



St John of Jerusalem
Eye Hospital Group

ANNUAL REPORT 2021





**St John of Jerusalem
Eye Hospital Group**

SAVING
SIGHT
CHANGING
LIVES

St John of Jerusalem Eye Hospital Group is the only charitable provider of expert eye care in East Jerusalem, Gaza and the West Bank. Our aim is to end preventable blindness throughout the oPt. We have been treating patients in the region regardless of their ethnicity, religion, social class or ability to pay for 140 years. Our sight-saving work is carried out against challenging odds to the highest international standards.

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GLOSSARY: JCI - Joint Commission International; the gold-standard for healthcare worldwide. NGO - nongovernmental organisation. NIS - New Israeli Shekel. oPt - occupied Palestinian territories. SJEHG - St John of Jerusalem Eye Hospital Group; this refers to all our entities. SOA - St John Ophthalmic Association, UNRWA - United Nations Relief and Works Agency, the UN branch responsible for Palestinian refugees. USAID - United States Agency for International Development

All uncredited photos throughout this Annual Report have been taken by staff of SJEHG. All the images used in this report are of actual SJEHG staff and patients and they have given their consent.

St John of Jerusalem Eye Hospital Group Company no: 7355619, Charity no: 1139527
Registered Office: 4 Charterhouse Mews, London, EC1M 6BB

Chairman & CEO Introduction



Sir Andrew Cash and Dr Ahmad Ma'ali
in the Jerusalem Hospital Gardens

The uncertainty and disruption of the Covid-19 global pandemic, continue to affect us all, but that hasn't stopped this year being one with lots to celebrate for the St John of Jerusalem Eye Hospital Group (SJEHG). Most importantly, our patient reach has returned to pre-pandemic levels with almost 134,600 patients seen and 6,500 major operations (a SJEHG record) delivered across the Group.

This growth is partly thanks to the excellent vaccination campaign, which has kept infection rates under control and therefore minimised movement restrictions and disruptions to normal life. Across our services we remain vigilant in our efforts to keep Covid infections at bay – and we are delighted to report another year with no cross-contamination within our clinics and hospitals.

These successes would not have been possible without the tremendous efforts from our staff. Delivering high-quality care, despite the many challenges faced daily, is not easy. We thank you all for your efforts to deliver one of SJEHG's most impactful years yet.

Of course, having a team delivering such high-calibre care, does not come without investment in training and education. Continued professional development is offered to all staff where needed. We were delighted to enable three new fellowships for our medical team at neighbouring Israeli institutions. This will ensure that we can continue to deliver all ophthalmic subspecialties using local teams, instead of what was, until relatively recently, delivered by expatriates. Ultimately this ensures a continuity of care for our population, especially during times of crisis.

We continue to work to ensure the sustainability of our services. Thanks to measured sacrifices across all departments, we were able to reduce our expenditure by almost £700,000 against the 2021 budget. We also were delighted to have an increase in both patient related income (£600,000) and voluntary income (£1.9m) as compared to our 2021 annual operational budget. This puts us in a strong position going into 2022, where we hope to build on what has been achieved this year, as well as celebrate our 140th year in operation!

Thank you to the Pories of St John who continue to make up 32% of our overall voluntary income. We would especially like to thank the US Priory for increasing their donation to \$2.4 million this year; their heartfelt passion for our cause is unwavering and truly appreciated.

Thank you also to our excellent fundraising Guild, whose countless volunteer hours enabled us to have several opportunities to celebrate our achievements together in 2021. The return of the ever-popular Gift of Sight fair was a particular highlight.

There is nothing quite like witnessing the miracle of a person regaining their sight. This is a miracle you, all our supporters, enable us to achieve for hundreds of people each day across the Holy Land. Thank you.

Andrew Cash

Sir Andrew Cash OBE
Chairman

Ahmad Ma'ali

Dr Ahmad Ma'ali
CEO

About Us

Mission Statement:

St John of Jerusalem Eye Hospital Group exists as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, religion, social class or ability to pay.'

Vision:

We work to eliminate avoidable blindness in the Holy Land and to be recognised as the leader in the provision of quality eye care in Jerusalem, the West Bank and Gaza.

Values:

Compassion - Providing eye care with empathy and willingness to promote wellbeing.

Accountability - Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve.

Respect - Honouring the dignity and diversity of each person.

Excellence - Providing exceptionally high quality and advanced care.

Strategic Aims

Patient-Centred Services – Commitment to accessible and quality eye care.

Excellence, Education, and Innovation – Developing a centre of excellence for eye health education, research, and innovation.

Investing in our People - Promoting supportive working environments whilst developing a sustainable, skilled workforce.

Good Governance and Partnerships – Strengthening our governance practices and partnerships to ensure best practice and maintain our heritage and reputation.

Sustainability – Diversifying and strengthening our financial sustainability to ensure our mission can continue to the future.

Hospitaller's Report

International Partnerships and Excellence in Medicine



SJEHG serves a population of over 5.2 million Palestinians across East Jerusalem, the West Bank, and the Gaza Strip, with over three quarters of patients in Gaza being refugees. The Palestinian population is a young one, with almost a third under the age of 10, and the overall prevalence of blindness is an order of magnitude higher than that of the UK.

The main causes of sight loss and 'legal blindness' among Palestinian adults aged 50 years or older are cataract and refractive error (being treatable with surgery and glasses respectively), and diabetic retinopathy (DR). These were the findings of the 2019 Rapid Assessment of Avoidable Blindness (RAAB) study, which predicted that a staggering 30% of Palestinian adults over the age of 50 have visual impairment to a Snellen acuity of 6/12 or worse – lower than legal driving standards in the UK.

Despite a challenging year, as the pandemic gradually waned in 2021, SJEHG recovered its clinical activities. All our centres all continued to provide eye care despite periodic staff shortages, lagging vaccination rates for some of our patients in the West Bank and Gaza and, of course, the violence in Gaza itself in May 2021. But by any international medical standard, the recovery of our

annual performance within 20 months of the onset of a global pandemic is indeed an incredible achievement.

One recent addition to SJEHG's services is the clinic in Kufor Aqab, one of the two largest Arab neighbourhoods in North Jerusalem, and located beyond the security fence. Considered an extension of 'Outreach', the clinic was originally established in response to unaddressed clinical needs resulting from frequent lockdowns over 2020 and 2021. This year, due to rising demand, SJEHG has increased its commitment to the Kufor Aqab clinic from one to three days each week.

In 2021, SJEHG trained six in-house ophthalmic residents and supported three regional clinical Fellowships in glaucoma, paediatrics and oculoplastics, with Israeli colleagues. These Three subspecialties are of vital importance given the large paediatric population, and the dearth of glaucoma specialists for the Palestinian population. Furthermore, our clinical and laboratory research continued apace, with 10 peer-reviewed published citations in 2021 alone. Finally, and despite the severe restrictions in international travel (and therefore postgraduate opportunities), SJEHG continued its series of on-line live webinars through the SOA, and further details on this and

other academic activities are given on page 14.

The support for our staff underpins our mission to '... exist as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, religion, social class or ability to pay.' It follows that the commitment of SJEHG and all its supporters to clinical and nursing excellence underpins our vision that 'SJEHG will work to eliminate avoidable blindness in the Holy Land and be recognised as the leader in the provision of quality eye care in Jerusalem, Gaza Strip and the West Bank.'

It is only through the unwavering commitment of our staff, Priorities, supporters, and Trustees that we are able to deliver this high-quality ophthalmic care in the face of considerable odds, year on year. Thank you.

**David H. Verity, MD MA BM KStJ BCh FRCOphth
Order Hospitaller,
Chair, SOA**

Snapshot of 2021

We reached almost 134,600 patients, performed almost 6,500 major surgeries, and employed 260 people across our services.*

Anabta Clinic

We treated almost 16,500 outpatients at our Anabta Clinic and performed 27 major operations from the clinic.

16 staff members including 11 medical, allied health and nursing professionals

Gaza Hospital

We treated over 33,900 patients and performed over 2,100 major operations.

45 staff members, including 36 medical, allied health and nursing professionals.

Mobile Outreach Services (Gaza)***

Our outreach services reached over 5,000 patients via our Mobile Outreach Programme.

Running Costs 2021

	£'000	% needing covered by fundraising activities	% covered by patient income
Jerusalem Hospital	7,447	50%	50%
Muristan	58	99%	1%
Outreach (inc Kufr Aqab)	199	86%	14%
Hebron	681	26%	74%
Gaza	1,322	36%	64%
Anabta	480	34%	66%

Jerusalem Hospital

We treated almost 52,300 patients in our East Jerusalem Hospital and performed over 3,600 major operations. 180 staff members, including 115 medical, allied health and nursing professionals.

Muristan Clinic**

We saw over 550 patients in 2021 in our mobile Old City screening programme and Muristan Clinic.

Hebron Hospital

Our Hebron Hospital saw over 14,500 patients and performed over 700 major surgeries. 19 staff members including 15 medical, allied health and nursing professionals.

Mobile Outreach Services (West Bank)**

Our Mobile Outreach Programme and our new Kufr Aqab Jerusalem Outreach Clinic screened almost 11,800 patients.

*Staff numbers do not include four London staff.

**Muristan and West Bank Mobile Outreach Services staff are counted in our Jerusalem Hospital figures.

***Gazan Mobile Services staff are counted in our Gaza Hospital figures.

Patient Centred Services

Surgeries
13%

We performed 13% more major surgeries than in 2020.

Accessibility

We are committed to reaching the most isolated and marginalised communities in the oPt.

Prevention and early treatment of eye conditions are vital. This is because many eye conditions, if left untreated, cause permanent vision loss. Delivering accessible eye health services in the oPt carries with it unique problems, as the movement of people, even for medical care, is limited by checkpoints, permit systems and the Separation Wall.

We work to ensure that as many patients as possible receive eye care through mobile outreach, screening services, and hospitals and clinics strategically located across the West Bank and Gaza. We also make sure that our patients adhere to any referrals for advanced treatments at our hospitals by helping them navigate permit requirements, transport, and accommodation for longer stays.

We are working to increase equity in our care by ensuring those who are often left behind get access to the care they need. With this aim, in 2021 we began using our Mobile Outreach to specifically target groups across the oPt which represent communities which often struggle to access care – such as disability and female advocacy groups. We are excited to track an increase in these demographics reaching and benefitting from our care.

Quality Eye Care

A commitment to the highest standards of quality and comprehensive eye care is vital to ensure the greatest chance of treating or managing each patient successfully.

We take this commitment seriously. We were the first Palestinian hospital to achieve Joint Commission International accreditation which is the most stringent certificate awarded to hospitals throughout the world, reflecting the highest standard of excellence in medical care. We are independently reviewed on our JCI accreditation every three years and have continuously achieved 97% or higher. Much of our teaching activities was to JCI standards and the up dated policies and procedures based on the most recent edition.

Our Jerusalem Hospital is also the only Palestinian healthcare provider to have locally trained specialists in all subspecialties of ophthalmology (except oncology), and each of our satellite centres receive regular visits from our specialists for treatment or

surgical referrals. In Gaza we are working to increase local sub-specialist capacity to enable the mostly locked-in population constant access to the best possible eye care.

The Covid-19 global pandemic pandemic was a continued concern in 2021. Vitally we ensured everybody was aware of and implemented the necessary preventive precautions. This involved communicating our protocols for dealing with the pandemic for both patients and staff via lectures, posters, leaflets and reminders. We maintained coordination and contact with Ministry of Health to ensure that we are up to date and well informed.

At our core, our values of compassion, accountability, respect and excellence drives the ethos of care across our services – ensuring that each patient is not just given first-rate medical treatment but are treated with dignity and empathy at every step of their journey with us.



Accessibility
59%

59% of patients were delayed or denied access to ophthalmic treatment outside of Gaza in 2021. Similar issues persist for West Bank patients. This is why it is vital to strengthen our local capacity.

[*WHO EMRO Monthly Support on Health access, December 2021](#)



Spotlight On:

Continuity of Care and Systems Strengthening

SJEHG has been focussed on improving the ophthalmic care of the Palestinian population since we began almost 140 years ago. However, alone we can only do so much. To truly offer the most accessible care to our population it is vital to work with the wider community to strengthen access to ophthalmic services across the oPt.

In 2021 we were therefore delighted to launch a four-year programme which will take sustainable eye health to the most marginalised communities across the West Bank and Gaza. This programme is specifically targeting refugee communities who access health through the United Nations Relief and Works Agency (UNRWA). These communities make up the most impoverished populations across the oPt and are the people most likely to fall through the cracks of the health system.

The programme aims to offer expanded and sustainable eye health by training almost 100 UNRWA doctors across the West Bank and Gaza in primary eye care. This will ensure that they can sufficiently diagnose and manage basic eye health conditions and refer on to SJEHG centres where needed. It will also utilise our existing outreach service to target specific population groups who often miss out on eye care by collaborating with local community advocacy groups for those with disabilities and other groups.

Specific screening will be introduced to target Diabetic Retinopathy (DR) in UNRWA communities through training UNRWA nurses. These nurses will be trained on using state-of-the-art handheld retinal imaging cameras to diagnose DR in the Palestinian refugee population. DR is the single fastest growing cause of blindness in the oPt, and it is vital that it is caught early to ensure that patients do not needlessly go blind.

By training UNRWA nurses and doctors, we are promoting and advancing the principle of Universal Health Coverage across the Palestinian population. Not only will this increase access to eye health across the oPt, for our most vulnerable communities, it will also take the burden off our ophthalmic doctors and nurses to focus on more advanced cases.

The programme also aims to introduce Small Incision Cataract Surgery (SICS) at SJEHG facilities through training two ophthalmologists in the West Bank and Gaza. The introduction of SICS will make cataract surgery more affordable without compromising quality and surgical outcomes. This will ensure that those who are referred from the UNRWA centres, and those accessing SJEHG services generally, receive the best possible care.

This programme is generously funded by the German Federal Ministry for Economic

Cooperation and Development via Johanniter Unfall Hilfe and CBM, the Australian NGO Cooperation Program (ANCP) via the Fred Hollows Foundation and the Lions Club International Foundation (LCIF). In 2021 we began our training activities, and we are incredibly excited to bring eye health to tens of thousands across the oPt with this programme in the coming years.

“This programme is providing innovative sustainable solutions to combat avoidable blindness in Palestine. The programme will build the capacity of local medical workforce to respond to the increasing need for preventative and curative eye care for a population that cannot afford such services. We are hopeful that this approach will prove to be effective and eventually be expanded into the national health strategy.” David Dahdal – SJEHG Director of Development and Grants

Excellence, Education, & Innovation

Excellence in clinical and academic postgraduate medicine lie at the heart of all successful tertiary referral hospitals. A vibrant postgraduate culture drives innovation, inspires staff, builds trust and loyalty and attracts supporters and patients alike.

In this regard, SJEHG is no different to any other teaching hospital. With over 150 nurses, doctors and Allied Health Professionals (AHPs), it is as large as other units and, as importantly, deals with a complex demographic and pathology base. In another regard, SJEHG is entirely unlike any other hospital. It lies at the heart of one of the most respected humanitarian organisations in the world, with an ethos stretching back to the Hospitaller Knights and their predecessors in the eight century AD. One thousand years after the first hospice in Jerusalem, and almost 140 years after the modern Order was established, SJEHG continues to flourish.

Education

There is a shortage of both nursing and medical professionals across the oPt, and this shortage is even more pronounced in eye care – there are only 19 ophthalmologists per million of the population (compared to 49 per million in the UK). To combat this, and ensure that we remain ophthalmic leaders, we provide world-class education to the next generation of Palestinian eye health professionals.

