



Annual Report 2009-10

Sight For All Foundation Ltd

30 June 2010

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1. Chairman's report

The past year has seen tremendous growth of Sight For All - as a business, as a charitable foundation and in its primary role as a weapon in the fight against avoidable blindness.

1.1 Sight For All as an organisation

Sight For All was officially declared a developing country relief fund in the Government Gazette on 8th July 2010. A big thank you must go to Michael Fotheringham for his enormous effort in steering this lengthy and complex process.

No sooner had we achieved this goal, than Michael started to finalise our application to become a signatory to ACFID's Code of Conduct, another mammoth task.

Matt Remphrey and his team from Parallax have given us a fabulous corporate identity, one that I hope will become more and more visible as our marketing kicks in.

Michels Warren has given us some great PR opportunities, culminating finally in our first national exposure in The Weekend Australian in early October.

Our business plan continues to develop and mature under the guidance of our Secretary Simon Croxton.

Patrick Markwick-Smith is steering our application for accreditation to AusAID which we hope to achieve in 2011 and which will allow us to apply for significant funding for our projects.

1.2 Fund raising

Our first year of fund raising has been a great success, starting with our launch at the Hawke Centre in February. Our High Tea with Poh at the Intercontinental on May raised over \$20,000 which has been used to train a paediatric ophthalmologist from Sri Lanka. Our Great Conversations Dinner in the stunning Mortlock Wing of the State Library raised \$76,000 for a paediatric eye unit in Sri Lanka. This will be established in Kandy in early 2011. Thanks to Mena Muecke and the Events Committee for all their hard work this year. We will look forward to more unique events in 2011.

1.3 Overseas Ophthalmic Aid

Our main project continues to be our AusAID funded program in Myanmar. Although we have had to postpone our Secondary Eye Centre visits in 2010 because of the election, we were still able to hold a trainee workshop in February and a small incision cataract workshop in July. Dr Than Tun Aung returned to Yangon Eye Hospital in February 2010 as the first paediatric ophthalmologist in the country. The country's first orthoptist was trained with SFA funding in Vellore, India and returned to work with Dr Aung in June. The country's first paediatric eye unit was established in July with the delivery of vital ophthalmic and orthoptic equipment for the clinic and surgical instruments for the operating theatre.

Lao is shaping up to become our next big project. A large refractive error survey was held in November 2009. The results of this are yet to be published but preliminary data suggests that Laotian children could have the best vision ever discovered. Two subspecialty teaching trips have been held in 2010 – Dr Michael Hammerton (paediatric ophthalmology) in June and Dr Henry Newland (vitreo-retinal surgery) in September. Dr Steve McGovern held a workshop for trainee ophthalmologists in October and I installed some much-needed equipment in the Vientiane Eye Centre and a regional centre in Luang Prabang.

We are also building a relationship with the BP Koirala Eye Centre in Kathmandu, Nepal. I held an ocular oncology workshop in November 2009 and Dr Garry Davis is participating in the country's first oculoplastic surgery symposium. We are hoping to train a fellow in oculoplastics in 2011.

We continue to train fellows from Asia at the South Australian Institute of Ophthalmology, with Dr Kwan returning to Vietnam following a 12-month fellowship in vitreo-retinal surgery. Dr Susith from Sri Lanka is currently undertaking a fellowship in VR surgery and Dr Siriwardana, also from Sri Lanka, in paediatric ophthalmology.

1.4 My Eye Health Program

SFA, in conjunction with RANZCO-SA, has embarked on an initiative with the Royal Society for the Blind (RSB) and the Freemason's Foundation (FMF) to raise awareness in the wider South Australian community of blinding yet preventable eye diseases such as age-related macular degeneration, diabetic retinopathy, cataract and glaucoma, and services available for the vision impaired.

