Annual Review 2022 Opeek vision

Making the invisible, visible.

Cover image: Teodosia smiling, post cataract surgery, after being identified in a Peek-powered programme in Tanzania.

Contents

Welcome from our CEO	4	and the second s
Introduction from our Chair	5	Community-led
About Peek	6	Our Impact Acce
Our 2022-2024 Strategy	7	Our Team
Snapshot of Impact 2022	8-9	Our Governance
System Strengthening Milestones	10	Our Trustees
Return on Investment Study	11	Sustainability

		And in the local division of
4	CBM-Peek in Tanzania Case Study: Community-led Eye Health	12-15
5	Community-led Eye Health	12-10
6	Our Impact Accelerators	16-17
7	Our Team	18
9	Our Governance and Structure	19
0	Our Trustees	20-21
1	Sustainability	22

Making the invisible, visible.

Herry, who received a successful cataract surgery and his wife Helena at their farm in rural Tanzania.

Peek Vision Annual Review 2022 | 3

Welcome from our CEO



A decade ago I was living in Kenya with my wife and young son. We had this dream that by combining human compassion with thoughtful technology we could close the gap between the millions of people living with unnecessary sight loss and the talented eye care workers who could treat them. Those who had lost their sight were effectively invisible to health services and it was painful to see so many people unable to access available care that could change their lives.

This was the spark that began Peek. The journey since then has not been without turbulence, but it has been an incredible ride so far. It took ten years of prototyping, scrapping, testing, failing, trialling, and building to reach a special milestone: eye care programmes using Peek reached a total of one million people in May 2022. It took just 10 months to reach the next two million people in Peek-powered programmes. 2022 marked the first year of Peek's ambitious, new three-year strategy. By investing in key areas that will help us scale faster, we have a clear path to accelerate our impact. You can read more about this on page 7. We also celebrated significant programme milestones with the launch of the CBM-led Vision Impact Project in Kenya and the government-led nationwide school eye health programme in Botswana.

I am grateful to be surrounded by an exceptional team, a brilliant Board, visionary partners and progressive funders. The dream we had ten years ago is very much alive. Together, we will make the invisible, visible.

Professor Andrew Bastawrous, CEO and Co-founder of Peek Vision

Introduction from our Chair

Peek is maturing with passion and focus. The team knows the ultimate aim-vision and eye health for all-and they are relentless in their innovation and determination. This was certainly reflected in an ambitious three-year strategy launched this year, which aims to grow Peek's impact ten-fold by the end of 2024.

Ambitious goals come with challenges. We are living through a tumultuous economic climate, which will inevitably affect Peek as well. Fortunately, we have a diversified income model. Peek's revenue is generated from sales of software and support as well as grants and donations, but economic instability makes funders and customers cautious. In 2022, Peek invested in bolstering its sales and marketing activities including reducing pricing to make our offering more affordable to a wider market. The team also nurtured existing and new relationships with exceptional funders who support Peek in making the invisible, visible.



Data security remains a key concern for all governments and health services. To combat this, Peek has a robust approach with worldclass data security credentials. Peek's efforts here definitely paid off with the signing of a national Data Processing Assurance Agreement with the Government of Kenya in February, which paved the way for the launch of the CBM-led Vision Impact Project.

It is remarkable that 1 in 8 people are still needlessly living with vision loss. There is no doubt that Peek's goal is an important one. The scaling impact and the return on investment outlined in this report is a testament to the efforts of both Peek and our partners. I look forward to what we will achieve together in the years to come.

Martin Frost, Chair of Peek Vision Foundation Board of Trustees

About Peek



THE PROBLEM

Correcting vision improves education outcomes and lifts families out of poverty. Providing glasses to workers can increase productivity by over 21%¹, and wearing glasses can reduce the odds of a child failing a class by 44%². Free, high quality cataract surgery can increase household income (e.g. in one study, 46% of households moved up an income bracket following cataract surgery³).