Nursing and Allied Health: We offer up to ten places each year at our prestigious Sir Stephen Miller School of Nursing. This is complemented by a training programme for ophthalmic assistants in Gaza, as well as training general community health workers to identify and refer eye conditions to SJEHG centres. Since the 1980s, we have trained over 200 ophthalmic nurses and nursing assistants in both Jerusalem and Gaza. Those who stay with us have opportunities for further career development. Several our graduates go on to train

as allied health specialists such as orthoptists or retinal diagnostics.

Medical: Our ability to offer all subspecialties of eye care (excluding oncology) is achieved through our Medical Residency Programme and Joint Teaching Programme. Our Residency Programme is the only training opportunity offered to Palestinians to specialise in ophthalmology. Once qualified, our specialists will work across our services and are given the opportunity to undertake fellowships in subspecialties at St John or at one of our partner organisations. This high-level experience is essential if our staff are to tackle the complex and advanced pathology which can occur in Palestinian patients.

Highlights

Three orthoptist assistants passed the Israeli certification exam.

Three doctors began fellowships in oculoplastic, paediatrics and glaucoma.

Medical Residency programme: one graduated, one graduates early next year, and one has completed her 3rd year. Three new residents enrolled in the programme.

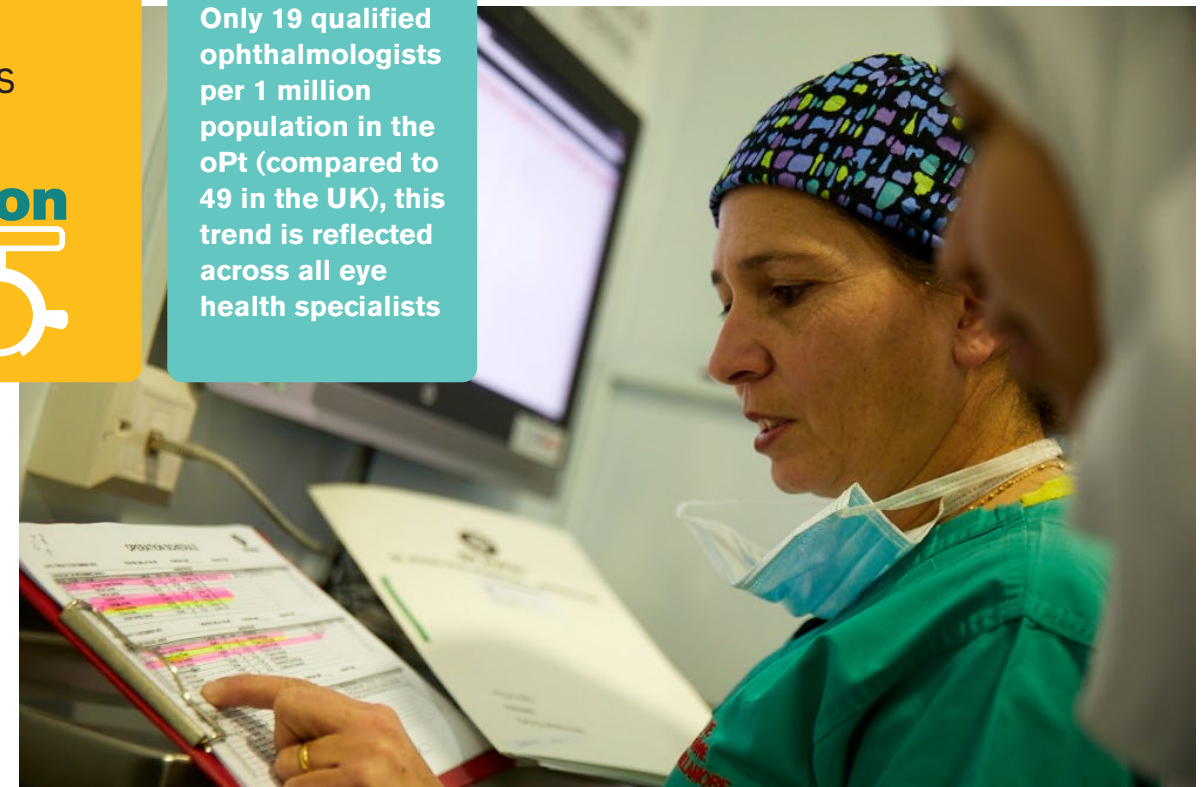
Our School of Nursing was unfortunately suspended for 2021/2022 due to the Covid pandemic but is due to reopen in late 2022.

Mandatory training was conducted on life support and cardiac life support.

Lack of Specialists
19 per 1 million



Only 19 qualified ophthalmologists per 1 million population in the oPt (compared to 49 in the UK), this trend is reflected across all eye health specialists





- Autologous cornea regeneration in collaboration with Radboud University
- Development of topical eye-drops therapeutics to replace cataract surgery in collaboration with Tel-Aviv University

Genetics Research: Since 2016, we have been conducting extensive research into inherited retinal disease across the oPt. This was, until 2019, 'Peace for Sight' - a joint project between SJEHG and Hadassah Medical Hospital funded by the German Johanniter Unfall Hilfe (Johanniter Aid for Accident services) and the European Union Peacebuilding Initiative. This project allowed us to train a dedicated genetics research team and establish the oPt's first ever retinal genetics laboratory.

In 2021, we recruited 130 new families to the research, with almost 600 families having been recruited since the project started. We also published three papers with other international centres on the research and have been chosen as one of 12 centres who will be involved in a gene therapy trial for retinitis pigmentosa.

Diabetes
24%



Diabetic retinopathy is now one of the leading causes of blindness in the oPt - up from 8.3% of the overall causes of blindness in 2008 to 24% in 2018.

Research and Innovation

We work to deliver a service which reflects current population needs and provides state-of-the-art high quality treatment for those who require it. We do this by researching our population needs and ensuring that our specialists collaborate on developing ophthalmic best practice with their cohorts across the globe.

Clinical Research: Our clinical research efforts grew in 2021 with the establishment of the St John Ophthalmic Associations' Ophthalmic Research Advisory Committee and the introduction of the role of Clinical Research Coordinator in Jerusalem. These new initiatives reflect a wider strategic aim of SJEHG to encourage high-quality clinical research at SJEHG.

All peer-reviewed citations from SJEHG doctors are now tabulated on the research section of the SOA website, with ten quality publications published in 2021 alone. Our Covid-19 case series was a novel publication - we published the first case of intermediate uveitis post Covid-19 illness worldwide.

Ongoing Clinical Research initiatives include:

- Multicentre study on Behget vasculitis
- Study of the genetic risk of diabetic retinopathy in the oPt in collaboration with Al Quds University
- Uveitis in paediatric arthritis in collaboration with Al-Najah University
- Glaucoma Research (6 projects underway)
- Collaboration with Hadassah Academy College focusing on Keratoconus
- Retinopathy of Prematurity Screening Programme (see page 15)



Genetics
50%



The isolation and desire to preserve cultural traditions and retain property within the family has led to a rise in intra-familial marriage - which causes high levels of genetic eye disease. 50% of marriages in the oPt are intra-familial.

Spotlight on:

St John Ophthalmic Association



With ophthalmology being an important strand of The Order of St John's work, an increasing number of distinguished international ophthalmologists are involved in St John. In 2015, a group of members from across the Order formed a working party to support SJEHG as well as coordinate this growing international interest and the St John Ophthalmic Association (SOA) was born. In 2020 it became an incorporated company under the aegis and governance of SJEHG, with its own board of Directors, and is now formed of 5 international hubs with 10 Chapters.

Despite the disruption of the Covid pandemic, the SOA has grown in recent years. It ran the Neuro Orbital Master Class symposium in London in early 2020, uniting over 90 experts from 10 countries to discuss a raft of complex multi-specialty sight-threatening pathologies. With the advent of lockdown, it switched to a series of virtual St John Ophthalmic Case Series meetings. These continued in 2021 with the Canadian, Australian, and English chapters of the Association, and were joined by ophthalmologists, supporters, and various national leaders from across The Order. Future such meetings include SOA-Africa, Singapore, Cyprus and India. These Masterclasses offer an incredible opportunity for doctors from SJEHG to share learnings with their colleagues across the world.

Other educational elements to the SOA's digital work include 'Cutting Edge', a series of short on-line lectures and the Lexicon project, an on-line ophthalmic dictionary. The SOA also promotes clinical and laboratory research at SJEHG. One example is the recent formation of the international Ophthalmic Research Advisory Committee based in the Australian Priory. This was established to support our SJEHG doctors with their research ideas, helping them through the planning, writing and publication phases. Another example is the purchase, through the SOA, of the tissue storage freezer required for our on-going retinal genetics research.

Advanced subspecialty Fellowship experience is now an integral part of ophthalmic training. Thanks to the generosity of its donors, the SOA has been able to promote two such posts in 2021 (see page 16) with further Fellowship opportunities planned for 2022.

The SOA, now in its seventh year, is working hard to support SJEHG's strategic goal of 'Excellence, Education and Innovation – Developing a centre of excellence for eye health education, research and innovation.' Thanks to the support and dedication of the board, our staff, and professionals around the Pories, we have made significant strides in 2021, and the SOA looks forward to playing its part in strengthening and developing this strategy in the years ahead.

Aims of the St John Ophthalmic Association:

1. to support teaching, training and research in SJEHG.
2. to promote the international academic profile and reputation of the work of SJEHG.
3. to coordinate the growing ophthalmic base across St John, to strengthen the profile and reputation of the wider Order of St John.

Celine's Story

We are developing our screening programme for retinopathy of prematurity (ROP), a disorder which affects as many as 60% of premature infants. The smaller the baby, the more likely it is to develop ROP. Infants with ROP are also considered to be at higher risk of developing certain eye problems later in life, such as near-sightedness (myopia), crossed eyes (strabismus), lazy eye (amblyopia) and glaucoma. If untreated, the condition can lead to irreversible blindness. This is why it is vital to screen as early as possible.

In 2021, SJEHG partnered with major hospitals in Jerusalem (Makassed, St Joseph, Red Crescent), and Bethlehem (Holy Family) and Hebron (Red Crescent) to conduct screening services on premature infants on a much higher level than we had done previously. Thanks to funding from the RTW Charitable Foundation, this includes state-of-the-art digital imaging and telemedicine, which means that screening can be done by a technician, releasing clinicians to focus on remote diagnosis and treatment of identified cases. The greatest need is in Gaza, with an increasing number of neonatal units, and we are working to procure further mobile camera systems for the area.

Across the year, our team screened almost 300 premature babies for the condition. One baby was Celine.

Celine's parents were desperate for children but unfortunately struggled to conceive. They eventually sought IVF and were delighted to learn they were pregnant with four children. With multiple-child pregnancy comes greater risk. Unfortunately, only six months into the pregnancy, the babies were born prematurely. Only one of the four survived – Celine.

Celine had several issues from being born prematurely and was in neonatal ICU for months. Her parents had to move from their home in Gaza to the West Bank to ensure easier access to her treatments. Part of her care involved ensuring her eyes developed properly, as she was born with ROP. Our specialist Dr Mohammad Daraghmeah was with her every step of her journey to care.



"It was so hard to lose our babies, but it made us all the more empowered to fight for Celine to have the best life possible" Wa'fa, Celine's mother explains.

"My daughter is now 2 and a half years old. She loves exploring her surroundings and is so smart. She has just started kindergarten. We are so thankful to St John and all of her care team for ensuring she had the opportunity to thrive. I can't wait to see what kind of person she will become."

Investing in our people



Our staff are our most valuable asset. We are dedicated to creating an atmosphere which cultivates respect, development, transparency, and well-being for all our employees. We will continue to conduct our salary scale study, with plans to introduce a transparent salary scale by 2023.

As they are currently relatively underrepresented at senior levels, we are also placing a distinct focus on encouraging our female and disabled staff members into management and development opportunities. In 2021, Dr Salam Iriqat was promoted to junior consultant and appointed as the group research lead. Dr Raja' Al-Masri started her oculoplastic fellowship

and Dr Haneen Shalaldeh was appointed as a specialist in our Kufor Aqab clinic. All three are graduates of the St John residency programme. Staff are trained and coached to be multi skilled in their departments by working on a rotational basis where possible, without affecting quality. Internal training is conducted on a regular basis which is essential for staff continuous development. We have morning lectures for doctors and nurses to increase their knowledge and discuss special cases and recently introduced the SOA Case Study series (see page 14). We also hold regular mandatory training in First Aid, and other social topics such as Sexual Harassment in the Workplace.

We continue to reward staff for their distinguished performance through the "Employee of the Month" nominations as well as nominations and promotions within The Order of St John.

Nursing in Gaza: Maysoun's Story

Maysoun is one of our theatre nurses in our Gaza Hospital. She received training to be an ophthalmic nurse through our training scheme and has been working at the hospital for over six years. This is her story.

"I am so proud to be a member of the St John Family. It was my dream to work here, and it continues to deliver on that dream every day.

I was born and raised in Gaza – my parents are originally from Jafa and had to move after the 1948 war. We settled here. Part of my motivation to become a nurse was the injuries I've seen occur from the conflicts I've lived through. I wanted to be part of the solution. When we are not in conflict, Gaza is the most beautiful place in the world.

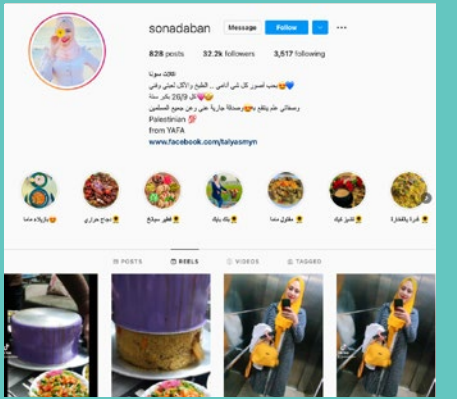
I feel incredibly well supported at St John. Especially as a woman at work. A female in Gaza can often face social issues, but this has been the opposite at St John. They are constantly encouraging me to develop my skillset and improve in my quality of care.

COVID was a particular challenge for us all. At first, I felt quite hopeless as to how to help our people when we had to be so careful. However, this grew to pride when we managed to increase on our surgeries delivered, even during such a hard time! I also made

use of my social media skills to give remote care where it was needed and possible.

There is nothing better than helping a person regain their sight, and I am lucky enough to see this every day in the theatre. One woman that sticks out to me is a lady who came in almost fully blinded with cataracts in both her eyes – she hadn't been able to see for over five years. I got to witness the moment she saw her children again for the first time, and for her to see that her boys had grown into men. There was so much happiness in the room that day.

Thank you to all the supporters of St John who enable me and my colleagues and I to continue our work – you are helping us to change lives every day."



My favourite hobby is cooking and sharing my recipes on social media. If you want a taste of Palestinian culture, and the beauty of Gaza please do give my page a follow. @sonadaban

Good Governance & Partnerships

SJEHG continues to seek partnership opportunities in the Middle East and globally.

Technical Support and Grant Partnerships: There are a number of other development organisations who collaborate with SJEHG on eye health projects across the oPt. We rely on their expertise or influence to deliver our services at the highest level. Several of these bodies are also donors, to see a full list of major donors in 2021 refer to page 55.



Quality and Transparency: Through our commitment to quality eye care (see page 7) we have been accredited by the ISO 9001:2015 (Accreditation for Quality Control) and JCI International and are subject to regular external audits to ensure that we are adhering to their gold-standard for quality healthcare. We take transparency very seriously, following all UK guidelines to ensure both our accounting and fundraising practices are

operating to the correct level. As such, we are registered with official charity bodies in the UK and are independently audited each year. To see our full fundraising statement, see page 33, to see our Independent Auditors' report from PwC see page 36.

