

A visionary partnership:

15 years of Seeing is Believing



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Foreword

25 September 2018

Seeing is Believing (SiB) is an ambitious partnership between Standard Chartered and the International Agency for the Prevention of Blindness (IAPB) that seeks to tackle avoidable blindness and visual impairment. This year marks 15 years of Seeing is Believing and we are proud to announce that we have achieved our USD100 million fundraising target two years ahead of schedule.

In 2003, SiB began with a simple idea – to raise enough money to support 28,000 cataract operations. SiB is now a multi-stakeholder partnership that has impacted the lives of 167 million people across 37 countries. This report sets out how the partnership has fostered collaboration across the eye health sector and has supported the development of more sustainable eye healthcare systems across Africa, Asia, the Middle East and South America.

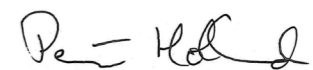
SiB has changed the lives of millions of individuals and families, making it easier for many to return to education and work. As a result this has boosted local economies and strengthened communities. The partnership demonstrates what can be achieved when corporations and non-governmental organisations work together with governments and local communities to meet an ambitious goal.

Its success is underpinned by the sustained commitment of Standard Chartered's employees to raise funds for SiB and the focus on strong programme delivery by IAPB's members.

We believe in the power of collaboration and partnership to tackle global development challenges. This report summarises the SiB partnership model and highlights some lessons learned in delivering SiB. We hope our story encourages you to work together with like-minded organisations to make a difference in your communities.



David Fein
Group General Counsel
and Chairman, Seeing is Believing
Standard Chartered

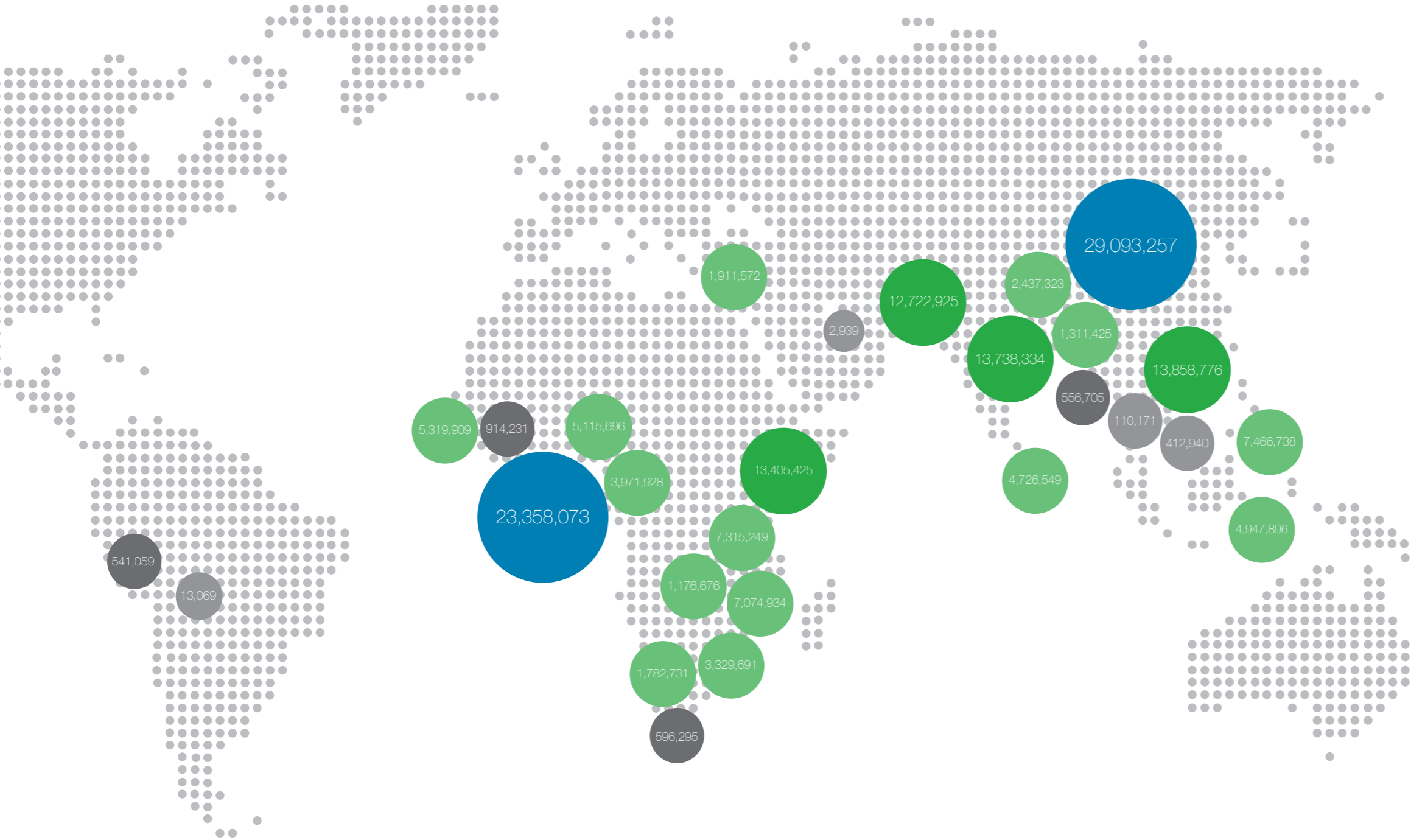


Peter Holland
Chief Executive Officer,
**International Agency for
the Prevention of Blindness**

This report was written by Standard Chartered in partnership with the International Agency for the Prevention of Blindness (IAPB). The information in the report is based on project output data and the experiences of Standard Chartered, IAPB and implementing partners in delivering Seeing is Believing.



Our impact



Over the past 15 years, SiB has reached more than 167 million people across 184 projects in 37 countries.

People reached:

- 1 - 500,000
- 500,000 - 1,000,000
- 1,000,000 - 10,000,000
- 10,000,000 - 20,000,000
- 20,000,000 - 30,000,000

Key statistics

4.4 million
sight-restoring surgeries supported

13 million
prevention treatments distributed

318,833
health workers trained



In 2018, SiB is celebrating 15 years and reaching its USD100 million fundraising target two years early.

Executive summary

In 2018, Standard Chartered (the Bank) is celebrating 15 years of Seeing is Believing (SiB) with the International Agency for the Prevention of Blindness (IAPB) and announcing that the partnership has reached its USD100 million fundraising target two years ahead of schedule.

This report tells the story of SiB – how it has evolved from supporting 28,000 cataract surgeries into a global multi-stakeholder partnership that promotes comprehensive eye care, strengthens eye health systems and fosters the development of new technologies across Africa, Asia, the Middle East and South America.

To best share the lessons learned from SiB, this report explains the partnership, resource and implementation models and also reflects on the measurement framework. The 10 lessons learned over the past 15 years are summarised on page 59, which may benefit others considering similar multi-stakeholder partnerships.

The report demonstrates how a partnership can be developed between the private sector and non-governmental organisations (NGOs) to unite around a clear challenge and draw upon their diverse capabilities to positively impact the lives of millions of people. SiB's strong governance framework leverages the strengths of each partner and promotes cooperation among global and local partners. As highlighted by the UN Sustainable Development Goals (SDGs), global challenges are becoming increasingly complex and solutions need to be based upon collaboration among the public, private and NGO sectors.

Fundamental to SiB's success is the sustained commitment of the Bank's employees to raise funds and volunteer their time. Since 2003, Standard Chartered employees have raised USD50 million through different activities and the Bank has matched every dollar. Through matching this USD50 million and an additional donation of USD15 million, the Bank has donated a total of USD65 million to avoidable blindness and visual impairment. From these donations, the Bank has helped mobilise an additional USD93 million from other sources, bringing the total amount leveraged for eye care to USD158 million.

SiB has created an effective global-local implementing model, working with a range of local implementing partners through IAPB's membership and collaborating with local and national governments. SiB's focus on comprehensive eye care services strengthens the capacity of local eye health systems. It also increases the self-sufficiency of, and promotes collaboration among, local implementing partners. This delivery model helps ensure that the gains achieved through SiB can be sustainable for the long term.

The report concludes with the Bank's commitment to SiB to the end of 2020 and its support for the development of the Vision Catalyst Fund.

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01 THE HISTORY OF SiB

Launched in 2003, Seeing is Believing (SiB) focuses on tackling avoidable blindness and visual impairment. Over the past 15 years, SiB has evolved from only supporting cataract operations into a global partnership implementing comprehensive eye care projects across 37 countries.

Why visual impairment?

In 2003, Standard Chartered celebrated its 150th anniversary – a special occasion that the Bank wanted to mark in a significant way. Rather than launch an initiative drawn up in the boardroom, the Bank asked its employees to suggest ways it could make a positive difference in its communities. Employees submitted ideas from around the world and then voted for their favourite initiative. One idea proved the most popular, which had been piloted by the Bank in Bangladesh: to try and address the problems of avoidable blindness and visual impairment. These issues resonated strongly with the Bank given its global footprint across Africa, Asia and the Middle East. These are clear and compelling problems and the Bank could see meaningful ways it could support solutions.

It is estimated that 36 million people around the world are blind and a further 217 million people suffer from moderate or severe visual impairment. In addition, 1.1 billion people have near-vision impairment.¹

Blindness and visual impairment can impact educational attainment and employment opportunities with long-term implications for livelihoods and the economic well-being of individuals, families and communities.