An information booklet and fact sheets have been produced by RANZCO-SA and SFA. Thanks to Shane Durkin for his excellent help in preparing the booklet. Two community educators have been employed by RSB. Each educator has spent two weeks receiving exposure to clinics and theatre at Royal Adelaide Hospital and Women's and Children's Hospital and to the services provided at the RSB.

The aim of the My Eye Health Program is to educate target groups in metropolitan and regional areas of SA at catered events publicised and hosted by FMF. These groups will include aged care facilities, secondary schools (year 9), and allied health professionals.

The My Eye Health Program was formally launched in October 2010 with Kevin Scarce, the Governor of SA, as the Patron. The first regional education day was held in Murray Bridge on Oct 27th with the first metropolitan day planned for the Ridgehaven area later in November.

1.5 Indigenous Eye Health

Retinal disease due to diabetes is becoming an increasing problem in the indigenous communities of SA. We are currently gathering information regarding awareness of the potentially blinding complications of this condition to guide future eye health promotion activities.

The My Eye Health Program will be modified and subsequently delivered to indigenous communities of SA and NT in 2011 in consultation with the Aboriginal Health Council of SA and visiting ophthalmologists. We are hoping to utilise the Crows profile and network in indigenous communities to deliver the appropriate eye health messages.

A huge thank you must go to the Board, our Operations Manager Naomi Bock, the Events Committee and all eye health professionals who have contributed their time voluntarily to help achieve our aim of reducing avoidable blindness

Chairman

Dr James Muecke

2. Treasurer's report



**Independent Auditor's Report
To the Members of Sight For All Limited atf
The Sight For All Limited Foundation Fund
For the year ended 30th June 2010**

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Sight For All Foundation as trustee for the Sight For All Limited Foundation Fund. This comprises the balance sheet as at 30 June 2010, and the profit and loss statement, and other notes/declarations.

Directors' Responsibility for the Financial Report

The directors of Sight For All Limited responsible for the preparation and fair presentation of the financial statements and have determined that the accounting policies used throughout the year, which form part of the financial report, are appropriate to meet the requirements of the *Corporations Act 2001* and are appropriate to meet the needs of the members. The directors' responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the directors' financial reporting under the *Corporations Act 2001*. We disclaim any assumption of responsibility for any reliance on this report on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

Qualification

As is common for this type of organisation, it is not practicable for Sight For All Limited to maintain an effective system of internal control over donations and other fundraising activities until their initial entry in the accounting records. Accordingly, the audit in relation to fundraising was limited to amounts recorded.

Qualified Auditor's Opinion

In our opinion the financial report of Sight For All Foundation as trustee for the Sight For All Limited Foundation Fund is in accordance with the *Corporations Act 2001*, including giving a true and fair view of the Sight For All Foundation as trustee for the Sight For All Limited Foundation Fund's financial position as at 30 June 2010, and of its performance for the year ended on that date.

A blue ink signature of Ben Willington, written in a cursive style.

BEN WILLINGTON
1 December, 2010

A blue ink signature of Accru+ Harris Orchard, written in a cursive style.

ACCRU+ HARRIS ORCHARD

Sight for All Foundation Ltd
South Australian Institute of Ophthalmology
Level 8 East Wing
Royal Adelaide Hospital
North Terrace

Profit & Loss Statement
July 2009 through June 2010

Income		
Donations	\$68,315	
Fund Raising Income	\$34,014	
Total Income		<u>\$102,329</u>
Expenses		
Bank Charges	\$430	
Computing Expenses	\$399	
Filing Fees	\$40	
Fundraising Expenses	\$22,296	
Legal fees	\$1,210	
Postage	\$218	
Printing & Stationary	\$1,838	
Travel & Accom. Expenses	\$330	
Plant & Equip. Donated O/Seas	\$4,149	
Total Expenses		<u>\$30,911</u>
Operating Profit		<u>\$71,418</u>
Other Income		
Interest Received	\$77	
Total Other Income		<u>\$77</u>
Net Profit/(Loss)		<u>\$71,495</u>

