

IVAR

Institute for Voluntary
Action Research

The Queen Elizabeth Diamond Jubilee Trust

*Collaborative, credible
and catalytic?*

Commissioned by:



THE QUEEN ELIZABETH
DIAMOND JUBILEE TRUST

Authorship and acknowledgements

This report has been written by Liz Firth, Richard Hopgood and Ben Cairns, based on interviews and desk research carried out by the authors.

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Contents

<i>About this report</i>	<i>04</i>
<hr/>	
<i>Part one:</i> <i>The story</i>	<i>05</i>
<hr/>	
<i>Part two:</i> <i>Sharing the learning</i>	<i>15</i>
<hr/>	
<i>Part three:</i> <i>Final reflections</i>	<i>39</i>
<hr/>	
<i>Appendix one:</i> <i>Summary of learning for foundations</i>	<i>44</i>



Credit: Darren James

About this report

The Queen Elizabeth Diamond Jubilee Trust ('the Trust') was established in 2012 to mark and celebrate Her Majesty The Queen's 60 years as Head of the Commonwealth. Trustees decided to dedicate 20% of available funds to the Queen's Young Leaders Programme, seeking to empower a new generation of Commonwealth leaders. The balance (nearly £80 million) was pledged to a five-year strategic programme to tackle avoidable blindness. Across the world, 285 million people are visually impaired, of whom 39 million are blind. Yet 80% of blindness and visual impairment is curable or treatable. Good quality eye care is a scarce resource for millions of people across the globe, including in many Commonwealth countries.

The Trust commissioned the Institute for Voluntary Action Research (IVAR) to review its approach to the Avoidable Blindness Programme. We have met with the Trust team and 13 partners and advisers, all from organisations active in this field for many years. We asked them to reflect on their experience of working with the Trust, any distinctive assets it may have brought to the global movement to end avoidable blindness, and the opportunities and constraints of its five-year time frame. And we asked what has been achieved by the Trust and its partners and the hoped-for legacy. Quotations from our interviewees are presented in italics throughout the report. These are generally unattributed or identified by type of organisation when necessary for clarity.

The purpose of this report is to share the Trust's experience of working over a relatively short time frame to achieve strategic focus and deliver impact at scale, and to identify learning that may be of value to other independent funders, both in the UK and further afield. It begins by outlining the story of the Trust from its inception in 2011 to its final year of operation in 2019. It then moves on to explore five features of the Trust's experience and approach and the learning that may be drawn from them.

The background consists of several overlapping geometric shapes in various shades of green. A large, light green circle is the central element, partially overlapping a darker green triangle on the right and another green shape on the left. The overall composition is clean and modern.

*Part one:
The story*





2012–2013: Building the Trust

At a glance:

5 yrs

Time-limited trust with five years to deliver its programmes



12 staff



£100m fund (donations, with £50m match funding from UK Government)



Grant-making across the Commonwealth

The Commonwealth Heads of Government meeting in Perth 2011 unanimously agreed to mark Her Majesty The Queen's Diamond Jubilee by establishing the Trust to pay tribute to her extraordinary lifetime of service.

The Trust was launched in January 2012 as a time-limited charity with a five-year time frame to deliver its programmes, once established. Its mission is to enrich the lives of citizens of all backgrounds across the Commonwealth and leave a lasting legacy, owned by the whole Commonwealth, to honour The Queen.

A board of nine trustees was appointed, chaired by the former UK Prime Minister, Sir John Major. In June 2012 the Trust appointed Dr Astrid Bonfield as Chief Executive; she then assembled a team of 12 staff.

After an intensive scoping period and seeking expert advice, the Trustees' chosen themes were avoidable blindness and youth leadership. The Trust committed to an approach which was informed by and sensitive to the national context, supporting national governments' strategies and health systems to build in sustainability. Its key values are to be collaborative, credible and catalytic.

The aims of the Avoidable Blindness Programme are to:

1. Make a major contribution to the World Health Organization's 2020 goal for the global elimination of trachoma – the world's leading infectious cause of blindness.
2. Create practical, effective and replicable models of care that can be used to prevent diabetic retinopathy – a complication of diabetes which, if not treated in time, leads to irreversible blindness – throughout the Commonwealth.
3. Support work to significantly reduce the number of babies blinded by eye disease related to prematurity.

4. Spread and develop expertise in eye health, strengthen health systems across the Commonwealth and invest in new technologies to increase the reach of quality eye care and reduce its costs.

The Trust received generous support from a wide range of donors across the Commonwealth including Governments, foundations, companies, private trusts and individuals, encouraged by a commitment from the UK Government to match each pound raised to a ceiling of £50m. The Commonwealth Heads of Government Meeting endorsed the Trust's focus at its meeting in Sri Lanka in November 2013.

2014–2018: Delivering the strategy

Once approved, the Board delegated responsibility for delivery of the strategy to the Executive, maintaining oversight of progress and performance through regular reporting. Financial control, organisational effectiveness and matters of risk are analysed in detail by the Audit Committee, comprising trustees and a number of external advisers. A Scientific Advisory Board of experts was appointed to scrutinise the Avoidable Blindness Programme and advise the Board and staff.

The Trust worked closely with NGO and government partners in its chosen fields to support the development of proposals. In 2014, the Trust:

1. Set up the **Commonwealth Eye Health Consortium** to deliver a programme of fellowships, research and technology designed to strengthen eye care throughout the Commonwealth. Its aim is to bring quality eye care to all who need it. Funding totals nearly £13 million, including investment to support the development of the Portable Eye Examination Kit (Peek Vision), which aims to help identify and diagnose eye problems in any setting using only a smartphone.
2. Launched a £38 million initiative in partnership with the **International Coalition for Trachoma Control** and the **Department for International Development** (DFID), with

the aim of eliminating or significantly reducing blinding trachoma in 12 of the most affected countries in the Commonwealth, working across Africa, Australia and the Pacific Islands.