Yet more than one billion people live with untreated vision loss. This number is set to grow to 1.8 billion by 2050. The vast majority (90%) just need a pair of glasses or cataract surgery. So why do so many people lack access to these simple, life-changing solutions?

Resources are scarce. Specialists are in short supply, conventional programmes can be inefficient, and performance data arrives too late. Many people do not know a solution exists or struggle to reach care. People who need eye health treatments remain invisible to health systems, unable to access the care they need.

OUR SOLUTION

Peek Vision is a social enterprise that powers eye health programme providers to strengthen systems and service delivery with a software and data intelligence platform.

With Peek, eye health providers can identify and address gaps and inequalities in their services. People who would have been invisible to health workers or hard to reach are made visible so that nobody is left behind.

By 2050, we aim to reverse the global trend and prevent 1.25 billion people from living with untreated vision loss.

WHAT DO WE OFFER?

Our products have been developed with eye health providers, professional bodies and researchers. They reflect global best practices in health systems decision-making. We currently offer eye health providers:

Population-level eye health surveys & tools to understand vision loss and disease prevalence and aid programme design

2 Screening and data capture by anyone, anywhere, using a clinically validated vision screening app

3 Powerful software to monitor journeys to care to produce actionable insights

Training to use our software, scalable programme design and data analysis to ensure continuous optimisation of programmes

With Peek, eye health systems become more efficient, equitable and effective, and ultimately enable more people to reach the care they need.

3 The impact of successful cataract surgery on quality of life, household income and social status in South India.



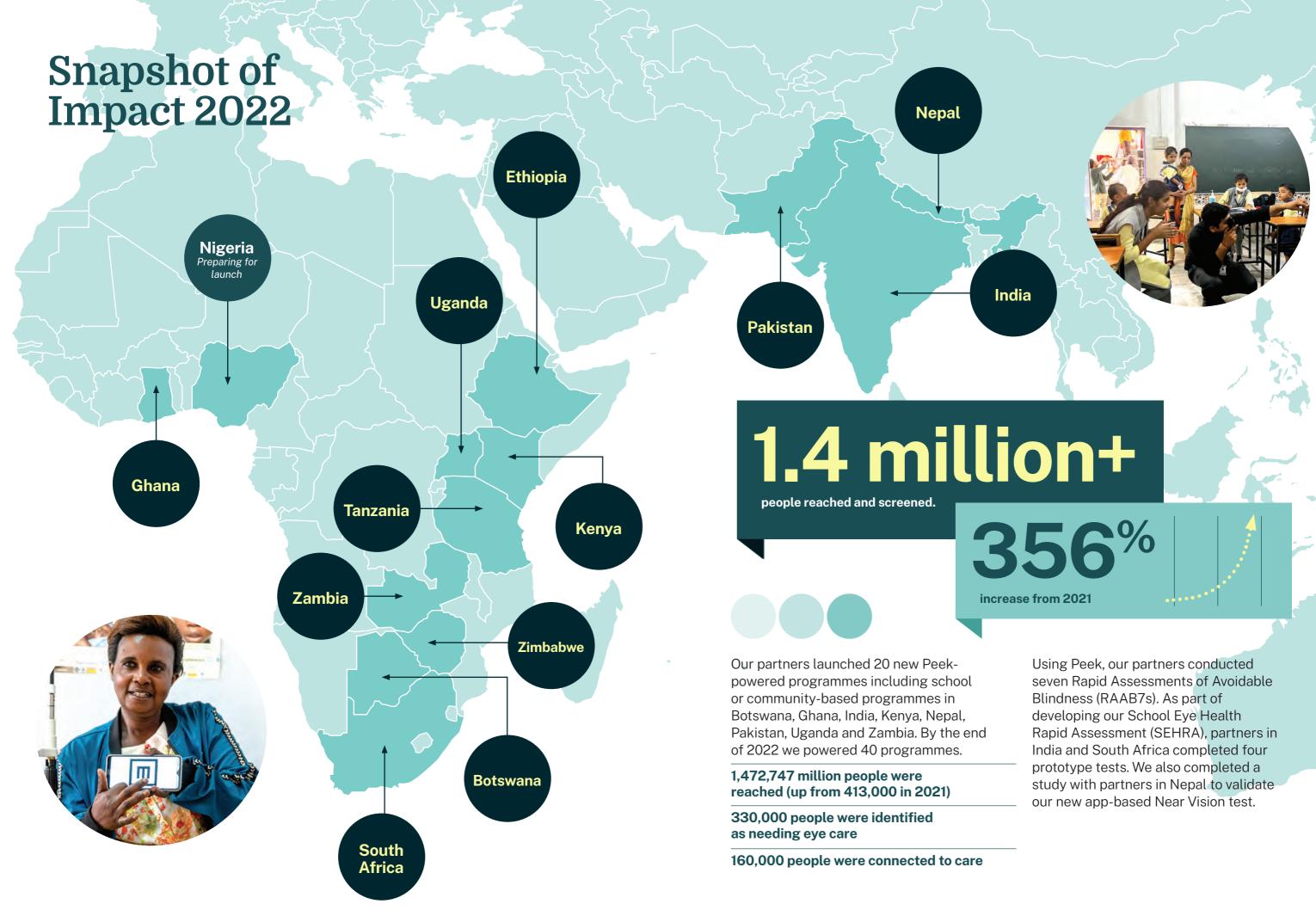
In 2022, we launched our three-year strategy and made good progress against our five goals.

