

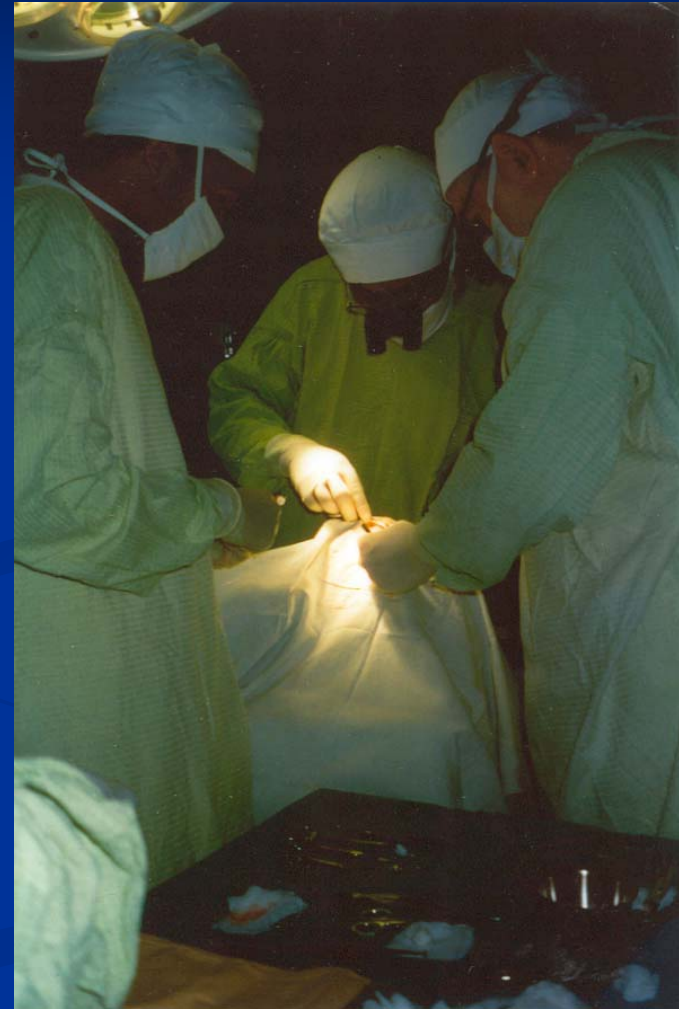
IEF INTERNATIONAL EYE F O U N D A T I O N



