

2024 Annual Report



Cure
Blindness
PROJECT™

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Letter from the Board and CEO

Dear Friends,

2024 was a year of unprecedented impact for Cure Blindness Project. With your support, we delivered more sight-restoring surgeries, trained more ophthalmic personnel, and prevented more cases of blindness than ever before! We are proud to help lead the way toward a brighter future in global ophthalmology, thanks to your unwavering commitment.

Thanks to an anonymous donor's extraordinary generosity, Cure Blindness Project significantly advanced our mission to enable countries to cure avoidable blindness this year, changing the lives of more than 200,000 blind cataract patients. This means we cured more than 1% of global cataract blindness in just one year and we are poised to further extend this success with your support.

In addition to expanding our impact through surgery, we continued to invest in strengthening health systems where we work. We provided opportunities for specialty ophthalmic training, supporting fellowships, hands-on training, and Virtual and Live Classroom resident training to build local capacity for hundreds of ophthalmic personnel in sub-Saharan Africa and South Asia. We also supported training for ophthalmic assistants, ophthalmic nurses, biomedical engineers and community health workers to build up entire teams of care workers, and we made sure that our local partners had the right equipment to ensure they can deliver quality results and care to their patients. As we look to the future, we also continued to advance knowledge in global ophthalmology public health through research grants and published scientific research.

We are working to ensure that patients get the care they need, no matter where they live. In 2024,

we grew our network of partners to deliver our services in six new countries, including our first work in South America. We also continued to grow our primary eye care and blindness prevention initiatives across India, Nepal, and Ethiopia, helping to strengthen eye health systems in these areas. These programs reached over 36,000 people in the most remote villages and mean that patients are getting care where and when they need it.

Finally, we proudly launched our new brand, Cure Blindness Project, to better reflect our mission to cure avoidable blindness around the world.

As we look back at 2024, we do so with immense gratitude for the support we have received from all of you, and as we look ahead, we are excited about continuing to expand our impact. The need for our work remains great, but our momentum is growing. With your support, we remain committed towards achieving a world in which no one is needlessly blind.

Let's see what is possible...together!

Matt Oliva

Dr. Matthew Oliva
Chairman, Board of Directors



K-T Overbey

K-T Overbey
Chief Executive Officer





Who We Are

Founded in 1995 as the Himalayan Cataract Project, Cure Blindness Project is a global nonprofit organization driven to help people retain or regain their sight. What began in the mountains of Nepal has grown today to millions of surgeries, screenings and treatments performed in over 30 countries—and we won't stop until everyone in the world with avoidable blindness can see.

Our Mission

We enable countries to cure avoidable blindness by developing high-quality, cost-effective eye care in underserved areas of the world.

Our Vision

A world where no one is needlessly blind.



5-Year Plan

Cure Blindness Project's 5-year strategic plan is available on our website.



Ghana

"My heart is filled with joy, and I cannot wait to get home."

Opening eyes to a brighter world.

Cure Blindness Project's approach to eye care is unique—it focuses on delivering patient care and strengthening eye care systems to deliver high-quality care at scale.

We provide training and equipment to healthcare professionals, who then go on to provide eye care services in their own communities. This action-based approach builds local leadership, empowers key actors, and develops sustainable practices from the ground up.



2024 IMPACT

In 2024, Cure Blindness Project and its partners provided eye screenings and basic services for over

2.6 million individuals

including

252,340 surgeries

on **3 continents**.



We also delivered

\$2,286,825 in equipment and consumables

to support partners and outreaches.

In addition, Cure Blindness Project supported over

5,000 training opportunities.

Impact Since the Beginning

TOGETHER WITH OUR SUPPORTERS AND PARTNERS:

1.84 million
sight-restoring
surgeries

screened and provided
basic treatment for

19.1
million people

25,200+

eye care professionals from **43 countries**
received training

5

eye hospitals & training
institutes established

\$22.4

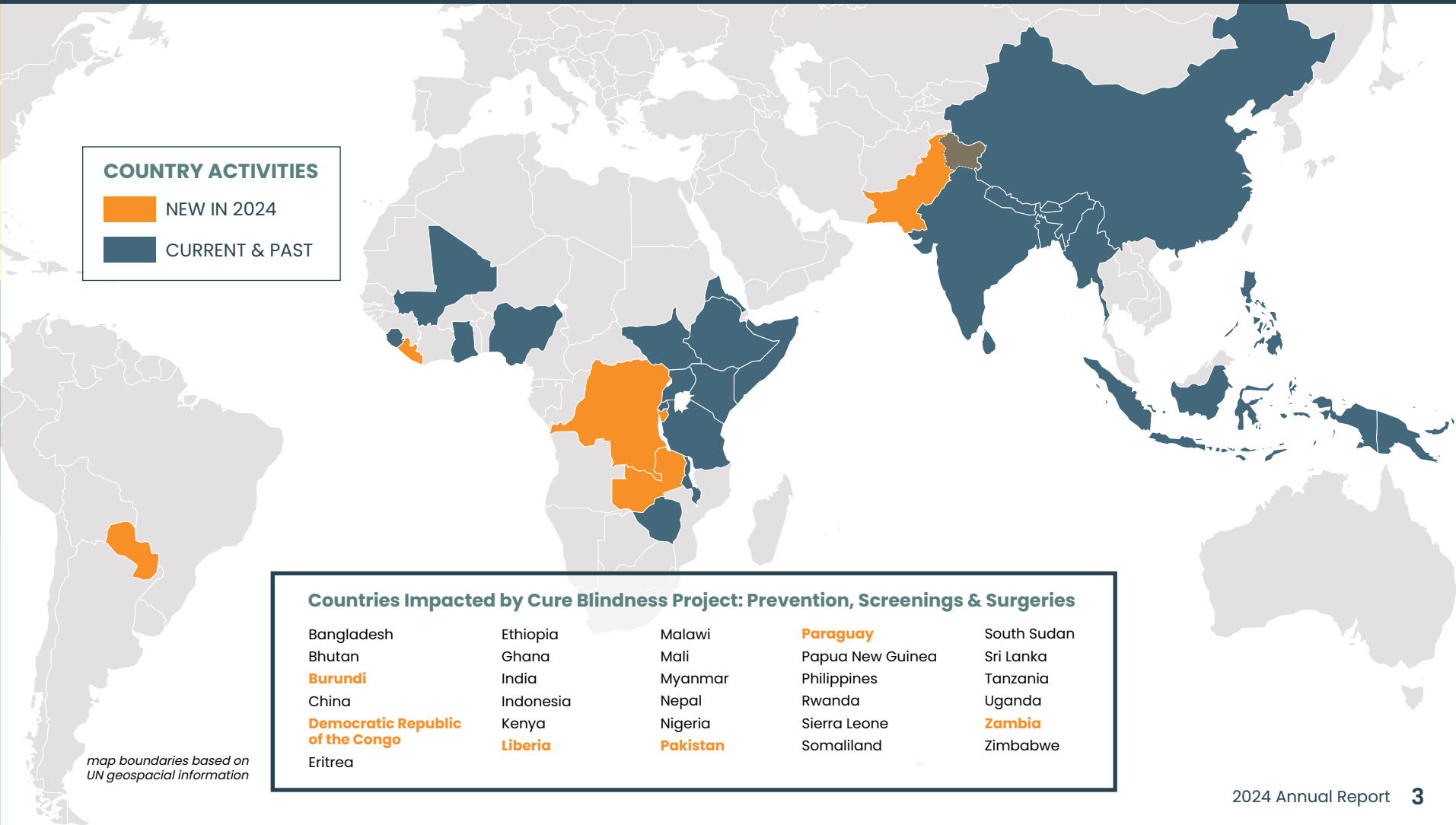
million dollars in
equipment and consumables delivered