St John Family: SJEHG enjoys a unique position as a foundation member of The Most Venerable Order of the Hospital of St John of Jerusalem, which was given a Royal Charter by Queen Victoria in 1888. Our Sovereign Head is Her Majesty Queen Elizabeth II, and our Grand Prior is HRH Duke of Gloucester. Being a founding member of one of the world's biggest providers of healthcare gives SJEHG access to partnership with Order of St John, Johanniter International and the Alliance of the Orders of St John. Together, and alongside several other international bodies, we collaborate on best practice for clinical governance, sustainability and more.



We rely on our reputation to enable us to deliver our services further and to a higher standard than anyone else in the region.

Local: Our strategic partnerships with local health networks are vital to ensure an integrated approach to eye health. We have a Memorandum of Understanding in place with the Ministry of Health in both the West Bank and Gaza, to guarantee patients who present with eye conditions at general clinics are referred to us for specialist treatment.



Training: Both our Sir Stephen Miller School of Nursing and our Medical Residency Programme are internationally accredited, ensuring that our staff are trained to the highest possible standard. Our medical team benefit from opportunities to train in subspecialties internationally, and regularly collaborate on medical research with their cohort across the globe (see page 12). This collaboration has been encouraged by the introduction of the St John Ophthalmic Association (see page 14)



Sustainability

Statement of Financial Activities 2021

Incoming Resources: £13.3m	GBP £000	USD \$000	%
Patient Related Income	5,337	7,365	40
Priory Income	2,505	3,457	19
Other Voluntary Income	5,362	7,400	40
Investment & Other Income	140	193	1
Total	13,344	18,415	

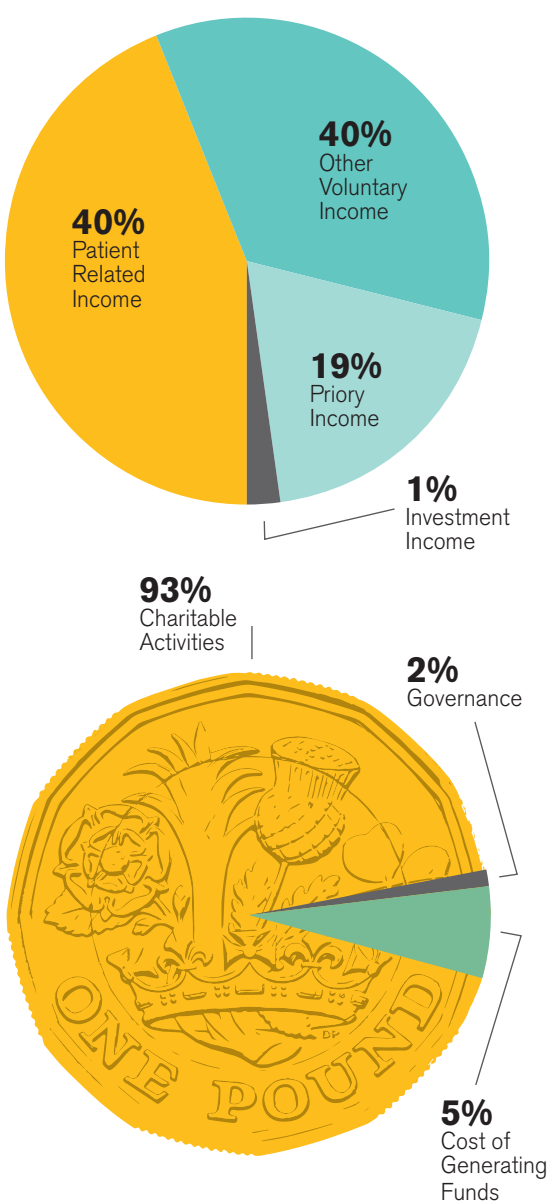
Resources Expended: £10.9m	GBP £000	USD \$000	%
Charitable Activities	10,159	14,019	93
Cost of Generating Funds	533	736	5
Governance and Other Expenditure	196	270	2
Total	10,888	15,025	

Thanks to the continued support of our donors, we can provide high-quality eye care to thousands of people each year.

The Palestinian need for eyecare only continues to grow, and with it brings a vital requirement to source new methods of funding.

As part of our 2020-22 strategy, we are committing to diversifying our sources of funding by looking to increase our income from private and medically insured patients. We will do this by remaining an innovative and competitive leader in private eye care across the oPt. There will always remain a large portion of our patients who will need eye care given

at subsidised rates, or for free, to ensure that money is not a barrier in their eye health journey. Poverty rates are currently 36% in the West Bank, including East Jerusalem, and 64% in Gaza.* Our donors remain vital for us to be able to deliver eye health to those who need it most – the most marginalised, underprivileged and at risk. They also allow us to preserve our rich heritage, which reflects the almost 1,000-year-old tradition for The Order of St John of delivering health care in the Holy Land.



Our St John Family remain a vital donor and, in 2021, gave 32% of our voluntary income. To all our donors, and especially our major donors, we thank you for your generosity (please see a full list of major donors on page 55).

**Source: UN OCHA "Occupied Palestinian Territory (oPt) Humanitarian Needs Overview 2021" Dec 2020*

Trustees and Committee Members

The trustees of the charity, who are also the directors for the purposes of company law, during the year and, at the time of this report, are listed below:



Sir Andrew Cash OBE KStJ (Chairman)



Sir Andrew joined the NHS as a fast-track graduate management trainee and has been a chief executive for more than 20 years. He has worked at the local, regional and national level. He has worked by invite at the Department of Health, Whitehall on a number of occasions. He is a visiting Professor in Leadership Development at the Universities of York and Sheffield. Sir Andrew was Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust from 2004 to 2018 and is currently the part time Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System. He joined the SJEHG Board as Chair in September 2018.

Mr David H Verity KStJ, MA (Oxon), MD (Lon), BM BCh, FRCOphth (Order Hospitaller)



David Verity was appointed to the Board in June 2016 and became the Order's Hospitaller in September 2018. He is a surgeon at Moorfields Eye Hospital, the President of the British Oculoplastic Surgery Society, the Treasurer for the European Society (ESOPRS), and immediate past Editor-in-Chief

of the international journal 'ORBIT'. In 2015, with the ophthalmic Hospitaliers of the Order, he founded the St John Ophthalmic Association (SOA), a professional organisation dedicated to the postgraduate work of SJEHG. The SOA is formed of 5 world-wide hubs, engaging medical expertise across the Pories and supporting our staff with training courses and medical exchanges. As a surgeon, he also undertakes regular working visits to our hospitals in Jerusalem and Gaza.

Mr Nicholas Goulding CStJ BSc FCA CTA (Fellow) ATT (Treasurer and Company Secretary)



Nicholas Goulding is SJEHG's Treasurer and Secretary. He is a Chartered Accountant and Chartered Tax Adviser and is a former partner with KPMG LLP. He is Honorary Treasurer of The HM Tower of London Chapels Royal Foundation, The Honourable Company of Air Pilots, St Lawrence with St Swithun Winchester, Winchester Deanery Synod and a Governor of Lord Wandsworth College. He was first appointed to the board in August 2012 and retired in December 2021.

Mr Chris Hoult FCA (Treasurer and Company Secretary)



Chris Hoult joined the Board of Trustees in January 2022 as Treasurer bringing over 25 years of board level experience in roles that have encompassed Finance, IT, Procurement, Estates and Facilities as well as international trading which included 2 years spent living and working in Denmark.

He qualified as a Chartered Accountant in 1987 and since then he has worked in a variety of commercial and not-for-profit organisations including 4 years as the Director of Finance of Plymouth Hospitals NHS Trust and 9 years advising NHS organisations in London on major strategic reorganisation projects.

He is currently the Director of Finance of Royal Voluntary Service a UK focused charity that promotes volunteering as well as supporting the NHS and its patients.

Dr Maged Abu-Ramadan KStJ MD FRCSEd



Dr Maged Abu-Ramadan is a resident of Gaza, a Senior Consultant Ophthalmic Surgeon, and the Founder and President of

the Palestinian Ophthalmological Society. In 2005 he was made Mayor of Gaza. He is the Treasurer of the Middle East Africa Council of Ophthalmology, and the Chairman of Coastal Municipalities Water Utility. Previously, he was the Palestinian Authority Director General of Hospitals General Administration and the Director General of the International Cooperation Department of the Ministry of Health. Maged became a member of the board in April 2013.

Mrs Avey Bhatia RGN, MPA



Avey Bhatia is Chief Nurse at Guy's and St Thomas' Trust. Avey qualified in 1991 and her clinical experience includes theatres, general intensive care, coronary care and cardiothoracic nursing. She held various staff nurse and sister posts at hospitals in London before becoming Chief Nurse and Director of Infection Prevention and Control at St George's University Hospitals NHS Foundation Trust in 2017. Avey holds a postgraduate diploma in health services management and a Masters in Public Administration. She is also the Trust's Director of Patient Experience, and the executive lead for adults' and children's safeguarding, and for

infection, prevention and control. Beyond Guy's and St Thomas', Avey is Vice President for the Florence Nightingale Foundation and Honorary Vice President of The Nightingale Fellowship. Avey joined the Board in January 2022.

Ms Susan Dingwall OStJ LLM DipLP



Susan Dingwall is a partner and General Counsel of the international law firm, Norton Rose Fulbright LLP, specialising in risk and insurance issues. Prior to becoming General Counsel, she led the firm's award-winning Islamic insurance practice and is a recognised expert in her field by the leading directories. She first joined the Board in August 2011 and retired in December 2021.

Mr Jamie Ingham Clark CStJ FCA



Jamie Ingham Clark is a Chartered Accountant and pursued a career in the Lloyd's insurance market, where he had many years board experience as either Finance or Compliance Director. He was first elected to the Court of Common Council (the local authority for the City of London) in 2013 and was the Chairman of its Finance Committee until March 2022.. He sits on a number of other committees within the City. He is a

Liveryman of the Clothworker's and Pattenmaker's Companies and is a member of the Knights Templar. Jamie has been involved with the Order of St John for over 40 years as a member of the Ceremonial Staff and is currently the Sword Bearer. He joined the board in 2017.

HE Diane Corner OBE



Diane Corner has been British Consul-General in Jerusalem since July 2021. Diane was British Ambassador to the Democratic Republic of Congo (2013-14) and prior to that British High Commissioner to Tanzania. From 2014-17 Diane was Deputy Special Representative of the UN Secretary-General (Political and Protection of Civilians) in the Central African Republic. Other diplomatic postings have included Kuala Lumpur (1985-88), New York (1989), Berlin (1994-98), Harare (2001-3) and Sierra Leone (2008-9). Diane holds a BAHons in French and Politics from the University of Bristol, and an MA in International Relations and Contemporary War from King's College London. She also has a diploma from the NATO Defence College Senior College which she attended in 2000. Diane joined the Board in July 2021.

Miss Helen Dodds (Helen Forsyth) ●●●●●●●●

Helen is an international lawyer and board member with over 30 years' experience in the legal and financial services sectors. She is a solicitor, a CEDR accredited mediator and a Senior Honorary Fellow of the British Institute of International and Comparative Law. Helen is currently also a board member of the UK Human Tissue Authority, a director of LegalUK and a member of the development board of the Bingham Centre for the Rule of Law. Previously she was Global Head of Legal, Dispute Resolution at Standard Chartered Bank, and a non-executive director of the London Court of International Arbitration. She joined the Board in January 2022.

HE Philip Hall OStJ OBE ●●

Philip Hall was British Consul General in Jerusalem from 2017 to July 2021. Before this, he led the Spending Review at the Foreign & Commonwealth Office. From 2012 to 2015, he headed the FCO's Counter Proliferation Department, leading the UK Government's work to prevent the spread of chemical, biological and nuclear weapons. He was Defence Counsellor in the UK Delegation to NATO from 2008 to 2012 and headed the FCO's Middle East Peace Process Section from 1999-2001. He is a solicitor, completed postgraduate studies in European law and integration in Germany, and has a Masters in Public Policy from the London School of Economics. Philip resigned in July 2021.

Mr Paul Hackwood ●●●●●●●●

Paul Hackwood is CEO and General Secretary of Toc H, a national Community Development Charity. Paul is ordained in the Church of England and a Canon at Leicester Cathedral. He is a trustee of the Henry Smith Charity

where he chairs the Clergy and Christian Projects grant making committee. He was recently appointed as a fellow of the Edward Cadbury Centre for the Public Understanding of Religion at the University of Birmingham. Paul joined the Board in January 2022 and chairs the Fundraising Committee.

Mrs Ismat Levin ●●●●●●●●

Ismat Levin trained and practiced as a solicitor at City law firm Dentons following which she has spent 25 years as General Counsel for commercial, international growth and technology-led industries listed on NASDAQ or in private equity contexts. She has substantial experience of intellectual property licensing, governance, risk management and regulation. Ismat has served as a committee member for the Royal College of Radiologists (2016-2020) and since April 2015 as a Magistrate on the North West London Bench. In February 2022, Ismat joined the Board of LXi REIT plc, a real estate investment trust and FTSE 250 company, listed on the London Stock Exchange, as Non-Executive Director. Ismat joined the Board in January 2022 and Chairs the Digital and IT Committee.

Mr Timothy Jones ●●●●●●●●

Tim Jones is a retired solicitor, Chair of the trustees of homelessness charity The Connection at St Martins, a trustee of the Safer London charity and of the National Botanic Garden of Wales, a director of the Sport and Recreation Alliance and a school governor. Tim was formerly a partner in the law firm Freshfields Bruckhaus Deringer LLP working on a wide range of corporate and commercial projects internationally. He was

managing partner of the London office between 2007 and 2011 and worked in the Madrid office between 1994 and 2000. Upon retirement from Freshfields he became General Counsel of England 2015, the organising committee for the Rugby World Cup. Tim joined the Board in November 2019.

Mr John Macaskill OStJ ●●●●●●●●

John Macaskill was a Founding Partner and Managing Director of Groton Partners, a Private Equity firm based in New York. Mr Macaskill joined Groton Partners in March 2005 and focused his efforts on alternative investments, including Private Equity. Mr Macaskill is a General Partner in a number of private equity and real estate funds and has spent the last forty years in the financial services industry in New York and London. He is a member (retired) of the Institute of Chartered Accountants of Scotland, and a Chapter Member of the Priory in the United States of the Order of St John. He joined the board in January 2018. He has been appointed as the treasurer of the Priory of the USA.

Mr Guy Morton KStJ MA ●●●●●●●●●●

Guy Morton is a solicitor and was, until his retirement, a partner in Freshfields Bruckhaus Deringer LLP, with a practice specialising in banking and financial law and the regulation of financial markets. He was Joint Senior Partner of the firm from 2006 to 2010. He has served on European Commission consultative groups relating to financial law reform and has represented the United Kingdom in relation to international law reform initiatives at the Hague Conference on Private International Law and UNIDROIT. Mr Morton was appointed as Acting Chairman from January

2018 until the appointment of Sir Andrew Cash in September 2018. He first joined the board in June 2011. During the pandemic the decision was taken to extend his term of office until the autumn of 2022 given the value in a period of uncertainty of his long experience with SJEHG.

