OUR GLOBAL IMPACT 2014

We see a world in which no person is needlessly blind and Indigenous Australians exercise their right to good health.

2014 Annual Report

“THERE IS THE RESPONSIBILITY OF LEADERS TO LOOK AFTER THE WELFARE OF THE PEOPLE.”

Professor Fred Hollows

728,788 EYE OPERATIONS & TREATMENTS

“I BELIEVE THE BASIC ATTRIBUTE OF MANKIND IS TO LOOK AFTER EACH OTHER.”

Professor Fred Hollows
"EVERY EYE IS AN EYE. WHEN YOU ARE DOING SURGERY THERE, THAT IS JUST AS IMPORTANT AS IF YOU WERE DOING EYE SURGERY ON THE PRIME MINISTER OR KING."

Professor Fred Hollows
The Department of Foreign Affairs and Trade (DFAT) is the Australian Government agency responsible for managing Australia’s overseas aid program. The aim of the Australian aid program is to promote Australia’s national interests through contributing to international growth and poverty reduction. In 2014, the Australian Government contributed funding towards The Fred Hollows Foundation’s programs in Afghanistan, Bangladesh, Cambodia, Ethiopia, Kenya, Lao PDR, Nepal, Pakistan, Palestinian Territories, Philippines, Timor-Leste and Vietnam.

The Fred Hollows Foundation is a member of the Australian Council for International Development (ACFID) and is a committed signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. The Code requires members to meet high standards of corporate governance, public accountability and financial management. More information on the Code, including how to make a complaint, can be obtained from ACFID by visiting www.acfid.asn.au or emailing complaints@acfid.asn.au. The Foundation also has its own process for handling complaints which can be activated by phoning the CEO on 02 8741 1900 or emailing fhf@hollows.org.
The Fred Hollows Foundation continues to make real progress towards our goal of ending avoidable blindness.

Fred Hollows had a big dream. It is a dream that lives on in the work of The Fred Hollows Foundation. We believe that everybody, regardless of who they are, where they live or whether they are rich or poor, is entitled to live in a world free of avoidable blindness.

When we sit together with our partners in countries in East and South Asia, in Africa, the Pacific and here in Indigenous Australian communities, we look one another in the eye and acknowledge what it really means to make that dream come true. It means everyone who develops a cataract will be within reach of a service to stop that cataract sending them blind. It means horrible, painful, blinding trachoma will be eliminated from our world. It means every person who develops diabetes will have access to high quality eye care that will stop them losing their sight. Ending avoidable blindness means every country will have a strong national health system in which vision services are incorporated and properly resourced. It means, in short, all people, everywhere, having access to high quality, affordable eye health. That is what we mean when we say “ending avoidable blindness”.

Our activities on the ground, continuing Fred’s work, give The Foundation the lessons and the credibility to speak globally about affordable eye health. That is what we mean when we say “ending avoidable blindness”.

Support for The Foundation from Australian donors remains as steadfast as ever. Our growing digital presence has opened up new ways for donors and supporters to stay involved in the work of The Foundation every day.

Financially we remain in robust good health. We continue to keep our promise to Fred—to work in part because of his leadership, and to use the lessons we have learned to continue the work. Our activities on the ground, continuing Fred’s work, give The Foundation the lessons and the credibility to speak globally about affordable eye health. That is what we mean when we say “ending avoidable blindness”.

Every day, the staff and partners of The Foundation seek to make Fred’s vision and values a reality. Fred took action where he saw inaction, and spoke up when others were silent. He was prepared to take action where he saw inaction, and spoke up when others were silent. He was prepared to take action where he saw needlessly blind. He was prepared to do good. Through our Strategic Plan we express Fred’s values. Enacting these values—integrity, collaboration, empowerment and action—will keep us true to Fred’s vision. They have become the moral compass of everything we do as we manage a period of strong growth.

As this Annual Report for 2014 shows, we have made further advances towards our goals. We continue our work to tackle the backlog of cataract surgeries and build sustainable local eye services. With our global partners we are taking meaningful steps to eliminate trachoma, a disease that should not exist in the modern world. We are trying to ensure that eye health is integrated into national health systems, and that it is appropriately resourced.

A shining example of this work is in Ethiopia, where we have begun an ambitious project to wipe out trachoma, the excruciatingly painful bacterial infection that causes inflammation of the eye and eyelids and can lead to irreversible blindness. Last year in Ethiopia thousands of community-based workers, trained and supported by The Foundation distributed antibiotics to over five million people. Surgical teams are going village to village to conduct operations on the most advanced cases.

We’re also continuing to increase our response to the global epidemic of diabetic retinopathy. The number of people we have screened this year reflects the priority we place on this growing epidemic. In 2013, 4,427 patients were screened or treated for diabetic retinopathy. In 2014, this had quadrupled to more than 16,000. The credibility and professionalism we have developed from working in the field provides the basis for our global advocacy.

Our growing international stature is reflected in the continuing major partnerships we have put in place with Helen Keller International and Sight savers. Support for The Foundation from Australian donors remains as steadfast as ever. Our growing digital presence has opened up new ways for donors and supporters to stay involved in the work of The Foundation every day.

Financially we remain in robust good health. We continue to pursue a cautious and sensible investment strategy that supports our strong balance sheet and financial position.

My thanks also to every member of staff of The Fred Hollows Foundation. Often they work in some of the most difficult and inaccessible regions of the world – just as Fred did. Never has The Foundation been more focused, more connected with our values and more inspired by Fred’s leadership and example. Thank you for your ongoing commitment to a world in which no one is needlessly blind. With your help, in our lifetime, we will achieve that goal.

Chair

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Our activities on the ground, continuing Fred’s work, give The Foundation the lessons and the credibility to speak globally about how we bring Fred’s dream into reality. Our programs tell us that people are going needlessly blind because they are poor, because eye health services are not being provided in rural and remote areas of most countries; because they are women. Women have a lesser role in controlling a family’s expenditure, are restricted in travelling away from their village to seek treatment and are more likely to be affected by trachoma. The disease is transmitted through the children whom the sisters, mums and grandmothers are most likely to pick up, cuddle and thereby share the infection. People are going needlessly blind because governments will not, or cannot, meet their responsibility to care for the health of their citizens.

And so in 2014 we learnt lessons from our partners and from individuals in over 20 countries where we:

• Supported 728,783 eye operations and treatments including 119,805 cataract surgeries.
• Treated more than seven million people with antibiotics to combat trachoma.
• Provided 16,237 procedures to treat diabetic retinopathy.
• Examined the eyes of 2,993,829 people.
• Trained 96,904 people including 217 surgeons, 1,121 clinic support staff and 42,355 community health workers.
• Built or upgraded 36 medical facilities.
• Supplied $3,812,644 in medical equipment.

We take those lessons into our global partnerships with other organisations, like the International Diabetes Federation, the World Health Organization, and with national governments in each of the countries in which we work. Here in Australia we focus on ensuring Aboriginal and Torres Strait Islander leadership in the provision of eye health services to rural and remote communities – the model that Fred championed in his own life.

The 2014 Annual Report of The Fred Hollows Foundation provides you with an insight into the work carried out, with your support, every single hour of every single day. That work will continue until we are done. And we will only be done when every person, regardless of who they are, where they live or whether they are rich or poor, is living in a world free from avoidable blindness.

Chair

LES FALILLICK

A MESSAGE FROM THE CHAIR

BRIAN DOOLAN

A MESSAGE FROM THE CEO
Aung’s granddaughter Lin was the light of his life. He called her Bright Star. She said she loved him “as much as the sky.” But as cataract slowly blurred his sight, Lin, to his dismay, gradually became Aung’s carer. He became increasingly dependent on her, and he began to worry about her future. If she couldn’t attend school because she was looking after him, she’d never realise her dream of becoming a nurse. But thankfully, the pair were able to travel to Bago, Myanmar, to an eye camp supported by The Foundation, where Aung was operated on by the remarkable Nepalese surgeon Dr Sanduk Ruit. The operation was a complete success – Aung was able to return to his village and live a full life, and his little bright star was able to go back to school. When we restore sight we don’t just help the patient - we also help their children, their grandchildren, and the whole community.

“IT’S GOOD HONEST WORK WHEN YOU WALK INTO A WARD WHERE PEOPLE HAVE HAD GOOD EYE SURGERY...AND YOU CAN SEE THEM LOOKING AT YOU AND THEIR WHOLE FACE LIGHTS UP.”

Professor Fred Hollows

The Foundation continues to support our partners to deliver eye health services on the ground in the regions where we work. In 2014 we continued to target the main causes of avoidable blindness such as cataract, trachoma, refractive error and the growing epidemic of diabetic retinopathy.

