ATLANTIC EYE FOUNDATION

Restoring sight **today**. Training specialists of **tomorrow**.

ATLANTIC EYE FOUNDATION

Prospectus | September 2026

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ABSTRACT

The Atlantic Eye Foundation (AEF) was established by three dedicated ophthalmologists, Prof Hamzah Mustak, Dr Daemon McClunan, and Dr Pieter van der Merwe, who themselves benefited from South Africa's once robust public-sector training platform. This system provided young doctors with extensive surgical exposure, academic mentorship, and hands-on clinical experience long before specialist qualification. Today, that system is rapidly deteriorating under the pressure of post-COVID public healthcare austerity measures, frozen medical posts, and declining specialist training opportunities.

AEF's mission is to strengthen ophthalmology training while simultaneously improving access to sight-restoring care for vulnerable South Africans. We believe the growing shortage of ophthalmologists and the increasing burden of preventable blindness are deeply interconnected crises that require an innovative, sustainable solution.

Ophthalmology Registrar, Dr Douglas Heale performing pro bono cataract surgery at ERH

South Africa is currently facing severe ophthalmology backlogs, particularly in cataract surgery, known as the leading cause of reversible blindness, worldwide. Thousands of patients remain on waiting lists for years, while aspiring ophthalmologists struggle to access the surgical and research experience required to qualify for registrar training. Without intervention, the country risks a critical shortage of highly skilled eye specialists within the next decade.

In response, AEF has developed a dual-impact training and service delivery model. Through partnerships with public hospitals, academic institutions, and private healthcare stakeholders, we fund Medical Officer (MO) training, registrar sponsorships, supervised surgical exposure, and pro bono ophthalmic surgeries performed on patients drawn directly from government waiting lists.

Thus far, AEF has supported registrar training, facilitated additional cataract, oculoplastic, retinal surgeries, established a recognised DipOphth training platform, and created meaningful opportunities for young doctors to gain critical surgical competency while directly reducing pressure on the public healthcare system.

As AEF grows, our vision is to expand training opportunities for MOs and registrars across South Africa, increase surgical outreach capacity, reduce avoidable blindness, and help rebuild a sustainable pipeline of highly skilled ophthalmologists equipped to serve future generations.

CONTENT

PROBLEM ANALYSIS

South Africa's public healthcare system is facing an escalating workforce and service delivery crisis that threatens the future of specialist eye care in the country.

In the aftermath of COVID-19, severe public-sector budget reductions have dramatically weakened the healthcare training pipeline. Provincial health departments across the country have reported major funding deficits, due to the national health budget shortfalls exceeding R800 million (News24, 2024). This has resulted in widespread freezing of critical medical posts, including Medical Officer (MO) positions that are essential for specialist training progression.

At the same time, South Africa is producing more medical graduates than ever before. Medical school intake has increased significantly over the past decade in response to the country's healthcare demands. Yet despite this growing output, an estimated 1,800 qualified doctors currently remain unemployed (Business Tech, 2025) because the public sector cannot absorb them into funded training and service positions.

This has created a severe bottleneck as South Africa is simultaneously experiencing severe healthcare staff shortages while qualified young doctors remain unable to access employment, training opportunities, or specialist development pathways.

The impact on ophthalmology is particularly severe, especially given that it takes approximately 17 years to train an ophthalmologist, with experience during MO years serving as one of the most critical stages of development. Historically, MOs gained extensive surgical exposure, research competency, and clinical experience within state hospitals before entering registrar training. Today, these opportunities are rapidly disappearing due to frozen posts, reduced theatre capacity, staff shortages, and declining institutional resources.

As a result, fewer doctors are becoming eligible for registrar programs, fewer specialists are being trained, and South Africa is moving toward a critical shortage of ophthalmologists within the next decade.

According to Orbis International, there are only six ophthalmologists per million people in the country, a ratio grossly insufficient to meet the escalating demand for eye care services. As a result, approximately 950,000 South Africans currently live with moderate-to-severe vision loss, while an estimated 300,000 people are affected by complete blindness.

The crisis is further exacerbated by the unequal distribution of specialists across the healthcare system. Many ophthalmologists practice within the private sector, where working conditions, infrastructure, and remuneration are more sustainable. The public sector, by contrast, continues to face chronic underfunding, overwhelming patient volumes, staff shortages, and limited specialist capacity, leaving rural and underserved communities with severely restricted access to sight-saving care.

These inequities disproportionately affect vulnerable populations from disadvantaged communities, who continue to experience higher rates of preventable and chronic eye disease, such as cataracts, glaucoma, and diabetic eye disease.

Among these conditions, cataracts remain the leading cause of reversible blindness in South Africa. Despite this, public-sector cataract surgery rates remain far below the World Health Organization (WHO) targets needed to eliminate avoidable blindness by performing 2,000 cataract surgeries per million people annually. Although our National Department of Health does not publish national statistics for public sector cataract surgeries, Prof Linda Visser, Head of Ophthalmology at Stellenbosch University, estimates the rate to be 1,000 per million annually, 50% below WHO's target. This results in thousands of

patients remaining on surgical waiting lists for years. For many individuals, these delays lead to avoidable and often irreversible vision loss before treatment can be accessed.

The impact of blindness extends far beyond the individual patient. In many South African households, particularly within vulnerable and multigenerational family structures, grandparents and elderly family members play a central caregiving role. Working-age adults often depend on older relatives to care for young children while they participate in the workforce and sustain household income.