Dr David E.I. Pyott CBE, OStJ ●●●●●●●●

Dr David Pyott is the former Chairman and CEO of Allergan Inc. During his tenure, Allergan was transformed from a small eye care business with about \$1 billion in sales to a global company, with sales over \$7 billion. Dr Pyott is a member of the Board of several U.S. pharmaceutical companies and a member of the Supervisory Board of Royal Philips. He is Deputy Chairman of the Board of Governors of London Business School, a Trustee of the California Institute of Technology, President of the newly created Ophthalmology Foundation, successor to the International Council of Ophthalmology Foundation, President of the Advisory Board of the Foundation of the American Academy of Ophthalmology and is also involved on the Boards of many other U.S. and international eyecare charities. Dr Pyott and his wife, Molly, are Members of the Priory of the USA and stalwart supporters of SJEHG. Dr Pyott joined the Board in October 2020.

Ms Nicki Shaw OStJ ●●●●●●●●

Nicki Shaw is Chief Executive of Princess Alice Hospice. She previously worked at the British Heart Foundation, latterly as Programme Director for Prevention and Care. Her career has spanned the commercial, regulatory and voluntary sectors. She has participated in a number of national forums including the Palliative Care Funding Review and the DH Advisory Group on Health at

Work. Nicki joined the board in September 2012 and retired in December 2021.

Mr Herbert von Bose ●●●●●●●●

Herbert von Bose is a lawyer and has worked for the European Commission in Brussels since 1983 where he rose to become the Director for Industrial Technologies. He joined the Johanniterorden in 1984 and was chairman of the Brussels Johanniter Group from 2002 to 2012. Since 2014, he has been Governing Commander of the Balley and is responsible for international affairs. Herbert joined the board in June 2014.

Co-opted Committee members who are Not trustees

Mr Ken Baksh ●●●●●●●●

Ken is an investment consultant with over 40 years' experience.

Mrs Georgie Brookes MStJ ●●●●●●●●

Georgie has been a Guild Member for 20 years. Formerly at Mayfair Capital and currently Finance Manager at the Mango Tree OSP.

Mr Thomas E.K. Cerruti Esq, OStJ ●●●●●●●●

Thomas is a lawyer, Executive Director of the Shiley Foundation, and trustee. He is a member of the Priory of the USA.

Mrs Julia Corkey MStJ ●●●●●●●●

Julia became Chairman of the SJEHG Guild in March 2021. She was a senior British public servant for over 20 years and is currently Chief Executive of ICC Belfast, Waterfront and Ulster Halls.

Mr Kevin Custis ●●●●●●●●

Kevin is a registered trust and estate practitioner, Legal Executive and the chair of the London Central Branch of the Society of Trust and Estate Practitioners (STEP).

Mr Paul Double LVO, OStJ ●●●●●●●●

Paul is a barrister and the Remembrancer at the City of London.

Mrs Anzo Francis MStJ ●●●●●●●●

Anzo is an ICAEW Chartered Accountant and Director of Finance of Water & Sanitation for the Urban Poor.

Mr Timothy Walker CB, MStJ ●●●●●●●●

Timothy is a retired British Civil Servant, formerly serving as Director General of the Health and Safety Executive.

Ms Caroline Trehitt ●●●●●●●●

Caroline is a financial services executive with over 20 years experience leading strategic change and corporate development projects in both large and small organisations

KEY:

- Board
- Steering
- Finance
- Audit
- Investment
- Clinical Governance
- Fundraising, Marketing & Communication
- Strategy & Planning
- Payroll and Remuneration
- Human Resources
- Honours & Awards
- SOA
- Guild Liaison
- Digital and IT

Governance Structure



Board Committees:

Steering
Finance
Audit
Investment
Clinical Governance
Fundraising, Marketing
& Communication
Strategy & Planning
Payroll and Remuneration
Human Resources
Honours & Awards
SOA
Guild Liaison
Digital and IT

The Committee Terms of Reference were updated in 2021.

SJEHG is a company limited by guarantee in England. The Order of St John is the sole member of the Charity and appoints the Chairman of the Board of Trustees. The Board manages the business and affairs of SJEHG and usually meets three times a year, as does the Steering Committee, with at least one meeting at the Hospital in Jerusalem. For the past two years all meetings have been held virtually due to the Covid-19 pandemic. The Board reviews the performance of SJEHG and, in particular, the performance of the hospital in Jerusalem, Gaza, Hebron and the Anabta and Muristan Clinics, as well as the Mobile Outreach Programme. The Board also considers and approves the operational and capital budgets. The Board Committees focus, in detail, on their areas of responsibility and report back to the Board. The Board is aware of the codification of directors' duties under the Companies Act

2006 and takes these duties into account in consideration of SJEHG's activities and within its Articles of Association. New Trustees are selected by the Board to maintain an appropriate balance of skills, experience and diversity. Trustees are appointed for a term of three years and may be reappointed for two further terms of three years but are not normally eligible for a further reappointment.

Four current trustees left the Board of Trustees in 2021/2022 after serving a nine-year term. Six new trustees have been recruited to replace them who were appointed throughout 2021 and in January 2022.

An induction programme is in place for new Trustees. The Board of Trustees delegates responsibility for the daily management of the Charity to the Chief Executive, Dr Ahmad Ma'ali and the SJEHG senior management team.

The Chief Executive

Dr Ahmad Ma'ali

CStJ PhD MPH BSN PGCE ENB, CEO

CEO

Dr Ahmad Ma'ali joined the SJEHG family in 1990 as a student nurse, successfully completing his secondment at Greenwich University in 1996 followed by a six-month postgraduate specialist ophthalmic nursing course at London's Moorfields Eye Hospital. In 1999, he was certified with a Nurse Tutor Diploma by the Bolton Institute. Thereafter, he returned to Jerusalem where he assumed the role as clinic Charge Nurse for one year, and in 2000 took responsibility for course leadership at the Sir Stephen Miller School of Nursing. He was also responsible for

infection control and clinical services coordinator, and gained a master's degree in Public Health Management at Al Quds University in 2003.

In May 2009, Dr Ma'ali made SJEHG history as the first Palestinian Nursing Director. In 2017, he attained a PhD in advanced Nursing practice at De Montfort University and, after 10 years as Director of Nursing and Allied Health Professions building relations with staff, students and patients, he was appointed as an interim Joint CEO with Peter Khoury in September 2017. In May 2019 Dr Ma'ali became our first Palestinian CEO.



Public Benefit

The Trustees have given due regard to the Charity Commission's General Guidance on public benefit when planning the Charity's activities. Our Annual Report sets out our activities, achievements, and performance during the year, which are directly related to the objects and purposes for which SJEHG exists. SJEHG achieves its principal objectives through the delivery of services to members of the public in Jerusalem, the West

Bank and Gaza without regard to ethnicity, religion, social class, or ability to pay.

The Public Benefits from SJEHG's activities are:

a. the provision and development of clinical and surgical ophthalmic services to patients at the hospitals in Jerusalem, Gaza and Hebron, the Anabta and Muristan Clinics and the Mobile Outreach Programme;

b. the exemption of patients' charges when the relevant authority does not finance the treatment and the patient

is unable to pay all or part themselves;

c. the teaching and training activities at SJEHG, which enhance the quality of service delivered and increase the pool of qualified ophthalmologists, specialist nurses and allied health professionals within the region;

d. the research into endemic diseases affecting the Palestinian population; and

e. our services enhance education and employment prospects and contribute to economic growth.

Strategic Report

Strategic Vision:
January 2020 to December 2022

Our three-year strategic plan 2020 - 2022 will enable us to attain our mission as a centre of excellence providing ophthalmic care of high quality to the people of the Holy Land irrespective of race, creed, social class or ability to pay. This strategy will enable us to continue Saving Sight, Changing Lives and to uphold our CARE values:

Care

Compassion

Providing eye care with empathy and willingness to promote wellbeing

Accountability

Accepting responsibility for continuous performance & improvement, embracing change & seeking new opportunities to serve

Respect

Honouring the dignity and diversity of each person

Excellence

Providing exceptionally high quality and advanced care

The strategy outlines our clear

vision to work with partners to eliminate causes of avoidable blindness in the Holy Land through five distinct strategic aims:

Patient-Centered Services

Putting patients first - reaching out to the most isolated and marginalized individuals in our community and ensuring quality care and patient safety.

SJEHG will build on its JCI re-accreditation to continually strengthen standards and protocols on quality care and patient safety. Patient satisfaction surveys and audits will be conducted and we will develop our paediatric services in Gaza. Our priority is to establish outreach services to overcome permit related accessibility issues and patients located in more isolated communities.

Excellence, Education, and Innovation

The country's main provider of ophthalmic training for the medical, nursing and allied health sector, leading on excellence in research, innovation and medical education.

We are the main provider of medical, nursing and allied health professionals' ophthalmic training in the country. We will seek funding for clinical research, and to achieve the American Council of Medical Graduate Education accreditation. We will capitalise on our achievements in research, innovation and education by

sharing our knowledge on genetics research and findings from the SOA annual summit and disseminating the results from our Rapid Assessment of Avoidable Blindness. By the end of 2022, we will produce at least 10 scientific publications and have assured that our six medical residents are successful in their national exams.

Investing in our People

Investing in our most valuable asset – our staff. Promoting local talent and supportive working environments, whilst developing training opportunities towards a sustainable, talented workforce.

Our staff are our most valuable asset, and we will continue to empower and support them to reach their full potential. We will create a culture of transparency, initiate a hospital-wide pay scale and ensure employees have an annual development plan in response to appraisal processes. Female staff will be encouraged to take leadership roles and we will facilitate training and fellowship opportunities in Gaza and Jerusalem for corneal to oculoplastic specialisms.

Good Governance and Partnerships

Building international partnerships and strengthening governance structures to mitigate risks and ensure best practice.



The hospital management will further strengthen its governance structure across its sites and continue to conduct audits to control risks and prevent any undesired outcomes. We also aim to strengthen partnerships with major donors and pertinent service providers and stakeholders such as Palestinian Ministry of Health, Afoula Hospital, as well as brokering agreements with hospitals in Israel and overseas.

Sustainability

Building on a decade of overall growth by diversifying our funding sources so that we continue to reach more patients with quality services and ensure a financially secure future.

We have expanded our services over the past 10 years to reach more patients and we will sustain these achievements by diversifying our sources of

funding across patient, major donors and Pories income. We will do this by reviewing contracts with all Israeli sick funds, implementing non-clinical income generating projects and competing for paying customers with services driven efficient hospital-wide processes. We aim to increase hospital related income from 53% to 57% by 2022.



Strategic Report

Financial Review: Achievements and Performance in 2021

For the year ended 31 December 2021, incoming resources amounted to £13.3m, (2020, £10.7m) while resources expended amounted to £10.9m (2020, £10.5m). This resulted in a surplus of £2.4m (2020, £0.2m deficit) before taking into account realised and unrealised gains on investments of £0.9m and exchange gains of £0.3m. Overall fund balances accordingly increased by £3.6m in the year.

During the year, patient-related income increased as the hospital resumed its normal working levels post Covid-19 pandemic which imposed movement restrictions and resulted in a decline in the number of patients seen and treated by the hospital in 2020. Within voluntary income, donations from St John Pories increased from £2.1m in 2020 to £2.5m in 2021.

Expenditure on charitable activities amounted to £10.2m, being 93% (2020, 93%) of total resources expended. These costs include running the hospitals in Jerusalem, Hebron and Gaza, the Anabta Clinic, the Muristan Clinic, Kufr Aqab clinic and two Mobile Outreach Units, the cost of teaching and training during the year for doctors, nurses and allied health professionals, and the running costs of the genetics laboratory and the refractive suite. The expenditure on charitable activities is primarily personnel

costs which makes up 58% of the total cost (2020, 56%). Operating costs were contained through the continuation of enhanced cost controls introduced in earlier years as well as the actions taken by trustees and management to minimise the financial impact of the pandemic.

Costs of generating funds constituted 5% (2020, 6%) of total resources expended and is the costs of the London-based fundraising team and the Jerusalem-based fundraising and projects team in addition to carrying out various fundraising events. Governance costs amounted to 2% (2020, 1%) of the total resources expended and reflect the international nature of the charity's activities and governance arrangements.

Total voluntary income increased to £7.9m (2020, £6.1m) representing 59% (2020, 57%) of the incoming resources. Donations included £0.6m (2020, £0.2m) restricted for capital projects and medical equipment, in addition to £2.5m (2020, £2.1m) donated by the Pories of The Order of St John. Overall, the value of capital projects completed during the year amounted to £0.6m.

Funds generated from charitable activities (mainly patient income) amounted to £5.3m and constituted 40% (2020, 41%) of total incoming resources. The remaining 1% (2020, 2%) incoming resources related to income from investments.

During 2021, the PA has continued to face major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group. Additionally, due to the political unrest within the region, there are doubts about the ability of the PA to continue paying the hospital on a regular basis. Funding this level of debt impacts on SJEHG's cash flows and it is ameliorated to a certain extent when the European Union and others pay a substantial part of the PA outstanding debt. Conversely, SJEHG benefits from the receipt of voluntary income, in particular for restricted purposes, in advance of the related expenditure, usually for capital projects.

The investment portfolio is held as a means of earning income to support operational activities and as reserves to ensure that SJEHG can continue to fulfil its charitable objectives, while maintaining the real value of capital over the medium to long term. The investment objectives include aiming for lower volatility than equity markets, higher diversification and only a modest exposure to illiquid assets. The Investment Committee reviews the portfolio's strategy and performance with the investment manager on a regular basis.

Strategic Report

Financial Review: Achievements and Performance in 2021

Reserves

At 31 December 2021, SJEHG had total funds of £22.6m (2020, £19m). This comprised permanent endowments of £7.6m (2020, £7.0m), £0.5m (2020, £0.5m) in restricted income funds, and £14.5m (2020, £11.5m) in unrestricted reserves, of which £8.3m (2020, £5.5m) is available to meet the normal operating needs of SJEHG.

Reserves Policy

The Board of Trustees reviews annually the need for reserves in line with the guidance issued by the Charity Commission and considers that, in the context of the political and economic situation in the region in which SJEHG operates, unrestricted reserves need to be maintained, when circumstances allow, to equate to at least six months running costs (equivalent to £5.5m) to ensure that SJEHG can continue to run efficiently with adequate working capital. It is intended to achieve this through a continuing focus on cost-cutting, revenue generation, the introduction of new sources of revenue, and enhanced fundraising activity in order to ensure financial resilience and sustainability for the future..

Principal Risks and Uncertainties

A comprehensive risk management policy is in place with a risk register of all clinical, operational, financial, external, political and governance risks. The risk register is regularly reviewed by the relevant committees and the Board, with particular focus on residual risks. A key risk which SJEHG faces

continues to be financial. The position has been exacerbated by Covid-19, Brexit and the impact of the continuing reduction in value of Sterling against the Israeli Shekel, by changes to the statutory level of minimum wages in Israel, and also by the political situation in the region. SJEHG relies heavily on voluntary income received mainly from donors in the Middle East, Europe, the United Kingdom and the United States. In the current global financial situation, it remains a great challenge to continue to attract core funding from existing and new sources. The fundraising strategy includes a focus on endowment and legacy giving in order to mitigate this risk as well as a focus on major gifts for core costs.

Liquidity is a recurring issue, especially with the prolonged payment pattern of the PA for its working capital needs. SJEHG therefore sets aside a portion of the investment portfolio as a cash deposit, in order to ensure meeting the working capital needs. International currency exchange movements are an additional risk. It should be recognised that exchange gains do not represent realisable income which are capable of being utilised by SJEHG, as they largely reflect the translation into Sterling of the Israeli Shekel value of the Hospital premises.

Operationally, patient and staff access to Jerusalem is crucial to the continuation of our ability to provide eye care services in the oPt. Working in a volatile region has inherent risks. Gaza has its own risks. The situation could escalate at any time as instability and strife continue to affect the neighbouring countries, a particular current concern.

