Orbis Africa is a South African registered non-profit organisation that works in Sub-Saharan Africa to reduce preventable and treatable blindness and visual impairment.

Orbis Africa is affiliated to Orbis International, a non-profit organisation dedicated to the improvement of eye health globally since its inception in 1982.

Orbis Africa is dedicated to saving sight in Africa by improving comprehensive eye health for children and adults. We are committed to ensuring high quality Human Resources for Eye Health throughout Africa through the use of Orbis teaching and training tools. It is essential that we increase the quality of graduates and the outcomes of eye health training schools across Sub-Saharan Africa if we are to deal with the estimated 4.8 million people who are blind and a further 16.6 million who have severe to moderate visual impairment across Africa.

With a special interest in children, we are committed to establishing or strengthening ten Child Eye Health Tertiary Facilities by 2020. Orbis Africa impacts communities by providing the tools, training and technology necessary for local partners to develop lasting solutions to avoidable blindness and visual impairment. When sight is restored to people who are visually impaired, or when blindness is prevented, it doesn’t just improve the lives of individuals, it strengthens communities, enables children to access schooling, and provides the opportunity for families to build a better future for themselves by increasing their economic and social standing.
Welcome to Orbis Africa

Many of us take our regular eye check for granted. For most adults and children in the countries where Orbis Africa works this is an unknown luxury. Even if they have a phone they simply have no one to call to set up an appointment.

This year we are proud to share with you that in 2014 Orbis Africa trained local health practitioners in South Africa, Zambia, Ghana and Cameroon to serve those who need them most.

Every year dedicated medical healthcare practitioners stand ready to deliver high quality eye health training on a voluntary basis. In 2014, through our training programmes, we have made a direct impact in 5 of the 36 countries in Africa that have a severe shortage of human resources in the health sector.

Our Volunteer Faculty also stands ready to receive colleagues from Africa in their home institutions and we are proud that South Africa is one of the countries in Africa with the skills and expertise to build future eye health leaders.

In 2015 we will start working with eye health training schools in five countries in East Africa (Kenya, Uganda, Tanzania, Malawi and Rwanda) to support the strengthening of these institutions by using innovative competency-based training suitable to the local context and health needs of the urban and rural population. This means that we will be working to save sight in 10 out of the 36 most under-resourced African countries.

In 2014 we also contributed to establishing policies on eye health in countries across the African continent. We did this through our involvement and collaboration with the World Health Organisation and professional eye health organisations. Such high level collaboration results in opportunities to speak at forums where decisions about future healthcare investments are taken and it allows Orbis Africa to put eye health on the agenda of leaders in health in every country on the continent.

Join us so that together we can shape the future by helping healthcare workers to give the gift of sight every day, in every country where we work.

Lene Øverland
CEO: Orbis Africa

Robert F. Walters
Chair: Orbis Africa

“ORBIS WILL BE WORKING TO SAVE SIGHT IN 10 OF THE 36 MOST UNDER-RESOURCED AFRICAN COUNTRIES”
Our Impact

In programmes supported by Orbis Africa in 2014:

- 25 doctors were trained
- Support staff were trained including nurses, biomedical engineers, teachers and other healthcare professionals and volunteers
- 533 medical and optical treatments were conducted by partner institutions on adults and children
- 1,574 eye surgeries/lasers were performed by partner institutions on adults and children
- 80,522 medical and optical treatments were conducted by partner institutions on adults and children

92 countries served by Orbis since 1982:

Afghanistan  Afghanistan
Albania          Albania
Armenia          Armenia
Bahrain         Bahrain
Bangladesh  Bangladesh
Bolivia           Bolivia
Bosnia &    Bosnia & Herzegovina
Herzegovina
Botswana          Botswana
Brazil            Brazil
Bulgaria          Bulgaria
Burkina Faso  Burkina Faso
Cambodia         Cambodia
Cameroon         Cameroon
Chile             Chile
China             China
Colombia         Colombia
Costa Rica        Costa Rica
Côte d’Ivoire    Côte d’Ivoire
Croatia           Croatia
Cuba              Cuba
Cyprus             Cyprus
Dominica         Dominica
Dominican Republic Dominican Republic
Ecuador           Ecuador
Egypt             Egypt
El Salvador        El Salvador
Ethiopia          Ethiopia
France             France
Germany           Germany
Ghana              Ghana
Greece             Greece
Grenada           Grenada
Guatemala         Guatemala
Guinea             Guinea
Guyana            Guyana
Haiti              Haiti
Honduras          Honduras
India              India
Indonesia         Indonesia
Iraq               Iraq
Jamaica           Jamaica
Kazakhstan        Kazakhstan
Kenya              Kenya
Kyrgyzstan        Kyrgyzstan
Laos               Laos
Latvia             Latvia
Libya              Libya
Lithuania          Lithuania
Malawi             Malawi
Malaysia           Malaysia
Mali               Mali
Malta              Malta
Mexico             Mexico
Mongolia           Mongolia
Morocco            Morocco
Myanmar            Myanmar
Nepal              Nepal
Nicaragua         Nicaragua
Niger              Niger
Nigeria            Nigeria
Pakistan           Pakistan
Panama             Panama
Papua New Guinea   Papua New Guinea
Paraguay           Paraguay
Peru               Peru
Philippines        Philippines
Puerto Rico        Puerto Rico
Romania           Romania
Russia             Russia
Saint Lucia        Saint Lucia
Senegal            Senegal
Serbia & Montenegro Serbia & Montenegro
Singapore         Singapore
South Africa       South Africa
Spain              Spain
Sri Lanka          Sri Lanka
Sudan              Sudan
Swaziland         Swaziland
Syria              Syria
Tanzania           Tanzania
Thailand           Thailand
Trinidad & Tobago  Trinidad & Tobago
Tunisia            Tunisia
Turkey             Turkey
Uganda            Uganda
United Arab        United Arab Emirates
Emirates          United Emirates
United Kingdom    United Kingdom
Uruguay           Uruguay
Uzbekistan        Uzbekistan
Vietnam            Vietnam
Zambia             Zambia
David was 9 when he underwent successful cataract surgery. He is back at school repeating grade 3 and spends every other waking moment playing soccer. He dreams of one day playing for his favourite football team Chelsea.

We never noticed that the child had a problem until after 2 years when he reached the stage where he wanted to play with his friends, which is when I noticed that he had a problem with his eyes. I told my husband, who asked me how I knew and I told him to observe the child. That was when my husband took my child to his mother for traditional medicine but nothing helped.

I felt very bad and I cried because that's not what I wanted, I wanted to take him to the hospital. I used to cry most of the time because I could see his friends playing while he cannot.

Moria Chishala Mwape, David’s mom

I never used to see even when (my brother) Divine called me, I used to bypass him. When going to the market with my mother, I couldn't walk because I used to fall in ditches. I couldn't see clearly, even at school I used to have problems when writing and seeing things on the black board. I just used to stay home while my friends went to play. My friends used to tell me to stay away from them because I couldn’t see things clearly.

They first operated on this one eye and when they removed the bandage, my eye started seeing better than the other one which they didn’t operate on. (Weeks later) then they gave me another injection and operated on the other eye. I felt good when we came back home. Divine lifted me up and asked if I could see, then immediately he switched on the television and we started watching. I started playing with my friends any kind of game, soccer or even the game of hiding. My family was so happy when they saw me with the glasses for the first time. Mom and Dad lifted me and called my friend Clive and said, 'come and see David is putting on glasses'. I can now see clearly. I'm able to see everything.

David Mwape, 11 years old, lives in Mfulira, Copperbelt province, Zambia
HOW WE WORK

LASTING CHANGE
Orbis Africa is committed to solving problems through innovative approaches, working through partners, resulting in systemic changes that last rather than short-lived vertical interventions.

INNOVATIVE TOOLS AND MODELS
Orbis Africa has longstanding strength in training and capacity building with innovative and high impact tools at its disposal, including the Flying Eye Hospital and Cybersight which are set to take on new challenges in health system strengthening.

COLLABORATIVE PARTNERSHIPS
Orbis Africa is driven by collaboration and partnerships with local and national governments, as well as private sector, community-based and non-governmental organisations.

ADVOCATING FOR POLICY CHANGE
Orbis Africa advocates for an increase in public awareness of the importance of eye health and the elevation of eye health within local government agendas. Lasting and sustainable impact is only guaranteed through policy change.

LASTING SOLUTIONS
Orbis Africa strengthens health systems as a foundation for eye health services that are affordable, accessible and sustainable.

CAPACITY BUILDING
Orbis Africa is increasing the quality, capacity, strengths, standards and outcomes of eye health training schools across Sub-Saharan Africa. This is essential as approximately 4.8 million people are blind and a further 16.6 million have visual impairment across Sub-Saharan Africa.
HUMAN RESOURCES FOR EYE HEALTH

Orbis’s Human Resources for Eye Health (HReH) strengthening initiative, in partnership with the International Agency for the Prevention of Blindness (IAPB) Africa and the College of Ophthalmology of Eastern, Central and Southern Africa (COECSA), supports the development of comprehensive HReH across Sub-Saharan Africa.

