



## IAPB COUNCIL OF MEMBERS MEETING

OCTOBER 11, 2010 (MONDAY)

Hotel Royal Manotel, Geneva

REVISED  
OCT 25, 2010

## MINUTES

<b>Date -</b>	October 11, 2010 (Monday)
<b>Time -</b>	Geneva 0900 - 1600
<b>Venue -</b>	Hotel Royal Manotel, Geneva, Switzerland

### I. Welcome Address by Mr. C. Garms, IAPB President

C. Garms welcomed the trustees and thanked everyone for coming to the meeting. He congratulated the following:

- Dr. Gullapalli Rao, founder-chairman of LV Prasad Eye Institute and Immediate Past President of IAPB, was honoured at the World Ophthalmology Congress 2010 with the Bernardo Streiff Gold Medal in Berlin, Germany on June 5, 2010. This medal is awarded, by election, every 4 years by the Academia Ophthalmologica Internationalis to “an ophthalmologist who has contributed most through history, ethics and education, to the advance of ophthalmology.”
- Dr. Rao has also been awarded the 2011 Kupfer Award by ARVO for outstanding accomplishments as a researcher, ophthalmologist and humanitarian.
- Prof. Brien Holden and Prof. Kovin Naidoo have been jointly awarded the Schwab Social Entrepreneur Award for Africa 2010, at the regional World Economic Forum in Tanzania. The Schwab Foundation for Social Entrepreneurship acknowledges outstanding leaders whose efforts are characterised by innovation, sustainability and social impact.

C. Garms informed that Prof. Moses Chirambo passed away on August 14, 2010 during hospital treatment in South Africa. Prof. Chirambo worked as Eye Care Programme Consultant for East, Central and Southern Africa Region with Sightsavers International and running the Southern African Development Community (SADC) ophthalmologist course at the Malawi College of Health Sciences. He retired from active work in ophthalmology when he was appointed Minister of Health and Member of Parliament for Malawi in 2008.

C. Garms also conveyed that he had just recently got the information that Dr. John Lee passed away last week on October 7, 2010. He was President of the Royal College of Ophthalmologists in United Kingdom and Consultant Ophthalmologist at the Moorfields Eye Hospital.

As many IAPB members knew Mr. Tom Little, an American optometrist working since many years in Afghanistan, C. Garms referred to the news that he and five other American aid workers were killed while heading home after a humanitarian mission in Northern Afghanistan.

The Council Members held a minute of silence.

#### I.1 Adoption of the IAPB Agenda [attached]

C. Garms informed that Her Royal Highness, The Countess of Wessex who is one of the keynote speakers at the Countdown to 2020 event, will attend part of the meeting after lunch. As C. Garms, H. Taylor and P. Ackland will join her for lunch, K. Naidoo will chair the meeting after lunch in case the officers are delayed. In view of this, the Annual General Meeting will be postponed after Agenda Item 8, Regional Reports on Achievements in VISION 2020.

The agenda was approved with the announced changes.

#### I.2 Minutes of the last IAPB Meeting [attached]

The Minutes of the last meeting was approved.

#### I.3 Matters Arising

There were no matters arising that were not covered in the agenda of the meeting.

## 2. Opening Remarks from the Chairman

C. Garms informed that based on discussion with Dr. Alwan, it had been agreed to have a WHO/IAPB joint meeting separate from the IAPB Council meeting and the agenda of the Council meeting was adjusted accordingly in order to avoid duplications and overlaps. The purpose of the joint meeting is to review the development of VISION 2020 and to plan for the future collaboration between IAPB and WHO. Therefore, the Council Meeting on Oct. 11 will discuss issues related to IAPB including the Annual General Meeting.

One of the major issues tackled in the last few months was the development of “The Big Picture” document, which was circulated together with the agenda. This is an advocacy document including an estimate of resources needed to eliminate avoidable blindness within the next ten years. Related to that is IAPB’s engagement with the World Bank, which was addressed in various meetings, that H. Taylor, A. Poffley and J. Metcalfe had with World Bank representatives in Washington.

At the last board meeting in Cairo, it was decided to rectify contradictions and inconsistencies in the memorandum, articles and byelaws and to propose minor changes. The proposed changes were worked out in consultation with IAPB’s lawyers and C. Garms expressed the hope that this can be processed in a timely manner at the Annual General Meeting.

C. Garms thanked P. Ackland and his staff members for their good collaboration.

## 3. Report from the CEO [PowerPoint]

P. Ackland’s report can be referred to in the PowerPoint presentation.

J. Conlon briefed the Council members on the Countdown to 2020 event:

- Expecting up to 200 guests including Council Members, stakeholders, ambassadors and donors
- She informed members of the details pertaining to logistics e.g. transfers, on-site registration, etc.
- She also urged members to refer to guest lists for stakeholders that they may want to approach during the event.

P. Ackland updated the Council that the Trustees approved the new corporate paper in the board meeting.

## 4. “The Big Picture” [PowerPoint]

### 4.1 Resources needed globally and regionally [attached]

P. Ackland introduced “The Big Picture” document, and his presentation can be referred to in the PowerPoint.

### 4.2 Update: Engagement with the World Bank [attached]

J. Metcalfe briefed the Council on recent discussions with the World Bank. He said that IAPB was looking at the possibility of establishing a Trust Fund into which donors might contribute funds to address avoidable blindness and visual impairment. This endeavour is likely to prove a long term process given the need to build up a strong political alliance in favour of the initiative. His preliminary discussions in Washington suggested that World Bank staff were persuaded of the strong economic case for additional investment in eye care and a broad spectrum of the Bank’s Executive Directors were sympathetic to the need for a Trust Fund. However more work is needed to be done to convince the Bank’s senior health staff that the objectives of VISION 2020 were sufficiently aligned with the Bank’s own health sector strategy, which gave priority to the need to strengthen national health systems. J. Metcalfe agreed to keep the Council regularly informed about the progress of this initiative

Comments by members were:

- Observation that despite the work in the last ten years, eye health is still not a major priority across the world and the economic burden falls into the developed world. There has been great work on cataract but there are a number of diseases whose significance is growing e.g. diabetic retinopathy. The gap between the poorest and developed versus developing is starting to close, and the question is whether focus should include the high income countries as well as the developing world. Raising the profile of the issue at home is one way of making donors more sympathetic to supporting VISION 2020 in the poorer countries.
- Several countries like India and China are now introducing health insurance for the poor. It is necessary to advocate for the inclusion of eye care into the basket of health services that are covered by the insurance.

