The Queen Elizabeth Diamond Jubilee Trust
Our approach to diabetic retinopathy

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The Queen Elizabeth Diamond Jubilee Trust

Formation of the Trust

- Announced in Perth in 2011, set up in 2012
- A tribute to The Queen for a 60 year contribution to the Commonwealth
- 5 year programmes to create a lasting legacy
- Values: Collaborative, Credible, Catalytic, Strategic
- Local/national ownership is crucial

Registered Charity in England and Wales (no: 1145640)
Overview of the Trust

- Chaired by Former British Prime Minister The Rt Hon Sir John Major
- Avoidable blindness and youth leadership themes
- £50m match funding grant from the British Government
- Programme development and pro-active funding, commitment to monitoring and evaluation
- Adding value through Commonwealth connections

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Avoidable blindness

- Blinding trachoma up to £50m: Elimination in Kenya and Malawi, significant progress in Mozambique, Uganda, and one State in Nigeria. Some work in four Pacific Islands and Australia

- Diabetic retinopathy £15-20m: South Asia (India, Bangladesh and Pakistan) and potentially the Caribbean. Some work in four Pacific Islands

- Retinopathy of prematurity £5m: India

- Fellowships, research and technology up to £10m: Across the Commonwealth

- Expert Advisory Panel to scrutinise and refine the strategy
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Designing a DR programme

- The background – high rates of diabetes
- Which model to use?
- How to address sustainability?
- What is our niche and what are the gaps in current provision?
- Focusing initially on India
- Funding a study being undertaken by Dr GVS Murthy

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Diabetic retinopathy

- Theory of change
- Lower incidence of diabetes – an advocacy role for us?
- Where does diabetes and DR control best sit?
- DR screening and treatment – how to incorporate into health systems?
- How to reach urban, rural and most disadvantaged populations?
- What is cost effective? How to demonstrate impact?
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Collaboration and scaling up

- How can this group develop, for example into a coalition feasible?
- Can there be agreed strategies for dealing with DR?
- What roles could there be for the WHO, IAPB and others?
- What are the barriers to collaboration?
- How can the Trust support this group to share learning and collaborate?
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