205,000+

corneas provided through
eye bank partners for **transplant**

Where We Work

Cure Blindness Project tackles avoidable blindness in over **30 countries**, with core country operations in Nepal, Bhutan, India, Ethiopia, and Ghana. In 2024, our work expanded to six new countries: Burundi, Democratic Republic of the Congo, Liberia, Pakistan, Paraguay, and Zambia, bringing hope and vision to even more people in need.



Help Us Unlock an Extra \$10 Million to Cure Blindness!

After giving Cure Blindness Project perhaps the largest gift in the history of global ophthalmology in 2024, **our anonymous donor wants to ignite a movement.** He is calling on our community to join him to accelerate our progress to eliminate cataract blindness.

If we raise \$10 Million in new donations by December 31, 2025, this anonymous donor has pledged an additional \$10 Million in matching funds. Your gift will move us closer to unlocking this extra \$10 Million in vital funding. But if we fall short of our goal by the deadline, we lose the chance to secure this transformative gift.



If we raise \$10 Million in new donations by December 31, 2025, this anonymous donor has pledged an additional \$10 Million in matching funds.

A special message from the donor:

I am proud to partner with this organization to have cured blindness for more than 200,000 patients in one year—please join me in this transformative work.

What did we do together in 2024?

We cured the most patients with unnecessary cataract blindness in the history of the organization, **equivalent to more than 1% of the 17 million cataract blind individuals around the world.** Proudly, we are now on track to build on this momentum for the year ahead—but we need your help. Millions still wait in darkness for their chance of a new life.

Why should you join us?

Consider how this partnership has transformed my life. Peace and contentment have been added to my life more than anything else I have done. It is just not service to others; it is knowing an actual metric of getting to a very achievable goal in the next ten years.

Furthermore, I am convinced there is no other NGO in the world that could have used this gift more economically and efficiently for the greatest impact. Who wouldn't sleep better believing that?

Please help the Cure Blindness Project staff and Board of Directors scale to raise more funds keeping up the incredible work our partners have helped us achieve in the field.

Cure Blindness Project Expands Reach

Local Capacity

Cure Blindness Project shared news of our plans to bring sight-restoring services to six new countries around the world: Burundi, Democratic Republic of the Congo, Liberia, Pakistan, Paraguay, and Zambia.

This move marks our historic foray into South America, significantly broadening our reach beyond the focus of work in sub-Saharan Africa and South Asia. Since 1995, Cure Blindness Project has delivered sight-restoring care to more countries in more regions. This expansion marks a pivotal step towards the goal of eradicating avoidable blindness, wherever it exists.

"The time has come to amplify our impact," declares K-T Overbey, CEO of Cure Blindness Project. "From tackling cataract blindness in the Himalayas to now tackling all forms of treatable blindness across 30 countries, our commitment to eradicating this issue is unwavering. We are relentless in our pursuit of a brighter future for all, but we cannot do it alone."

Cure Blindness Project's success stems from our robust network of global partners. This expansion leverages our proven model, enabling patient care and empowering healthcare providers through targeted training programs. This approach ensures immediate relief for those waiting for sight-restoring procedures, while also building sustainable capacity for future needs.

"Underserved communities bear the brunt of the global eye care crisis," says Josie Noah, Chief Program Officer of Cure Blindness Project.

"Our expansion partners have a proven track record of excellence, allowing us to reach these vulnerable populations and finally offer them the life-changing gift of sight."

Our vision remains unwavering: to enable nations to eradicate avoidable blindness.

"We believe in a holistic approach that addresses immediate needs and fosters long-term solutions. Our expansion reaffirms our core mission: partnering with underserved communities worldwide to build sustainable, cost-effective eye care systems that pave the way for a world free from avoidable blindness."

**K-T Overbey
CEO of Cure Blindness Project**

"I wanted to continue with school, but I just couldn't see well enough. It was hard to keep up, and it felt like my future was slipping away.

Thanks to the cataract surgery, my sight has been restored. Now I can read, write, and go back to school. **I feel like I have my future back."**



Jimmy Nyirenda
15-year-old student from
Ngwata Village, Zambia

Building Sustainable Eye Care Through Training Excellence

Local Capacity

For three decades, Cure Blindness Project has distinguished itself among eye health NGOs by prioritizing high-quality ophthalmic training delivered by world-class ophthalmologists. This commitment to fostering local expertise is the cornerstone of our mission to create sustainable eye care systems, empowering countries to achieve independence in addressing preventable blindness.

Unlike short-term interventions, Cure Blindness Project's approach is deliberate and long-term, focusing on training local residents to become skilled ophthalmologists and future leaders. By partnering with prestigious academic institutions and top-tier volunteer clinicians, the organization ensures its

curriculum is rigorous, evidence-based, and tailored to local needs. Key components include:

- **American Academy of Ophthalmology Curriculum:** The 18-month Virtual Classroom, paired with a three-day Live Classroom, bridges critical gaps in residency training. In 2024, 205 residents from Ethiopia, Ghana, Nepal, and Eritrea honed their skills through this intensive program.
- **Mentorship for Excellence:** Volunteer ophthalmologists mentor residents, sharing expertise that shapes them into confident, capable professionals.

- **Medical Observerships:** These offer a valuable opportunity for individuals, particularly international medical graduates, to gain exposure to the U.S. healthcare system and enhance their medical knowledge and skills without direct patient contact.
- **Fellowships & Subspecialty Training:** Cure Blindness Project supports residents and ophthalmologists interested in acquiring specialized skills to further enable their respective home country's ability to treat more eye diseases and conditions.

This strategy yields a self-sustaining cycle: trained residents become hospital leaders and mentors, training the next generation of doctors. Today, past trainees lead hospitals in their countries. By emphasizing academic rigor and mentorship, Cure Blindness Project is building resilient, scalable eye care systems that will reduce reliance on external aid. As local leaders emerge, nations move closer to sustainable systems, proving that investing in people creates lasting impact.