HELPING PEOPLE SEE

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CASE STUDY: MYANMAR

BRIGHT STAR

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“WE OWE A GREAT DEBT TO THE FOUNDATION FOR ITS COMMITMENT IN WORKING TO ERADICATE AVOIDABLE GLOBAL BLINDNESS”

Professor Dr Mohammed Daud Khan, Principal and Dean, Pak International Medical College, Peshawar, Pakistan.

Working with our partners here are some of the ways we are restoring hope around the world, one pair of eyes at a time.

In Afghanistan we screened a total of 74,789 people and conducted over 8,000 eye operations and treatments. This included 642 cataract operations. We also screened tens of thousands of school students for refractive error and distributed 2,842 pairs of glasses.

In Bangladesh we screened 384,072 people and conducted over 124,000 eye operations and treatments including 16,217 sight restoring cataract surgeries. We also performed 1,735 procedures to treat diabetic retinopathy and distributed over 15,000 pairs of glasses.

In BURUNDI we supported 19 eye camps across Ngozi and Kayanza provinces. A total of 16,346 people were screened with 281 receiving sight restoring cataract surgery.

In Cambodia we screened 107,634 people and performed over 13,000 eye operations and treatments including 8,775 cataract surgeries.

In China we performed over 140,000 eye operations and treatments and distributed over 10,000 pairs of glasses. The Foundation became the first International charity to work with ethnic minorities in Xinjiang to help with the delivery of eye services. We also launched projects in Inner Mongolia and Auhui.

In the Democratic People’s Republic of Korea through our Nepalese partner the Tilganga Institute of Ophthalmology we supported an outreach eye camp where 5,720 sight restoring cataract operations were performed.

In Eritrea we performed 5,527 cataract operations and distributed over 43,000 antibiotics for the treatment of trachoma.

In Ethiopia 5,837,226 people were treated with antibiotics for trachoma and over 7,000 lid surgeries to treat trichiasis were performed.

In Kenya we treated over 1 million people with antibiotics for trachoma. We performed over 46,000 eye operations and treatments including 8,695 cataract and 6,992 trichiasis surgeries.

In Laos we supported 19 mobile eye camps in some of the most remote regions of the country. We screened 14,794 people and conducted almost 8,000 eye operations and treatments.

In Myanmar we worked in partnership with the Tilganga Institute of Ophthalmology to conduct outreach eye camps in Yangon and Myeik where 4,671 cataract operations were performed.

In Nepal we screened 374,922 people and performed 14,369 cataract operations. We helped support 19 outreach microsurgical eye camps in rural and remote areas.

In the Pacific more than 335,000 Solomon Islanders received antibiotics to treat trachoma. We also screened 3,655 people in Vanuatu.

In Pakistan we screened over 434,000 people and performed over 205,000 eye operations and treatments including 17,076 sight restoring cataract surgeries.

In Palestine with our partner St John’s hospital we screened over 10,000 people, including in refugee camps, for diabetic retinopathy (DR). We supported 1,221 procedures to treat DR.

In the Philippines the country’s first Rapid Assessment of Avoidable Blindness, which measures the number of people who are blind, was completed in Tarlac Province. We also supported 3,322 eye operations and treatments.

In Rwanda we screened 26,002 people for a range of eye conditions and performed 429 sight restoring cataract operations.

In Timor-Leste in partnership with The Fred Hollows Foundation New Zealand, we screened 21,405 people and performed 2,791 eye operations and treatments including 864 cataract surgeries. We also distributed 5,790 pairs of glasses.

In Vietnam we screened 988,092 people and performed 58,619 eye operations and treatments including 28,496 cataract surgeries.

Case Study: Bangladesh

Reach the Unreachable

In a first for The Foundation, an eye camp was held for transgender people in Bangladesh. Taking eye health to one of the most marginalised people of all, 106 locals, many of them sex workers, were screened at the camp. More than 30 received glasses and three were scheduled for cataract surgery. Country manager Dr Zareen Khair said that it was the first time many of them had been able to get an eye check or medical help for their eyes. “These groups do not feel they can freely mix with the general population and access the health service as they require,” she said. “This is one of the ways we reach the most vulnerable – the disabled, the elderly, ethnic minorities and sex workers. That’s something Fred would be incredibly proud of.”
Training people – from community health workers to ophthalmologists – so that they can recognise, refer, diagnose and treat eye problems remains a mainstay of our work. It’s something Fred always thought was paramount for long-term sustainability and building local capacity.

CASE STUDY: COMMUNITY HEALTH WORKERS

DOORSTEP DIAGNOSIS

Community health workers are a vital link between patients and eye health services. Trained by The Foundation, they go door to door, diagnosing a range of medical conditions, and referring patients on to medical clinics, hospitals and doctors. In 2014, we trained 42,595 teachers and community health workers in primary eye care. In Kenya, they distribute antibiotics to prevent trachoma. In Ethiopia, many are teachers who educate their students on the importance of preventative measures such as face washing to keep the disease at bay. In Australia, they speak the local language of remote Indigenous communities, and thereby dramatically increase the number of people who turn up for eye examinations and treatment.
**IN AFGHANISTAN** 1,389 teachers and community health workers were trained. As a result, tens of thousands of students were screened and hundreds were provided with glasses.

**IN BANGLADESH** we trained 33 surgeons and 6,227 community health workers. We also trained school teachers in how to detect refractive error.

**IN CAMBODIA** we supported the training of 11 surgeons, 82 clinic support staff and 5,469 community health workers. Approximately 350,000 school children received eye health education.

**IN CHINA** we trained 30 surgeons, 108 clinic support staff and 2,320 community health workers.

**IN THE DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA** four surgeons were trained in Small Incision Cataract Surgery at the Tilganga Institute of Ophthalmology.

**IN ERITREA** cataract surgeons are being trained in Small Incision Cataract Surgery and 110 community health workers were trained.

**IN ETHIOPIA** 5,403 teachers and community health workers were trained.

**IN INDIA** we trained four surgeons, 38 clinic support staff and 544 community health workers.

**IN INDIA** we trained 15 surgeons, 439 clinic support staff and 4,961 community health workers.

**IN LAO PDR** we trained four surgeons, 129 clinic support staff and 852 community health workers.

**IN MYANMAR** for the very first time two ophthalmologists were sent to the world renowned Tilganga Institute of Ophthalmology to receive Small Incision Cataract Surgery training.

**IN NEPAL** we trained six surgeons, 34 clinic support staff and 2,779 community health workers.

**IN PAKISTAN** we trained five surgeons, 27 clinic support staff and 4,429 community health workers. We also continued to support Lady Health Workers who are trained in basic health care to help housebound women and children to get to hospital.

**IN THE PHILIPPINES** almost 2,000 village health workers and school nurses were given eye examination training at the Tarlac Eye Centre.

**IN RWANDA** we trained one surgeon and 45 clinic support staff.

**IN TIMOR-LESTE** The Foundation helped train and build a small health workforce in eye care, from village health workers to eye care nurses and technicians, and four junior ophthalmology candidates.

**IN VIETNAM** we trained 19 surgeons, 57 clinic support staff and 5,817 community health workers.

**We funded 15 International Council of Ophthalmology scholarships which help ophthalmologists in all the countries we work in to learn specialist skills. In the spirit of Fred Hollows we also ensured that young Australian ophthalmologists were exposed to eye care in under-serviced communities through The Fred Hollows Foundation Fellowship. Three fellowships were undertaken in 2014.**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Number of Health Workers Trained</th>
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<tbody>
<tr>
<td>2014</td>
<td>56,544</td>
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<tr>
<td>2013</td>
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"I HAVE THE DEEPEST ADMIRATION FOR THE WORK OF THE FRED HOLLOWS FOUNDATION, WHICH HAS TRANSFORMED EYE CARE IN TIMOR-LESTE AFTER YEARS OF INFRASTRUCTURE INVESTMENT, TRAINING AND CAPACITY BUILDING"

Jose Ramos-Horta OCM AC, former President of Timor-Leste 2007-2012
Fred Hollows believed people should be given the tools of the trade to be able to help themselves, and The Foundation continues to ensure that health workers on the frontline have the equipment they need to restore sight. We are also backing the development of new technology to help bring affordable eye care to the developing world.

**CASE STUDY: ARCLIGHT**

It’s been hailed as a “revolutionary ophthalmoscope whose size and cost belies its performance.” The Arclight is a breakthrough device for diagnosing eye disease in the developing world. Already more than 1,300 of the lightweight, portable devices have been distributed to partners in more than 20 countries.

Developed by UK-based inventor William J Williams with The Foundation’s support, it is tipped to revolutionise eye care in the same way low-cost intraocular lenses did when they were first manufactured 20 years ago.

In many of those countries, comprehensive eye screening is difficult - sometimes impossible - because of the lack of medical equipment. The Arclight, which costs around $10, is affordable for even the most under-resourced health workers. It will bring medical care to people who would otherwise not receive a diagnosis or treatment.