GOAL	BY 2024	IN 2022
E Get it out there	Work with our partners to deliver 100+ programmes powered by Peek across 15+ countries.	We launched 20 new programmes with our partners, bringing the total live programmes to 40, across 11 countries.
Users love it	Improve the quality and experience of our products by establishing a user satisfaction baseline and improving on it each year.	We introduced new features making our products more user-friendly and grew our Product team to better understand our users' needs.
Connect everyone to care	Each programme will show an increase in the percentage of those being connected to the treatment they need.	We supported our partners to make data-driven improvements to their programmes, helping more people access care.
Make it sustainable	Improve our sustainability by increasing the volume of programmes whilst reducing expenditure per programme.	We powered more impactful programmes but reduced expenditure per programme. We also embarked on developing a certification framework for our partners.
Get government backing	Reach a high level of regional or national scale in at least five countries.	A government-led eye health programme launched in Botswana. In Kenya, Peek secured a signed national Data Processing Assurance Agreement which enabled our partners to launch the Vision Impact Project.

2022-2024 Strategy

 ¹ Effect of providing near glasses on productivity among rural Indian tea workers with presbyopia (PROSPER)

 2 Poverty and proximate barriers to learning: vision deficiencies, vision correction and educational outcomes in rural northwest China



System Strengthening Milestones

Alongside our partners, we advocate for governments to strengthen their health systems by investing in eye health. With Peek they can power eye health services more efficiently and equitably as part of their national health plans. We are working with the leading eye health INGOs to connect and strengthen eye health referral pathways and gather necessary data to advocate for the integration of eye health into government services. We have had a number of successes in this area in 2022 including:

INDIA

Using cutting edge software, data intelligence and public health research tools Peek



Vision and <u>Dr Shroff's Charity Eye</u> Hospital embarked on an innovative

project to improve vision and eye health in India.

KENYA

The Vision Impact Project (VIP), an ambitious multistakeholder programme **targeting over eight million people** across seven counties got underway in April. The project, powered by Peek Vision technology, is led by CBM and the Kenyan Ministry of Health, and funded by CBM and BMZ.

PAKISTAN

We celebrated over one million people screened in CBM-Peek programmes in the country. Over **1,400 female health** workers now use Peek. The introduction of doorto-door screening using Peek has been a game-changer.