Two smaller initiatives were also established to:

- Support a summit and the formation of a National Task Force in India on **diabetic retinopathy**. Together, the Ministry of Health, leading eye care specialists, UN agencies and international NGOs agreed the components of a national plan. Initiatives piloting different methods of screening, treatment and awareness raising have been delivered in 13 countries, sharing learning from across the Caribbean to South Asia and the Pacific.
- Support a summit and National Task Force and subsequent work to establish sustainable and scalable services for the detection **and treatment of severe eye disease related to prematurity** which have been integrated into the Government of India's health system.

All initiatives are delivered through partnerships and collaboration, with close relationships enabling timely action to meet challenges and capitalise on opportunities. Independent mid-term reviews confirmed that significant progress was being made across all initiatives. The Trust also works closely with partners to advocate for greater attention to ending avoidable blindness and sustaining this effort when it is gone, for example:

- The Countess of Wessex, appointed as Vice Patron in 2015, visited Malawi and Bangladesh; and Lord Chartres, a trustee, visited Uganda to see the work of the Trust and raise its profile. Senior staff make regular trips to work in-country, often meeting with governments and official representatives to the Trust. They maintain regular contact with the Commonwealth Secretariat, Commonwealth government representatives in London and Commonwealth institutions.
- The Trust is a regular participant in international symposia and summit meetings. It is actively engaged in global

forums, including sitting on the Board of the International Agency for the Prevention of Blindness and in donor meetings and groups of the World Health Organization.

- The Trust lends its weight to a number of targeted international advocacy initiatives, including a successful coalition to achieve policy change on diabetic eye disease in Bangladesh, testing a model for use in other jurisdictions.
- In preparation for the Commonwealth Heads of Government meeting in London in 2018, the Trust initiated a collaborative advocacy strategy, 'Vision for the Commonwealth'. At the meeting all 53 Commonwealth nations pledged their commitment to take action towards achieving access to quality eye care for all. Progress will be reported on every two years at future meetings.

2018–2020: Progress and achievements

Towards the end of 2017, PricewaterhouseCoopers LLP (PwC UK) was commissioned to measure the economic benefits of investing in vision and the contribution made by the collective effort of the Trust and its partners.¹ Its analysis shows that for every **£1 invested in tackling avoidable blindness across the Commonwealth, £5 is returned**. With more selective initiatives and a strong collaborative approach, the Trust and its partners achieved a return of **£12 for each £1 invested, with additional financial benefits of more than £300 million to affected individuals**.

¹ Investing in vision – making a difference across the Commonwealth, 2018 PricewaterhouseCoopers LLP.

**In human terms, the initiatives have delivered clear results.
For example:**

1. Malawi achieved its trachoma elimination goals² in 2018 – **eight million people are now free of risk. Ten other countries are close behind.**
2. **Over 200,000 school children in Kenya** have had their eyes tested through using Peek Vision's smartphone-based technology – **a further 500,000 children and their 26,000 teachers** will have been screened in Botswana by 2020.
3. **Over 150 eye health professionals from 20 countries** have completed training placements in centres of excellence and hospitals across India, Bangladesh, Pakistan, Canada, New Zealand, Singapore, South Africa and the UK.
4. **13 Commonwealth countries** now have regular screening and treatment for diabetic retinopathy as part of their health systems for the millions of people living with diabetes, now and into the future.
5. **India has implemented national health care guidelines** which are ensuring that premature babies whose eyesight is at risk receive screening and treatment as a standard part of their neo-natal care.

The initiatives offer a sustainable legacy in the development of a stronger evidence base, new scalable models and increased capacity through training and infrastructure improvements. There are new expert networks across the Commonwealth, leading to shared learning, and the strengthening of eye health systems.³ Vision for the Commonwealth will continue its advocacy role with the Heads of Commonwealth Governments in pursuit of their 2018 commitment to quality eye care. And, in its final year, inspired

² There is a two-year surveillance period before WHO will officially validate that trachoma has been eliminated as a public health problem.

³ Investing in vision – making a difference across the Commonwealth, 2018 PricewaterhouseCoopers LLP.

by the work of the Trust, civil society, public and private sector organisations with expertise in eye health are joining forces with the ambition of developing a \$1 billion Vision Catalyst Fund to accelerate systems change and expand universal eye health across the globe:

*We have the solutions
for universal eye health.*

*We know they work. We now
have an historic opportunity
to work in partnership and
create a fund that can bring
sight to entire populations
across the Commonwealth
and the world.*



Credit: Darren James

*Part two:
Sharing the
learning*



1. Developing strategic focus



2. Values and attributes



3. A partnership approach



4. Risk and innovation



5. Advocacy approach

Five features of the Trust's approach

1. *Developing strategic focus*

Context

The Trust was largely unconstrained in terms of its programmes or areas of focus, and early discussions favoured a diverse portfolio of grant-making. However, it became clear that its ambition to make an impact at scale across the Commonwealth argued strongly for defining an objective or problem that affected large numbers of people across many countries of diverse geographies and income levels. It needed an objective where significant change was possible over a five-year term and where its intervention had the potential to be *'collaborative, credible and catalytic'*.

Initial scoping focused on the health and education sectors as most likely to offer opportunities for a distinctive and tangible contribution. During its wide-ranging discussions, the Trust learnt that a shocking 80% of blindness is avoidable. With millions of people across the Commonwealth affected, this is a significant problem. It was also one where meaningful results could be achieved within the time frame available to the Trust.

The arguments for tackling trachoma were particularly compelling, with existing, proven solutions; a treatment strategy already endorsed by the World Health Organization (WHO); and an effective coalition of organisations ready to scale up existing work and deliver results quickly. Supporting such a powerful proposition created the space for more developmental work on other issues (such as eye disease related to diabetes and premature birth), where the Trust might act as a catalyst to define and develop models to tackle the problem.

