victoria joined the ranks of public health eye care development professionals. We have intersected again over the past 30 years through the International Eye Foundation (IEF). As a volunteer and member of IEF’s Board of Directors, I have seen IEF, working in collaboration with the World Health Organization and the International Agency for the Prevention of Blindness, take part in a revolution in eye care development around the world.

When IEF was founded by Dr. John Harry King, Jr. nearly 60 years ago, many developing countries in Africa, Asia and the Caribbean were still colonies, striving for independence from their colonial patrons. They had no ophthalmologists of their own and were dependent on expatriates working in their countries. Their nascent national eye care services existed only in urban areas, and modern technology was almost non-existent. The leading causes of blindness were public health issues related to the highly infectious disease trachoma, blinding malnutrition caused by vitamin A deficiency, and onchocerciasis commonly known as “river blindness”.

Today, every country has at least one local ophthalmologist and many have many more. Many countries have trained allied ophthalmic personnel to support the ophthalmic teams. There are dedicated eye hospitals in many countries and their clinical and surgical technology has improved significantly. IEF focuses on strengthening eye hospitals by training clinical and managerial personnel, creating efficiencies, improving quality of patient services and surgery, and helping develop sub-specialties like mine to focus on glaucoma, retinal diseases, and pediatric eye care.

IEF is extremely proud to have been part of the fight to reduce blindness in children from vitamin A deficiency. Whilst it still exists today in extreme areas of poverty, it is no longer the world’s leading cause of child blindness. Trachoma rates have been reduced significantly thanks to water and sanitation projects that reduce fly populations that spread the disease, and Pfizer’s donation of azithromycin for mass distribution in villages worldwide. Onchocerciasis has been reduced throughout Africa and Latin America thanks to Merck and Company’s donation of the miracle drug Mectizan®, the annual dose that kills the microscopic worms before they travel into the eyeball causing blindness. IEF pioneered the onchocerciasis control program in Guatemala in 1990 when Mectizan® first became available and we are proud that Guatemala is one of the five countries declared “Oncho free” by the World Health Organization. Treatment for onchocerciasis is now part of the larger Neglected Tropical Disease initiatives that fight multiple parasitic diseases, especially in Africa.

And you have been with us on this journey. Your support of time, talent and treasure has enabled IEF to be a leader in this global revolution. It’s wonderful to look back and know that these achievements happened in our lifetime. Your generosity has been well used and we are grateful. Read our report and join us in celebrating the many ways in which children, the elderly, and those who are at risk of losing their sight have found hope where so little was there when we started.

Thank you.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSION</td>
<td>5</td>
</tr>
<tr>
<td>PREVENTION &amp; PUBLIC HEALTH</td>
<td>6-7</td>
</tr>
<tr>
<td>USAID Child Blindness Program</td>
<td></td>
</tr>
<tr>
<td>Onchocerciasis Control</td>
<td></td>
</tr>
<tr>
<td>SUSTAINABILITY INITIATIVES</td>
<td>8-11</td>
</tr>
<tr>
<td>Latin America</td>
<td></td>
</tr>
<tr>
<td>Africa</td>
<td></td>
</tr>
<tr>
<td>Asia</td>
<td></td>
</tr>
<tr>
<td>SIGHTREACH SURGICAL</td>
<td>12</td>
</tr>
<tr>
<td>CONFERENCES &amp; NETWORKING</td>
<td>13-17</td>
</tr>
<tr>
<td>FINANCIAL SUMMARY</td>
<td>18</td>
</tr>
<tr>
<td>DONORS</td>
<td>19-24</td>
</tr>
<tr>
<td>BOARD OF DIRECTORS 2017-2018</td>
<td>25</td>
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MISSION

Our mission is to eliminate preventable and treatable blindness by increasing affordability and access to quality, comprehensive and sustainable eye care services for everyone, especially the poor, around the world.

Dedicated to “...the promotion of peace through the prevention of blindness.” – Dr. John Harry King Jr.