Kenyan cataract surgeon Divinah Kisorio said the Arclight is already being put to good use. “I gave this equipment to my colleagues and they were very excited,” she said. “I can diagnose various conditions in the eye using this. I can even diagnose trachoma.”

It is solar powered, so there is no need for replacement parts such as bulbs or batteries. “As long as there is sun, it will work wherever I go,” Kisorio said. “And I can fit it in my pocket.”
Eight-year-old Bopreak is examined by Dr Ny Tharoth at Khmer-Soviet Friendship Hospital in Phnom Penh, prior to receiving cataract surgery. In 2014, The Foundation continued to support the hospital’s transformation into a training facility that is helping build Cambodia’s eye health workforce. Investment in facilities such as this provides the capacity for children like Bopreak to receive the essential eye health services they need.

**HOSPITALS AND CLINICS**

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**CASE STUDY: CAMBODIA**

**CASE STUDY: INTRAOCULAR LENSES (IOLS)**

The Foundation helped develop and produce the arclight, a low-cost, solar powered LED ophthalmoscope which has been distributed to partners in more than 20 countries.

**IN AFGHANISTAN** we renovated and equipped the Outpatient Department and Operating Theatre of the University Eye Hospital in Kabul, in preparation to train doctors and eye care workers.

**IN BANGLADESH** we upgraded the Barisal branch of the Ispahani Islamia Eye Institute and Hospital.

**IN CAMBODIA** the construction of a new Eye Unit at Sihanouk Province Referral Hospital was completed. Equipment for the National Refraction Training Centre was also set up at Khmer-Soviet Friendship Hospital in Phnom Penh. The Centre, supported by The Foundation, will train many to screen for refractive error and dispense glasses. $216,740 worth of equipment was donated.

**IN CHINA** we renovated 12 facilities including equipping three vision centres in county hospitals in Inner Mongolia.

**IN ETHIOPIA** we supplied $126,747 worth of equipment essential for tackling trachoma in Oromia region.

**IN INDONESIA** we supplied $157,730 worth of essential eye health equipment.

**IN KENYA** a review of the electronic Health Information System was conducted in hospitals across the country. We also upgraded two eye health facilities and donated $485,773 worth of equipment.

**IN MYANMAR** we supplied $103,437 worth of eye health equipment to Yangon Eye Hospital.

**IN PAKISTAN** we upgraded nine facilities including Civil Hospital Hyderabad Sindih which is now able to provide diabetic retinopathy screening services. We also donated $264,521 worth of equipment.

**IN TIMOR-LESTE** The Foundation launched a database to collect national data on eye health, making it easier for doctors to keep patient records. We also donated $212,804 worth of essential eye health equipment.

**IN VIETNAM** The Foundation helped build an eye clinic in Quang Nam Province which services 1.5 million people. The operating theatre and wards at the Ha Tinh Province Eye Centre were completed. $693,714 worth of equipment was donated.

**A HISTORY OF INNOVATION**

In the final years of his life, Fred worked furiously towards the opening of intraocular lens laboratories in Eritrea and Nepal. He understood that the cost of these lenses, often hundreds of dollars each, was a major barrier for people living in the developing world. Australians rallied behind Fred and his big idea and in 1994, one year after Fred passed away, two laboratories were opened in his name – one in Asmara and one in Kathmandu. Today these laboratories have manufactured over 6 million lenses for export to more than 70 countries. The lenses themselves can cost as little as $5 each bringing affordable, sight restoring surgery within the reach of millions.

**“THE FRED HOLLOWS FOUNDATION HAS ACHIEVED MAJOR BREAKTHROUGHS IN THE USE OF INNOVATIVE TECHNOLOGY TO PREVENT AVOIDABLE BLINDNESS”**

Sir Michael Hirst, President, International Diabetes Federation

$3.8m WORTH OF EQUIPMENT WAS SUPPLIED

36 MEDICAL FACILITIES WERE BUILT, RENOVATED OR UPGRADED
Research and advocacy continue to mean better eye health services for people around the world. In countries where The Fred Hollows Foundation operates, we’ve seen improvements in national and provincial eye care driven by targeted research and advocacy. Increased funding for eye health ensures that more people who are currently unable to see can have their sight restored. Here are some highlights from 2014.

**Case Study: Investing in Vision**

**Reaping Rewards**

Research can be powerful. One of the reports we commissioned, The Price of Sight, is providing clear evidence to governments, finance ministers and decision makers, that investing in eye care generates robust economic returns. The report showed that for every dollar invested in restoring sight in Kenya, for instance, there is a return of $3.56 in economic benefit to the country.

It means children like Collins, who had his sight restored by The Foundation last year, can go to school and when he is older, support his family. Before The Foundation found Collins, his prospects seemed slight. His mother had died, he was unable to see the blackboard at school, and he spent his days sitting under the shade of a tree listening to his father break rocks in the quarry to eke out a living. The days went very slowly for him. But after a successful cataract operation, he was able to go back to school.

Today Collins is toping some of his subjects in his class, and loves playing soccer with his friends. His father Enoch is overjoyed. “I feel so good, so very good,” he said. “I didn’t think he would ever be able to see again. But now he can.”
THE PRICE OF SIGHT REPORT

Fred believed restoring sight was money well spent. Now we have the evidence. A series of landmark reports commissioned from PricewaterhouseCoopers Australia show the economic benefits of eliminating blindness in developing countries far outweigh the costs. The report showed that every dollar invested in restoring sight generated an economic return on investment of $4.

In 2014, we applied the same methodology to three countries on the economic value of restoring sight. It showed that in Pakistan, for every $1 invested in blindness prevention work, there is a potential return of $6 in economic gains and health savings. For every $1 invested in Kenya, the return is $3.56 and for Hunman Province, one of the poorest regions in China, the return on investment is $3.16. Along with the human value, ending avoidable blindness will pay big dividends for developing nations, and is expected to inject billions of dollars into the poorest economies.

Many of the results restored sight brings — longer and healthier lives, reductions in extreme poverty, increased school attendance, gender equality, independence and self-esteem — simply cannot be quantified financially.

$4 ECONOMIC RETURN FOR EVERY $1 INVESTED

THE VISIONARY STUDY

In partnership with The George Institute for Global Health, we explored the impact of cataract surgery on patients in Vietnam. The results, published in 2014, show that 17% fewer patients experienced social and economic hardship following cataract surgery. The study adds to growing global evidence on the economic benefits of restoring sight through cataract surgery.

The study found that following cataract surgery there was an average increase in participation in paid work of 45 hours per month and a doubling in participation in hours of unpaid work. One year after surgery, people who had undergone cataract surgery reported they were able to walk independently, socialise a lot more easily, and felt much healthier and happier.

17% FEWER PATIENTS EXPERIENCED SOCIAL AND ECONOMIC HARDSHIP

BETTER VISION AND HEALTHY AGEING RESEARCH ACTION PROJECT

We continued to support the Burnet Institute, through a study which aims to improve the health and vision for elders in South and South East Asia. This study aims to test the benefits of eye health for the elderly, as well as screening as many as possible, carrying out cataract surgery and providing glasses. So far, 78 elders have been trained to conduct vision screening workshops. This study also explores how elderly people living in remote areas such as tea plantations in Sri Lanka access health care in their communities. Working with the government and NGOs, we helped establish 204 Elders Clubs where people can access eye health advice. This project is removing some of the health obstacles that elders face and will ultimately benefit more than 80,000 older Sri Lankans.

204 CLUBS WHERE OLDER SRI LANKANS CAN ACCESS EYE HEALTH ADVICE

“THE FRED HOLLOWS FOUNDATION DESERVES RECOGNITION AS A GLOBAL LEADER IN THE ALLEVIATION OF BLINDNESS AND VISUAL IMPAIRMENT”

The Right Honourable Helen Clark, Administrator of the United Nations Development Programme, Former Prime Minister of New Zealand 1998-2008

Country Highlights – Advocacy and Influence.

IN BANGLADESH The Fred Hollows Foundation’s district eye care model was replicated by the National Government in Patuakhali and Chittagong district hospitals. Previously there were no cataract surgeries being conducted in this 250 bed Patuakhali facility but now the eye unit is delivering services to some of the most disadvantaged members of the community.

IN CAMBODIA the opportunity to address gender equality in eye health began with the signing of a Memorandum of Understanding between The Foundation and The Ministry of Women’s Affairs.

IN CHINA we co-funded The Price Project. Working together with rural hospitals in China, the project aims to create, study and advocate for a model that can be adopted by the government to provide free glasses for school aged children.

IN CHINA we continued to advocate for the elimination of avoidable blindness by working with the National Blindness Prevention Committee to bring together key government officials and members of the ophthalmic community.

