

COVID-19 GLOBAL EVALUATION COALITION

The Response of International Philanthropic Organisations to the COVID-19 Pandemic (2020-2022)



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Foreword

The COVID-19 pandemic presented an unprecedented test of the global community's ability to respond swiftly, adapt to evolving needs, reallocate resources and coordinate effectively across borders and sectors. As governments, organisations and development actors worked to mitigate both the immediate effects of the pandemic and the broader socio-economic repercussions, the role of international development co-operation and humanitarian assistance in supporting national response efforts became crucial.

The participants of the COVID-19 Global Evaluation Coalition (hereafter referred to as the "Coalition") launched the Strategic Joint Evaluation of the Collective International Development and Humanitarian Assistance Response to the COVID-19 Pandemic in 2022 to take stock of this response. Conducted under the auspices of the Coalition and led by the OECD Development Co-operation Directorate, this evaluation seeks to generate credible evidence, assess coherence and effectiveness, and draw lessons to strengthen future responses to global crises.

The COVID-19 Global Evaluation Coalition was established in 2020 to provide actionable insights and foster accountability in international co-operation during the COVID-19 pandemic. Comprising more than 65 organisations—including evaluation units from OECD and non-OECD governments, UN agencies, and multilateral institutions—the Coalition leverages diverse experiences to create high-quality, timely evaluations and feed evidence into decision making in near real time. Its collective efforts enable learning across stakeholders and ensure that the global development community can better deliver on its commitments. In line with the Coalition's values of credibility, usefulness and partnership, this strategic joint evaluation builds and complements other evaluations and reviews conducted on COVID-19 responses over the past four years. It brings together multiple actors to address the gap in evaluative evidence around the overall results of the collective pandemic response effort, offering a system-wide perspective.

This report on the response of philanthropic organisations is one of several components of the global evaluation.

The lessons emerging from this analysis—focused on the ways international partners work together and engage with local authorities and impacted communities—provide valuable insights to guide more relevant, coherent, effective and efficient international co-operation and, in turn, support humanitarian and sustainable development progress.

Acknowledgements

This report was prepared by the OECD Centre on Philanthropy, under the auspices of the COVID-19 Global Evaluation Coalition in 2023-24, as an input to the Strategic Joint Evaluation of the Collective International Development and Humanitarian Assistance Response to the COVID-19 Pandemic. The work was led by Nelson Amaya, Policy Analyst at the OECD Centre on Philanthropy and the report was written by Madeleine Lessard, with review from Gaëlle Ferrant, Co-ordinator of netFWD, and strategic guidance from Megan Kennedy-Chouane, Team Lead for Evaluation at the OECD Development Co-operation Directorate, and Bathylle Missika, Head of Partnerships and Gender Division at the OECD Development Centre. The document was edited by Suzanne Parandian and lay out was done by Stephanie Coic. Ola Kasneci and Stefano Contratto supported finalisation of the publication.

The OECD acknowledges the individuals involved in and affected by the evaluated programmes and projects. We are deeply grateful for the expertise, insights and resources provided by all those involved in this collaborative undertaking, including the OECD member states that provided funding for the strategic evaluation.

The OECD would like to thank the interviewees who contributed their time and expertise to this research:

- Scott Dowell (former lead for COVID-19 Response) and Chris Culver (Senior Officer – Strategy, Planning and Management), the Gates Foundation
- Roberto Tapia-Conyer (General Director) and Rodrigo Saucedo (Head of Digital Health), Fundación Carlos Slim
- Alex Bos (Head of External Affairs), the Children's Investment Fund Foundation
- George Richards (Director), Community Jameel
- David Harrison (CEO), the DG Murray Trust
- Kimberly Bayer (Deputy VP, International Programs), the Ford Foundation
- Victoria Arciniegas Gómez (Director of Strategies and Operations), Fundación Santo Domingo
- Reeta Roy (President and CEO), the Mastercard Foundation
- Sarah Hanck (Vice President, Strategic Learning & Impact) and Andrew Sweet (Vice President, Global Covid-19 Response and Recovery), the Rockefeller Foundation
- Amar Nawkar (Program Officer), Arnab Mandal (Impact Measurement Lead) and Poornima Dore (Director – Analytics, Insights & Impact), Tata Trusts
- Amy Arbretton (Evaluation Officer – Effective Philanthropy Group), the creative and Flora Hewlett Foundation
- Huilan Krenn (Director of Learning & Impact), the W.K. Kellogg Foundation.

Table of contents

Foreword	3
Acknowledgements	4
Abbreviations and acronyms	7
Executive summary	8
1 The approach to understanding foundations' role in responding to the COVID-19 pandemic	9
Assessing the response of private philanthropic foundations to COVID-19	9
How the study was carried out	10
2 How philanthropic foundations responded to the global pandemic	14
Philanthropic flows increased significantly during the pandemic	14
Substantial financial support led by a limited number of actors	15
Direct funding of health initiatives and vaccine distribution	19
Addressing socio-economic impact and vulnerable communities	24
Advocacy and awareness-raising	28
Partnerships for a co-ordinated response	29
3 How did foundations adapt and innovate during the pandemic?	32
Flexible funding	32
Innovating in finance: Social bonds	32
4 What lessons from the pandemic can support future philanthropy?	34
Lessons learned and long-term strategies	34
Shifting priorities	36
Philanthropy's evolving role in global crises	36
Conclusions and future directions	37
References	39
Notes	45

FIGURES

Figure 2.1. Cross-border philanthropic funding for development, 2018-2022	15
Figure 2.2. COVID-19-related financing: Philanthropy for development vs. official development assistance	16
Figure 2.3. COVID-19-related philanthropy for development: The top five foundations, 2020-2022	17
Figure 2.4. Sectoral focus of COVID-19-related philanthropy, aggregated 2020-2022	19
Figure 2.5. COVID-19-related philanthropic funding by region, total 2020-2022	25

TABLES

Table 3.1. Social bonds issued by philanthropic foundations	33
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Abbreviations and acronyms

AMC	Advance Market Commitment
AVAT	African Vaccine Acquisition Trust
CEPI	Coalition for Epidemic Preparedness Innovations
CIFF	Children's Investment Fund Foundation
CRS	Creditor Reporting System
DGMT	DG Murray Trust
FCDO	UK's Foreign, Commonwealth and Development Office
GVI	Global Vaccine Initiative
KES	Kenyan Shilling
LMIC	Low- or middle-income country
MSME	Micro, small and medium enterprises
NGO	Non-governmental Organisation
NPO	Nonprofit Organisation
ODA	Official development assistance
PPE	Personal Protective Equipment
SII	Serum Institute of India
STAT	State and Territory Alliance for Testing
WHO	World Health Organization

Executive summary

While not without challenges, philanthropic foundations played an important, positive role in the global response to the COVID-19 pandemic in many developing countries, drawing on their strategic advantages: agility, speed, innovation and collaboration. In the early stages of the pandemic, private philanthropy was able to move quickly and flexibly to fill critical gaps and took on risks in piloting innovative programmes and approaches that would later be adopted by governments.