Reflections

The Trust is clear that it was looking for confluence of circumstances rather than simply a compelling cause.

So, for example, *'where the right partner organisation did not exist for work on a particular issue, that issue was ruled out'*. In Avoidable Blindness, it identified a strategic focus that spoke to its own needs for: reach, appeal to numerous and diverse stakeholders, demonstrable results, and the potential to support sustainable change for the long term. Detailed scoping work found the right environment for effective intervention, with proven methods and strong potential partners active in countries where the governments were keen to participate and committed to making change happen. Avoidable blindness also offered a distinctive niche, in an issue with support from other funders but no dominant players, creating opportunities for the Trust to work proactively and bring its assets and networks to bear in terms of convening, influencing and advocacy.

Attracting the Trust's attention was seen as a considerable success by many in the field, although there were some anxieties. The impact of a significant new player – and one with no track record – was not universally welcomed: *'The Trust has been a disrupter – and, in my view, a good one. It has brought a sense of impatience to the whole area. But you can see why some people might see this as a criticism'*. Many believe that the Trust managed its arrival well: *'There is nothing wrong with being opportunistic – but you need to handle it carefully, be genuinely committed to something significant, understand the challenges faced by others and work with them to find a way through'*.

The Trust agrees that it has had to be *'forensically focused – very proactive, very targeted, very selective and very opportunistic'*. Senior staff began by immersing themselves in the sector, participating visibly in global events, meetings, representative bodies and donor forums, *'but without getting dragged into the detail'*. Most significantly, the Trust has not tried to set itself up as an expert: *'It has been very respectful of other's expertise and had advice from the top people in the field but has not played in this space – it has kept its focus on what needs to change so that everyone can be reached'*. Partners have generally found this approach liberating: *'right from the start, their focus has been on elimination rather than on reduction. It wasn't about so many*

surgeries or treatments: it was “end trachoma”. Metrics have acted as important tools to help everyone keep on track, rather than as an end in their own right: *‘Whilst being keen on metrics, the Trust has also been able to see beyond them and take the longer view. Other funders tend to be more fixated on short-term metrics and make future funding conditional on these being satisfactory. With diabetes, for example, there are no quick fixes’.* Largely unencumbered by other agendas or the need to think about where the next tranche of funding might come from, the Trust *‘helped everyone keep their eyes on the prize’.*

Learning

Drawing on the Trust’s experience, we would highlight four key areas of learning for foundations interested in framing their work around a tightly defined goal:

- Understanding and agreeing the foundation’s own organisational needs and expectations is a critical first step in identifying an objective that fits its scale, aspirations and appetite for risk.
- Recognising and accepting the importance of complete organisational alignment behind the agreed strategy – *‘achieving strategic focus involves giving up everything else’.*
- A fresh pair of eyes can make a big difference – provided they come with respect for the efforts of others and an active interest in learning from both practitioners and authoritative experts, as well as offering challenge and concrete assets to support a new sense of new momentum.
- Building genuine credibility as a contributor ‘beyond the money’ takes time and effort – being present, being interested and being useful all help this process run more smoothly.

2. Values and attributes

Context

Trustees were clear from the start that the Trust should keep its operational budget as light as possible. This meant creating a small team designed to add value to the efforts of others, not to replicate them. Trust staff bring skills across strategic development, research, international advocacy, government diplomacy, communications, partnership development and programme management.

The Trust's approach and values reflect its mission, combining a commitment to enrich the lives of citizens across the Commonwealth and to leave a lasting legacy, with both achievements intended to honour The Queen. This has driven its commitment to tangible and sustainable impact at scale. It also supports an approach which is highly engaged with a wide range of stakeholders and scrupulously apolitical, reflected in ways of working intended to be collaborative, credible and catalytic.

Reflections

Key values and behaviours were thoroughly explored and established from the start. The Trust recognised the importance of being *'present, available and active'*. The team is widely acknowledged as *'highly respectful of other people's expertise'* and as problem-solvers in relation to the constraints and challenges on others. People appreciate the attention it gives to making sure their time is well used: *'They are really strong on process and facilitation. Everything was chaired well, with good papers, out in good time. They have a great understanding that, if you get all the nuts and bolts working brilliantly, everything else can follow'*. In all its relationships, the question is *'how can we help?'*. But the sense of focus is laser-like: *'they are always about the goal, and never about sector politics'*.

Partners observed that *'the Trust appears to enable team members to operate to their best effect and not to put them in competition with each other'*. With a firm underpinning

of values and a shared understanding about *'how the Trust behaves'*, there is a strong sense of a team culture which welcomes new ideas and has the confidence not to overthink them: *'the flexibility to be opportunistic is very liberating – you can have an idea at 9am and by 9.30 you have implemented it'*. Staff are respected for their skills and expected to use their initiative, while *'the team is closely knit and keeps in touch well'*.

Where team members point to challenges, these usually reflect a feeling of mismatch between time and resources.

For example, launching four substantial initiatives in six months was demanding: *'It would have been better to stagger the start times – it was a lot for a brand-new team to tackle'*. It has taken time for some of the team, which is largely from an NGO background, to understand how best to work with unfamiliar stakeholders: *'No one sits you down and says, "this is how you do things" – so you learn by making mistakes'*. And it has sometimes been hard to balance the immediate demands of its smaller, but more hands-on, strategic focus on Youth Leadership: *'It involved loads of logistics and all year round – more than we ever imagined'*. Some have found it difficult *'to carve out the space to stand back and really think – not just react and respond'*. But the general view in the team is that the five-year time frame has created a culture which is nimble and decisive: *'Limited time is a powerful motivator. You have to do everything properly – and at speed. And you either do it now or you strike it off your list'*.