The tragedy is that 80 per cent of all visual impairment can be prevented or cured with relatively affordable and simple solutions,² yet people are still not getting the eye care they need. It is also the case that 89 per cent of people with poor eye health live in low- and middle-income countries³ where healthcare systems are often underfunded. The prevalence of visual impairment (taking age demographics into account) is over 5.57 per cent in South Asia and across parts of Africa and the Middle East, as compared to 1.17 per cent in Europe and a global standard of 3.38 per cent.^{3*}

Unlike many global healthcare challenges that still require cost-effective and proven solutions, there are a range of proven interventions that can significantly reduce the prevalence of visual impairment. Cataracts, the most common cause of blindness (accounting for 34.5 per cent of all cases globally and as high as 60-70 per cent in some low-income countries where SiB operates)⁴⁻⁶, can be treated through a quick, low-cost procedure. Cataract surgery costs around USD30 in well-managed, high-volume eye clinics and patients usually have their sight restored within days. Similarly, uncorrected refractive error (URE), the leading cause of visual impairment, can usually be treated with spectacles costing only a few dollars. These two conditions account for almost three quarters of all visual impairment and blindness in the world.⁴

Given the range of health issues impacting low- and middle-income countries, eye health is commonly a low priority among public health officials at local and global levels. Eye health is often overshadowed by more pressing health issues such as malaria, maternal mortality and HIV and AIDS. Historically, the lack of global awareness of avoidable blindness and visual impairment has contributed to lower levels of funding from international organisations, national governments and the private sector in low- and middle-income countries.

Key statistics

217 million
people suffer from moderate or severe visual impairment

80 per cent
of all visual impairment can be prevented or cured

* This statistic relates to the age-standardised rate, which is a weighted average of the age-specific rates per 100,000 persons, where the weights are the proportions of persons in the corresponding age groups of the WHO standard population.

1 Bourne, R. R et al. (2017). *Magnitude, temporal trends, and projections of the global prevalence of blindness and distance and near vision impairment: a systematic review and meta-analysis*. The Lancet Global Health, 5(9), e888-e897.

2 World Health Organization. *Blindness and Visual Impairment fact sheet*. Last accessed August 2018. <http://www.who.int/news-room/fact-sheets/detail/blindness-and-visual-impairment>

3 Ackland, P. et al. (2017). *World blindness and visual impairment: despite many successes, the problem is growing*. Community Eye Health Journal, 30(100), 71-73.

4 Vision Atlas, Vision Loss Expert Group. Last accessed August 2018 <http://atlas.iapb.org/>

5 SiB CBM. (2017) *Rapid Assessment of Avoidable Blindness and Diabetic Retinopathy (RAAB) – Districts Swabi and Mansehra, Zimbabwe*. Last accessed August 2018. <https://www.iapb.org/wp-content/uploads/CEHI-RAAB-ZIM-Final-report-1.pdf>

6 SiB Sightsavers. *Community Eye Health Institute Rapid Assessment of Avoidable Blindness (RAAB)* Last accessed August 2018. www.iapb.org/wp-content/uploads/RAAB-SiB-Pakistan-5.3.pdf



The creation of SiB

In 2003, the Bank committed to raise enough money to support 28,000 sight-restoring cataract surgeries – one for each of the Bank’s employees.* The Bank encouraged employees to fundraise and agreed to match every dollar raised. Within the first year, SiB launched its first project in Dhaka, Bangladesh and the Bank’s employees raised twice the funds needed, enough to support 56,000 sight-saving surgeries. This achievement was a signal that there was appetite among employees and senior executives to do more. By 2007, the Bank had forged a partnership with IAPB that took SiB from a collection of small, one-off projects to a global programme.

“You always need people who change the status quo and people who continue doing what they’re good at. Seeing is Believing has been doing both.”

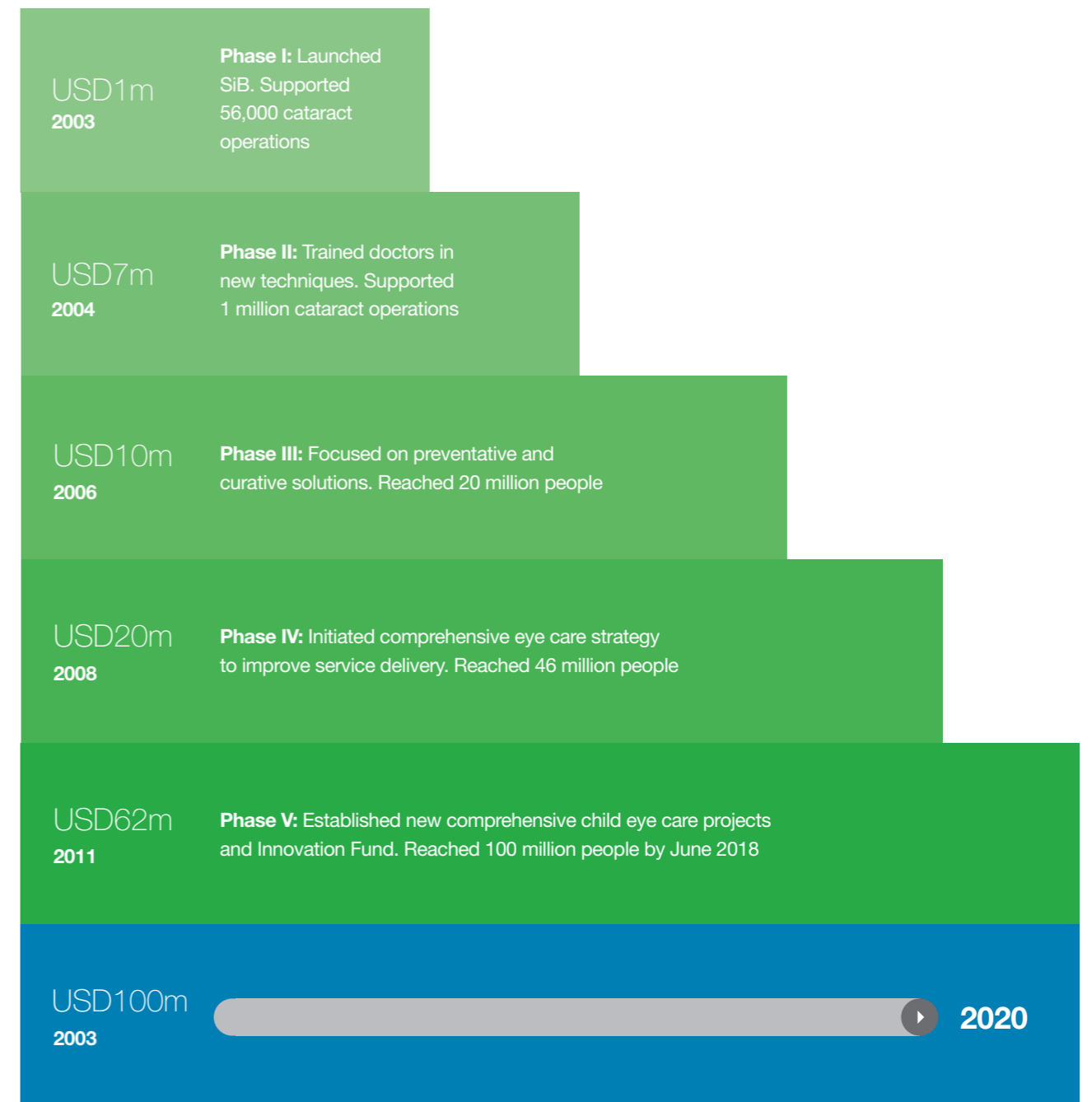
Innovation Fund recipient

The evolution of SiB

SiB has evolved through five phases since 2003. After funding 56,000 cataract surgeries in 2004, The Bank expanded SiB’s reach with Phase II to not only support cataract surgeries but also to train doctors with new eye care techniques. This phase supported one million cataract operations across 10 countries within two years. In Phase III, SiB introduced the provision of Vitamin A supplements and eye health education. This focused on preventative and curative solutions for avoidable blindness and visual impairment. Vitamin A deficiency remains a major cause of preventable blindness in children.⁷ In 2008 with Phase IV, the implementing model was embedded within a comprehensive eye care strategy aligned with global eye health priorities. This phase focused on improving the capacity of services, as well as direct service provision in both rural and urban areas.

Building on this success, the Bank significantly scaled up its ambition in 2011 with the launch of Phase V and a commitment by Standard Chartered to raise USD100 million for SiB by 2020. This commitment included the USD38 million already raised between 2003 and 2011 plus a stretching target to raise an additional USD62 million by 2020. The Bank reinforced its pledge to match every dollar raised. This additional funding enabled SiB to continue to provide comprehensive eye solutions and to create an Innovation Fund to finance research and cutting-edge solutions to improve eye care provision. Figure 1, summarises the five phases.

Figure 1: The five phases of SiB



* The Bank supported approximately 80 per cent of the surgery costs which provided 28,000 cataract surgeries.

⁷ Gilbert, C .et al. (2003). Childhood blindness in the context of VISION 2020 - The Right to Sight. Bulletin of the World Health Organisation. 2001;79(3): e227-232.

02 PARTNERSHIP MODEL

One of the unique outcomes of SiB is the development of a collaborative partnership model that has evolved alongside the five phases of the programme. From the early stages, it was clear that the Bank would need other organisations and technical experts to help achieve its goals. As SiB grew, the Bank worked with several different partners to extend SiB's reach.

Multi-stakeholder partnership

Initially, SiB had a few different implementing partners, mainly for cataract surgeries. As the programme grew through its initial phases (2003 to 2007), seven organisations became involved with project delivery. This growth, and the introduction of additional partners, created complexity for the team within the Bank tasked with managing the programme.

By 2007, there was a growing desire to support more eye health projects across the Bank's global footprint. To achieve this ambitious goal, Standard Chartered and IAPB came together to create a global-local partnership model that drew upon the diversity of IAPB's members. This partnership became the foundation for the Bank's 2011 commitment to raise USD100 million by 2020 – an approach that was aligned with IAPB and the World Health Organisation's VISION 2020 initiative.*

The partnership with IAPB led to a collaborative tripartite management model that is central to SiB's success. Standard Chartered offers funding and governance expertise, IAPB provides deep knowledge of the sector and the global coordinating mechanism to deliver high quality projects and local implementing partners execute projects in communities across Africa, Asia, the Middle East and South America.