Sub-Saharan Africa is the region with the highest prevalence of blindness and visual impairment in the world. An estimated 2 million people in East Africa are blind and a further 6 million are moderately to severely visually impaired. Sadly, quality eye care remains an unattainable luxury for most.

Currently struggling with only 1% of the ophthalmologists required and less than 50% of the eye health staff and equipment needed to achieve an acceptable level of eye care, hospitals in East Africa are especially hard hit.

In 2014 Orbis partnered with the International Agency for the Prevention of Blindness (IAPB) Africa and the College of Ophthalmology of Eastern Central and Southern Africa (COECSA), establishing the first multi-partner and multi-national training and leadership network to create excellence in ophthalmic education and quality in care across East Africa.

IN 2014, FIVE PILOT COUNTRIES WERE SELECTED AS PART OF PHASE ONE INITIATION: TANZANIA, KENYA, UGANDA, MALAWI AND RWANDA.
The world’s only flying ophthalmic teaching hospital, the Orbis Flying Eye Hospital, is one of the Orbis tools that will play a significant role in the implementation of Human Resources for Eye Health strengthening across East Africa. The Flying Eye Hospital will be used on an annual basis and will be integrated into institutional, national and regional plans to ensure sustainability and impact.

Over the years the Flying Eye Hospital has helped Orbis to reach hundreds of communities around the world, training doctors and nurses to provide thousands of life-transforming treatments.

Orbis Africa is dedicated to capacity building which is developing the long-term capabilities of eye health partners and teams to reach a state where they can provide high quality eye health services which are affordable, accessible and sustainable.

Orbis Africa’s approach to training is unique: we ensure a collaborative skills development relationship working alongside local counterparts. Through this approach, we enhance skills and build confidence, quality and competencies in local eye health teams. This empowers them to deal with the complex eye health needs of their communities and countries.
Cybersight is an ophthalmic telemedicine website offering patient consultation, mentoring, and learning resources. This connects medical staff in programme countries with Volunteer Faculty, making it possible for ophthalmologists in Sub-Saharan Africa to benefit from the knowledge and experience of Orbis Volunteer Faculty entirely free.

In 2014, eye health professionals in Sub-Saharan Africa submitted 90 cases on Cybersight for advice from Orbis’s global network of Volunteer Faculty. We trained a total of 59 professionals in effective use of the newly-revamped Cybersight mentorship platform, through in-person training sessions in Cameroon, Ethiopia and Malawi.

The Malawi session included 25 ophthalmologists from a variety of countries under the COECSA (College of Ophthalmology of Eastern, Central and Southern Africa) banner.

We conducted Technology Assessments at partner institutions in Cameroon and Zambia, with recommendations covering medical records management, strengthening referral systems and increasing staff access to internet-based resources.

We also supplied innovative devices to connect smartphones to slit lamp microscopes in Ghana and Ethiopia, enabling production and sharing of digital photos and videos from existing analogue equipment.

One of the most critical eye health deficits is the lack of adequately trained human resources, especially in rural areas. Orbis addresses this acute need for trained eye health professionals through a variety of settings - in our unique Flying Eye Hospital, in a local partner setting, or through our initiative, Cybersight.

VOLUNTEER FACULTY

These volunteer medical professionals provide skills exchange and training to local partners through Hospital Based Programmes, Mentorships, Flying Eye Hospital visits, and Cybersight.

Internationally, Orbis maintains an active pool of more than 450 volunteer medical faculty with a high level of expertise, many from the world’s most prestigious eye health institutions. These volunteer medical professionals provide skills exchange and training to local partners.

Hospital Based Programmes are training programmes held at partner hospitals usually lasting 1 to 2 weeks. Orbis Volunteer Faculty work intensively with eye health professionals in the local hospital settings, training on selected areas of eye health.

VOLUNTEER FACULTY

These volunteer medical professionals provide skills exchange and training to local partners through Hospital Based Programmes, Mentorships, Flying Eye Hospital visits, and Cybersight.

Internationally, Orbis maintains an active pool of more than 450 volunteer medical faculty with a high level of expertise, many from the world’s most prestigious eye health institutions. These volunteer medical professionals provide skills exchange and training to local partners.

Hospital Based Programmes are training programmes held at partner hospitals usually lasting 1 to 2 weeks. Orbis Volunteer Faculty work intensively with eye health professionals in the local hospital settings, training on selected areas of eye health.

Cybersight

Cybersight is an ophthalmic telemedicine website offering patient consultation, mentoring, and learning resources. This connects medical staff in programme countries with Volunteer Faculty, making it possible for ophthalmologists in Sub-Saharan Africa to benefit from the knowledge and experience of Orbis Volunteer Faculty entirely free.