Therefore, restoring sight to a single elderly individual often restores far more than vision alone. It restores independence, dignity, mobility, and caregiving capacity, whilst allowing younger generations to remain economically active while preserving stability within the household. The impact of accessible ophthalmic care has a profound multiplier effect, creating meaningful social and economic benefits for entire families and communities, by stabilising them.

AEF's own surgical data puts figures behind this multiplier effect. Of the Foundation's first 100 completed cataract surgeries, the great majority of them grandparents at or beyond South Africa's retirement age of 65, applying Statistics South Africa's national household data (StatsSA, 2024) suggests that restoring their sight enabled an estimated 60 working-age parents to remain in or return to employment, because a grandparent could once again safely resume caring for grandchildren, protecting an estimated 87 children's care in the process. In total, each cataract surgery is estimated to touch approximately 2.5 lives beyond the patient, for a combined total of **247 people directly affected by these 100 surgeries**.

Without urgent intervention, South Africa risks entering a future where:

- preventable blindness continues to rise,
- surgical waiting lists grow exponentially,
- specialist shortages worsen,
- and entire communities remain trapped without access to essential eye care services.

The crisis is no longer only about immediate healthcare service delivery. It is about preserving the future sustainability of ophthalmology training, protecting vulnerable populations from avoidable blindness, and rebuilding a system capable of serving the next generation.

ORGANISATIONAL BACKGROUND

AEF was established in 2024 by three ophthalmologists from the Atlantic Eye Specialist Centre (AEC) who recognised a growing crisis in South Africa's ophthalmology workforce and public eye care system.

Having benefited themselves from the robust public-sector training pathways that historically produced generations of highly skilled ophthalmologists, the founders became increasingly concerned by the decline in specialist training opportunities, growing surgical backlogs, and widening gaps in access to care following recent healthcare austerity measures.

AEF was created to help address these challenges by strengthening the ophthalmology training pipeline while improving access to sight-restoring care through an integrated model of specialist training, service delivery, and locally relevant research. Through its close partnership with the AEC and public-sector institutions, the Foundation aims to support the next generation of ophthalmologists while contributing to a more sustainable future for eye care in South Africa.

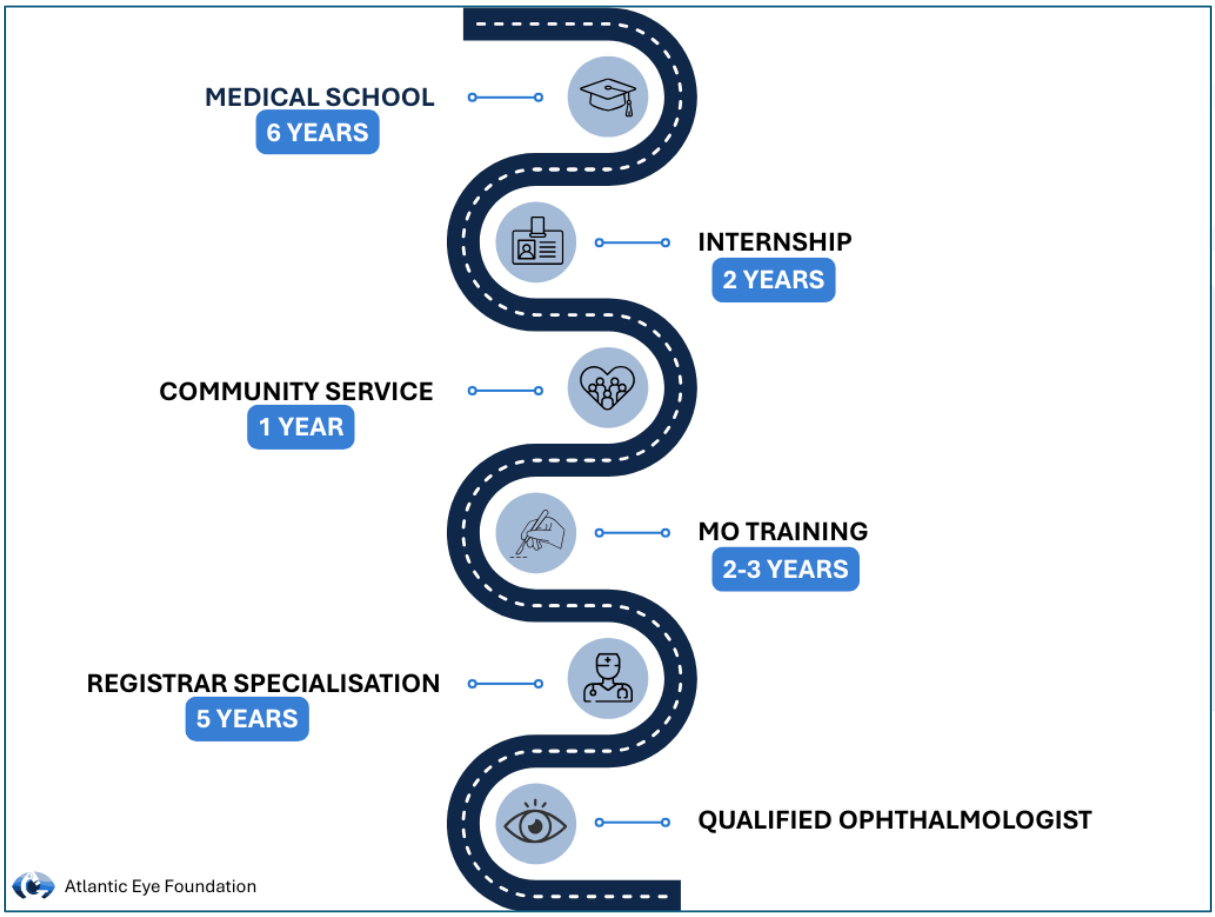
OUR DUAL-IMPACT MODEL

THE CRISIS

South Africa is facing two converging healthcare crises:
1. A collapsing ophthalmology training pipeline
2. A growing burden of preventable blindness

THE TRAINING PIPELINE

It takes approximately 17 years to train an ophthalmologist:



The greatest bottleneck now exists at MO level, where doctors struggle to access the surgical exposure and research experience required for registrar eligibility, in an intensely competitive environment.