BOTSWANA

A government-led, nationwide, Peekpowered school eye health programme, which aims to reach every schoolgoing child in the country, got off to a strong start. Pono Yame ("My Vision") was officially launched at an event in October. Highlights included addresses from Her Royal Highness The Duchess of Edinburgh, Minister of Education and Life Skills Hon. Dr Douglas Letsholathebe, and Permanent Secretary from the Ministry of Health and Wellness, Ms Grace Muzila as well as President Masisi sharing his support for the ambitious programme.



Return on Investment Study

We see common outcomes across all Peek-powered programmes: better use of specialists' time; greater understanding of resource needs; and optimised referral pathways (bringing care closer to the patients).

Together with CBM and facilitated by a health economist, we undertook a return on investment study, which compared eye health programmes in four districts in Pakistan, two that were using Peek and two that were not.

All projects were implemented over the same time period. Peek-powered programmes enabled a number of programme improvements (see right).



More people reached:



more total population screened in the same time

More people treated:



more people connected to care over one year

Lower costs:



less cost per person treated

These results provide further evidence that Peek makes eye health programmes more equitable, efficient and cost-effective.

CBM-Peek in Tanzania: Community-led Eye Health

The Mwanga and Hai districts of the Kilimanjaro region span expansive landscapes. They are covered by fields of sunflowers and maize and are framed by impressive mountain ranges (including the famous mountain from which the region bears its name).

Teodosia lives with her family in the foothills of the Pare Mountains. At 79, she has lived her whole life near Kisangara Village, and her home can only be accessed via a singletrack dirt road up a steep incline. The walk to the tarmac road is treacherous for the able bodied, let alone persons with disabilities.

Access to health services and education about common health issues are limited. When Teodosia and her husband, Jonny, started to lose their vision, they assumed this was a result of ageing. Unfortunately, their sightloss progressed significantly to the point where neither of them could see much more than the shadows of people passing by. They were unable to do the most basic of activities themselves. They relied on their daughter, Jessca, to maintain the family subsistence farm. Even their threeyear-old granddaughter, Daniele, bore some of the burden, leading her grandparents from the shade of the tree to the washroom or to bed.

"Before my surgery I could do nothing, I became extremely weak and very depressed. Not being able to move freely was awful for my physical and mental health," Teodosia explains. A neighbour, who had learned that local, government-run vision screening had begun nearby in the Kisangara village, offered to drive the couple to the dispensary (rural health facility). It was there, just a ten-minute drive down the road, that Teodosia and her husband found there may be a solution to their problems.

After screening, Teodosia and Jonny were referred to Kilimanjaro Christian Medical Centre (KCMC) by a government general health worker who had been trained to use Peek software.

Programme data from the CBM-Peek programme had been showing low rates of attendance at appointments by people like Teodosia, who live in rural settings and struggle to make the journey to care. As a result of this data, the local team introduced transport for those without the means to make the long journey alone. Teodosia and Jonny benefitted from transport to their referral -which was over 65 kilometres away from their home.

The CBM-Peek Community Eye Health programme, in partnership with the Government of Tanzania, is aiming to bring eye health closer to communities. The project has trained 60 government-funded primary health workers to use Peek for screening and referral. They are also trained to treat basic eye conditions like conjunctivitis. There is now stable access to eye health within the community, which has many benefits as one screener, Pili Hemedi, explains:

"Distance to health care is a huge problem in this region. By bringing eye care permanently to the village through the dispensary, we are ensuring those who are less likely to reach care can access it. For example, on Wednesdays, we hold Reproductive and Child Health Clinics. I'm now able to screen this important demographic for eye health conditions and refer them to treatment if needed. This is exciting as women and children often miss out on proper eye health. We are ensuring they are getting the treatment they need."

By using Peek, Programme Coordinators such as Philip Bahati from KCMC are gaining a better understanding of the barriers to care. Through collaborative efforts, they are also finding solutions, as Philip explains:

"We meet regularly with government officials, CBM and Peek to go through the programme data. The results of these discussions have been transformative for our programme. What we think may work in programme design, doesn't necessarily translate into real life. Having the data at our fingertips helps us to tackle these problems."