IN LAO PDR we helped re-establish the National Eye Care Committee. Chaired by the Vice Minister of Health, the committee will steer eye health services towards a sustainable future.

IN PAKISTAN we launched the Pakistan-Australian Prevention of Avoidable Blindness (PAPAB) Project. With support from the Australian government over four years, this project aims to strengthen eye health in Pakistan, targeting emerging issues such as diabetic retinopathy, retinopathy of prematurity and childhood blindness.

IN PAKISTAN we developed a partnership with different provincial Departments of Education to establish new ways of screening school children for conditions such as refractive error. Across the globe International World Sight Day provided The Fred Hollows Foundation with the opportunity to increase awareness of eye health through a combination of activities including rallies, engagement with local media, and eye camps which targeted disadvantaged groups.

Country Highlights – Influencing Policy

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INDIGENOUS AUSTRALIA PROGRAM

Although Fred Hollows died more than 20 years ago, his fierce determination to improve the eye health of Aboriginal and Torres Strait Islander Australians lives on through The Foundation.

Aboriginal and Torres Strait Islander people are six times more likely to go blind, but 94 per cent of vision loss for Indigenous Australian adults is preventable or treatable. In 2014, we continued to build our work with partners, including the Aboriginal community controlled health sector, in regions across Australia to increase specialist eye care services to even more people living in remote and under-serviced communities.

We continued our efforts to advocate for improved health outcomes and close the gap in life expectancy between Indigenous and non-Indigenous Australians.

Aboriginal and Torres Strait Islander adults are six times more likely to go blind; but 94 per cent of vision loss for Indigenous Australian adults is preventable or treatable.

In 2014, we continued to build our work with partners, including the Aboriginal community controlled health sector, in regions across Australia to increase specialist eye care services to even more people living in remote and under-serviced communities.

We continued our efforts to advocate for improved health outcomes and close the gap in life expectancy between Indigenous and non-Indigenous Australians.

CASE STUDY: MOSES AND JOYCIE SILVER

BLIND, BUT SOON THEY’LL SEE

Like many of the residents of Mataranka, 400 kilometres south of Darwin, Moses Silver is rarely able to visit a big city hospital. But thanks to the Top End Outreach program funded by The Foundation and the Northern Territory government, he was able to walk across the red-baked earth to see an ophthalmologist who had driven there from Darwin. His wife Joyce was also seen for a trauma in her eye and encouraged to go to Darwin for surgery. Indigenous Australians like Moses and Joyce are 12 times more likely to suffer blinding cataracts, but seven times less likely than others to get simple sight-saving surgery.
HELPING PEOPLE SEE
► Working with our partners we are improving eye health services for Indigenous Australians living in remote and under-serviced areas. We continued to fund the Top End Outreach Ophthalmology Resources Project which assists the Royal Darwin Hospital Eye Clinic to reach people who would otherwise have limited access to eye care services. The team consists of an ophthalmology fellow, a care co-ordinator and an Indigenous Liaison Officer who make weekly visits to remote areas by plane or car.
► We funded an orthoptist to provide eye health services to Indigenous Australians living in Western NSW.

INVESTING IN PEOPLE
► We funded five eye health coordinator positions to provide logistical and clinical support to outreach optometrists and ophthalmologists in the Northern Territory.
► We continued to support the employment and training of Aboriginal Community Based workers to join the Trachoma Elimination Program in remote communities across the Northern Territory. The workers increase participation in trachoma screening and the uptake of preventative face washing.
► We supported the production of the short film, “Slap Up” which showcases Indigenous leaders talking about the importance of leadership.

EQUIPMENT AND TECHNOLOGY
► The Foundation donated specialist eye health equipment to eight primary and eye health services working in remote and under-serviced regions in Queensland, NSW, WA and the Northern Territory. This enables more Indigenous Australians to access eye care services and support the integration of diabetic retinopathy (DR) screening services to primary health care services.
► Through our partners we supported the provision of affordable glasses to those in need. Uncorrected refractive error remains the number one cause of vision loss among Indigenous adults.

ADVOCACY AND INFLUENCE
► We funded and supported the South Australian Health and Medical Research Institute to undertake a cost benefit analysis of diabetic retinopathy screening in remote communities. The goal was to evaluate the economic effectiveness of the Telehealth and Eye Associate Medical Services Network (TEAMSNet) model.
► The Foundation funded the printing, promotion, and book launch of a children’s book about how to prevent trachoma, the “Sore Eyes Story” book by Hazel Presley, a local Aboriginal author from Ti Tree community in the Northern Territory.

OUTBACK EYE CARE
One of the biggest improvements in our ability to help Indigenous Australians is the recent roll-out of telehealth, which enables doctors in remote communities to tap into expertise from afar.

One of the many people who have already benefited from this technology is Dennis Jefferys, pictured above, from Jigaling in the Pilbara in Western Australia. The 58-year-old Martu man has diabetes and a complication that affects the eyes called diabetic retinopathy which can lead to blindness if left untreated.

Luckily, his local Aboriginal community controlled health clinic hosted an eye health screening led by The Lions Eye Institute, supported by The Fred Hollows Foundation.

Using face-to-face video conferencing and electronic scanning, optometrist Stephen Copeland was able to screen Dennis in consultation with Associate Professor Angus Turner in Perth, an ophthalmologist more than 1,000 kilometres away. Dennis was then flown to Port Hedland for a successful cataract operation.
“I feel a lot better now,” he said.

THE FRED HOLLOWS FOUNDATION ANNUAL REPORT 2014  |  HOLLOWS.ORG.AU
Trachoma, a disease of poverty, is placing entire generations of people – especially mothers and children – at risk of blindness. In one of our most ambitious campaigns ever, The Foundation is working with the Ethiopian government and international partners to stamp out the disease for good.

Photography by Michael Amendolia

Trachoma, a bacterial infection that can eventually cause irreversible blindness, was eradicated from the US more than a century ago. Yet in Ethiopia, more than 76 million people are at risk of contracting trachoma, people like Azmera Tedesse, pictured above.

It is a scourge which is prevalent in hot dusty areas where people lack access to clean water and sanitation.

CEO Brian Doolan says the results are catastrophic. “It is a disaster which is being played out every day as countless people go needlessly blind.”

“If left untreated, the eyelashes turn inward, scraping the cornea, leading to agonisingly painful blindness.”

The scale of the problem is daunting. Ethiopia has the highest burden of trachoma in the world. In the Oromia region, where The Foundation is focusing its efforts, more than 27 million people live in trachoma endemic areas. An estimated 150,000 are in need of urgent surgery.

But in one of our most ambitious programs yet, we are determined to wipe out the problem entirely within five years. We’ve already treated millions with an antibiotic to prevent the disease, and have conducted thousands of surgeries on the most advanced cases. An army of community based workers is being trained to carry out our work, often going door to door and village to village to help.

The Foundation’s Technical Adviser on trachoma, Dr Wondu Alemayehu, said what was so heartbreaking is that the worst cases are among mothers and children. It is often children who first contract the disease. Unfortunately, there are few symptoms, but what they pass onto their mothers and carers is dangerous. The simple act of caring for a child – cuddling, touching, and even washing – can spread infection. Left untreated, they can lose their sight altogether.

Like many sufferers, Azmera used the worrento, a type of tweezer, to pluck out her eyelashes one by one in a desperate bid to save her sight and reduce the pain. She wore these around her neck as she went about her day, cooking and caring for her family, including her two children, 12-year-old Habtamresh and 10-year-old Derese.

She was the lynchpin of her family. The mere thought of taking a pair of tweezers to your eyelashes would probably make most people uncomfortable. Yet for thousands of women like Azmera, it is their only defence against this agonisingly painful disease.

Azmera had advanced trachoma on both lower lids, but thanks to surgery, her eyelashes are now turned outwards and her cornea spared. Like countless others, her sight was saved, and her life was transformed, because of our campaign.

After six years of pain, she looked up at Dr Wondu after the operation and said, “Now I can see my children. I can go back to work and live a better life. I am just so happy.”

Surgery is the first aspect of a four-part strategy The Foundation is carrying out known as SAFE, endorsed by the World Health Organization. The A stands for antibiotics to treat the infection. F is for face washing education to prevent the disease, and E refers to making environmental improvements at a community level.

Our CEO was struck by the power of the strategy watching a mother of seven children with chronic trachoma undergo surgery. In the operating theatre, the surgeon said to her, “Are you OK? Are you in pain?” The woman simply replied, “I don’t care, just take away the pain of my eyes, take away the pain of trachoma.”

“After the operation, which was successful, the mother, her husband and their children, had their life restored,” he said. “That’s the miracle of this work.”
OUR PARTNERS

AFGHANISTAN
University Eye Hospital Kabul's Ministry for Higher Education Afghanistan, Human Concern International.