Photo Credit: USAID Child Blindness Program

IEF holds “official relations” status with WHO since 1985 and continues to collaborate with the WHO Prevention of Blindness Programme (PBL) supporting eye care initiatives with Ministries of Health, and the Pan American Health Organization (PAHO) in Latin America.
USDAID's Child Blindness Program

Preventing childhood blindness saves sight for a lifetime.

IEF is proud to be the Technical Advisor to the U.S. Agency for International Development’s (USAID) Child Blindness Program 2013-2018, a program that helps prevent and treat blindness, restore sight, provide eyeglasses and low vision services to children at risk of losing their sight. Funding for the program originated from a Congressional directive in 1991 and since then, has made it possible to deliver pediatric eye care services to millions of children around the world. From 2013-2018, 53 projects in 26 countries were funded totaling $8.4 Million.

<table>
<thead>
<tr>
<th>Statistics 2013-2018</th>
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</thead>
<tbody>
<tr>
<td>Number of children screened for eye diseases,</td>
</tr>
<tr>
<td>refractive error, and other eye conditions</td>
</tr>
<tr>
<td>Number of children who received eyeglasses</td>
</tr>
<tr>
<td>Number of children who received eye surgery</td>
</tr>
<tr>
<td>3,882,975</td>
</tr>
<tr>
<td>67,527</td>
</tr>
<tr>
<td>10,355</td>
</tr>
</tbody>
</table>
Onchocerciasis (River Blindness) Control in Cameroon

Blindness in my 30's is no longer inevitable.

Having pioneered Mectizan® distribution in Cameroon in 1992, IEF continues to support the programs in Adamaoua and South Provinces working closely with the National Onchocerciasis Task Force and with support from the Lions Clubs International Foundation. In 2018, 1,207,485 persons in 1,665 villages were treated with Mectizan® to control Onchocerciasis.

The disease is caused by microscopic worms whose larvae are passed along by the bites of black flies. Spreading under the skin and throughout the body, the tiny worms cause intense itching, disfiguring skin conditions, and if untreated, irreversible blindness. With a USAID sub-award from Helen Keller International’s ENVISION program, many people are also receiving Albendazole and Mebendazole to treat other worm infestations. In 2018, 8,044 community members were trained to distribute treatment tablets and 667,506 people received Albendazole to treat other infections. The elimination of worms in the body leads to better health, prevents malnutrition, and leads to greater energy.

WHO recommends treating people with Onchocerciasis with Mectizan® at least once a year for 10 to 15 years to kill the worms in their bodies. Guatemala, where IEF pioneered the program in 1990, recently became the fourth country to be declared “Oncho-free” in 2016 after Colombia (2013), Ecuador (2014), and Mexico (2015).
SUSTAINABILITY INITIATIVES

IEF’s SightReach® Management network includes

62 eye clinics and hospitals in 22 countries

*Empowering doctors and hospitals to be the best that they can be!*

SightReach® Management is IEF’s flagship program established in 1999 to strengthen clinical and managerial capacity at eye hospitals in low resource countries. We know that 90% of the world’s blinding diseases require a qualified ophthalmologist working in a high functioning eye unit or hospital with modern technology. IEF’s training, management information and reporting systems, standards and protocols, quality and efficiency measures, revenue generating services, cost reduction, redesign of patient areas and operating rooms, and new technology help hospitals be stronger and empowers doctors and eye care teams to be their very best.

To date, IEF has impacted 62 eye hospitals and clinics in 22 countries. We are grateful to our foundation donors the Lavelle Fund for the Blind and the Alcon Foundation and our many individual donors who support this initiative. We are passionate about our mission and know that every day, thousands more patients are comforted by knowing that they will not lose their sight.
Latin America

Assisting government eye care services in the 21st century!

IEF’s success with non-governmental, charity and private eye hospitals led to requests from governments to assist in making their eye care services more efficient and to improve the quality of care for their patients. Government bureaucracies are often difficult to change, but many countries recognize that the funds they budget for eye care can go further helping more patients each year when the services are efficient, patient centered, and of good quality.

