



FINANCIAL REPORT 2017

Trachoma screening campaign - Bitkine Sanitary District, Guera région - Chad - OPC 2017

Efficacy and Improved Management



The technical assistance provided for the implementation of public health programs was a huge component of OPC's actions in 2017. In Chad, we have expanded our operations to eliminate trachoma across the entire country while integrating two new partners. OPC thus demonstrates its ability to coordinate multilateral efforts to eliminate a public health problem. Our association has developed, grown and strengthened its approaches. The overall impact on the population, especially the poorest, is even greater than before. I would like to share some initiatives undertaken this year:

- ▶ The fight against the blinding neglected tropical diseases (NTDs), trachoma and onchocerciasis, is central in our programs. But, OPC has decided, for ethical reasons and at the request of our international partners, to include non-blinding NTDs, which are, like trachoma and onchocerciasis, preventive chemotherapy diseases. These are: lymphatic filariasis, schistosomiasis and the soil-transmitted helminthiasis. OPC's other flagship program – comprehensive and universal eye care – saw two projects come to an end, in Mali and Niger. Both have reached a good level of eye care quality while sustainability is guaranteed through locally established cost-recovery mechanisms. In the Eastern provinces of Guinea, a mid-term evaluation concluded that the project may start its final consolidation phase.
- ▶ Internally, OPC has reviewed its organizational chart to respond to the reality of today's African ocular health scene, in which local expertise has drastically improved. Hence, OPC's regional office in Bamako, Mali, which was no longer needed, was closed. In exchange, OPC set up a group of experts, mostly from Africa, who intervene directly in the field at the request of Ministries of Health, partners, or OPC.
- ▶ We have realized a greater diversification of our partnerships. The END Fund, the Brien Holden Vision Institute Foundation and the Thea Foundation trust us to carry out community-based projects, together with our regular financial partners – the Lions Clubs International Foundation, Sightsavers International and the Gouault Wendling Foundation – which strengthen the Ministries of Health capacities in Congo, Chad and the Central African Republic. The UK government, through DfID – its international development agency – and Sightsavers, is still supporting us in a growing number of districts in Chad. We are dedicated to keeping their trust and that of all our donors through our work.

Thank you to all those who have allowed OPC to continue its missions in 2017: to the thousands of people who have given us donations, to those who included us in their will, to the partners and foundations who support us, to the members of our Board of Directors and the volunteers who offer their time and bring experience and wisdom to the service of our organization, and of course a big thank you to our Honorary President, Professor Pouliquen of the French Academy, who remains our most effective and respected spokesperson.

Professor Serge Resnikoff
President



A tremendous effort was made in 2017, in terms of diversifying our financial partners, implementing cost-effective programs and improving management. The fiscal year therefore ends with a profit of 114 K€ whereas in 2016 we had a slight deficit of 18 K€.

This profit comes from (1) the rise of the neglected tropical diseases program, which represents 94% of the resources used (with 2,188 K€, or 50%, for the trachoma elimination program in Chad alone); and, (2) the inclusion in OPC's portfolio of three chemo-preventive non-blinding neglected tropical diseases, which increased the attractiveness of OPC to financial partners, including The END Fund whose share in the programs has increased from 183 K€ in 2016 to 436 K€ in 2017, which is 12% of the financial resources used in programs activities.

Donations related to public generosity are up 55 K€ compared to 2016 with: (1) three bequests totaling 107 K€ compared to 45 K€ in 2016 or 40% of the resources collected from the public; (2) the other resources resulting from the generosity of the public (mailings, direct debits, direct donations) decreased by 5% compared to 2016 and represent 167 K€; and (3) a stable average gift through the mail at 57 €.

Total revenues increased by 69.1% compared to 2016, from 2,573 K€ to 4,351 K€. Six financial partners supported projects developed by OPC in 7 countries of Central and West Africa, on three program themes: training, comprehensive and universal eye care and neglected tropical diseases. The contribution of the financial partners represents 85% of the resources used in 2017 with 3,713 K€.

The implementation of OPC's strategic plan 2016-2020 is ongoing. We have for instance decided to target the US market for a fundraising campaign assisted by a specialized agency. In 2017, we selected our fundraising campaign partner, developed strategies, identified the communication tools needed and defined an implementing campaign timetable.