Mission

**Restore sight and prevent
blindness in developing countries**

International Eye Foundation Benefited over 60 Countries



World Health Organization Programme for Prevention of Blindness



World Health Organization
Programme for the Prevention of Blindness

2002 blindness data released Dec 16, 2004

Blind 37 million

Low Vision +124 million

Visually Impaired* 161 million

**+ 181 million with significant uncorrected
refractive error**

World Health Organization Programme for Prevention of Blindness



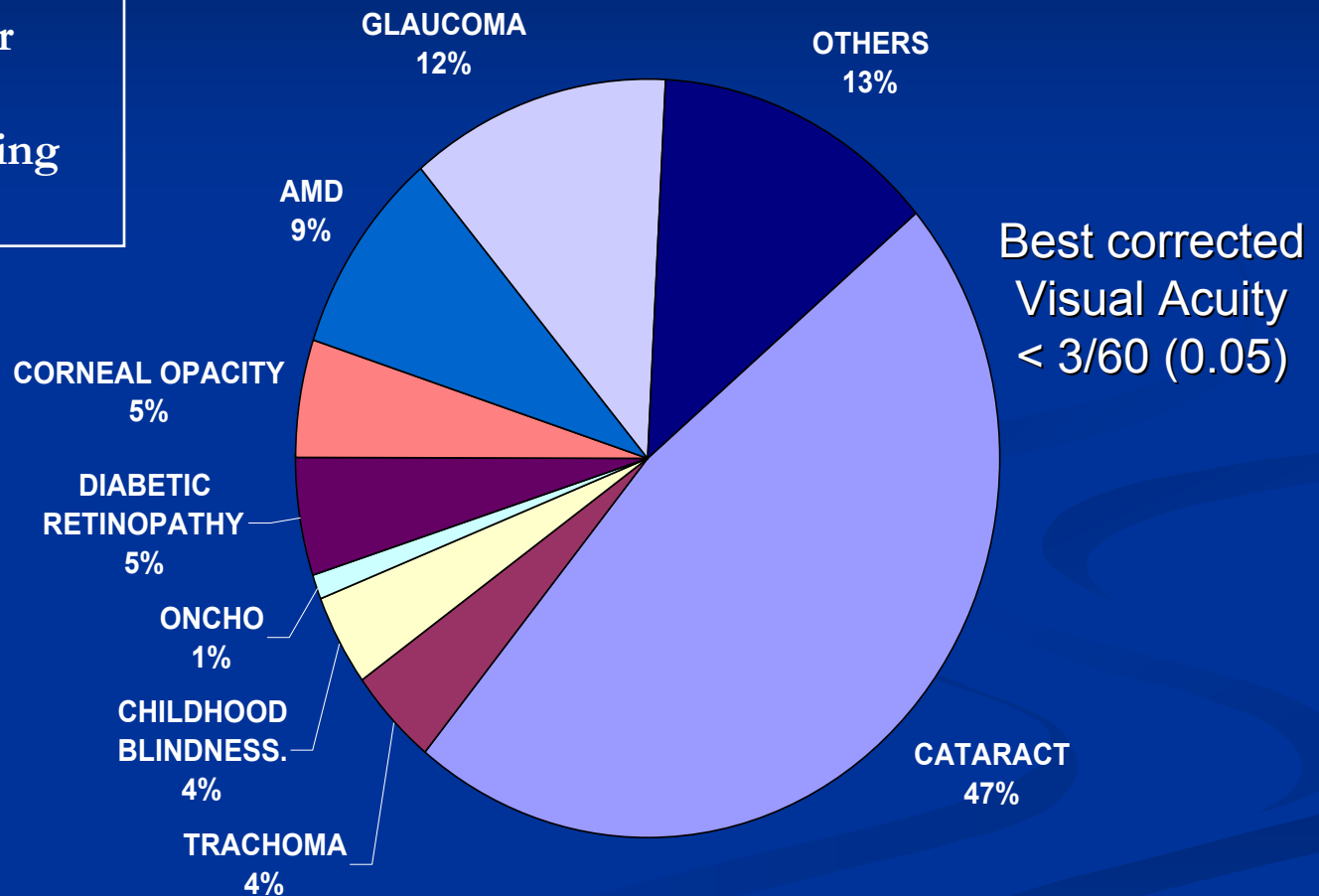
World Health Organization
Programme for the Prevention of Blindness

Blindness Statistics - CHILDREN

- 1.4 million blind
- 2.8 million low vision
- 45 million significant uncorrected refractive error
- 500,000 children go blind each year (1 per minute)
- 73% live in Asia & Sub-Saharan Africa

