



The **Fred Hollows**  
Foundation NZ

# PERFORMANCE REPORT 2020



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# ENTITY INFORMATION

## Patrons



**Gabi Hollows AO**  
Founding Director of  
The Fred Hollows Foundation



**The Rt Hon Dame Patsy Reddy**  
GNZM, QSO  
Governor-General of New Zealand

## The Fred Hollows Foundation (NZ)

**Nature of Business**  
Registered Charity

**Registered Office**  
Level 5, The AIG Building,  
41 Shortland Street, Auckland Central,  
Auckland

**Postal Address**  
Private Bag 99909, Newmarket,  
Auckland 1149, New Zealand

**Telephone**  
+64 9 304 0524

**Charities Registration No.**  
CC23722

**Date of Incorporation**  
5 November 1992

**Auditors**  
BDO, Chartered Accountants

**Solicitors**  
DLA Piper New Zealand  
John Hannan, Barrister

## Board of Trustees

**Craig Fisher (Chair)** FCA, CMInstD  
Consultant, RSM New Zealand Group  
Limited; Associate, BoardWorks  
Aotearoa; Councillor, Auckland  
District Law Society; Risk & Audit  
Committee Chair, Ngāti Whātua  
Ōrākei; Trustee, Sustainable  
Coastlines

**Sir Maarten Wevers** (Deputy Chair  
and PNG Expansion Programme  
Committee Chair) KNZM, CMInstD

**Martin Enright** (Finance, Audit, Risk  
& Remuneration Committee Chair)  
BA, LLB, LLM, MBA, MPA, MInstD,  
Advisory Board, Otago University  
Business School; Commercial  
Partners Manager, PredictHQ;  
Managing Director, Vulcan Bros.  
Advisory; Admitted Barrister and  
Solicitor of the High Court of NZ;  
Solicitor of Supreme Court of NSW,  
Solicitor of High Court of Australia  
(leave of absence until 6 August  
2020)

**Dr Nick Mantell** (Programme, Clinical  
Audit and Risk Committee Chair)  
FRANZCO  
Ophthalmologist, Director, Eye  
Institute

**Professor Charles McGhee** ONZM  
FRSNZ, MBChB, PhD, DSc, FRCS,  
FRANZCO, FRCOphth  
Maurice Paykel Professor and Chair  
of Ophthalmology, The University  
of Auckland; Director, New Zealand  
National Eye Centre, Faculty of  
Medical and Health Sciences, The  
University of Auckland; Consultant  
Ophthalmologist, Greenlane Clinical  
Centre, Auckland District Health  
Board; Consultant Ophthalmologist,  
Eye Institute

**Debbie Sorensen** DCCT, CMInstD,  
NZRPN  
Chief Executive, Pasifika Medical  
Association Group; Chief Executive  
Officer, Pasifika Futures

**Sifa Taumoepeau**  
Director, Thompson Lewis Limited;  
Trustee, Anglican Trust for Women  
and Children

**Kath Watson** MInstD  
Director, Deka 2019 Limited; Trustee,  
Spend My Super

## Executive Team

**Dr Audrey Aumua** PhD (Public  
Policy), MInstD  
Chief Executive Officer (commenced  
18 January 2021)

**Andrew Bell** MMin (Global Studies  
and Immigration), BTheol, BSc  
Executive Director (resigned 27  
March 2020)

**Sharon Orr** CA, MInstD  
Acting Chief Executive Officer  
(28 March 2020–17 January 2021)  
Finance & Operations Director

**Margi Mellsop**  
Engagement Director

**Peter Raynes** MSc (Public Health in  
Developing Countries)  
Programme Director

**Dr John Szetu** MSc (Ophthalmology),  
DO, MBBS  
Medical Director



# FOREWORDS



**Craig Fisher**

Board Chair

If I had to choose one word to describe Team Fred during 2020, it would be kaha – strength. The innate strength of Team Fred was tested during 2020, and it prevailed.

As we said farewell to our Executive Director, Andrew Bell, global borders closed, and New Zealand and the Pacific region locked down. Working alongside the senior leadership team, expertly led by acting CEO, Sharon Orr, the Board enacted an agile management framework to ensure operations could safely continue.

Despite COVID-19 impacting our ability to deliver many of our planned programmes, alternative ways of delivering outcomes were found. Some 2020 programme investment was, by necessity, reduced or deferred which is reflected in our year-end result. However, that funding has been reallocated to the 2021 year and as soon as possible our programme delivery volume will increase to address patient backlog.

As soon as they safely could, our team continued surgeries and our supported students continued learning remotely. I am proud to report that, despite all the considerable challenges faced, 74 per cent of supported students successfully completed their studies.

A global search to find a new leader for Team Fred resulted in the appointment of Dr Audrey Aumua as CEO. We are thrilled to welcome someone with such mana, experience, and deep networks in the Pacific and New Zealand.

Finally, the Board would like to acknowledge the fantastic and truly appreciated ongoing support of our partners, funders and donors who remain as committed as ever to our vision. Your contribution is making a difference, now more than ever.

2021 will be a year like no other as we meet the increased demand and work alongside Pacific governments and ministries as they manage health needs amidst depleted economies.

Thank you to my skilled and hardworking fellow board members and on behalf of the Board, kia kaha to our partners, our patients and all who support our ongoing work eliminating avoidable blindness and vision impairment in the Pacific.



**Dr Audrey Aumua**

Chief Executive Officer

I feel very proud and privileged to have joined Team Fred and excited about what we will achieve together in the coming years.

It would be highly remiss of me to comment on the results of

2020 without acknowledging the resilient and capable team that navigated one of the most difficult and uncertain periods New Zealand and the Pacific have encountered. Firstly, I must thank acting CEO, Sharon Orr, whose experience and commitment meant I have begun my tenure in a strong position.

The capability of Team Fred lies in its unique and highly skilled workforce. I must acknowledge Dr John Szetu and his senior team of eye doctors, nurses, lecturers, and support staff whom he works with across the Pacific. Despite lockdowns, funding reallocations and natural disasters, Dr John and his team

continued supporting trainee eye doctors and nurses and treating patients whenever and wherever it was safe to do so. It is also important to acknowledge the ministries of health, our partners and our donors who have vigilantly remained committed to Fred's vision in these challenging times.

To the team in New Zealand. No matter what was going on this team logged on, adapted, and most importantly kept going and continued to deliver the support to Dr John and the teams in the region.

And finally, I must acknowledge Andrew Bell, who boldly led the development of Team Fred and its world-class eye care programmes and infrastructure. I am honoured to continue the work he has begun.

Thanks to the efforts of so many, The Fred Hollows Foundation NZ Group is in exactly the position it needs to be to step up and work alongside our partners to address avoidable blindness and vision impairment in the Pacific. COVID-19 will bring further challenges, but we are ready.



**Dr John Szetu**

Medical Director

As I reflect on 2020, I could not be prouder of our medical team. 2020 brought us every curveball we could imagine. Despite the uncertainty, difficulty and fear we kept going.

Despite border closures and national lockdowns, our teams completed 152 outreaches in 2020, which resulted in the treatment of thousands of people. This was possible only because we have at least one eye doctor in every country we work in now. Thank goodness for that!

Despite university closures and repatriations, our education programmes continued online. Many students were recalled by their ministries of health to participate in COVID-19 response programmes. Most have, or intend to, resume studies as soon as they are able. Continuing to train eye doctors and nurses is critical to our ability to reduce avoidable blindness and vision impairment in this new environment.

My focus continues to be on supporting our staff and graduates across the Pacific as they navigate a new working environment. I am also working with our partners to deliver more surgeries and outreaches so we can address the patient backlog resulting from COVID-19 and continue to help patients suffering from avoidable blindness and vision impairment across the Pacific.

We may be tired, but we are not beaten. We have work to do.



# PROFESSOR FRED HOLLOWS

1929 - 1993

Legendary New Zealander, Professor Fred Hollows was an internationally renowned eye doctor and social justice activist, who championed the right of all people to high-quality and affordable eye care.

Born on 9 April 1929 in Dunedin, Fred and his three brothers grew up in Palmerston North. In the mid-1960s, after studying medicine at the University of Otago, Fred trained as an ophthalmologist in the United Kingdom. Upon his return, Fred moved to Australia where he began working in remote indigenous communities. Over several years these 'eye camps' treated over 27,000 indigenous Australians for trachoma and performed 1,000 sight restoring operations. Fred's work among indigenous Australians continues to this day through the work of the Foundation in Australia.

As a consultant for the World Health Organization, Fred visited many developing countries and was appalled by the lack of basic eye care services and equipment that was available. Millions of people were suffering needlessly from cataract blindness and Fred believed that modern cataract surgery should be available to all people.

To overcome the prohibitive cost of intraocular lenses, Fred raised the money to build factories in Nepal and Eritrea to produce the lens for as little as \$2 instead of over \$200, reducing the cost of cataract surgery to as little as \$25 per patient in some countries. As a result of Fred's initiative, modern cataract surgery using cost-effective manual surgical techniques is now widely used in the developing world.

In 1990, in recognition of his work, Fred was named Australian of the Year and awarded the Human Rights Medal. In 1991, Fred was awarded Australian Humanist of the Year and received honorary citizenship in Eritrea. In 2006, Fred was voted both one of Australia's 100 most influential Australians by The Bulletin magazine and one of New Zealand's top 100 'History Makers' by Prime TV.

Fred died of cancer on 10 February 1993 just three months after he opened The Fred Hollows Foundation NZ. Fred was buried in Bourke, in remote New South Wales to symbolise his love for indigenous Australians living in the Outback.

# OUR STORIES



*School teacher Umesh waiting for cataract surgery in Fiji.*



# PAPUA NEW GUINEA

### IN 2020

- 1 doctor graduated with a Master of Medicine (MMed) in Ophthalmology
- 5 nurses and 2 health extension officers graduated with an Advanced Diploma in Eye Care (ADEC)
- Students at Divine Word University in Madang were trained online after face-to-face teaching was suspended due to COVID-19



# SOLOMON ISLANDS

### IN 2020

- 1 nurse graduated with a Postgraduate Diploma in Eye Care (PGDEC)
- A Foundation-supported graduate was appointed Solomon Islands' first female Head of Department for Ophthalmology at the Regional Eye Centre in Honiara.



# VANUATU

### IN 2020

- 1 nurse graduated with a Postgraduate Diploma in Eye Care (PGDEC)
- The national refresher workshop held for the eye care workforce in Vanuatu was, for the first time, led entirely by the local workforce without external facilitators



# FIJI

### IN 2020

- 3 nurses graduated with a Postgraduate Diploma in Eye Care (PGDEC)
- 2 nurses graduated with a Master of Community Eye Care (MCEC)
- Record annual surgery numbers for the Mobile Eye Clinic - 925 surgeries





## TONGA

### IN 2020

- 1 nurse graduated with a Postgraduate Diploma in Eye Care (PGDEC)
- A student repatriated to Tonga due to COVID-19, continued studying with remote support from Pacific Eye Institute and in-country supervision



## SAMOA

### IN 2020

- A slit lamp was procured for an eye clinic in Savai'i, staffed by 2 eye nurse graduates, to enable clinicians to provide comprehensive eye exams



## KIRIBATI

### IN 2020

- 1 nurse graduated with a Postgraduate Diploma in Eye Care (PGDEC)
- 2 workshops were conducted for primary-level nurses in Kiribati to improve awareness of how diabetes affects the eye



## PNG COUNTRY MANAGER

**Eileen Tugum is The Foundation's new Papua New Guinea (PNG) Country Manager, based in Port Moresby.**

*"The overall blindness rate in Papua New Guinea for those over 50 is the worst in the Pacific and possibly the highest in the world.*

*I hope to help further the vision of Professor Fred Hollows to reach all in PNG with quality eye care through outreaches, strengthened partnerships with government and all stakeholders, strengthening eye health infrastructure and building up the eye care workforce in the country."*

**- Eileen Tugum**



# COVID-19 CHALLENGES, BUT DOES NOT BREAK TEAM FRED

As COVID-19 reached the shores of the Pacific and New Zealand, Team Fred like many others worldwide, encountered a myriad of unforeseen challenges.

University closures, repatriations and doctor recalls interrupted the study of clinicians enrolled in eye care specialist training programmes at Fiji National University, Divine Word University, and the University of Papua New Guinea. Despite that, 74 per cent of supported students completed their studies. As COVID-19 outbreaks brought increased health risks to all communities, our focus quickly turned to developing and testing of pandemic protocols to keep our people and patients safe.

National lockdowns and border closures meant planned surgeries and outreaches could not occur. Despite the challenges, we had a huge advantage. In 2019 we reached a significant milestone in having one eye doctor

in each of the seven countries we work in. This meant treatment could continue when it was safe to do so, and our medical teams supported 152 outreaches across the Pacific throughout 2020.

The unspent budget allocated for programme work in 2020 will be utilised during 2021 as we can safely begin the mammoth task of catching up. We are confident that with the support of our partners and donors, and the resilience of our people and procedures we can and will meet the challenges that COVID-19 has delivered.



*Staff operate on a patient during an outreach in Fiji.*

*Staff at the Pacific Eye Institute in Fiji take part in COVID-19 preparedness training.*

## GRADUATE IMPACT



Following graduation, the eye nurses and eye doctors we train provide eye care through public hospitals and clinics in their own country throughout the Pacific.

Our strategy to reduce avoidable blindness and vision impairment in the Pacific is to support training of local doctors, nurses, and mid-level health personnel to specialise in eye care so that they can go on to provide high-quality and sustainable eye care services in their own country. Graduates of the Foundation-supported training programmes are employees of their local ministry of health, and sometimes we receive information on their eye care service delivery.

We view these results as the long-term and ongoing impact of the training programmes we support. These services are delivered independently of any direct support from The Foundation.

The ability to deliver eye care services in 2020 was adversely impacted by COVID-19 travel restrictions and lockdowns.

Eye care services provided by Foundation-supported graduates			
Outcome	Indicator	Actual 2020	Actual 2019
Increased eye care service provided	Number of consultations	11,959	*1 18,603
	Number of surgeries	686	1,150
	Number of spectacles dispensed	1,069	1,933

\*1 Number of consultations for prior year was amended from 17,865 to 18,603 due to late incoming data.



# ASHITA'S STORY



At just 15, Ashita was diagnosed with diabetes. Ten years later, she found out she now has diabetes eye disease—right before COVID-19 hit.

*Ashita waits for her diabetes eye disease checkup in Fiji.*

Ashita suffers from diabetic retinopathy—more commonly known as diabetes eye disease. Unlike cataracts and some other eye problems we treat—the damage caused by the disease can be irreversible.

When we first met her in a diabetes eye clinic in Fiji, she was in tears. This quiet 25-year old, recently working as a customs officer, was exhausted and in considerable discomfort. Tears ran down her cheeks. Her Mum tried to console her, but there was very little she could do. Ashita had just received her first treatment for diabetes eye disease. This is an injection into her eyes, which needs to be carried out regularly for the rest of her life to stop her from losing any more of her sight.