Ghana



Nepal



THE UNIVERSITY
OF BRITISH COLUMBIA



Global Fellow Checks In After Year-Long Assignment

Local Capacity

Global Fellow Dr. Rachel Scott

My global ophthalmology fellowship with Stanford University and Cure Blindness Project has been filled with remarkable and moving experiences that have given me insights into not only different cultures and effective public health delivery across different settings but also into myself.

As a woman abroad, I can't help but notice differences in equity, understanding that they exist in different forms both in the U.S. and globally. Seeing how efforts in expanding access to ophthalmologic care make a difference not only in individual lives but also on a systemic level has been inspiring.

While there are many examples that come to mind, one particularly poignant experience occurred with a female retina attending physician at a partner site in Nepal. We were in the retina clinic, when a woman in her later fifties came in with her husband for surgical evaluation. She was bilaterally blind, and her husband reported she could no longer do activities around the home like cooking and cleaning. They had traveled over twelve hours from India by train and foot to get here. Upon further history taking, we discovered she had become blind in her left eye a couple of years earlier but had not been assessed by any eye provider; her right eye on the other hand had gradually been losing vision until she had no longer been able to function well in the home, which prompted her assessment. On exam, the left eye had a complete retinal detachment with poor prognosis even with surgery given the chronicity. Fortunately, her vision in her right eye could be restored with a straightforward cataract surgery.



The woman was noticeably quiet during the visit with her husband primarily speaking for her. The retina attending physician asked the husband why he didn't bring her earlier and he explained that she was doing fine even when she wasn't seeing out of her left eye. The retina physician was indignant, questioning, "Is she just there to cook for you? To bear you children? Do you have no responsibility for her care?" and asserting, "If it was your eye, you would have been here within three days." For me, it was a striking example of how health inequity can present in different cultures with access to care being impacted by numerous variables and even how the role of the physician as an advocate for their patient can vary.

Indeed, multiple studies have found that preventable blindness due to cataract is much higher in women than men. While it was slightly jarring to see such direct and blunt communication with a patient's family member, and in the U.S. it might be classified as "paternalistic medicine," it was appropriate for the cultural context. The Nepali retina specialist, who trained in India, had a deep understanding of the dynamics at play and advocated for his patient in the best way possible in that specific situation. Gaining a cultural understanding is vitally important to effectively delivering and improving access to care, and Cure Blindness Project works with local partners to understand the needs of each community. It is through this partnership that we change lives and improve systems for everyone in our efforts to eliminate preventable blindness.

New Grants Leading Global Health Research

Local Capacity

A new \$75K research grant will enable learnings into the diagnosis of sickle cell retinopathy (SR) in school-aged children in Ghana. The first-of-its-kind study will work with in-country partners to collect and analyze data to determine the burden of blindness from SR and facilitate best practices for diagnostics, a critical need to start treatment earlier. A second research grant will explore different treatment options and their viability and effectiveness.

Research will be conducted in partnership with Africa Eye Imaging Centre, Cure Blindness Project and faculty at Komfo Anokye Teaching Hospital in Kumasi, establishing it as a center of excellence for retinal care.

Sickle cell retinopathy is a complication of sickle cell disease and one of the leading causes of retinal blindness in Ghana. Genetically passed from parent to child, sickle cell is most prevalent in West Africa (approximately 2% of newborns). An estimated five million West Africans will develop sickle cell retinopathy by the age of 20.

Ground-breaking Research

One of the greatest challenges with sickle cell retinopathy is early detection. Patients are often unaware of their sickle cell status due to few systemic manifestations. The ability to diagnose both sickle cell disease and sickle cell retinopathy are important health challenges in West African countries. Our research aims to address both of these challenges – using novel imaging protocols to diagnose sickle cell retinopathy and using cell-phone based images and artificial intelligence to potentially diagnose sickle cell disease.

“It’s an exciting time for global ophthalmology. This research in partnership with local doctors will pioneer new ways to diagnose and treat entire populations,” explains Dr. Arthur Brant who is working with Dr. Geoff Tabin on this project.

Template for Future Research

Historically, few institutions in Ghana have led original research, in part due to lack of funding and overwhelming workloads of staff. Collaborating with in-country doctors for this research will allow for a template for future projects to be initiated and led by local stakeholders. The funds currently allocated to the research are significant, likely exceeding the cumulative sum of all research grants for the teaching hospital’s eye center. This marks an inflection point for ophthalmic research in Kumasi, Ghana.

Being more intimately involved in their respective country’s medical needs, local doctors will be well equipped to design research to answer these questions.

Ongoing Cure Blindness Project Research in West Africa

Cure Blindness Project’s relationship with top US research institutions allows for the advancement of the field of global ophthalmology with innovative studies that address previously unasked questions. They include:

The Rosenkranz Prize (\$100K), given annually to innovative research designed to improve global health in low- and middle-income countries, will design a randomized control trial to determine the optimal treatment for sickle cell in West Africa.

The Stanford Global Health Pilot (\$50K) grant will focus significantly on building a sustainable diabetic retinopathy screening and treatment program. This involves teaching residents retinal laser for the first time in Kumasi, Ghana.

The Research to Prevent Blindness (RPB) International Research Collaborators Award (\$75K) will allow Stanford, Cure Blindness Project, and Africa Eye to investigate the burden and paths toward universal diagnosis and treatment of sickle cell retinopathy in a pediatric population.

The Vitreoretinal Surgical Foundation Awards (\$3K and \$3K) were given to understand the anatomical patterns of lesion in sickle cell retinopathy and to get a snapshot prevalence of retinopathy of prematurity in a Kumasi NICU.

Cure Blindness Supported Research Presented at Regional Conferences

Ocular surface squamous neoplasia (OSSN) is one of the most common ocular tumors encountered at the Ocular Oncology Department of Tilganga Institute of Ophthalmology (TIO), Kathmandu, Nepal. Previously, a diagnosis was based on clinical pictures and confirmed by histopathology after surgical excision. However, there is a non-invasive imaging technique called Anterior Segment Optical Coherence Tomography (AS-OCT), which aids in diagnosis without the need of biopsy.

Cure Blindness Project funded scientific research by Dr. Purnima Rajkarnikar Sthapit (TIO) to study the efficacy of the non-invasive diagnostic technique. In the study, Dr. Purnima and Dr. Leena from TIO collected cases and performed surgeries.

International collaborators on the paper included Dr. Eric Hansen (affiliated with Pacific Northwest Retina) for OCT reading and Dr. Carol Shields (affiliated with Wills Eye Hospital) as an expert reviewer.

In one year, Dr. Purnima and Dr. Leena collected 117 cases of Ocular Surface Tumors for the study. Using the patient dataset, the physicians plan to publish more than one research paper for journals and international conferences.