Foundations also served as conveners, collaborating extensively with various stakeholders across the private, public and multinational sectors. They supported international vaccination efforts and other collaborative responses.

While the financial contributions of philanthropic foundations were relatively modest –compared to bilateral and multilateral official development assistance (ODA), and to efforts by national governments themselves– their flexibility and adaptability allowed them to play a complementary role to the efforts of other development actors.

Several lessons emerging from the COVID experience can inform future philanthropic support:

- **Identify opportunities to move quickly and fill strategic gaps:** Foundations can complement government responses by quickly mobilising resources to address critical gaps, including in supporting the poorest and most vulnerable countries. Their flexibility allows them to act while governmental responses are still developing, as demonstrated - among others - by the Gates Foundation's timely WHO funding and Tata Trusts' rapid distribution of personal protective equipment (PPE) in India.
- **Use convening power to support cross-sector collaboration:** Foundations can bring together diverse stakeholders across public and private sectors, political spectrums, and geographies. For example, the Rockefeller Foundation and Community Jameel leveraged their networks to facilitate coordination in responding to the crisis.
- **Be mindful of risks related to over-reliance on philanthropic funding and manage boundary considerations:** The pandemic response showed an overreliance on a small number of major foundations such as Gates and Mastercard, creating potential vulnerabilities to funding shifts. This concentration highlights both the need for a more diversified philanthropic ecosystem and careful consideration of appropriate boundaries between foundation-led initiatives and responsibilities that should ultimately fall under elected, accountable governmental bodies.

1 The approach to understanding foundations' role in responding to the COVID-19 pandemic

The COVID-19 pandemic prompted a wide array of responses from various sectors working in international development. Private philanthropy was one of the sectors that reacted, addressing the pandemic with a multifaceted approach. Understanding the role of private philanthropy is essential not only in understanding the global response to the COVID-19 pandemic, but also in shaping future strategies for co-operation and preparedness in the face of global crises. This report aims to contribute to this understanding by offering evidence-based insights and lessons drawn from the philanthropic response to COVID-19. It examines the factors that enabled a successful response, the barriers faced, and the lessons learned.

To better understand the role of private philanthropy in the COVID-19 response, this study delves into the contributions of large private philanthropic foundations in addressing the COVID-19 pandemic, including their interventions within and beyond the health sector, in areas such as education, economic relief and recovery. To examine, understand and learn from the philanthropic response to the pandemic, the study employs a twofold approach. First, it offers an overview of the volume and nature of cross-border funding from large international foundations to address the pandemic in developing countries. Secondly, it presents detailed interventions and initiatives of selected relevant foundations implemented before, during and after the onset of the COVID-19 pandemic. This includes an analysis of areas where support was concentrated, the financing methods, and the lessons learned. This qualitative analysis offers a broader geographic focus, highlighting domestic interventions by foundations based in developing countries.

Assessing the response of private philanthropic foundations to COVID-19

The overarching objective of the evaluation is to generate credible evidence and draw lessons to support development co-operation providers and partners as well as to inform future co-operation and crisis preparedness. In line with this general objective, this study seeks to specifically understand the role private philanthropic foundations played in supporting the COVID-19 response and recovery efforts in the years 2020 to 2022. This study slightly reformulates the evaluation questions to be relevant to private philanthropic foundations.

The following reformulated evaluation questions provide the basis for the analysis of the philanthropic response:

- **Descriptive:** How did private philanthropic foundations respond to COVID-19?
- **Relevance:** To what extent did private philanthropic foundations meet local needs and priorities, including those of vulnerable and marginalised groups?
- **Coherence:** To what extent did the private philanthropic response align with other responses to ensure coherent approaches at global, regional and country levels?

- **Effectiveness:** What are the early results of the private philanthropic response to COVID-19?
- **Efficiency:** To what extent were the funding and programming decisions and interventions of private philanthropic foundations timely and informed?
- **Forward looking:** What good practices, innovations and lessons learned emerged from the response to COVID-19? How might they inform future crisis preparedness?

How the study was carried out

This evaluative study involved both quantitative and qualitative analysis, including semi-structured interviews and analysis of secondary information.

Analysis of OECD Creditor Reporting System data

The OECD Creditor Reporting System (CRS) database collects and publishes data on development assistance, including not only bilateral and multilateral aid but also private philanthropic activities for development, which are categorised using the same statistical standards and definitions as official development finance. The CRS dataset on private philanthropy for development includes project-level information for 39 of the largest private philanthropic foundations and their development-related activities. Of relevance for this study, this dataset includes the keyword “#COVID-19” that tracks providers’ COVID-19 response (irrespective of the sector of activity), as described in Box 1.1.

Analysis of CRS data was useful in providing this study with a broad overview of what reporting foundations (especially the largest foundations) did in the aggregate. However, the CRS data covers only cross-border flows to developing countries, and thus does not capture the many ways in which these large international foundations contributed to the COVID-19 response within their own countries, nor does it include information from foundations based in developing countries.

Box 1.1. Measuring COVID-19 support in the Creditor Reporting System

What is the OECD Creditor Reporting System (CRS)?

The OECD Creditor Reporting System (CRS) database collects data on official development assistance (ODA) and other flows to developing countries. Since 2018, the CRS has also included flows from some of the largest private philanthropic foundations working for development. The CRS database on private philanthropy for development holds donor-reported information on the recipient location, sector and purpose, and implementing agency of philanthropic grants (OECD, 2023^[1]).

How is COVID-19 support measured?

Contributions to the COVID-19 response are tracked in two ways in the CRS database: via the purpose code “COVID-19 control” and the #COVID-19 keyword.

- **The “COVID-19 control” purpose code** was introduced in 2020 and can be assigned to “all activities related to COVID-19 control, e.g. information, education and communication; testing; prevention; immunisation, treatment, care” (OECD, 2020^[2]). Support for development or distribution of vaccines, as well as for personal protection equipment (PPE) and COVID-19 tests would all fall under this purpose code.
- **The #COVID-19 keyword** tracks the multifaceted pandemic response beyond direct disease controls. The CRS also introduced a keyword field to track COVID-19-related funding regardless of sector. The keyword #COVID-19 can be assigned to activities in any sector that “have the principal objective of supporting control of the COVID-19 pandemic and the response to its socioeconomic impacts”, and that “would not have taken place if not for responding to the COVID-19 pandemic” (OECD, 2020^[3]).

In this study, “COVID-19-related philanthropy” is defined as all activities in the CRS database for private philanthropy that were marked with the keyword #COVID-19. Likewise, “COVID-19-related ODA” refers to all ODA marked with the #COVID-19 keyword.