#### 4.3 Other Potential Major Donors [attached]

P. Ackland emphasised that the World Bank Trust Fund, even if it were established, would only ever likely to contribute a part of the \$8bn needed for the Big Picture. Accordingly the paper attached to the meeting documents and the brief presentation he gave highlighted that other potential donors such as the regional development banks and major foundations still need to be pursued.

#### 4.4 Group work [PowerPoint & Appendix 1]

Members were asked to work in groups and identify key decision makers e.g. in the World Bank, WHO Country Office Representatives, Bilateral and Multilateral donor agencies, UN Bodies, etc. The groups were asked to identify people who can be approached and to decide who among them will contact them.

A summary of the outcomes of this group work is shown in Appendix 1.

Further discussions on "The Big Picture" took place after lunch while the Officers and P. Ackland were not present at the meeting due to their lunch appointment. The following comments and concerns were made by the Council Members:

- How would the World Bank Trust Fund be managed and who will manage it?
- What is the message in this? Members have to be informed on how NGOs should respond to their countries once the World Bank seeks opinions from countries.
- Would there be any restrictions to it? E.g. Will all money go to cataract?
- Questions have to be answered before members can advocate to support this.
- There are concerns that expectations will be raised and this might not happen at all.
- On what basis can members expect the funds to come from and how will this be distributed?

It was stressed that this is all at a very early stage and answers to these important questions will not be known until more detailed discussions are held with the World Bank. P. Ackland and J. Metcalfe will keep members informed of the progress.

**ACTION:** P. Ackland and J. Metcalfe to keep members informed as discussions with the World Bank unfold.

## 5. Resource Mobilisation for VISION 2020

### 5.1 Eye Fund & Capacity Building Grant Fund [PowerPoint]

#### 5.1.1 Update on Eye Fund [Appendix 2]

The Eye Fund was finally launched in February 2010, culminating a 3-year effort that resulted in a \$14.5M loan fund. The "Eye Fund" is a social venture fund for the development of sustainable high quality eye care services for all economic strata, rich and poor alike. Deutsche Bank launched the fund in partnership with the International Agency for the Prevention of Blindness and Ashoka, a non-profit that identifies and invests in leading social entrepreneurs. The Eye Fund provides loans to eye care hospitals in China, Nigeria and Paraguay. These hospitals will also receive capacity building support from the Capacity Building Grant Fund. It is expected that the financing from the Eye Fund will enable a 150% increase in the number of eye care surgeries at these hospitals over the next seven years.

D. Green expressed his gratitude to Deutsche Bank and Ashoka. A full report is attached in Appendix 2.

R. Duerksen shared that Fundación Vision although has received the smallest amount of all the grants, it has helped them to increase their cash flow and hence allowed them to finish a section of the central teaching hospital with this fund. At the same time, they would like to use this experience as a valid alternative to set up self-sustaining eye clinics in the region.

A. Hassan expressed that the Eye Fund helped them achieved more service deliveries to the rural and underserved communities and performance alone has improved by 75%. This is due to their ability to collaborate with local Government Health Centres, by grafting primary eye care on existing primary healthcare. In terms of HR development, they have been able to increase their Ophthalmology Resident intake by 25%, start the training of Community Ophthalmic Nurses and Community Ophthalmic Technicians in collaboration with the Ogun State College of Health Technology. The acquisition of more state-of-the-art ophthalmic equipments has enhanced their sub-specialty training and service delivery. Overall their cost/income ratio has improved, due to their ability to follow the prescribed prudential financial guideline. The capacity building grant will

help them to improve their information management system and sustainability of their outreach programme.

#### 5.1.2 Update on Capacity Building Grant Fund [Appendix 3]

The International Agency for Prevention of Blindness (IAPB) has established a "Capacity Building Grant Fund" (IAPB CBG Fund). IAPB has raised \$1,550,000 to date for this fund. Donors to the IAPB CBG Fund are the Lavelle Fund for the Blind, the Goodman Family Foundation and the FMO Bank of the Dutch Government. The purpose of the IAPB CBG Fund is to provide support to eye care programs to cover costs for training and sustainability planning services, to help make these programs self financing for their operating expenses from user fees, while serving lower income people. The majority of funds have been allocated and we are contemplating establishing a second capacity building grant fund to further boost the ability of eye hospitals to achieve financial sustainability.

Full report is attached in Appendix 3

### 5.2 Standard Chartered "Seeing is Believing"

V. Green thanked IAPB for giving Standard Chartered Bank the opportunity to be an active participant in the Council of Members meetings. She re-affirmed the Bank's commitment to "Seeing is Believing" and willingness to support IAPB in engaging other corporates to support eye care interventions. Phase III, which was launched in 2006 with the target of raising US\$5 million (combined with bank matching to make USD10 million), is drawing to a close and all 19 projects will wind down by Quarter One in 2011. Particular successes include eye-care training for health workers in Pakistan, which is now funded by the government, and the development of 40 self-sustaining vision centres in India. These examples appeal to corporates as they demonstrate that cash injections can give the required momentum to provide long-term solutions without long-term dependence on the private sector. Phase IV of the SiB programme, which was launched in 2008 to raise USD20 million (including bank matching) to provide eye care services to 20 million people in 20 cities by 2014, is on track and USD7.5 million has already been banked (USD15 million when matched) and 20 projects have been identified and approved, with another three under consideration. The Bank is considering the next phase of the "Seeing is Believing" and its commitment will probably range between \$20 to \$40 million. The Bank acknowledges that it is rigorous on reporting requirements and any local partners struggling with this can get help from the Bank locally. SiB project scope is sufficiently varied to enable a range of NGOs to apply, via the IAPB, for funding and maximise their core capabilities. Anyone interested in knowing more were welcomed to approach V. Green or J. McKenna.