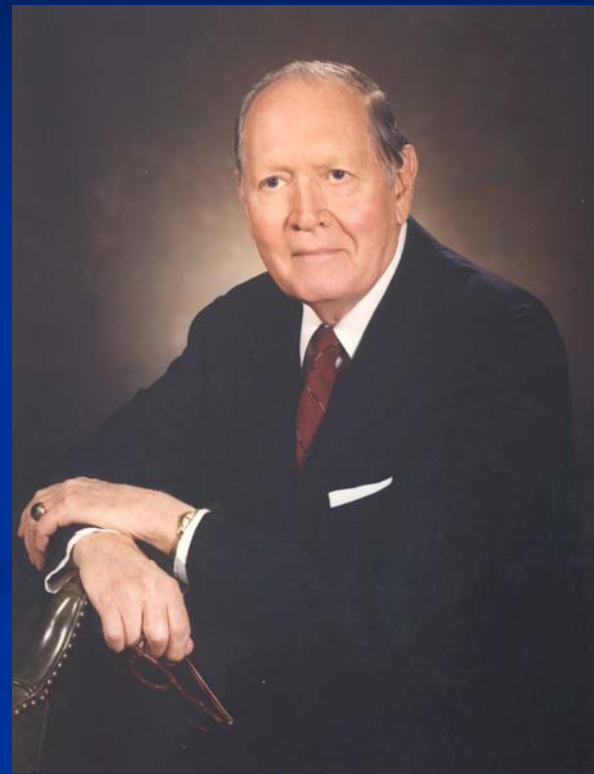
Global causes of Blindness

- 80% treatable or preventable
- 90% in developing countries



WHO data 2002 - success against public health causes of blindness

IEF Founded in 1961



John Harry King, Jr., MD

Corneal Transplant Pioneer, IEF Founder - 1961

Direct Service



Dr. Randolph Whitfield, 1972 to present
MacArthur Foundation Fellow 1982



Dr. Larry Schwab, 1972-1988
Ethiopia, Kenya, Malawi,
Zimbabwe

Training and Education



**Ophthalmic Medical Assistant
Training Program
Addis Ababa, Ethiopia**



**Ophthalmic Clinical
Officers perform cataract
surgery in Kenya**

SightReach®

■ SightReach® Prevention

Reduce preventable eye disease: trachoma, onchocerciasis, childhood blindness

■ SightReach® Management

Increase hospital management and sustainability

■ SightReach Surgical®

Increase access to quality ophthalmic products

SightReach® Prevention



Trachoma

Infectious disease



Onchocerciasis “river blindness”

Parasitic disease



**Childhood Blindness including
vitamin A deficiency**

Congenital diseases and malnutrition

SightReach® Management

- Most eye hospitals in developing countries **do not function to full capacity:**
 - Poor management systems
 - Poor clinical quality
 - Lack of technology
 - Lack of qualified human resources



Factors Affecting Productivity of Cataract Surgeons in East Africa

Factor	Increase in productivity	% of eye units with these factors in place
2+ cataract surgical sets	2.65 X	46%
Operating microscope	2.44 X	78%
Community outreach program	2.13 X	20%
3+ support from nurses	2.00 X	33%

Source: Study by Kilimanjaro Centre for Community Ophthalmology for Sight Savers International

SightReach® Management

Social Enterprise Approach

IEF developed an effective model combining the best of clinical eye care practices with business planning and management systems to create a *hybrid-entrepreneurial* approach to eye care delivery.





Visualiza – Guatemala 2002 - 2005

- Cataract surgery quadrupled
- Pediatric surgery increased 10 fold
- Delivering 2 ½ times more subsidized care for the poor
- Revenue quadrupled

SightReach® Management Hospitals 1999-2006

■ AFRICA

- Lions SightFirst Eye Hospital, Lilongwe, Malawi
Public Hospital, Dr. Moses Chirambo, Dr. Joseph Msosa - USAID
- Blantyre Lions Eye Unit, Blantyre, Malawi
Public Hospital, Dr. Gerald Msukwa - USAID
- Kilimanjaro Centre for Community Ophthalmology
with Kilimanjaro Christian Medical Centre, Moshi,
Tanzania
NGO Hospital, Dr. Susan Lewallen - USAID
- Ridge Hospital, Accra, Ghana
Quasi-government Hospital, Dr. Patrick Kwaw-Quaidoo, MPH – deBeaumont
Foundation

SightReach® Management Hospitals 1999-2006

MIDDLE EAST

- **Magrabi Eye Hospital, Cairo, Egypt**
NGO Hospital, Dr. Akef El Maghraby, Dr. Soliman Aref – USAID & Lavelle Fund
- **Shebin El Koum Ophthalmic Hospital,
Menofiya, Egypt**
Government Hospital, Dr. Mohamed Yousef – Lavelle Fund
- **Coptic Evangelical Organization for Social Services,
Menia, Egypt**
NGO Hospital, Dr. Nabil Samuel Abadir – Lavelle Fund