Since 2011 with support from Orbis International and the Pan American Health Organization (PAHO), IEF helped make the Instituto Regional de Oftalmología (IRO) in Trujillo a center of excellence. IRO is a tertiary eye hospital and referral center that has increased the number of patients who are examined and operated every year. A key achievement was to increase the coverage of poor patients who have government insurance. IEF set about removing the barriers that made it difficult for these patients to access care including reducing the paperwork and pre-authorizations required to make an appointment. Additionally, IRO is now certified by the International Council of Ophthalmology and its ophthalmology residents in training are supervised by dedicated faculty 100% of the time which was not the case before IEF’s interventions.

<table>
<thead>
<tr>
<th>Activity</th>
<th>2011 baseline data</th>
<th>2018 data</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient exams</td>
<td>65,841</td>
<td>135,555</td>
<td>106%</td>
</tr>
<tr>
<td>Cataract surgery</td>
<td>504</td>
<td>2,712</td>
<td>438%</td>
</tr>
<tr>
<td>Specialty exams</td>
<td>9,066</td>
<td>63,929</td>
<td>706%</td>
</tr>
</tbody>
</table>

* patient waiting times were reduced from 2.39 hours in 2014 to 2.04 hours in 2018
* total time for patient exams and treatments reduced from 3.48 hours to 2.36 hours

With support from the Lavelle Fund for the Blind, IEF was asked this year to assist the Instituto National de Oftalmología (INO) in the capital Lima, and IRO to mentor the eye units in five secondary hospitals to increase efficiencies, quality of services, and to establish a strong referral network. The IEF team led by Raheem Rahmathullah, Director of Sustainability Initiatives; Ing. Alberto Lazo of Clinical Divino Nino Jesus (DNJ) in Lima; Dr. Harvy Honorario from the Ministry of Health (MINSA); and Dr. Jaime Huaman, Director of IRO and his leadership team of Dr. Nancy Suares and Dr. Rosario Adrianzen, Joint Directors, and Ms. Merly Gonzales, the Regional Strategic Coordinator for the La Libertad Region, developed a strategy and action plan comprising baseline assessments, workshops, and hospital improvements which align strategically with Peru’s National Eye Care Plan.
AFRICA

**Empowering eye health teams to work smarter!**

In addition to IEF’s Onchocerciasis and Neglected Tropical Disease Program in Cameroon, IEF has supported eye health services on the continent for decades. In late 2017, Orbis International/Africa invited IEF to assess the management capacity of Kitwe Central Hospital’s eye unit in Kitwe, Zambia, a hospital Orbis has supported for a number of years. Over the past year, IEF’s Raheem Rahmathullah conducted a baseline assessment and workshop with the Kitwe Team to develop an action plan that would address eight system changes that Kitwe wanted to achieve. Half of the changes were achieved within two weeks after the workshop. However, there were still three specific improvements for which the Kitwe leadership asked IEF for help. These were to 1) improve patient flow-through in the waiting area, 2) improve procurement and sales in the optical service, and 3) redesign the fee structure for paying patients where revenue cross subsidizes eye care for the poor. Kitwe is excited about their results.

<table>
<thead>
<tr>
<th>Activity</th>
<th>2013 baseline data</th>
<th>2017 data</th>
<th>% increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient exams</td>
<td>21,639</td>
<td>37,739</td>
<td>74%</td>
</tr>
<tr>
<td>Cataract surgery</td>
<td>1,459</td>
<td>1,805</td>
<td>24%</td>
</tr>
<tr>
<td>Other major surgery</td>
<td>157</td>
<td>207</td>
<td>32%</td>
</tr>
<tr>
<td>Refractions (for glasses)</td>
<td>4,166</td>
<td>4,978</td>
<td>19%</td>
</tr>
</tbody>
</table>

* Optical sales increased from US $750/week to US $1,658/week. This revenue supports eye care for the poor.

* IEF established a weekly monitoring system to collect clinical data, service use, and procurement requirements.
Bringing permanent eye care services into communities!