In 2014, eye health professionals in Sub-Saharan Africa submitted 90 cases on Cybersight for advice from Orbis’s global network of Volunteer Faculty. We trained a total of 59 professionals in effective use of the newly-revamped Cybersight mentorship platform, through in-person training sessions in Cameroon, Ethiopia and Malawi.

The Malawi session included 25 ophthalmologists from a variety of countries under the COECSA (College of Ophthalmology of Eastern, Central and Southern Africa) banner.

We conducted Technology Assessments at partner institutions in Cameroon and Zambia, with recommendations covering medical records management, strengthening referral systems and increasing staff access to internet-based resources.

We also supplied innovative devices to connect smartphones to slit lamp microscopes in Ghana and Ethiopia, enabling production and sharing of digital photos and videos from existing analogue equipment.

One of the most critical eye health deficits is the lack of adequately trained human resources, especially in rural areas. Orbis addresses this acute need for trained eye health professionals through a variety of settings - in our unique Flying Eye Hospital, in a local partner setting, or through our initiative, Cybersight.

VOLUNTEER FACULTY

These volunteer medical professionals provide skills exchange and training to local partners through Hospital Based Programmes, Mentorships, Flying Eye Hospital visits, and Cybersight.

Internationally, Orbis maintains an active pool of more than 450 volunteer medical faculty with a high level of expertise, many from the world’s most prestigious eye health institutions. These volunteer medical professionals provide skills exchange and training to local partners.

Hospital Based Programmes are training programmes held at partner hospitals usually lasting 1 to 2 weeks. Orbis Volunteer Faculty work intensively with eye health professionals in the local hospital settings, training on selected areas of eye health.
Orbis Africa’s work in North-Western province of Zambia has flourished with a highlight in 2014 being the very successful mass drug administration for trachoma control.

In the Copperbelt province of Zambia, Orbis Africa has continued to support the Kitwe Eye Annexe since 2011 when it was established as a child eye health facility at Kitwe Central Hospital. In 2014 significant progress was made in human resource development and provision of equipment and consumables.

The results of a multi-disciplinary Hospital Based training Programme conducted at the end of 2014 have confirmed Orbis Africa’s impact through capacity building. As part of our investment in the province, Orbis Africa has made significant strides in planning for expansion to primary and secondary levels of eye health care, with plans to build the capacity of personnel at these levels to increase early detection of eye health issues to ensure their timely referral to the appropriate level of eye health care. Additionally, Orbis Africa will invest in community-level interventions, aimed to increase education and awareness around eye health issues in order to improve uptake of services and compliance to treatment.

Orbis Africa’s work in North-Western province has flourished with a highlight in 2014 being the very successful mass drug administration for trachoma control. Orbis Africa, with its partners, managed to reach a 92% coverage rate, exceeding the World Health Organisation’s target of 80%. Zithromax was distributed to over 73,000 people in one district of the province.
SOUTH AFRICA

Several programmes are underway and in development, including training at primary and community levels, engagement with traditional healers, and research which will inform future strategies on eye health in KwaZulu-Natal.

5th HOSPITAL BASED PROGRAMME TO DATE IN PAEDIATRIC OPHTHALMOLOGY IN KWAZULU-NATAL WAS CONDUCTED WITH ORBIS VOLUNTEER FACULTY.

In 2014 the fifth Hospital Based Programme to date in paediatric ophthalmology in KwaZulu-Natal was conducted with Orbis Volunteer Faculty, confirming that the programme is an outstanding example of skills transfer. Capacity building at quaternary/tertiary level was complemented with training at primary and community levels of eye healthcare.

Orbis Africa continued to work with the Department of Health to train primary healthcare nurses in basic eye health, and formalised a partnership with Training & Resources in Early Education (TREE) to train Early Childhood Development practitioners and Community Care Givers to support earlier detection and referral of eye health issues to appropriate levels of care within the province.

Orbis Africa began preliminary work with traditional healers based on the 2013 research study in KwaZulu-Natal which determined that consultation of traditional healers could be a barrier to children receiving early treatment for eye disease. This prompted the development of a project to provide training and awareness of eye health to traditional healers to minimise critical delays in receiving appropriate treatment.

Orbis Africa conducted multi-disciplinary assessments of several secondary-level hospitals in KwaZulu-Natal in 2014. The recommendations from these assessments will inform the development of future strategies to deepen Orbis Africa’s continued efforts to strengthen the eye health system in KwaZulu-Natal.
The main goal of Orbis’s project in Ghana is to contribute to the reduction of childhood blindness and visual impairment in the Ashanti and neighbouring regions.