Sight for All Foundation Ltd
South Australian Institute of Ophthalmology
Level 8 East Wing
Royal Adelaide Hospital
North Terrace

Balance Sheet

As of June 2010

Assets		
BankSA - SFA Trustee Acc #1440	\$20,393	
BankSA - SFA Ltd #3040	\$5,358	
PayPal	\$3,858	
Trade Debtors	\$41,305	
Plant & Equipment	\$1,170	
Total Assets	<u> </u>	\$72,084
Liabilities		
Trade Creditors	\$589	
Total Liabilities	<u> </u>	\$589
Net Assets		<u> </u> \$71,495
Equity		
Current Earnings	\$71,495	
Total Equity	<u> </u>	<u> </u> \$71,495

2.1 Financial Performance

During the first financial year of Sight For All over \$68,315 was raised in donations. This outstanding effort was due to the generosity of many individuals and companies demonstrating their support of the activities of Sight For All. A summary of the total donations provided during the year include:

- ▶ Non specific \$49,135
- ▶ Burma \$4,000
- ▶ Sri Lanka \$15,180

Throughout the year Sight For All also raised \$34,014 in fundraising income with the majority of this money raised for Sri Lanka. Overall the total income raised for Sight For All totalled \$102,329.

Total expenses for the year totalled \$30,911 with the majority being \$22,296 relating to expenditure incurred to facilitate the fundraising activities throughout the year.

There is also \$4,149 of expenses relating to the purchase of property, plant and equipment donated overseas. There is a timing difference in relation to the collection of the income related monies for the reimbursement of these purchases. This will be reflected in the 2010-11 financial year.

The remainder of the expenses relate to administrative costs such as bank fees, computing costs, filing statutory fees, printing & stationary and travel & accommodation costs.

Taking into consideration the above incomes and expenses, Sight For All for the year ended 30 June 2010 made a profit of \$71,495.

2.2 Financial Position

Sight For All has two significant assets:

- ▶ cash at bank balances amounting to \$29,609
- ▶ Trade Debtors amounting to \$41,305

The reason for the large trade debtor balance was due to the timing of physical cash receipt of the donations provided to Sight For All which coincided with the approval date for the DGR Tax Status. This money has since been receipted in the bank account during 2010-11.

Sight For All does not have any significant liabilities.

As at 30 June 2010 Sight For All has a net equity balance of \$71,495.

2.3 Other Items to note

Appointment of the Auditor for 2010-11

Hood & Sweeny will be approached for the provision of audit related services on a pro-bono basis for the 2010-11 financial year.

Budget for 2010-11

A key priority for the Treasurer is to establish a budget reflective of the Sight For All key activities planned for 2010-11 this will provide better reporting of achievements.

Risk Management

A risk management session and establishment of key risks is crucial for Sight For All to undertake and ensure all risks of the entity are being effectively addressed and managed.

Policy and Procedure Development

A set of financial policies and procedures are necessary to ensure Sight For All operates in a sound governance environment.

Treasurer

Amy Grace

3. Legal report

In 2009/2010 there were a number of exciting legal developments for Sight For All.

As part of the continued development of Sight For All a number of milestones have been achieved in 2009/2010 including:

As part of the tax deductible process Sight For All completed its application as a registered NGO. This process included a significant and lengthy telephone conversation with the NGO officer in Indonesia on Christmas Eve. Thank you to our chairman James Muecke for also making the time to participate in the telephone conference.

The most important achievement in 2009/2010 was that Sight For All obtained under sub-section 30-85 (2) of the Income Tax Assessment Act 1987 the right to be a tax deductible government recipient. As a consequence all donations to Sight For All are now tax deductible in nature. This will certainly assist with fundraising.

Undertaking the initial steps to register Sight For All as a trade mark. Thank you to Maddern's Patent Attorneys for their voluntary assistance; Preparing and formulating a number of policies and guidelines including a gender policy, privacy policy and revising the counter-terrorism policy; Undertaking the initial applications for ACFID.