Going Concern

Since March 2020 and the on-set of Covid-19 in Israel and the occupied Palestinian Territories (oPt), the Board of Trustees and Management have been working on flexible plans, both operational and financial, to seek to secure the continued viability of the organisation.

We currently remain confident about our future, but these are very challenging and unprecedented times for SJEHG and society in general; and are likely to remain so for quite some time to come. We plan to work closely with all our global partners and supporters to seek to ensure that we continue to serve our patients in the most efficient and safe manner.

Detailed, yet adaptable, business plans have been prepared, and financial budgets and cash flow models are aligned to those plans. These plans are clearly dependent upon a variety and number of key assumptions, some of which are inter-related. For example, national and local Government decisions (such as measures taken by Governments to mitigate the impacts of the Covid-19 global pandemic on public health), travel and border restrictions, social distancing, capacity in our hospitals, the demand from our patients, our ability (and that of the PA) to obtain funding and donations, our fixed and variable cost structure; to note just a few. Further details of the Group's principal risks and uncertainties are set out opposite.

The plans and models have been prepared for the period to December 2023, which is a period of at least 12 months from the date of approval of the financial statements. For the Board of Trustees to have a reasonable expectation of the Group's financial viability to December 2023, the Trustees have also identified several challenging, yet reasonably plausible, downside scenarios based on information

currently identified as a result of the impact of Covid-19 (sensitivity analysis). Sensitivity analyses and modelling have been performed on the key assumption alongside the financial effects thereon.

The Trustees continue to review and will implement any possible mitigations in order to seek to reduce the financial impact of these downside scenarios – maintaining a balance between supporting the activity that is crucial to delivering the objects of the charity, whilst ensuring the long-term financial sustainability of the Group.

Under these current downside scenarios, with no further mitigations which may be available to the Group, the Trustees' project to have sufficient liquidity through the period to December 2023.

Further details of the above are set out in Note 1 to the financial statements.

After consideration of the detailed, yet adaptable, business plans, financial budgets, cash flow modelling aligned to those plans and scenarios, and the overlaid sensitivity analyses, the Trustees consider that the Group has adequate resources to continue in operational existence for the foreseeable future, being a minimum period of at least 12-months from the date when the financial statements are approved.

Based on all of the above, the Board of Trustees are confident in the Group's ability to remain as a going concern and have, therefore, prepared the financial statements on a going concern basis of accounting.

Nevertheless, the Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the key assumptions and the financial modelling referred to above.

Remuneration Policy

All roles within SJEHG are evaluated in order to determine where they fit on our pay scale. The salaries within the scale are determined by the market rates for an equivalent position. In exceptional cases, where the market information supports it, salaries may be above the top of the band. Each year, the payroll budget is reviewed, based on legislative, statutory and market changes, using a range of sources and taking account of affordability, all as part of the annual budgetary process.

Management consult with the Finance, the Human Resources, and the Pay and Remuneration Committees of the Board, and a pay review proposal is submitted to the Board, which makes the decision on the proposal. Staff costs are set out in note 6 of the financial statements.

Guide to SJEHG'S Finances

The aim of this note is to summarise the key points to an understanding of the complexities and vulnerabilities of SJEHG's financial position.

More detailed information is set out below, but the key features which can obscure the financial difficulties/pressures on the operating budget are–

- capital donations are treated as income (in accordance with the Charities Statement of Recommended Accounting Practice),
- exchange rate variations: these have recently arisen mainly from the depreciation of the Pound Sterling against the operating currency (Israeli Shekel) which has been a continuous process over at least the last six years, and have also included a depreciation of the US Dollar against the Israeli Shekel,
- The exchange gains or losses apparent from the annual results shown in the financial statements do not represent realisable amounts which are capable of being utilised by SJEHG. They are largely derived from the translation into Pound Sterling of the Hospital premises with an unchanged Shekel valuation.

Table of Adjustments 2021

	in £'000
Net incoming resources per Statutory Accounts	3,626
Reconciling Items	
Donations for Capital Projects	(633)
Unrealised Gain on Investments	(898)
Exchange Gain	(272)
Net Operating Results	1,823
Less: Outstanding Restricted Income	(197)
Actual Net Operating Results	1,626

Statement of Trustees' Responsibilities

The Trustees (who are also directors of St John of Jerusalem Eye Hospital Group for the purposes of company law) are responsible for preparing the Trustees' Annual Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulation.

Company law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have prepared the financial statements in accordance with United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law (United Kingdom Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of the affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and

principles in the Statement of Recommended Practice: Accounting and Reporting by Charities (2019);

- make judgments and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards, comprising FRS 102, have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and the group and enable them to ensure that the financial statements comply with the Companies Act 2006.

They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the charitable

company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

In so far as the Trustees are aware at the time of approving the Trustees' Annual Report:

- (a) there is no relevant audit information of which the charitable company's auditors are unaware; and
- (b) the Trustees have taken all the steps that they ought to have taken as a trustee to make themselves aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

The Trustees' Report on pages 2 to 35 was approved by the Trustees and signed on their behalf by

Andrew Cash.

Sir Andrew Cash, Chairman,
St John of Jerusalem Eye
Hospital Group
Charity no. 1139527
Company no. 7355619

23 June 2022



Fundraising Statement

SJEHG as a charity with income over £1m is required to make a statement regarding its fundraising activities in accordance with the Charities Act 2016.

Fundraising activities are carried out on behalf of SJEHG by our own in-house fundraising staff and by volunteer fundraisers. We do not consider volunteer fundraisers to be acting as legal representatives for the charity as we have not

formally contracted them to fundraise on our behalf. Our small team of in-house fundraising staff are fully trained on fundraising regulations and have been made aware of relevant policy procedures. We ensure that we protect vulnerable persons from unreasonable intrusion into their privacy, persistent approaches or undue pressure to give by using a personal approach to fundraising.

We do not use professional fundraisers or commercial participators in any of our activities and we are registered with the Fundraising Regulator. No complaints were received by SJEHG in relation to its fundraising during the relevant period and, after due enquiry, we are not aware of any breaches of the regulations of the Fundraising Regulator committed by SJEHG.

Stakeholder Engagement

For the 2021 financial year we are required to report on how the Board of Trustees has complied with its duty under section 172 of the UK Companies Act 2006. Section 172 requires the Trustees to have regard to the long-term consequences of its decision-making, to the interests of key stakeholders and to the importance of maintaining high standards of conduct.

In our statement of Strategic Vision on page 26 we have set out the values and strategic aims which inform the Board's decision making, reflecting the Board's commitment to the long-term sustainability of the Group and to the maintenance of high standards not only in the provision of ophthalmic care and in research, but also in governance and in the way we care for our staff. Below we report on how the Trustees engage with four key groups of stakeholders. These are:

- 1. Staff
- 2. Patients
- 3. The Patients' Communities
- 4. Donors including major donors and Priors.

The following sections outline a well-established strategy that ensures decisions made by the Board of Trustees are always well informed by our stakeholders. Communications and feedback from our stakeholders are featured in Board meetings and form a fundamental basis

for the Trustees' decisions. Furthermore, Trustees ensure that management operates the Hospital in a responsible manner that reflects the values of The Order of St. John.

Hospital Staff

Within the Hospital Group there are several staff committees that form the main platforms for decision making. Each of these committees has at least one Senior Management Team (SMT) representative who is in direct communication with the concerned Trustees. The Board of Trustees has 13 different specialised committees that meet regularly where SMT members are in attendance. All relevant decisions are brought to these meetings and Trustees with the staff representatives making decisions as appropriate. The Board also meets three times annually, present at Board meetings are SMT members representing the various categories of staff. Staff surveys are conducted annually to explore staff levels of satisfaction as well as engagement in the decision-making process at the Hospital. These findings are presented at the various Board Committees for further analysis and conclusions. A good example of the Trustees' full engagement with staff was the development of the Strategic Plan 2020-2022. Several workshops were held at the Hospital operational level to conduct a SWOT analysis and proposed strategic

aims and objectives for the next three years. These strategic aims were presented to the Board of Trustees who, with the SMT, conducted extensive debate and agreed a set of five strategic objectives that will shape the Hospital activities for the next three years (see page 26).

Patients

As part of our commitment to JCI accreditation, inspectors look to see that patients are engaged with on a regular basis and their suggestions for service improvements are taken on board. Patients' views are fully appraised through a biannual survey that is conducted across the Group by our quality-of-care teams. Patients are asked to comment on the service that they receive as well as make recommendations for improvements and their perceived needs for additional services as appropriate. The results of these surveys are discussed at the Board of Trustees' meetings and discussions concerning patients' expressed needs are taken by the Trustees and the SMT. We are committed toward achieving equity in our services and in 2021 consulted with local disability and women's rights organisations to best understand how we can meet their needs.

Patients' Communities

The Chairman and local Trustees of the Board meet with representatives from the

Palestinian Ministry of Health at the ministerial level and with the Head of UNRWA in Gaza to discuss needs of their patients and strategies that the Hospital might be able to employ to respond to such needs. The SMT is in constant dialogue and communication with representatives from the Israeli Patients' Fund to discuss services provided by the Hospital to their patients.

These decisions are brought to the various Trustees committees for discussion. The Board of Trustees are fully aware of the considerations and decisions made at the Jerusalem community level. In this regard, we are part of the East Jerusalem Hospitals Network that meets regularly to discuss ways of enhancing the quality of care provided to patients in East Jerusalem.

Trustees

Trustees' have an involvement in the decision making and high-level monitoring of fundraising, project development, and marketing. They are all well informed through quarterly meetings focused on development in the aforementioned areas. The Board usually give input to any donor-required pre-award surveys or due diligence processes that examine the capabilities, performance, and policies of the Hospital Group.

Priors

As a foundation member of The Order of St John and benefactor from most Priors we have a distinct obligation to receive input and work in

collaboration with the wider St John family. We cater our reporting and engagement to each Priory's preferences, For example, St John Scotland has sponsored both staff and the Mobile Outreach Programme, prior to which we provided a detailed report on current and future operations and the budget. The Priory in the USA sponsors staff through their Nurse Initiative and receive video messages from each staff member they support in thanks alongside a more detailed report. Various staff members also sit on the working groups of the Johanniter International, a collaborative organisation aimed to enable European-based St John organisations to develop best practice approaches to healthcare, fundraising and marketing together. Members of these teams meet quarterly.

Other Major Donors and Stakeholders

We value the feedback from our stakeholders on what they consider is the most effective use of funds and why, and we report back demonstrating the impact of this investment. Our Trusts and Foundations programme has a reporting schedule for every grant given, dependent on each stakeholders' specific requirements. Our Development Team in Jerusalem is in regular contact with our institutional donors and have a stringent reporting policy for each project managed.

The fundraising Guild, made up of supporters who work voluntarily to fundraise for the Hospital, a vital channel through which we communicate and

receive feedback on our work. The organisation is considered a sub-committee of the Board (Guild Liaison Committee) and its membership includes, in addition to members of the Guild, Board Trustees and Senior management team members. The Guild Chairperson participates in committee meetings which allows us to share information across Trustees, staff and volunteers, which feeds into our decision-making. Finally our wider public donors are regularly engaged with via our bi-annual Jerusalem Scene, our Annual Report and our social media channels. Any donor is welcome and encouraged to contact our Fundraising Team to discuss our work.

Covid-19

The Board of Trustees were fully involved and in agreement with plans submitted by management in response to the Covid-19 global pandemic. These involved staff and patient safety protocols that were discussed and approved by the clinical Trustees. Other financial and efficiency plans were also discussed and approved by the Board of Trustees. Other stakeholders involvement included our liaison with the Israeli and Palestinian Ministries of Health in the form of Covid-19 infection prevention protocols that were updated regularly. Vaccinations of all Jerusalem staff were achieved through our partnership with the Israeli Ministry of Health in January 2021.

Independent Auditors' Report to the Members of St. John of Jerusalem Eye Hospital Group

Report on the audit of the financial statements

Opinion

In our opinion, St. John of Jerusalem Eye Hospital Group's group financial statements and parent charitable company financial statements (the "financial statements"):

- give a true and fair view of the state of the group's and of the parent charitable company's affairs as at 31 December 2021 and of the group's incoming resources and application of resources, including its income and expenditure, and of the group's cash flows, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards, comprising FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland", and applicable law); and
- have been prepared in accordance with the requirements of the Companies Act 2006.

We have audited the financial statements, included within the Annual Report (the "Annual Report"), which comprise: the group and charity balance sheets as at 31 December 2021; the consolidated statement of financial activities, the group income and expenditure account, and the consolidated cash flow statement for the year then ended; and the notes to the financial statements, which include a description of the significant accounting policies.

Basis For Opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities under ISAs (UK) are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remained independent of the group and parent charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, which includes the FRC's Ethical Standard and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions Relating To Going Concern

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the group's and the parent charitable company's ability to continue as a going concern for a period of at least twelve months from the date on which the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

However, because not all future events or conditions can be predicted, this conclusion is not a guarantee as to the group's and parent charitable company's ability to continue as a going concern.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Reporting On Other Information

The other information comprises all of the information in the Annual Report other than the financial statements and our auditors' report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information

and, accordingly, we do not express an audit opinion or, except to the extent otherwise explicitly stated in this report, any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify an apparent material inconsistency or material misstatement, we are required to perform procedures to conclude whether there is a material misstatement of the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report based on these responsibilities.

Based on our work undertaken in the course of the audit, the Companies Act 2006 requires us also to report certain opinions and matters as described below.

Strategic Report and Trustees' Report

In our opinion, based on the work undertaken in the course of the audit the information given in the Trustees' Annual Report, including the Strategic Report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and the Strategic Report and the Trustees' Report have been prepared in accordance with applicable legal requirements. In addition, in light of the knowledge and understanding of the group and parent charitable company and their environment obtained in the course of the audit, we are required to report if we have identified any material misstatements in the Strategic Report and the Trustees' Report. We have nothing to report in this respect.

Responsibilities for the Financial Statements and the Audit Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements in accordance with the applicable framework and for being satisfied that they give a true and fair view. The trustees are also responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the group's and parent charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the group and parent charitable company or to cease operations, or have no realistic alternative but to do so.

Auditors' responsibilities for the audit of the financial statements

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

Based on our understanding of the group and parent charitable company and the environment in which they operate, we identified that the principal risks of non-compliance with laws and regulations related to the Companies Act 2006 and the Charities Act 2011 and relevant regulations made or having an effect thereunder, including The Charities (Accounts and Reports) Regulations 2008, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered the direct impact of these laws and regulations on the financial statements. We evaluated the incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) by the trustees and those responsible for, or involved in, the preparation of the underlying accounting records and financial statements and determined that the principal risks were related to the posting of inappropriate journal entries to conceal misappropriation of assets. Audit procedures performed by the engagement team included:

- Testing journals entries where we identified particular fraud risk criteria.
- Obtaining independent confirmations of material investment valuations and cash balances at the year end.
- Testing estimates and judgements made in the preparation of the financial statements for indicators of bias.
- Reviewing meeting minutes, and significant contracts and agreements.
- Holding discussions with the trustees and management to identify significant or unusual transactions and known or suspected instances of fraud or non-compliance with laws and regulations.
- Assessing financial statement disclosures, and agreeing these to supporting evidence, for compliance with applicable laws and regulations.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional

misrepresentations or through collusion. A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditors' report.

Use of this report

This report, including the opinions, has been prepared for and only for the charity's members as a body in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and for no other purpose. We do not, in giving these opinions, accept or assume responsibility for any other purpose or to any other person to whom this report is shown or into whose hands it may come save where expressly agreed by our prior consent in writing.