Descriptive examples

To provide a deeper insight into the activities that constituted a philanthropic foundation’s COVID-19 response, beyond what is available at high-level in CRS data, twelve foundations¹ were selected for a more sustained investigation. The focus foundations provide illustrative examples and descriptions of the types of activities carried out by foundations in response to the COVID-19 pandemic, the communities supported by these activities, and the partnerships through which they were implemented across different contexts, with the aim of identifying the drivers of success and lessons learned from the philanthropic response to COVID-19. These foundations were selected through purposive sampling, based on nature and volume of pandemic response, and geographic spread. The institutions examined are:

- the Gates Foundation (hereafter referred to as the Gates Foundation), headquartered in the United States
- Fundación Carlos Slim, headquartered in Mexico
- the Children’s Investment Fund Foundation (CIFF), headquartered in the United Kingdom
- Community Jameel, headquartered in Saudi Arabia
- the DG Murray Trust (DGMT), headquartered in South Africa
- the Ford Foundation, headquartered in the United States
- Fundación Santo Domingo, headquartered in Colombia

- the Mastercard Foundation, headquartered in Canada
- The Rockefeller Foundation, headquartered in the United States
- Tata Trusts, a conglomerate of thirteen philanthropic trusts, headquartered in India
- The William and Flora Hewlett Foundation (hereafter referred to as the Hewlett Foundation), headquartered in the United States
- The W.K. Kellogg Foundation, headquartered in the United States.

The Gates Foundation, CIFF, Community Jameel, the Ford Foundation, the Hewlett Foundation, the Mastercard Foundation, the Rockefeller Foundation, and W.K. Kellogg Foundation provide cross-border flows, whereas Fundación Carlos Slim, DG Murray Trust, Fundación Santo Domingo and Tata Trusts focus more on domestic and, in some instances, regional philanthropy. Given the high concentration of cross-border flows to Africa, as will be later discussed in this chapter, the inclusion of Fundación Carlos Slim, Community Jameel, Fundación Santo Domingo and Tata Trusts provides a more diverse geographic focus, in line with the scope of the overall evaluation.

Expert interviews

The core of this study comes from analysis of qualitative data generated through semi-structured expert interviews with representatives from the twelve foundations selected for a deep dive. The semi-structured expert interview method was appropriate for this study given the interest of the evaluation in drawing concrete lessons from the pandemic response that might benefit the broader international development community. In particular, the evaluation is interested in questions related to responsiveness to local needs and priorities, adequateness and timeliness of programming decisions and interventions, adaptability and flexibility, and innovation. Therefore, qualitative interviews were indispensable to understand the philanthropic response and to appreciate the decision making, knowledge management, and co-ordination that was required in the crisis. A semi-structured approach allowed for the comparability of qualitative data collected across key issues, while retaining flexibility to allow the conversation draw out other interesting aspects of any given foundation's individual response. To better grasp organisational behaviours, the interview campaign targeted executives and programme directors or managers who had close experience with the foundations' response to the crisis.

Document analysis

Where relevant, document review was used to further understand where foundations' activities were concentrated, what kinds of projects constituted their COVID-19 response, and (where possible) their partnership and co-ordination strategies. This included both documents publicly available on foundations' websites and other public sources, as well as internal documents provided by the interviewed foundations.

Limitations of the analysis

There are three main caveats to consider when reviewing the findings of this study:

1. The quantitative aspect of the paper relies on financial data collected from approximately 40 foundations which report their cross-border philanthropy for development to the OECD Creditor Reporting System. This dataset does not represent the full extent of global private philanthropy, nor does it include of the entire giving of each reporting organisation.
2. The qualitative aspect of the paper relies on purposive sampling to select the organisations of focus, from which the paper derives its descriptive examples, document review and expert interviews. This sampling method focused on the largest foundations, with some attention to geographic spread. This approach inherently risks the generalisability of findings. As the evaluation focuses on identifying and sharing lessons that may be of interest to the broader development

co-operation community to strengthen resilience and crisis preparedness, it does not seek to delineate strict cause-effect relationships or document outcomes. On this basis, descriptive illustrations serve this purpose of pragmatic learning and appreciating what went well.

3. Among the 12 organisations examined in-depth, some provide cross-border aid, some provide only domestic or regional aid, and some provide both domestic and international aid. Given this mix, the foundations are not perfectly comparable among themselves. The foundations also vary significantly in their geographies, sectoral focuses and portfolio volumes, reflecting the wide variety present in the philanthropic sector. These studies are useful for illustrative purposes, stoking reflection and drawing lessons rather than achieving strict generalisability.

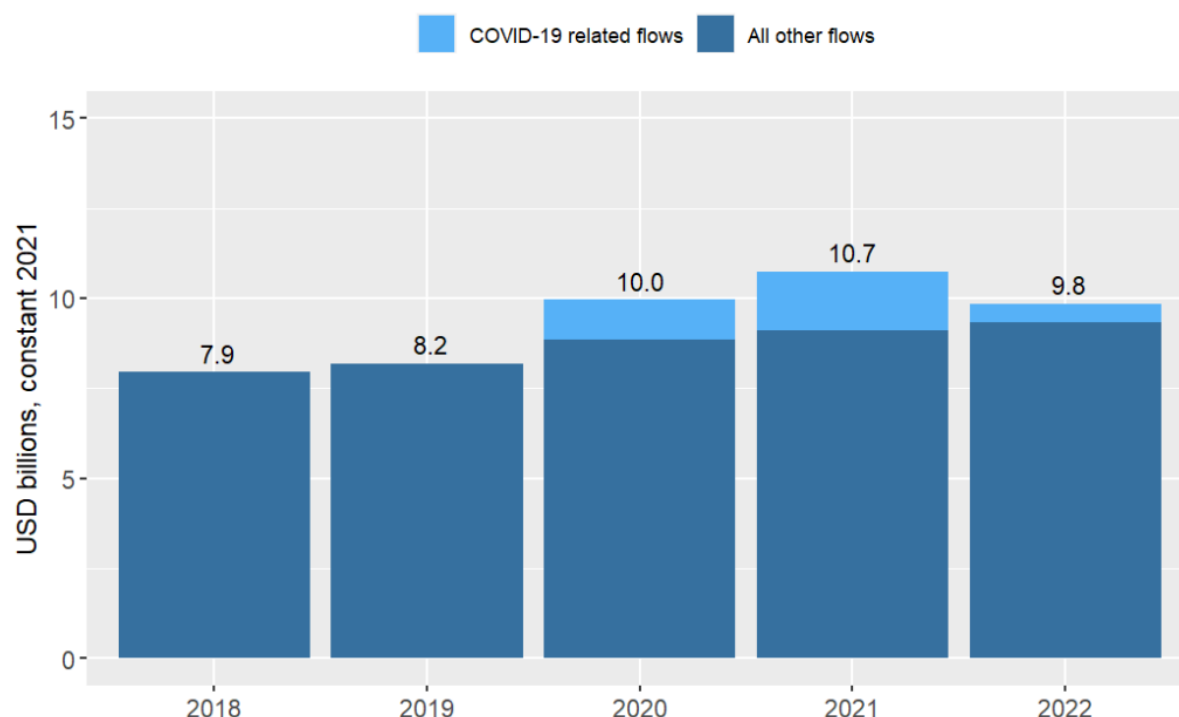
2 How philanthropic foundations responded to the global pandemic