One of the papers, "AS-OCT Diagnosis vs Histopathological Diagnosis for Ocular Surface Squamous Neoplasia," was accepted for presentation by the principle author, Dr. Purnima, at the following conferences:

- South Asian Academy of Ophthalmology Conference (Bhutan) • Best paper winner
- Korean Ophthalmological Conference (South Korea) • Oral paper presentation
- International Society of Ocular Oncology Conference (Goa, India) • 2nd place paper winner
- Asia Pacific Society of Ophthalmology (Delhi, India) • Oral paper



Did you know?

We now have a newsletter dedicated to training, research and innovative firsts. We invite you to subscribe to our bi-annual MD Newsletter.

"I've been in the dark for three years. Even a single day was very difficult. **I am so happy!**"

Tiruye, 90-year-old widow, was blind in both eyes. Tiruye's cataract surgery at Boru Meda Hospital in Ethiopia was successful, and she is now able to see.





A community health worker visits a patient at home as part of prevention initiatives in India.

"I am truly grateful to Cure Blindness Project and Sitapur Eye Hospital for the refresher training on eye care. Because of this support, I've learned how to identify and treat eye problems early and help prevent blindness in my community. **This work is important to me**—it allows me to make a real difference in people's lives. The trust and respect I receive from my village motivates me every day. I'm proud to be part of a program that is improving lives, and I hope these trainings continue so I can keep doing even better."



Poonam Devi, Accredited Social Health Activist
(Community Health Worker) in India



Primary and Preventative Care Updates

Prevention

Cornea Training for Ophthalmic Assistants in Nepal

As part of our effort to strengthen primary-level eye care delivery, 61 ophthalmic assistants (OAs) in Nepal were trained in cornea care during 2024. This included 21 OAs at the Tilganga Institute of Ophthalmology (TIO) in Kathmandu and 40 OAs at Biratnagar Eye Hospital.

Building Master Trainers in Nepal

A Training of Trainers (ToT) was conducted for 5 ophthalmic assistants at Biratnagar Eye Hospital. This non-clinical training focused on strengthening facilitation skills, including adult learning principles, effective communication, and lesson planning, to prepare experienced OAs to confidently lead future trainings.

Expanding Primary Eye Care Access in Nepal

80 Ophthalmic Assistants—including 20 trained at TIO in 2024 and 60 trained at Bharatpur Eye Hospital during 2022–2023—delivered essential eye care services across Nepal. Collectively, these OAs served over 125,000 patients, underscoring the long-term effectiveness of our cornea, diabetic retinopathy, and glaucoma training programs in enhancing primary eye care.

Developing Training Manual in Ethiopia

Cure Blindness Project partnered with the Ministry of Health (MOH) to develop a training manual for ophthalmic nurses and optometrists on common blinding eye diseases, aligned with the MOH's Continuous Professional Development standards.

This initiative began with a comprehensive needs assessment survey across multiple regions followed by two strategic planning workshops.

The training manual was finalized at a workshop in March 2025. This workshop brought together leading experts from the MOH, Jimma University, University of Gondar, Hawassa University, Ophthalmological Society of Ethiopia, Ethiopian Optometry Association, and Ethiopian Ophthalmic Nurses Association. The training manual is ready for submission to the Human Resources Development and Improvement Lead Executive Office of the MOH for final review and approval.

Primary Eye Care Training in Ethiopia

Our 3-year target to train over 100 Optometrists and ophthalmic nurses in Ethiopia in cornea care, glaucoma, and diabetic retinopathy was reached in 2024. This achievement significantly strengthens Ethiopia's primary eye care workforce, equipping them to manage eye conditions at the primary level and reduce preventable blindness in their communities.

A collaboration between the Cure Blindness Project and the Regional Health Bureau of the Sidama region, resulted in 126 Health Extension Workers (HEWs) completing trainings.

The trainings build foundational knowledge and strengthen capacity in primary eye care. A pre- and post-training assessment showed significant improvement: average scores rose from 2.8 to 4.8 on a 5-point scale, reflecting a 71% gain in knowledge and understanding.

Prevention Initiatives

The prevention initiatives continued across India and Nepal with Community Health Workers (CHWs) engaged in daily outreach. Refresher trainings, in collaboration with partner hospitals and local authorities, were conducted to enhance CHWs' capacity in comprehensive eye care.

India

- In May, 637 Community Health Workers (CHWs) received comprehensive refresher trainings at Biswan, Laharpur, and Tambaur. These sessions focused on enhancing competencies in diagnosing and referring a broad spectrum of conditions, including refractive error, cataract, glaucoma, diabetic retinopathy, and corneal care.
- In October, a refresher training was delivered to 359 CHWs in Laharpur and Tambaur.

Nepal

- In April, refresher training strengthening skills in comprehensive eye care and community outreach initiatives was provided to 263 CHWs across Bharatpur, Dhading, and Solu.
- In November, additional refresher trainings were conducted for 146 CHWs in Dhading and Solu.

"Because I can see
everything, **I rejoice!**
Now that I have
both eyes, I can do
whatever I want.
My heart is excited."

Tirhas Kidane, cataract surgery patient
at an outreach at Berhan Aini Hospital,
Asmara, Eritrea



Strategic Plan Provides Roadmap for Access to Eye Care in Ethiopia & Eritrea

Local Capacity

Cure Blindness Project worked with Ethiopia's Ministry of Health (MOH) to develop and draft the country's most current strategic plan. The plan aligns with the World Health Organization's World Report on Vision and key resolutions from the 73rd World Health Assembly and the 75th United Nations General Assembly. The plan was adopted in November.

"The plan is a roadmap to transform access to eye care across the nation," says Ageru Kebede Ayana, who represented Cure Blindness Project on the ministry's technical working group. "This plan aligns global eye health priorities and improves

eye care services for all Ethiopians." Ayana manages Ethiopia's Monitoring, Evaluation & Learning efforts for Cure Blindness Project.

This strategic plan focuses on integrating eye care at all levels of the healthcare system, particularly through primary eye care services, which are crucial for improving access to care in rural and underserved communities. This step forward promises to reduce preventable blindness, improve overall eye health outcomes, and help Ethiopia in its effort to achieve universal health coverage by 2030.

The plan emphasizes training healthcare professionals in primary eye care, a move that will improve overall care access and quality to ensure every Ethiopians receive the eye care services they need from a wider health service provider.

Also in 2024, Cure Blindness Project with local partners outlined a three-year strategic plan for Eritrea. The plan addresses the backlog of cataract blindness, gaps in resident training, equipment and infrastructure and eye bank development.



Cure Blindness Project Equips New Hospital in Nepal

Infrastructure & Equipment

Nijgadh Tilganga Community Eye Hospital, the first eye care facility in Madhesh Province in Nepal, officially opened in November. With its completion, more than 55,000 patients annually gain access to affordable, high-quality eye care in the region.