At KCMC, Teodosia learned that she had bilateral cataracts, and was operated on within the week. Jonny was not so fortunate. His glaucoma, whilst treatable if it had been caught early, has caused irreversible blindness. It is a bittersweet representation of the need for eye health in rural communities across Tanzania.

For Teodosia however, the surgery has been life-changing: "When I had my bandage removed for the first time, I cannot describe the joy I felt! I didn't believe that such a result could be possible." "When I arrived back to my village, I was overcome by seeing my beautiful granddaughter. She is gorgeous and very surprised I could see her too!"

Regaining my independence is life-changing, I am so incredibly thankful for my treatment. I can now help around the house and to look after my husband too. The biggest highlight for me, other than seeing my family again, has been to read my favourite book for the first time in three years. It is a book of prayer I used to read every day. Having this back in my life has been a true joy.

Now I am the biggest ambassador for eye health in the community – I tell all my neighbours to get their eyes checked and not to be afraid of treatment."

Teodosia is one of over 88,000 people who were screened through the CBM-Peek Tanzania programme and one of almost 25,000 people who have been connected to care. Like hers, thousands of lives have been transformed. There remain thousands like her and Jonny who urgently need access to eye health.

ek Vision Annual Review 2022 | 13

/CASE STUDY

How the eye health services were scaled in the CBM-Peek programme:

The accuracy and effectiveness of Peek software can be observed when comparing the eye health services before and after the initiation of the programme in the two targeted districts. The CBM-Peek programme launched in Tanzania in 2021. Since then, continuous improvements have led to higher uptake of services as the programme progressed (see 2021 to 2022 numbers for comparison).

Eye care services at Hai and Mwanga	2019	2020	2021	2022
Districts	Before Peek		After Peek	
Number of healthcare workers trained to use Peek	0	0	52	56
Number of healthcare facilities enabled to perform eye screening	2	2	26	26
Number of people screened per year	2,614	2,243	13,077	75,886
Number of people provided with medicines	1,196	1,164	5,103	16,412
Number of people provided with spectacles	78	39	850	2,008
Patients referred to specialist hospitals	92	81	4,500	6,242

How the programme was improved using data from Peek software:

Data helped to uncover many barriers to care. These were discussed with multiple stakeholders, including local communities, to find solutions. With changes implemented the programme became more efficient and equitable.

Area	Problem	Intervention	Result
Coverage of screening	Programme team was struggling to encourage people to come for screening.	The team began screening in mosques, churches and other community centres using Peek.	Reach improved from 2,000 people per month to over 12,000 people per month.
Adherence to care	Patients from rural areas were struggling to travel to receive treatment.	The team introduced free transport to help patients reach care where needed.	Adherence to appointments post screening improved from 54% to 65%.
Better use of resources	Before Peek, overstretched hospital staff from KCMC travelled to conduct screening and basic treatment.	The team trained government health workers to screen and treat basic conditions.	70% of cases were managed locally, allowing specialist staff to focus on more advanced care.
Increase equity of care	Patients couldn't afford glasses.	The team advocated for government subsidies for those who could not afford it.	Spectacle uptake rose from 70% of those prescribed glasses receiving them to 100%.





100%

of cases were managed locally after the team trained government health workers, allowing specialist staff to focus on more advanced care.

patients received prescribed spectacles after the team advocated for government subsidies.