This section begins with an analysis of data from around 40 foundations reporting to the OECD CRS database, providing an overview of the total and relative volume of philanthropic COVID-19 support, the evolution of this support over time, and the top donors and sectors they supported. The section then delves into specific interventions from the 12 foundations examined in depth, highlighting the varied roles they played in combating the COVID-19 pandemic, from bolstering healthcare infrastructure to supporting vaccine development and distribution to aiding vulnerable communities. Their efforts included establishing temporary field hospitals, enhancing digital health systems, and funding crucial research and development initiatives. Beyond health-specific support, these foundations provided aid to vulnerable and minority communities and addressed the socio-economic impact of the pandemic through promoting remote education, ensuring food security and sustaining microbusinesses. Recognising the need for a co-ordinated approach, foundations collaborated extensively with public, private and international entities to respond to the pandemic's multifaceted challenges.

Philanthropic flows increased significantly during the pandemic

According to the CRS database, private philanthropy for development was on a gradual upward trend prior to the pandemic, increasing from USD 7.9 billion in 2018 to USD 8.2 billion in 2019 (Figure 2.1). However, following the onset of the pandemic, total philanthropic flows increased significantly, rising to USD 10 billion in 2020 and peaking at USD 10.7 billion in 2021. As the pandemic waned, total philanthropic flows also decreased, totalling USD 9.8 billion in 2022.

Figure 2.1. Cross-border philanthropic funding for development, 2018-2022



Note: All figures in this study are based on the OECD CRS Private Philanthropy for Development dataset as of December 2023. If subsequent updates or revisions are made to the CRS database, figures may not match exactly with currently published CRS figures.

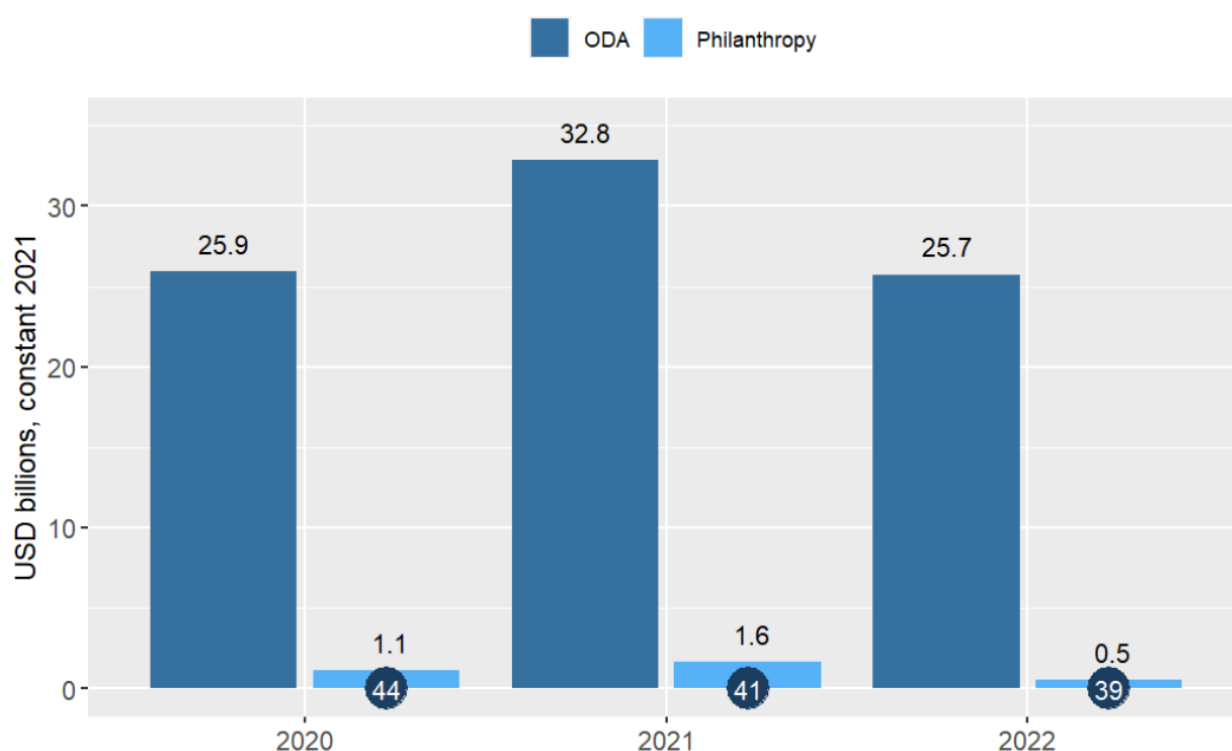
Source: OECD (2023^[1]), *OECD Data Explorer, CRS: Creditor Reporting System*, <http://data-explorer.oecd.org/s/3c>.

Not all increases in philanthropic funding during these years can be attributed to COVID-19 and indeed support unrelated to COVID-19 continued to grow steadily from 2020-2022. Nevertheless, the rise and subsequent fall of philanthropic funding during the pandemic years was largely driven by funding reported with the keyword #COVID-19.

Substantial financial support led by a limited number of actors

Between 2020 and 2022, foundations in the CRS database reported USD 3.3 billion in philanthropic aid under the keyword #COVID-19, compared to USD 85 billion in COVID-19-related official development assistance (ODA) over the same period (Figure 2.2). Philanthropic aid was swift in reacting to the onset of the pandemic, disbursing USD 1.1 billion in 2020. This number jumped to USD 1.6 billion in 2021, before falling to USD 500 million in 2022. Pandemic-related ODA followed a similar trend over this period, peaking at USD 32.8 billion in 2021 and falling to USD 25.7 billion in 2022.

Figure 2.2. COVID-19-related financing: Philanthropy for development vs. official development assistance



Note 1: ODA totals are calculated as the sum of disbursements made in each year, deflated to 2021 USD.

Note 2: The circled figure represents the total number of foundations reporting to CRS in each year, not all of which provided COVID-19-related funding.

Source: OECD (2023^[1]) *OECD Data Explorer*, CRS: *Creditor Reporting System*, <http://data-explorer.oecd.org/s/3c>.