### 5.3 Optometry Giving Sight [PowerPoint]

C. Miller stated that Optometry Giving Sight (OGS) is a partnership between the World Optometry Foundation, ICEE and IAPB. OGS is a fundraising organisation for vision care (immediate access to an eye exam and glasses), local training (training local staff to provide ongoing services and infrastructure, establishing vision centres for sustainability). He highlighted that total donor income is up by 9% and total expenditure has reduced by 7%. Project disbursements for 2010 are projected to reach US\$ 1.275 million (11% increase vs 2009).

More can be referred to in C. Miller's PowerPoint presentation.

## 6. IAPB AGM [attached]

The Annual General Meeting was held on Oct. 11, 2010 at 1500 hours with more than 30 members of the Council of Members present and participating. The minutes of the AGM are circulated separately.

## 7. Action plan for the prevention of avoidable blindness and visual impairment, Objective 3 Increase and expand research for the prevention of blindness and visual impairment [PowerPoint]

R. Thulasiraj reported that a workshop was organised at LAICO – Aravind Eye Care System, Madurai from September 27 to 29, 2010 with the following desired outcomes:

- Identify key research priorities for the next ten years.
- Develop a plan for implementation of these priorities including strategies for strengthening research in low and middle income countries.
- Determine strategies for better dissemination of research findings for use in policy, programming, practice and advocacy.

The workshop was attended by over 30 people representing almost all the regions. At the end of the three days, the group did come up with 10 priority areas for research – five of which were in the cross-cutting areas relating

to health systems while the other five had more specific disease focus. The action steps to take these forward were agreed upon in the workshop as:

- Creating a "IAPB Research Working Group" which will anchor this activity, facilitate research, monitor progress and report back to IAPB periodically
- Develop a strong focus on translation of knowledge/evidence (already existing as well as new) into policy and action
- Action plan for building research capacity in developing economies in recognition of the urgent need for locally relevant evidence relating to interventions or the problem

N. Congdon reported that the Research Working Group is designed specifically to pursue the research agenda outlined for IAPB at the Madurai meeting. This small group will work to improve collaboration between NGOs and other stakeholders in designing programs and research, towards the end that all programs of IAPB members and their partners are informed by the latest science, and research results widely disseminated and fed back to program planners and field staff. Collaboration with researchers outside of the eye community will be encouraged and meetings of the small group and larger groups of researchers and program planners will take place regularly at venues such as ARVO, ISGEO and IAPB meetings.

P. Courtright further explained ideas for the translation of knowledge and evidence: the working group hopes to ensure that programmes, policies and practices of VISION 2020 stakeholders are formulated and based upon evidence. To achieve this, it is necessary that the outcome and presentation of research findings is done in such a way that it is accessible to and easily understood, by all stakeholders and not just to research scientists in the industrial world. The strategy is therefore on how to make research findings accessible and as a cost free service to IAPB members.

**8. Regional Reports on achievements in VISION 2020** [PowerPoint: Africa | Europe | Latin America]  
[attached: Africa | Eastern Mediterranean | Europe | Latin America | North America | South East Asia | Western Pacific]

Refer to the attached documents circulated prior to the meeting and PowerPoint presentations of Africa, Europe and Latin America.

**9. Future Events and Meetings**

C. Garms expressed, on behalf of the members his gratitude to HRH Prince Abdulaziz for the hosting the Council meeting next year in Dubai.

**9.1 Next IAPB Council of Members Meeting**

The next IAPB Council of Members meeting is scheduled for September 13-14, 2011 in Dubai. (IAPB meetings from September 10 to 14, 2011, starting off with Committees and Board of Trustees meetings).

**9.2 IAPB General Assembly 2012** [attached]

C. Garms reported that following the decision of the Board in the last meeting, the General Assembly Programme Committee and General Assembly Organising Committee were formed and the composition of which are as follows:

**Composition for the General Assembly Programme Committee**

Chair: Hugh Taylor  
Members: Nathan Congdon, Claire Gilbert, Santosh Hanovar, Volker Klaus, Van Lansingh, Kovin Naidoo and Mohammed Babar Qureshi.

**Composition for the General Assembly Organising Committee**

Chair: Brien Holden  
Members: Peter Ackland, Robert Chappell, Rainald Duerksen, Pat Ferguson, Kovin Naidoo, Mohammed Babar Qureshi, Victoria Sheffield, Bruce Spivey, VISION 2020 India & LVPEI Rep.

He expressed gratitude to the Chairs and members of both committees for their willingness to contribute to the success of the upcoming General Assembly.

B. Holden, on behalf of the GA-Organising Committee, reported that the General Assembly will take place on September 17-28, 2012 in Hyderabad, India. An excellent and convenient conference centre with good hotels nearby has been identified and the committee will look into ensuring that visa issues are taken care of and will facilitate early registration of participants and representatives. The committee had discussed the main theme and suggested "The business of providing quality health and vision." The General Assembly will

aim to engage governments, major stakeholders, world leaders, corporates and will try to make it an exciting meeting. Awards will be less than the last General Assembly and members will be provided the opportunity to present their work.

H. Taylor, on behalf of the GA-Programme Committee, reported that the programme will be based on the format used in the previous General Assembly to include symposium, meetings, courses, etc. Courses are planned to run in dynamic and exploratory ways to cover diseases and a range of cross-cutting issues. Papers will be sought and the committee has some good ideas on speakers from outside the sector to broaden the scope of the discussions.