Expert guidance was actively sought and welcomed. For example, the Scientific Advisory Board appointed to advise trustees and staff was active and challenging: *'these were very grown-up conversations and they didn't give staff an easy ride'*. The Board was clear in its decision to delegate delivery of the strategy to staff, although ready to bring its assets and networks to bear in resolving unexpected challenges to programme delivery where appropriate. It was rigorous in its questioning of key progress indicators: *'We tried to support initiatives that were "shovel ready" but, even then, it took a good year to get going. We hadn't predicted this, which meant a lot of Board focus on the rate of spend'*. While recognising that the Trust came with *'a strong deck of cards'*, there is a sense that both its focus and its time frame largely protected it from the insecurities and politics

that can develop in long-standing organisations: *'there was sufficient separation between different parts of the Trust and its advisers – no-one was trying to entrench themselves for the longer term and so could play it absolutely straight. They are just looking at where they can add most value.'*

Learning

We would suggest four key areas of learning for foundations thinking about how to frame their ways of working to meet the demands of a strategy delivered in close collaboration with others:

- Understanding and developing behaviours that will enable the foundation to work well with others and best support effective collective effort.
- Interrogating the skills needed within the team to add value – creating a culture which enables staff to use their expertise well.
- Welcoming challenge and new ideas, and creating an environment in which these can be most helpfully expressed and acted on.
- Delegating clearly and focusing oversight on *'mission critical'* concerns.

3. A partnership approach

Context

The Trust was committed to remaining small and nimble and the team has never exceeded 12 staff overall. Effective partnerships were essential for delivery. The Trust deliberately chose expert partners, with strong in-country relationships, a track record of delivery, and credibility with their peers and with other funders: *'Weak or competing, non-collaborative organisations would not deliver the results we sought.'*

The International Coalition for Trachoma Control, the Trust's largest grant partnership, was already well established. Since the 1990s, a group of NGOs and donors had been working together in support of the WHO Alliance for the Global Elimination of Trachoma. The International Coalition for Trachoma Control had been steadily building a more comprehensive and joined-up approach to programme development and implementation. In 2011, it published a roadmap of the actions needed to achieve global elimination by 2020, signalling the need – and its determination – to scale up. This attracted additional funding from DFID and United States Agency for International Development (USAID) for a comprehensive Global Mapping Project, launched in 2012; the Trust became a partner in this effort in 2014. The Coalition nominated Sightsavers as the grant manager in Africa for its funding from the Trust, creating a mechanism whereby tens of millions of pounds could be carefully managed in a coordinated way. The Coalition negotiated the same management arrangements for its DFID funding and together Sightsavers, DFID and the Trust agreed full alignment of reporting, monitoring and evaluation across these two major grants.

The Trust also looked for opportunities to enable new coalitions around delivery. It made a big investment to create the Commonwealth Eye Health Consortium to deliver an integrated five-year programme of fellowships, research and technology, drawing on the skills and capacity of 14 leading eye health organisations and academic institutions across the Commonwealth.

Its decision to fund through partnership and collaboration means that the Trust managed some £80 million of funding around Avoidable Blindness through only four substantive grant relationships. This enabled partnership working to *'operate at the right scale – two from each partner in the room is great. But once you've got 10 people, it's a committee'*. Relationships were close, with catch-up meetings once a month and other contact in between. The style was unbureaucratic and informal, encouraging frankness: *'There's no agenda, no papers – just turn up and talk. You don't have to spend ages preparing. So the Trust doesn't get a sanitised version – but it only works because it's genuine'*.

The structure of international development work means that reach was not constrained by this approach. Partners represented coalitions or were building collaborations with other organisations, who, in turn, work with government departments and many more delivery and strategic partners in-country – for example, over 30 partners in at least 13 countries throughout Africa and the Pacific participated in the trachoma initiatives supported by the Trust, DFID and USAID. And the Trust’s own influencing, convening and advocacy role meant there were many contacts outside the programme relationship.

Reflections

The Trust’s approach to supporting and being part of a coordinated and collaborative effort is highly praised: *‘The corraling of resources has been so beneficial – achieving so much more than a drip feeding alternative would have done’*. Partners speak very positively about their funding relationship with the Trust: *‘They ask the right questions, of course, but they trust the expertise of partners and rely on their quality control, while really concentrating on the goal’*. As a result, regular contact between the Trust and its partners is seen as genuinely useful: *‘done well, it creates its own momentum’*. There is a sense of coherence in the Trust’s behaviour: *‘Lots of funders talk about partnerships, relationships, common goals but, when it comes down to the nitty gritty, it is still mostly about checking whether you have done what you said you would – that’s not the case here’*. This encourages openness, early identification of opportunities or exploration of potential problems, and working together constructively to solve them: *‘The Trust is very responsive, flexible and agile. They are very open to a changing landscape as opportunities develop, and in a very nimble way’*. All this is seen as distinctive and is highly valued: *‘My only criticism is that they have set such a high bar for a funder relationship that I have ended up turning away funding because the relationship on offer was not right!’*. And it is clearly seen as driving better performance: *‘It is very demotivating to work with low trust’*.

None of this is to suggest that the Trust abdicates its responsibilities as a funder. Some tough decisions have been made about redirecting funds and bringing in different skills and capacities. But, for partners, the difference is that these

decisions were all driven by *'a shared commitment to clear goals'* and made with partners in response to recognised barriers to delivery.