Ghana

The number of blind children in Ghana is estimated to be more than 9,000. Between 50% to 70% of the causes are avoidable.

Orbis Africa continues its work in Ghana with the Komfo Anokye Teaching Hospital (KATH) to develop quality paediatric services in collaboration with the Himalayan Cataract Project, which focuses on adult services. In 2014, the Hospital benefited from critical training provided by Orbis Africa.

The paediatric ophthalmology department at KATH is the only department of its kind for the whole northern sector of Ghana and currently has just one paediatric ophthalmologist. Dr Doreen Frempong undertook a six-week observership training in paediatric ophthalmology with the Moran Eye Center in Utah, with Orbis Volunteer Faculty Dr Robert Hoffman. She then went on to do a 9-month training programme in paediatric ophthalmology at the Red Cross War Memorial Children’s Hospital in Cape Town. With her newly-acquired paediatric experience Dr Frempong will return to Ghana well-placed to significantly increase the capacity at KATH Eye Clinic. This will enable more patients to be treated, thereby reducing the complications that arise from delayed surgery.

Child Eye Health Coordinator Rebecca Antwi attended a one week training course run by the University of Cape Town’s Community Eye Health Institute on Management Essentials for Success in Vision 2020 Eye Health Training.

Orbis Volunteer Faculty Leo de Kryger from Canada visited KATH to conduct biomedical engineering training and worked closely with the biomedical team to fix and calibrate all equipment in the eye unit, while training the KATH staff. He also worked closely with our partner NGO (Himalayan Cataract Project) to ensure continuity in training approach and handover.

“The paediatric ophthalmology department at KATH is the only department of its kind for the whole northern sector of Ghana.”
CAMEROON

The Ministry of Public Health in Cameroon signed a Convention formalising the partnership between Orbis Africa and the government. A national work group, recognised by the Cameroon Ministry of Public Health, was developed to ensure the integration of eye health into the national human resources for health strategy.

DEVELOPING A PAEDIATRIC EYE CARE CENTRE AT THE MAGRABI ICO CAMEROON VISION INSTITUTE (YAOUNDE VISION INSTITUTE), CAMEROON

Significant progress has been made towards the construction of the Paediatric Eye Care Centre at the Magrabi ICO Cameroon Vision Institute in Yaoundé, with the building exterior nearly complete and work on the interior underway. The opening is scheduled to take place in the last quarter of 2015.

The provision of equipment and the development of human resources have continued with ophthalmologist Dr Ted Grimbert receiving training to strengthen critical skills such as paediatric cataract surgery, probing and injury care with children, the management of oculoplastics and various other eye diseases. The institute has started recruiting for critical staffing positions.

DEVELOPING A COMPREHENSIVE EYE HEALTH PROGRAMME AT YAOUNDE CENTRAL HOSPITAL (YCH), CAMEROON

A formal agreement was signed between Orbis Africa and Yaoundé Central Hospital to develop a comprehensive eye health programme at the facility. Modifications to the floor plan of the ophthalmology department, developed by Orbis International’s Global Medical Director, began in the latter part of 2014 and equipment valued at R1.8-million was delivered and installed. In 2014 the human resource capacity was greatly increased with the allocation of four nurses and three additional ophthalmologists.

In an effort to strengthen the ophthalmology human resources, several Hospital Based Programmes were employed during the year targeting nurses and biomedical technicians.

The ophthalmology unit has begun to collect surgical information to understand the patient flow and needs of the hospital. An IT assessment was also conducted, from which various recommendations were made to improve record-keeping.

“...The Prime Ministry is very supportive of the work that Orbis is conducting in Cameroon. In 2011 His Excellency the Prime Minister of Cameroon Philémon Yang invited Orbis’s Flying Eye Hospital to Yaoundé with a shared vision to improve eye health in Cameroon. We continue to support Orbis and the work it is doing with hospitals in Yaoundé to strengthen eye health. Orbis is doing excellent work in Cameroon in the fight to restore sight and it is highly appreciated. I hope that nothing will stop Orbis from continuing this wonderful work.”

Kong Sakeo, Chargé de Mission, Prime Minister’s Cabinet, Yaoundé Cameroon
In 2014 a research paper by acclaimed University of Cape Town anthropologist, Dr Susan Levine, significantly impacted the prevention and treatment models for avoidable childhood blindness on the African continent. The research study was spearheaded by Orbis Africa and funded by a research grant provided by the Paediatric Cataract Initiative, a partnership effort of Bausch + Lomb and Lions Clubs International Foundation. Levine’s paper The Miracle Workers: obstacles and opportunities for restoring sight to children in KwaZulu-Natal was published in the journal Anthropology Southern Africa and revealed a series of barriers and obstacles that are preventing children from accessing vital medical intervention which could prevent childhood blindness. The research study was the first of its kind in Africa and the data generated during the research process has significantly enhanced Orbis’s programme design. Findings of the research have pointed out very clearly that in order to eliminate avoidable blindness on the continent eye health needs to be supported by partnerships outside of eye health and outside of the formal health care system.