Sources for philanthropic financing are highly concentrated

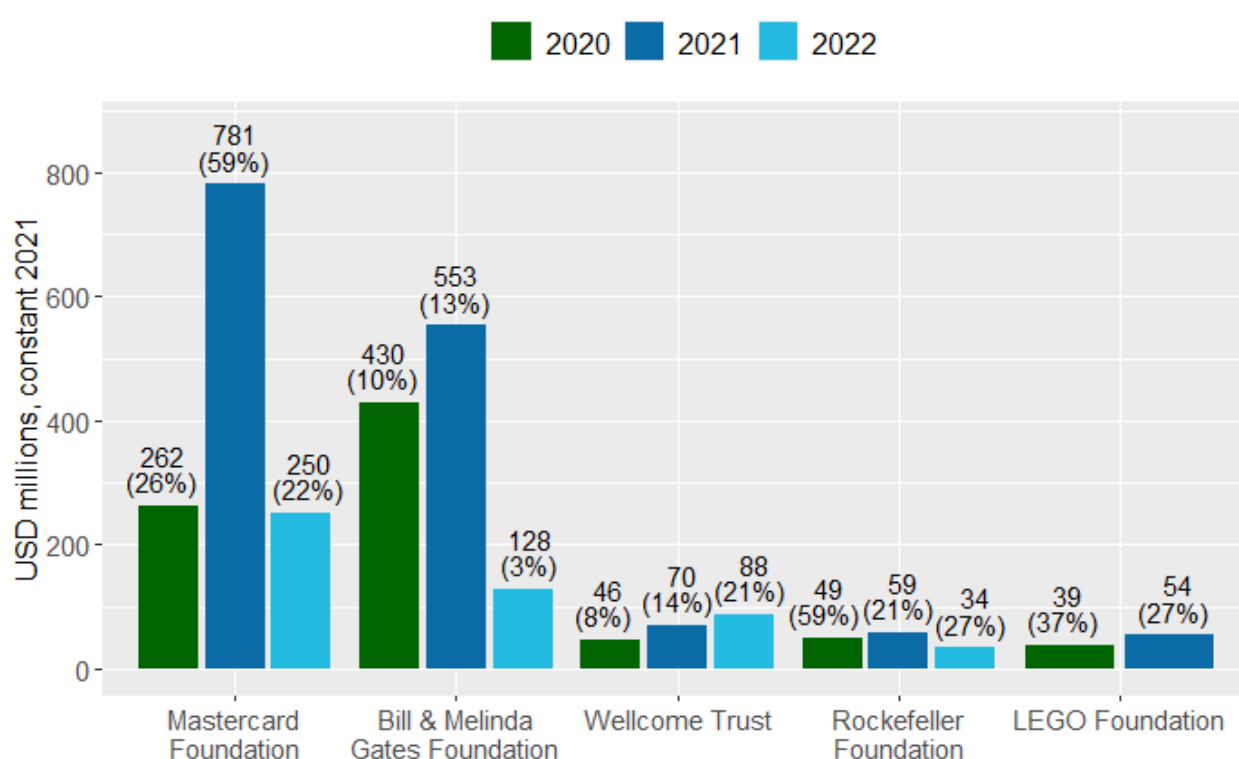
The USD 3.3 billion from international philanthropy responding to the COVID-19 pandemic was highly concentrated among a few donors. Figure 2.3 shows the top five CRS providers of private philanthropy for development related to COVID-19.

- The Mastercard Foundation was the top donor across the three-year period, with USD 1.3 billion or 40% of all COVID-19-related philanthropy for development in CRS. Mastercard Foundation's COVID-19 contributions peaked in 2021, with USD 781 million compared to USD 262 million in 2020 and USD 250 million in 2022. These COVID-19-related flows made up 26% of Mastercard Foundation's total philanthropy for development in 2020, 56% in 2021 and 22% in 2022.
- The Gates Foundation was the largest donor in 2020 at USD 430 million, falling to second place in 2021 and 2022 as Mastercard Foundation's COVID-19 funding increased. Overall, the Gates Foundation contributed USD 1.1 billion in COVID-19-related philanthropy for development, 34% of total COVID-19-related philanthropic funding recorded in CRS. The Gates Foundation dedicated 10% of their cross-border funding for development to COVID-19 in 2020, 13% in 2021 and just 3% in 2022. It is worth noting that this does not represent the pandemic-related share of their entire portfolio, but merely of their funding to developing countries eligible to receive ODA.
- The Wellcome Trust contributed USD 204 million (6%) in COVID-19-related funding from 2020-2022. Unlike the other top foundations, the Wellcome Trust's COVID-19 support increased steadily

over the 3-year period, from USD 46 million (8% of their development portfolio) in 2020 to USD 88 million (24%) in 2022.

- The fourth-largest provider of COVID-19-related philanthropy in the CRS database was the Rockefeller Foundation at USD 142 million (4% of all CRS philanthropy for COVID-19) over the 3-year period. However, this does not include their substantial funding within the United States, which will be discussed in more detail in the following sections. COVID-19-related funding made up more than half (59%) of Rockefeller Foundation's philanthropy for development in 2020, and over one-fifth of their funding in 2021 and 2022.
- Despite only providing COVID-19-related funding in 2020 and 2021, the LEGO Foundation was the fifth-largest provider of philanthropic COVID-19 aid in CRS at USD 92 million (3%), or approximately one-third of their total funding for development in 2020 and 2021.

Figure 2.3. COVID-19-related philanthropy for development: The top five foundations, 2020-2022



Note: The percentage figures relate to the percentage of a foundation's total development funding used for COVID-19 in that year (also shown in USD)

Source: OECD (2023^[11]) *OECD Data Explorer*, CRS: *Creditor Reporting System*, <http://data-explorer.oecd.org/s/3c>.

While the CRS dataset contains most of the largest foundations by volume, it lacks data from several major actors, particularly those based in developing countries

Five of the international foundations interviewed for this chapter (Gates Foundation, Mastercard Foundation, Ford Foundation, Rockefeller Foundation and CIFF) reported COVID-19-related philanthropy to CRS, and these five foundations together accounted for 79% (USD 2.6 billion) of all CRS philanthropy for development related to COVID-19. However, while the CRS database provides a comprehensive outlook on international philanthropy for development, it does not include information of flows disbursed

within a foundation's own country. Thus, the Hewlett Foundation's pandemic response, which was focused within the United States, is not represented in these data.