Sadly when we first saw Ashita, her sight had degenerated to the point of blurry shapes. This is how, with treatment, it will remain for the rest of her life. Now unable to work,

Ashita lives at home with her Mum, who also has diabetes. Looking after Ashita prevents her from working too, which makes it especially difficult for the family to afford the \$20 bus journey each way for Ashita to get to her treatments

Unfortunately, as the COVID-19 pandemic spiralled the globe, Fiji went into lockdown. The state of emergency meant the only eye care available was for emergency cases. Ashita's sight can never be restored. The only thing we can do is try to slow the continuing decline.

Ashita was not diagnosed early. The consequences are plain to see. Please help us continue to do all we can for Ashita and the thousands like her facing permanent blindness.

# POUFIA'S STORY

Poufia was a chief of his village, respected and loved. A local legend who was known for his hard work, his sense of fun and his good deeds, he was fit and active... and starting to go blind.



*Poufia and his granddaughter after his cataract surgery.*

We met Poufia in 2019 on the island of Savai'i 80 kilometres from Apia, the largest city in Samoa.

His first visit to the local eye clinic was not encouraging. The nurses could see early cataracts, but there was nothing they could do for him, as there was no permanent eye doctor in Samoa, let alone Savai'i at the time.

Poufia's condition worsened progressively, until he became blind in both eyes. With that his life changed. He stopped working on the farm, a labour of love for this sprightly 80-year-old. No more regular card games with his friends or seeing the other villagers, who held him in such high regard.

Mostly he was looked after by his granddaughter. A wonderful bond developed between them, but her sadness was as great as her grandfather's.

As she told us, when we first saw him, "he does nothing, just stays at home and sleeps all day".

Then The Fred Hollows Foundation NZ sent an Outreach team to the island of Savai'i. This was the first locally-led outreach, with Samoan eye doctor Dr Lucilla Ah Ching-Sefo supported by our Medical Director, Dr John Szetu from the Solomon Islands. Dr Lucilla was trained at the Pacific Eye Institute in Fiji, made possible with support from generous Kiwis.

One of the hundreds of patients we saw at this outreach was Poufia, now totally blind for ten years. Despite this long ordeal, we could not believe his positivity and optimism.

The outreach was so busy that Dr Lucilla and the team were only able to operate on one eye. This is the difficult decision that the team has to make, it is the sad reality of a busy outreach.

The cataract operation itself was not particularly difficult; what left such a mark was the extraordinary transformation in Poufia.

When the bandages came off, his whole face lit up with radiant smiles. His grin was extraordinary, he seemed ten years younger. He was cracking jokes with the nurses and teasing his granddaughter by pretending not to recognise her. We are privileged to see heart-warming scenes like this quite often, but few have been so totally joyous.

Because the first outreach was so busy, Dr Lucilla and the team made plans to return.

Six months later, shortly before Christmas, a second Outreach team restored the sight to Poufia's other eye. Poufia almost seemed more excited by this operation—he even danced to celebrate when his bandages came off.

Christmas came soon after the second operation. Imagine Poufia's joy as he witnessed the excitement Christmas brings for the first time in a decade. He received gifts, but for Poufia no gift compared with the return of his sight.

This was Poufia's last Christmas, he died in early 2020.



## KEY EVENTS

# THE FOUNDATION WELCOMES DR AUDREY AUMUA AS ITS NEW CEO

Following an extensive international search, in September 2020 we were delighted to announce the appointment of Dr Audrey Aumua as our new Chief Executive Officer.

The Fred Hollows Foundation NZ Chair, Craig Fisher, said “Audrey brings a wealth of experience and leadership in research, policy development and management in the health and education sectors across New Zealand, Australia and the Pacific region.”

Joining The Foundation from The Pacific Community’s (SPC) Suva office, where she was Deputy Director-

General, Audrey has previously undertaken leadership roles in Solomon Islands, Vanuatu, Samoa and Fiji.

“Returning to New Zealand and becoming a part of ‘Team Fred’ I feel like I have come full circle. Anyone who has worked in public health in the Pacific knows that eye health is critical to sustainable development in the region,” said Audrey.

## KEY EVENT



# IAPB RECOGNISES ANDREW BELL & DR MUNDI QOQONOKANA

*Andrew Bell (Left) and  
Dr Mundi Qoqonokana (right).*

We were delighted that our former Executive Director, Andrew Bell and current Chief Consultant Ophthalmologist, Dr Mundi Qoqonokana were both recipients of the International Agency for the Prevention of Blindness (IAPB) 2020 Vision Excellence Awards.

IAPB is the overarching alliance for the global eye health sector. It encompasses more than 150 organisations in over 100 countries which, like The Foundation, are working together for a world where everyone has universal access to eye care.

The Vision Excellence Awards recognise the commitment and achievements of individuals who have contributed to successful outcomes in the prevention of blindness.

Andrew and Dr Mundi join a high calibre group of awardees. It is wonderful to see the commitment and achievements of Andrew and Dr Mundi to reduce avoidable blindness and vision impairment in the Pacific recognised globally.



## SPECSAVERS & FATU FEU'U GIVE THE GIFT OF SIGHT



*Fatu Feu'u design on Specsavers products.*



*Fatu Feu'u*

Fatu Feu'u is known as the "Father of contemporary Pacific art". He grew up in the village of Poutasi in the district of Falealili in Samoa and emigrated to New Zealand in the 1960s. He is the bearer of two Samoan matai titles: the ali'i title of Lesa, given by his mother's family, of Sa'anapu, and the tulafale title of Si'a, conferred by his father's family, of Poutasi.

The collaboration raised \$80,000, which will be put toward eye care programmes in Samoa and the Mobile Eye Clinic in Fiji. Thank you to Fatu Feu'u, Specsavers and everyone who purchased a pair of the limited-edition glasses. In improving your sight you have given the gift of sight to others as well.

Specsavers and internationally renowned Samoan-New Zealand artist Fatu Feu'u collaborated with The Foundation during 2020, to bring the gift of sight to even more people in the Pacific.

Specsavers launched two limited-edition frames; a pair of spectacle frames and a pair of sunglasses, featuring artwork from Fatu's Rainforest Series. Specsavers donated \$25 to The Foundation from the sale of each of these limited-edition frames.



*Fatu Feu'u*



*Engagement Director Margi Mellsop presents Elly Roadly with her Humanity Award.*

## DOROTHY TAKES A LEAP FOR FRED

In July 2020, Dorothy Pattison, a long-term supporter of The Foundation, became the oldest person to bungy jump off the Auckland Harbour Bridge, to raise money for the needlessly blind in the Pacific.

At 91, daredevil Dorothy set the record alongside her son Michael (60) and granddaughter Jeanie (24). She said doing it with her family made it a particularly special experience.



*Dorothy Pattison*

## HUMANITY AWARDS 2020

The Humanity Awards are a global movement established to recognise compassionate children following our founder and legendary New Zealander, the late Professor Fred Hollows.

In a year that has seen our country face some unusual and challenging times, something that has been evident is the humanity of everyday New Zealanders. This humanity was evident in the large number of students nominated for the second annual Humanity Awards from throughout New Zealand.

It was an incredibly difficult decision to decide on the Humanity Awards Junior Ambassador. However, Elly Roadly's nomination from her teacher at Whangaparāoa School, Hamish Ross, stood out for her compassionate nature and selfless acts.

Thanks to a donation of \$5,000 from our charity partner Specsavers, Elly was able to extend her humanity by allocating the funds to Fiji's "eye clinic on wheels" – The Mobile Eye Clinic.



*Dorothy Pattison bungy jumping from the Auckland Harbour Bridge.*

With a connection to Takapuna on Auckland's North Shore, Dorothy said she has seen the area from land, from the sea and even from the sky, but this was the first time she had seen it hanging by a rope from the Bridge.

Dorothy raised an incredible \$1,000 for The Foundation meaning she has restored sight to the equivalent of 40 needlessly blind people in the Pacific. We think that is pretty special.



# COVID-19 RESPONSE

Thanks to our supporters, The Foundation has been well placed to weather the immediate effects of the COVID-19 pandemic.

With at least one eye doctor residing in each of the key countries in which we operate, we were able to continue eye care services once emergency restrictions lifted. But across the Pacific, the number of people desperately needing eye care grew larger every day as our clinics were operating on an emergency footing for many months and our experienced surgical Outreach team was unable to travel to support the local teams. As a result, the patient backlog got bigger and bigger.

Now, the team is planning more surgeries, more patient consultations, more outreaches and, with the help of our supporters, they will get the vital equipment needed to emerge from this pandemic, ready for the future. We are proud to work in partnership with ministries of health around the region. But with their budgets being repurposed for the COVID-19 effort, their economies decimated and the cyclone seasons becoming increasingly destructive, we need to step up.

The Foundation's COVID-19 Response Plan will hard code the resilience required to see us through what will be an incredibly tough few years and help us emerge to an even stronger future. To do this we are concentrating on three key pillars:

1. Restoring sight
2. Graduate programme and health system strengthening
3. Training doctors and nurses

2021 will be a challenging year with much to do, but thanks to the generosity of our partners and donors, we are sure we can do it. To find out more about our plan you can read about our Future Fund on our website.



*Togan graduate Mosese examining a patient's eyes in Fiji.*

# 2020 CONSOLIDATED FINANCIAL STATEMENTS



*Iautilim surrounded by her family after her cataract operation in Vanuatu.*



# STATEMENT OF COMPLIANCE AND RESPONSIBILITY

**for the 12 months ended 31 December 2020**

This Performance Report reflects operations for the year ended 31 December 2020 for the Consolidated Group of The Fred Hollows Foundation NZ (the Group). The Group is required to report under the Public Benefit Entity Standards Reduced Disclosure Regime (PBE Standards RDR) as a Tier 2 entity (having annual operating expenses greater than \$2 million and less than \$30 million), with specific notes and disclosures required.

The Board accepts responsibility for the preparation of the annual Consolidated Statement of Service Performance, the Consolidated Financial Statements and the judgements used in these financial statements.

Management (including the Chief Executive Officer and others directed by the Board) accepts responsibility for establishing and maintaining policies and procedures and systems of internal controls designed to provide reasonable assurance as to the integrity and reliability of the Group's financial reporting.

It is the opinion of the Board and Management that the annual Consolidated Financial Statements for the financial year ended 31 December 2020 fairly reflect the financial position and operations of the Group.

The Group's 2020 Performance Report is authorised for issue by the Board.

**Craig Fisher**

Board Chair



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Signature of Chair

24 May 2021

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Date

# AUDITOR'S REPORT



• BDO Auckland

## INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF THE FRED HOLLOWS FOUNDATION NZ

### Opinion

We have audited the performance report of The Fred Hollows Foundation NZ ("the Foundation") and its controlled entities (together, "the Group"), which comprise the consolidated statement of service performance on pages 22 to 32 and consolidated financial statements on pages 33 to 53. The complete set of consolidated financial statements comprise the consolidated statement of financial position as at 31 December 2020, the consolidated statement of comprehensive revenue and expenses, consolidated statement of changes in net assets/equity, consolidated statement of cash flows for the year then ended, and notes to the consolidated financial statements, including a summary of significant accounting policies.

In our opinion the accompanying performance report presents fairly, in all material respects:

- the consolidated financial position of the Group as at 31 December 2020, and its financial performance, and its consolidated cash flows for the year then ended; and
- the consolidated service performance for the year ended 31 December 2020, in accordance with the entity's service performance criteria,

in accordance with Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the New Zealand Accounting Standards Board.

### Basis for Opinion

We conducted our audit of the consolidated financial statements in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the consolidated service performance information in accordance with the ISAs and New Zealand Auditing Standard (NZ AS) 1 The Audit of Service Performance Information (NZ). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Performance Report section of our report. We are independent of the Group in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our firm has provided advisory services to the Foundation. The firm has no other relationship with, or interest in the Group other than in our capacity as auditor.

### Other Information

The Board of Trustees are responsible for the other information. The other information obtained at the date of this auditor's report is information contained in the performance report, but does not include the consolidated statement of service performance and the consolidated financial statements and our auditor's report thereon.

Our opinion on the consolidated statement of service performance and the consolidated financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the consolidated statement of service performance and the consolidated financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



# AUDITOR'S REPORT



• BDO Auckland

## Trustees' Responsibilities for the Performance Report

Those charged with governance are responsible on behalf of the Group for:

- (a) the preparation and fair presentation of the consolidated statement of service performance and the consolidated financial statements in accordance with PBE Standards RDR issued by the New Zealand Accounting Standards Board;
- (b) service performance criteria that are suitable in order to prepare service performance information in accordance with PBE Standards RDR; and
- (c) such internal control as those charged with governance determine is necessary to enable the preparation of the consolidated statement of service performance and the consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the performance report those charged with governance are responsible for assessing the Group's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless those charged with governance either intend to liquidate the Group or to cease operations, or have no realistic alternative but to do so.

## Auditor's Responsibilities for the Audit of the Performance Report

Our objectives are to obtain reasonable assurance about whether the consolidated statement of service performance and the consolidated financial statements as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) and NZ AS 1 will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate or collectively, they could reasonably be expected to influence the decisions of users taken on the basis of this performance report.

A further description of the auditor's responsibilities for the audit of the performance report is located at the XRB's website at <https://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/>

## Who We Report To

This report is made solely to The Fred Hollows Foundation NZ Board of Trustees. Our audit work has been undertaken so that we might state those matters which we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Trustees, as a body, for our audit work, for this report or for the opinions we have formed.

## Signature

A handwritten signature in blue ink that reads 'BDO Auckland'.

**BDO Auckland**

New Zealand

26 May 2021

# CONSOLIDATED STATEMENT OF SERVICE PERFORMANCE

## Our Vision

A world in which no person is needlessly blind or vision impaired.

## Our Purpose

We work to end avoidable blindness and vision impairment in the Pacific. We advocate for the right of all people to high-quality and affordable eye care. We strive for eye care to be locally-led and accessible to all. In doing this we continue Fred's legacy.



## WHAT WE DO

The Group's work is guided by four pillars:



### 1. RESTORE AND PRESERVE SIGHT

We support local teams to provide sight-saving surgeries, treatments and spectacles at partner eye clinics and on outreaches to locations that would otherwise not have access to eye care.



### 2. TRAIN AND SUPPORT THE REGIONAL EYE CARE WORKFORCE

Together with our partners, we provide postgraduate eye care training to local doctors and nurses, followed by ongoing professional development so that these specialists can meet the eye care needs of their own countries. Training the local workforce in eye care is the only way to eliminate avoidable blindness and vision impairment in a sustainable way.



### 3. STRENGTHEN LOCAL HEALTH SYSTEMS

We partner with local health authorities to promote local ownership of eye care, and to strengthen health management and referral systems.



### 4. DRIVE INNOVATION AND RESEARCH

Our approach is tested and effective. We support research to better understand and deliver on meeting current and future eye care needs. We are committed to adopting innovative solutions to ensure that our eye care programmes are locally appropriate and meet international best practice standards.