It is clear that trachoma became the Trust's top priority because of the credibility and track record of the International Coalition for Trachoma Control. And its support was a strong validation for a way of working that can be difficult to maintain: *'It's important to recognise that we all have to give things up to be part of a good partnership. It means a lot more than just agreeing to work together'*. In characterising the Coalition and the reasons for its success, people point to:

- **Personal commitment** – *'it is long established and was started by people from different organisations, who wanted to change things'*.
- **Clarity of purpose** – and the effort put into achieving it.
- **A governance system that works** – *'with so many partners, there will be problems. You need a structure that prepares for this and can handle it'*.
- **Systematic attention to the division of labour** – *'so we aren't duplicating and have ways of seeing and filling the gaps'*.
- **A willingness to differentiate roles and to delegate** – *'the Sightsavers role has been critical. They are trusted by members. They kept all the communication channels open – everything is transparent. And members let them get on with managing the grant'*.
- **Effective information sharing** – *'they have developed common ways of assessing, monitoring and sharing what they do'*.

While a lot of effort has gone into achieving a robust formal structure, it works so well because of relationships – which take time to build: *'You must do all the formal stuff, but you need to like and respect the people you are working with. You need to be able to pick up the phone and sort things out'*.

The vote of confidence represented by its partnership with the Trust and DFID has strengthened the Coalition in a number of ways. Crucially, this significant injection of funding, delivered as a partnership, has boosted the authority of a standard approach to planning, engagement, delivery and reporting based on the WHO-mandated treatment strategy: *'It enabled us to have one way of working around trachoma that we could use in all countries. So ministries were not wasting time and energy serving lots of masters with their different formats, expectations and reporting - and on up the line'*. This has strengthened the Coalition's hand in negotiations with other funders: *'we have refused money where potential donors are not willing or able to sign up to the agreed approach'*.

But there have been challenges. For the Trachoma Initiative, communications and branding has been the one persistent source of tension. Communication generally is moving so quickly that expectations have changed considerably even since programmes were launched. Digital audiences are becoming ever more important, while reaching and keeping them is highly demanding: *'you are always in a struggle for presence - for funding, recognition and public accountability, everybody needs "their story, my message, our achievement"'*. Grant agreements require communications under the Trust's brand, which has proved challenging for partners at all levels, who find it hard to square with an initiative that *'is all about us and we'*. But the Trust points out how hard it is to maintain clarity of message while also seeking inclusive attribution in an initiative *'where there are 12 countries and 20+ donors, partners and local partners in each country'*. Such reach and complexity has added to the challenge of nailing down in sufficient detail the target audience and how communications should work on a day-to-day level. This lack of clarity and agreement has sometimes been *'a real distraction - every time you want to do something you have to go through it again'*.

There have also been frustrations within the Trust about getting a flow of the right kind of stories: *'one key piece of learning is that you can't outsource your brand'*. And partners have a sense that the Trust may have been *'too cautious'* about seeking to engage influential stakeholders in promoting the story of what they were achieving together.

With the opportunity to step back and reflect, there is general agreement that there was overall failure both to secure a cohesive agreement on the role that communications could play in the achievement of the trachoma elimination goals, and to establish the resources needed to effectively deliver strategic communications. Although broad principles were established, these were not sufficiently nuanced or closely interrogated to address the multiple agendas that drive communications activity in all partner organisations: *'Once the principles are established you need to work them through in detail – somehow that never really happened'*. With the understandable need to get the Trachoma Initiative up and running, it was difficult to focus on how best to achieve effective communications in such a broad and complex space – *'to really understand each other's opportunities and constraints and then stand back and think about how to do this differently'*. Resources were limited and too diffuse – and personnel changes within partner organisations tended to disrupt continuity: *'There has never been one person whose job is to deliver communications for the Trachoma Initiative – who lives and breathes and drives it'*. As a result, unlike some of the Trust's other work, the Trachoma Initiative never fully emerged as a distinctive and recognisable brand, reaching new and target audiences at scale. However, despite the difficulties, there is a sense of recent progress and of the opportunities offered in the Trust's final year: *'this is such a positive story, it really needs to be brought out'*.

Learning

We would suggest six key areas of learning for foundations interested in developing effective, trust-based partnerships with grantees:

- Choosing partners carefully and being clear about the different assets that they and the foundation bring to the table – trusting their skills, experience and judgement and being mutually accountable for progress and performance.
- Understanding that much of the funding system drives behaviours that stand in the way of good partnerships and addressing this openly; also understanding that some organisations, and especially government donors, have

rules and bottom lines that they do not have the freedom to waive. Working together to find appropriate solutions and compromises.

- Recognising the importance of words matching deeds – of getting into the detail of due diligence, risk management, communication, problem-solving, formal reporting and (where appropriate) decisions on future funding – and making sure they support a partnership approach.
- Getting the formal partnership structures right, giving particular attention to areas – such as general communications and brand building – where agendas may diverge both within and between organisations.
- Thinking carefully about the role that communications can play in supporting successful outcomes and the priority that this will be given. Ensuring that resources and expertise match these aspirations.
- Investing in relationships – engaging regularly, understanding and sharing opportunities and constraints, chewing over challenges and working together to find solutions; and then building new relationships if key people move on.

4. *Risk and innovation*

Context

The Trust sought to achieve a significant impact across the 53 countries of the Commonwealth, *'some of which are fragile, conflict-prone or subject to environmental challenges'*. And it sought to make this impact in a way which was consistent with the desire of Commonwealth leaders that the Trust should stand as a fitting tribute to the years of dedicated service by The Queen, as Head of the Commonwealth.

So, from the start, questions of risk and innovation within the Trust have been measured against two key considerations – the achievement of its mission and the careful management

of reputational risk in doing so. Once the strategy was approved, this became the primary focus for the Board, with responsibility for implementation and effective delivery clearly delegated to the Chief Executive and her team.

Reflections

The Trust's chosen way of working was both a pragmatic response to the need to support significant change in a short time frame and a considered judgement about how this might be achieved safely. So, for example, rather than seeking to become experts, the Trust made sure that it had access to the best expertise to inform its decisions and deliver its programmes: through its Scientific Advisory Board; through working with trusted, experienced partners and the expertise represented by the consortia and networks surrounding them; and through active engagement in international fora.