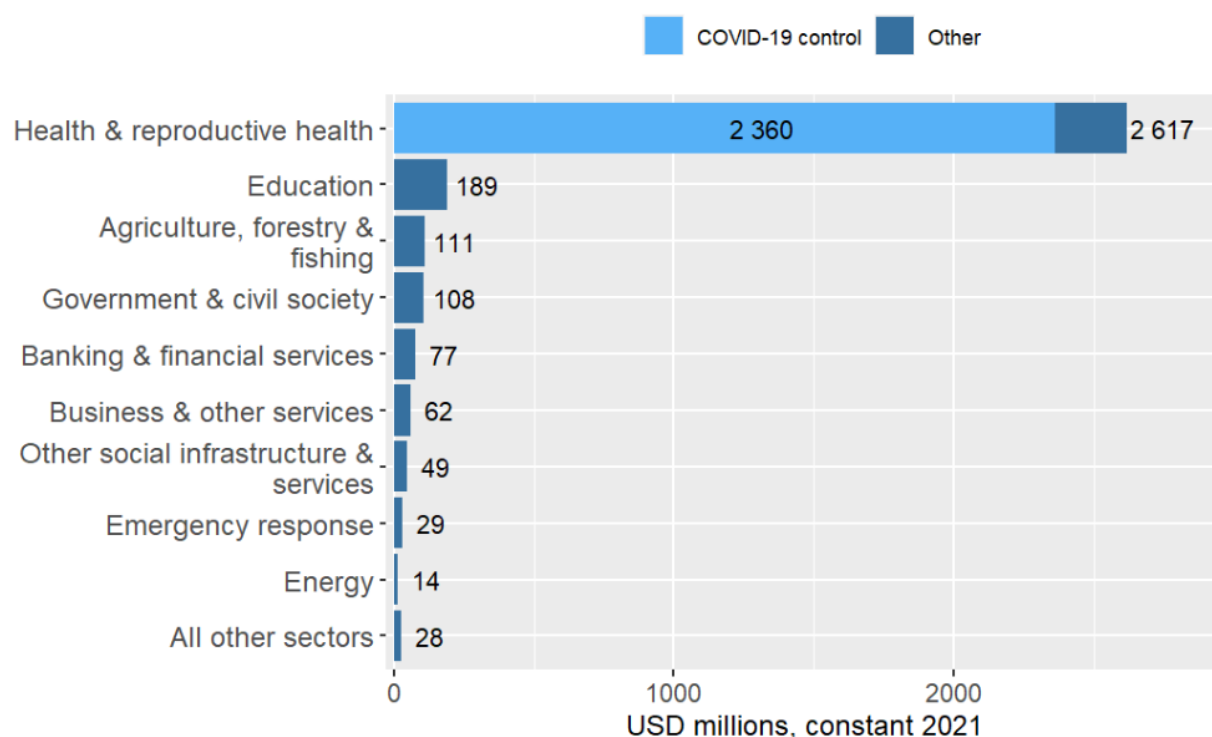
Furthermore, several international foundations with significant COVID-19 responses do not report to this database. For example, the W.K. Kellogg Foundation – a US-based foundation that does not report to the CRS – contributed USD 47 million in grants with the terms “COVID-19” or “pandemic” in their grant description for the years 2020-2022, of which USD 46 million was directed to grantees in the United States and the remainder to grantees in Haiti, Mexico and South Africa.²

Lastly, the CRS database does not include any data on foundations based in developing markets and operating within their own countries or regions. Thus, data for the remaining interviewed foundations, namely Fundación Carlos Slim (Mexico), Community Jameel (Saudi Arabia), DG Murray Trust (South Africa), Fundación Santo Domingo (Colombia) and Tata Trusts (India), are lacking from this dataset and information on their grants was not readily publicly available at the time of this research. The OECD Centre on Philanthropy's Global Survey on Private Philanthropy for Development extends the scope of OECD data on philanthropic flows from a more diverse pool of countries. The most recent version of this survey covers the years 2016-2019 (OECD, 2021^[4]), while the next edition, which will cover 2020-2023 and focus on the role of philanthropy in times of crisis, will be published in 2025.

The philanthropic response to the pandemic focused mainly on the healthcare sector, but also included aid to other sectors such as education

Of the USD 3.3 billion in philanthropic aid for COVID-19 in 2020-2022, USD 2.6 billion (80%) went towards the health sector. Most of this health funding (USD 2.3 billion) was categorised under the purpose code “COVID-19 control”, while the remainder went to purposes such as health policy and administrative management (e.g. aid to health ministries, institution capacity building and advice), basic healthcare (e.g. basic and primary healthcare programmes and supply of drugs, medicines and vaccines related to basic healthcare), and reproductive healthcare. The next largest sector was education with USD 188 million, followed by agriculture, forestry and fishing, government and civil society, and banking and financial services with USD 111 million, USD 108 million and USD 77 million, respectively. Small shares of COVID-19 philanthropic funding also went to business and other services (a sector including institutional support to the business environment as well as business development services such as incubators); other social infrastructure and services (includes social protection schemes, employment creation, low-cost housing and funding for art, culture and recreation); emergency response (includes the supplying of material relief, basic healthcare services, education, and food assistance during emergencies, as well as the coordination of relief services); and energy (includes production and distribution of both renewable and non-renewable energy, as well as education and training in the energy sector) – each of which received less than 3% of total funding related to COVID-19.

Figure 2.4. Sectoral focus of COVID-19-related philanthropy, aggregated 2020-2022



Note: The category “All other sectors” includes funding to general environmental protection; industry, mining, construction; water supply and sanitation; other multisector, disaster prevention and preparedness, development food assistance; refugees in donor countries; trade policies and regulations; and unallocated/unspecified. These sectors each represented less than 0.4% of total philanthropic funding for COVID-19.

Source: OECD (2023^[11]), *OECD Data Explorer*, CRS: *Creditor Reporting System*, <http://data-explorer.oecd.org/s/3c>.

Direct funding of health initiatives and vaccine distribution

Several of the foundations examined swiftly mobilised to provide financial backing to health initiatives, providing significant support to the strained healthcare infrastructure. This included building hospital capacity, providing health supplies such as personal protective equipment (PPE), training healthcare workers, and investing in digital health (Box 2.1). The support of foundations during this time served to bridge the gap between the growing needs of the pandemic and the capacity of national healthcare systems.

Strengthening public health systems

In the early days of the pandemic, many public health systems were unprepared for a crisis of this magnitude and some became overwhelmed by the rapid influx of patients. This impacted not only hospitals' ability to treat COVID-19 patients, but also their ability to ensure continuity of other essential health services. The “Pulse survey on continuity of essential health services during the COVID-19 pandemic” conducted by the World Health Organization (WHO) in August 2020 found that out of 105 surveyed countries, “28 reported disruptions in 75–100% of services, 27 in 50–74% of services, 20 in 25–49% of services and 19 in less than 25% of services, and 11 countries reported no service disruptions” (World Health Organization, 2020^[5]). Foundations such as Fundación Carlos Slim, Tata Trusts and the Gates Foundation stepped up to support public health systems by providing critical care equipment, training healthcare personnel, and working with national and local governments to build additional hospital capacity.