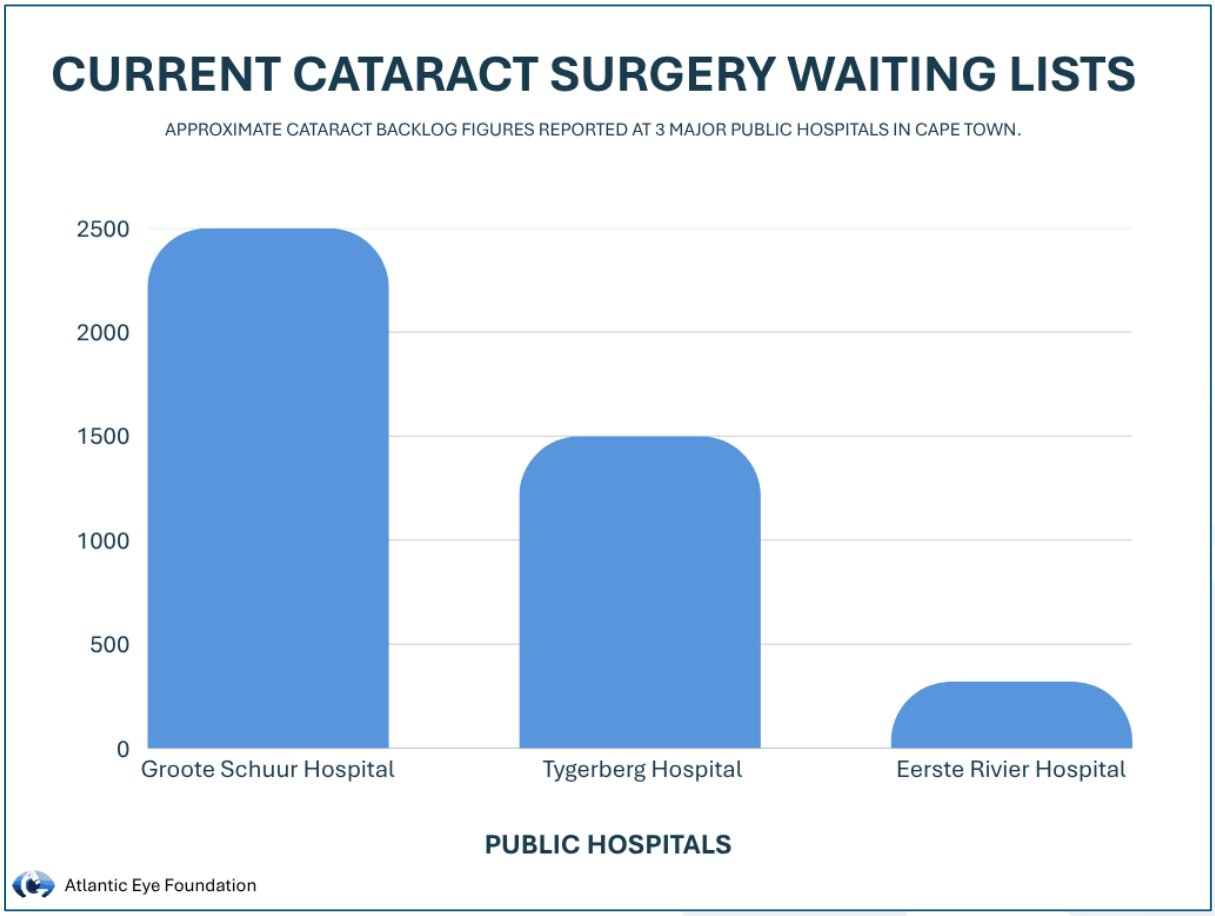
Without intervention:

- Fewer MOs qualify,
- Fewer registrars are trained,
- and South Africa faces a severe shortage of ophthalmologists within the next decade.

THE HUMAN CONSEQUENCE

Cataracts remain the leading cause of reversible blindness.

Public hospitals are overwhelmed by surgical backlogs.