Its largest initiative was ambitious but relatively low-risk in terms of both delivery and reputation. The Trachoma Initiative offered the security of a proven methodology, genuine prospects of significant progress towards elimination in a number of countries and a sector that was keen to scale up. Partners' in-country expertise was very important in managing local relationships and delivery. The Trust further minimised risk by challenging some of the common conventions of funder and NGO relationships in order to create mutually accountable partnerships that enabled everyone to focus all their attention on a common goal. This enabled problems to be spotted and shared with the Trust quickly – without a long chain of command. And it reinforced the sense of mutual effort towards a common goal: *'The relationships were different, and people learnt from that. It helped create a less competitive space. It will be interesting to see if that can persist when they are gone'*.

The attention to minimisation of risk in this large programme, combined with its access to the expertise of its partners and advisers, created scope for the Trust to take risks in supporting new approaches and ideas with high potential. In terms of service delivery, the Trust's willingness to back innovation is perhaps best exemplified by its support for Peek Vision. This came to the Trust's attention as a start-

up social enterprise seeking to develop a smartphone app to revolutionise the reach and effectiveness of eye screening, particularly in poor and remote communities. Once persuaded of the potential of the idea, the Trust committed £1.6 million over five years: *'they were ready to "fund deep" to change systems'*. Supported within the Commonwealth Eye Health Consortium, Peek Vision benefited from the range of expertise that had been gathered to support the Trust's programmes: although now separately constituted, the Consortium *'is helping to fully realise Peek Vision through extensive development, validation studies and clinical trials'*. Peek Vision technology is now in regular use in the field and, in 2018, its Kenya partnership programme won the All African Public Service Innovation Awards.

Partners stressed how rare it is for funders to have the necessary combination of the freedom, the expertise and the risk appetite to support innovation in this wholehearted way. And exercising this freedom within the context of a collaborative programme is particularly powerful: *'Peek Vision has so many applications that none of us understood at the start. The Trust was able to be an angel investor. And the fact that this idea emerged in a programme with a lot of delivery going on created a structure for a very small organisation to have access to some real expertise'*.

Learning

We would suggest four key areas of focus for foundations considering their risk appetite and their approach to innovation:

- Achieving real clarity and agreement – both internally and with partners – about what risk looks like and where it lies, and then being realistic about potential risks and taking care not to overreact, while being ready to take quick, and hard, decisions where necessary.
- Taking a positive approach to risk management and mitigation, actively seeking access to skills, knowledge and expertise to assist in this task, and deploying these resources effectively.

- Seeking to create relationships with grantees that enable them to contribute their expertise and have the confidence to share ‘real-time’ information on challenges and risks so that timely action can be taken to deal with them together.
- In balancing questions of risk and benefit, being conscious of the distinctive freedoms that come with being an independent foundation and being willing to take risks where the potential rewards are sufficiently promising.

5. *Advocacy approach*

Context

From the start, the Trust recognised the opportunity offered by the unanimous backing of the Commonwealth Heads of Government. Engaging Commonwealth institutions and national governments in its programme was a fundamental pillar of its strategy for sustainable change: *‘we knew that it was what we could do in changing the policy framework that would support change in perpetuity’*. The good will created by the Trust’s name, provenance and purpose has opened doors in-country, enabling it to build relationships with ministries of health. These have been instrumental in strengthening engagement, trust and local ownership and, critically, in integrating initiatives into public health policies to achieve a sustainable legacy. The Trust has also used the annual meetings of Commonwealth Health Ministers and the bi-annual Commonwealth Heads of Government meetings to report on progress, to advocate for continuing support and, in 2018, to secure a unanimous commitment to achieving quality eye care for all.

The Trust has also taken an advocacy role within the eye care sector itself, seeking to catalyse the actions needed to significantly scale up work to eliminate avoidable blindness. Early on it joined the Board of the International Agency for the Prevention of Blindness, initiated coordination amongst donors and began working with other leading agencies to step up global advocacy: *‘The Trust is unusual in having a truly global perspective – operating and thinking globally.*

It has kept a clear focus on what needs to happen to make sure that everyone can be reached'.

Reflections

The support and engagement of Commonwealth governments is seen by everyone as a significant and distinctive asset brought by the Trust: *'It gave a sense of ownership, opened doors and underpinned work to mainstream new models into public health systems'*. It is also broadly recognised for its ability to nurture and hold complex relationships of all kinds, commanding credibility and adding value with a range of stakeholders at many levels.

The Trust set out to be catalytic – to 'shift the dial' on avoidable blindness for the longer term. In seeking to do this, it has adopted two complementary approaches, *'the diplomatic and the creatively disruptive'*.

With a career diplomat on the team, the Trust was recognised by many partners as bringing rare skills to the challenge of diplomatic advocacy: *'she really understands the corridors of power because she's been there. And she combines this with the right personality type – you never feel "politicked" by her'*. The Trust's approach to government and its wide range of institutional stakeholders has been all about relationship building, *'standing in other people's shoes – understanding the challenges they face and doing everything possible to be helpful'*. It has always sought to build on the positive, highlighting achievements and making sure that governments receive clear credit for progress: *'Critical lobbying can be very effective and has its place – but it wouldn't have worked for the Trust'*. This is intensive work for a small team: *'Never underestimate the importance of the effort and resource to keep relationships on track'*.