This multi-year project was a collaborative effort between Tilganga Institute of Ophthalmology (TIO), The Fred Hollows Foundation (FHF) and Cure Blindness Project.

Advanced treatment options and a focus on sustainability through renewable energy will enable this hospital to provide a brighter, healthier future for the region. The opening of the hospital also means that American Best Practices, like Gender Equality and Social Inclusion (GESI) and Technological Innovations in eye care equipment, which are shared priorities with the FHF and TIO, will be promoted in this region.

Together, we're restoring sight and transforming lives by helping to advance equality and access to healthcare for all.

Generous donations from our supporters funded medical equipment for the facility to be delivered in 2025 and 2026. Funding from Tilganga Institute of Ophthalmology and The Fred Hollows Foundation financed the building of the \$2.2M state-of-the-art facility.



Hospital opening in Nijgadh, Nepal 📷 Michael Amendolia



\$2.28 MILLION

in **equipment and
consumables** delivered
to support partners
and outreaches
in 2024



Ethiopia



Ghana

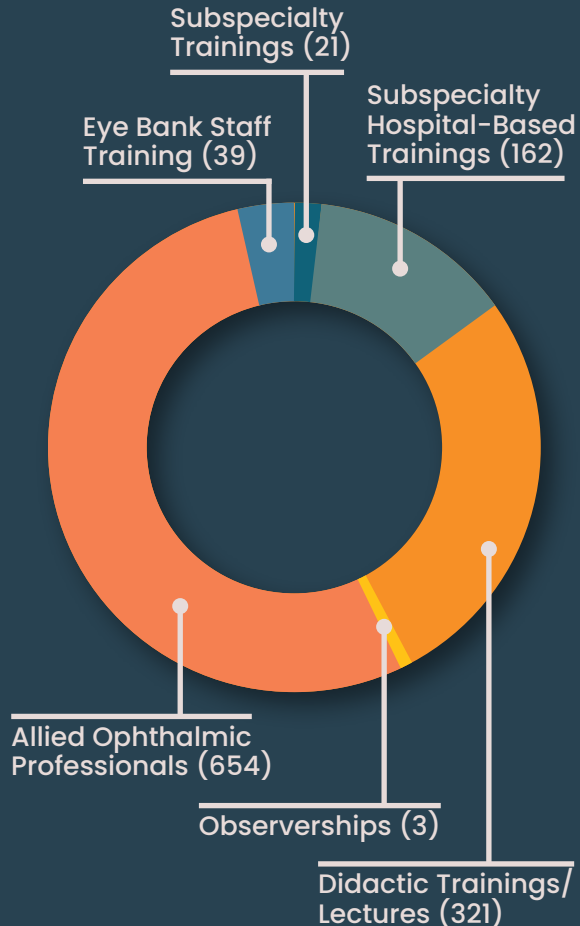


Patients at an outreach in Sindhuli, Nepal in September.



Training Impact:

Number of specialty trainings completed in 2024.



Virtual & Live Classroom Report

Local Capacity

Live Classroom remains a critical component to build capacity by bringing global thought leaders and top-tier surgeons to lead learnings for participating residents. Cure Blindness Project's long-standing relationships with top teaching and academic institutions both in the US and globally allow for the success of this program.

In 2024, Cure Blindness Project's Virtual Classroom brought together residents from Bhutan, Nepal, Ghana, and Ethiopia, as well as new residents from the countries of Eritrea, Zambia, Rwanda, and Somaliland for bi-weekly lessons using curriculum from the American Academy of Ophthalmology. Virtual Classroom was initially launched the previous year to eliminate gaps in ophthalmology residency education in partner countries.

In addition, Virtual Classroom participants had the opportunity to attend Live Classroom, a three-day event which combines classroom instruction with hands-on training.

For the first time, residents from Rwanda joined the three-day event which combined classroom instruction with hands-on training. Held in Addis Ababa, Ethiopia, 99-percent of Ethiopian residents participated, bringing the total number of attendees at the February training to 124.

43 residents attended Live Classroom in Accra, Ghana. 74 residents attended in Nepal, bringing the total for all residents reached in 2024 to 241.

Live Classroom is also building community across countries by bringing together residents, resident directors and faculty; creating opportunities for cross-pollination of ideas and mentorship.



Live Classroom 2024 Faculty

- Dr. James Addy**, Country Director,
Cure Blindness Project (Ghana)
- Dr. Akwasi Ahmed**, Medical Director,
Komfo Anokye Teaching Hospital (Ghana)
- Dr. Amos Aikins**, Retina Clinic,
Komfo Anokye Teaching Hospital (Ghana)
- Dr. Kwadwo Amoah**, Ophthalmologist,
Komfo Anokye Teaching Hospital (Ghana)
- Dr. Peter Armah**, Ophthalmologist,
Komfo Anokye Teaching Hospital (Ghana)
- Dr. Tesedeke Asaminew**, President,
Ophthalmology Society of Ethiopia (Ethiopia)
- Dr. Sean Collon**, Global Ophthalmology Fellow,
Cure Blindness Project (United States)
- Dr. John Cropsey**, Rwanda International Institute of
Ophthalmology (Rwanda)
- Dr. Vera Essuman**, Head of Ophthalmology,
Korle-Bu Teaching Hospital (Ghana)
- Dr. Gladys Fordjour**, Cornea Surgeon,
Korle Bu Teaching Hospital (Ghana)
- Dr. Daniel Getaneh**, Head of Ophthalmology,
Wolaita Sodo University (Ethiopia)
- Dr. David Khorram**, Director, Global Ophthalmology,
University of Virginia (United States)
- Dr. Seth Lartey**, Department Head,
Komfo Anokye Teaching Hospital (Ghana)
- Dr. Hiwot Degineh Mengistie**, Chief Clinical Officer,
Bahir Dar Specialty Eye Center (Ethiopia)
- Dr. Ashiyana Nariani**, Senior Technical Advisor,
Ophthalmic Training and Research,
Cure Blindness Project (India)
- Dr. Taj Nasser**, Cataract and Refractive Surgeon,
Parkhurst Vision (United States)
- Dr. Matthew Oliva**, Cataract and Cornea Surgeon,
Cure Blindness Project Board Chair (United States)
- Dr. Audrey Rostov**, Cornea, Cataract and Refractive
Surgeon (United States)
- Dr. Geoff Tabin**, Cataract and Cornea Surgeon,
Cure Blindness Project Co-Founder (United States)
- Dr. Kumale Tolesa**, Pediatric Ophthalmologist,
Jimma University (Ethiopia)
- Dr. Addisu Worku**, Residency Coordinator,
Addis Ababa University (Ethiopia)



Ghana



Ethiopia



Nepal



Ethiopia



Ethiopia



Brighter Future for Ethiopian Family

Patient Care

Every outreach has stories that stick with staff well after the last patient returns home. For a team in Ethiopia, the memory of one family will last a lifetime. This is the story of the Gelchus, who arrived at an outreach with six blind children:

20-year-old Dembi Gelchu is exhausted. The responsibility he carries is heavy for someone so young. Dembi is the caretaker for his six blind siblings (two sisters and four brothers) and financially provides for both them and his parents.