NGOs were urged to plan ahead as to who their representatives are for the General Assembly so that costs/funds can be allocated as applicable in their respective budgets.

#### **10. Any Other Business**

J. Vincent updated members on the development of guidance and standards for appropriate eye care in disasters and humanitarian emergencies which needs to be compliant with the SPHERE guidelines. Thirty experts will be sending their comments on this and it is hoped that the updated version will be approved this month.

C. Harper invited members to support and attend the Symposium on Research in Health System Strengthening to be held in Montreux in November 2010.

There being no other business, the Council of Members meeting adjourned at 1530, Geneva Time.



**Present at the IAPB Council of Members Meeting**  
on October 11, 2010 at Hotel Royal Manotel, Geneva, Switzerland

**Officers**

1. Mr. Christian G. Garms, President & Chairman of the Board of IAPB
2. Prof. Hugh R. Taylor, Vice President of IAPB

**Members**

1. Dr. Abdulaziz AIRajhi, IMPACT-EMR and EMR-IAPB
2. Dr. Robert Chappell, World Council of Optometry (WCO)
3. Dr. Paul Courtright, Kilimanjaro Centre for Community Ophthalmology (KCCO)
4. Dr. Alexander Doga, The S. Fyodorov Eye Microsurgery Federal State Institution
5. Mr. Brian Doolan, The Fred Hollows Foundation (FHF)
6. Dr. Rainald Duerksen, Regional Chair for Latin America; Fundacion Vision
7. Ms. Patricia Ferguson, Regional Chair for North America; Operation Eyesight Universal (OEU)
8. Prof. Allen Foster, CBM
9. Ms. Jennifer Gersbeck, Vision 2020 Australia
10. Prof. Clare Gilbert, International Centre for Eye Health / London School Hygiene & Tropical Medicine (LSHTM)
11. Ms. Vanessa Green, Standard Chartered Bank (Seeing is Believing)
12. Dr. Caroline Harper, Sightsavers
13. Dr. Adekunle Olubola Hassan, Eye Foundation Hospital & Lambo Eye Institute
14. Prof. Brien A. Holden, Vision CRC & Brien Holden Vision Institute
15. Prof. Rabiul Husain, Regional Chair of South East Asia
16. Mr. Terje B. Iversen, Norwegian Association of the Blind and Partially Sighted (NABP)
17. Dr. Josef Kasper, Swiss Red Cross (Schweizerisches Rotes Kreuz)
18. Mr. Stephen King, Royal National Institute of Blind People (RNIB)
19. Prof. Dr. Volker Klauss, Regional Chair of Europe
20. Dr. Klaus Kraemer, SIGHT AND LIFE (DSM Nutritional Products Ltd)
21. A/Prof. Richard Le Mesurier, Regional Chair of Western Pacific
22. Ms. Janet Leasher, UNESCO Chair in Visual Health and Development
23. Dr. Marilyn Miller, The Bernadotte Foundation for Children's Eyecare Inc.
24. Dr. Prakash Mirchandani, Tulsi Chanrai Foundation
25. Prof. Kovin Naidoo, Regional Chair for Africa; International Centre for Eyecare (ICEE)
26. Dr. Mohammed Babar Qureshi, Comprehensive Health and Education Forum (CHEF) International
27. Mr. Rafael Ribó, Eyes of the World Foundation (Fundació Ulls del món)
28. Ms. Victoria M. Sheffield, International Eye Foundation (IEF)
29. Prof. Bruce E. Spivey, International Council of Ophthalmology (ICO)
30. Mr. Johannes Trimmel, Light for the World
31. Dr. Jerry Vincent, International Rescue Committee (IRC)
32. Dr. Rob Walters, ORBIS International
33. Mrs. Pam William-Jones, The Fred Hollows Foundation (NZ)

**Observers**

1. Countess of Wessex
2. Mr. Phillip Albano, Lions Clubs International Foundation (LCIF)
3. Mr. Nick Astbury, VISION 2020 UK
4. Prof. Dr. Talin Barisani-Asenbauer, Vision 2020: Austria
5. Mr. Kashinath Bhoosnurmath, Operation Eyesight Universal (OEU)
6. Mr. Joe Boughton-Dent, The Fred Hollows Foundation
7. Dr. Natalie Briggs, Vision Aid Overseas
8. Ms. Lynda Cherry, Operation Eyesight Universal (OEU)
9. Mr. Tae Young Chung, Korean Foundation for the Prevention of Blindness (KFPB)
10. Dr. Nathan Congdon, Zhongshan Ophthalmic Center, Preventive Ophthalmology Unit
11. Dr. Christopher Croasdale, Combat Blindness Foundation (CBF)
12. Dr. Abdirisak Dalmar, The Right to Sight
13. Ms. Maryanne Diamond, WBU
14. Prof. Mustapha El Azouzi, Moroccan Medical Association of Solidarity
15. Dr. Hannah Faal, Sightsavers
16. Mr. William Felch, International Council of Ophthalmology (ICO)
17. Ms. Vestal Fick, IMPACT-EMR and EMR-IAPB
18. Mr. David Green, Eye Fund Consultant
19. Ms. Caroline Hyde-Price, World Council of Optometry (WCO)