The Trust's engagement with the eye care sector was more assertive. Led by the Chief Executive, this work was also relationship based and highly engaged: *'They are very personable and know how to interact internationally'*. But it was characterised by a clear willingness *'to be honest and ask difficult questions'* and *'to have difficult conversations and make hard decisions where this is necessary to make*

things work'. This is seen by many as a consequence of the Trust's neutrality and independence. It was not advocating for a particular approach or competing with others for future funding, but simply keeping its focus on the agreed goals. As in its approach to programme development and delivery, the ticking clock of its five-year time horizon was a powerful reminder of the need for – and possibility of – urgent action: 'it's been a kind of short, sharp, shock trust. It wasn't already part of the system, so it wasn't feeding back the same questions and concerns. It worked, it was interesting, it did things differently'. At the same time, its commitment to sustainability meant the long term was always in its sights: 'Transitioning out to government is very challenging – the plan has to be there from the start'.

Learning

We would suggest four key areas of learning for foundations interested in making best use of their potential to support effective advocacy for change:

- Rigorously analysing the distinctive skills and assets the foundation is able to bring to bear – and where these may be constrained or curtailed.
- Understanding what it will take to make best use of these assets and applying sufficient resources to the task. Skilling up where necessary at board level and bringing specialist skills into the staff team.
- Recognising that collaboration is key to effective advocacy. Considering how best to build credibility with potential partners and how to attract those best able to increase reach and impact.
- Finding the right style and method to get the message through to those in a position to support sustained change. Talking the cause, not 'our programmes'. Being visible and present – there is no substitute for face-to-face contact.

Progress and achievements

Partners and advisers are united in their conviction that the Trust has been part of a significant scale-up of action on avoidable blindness, pointing to the success of the work on trachoma, which has reached millions of people and *'massively accelerated it up the agenda in terms of money and profile. There is money coming in that will finish the job'*. They also highlight the leap in skills and capacity that the programme has supported: *'there will be a strong legacy of knowledge, trained people and education when the Trust closes down. And a key legacy is Peek Vision, which will affect eye health across the world'*. And they talk about the power of the partnerships and networks that have been developed: *'the inter-connectedness that this has supported is quite different – and the impact is very powerful'*. The consistent focus on sustainability through working alongside and integrating with government health ministries is also seen as bearing fruit, with both the scale of potential achievements and their economic benefits attracting increasing attention: *'Eye health has been a bit of a Cinderella in health funding. Countries running health systems under significant stress rightly prioritise matters of life and death. But eye health is now being mainstreamed and integrated'*.

Overall, there is a real sense that the experience of the last five years has left the eye care sector stronger and more confident – ready to set the agenda for what happens next: *'We are in an extraordinary place as regards momentum, organisation, collaboration and the ability to properly measure outcomes – there is a clear road map'*. This sense of success and potential is genuinely shared: *'You cannot really distinguish the Trust legacy from that of DFID, or other funders, or from the partners at all levels. But together there has been a huge positive result'*.

Going forward, the hope is that this collaborative effort will be maintained – completing the task of eliminating trachoma, keeping avoidable blindness up the political and health agendas and finding significant resources to develop and deliver sustainable solutions for eye health to entire populations in Commonwealth countries and across the

globe. The clarity of the task around trachoma and funding commitments from DFID and USAID, the proposed work of Vision for the Commonwealth on the commitments made at the 2018 Commonwealth Heads of Government Meeting, and good early progress on the civil society, public and private sectors' collaboration to develop a global Vision Catalyst Fund all offer grounds for optimism.

*The flexibility to
be opportunistic
is very liberating
— you can
have an idea
at 9am and by
9:30 you have
implemented it*



Credit: DuckRabbit

*Part three:
Final
reflections*



The Trust's approach resonates across a number of contemporary debates about the role and contribution of independent funders. These include ideas about relational grant-making, big bet philanthropy and collective impact – all of which share a preoccupation with shifting the power dynamics, pace and purpose of trusts and foundations.⁴ More specifically, through our review of the responses of funders to a series of emergencies in the UK in 2017 – the Manchester Arena bomb, the attacks in London Bridge and Borough Market, and the Grenfell Tower fire – we observed a real appetite for more agile grant-making.⁵

Setting aside the timescale within which it was operating, we can observe that the learning highlighted in Part Two of our report – for example, lessons about moving swiftly through set-up to delivery, experiences of working with governmental agencies and efforts to influence change at a systemic level – confirms that the Trust has made a distinctive contribution to these debates. In this final part of our report we reflect on six hallmarks of the Trust's approach, each of which has been fundamental to the successful collaborative effort that it has shaped, and each of which contains important messages for other funders interested in adaptation and innovation.

⁴ See for example: https://ssir.org/articles/entry/the_role_of_grantmakers_in_collective_impact; https://ssir.org/articles/entry/collective_impact#; https://ssir.org/articles/entry/making_big_bets_for_social_change; https://ssir.org/articles/entry/introduction_to_unleashing_philanthropys_big_bets_for_social_change; <https://www.ivar.org.uk/our-research/duty-to-care/>

⁵ IVAR (2018) *The possible, not the perfect: Learning from funder responses to emergencies*, London: IVAR. <https://www.ivar.org.uk/research-report/the-possible-not-the-perfect-learning-from-funder-responses-to-emergencies/>

Goal

Trustees had the courage to set ambitious targets for the elimination of blinding trachoma. These were grounded and achievable, but still challenging. Built on proven methodology, expert advice and the experience of effective NGOs and partners across the Commonwealth, the Trust brought focused funding and the momentum of a short time frame, which galvanised the sector. The starkness of their ambition – and their relentless focus on achieving it – paid real dividends.

Collaboration

The Trust studied and assessed the strengths of the sector and sought to build and add to capacity. It recognised the importance of harnessing and empowering *'brilliant and highly committed'* people to determine and lead the work that had to be done: *'They did the things they do really well and let others do what they do really well. They pulled things together but didn't second guess the answers'*. And, through the Commonwealth Eye Health Consortium in particular, they supported the creation of interconnecting networks that show great potential to persist as a method of sharing and learning, long after the Trust has gone.