The 2010/2011 year will be exiting as Sight For All continues its growth and development. From the legal side Sight For All hopes to achieve in 2009/2010:

- ▶ Finalising the trade marks for Sight For All.
- ▶ Become a signatory to ACFID.

4. Fundraising report

Events and Fundraising

The events committee, which was formed in late 2009, has worked constantly to raise awareness and support for the Foundation amongst the local community. It has been our objective to align an event with a specific need in which we raise funds for. We seek to make each event unique in location, style and methods of fundraising in order to separate us from the other numerous charity events, which follow a specific and predictable formula.

The events committee, which has nine members between the ages of 38 to 57 is now seeking to recruit a new member in the 25 to 35 years age bracket.

The Launch

The launch was held on Wednesday 10th Feb 2010 at the Uni of Sa Bradley Forum. It was a well attended event with more than 100 corporate and medical guests present. The night was opened by Stephen Trigg, CEO of the Adelaide Football Club, followed by an introduction to the Foundation by Dr James Muecke. Associate Professor Bob Casson thanked all sponsors and guests on the night. A short 3 minute documentary was shown during the proceedings.

The launch generated a great deal of discussion and feedback on the night and in the following weeks. Donations were made and expressions of interest to participate in future events were also made.

The launch was a fully sponsored event with the exception of the food, catered by Ali Seedsman, who kindly provided us with a discount. Thanks especially to Uni SA, Will Taylor Wines and Coopers for their in kind donations.



High Tea

The 'High tea with Poh' was held on Thursday 27th May 2010 at the Intercontinental Hotel with special guest Poh Ling Yeow.

It was a well received and highly attended, sold out event with over 400 tickets sold. Sight For All Ambassador Poh Ling Yeow chatted on stage, in conversation with special guest Mark Soderstrom. Sight For All Ambassador Rosanna Mangiarelli hosted the morning. Dr James Muecke presented a powerful and moving presentation to conclude the morning.

The feedback was excellent and the overall support for the cause exceeded all expectations. The goal of the morning was to raise enough money to sponsor the newly arrived Sri Lankan, Dr Pradeep Siriwardana in paediatric ophthalmology.

To assist in fundraising we held a raffle and sold hand crafted elephants made in Bangladesh. In excess of \$21,000 was raised from ticket sales, the sale of elephants, raffles and donations on the day.



Summary

The first year of events and fundraising for the Foundation has been very successful and supported by many colleagues and friends known to the Board and committee. It will be our goal, to further extend this support into a broader community both locally and nationally.

The knowledge that Sight For All is led entirely by volunteers has fuelled people's desire to support us and is a great advantage to us at this stage.

Events proposed for the new financial year include the 'Great Conversations Dinner' on Saturday August 28th at the Mortlock Chamber. Plans for an event early in 2011 in Port Lincoln are currently in discussion.

Plans are underway to order and purchase more soft elephants from Heed Handicrafts, a fair trade organisation based in Bangladesh. The elephants remaining from the High Tea were quickly sold from the front desk of the Adelaide Eye Centre at a cost of \$30 per unit demonstrating the strong fundraising opportunity this could generate.

5. Ophthalmic activities

5.1 Health promotion and education report

This report is the first relating to health promotion and education in the first full year of the Sight For All Foundation. My trip to Laos in June served to stimulate some ideas as to the role of health education and the education officer. While the trip was not devoted specifically to health education or promotion, I had the opportunity to lecture to a mixed group of ophthalmologists, medical graduates, medical students, nurses and paramedics in part about the role of screening and early detection of eye conditions in the paediatric sphere.