SightReach® Management Hospitals 1999-2006

LATIN AMERICA

- **Visualiza, Guatemala City, Guatemala**
Private Hospital, Drs. Mariano & Nicolas Yee Melgar – USAID & deBeaumont
- **ASAPROSAR, San Salvador, El Salvador**
NGO Hospital, Ms. Vicky Guzman - USAID
- **CLARIVISION, San Salvador, El Salvador**
Private Hospital, Dr. Juan Miguel Posada Fratti – deBeaumont Foundation
- **Vision America, Tegucigalpa, Honduras**
Private Hospital, Dr. Juan Odeh-Nasrala – deBeaumont Foundation

SightReach® Management Hospitals 1999-2006

INDIA

- Gomabai Nethralaya and Research Center/Neemuch, Madhya Pradesh, India

NGO, Mr. Vimal Goyal, Mr. Suresh Parwal – USAID

- Lions Aravind Institute for Community Ophthalmology, Madurai, India

NGO, Mr. R.D. Thulasiraj - USAID

SightReach Surgical®



- Eye care dependent on technology
- Availability of technology and patient care go hand in hand
- Access to consumables critical to service delivery
- IEF – trust, expertise, price

SightReach Surgical®

- Customers in over 40 countries worldwide
- www.sightreachsurgical.com catalogue
- Distributor for 22 product manufacturers worldwide
- Distributors in 4 countries
- Warehouse in Upper Marlboro, MD
- Purchases through PayPal, wire transfer, etc.
- DHL agreement for international shipping

Current IEF Programs & Countries

Country	SRP Onchocerciasis	SRP Child Survival	SRM	SRS
Cameroon	<ul style="list-style-type: none"> ■ Adamaoua Province ■ South Province 			
Malawi	Thyolo Highlands	Nsanje District	2 Eye Hospitals	
Ghana			1 Eye Hospital	
Egypt			3 Eye Hospitals	
El Salvador			1 Eye Clinic	
Guatemala			1 Eye Clinic	
Honduras			1 Eye Clinic	
7	3	1	9	Global
Totals: 13 programs in 7 countries + SightReach Surgical®				

IEF Organizational Chart 2006

Board of Directors

Executive Director
Victoria M. Sheffield

Director of Programs
John M. Barrows

Director of Finance
& Administration
Edwin M. Henderson

Public Affairs Officer
Calvin Baerveldt

Country Directors
& Representatives

Administrative
Assistant
Teresa Pinzon

Volunteer
Tom Ainsworth

El Salvador,
Guatemala, Honduras

Cameroon, Ghana,
Malawi, Egypt, India

SRM
Sustainability Specialist
Raheem Rahmathullah

SRS Director
William Shields

A2Z Child Blindness
Coordinator
Lily Clement

SRS
Program Assistant
Rowan Burke

Future Expand SightReach® Prevention

Objective	Cost
Eliminate “river blindness”	\$50,000 each
Reduce childhood blindness	\$100,000 each

Future Expand SightReach® Management

Objective	Cost
Adopt 2 new eye hospitals per year through 2011 (10 hospitals)	\$200,000 each (\$2 million)
Expand optical services to rural areas in 5 countries by 2011	\$300,000 each (\$1.5 million)
Expand IEF consulting on sustainability in global community	Fees paid by NGOs & hospitals

Future

Expand SightReach Surgical®

Objective	Cost
■ Expand infrastructure (computers, warehouse, logistics)	\$30,000
■ Expand marketing through website & conferences	\$30,000 per year

IEF Responds to Global Trends and Needs

- **Direct Care**
- **Training and Education**
- **Disease Targeted Programs**
- **Infrastructure Development**
- **Global Collaboration with IAPB and WHO**



Thank You!