By working with a wide range of organisations through IAPB, this tripartite model replaces the traditional 'one-size fits all' partnership approach. By using a variety of local partners in different countries, SiB is able to promote more locally driven solutions and to reach more geographical locations than one implementing partner could achieve alone. The partnership has worked with 38 different organisations across 37 countries, ranging from large international eye care NGOs to local hospitals (see the appendix for a full list).

Key statistics

38

different organisations across 37 countries supported by SiB

USD 100 million

fundraising target from 2003 to 2020

* Launched in 1999, Vision 2020 is a global initiative to eliminate the main causes of all preventable and treatable blindness by 2020. Last accessed August 2018. <http://www.who.int/blindness/partnerships/vision2020/en/>

Figure 2 - The tripartite model

Fundraising and governance partner



Strategic partner

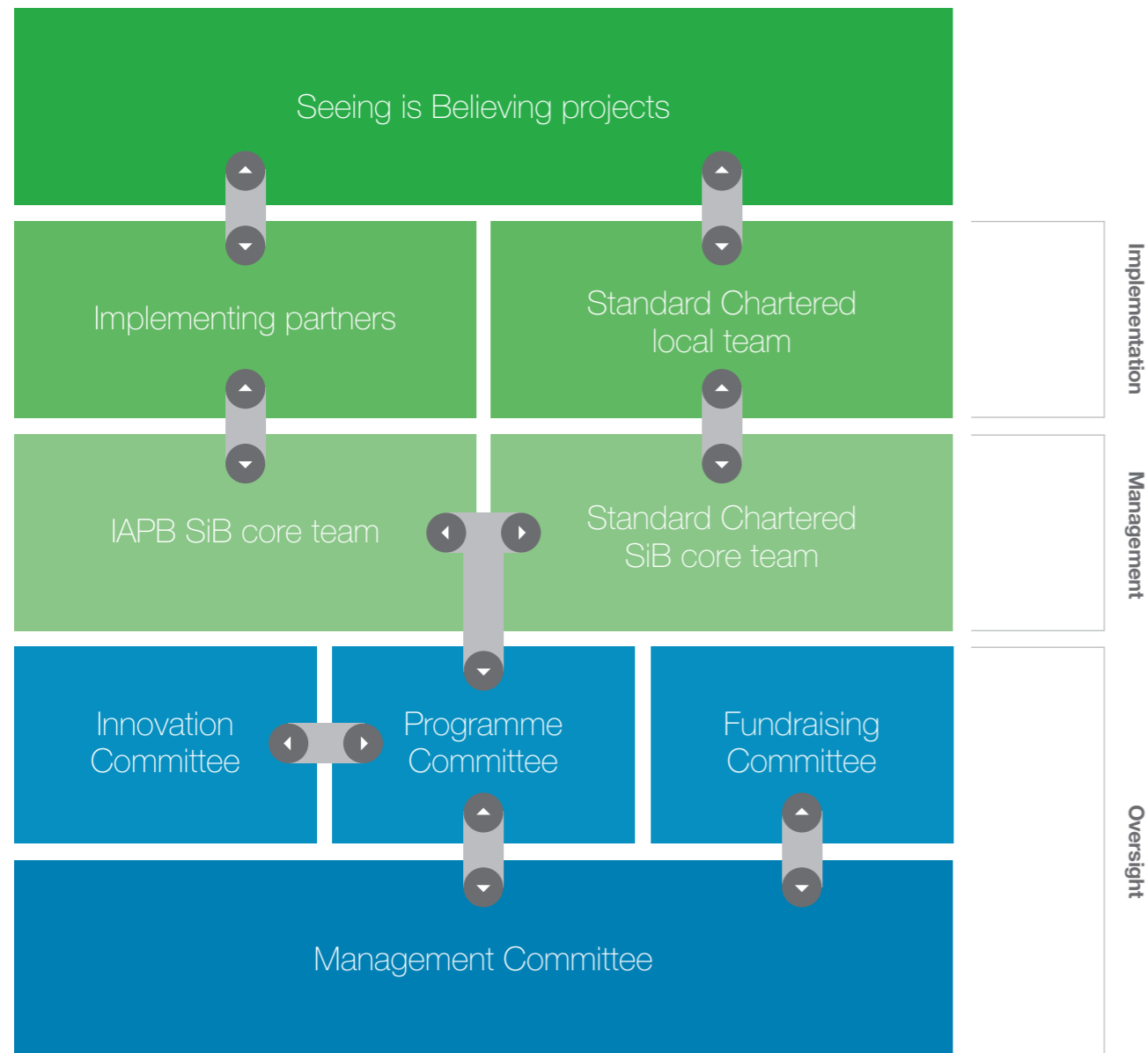


Implementing partners



Including but not limited to the above, see appendix for a full list.

Figure 3 - Governance structure



Governance

To manage the number and geographical spread of partners, SiB developed robust governance structures to promote streamlined decision making and to ensure transparency and accountability. There are four SiB committees whose membership includes a mixture of senior representatives from Standard Chartered and IAPB. Clear roles and responsibilities are set out for all stakeholders involved in SiB from committee members to country champions across the Bank's markets.

Figure 3 shows this broad governance structure and demonstrates the interaction between the partners across the different levels of implementation, management and oversight.

This governance structure allows SiB to fully capitalise on the range of experience, networks, skills and capabilities that each partner brings to the partnership. The input from members of the various committees creates a feedback mechanism where the partnership is constantly reviewing, reflecting and learning. This feedback process enables the continual evolution of the programme.

The governance structure, with its clear defined responsibilities, has meant that the partnership has continued to deliver positive and consistent results despite personnel changes. This is partly due to the clear governance framework that minimises the risk of the programme being dependent upon the leadership of one or two key individuals. The committee structure provides a forum to raise and address challenges collaboratively. Regular meetings between the Bank and IAPB fosters open and honest dialogue that contributes to stronger working relationships. IAPB is in ongoing contact with implementing partners, to review project progress.

“ We improved our way of doing business. The reporting reviews and governance mechanisms taught us skills that we now apply in our other work.”

Implementing partner

Collaboration

SiB provides a platform for eye care specialists to work together. Effective eye care systems require participation from a range of stakeholders across the public sector, private sector and civil society. Historically, collaboration across the international eye health sector has been challenging due to the number of organisations competing for limited financial and human resources. SiB fosters collaboration in many ways, for example, in Phase V, it adopted a 'consortium' approach for five projects bringing implementing partners together to deliver comprehensive child eye care programmes.

In addition, through IAPB, SiB supports a range of webinars, events and workshops to share learnings and best practice. This is valued by implementing partners and helps them to build their expertise and grow their networks. Over the years, the demand from partners for more cross-partner learning and skills development has grown and it can be challenging for the small SiB team at IABP to fulfil this need from local project staff, without significant additional resource.

Long-term commitment

Throughout its evolution, SiB has provided clear, long-term timelines. This multi-year commitment has provided implementing partners with the opportunity to test new programmatic approaches and to refine their implementing models. Building on requirements introduced by the Bank and IAPB, implementing partners have improved processes, increased efficiency and, in many cases, developed sustainable models for the delivery of eye care services.

“ You may not learn enough in a year – you're still just piloting. [Long-term funding] is much more substantial. You can improve and make impact. ”

Senior manager,
Standard Chartered



Partnership model for the Sustainable Development Goals

The Sustainable Development Goals (SDGs), which were launched by the United Nations in 2015, recognise that Partnership for the Goals (SDG 17) is key to achieving sustainable development by 2030. Goal 17 highlights the importance of developing multi-stakeholder partnerships to share knowledge, expertise, technology and financial support.

SiB was formed in 2003, long before the creation of the SDGs. However, the multi-stakeholder partnership model as described in this chapter and implementation model as described in Chapter 4 are both based upon these same principles of effective collaboration. The SiB partnership meets many of the Goal's targets: strengthening resource mobilisation, capacity building and enhancing the use of technology in low- and middle-income countries (see Chapter 4).

It is vital that sustainable development is built on effective collaboration and partnership between the public sector, private sector and civil society so that global issues, such as avoidable blindness and visual impairment, are addressed.

03 RESOURCE MODEL

The basis of SiB's resource model is the commitment by the Bank to raise USD100 million between 2003 and 2020. By making this commitment and demonstrating the value of an investment in eye health, the Bank has mobilised additional financial resources for the sector from its employees and clients, as well as implementing partners, governments and other funders.

Resource model

SiB is primarily supported through the fundraising efforts of the Bank's employees which are combined with matching funds from the Bank. Employees also contribute their time to improve the capacity of implementing partners. SiB incorporates cost-sharing with implementing partners into its funding model to promote longer-term sustainability and to minimise the dependence of implementing partners on one funding source. Over the years, several other organisations, including The Queen Elizabeth Diamond Jubilee Trust, began to focus on avoidable blindness and visual impairment. This opened up new opportunities to leverage broader support for the cause.

Through matching the USD50 million raised by employees and an additional donation of USD15 million, the Bank has donated a total of USD65 million to avoidable blindness and visual impairment since 2003. From these donations, the Bank has helped mobilise an additional USD93 million from other sources, bringing the total amount for the eye health sector to USD158 million (Figure 4). The rest of this chapter explains in more detail the resource mobilisation model. This is a powerful example of how corporations can multiply their impact by showing leadership on an issue and then encouraging their employees and external stakeholders to join them.