- Fundación Carlos Slim took a very hands-on role in supporting the public health system in Mexico, going far beyond grant-making. Most notably, they established a public-private partnership with the government of Mexico City to transform the Citibanamex Center – the largest convention centre in Latin America – into a field hospital dedicated to COVID-19 patients. The 626-bed hospital was set up in only 16 days and was operational from April 2020 to June 2021. Fundación Carlos Slim also supported the procurement of laboratory equipment, hiring and training of staff for the field hospital, and strengthening technological capacity. In addition, Fundación Carlos Slim assisted other hospitals in Mexico City through donations of supplies and equipment such as ventilators, oxygen tanks and pulse oximeters. It also supported three hospitals in other states by providing medical equipment and PPE for around 600 hospital beds. Lastly, they set up a network of 48 triage centres across Mexico, in hospitals, national health institutes and even public squares (Tapia-Conyer and Saucedo, 2023^[6]).
- In India, Tata Trusts played a significant role in supporting the healthcare system in the interim period before the government could fully mobilise its response. They began by addressing the immediate need for PPE, using connections throughout the Tata Group to import 200 tons of PPE and distribute it across the country. Tata Trusts also worked to modernise hospitals and prepare them for COVID-19 care by supplying critical care equipment, scaling up oxygen production and training healthcare workers on the use of new equipment (Nawkar, Mandal and Dore, 2023^[7]).
- The Gates Foundation worked closely with national governments in countries such as Nigeria, India, Pakistan and South Africa (at their request) to provide financial and technical support to their public health systems during the COVID-19 pandemic (Gates Foundation, 2022^[8]). They found that these interventions were most successful in countries with which they had a strong pre-existing relationship with the government, enabling more clear communication about specific needs and appropriate strategies for the local context (Dowell and Culver, 2023^[9]). India stood out as an example of this, as their pre-existing relationship with not only the national government but also state governments (particularly Uttar Pradesh and Bihar) allowed them to integrate their support with public sector efforts to build up the health sector sustainably (Dowell and Culver, 2023^[9]; Menon, 2020^[10]). However, in hindsight, the Gates Foundation identified a few miscalculations in their support for public health systems, such as the building of exemplar hospitals in India and Ethiopia. Based on the fatality rates seen in Western Europe and the United States, the Gates Foundation anticipated that a new wave of COVID-19 cases would overwhelm the existing hospital capacity in India and Ethiopia. Yet ultimately, the fatality rates were far lower than expected in South Asia and Sub-Saharan Africa, and thus the Gates Foundation found that these hospitals increased hospital capacity beyond what was needed at the time, particularly in Ethiopia (Dowell and Culver, 2023^[9]; Menon, 2020^[10]).

Box 2.1. Digital health in Latin America

Support to physical hospital capacity constituted a large part of philanthropic foundations' COVID-19 responses, but foundations also made important contributions to the digital infrastructure of healthcare systems. Two foundations in Latin America prioritised digital solutions to healthcare needs: Fundación Carlos Slim and Fundación Santo Domingo.

Fundación Carlos Slim: the digital health ecosystem

Leveraging their experience with digital platforms as well as their technical capacities, Fundación Carlos Slim developed the COVID 360 digital health ecosystem to support the health system in Mexico. This ecosystem included digital health tools supporting the continuum of care, from disease assessment and triage to patient transfer and traceability, hospital management and communication with patients' families and home monitoring. They also created several digital platforms for information, targeting various audiences. *Información sobre COVID-19*, a hub for scientifically validated COVID information presented in a non-technical manner, reached over 1.5 million visits by June 2020 and approximately 7.5 million visits in total (as reported in April 2023). It provided information on subjects including preventative measures, COVID management at home, and COVID during pregnancy (Slim Helú, 2021^[11]; Tapia-Conyer and Saucedo, 2023^[6]). More scientific and academic content on topics such as hospital care, vaccine development and algorithms for comorbidities management was curated for the Foundation's COVID health professionals' hub. Both information platforms have since evolved to cover health-related topics beyond COVID-19 ("Aprende" and "ClikiSalud").

Fundación Santo Domingo: a wellbeing platform

A similar online platform was set up to support mental health and wellbeing in Colombia by Fundación Santo Domingo. *Porque Queiro Estar Bien* started as a hotline for mental health concerns and grew into a full website with a brand identity in less than two weeks in April 2020. Fundación Santo Domingo partnered with health providers such as Fundación Santa Fe and Profamilia to staff the mental health hotline, relying on Caracol Television (a television station owned by the Santo Domingo family through their company Valorem Holdings) for outreach, and Fundación Pulso to create content for the platform.

Source: Interviews with Roberto Tapia-Conyer (General Director) and Rodrigo Saucedo (Head of Digital Health) of Fundación Carlos Slim and Victoria Arciniegas of Fundación Santo Domingo (Arciniegas, 2023^[12]; Tapia-Conyer and Saucedo, 2023^[6])

Testing and tracing

Testing initiatives were a critical component of the philanthropic response to the COVID-19 pandemic. Both the Gates Foundation and the Mastercard Foundation were closely involved in building testing capacity in Africa, partnering closely with the Africa Centres for Disease Control and Prevention (Africa CDC).

- The Gates Foundation collaborated with Africa CDC, the Clinton Health Access Initiative, FIND and Unitaid to provide over 120 million rapid antigen tests for lower-income countries (World Health Organization, 2020^[13]).
- The Mastercard Foundation also partnered with Africa CDC, providing technical support and secondment throughout the pandemic. In the early days of the pandemic, Mastercard Foundation purchased 40 million tests for Africa CD
- C, while also investing in longer term capacity through training test administrators and contact tracers. In interviews, both the Gates and Mastercard Foundations emphasised the importance of

supporting the preventative response of the African continent's most vulnerable countries, but also of partnering with African institutions to do so (Dowell and Culver, 2023^[9]; Roy, 2023^[14]).

- In the United States, the Rockefeller Foundation launched the State and Territory Alliance for Testing (STAT), a co-ordinated network to amplify testing capabilities, including in primary and secondary educational settings. STAT facilitated regular meetings between states and territories to share effective strategies and learn about the latest advancements in COVID-19 testing and vaccination management. It also served as a platform for discussions with experts and federal officials about new approaches to testing and vaccination. Additionally, governors involved in STAT collectively used their purchasing power to negotiate with manufacturers for increased production and reduced prices of rapid COVID-19 tests. Through STAT, states acquired millions of these tests, which were then distributed to critical locations such as schools and nursing homes (The Rockefeller Foundation, 2023^[15]; Sweet and Hanck, 2023^[16]).

Research and development: vaccines and therapeutics

Foundations were a significant source of funding for COVID-19 related research, including vaccine development but also development of therapeutics and general research on coronaviruses.

- The Global Alliance of Vaccines and Immunisation (Gavi) was a major means through which foundations contributed to the development of a COVID-19 vaccine, totalling 15% of CRS philanthropic funding tagged with the COVID-19 purpose code in 2021 (OECD, 2023^[11]).
- The Gates Foundation was a major contributor to Gavi, through collaborations and grants. For example, in August 2020, the Gates Foundation (via its Strategic Investment Fund) provided at-risk funding of USD 150 million to Gavi to support the Serum Institute of India (SII) to manufacture potential vaccine candidates for low- and middle-income countries (LMICs). The collaboration provided upfront capital to SII to help them increase manufacturing capacity so that, once a vaccine, or vaccines, gained regulatory approval and WHO Prequalification, doses could be produced at scale for distribution to LMICs as part of the Gavi COVAX Advance Market Commitment (AMC) mechanism (Gavi, 2020^[17]). The COVAX AMC is the financing instrument that supports the participation of 92 low- and middle-income economies in the COVAX Facility, enabling access to donor-funded doses of safe and effective COVID-19 vaccines (Gavi, 2020^[17]).
- With an eye towards preparedness for future pandemics, the Gates Foundation has also provided significant support to the Coalition for Epidemic Preparedness Innovations (CEPI) to develop vaccines for the next generation of coronavirus vaccines (Dowell and Culver, 2023^[9]).
- The Wellcome Trust was another major funder of vaccine development, partnering with the UK's Foreign, Commonwealth and Development Office (FCDO) to award the equivalent of approximately USD 15 million in research funding to help LMICs prepare for and rapidly respond to the pandemic through a COVID-19-specific call for funding.