For the third year in a row, most of our resources are dedicated to the programs (95%). Fundraising and operating expenses remain well under control again this year, (4%) and (1%) respectively. This is an improvement on 2016 where these ratios were respectively: 92%, 6% and 2%. The surplus of resources not consumed is allocated to programs to be implemented in 2018 (100 K€) and in a dedicated fund to neglected tropical diseases (14 K€).

Looking ahead, the year 2018 should end again with a surplus or a balance sheet in equilibrium without the contribution of bequests. The prospects of OPC remain good because of its positioning on the theme of neglected tropical diseases.

M. Gérard Bédos
Treasurer



PROGRAM ACTIVITIES

Field activities, planned and supported by OPC, including training, are validated and implemented by the Ministries of Health of the partner countries.

COMPREHENSIVE AND UNIVERSAL EYE CARE

In **Cameroon**, there were some delays in implementing the recommendations of the workshop on sustainability of ocular health activities.

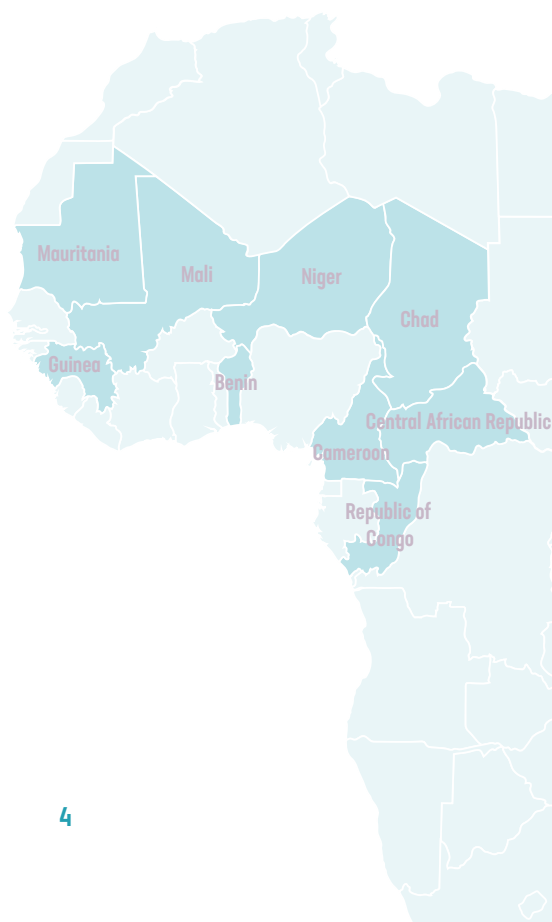
In **Guinea**, there was a mid-term evaluation of the comprehensive and universal eye care program implemented in three Eastern regions – Kankan, N'Zérékoré and Faranah – which defined the changes to be made during the second phase of the current project. In 2017, the project led to 28,470 eye examinations with 5,395 people undergoing cataract surgery with a postoperative visual acuity greater than 3/10 in 92% of the cases, 192 identified patients followed for glaucoma, 943 had surgery for a trachoma complication and 1,680 had their refractive errors corrected.

A workshop was organized in N'Zérékoré for the training of the national eye care human resources to the handling of post-EBOLA patients presenting eye ailments. The workshop concluded that a post-EBOLA dedicated eye health unit must be established, with OPC's support, in the suburbs of Conakry.

Finally, 4 six-month practical fellowships were awarded to graduating students from the DESSO program (Post-doctoral fellowship in Ophthalmology) at the University of Conakry. They operated on 1,650 cataracts with a visual post-operative acuity superior to 3/10 in 89% of the cases.

In **Mali**, the last project implemented in the Segou region ended with the organization of two national workshops on the results of two World Health Organization survey tools on (1) ophthalmological care of diabetic patients and (2) those suffering from glaucoma. The Segou eye care team performed very well since the target in cataract surgery was reached – 1,439 surgeries of the 1,200 initially planned, with a visual post-operative acuity greater than 3/10 in 93% of the cases and more than 14,000 ophthalmic consultations. Also, 5 students enrolled in their fourth-year to obtain the Specialized Ophthalmology Certificate from the African Institute of Tropical Ophthalmology (IOTA) in Bamako, Mali, received six-month practical fellowships. They operated on 1,350 cataracts with a post-operative visual acuity greater than 3/10 in 91% of the cases.

In **Niger**, the program closed in the Tillabery and Tahoua regions with 21,918 consultations, 3,866 cataracts operated with a post-operative visual acuity greater than 3/10 in 90% of the cases.