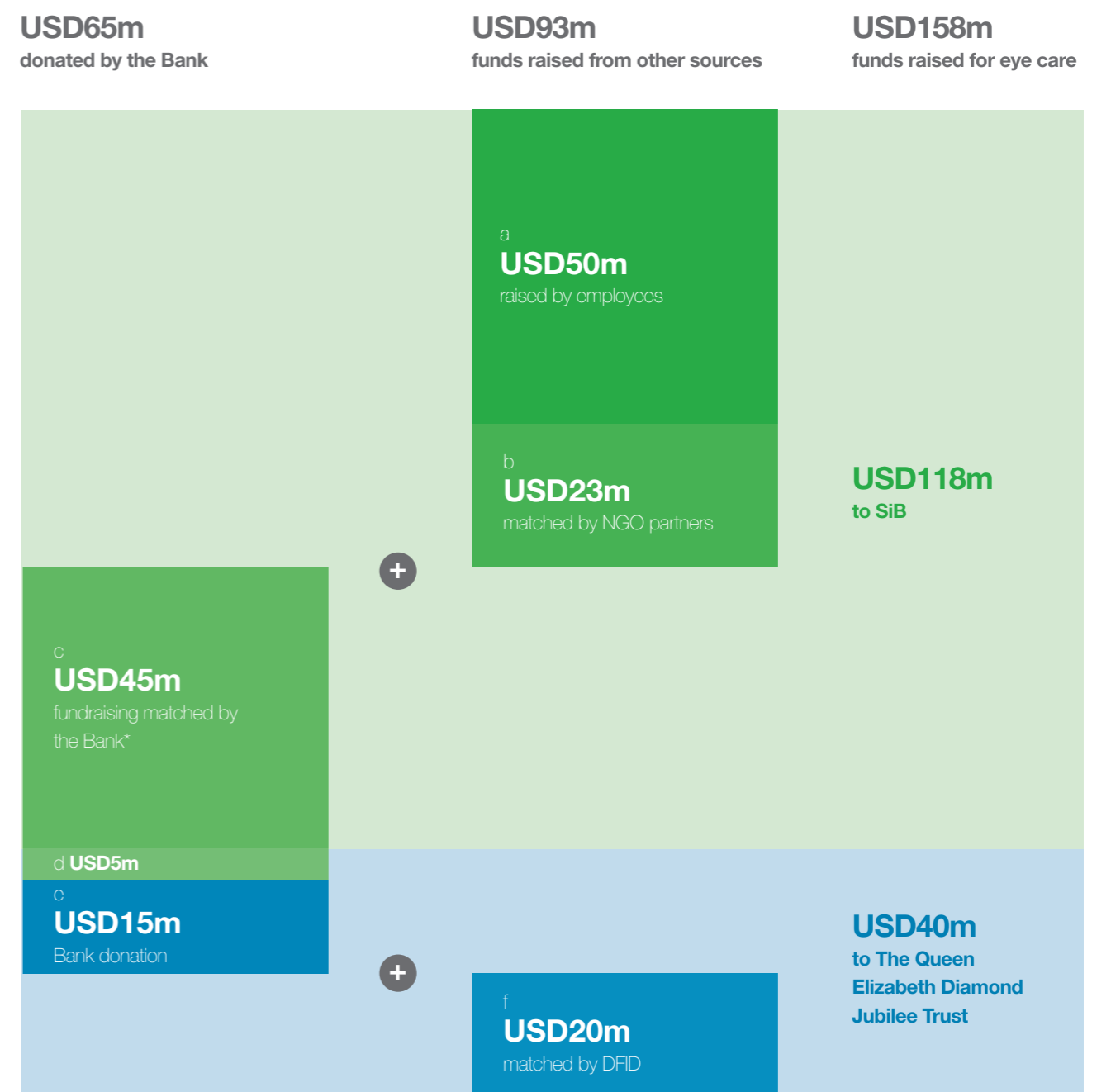
Employee fundraising and Bank matching

Standard Chartered employees are fundamental to the success of SiB. Employees raised USD50 million for SiB between 2003 and June 2018* (Figure 4-a) and have volunteered their time to help build the capacity of implementing partners and support efforts such as vision screening across the Bank's markets. Since 2003, the Bank has matched every dollar raised for SiB (Figure 4-c+d). A breakdown of funds raised over time is included in the appendix.

“ People in the Bank feel very strongly about Seeing is Believing. The sense of pride is very strong. The partnership shows that we have a heart and a soul, that we are a human bank. ”

Senior manager, Standard Chartered

Figure 4: SiB and eye care financial resource mobilisation



* The Bank will match all funds raised for SiB in 2018, including any funds raised over USD100 million.

* USD50 million Bank-matched funds, USD45 million was donated to SiB, USD5 million donated to The Queen Elizabeth Diamond Jubilee Trust.

SiB is a cause that unifies and engages employees across the Bank's markets. They have joined together to raise funds through seven main channels:

Bank sponsored running events: The Bank has sponsored 10 marathons and running events through an initiative called Run for a Reason. This includes the Nairobi marathon, Hong Kong marathon and the Great City Race in London. Funds for SiB are raised through registration fees and employee fundraising.

General donations: Bank employees organise a variety of fundraising initiatives that range from Retail Banking initiatives to such as allowing clients to donate credit card points to SiB to small employee-driven fundraisers such as bake sales, car washes and quiz nights.

Financial fee donations: On one day each year, the Bank's external brokerage partners are invited to donate their fees for the day to SiB during the annual Broker Day event.

Payroll giving: Employees have the option to donate to SiB through a one-off payroll deduction in the annual One Hour campaign.

Cycling and sporting events: In addition to the running events, employees raise funds through the Ride for Sight series of cycling events and other sporting events.

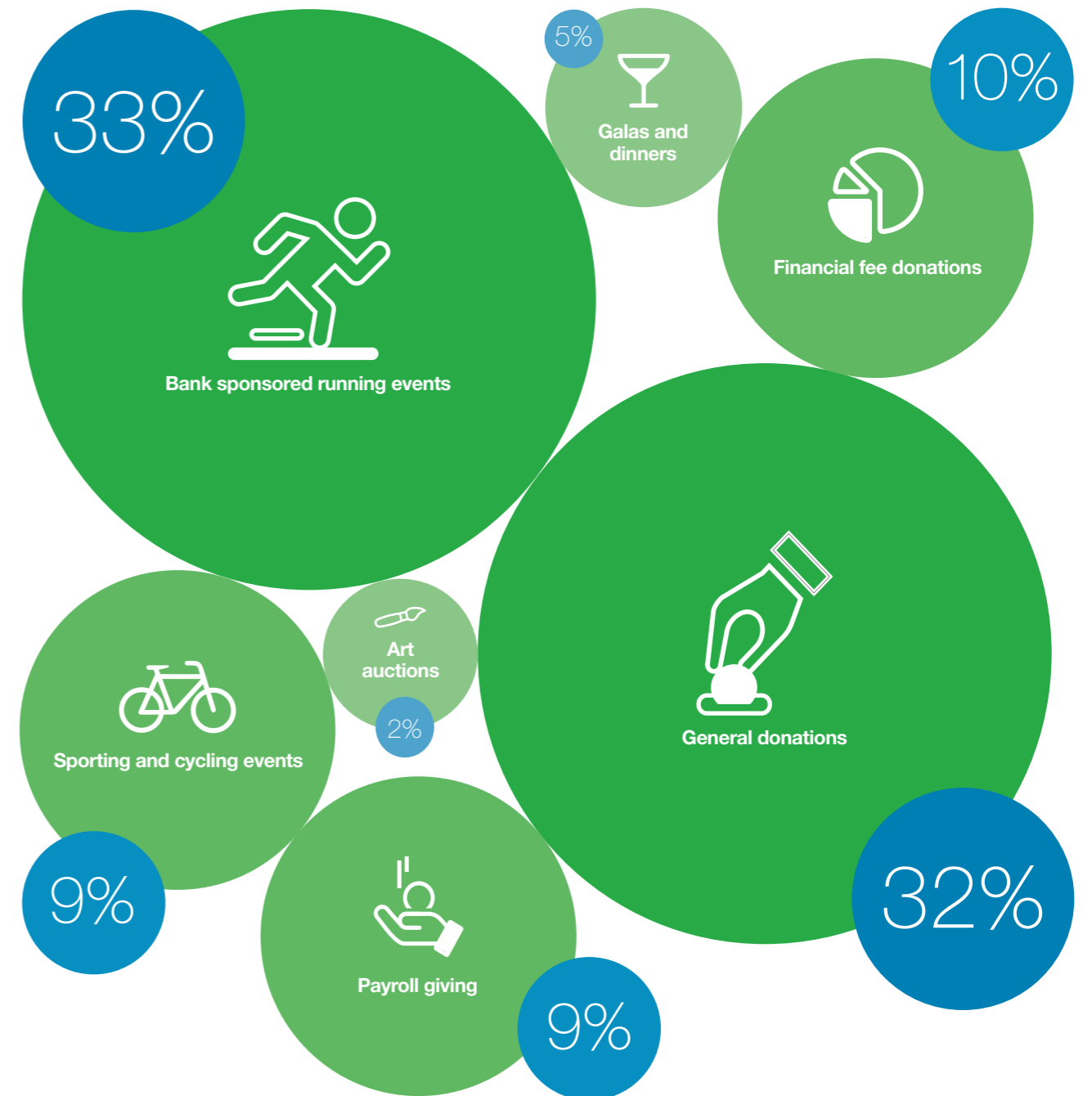
Galas and dinners: The Bank organises several large external events including dinners and galas across the Bank's network to raise money for SiB.

Art auctions: Art auctions hosted by the Private Bank and Retail Banking for clients as well as internal art auctions for employees.

Figure 5 summarises the main fundraising categories from 2013 to 2017. The Bank's commitment to match every dollar raised encourages employees to contribute to SiB and has helped maintain momentum over the years. Employees have developed creative ways to keep engagement levels high such as promoting twinning projects where funds raised in some of the Bank's higher-income markets are associated with the delivery of specific projects in low- and middle-income markets.