Orbis Africa joined forces with the Brien Holden Vision Institute and African Vision Research Institute around the issue of eye health and poverty in South Africa. The Poverty and Eye Health Study will lay the foundation for service delivery mechanisms providing access for poor to life transforming eye health services in South Africa. The review article of the Poverty and Eye Health Study has been published in Scientific Research Publishing (Health).

In 2014, Orbis supported an important research study in Ghana which aims to assess the feasibility of integrating Primary Eye Care into existing Primary Health Care services, namely Community-based Health Planning and Services. In Ghana, serious human resource shortages coupled with deteriorating infrastructure and lack of equipment are the major contributory factors to the challenges of eye health in the country. The findings from this study will inform Orbis Africa’s work in Ghana as we look to expand into strengthening the community and primary levels of the health system for eye health.

Orbis Africa works in partnership with others to create meaningful research that informs global blindness prevention for adults and children where we work.
Tell me and I will forget; show me and I may remember; involve me and I will understand.

Unknown

**FILM**

In 2014 Orbis Africa partnered with STEPS (Social Transformation and Empowerment Projects) to produce Africa’s first documentary film on eye health. The decision to use film was based on Dr Susan Levine’s study which revealed a series of barriers and obstacles that are preventing children from accessing the eye healthcare they require. STEPS, who pioneered the facilitated film screening methodology, produced the documentary to initiate social change and raise awareness of eye disease. The short documentary film, *Ngiyakubona* (*I See You*) was screened at the Inkosi Albert Luthuli Central Hospital in Durban as part of a critical eye health training programme on World Sight Day in October. A group of trainees including Community Care Givers, Early Childhood Development facilitators, task team members, district managers and other primary healthcare professionals were equipped to take the film into their communities to bring about social change and awareness around eye health.

**RADIO**

In partnership with Orbis Africa, the Children’s Radio Foundation built the capacity of their youth reporters to report on eye care issues affecting children and youth, with the goal of amplifying community-based conversations around eye care as a whole. The pilot was successfully run in KwaZulu-Natal province with campaigns run with Newcastle Community Radio and Vibe FM.

**THE SHORT DOCUMENTARY FILM, NGIYAKUBONA (I SEE YOU) WAS SCREENED AT THE INKOSI ALBERT LUTHULI CENTRAL HOSPITAL IN DURBAN AS PART OF A CRITICAL EYE HEALTH TRAINING PROGRAMME ON WORLD SIGHT DAY IN OCTOBER.**
In collaboration with the International Council of Ophthalmology (ICO) in Africa and the Ophthalmological Society of South Africa, Orbis Africa hosted a high-level advocacy event in Johannesburg to inaugurate His Excellency Kgalema Motlanthe, former president of South Africa, as the new ICO ambassador for VISION 2020: Sub-Saharan Africa.

The significance of the appointment is that within his role as Ambassador, Mr Motlanthe will contribute towards universal eye health by helping to raise awareness of the causes of avoidable blindness and the solutions available.

Orbis Africa, in partnership with Advocacy Aid, also developed a policy review that highlighted the need for a National Integrated Child Eye Health Programme that will provide guidance at a provincial level. Orbis Africa has proposed to work with the Department of Health to achieve three primary outcomes: Strengthen the educational, screening and referral roles played by Primary healthcare workers, convene a meeting between the Non-communicable Diseases and the Maternal and Child Health directorates to plan a coordinated response to strengthening the prevention of blindness role of primary healthcare workers, and finally develop a dedicated holistic national child eye health strategy.

Orbis Africa uses advocacy to improve the understanding of the social and economic burden of visual impairment and blindness, advocating for more efficient and effective eye health services across Sub-Saharan Africa.

It is unacceptable that most blind children in Africa have lost their sight due to preventable causes. Many of the visually impaired children that live in Africa today need not have lost their sight if they had been diagnosed early and had had access to quality treatment and follow-up.

I take my role as Ambassador very seriously and am committed to partnering with eye health stakeholders to achieve VISION 2020 and see a continent where no one is needlessly blind.

His Excellency Mr Kgalema Motlanthe, former president of South Africa and new ICO ambassador for VISION 2020: Sub-Saharan Africa.
2015 AND BEYOND

At Orbis Africa, we utilise our expertise to strengthen organisations, people and systems by leveraging our global experience and adding value through partnerships and advocacy. We also aim to influence others, and act as a thought and practice leader in our field. We approach our work through strategic partnerships, a systems-approach, innovation, evidence-based work and learning.