It is clear that the already trained personnel in Laos and other countries under our umbrella are well versed in these matters but their limited numbers and limited access to rural communities prevents spreading the message of promoting good eye health and of early detection and prevention of disease. Laos in particular provides the opportunity to develop programs of health education and promotion from scratch on a clean slate. I would hope that working in partnership with local ophthalmologists and health departments we will be able to establish such programs including a user friendly screening program which would be facilitated by teaching local (village) health workers who may be lay people, nurses or local doctors these skills. This may provide a basis for easier collection of epidemiological data and statistics that could then be used for other projects. For instance, my impression on this last trip was that there were more paediatric cataract patients for a relatively small population than I would have expected. Early detection of childhood cataract would help establish data on which to establish the causes and consequently the prevention and treatment. I foresee that we could have a role in driving health promotion and education in terms of public health, screening, and prevention, including safety, nutrition and genetic advice as well as organizing teaching by experts from Australia to improve skills of local practitioners.

I see the need to educate our domestic community about the plight of our overseas neighbours in terms of the causes of blindness and visual disability which can be so devastating but which can be prevented or treated for relatively little expense. If we can educate our donors how their support can directly influence the health and well being of these underprivileged people we can improve the support for Sight For All in the competition for the donor dollar.

To make an impact as cheaply and efficiently as possible I expect that teaching representatives from various communities and various disciplines will be the best way to proceed. That is, if we can teach lay people or health workers from remote villages how to recognize conditions, they will have a bigger and quicker impact across a country such as Laos.

Our efforts must be based on our belief that we should work as partners with local entities and practitioners at all times since it is this which sets Sight For All apart from many other agencies.

Before Sight For All became an entity, the Vision Myanmar Program was established and has been well underway, largely funded by AusAID. This program has been a foundation on which Sight For All has been able to launch its new efforts. It has already had a major influence on the promotion of eye health in this country, having conducted research trips and teaching workshops as well as establishing a continuing fellowship program for Myanmar ophthalmologists in Adelaide.

Health promotion seminars are conducted on a regular basis at regional eye centres in Myanmar. A further four Secondary Eye Centres were visited and cataract surgery awareness seminars held in the past financial year, including Taunggyi, Loikaw, Patheingyi and Labutta. A similar program is currently being established for Lao.

Sight For All has also established progressive programs in eye health awareness locally. The My Eye Health Program, in association with RANZCO-SA, The Royal Society For The Blind and The Freemason's Foundation, aims to increase awareness of the big four blinding conditions which affect Australians – age related macular degeneration, glaucoma, diabetes and cataract. Sight For All will continue this work with its partners by the education of various community groups both in rural and metropolitan areas.

Indigenous eye health is an area of concern for all and Sight For All is planning a program based on the My Eye Health principles to address this issue. Sight For All, in partnership with the Aboriginal Health Council of SA and visiting ophthalmologists and medical practitioners, aims to increase awareness amongst the indigenous communities relating to the early detection of eye disease, in particular diabetic retinopathy, the importance of diabetic control and the availability and importance of treatment.

Sight For All strives to continue through all these avenues as a partner in the detection, prevention and treatment of blindness and visual disability.

5.1.1 Education activities

Teaching workshops

- ▶ Ongoing teaching programs in Myanmar, Nepal and Sri Lanka
- ▶ Commencement of a teaching program at Vientiane Ophthalmology Centre, Lao (June 2010)

Completed

- ▶ Ocular oncology workshop – BP Koirala Eye Centre, Kathmandu, Nepal (Dr J Muecke, November 2009)
- ▶ Phaco-emulsification cataract surgery training workshop - HCMC Eye Hospital, Vietnam (Dr H Newland, Dr G Pietris, Dr R Fleming, January 2010)
- ▶ Resident training workshop - Yangon Eye Hospital, Myanmar (Dr M Goggin, Dr R Phillips, February 2010)
- ▶ Paediatric ophthalmology workshop - Vientiane Ophthalmology Centre, Lao (Dr M Hammerton, June 2010)