AUSTRALIA
Aboriginal Medical Services Alliance NT (AMSA NT), Aboriginal Peak Organisations NT (APONT), Australian Council for International Development (ACFID), AFL Northern Territory, Ayers Rock Health-Corporate Australia, Australian Government - Department of Health, Australian Human Rights Commission, Barunga Festival, Bila Muyi Aboriginal Health Service Incorporated, Boureq Aboriginal Health Service Limited, Broome Aboriginal Health Service Limited, Brier Holden Vision Institute (BHVI), Burnet Institute, Central Australian Aboriginal Congress, Far West Medicare Local, Far Western NSW Local Health District, Institute for Urban Indigenous Health, Katherine Regional Aboriginal Health and Related Service (KRAHRS), Katherine West Health Board, Lions Eye Institute, Mer engine’s School of Health Research, Mike! Health Aboriginal Cooperation, Music NT, National Aboriginal Community Controlled Health Organisation (NACCHO), National Health and Medical Research Council, Ngarrkal Health Council, NHMRC Clinical Trials Centre, Northern Territory Government Department of Health, Alice Springs Hospital, Gove District Hospital, Katherine District Hospital, Royal Darwin Hospital, Centre for Chronic Disease, Kidney Eye Service, PriscewaterhouseCoopers Australia, RNANCO Eye Foundation, Reconciliation Australia, Rural Doctors Network, Sironis Health, South Australian Health and Medical Research Institute, Barrie Health Service, The Australian Centre for Social Innovation, The Centre for Eye Research Australia, The George Institute for Global Health, The University of Melbourne- Indigeneous Eye Health Unit, The University of Sydney, Utopia Health Service, Vision2020 Australia, Vision Cooperative Research Centre (BHVI), Wabamun Aboriginal Corporation, Maiglit Aboriginal Medical Service Co-operative Limited, Wellington Aboriginal Corporation Health Service, Western NSW Local Health District, Western NSW Medicare Local, WirrarWirring Health Service, Yuendumu Women’s Centre Aboriginal Corporation.

BANGLADESH
Bangladesh Institute of Research and Rehabilitation in Diabetes, Endocrine and Metabolic Disorders, Bangladesh National Institute of Ophthalmology and Hospital, Department of Health Services, Ministry of Health and Family Welfare Bangladesh, Chittagong Eye Infirmary and Training Complex, Ipatsemi Islamiya Eye Institute and Hospital.

BURUNDI
Ministry of Health and Nyazi Hospital.

CAMBODIA
Cambodian Development for Disability, Chey Chumneas Referral Hospital Eye Unit, Cambodia Health Development, Kampong Chhnang Provincial Referral Hospital Eye Unit, Kampong Speu Provincial Referral Hospital Eye Unit, Kampong Thom Provincial Referral Hospital Eye Unit, Khmer- Soviet Friendship Hospital (Phnom Penh), Krousar Thmey, Department, West Shewa Zone Health Department, Oldier Moorshay Provincial Referral Hospital Eye Unit, Paleis Provincial Referral Hospital Eye Unit, Phnom Penh Municipal Referral Hospital, Preah Ang Duong Hospital (Phnom Penh), Preah Sihanouk Provincial Referral Hospital Eye Unit, Provincial Department of Education in Kampot Chhnang Province, Provincial Department of Education in Kampot Speu Province, Provincial Department of Education in Kampot Thom Province, Provincial Department of Education in Kandal Province, Provincial Department of Education in Prey Veng Province, Siem Reap Provincial Referral Hospital, The Association of the Blind in Cambodia, The Eye Care Foundation and World Vision Cambodia.

CHINA
Chao Xu Ophthalmic Hospital Group of Red Cross Society of Inner Mongolia, International Mongolian Hospital of Inner Mongolia, People’s Hospital of Oulan County, People’s Hospital of Horqin Right Wing Middle Banner, People’s Hospital of Tabas Banner, Provincial Health and Family Planning Commission of Anhui Province, Anhui Provincial Hospital, The 2nd People’s Hospital of Hohhot City, People’s Hospital of Suidung County, People’s Hospital of Li County, Provincial Health and Family Planning Commission of Xinjiang Uygur Autonomous Region, People’s Hospital of Xinjiang Uygur Autonomous Region, Aidya Eye Hospital of Yinan Prefecture, People’s Hospital of Alay Prefecture, People’s Hospital of Tucheng Prefecture, People’s Hospital of Ciel County, People’s Hospital of Lancang County, People’s Hospital of Jinchuan County, People’s Hospital of Nanzhang, Zhongshan Ophthalmic Center.

DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA

ERITREA
Astmara College of Health Sciences and Ministry of Health of the State of Eritrea.

ETHIOPIA
The Federal Ministry of Health, Oromia Regional Health Bureau, Oromia Regional Education Bureau, Oromia Regional Water, Mineral and Energy Bureau, Oromia Bureau of Finance and Economic Development, International Trachoma Initiative, Light for the World, Astmara Regional Health Bureau, University of Gondar, North Shewa Zone Health Department, North Shewa Zone Water, Mineral and Energy Department, North Shewa Zone Education Department, Finite Special Zone Health Department, Finite Special Zone Water, Mineral and Energy Department, Finite Special Zone Education Department, West Shewa Zone Health Department, West Shewa Zone Water, Mineral and Energy Department, West Shewa Zone Education Department, South West Shewa Zone Health Department, South West Shewa Zone Water, Mineral and Energy Department, South West

INDONESIA
A New Vision, Indonesian Central Ministry of Health, Indonesian Ophthalmologists Association (Perapim) and Provincial Governments of West Nusa Tenggara (NTB).

KENYA
Ministry of Health, Kenya Medical Training College, University of Nairobi, Migori Eye Hospital, Kissumu Hospital, Nakuru Hospital, Kitale Hospital, Karamar Hospital, Lamu Hospital, Businga Hospital, Waya Hospital, Buranga Hospital, Banna Mara Hospital, Kapenguria Hospital, Kitui Hospital, Marsabit Hospital, College of Ophthalmology of East Africa (COEFA), Christian Blind Mission (CBM), Operation Eye Sight Universal, The Fred Hollows Foundation (UK).

LAO PDR
Ministry of Health of Lao PDR, National Ophthalmology Centre and Provincial Departments of Health and Hospitals in Oudomxay, Bolouns, Louangpham, Louangprabang, Xayabury and Vientiane.

MYANMAR
Tigilanga Institute of Ophthalmology, Yangon Eye Hospital.

NEPAL

PAKISTAN
Al-Ibrahim Eye Hospital, Al-Dhaha Trust Eye Hospital, College of Ophthalmology and Allied Vision Sciences, Comprehensive Eye Care Cells (Punjab, Balochistan, Sindh and Khyber Pakhtoon Khwa), Khyber Eye Foundation (Peshawar), Leyton Rammadat Benevolent Trust, Pakistan Institute of Community Ophthalmology and Provincial Departments of Health (Punjab, Balochistan, Sindh and Khyber Pakhtoon Khwa).

PALESTINE
St John of Jerusalem Eye Hospital.

RWANDA
Ministry of Health, Gisozi Hospital, Muhoro Hospital, Kabaya Hospital, Nyiragongo Hospital, Kibenda Hospital, Kibuye Hospital, Musongoro Hospital, Rwamagana Hospital, Gihugu Hospital, Nyagatare Hospital, College of Medicine and Health Sciences, Rwanda International Institute of Ophthalmology, Kabgay Eye Hospital. We also work with the following partners to strengthen human resources in Africa: College of Ophthalmology of Eastern, Central and Southern Africa (COECSA), University of Cape Town (UCT), Community Eye Health Institute (CEHI), Ruhumurahwa University, SA College of Health Sciences, IAPB Africa, Kilimanjaro Centre for Community Ophthalmology.

SRI LANKA
Berendina Development Services, College of Ophthalmologists Sri Lanka, Government of Sri Lanka, Kandy Centre for Sight, Plantation Human Development Fund, Saranda and The Palm Foundation.

THE PACIFIC
IAPB Western Pacific, Fiji Ministry of Health, Kiribati Ministry of Health & Medical Services, Solomons Islands Ministry of Health and Medical Services, Vanuatu Ministry of Health.

THE PHILIPPINES
Provincial Government of Tarlac, Republic of the Philippines Department of Health and Tarlac Provincial Hospital Eye Center.

TIMOR-LESTE
The Fred Hollows Foundation New Zealand, Timor-Leste Ministry of Health, Fo Namara Timor-Leste, The Royal Australasian College of Surgeons.