There is also significant engagement and support from the Bank's senior management. This includes the Management Team and country-level Chief Executive Officers who are actively involved in fundraising and awareness-raising initiatives.

Figure 5: Fundraising activities 2013-2017



Key statistics

USD 50 million 1/3

raised via fundraising between 2003 and 2018

of fundraising income is from Bank sponsored running events

Employee volunteering

The Bank's employees dedicated more than 50,000 volunteering days between 2013 and 2017 towards improving eye care and helping those with blindness and visual impairment. Employees can choose how they use their volunteering days and many are closely involved in SiB and are passionate about the cause. They share their skills by raising funds, serving as country SiB champions, working with implementing partners on operational efficiency, participating in local vision screening including and supporting individuals with visual impairment.

In China and India, Bank employees have recorded audio books so that visually impaired individuals can access literature. In Taiwan, South Korea and Uganda, employees provide financial literacy training to individuals with poor eye health. In some countries, such as India and Zimbabwe, employees train implementing partners on financial management and operational efficiency.

“The employees from the Bank have a lot of experience in creating business models. We received many inputs from the Bank in designing the strategy of our projects. They delivered critical insights on making our projects economically sustainable.”

Implementing partner

Implementing NGO partners

From the beginning of SiB, the Bank has integrated financial sustainability into the funding model to promote local ownership of projects and minimise the dependency of implementing partners on a single source of funding. Projects that fall under the comprehensive eye care or child comprehensive eye care categories (see Chapter 4) are subject to an 80:20 rule. Implementing partners are required to match 20 per cent of the project cost with SiB funding the remaining 80 per cent.

As a result, implementing partners have raised an additional USD23 million funds to deliver projects supported by SiB (Figure 4-b). Implementing partners have raised these funds by developing self-sustaining business models and securing resources from additional funders.

The costs for designing, establishing and running a new project can be high so often funders would rather contribute to an established programme. By being part of SiB, implementing partners can approach potential funders with a more attractive and effective way for them to allocate their funding.



The Bank's employees dedicated more than 50,000 volunteering days between 2013 and 2017 towards improving eye care and helping those with blindness and visual impairment.



The Queen Elizabeth Diamond Jubilee Trust

In addition to the projects within Seeing is Believing, the Bank has donated additional funds for eye care. Established in 2012, The Queen Elizabeth Diamond Jubilee Trust is focused on eliminating avoidable blindness and empowering a new generation of leaders across the Commonwealth.*

SiB's accomplishments provided strong evidence for the Trust that investing in avoidable blindness would create significant impact. The Bank donated USD20 million to the Trust to further its work to eliminate avoidable blindness. This includes USD5 million (Figure 4-d) taken from the core SiB USD100 million commitment and an additional USD15 million as an additional donation from the Bank (Figure 4-e). Following the Bank's donation, the Trust secured matching funds of USD20 million from the UK Department for International Development (DFID) (Figure 4-f).

Key statistics

Seeing is Believing's support of The Queen Elizabeth Diamond Jubilee Trust has contributed towards:

20 million

doses of antibiotics distributed for trachoma

7,000

premature babies screened for signs of avoidable blindness

Image courtesy of Ashley Gilbertson.

* See The Queen Elizabeth Diamond Jubilee Trust website for more information. Last accessed August 2018. <http://www.jubileetribute.org>

04

IMPLEMENTATION MODEL

There are four different project types in SiB's implementation model: comprehensive eye care, comprehensive child eye care, Innovation Fund and Locally Developed Projects.

Implementation model

Initially, the delivery model focused on working with a small number of NGOs to deliver cataract operations. As SiB's ambition grew, the delivery model evolved to support comprehensive eye care projects and to incorporate more innovative and locally-developed solutions into project design. As a result, implementing partners could actively incorporate learnings to overcome the barriers to service delivery that excluded beneficiary groups such as children and women.

The USD100 million raised through SiB is allocated based upon four project types: comprehensive eye care, comprehensive child eye care, Innovation Fund and Locally Developed Projects (LDPs). These project types evolved over the 15 years based upon feedback from SiB partners and best practice in eye health and public health.

Figure 6: SiB project types ▶

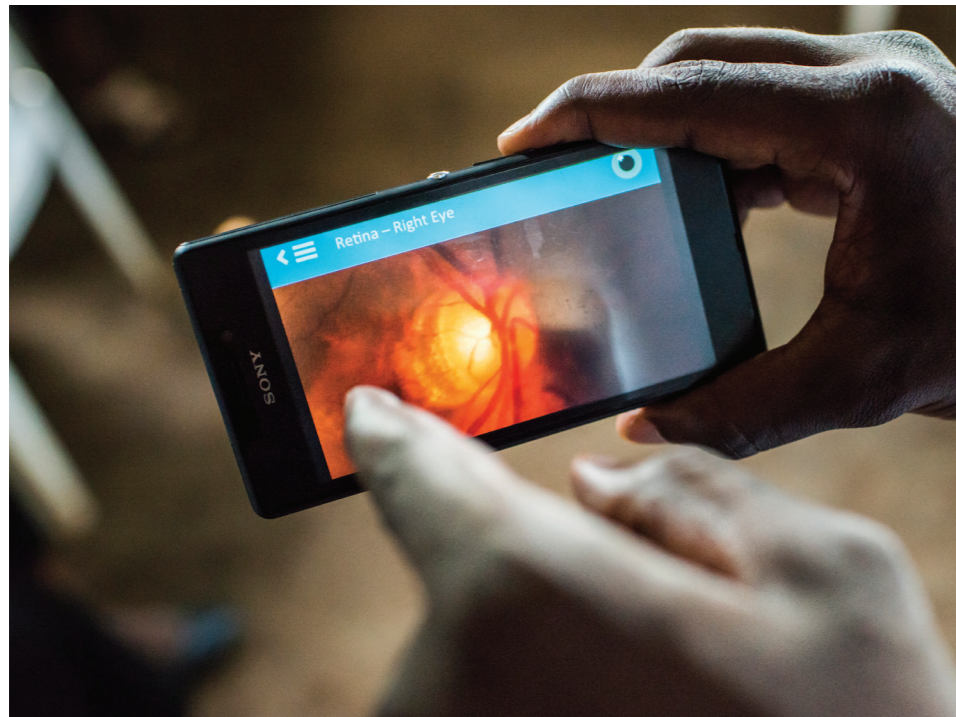


Image courtesy of Joan Banaddeh/Rexus

Innovation Fund

Funding new and innovative projects and technology.
Project length 12 to 18 months.

31 **4%**
projects of funds



Comprehensive eye care

Strengthening eye care systems.
Project length typically 3 years.

122 **62%**
projects of funds



Locally Developed Projects

Delivering small locally-specific projects.
Project length 6 to 12 months.

54 **4%**
projects of funds

Child comprehensive eye care

Strengthening eye care systems specifically for children.
Project length typically 5 years.

5 **25%**
projects of funds

Comprehensive eye care

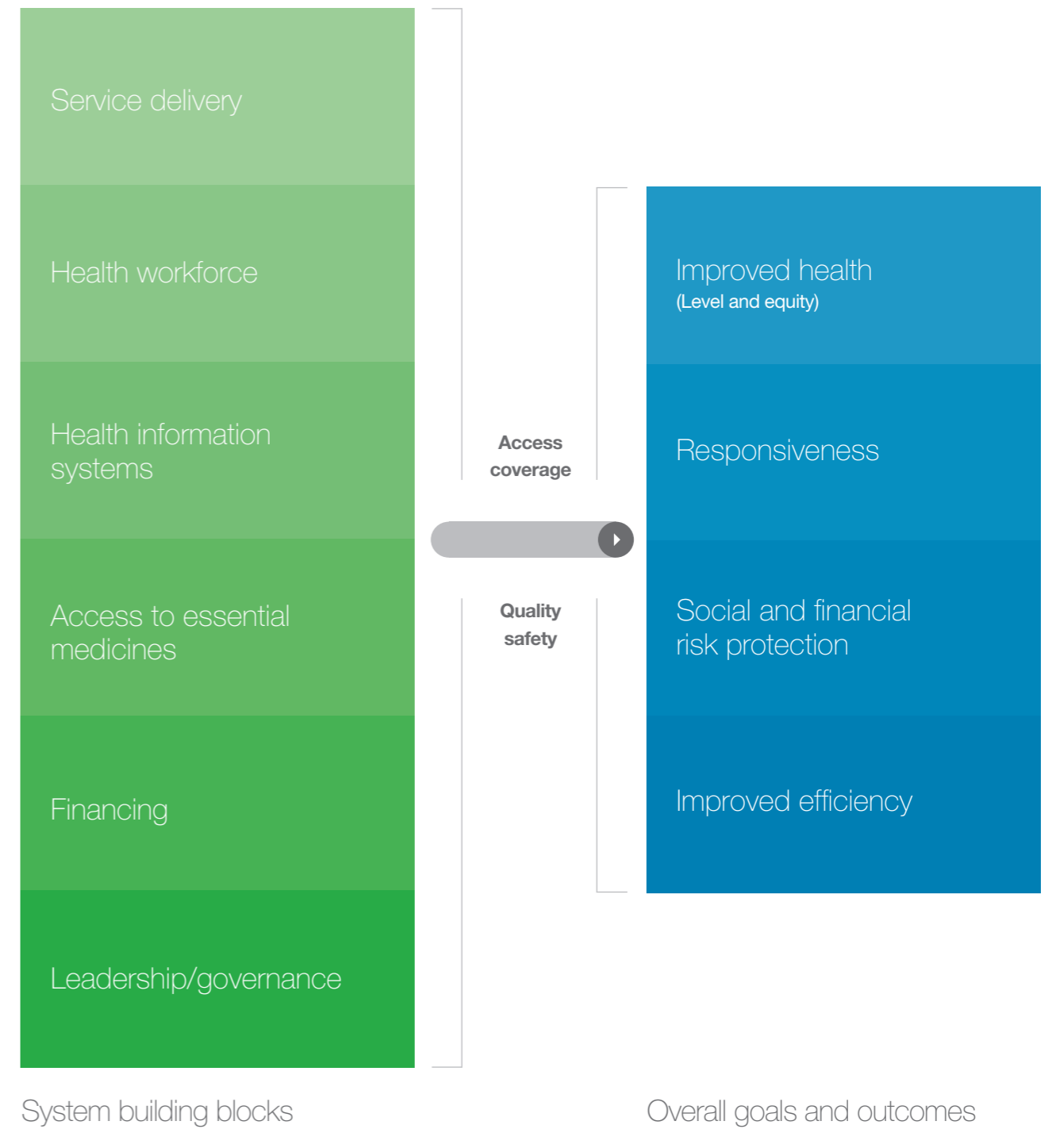
As SiB evolved, it moved away from solely funding individual interventions to strengthening the eye care system. This systems approach is vital to addressing the barriers that prevent equitable access to eye health services across communities. It also supports the future sustainability of services. Today, 62 per cent of SiB funding is allocated to comprehensive eye care.