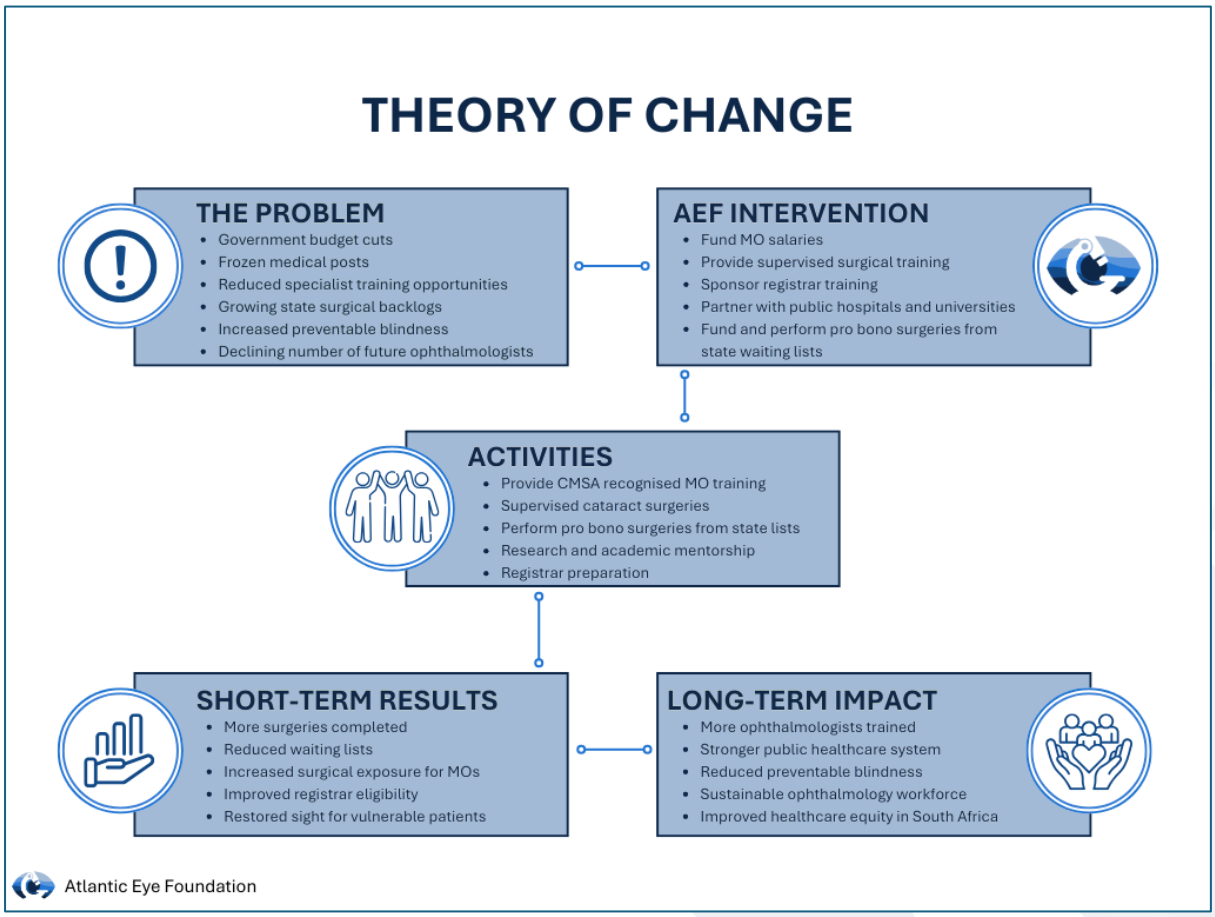
Juta Medical Brief, 2022

Patients often wait years for surgery and these delays increase the risk of preventable blindness and permanent vision loss therefore many lose their sight before ever reaching the theatre.

OUR THEORY OF CHANGE

We believe every surgery can achieve two outcomes:

1. Restore sight today,
2. Train the specialists of tomorrow.

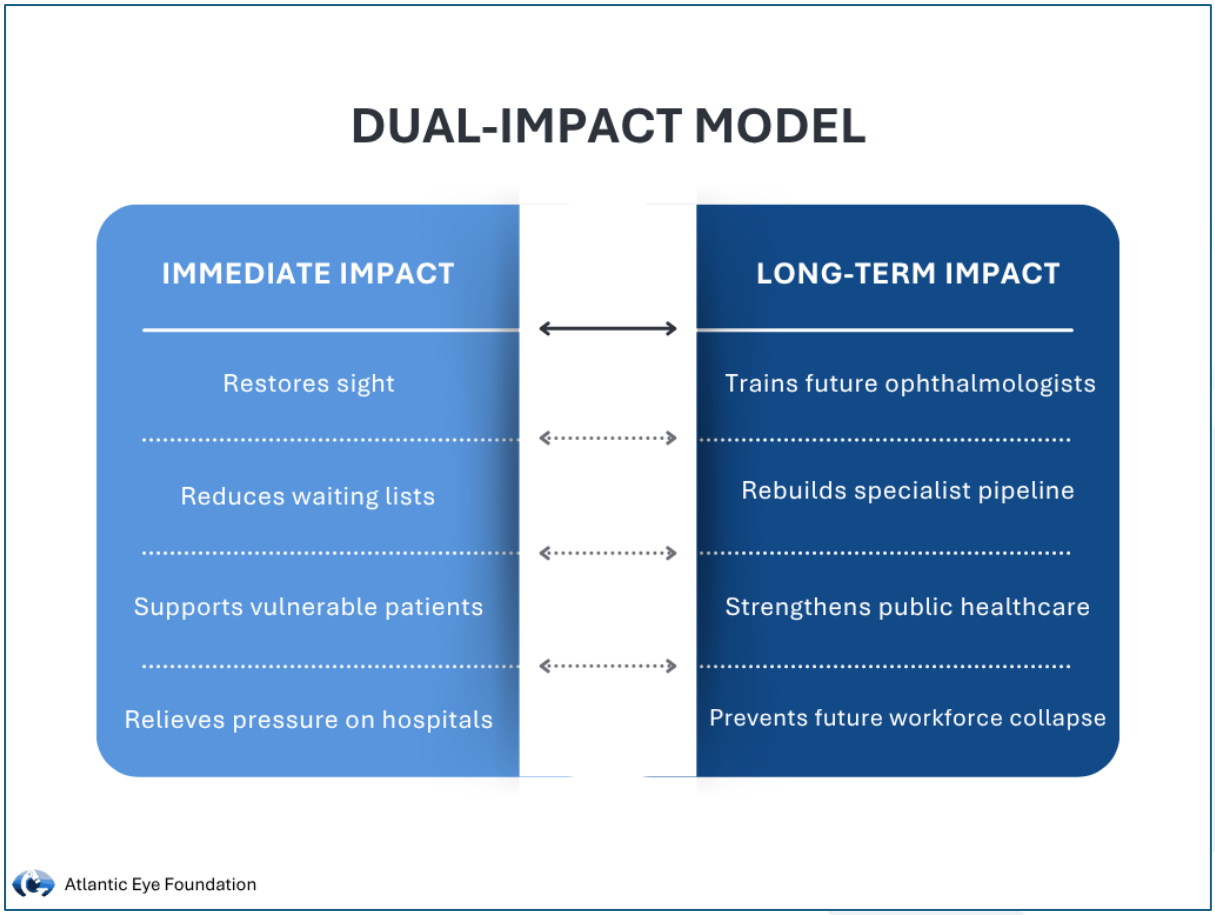


WHY THE DUAL-IMPACT MODEL MATTERS

South Africa's ophthalmology crisis cannot be solved through surgeries alone. Nor can it be solved through training alone.

The country is facing two *interconnected* shortcomings at the same time:

- patients are losing their sight while waiting for surgery,
- and young doctors are losing access to the very training opportunities needed to become future specialists.

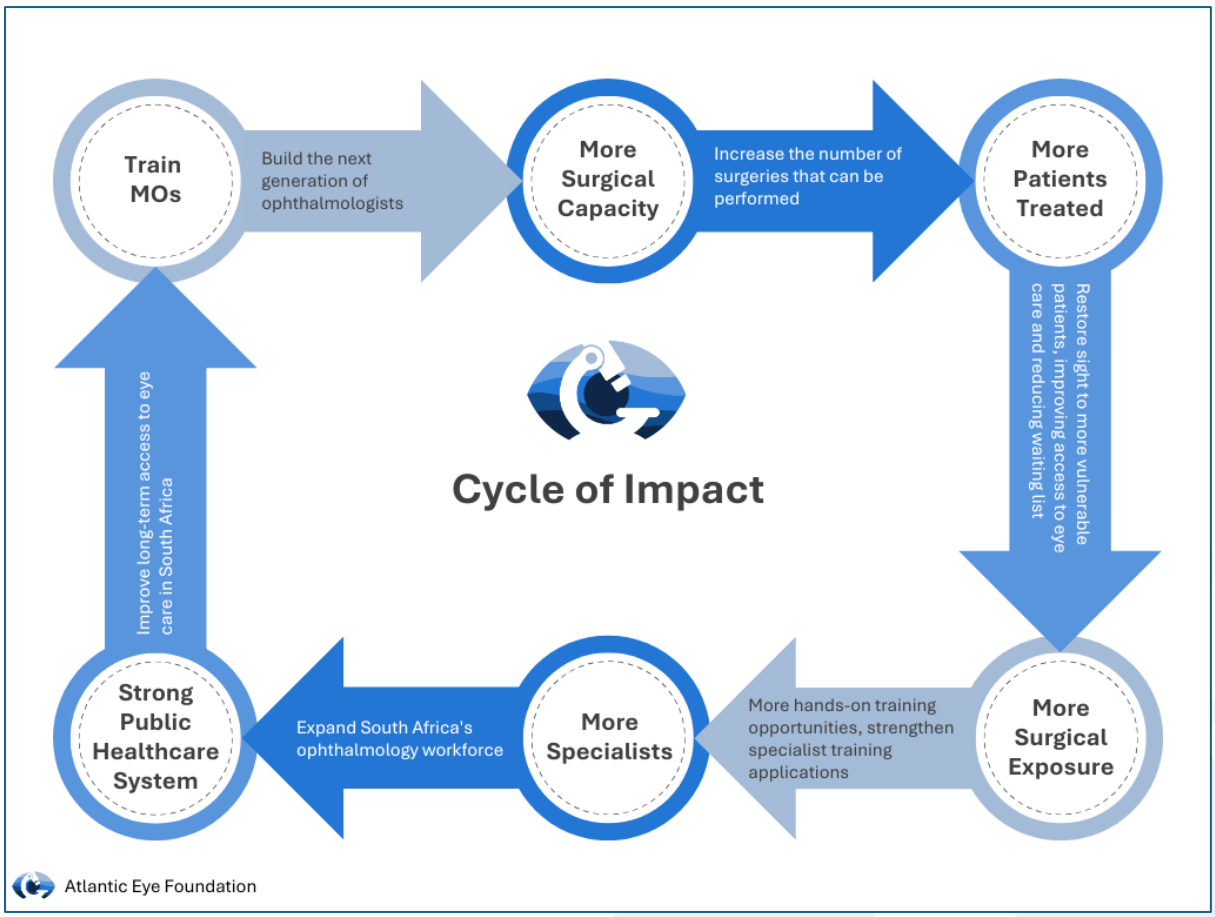


Most healthcare interventions address only one side of this equation. Some programmes focus on immediate service delivery by funding surgeries or outreach care. Others focus on academic training without directly addressing patient backlogs. Our model does both *simultaneously*.

In doing so, every patient treated becomes part of a larger solution to South Africa's specialist shortage. And every doctor trained contributes directly to reducing preventable blindness now. This dual impact is what makes the programme uniquely powerful.