“I live with my [siblings and parents] with my wife to support our families. I take care of them. I help them use the bathroom and work on the farm,” Dembi says. “I’m exhausted.”

Several of the siblings also suffer from Jigger disease, or tungiasis, which makes it difficult to walk normally.

Until recently, Dembi’s father was also blind. His father received free surgery at a recent Cure Blindness Project outreach that restored his sight. His father is able to work on the farm again. The family understands the difference free eye surgery can make. With no resources and few options, news of a Cure Blindness Project outreach for pediatric patients arrives like a dream.

Doctors examine the children and determine that four have treatable conditions. Unfortunately, two of the children can not be helped.

“This is the first time we’ve ever had seven blind people in one family,” says Fekadu Merga Duffa, a logistics assistant for the Ethiopian team. Fekadu’s job includes talking to patients and learning their stories.

The children wait their turn, walking bravely toward the operating room with help from staff. Unlike adult surgeries, pediatric cataract patients require general anesthesia. Once the surgeries are complete, the waiting continues. This time, they must wait overnight for the bandages to be removed to know whether the surgery is successful.

Once the tape and gauze are removed from their eyes, the children look at the doctor with a mix of confusion and awe, unsure of what they're seeing. Smiles start to sneak onto their faces. The doctor grins back as the impact of the surgeries becomes clear. The children can see.

Something as simple as kicking a ball can be difficult for a blind child. The experience of playing in the hallways with a ball is a delight for the

siblings as they learn to navigate the world with their newly-gained vision. Their surgeon, Dr. Sadik Taju, lightly taps the ball back as the Gelchu siblings squeal with joy. Laughter and joy echo through the hall as the children continue to play.

"It is a big relief for me and my family," says Dembi. "Thank you to Cure Blindness Project and Dr. Sadik."

The Cure Blindness Project team empty their pockets to send the family home with whatever the team can pool together. 16,000 birr (or about \$140 USD) will help the family. "The family holds a special place in our hearts," says the Ethiopia team.

Helping a child feels particularly special, a gift that provides a lifetime of opportunities previously lost due to blindness.



Tanzanian Miner Finds Hope in a New Beginning

Patient Care

Tanzanian photographer Daniel Msirikale shares the story of Hussein, a miner, during an outreach in Mbeye, Tanzania. The surgical outreach was hosted at the Chunya Regional Hospital and in partnership with Helen Keller Intl.



"For the past three years, my world grew increasingly dim. As a 76-year-old miner from the Mbeya region of Tanzania, I watched helplessly as cataracts clouded my vision, first in my left eye, then in my right. The gradual loss of sight took a heavy toll on my life and work. Reading the news, a beloved daily ritual, became impossible. My smartphone, once a vital connection to the world, was replaced with a basic phone. Navigating my gold mines in Chunya became a perilous task, and the loss of vision left me vulnerable to theft by some of my own employees.

"I sought treatment three times, hoping for a solution. Each visit ended in disappointment, with doctors referring me to other hospitals. Just as I was preparing for a fourth attempt, luck intervened. An outreach program by Cure Blindness Project and Helen Keller Intl, in collaboration with the Tanzanian Ministry of Health, brought hope to my doorstep. They offered free cataract surgeries, and I knew this was my chance.

"The surgery itself was a straightforward procedure. I was filled with a mix of anticipation and anxiety as the medical team worked on my eyes. When the bandages came off the next day, I blinked in disbelief. The world around me came into sharp focus. I could see clearly for the first time in three years. The colors, the light, and the faces of the people around me were a sight for sore eyes.

"The first thing I did was test my new vision. I looked at my surroundings, taking in the details I had missed for so long. The joy I felt was overwhelming. The next thing I did was find my smartphone. To my delight, I could read the screen clearly. I eagerly checked the news updates, something I had sorely missed. My passion for staying informed was reignited.

"Returning to my gold mines with clear vision was a revelation. The work that had become a dangerous struggle was now manageable again. I could supervise my employees effectively and ensure the operations ran smoothly. The threat of being taken advantage of had vanished. I felt a renewed sense of control and confidence in my work.

"My wife, who had been my steadfast support through these difficult years, was overjoyed. She had seen me at my lowest, struggling with the simplest tasks, and now she shared in my triumph. We celebrated my restored sight together, grateful for the second chance at life this surgery had given us.

"I want to share a message with others who might be suffering as I did: Do not lose hope. If cataracts or any other affliction has taken your vision, seek treatment. Vision is the most important thing in life. It brings independence, confidence, and joy. The outreach program gave me back my sight, my work, and my passion for life.

"Now, I am able to enjoy my favorite activities once again. I can read the news, use my smartphone, and watch television. Each day feels like a new beginning, filled with possibilities I thought were lost forever. My life has found new meaning and vigor, and I am determined to make the most of every moment.

"The outreach program and the dedicated surgeons have my deepest gratitude. Their work has transformed my life in ways I never imagined possible. I am a testament to the power of hope and the miracles that modern medicine can achieve. If you or someone you know is suffering from vision loss, take heart. There is help available, and it can change your life just as it changed mine."

“Each day feels like
a new beginning,
**filled with
possibilities**
I thought were
lost forever.”



Hussein
Tanzanian miner and
cataract surgery patient



Clinical and Training Partners

Bhutan

Royal Government of Bhutan

Eritrea

Berhan Ayni National Referral Hospital
Orotta College of Medicine
and Health Sciences

Ethiopia

Addis Ababa University
Ambo University Hospital
Arba Minch General Hospital
Aksum University Referral Hospital
Bahirdar University
Bisidimo General Hospital
Boru Meda Hospital
Bule Hora University Hospital
Bete-Abraham Clinic
Debre Berhan Referral Hospital
Dubti Hospital /Afar Region
Ethiopian Ministry of Health
Eyu Eye Clinic
Eye Bank of Ethiopia
Felege Hiwot Referral Hospital
Hawassa University Comprehensive
Specialized Hospital
Jimma University Hospital
Mada Wallabu University Goba
Referral Hospital
Mekelle University
Menelik II Referral Hospital
Myung Sung Christian Medical
General Hospital
Nekemte Mekaneyesus Eye Center
Nigist Eleni Mohammed
General Hospital
Quiha Zonal Hospital
St. Paul's Hospital Millennium
Medical College
Senskey (Mercy Care) Eye Center
University of Gondar Hospital
Wolaita Sodo University Hospital
Woldia Hospital