NEGLECTED TROPICAL DISEASES

Trachoma

In **Chad**, 11,000 eyelids were operated out of 8,000 patients managed, 76% of whom are women. The antibiotic component resulted in more than 4.2 million people receiving antibiotic treatment, which represents 92% of the initially targeted population.

In the **Central African Republic**, 825,000 people (82% of the initial target) in two Western regions – Sangha-Mbaéré and Lobaye – received antibiotic treatments. However, program implementation in the Eastern regions is suspended due to civil unrest.

Onchocerciasis & Lymphatic Filariasis

In **Congo**, 1.03 million people, that is 81% of the targeted population, received treatment against onchocerciasis and lymphatic filariasis.

In **Chad**, 4.4 million people have been treated against both diseases, which is 94% of the targeted population.

Schistosomiasis & Soil-Transmitted Helminthiasis

In **Congo**, 86,809 schoolchildren (95% of the target population), were treated against schistosomiasis; and, 722,403 schoolchildren (96% of the target) were treated against soil-transmitted helminthiasis.

In **Chad**, 2.28 million schoolchildren were treated against schistosomiasis (86% of the target) and 703,219 schoolchildren were treated against soil-transmitted helminthiasis (87% of the target).

For ethical reasons and at the request of its international partners, OPC has decided to include three non-blinding neglected tropical diseases in its program portfolio: lymphatic filariasis, schistosomiasis and soil-transmitted helminthiasis.



2017 KEY NUMBERS

18.6 MILLION

people have directly benefited from OPC's actions and those of its partners

5.6 MILLION

people received antibiotics to fight trachoma in Chad and the Central African Republic

5.4 MILLION

people treated against onchocerciasis and lymphatic filariasis in Congo and Chad

3.6 MILLION

schoolchildren treated against schistosomiasis and soli-transmitted helminthiasis in Congo and Chad

65,000

ophthalmic consultations in Guinea, Mali and Niger

15,000

cataract surgeries with a post-surgical visual acuity greater than 3/10 in 90% of the cases

11,000

eyelids operated on in Chad

8,000

patients with a complication of trachoma, thus requiring surgery, were taken care of in Chad

26

trichiasis trachomatous surgeons trained

23

trichiasis trachomatous surgeons certified

7

national programs for ocular health have implemented activities conceived with and supported by OPC

MISSION

OPC GOES WHERE THE NEED IS THE GREATEST

Founded in 1978, OPC is a French NGO that is active in Francophone Africa to preserve the sight of the most vulnerable populations. The choice to focus on Francophone Africa is dictated by the fact that this region receives ten times less development assistance for health than Anglophone Africa. Currently, OPC is present in seven countries of Central and West Africa.

PRESERVING THE SIGHT OF THE MOST VULNERABLE

Working alongside its partners – Ministries of Health and civil society – OPC's mission is to transfer knowledge in public health ophthalmology, fight against eye diseases and sustain national eye care programs for the benefit of the most vulnerable. OPC is:

- ▶ Recognized as a public service organisation by the French government since 1983
- ▶ An official partner of the World Health Organisation (WHO) since 2000
- ▶ A member of Coordination Sud (France)
- ▶ A member of many international organisations such as:
 - ▶ International Agency for Blindness Prevention (IAPB)
 - ▶ WHO Alliance for the Global Elimination of Blinding Trachoma (GET)
 - ▶ International Coalition for Trachoma Control (ICTC)

THANK YOU



My name is Kadama. I am a Chadian of 70 years old and I live in a small village called Khédibé (Ouaddaï region in Eastern Chad). I have been suffering from trichiasis for my entire adult life. A community health worker had informed me of the existence of the trachoma elimination program, but it was after the advice of a friend who had surgery that I made the decision to have both eyes operated on in April 2017. Three other people from my village did the same. Personally, I had no recurrence. After the operation, the sutures were removed the next day. From now on, I can cultivate my field as before!