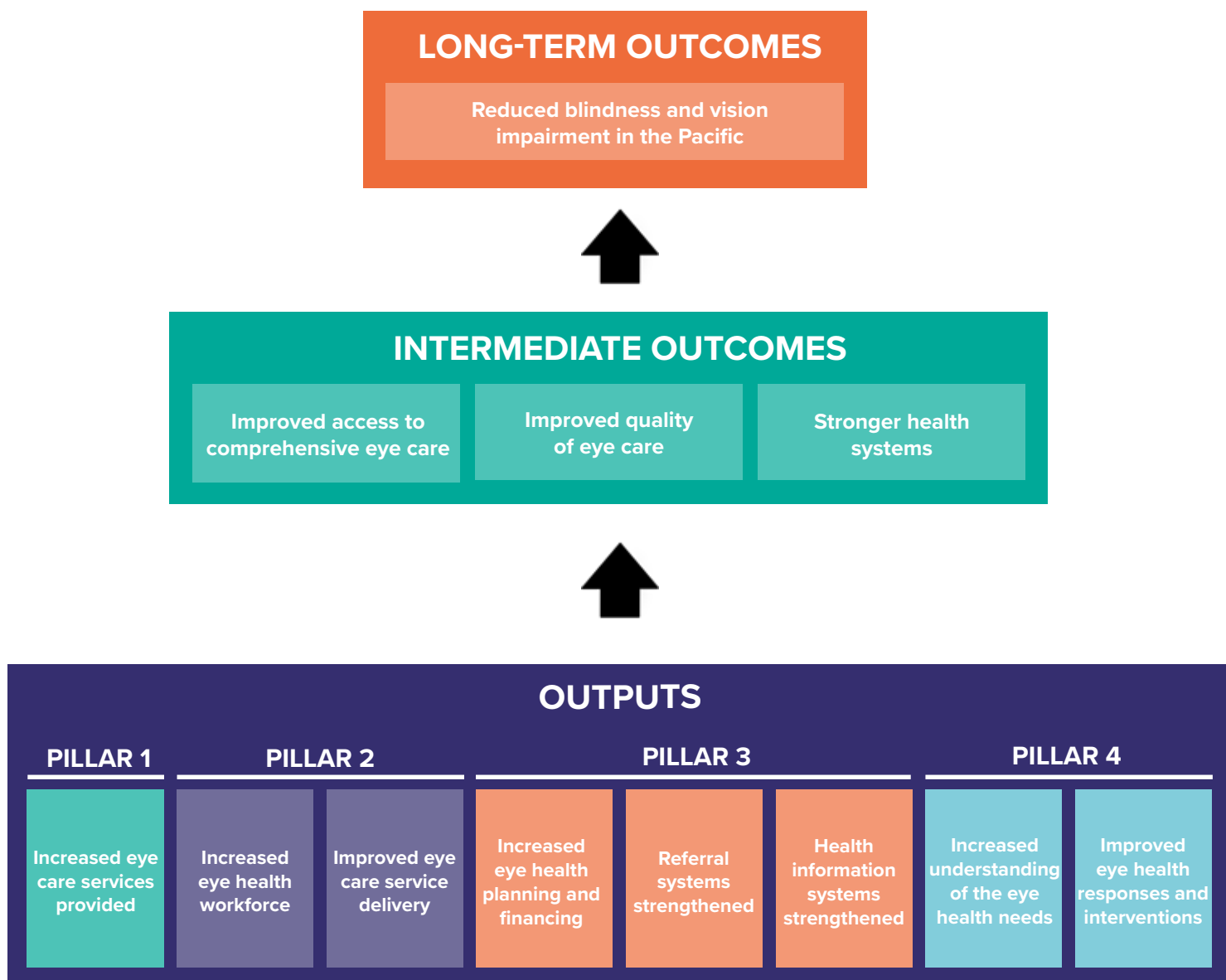
## PROGRAMME STRATEGY

The Group delivers targeted outputs in accordance with its programme strategy and budget. Outputs are designed to achieve short and long-term outcomes that will enable the Group to achieve its vision and ultimately contribute towards specific global goals and initiatives.

These outcomes and global goals are set out in the Programme Results Framework below. Programme outputs are grouped according to the strategic pillars.

## PROGRAMME RESULTS FRAMEWORK

Vision: A world in which **no person is needlessly blind or vision impaired**



**Our efforts support achievements of the following global goals:**

- Vision 2020: The Right to Sight
- World Health Organization Universal Eye Health: A Global Action Plan 2014-2019
- United Nations Sustainable Development Goal 3: Targets 3.8, 3.c, 3.d
- World Health Organization Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020: Objectives 1, 2 and 4

## CONTEXT FOR PROGRAMME RESULTS – WORKING IN PARTNERSHIP

Working in partnership with Pacific health authorities and universities, our mutual goal is to reduce blindness and vision impairment in the Pacific region. The Group works together with partners to deliver local academic and clinical ophthalmic training programmes (outputs 2.1., 2.2.), and then to support clinicians post-training (outputs 1.2., 2.3., 2.4.) to deliver high-quality eye care service to their populations (outputs 1.1., 1.3.). These essential components of training and workforce support are strengthened by wider support activities which includes supporting eye care clinicians to conduct eye health awareness trainings with general health workers to ensure that

patients requiring eye care are referred promptly to eye care clinicians (output 3.1.), and to initiate or commission research and evaluation projects (outputs 4.1., 4.2.) to inform the delivery of best practice, evidence-based eye care programmes.

The Group would like to acknowledge our partnerships with Pacific ministries of health, the Papua New Guinea National Department of Health, Fiji National University in Suva, Divine Word University in Madang, Papua New Guinea, and the University of Papua New Guinea in Port Moresby—which are critical to the achievement of the 2020 results below.

## PROGRAMME RESULTS

The following provides details of our achievements against the programme outputs identified in the Programme Results Framework.

Many areas of our work were adversely affected by the events of the COVID-19 pandemic when, for many months, Pacific ministries of health were only able to operate on an emergency footing. The academic programmes supported by the Group in both Fiji and Papua New Guinea were heavily disrupted, however due to the hard work and dedication of the students, teaching staff and all those that play a support role, the year still had many successes. 74 per cent of students who commenced training at the beginning of the year were able to successfully complete their academic year.

Our workforce support activities for the eye care workforce (reflected in Pillar 2 outputs on page 26)

were severely curtailed due to the international travel restrictions due to COVID-19. However due to the expansion of the network of Pacific eye care specialists who are now leading local eye care services within their countries, national refresher workshops for the eye care workforce were led locally without needing external experts to travel in. We were also able to provide personal protective equipment and ensured COVID-19 standard operating procedures were developed and implemented in clinics where we provide management support, and shared with our partner clinics.

\*1 Some comparative results were amended due to the late provision of data from our partner clinics or a modification of the definition of the indicator.



*School teacher Umesh after cataract surgery in Fiji.*



# PILLAR 1: RESTORE AND PRESERVE SIGHT

Intermediate Outcome 1: Improved access to comprehensive eye care

## OUTREACH LOCATIONS

**16**

Fiji

**5**

Kiribati

**2**

Papua New  
Guinea

**9**

Solomon  
Islands

**2**

Tonga

## EYE CARE SERVICES



**60,018**

Consultations



**2,642**

Surgeries



**8,260**

Spectacles

## DIABETES EYE DISEASE



**11,084**

Screenings



**1,937**

Treatments

The below activities received direct financial and/or management support from the Group. In 2020, this included all services provided by the Pacific Eye Institute in Suva, Fiji, the Regional Eye Centre in Honiara, Solomon Islands and the Madang Provincial Hospital Eye Clinic in Madang, Papua New Guinea. It also includes results from the diabetes eye clinics from the main hospitals in Kiribati, Samoa, Tonga and Vanuatu. Ophthalmic equipment is procured on an as-needed basis for these clinics, and spectacle supply is also provided where needed.

Output	Indicator	Actual 2020	Target 2020	Actual 2019	Target 2019
1.1. Support for eye care services	Number of consultations directly supported	60,018	52,560	84,022	60,915
	Number of surgeries directly supported	2,642	5,690	4,662	5,240
	Number of diabetic eye disease screenings directly supported	11,084	5,900	13,109	6,316
	Number of treatments for diabetic eye disease directly supported	1,937	1,400	*1 2,157	1,550
	Number of spectacles dispensed directly supported	8,260	12,310	*1 12,942	13,572
1.2. Clinic equipment and consumables support	Value of ophthalmic equipment purchased by The Foundation	\$365,602	\$219,896	\$428,423	\$374,171
	Number of spectacles and sunglasses donated to Pacific eye clinics	13,822	5,000	5,455	5,000
1.3. Outreach services support	Number of individual locations visited by clinical eye care teams supported by The Foundation	34	38	44	-

## PILLAR 2: TRAIN AND SUPPORT THE REGIONAL EYE CARE WORKFORCE

*Intermediate Outcome 2: Improved quality of eye care*



**17**  
Total graduates



**8**  
Females



**9**  
Males

Five doctors were scholarship recipients during 2020 towards a Master of Medicine (MMed) in Ophthalmology at Fiji National University (FNU). Support was also provided for three doctors (not in the form of a scholarship) undertaking study towards an MMed in Ophthalmology at the University of Papua New Guinea (UPNG). The course is a three-year Masters course following a pre-requisite one-year qualification, the Postgraduate Diploma in Ophthalmology (PGDO). All three doctors studying at UPNG were able to continue their study in 2020, one of whom was in her final year of study and graduated the MMed course in 2020. Four scholarship recipients studying at FNU at the commencement of 2020, were deferred to 2021 as the Fiji Ministry of Health & Medical Services recalled them to assist with the COVID-19 response. The remaining MMed student at FNU completed the academic year, the first of three years of the MMed degree.

A total of 19 nurses and mid-level health personnel were granted scholarships at the beginning of 2020 to study a Postgraduate (at Fiji National University) or an Advanced (at Divine Word University) Diploma in Eye Care. 17 of those students continued with study after one withdrew from the course due to personal reasons, and another deferred following repatriation to Samoa due to COVID-19. Students that deferred or withdrew are not counted in Actual figures below. The number of females (F) and males (M) are recorded in the Actual figures below for 2020.

Output	Indicator	Actual 2020	Target 2020	Actual 2019	Target 2019
2.1. Eye health workforce trained	Number of doctors completing a Master of Medicine (MMed) in Ophthalmology	1 (1F)	4	4	4
	Number of doctors completing a Postgraduate Diploma in Ophthalmology (PGDO)	-	-	4	4
	Number of nurses and mid-level health personnel completing a Postgraduate Diploma in Eye Care (PGDEC) or Advanced Diploma in Eye Care (ADEC)	14 (6F, 8M)	17	8	8
	Number of nurses completing a Master of Community Eye Care (MCEC) *2	2 (1F, 1M)	2	2	2
	<b>Total doctors and nurses/mid-level health personnel trained i.e. graduates</b>	<b>17 (8F, 9M)</b>	<b>23</b>	<b>18</b>	<b>18</b>
2.2. Eye care training scholarships and support provided	Number of doctors provided scholarships or support to train in eye care	4 (2F, 2M)	8	13	14
	Number of nurses and mid-level health personnel provided scholarships to train in eye care	17 (8F, 9M)	19	12	13
2.3. Support for eye care workforce provided	Number of Pacific based eye care clinicians visited by mentor clinician for one-on-one workforce support	4 (2F, 2M)	15	21	20
	Number of Pacific based eye care clinicians attending group workshops and trainings	91	132	129	120
	Number of Pacific based eye care clinicians provided opportunity to pursue continuing professional development (CPD) i.e. conferences or CPD programme	-	16	16	15
2.4. Subspecialist training support	Number of visits facilitated of ophthalmology subspecialist to Pacific training centres	-	9	10	7

\*2 The Master of Community Eye Care (MCEC) was discontinued following Semester 2, 2020.

## PILLAR 3: STRENGTHEN LOCAL HEALTH SYSTEMS

*Intermediate Outcome 3: Stronger health systems*



**145**

**Total workshop attendees**



**124**

**Primary level clinicians**



**21**

**Community health workers**

Progress against targets for upskilling primary level clinicians and community health workers in primary eye care were disrupted due to COVID-19 restrictions on travel and gatherings. Clinical service delivery took priority over workshops, so actuals were below target for 2020.

Output	Indicator	Actual 2020	Target 2020	Actual 2019	Target 2019
3.1. Support for health care workforce training in primary eye care awareness	Number of primary level clinicians trained in primary eye care through awareness workshops conducted by eye nurse graduates	124	210	*1 211	185
	Number of community health workers trained in primary eye care through awareness workshops conducted by eye nurse graduates	21	260	471	400



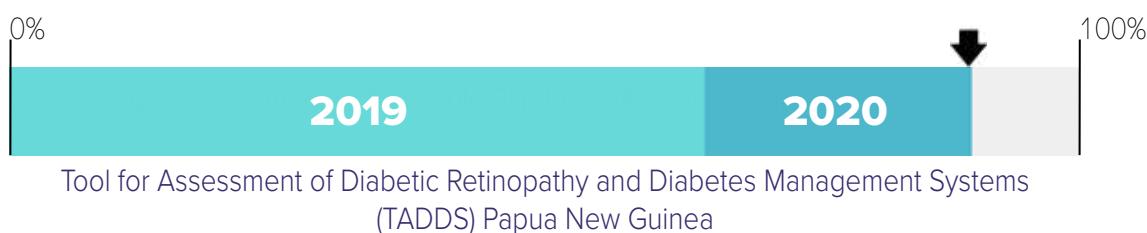
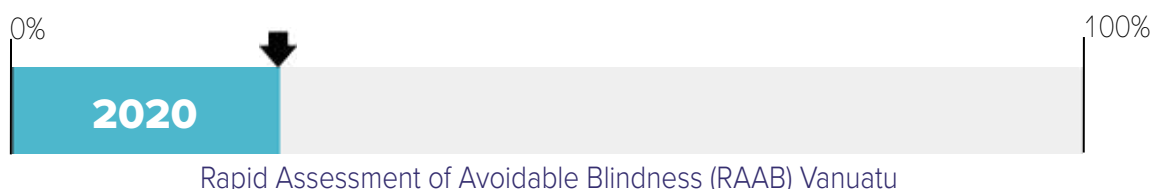
*A staff member watching cataract surgery in Tonga.*



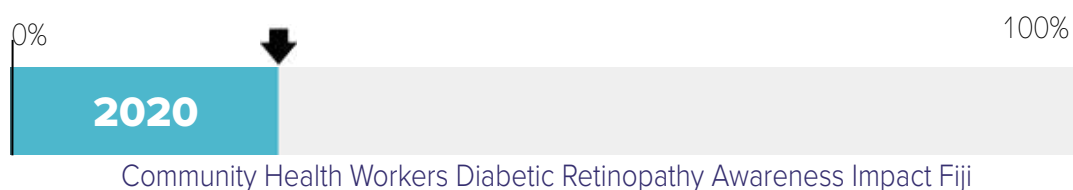
## PILLAR 4: DRIVE INNOVATION AND RESEARCH

*Intermediate Outcome 3: Stronger health systems*

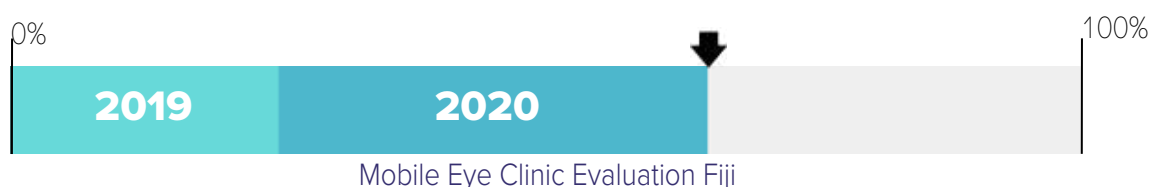
### NATIONAL PREVALANCE SURVEYS/ASSESSMENTS



### EVALUATION AND RESEARCH



### EXTERNAL EVALUATION



Funding was secured for a Rapid Assessment of Avoidable Blindness (RAAB) survey for Vanuatu in 2019. A RAAB is a standardised population-based survey method for generating this epidemiological evidence. The Vanuatu RAAB was planned for early 2020, however due to COVID-19 related disruptions this was not possible. Logistical work was undertaken in 2020 including a successful ethics application.