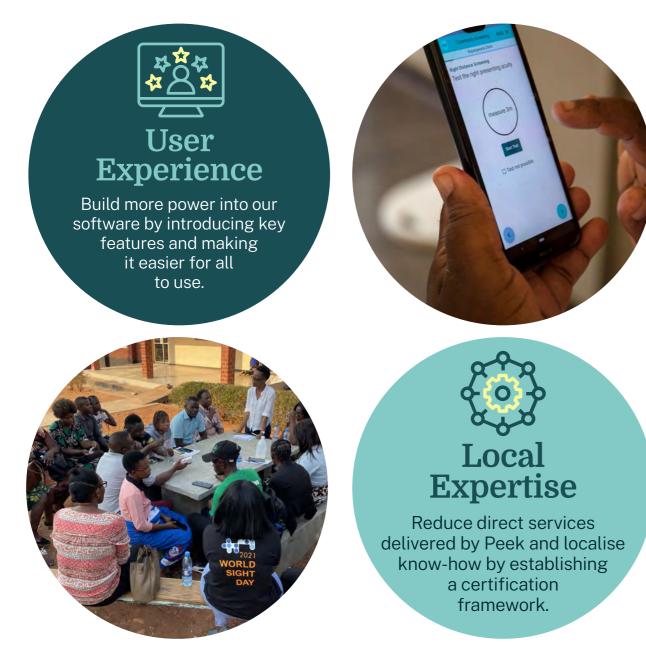
Cecilia Uisso, CBM Tanzania, and Samson Chacha, Kilimanjaro Christian Medical Centre visiting a patient's farm.

Peek Vision Annual Review 2022 | 15

Our Impact Accelerators

To deliver impact at scale we are working toward a 'low touch-high volume' model. We aim to power more programmes, each operating at a higher scale, whilst maintaining high quality and reducing cost per programme.

To accelerate Peek's impact, we need to invest in:



We released exciting new software features:

A NOTIFICATION FRAMEWORK

This gives any programme stakeholder the capability to selectively receive programme alerts and updates via Email, SMS or directly in the system-bringing our vision of using timely data to review progress and address challenges to life.

BETTER DATA ON WHO IS BEING LEFT BEHIND

We developed a new way to better understand the common sociodemographic variables of individuals who don't make it to care. This is moving us towards data-driven equity.

INTEGRATED RANDOMISED CONTROL TRIALS (RCT)

We built the capability to run integrated, randomised controlled experiments within programmes. The exciting development gives programme leaders the capability to understand if service interventions and amendments actually work. This initiative is generously supported by the Wellcome Trust and the National Institute for Health Research.

AUTOMATED REPORTING

This new feature for Peek-powered programmes has standardised the compilation of monthly programme reports, dramatically reducing time and resource expenditure.

SCHOOL EYE HEALTH RAPID ASSESSMENT (SEHRA)

Peek has developed a new tool to measure the magnitude of eye health conditions (vision and non-vision impairing) in schoolgoing children to aid planning for school eye health programmes. We worked with a global advisory panel to design the methodology. In 2022, we completed four prototype tests in India and South Africa.

RAAB7

At the end of 2021, the new Rapid Assessment of Avoidable Blindness (RAAB7) population-level survey tool was officially released for general use, along with the new RAAB repository. To date, 15 RAAB7s have been conducted across 9 countries.

NEAR VISION VALIDATION

Half a billion people are estimated to have untreated near-vision impairments. To help identity those in need of treatment, we developed and validated a near-vision smartphone-based visual acuity test. We are now testing it in diverse settings, including a range of age groups, underlying eye disorders and device models before it will be released for wider use.

Our Team

In January 2022, we lost our long-time team member and friend, Karen Sparrow, to cancer. This was a tremendously difficult start to the year. Her memory and impact will live on through Peek. In her honour, we have dedicated a scholarship in her name which will support people to attend the Global Eye Health Short Course at the London School of Hygiene & Tropical Medicine co-run by our CEO, Professor Andrew Bastawrous, and Founding Trustee, Professor Allen Foster.