SiB's delivery model is based upon the Health Systems Framework developed by the World Health Organisation (WHO) and WHO's Global Action Plan on Eye Health. The WHO Health Systems Framework sets out six building blocks that need to be addressed to contribute to the strengthening of health systems (see Figure 7). All SiB projects are developed in collaboration with local government ministries and are aligned with national VISION 2020 eye health plans.

SiB incorporates all six of these components into project design and delivery to support the development of holistic eye care support systems. As eye care systems vary across and within regions and countries, different projects require different focus areas to ensure future sustainability of quality services.



Figure 7 - WHO Health Systems Framework



Governance

Through local implementing partners, SiB engages with local and national governments to promote the inclusion of eye health in national health plans and the development of policies that support eye health. It also facilitates linkages across government departments such as Ministries of Health and Education to promote integrated delivery of services and comprehensive care for children.

In Vietnam, SiB improved policy coordination between the education and health sectors resulting in the national adoption of school eye health guidelines by the Ministry of Health and Ministry of Education and Training. This was a significant achievement in setting up a policy framework to ensure that quality eye care services are available for school children across Vietnam.

Healthcare financing

SiB supports the integration of eye care services into National Health Insurance Schemes (NHIS) and works with non-profit hospitals and vision centres to provide services to people with lower income through cross-subsidisation models.

In Ghana, SiB supported the establishment of NHIS eye care services by supplying district hospitals with basic ophthalmic drugs and consumables. The hospitals established revolving funds so that the NHIS revenue received is invested back into the eye clinic to ensure continued availability of drugs and consumables. This model ensures that eye care services are financially sustainable.

Case study:

Creating financially sustainable eye care services in rural India



Sundarbans is an area of 106 small remote islands in the far south of West Bengal, India, where tidal rivers and estuaries make transport difficult. It is also an area of extreme poverty, which exacerbates health access challenges.

In partnership with Sightsavers, SiB has established 17 vision centres each run by a SiB-trained community health worker and vision technician. The community health workers lead door-to-door awareness raising, and run outreach camps and school screenings to help identify community members with eye-related conditions. The vision technicians screen the individuals and can prescribe spectacles, if needed. Any more serious conditions, such as cataracts, are referred to local hospitals. The health worker maintains contact with the patient throughout the process and offers counselling, particularly to those who have not visited health facilities before.

The vision centres are designed to be financially sustainable by charging a range of modest fees for glasses and sunglasses and through receiving small referral fees from hospitals. Each centre has a business plan outlining the minimum number of spectacles it needs to sell each day to meet its monthly expenses. As of May 2018, ten of the vision clinics were recovering their costs while a further five centres were more than 80 per cent sustainable.

The aim of the project is to create appropriate and sustainable eye health outreach services to serve the needs of the communities in Sundarbans long after the SiB project has ended.

Health workforce

Key statistics

1,950

ophthalmologists and optometrists trained

2,325

eye clinics equipped with Health Management Information Systems

Training is integrated across SiB projects to support skills development at all levels within the workforce. This includes providing specialised training to more than 1,950 ophthalmologists and optometrists and 19,318 mid-level staff such as ophthalmic nurses. SiB has trained more than 297,560 community members to provide vision screening and referral services. In some countries, SiB partners are developing national training guidelines to support the delivery of human resources for eye health.

In India, training is a key part of many SiB projects. The Strengthening Capacity and Learning to Effectively Deliver Quality Eye Care (SCALE) project identified more than 50 hospitals with low cataract surgery rates (CSR). The implementing partner established a mentoring system where ophthalmologists, ophthalmic nurses, hospital managers and vision technicians from hospitals with low CSR (mentee hospitals) received mentoring support, such as exposure visits and shared learning opportunities, from hospitals with high CSR. Over a six-month period, across the group of mentee hospitals, CSR increased by more than 35 per cent.

Technology

SiB integrates technology into projects to expand service delivery and improve patient tracking and referral processes. Across 37 countries, 2,325 eye clinics are fully equipped and functional with Health Management Information Systems (HMIS), which promote improved patient referral and tracking. These systems improve the efficiency and increase the utilisation of clinics enabling them to provide higher-quality care to more patients. In many cases, this results in increased income for the clinics and leads to greater recognition of the value of eye care units within hospitals.

In China, SiB supported nine county hospitals by providing equipment and consumables, introducing a HMIS for community referrals and establishing a surgery tracking system to monitor service quality. These interventions, combined with staff training, resulted in improved service quality and delivery. Outpatient and surgery numbers doubled or tripled in county hospitals and the income of eye departments increased tenfold. The initial investment by SiB raised the profile of the eye health departments and served as a catalyst for more investment by the hospitals in eye health.



Case study:

Training eye health specialists to address unmet needs for children in Indonesia

Surabaya, Indonesia has a population of 5.6 million people, yet in 2010, this area had no paediatric ophthalmology specialists.

Originally from Surabaya, Dr Niken was a newly-trained ophthalmologist living in the capital Jakarta when she came across the opportunity to work with Helen Keller International (HKI) and SiB. After relocating back to her hometown, Dr Niken has trained and specialised in paediatric ophthalmology with the support of HKI and SiB.

She now runs the HKI and SiB funded children's eye clinic in Surabaya bringing much needed skills and knowledge to the area. She can diagnose and treat a wide range of child eye health problems. She is also active in promoting eye health in communities, on television, radio and in meetings with the government.

“It's great to hear the laughter of children after their treatment because they can see so well now. This makes me love my profession as a paediatric ophthalmologist, especially to serve the children from poor families. That's what my hands are for!”



SiB supports knowledge, attitude and practice studies to understand the barriers to people accessing services.

Information and research

SiB supports research that improves the delivery of eye health services. This includes general research studies, Rapid Assessments of Avoidable Blindness (RAABs) and general prevalence research studies to understand the prevalence and causes of blindness. SiB supports knowledge, attitude and practice studies to understand the barriers to people accessing services. Findings from this research is incorporated into policy development and project delivery.

In Zimbabwe, SiB funded the first RAAB in the country. The findings indicated a much higher prevalence of blindness among the over 50-year olds in the province at 3.1 per cent compared to the previous estimate of 1.0 per cent. This raised awareness of the need for more accurate planning and increased resources for the eye care sector. Improved prevalence information led to a review of purchasing practices and changes to hospital surgery pricing structures.

Service delivery

SiB focuses on improving the quality of eye care at all levels within a health system. Projects have strengthened patient referral systems from the community level to the primary, secondary and tertiary levels, and increased the number of patients who can access quality eye care services at the correct level of the health system. SiB has extended specialised eye care services such as child eye health and diabetic retinopathy services to underserved areas.

In Zambia, SiB enhanced eye services at both the secondary and primary levels of the health system. At the secondary level, this includes training ophthalmic nurses and providing equipment and consumables for district hospitals. At the primary level, SiB trained community health workers and strengthened patient referral from the community level up to the district hospitals. This has increased the number of patients, including women, who are accessing quality eye care services at the correct level of the health system.

Key statistic

SiB research in Zimbabwe found the prevalence of blindness in the over 50s was

x3 higher

than initially estimated, which raised awareness of the need for increased resources

Comprehensive child eye care

In Phase V, SiB established a USD25 million fund to focus specifically on child eye health. Globally, an estimated 19 million children are visually impaired. Eye health is important for children's cognitive and behavioural development. Less than 10 per cent of all blind children in low- and middle-income countries access education.⁷

More than 25 per cent of SiB funding is allocated to five comprehensive eye care projects focused on childhood blindness in seven countries (China, India, Indonesia, Kenya, Nigeria, Tanzania and Uganda).

In China, the Child Eye Health project created a relationship between the Provincial Bureau of Health, Provincial Bureau of Education and Provincial Disabled Person's Federation so that all the key organisations supporting children could work together to provide comprehensive quality eye health services.

The East Africa Child Eye Health project brought together 15 different organisations across Kenya, Tanzania and Uganda and reached 20.9 million children across the region through the provision of eye health services and awareness raising. One of the key achievements of the East Africa Child Eye Health project was a commitment from the Kenyan Ministry of Education and the Ministry of Health to collaborate and incorporate eye health within the broader school health policy.

Providing eye health services for children is more complex than for adults. Children must be treated by paediatric specialists (optometrists, ophthalmologists and anaesthetists) at tertiary hospitals. In communities, there are fewer health workers trained in child eye health and fewer child-friendly ophthalmic clinics resulting in low referral rates and uptake. The distance and cost of traveling to tertiary hospitals often means that referral, diagnosis and treatment is delayed for children. To address these challenges, SiB focuses on delivering projects that promote the prevention of childhood blindness at the national level.