Other required reporting

Companies Act 2006 Exception Reporting

Under the Companies Act 2006 we are required to report to you if, in our opinion:

- we have not obtained all the information and explanations we require for our audit; or
- adequate accounting records have not been kept by the parent charitable company or returns adequate for our audit have not been received from branches not visited by us; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- the parent charitable company financial statements are not in agreement with the accounting records and returns.

We have no exceptions to report arising from this responsibility.



Andrew Lowe (Senior Statutory Auditor)
For and on behalf of
PricewaterhouseCoopers LLP
Chartered Accountants and Statutory
Auditors
London

23 June 2022

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Statement of Financial Activities for the year ended 31 December 2021

	Notes	Unrestricted Funds 2021 £000	Restricted Funds 2021 £000	Endowment Funds 2021 £000	Total Funds 2021 £000	Total Funds 2020 £000
Income and Endowments						
Income from donations and legacies	3	2,660	5,207	-	7,867	6,146
Income from charitable activities	4	5,337	-	-	5,337	4,378
Income from investments	8e	45	95	-	140	180
Other income		-	-	-	-	4
Total Income and Endowments		8,042	5,302	-	13,344	10,708
Resources Expended						
Expenditure on generating funds		(533)	-	-	(533)	(586)
Expenditure on charitable activities		(5,438)	(4,721)	-	(10,159)	(9,723)
Other expenditure		(196)	-	-	(196)	(178)
Total Resources Expended	5	(6,167)	(4,721)	-	(10,888)	(10,487)
Net gains / (losses) on investments	8	315	-	583	898	(215)
Net Income		2,190	581	583	3,354	6
Transfers between funds	12, 13	574	(574)	-	-	-
Exchange gains on overseas activities		272	-	-	272	235
Net Movement in Funds		3,036	7	583	3,626	241
Fund balances brought forward at 1 January		11,490	465	7,047	19,002	18,761
Fund balances carried forward at 31 December	15	14,526	472	7,630	22,628	19,002

All gains and losses recognised in the year are included in the statement of financial activities.
All of the above results are derived from continuing activities.

Group Income and Expenditure Account for the year ended 31 December 2021

	2021 £000	2020 £000
Income	13,344	10,708
Expenditure	(10,888)	(10,476)
Net Income	2,456	232

The income and expenditure account excludes the unrealised investment and exchange gains and losses shown in the Statement of Financial Activities.
The accounting policies and the notes on pages 40 to 53 form part of these financial statements.

St John of Jerusalem Eye Hospital Group Financial Statements

Balance Sheets as at 31 December 2021

	Notes	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Fixed Assets					
Tangible assets	7	5,598	5,640	2	7
Investments	8	13,861	12,661	11,289	10,434
Total Fixed Assets		19,459	18,301	11,291	10,441
Current Assets					
Stocks	9	758	469	-	-
Debtors	10	2,588	2,281	112	132
Cash at bank and in hand		9,423	6,338	5,457	3,923
Total Current Assets		12,769	9,088	5,569	4,055
Creditors: Amounts falling due within one year	11	(3,114)	(2,471)	(75)	(95)
Net Current Assets		9,655	6,617	5,494	3,960
Total Assets Less Current Liabilities		29,114	24,918	16,785	14,401
Creditors: Amounts falling due after more than one year	11	(6,486)	(5,916)	-	-
Net Assets		22,628	19,002	16,785	14,401
The Funds of the Group and Charity					
Restricted income funds	13	472	465	354	364
Endowment funds	14	7,630	7,047	7,630	7,047
Unrestricted income funds	12				
Designated funds		5,598	5,640	2	7
Revaluation funds		629	375	629	375
Other general funds		8,299	5,475	8,170	6,608
Unrestricted income funds		14,526	11,490	8,801	6,990
Total Group and Charity Funds	15	22,628	19,002	16,785	14,401

The Charity's net income was £2,384,000 (2020, £1,415,000). The accounting policies and the notes on pages 40 to 53 form part of these financial statements. The financial statements on pages 38 to 53 were approved by the Trustees and signed on their behalf by:

Andrew Cash

Sir Andrew Cash
Chairman, Board of Trustees

23 June 2022

Chris Hoult

Chris Hoult
Treasurer and Company Secretary

Company number: 7355619

St John of Jerusalem Eye Hospital Group Financial Statements

Consolidated Cash Flow Statement for the year ended 31 December 2021

	Notes	2021 £000	2020 £000
Net cash inflow from operating activities	16	3,919	2,404
Cash flows from investing activities			
Investment income	8e	140	180
Purchase of tangible fixed assets	7	(750)	(462)
Proceeds from disposal of tangible fixed assets		44	22
Purchase of fixed asset investments	8a	(474)	(460)
Proceeds from sale of fixed asset investments	8a	172	246
Net cash outflow from investing activities		(868)	(474)
Foreign exchange differences		34	(5)
Change in cash and cash equivalents in the financial year		3,085	1,925
Cash at bank and in hand at 1 January		6,338	4,413
Increase in cash in the year		3,085	1,925
Cash at bank and in hand at 31 December		9,423	6,338

The accounting policies and the notes on pages 40 to 53 form part of these financial statements.

Notes to the Financial Statements for the year ended 31 December 2021

1 Principal accounting policies

a Basis of preparation

The Group constitutes a public benefit group as defined by FRS102. The financial statements have been prepared on the going concern basis, under the historical cost convention, except for investments which are stated at market value, with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Companies Act 2006.

These financial statements consolidate, on a line by line basis, the results and financial position of St John of Jerusalem Eye Hospital Group (the “Charity”) together with its wholly owned and controlled charitable subsidiary undertakings, St John of Jerusalem Eye Hospital, St John Eye Hospital in Jerusalem (RA), and St John Ophthalmic Association Limited (together the “Group”). Where a subsidiary has different accounting policies to

the Group, adjustments are made on consolidation to apply the Group’s accounting policies when preparing the consolidated financial statements. Transactions and balances between the Charity and its subsidiary undertakings have been eliminated from the consolidated financial statements. Balances between the companies are disclosed in the notes of the Charity’s balance sheet. A separate statement of financial activities, and income and expenditure account, for the Charity is not presented because the Charity has taken advantage of the exemption afforded by section 408 of the Companies Act 2006 and Charities SORP FRS 102.

The Group’s objects are the relief of sickness and the prevention and protection of health, in particular expert eye care in Jerusalem and the Occupied Palestinian Territories and the clinical, teaching and research activities connected therewith.

Going Concern

BACKGROUND

In assessing the going concern position of the Charity and the Group, the Board of Trustees have considered the Group’s projected activities, financial budgets, cash flows and liquidity for a period to December 2023, which is a period of at least 12 months from the date of approval of the financial statements.

Based on the Group’s cash flow projections, the Board of Trustees have adopted the going concern basis of accounting in preparing these financial statements.

IMPACT OF COVID-19

The first case of Covid-19 was confirmed in Israel on 22nd February 2020 and the first case was confirmed in the occupied Palestinian territories on 6th March 2020. The Palestinian Authority (PA) declared a state of emergency and imposed a lockdown on all Palestinians, including severe movement restrictions. Beginning the 11th March 2020, Israel began lockdown measures, including enforcing social distancing and other rules to limit the spread of infection.

The country was hit with a second Covid-19 wave in September 2020 and, as a result, the Israeli Authorities imposed a lockdown on the 18th September 2020 for 4 weeks. As for the PA, no lockdown was imposed, except for specific areas with a high incidence of Covid-19. The authorities kept all of these measures and restrictions under regular review.

On 18th December 2020, The Palestinian Authority announced a new set of strict nationwide measures aimed at slowing down the rapid spread of the Covid-19 pandemic across Palestine. This was followed by similar measures by the Israeli authorities.

The lockdown continued until 31st January 2021 after which both authorities started easing the restrictions on movements and allowed some businesses to reopen gradually. By May 2021, most of the restrictions were cancelled by the local authorities. From the beginning of August 2021, the country witnessed an increase in infected cases to reach a daily average of 3,500 cases. In early December 2021, the first confirmed cases of the Omicron variant were detected in Israel. For the first time since the skies were closed at the start of the coronavirus pandemic in March 2020, Israel’s borders were reopened to foreigners beginning 1st March 2022.

The emergence of Covid-19 and reactions to it have had, and continue to have, a profound effect on domestic and global economies, organisations and society at large. As a result of all the restrictions imposed by the authorities in 2020, the Group experienced a reduction in clinical activities which resulted in a significant decline in patient related income. However, the Group was back to normal working levels and patients’ activities since the beginning of 2021. However, the PA has been facing major financial difficulties that have resulted in the inability of their ministry of health to make sufficient, regular and timely payments to the Group during 2020 and 2021. The Group has not experienced a severe decline in voluntary income receipts and income has been within the normal average rates.

TRUSTEES’ ACTIONS

To seek to minimise the financial impact of the pandemic, the Group carried out the following actions during 2020 & 2021:

- Over 40 staff members took one month of unpaid leave during April 2020
- All staff took one month of unpaid leave (between May and August 2020)
- A reduction in variable operational costs of circa 70% was targeted
- Additional reduction in payroll costs due to postponement of recruitment (2020 & 2021)
- Reduction in non-critical operational spending and deferral of capital expenditure (2020 & 2021)
- Deferral of promotions and study/professional leave (2020 & 2021)
- An emergency appeal was launched in 2020
- All Pories of The Order of St John were requested and lobbied to increase their financial support.

As for additional and new sources of finance, the hospital received US\$150k from the Israeli Government as a grant for returning employees to work. Additionally, the hospital received US\$75k from the Jerusalem Fund. Moreover, the Pories of St John have reassured the Trustees of their commitment to continue supporting the Group.

BUSINESS PLAN

In order to assess, the use of the going concern assumption, Management and the Trustee Board have produced a detailed, yet adaptable, business plan that considers projected activity, the related financial budgets, cash flows and liquidity of the Group covering the period to December 2023.

KEY ASSUMPTIONS

The business and financial plans incorporate the following key assumptions:

- National and local Government decisions, rules and advice, along with travel and border restrictions and social distancing, will be relaxed sufficiently to permit the hospitals to provide a full range of services so as to serve patients in the most efficient and safe manner
- There are no further impositions of closures or lockdowns, or the impact of any matter noted above, that would affect the Group’s operations
- Demand for services from patients return to a normal level
- The capacity and supply of patient services by the Group is not impacted by Covid-related matters
- Payment by the PA (directly, or indirectly via its own funding sources) of sufficient payments to the Group for patient services provided
- The achievement of a reduction in cash outflows through the restructuring of the organisation and measures planned to reduce costs during periods when activities may be limited
- The Group is able to obtain on-going voluntary and fundraising unrestricted income, in particular from the St John Pories, albeit at levels reduced from prior periods.

SENSITIVITY ANALYSIS

Management and the Trustee Board have considered the impact on projected activities, budgets, and cash flows of several challenging, yet reasonably plausible, downside scenarios such that the key assumptions are not met, or able to be met, in whole or in part. These include, for example, restrictions in supply of, or demand for, patient services; and reductions in income through voluntary income and fundraising targets not being achieved, beyond those considered in the current plans.

The Board of Trustees has also sought to identify certain mitigating actions that could be implemented in order to provide additional liquidity or reduce cash outflows so as to ensure that the Group can maintain sufficient liquidity over the period to December 2023. The success of such measures, whilst being identified and achievable based on current advice, may not necessarily provide liquidity to the degree required or within the required timescales. As such, the Board of Trustees fully acknowledge that there is a level of uncertainty, which is likely to persist for some time, given the key assumptions and the financial modelling referred to above.

CONCLUSIONS

Having assessed the combination of all these various options, the Board of Trustees has a reasonable current expectation that the Charity and the Group has adequate resources to continue in operational existence for the foreseeable future, being a period of at least 12 months from the date of approval of the financial statements. For these reasons, the Board of Trustees has adopted the going concern basis of accounting in the preparation of these financial statements. Accordingly, these financial statements do not include any adjustments to the carrying amount or classification of assets and liabilities that would result if the Charity and the Group were unable to continue as a going concern.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2021

Principal accounting policies (continued)

b Foreign currencies

The Charity's functional and presentational currency is pounds sterling. Transactions in foreign currencies are recorded at the exchange rate ruling at the date of the transaction. Monetary assets and liabilities at the year end are translated at the rate ruling at the balance sheet date. Results of overseas operations are translated at the average rate for the period and their assets and liabilities at the balance sheet rate. All exchange differences are dealt with in the Statement of Financial Activities. Exchange differences on the translation of the assets and liabilities of overseas operations are included as Other recognised gains/(losses). All other exchange differences are included as incoming resources or resources expended as appropriate. The exchange rate of the Pounds Sterling to the Israeli Shekel at 2021 year-end was 4.2031 (2020, 4.3919), while the average rate for 2021 was 4.4458 (2020, 4.4131).

c Income recognition

Donations and other income are recognised in the financial statements on a receivable basis. Grants are recognised when the entitlement to the grant is confirmed. Legacies are recognised when the entitlement arises, being the earlier of the Group being notified of the impending distribution or the legacy being received. Donations in kind are recorded as income when the resources are received and recorded at fair value. Income from charitable activities is accounted for when earned (i.e. the service is provided to patients). Subsidies and exemptions in respect of medical services provided without charge are shown as a deduction from gross income.

d Medical volunteers

The value of services rendered by medical volunteers is not recognised in these financial statements. However, where doctors, nurses or other members of staff are employed by the Group but paid by third parties, the estimated market value of their services is recorded within both income (donations) and expenditure (salaries).

e Resources expended and basis of allocation of costs

Resources expended are accounted for on an accruals basis and have been classified under headings that aggregate all costs related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with use of resources. The irrecoverable value added tax is included with the item of expense to which it relates.

f Costs of generating funds

These include the salaries and direct expenditure costs of the staff who primarily promote fundraising.

g Expenditure on charitable activities

These represent the costs of providing the medical and training services of the hospital and its clinics including both direct expenditure and the associated support costs.

h Governance costs

These comprise costs attributable to the overall management of the Group's affairs and compliance with constitutional and statutory requirements.

i Cash flow statement exemption

The Charity has taken advantage of the exemption in FRS 102 from preparing a statement of cash flows, on the basis that it is a qualifying entity and the Group statement of cash flows included in these financial statements includes the cash flows of the Charity.

j Pension and other end of service costs

The amount charged in the Statement of Financial Activities in respect of pension costs is the contributions payable in the year on an accruals basis in respect of defined contribution and money purchase pension arrangements. Other end of service benefits are accrued as earned on an undiscounted basis.

k Rentals

The costs in respect of rentals are charged to the Statement of Financial Activities on a straight line basis over the contract period. The rental cost for the office in London occupied rent free has been computed based on an estimate of arm's length value. No charge is imputed in respect of the Hospital premises in Jerusalem, which the Group occupied rent free until 2015, after which it has paid a nominal rent.

l Taxation

The Charity and each group entity is entitled to certain tax exemptions on income and gains from investments, and surpluses on any activities carried on in furtherance of their primary charitable objectives.

m Tangible assets and depreciation

Cost of tangible assets includes the original purchase price of the asset and the costs attributable to bringing the asset to its working condition for its intended use.

Donated fixed assets are brought into account at an estimate of their market value at the time of acquisition and, thereafter, depreciated on the bases set out below. The costs of minor additions to fixed assets under £500 are expensed in the year in which they are incurred. Impairment reviews are carried out if there is an indication that the recoverable amount of an asset is below its net book value.