We added seven team members this year:

Aminah Jasho, Interim Head of Communications (Maternity Cover)

Darren Coverley, Product Manager

Daniel Amewor, Interim Digital **Communications Manager** (Maternity Cover)

Kara Schmieder, Global **Office Coordinator**

Loise Wachira, Travel Safety & Security Manager / Compliance Coordinator

Phylis Muturi, Programme Coordinator

Ron Kefa, Programme Management Lead

ABOUT OUR TEAM

Our Co-founder and CEO Andrew Bastawrous is an Ophthalmologist and Professor in Global Eye Health at the London School of Hygiene & Tropical Medicine. Andrew has worked and undertaken research in over twenty countries, including two years living in Kenya where he led a major eye disease study and the development and testing of Peek. He has published over 80 peer-reviewed articles. Andrew leads a multidisciplinary team of outstanding individuals recruited from a diverse range of backgrounds, including technology development, public health, research, eye health, international development and the private sector.

Our team includes ophthalmologists and optometrists, former leaders of eye health, humanitarian and United Nations organisations as well as people who led teams and programmes in banks, technology companies, media and publishing to name just a few. We are united by the belief that through working together, we can bring better vision and eye health to everyone.



Our Governance and Structure

Peek Vision is a social enterprise that consists of three entities: The Peek Vision Foundation (Foundation), Peek Vision Ltd and Peek Vision Pty Ltd (Botswana).

The Peek Vision Foundation is a UK registered charity and is the sole shareholder and 100% owner of Peek Vision Ltd, a legal manufacturer of medical devices and a registered company incorporated in the United Kingdom. Peek Vision Ltd has



two registered offices, one in Botswana and one in the UK. Peek Vision Ltd is the sole shareholder and 100% owner of Peek Vision Pty Ltd incorporated in Botswana.

All of Peek Vision Ltd's activities are charitable and are for public good. Both the Peek Vision Foundation and Peek Vision Ltd are mission-driven organisations, with aligned missions and sharing a vision of Vision and Eye Health for All.

Our Trustees

PROFESSOR MATTHEW BURTON

Professor Matthew Burton serves as a Trustee and Scientific Advisor to the Board of Trustees. Matthew is the Director of the International Centre for Eve Health (ICEH) and Professor of International Eye Health at the London School of Hygiene & Tropical Medicine. He leads an international research group of clinicians, scientists and public health specialists. He is also an Honorary Consultant Ophthalmologist in Cornea and External Eye Disease at Moorfields Eye Hospital, London. His major research focus is infectious eye diseases, working closely with multiple partners in African and Asian countries. Matthew was the cochair of the Lancet Global Health Commission on Global Eye Health, published in 2021.



Rebecca Eastmond is CEO and Co-Founder of Greenwood Place, which provides strategic advice and execution for a small community of entrepreneurial philanthropists. Prior to founding Greenwood Place, she led JP Morgan's philanthropy advisory offering in EMEA for almost a decade. She began her career as a charity lawyer at Allen & Overy, before moving sector to become the Founder CEO of The Prince's Foundation for Arts & Kids.



PROFESSOR ALLEN FOSTER

Professor Allen Foster OBE is a former co-Director of the International Centre for Eye Health (ICEH) and the International Centre for Evidence in Disability (ICED), both at the London School of Hygiene & Tropical Medicine. He worked as a doctor in Tanzania for ten years for CBM (an international NGO working in eye care and disability) and subsequently as the CEO of CBM International.



MARTIN FROST, CHAIR

Martin Frost CBE is a businessman and entrepreneur responsible for the start-up and scale-up of several highly successful global technology businesses. He is a co-Founder of CMR Surgical, one of the UK's leading medical devices startups, developing the next generation system for robotically-assisted minimal access surgery. Prior to founding CMR Surgical, Martin was CEO and CFO of Sagentia plc. Under his leadership Sagentia, with Vodafone and Safaricom, conceived, developed and rolled-out M-Pesa, the leading mobile-money platform in the world. He currently holds non-Executive Director and advisory positions across a number of technology and life science scale-up businesses.

ELIE GASAGARA

Elie Gasagara is an Executive Leader / Independent Consultant working with civil society organisations in the area of adults and children safeguarding. He has served in leadership positions in a number of International NGOs including World Vision where he was Vice-President, Accountability and Transparency. He has over 25 years years of experience in development and humanitarian work in Africa, Europe and Asia. Elie is passionate about promoting good practice of accountability and good governance in Civil Society Organisations, including sitting on Boards of different local and global organisations.