Between 2015 and 2020, Orbis Africa seeks an increase in the use of eye health services in a select number of countries in Africa, with a focus on South Africa, Zambia, Cameroon, Ghana, Tanzania, Kenya, Uganda, Malawi and Rwanda.

Our overall goal is that by 2020 children and adults living in the region covered by Orbis Africa will be able to utilise eye health services when they need them, in facilities with the appropriate human resources, infrastructure and systems. In order to achieve our primary objective, Orbis Africa will focus on three goals over the next five years: generating revenue of R85-million by 2020, optimising organisational capacity to deliver quality on time, and building capacity in partners to deliver high quality eye health services.

“OUR OVERALL GOAL IS THAT BY 2020 CHILDREN AND ADULTS LIVING IN THE REGION COVERED BY ORBIS AFRICA WILL BE ABLE TO UTILISE EYE HEALTH SERVICES WHEN THEY NEED THEM, IN FACILITIES WITH THE APPROPRIATE HUMAN RESOURCES, INFRASTRUCTURE AND SYSTEMS.”

3 goals

• GENERATING REVENUE OF R85-MILLION BY 2020
• OPTIMISING ORGANISATIONAL CAPACITY TO DELIVER QUALITY ON TIME
• BUILDING CAPACITY IN PARTNERS TO DELIVER HIGH QUALITY EYE HEALTH SERVICES
2014 CONSOLIDATED FINANCIAL SUMMARY

This report illustrates an overview of the consolidated statement of comprehensive income for Orbis Africa NPC and Project Orbis International Inc*.

A total income of R41.95-million was generated in revenue and support, which emanated mainly from, but not limited to, Orbis International, Orbis Charitable Trust and other donors.

96% or R40.48-million of income was invested in implementing our projects in blindness prevention training, screening, treatments and surgeries.

86% or R34.94-million was a direct investment into programme delivery costs.

7% or R2.89-million was used to support programme delivery and includes coordination costs.

7% or R2.65-million was used for fundraising and communication costs.

A consolidated financial performance for the period recorded a net surplus of R1.48-million and these residual funds will be utilised in the delivery of programme work as per approved plans for 2015. In addition to these residual funds, Orbis International, Orbis UK and Orbis Africa have a funding commitment to fully cover the 2015 budget plans.

*Project Orbis International Inc. is in the final stages of being deregistered. All of its operations have been transferred to, and will continue under, Orbis Africa NPC.
Orbis Africa is fortunate to be governed by a highly experienced and skilled Board of Directors whose members contribute far more than guidance, governance and strategic direction; they lead the organisation with passion and commitment.
DONORS

GRANTS

R 1,000,000+
Standard Chartered Bank
Embassy of Japan
(South Africa)

R 200,000+
Discovery Fund
Tsunami Foundation
Victor Daitz Foundation

R 50,000+
Bausch & Lomb
The Allergan Foundation
Capital Equipment Group
Truworths Community Foundation

R 5,000+
Embassy of the United States
Truworths Chairman’s Foundation
Foundation for Human Rights
Illovo Sugar Limited
Buffelsdale Primary School

R 1,000+
DHI Mossa Willowton Oil Foundation
Methodist WCF

INDIVIDUALS

Ms Samantha Bacon
Mr Faried Bassier
Ms Diza Burnett
Mr Russell Burnett
Mr Tudor Caradoc-Davies
Ms Cheryl Carolus
Ms Carole Ellis
Ms Suraya Farren
Dr Geoff Float
Ms Lynn Geater
Dr Theshentree Govender
Ms Catherine Grant
Mr Petr Havlik
Ms Beverly Hosket
Mr Bradley Hosket
Ms Susan Hosket
Ms Jennifer Hull
Ms Judy Kneppers
Mr Andries Krause
Ms Maria Kruger
Mr Gary Kruser
Mr Ryan Larkan
Mr Christopher Lenferna
Mr Ian Logan
Ms Esther Lungren
Mr Joe Lungren Sr.
Mr Rodney Maharage
Mr Manuel Jose Maia
Mr Wicus Malherbe
Mr Lucien Manga
Prof Angela Mathee
Mr Daemon McCulnan
Ms Mirriam Mogotsi
Ms Mary Montgomery
Ms Eileen Monti
Mr Andrew Neely
Dr Daniel Neely
Mr Jerry Neely
Ms Lucille Neely
Mr Justin Newdigate
Mr Hugh Newman
Ms Tracey O’Brien
Ms Catherine Parker
Mr Pillia
Dr Indren Pillay
Mr Anton Potgieter
Ms Louise Renton
Ms Joanne Rowland
Dr Yaada Seenarayn
Ms Carla Sher
Mr Mark Sher
Mr Casper Steenkamp
Mr Alberto Struck
Mr Andre Swart
Ms June Teare
Ms Camilla Thorogood
Mr Johan Uys
Mr Harvey Trent
Mr Jef van Rooyen
Ms Nina van Zyl
Ms Jane Venter
Mr Rob Walters
Mr Stuart Watson