Work on the report on the Tool for Assessment of Diabetic Retinopathy and Diabetes Management Systems (TADDS) in Papua New Guinea commenced in 2019. Data was collected and analysed, and the final report was drafted in 2020. TADDS was designed by the World Health Organization (WHO) to assess the management of diabetes and diabetic retinopathy in countries to help identify the gaps to be addressed in ensuring universal access to diabetes care and to effective prevention and treatment of diabetic retinopathy.

To investigate the impact of the diabetic retinopathy (DR) awareness trainings for community health workers in Fiji, the Group commissioned a qualitative research study. This impact assessment will provide future recommendations on how to strengthen and integrate DR services in Fiji. The qualitative assessment will help inform future programming and provide evidence for creating seamless health care pathways between the noncommunicable disease (NCD) and eye health sector for diabetes patients in Fiji. This research study was planned for late 2020, however data collection was disrupted due to Tropical Cyclone Yasa. The recruitment of an external researcher, participants and successful ethics application was completed in 2020.

The Mobile Eye Clinic (MEC) was designed and constructed in New Zealand and was the first of its kind in the Pacific region. It is an 11.5 metre facility which has a full range of ophthalmic medical equipment aboard and travels to remote parts of Fiji enabling the teams to deliver sight-saving services to people in need. The MEC was first commissioned in May 2015 and is based at the

Pacific Eye Institute. The MEC Evaluation was commissioned in 2019 to evaluate its operational effectiveness in providing eye care services to the Fijian population (particularly people who would not otherwise be able to access eye care services) and provide recommendations to improve the performance of the MEC and guide future projects aimed at improving accessibility to eye care. The fieldwork was planned for 2020 but was impeded due to COVID-19 international travel restrictions. This required an adjustment in the methodology and hiring of a local Fiji-based consultant to collaborate with an India-based lead consultant who would manage the review remotely.

Output	Indicator	Actual 2020	Target 2020	Actual 2019	Target 2019
4.1. Support for national prevalence surveys and/or eye care assessments	Number of Rapid Assessment of Avoidable Blindness (RAAB) surveys directly supported	1	1	1	
	Number of reports on the Tool for Assessment of Diabetic Retinopathy and Diabetes Management Systems (TADDS) directly supported	1	1	1	-
4.2. Support for evaluation and research	Number of research projects directly supported:	1	1	1	-
	2020: Impact assessment of community health				
	2019: Qualitative study on patient perspectives on DR and diabetes in Vanuatu and Kiribati				
	Number of external evaluations directly supported:	1	1	1	-
	Evaluation of the Mobile Eye Clinic (MEC)				

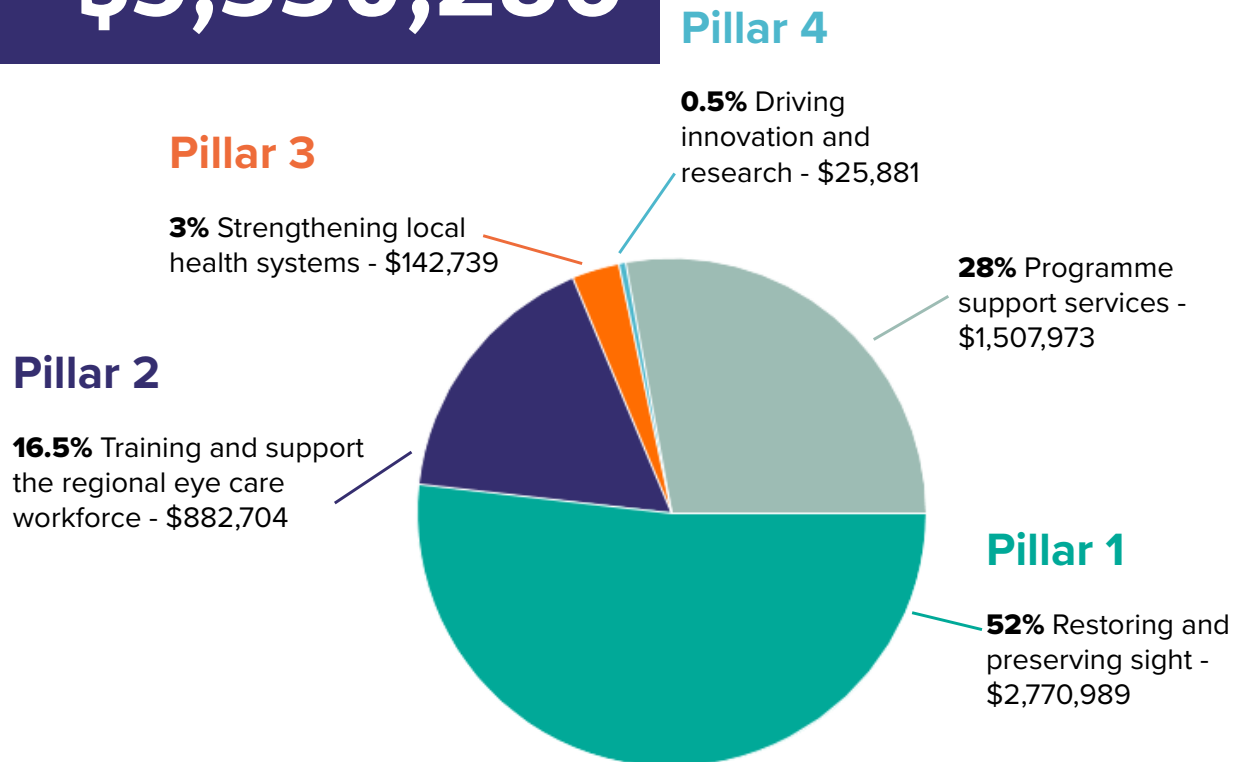


Cataract patient Asika, Tonga.

## PROGRAMME EXPENSES

### 2020 Programme Expenses

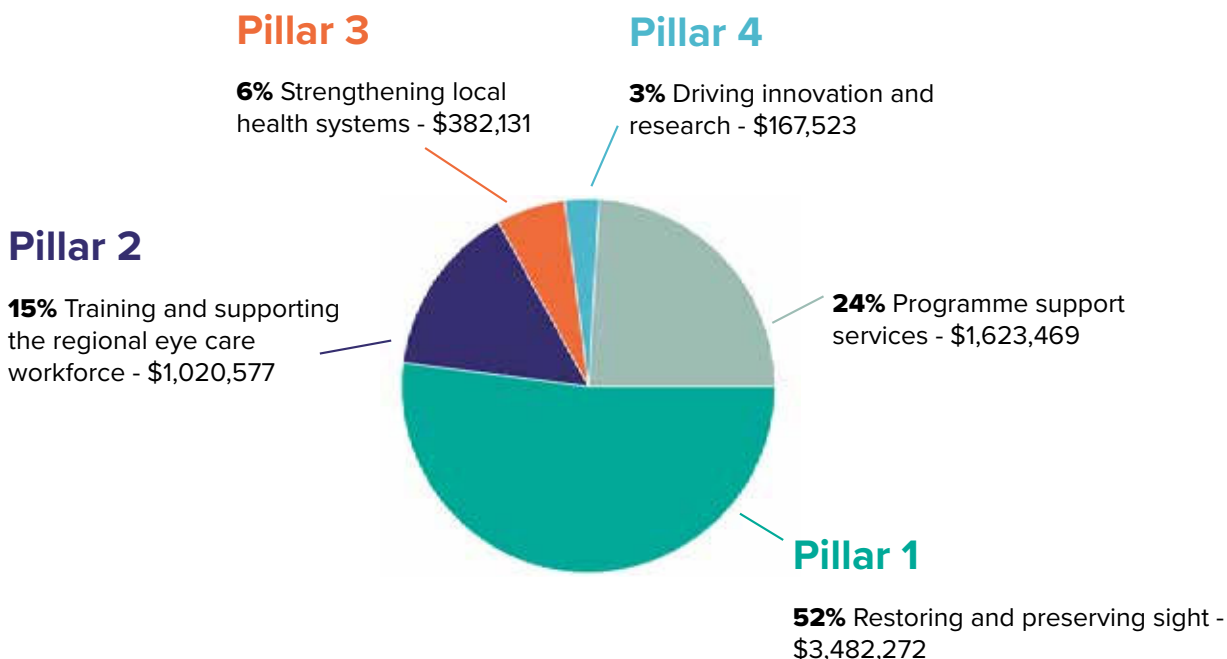
**\$5,330,286**



**Note:** Due to the impact of COVID-19, many of our planned 2020 programme activities were, by necessity, reduced or deferred which is reflected in our year-end result. However, that funding has been reallocated to the 2021 year and programme delivery volume will increase to address the patient backlog.

### 2019 Programme Expenses

**\$6,675,972**





FUNDS SOURCE AND DESTINATION

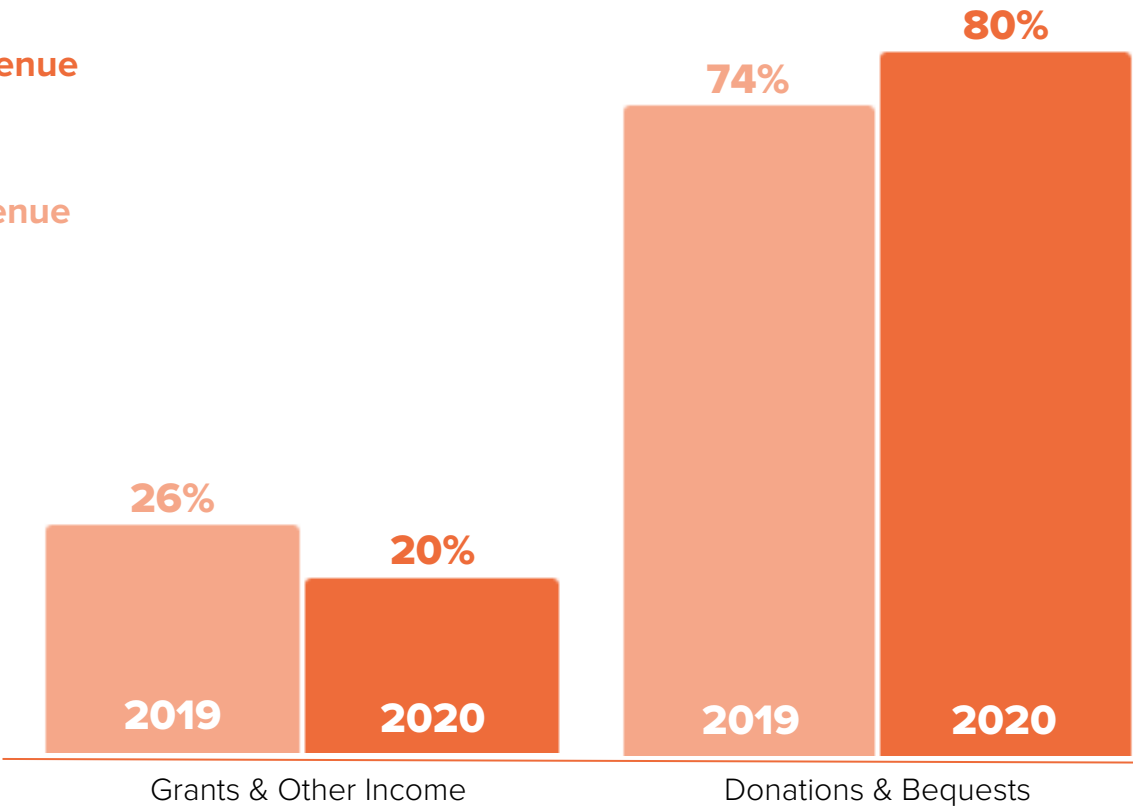
Where the money came from

Total 2020 Revenue

\$11,431,141

Total 2019 Revenue

\$11,663,657



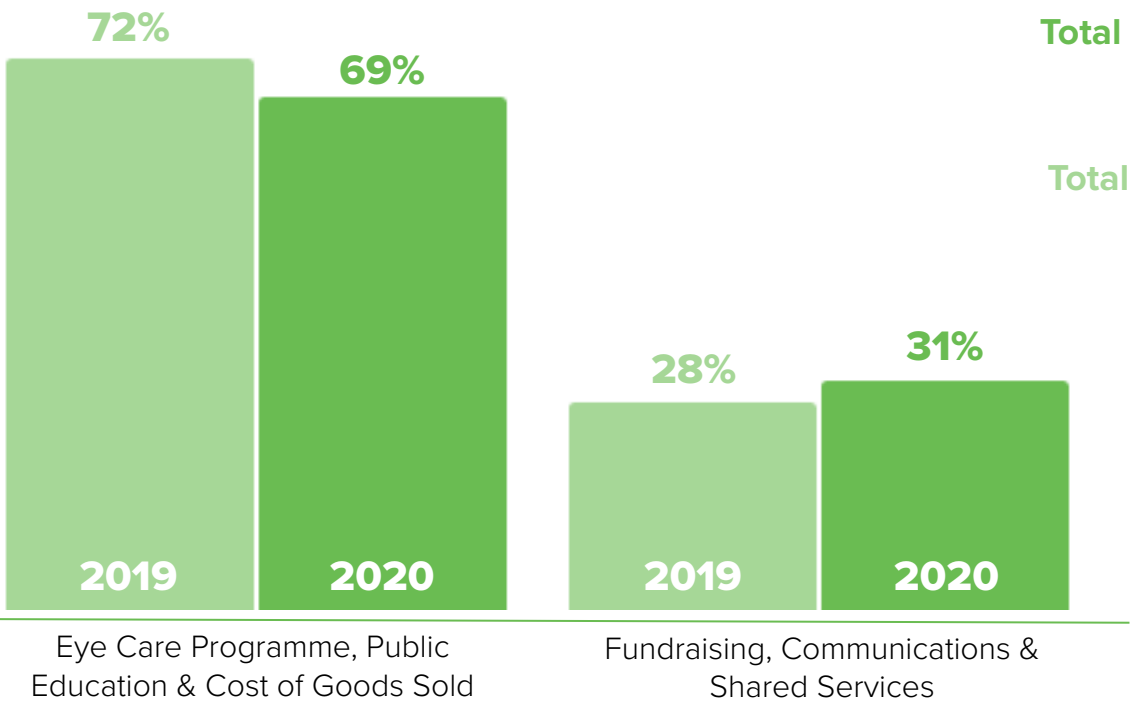
Where the money went

Total 2020 Expenses

\$8,757,149

Total 2019 Expenses

\$10,421,423



Expenses	2020	2019	Movement
Fundraising, Communication and Shared Services	2,758,362	2,921,788	(163,426)
Eye Care Programmes & Public Education	5,998,787	7,499,635	(1,500,848)
<b>Total Expenses</b>	<b>\$8,757,149</b>	<b>\$10,421,423</b>	<b>(\$1,664,274)</b>

Total 2020 expenses reduced by nearly \$1.7 million compared with 2019 due to the effects of COVID-19. Outreach cancellations, clinic closures and study deferments drove a significant but necessary reduction in programmes and public education expenses of just over \$1.5 million, compared with 2019. Fundraising, communication and shared services expenses reduced by just over \$160,000, compared with 2019.