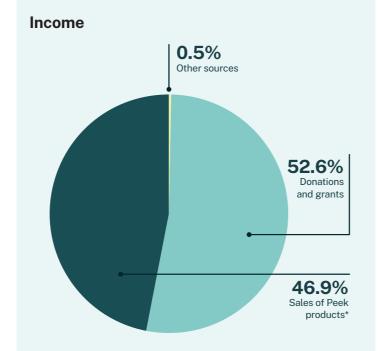
MAHALI HLASA

Mahali Hlasa is Riders for Health Lesotho's Country Director and Chairperson of the Riders' Global Management Council. Riders is a world-leading, award-winning social enterprise working in five countries in Africa. Mahali leads an 80+ person team and has successfully ensured Riders' services have been adopted by the Government as well as established financing through the CDC and other major funders. Prior to joining Riders, Mahali worked as an Environmental Health Practitioner for the Ministry of Health in Lesotho. She has served as an external examiner at the National Health Training College and part-time lecturer at The Central University of Technology, Free State in South Africa. She is a motorcycle rider and trainer who is passionate about the effective delivery of primary healthcare interventions in remote communities.



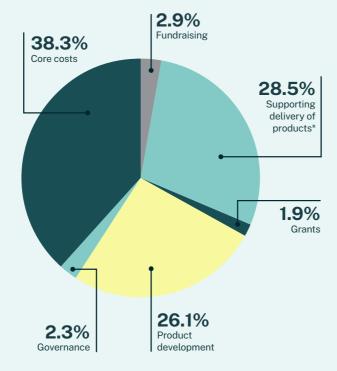


Sustainability



*Rapid Assessments and Peek-powered programmes

Expenditure



*Rapid Assessments and Peek-powered programmes

Grants and donations cover our remaining expenditure. We expect that the current macroeconomic climate is likely to adversely affect sales revenue in particular. We will therefore be more reliant on philanthropic giving in the short to medium term.





"Since 2021, we have been proud supporters of Peek Vision. In that time, they've massively grown their impact backed up by rigorous measurement, moved closer to sustainability and government adoption - all of which are critical elements we look for in our partners. We're excited to see how they'll continue to accelerate and scale their impact in the years ahead."

Philip Langford, Chief Operations Officer, Dovetail Impact Foundation

Photo: Henry Marealle, Kilimanjaro Christian Medical Centre's Outreach Manager (left) wearing a hat made by Hadija (right). Hadija's sight was restored as part of a CBM-Peek programme in Tanzania. This has allowed her to take up hatmaking once more, which is a vital source of income.

We received a total income of £2.98M (2021-£3.23M).

£1.40M (2021-£1.92M) was sales income.

£1.57M (2021-£1.28M) was income from grants and donations.

£14.1k (2021-£25.7k) was from other sources (e.g. interest).

The drop in income was due largely to the timing of a major donation expected in 2022 which came through in early 2023.

Our total expenditure was £3.67M (2021-£2.90M).

£1.05M to provide support to deliver Peek-powered programmes and Rapid Assessments.

£70.8k in grants to enable partners to conduct research using Peek and scholarships to support future eye health leaders.

£956k to develop more powerful and intuitive products for the sector.

£84k accountancy and audit (Governance costs).

£107k fundraising.

£1.4M on core expenditure.

Income from sales contributes to (but does not entirely cover) our annual expenditure. In 2022, in line with our strategic priority to 'get it out there' we drew on £490k of our reserves to enable us to drop our prices and onboard new delivery partners. We doubled the number of programmes and increased customers by 20%.

For further information

Please visit our website or email: enquiries@peekvision.org

peekvision.org



Charity Registration Number 1165960 (England and Wales), Company Limited by Guarantee, Registration Number 9919543 (England and Wales).