VIETNAM
Ministry of Health, The Medicine Services Administration, People’s Aid Coordinating Committee, Vietnam Union of Friendship Organizations, and Vietnamese National Institute of Ophthalmology, Thai Binh and Hue Universities of Medicine and Pharmacy, Ho Chi Minh City Eye Hospital, and the Departments of Health, Provincial People’s Committees and Eye Centres or Social Diseases Prevention Centres in all provinces where we work.

GLOBAL PARTNERS

THE FRED HOLLOWS FOUNDATION'S COMMITMENT TO COLLABORATION SETS IT APART FROM OTHER ORGANISATIONS

Sir Michael Hirst, President, International Diabetes Federation
WE CANNOT THANK YOU ENOUGH FOR CONTINUING TO SUPPORT FRED’S WORK. TOGETHER WE ARE ACHIEVING HIS VISION

OUR SUPPORTERS

It has been more than 20 years since Fred Hollows passed away, but your continued support is ensuring his vision and legacy remain. You come from all walks of life and support us as individuals, families, volunteers, corporations, workplaces and community organisations. The Fred Hollows Foundation can help restore sight for as little as $25 in some of the countries where we work. We simply could not do this important work without you. Thank you.

REGULAR GIVING

As a regular giver, you are a driving force behind The Foundation - helping us continue what Fred called “good honest work” and changing lives forever.

In 2014, over 13,000 Australians became regular givers, pledging to support The Foundation with monthly gifts that helped restore sight to those living in darkness. The results in this Annual Report represent the change that you help us make in the lives of so many.

Globally there are millions of people who are blind simply because they don’t have access to eye services. Our job is to change this - and through your monthly gifts we are reaching more people than ever before. None of this can happen without you.

Thank you for believing that every eye is an eye, and that everyone’s sight is worth saving.

AUSTRALIAN GOVERNMENT

In 2014, The Foundation received valuable support from the Australian government through the Department of Foreign Affairs and Trade (DFAT), Australia’s NGO Cooperation Program (ANCP), the Avoidable Blindness Initiative (ABI), the Pakistan Australia Prevention of Avoidable Blindness (PAABB) Project, and through the Commonwealth Department of Health.

Sydney Coastrek organised by Di Westaway, Lisa Marshall and the team at Wild Women on Top has grown exponentially since it began in 2009. In its first year, Sydney Coastrek comprised 45 teams raising $28,902 for The Foundation. In 2014, WWOT handed a cheque for $2.5 million to The Foundation.

More than 600 teams participated in 2014 trekking along Sydney’s spectacular harbour, stunning beaches and cliff top walks. Some walked 50km either during the day or the night whilst others set themselves a 100km challenge.

The Foundation’s Ambassadors, Australian Olympic gold medalist swimmer Susie O’Neill and former AFL player Aaron Davey were just two of the thousands of people who walked Sydney Coastrek this year. A team of visually impaired trekkers also finished the course.

Sydney Coastrek has become one of the most popular charity challenges in Sydney. With the aim to get women walking for fitness, fun and fundraising, Sydney Coastrek is truly changing lives.

OUR SUPPORTERS 2014

ABC
Agility Logistics
APA Group
Blackrocks
Dixie Cattle Company
Dr Francis Maxwell Hooper
Ernst & Young
Gilbert + Tobin Lawyers
Google
IAPB Western Pacific
JCDecaux
Jetmaster
Laser Vision SA
PwC
 Specsavers
Standard Chartered Bank
The Miller Foundation
The School for Excellence
Thick as Thieves
Wild Women on Top
Travel Insurance Direct
The Queen Elizabeth Diamond Jubilee Trust

YOUR WILL – KEEPING FRED’S VISION ALIVE

To the families and friends of those who gave an important gift in their will to The Foundation and also those who intend to leave a legacy, we want to say thank you. Fred always encouraged people to “leave the world a better place” and because of your gifts we are able to do just that and allow Fred’s vision to live on.

Less than half of Australians know they can leave a gift in their will – yet many wish to help Fred’s work continue. Over the years, The Foundation has been a grateful beneficiary of many gifts which ensure that we can continue our sight-saving work. For more information, visit www.hollows.org.au

“THE FOUNDATION’S ACHIEVEMENTS ARE TESTAMENT TO THE WONDERFUL FRIENDS AND SUPPORTERS WHO HELP US TO KEEP FRED’S LEGACY ALIVE.”

Gabi Hollows, Founding Director
THE BOARD OF DIRECTORS

The Foundation is a not-for-profit company limited by guarantee and governed by a voluntary board. The constitution specifies a minimum of five and a maximum of 13 directors, and there were 11 in December 2014. The majority are directly elected by the Foundation’s members at the Annual General Meeting. Up to six may be appointed by the Board itself and there were four appointed directors in 2014. The Board also appoints the Chair and Deputy Chair from among the existing directors. With the exception of Gabi Hollows who occupies a special position as ‘Founding Director’ and has the right to lifetime membership, directors are elected or appointed for three-year terms and the constitution sets limits on the maximum consecutive period people may serve on the board.

THE ROLE OF THE BOARD

The board is the trustee of the founding spirit and vision of the Foundation, and responsible for its good governance. It operates in accordance with principles and practices set out in its Corporate Governance Charter, which is available on the website.

The board meets at least quarterly and:

► Sets strategic direction and policies
► Approves and monitors budgets, and ensures appropriate financial and risk management strategies
► Oversees and protects the broader resource base of the organisation
► Ensures compliance with relevant standards, regulations and reporting requirements
► Provides accountability to members and stakeholders
► Appoints, supports and monitors the performance of the CEO who is charged with the executive management of the Foundation.

COMMITTEES

The Board has established four committees, which report directly to it.

► Two of these committees support specific elements of the Board’s governance responsibilities – the Governance and Nominations Committee and the Finance and Audit Committee
► Two provide strategic advice to the Board on program development – the Medical Advisory Committee and the Program Advisory Committee.

MEMBERS

The Foundation is a membership-based organisation. The goal is to have a diverse membership to reflect the democratic spirit of Fred who attracted the support of people from all walks of life. Our members are generous in sharing their wide range of skills and experience with the Board and staff. They form the inner circle of the Foundation’s family. The Corporate Governance Charter requires directors to acknowledge the special trust placed in them by members and their right to hold the Board to account.

MANAGEMENT AND STAFF

At the end of 2014, the Foundation had 276 paid staff, including 152 in-country staff based in our 13 overseas offices. During the year around 52 people were regular volunteers in the six offices in Australia (Sydney, Melbourne, Brisbane, Darwin, Katherine and Alice Springs), and many more gave valuable help on an as-needs basis.

As of December 2014, the Executive Management Group was comprised of: Brian Doolan – CEO; Martyn Dominy – Chief Operating Officer; Nick Martin – Director of Public Affairs; Lesley Podesta – Director of Programs; and Thomas White – Associate Director of Marketing and Fundraising.

REPRESENTATION AND LINKS WITH OTHER BODIES

The Foundation has formal Licence Agreements with other Fred Hollows entities domiciled elsewhere in the world – The Fred Hollows Foundation New Zealand, The Fred Hollows Foundation UK, The Fred Hollows Foundation Kenya and the two Fred Hollows Intraocular Lens (IOL) laboratories in Ethiopia and Nepal.

The Foundation also has an entity incorporated in Hong Kong: The Fred Hollows Foundation (HK) Limited.

In addition, the Foundation is:

► Represented by the CEO on the Board of Trustees of the International Agency for the Prevention of Blindness
► A partner in ‘VISION 2020: The Right to Sight’ – a global partnership between the IAPB and the World Health Organization with the goal of eradicating all forms of avoidable blindness by the year 2020
► A member of the International Coalition for Trachoma Control
► A member of Vision 2020 Australia
► A member of the Australian Council for International Development, the national peak body of international development NGOs, and a signatory to its Code of Conduct
► A member and the prime contract holder of the Vision 2020 Australia Global Consortium, an unincorporated joint venture of six Australian eye health agencies that work internationally.
► A signatory and supporter of the Make Poverty History campaign, which aims to achieve the United Nations’ Millennium Development Goals by 2015
► A member of the Steering Committee for the Close the Gap campaign, which aims to overcome the difference in life expectancy between Indigenous and non-Indigenous Australians
► A signatory to the National Anti-Racism Strategy.

CASE STUDY: LAOS

Hao, a little boy from Northern Laos, was carried into one of our clinics by his father. He was blind in both eyes from cataract. Unable to walk independently, he had to shuffle tentatively behind his older brother, holding his hand. He had to leave school because he couldn’t see the blackboard. But thanks to a successful operation by one of our surgeons, he can now see extremely well. We recently followed up on Hao and found him reading a book by his father, doing his homework and playing soccer with his friends. And just as importantly, Hao now attends school where he is one of the brightest students in the class.