New Rotary Shroff Eye Centre in Karol Bagh, Old Delhi, India

Karol Bagh is a teeming, densely populated part of Old Delhi where people use dusty buses or the ubiquitous “tuk tuk”, a three-wheeled motorcycle with a cab, to get around. It’s always very hot in Delhi and once you start to lose your sight, going out and about becomes overwhelming. It’s impossible without the help of a family member or friend.

Thanks to a project implemented jointly by IEF with support from the Lavelle Fund for the Blind, and the Rotary South Metropolitan Trust D 3011 in Delhi with support from the Rotary Club of Kihei-Wailea, Maui D 5000 and the Rotary International Foundation, the Rotary Shroff Eye Centre was built in Karol Bagh. The Centre is the first pilot project for the new “service partnership” between the International Agency for Prevention of Blindness (IAPB) and Rotary International to demonstrate how IAPB member agencies and Rotary Clubs around the world can join together to improve eye care for people in need.

The new Center has become part of the Dr. Shroff Charity Eye Hospital network. It has its own ophthalmologist (Dr. Gaurish), wonderful technicians and support staff, its own optical shop and operating theater where cataract surgery is performed. The centre opened its doors in May 2018, and the official opening will take place in September in the presence of the Minister of Health and other dignitaries. The hundreds of thousands of people in Karol Bagh are excited because they now have their own small eye hospital so close to home.

IEF Programs in North-East India

With funding from the Alcon Foundation, IEF supports four eye hospitals in rural north-east India, 1) Rotary Eye Hospital, Palampur, Himachal Pradesh State, 2) KLSM Rotary Eye & ENT Hospital, Udhampur, Jammu & Kashmir State, 3) Bansara Eye Care Centre, Shillong, Meghalaya State, and 4) Susrut Eye Foundation & Research Centre, Kolkata, West Bengal State. As well as clinical and management training, IEF reorganized the operating theaters to be more efficient, and redesigned the patient waiting areas to be patient friendly. A key intervention evaluated the surgeons’ skills and provided retraining as needed. Small changes make a difference in the patient’s experience and helps hospitals increase the number of patients who receive eye exams and surgery.

| IEF Impact at 4 Eye Hospitals in North-East India 2015-2017 |
|---------------------------------|-----------------|-----------------|---------|
| **Activity**                      | **2015 baseline data** | **2018 data** | **% increase** |
| Patient exams                     | 250,858          | 379,298        | 51%       |
| Cataract surgery                  | 19,518           | 21,571         | 11%       |
| Phaco-emulsification (cataract) surgery | 8,980           | 10,711         | 19%       |

* Trained 38 ophthalmologists to improve cataract and retina surgery skills

* Trained 2 operating theater technicians to improve their skills on assisting with eye surgery

* Revenue increased 15% strengthening sustainability
At the end of the 20th century, eye doctors and program managers lacked the ability to purchase new ophthalmic instruments, equipment and supplies. It was too expensive to travel to large ophthalmology meetings in the US or Europe, there were no manufacturer’s representatives in most of their countries, and the internet didn’t exist in the developing world.

In 1999, IEF established SightReach Surgical®, a solution to the lack of access and affordability for eye care providers and charities around the world. IEF is a trusted partner that sourced quality equipment and shipped it worldwide wherever it was needed.

How times have changed! Everyone around the world has access to the internet. Eye care providers can order whatever they need from manufacturers and distributors on-line, even on Amazon and eBay, and they can negotiate prices by email.

IEF is proud that SightReach Surgical® had an impact where the need was great. After nearly two decades however, the program closed in June 2018. We thank all of our partners, friends, manufacturers and customers who supported this program throughout. We are proud to say “mission accomplished!”
IEF’s Victoria Sheffield who also is Vice President of IAPB and John Hewko, JD, Secretary General of Rotary International, sign the Memorandum of Understanding between IAPB and RI for a new “service partnership” encouraging IAPB member agencies and Rotary Clubs to come together to implement eye care programs that reduce blindness around the world.

IEF is dedicated to training Human Resources for Eye Health. At a meeting titled Universal care of visual health in residency programs, IEF presented a paper reviewing the status of residency training and blindness prevention programs in the Latin American region.