(Extracted from a conversation with Kadama. Photo credit OPC 2017)

ACCOUNTING FOR THE USE OF RESOURCES AS OF 31.12.2017

ORIGIN OF FINANCIAL RESOURCES		
Donations & Bequests	275 K€	6%
Private funds	3,714 K€	85%
Miscellaneous revenues	6 K€	0%
Reversal provisions	6 K€	0%
Forward dedicated funds	350 K€	8%
Budgetary overruns	0 €	0%
TOTAL	4,351 K€	100%

ALLOCATION OF THE RESOURCES COLLECTED		
Programs	3,690 K€	85%
Programs to be realized	344 K€	8%
Fundraising costs	140 K€	3%
Running costs	62 K€	1%
Unused resources	115 K€	3%
TOTAL	4,351 K€	100%

ALLOCATION OF RESOURCES COLLECTED FROM THE PUBLIC		
Programs	66 K€	48%
Fundraising costs	65 K€	47%
Running costs	6 K€	5%
TOTAL	137 K€	100%

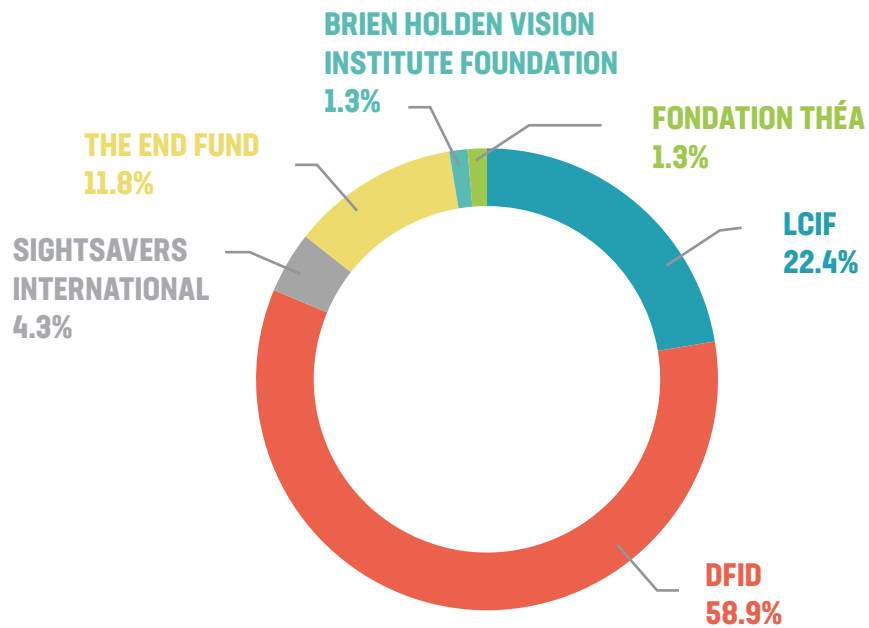
EVALUATION OF VOLUNTARY & IN-KIND CONTRIBUTIONS	
In-kind contributions	None
In-kind donations	None
TOTAL	NONE

STATEMENT OF ACCOUNTS 31.12.2017

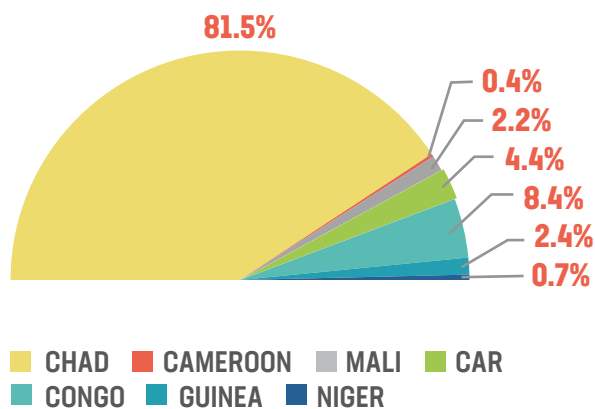
ASSET	2017	2016
Capital assets	12 K€	7 K€
Other receivables	637 K€	359 K€
Cashflow	1,341 K€	1,482 K€
Prepaid expenses	13 K€	12 K€
Inventory	0 €	55K€
TOTAL	2,003 K€	1,915 K€

EQUITY	2017	2016
Accumulated surplus	1,104 K€	989 K€
Dedicated funds	777 K€	784 K€
Other debts	122 K€	92 K€
Provisions	0 €	0.012 K€
Deferred income	0 €	50 K€
TOTAL	2,003 K€	1,915 K€