20. Ms. Rashida Keshavjee, Operation Eyesight Universal (OEU)
21. Mr. Man Soo Kim, Korean Foundation for the Prevention of Blindness (KFPB)
22. Dr. Ivo Kocur, World Health Organization
23. Mr. Nick Kourgialis, Helen Keller International (HKI)
24. Ms. Jeanette McKenna, Standard Chartered Bank (Seeing is Believing)
25. Dr. Joan McLeod-Omawale, ORBIS International
26. Mr. Clive Miller, Optometry Giving Sight
27. Mr. Lindsay O'Connor, Operation Eyesight Universal (OEU)
28. Ms. Sophie Plumridge, Vision 2020 Australia
29. Mr. Richard Porter
30. Dr. Mansur Rabiou, IMPACT-EMR and EMR-IAPB
31. Dr. Serge Resnikoff
32. Ms. Virginia Sarah, The Fred Hollows Foundation (FHF)
33. Dr. Gerhard Schuhmann, Light for the World
34. Mr. Jaf Shah, The Fred Hollows Foundation UK
35. Mr. Ravilla D. Thulasiraj, LAICO Aravind Eye Care System
36. Dr. Sara Varughese, WHO Regional Office for SEARO
37. Dr. André Walser, Swiss Red Cross (Schweizerisches Rotes Kreuz)
38. Dr. Boateng Wiafe, Operation Eyesight Universal (OEU)
39. Lady Jean Wilson, Honorary Affiliate of IAPB
40. Dr. Richard Wormald, ICEH

#### Apologies:

1. HRH Prince Abdulaziz Ahmad Abdulaziz Al Saud, Regional Chair of Eastern Mediterranean
2. Mr. Mark Ackermann, The Lighthouse International
3. Dr. Maria Leonor Beleza, Champalimaud Foundation
4. Mr. Mohammed Tawfik Bellow, Ebsar Foundation
5. Prof. Mohammed Belmekki, Moroccan Medical Association of Solidarity [*Proxy: Dr. Mustapha El Azouzi*]
6. Prof. Frank A. Billson, Foresight Australian Overseas Aid / Prevention of Blindness Ltd. & Save Sight Institute
7. Mr. Mike Brace, VISION 2020 UK [*Proxy: Mr. Nick Astbury*]
8. Dr. Giuseppe Castronovo, Agenzia Internazionale per la Prevenzione della Cecità-Sezione Italiana
9. Mr. Moloy Chakravorty, Mission for Vision (MFV)
10. Mrs. Grace Chan, AFPB [*Proxy: Mr. Hasan Minto or Dr. Haroon Awan*]
11. Dr. Suresh R. Chandra, Combat Blindness Foundation (CBF) [*Proxy: Dr. Christopher Croasdale*]
12. Dr. Kate Coleman, Right to Sight [*Proxy: Dr. Abdirisak Dalmar*]
13. Ms. Avril Daly, Fighting Blindness [*Proxy: Chairman*]
14. Dr. Paul J. Dubord, Eyesight International
15. Dr. Suzanne Gilbert, Seva Foundation
16. Dr. Ilene K. Gipson, Women's Eye Health Task Force (WEHTF)
17. Dr. Keith D. Gordon, The Canadian National Institute for the Blind (CNIB)
18. Mr. Arvel Grant, CCB-Eye Care Caribbean
19. Mr. Ken Gustavsen, Merck & Co. Inc.
20. Dr. Danny Haddad, International Trachoma Initiative
21. Dr. John Hardman, The Carter Center
22. Prof. Dr. Wei He, He Eye Hospital
23. Mr. David Herman, AMD Alliance International
24. Ms. Kelly Hipp, American Optometric Association (AOA)
25. Mr. Arnt Holte, World Blind Union (WBU)
26. Mr. Ton Ten Hove, Dark and Light Blind Care [*Proxy: Mr. Johannes Trimmel*]
27. Mr. Jeremy Jalie, Vision Aid Overseas [*Proxy: Dr. Natalie Briggs*]
28. Dr. Michael Kaschke, Carl Zeiss AG [*Proxy: Mr. Christian Garms*]
29. Prof. Jill Keefe, Centre for Eye Research Australia
30. Prof. Muhammad Daud Khan, Pakistan Institute of Community Ophthalmology (PICO)
31. Mr. Ja-Kyoung Koo, Vision Care Service
32. Mr. Louis Lam, World Eye Organisation
33. Ms. Penny Lyons, Seva Canada Society
34. Dr. Ruth S. McAndrews, Volunteer Optometric Services to Humanity (VOSH) International
35. Ms. Sheona McGraw, Western Pacific Regional Program Manager
36. Dr. Paul Mitchell, Association for Research in Vision & Ophthalmology (ARVO)
37. Dr. Francisco Belisario Navarro, Instituto Popular Para Los Ojos
38. Dr. André-Dominique Negrel, L'Organisation pour la Prevention de la Cecite (OPC) [*Proxy: Dr. Serge Resnikoff*]
39. Dr. Somchai Nitpanich, Maharat Nakhon Ratchasima Regional Hospital (MNNRH)
40. Dr. David Parke, American Academy of Ophthalmology (AAO)
41. Ms. Corinne Pierog, Health for Humanity



42. Prof. Louis Pizzarello, Edward S Harkness Eye Institute
43. Mr. Adrian Poffley, World Bank
44. Dr. Harry Quigley, Dana Center for Preventive Ophthalmology [*Proxy: Chairman*]
45. Dr. R.D. Ravindran, Aravind Eye Hospital & Postgraduate Institute of Ophthalmology [*Proxy: Mr. Ravilla Thulasiraj*]
46. Dr. G. Chandra Sekhar, L.V. Prasad Eye Institute (LVPEI)
47. Ms. In Sook Shin, Heart to Heart Foundation
48. Mr. Onhan Shin, Korean Foundation for the Prevention of Blindness (KFPB) [*Proxy: Mr. Man Soo Kim*]
49. Mr. Stephen Silverton, British Council for Prevention of Blindness (BCPB)
50. Mrs. Kathy Spahn, Helen Keller International (HKI) [*Proxy: Mr. Nick Kourgialis*]
51. Dr. Geoffrey C. Tabin, Himalayan Cataract Project / Tilganga Eye Centre
52. Ms. Maureen Tam, Hong Kong Society for the Blind (HKSB)
53. Dr. Andrew Tasker, Champalimaud Foundation
54. Ms. Susi Tegen, The Royal Australian and New Zealand College of Ophthalmologists
55. Mr. Jeff Todd, Prevent Blindness America [*Proxy: Chairman*]
56. Dr. Ahmed Trabelsi, Nadi Al Bassar
57. Dr. Eric J. Van Agtmaal, Asian Eye Care
58. Dr. Ningli Wang, Beijing TongRen Hospital (Beijing TongRen Eye Centre)
59. Dr. Peter Xu, Project Vision Charitable Foundation Limited (PVCF)
60. Mr. Eberhard J. Wirfs, Lions Clubs International Foundation (LCIF) [*Proxy: Mr. Phillip Albano*]
61. Prof. Khalid Zaghoul, Ainy Organisation