Case study:

Preventing problems through early screening for children

Yangyang has always been an active, but cautious boy. He showed hesitation in running, walked carefully upstairs and did not like being in poorly-lit places.

When Yangyang was five he was diagnosed with amblyopia, a form of refractive error that can lead to blindness if not treated. Since his diagnosis, he has been spending two to three hours daily on his vision rehabilitation training with healthcare staff from the SiB project. Although he will have to continue this for the next two years, his sight has already improved.

“ I see things clearly now. I will see the world better! ”

Yangyang's problem could have been diagnosed and improved at very early stage with a simple eye check. Refractive error in children can be detected early if screened by a teacher or a primary health worker in school. Early treatment, such as provision of a pair of corrective glasses, can save children from developing severe and potentially-irreversible visual impairment.

The SiB project, delivered in collaboration with The Fred Hollows Foundation, is creating eye screening services for school children in four cities in Inner Mongolia. Through regular free eye checks and eye health education training, children's visual impairment can be detected, prevented and treated early, helping to increase their educational and cognitive development.



Innovation Fund

The SiB Innovation Fund was established in 2013 to promote sustainable solutions for eye health issues. In setting up the fund, SiB recognised that innovative thinking is often needed to provide vital eye health services in resource-constrained environments. To this end, the Innovation Fund supports pioneering ideas that have the potential to significantly advance the way eye health is delivered.

As of June 2018, the Fund has invested USD4.3 million in 23 projects including: developing smartphone technology to enable eye screening in remote locations in Kenya and India; setting up high-quality online training on diabetic retinopathy laser treatment in Africa and Asia; and manufacturing realistic eye models to enable surgical training in Tanzania.

Case study:

Harnessing mobile technology to deliver screening solutions in rural Kenya

Faced with the logistical headaches of getting bulky, expensive and fragile eye care equipment to remote locations in Kenya, a team of researchers and scientists, led by Dr Andrew Bastawrous, began to look for an easier way to carry out eye examinations in remote communities.

More people in Kenya have access to a mobile phone than they do clean running water. The team decided to harness this technology to develop Peek, a smartphone-based eye health system which enables users to carry out accurate vision checks and refer people for further treatment. Using a low-cost clip attached to a mobile phone, it is possible to take retinal images of the eye, rivalling images from cameras that cost thousands of dollars. The app is so simple that it can be used by community health workers in remote villages and by teachers in the classroom.

SiB's Innovation Fund has funded several projects with Peek including early development and trials of the app through screening school children in Kenya and India, as well as developing a low-cost camera device that can diagnose retinopathy of prematurity in infants. The project is truly collaborative involving The Queen Elizabeth Diamond Jubilee Trust and London School of Hygiene and Tropical Medicine, among others.

As of June 2018, the Fund has invested USD4.3 million in 23 million projects



Locally Developed Projects

Locally Developed Projects (LDPs) provide a mechanism for Standard Chartered's country offices and local implementing partners to design smaller projects that address local community needs. In some higher-income countries where the Bank operates, there is less of a need for SiB funding for comprehensive eye care solutions as local healthcare systems are already providing these services. However, there are often other areas that need addressing such as training on eye health or supporting visually impaired individuals. More than 4 per cent of SiB funding is allocated to LDPs.

Case study:

Helping visually impaired people find new employment opportunities

In Taiwan, the unemployment rate of visually impaired people is two to three times higher than the national average. Opportunities are limited, with visually impaired people often restricted to a small range of manual, stationary jobs such as a masseuse.

In 2013, SiB and three Taiwanese-based NGOs created a Visually Impaired Employment Platform to help visually impaired people realise their career aspirations through workplace skills development. The project also set up a corporate network to work with companies to demonstrate the importance and value of hiring people with disabilities and to create more opportunities. Since it was set up five years ago, the platform has helped 407 visually impaired people to find and retain employment with a 78 per cent success rate.

The platform was instrumental in helping Yi-Hsuan, who lost her eyesight at 28, to retrain and return to the workforce after four years out of work. After initially shedding tears of frustration in her first computer lesson, Yi-Hsuan now has a job as a telecom operator. She has regained her confidence and is taking further computer lessons to fulfil her ambition to become a computer teacher.

In 2017, the project was recognised as an Innovative Practice at the Zero Project Awards. In Taiwan, where eye healthcare is very accessible, this project has allowed the funds raised by SiB through the Taipei Standard Chartered Marathon to improve the employability and economic empowerment of visually impaired people.

Since it was set up five years ago, the Visually Impaired Employment Platform in Taiwan has helped 407 visually impaired people to find and retain employment with a 78 per cent success rate.

05 MEASUREMENT FRAMEWORK

SiB is tackling a wide range of avoidable blindness and visual impairment issues across 37 countries. When the partnership was first established and primarily focused on providing cataract surgeries, the Bank, IAPB and implementing partners developed a reporting framework for project output data at the country level. This required implementing partners to provide quarterly or bi-annual reports showing progress against agreed objectives and output targets.

Monitoring and Evaluation

As the programme evolved, more detailed methods were developed to gather and estimate project output data such as the number of cataract surgeries performed, healthcare workers trained and vision screenings conducted. This information is reported by implementing partners and collected by IAPB bi-annually, IAPB also conducts regular visits to monitor projects. To establish consistency and avoid double counting, this output data is compiled and analysed across 24 categories within a Monitoring and Evaluation framework. This ensures that the projects are delivered in line with the overarching strategy. The appendix provides a breakdown of SiB output data by country.

While detailed project output data is available, SiB did not develop a global impact framework to measure the social and economic impact of its interventions or to measure how it has contributed to the reduction in the prevalence of visual impairment. SiB grew organically, with much of the focus on encouraging fundraising and ensuring robust project delivery. Over time, it became increasingly costly and complex to develop an effective global monitoring and evaluation framework retrospectively.

With the expansion of comprehensive eye health projects, SiB funded more research projects and baseline surveys as explained in Chapter 5. This information provides valuable insights for improving local project delivery and for promoting alignment with Vision 2020 at the country level, but given the diversity of projects it does not provide sufficient information for quantifying SiB regional or global impact.

The partnership also focuses on strong financial management of SiB funds. IAPB, as the lead NGO partner, undertakes an annual independent external audit of SiB finances. Since 2012, IAPB's auditors have also independently reviewed how funds are raised. The findings from the audits are reviewed by the SiB Management Committee. Standard Chartered, IAPB and the implementing partners work together to address any issues identified.

Economic impact

By restoring sight, testing and preventing eye disease and raising awareness of eye health, SiB has transformed millions of lives around the world. SiB's interventions allow people to return to work, continue their education and regain their independence. Restoring sight also reduces the social and economic burden on caregivers within families and communities.

Research estimates that the economic cost of lost productivity from avoidable blindness is USD517 billion in low- and middle-income countries. Some estimates state that every USD1 invested in eliminating avoidable blindness generates on average USD4 of economic gain in emerging economies.⁸

According to the Vision Loss Expert Group, the global prevalence of visual impairment has dropped from 4.58 per cent in 1990 to 3.38 per cent in 2015. This means that in 2015 a total of 90 million fewer people than expected were experiencing visual impairment or blindness (given natural population growth).⁹

Given the limitations of SiB's impact measurement framework and the global context of changing healthcare demographics, it is challenging to provide a detailed quantitative analysis of how SiB has contributed to increased economic productivity or supported the global reduction in avoidable blindness. However, by analysing SiB's output data alongside research on economic productivity and prevalence rates, and by overlaying this information with qualitative case studies that profile SiB's beneficiaries, it is clear that SiB has transformed lives, boosted economies and strengthened communities over the past 15 years.

8. Price Waterhouse Coopers and The Fred Hollows Foundation. (2012). *Investing in Vision. The cost & benefits of ending avoidable blindness*. Last assessed August 2018 <https://www.hollows.org/getattachment/au/What-We-Do/Ending-Avoidable-blindness/Research/PwC-Investing-in-Vision.pdf.aspx>

9. Vision Atlas, Vision Loss Expert Group. Last accessed August 2018 <http://atlas.iapb.org/>



Case study:

A Kenyan tailor is able to return to work thanks to Seeing is Believing

Simon, a 67-year-old grandfather from Trans Nzoia County, Kenya, was able to return to his business as a tailor after Seeing is Believing and Operation Eyesight International supported the treatment of his cataracts.

“ I will be able to provide for my family again and my child who has been taking care of me can go back to school. ”

06 LESSONS LEARNED

The ability of the SiB partnership to adapt and evolve in response to opportunities and challenges is critical to its longevity and success. Over the years, the teams at Standard Chartered, IAPB and the implementing partners have engaged, debated and collaborated on issues and opportunities to ensure that the partnership stayed focused on its core objectives of eliminating avoidable blindness and visual impairment.

Lessons learned

The 10 key lessons from the partnership over the past 15 years are summarised below:

01

Unite around a clear challenge

SiB focuses on a very clear and compelling issue. All partners are unified in their commitment to tackle avoidable blindness and visual impairment and those raising funds can relate to the issue.

02

Connect to a global framework

Linking SiB's stretch target of raising USD100 million to IAPB and WHO's VISION 2020 provided a framework for action and elevated SiB's ambition beyond a small private sector NGO partnership.

03

Draw upon the unique skills of each partner

The partnership utilises the unique skills of each partner in the tripartite management model. When these collective skills are harnessed, the partnership delivers the best results.

04

Define a clear governance model

Strong governance is a key part of SiB's success, but it is also one of the challenges as decisions can be delayed until committee meetings and there is significant administration work.

05

Invest for the long term

A clear timeline whether it is 5, 10 or 15 years helps implementing partners manage their resources and test new ideas to deliver high-quality, innovative projects.

Incentivise employee engagement

In corporate and NGO partnerships, employee engagement is important for continued corporate support over the long term. By providing matching funds and volunteering opportunities, the Bank, IAPB and the implementing partners maintained strong interest from the Bank's employees.