He is just one of the many people whose lives have been transformed by the Foundation.
LES FALLICK CHAIR
Les was elected to the Board in 2010, serving as Chair until February 2013 and again from May 2014. An economist with a Master of Arts, Les has worked in government, the private sector, tertiary education and the trade union movement, and has written two books. He has been the Director of over 20 companies in Australia, the UK, Europe and Asia. Les also has considerable experience in the not-for-profit sector – including as past Chairman of the Carbon Advisory Board for Greening Australia. He has served on both the Governance and Nominations Committee and the Finance and Audit Committee. Les is currently a Director of The Fred Hollows Foundation Kenya and The Fred Hollows Foundation (HK) Limited.

ROBERT R. DALZIEL
Bob has been a member of the Board since 2004, serving as Chair from 2013 until May 2014. With over 40 years of experience in retail, logistics, travel, marketing, telecommunications and the healthcare industry, he is currently Chairman of Paceel Pty Ltd, Deputy Chairman of the Melbourne Rebels Rugby Union Ltd, Chairman of Wine Preserva and a Director of Gailand Management. Bob also has substantial experience in the not-for-profit sector, having formerly chaired the Salvation Army Red Shield and served as a Director on the Australian Rugby Union board. In The Foundation, Bob has served on the Foundation’s Finance and Audit Committee and is a member of the Governance and Nominations Committee.

ANN PORCINO DEPUTY CHAIR
Ann has been involved with The Foundation as a strategic planning consultant and facilitator since 2014 and joined the Board in 2013. She is a founding Director of PRP Consulting, which provides governance, strategy, executive coaching and change management services to a wide range of NGOs and government agencies. Ann holds an MBA and a BA in Health Services Administration. She is a member of the Board’s Governance and Nominations Committee.

KATHY FARRELL
Kathy was appointed to the Board in mid-2013. She is a Judge of the Federal Court of Australia, Deputy President of the Australian Competition Tribunal and a Director of the National Institute of Company Directors. Kathy’s current judicial role follows a 30-year career as a corporate lawyer and a non-executive Director in a diverse range of industries. She was President of the Takeovers Panel and has also held office and been active in many professional associations and NGOs. Kathy is a member of the Board’s Finance and Audit Committee.

JOHN BRUMBY
John has been a member and active supporter of The Foundation for many years and joined the Board in 2013. John is well known from his roles as the Premier of Victoria from 2007 to 2010 and as Treasurer from 2000 to 2007. Since retiring from the political arena, John has become the Chair of MTFIA Super, an Independent Director of Huawei Technologies (Australia), the Chair of Citywide Solutions Pty Ltd and a Professorial Fellow at both Melbourne and Monash universities. John is a member of the Board’s Finance and Audit Committee.

GABI HOLLOWS
Gabi is the Founding Director and has served on the Board since its establishment. She graduated as an orthoptist in 1973 and travelled with Fred Hollows for three years on the Royal Australian College of ophthalmologists National Trachoma and Eye Health Program. Gabi married Fred in 1980 and together they had five children. Gabi was recently invested as an Officer in the Order of Australia and has been declared one of Australia’s ’100 Living National Treasurers’. She also holds an Advance Australia Award (Community Services) and a Centenary Award from the Australian government. Gabi is the Patron of The Foundation’s Miracle Club and undertakes extensive speaking engagements for The Foundation. She is a member of the Board’s Governance and Nominations Committee.

MICHAEL JOHNSON
Michael has been involved with The Foundation from the very beginning and a member of the Board since its establishment in 1992. In 2014 Michael was invested as a Member of the Order of Australia (AM) for significant service to the blind & those with low vision, to education, and to the community. He has served as Deputy Chair and is currently also a Director of The Fred Hollows Foundation Kenya and The Fred Hollows Foundation (HK) Limited. An Associate Professor in the School of Social Sciences at the University of NSW, Michael’s professional field is development studies and public sector economics. He chairs the Board’s Governance and Nominations Committee and is a member of the Finance and Audit Committee.

JOY SAVAGE
Joy joined the Board in 2013. An Indigenous woman from far North Queensland, Joy is the CEO of Aboriginal Hostels Ltd, which manages a national network of short-term accommodation facilities for Aboriginal and Torres Strait Islander people. In her previous role as Assistant Secretary for Indigenous Policy and Citizenship in the Department of Prime Minister and Cabinet, Joy helped lead policy and program implementation around the government’s Close the Gap and COAG’s Indigenous Disadvantage agendas. She has also held senior public sector posts in the health portfolio and worked in the non-government sector in the field of Aboriginal health and community services for 16 years. Joy has an MBA and is a member of the Board’s Program Advisory Committee.

GRAHAM SKEATES
Graham has been involved with The Foundation since its inception and joined the Board as Treasurer in 2010 – a position he held until mid-2013 when this office was removed from the Constitution. He remains Chair of the Board’s Finance and Audit Committee and is also a Director of The Fred Hollows Foundation (HK) Limited. Graham has 40 years experience in the accounting profession and the financial services industry and was previously Group Chief Accountant for AMP and the Regional Finance Director for the Asian operations of Prudential Insurance UK. Graham helped launch the Financial Services Accountants Association of Australia, and was its inaugural president.

PAUL TORZILLO
Paul joined the Board in 2012 bringing over 30 years experience in Aboriginal and international health. He is Medical Director of the Nganampa Health Council in South Australia, and Head of Respiratory Medicine and a senior intensive care physician at the Royal Prince Alfred (RPA) Hospital in Sydney. Paul also acts as RPA’s Executive Clinical Director, is Clinical Professor of Medicine at the University of Sydney and Clinical Director of critical care services for the Sydney Local Area Health District. He has worked for the World Health Organization (WHO) as consultant in Civil Health, particularly in the area of the Integrated Management of Childhood Illness (IMCI) program. Paul is a member of the Board’s Medical Advisory Committee.
FINANCIAL OVERVIEW

An independent audit of The Fred Hollows Foundation’s financial accounts for 2014 was conducted by:

Kieren Cummings (Partner) Ernst and Young 680 George Street, Sydney NSW 2000 Tel: +61 2 9248 5555

The Summary Financial Reports have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct Implementation Guidance available at www.acfid.asn.au.

The full Financial Report can be obtained at www.hollows.org.au/about-us/annual-reports

STATEMENT OF COMPREHENSIVE INCOME

For the year ended 31 December 2014

REVENUE

Community and Corporate support
- Donations and gifts 36,413,190 33,288,038
- Legacies and bequests 13,482,096 9,319,294

Grants
- Department of Foreign Affairs and Trade (DFAT) 10,069,606 10,482,277
- Other Australian Government Departments 675,916 696,670
- Other Overseas 2,881,788 1,689,423

Net Gains/Losses on Investments at Fair Value 1,270,717 1,986,213
- Other Income 56,198 699,215

Total Revenue 64,848,511 58,159,430

EXPENDITURE

INTERNATIONAL AID & DEVELOPMENT PROGRAMS EXPENDITURE

International Programs
- Funds to international programs 28,131,209 26,645,292
- Program Support Costs 7,740,316 6,230,060

Community Education 2,582,142 2,231,506

Fundraising Costs
- Public 9,383,081 8,288,509
- Government, Multilateral & Private 115,820 83,165

Accountability & Administration 3,501,701 3,084,141

Total International Aid & Development Programs Expenditure 51,454,269 46,562,673

DOMESTIC AID & DEVELOPMENT PROGRAMS EXPENDITURE

Domestic Programs 8,264,210 8,610,774

Community Education 595,232 584,812

Fundraising Costs 2,184,820 2,179,517

Accountability & Administration 797,507 798,987

Total Domestic Aid & Development Programs Expenditure 11,841,774 12,174,090

Total Expenditure 63,296,043 58,736,763

Net surplus/(deficit) of income over expenditure 1,552,468 (577,333)

Other comprehensive income

Total Comprehensive income/(deficit) for the period 1,552,468 (577,333)

* In 2014 The Foundation prepared consolidated financial statements incorporating the subsidiaries, The Fred Hollows Foundation (UK) and The Fred Hollows Foundation Kenya. The 2013 accounts have been restated on a consolidated basis for comparative purposes.

* During the financial years 2014 and 2013, The Fred Hollows Foundation had no transactions for international political or religious proselytisation programs.