#### **IAPB Office**

1. Mr. Peter Ackland, CEO
2. Mr. Tejah Venkata Balantrapu, Communications Coordinator
3. Ms. Joanna Conlon, Director of Development
4. Ms. Sally Crook, ScB Seeing Is Believing
5. Mr. Daniel Etya'ale, Regional Coordinator
6. Ms. Blandine Labry, Senior Accountant
7. Dr. Van Lansingh, Regional Coordinator
8. Mr. Julian Metcalfe, Director of Advocacy
9. Mr. Timothy Morris, CFO
10. Ms. Abi Smith, Communications Manager
11. Ms. Evelyn Uy, Corporate Affairs & Administration Manager

**IAPB COUNCIL OF MEMBERS MEETING**  
**OCTOBER 11, 2010 (MONDAY)**  
Hotel Royal Manotel, Geneva

REVISED  
OCT 7, 2010

## AGENDA

Time	Agenda Item	By
0900 – 0910	1. <b>Welcome Address by Mr. C. Garms</b> , IAPB President 1.1 Adoption of the IAPB Agenda [attached] 1.2 Minutes of the last IAPB Meeting [attached] 1.3 Matters Arising	C. Garms
0910 – 0920	2. <b>Opening Remarks from the Chairman</b>	C. Garms
0920 – 0950	3. <b>Report from the CEO</b>	P. Ackland
0950 – 1030	4. <b>“The Big Picture”</b> 4.1 Resources needed globally and regionally [attached] 4.2 Update: Engagement with the World Bank [attached] 4.3 Other Potential Major Donors [attached] 4.4 Group work	P. Ackland
1030 – 1100	BREAK	
1100 – 1130	<b>“The Big Picture”</b> (continued)	P. Ackland
1130 – 1200	5. <b>Resource Mobilisation for VISION 2020</b> 5.1 Eye Fund & Capacity Building Grant Fund 5.2 Standard Chartered “Seeing is Believing” 5.3 Optometry Giving Sight	
1200 – 1330	LUNCH	
1330 – 1400	6. <b>IAPB AGM</b> [attached: Minutes] 6.1 Annual Accounts of the Charity and Audit Report [attached] 6.2 Appointment of Auditor for 2010 6.3 Directors / Trustees [attached] 6.4 Memorandum & Articles of the Association and Byelaws [attached] 6.5 Any Other Business	C. Garms
1400 – 1430	7. <b>Action plan for the prevention of avoidable blindness and visual impairment, Objective 3</b> <b>Increase and expand research for the prevention of blindness and visual impairment</b>	I. Kocur, R. Thulasiraj & P. Ackland
1430 – 1500	8. <b>Regional Reports on achievements in VISION 2020</b> [attached: Africa   Eastern Mediterranean   Europe   Latin America   North America   South East Asia   Western Pacific ]	Reg. Chairs
1500 – 1530	9. <b>Future Events and Meetings</b> 9.1 Next IAPB Council of Members Meeting 9.2 IAPB General Assembly 2012 [attached]	C. Garms
1530 – 1600	10. <b>Any Other Business</b>	C. Garms
1600	COFFEE / TEA	

\*The agenda and documentation of the meeting of the World Health Organization with the International Agency for the Prevention of Blindness (Oct. 12, 2010 WHO/IAPB meeting) on the "VISION 2020: The Right to Sight" Global Initiative was sent out separately by the WHO Secretariat.

## APPENDIX I

**For Agenda 4.4, summary of group work: Identification of key individuals and organisations that could be approached to help promote support for “The Big Picture”. (by P. Ackland)**

Name of Organisation	Role /Individual	Person committed (suggested!) to make contact.
World Bank EDs	Canada – Mr Samy Watson	Pat Ferguson
	Switzerland – Mr Mordasini	
	Bangladesh – Kazi M Aminul Islam	R. Thulasiraj / VISION 2020 India
	Thailand – Sun Vithespongse	Maryanne Diamond
	European EDs	Lord Crisp; Lord Low, Stephen King
	Australia – Jim Hagan	Vision 2020 Australia
	US	Janet Leasher
	Austria – Konstantin Huber	LFW
	Algeria - Sid Ahmed Dib	
	Pakistan – Javed Talad	
	Mauritius – Louis Phillipe Ong Seng	Daniel Etya’ale
	Sao Tome – Agapito Mendes Dias	Daniel Etya’ale
	Liberia – Toga McIntosh	Daniel Etya’ale and Kovin Naidoo
	Sudan – Hassan Ahmed Taha	Daniel Etya’ale and Kovin Naidoo
	India - Pulok Chatterji	Dr Rao
	Barbados (supportive of People with Disabilities at the MDG review)	
	Korea (supportive of People with Disabilities at the MDG review)	
World Bank Vice President	Ngozi Nwayela	Kunle Hassan
Bi-lateral donors	CIDA	Pat Ferguson
	SDC Switzerland	
	USAID	Kathy Spahn
	AFID (French government)	David Green
	Australia Delegate to UN in Geneva – Peter Woolcott	Gaby Hollows
	Coalition of friends of the CPRD in Geneva & New York	Maryanne Diamond
UN and Multi-lateral	Africa Development Bank – Anne Grant	Vanessa Green/ Jeanette McKenna
	Africa Development Bank – Moyo Nkosama (Vice President)	Kunle Hassan
	WHO Reg. Director Central America	Janet Leasher
	EU	Bob Chappell via Hill & Knowlton
	WHO Nigeria - Peter Eriki	Prakash Mirchandani
	UNICEF Nigeria – Dr Sipilanyambe	Prakash Mirchandani
	McArthur Foundation Nigeria – Dr Shettima	Prakash Mirchandani
	UNDP – Helen Clark	Brian Doolan
	International Health Partnership	
	Action for Global Health – Robert Glasser	
Key Individuals	Monder Singh Head of India Planning	R. Thulasiraj
	King of Morocco	AMMS Prof El Azonzi
	President’s Office UAE	AMMS Prof El Azonzi
	Carlos Slim – Mexico	Christian Garms
	Petro Bras – Brazil	Christian Garms
	Mo Ibrahim – Africa	Nick Astbury
Corporates, Foundations & Others	Li Ka Shing Fnong – Hong Kong – Mr Law	
	Fast Food Companies – US	
	UBS Optimus – Switzerland	
	Roger Federer Foundation	
	E D Cape - Julia N Hons	Brien Holden
	Berlin Centre for Civil Society – Dr B Gnaerig	Allen Foster
	Inditex Spain – Dr Amanico Ortega	
	El Cortes Ingles – Mr Ramon Areces	
	The Madiani Foundation – East Africa – Mr Madvhani	Jaf Shah
	Carso Foundation – Mexico – Dr Pedro Gomez	Rainald Duerksen, Van Lansingh
	MTN Foundation – Nigeria – Mr Pascal Dozie	Kunle Hassan
	Danjuma Foundation - Nigeria - Gen. Danjuma	Kunle Hassan
	Dangote Industries – Nigeria – Mr Olusonya	Kunle Hassan