Sustainability

With a five-year life for programme delivery, the Trust was thinking about closure right from the start. Whether working with government health systems or helping to create an environment where it is attractive for others to come in to 'finish the work' or take on the next big challenge, sustainability was a fundamental concern, built into all initiatives and ways of working: *'We talked to all partners from the start about the exit strategy – not just what do we want to achieve and how are we going to do it but how are we going to sustain it. This has to be the mindset'*.

Leverage

The Trust understood the leverage that comes with a large financial contribution to a sector. It had an impact on

programme delivery, enabling the collaborative Trachoma Initiative to play a stronger hand in negotiating the terms of engagement with other funders. And it gave the Trust a seat at the table in international donor forums, helping to shape funding practice on a larger scale.

Risk

It also understood the importance of using its freedom as an independent foundation to take risks. By creating a level of assurance around the deliverability of its largest initiative, the Trust was able to take risks in a wholehearted way. Where it saw real potential (as it did with Peek Vision), it was ready to invest at a level which was game-changing, enabling a new idea to grow from proof of concept to effective delivery in the field.

Relationships

Once funding decisions were made, the Trust's primary focus was on shared accountability for common goals rather than detailed reporting on activities and outputs. And its primary concern became how best to use its assets and leverage to help advance the collective effort. Value has largely been delivered through deep but focused engagement and the quality of the different kinds of relationship held by the Trust. All needed nurturing and developing to work to their best effect and the Trust is recognised by everyone as bringing great – and unusual – skills to this task.

The Trust was set up to honour Her Majesty The Queen and her lifetime of Service to the people of the Commonwealth. This undoubtedly played an important role in attracting support at all levels and encouraging people to give of their best. It also acts as a powerful reminder that striving to achieve a social goal is, in large part, an act of empathy and imagination, as well as reason. Having a powerful emotional resonance can be a strong source of commitment. There is value for foundations in thinking about this when deciding what they want to achieve and how they might go about doing so.

Summary of learning for foundations

Five areas of learning for foundations:

1. Developing strategic focus
2. Values and attributes
3. A partnership approach
4. Risk and innovation
5. Advocacy approach

1. Developing a strategic focus

Learning for foundations interested in framing their work around a tightly defined goal:

- Understanding and agreeing the foundation's own organisational needs and expectations is a critical first step in identifying an objective that fits its scale, aspirations and appetite for risk.
- Recognising and accepting the importance of complete organisational alignment behind the agreed strategy - *'achieving strategic focus involves giving up everything else'*.
- A fresh pair of eyes can make a big difference - provided they come with respect for the efforts of others and an active interest in learning from both practitioners and authoritative experts, as well as offering challenge and concrete assets to support a new sense of new momentum.
- Building genuine credibility as a contributor 'beyond the money' takes time and effort - being present, being interested and being useful all help this process run more smoothly.

2. Values and attributes

Learning for foundations interested in thinking about how to frame their ways of working to meet the demands of a strategy delivered in close collaboration with others:

- Understanding and developing behaviours that will enable the foundation to work well with others and best support effective collective effort.

- Interrogating the skills needed within the team to add value – creating a culture which enables staff to use their expertise well.
- Welcoming challenge and new ideas, and creating an environment in which these can be most helpfully expressed and acted on.
- Delegating clearly and focusing oversight on ‘mission critical’ concerns.

3. A partnership approach

Learning for foundations interested in developing effective, trust-based partnerships with grantees:

- Choosing partners carefully and being clear about the different assets that they and the foundation bring to the table – trusting their skills, experience and judgement and being mutually accountable for progress and performance.
- Understanding that much of the funding system drives behaviours that stand in the way of good partnerships and addressing this openly; also understanding that some organisations, and especially government donors, have rules and bottom lines that they do not have the freedom to waive. Working together to find appropriate solutions and compromises.
- Recognising the importance of words matching deeds – of getting into the detail of due diligence, risk management, communication, problem-solving, formal reporting and (where appropriate) decisions on future funding – and making sure they support a partnership approach.
- Getting the formal partnership structures right, giving particular attention to areas – such as general communications and brand building – where agendas may diverge both within and between organisations.
- Thinking carefully about the role that communications can play in supporting successful outcomes and the priority that this will be given. Ensuring that resources and expertise match these aspirations.
- Investing in relationships – engaging regularly, understanding and sharing opportunities and constraints, chewing over challenges and working together to find solutions; and then building new relationships if key people move on.

4. Risk and innovation

Learning for foundations considering their risk appetite and their approach to innovation:

- Achieving real clarity and agreement – both internally and with partners – about what risk looks like and where it lies, and then being realistic about potential risks and taking care not to overreact, while being ready to take quick, and hard, decisions where necessary.
- Taking a positive approach to risk management and mitigation, actively seeking access to skills, knowledge and expertise to assist in this task, and deploying these resources effectively.
- Seeking to create relationships with grantees that enable them to contribute their expertise and have the confidence to share ‘real-time’ information on challenges and risks so that timely action can be taken to deal with them together.
- In balancing questions of risk and benefit, being conscious of the distinctive freedoms that come with being an independent foundation and being willing to take risks where the potential rewards are sufficiently promising.

5. Advocacy approach

Learning for foundations interested in making best use of their potential to support effective advocacy for change:

- Rigorously analysing the distinctive skills and assets the foundation is able to bring to bear – and where these may be constrained or curtailed.
- Understanding what it will take to make best use of these assets and applying sufficient resources to the task. Skilling up where necessary at board level and bringing specialist skills into the staff team.
- Recognising that collaboration is key to effective advocacy. Considering how best to build credibility with potential partners and how to attract those best able to increase reach and impact.
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To read more about the research,
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The Old School
Exton Street
London SE1 8UE

020 7921 2940
enquiries@ivar.org.uk
ivar.org.uk

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