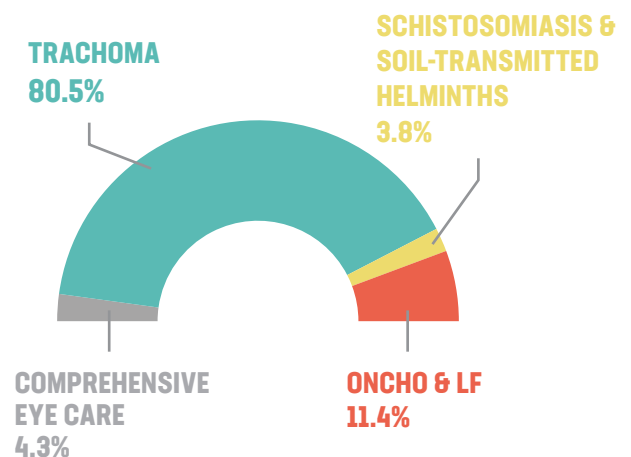
ORIGIN OF PROGRAMS' EARMARKED FUNDS



RESOURCES ALLOCATED PER COUNTRY



RESOURCES ALLOCATED PER PROGRAM



FINANCIAL TRANSPARENCY

PRESERVING THE SIGHT OF THE MOST VULNERABLE

- ▶ Resources from public generosity: resources resulting from mailings, direct donations, pre-authorized banking debits, and bequests.
- ▶ Private funds: these come essentially from four partners (DfID 59%, LCIF 23%, The END Fund 12% and Sightsavers 4% of collected private funds).
- ▶ Reversal provisions: funds collected from the public, unused in 2016, but used for programme activities in 2017.
- ▶ Programs: expenses directly attributable to programs and share of in-house costs inherent to programs implementation.
- ▶ Running costs: they include expenses incurred by the general services.
- ▶ Fundraising costs: they include expenses for mailing, research and/or renewal of partnerships, communication, as well as costs set for public communication and advocacy such as the internet website.

STATEMENT OF ACCOUNTS

- ▶ Capital assets: office equipment, desktops, laptops and office furniture.
- ▶ Nontrade receivables: amounts expected in 2018 in relation with the 2017 campaign.
- ▶ Cash-flow: down 140 K€
- ▶ Term deposit: 1,000 K€
- ▶ Deferred income: resources acquired in 2017 for program activities to be delivered the following year .
- ▶ Accumulated surplus: 114 K€ are restricted resources from identified contributors and represent cumulative assets definitively acquired.
- ▶ Earmarked funding: down 6 K€. It represents resources allocated by donors to projects, which could still be used in accordance with the commitment made to them.
- ▶ Other debts: amounts due to service providers and national social service entities.



OPC'S FINANCING

VARIOUS SOURCES OF FUNDING

OPC relies on two sources of funding: public generosity – direct donations and bequests – and grants from public (DfID, UK government agency for international development) or private (foundations) entities. Thus, OPC's accounts may appear different from those of other French NGOs of the same scale.

PUBLIC GENEROSITY

Public generosity is essential to OPC not only to channel funding to its programs but also to reassure the international donors which support the programs developed by OPC and must verify that OPC is able to implement some aspects of a given program before participating. Without the public's generosity, OPC would certainly be less appealing.

THE SEARCH FOR INTERNATIONAL DONORS

The complexity, cost, scope and impact of OPC's programs is such that it requires the use of substantial funding. OPC is part of several international alliances to advocate for the most neglected people and countries and to remain visible to international donors and agencies for either funding or potential synergies.

THE RESERVE POLICY

Thinking about sustaining OPC's activities, on December 2015 the Board of Directors adopted the principle of a reserve policy, which aims to ensure continuity of the activities of the Paris headquarters and the regional offices, in the absence of funding for a period of one year. The result for the year 2015 helped to provide this reserve with an amount equivalent to 50% of the surplus.

THE ACCOUNTING FOR THE ANNUAL USE OF THE COLLECTED RESOURCES

The annual use of collected resources (CER, in French) is an integral part of the financial statements certified by the auditor, and that of OPC, which we call "Financial Report", is established in accordance with these rules.

TRANSPARENCY

Financial transparency is OPC's fundamental management objective. At any time, OPC must respond to queries or audits ordered by the granters up to six years after the end of a given contract. As per French law, OPC's accounts are double checked by an independent accounting firm and certified by an independent auditor and published in the French Official Journal.



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IDEAS LABEL

Caring about the transparency of its accounts and activities, OPC has decided to undertake the IDEAS certification, obtained in December 2015, which attests to the implementation of good practices in governance, financial management and programme efficiency.