## APPENDIX 2

### For Agenda 5.1, Report on the Eye Fund (by D. Green)

The Eye Fund was finally launched in February 2010, culminating a 3-year effort that resulted in a \$14.5M loan fund (with \$1.5M capacity building grant). The "Eye Fund" is a social venture fund for the development of sustainable high quality eye care services for all economic strata, rich and poor alike. Deutsche Bank launched the fund in partnership with the International Agency for the Prevention of Blindness and Ashoka, a non-profit that identifies and invests in leading social entrepreneurs. The Eye Fund is part of the Clinton Global Initiative. The Eye Fund provides loans to eye care hospitals in China, Nigeria and Paraguay. These hospitals use a business approach to attain financial sustainability, while fulfilling their social mission of providing quality eye services to the lowest economic strata. This enables them to use debt financing to significantly expand their medical facilities, extend outreach programs and scale up operations. A complementary \$1.5M grant fund has also been established to provide technical assistance, business planning and training for each hospital. It is expected that the financing from the Eye Fund will enable a 150% increase in the number of eye care surgeries at these hospitals over the next seven years.

**The Eye Fund investors and financial structure is as follows:** While enabling the expansion of affordable, sustainable and accessible eye care for the world's poor, the Eye Fund will also deliver financial and social returns to a diverse group of investors from the US and Europe. "As with the activities we commenced in microfinance over a decade ago, we are motivated to leverage on our expertise in the financial markets to propel early stage social innovations to scale by mobilizing capital from sources that exceed the capacity of traditional philanthropy," said Gary Hattem, managing director of Deutsche Bank's Community Development Finance Group.

EYE FUND 1				
Sources of Funds	Amount	Investor	Investor Country	%
<b>Senior Notes</b>	\$ 1,000,000	Storebrand	Norway	6.91%
	\$ 1,000,000	Storebrand	Sweden	6.91%
	\$ 300,000	Private Social Investor	Switzerland	2.07%
	<b>\$ 2,300,000</b>			<b>15.88%</b>
<b>Subordinated Loans</b>	\$ 5,090,000	Agence Francaise de Developpement	France	35.15%
	\$ 5,090,000	Overseas Private Investment Corporation	USA	35.15%
	<b>\$10,180,000</b>			<b>70.30%</b>
<b>Subordinated Notes</b>	\$ 500,000	The Bernard A. Newcomb Foundation	USA	3.45%
	<b>\$ 500,000</b>			<b>3.45%</b>
<b>Equity (membership interest in the Eye Fund I, LLC)</b>	\$ 1,050,000	Deutsche Bank Americas Foundation	USA	7.25%
	\$ 250,000	COFRA Foundation	Switzerland	1.73%
	\$ 200,000	Janet A. McKinley	USA	1.38%
	<b>\$ 1,500,000</b>			<b>10.36%</b>
<b>Total</b>	<b>\$14,480,000</b>			<b>100.00%</b>
Uses of Funds	Country	Amount	%	
Summit Healthcare Hospital Ltd (operator of the Eye Foundation)	Nigeria	\$	6,999,990	49.1%
	China	\$	7,000,000	49.1%
	Paraguay	\$	250,000	2%
Debt interest reserve & Start Up Expenses			\$ 14,249,990	100%
			230,010	
			<b>\$ 14,480,000</b>	

As a trail blazing financial intervention, the Eye Fund required a number of years of effort to develop and finally launch. Overcoming local regulatory obstacles, which can prevent non-profit institutions from accepting debt, is a particular challenge in parts of the developing world. The Eye Fund changes the landscape as to how capital is provided to finance social innovations. A pioneering group of investors led by Deutsche Bank deserves major credit for recognizing the potential to serve the interests of the poor and blind by going beyond the limits of traditional philanthropy. The success of the Eye Fund model has significant benefits not only for the eye care industry, but also for future replication in other specialties such as pediatrics and cardiology services for the poor.