Leverage financial resources

Given the scale of global issues, one funder or investor cannot solve the challenge alone. The SiB partnership shows how investment from one partner can help mobilise other funders.

Create a localised delivery model

The global-local delivery model ensures strong oversight while providing a mechanism for working with the most qualified local implementing partners.

Incorporate and share learnings

By actively incorporating research and learning into project delivery, SiB continues to evolve and extend its reach. However, it also creates further demand as implementing partners request for more knowledge-sharing across the network can be difficult to deliver on a regular basis.

Develop a global impact framework

It can be challenging to allocate the resources needed for impact measurement. However, this rigour is important if corporate funders want to move beyond individual project outputs to measuring the wider social and economic impact of partnerships.

06

07

08

09

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07 CONCLUSION

Over the past 15 years, SiB has supported the development of more sustainable eye care systems that have extended quality eye health services to millions of people in low- and middle-income countries.

Conclusion

SiB has surpassed the initial vision of the Bank's employees who wanted to provide 28,000 sight restoration surgeries. It has evolved into a ground-breaking corporate and NGO partnership that demonstrates how, through an ambitious goal and collaborative action, a diverse range of stakeholders can come together and make a difference.

With the funds raised from the USD100 million target, Standard Chartered, IAPB and the implementing partners remain focused on delivering SiB projects through 2020. During this period, the partners will build on the data shared in this report and explore if there are additional ways to analyse this information to further measure the impact of the partnership.

Standard Chartered is committed to build on SiB's legacy beyond 2020. That is why in March 2018, the Bank joined The Queen Elizabeth Diamond Jubilee Trust and other leading eye health organisations, including IAPB, to mobilise support for the design and development of the proposed Vision Catalyst Fund (VCF).

The VCF is a multi-stakeholder initiative to establish a USD1 billion fund to bring eye care to all. The ambition is to launch the VCF from 2020. The VCF has the potential to significantly scale up the resources available to the eye health sector globally.

It is an exciting time for the eye health sector as a diverse range of stakeholders are working together to raise awareness and mobilise resources. The SiB partnership has helped build this momentum and has clearly demonstrated how much can be achieved when the public sector, private sector and civil society share their skills, expertise and resources to tackle a global challenge, demonstrating a strong model for SDG 17, Partnership for the Goals.

Through this we hope that millions more can be supported to live a life free from avoidable blindness and visual impairment.



Through an ambitious goal and collaborative action, a diverse range of stakeholders can come together and make a difference.

Appendix 1:

Seeing is Believing (SiB) implementing partners across all project types, in alphabetical order.

This list contains the main implementing partners for the SiB projects. This list is not exhaustive and does not include all smaller, consortium and secondary implementing partners.

1	Africa Eye Foundation	20	Operation Eyesight Universal
2	Aravind Eye Care System, LAICO	21	Orbis International
3	Brien Holden Vision Institute	22	Prevention of Blindness Union
4	Cambridge Global Health Partnerships	23	Peek Vision Foundation
5	CBM	24	Perkins
6	The Centre for Sustainable Healthcare	25	The Queen Elizabeth Diamond Jubilee Trust
7	DAISY Consortium	26	The Royal Society for the Blind/ World Blind Union
8	Ellex Medical Pty Ltd	27	Seva Foundation
9	Friendship Bangladesh	28	Dr. Shroff's Charity Eye Hospital
10	Fred Hollows Foundation	29	Shreshtha Netra Chikitsalaya
11	Gloucestershire Hospitals NHS Foundation Trust	30	SightLife
12	Helen Keller International	31	Sightsavers
13	International Centre for Eye Health	32	The South African National Council for the Blind (SANCB)
14	Ispahani Islamia Eye Institute and Hospital	33	Tilganga Institute of Ophthalmology
15	Johns Hopkins University	34	Uganda National Association of the Blind
16	The Layton Rahmatulla Benevolent Trust	35	University of North Carolina
17	London School of Hygiene & Tropical Medicine	36	Venu Eye Institute
18	L. V. Prasad Eye Institute	37	Wake Forest University Health Sciences
19	Narayana Nethralaya Foundation	38	Zhongshan Ophthalmic Center, Sun Yat-sen University and Guangzhou China

Appendix 2:

Cumulative fundraising income for SiB, including Bank-matched funds, raised since 2003.

Year	Cumulative funds raised (USD million)
2004	1.6
2005	3.8
2006	6.8
2007	17.1
2008	21.0
2009	24.7
2010	29.6
2011	37.6
2012	55.0
2013	63.3
2014	79.4
2015	86.3
2016	92.8
2017	98.4
2018 (Aug 31)	100.9

Appendix 3:

Seeing is Believing output figures per country. The figures are drawn from the comprehensive eye care and comprehensive child eye care projects only.

Definitions

People reached: The number of people reached by screening and mass drug administration (Vitamin A, Onchocerciasis and Trachoma SAFE preventions); beneficiaries of health education; indirect beneficiaries; health workers trained; and the number of cataract surgeries for projects where no other outputs have been collected. Many people will have had more than one intervention e.g. screening before cataract surgery, therefore to avoid double counting, not every intervention is counted as a new beneficiary.

Sight-restoring surgeries: Cataract and other sight-restoring surgeries. This is calculated on the number of eyes surgeries performed, not the number of people who have had surgery.

Spectacles distributed: Spectacles and low-vision devices provided.

Other medical eye treatments: Includes all non-surgical treatments such as medical treatments (e.g. glaucoma, amblyopia); Primary Eye Care treatments (e.g. conjunctivitis); Diabetic Retinopathy (DR); and Retinopathy of Pre-maturity (ROP).

Patients screened or refracted: All patients screened or refracted including from DR and ROP screening.

Eye health education: Number of people reached by eye health education messages.

Healthcare workers trained: All health workers trained as part of SiB projects, including ophthalmologists, optometrists, nurses, other health staff and Community Health Workers.

Mass drug administration: Distribution of preventative medicines such as Vitamin A, Onchocerciasis and Trachoma SAFE preventions.

ASEAN & South Asia

	People reached	Sight-restoring surgeries	Spectacles distributed	Other medical eye treatments	Patients screened or refracted	Eye health education	Healthcare workers trained	Mass drug administration
Bangladesh	1,311,425	267,723	106,851	808,196	874,190	146,665	5,315	1,208
Cambodia	412,940	9,806	328	10,792	121,919	-	395	-
India	13,738,334	1,717,454	190,362	287,989	3,529,011	9,775,720	15,206	12,970
Indonesia	4,947,896	138,649	70,476	5,461	551,076	3,950,199	21,827	2,034,383
Myanmar	556,705	16,956	-	-	161,784	391,350	3,571	-
Nepal	2,437,323	295,430	19,604	115,555	929,430	1,623,155	2,568	-
Philippines	7,466,738	217,070	69,318	215	546,342	6,565,367	2,531	-
Sri Lanka	4,726,549	134,262	101,291	-	1,177,269	3,422,226	3,145	-
Thailand	110,171	110,171	-	-	-	-	-	-
Vietnam	13,858,776	261,852	35,158	125,203	2,508,939	11,208,859	21,227	12
	49,566,855	3,169,370	593,388	1,353,411	10,399,960	37,083,541	75,785	2,048,573

Greater China & North Asia

	People reached	Sight-restoring surgeries	Spectacles distributed	Other medical eye treatments	Patients screened or refracted	Eye health education	Healthcare workers trained	Mass drug administration
China	29,093,257	434,938	303,381	1,046,021	5,194,099	24,331,839	30,293	103
	29,093,257	434,938	303,381	1,046,021	5,194,099	24,331,839	30,293	103

Appendix 3 continued:

Africa & Middle East

	People reached	Sight-restoring surgeries	Spectacles distributed	Other medical eye treatments	Patients screened or refracted	Eye health education	Healthcare workers trained	Mass drug administration
Bahrain	2,939	-	207	-	515	2,580	258	-
Botswana	1,782,731	-	1,890	1,442	23,136	1,761,000	718	-
Cameroon	3,971,928	7,919	20,469	201,600	76,560	3,942,244	493	-
The Gambia	-	-	-	-	-	-	16	-
Ghana	23,358,073	33,471	1,372	647,554	3,047,456	19,321,709	6,169	982,739
Ivory Coast	914,231	7,617	-	-	130,226	783,918	87	-
Jordan	1,911,572	-	-	9,696	109,090	1,802,226	256	-
Kenya	13,405,425	183,648	7,519	470,780	2,021,868	11,245,906	6,671	-
Nigeria	5,115,696	218,747	56,958	466,292	540,135	3,268,755	5,867	913,867
Pakistan	12,722,925	183,586	134,413	5,984	2,093,205	1,794,024	74,456	8,764,116
Sierra Leone	5,319,909	13,370	17,371	793,260	933,949	3,936,023	93,342	106,000
South Africa	596,295	16,619	37,271	675,792	595,004	83,058	1,881	134
Tanzania	7,074,934	74,490	18,399	295,533	1,588,833	5,433,847	4,836	-
Uganda	7,315,249	5,267	7,527	238,349	1,604,275	5,706,735	7,446	-
Zambia	1,176,676	18,778	64,422	183,355	1,088,634	137,812	1,428	128,393
Zimbabwe	3,329,691	6,984	1,250	1,237	231,882	3,097,134	1,922	-
	87,998,274	770,496	369,067	3,990,874	14,084,768	62,316,970	205,845	10,895,249

Europe & Americas

	People reached	Sight-restoring surgeries	Spectacles distributed	Other medical eye treatments	Patients screened or refracted	Eye health education	Healthcare workers trained	Mass drug administration
Peru	541,059	28,494	-	302,168	176,698	450,191	1,022	-
Peru & Brazil	13,069	-	539	133	5,058	2,123	5,888	-
	554,128	28,494	539	302,301	181,756	452,314	6,910	-