GIFTS IN KIND

Brewers Logic
DSTV Media Sales
ISEBOX
Mediaweb Online
Ministry of Health, Zambia
Pick n Pay
Premium Brand Distributors
Print & Signage Solutions
SSEM Mthembu Medical

VOLUNTEER FACULTY

Ann-Marie Ablott (UK)
Isabel Aguilar (UK)
Wallace Lee Alward (USA)
Bazil Aletheau (UK)
Lawrence Azavedo (UK)
Bhupesh Bagga (India)
Pamela Bailey (South Africa)
Samar Basak (India)
Larry Benjamin (UK)
James Brandt (USA)
Stephen Brodovsky (Canada)
Donal Brosnanhan (Ireland)
Sandra Burnett (USA)
John Carter (USA)
David Celachis (USA)
Marc Cepela (USA)
Kakalor V. Chalam (USA)
Radhika Chakwa (Canada)
R. V. Paul Chan (USA)
Gabriela Chong (Hong Kong)
Victor Chong (UK)
Peng Peng Chua (Malaysia)
Simon Courtman (UK)
Maria Rosa Cueva (Peru)
Eletisha Dean (USA)
Fiona Dean (UK)
Leo de Kreiger (Canada)
Hardeep Dhindsa (USA)
Michael Eckstein (UK)
Sherif El-Defrawy (Canada)
Mairead English (Ireland)
Ian Fleming (UK)
Douglas Fredrick (USA)
Robyn Frick (USA)
Antonia Gerber-Setz (New Zealand)
Ruchi Goel (India)
Parikshit Gogate (India)
Karl Golnik (USA)
Artem Grush (USA)
Sin Yee Ho (Hong Kong)
Angela James (New Zealand)
Sandra Johnson (USA)
Karyn Elizabeth Jonas (USA)
Amy Jost (USA)
Yasser Khan (Canada)
Robert Kersten (USA)
Peter Kertes (Canada)
Milind Kiladar (India)
Hari Kumar (India)
Wai-Ching Lam (Canada)
David Laws (UK)
Alice Lee (Canada)
Vincent Lee (Hong Kong)
Wen Yuan Princton Lee (UK)
James Lehman (USA)
Richard Gary Lane (USA)
Alex Levin (USA)
Mark Mannis (USA)
Janet Marsden (UK)
Anthony McAleer (Ireland)
Timothy McCulley (USA)
Kimberly McQuaid (Ireland)
Ron Medan (Israel)
Elkin Mejia (USA)
Afroso Mendoza-Alvarado (Colombia)
Eydice Miller-Ellis (USA)
Anne Moore (USA)
Rishi Swarup (UK)
Luu Tong (Vietnam)
Jay Vicencio (Philippines)
Rudolph Wagner (USA)
James Whelan (Canada)
M. Edward Wilson (USA)
Mitchell Wolf (USA)

Mary O’Hara (USA)
Scott Ollitsky (USA)
Carlos Omphroy (USA)
Ernesto Otero (Colombia)
Susanna Park (USA)
Chee Soon Phaik (Singapore)
Ronald Pelton (USA)
Susan Pepin (USA)
Toni Pilcher (Australia)
Donna Punch (Canada)
Danilo Ramos (USA)
Manish Raval (UK)
Manolito Reyes (Philippines)
Sanjay Saikia (UK)
Ahmed Sallam (UK)
Arif Samad (Canada)
Thomas Samuelson (USA)
Natalia Schwartz (USA)
Benjamin Shalev (Israel)
Craig Simms (Canada)
Noreen Smith (USA)
Vijayaraghavan Srinivasan (India)
Rosalind Stevens (USA)
Sukumar Sudheer (UK)
Donny SuH (USA)
Grace Sun (USA)
Poonam Chandran Sundaram (India)
Rishi Swarup (India)
Luu Tong (Vietnam)
Jay Vicencio (Philippines)
Rudolph Wagner (USA)
James Whelan (Canada)
M. Edward Wilson (USA)
Mitchell Wolf (USA)
Xiangwei Zhang (USA)
Yuan Zhang (USA)