Programme funding unspent in 2020 has been reallocated to the 2021 year to allow us to increase programme delivery volume to address the patient backlog created by the effects of COVID-19.



*Cataract patient Vivek, Fiji.*

# CONSOLIDATED STATEMENT OF COMPREHENSIVE REVENUE AND EXPENSES

for the 12 months ended 31 December 2020

	Note	2020	2019
<b>Revenue</b>			
Revenue from Exchange Transactions	5	63,813	128,227
Revenue from Non-Exchange Transactions	6	11,021,510	11,341,305
<b>Total Revenue</b>		<b>11,085,323</b>	<b>11,469,532</b>
<b>Less Cost of Goods Sold</b>			
Cost of Spectacles and Medical Supplies – Exchange Transactions		34,897	66,671
<b>Total Cost of Goods Sold</b>		<b>34,897</b>	<b>66,671</b>
<b>Gross Surplus</b>		<b>11,050,426</b>	<b>11,402,861</b>
<b>Less Other Expenses</b>			
Programme Expenses	7	5,330,286	6,675,972
Engagement Expenses	8	2,850,235	3,165,307
Shared Services Expenses	9	533,785	513,473
<b>Total Other Expenses</b>		<b>8,714,306</b>	<b>10,354,752</b>
<b>Total Surplus / (Deficit) before Net Finance Income</b>		<b>2,336,120</b>	<b>1,048,109</b>
<b>Net Finance Income</b>			
Finance Income	10	345,818	194,125
Less Finance Expenses		7,946	-
<b>Net Finance Income</b>		<b>337,872</b>	<b>194,125</b>
<b>Total Comprehensive Revenue and Expenses for the year</b>		<b>\$2,673,992</b>	<b>\$1,242,234</b>

The above consolidated statement of comprehensive revenue and expenses should be read in conjunction with the notes on pages 37 to 53.



# CONSOLIDATED STATEMENT OF CHANGES IN NET ASSETS / EQUITY

for the 12 months ended 31 December 2020

	Note	Accumulated Comprehensive Revenue and Expenses	Contingency Reserve	Total Net Assets / Equity
Opening Balance 1 January 2019		6,632,536	-	6,632,536
Total Comprehensive Revenue and Expenses for 2019		1,242,234	-	1,242,234
Exchange differences in translation of foreign operations		(16,293)	-	(16,293)
Transfer to Contingency Reserve	27	(2,500,000)	2,500,000	-
<b>Closing Net Assets / Equity 31 December 2019</b>		<b>\$5,358,477</b>	<b>\$2,500,000</b>	<b>\$7,858,477</b>
Opening Balance 1 January 2020		5,358,477	2,500,000	7,858,477
Total Comprehensive Revenue and Expenses for 2020		2,673,992	-	2,673,992
Exchange differences in translation of foreign operations		(52,797)	-	(52,797)
Transfer to Contingency Reserve	27	(743,377)	743,377	-
<b>Closing Net Assets / Equity 31 December 2020</b>		<b>\$7,236,295</b>	<b>\$3,243,377</b>	<b>\$10,479,672</b>

The above consolidated statement of changes in net assets / equity should be read in conjunction with the notes on pages 37 to 53.



*A patient receives eye drops at clinic in Vanuatu.*

# CONSOLIDATED STATEMENT OF FINANCIAL POSITION

as at 31 December 2020

	Note	2020	2019
<b>Current Assets</b>			
Cash and Cash Equivalents	12	3,270,871	5,136,086
GST Receivable		136,497	126,527
Inventory and Goods in Transit	13	548,343	431,789
Prepayments from Exchange Transactions		261,172	340,462
Receivables from Exchange Transactions		26,711	120,442
Receivables from Non-Exchange Transactions		-	6,250
Short-term Investments	14	3,500,000	2,500,000
<b>Total Current Assets</b>		<b>7,743,594</b>	<b>8,661,556</b>
<b>Non-Current Assets</b>			
Investments at Fair Value	15	3,243,377	-
Property, Plant and Equipment	16	924,564	1,019,910
<b>Total Non-Current Assets</b>		<b>4,167,941</b>	<b>1,019,910</b>
<b>Total Assets</b>		<b>11,911,535</b>	<b>9,681,466</b>
<b>Current Liabilities</b>			
Deferred Revenue from Non-Exchange Transactions	17	619,547	1,086,093
Employee Entitlements	18	334,638	291,471
Other Payables and Accruals		177,434	138,592
Trade Payables from Exchange Transactions		300,244	306,833
<b>Total Current Liabilities</b>		<b>1,431,863</b>	<b>1,822,989</b>
<b>Total Liabilities</b>		<b>1,431,863</b>	<b>1,822,989</b>
<b>Net Assets</b>		<b>\$10,479,672</b>	<b>\$7,858,477</b>
<b>Equity</b>			
Accumulated Comprehensive Revenue and Expenses		7,236,295	5,358,477
Contingency Reserve	27	3,243,377	2,500,000
<b>Total Equity Attributable to Controlling Entity</b>		<b>\$10,479,672</b>	<b>\$7,858,477</b>

The above consolidated statement of financial position should be read in conjunction with the notes on pages 37 to 53.

# CONSOLIDATED STATEMENT OF CASH FLOWS

for the 12 months ended 31 December 2020

	Note	2020	2019
<b>Cash Flows from Operating Activities</b>			
Interest Received		79,268	145,472
Net GST Received		(9,969)	53,849
Payments to Suppliers and Employees		(8,303,770)	(10,387,800)
Receipts from Non-Exchange Transactions		10,536,637	11,200,277
Receipts from Exchange Transactions		246,855	116,088
<b>Net Cash Inflows / (Outflows) from Operating Activities</b>		<b>2,549,021</b>	<b>1,127,886</b>
<b>Cash Flows from Investing Activities</b>			
Movements in Investments		(4,066,139)	500,000
Proceeds from Disposal of Property, Plant and Equipment		40,328	105,404
Purchase of Property, Plant and Equipment		(335,628)	(313,379)
<b>Net Cash Inflows / (Outflows) from Investing Activities</b>		<b>(4,361,439)</b>	<b>292,025</b>
<b>Net Increase / (Decrease) in Cash and Cash Equivalents</b>		<b>(1,812,418)</b>	<b>1,419,911</b>
Effect of Exchange Rate Fluctuations on Cash Held		(52,797)	(16,293)
Cash and Cash Equivalents at Beginning of Year		5,136,086	3,732,468
<b>Cash and Cash Equivalents at End of Year</b>	12	<b>\$3,270,871</b>	<b>\$5,136,086</b>

The above consolidated statement of cash flows should be read in conjunction with the notes on pages 37 to 53.



# NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

for the 12 months ended 31 December 2020

## 1. Reporting Entity

The Fred Hollows Foundation NZ (FHFNZ) was incorporated as a charitable trust under the Charitable Trusts Act 1957 on 5 November 1992 and registered as a charitable entity under the Charities Act 2005 (CC23722) on 30 April 2008. FHFNZ is incorporated in New Zealand and is a Public Benefit Entity (PBE) for the purpose of financial reporting in accordance with the Financial Reporting Act 2013.

FHFNZ, its subsidiary The Fred Hollows Foundation NZ Pacific Eye Institute Limited (FHFNZ-PEI) and its controlled entities The Fred Hollows Foundation PNG Inc. (FHF-PNG) and The Fred Hollows Foundation NZ SI Trust Board Inc. (FHFNZ-SI), comprise 'the Group' within these consolidated financial statements.

FHFNZ-PEI was incorporated as a company limited by guarantee on 18 May 2009 under the Fiji Companies Act 1983 (Cap. 247). The company is incorporated and domiciled in the Republic of Fiji. The composition of the members and directors of FHFNZ-PEI has been set up by FHFNZ for FHFNZ to have control over FHFNZ-PEI. Accordingly, FHFNZ-PEI is considered a subsidiary.

FHF-PNG was incorporated as an association under Section 7 of the Associations Incorporation Act 1966 (Chapter 142) on 17 August 2004 in Papua New Guinea. The composition of the members and committee of FHF-PNG has been set up by FHFNZ for FHFNZ to have control over FHF-PNG. Accordingly, FHF-PNG is considered a controlled entity.

FHFNZ-SI was incorporated as an association under the Charitable Trusts Act 1964 (Cap. 115) on 27 February 2014 in the Solomon Islands. The composition of the members and committee of FHFNZ-SI has been set up by FHFNZ for FHFNZ to have control over FHFNZ-SI. Accordingly, FHFNZ-SI is considered a controlled entity.

The Group exists to eliminate avoidable blindness and vision impairment primarily by restoring and preserving sight, training and supporting the regional eye care workforce, strengthening local health systems and driving innovation and research in the Pacific.

The Group operates under a Trade Mark Licence Agreement with The Fred Hollows Foundation dated 1 January 2017 whereby both parties are committed to contributing to the achievement of the goals of VISION 2020: *The Right to Sight* – a joint initiative and campaign of the World Health Organization and the International Agency for the Prevention of Blindness which aims to eliminate avoidable blindness. The agreement provides that by both parties working collaboratively and in

a coordinated way, organisations operating under a name including 'Fred Hollows', can be more effective in furthering this work and in the eradication of avoidable blindness. Both parties also agree that such collaboration and coordination will bring significant benefit to the full range of our respective activities.

Certain prior year comparatives have been reclassified to aid comparability with the Consolidated Statement of Service Performance, Consolidated Statement of Comprehensive Revenue and Expenses, Consolidated Statement of Financial Position and Consolidated Statement of Cash Flows.

## 2. Basis of Preparation

### 2.1 Measurement basis

The consolidated financial statements have been prepared on the basis of historical cost except investments at fair value through surplus or deficit.

### 2.2 Statement of compliance

The consolidated financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP). The Group is a public benefit entity for the purpose of financial reporting and complies with the Public Benefit Entity Standards Reduced Disclosure Regime (PBE Standards RDR) as appropriate for Tier 2 not-for-profit public benefit entities as it does not have public accountability and is not large (i.e. does not have total expenses over \$30 million). All reduced disclosure regime exemptions have been adopted.

### 2.3 Functional and presentation currency

The consolidated financial statements are presented in New Zealand Dollars (\$) which is the controlling entity's functional and the Group's presentation currency, rounded to the nearest dollar.

There has been no change in the functional currency of the Group or any significant foreign operations of the Group during the year.

### 2.4 Basis of consolidation

#### Controlled entities

Controlled entities are entities controlled by the Group, being where the Group has power to govern the financial and operating policies of another entity so as to benefit from that entity's activities.

PBE IPSAS 35 Consolidated Financial Statements introduces a single 'Control Model' for all entities whereby control exists when all the following conditions are present:

- power over investee;
- exposure, or rights, to variable returns from the investee; and
- ability to use power over investee to affect the entity's returns from investee.

The Group has an entitlement to a significant level of current or future ownership benefits which arise from the activities of its related entities.

The operations of controlled entities namely FHFNZ-PEI, FHF-PNG and FHFNZ-SI have been consolidated into these financial statements.

Subsequent changes in a controlled entity that do not result in a loss of control are accounted for within net assets/equity.

### Transactions eliminated on consolidation

Intra-group balances and transactions, and unrealised income and expenses arising from intra-group transactions, are eliminated in preparing the consolidated financial statements.

### Foreign currency

Transactions in foreign currencies are translated to the respective functional currencies of the Group entities at exchange rates at the dates of the transactions. Monetary assets and liabilities denominated in foreign currencies at the reporting date are translated to the functional currency at the exchange rate at that date. Exchange differences on foreign currency balances are recognised in the Consolidated Statement of Comprehensive Revenue and Expenses.

Assets and liabilities of the subsidiary and controlled entities are translated at balance date at the closing rate. Revenue and expense items are translated at a weighted average of exchange rates over the financial period, as a surrogate for the spot rates at transaction dates. Exchange rate differences arising from these transactions are taken to the foreign currency translation reserve and are recognised in the Consolidated Statement of Changes in Net Assets / Equity.

## 2.5 Changes in accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these consolidated financial statements and have been applied consistently by the Group, except otherwise stated.

### New and amended standards adopted by the Group

During the period, the Group early-adopted the following new standard for the first time:

- PBE IPSAS 41 – Financial Instruments

There was no material effect on the current or prior periods from the adoption of this standard.

## 3. Significant Judgements and Estimates

In the preparation of the Group's consolidated financial statements, Management is required to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses. Actual results may differ from those estimates. Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future periods affected.

### Judgements

#### Revenue Recognition – Non-Exchange Revenue (Note 6)

The Group is required to make a judgement as to the existence of any conditions and restrictions and the impact on revenue recognition for non-exchange revenue transactions.

#### Statement of Service Performance

In compiling the Group's Statement of Service Performance report, Management has made judgements in relation to which outcomes and outputs best reflect the achievement of our performance for the Group's mission.

The Group delivers targeted outputs in accordance with its programme strategy and budget. These outputs are designed to achieve short, medium and long-term outcomes that will enable the Group to achieve its vision of a world in which no person is needlessly blind or vision impaired and ultimately contribute towards specific global goals and initiatives.

These outcomes and global goals are included within the Programme Results Framework. All outcomes and outputs are grouped by our four guiding pillars which are described under Programme Results.

Our current focus is reporting on short-term outcomes and as our monitoring and evaluation systems mature, we will report on key outputs for our targeted medium and long-term outcomes.