Depreciation on fixed assets is provided at rates estimated to write off the cost, less estimated residual value, of each asset over its expected useful life on a straight line basis, as follows:

Buildings	- 2.5% per annum
Building improvements	- 10% per annum
Medical equipment	- 15% per annum
Motor vehicles	- 20% per annum
Other equipment	- 20% per annum
Fixtures and fittings	- 6% per annum
Computer equipment	- 33% per annum
UK office fixed assets	- 25% per annum

The carrying values and estimated useful lives of assets are regularly reviewed for impairment and, where deemed appropriate, are written down.

On disposal of an item of tangible assets, the difference between the disposal proceeds and its carrying amount is recognised in profit or loss within 'Other hospital income' in note 4.

n Investments

Listed investments are stated at market value. Realised gains and losses on investments are calculated as the difference between the sales proceeds and their market value at the start of the period, or subsequent cost. Unrealised gains and losses represent the difference between market values at the beginning and at the end of the period. Income from fixed assets investments is recorded on an accruals basis. Market value for unlisted investments is calculated by the fund managers using underlying financial information.

o Liquid resources

Liquid resources are cash, time deposits, and certificates of deposit, in addition to cash at bank and in hand held in current accounts with UK, Israeli and Palestinian Banks.

p Stocks

Valuation of stocks is determined using the "first in-first out" method and stocks are stated at the lower of cost and net realisable value.

q Funds

Unrestricted funds are funds which are generally available for the Group to carry out its charitable objectives; these include designated funds, which are amounts that have been set aside to finance fixed assets.

General reserves are unrestricted funds available to be used at the discretion of the Board of Trustees for the furtherance of the charitable objectives of the Group and which have not been designated for any other purpose.

Restricted funds are funds which are subject to specific conditions imposed by the donors.

Endowment funds are capital funds where the capital cannot be spent in the normal course of activities, although the income is added to restricted or unrestricted funds depending on the terms of the original endowment.

Transfers between funds represent tangible assets purchased with restricted donations and used for hospital operations.

r Estimates and assumptions

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenditure during the reporting period. Although these amounts are based on trustees' best estimates of the amount, events or actions

may mean that actual results ultimately differ from those estimates, and these differences may be material. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the change takes place if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Exchange rates are fundamental to the uncertainties. Mainly the impact of subsequent adverse movements between the exchange rates of the reporting and the operative currencies which would potentially affect, to some extent, the operating capability notwithstanding the enhanced but unrealisable balance sheet value of non UK assets.

The Group provides against receivables (mainly the Palestinian Authority Debt) by making judgements based on experience regarding the level of provision required to account for potentially uncollectible receivables.

2 Legal status

The Charity was incorporated in England as a company limited by guarantee in August 2010 under registration number 7355619. It is registered as a charity under number 1139527. The registered office is at 4 Charterhouse Mews, London EC1M 6BB. It has no share capital and the liability of each member in the event of winding up is limited to £10.

3 Income from donations and legacies

	Unrestricted £000	Restricted £000	2021 Total £000	Unrestricted £000	Restricted £000	2020 Total £000
Donations	2,268	5,207	7,475	2,299	3,446	5,745
Legacies	243	-	243	199	20	219
Donations in kind	149	-	149	182	-	182
	2,660	5,207	7,867	2,680	3,466	6,146

Donations in kind include the estimated market value of medical services donated by visiting doctors to the Jerusalem Hospital £nil (2020: £nil), and the value of donated tangible assets and medical supplies £92,000 (2020: £125,000). Income from related parties is set out in note 19.

4 Income from charitable activities

	2021 £000	2020 £000
Outpatient income	2,458	1,977
Surgical income	3,647	3,380
Less: Patient Relief	(1,215)	(1,388)
Net patient related income	4,890	3,969
Other hospital income	132	64
Rental income, board and lodging	315	345
Total other income	447	409
Total income from charitable activities	5,337	4,378

Patient Relief principally represents subsidies and exemptions to cover the value of medical services rendered when payment is waived by the Group where funding is not available from the relevant authorities and where the patients are unable to pay any balance owing. All of the above income comprises unrestricted funds.

5 Total resources expended

	Costs of Generating Funds 2021 £000	Costs of Generating Funds 2020 £000	Charitable Activities 2021 £000	Charitable Activities 2020 £000	Governance Costs 2021 £000	Governance Costs 2020 £000	Total 2021 £000	Total 2020 £000
Personnel costs (note 6)	294	315	5,956	5,577	28	29	6,278	5,921
Recruitment costs	7	2	-	-	46	-	53	2
Medical costs	-	-	2,172	1,988	-	-	2,172	1,988
Establishment costs	85	82	579	574	19	17	683	673
Depreciation (note 7)	4	6	1,026	1,149	-	-	1,030	1,155
Office expenses	22	26	181	173	2	3	205	202
Travel and subsistence	2	4	52	49	-	-	54	53
Marketing and publicity	66	115	-	-	-	-	66	115
Auditors' remuneration	13	7	-	-	73	103	86	110
Other professional fees	39	25	23	20	6	-	68	45
Legal fees	1	4	19	21	22	26	42	51
Finance costs	-	-	151	172	-	-	151	172
	533	586	10,159	9,723	196	178	10,888	10,487
Support costs included above	-	-	1,290	1,253	53	12	1,343	1,265

Total resources expended in 2020 of £10,476,000 comprise £6,998,000 for unrestricted funds and £3,478,000 for restricted funds .

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2021

	2021 £000	2020 £000
Support costs comprise:		
Personnel costs	502	449
Recruitment costs	46	-
Establishment costs	303	299
Depreciation	103	116
Office expenses	183	175
Travel and subsistence	52	49
Other professional fees	23	20
Finance costs	131	157
	1,343	1,265

	2021 £	2020 £
Auditors' remuneration (excluding VAT):		
External audit	52,348	78,718
Other services provided by external auditors	11,506	8,359
Sub-total	63,854	87,077
Internal audit	9,048	7,313
	72,902	94,390

6 Employee information

a Number of employees

The average monthly number of employees, including part time staff calculated on a full-time equivalent basis, analysed by function during the year was:

	2021 Number	2020 Number
Medical and nursing	177	168
Support services	40	47
Fundraising	11	10
Administration	36	32
	264	257

b Staff costs

	2021 £000	2020 £000
Wages and salaries	5,609	5,248
Social security costs	424	402
Other pension costs	252	276
Other related costs - net	(7)	(5)
	6,278	5,921

c Emoluments of employees

The number of employees whose emoluments (salaries and benefits in kind) fell within the following bands were:

	2021 Number	2020 Number
£140,001 - £150,000	1	-
£130,001 - £140,000	-	1
£110,001 - £120,000	1	2
£90,001 - £100,000	1	-
£80,001 - £90,000	1	1
£70,001 - £80,000	1	-
£60,001 - £70,000	5	5

The above amounts include End of Service Benefits allowance.
During the year, provident benefits and pension contributions on behalf of these staff amounted to £19,000 (2020, £17,000).

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements for the year ended 31 December 2021

d Remuneration received by key management personnel

The total remuneration received by the 11 (2020, 10) senior management personnel in managing the operations of the Group amounted to £773,000 (2020, £719,000).

e Pension costs

Pension costs comprise the contributions payable to authorised Israeli money purchase pension schemes in respect of non UK employees and a UK defined contribution retirement benefit scheme in respect of UK based employees.

End of service accrued retirement benefits for non UK employees included in wages and salaries costs are included in the Balance Sheet in Creditors: Amounts falling due within and after more than one year (note 11).

7 Tangible assets

a Group

	Buildings & Improvements £000	Medical Equipment £000	Motor Vehicles £000	Other Assets £000	Total £000
Cost					
1 January 2021	7,558	9,664	291	3,137	20,650
Additions	70	512	49	119	750
Exchange differences	344	464	11	145	964
Disposals	-	-	(86)	-	(86)
31 December 2021	7,972	10,640	265	3,401	22,278
Accumulated Depreciation					
1 January 2021	4,453	7,738	221	2,598	15,010
Charge for the year	309	553	39	129	1,030
Exchange differences	218	380	8	120	726
Disposals	-	-	(86)	-	(86)
31 December 2021	4,980	8,671	182	2,847	16,680
Net Book Value					
31 December 2021	2,992	1,969	83	554	5,598
31 December 2020	3,105	1,926	70	539	5,640

Other Assets comprise fixtures and fittings, computer and office equipment.

b Charity

	Other Assets £000	Total £000
Cost		
1 January 2021	68	68
31 December 2021	68	68
Accumulated Depreciation		
1 January 2021	61	61
Charge for the year	5	5
31 December 2021	66	66
Net Book Value		
31 December 2021	2	2
31 December 2020	7	7

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2021

8 Investments

a Analysis of movements (Group)	Bank	Listed	Total
	Deposits £000	Investments £000	
Market value at 1 January 2021	1,871	10,790	12,661
Additions	233	241	474
Withdrawals	-	(172)	(172)
Unrealised Gains	-	898	898
Market value at 31 December 2021	2,104	11,757	13,861
Historical cost at 31 December 2021	2,104	9,783	11,887

In 2020, unrealised losses of £215,000 comprise £59,000 for unrestricted funds and £156,000 for endowment funds.

b Analysis of movements (Charity)	Listed Investments £000	Total £000
Market value at 1 January 2021	10,434	10,434
Additions	140	140
Withdrawals	(172)	(172)
Unrealised Gains	887	887
Market value at 31 December 2021	11,289	11,289
Historical cost at 31 December 2021	9,313	9,313

c Listed investments:

Analysis by category of underlying holding and location

		2021 Group £000	2021 Charity £000	2020 Group £000	2020 Charity £000
Equity investments	- UK	1,329	1,329	1,863	1,863
	- Overseas	5,464	5,464	4,299	4,299
Fixed interest securities	- UK	620	620	674	674
Property Unit Trusts	- UK	1,217	1,217	1,311	1,311
Alternative Investments	- UK	608	608	319	319
Sterling & Cash Instruments	- UK	2,051	2,051	1,968	1,968
Others	- Overseas	468	-	356	-
Market value of listed investments		11,757	11,289	10,790	10,434

At 31 December 2021, the following pooled funds represented each more than 4% of the total investment portfolio:

Group & Charity	2021 %	2020 %
Fidelity Global Dividend Fund	11.5	13.0
Vanguard S&P 500 UCITS ETF	8.3	7.0
Savills Charities Property Fund	7.9	7.8
Trojan Income Fund	5.0	8.8
Mayfair Property Income Trust for Charities	4.9	4.7
Schroder Income Fund	4.8	5.1
Majedie UK Equity Fund	4.5	4.8
HSBC FTSE All World Index Fund	3.9	5.6

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2021

d Bank deposits

Bank deposits classified as investments represent deposit funds managed by investment managers.

e Income from investments

	2021 £000	2020 £000
Unrestricted funds	45	58
Restricted funds	95	122
	140	180

f Investment in subsidiaries

The Charity is the controlling member of St. John of Jerusalem Eye Hospital (SJEH), a UK registered charitable company limited by guarantee (Company No.3867950 and Charity No. 1080185) and having no share capital. The liability of each member in the event of winding up is limited to £10. SJEH provides ophthalmic services through a branch in the occupied Palestinian territories.

The Charity is also the controlling member of St. John Eye Hospital in Jerusalem (RA) (SJEHJ), an Israeli registered charitable society (No. 580040368), limited by guarantee and having no share capital. SJEHJ provides ophthalmic services from the Jerusalem Hospital and the Mobile Outreach Programme. SJEH owns two £1 shares being all the issued shares in The St. John of Jerusalem Eye Hospital (Palestine) Limited (Company No.6365210), a UK registered company, which has not traded since incorporation.

The Charity owns one £1 share being all the issued shares in SJEH Trading Limited (Company No.12375269) a UK registered company, which has not traded since incorporation.

The Charity is the controlling member of St John Ophthalmic Association Limited, a UK private company limited by guarantee (Company No.12631428) and having no share capital. The liability of each member in the event of winding up is limited to £1.

The Charity is the controlling member of St John of Jerusalem Hong Kong Foundation Limited, a Hong Kong registered company (No.3045181), which has not traded since incorporation.

Summary financial information for the subsidiary entities:

	St. John Eye Hospital in Jerusalem (RA) 2021 £'000	St. John of Jerusalem Eye Hospital 2021 £'000	St John Ophthalmic Association Limited 2021 £'000
Total income and endowments	7,620	4,110	9
Total resources expended	(7,718)	(2,746)	(1)
Net (outgoing) incoming resources before other recognised (losses) gains	(98)	1,364	8
Other recognised gains	11	227	-
Net movements in funds	(87)	1,591	8
Total assets	11,404	6,541	8
Total liabilities	(9,006)	(2,128)	-
Total funds	2,398	4,413	8
Restricted income funds	115	3	8
Designated funds	2,841	2,755	-
Other general funds	(558)	1,655	-
Total funds	2,398	4,413	8

9 Stocks

Stocks comprise hospital medical stores and supplies all owned by subsidiaries.

10 Debtors

a Amounts falling due within one year

Note	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Trade debtors	3,977	2,845	-	-
Allowance for bad debts	(1,801)	(1,189)	-	-
Net trade debtors	2,176	1,656	-	-
Donations receivable	116	488	91	83
Prepayments and accrued income	296	137	21	49
Total debtors	2,588	2,281	112	132

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2021

b Movement in allowance for bad debts

	Group 2021 £000	Group 2020 £000
1 January	1,189	420
Additions	1,003	1,054
Write off *	(403)	(290)
Exchange differences	12	5
31 December	1,801	1,189

* The majority of the write off relates to an agreement with UNRWA whereby the actual contractual payments are lower than the normal invoiced value of services provided to those patients. The allowance also includes a provision against the receivables from the Palestinian Authority.

11 Creditors

a Amounts falling due within one year

		Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
	Note				
Trade creditors		598	318	10	32
Retirement benefits	11 c	1,703	1,404	-	-
Taxation and social security		70	80	4	4
Accruals		643	569	61	59
Deferred income	11 b	51	44	-	-
Holiday pay accrual		49	56	-	-
		3,114	2,471	75	95

b Deferred income

	Group 2021 £000	Group 2020 £000
1 January	44	35
Deferred income recognised	250	251
Deferred income released	(246)	(244)
Exchange differences	3	2
31 December	51	44

Deferred Income represents income received in advance from renting out some of the hospital's properties in Jerusalem.

c Amounts falling due after more than one year

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Retirement benefits				
1 January	5,916	5,479	-	-
Additions	550	564	-	-
Exchange differences	354	210	-	-
Transferred to amounts falling due within one year	(116)	(68)	-	-
Payments	(218)	(269)	-	-
31 December	6,486	5,916	-	-

Accrued retirement benefits mainly represents amounts payable under Israeli law when staff leave the Group's employment. Such amounts are accrued when earned, based on current monthly salaries and periods of service. The balance also includes provident schemes in respect of certain Jerusalem employees and other retirement benefit amounts payable in line with Palestinian law.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2021

12 Unrestricted Income Funds

Group

General reserves	5,475	7,952	(5,223)	-	95	8,299
Designated funds: Tangible fixed assets	5,640	90	(944)	574	238	5,598
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	11,490	8,042	(6,167)	574	587	14,526

Charity

General reserves	6,608	2,144	(593)	-	11	8,170
Designated funds: Tangible fixed assets	7	-	(5)	-	-	2
Revaluation reserve	375	-	-	-	254	629
Total unrestricted funds	6,990	2,144	(598)	-	265	8,801

Group

General reserves	4,373	6,975	(5,901)	-	28	5,475
Designated funds: Tangible fixed assets	6,121	145	(1,097)	242	229	5,640
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	10,961	7,120	(6,998)	242	165	11,490

Charity

General reserves	4,916	2,138	(464)	-	18	6,608
Designated funds: Tangible fixed assets	13	-	(6)	-	-	7
Revaluation reserve	467	-	-	-	(92)	375
Total unrestricted funds	5,396	2,138	(470)	-	(74)	6,990

Transfers represent amounts released from restricted funds for the purchase of tangible fixed assets.