Ghana

Cape Coast Teaching Hospital
Crystal Eye Clinic
Friends Eye Center
Ghana Health Service
Holy Family Hospital, Techiman
Komfo Anokye Teaching Hospital
Korle Bu Teaching Hospital
Northern Ghana Community Eye Hospital
Presbyterian Hospital, Agogo
Presbyterian Hospital, Bolgatanga
St. Barnabas Family Clinic
St. Patrick's Hospital, Offinso
Tamale Teaching Hospital
Tarkwa Municipal Hospital
Tetteh-Quarshie Memorial Hospital
Watborg Eye Services

India

Akhand Jyoti Eye Hospital
All India Institute of Medical Sciences
Aravind Eye Care System
Drushti Daan Eye Bank
Eye Bank Association of India
Eye Bank Society of Rajasthan
Gomabai Netralaya
Guru Nanek Eye Centre
H.V. Desai
LV Prasad Eye Institute
Ministry of Health & Family Welfare,
Government of India
Riti Eye Centre
Sadguru Netra Chikistalaya
Sahiyara Eye Bank
Sankara Nethralaya
Dr. Shroff's Charity Eye Hospital
Sitapur Eye Hospital
Vision2020 Right to Sight India
VisionSpring

Israel

Assof Harofeh Medical Center

Partnering with local eye health providers helps build sustainable solutions in areas where quality eye care is needed most. Cure Blindness Project also provides top-rate education and training opportunities at all levels of ophthalmology.

Mali

Mali Wellness Foundation
Le Ministère de la Santé et du
Développement Social
Institut d'Ophtalmologie Tropicale
de l'Afrique

Nepal

Bhaktapur Community Eye Hospital
Bharatpur Eye Hospital
Biratnagar Eye Hospital
Hetauda Community Eye Hospital
Lumbini Eye Hospital
Surkhet Eye Hospital
Tilganga Institute of Ophthalmology
Tilganga Community Eye Centers:
Community Eye Center, Charikot
Community Eye Center, Manang
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Surgical Eye Center, Solu

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Bor Hospital
Buluk Eye Center
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Catholic Diocese of Malakal
Catholic Diocese of Wau
Juba Teaching Hospital
Ophthalmic Association of South Sudan
South Sudan Ministry of Health

Tanzania

Helen Keller Intl
Kilimanjaro Christian Medical
University College
Mbeya Regional Referral Hospital
Muhimbili University of Health and
Allied Sciences

“My glaucoma fellowship went incredibly well. Through the guidance and assistance of Dr. Indira Paudyal, I received a great deal of experience and expertise.

As an African-based glaucoma fellow, training at a place like Tilganga Institute of Ophthalmology, where trabeculectomy and other glaucoma procedures are performed at the greatest level of skill and setup allows me to comprehend what is described in textbooks can be performed in real life.” 🌞



Dr. Hiwot Degineh Mengistie
Chief Clinical Officer, Bahir Dar
Specialty Eye Center, Ethiopia

Fellowships & Specialty Trainings

Dr. Prince Amissah (Ghana), Cornea & Anterior Segment Fellowship at LV Prasad

Dr. Benedicta Appiah-Thompson (Ghana), Glaucoma Fellowship at Aravind

Sangay Choden (Bhutan), Low Vision 1 Short-Course Training at TIO

Dr. Deki Deki (Bhutan), Pediatric Glaucoma Short-Term Training at TIO

Dr. Berhan Solomon Demissie (Ethiopia), Cornea Sandwich Fellowship (Leg 1) at AAU, Cornea Sandwich Fellowship (Leg 2) at TIO

Dr. Muluken Fantaw (Ethiopia), Oculoplastics Fellowship at Shamir and Sheba Medical Centers

Dr. Amare Atoma Gelalcha (Ethiopia), Uveitis Sandwich Fellowship (Leg 1) at TIO, Uveitis Sandwich Fellowship (Leg 2) at AAU/MCM, Uveitis Sandwich Fellowship (Leg 3) at Sankara Nethralaya Eye Hospital & Aravind Madurai

Dr. Edinam Yawa Hutton-Mensah (Ghana), Glaucoma Fellowship at TIO

Dr. Teddy Kwaga (Ethiopia), Cornea Fellowship at Shroffs Eye Hospital

Tshering Lham (Bhutan), Low Vision 2 Short-Course Training at TIO

Dr. John Mayek (South Sudan), SICS Short-Term Training at Wills Eye Center

Dr. Hiwot Degineh Mengistie (Ethiopia), Glaucoma Sandwich Fellowship (Leg 1) at TIO, Glaucoma Fellowship at Gondor

Dr. Haftamu Assefa Mezebu (Ethiopia), Oculoplastics Fellowship at AAU

Abi Narayan (Bhutan), Orthoptics upskilling & Vision Therapy Short-Course Training at TIO

Dr. Bemnet Tereda (Somaliland), Phaco Short-Term Training at Aravind

Dr. Yonas Tilahun (Ethiopia), Retina Fellowship at TIO

Dr. Dechen Wagnmo (Bhutan), Cornea Crosslinking Short-Term Training at JDWNRH





South Sudan



Nepal



Tanzania



India



Kenya



Nepal

Championing Sight: Advocating for Global Impact

Advocacy

The Cure Blindness Advocacy & Policy Program is dedicated to embedding effective eye health policies within existing legal frameworks and health systems to accelerate the elimination of preventable blindness.

India

Cure Blindness continued its leadership as the North Zone representative to Vision 2020, spearheading initiatives to establish and strengthen eye health advocacy networks.

The working group advocated for a state-level rapid assessment of avoidable blindness, capacity building through webinars and conferences, and strengthening collaboration between government, NGOs, and private stakeholders. Leadership emphasized the need to address eye diseases beyond cataracts, strengthen primary eye care, and conduct comprehensive population-based surveys.

Cure Blindness provided feedback to the National Program for the Control of Blindness & Visual Impairment (NPCB&VI) on revisions to the Guidelines and Eye Banking Standards of India 2020. Recommendations included strengthening eye bank quality standards and increasing tissue reimbursement fees to ensure the financial sustainability of eye banks.

Nepal

In March, Cure Blindness participated in a pre-national workshop to review Nepal's Eye Care Situational Analysis Tool (ECSAT) report. Cure Blindness Project provided key recommendations to the WHO consultant and the Ministry of Health, contributing to the finalization of the ECSAT, which is scheduled for release in early 2025.

Ethiopia

Cure Blindness Project played a pivotal role in developing the National Eye Health Strategic Plan (NEHSP), providing both technical and financial support to the Ministry of Health (MOH). Many of Cure Blindness Project's program approaches were incorporated into the NEHSP, which was launched in conjunction with World Sight Day (WSD).

Ethiopia's National Strategic plan 2024-2026 was launched in October. The MOH recognized Cure Blindness Project for its contributions in the strategic plan's development.