The performance measures are designed to inform:

- our efficiency and effectiveness in supporting local teams to provide sight-saving surgeries, treatments and spectacles at partner eye clinics and on outreaches to locations that would otherwise not have access to eye care;
- our work with our partners, where together, we provide postgraduate eye care training to local doctors and nurses followed by ongoing professional development so that these specialists can meet the eye care needs of their own country in a sustainable way;
- our commitment to partner with local health authorities to promote local ownership of eye care and to strengthen health management and referral systems;

- our support for research to better understand and deliver on meeting current and future eye care needs; and
- our commitment to adopt innovative solutions to ensure that our eye care programmes are locally appropriate and meet international best practice standards.

Outputs and outcomes are aggregated from information reported across the Pacific.

## Operating lease commitments

The Group has entered into leases for an office tenancy and office equipment. The Group has determined, based on an evaluation of the terms and conditions of the arrangements, such as the lease term not constituting a substantial portion of the economic life of the equipment that it does not retain all the significant risks and rewards of ownership of this equipment and it accounts for the contracts as operating leases.

## Consolidated statement of comprehensive revenue and expenses

The adoption of the new standard has not had any impact on the Group as all entities that are controlled by the Group as a result of the new definition of 'Control' are already being consolidated along with the separate presentation for the results of the entities. Intra-group balances and transactions and any unrealised income and expenses arising from intra-group transactions are eliminated in preparing the consolidated financial statements.

## 4. Significant Accounting Policies

The accounting policies set out below have been applied consistently to all periods presented in these consolidated financial statements and have been applied consistently by the Group, except where stated otherwise.

### 4.1 Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Group and revenue can be reliably measured. Revenue is measured at the fair value of consideration received. The following specific recognition criteria must be met before revenue is recognised.

#### Revenue from exchange transactions

All revenue from exchange transactions, except resources sold to local hospitals, is recognised at the point at which cash is received which is generally the same time at which the goods or services are delivered.

#### Patient Fees

Revenue includes fees paid by patients in exchange for services performed at the Group's clinics and is recognised at the point at which cash is received. Revenue from this source is minimal.

As part of the Memorandum of Understanding with

the Madang Provincial Hospital (formerly known as the Modilon General Hospital) in Madang, Papua New Guinea, revenue received from patient fees is utilised within the local eye clinic to fund operational expenses.

#### Resourcing Local Hospitals

Revenue includes sale of medical consumables to local hospitals unable to access those items through their local Ministry of Health.

Revenue is recognised at the point at which the consumables are dispatched from the Group's managed clinics.

#### Spectacle Sales

Revenue includes sales of spectacles and is recognised at the point at which cash is received.

#### Revenue from non-exchange transactions

Non-exchange transactions are those where the Group receives an inflow of resources (i.e. cash and other tangible or intangible items) but provides no (or nominal) direct consideration in return.

Apart from services-in-kind, inflows of resources from non-exchange transactions are only recognised as assets where both:

- it is probable that the associated future economic benefit or service potential will flow to the entity; and
- fair value is reliably measurable.

Inflows of resources from non-exchange transactions that are recognised as assets are recognised as non-exchange revenue, to the extent that a liability is not recognised in respect of the same inflow.

Liabilities are recognised in relation to inflows of resources from non-exchange transactions when there is a resulting present obligation as a result of the non-exchange transactions, where both:

- it is probable that an outflow of resources embodying future economic benefit or service potential will be required to settle the obligation; and
- the amount of the obligation can be reliably estimated.

The following specific recognition criteria in relation to the Group's non-exchange revenue transactions must also be met before revenue is recognised.

#### Bequests

Bequests are recognised as non-exchange revenue when they are received unless they are subject to conditions being met and being returnable if those conditions are not met. Such bequests are initially recognised as a non-exchange liability and subsequently recognised as non-exchange revenue as and when the conditions are satisfied.

Bequests which have been recognised as non-exchange revenue and which subsequently become the subject of a possible claim under the Family Protection Act 1955 are recognised as a non-exchange liability until such time as the claim is settled.



## Donations

Revenue includes one-off and regular donations from individuals, trusts, foundations and corporate entities.

Donations from non-exchange revenue are recognised at the point at which cash is received.

Donations in-kind include donations of services and goods and are recognised when the services or goods are received. Donations in-kind are measured at their fair value as at the date of the donation, ascertained by reference to the expected cost that would otherwise be incurred by the Group.

## Future Fund

Revenue for the Future Fund is recognised as non-exchange revenue depending on the nature of any stipulations attached to the revenue received, and whether this creates a liability rather than the recognition of revenue.

The initiative is aimed at middle to high-value donors and looks to support specific activities across the programme including the backing of significant infrastructure projects such as the upgrade and expansion of eye centres in the Pacific and to secure essential equipment and training to empower our Pacific leaders to restore sight in the region

## Grants

Grants are recognised as non-exchange revenue depending on the nature of any stipulations attached to the grant received, and whether this creates a liability rather than the recognition of revenue.

Stipulations that are conditions specifically require the Group to return the grant if they are not utilised in the way stipulated, resulting in the recognition of a non-exchange liability that is subsequently recognised as non-exchange revenue as and when the conditions are satisfied.

Stipulations that are restrictions do not specifically require the Group to return the grant if they are not utilised in the way stipulated, and therefore do not result in the recognition of a non-exchange liability, which results in the immediate recognition of non-exchange revenue.

## Other Non-Exchange Income

Other non-exchange revenue is recognised when the cash is received, and there are no conditions attached to the revenue, the funds are recognised in revenue immediately upon receipt.

Other non-exchange revenue includes other one-off items.

## 4.2 Financial instruments

Financial assets and financial liabilities are initially recognised when the Group becomes a party to the contractual provisions of the financial instrument.

The Group derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows in a transaction in which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets

that is created or retained by the Group is recognised as a separate asset or liability.

The Group derecognises a financial liability when its contractual obligations are discharged, cancelled or expire. The Group also derecognises financial assets and financial liabilities when there have been significant changes to the terms and/or the amount of contractual payments to be received/paid.

Financial assets and liabilities are offset and the net amount presented in the Consolidated Statement of Financial Position when, and only when, the Group has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Group classifies all its financial assets at amortised cost, or financial assets at fair value through surplus or deficit.

The classification of the financial assets are determined at initial recognition and comprise:

- financial assets at fair value through surplus or deficit; and
- loans and receivables.

The Group classifies all its financial liabilities as financial liabilities at amortised cost.

Financial instruments are initially measured at fair value plus directly attributable transaction costs.

Subsequent measurement is dependent on the classification of the financial instrument and is specifically detailed in the accounting policies below.

### Financial assets at fair value through surplus or deficit

Financial assets classified as fair value through surplus or deficit are subsequently measured at fair value with gains or losses being recognised in surplus or deficit.

Financial assets at fair value through surplus or deficit include managed portfolio investments.

### Loans and receivables

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market.

Loans and receivables are subsequently measured at amortised cost using the effective interest method, less any impairment losses.

Loans and receivables comprise:

- cash and cash equivalents;
- receivables from non-exchange transactions;
- receivables from exchange transactions; and
- short-term investments.

Cash and cash equivalents represent highly liquid investments that are readily convertible into a known amount of cash with an insignificant risk of changes in value, with maturities of three months or less.

## Financial liabilities at amortised cost

Financial liabilities classified as amortised cost are non-derivative financial liabilities that are not classified as fair value through surplus or deficit financial liabilities.

Financial liabilities classified as amortised cost are subsequently measured at amortised cost using the effective interest method.

Financial liabilities classified as amortised cost comprise:

- trade payables (excluding Goods and Services Tax); and
- other payables and accruals.

The Group considers evidence of impairment for financial assets measured at amortised cost at both a specific asset and collective level. All individually significant assets are assessed for specific impairment. Those found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified.

Assets that are not individually significant are collectively assessed for impairment by grouping together assets with similar risk characteristics. In assessing collective impairment, the Group uses historical trends of the probability of default, the timing of recoveries and the amount of loss incurred, adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate.

Losses are recognised in surplus or deficit and reflected in an allowance account against loans and receivables. Interest on the impaired asset continues to be recognised. When an event occurring after the impairment was recognised causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through surplus or deficit.

## 4.3 Cash and cash equivalents

Cash and cash equivalents include bank balances, funds held at call with financial institutions, other short-term and highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

## 4.4 Inventory and goods in transit

Inventory comprises student equipment and literature, medical supplies and spectacles and is recognised at the lower of cost and net realisable value. The cost includes expenditure incurred in acquiring the inventories, production or conversion costs and other costs incurred in bringing them to their existing location and condition.

Goods in Transit comprises inventory and property, plant and equipment for which payment has been made in advance and title to the goods is passed to the Group. Title is passed when the terms as set out in the supplier's terms of trade are met.

## 4.5 Prepayments

Prepayments comprise expenditure which has been paid for in one accounting period, but for which the underlying asset will not be consumed until a future period. Prepayments are charged to expenses in the period in which the asset is consumed.

## 4.6 Receivables

Receivables are recognised initially at fair value and subsequently measured at amortised cost less provision for doubtful debts.

Collectability of accounts receivable is reviewed on an on-going basis.

Receivables which are known to be uncollectable are written off.

A provision for doubtful receivables is established when there is objective evidence that the Group will not be able to collect all amounts due according to the original terms of receivables. The amount of the provision is the difference between the asset's carrying amount and the present value of estimated future cash flows. The amount of the provision is recognised in the consolidated statement of comprehensive revenue and expenses.

## 4.7 Short-term investments

Short-term investments comprise term deposits which have a term of greater than three months and therefore do not fall into the category of cash and cash equivalents. A low risk appetite is adopted for all short-term investments.

## 4.8 Property, plant and equipment

Property, plant and equipment are measured at cost less accumulated depreciation and impairment loss. When the asset is acquired through a non-exchange transaction, the cost is measured at its fair value at date of acquisition.

Depreciation is charged on a straight-line basis over the useful life of the asset.

Computer Equipment	12.5% - 67%
Office Equipment and Furniture and Fittings	8.5% - 30%
Leasehold Improvements	6% - 21%
Medical Equipment	12.5% - 30%
Motor Vehicles (including Mobile Eye Clinic)	12.5% - 20%

Depreciation methods, useful lives, and residual values are reviewed at the reporting date and adjusted if appropriate. Those assets which have no future economic benefit are derecognised. Gains and losses on disposal of assets are considered in determining the operating result for the year.

In addition, the Group builds clinic infrastructure and procures medical and computer equipment and donates these to the local ministries of health throughout the Pacific. These items are expensed upon donation.

## 4.9 Leases

Payments on operating lease agreements, where the lessor retains all the risks and rewards of ownership of an asset, are recognised on a straight-line basis over the lease term.

#### 4.10 Deferred revenue

Deferred revenue is made up of grants, bequests and/or donations revenue which are tied to a specific purpose where there is a requirement to repay funds if that purpose is not met. A liability is recognised to the extent that such conditions are unfulfilled at the end of the reporting period.

#### 4.11 Employee entitlements

Liabilities for salaries and leave entitlements are recognised in surplus or deficit during the period in which the employee provided the related services. Liabilities are measured at the amounts expected to be paid when the liabilities are settled.

Some employees of the Group become eligible for long service leave after a certain number of years of employment, depending on their agreement. The liability for long service leave is recognised and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

#### 4.12 Other payables and accruals

A liability is accrued for expenses incurred in the year estimated at the future cash outflows for the goods and services provided and yet to be billed.

#### 4.13 Trade payables

Trade payables are carried at amortised cost and due to their short-term nature, they are not discounted. They represent liabilities for goods and services provided prior to the end of the financial year that are unpaid and when an obligation arises to make future payments in respect of the purchase of these goods and services. The amounts are unsecured and are usually paid within 30 to 60 days of recognition.

#### 4.14 Income tax

Due to its charitable nature, the Group is exempt from income tax.

#### 4.15 Goods and services tax (GST)

Except for FHFNZ-PEI and FHFNZ-SI, revenues, expenses and assets are recognised net of GST except for receivables and payables, which are stated with GST included. FHFNZ-PEI is not registered for the in-country equivalent of Valued Added Tax (VAT) and therefore all revenue, expenses, assets and liabilities are recognised inclusive of VAT. FHFNZ-SI is not registered for the in-country equivalent of Goods Tax and Sales Tax and therefore all revenue, expenses, assets and liabilities are recognised inclusive of Goods Tax and Sales Tax where applicable.

The net amount of GST recoverable from or payable to the Inland Revenue Department (or in-country equivalent) is included as part of receivables or payables in the Consolidated Statement of Financial Position.

#### 4.16 Impairment of non-financial assets

The carrying amounts of the Group's non-financial assets

are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated.

The recoverable amount of an asset or its related cash generating unit (CGU) is the greater of its value in use and its fair value less costs to sell. In assessing value in use, the estimated future cash flows (for cash-generating assets) or future remaining service potential (for non-cash-generating assets) are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset or CGU.

Cash-generating assets and non-cash-generating assets are distinguished by the purpose designated for the asset.

For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or CGUs.

Impairment losses are recognised in surplus or deficit.

An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

#### 4.17 Equity

Equity is the community's interest in the Group, measured as the difference between total assets and total liabilities. Equity is made up of accumulated comprehensive revenue and expenses and the Contingency Reserve.

Accumulated comprehensive revenue and expense is the Group's accumulated surplus or deficit since its formation, adjusted for transfers to/from specific reserves including the Contingency Reserve.

The Group maintains a Contingency Reserve primarily to protect itself against any catastrophic event resulting in cessation or significant reduction in income to meet the contractual, legal and ethical obligations to partners, suppliers and employees. Initial funding of the Contingency Reserve was from the Consolidated Accumulated Comprehensive Revenue and Expenses and is incremented annually based on the lesser of \$500,000 or 50 per cent of the annual Consolidated Comprehensive Revenue and Expenses for the year until such time as a Board-approved target is met. Full details of the purpose of the Contingency Reserve are included in note 27.



