Cataract surgery is fast, safe and life-changing. Why are so many people still not treated?

100 million people worldwide are visually impaired or blind from cataract. In many countries, most of them will die blind, not because surgery is unavailable but because they cannot access or afford it.

Cataract surgery has been proven to improve individuals' income and productivity by enabling people to return to work, engage in income-generating activities, and reduce reliance on caregivers*.

Eye health services are caught in a vicious cycle: there are too few patients who pay, or are paid for, to generate reliable income. That means there is too little revenue to invest in the outreach and infrastructure that would find more patients.

Philanthropy is vital but even with increased donations, the scale of the problem and the pace at which it is growing mean conventional donor financing cannot meet the need.

Peek Vision is working with donors, banks, eye hospitals and NGO partners to test new financing models for eye health in Uganda, India and Kenya. Together, we are building evidence for new approaches to funding eye health that are sustainable, scalable and equitable.

* Danquah et al (2014), The long term impact of cataract surgery on quality of life, activities and poverty: results from a six year longitudinal study in Bangladesh and the Philippines, PLoS One

"My treatment only happened a week ago but life is already much better! I can do everything much easier – I can feed the cattle and cook with no help. I am also back to making textiles."

Mary received cataract surgery as part of a CBM Christian Blind Mission Peek-powered programme in Tanzania. Photo credit: CBM / Peek Vision

"See now, pay later"

In Uganda Peek is working with Opportunity Bank Uganda and Dr Arunga's Eye Hospital to pilot a cataract surgery microloan model. Cataract patients identified through community screening receive financial literacy training and a small loan from Opportunity Bank to meet the cost of surgery.

Early learning shows that conversion is highly time-sensitive and language matters. Framing the product as a "Cataract Assistance Plan" rather than a "loan" significantly improves uptake. Family members - often the real decision-makers - need reassurance as much as the patients.

Why it matters

The barrier is not clinical, it's financial

Cataract surgery delivers one of the highest economic returns in healthcare - restoring sight means people can work, support families and contribute to their communities. Cataract surgery is highly cost-effective and most countries have a well-trained cadre available to perform it.

Sustainable systems, not one-off donations

We are testing whether eye health services can generate enough revenue to become progressively less dependent on external funding, making every pound of philanthropic investment go further.

Evidence that travels

We are not looking for one model that works everywhere. We are building tools and frameworks that are adaptable across different health systems, financing environments and patient populations.

Technology as the connector

The Peek platform is connecting community screening, referral tracking and hospital data across the models we're testing. That means we can measure what works, easily confirm patient treatment and outcomes, and continuously improve the pathway from identification to treatment.

Kallumiyyan with his grandchildren after a successful bilateral cataract surgery as part of the Dr Shroffs Peek-powered eye programme in Mohammadi, India.
Photo credit: Dr Shroff's Charity Eye Hospital / Peek Vision

In India, we are designing a returnable grant for the "missing middle" - patients too wealthy for free care but unable to pay upfront - offering zero-interest instalments and digital repayment.

In Kenya, the focus is on providers: hospitals held back by delayed reimbursements that limit their ability to invest in outreach. We are testing whether low-cost working capital can bridge that gap, enabling hospitals to grow surgical volume and reinvest in finding patients.

Together, these pilots are building transferable evidence for what works across different health systems and financing environments.

What's next

We are at an early stage of learning what works. Moving from proof-of-concept to scale requires partners who share our commitment to learning. Whether you are an eye health organisation, a funder or a financial institution with experience in social lending, there is a role for you. **To find out more, speak to a member of our team.**