Rather than creating parallel systems outside of public healthcare, we are strengthening the existing system by:

- relieving pressure on state hospitals,
- restoring sight to vulnerable patients,
- while simultaneously rebuilding the ophthalmology workforce pipeline that South Africa urgently needs for the future.



The significance of this cannot be overstated because the ophthalmologists South Africa fails to train today are the specialists the country will desperately need in 10 years' time. By extension, the surgical backlogs left untreated today will become the preventable blindness burden of tomorrow.

BUILDING A SUSTAINABLE TRAINING PLATFORM

The success of this model depends not only on funding, but on access to the infrastructure, expertise, and partnerships required to deliver high-quality specialist training safely and effectively.

As Directors of the AEC, the Foundation's founders are uniquely positioned to leverage private-sector infrastructure and expertise for public benefit. AEC provides access to advanced surgical facilities, modern technology, and a highly specialised clinical environment that supports both patient care and skills development.

The Foundation also benefits from longstanding academic and professional relationships across both the public and private sectors, allowing it to collaborate closely with government institutions, universities, hospitals, and industry partners in expanding access to ophthalmology training and service delivery opportunities.

This commitment to education has already resulted in formal recognition of AEC as a DipOphth training facility by the Colleges of Medicine of South Africa, creating an important pathway for MOs pursuing specialist training.

Research and clinical trials form an integral component of this training platform. Through participation in clinical research activities, MOs gain valuable exposure while contributing to research that addresses South Africa's unique ophthalmic challenges.

The Foundation is also actively supporting specialist development at registrar level through the sponsorship of young ophthalmologists whose training can no longer be fully supported through traditional public-sector funding mechanisms.

By combining infrastructure, mentorship, academic expertise, and strategic partnerships within a single model, AEF is uniquely positioned to strengthen both ophthalmology training and service delivery in South Africa.

OUR ACHIEVEMENTS

106

sight-restoring pro bono surgeries performed for patients on government waiting lists

61

further cataract surgeries performed by AEF Medical Officers in supervised training

5

Medical Officers employed & mentored

4

members on our clinical research team

3

MOs qualified with a DipOphth(SA)

3

years of registrar training funded

BUILDING THE PIPELINE

5 EMPLOYED MEDICAL OFFICERS

Our five MOs draw a **salary from AEF** while gaining hands-on surgical and clinical experience — preparing them as strong candidates for South Africa's highly competitive registrar posts.

4 RESEARCH TEAM

We employ a **Clinical Trial Manager, Clinical Research Associate, Pharmacist & Data Capturer**, supporting active clinical trials and academic

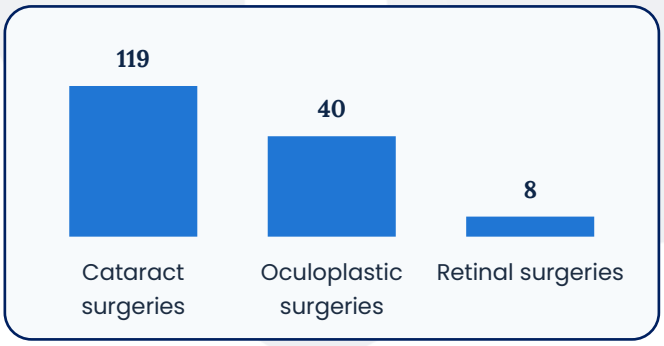
3 yrs SPONSORED REGISTRAR TRAINING

We have funded a promising young doctor's registrar training for **three consecutive years**, growing tomorrow's specialist expertise in ophthalmology.

3 DIPOPHTH(SA) GRADUATES

CMSA has accredited our platform for **DipOphth(SA)** training after six months full-time at the AEC — bridging general practice and specialist ophthalmology. Three MOs have qualified under us.

RESTORING SIGHT



~50% **OCULOPLASTIC WAITING LIST, CUT IN 5 MONTHS**

61 MO-performed cataract surgeries at Cure Day Hospital were made possible by consumable sponsorship from **Envision Africa, Alcon, EyePharma & Zeiss, with funding from Gen-Eye** — giving our Medical Officers real surgical mileage under supervision.

INVESTMENT OPPORTUNITIES

The Foundation operates with a strong focus on measurable impact, sustainability, and responsible stewardship of donor funding. Our financial model is designed to ensure that contributions directly support specialist training, expanded surgical capacity, and improved access to eye care services for underserved communities within South Africa's public healthcare system.

The following programmes represent the Foundation's current investment priorities. Together they address the full ophthalmology training pathway while simultaneously expanding access to sight-restoring care. Each programme has been designed to deliver measurable clinical, educational and health system outcomes.

OUR SIX CORE PROGRAMMES

Registrar Readiness – formally employs MOs, giving them the financial security and structured training commitment so few can access elsewhere. Employed MOs gain clinical, surgical, and research exposure — including supervised pro bono cataract surgeries performed at Cure Day Hospital and free academic mentorship sessions with specialists.

Outcome: A growing number of MOs progressing successfully into registrar posts, addressing the single greatest bottleneck in South Africa's ophthalmology training pipeline.

Sponsor a Specialist – provides full bursaries covering the entire five-year duration of ophthalmology registrar training, filling the gap left by the withdrawal of government funding. Without this support, registrars must self-fund their training — a burden that often pushes newly qualified specialists into private practice simply to recoup costs, at the expense of the public healthcare system.

Outcome: Higher registrar completion rates and an increase in newly qualified specialists

Atlantic Eye Academy – delivers wet labs, dissection courses, CPD events, and symposiums to medical professionals at a cost, featuring AEF's own specialists alongside invited external experts. Proceeds are reinvested to fund further training events.

