



## FUNDRAISING

In order to achieve its objectives, the AEF is conducting fundraising both locally and abroad. All funds raised will be invested in eye screening, sight-restoring eye surgeries and training. The final decision as to the use of donations or bequests made will be at the discretion of the AEF Board. Preferences expressed by donors will, however, be respected. All funds will be monitored and audited by auditors Klinkradt and Associates.

The AEF's Board Members are: Chairman - Mr Russell Linde (attorney); Mr Gary Atkinson (entrepreneur); Mr Geoff Chandler (university lecturer); Ms Ethel Jegels (ophthalmic nurse); Dr Andrew Boliter (ophthalmologist); and Dr Stephen Cook (ophthalmologist).

### MAKE A DONATION

Donations can be made by Electronic Funds Transfer or cheque. Contact The Eye Centre on +27 43 743 4334 or [info@africaneyefoundation.co.za](mailto:info@africaneyefoundation.co.za) for further information.

### MAKE A BEQUEST

A bequest is a wonderful way of contributing. When remembering the AEF in a will, donors have the option of drafting a new will or adding a codicil to an existing will.

## CONTACT US

Phone: +27 43 743 4334 | Fax: +27 43 743 0359  
E-mail: [info@africaneyefoundation.co.za](mailto:info@africaneyefoundation.co.za)  
[www.africaneyefoundation.co.za](http://www.africaneyefoundation.co.za)

## BANKING DETAILS

Bank: Nedbank Ltd | Branch Name: Vincent Park  
Account Number: 1263 130 186 | Branch: 126 317  
Account: Current

### Tax Deductions of Donations (Available to all individuals, trusts, companies and cc's registered as taxpayers in South Africa)

Provided that your donation is made directly to an entity registered as a Public Benefit Organisation (PBO), and such registered PBO is also registered with the South African Revenue Service (SARS) to issue donors with a Section 18A tax certificate, the amount of your donation can be claimed as a deduction against your taxable income (exclusive of certain categories of income) in the year of payment. This is subject to a maximum deductible limit of 10% of such defined taxable income. The net result is that under the current income tax legislation within South Africa, donors may reduce their income tax liability to SARS by up to 40% of the amount donated to a PBO that is registered to issue Section 18A tax certificates. Donors should seek tax advice prior to the payment of a substantial donation in order to ensure the tax efficiency thereof.

*Issued October 2012*



## VISION

The vision of the African Eye Foundation is to provide the means for the indigent to access world-class eye surgery and to empower through training.

## INTRODUCTION

The African Eye Foundation (AEF) was founded in 2010 by South African ophthalmologists, Dr Andrew Boliter and Dr Stephen Cook of The Eye Centre, to facilitate the provision of humanitarian eye care to the Eastern Cape's underserved. Its goal is two-fold: To ensure that those needing sight-restoring surgery have ready access to expert ophthalmologists, and that world-class training facilities are available to promote best practice ophthalmic surgery. The AEF is a registered Public Benefit Organisation (PBO).

## BACKGROUND

Although the South African National Health System aims to ensure that all have access to affordable, quality health care, the reality is somewhat different. Many years of under-investment has led to a dire position in the public health sector.

This is perhaps most evident in the Eastern Cape - economically one of the poorest provinces in the country and home to about 6.5 million people.

The region's vast geographic area, poorly developed transportation system and largely rural and impoverished population has resulted in a great disparity in service delivery between rich and poor. It is in this region therefore that the AEF seeks to facilitate the provision of better eye care for the underserved.

- World Health Organisation standards for Cataract Surgery Rate (CSR) suggest between 2 000 - 3 000 operations per million people. In South Africa the CSR is about 50% of what is required.
- In the Eastern Cape there are about 40 000 individuals with significant visual impairment - 25 000 are visually impaired due to treatable cataracts.
- Through funding, the AEF contribution to the public health sector could increase the CSR in the Eastern Cape significantly.

The Eye Centre has completed studies that have established a vast need for cataract, diabetic retinopathy and glaucoma surgeries and, through the efforts of the AEF, screening projects will be undertaken by The Eye Centre to identify patients requiring ophthalmic intervention in these three areas.

## THE EYE CENTRE

The African Eye Foundation is an integral part of The Eye Centre, designed to offer a comprehensive, sustainable eye care service to the region. The Eye Centre complex comprises the East London Eye Hospital and the practice of Drs Boliter and Cook.

The East London Eye Hospital is a state-of-the-art facility which has been designed with spare capacity so that registrars, administrators and nursing staff can be trained in ophthalmology, initially by observing best practice and, ultimately, by participating in surgeries.

The practice of Dr Andrew Boliter and Dr Stephen Cook, founded 50 years ago, is well-established in providing eye care solutions

to the East London community and its surrounds, including a low-cost eye clinic. All patients benefit from the comprehensive suite of high-tech microscope, phaco-emulsification and vitrectomy equipment available on the premises. This includes a Valon multispot laser, believed to be the first, and currently the only one in Sub-Saharan Africa.

Since 2010 the work of the AEF has been funded largely by the doctors' practice. Increased funding will make it possible for the AEF to reach significantly greater numbers in achieving its vision. Through this funding the AEF, and its association with The Eye Centre, will ensure that the underserved of the region have access to world-class facilities.



## FOCUS AREAS

### TRAINING OF REGISTRARS AND NURSES

The Eye Centre's East London Eye Hospital will be available for the training of doctors, eye care workers and other administrative staff in the field of ophthalmology. The hospital is associated with Walter Sisulu University and is exploring the possibility of a link with the Medical College of Wisconsin in Milwaukee. Along with practical training, the AEF hopes to provide better access to learning materials.

### VITREORETINAL SURGERY

It is an urgent priority of the AEF to provide access for patients to vitreoretinal surgery - required for restoring sight to patients with a variety of vitreoretinal diseases. These include advanced diabetic retinopathy, retinal detachment and trauma. This is currently not available in state hospitals in the region.

### CATARACT REMOVAL

Blindness is defined as a visual acuity of less than 3/60 in the better eye. This is extremely disabling. If one considers less profound levels of visual impairment, the number of patients needing treatment increases significantly.

It is estimated that the average life expectancy of a cataract blind person in a developing country is five years. This affliction places a tremendous cost on society. Blindness is also a major indicator of poverty. Cataract removal is considered to be the most cost-effective surgical health care intervention.

### GLAUCOMA

Glaucoma is a major cause of blindness in the province. It is well established that it is more prominent and severe in the indigenous African population - figures

suggest as high as 7%. Little is known about the glaucoma epidemic in the Amathole region. Glaucoma treatment by appropriate medical and surgical interventions (trabeculectomy) has been shown to slow progression of optic nerve damage. The AEF hopes to find cost-effective ways to detect and treat patients with glaucoma.

### DIABETIC RETINOPATHY

There is an epidemic of diabetes in the Eastern Cape Province. Although this affects all populations, the indigent are most affected by poor diabetic control and are thus more likely to develop blinding complications of diabetes.

Diabetic retinopathy is an indicator of end-organ disease, providing early warning of severe systemic disease. Blindness from diabetic retinopathy can be reduced by up to 90% by timely laser treatment.