Additionally, Cure Blindness has been strengthening professional associations such as the Ophthalmological Association of Ethiopia (OSE) and the Ethiopian Optometry Association (EOA) by sponsoring their annual scientific conferences. At the OSE annual congress, Cure Blindness Project presented its accomplishments and shared experiences in quality outreach programs. Cure Blindness was a panelist representing the eye care NGO and organized a buzz during the event to share our stories and accomplishments.

Ghana

In March, the 2nd Annual Corneal Transplant Summit of Ghana was held in Accra. The summit focused on the urgent need for human organ and tissue donation laws to address the high prevalence of corneal blindness and the critical shortage of donor corneas in Ghana.

The summit brought together government officials, eye health practitioners, NGOs, religious leaders, and media representatives to foster collaboration and advocate for the swift passage of organ and tissue donation legislation. Discussions highlighted the gaps in Ghana's tissue donation system and shared best practices from countries with successful donation policies. Panel discussions, patient stories, and a petition-signing ceremony underscored widespread support for legislative action. The event concluded with strong recommendations for regular summits, increased public education on eye donation, and continued advocacy until the bill is passed.





2nd Annual Corneal Transplant Summit of Ghana



Ghana & Nepal Gender Equality & Awareness

In 2024, our organization actively engaged with leading partners in the field, including The Fred Hollows Foundation and Orbis, to review and understand their internal policies and best practices regarding gender equity and awareness. This collaboration was aimed at informing the development of our own internal policies. Currently, we are working closely with our Human Resources department to draft a comprehensive gender equity policy, which will serve as the foundation for fostering a more inclusive and equitable workplace.

Leadership Engagement and Survey Participation

Our leadership team demonstrated a strong commitment to advancing gender equity by completing the Gender Equity in Eye Health survey in 2024. This participation underscores our dedication to aligning with global standards and recognizing the importance of gender equity within the eye health sector.

Awareness and Advocacy

The October 2024 edition of our newsletter highlighted the disproportionate impact of vision loss on women globally. Specifically, it was noted that women account for 55% of the 1.1 billion people affected by vision loss, primarily due to unequal access to eye health services in low- and middle-income countries. Our advocacy efforts, focus on promoting gender equality by empowering women as both patients and healthcare workers.

This includes the implementation of training programs and data-driven initiatives designed to improve access to eye health services and create more opportunities for women within the sector. These activities support broader goals of gender equality and sustainable development.

Program Implementation and Capacity Building

- **Nepal Initiative**

In March 2024, with support from USAID, we provided gender equality and awareness training for our partner hospital, TIO, in Nijghad, Nepal. We are also collaborating with The Fred Hollows Foundation (FHF) Nepal to harmonize gender-specific interventions, ensuring that all programs supporting TIO are aligned and mutually reinforcing.

- **Ghana Initiative**

Through our USAID grant, we engaged a third-party gender consultant to conduct a gender sensitivity assessment at our sub-grantee eye hospital in Ghana. Additionally, gender sensitization training was delivered to hospital staff. The assessment results, along with key recommendations and next steps, have been shared with the hospital leadership. These findings will guide ongoing efforts as the hospital prepares for its official opening.

EXPENSE ALLOCATION

Programs	\$16,344,888
Management & General	\$2,907,803
Fundraising	\$1,191,810
Total Expenses	\$20,444,501

Programs
(80%)



Management & General
(14%)

Fundraising
(6%)

Statement of Financial Position & Activities

Designated Net Assets

Reserve Fund	\$5,903,171
Contingency Fund	\$1,557,368

Assets

Current Assets

Cash & Equivalents	\$11,757,713
Investments	\$19,555,437
Grants & Contributions Receivable	\$642,207
Inventory	\$2,928,055
Deposits on Equipment & Consumables	\$1,445,569
Prepaid Expenses	\$170,572
Total Current Assets	\$36,499,553

Fixed Assets

Vehicles	\$36,690
Property & Equipment	\$166,961
Construction In Progress	\$3,880,405
Less: Accumulated Depreciation	-\$84,243
Net Fixed Assets	\$3,999,813

Other Assets

Security Deposits	\$2,650
Right of Use Asset	\$55,026

Total Assets **\$40,557,042**

Liabilities

Current Liabilities

Accounts Payable & Accrued Liabilities	\$1,225,000
Accrued Salaries & Related Benefits	\$51,675
Refundable Advance	\$548,759
Lease Liability	\$51,740
Total Current Liabilities	\$1,877,174

Long-Term Liabilities

Total Long-Term Liabilities **\$0**

Net Assets

Without Donor Restrictions	\$36,744,737
With Donor Restrictions	\$1,935,131
Total Net Assets	\$38,679,868

Total Liabilities & Net Assets **\$40,557,042**

Statement Of Activities

Revenue

Contributions	\$26,135,092
Foundations	\$3,170,309
Government	\$139,823
Gifts in Kind	\$299,946
Investment Return, Net	\$3,064,267
Other	\$11,462
Total Revenue & Support	\$32,820,899

Expenses

Program Services:

Eye Care & Education	\$16,344,888
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Support Services:

Management & General	\$2,907,803
Fundraising	\$1,191,810

Total Expenses	\$20,444,501
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Change In Assets

Net Assets Beginning Of Year:	\$26,271,973
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Net Assets End Of Year:	\$38,679,868
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“Witnessing our patients move from **darkness** into **light** is always a joy as a surgeon. The post-op days are my favourites, as we get to see patients take their first glance with excitement. This inspiring journey of recovery fills us with hope and reaffirms our commitment to our work.”

Dr. Benedicta Louisa Appiah-Thompson,
Ophthalmologist, Cape Coast Teaching
Hospital, Ghana



THANK YOU!

to our 2024 supporters

There are so many people and organizations that help make this work possible. Your generosity is helping to cure blindness around the world.

Cure Blindness Project would like to recognize and sincerely thank the many individuals, foundations, businesses, and organizations that support our work. We are so grateful for the amazing impact our supporters have on global eye care.



Nepal

\$20,000,000+

Anonymous

\$100,000 – \$499,999

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The **Visionaries Club** is a group of dedicated monthly givers whose unwavering support fuels Cure Blindness Project's mission. This monthly commitment provides a reliable funding source that allows our program team to strategically plan and execute impactful initiatives. Members receive the Visionaries Club newsletter with bonus content including inspiring video field reports, behind-the-scenes updates, and stories of transformed lives.

♥ Indicates sustaining donors who give monthly as part of the Visionaries Club.

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Christopher Briscoe
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The Legacy Society honors visionary individuals who have included Cure Blindness Project in their estate plans creating a personal legacy of sight, hope, and transformation for generations to come. By joining the Legacy Society, you can make a lasting impact in the fight against blindness while also enjoying meaningful tax benefits. To explore how your legacy can illuminate lives and foster lasting change, please contact us at donations@cureblindness.org.





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