Proposed

- ▶ Small incision cataract surgery course - Yangon Eye Hospital, Myanmar (Dr J Darman, July 2010)
- ▶ Oculoplastics Symposium, BP Koirala Eye Centre, Kathmandu, Nepal (Dr G Davis, October 2010)
- ▶ Vitreo-retinal workshop - Vientiane Ophthalmology Centre, Lao (Dr H Newland, September 2010)

- ▶ Resident training workshop - Vientiane Ophthalmology Centre, Lao (Dr S McGovern, Dr J Muecke, October 2010)

Fellowships

Completed

- ▶ Paediatric ophthalmology fellowship - Adelaide Women's and Children's Hospital (WCH) 2009-10 - Dr Than Tun Aung (Myanmar)
- ▶ Orthoptics fellowship - Christian Medical College Vellore, India Jan-Jun 2010 - Mr Soe Hlaing (Myanmar)
- ▶ Vitreo-retinal fellowship - Royal Adelaide Hospital (RAH) 2009-10 - Dr Qwan Nguyen (Vietnam)

Current

- ▶ Vitreo-retinal fellowship - RAH 2010-11- Dr Susith Kulasekara (Sri Lanka)
- ▶ Oculoplastics fellowship - RAH 2010 - Dr Eugenie Poh (Singapore)
- ▶ Anterior segment fellowship - RAH 2010 - Dr Sumu Simon (India)
- ▶ Paediatric ophthalmology fellowship - WCH 2010-11- Dr Pradeep Siriwardana (Sri Lanka)

Health promotion workshops

- ▶ Taunggyi, Loikaw, Labutta and Pathein Secondary Eye Centres (Myanmar) - Oct 2009
- ▶ Further workshops in Myanmar on hold during 2010

5.2 Research Report

5.2.1 Laos Refractive Error Study of School Children

Refractive error is the leading cause of visual impairment worldwide. The development of uncorrected refractive error in childhood can be particularly debilitating. The rate of myopia has increased in many parts of East Asia in recent years. The reasons for this are unclear.

In collaboration with colleagues in Laos, we conducted a study of over 3000 children aged 6-11 in the rural districts surrounding Vientiane, the Laos capital.

The most striking result of the study was that the prevalence of refractive error was very low, and the visual acuities of these children are among the best ever reported.

Only 3 children were WHO visually impaired (best eye < 6/18); 12 children had better eye < 6/12 (0.004), compared with 0.015 in indigenous Australian children (who have a rate 5 times less than that in white Australian children).

Approximately 1% were myopic (< 0.5D) in both eyes. Hence, the prevalence of myopia is much less than that in neighbouring regions, where it ranges from 10-30%.

The reason for these results is unclear. One hypothesis is that the prevalence of myopia relates to the amount of near-work and reading in childhood. The Laos children principally read from blackboards which may support this hypothesis.

5.2.2 The Cambodian Refractive Error Study in School children

This study is currently in progress and involves assessing the refractive error on about 3000 randomly selected school children in an urban area within Phnom Penh and another 3000 children in a rural district. This study will test the hypothesis that there is a lower prevalence of myopia in rural regions and aims to determine reasons underlying this.

A better understanding of the factors causing myopia in childhood could lead to preventive health programs with enormous clinical and social benefit.

5.2.3 Genetics of Congenital Eye Disease in South East Asia

This is a Masters of Ophthalmology project undertaken by Dr. Adam Rudkin.

The burden of hereditary eye disease is considerable among the developing world, and yet, it is these populations which are the most poorly studied. On the basis of the epidemiological work undertaken by the South Australian Institute of Ophthalmology, Sight for All and our local partners in Cambodia and Sri Lanka - we have begun to investigate the genetic basis of several congenital conditions of the eye.

Specifically, this masters project is a study of anophthalmos (absence of the eye/globe), microphthalmos (a pathologically small globe), buphthalmos (pathologically large globe secondary to raised intra-ocular pressures), and anterior segment dysgenesis (malformation of the front structures of the globe, including cornea, iris and the drainage angle of the eye).