## 5. Revenue from Exchange Transactions

	2020	2019
Patient Fees	892	864
Resourcing Local Hospitals	4,860	23,615
Spectacle Sales	53,541	96,050
Other Exchange Income	4,520	7,698
<b>Total Revenue from Exchange Transactions</b>	<b>\$63,813</b>	<b>\$128,227</b>

## 6. Revenue from Non-Exchange Transactions

	2020	2019
<b>Engagement</b>		
Bequests	2,348,424	1,680,153
Corporate Donations	330,624	290,127
Direct Marketing and Other Donations	4,862,930	5,326,128
Future Fund	243,785	201,970
Major Donations, Trusts and Foundations	1,409,253	1,173,090
<b>Total Engagement Revenue</b>	<b>9,195,016</b>	<b>8,671,468</b>
<b>Grants</b>		
Ministry of Foreign Affairs and Trade	1,170,680	1,644,251
The Queen Elizabeth Diamond Jubilee Trust	307,932	808,949
Other Grants	335,976	146,997
<b>Total Grants Revenue</b>	<b>1,814,588</b>	<b>2,600,197</b>
<b>Other</b>		
Other Non-Exchange Income	11,906	69,640
<b>Total Other Revenue</b>	<b>11,906</b>	<b>69,640</b>
<b>Total Revenue from Non-Exchange Transactions</b>	<b>\$11,021,510</b>	<b>\$11,341,305</b>



## 7. Programme Expenses

	2020	2019
<b>FHFNZ</b>		
Administration	1,012,197	972,024
Regional Programmes	714,056	915,004
Regional Programmes - Kiribati	29,306	153,467
Regional Programmes - Samoa	11,078	126,451
Regional Programmes - Tonga	88,317	178,077
Regional Programmes - Vanuatu	92,576	200,693
Workforce Support	104,388	90,445
<b>Total FHFNZ</b>	<b>2,051,918</b>	<b>2,636,161</b>
<b>FHFNZ-PEI</b>		
Administration	306,477	288,028
Clinic	332,961	333,058
Diabetic Retinopathy	254,911	324,537
Mobile Eye Clinic	480,703	383,180
Outreach	127,238	193,699
Regional Programmes	32,466	82,346
Scholarships and Training	414,339	553,528
Workforce Support	11,451	6,965
<b>Total FHFNZ-PEI</b>	<b>1,960,546</b>	<b>2,165,341</b>
<b>FHF-PNG</b>		
Administration	314,429	544,269
Clinic	301,915	351,259
Outreach	10,075	117,229
Port Moresby Office	15,594	65,289
Regional Programmes	-	21,105
Scholarships and Training	286,478	120,899
Workforce Support	65,935	145,193
<b>Total FHF-PNG</b>	<b>994,426</b>	<b>1,365,243</b>

	2020	2019
<b>FHFNZ-SI</b>		
Administration	104,639	108,017
Clinic	160,169	270,304
Diabetic Retinopathy	37,115	51,961
Outreach	14,861	31,447
Scholarships and Training	-	4,710
Workforce Support	6,612	42,788
<b>Total FHFNZ-SI</b>	<b>323,396</b>	<b>509,227</b>
<b>Total Programme Expenses</b>	<b>\$5,330,286</b>	<b>\$6,675,972</b>

## 8. Engagement Expenses

	2020	2019
Communications	207,801	234,170
Fundraising	2,008,830	2,174,145
Public Education	633,604	756,992
<b>Total Engagement Expenses</b>	<b>\$2,850,235</b>	<b>\$3,165,307</b>

## 9. Shared Services Expenses

	2020	2019
Depreciation	69,131	99,030
IT Support	133,942	101,922
Office Rent	196,218	185,305
Other Operating Expenses	134,494	127,216
<b>Total Shared Services Expenses</b>	<b>\$533,785</b>	<b>\$513,473</b>

## 10. Finance Income

Finance income comprises interest income on cash and cash equivalents and short-term investments, and realised and unrealised gains/losses on investments at fair value through surplus or deficit.

Interest revenue is recognised as earned on a time-proportion basis using the effective interest method.

	2020	2019
Interest received on Cash and Cash Equivalents	66,274	105,349
Interest received on Short-term Investments	28,221	88,776
Investments at fair value through surplus or deficit income	251,323	-
<b>Total Finance Income</b>	<b>\$345,818</b>	<b>\$194,125</b>

## 11. Auditors Remuneration

BDO Auckland, BDO Fiji and BDO Papua New Guinea provide audit services to the Group on a fee basis.

	2020	2019
Audit Fees	54,983	46,460
Audit Related Expenses	9,269	10,406
<b>Total Auditors Remuneration</b>	<b>\$64,252</b>	<b>\$56,866</b>

## 12. Cash and Cash Equivalents

	2020	2019
Future Fund	243,979	202,881
NZ Foreign Currency Accounts	609,788	108,602
NZ Operating Accounts	305,975	1,023,696
Pacific Operating Accounts	95,404	63,358
Petty Cash	651	618
Short-term Deposit Accounts	2,015,074	3,736,931
<b>Total Cash and Cash Equivalents</b>	<b>\$3,270,871</b>	<b>\$5,136,086</b>

## 13. Inventory and Goods in Transit

	2020	2019
Goods in Transit	141,041	135,494
Inventory	407,302	296,295
<b>Total Inventory and Goods in Transit</b>	<b>\$548,343</b>	<b>\$431,789</b>

## 14. Short-term Investments

	2020	2019
Term Deposit Accounts	3,500,000	2,500,000
<b>Total Short-term Investments</b>	<b>\$3,500,000</b>	<b>\$2,500,000</b>

Term deposits are held with Kiwibank. Current term deposits mature between 3 and 12 months and are earning interest of between 1.1% and 1.7% p.a. The fair value of the term deposits is the realisable value being cost plus interest accrued at balance date.

## 15. Investments at Fair Value

	2020	2019
Australian Equities	290,716	-
Cash	824,218	-
NZ Bonds	679,317	-
NZ Equities	272,699	-
Offshore Bonds	590,862	-
Offshore Equities	566,109	-
Property	19,456	-
<b>Total Investments at Fair Value</b>	<b>\$3,243,377</b>	<b>-</b>

The carrying amounts of financial assets, as stated above, is their fair value.

The investments are held by the Group in unit funds. The funds are managed by JBWere (NZ) Pty Limited in a managed discretionary portfolio pursuant to the Group's Investment Policy and JBWere Investment Mandate which specifies asset allocations and risk exposures.

The fair value of the various unit funds financial assets is determined as follows:

- cash funds – at face value of the amounts deposited or drawn; and
- equity and bond funds – by reference to a quoted bid price.

The funds are evaluated on a fair value basis at a portfolio level.



*Dr Mundi Oqonokana and a patient on outreach in Tonga.*



## 16. Property, Plant and Equipment

	Computer Equipment	Furniture & Fittings	Leasehold Improvement	Medical Equipment	Motor Vehicles	Office Equipment	Programme Equipment	Total
<b>Cost</b>								
At 1 Jan 2020	357,417	86,273	26,793	903,157	1,223,114	11,080	21,957	2,629,791
FCT (Gain)/Loss	(22,180)	(172)	-	(30,324)	(34,617)	(68)	(21,957)	(109,318)
Additions – Exchange	196,034	4,262	-	131,308	-	4,024	-	335,628
Additions – Non-Exchange	-	-	-	-	-	-	-	-
Disposals	(5,260)	-	-	-	-	-	-	(5,260)
<b>As at 31 Dec 2020</b>	<b>526,011</b>	<b>90,363</b>	<b>26,793</b>	<b>1,004,141</b>	<b>1,188,497</b>	<b>15,036</b>	<b>-</b>	<b>2,850,841</b>
<b>Accumulated Depreciation</b>								
At 1 Jan 2020	(245,029)	(21,144)	(9,042)	(475,316)	(829,855)	(7,538)	(21,957)	(1,609,881)
FCT (Gain)/Loss	19,992	83	-	13,087	19,072	59	21,957	74,250
Depreciation	(85,126)	(9,270)	(3,649)	(122,427)	(168,139)	(2,035)	-	(390,646)
Disposals	-	-	-	-	-	-	-	-
<b>As at 31 Dec 2020</b>	<b>(310,163)</b>	<b>(30,331)</b>	<b>(12,691)</b>	<b>(584,656)</b>	<b>(978,922)</b>	<b>(9,514)</b>	<b>-</b>	<b>(1,926,277)</b>
<b>Net Book Value</b>								
As at 1 Jan 2019	180,544	64,510	21,400	423,322	529,697	5,452	17,695	1,242,620
As at 31 Dec 2019	112,388	65,129	17,751	427,841	393,259	3,542	-	1,019,910
<b>As at 31 Dec 2020</b>	<b>\$215,848</b>	<b>\$60,032</b>	<b>\$14,102</b>	<b>\$419,485</b>	<b>\$209,575</b>	<b>\$5,522</b>	<b>-</b>	<b>\$924,564</b>

## 17. Deferred Revenue from Non-Exchange Transactions

	2020	2019
Latter-day Saint Charities – Tied Funds	118,662	-
Ministry of Foreign Affairs and Trade – Tied Funds	194,242	881,296
The Queen Elizabeth Diamond Jubilee Trust – Tied Funds	38,946	12,681
Other Tied Funds	267,697	192,116
<b>Total Deferred Revenue from Non-Exchange Transactions</b>	<b>\$619,547</b>	<b>\$1,086,093</b>

## 18. Employee Entitlements

	2020	2019
Annual Leave	230,955	164,880
Long Service Leave	25,534	25,441
Other Employee Entitlements	78,149	101,150
<b>Total Employee Entitlements</b>	<b>\$334,638</b>	<b>\$291,471</b>

## 19. Leases

As at the reporting date, the Group has entered into non-cancellable operating leases in respect of the FHFNZ Auckland office being the tenancy, a printer and a small number of computer equipment items.

FHFNZ leases office premises on Level 5, The AIG Building, 41 Shortland Street, Auckland Central, Auckland. The lease commenced on 1 August 2017 for a period of six years (expiry 31 July 2023) with the right of renewal for two further periods of three years each (final expiry date 31 July 2029). The three-yearly rent review occurred on 1 August 2020 resulting in a 9 per cent increase in accordance with the Deed of Lease. The next rent increase of 9 per cent will occur on 1 August 2023. The Board of Trustees received a verbal commitment from an anonymous donor that an amount equivalent to the

monthly lease payments for the office premises will be donated to FHFNZ on a monthly basis for a period of six years from the commencement of the lease. The lease is at market value, the cost of which is recognised as an expense under shared services expenses (refer Note 9 above) while the lease donation is recognised as revenue under corporate donations (refer Note 6 above).

FHFNZ leases storage facilities in the basement of The AIG Building. The initial lease of one year expired on 1 August 2018 and was renewed for a further year, however, continues beyond this date until the agreement is terminated by either party giving to the other, at least six months' written notice of its intention to terminate the lease. The liability for the unexpired term of the leases is as follows:

	2020	2019
No longer than one year	192,144	198,624
Longer than one year but not longer than five years	366,759	494,154
<b>Total Leases</b>	<b>\$558,903</b>	<b>\$692,778</b>

## 20. Financial Instruments

The tables below show the carrying amount of the Group's financial assets and liabilities presented in the Consolidated Statement of Financial Position.

	Carrying amount			
	Financial Assets at fair value through surplus or deficit	Financial Assets at amortised cost	Financial Liabilities at amortised cost	Total
<b>2020</b>				
Cash and Cash Equivalents	-	3,270,871	-	3,270,871
Short-term Investments	-	3,500,000	-	3,500,000
Investments	3,243,377	-	-	3,243,377
Receivables from Exchange Transactions	-	26,711	-	26,711
Receivables from Non-exchange Transactions	-	-	-	-
Trade Payables from Exchange Transactions	-	-	(300,244)	(300,244)
<b>Total Financial Instruments</b>	<b>\$3,243,377</b>	<b>\$6,797,582</b>	<b>(\$300,244)</b>	<b>\$9,740,715</b>
<b>2019</b>				
Cash and Cash Equivalents	-	5,136,086	-	5,136,086
Short-term Investments	-	2,500,000	-	2,500,000
Investments	-	-	-	-
Receivables from Exchange Transactions	-	120,442	-	120,442
Receivables from Non-exchange Transactions	-	6,250	-	6,250
Trade Payables from Exchange Transactions	-	-	(306,833)	(306,833)
<b>Total Financial Instruments</b>	<b>-</b>	<b>\$7,762,778</b>	<b>(\$306,833)</b>	<b>\$7,455,945</b>

## 21. Capital Commitments

During the reporting period, the Group entered into binding agreements for capital commitments and as at the reporting date, the outstanding balance of those capital commitments which have not been recognised as a liability in the Consolidated Statement of Financial Position totalled \$2,430 (2019: \$NIL).

The Group is involved in the early concept planning, stakeholder coordination, and feasibility stages of developing a significant new teaching facility in Papua New Guinea. This planned eye care Centre of Excellence, to be based in Port Moresby, aims to provide a long-term sustainable solution to Papua New Guinea's chronic shortage of eye care doctors and nurses for its population. While no capital commitment has yet been entered into, early indications are that this will be a significant capital development for the Group over the next three to five years.

## 22. Contingent Assets and Liabilities

The Group has been named as a beneficiary of several deceased estates, two of which are subject to claims under either the Law Reform (Testamentary Promises) Act 1949 or the Family Protection Act 1955. Until such time as the claims are settled and the estates are distributed, the revenue has not been recognised.

The Group is owed Goods and Service Tax credits of \$29,750 from the Papua New Guinea Inland Revenue Commission dating back to October 2019. While efforts to have these credits refunded are yet to be successful, no provision has been made for the non-collectability of this amount owed to the Group.

There are no other contingent assets or liabilities at the reporting date (2019: \$NIL).

## 23. Related Parties

The Group operates under a Trade Mark Licence Agreement which was renewed on 1 January 2017 with The Fred Hollows Foundation. This agreement formalises the rights and obligations regarding the use of The Fred Hollows Foundation's trade marks. During the reporting period, the Group recognised \$307,932 income received from The Fred Hollows Foundation via The Queen Elizabeth Diamond Jubilee Trust Closure Grant to fund diabetic retinopathy activities in the Pacific. (2019: \$808,949).

## 24. Remuneration of Trustees

The Board of Trustees provide governance services for the Group on an honorary basis. Trustees have been reimbursed for travel expenses where they have attended meetings related to the Group's activities.



## 25. Key Personnel

The key personnel are classified as:

- members of the governing body (Board of Trustees); and
- executive officers, some of whom are responsible for reporting to the governing body.

Executive Officers, which include the FHFNZ Executive Director, FHFNZ acting Chief Executive Officer, FHFNZ

senior leadership team, Pacific general managers and senior medical personnel, are engaged as employees on normal employment terms.

In the case of Executive Officers, the remuneration reflects the aggregate paid during the reporting period and FTE reflects the number of full-time equivalent employees currently employed as at the end of the reporting period. In the case of the Board of Trustees, the FTE reflects the number of current Trustees on the FHFNZ Board as at the end of the reporting period.

	2020		2019	
	Remuneration	FTE	Remuneration	FTE
Board of Trustees	-	8.0	-	8.0
Executive Officers	1,138,341	8.0	1,288,831	9.6
<b>Total Key Personnel</b>	<b>\$1,138,341</b>	<b>16.0</b>	<b>\$1,288,831</b>	<b>17.6</b>



*Poufia waits with another patient outside an operating theatre, Samoa.*



## 26. Bank Credit Facility

FHFNZ has credit card facilities with Kiwibank with a total available Group credit limit of \$30,000 however only two cards were in use as at the reporting date with a total available credit limit of \$17,500, both of which are held by Executive Officers. The outstanding balance of the credit card facilities as at the reporting date was \$523 (2019: \$1,046).

FHFNZ has a payroll letter of credit with Kiwibank in favour of iPayroll Limited for \$110,000 to cover the payroll direct debit (2019: \$71,500). The letter of credit is the subject of a guarantee by FHFNZ however Kiwibank does not hold any security for this facility.