1 January 2021 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2021 £000
5,475	7,952	(5,223)	-	95	8,299
5,640	90	(944)	574	238	5,598
375	-	-	-	254	629
11,490	8,042	(6,167)	574	587	14,526
6,608	2,144	(593)	-	11	8,170
7	-	(5)	-	-	2
375	-	-	-	254	629
6,990	2,144	(598)	-	265	8,801
1 January 2020 £000	Incoming Resources £000	Resources Expended £000	Transfers £000	Gains & Losses £000	31 December 2020 £000
4,373	6,975	(5,901)	-	28	5,475
6,121	145	(1,097)	242	229	5,640
467	-	-	-	(92)	375
10,961	7,120	(6,998)	242	165	11,490
4,916	2,138	(464)	-	18	6,608
13	-	(6)	-	-	7
467	-	-	-	(92)	375
5,396	2,138	(470)	-	(74)	6,990

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2021

13 Restricted Income Funds

	1 January 2021	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2021
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	649	(649)	-	-
Outreach	-	98	(98)	-	-
West Bank and Gaza Facilities	-	31	(31)	-	-
Other capital projects	216	238	-	(256)	198
Patient relief	1	35	(34)	-	2
Income received from endowments	-	95	(95)	-	-
Other projects	70	9	-	-	79
Others value less in each case than £25,000	77	-	(2)	-	75
Total Charity	364	1,155	(909)	(256)	354
Capital projects	-	395	-	(318)	77
Other projects	47	3,745	(3,792)	-	-
Others value less in each case than £25,000	54	7	(20)	-	41
Total Group	465	5,302	(4,721)	(574)	472

	1 January 2020	Incoming Resources	Charitable Activities	Purchase of Tangible Fixed Assets	31 December 2020
	£000	£000	£000	£000	£000
Charity					
Staff sponsorship	-	797	(797)	-	-
Outreach	-	82	(82)	-	-
West Bank and Gaza Facilities	-	-	-	-	-
Other capital projects	262	26	-	(72)	216
Patient relief	1	3	(3)	-	1
Income received from endowments	-	122	(122)	-	-
Other projects	50	20	-	-	70
Others value less in each case than £25,000	74	27	(24)	-	77
Total Charity	387	1,077	(1,028)	(72)	364
Capital projects	-	170	-	(170)	-
Other projects	183	2,293	(2,429)	-	47
Others value less in each case than £25,000	27	48	(21)	-	54
Total Group	597	3,588	(3,478)	(242)	465

- Charity**
- Staff sponsorship represents funds received to cover or contribute to staff costs of 42 hospital staff.
 - Outreach funds cover the running costs of three outreach units.
 - West Bank and Gaza facilities fund contribute to cover the operating costs of Gaza, Hebron and Anabta Clinic.
 - Capital projects funds represent funds received from various UK Trusts and Middle East donors to establish refractive suite and purchase medical equipment for the Group.
 - Patient relief funds contribute towards the treatment costs of needy patients.
 - Other projects include joint teaching programmes with other medical institutions, and funds that cover the School of Nursing costs and Muristan.

- Group**
- Capital projects funds represent funds received from various donors to establish refractive suite and purchase medical
 - Other projects include donations received to expand the level of operations within the Gaza hospital through the introduction of a Diabetic Retinopathy screening and epidemiological research components. Also, it includes funds received to establish a genetic research unit and a lab at the main hospital in Jerusalem as well as funds received to sustain services at the Muristan clinic in the Old City of Jerusalem.

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Notes to the Financial Statements
for the year ended 31 December 2021

14 Endowment Funds Group and Charity

	1 January 2021 £000	Investment Gains £000	31 December 2021 £000
American Society of St John: Walsh Bequest	508	42	550
Bed Endowment	4,130	342	4,472
Frost Charitable Trust	556	45	601
Frost Nursing School	525	44	569
Mr. Owen Smith Endowment	112	9	121
The John Swire Foundation Endowment	1,216	101	1,317
	7,047	583	7,630

	1 January 2020 £000	Investment Losses £000	31 December 2020 £000
American Society of St John: Walsh Bequest	519	(11)	508
Bed Endowment	4,222	(92)	4,130
Frost Charitable Trust	568	(12)	556
Frost Nursing School	537	(12)	525
Mr. Owen Smith Endowment	114	(2)	112
The John Swire Foundation Endowment	1,243	(27)	1,216
	7,203	(156)	7,047

These funds represent:

- The American Society of St John: Walsh Bequest: The Bequest was made in 2000 in honour of the Rev. Canon Edward West and Don Wesley Lundquist, for the endowment of 2 beds in the Children's Ward at the Hospital's facilities, maintained for the care of needy children.
- The Bed Endowment Fund: Donations to endow 37 beds between 1981-1995, with the use of income restricted to general patient care in the Hospital.
- The Frost Endowment Funds: These amounts were donated in 1989 by The Frost Charitable Trust (Mrs Sally Frost) to endow 4 beds at the Hospital and the Nurses Training School.
- The Endowment of Mr Owen Smith was received in 2008 to fund professional medical training.
- The John Swire Foundation Endowment was received in 2013 to fund general operating costs.
- Investment income on endowment funds is applied in providing the on-going services covered by the endowment and is accounted for as unrestricted investment income in the Statement of Financial Activities.

15 Total Group and Charity Funds

	Unrestricted Funds 2021 £000	Unrestricted Funds 2020 £000	Restricted Funds 2021 £000	Restricted Funds 2020 £000	Endowment Funds 2021 £000	Endowment Funds 2020 £000	Total Funds 2021 £000	Total Funds 2020 £000
a Analysis by type of asset and liability (Group)								
Tangible assets	5,598	5,640	-	-	-	-	5,598	5,640
Investments	6,231	5,614	-	-	7,630	7,047	13,861	12,661
Net current assets	9,183	6,152	472	465	-	-	9,655	6,617
Creditors: Amounts falling due after more than one year	(6,486)	(5,916)	-	-	-	-	(6,486)	(5,916)
	14,526	11,490	472	465	7,630	7,047	22,628	19,002
b Analysis by type of asset and liability (Charity)								
Tangible assets	2	7	-	-	-	-	2	7
Investments	3,659	3,387	-	-	7,630	7,047	11,289	10,434
Net current assets	5,140	3,596	354	364	-	-	5,494	3,960
	8,801	6,990	354	364	7,630	7,047	16,785	14,401

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
for the year ended 31 December 2021

16 Reconciliation of net operating income to net cash inflow from operating activities

	2021 £000	2020 £000
Net incoming resources	2,456	232
Investment income	(140)	(180)
Gain on disposal of tangible fixed assets	(44)	(5)
Depreciation	1,030	1,155
Increase in stocks	(289)	(45)
(Increase) / Decrease in debtors	(307)	597
Increase in creditors	1,213	650
Net cash inflow from operating activities	3,919	2,404

17 Financial instruments

	Group 2021 £000	Group 2020 £000	Charity 2021 £000	Charity 2020 £000
Financial assets at fair value through statement of financial activities				
Investments	13,861	12,661	11,289	10,434
Financial assets that are debt instruments measured at amortised cost				
Stocks	758	469	-	-
Debtors	2,588	2,281	112	132
Cash at bank and in hand	9,423	6,338	5,457	3,923
	12,769	9,088	5,569	4,055
Financial liabilities that are debt instruments measured at amortised cost				
Trade creditors	598	318	10	32
Taxation and social security	70	80	4	4
Accruals	643	569	61	59
Deferred income	51	44	-	-
Holiday pay accrual	49	56	-	-
Retirement benefits	8,189	7,320	-	-
	9,600	8,387	75	95

18 Trustees' remuneration

The trustees receive no remuneration.

Reimbursement of trustees' expenses for travel, accommodation and flights for no trustees (2020, 3) during the year amounted to nil (2020, £8,005). A dinner was held for 10 trustees to welcome the incoming 5 trustees during the year at an amount of £1,643 (2020, nil). Donations made by trustees amounted to £12,739 (2020, £48,039).

Charity Trustee Indemnity insurance is provided at a cost of £9,530 (2020, £7,754) to cover the charity, trustees and officers against potential claims and losses.

St John of Jerusalem Eye Hospital Group Financial Statements

Notes to the Financial Statements
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19 Related parties transactions

The Charity is a wholly owned subsidiary of The Most Venerable Order of the Hospital of St John of Jerusalem (Charity No. 235979, Principal Office: St John House, 3 Charterhouse Mews, London, EC1M 6BB).

The Jerusalem Hospital premises occupied by the Group are owned by The Order of St John and were previously occupied rent free on a full repairing basis. During 2015, the Group signed an agreement with The Order of St John to lease the Hospital in Jerusalem and similarly the Muristan property at peppercorn rent. In the opinion of the trustees, it would be impracticable to place a value on these facilities.

The Group also occupies, on a rent free basis, offices in London owned by The Order of St John. The value of this facility has been estimated at £57,000 per annum based on the rents payable by the external tenants at the complex. This amount is included in the financial statements as a donation in kind.

During the year, the Chairman of the Charity, Sir Andrew Cash, was also a trustee of The Most Venerable Order of the Hospital of St John of Jerusalem.

Donations include amounts received from Priors and Establishments of The Order of St John, which are considered to be related party transactions:

Priory	2021 £000	2020 £000
USA	1,773	1,404
England and the Islands	212	231
Scotland	122	99
New Zealand	204	106
Australia	116	204
Canada	34	69
	2,461	2,113
Other Members of St. John Family	2021 £000	2020 £000
Johanniter Orde in Sweden	25	27
Johanniter Orde in Nederland	-	9
The Commandery of Ards in Northern Ireland	19	-
The Swiss Commandery of the Order of Saint John	-	98
St John Ambulance Hong Kong	-	7
	44	141
Donations by the Priory of the United States:	2021 £000	2020 £000
Hospital - General Support	1,251	1,342
Hospital Restricted Gifts	522	62
	1,773	1,404

During the year, the Charity reimbursed the Priory of England and the Islands and The Order of St John £3,172 (2020, £2,925) in respect of certain expenses incurred.

Outstanding donations from the Priors and Establishments of The Order of St John at 31 December 2021 amounted to £42,000 (2020: £109,427).

20 Contractual & designated obligations

In 2020, the Group signed an agreement with Johanniter International to administer a grant funded by The German Federal Ministry for Economic Cooperation and Development (BMZ). It is a 3 year project that aims to prevent avoidable blindness and visual impairment in the West Bank, Gaza and East Jerusalem.

The total value of the grant is 1,524,623 Euros, out of which 987,000 Euros were received in 2021 and 1,027,000 Euros were utilised during the year.

St John of Jerusalem Eye Hospital Group

Professional Advisers & Administrative Information

London & Registered Office

4 Charterhouse Mews
London EC1M 6BB

Jerusalem Hospital

2 Mujir Eddin Street
Sheikh Jarrah
P.O. Box 19960
Jerusalem 91198

Bankers in the UK

National Westminster Bank Plc
134 Aldersgate Street
London EC1A 4JB

Barclays Bank PLC
1 Churchill Place
London E14 5HP

**Bankers in the occupied
Palestinian territories**

Bank of Palestine PLC
Hebron Road
P.O. Box 765
Bethlehem

Investment Managers

Schroders (C.I.) Limited
PO Box 334, Regency Court
Gategny Esplanade
St Peter Port
Guernsey GY1 3UF

Independent Auditors

PricewaterhouseCoopers LLP
1 Embankment Place
London WC2N 6RH

St John of Jerusalem Eye Hospital Group (a UK Company Limited by guarantee, Company number 7355619, Charity number 1139527) has three charitable subsidiary undertakings; St John of Jerusalem Eye Hospital (a UK Company Limited by guarantee, Company number 3867950; Charity number 1080185), St John Eye Hospital in Jerusalem (RA) (an Israeli charitable society, registration number 580040368) and St John Ophthalmic Association Limited, a UK company Limited by guarantee, Company No.12631428)



L-R: Sir Andrew Cash, Chairman, Charlie O'Doherty, Head of Fundraising, Professor Mark Compton, Lord Prior of The Order of St John, Dr Denise Magauran, Member of the Guild and Former Medical Director at SJEHG, Dr Ahmad Ma'ali, CEO at the Gift of Sight Fair 2021.

St John Priory Funding 2021



£116k **Australia**, £34k **Canada**, £212k **England and the Islands**,
£204k **New Zealand**, £122k **Scotland**, £1.77m **USA**



\$160k **Australia**, \$47k **Canada**, \$293k **England and the Islands**,
\$282k **New Zealand**, \$168k **Scotland**, \$2.44m **USA**

Thank You **Our vital work is reliant on voluntary income from charitable donations**

Without our donors, we could not continue saving sight and changing lives. The patients and staff at SJEHG greatly appreciate the support of everyone who has given or helped in some way in 2021. The St John Pories from around the world have, delivered much-valued assistance to SJEHG and

we thank them for their continued support. We are grateful to the Guild, the St John Ophthalmic Association, the Friends of St John Society, the Alliance of the Orders of St John, St John Associations and the St John Fellowship for their on-going and crucial support.

Further Major Donors 2021:

- Altajir Trust
- Ancaster Trust
- Ann Jane Green Trust
- Anthony & Elizabeth Mellows Charitable Trust
- Arab Fund for Economic and Social Development
- The Australian NGO Cooperation Programme (ANCP)
- Bernadette Charitable Trust
- British Humane Association
- Bryan Guinness Charitable Trust
- CBM International
- Cadogan Charity
- Calpe Trust
- Carmen Butler-Charteris Charitable Trust
- Caroline Agnes Joan Hervey Trust
- Christian Broadcasting Network (CBN)
- Clothworkers' Foundation
- Colles Trust
- Count Zoltan Rosco Maria Von Rosenthal Charitable Trust
- D G Albright Charitable Trust
- Dr Michael Dan
- Dr Mortimer and Theresa Sackler Foundation
- Drapers' Company
- Edwina Mountbatten & Leonora Children's Foundation
- Erica Leonard Trust
- Fulmer Charitable Trust
- Fred Hollows Foundation (FHF)

- German Federal Ministry for Economic Cooperation and Development (BMZ)
- Greendale Foundation
- Haramead Trust
- International Medical Corps (IMC)
- John Swire 1989 Charitable Trust
- Juzoor For Health & Social Development
- Lord Hanson Foundation
- Lorimer Trust
- Lions Club International Foundation
- The Knights Templar
- M Cannon-Brookes Charitable Trust
- Maurice and Hilda Laing Charitable Trust
- Palestinian Children Relief Fund
- Qatar Fund for Development
- Rest Harrow Trust
- Rhododendron Trust
- RTW Charitable Foundation
- The Spectacle Makers' Charity
- Taawon (Welfare Association)
- The Representative Office of Norway to the Palestinian Authority
- Thriplow Charitable Trust
- UNOCHA-Country-based Pooled Funds (CBPF)
- USAID
- Valentine Charitable Trust
- Westcroft Trust
- And to all our anonymous donors



**St John of Jerusalem
Eye Hospital Group**

If you would like to support St John of Jerusalem Eye Hospital Group or would like more information, please contact us:

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