The general approach was to (a) test these populations for mutations in candidate genes - that is, genes which are known to result in particular eye conditions if mutated; (b) if, for a particular eye condition, a mutation in a known gene could not be identified and testing was feasible, we have attempted to identify the site of the new mutation.

The significance of this project is that it is, first, helping to characterise the basis of congenital disease in these largely unstudied developing nations. Further understanding of the spectrum of mutations that cause these diseases in different populations may help to better understand the genes involved and ultimately lead to better disease prediction and management.

In 2009, Adam and a local optometrist in Cambodia undertook a detailed study of children in a number of schools for the blind in Phnom Penh, Kampong Cham, and Siem Reap. Children with a hereditary eye condition (fitting inclusion criteria) and their affected and unaffected family members were invited to participate in the study. Participants underwent a complete ocular examination; several other measurements including biometry and central corneal thickness were also recorded. Participants then submitted saliva for genetic analysis. DNA was extracted from saliva and cases with selectively analysed from variations in the CYP1B1, LTBP2, and PAX6 genes.

This chapter presents a case series of 15 index cases. It provides detailed descriptions of the family pedigrees, the clinical characteristics of each case, and the associated genotypes. Specifically, one mutation in the PAX6 gene was

identified, and four mutations in the CYP1B1 gene were identified. One mutation in the CYP1B1 is novel.

Replicating the study undertaken in Cambodia, there were 23 index cases from Sri Lanka. In summary, a single mutation in PAX6, and a single mutation in CYP1B1 were identified. The mutation in the PAX6 gene has not been described previously.

Aniridia is a form of anterior segment dysgenesis, it is characterised by loss or absence of the iris, but is commonly associated with several other conditions of the eye including cataract, glaucoma, corneal opacification and maldevelopment of the retinal photoreceptors used for central vision (foveal hypoplasia). Several cases of aniridia were identified in Sri Lanka and Cambodia, in addition to these cases, this chapter also examines aniridia within the Australia community.

This is a cases series of six unrelated cases of familial isolated aniridia, and five cases of familial aniridia. Heterozygous PAX6 six mutations were identified in 7 of 11 cases. In four cases the mutation is novel. In one case it was demonstrated that aniridia was due to mutations outside the PAX6 gene. This chapter examines the type of mutations found and speculates as to a correlation with disease phenotype.

The molecular basis of primary congenital glaucoma in a consanguineous Cambodian family in which four of eleven siblings harbor a similar severe phenotype was investigated. Pathogenic variations in CYP1B1 and LTBP2 were not found. We therefore theorised that the disease is secondary to a homozygous mutation in a novel gene.

Data was investigated using genome-wide single nucleotide polymorphism array, which contains >600,000 single nucleotide polymorphisms. Homozygosity mapping analysis was conducted using Homozygosity Mapper and Plink. We have successfully mapped a single linkage interval in which all 4 siblings displayed the same homozygous genotype.

It is likely that the defined region represents a novel locus for autosomal recessive congenital glaucoma. The causative gene remains to be defined, and will be the subject of further study.

5.3 Infrastructure report

The infrastructure requirements have been established and collated for all five countries of interest – Burma, Cambodia, Laos, Vietnam and Sri Lanka. All infrastructure requirements should be within the Foundation's funding ability over the next few years.

With the possible expansion of Sight For All activities into for example community screening programmes, more expensive infrastructure may be needed, for example, fundus camera, OCT etc. These more expensive items could be made the focus of specific fundraising initiatives.

Given there will not be candidates for Fellowship training in Australia, the only alternative is to train suitable candidates in-country. In Laos for example, there is an excellent surgeon who would be the first vitreo-retinal surgeon for the country. He has had one week of training but would now require consumables for approximately 100 cases at USD 100 per case. This would provide him with surgical opportunities between training sessions. A similar approach may well be appropriate in the other countries of interest.