Pictured L-R: Ing. Alberto Lazo of DNJ; Prof. Francisco Contreras, Founder and Director of Peruvian National Eye Institute; and IEF’s John Barrows, MPH
IAPB Council of Members meeting, 17-18 September 2017, Kathmandu, Nepal

Victoria Sheffield and John Barrows participated in the Council of Members meetings. A key achievement was the launching of the IAPB Vision Atlas which is an interactive website describing data, resources, and the state of eye care in countries around the globe. Please visit www.atlas.iapb.org for more information.

World Sight Day, 04 October 2017, Washington, D.C., USA

VISION2020/USA held a congressional briefing at the Rayburn House Office Building titled Vision Impairment and Cognitive Decline. A panel of four researchers and clinicians, moderated by VISION2020/USA Chair Jeff Todd, JD, of Prevent Blindness America, addressed how converging epidemiologic evidence links vision impairment to risk of cognitive decline and dementia.

USAID Child Blindness Program Partners Meeting
15-18 October 2017, Cape Town, South Africa

Victoria Sheffield, John Barrows, and Raheem Rahmathullah facilitated the second USAID Child Blindness Program Partners Meeting in Cape Town, South Africa. The meeting was highly interactive and hailed as a success enabling knowledge sharing and recommendations for the future of the CBP program. A total of 38 participants representing 24 grantees from 21 countries participated.
IEF and the USAID Child Blindness Program sponsored a joint informational exhibit at the AAO to highlight IEF’s sight-saving programs and the opportunities for ophthalmologists to apply for grant funding to support their pediatric eye care services.

IEF also co-sponsored the annual Joint NGO Reception recognizing our individual and collective community of partners, volunteers and supporters. Prof. Jacob Pe’er, head of the Ophthalmology Department at the Hadassah-Hebrew University Medical Center in Jerusalem, made comments thanking the AAO for awarding him this year’s AAO International Blindness Prevention Award.

The annual Rotary Welcome Lunch brings together ophthalmologists from developing countries who are sponsored through the AAO Host an Ophthalmologist Program and Rotary Clubs as well as NGOs. A unique opportunity for continuing education and networking, the AAO Host Program contributes to improving eye care around the world. Pictured at left are the participants in the Rotary Welcome Lunch.

Victoria Sheffield, third from the left, participated in InterAction’s Women’s CEO Retreat that focused on leadership and challenges unique to women, especially the new “Me Too” movement, which led to encouragement of awareness training in the workplace.

IEF Board member Dr. Larry Schwab is passionate about the Mine Ban Treaty. He is a Vietnam veteran medical officer who saw combat and has intimate knowledge of the damage that is caused by anti-personnel landmines. He has seen first-hand in non-war zones in Cambodia and in African countries where unexploded ordinance still kill, blind, and maim people and livestock every day. Dr. Schwab is pictured left with Jody Williams who received the Nobel Peace Prize in 1997 for her work to ban landmines through the International Campaign to Ban Landmines which shared the Peace Prize. 2017 marked 20 years since the Mine Ban Treaty was adopted and the international community agreed to end the scourge of landmines once and for all. At the urging of Dr. Schwab, IEF signed the petition supporting the ban in 2012.
IEF’s CEO Victoria Sheffield (right) who is Vice President of the International Agency for Prevention of Blindness 2016-2020 joins the officers and leaders of IAPB’s member agencies at the semi-annual Board meeting. The incoming IAPB CEO Peter Holland who comes to IAPB from the British Foreign Service, was introduced and is diligently working with the Board on membership engagement, strategic planning, and IAPB plans for the sentinel year 2020.

IEF staff, Board members, volunteers and runners came together on a crisp Spring morning to run along the Anacostia River in support of IEF’s program to end blindness from onchocerciasis, commonly known as “river blindness”. The symbolism was not lost on those assembled and running along a river which, if it were in Africa, could threaten everyone’s eyesight because of the flies that breed in rivers and carry the worms that penetrate the eyes and cause blindness.