## 27. Contingency Reserve

As a prudent financial governance approach, the Group's Reserves Policy allows for a Contingency Reserve which provides for the following:

- to ensure short-term financial stability so that the Group can continue to achieve its vision, purpose and programmes by providing a framework within which reserves are managed;
- to provide a source of internal funds for organisational priorities such as infrastructure repair and improvement, programme opportunity and capacity building;
- to provide an internal source of funds for situations such as a sudden and substantial increase in expenses, one-time unbudgeted expenses, unanticipated loss in funding and uninsured losses;
- in a wind down scenario, the Group should have sufficient resources to settle all debts, liabilities and professional service fees that arise from its contractual, legal and ethical obligations including to partners, suppliers and workers; and
- to ensure that the Group complies with all applicable laws.

The Reserves Policy provides for annual increments of the lesser of \$500,000 or 50% of the annual consolidated net surplus until such time as the target amount of the Contingency Reserve is attained. The target amount is equal to 50% of the average annual total operating expenses over the previous five years.

## 28. Going Concern

These financial statements have been prepared on a going concern basis.

The Group currently enjoys the support of, and is reliant on, donations and funding from a variety of sources such as the New Zealand public and corporates, the Ministry of Foreign Affairs and Trade and a variety of other funding bodies in order to carry out its charitable work. The Group also has agreements in place for the ongoing training provided in the Pacific.

FHFNZ-PEI has an agreement with the Ministry of Health and Medical Services of the Republic of Fiji to continue with our partnership, responsibilities, cooperation and

contribution towards the delivery of eye care services in Fiji, for a period of four years expiring 31 December 2022.

FHFNZ-PEI also has an agreement with Fiji National University expiring on 31 December 2022 which describes the respective roles and responsibilities of the parties in continuing to implement the Pacific Regional Eye Health Training Programme and postgraduate eye care education.

FHF-PNG is party to a Memorandum of Understanding with the National Department of Health (Department) of the Independent State of Papua New Guinea evidencing FHFNZ's commitment to continue its work in Papua New Guinea, in partnership with the Department, to find and implement solutions to meet the eye care needs of Papua New Guinea. In addition, FHFNZ seeks to work with the Department and other stakeholders to improve ophthalmology training in Papua New Guinea, which is currently delivered through the University of Papua New Guinea. The agreement expires in September 2023.

The Board of Trustees believes that the Group will be able to meet its financial and regulatory obligations for the foreseeable future and as such the going concern assumption adopted in the preparation of these financial statements is appropriate.

## 29. COVID-19

The global COVID-19 pandemic affected people, businesses and economies across the world. Measures to prevent, contain and delay its spread include border closures and other travel restrictions, institutional and business closures, restrictions on gatherings and meetings, quarantining, isolation and social distancing, resulting in many people working remotely and significant disruptions to ways an entity would normally operate.

The New Zealand Government put the country into various COVID-19 Alert Levels throughout 2020 and has continued to do so to a lesser extent in 2021. The rollout of vaccines is underway throughout the world, New Zealand having commenced its rollout in February 2021 and the Pacific region planned to commence shortly after. Continued travel restrictions and quarantining are expected to continue throughout 2021 and beyond until such time as safe travel bubbles can be established.

Pacific clinics reopened in the third quarter of the reporting period, having operated on an emergency footing during the second quarter. While Pacific international borders remain closed to all except repatriating nationals or those with work or study visas, operations have been able to resume to almost normal, albeit a new normal involving considerably less international travel. This has required our team to work with increased flexibility and innovation to ensure we continue to provide high levels of workforce support and other required assistance. Clinical teams continue to be fully briefed of COVID-19 updates and revised operating procedures to ensure staff, patient and student safety. Supplies of Personal Protective Equipment are closely monitored and maintained at appropriate levels. A record number of students were offered scholarships to complete their training in 2021, some of which is now being delivered remotely via video conferencing platforms.

All teams are constantly on standby to adjust ways in which programme activity is delivered as we navigate our way through COVID-19.

Many organisations are now allowing employees to work remotely either partially or permanently and here in New Zealand it seems the future of office life will also change forever. It will mean a lot more working from home, but the Group, like many other organisations, has always been output focused rather than counting office hours.

The downturn in New Zealand's economy throughout 2020 has been significantly less than anticipated, thanks to unprecedented government financial support of the economy. In addition, organisations found alternative and, in some cases, innovative ways of continuing or growing their operations.

The Group's public fundraising activities continue to be successful with direct mail appeals and digital engagement contributing to better than expected revenues. Face-to-face fundraising, which was put on hold for six months during the height of COVID-19, has recommenced which will assist in increasing the Group's supporter base. Regular engagement with institutional donors saw either extension of expiry dates for existing agreements or acceptance of substitution applications. It is anticipated that these will continue to be the norm throughout 2021.

Extreme vigilance continues over the financial position and cashflows of the Group. 2020 resulted in an unexpected surplus due to the disruption to activities, however most of the accumulated surplus will be utilised during 2021 to address the backlog that resulted from COVID-19.

Our financial position remains strong with good liquidity and working capital ratios supporting a healthy balance sheet for the Group.

The Group remains in a position to meet its obligations as and when they fall due. Our modelling of the future financial outcomes shows that accounting for our operations on the going concern basis remains appropriate. The full long-term financial effect of this situation cannot yet be determined and there still remains an element of uncertainty.

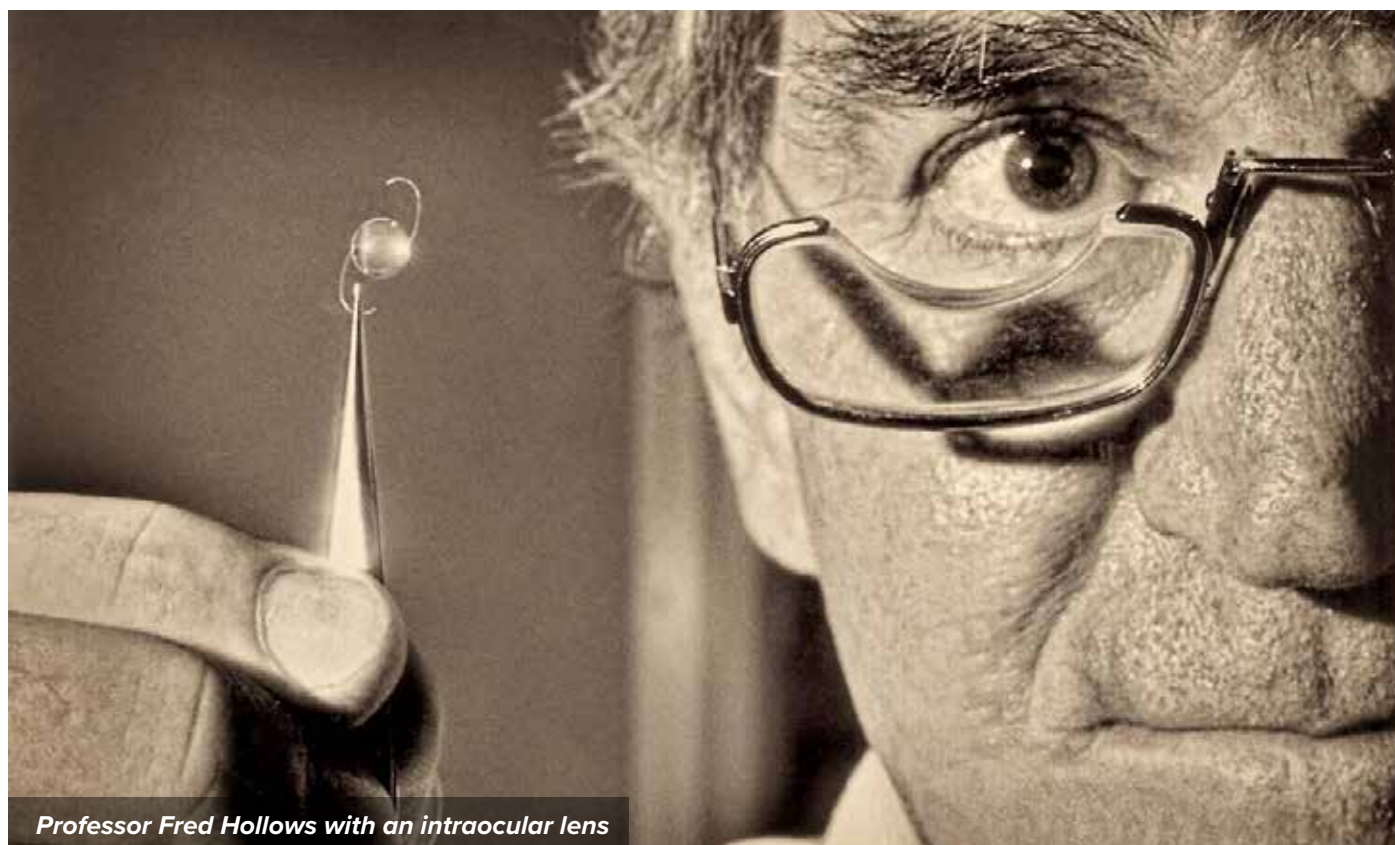
### 30. Subsequent Events

Our new Chief Executive Officer commenced on 18 January 2021. Dr Audrey Aumua brings a wealth of knowledge and experience at a senior level in public health policy and a large network of contacts in the Pacific having worked there for many years.



*Dr Audrey Aumua*

There are no other matters or circumstances since the end of the reporting period, not otherwise dealt with in these financial statements that have significantly or may significantly affect the operations of the Group.



*Professor Fred Hollows with an intraocular lens*



# POLICIES AND PROCEDURES

**The Foundation has a comprehensive suite of policies and procedures based on New Zealand legislation to guide the activities of the Group. Key public facing policies include:**

## Child Safeguarding Policy

The Foundation is always committed to acting in the best interest of the children and young people to whom The Foundation and its partners provide a service. The Foundation therefore has a robust Child Safeguarding Policy in place to protect the rights and safety of all children who may come into contact with The Foundation during the course of our work.

The Policy and associated Code of Conduct apply to all staff, representatives, and partners of the Group.

The Foundation works closely with donors and partners to ensure that its child safeguarding standards are reflected in relevant contracts and funding arrangements and that all relevant personnel are aware of their responsibilities relating to child safeguarding.

Where relevant, our Child Safeguarding Policy recognises and follows principles and procedures described in the Vulnerable Children Act 2014 and subsequent amendments thereto, including procedures relating to screening and vetting our workforce and implementing child protection policies.

## External Complaints Policy

The Foundation has an External Complaints Policy which provides a means of dealing with any complaints in a fair, prompt and understanding manner. We take expressions of dissatisfaction by partners, supporters, government agencies, other non-government organisations, other external bodies, affiliates and individuals very seriously.

The Foundation provides an open and effective process for handling any grievance or complaint received.

Complaints may be received verbally or in writing, but if made verbally are recorded and logged in writing. Any person may lodge a complaint with The Foundation about any matter over which The Foundation has control and that they consider gives grounds for a complaint. All complaints are treated confidentially.

All investigations into complaints received will take into account the rights of the complainant and any staff or partner that the complaint involves. Complaints are also an important component of supporter feedback and welfare. We will ensure that all feedback is communicated to the appropriate staff, and individual, appropriate actions are taken. Your support is vital to every aspect of our work. That is why we are committed to openness and transparency. Should you have any feedback or complaints, please contact us at [feedback@hollows.nz](mailto:feedback@hollows.nz) or on 0800 227 229.

## Privacy & Information Handling Policy

The Foundation is committed to ensuring that it handles personal information following best practice and current legislation in a way that respects the privacy rights of individuals. The policy applies to all staff, representatives, partners and direct patients of the Group and outlines the position with regard to the collection, use, retention and disclosure of personal information.

We have a designated Privacy Officer who is responsible for investigating any complaints or concerns any person may have about our protection of their privacy. If we become aware of any ongoing concerns or problems concerning our privacy practices, we will take these issues seriously and work to address these concerns.

Please provide as much detail about the facts surrounding your complaint so we can resolve it accordingly, and allow us at least seven days to respond to your complaint. If we fail to resolve your complaint, you may refer the matter to the New Zealand Privacy Commissioner. Should you have any feedback or complaints relating to privacy, please contact our Privacy Officer on [privacy@hollows.nz](mailto:privacy@hollows.nz) or call us on 0800 227 229.



Monique, Vanuatu.

# MEMBERSHIP ORGANISATIONS

Key public facing relationships with influential member organisations include:



## The International Agency for the Prevention of Blindness

The International Agency for the Prevention of Blindness (IAPB) is the overarching alliance for the global eye care sector. They have over 150 members worldwide drawn from non-government organisations and civil society, corporate organisations, professional bodies, and research and eye care institutions.

IAPB was founded in 1975 to lead international efforts in blindness prevention activities. They work towards a world where no one is needlessly visually impaired, in which everyone has access to the best possible standard of eye health, and eye care is a core part of Universal Health Coverage. IAPB promotes VISION 2020, its joint initiative with the World Health Organization (WHO).

The Foundation is a Tier 3 member of IAPB.



Outreach in Tonga.



## Council for International Development

The Council for International Development (CID) is a member organisation who connects and strengthens a dynamic network of international NGOs and their partners, through promoting learning, innovation, the principles of good development and shared practice. They are the guardians of the members' professional standards and by encouraging collaboration, CID increases the ability of development organisations to increase their impact, and build a world free from extreme poverty and injustice.

CID's work is done on behalf of and with the support of their members, and also with support from the government, the New Zealand public and business.

CID's Code of Conduct provides a self-regulatory sector code of good practice that aims to improve international development and humanitarian outcomes and increase stakeholder trust by enhancing the transparency and accountability of signatory organisations.

The Foundation is a member of CID and a signatory to the CID Code of Conduct which requires members to meet high standards of corporate governance, public accountability and financial management. Complaints relating to alleged breaches of the Code of Conduct by any signatory member can be made to the CID Code of Conduct Committee if no resolution can be reached from the above external complaints policy process.

More information about the CID Code of Conduct can be obtained from The Foundation and from CID at [www.cid.org.nz](http://www.cid.org.nz) or on [code@cid.org.nz](mailto:code@cid.org.nz).



# THANK YOU

## Pacific Island Government partners

Fiji Ministry of Health and Medical Services  
Kiribati Ministry of Health and Medical Services  
Papua New Guinea National Department of Health  
Samoa Ministry of Health

Solomon Islands Ministry of Health and Medical Services  
Tongan Ministry of Health  
Vanuatu Ministry of Health

## Development partners



## Corporate partnerships



## Organisations that support our work

Adtollo Consulting	Madang Motors	TCS International Construction Development
Bossley Architects	Madang Star International Hotel	The Asia Foundation in partnership with the U.S. Embassy Suva
Confide	Mark Crawford Ltd	The Queen Elizabeth Diamond Jubilee Trust
DLA Piper New Zealand	Mediscope International	The University of Auckland
Eyewear Design	OptiMed NZ	Tier4
Foundation L'Occitane	Royal Australian and New Zealand College of Ophthalmologists	Unleashed Software
Imperium Technologies	SmoothPay	
John Hannan, Barrister		
Kiwibank		



*Patient at an Outreach in Kiribati.*



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*Professor Fred Hollows  
Photo courtesy of News Ltd / Newspix*