Outcome: A self-sustaining education programme that reduces AEF's reliance on donor funding while building a collaborative, cross-institutional academic community.

Cash for Clarity Campaign – funds theatre staff labour costs for individual cataract surgeries performed at public hospitals, for patients drawn directly from state waiting lists. A donation of R3,150 covers one full surgery.

Outcome: A measurable reduction in the public-sector cataract backlog, with patients treated and followed up entirely within the state healthcare system.

The Waiting List Project – sponsors dedicated theatre lists for retina and oculoplastics patients on state hospital waiting lists, with surgery performed at public hospitals. By taking patients from the top of the queue, the programme directly relieves pressure on the public system.

Outcome: Reduced wait times across state hospital waiting lists for all patients still on the list and a decrease in number of patients who go blind on these waiting lists.

Insight Research – covers AEF's academic research initiatives and clinical trials in ophthalmology, drawing on both current and retrospective data from private practice and state patients. The programme is central to advancing contextually relevant South African eye research, and its outputs directly strengthen AEF-employed MOs' eligibility for registrar training.

Outcome: A growing, locally relevant evidence base for South African ophthalmology, and a diversified funding stream through sponsor-partnered clinical trials.

PROGRAMME COST BREAKDOWN

PROGRAMME	IMPACT	INVESTMENT
Cash for Clarity Campaign	**One** cataract surgery	**R 3 150.00**
Registrar Readiness	Consumables for **12** pro bono cataract surgeries at Cure Day Hospital per month	**R 34 990.00**
The Waiting List Project	One oculoplastic theatre list at GSH for **8** patients	**R 22 000.00**
Cash for Clarity Campaign	Labour costs for one ERH theatre list of **20** patients	**R 29 700.00**
The Waiting List Project	One retina theatre list at GSH for **8** patients	**R 30 000.00**
Insight Research	One month's salary for **2** employees	**R47 000.00**
Registrar Readiness	One month's salary for **4** MOs	**R 270 000.00**
Sponsor a Specialist	One year sponsorship for **1** registrar	**R 1 161 600.00**

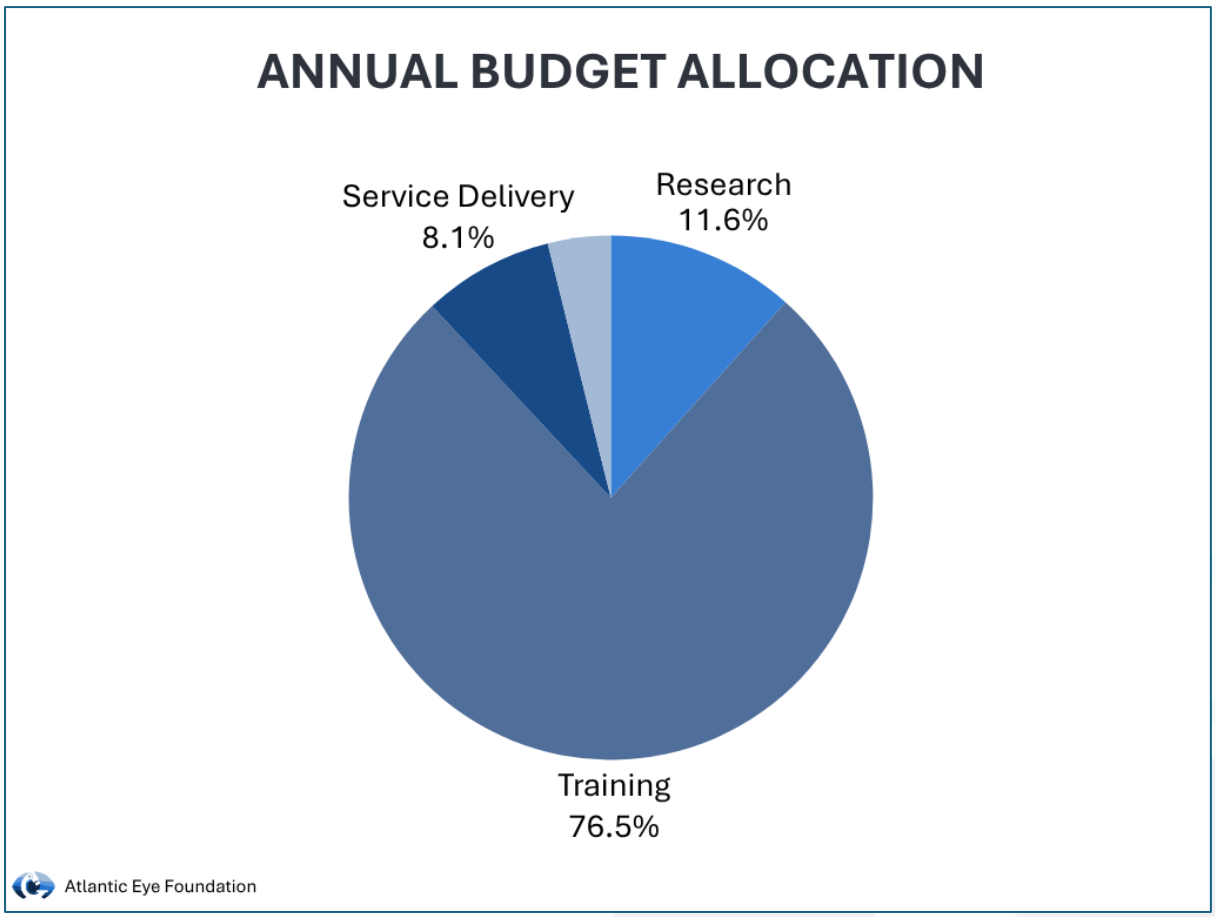
Atlantic Eye Foundation

*all costs include 10% administrative and operational fee

Funding currently supports:

- Medical Officer salaries and training
- Registrar sponsorships
- Additional ophthalmic surgeries
- Surgical consumables and theatre costs
- Research activities and training development
- Pro bono patient care

The budget allocation below reflects the Foundation's integrated approach to strengthening ophthalmology capacity in South Africa. A significant portion of funding is directed toward workforce development and training initiatives, while the comparatively smaller service delivery allocation reflects the valuable support we receive through partnerships with companies that generously donate surgical consumables and related resources. This collaborative model allows donor funding to be utilised more efficiently, maximising both patient impact and long-term specialist development.



The Foundation remains committed to financial transparency, careful resource allocation, and outcome-driven reporting. Donor funding is allocated directly toward programme implementation and measurable service delivery objectives, with ongoing monitoring of both clinical and training outcomes.

PARTNER WITH US

Your investment has the power to help solve the ophthalmology problem while improving service delivery. By partnering with us, you are not simply funding surgeries or sponsoring training—you are investing in a sustainable solution that restores sight today while rebuilding South Africa's ophthalmology workforce for the future.

We invite you to partner with us in restoring sight today while training the specialists of tomorrow.

OUR LEADERSHIP TEAM

Prof Hamzah Mustak, Chairperson

MBChB (UCT) | DipOphth (SA) | MMed (UCT) | FCOphth (SA)

Prof Mustak is an ophthalmologist specialising in ocular oncology, oculoplastic and orbital surgery. He headed the Ocular Oncology, Orbital and Oculoplastic Service within the Division of Ophthalmology at Groote Schuur Hospital for 5 years. He completed specialist training at the University of Cape Town, followed by fellowship training at the Stein Eye Institute. An internationally recognised clinician and researcher, Prof Mustak has published 34 peer-reviewed articles and two book chapters, with particular interests in ocular oncology, orbital surgery, and ophthalmic education and training across Africa.

Dr Daemon McClunan, Trustee

MBChB (Stel) | DipOphth (SA) | MMed (UCT) | FCOphth (SA)

Dr McClunan is an ophthalmologist with special interests in advanced cataract surgery, glaucoma, and refractive surgery. An award-winning clinician, researcher, and entrepreneur, he is the founder of LIQID Medical, a multi-award-winning ophthalmic biotechnology company, and the inventor of four patented medical devices. Dr McClunan completed his specialist training at Groote Schuur Hospital, where he was awarded both the prestigious Geoff Howes Medal and Ophthalmological Society Medal for achieving the highest examination results, and has undertaken further international training in glaucoma and advanced cataract surgery in both Toronto and Melbourne.

Dr Pieter van der Merwe, Trustee

MBChB (UP) | DipOphth (SA) | MMed (UCT) | FCOphth (SA) | Vitreoretinal Fellowship (University of Toronto)

Dr van der Merwe is an ophthalmologist specialising in vitreoretinal surgery and medical retinal disease. He completed his medical degree at the University of Pretoria before serving as a Medical Officer in Ophthalmology at Edendale Hospital and later completing his specialist training and MMed through the University of Cape Town and Groote Schuur Hospital. He subsequently completed a prestigious vitreoretinal fellowship at the University of Toronto, where he received the Lin Family Memorial Award in recognition of outstanding surgical, clinical, and interpersonal excellence.

Shelley Johnson, Foundation Director

MBA & MSEM (University of San Francisco, CA)

Shelley is the Foundation Director of the Atlantic Eye Foundation, while also managing the Atlantic Eye Specialist Centre private practice in Cape Town. Working across both organisations gives her a unique perspective on how private healthcare can strengthen South Africa's public health system. This dual role supports the Foundation's distinctive model, combining specialist expertise, facilities, professional networks, and resources to train the next generation of eye care professionals and expand access to specialist ophthalmic services for underserved communities.

A LEGACY WORTH PRESERVING

Young doctors with extraordinary potential are being denied the very experiences that once shaped the specialists now responsible for carrying South Africa's ophthalmology services forward.

We refuse to stand by and watch that pipeline collapse, because every lost training opportunity today becomes a shortage of specialists tomorrow, and every delayed surgery risks irreversible blindness.

Our mission is not only to restore vision. It is to rebuild the future of ophthalmology in South Africa.

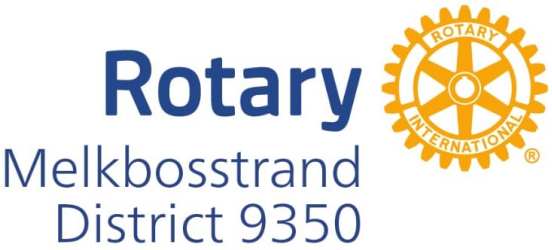
To train the next generation of surgeons.
To strengthen public healthcare capacity.
To ensure that talented young doctors are not lost to a broken system.
And to ensure that patients do not go blind while waiting for care that should have been accessible.

A single cataract surgery can restore a person's independence. A single ophthalmologist can restore sight to thousands over the course of their career.

Your support makes both possible.

Atlantic Eye Foundation team at ERH for sponsored cataract theatre list for Mandela Day 2025

OUR PARTNERS



CONTACT DETAILS

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