* No non monetary donations or gifts were received during 2014 and 2013
### Statement of Financial Position

**As at 31 December 2014**

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>2014 ($)</th>
<th>2013 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cash and cash equivalents</td>
<td>4,788,226</td>
<td>4,400,446</td>
</tr>
<tr>
<td>- Other interest bearing deposits</td>
<td>6,010,000</td>
<td>4,910,000</td>
</tr>
<tr>
<td>- Trade and other receivables</td>
<td>2,305,620</td>
<td>3,386,042</td>
</tr>
<tr>
<td>- Prepayments</td>
<td>706,518</td>
<td>593,281</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>13,810,365</td>
<td>12,389,769</td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Financial assets at fair value</td>
<td>11,460,422</td>
<td>10,494,422</td>
</tr>
<tr>
<td>- Property, plant and equipment</td>
<td>2,401,861</td>
<td>2,720,046</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>13,862,283</td>
<td>13,219,468</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>27,672,648</td>
<td>25,609,237</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIABILITIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Trade and other payables</td>
<td>9,367,040</td>
<td>9,014,921</td>
</tr>
<tr>
<td>- Provisions</td>
<td>1,140,905</td>
<td>927,365</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>10,507,945</td>
<td>9,942,286</td>
</tr>
<tr>
<td><strong>Non Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Provisions</td>
<td>229,667</td>
<td>260,680</td>
</tr>
<tr>
<td>- Deferred liability</td>
<td>135,858</td>
<td>159,561</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td>365,525</td>
<td>420,241</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td>10,873,470</td>
<td>10,362,527</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EQUITY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accumulated Funds</strong></td>
<td>16,799,178</td>
<td>15,246,710</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td>16,799,178</td>
<td>15,246,710</td>
</tr>
</tbody>
</table>

*In 2014 The Foundation prepared consolidated financial statements incorporating the subsidiaries, The Fred Hollows Foundation (UK) and The Fred Hollows Foundation Kenya. The 2013 accounts have been restated on a consolidated basis for comparative purposes.

*At the end of the financial years 2014 and 2013 The Fred Hollows Foundation had Nil balances for Current Assets Inventories, Assets held for sale and Other financial assets, for Non Current Assets Trade and other receivables, Investment property, Intangibles and Other non-current assets, for Current Liabilities Net current tax liabilities, Other financial liabilities and Other, for Non Current Liabilities Other financial liabilities and Other. The Foundation had Nil balances for other Reserves at the end of the 2014 and 2013 financial years.

### Statement of Changes in Equity

**For the year ended 31 December 2014**

<table>
<thead>
<tr>
<th>ACCUMULATED FUNDS ($)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 1 January 2014</strong></td>
<td>15,246,710</td>
<td></td>
</tr>
<tr>
<td><strong>Surplus/(Deficit) for the year</strong></td>
<td>1,552,468</td>
<td>1,552,468</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the period</strong></td>
<td>1,552,468</td>
<td>1,552,468</td>
</tr>
<tr>
<td><strong>As at 31 December 2014</strong></td>
<td>16,799,178</td>
<td></td>
</tr>
<tr>
<td><strong>Balance at 1 January 2013</strong></td>
<td>15,824,043</td>
<td></td>
</tr>
<tr>
<td><strong>Surplus/(Deficit) for the year</strong></td>
<td>(577,333)</td>
<td>15,246,710</td>
</tr>
<tr>
<td><strong>Other comprehensive income</strong></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the period</strong></td>
<td>(577,333)</td>
<td>15,246,710</td>
</tr>
<tr>
<td><strong>As at 31 December 2013</strong></td>
<td>15,246,710</td>
<td></td>
</tr>
</tbody>
</table>

*In 2014 The Foundation prepared consolidated financial statements incorporating the subsidiaries, The Fred Hollows Foundation (UK) and The Fred Hollows Foundation Kenya. The 2013 accounts have been restated on a consolidated basis for comparative purposes.

Table of Cash Movements for Designated Purpose

No single appeal or other form of fundraising for a designated purpose generated 10% or more of total income for the year ended 31 December 2014.

### For the Year Ended 31 December 2014

**All figures in Australian dollars**

**Where the Money Comes From**

- Community and Corporate Support: 49,895,285
- Department of Foreign Affairs and Trade (DFAT): 10,068,606
- Other Australian Government Departments and Agencies: 675,916
- Other Overseas Grants: 2,881,788
- Other Income: 56,198

_Sum_ = 64,348,511

**Source of Income**

- **Community & Corporate Support** - 77%
- **DFAT** - 15%
- **Other** - 5%
- **Other Overseas Grants** - 4%
- **Other Income** - 0.1%
In 2014, during a period of tremendous growth and change, our values have become the moral compass of everything we do. As Chair Les Fallick puts it, “Never has The Foundation been more focused, more connected with our values, and more inspired by Fred’s leadership and example.”

Some of the practical ways we did this in 2014 include:

**ENVIRONMENT**

The Foundation remains committed to putting into place an environmental policy with the aim of reducing non-renewable resources, water, wood products, and polluting chemicals. We continue to work on receiving a GreenBizCheck certificate, a global benchmark for organisational sustainability.

- Our Sydney headquarters received a 6-star energy rating for energy consumption from the NABERS Green Office Environmental Assessment. Our Darwin office received a 4-star rating. The Foundation remains a signatory to CitySwitch Green Office, an Australia-wide program encouraging office tenants to increase their energy efficiency.
- All offices continue to use 100 per cent recycled paper and staff are encouraged to minimise paper use and recycle.

**VALUES IN ACTION**

Enacting the values set out in our strategic plan – integrity, collaboration, empowerment and action – keep us true to Fred’s vision.

In 2014, during a period of tremendous growth and change, our values have become the moral compass of everything we do. As Chair Les Fallick puts it, “Never has The Foundation been more focused, more connected with our values, and more inspired by Fred’s leadership and example.”

Some of the practical ways we did this in 2014 include:

**RECONCILIATION**

The Foundation’s vision for reconciliation is grounded in Fred’s deep commitment to, and respect for Aboriginal and Torres Strait Islanders.

- Continued to work through our partners to take eye care to Aboriginal and Torres Strait Islander people, with a particular focus on remote and under-serviced areas.
- Actively supported campaigns including Close The Gap, Recognise (constitutional recognition), NAIDOC and Reconciliation weeks. We also acknowledged significant dates and ongoing recognition of Aboriginal and Torres Strait Islander peoples (culture and custodianship).
- Maintained a 50% employment rate of Aboriginal and/or Torres Strait Islander staff within our Indigenous Australia Program.
- Continued to uphold our guiding principles, specifically in not competing for funding with Aboriginal and Torres Strait Islander organisations; only going where we are invited and where there is a demonstrated need; and, ensuring Programs are sustainable beyond The Foundation’s investment, including a clear transition process.

**EVALUATIONS & LESSONS LEARNT**

In addition to the regular monitoring of all programs, The Foundation conducts periodic evaluations to examine the quality and success of our projects. These reviews identify valuable lessons about what works, what doesn’t – and why. This helps us to do our work better.

In 2014, we conducted 24 evaluations, reviews and other studies on the effectiveness and reach of our projects across seven countries. The findings inform our future directions and are used to influence policy and decision makers.

**HOW THE MONEY IS SPENT**

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs</td>
<td>44,135,735</td>
</tr>
<tr>
<td>Community Education</td>
<td>3,177,374</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>11,683,726</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>4,299,208</td>
</tr>
<tr>
<td>Accountability and Administration</td>
<td>4,299,208</td>
</tr>
<tr>
<td>Total</td>
<td>63,296,043</td>
</tr>
</tbody>
</table>

**WHERE THE PROGRAM MONEY IS SPENT**

<table>
<thead>
<tr>
<th>Region</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>13,419,515</td>
</tr>
<tr>
<td>South East Asia</td>
<td>13,820,603</td>
</tr>
<tr>
<td>South Asia</td>
<td>6,520,559</td>
</tr>
<tr>
<td>Timor Leste &amp; Pacific Region</td>
<td>1,745,689</td>
</tr>
<tr>
<td>Middle East</td>
<td>365,159</td>
</tr>
<tr>
<td>Indigenous Australia</td>
<td>8,264,210</td>
</tr>
<tr>
<td>Total</td>
<td>44,135,735</td>
</tr>
</tbody>
</table>

*“Programs” includes sight restoring work across both international and Indigenous programs, as well as a small amount of expenditure on emergency relief.*

*“Community Education” includes staff time and outlays involved in providing community information and raising awareness around eye and Indigenous health issues as well as broader international development issues.*

*“Fundraising expenses” are the costs associated with attracting more support through donations and partnerships and includes items such as advertising, direct marketing, supporter services and processing of donations.*

*“Operating expenses” covers the administrative and other costs incurred in running an organisation, including staff time in areas such as finance, human resources, information technology and administration, insurance premiums, legal and professional fees, and office supplies and other running costs.*

**FINANCIALS**

**OUR VALUES**

**“Programs” includes sight restoring work across both international and Indigenous programs, as well as a small amount of expenditure on emergency relief.**

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80-year-old Kumari Gurung got up and danced with joy after having her sight restored at an outreach camp in Nepal last year.

“LEAVE THE WORLD A BETTER PLACE”

Professor Fred Hollows