## APPENDIX 3

### For Agenda 5.1, Report on the Capacity Building Grant Fund (by D. Green)

**Summary:** The International Agency for Prevention of Blindness (IAPB) has established a "Capacity Building Grant Fund" (IAPB CBG Fund). IAPB has raised \$1,550,000 to date for this fund. Donors to the IAPB CBG Fund are the Lavelle Fund for the Blind, the Goodman Family Foundation and the FMO Bank of the Dutch Government. The purpose of the IAPB CBG Fund is to provide support to eye care programs to cover costs for training and sustainability planning services, to help make these programs self financing for their operating expenses from user fees, while serving lower income people. Grants made by the IAPB CBG Fund will enable programs to benefit from training and technical assistance to increase surgical volume, improve quality and create the organizational structure to become self-financing from user fees where eye care is provided to all economic strata.

Since the last IAPB meeting in Cairo, the Capacity Building Grant Fund (CBGF) Committee of IAPB has established a process and infrastructure for requesting and deciding on proposals; monitoring and reporting on activities of grantees; and reporting to donors. The majority of funds have been allocated and we are contemplating establishing a second capacity building grant fund to further boost the ability of eye hospitals to achieve financial sustainability.

#### The process to date

- 1) In early April Peter Ackland and David Green sent out an e-mail to all IAPB members inviting them to nominate eye hospitals that they thought would benefit from capacity building by one of eight institutions able to deliver such services.
- 2) We received replies from 29 organisations and individuals who between them nominated 139 eye programmes for capacity building support. Given that we estimated that the amount of money available would probably only support 30-40 institutions, some initial sorting of the applications was required.
- 3) The CBGF Committee knew most of the nominated institutions. We sought clarifications from the programs and training institutions, had discussions with some of their close in partners and did some web research. Based upon this and taking into account the important issue of geography – i.e. how easy it would be for the eight training institutions to provide capacity building services - we reduced to a shorter list of 65 potential hospitals. Part of the process involved winnowing out proposals that obviously did not meet the CBG requirements.
- 4) We divided up the 65 nominated hospitals amongst the eight training institutions. This was not an equal spread, but based upon the location of the nominated hospitals, which training institution had been suggested to train the nominated hospital and our knowledge of the eight institutions, their state of development and experience and how many hospitals they could reasonably be expected to serve.
- 5) We gave the eight training institutions an application format to fill out for each of their mentee hospitals and a nominal allocation of money (based upon the numbers of nominated hospitals) and asked them to prepare a proposal based upon what services they would provide to some or all of their nominated hospitals as well as expected outcomes.
- 6) The eight training institutions have come back with proposals to support 35 hospitals between them as summarised in the flowing table:

Training Institution	Hospitals matched to training program	Original provisional budgetary allocation	# of hospitals proposed by the training institutions	Budgetary request
LAICO	27	250,000	9	247,000
LVPEI	12	200,000	5	207,400
KCCO	6	100,000	6	100,000
Al Noor	3	50,000	2	50,000
Lumbini	6	85,000	4	82,567
Sadguru NC	3	50,000	3	54,325
Visualiza	4	50,000	2	40,000
VMANN	4	50,000	4	50,000
TOTAL	65	835,000	35	831,292

The proposals from the eight training institutions for support to the 35 hospitals total \$831,292.

#### Other grants still in the pipeline

- 1) We still have to finalise the capacity building grants to Fundacion Vision and Eye Foundation Hospital Nigeria which are a condition of receiving the loan from the Eye Fund. This work is underway.
- 2) As part of the nominations process outlined above we received suggestions that capacity building services could be provided to Tilganga in Nepal and Zhongshan Ophthalmic Centre in China. We believe there are interesting options to pursue but need a little more time to work up these proposals.

**Timing of Funds release:** Initial release of funds will be immediately following IAPB Geneva meetings. Additional funds will be released to ZOC and Tilganga, pending completion of proposals yet to be approved by the CBGF Committee.. These should be forthcoming in the next several weeks.

**Financial summary**

<b>Total available</b>	<b>1,509,374</b>
Total reserved for SEVA Foundation for Community Oph training programs	200,000
Already approved for LVP for capacity building at UON and Islamia	90,000
Already approved for LAICO for capacity building at He Eye Institute and Al Noor	90,000
Fees for David Green, consultants and LAICO monitoring	137,189
<b>Sub Total (already allocated or earmarked)</b>	<b>517,189</b>
<b>Total remaining to be allocated</b>	
Anticipated grants for two remaining Eye Fund hospitals (Fundacion & Eye Fdn.)	90,000
Eight training institution proposals for 36 hospitals	831,292
Remaining for Tilganga and Zhongshan	70,893
<b>Sub total</b>	<b>992,185</b>

**Capacity Building Fund 2:** We are presently exploring developing a second Capacity building Grant Fund, as we feel there will be demand for further investments of this sort. We also see good possibilities for how a second CBG Fund can support and augment funding from the INGO community for providing the technical and business planning expertise to help make more eye care programs self financing from user fees, where appropriate.

**Annex A: Criteria used for selecting recipients**

1. Stage of development: Programmes that have the possibility to become self financing via training by provided by the capacity building organizations.
2. Leadership: The programs will have strong leadership devoted to serving all economic strata with quality eye care services.
3. Location within a high need, underserved population
4. Social mission: These Programs will have a demonstrable social mission, in that they provide or intend to provide a high percentage of surgery and clinical services at no charge or below costs via a tiered pricing model.
5. Geographical and demographic: Consideration will be given to programs which are located in areas with sufficient population density and paying capacity where financial sustainability from earned income can be achieved within the first 18 months following the capacity building training and other inputs.
6. Basic infrastructure – space, equipment and a motivated staff.
7. Commitment to serve the needy population through community-based and in-hospital services
8. A key manager who maintains communications with mentor and oversees implementation
9. Willingness to attend workshops and participate in distance learning (as it becomes available)
10. Interest in implementing a computer-based hospital management software
11. Ability to control fees and manage ophthalmology service funds to increase services, ensure quality of care, and optimize cost recovery
12. Ability to attract financial support toward mentoring/hospital improvement process
13. Willingness to provide monthly data on a confidential basis