Thank you to all our supporters as well as the National Park Police for your generous support!
THE IMPORTANCE OF KNOWLEDGE SHARING

IEF staff are invited to share their knowledge and experience with trainees studying ophthalmology in the international context. The challenges of providing eye care in low resource countries are quite different from the challenges we face in the US, Europe and other developed countries.

39th Annual Continuing Education Program for Ophthalmic Technicians Conference
11-12 May 2018, Georgetown University, Washington, D.C., USA

IEF’s Pooja Doshi, MPH, COA, spoke about “Allied Ophthalmic Personnel in the Developing World” and Victoria Sheffield discussed “Addressing Blindness in Developing Countries”. The Georgetown program is the first ever Ophthalmic Personnel Training Program in the world founded in 1960 by Peter Y. Evans, MD, when he was the Chairman of Georgetown’s Department of Ophthalmology.

35th Annual Scientific Meeting, Virginia Society of Eye Physicians and Surgeons (VESPS), 8-9 June 2018, Virginia Beach, VA, USA

Victoria Sheffield gave the keynote presentation at the Genetics & Global Ophthalmology session at the 35th Annual Scientific Meeting of VSEPS discussing “The Right to Sight Initiative - VISION2020”. She spoke about the achievements of the World Health Organization’s Programme for Prevention of Blindness and IAPB’s member agencies over the past 60 years, and especially since the late 1990’s when VISION2020: The Right to Sight initiative was established by IAPB and WHO.

There is much to be proud of and yet, much still to do.

World Ophthalmology Congress (WOC), 16-19 June 2018, Barcelona, Spain

Pooja Doshi presented a poster describing a mapping tool to identify eye care programs around the world.

The meeting brings together colleagues from around the world including Prof. Dupe Ademola Popoola (right), a pediatric ophthalmologist from the University of Ilorin in Nigeria who discussed her program integrating child eye health into primary care clinics which was funded in part by the USAID Child Blindness Program.
FINANCIAL SUMMARY

<table>
<thead>
<tr>
<th>Public Support &amp; Revenue</th>
<th>Year Ended June 30, 2018</th>
<th>Year Ended June 30, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Support – Received Directly (Contributions from Individuals, Corporations and Foundations)</td>
<td>$3,581,288</td>
<td>$4,166,677</td>
</tr>
<tr>
<td>Grants from Governmental Agencies</td>
<td></td>
<td>$84,257</td>
</tr>
<tr>
<td>Other Revenue (Investment Gain/Loss, Program Technical Assistance, Equipment Sales, Fundraising, Adjustments to Prior Year)</td>
<td>$180,492</td>
<td>$73,416</td>
</tr>
<tr>
<td><strong>Total Public Support and Revenue</strong></td>
<td><strong>$3,846,037</strong></td>
<td><strong>$4,264,718</strong></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
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<tr>
<td>Program Services</td>
<td>$3,491,047</td>
<td>$3,917,314</td>
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<tr>
<td>Management and General</td>
<td>$336,458</td>
<td>$388,404</td>
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<tr>
<td>Fundraising</td>
<td>$344,375</td>
<td>$292,429</td>
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<td><strong>Total Expenses</strong></td>
<td><strong>$4,171,880</strong></td>
<td><strong>$4,598,147</strong></td>
</tr>
<tr>
<td>Change in Net Assets</td>
<td>$557,164</td>
<td>$199,787</td>
</tr>
<tr>
<td>Net Assets, Beginning of Year</td>
<td>$2,354,338</td>
<td>$2,554,125</td>
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<tr>
<td>Net Assets, End of Year</td>
<td>$1,797,174</td>
<td>$2,354,338</td>
</tr>
</tbody>
</table>

The International Eye Foundation meets standards for management and charitable solicitations as established by Charity Navigator, Guide Star (Gold), Global Impact, and regulatory and governmental agencies.

This is an abbreviated Statement of Activities and Changes in Net Assets. A complete audited financial statement may be obtained by contacting: International Eye Foundation or Maryland Office of the Secretary of State, Charitable Division, State House, Annapolis, MD 21401.
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