Beyond the development of COVID-19 vaccines, foundations also supported other important research related to the pandemic.

- Community Jameel established two successive funds in partnership with Imperial College London: The COVID-19 Excellence Fund, which funded research on understanding, preventing, diagnosing and treating COVID-19, and the Jameel Fund for Infectious Disease Research and Innovation, which funded research on coronaviruses and other infectious diseases in general (Evanson, 2020^[18]; Evanson and Wilson, 2021^[19]).
- Community Jameel identified as potentially their most impactful COVID response measure one they had started even before the pandemic began: the Abdul Latif Jameel Institute for Disease and Emergency Analytics which was founded in 2019 to bring multidisciplinary research to combat disease threats around the world (Richards, 2023^[20]). Their economic-epidemiological model, DAEDALUS, allows countries to calculate the optimal lockdown strategy to minimise the public

health and economic impacts of the pandemic, using indicators such as infection rates and productivity by sector to determine the order in which to close and reopen each sector of the economy (Haw et al., 2020^[21]). This tool was used by numerous policy makers during the pandemic, including the Mexican National Institute of Public Health and the WHO Country Office in Sri Lanka (Jameel Institute-Kenneth C. Griffin Initiative for the Economics of Pandemic Preparedness, 2022^[22]).

- In Sri Lanka, the WHO Country Office partnered with the Jameel Institute to develop an economic model to respond to the third wave of the pandemic in the country. This model was presented to the Sri Lankan government which led to the government adjusting their planned lockdown period. According to an officer in the WHO Country Office in Sri Lanka, “this meant there was a significant number of lives saved with mobility and mortality being controlled over a short period” (Jameel Institute-Kenneth C. Griffin Initiative for the Economics of Pandemic Preparedness, 2022^[22]).
- The DAEDALUS tool has also been used to estimate a variety of pandemic-related outcomes, such as the socio-economic value of booster vaccination in Indonesia, population obesity as a determinant of pandemic impact in Mexico and optimal hospital care scheduling during the COVID-19 pandemic in England (D’Aeth et al., 2020^[23]; Johnson et al., 2023^[24]; Johnson et al., 2024^[25]).
- In 2022, with increased funding from Community Jameel and Citadel CEO Kenneth C. Griffin, the Institute announced the Kenneth C. Griffin Initiative for the Economics of Pandemic Preparedness, an initiative that expands the work of DAEDALUS to more countries and to diseases beyond COVID-19. This global initiative will produce a digital dashboard of the pandemic preparedness levels of over 150 countries, alongside more in-depth studies on specific interventions (Community Jameel, 2022^[26]).

Vaccine rollout

After contributing significantly to the development of COVID-19 vaccines, many foundations were also involved in the production and distribution of vaccines both domestically and internationally. Their involvement included funding vaccine production, purchasing vaccines, advocating for equity, and collaborating with governments and international agencies to support the logistics of vaccine deployment.

- Fundación Carlos Slim helped accelerate vaccine production in Latin America. When the Oxford-AstraZeneca vaccine was in phase two of development, Fundación Carlos Slim used their contacts in the pharmaceutical industry to connect AstraZeneca to two production plants in Argentina and Mexico and assisted with the technology transfer necessary to enable production to begin (Tapia-Conyer and Saucedo, 2023^[6]). The production of these vaccines within Latin America was an important step in making vaccines accessible to this region.
- In the context of its “Saving Lives and Livelihoods” initiative, the Mastercard Foundation directly funded the purchase of approximately 17 million Moderna vaccines through the African Vaccine Acquisition Trust (AVAT), which is part of the Africa CDC. In total, AVAT secured purchase options for approximately 400 million Johnson and Johnson Vaccines and 110 million Moderna vaccines. Alongside the Mastercard Foundation, partners in the initiative include the African Export-Import Bank (Afreximbank), Africa CDC, and World Bank (Mastercard Foundation, 2021^[27]; Roy, 2023^[14]).
- In South Africa, the DG Murray Trust played a significant role in the South African government’s COVID-19 vaccination programme, through a co-ordinated donor support initiative. The initiative was a joint initiative proposed by several foundations to the National Department of Health (NDoH), which began activities in February 2021 (Hartnack, Liedeman and Muteti, 2023^[28]). The DG Murray Trust was deemed the most suitable organisation to lead this initiative, which provided co-ordinated strategic and operational support for NDoH’s vaccination programme (Harrison, 2020^[29]). The co-ordinated donor support initiative partnered closely with the NDoH, but maintained control of its funding, personnel and procurement processes, enabling rapid establishment of a vaccination

delivery platform without the constraints of government accounting systems and bureaucracy. This included a national contact centre staffed with call centre operators and provincial facilitators to run vaccination sites at the sub-district level (Harrison, 2020^[29]).

- In the United States, The Rockefeller Foundation worked towards vaccine equity through its USD 20 million Equity-First Vaccination Initiative, launched in April 2021, which aimed to reduce racial inequities in vaccine distribution in five US cities (Faherty et al., 2023^[30]). In April 2022 they turned their focus towards inequity between countries and launched their Global Vaccine Initiative (GVI), which identified ten countries in Africa, Asia, Latin America and the Caribbean with the goal of helping them improve their vaccination rates (Sweet and Hanck, 2023^[16]). This programme, which drew heavily from the Rockefeller Foundation's experience with their STAT testing programme, worked to integrate COVID-19 vaccines into regular health check-ups and annual shots.

The above examples demonstrate that the efforts of philanthropic foundations during the COVID-19 pandemic played a significant role in complementing the health-sector response of governments and multilateral actors. These foundations provided timely support in areas such as health funding, vaccine distribution and infrastructure preparedness, effectively bridging gaps in government capacities. For instance, the transformation of venues into hospitals and the distribution of personal protective equipment – carried out in close co-operation with local and national authorities – bolstered and supplemented strained healthcare systems. Their contributions in testing and tracing, notably in procuring tests and establishing co-ordinated networks, augmented government-led initiatives. In research and development, foundations' investments in vaccine and therapeutic development provided additional resources to government efforts, aiding in both immediate responses and long-term preparedness strategies. During vaccine rollout, foundations not only supported production and distribution but also collaborated with governments to ensure efficient and equitable vaccine deployment. These actions highlight the ability of philanthropic organisations to provide rapid, adaptable and collaborative support, effectively augmenting public sector responses during the pandemic.

Addressing socio-economic impact and vulnerable communities

To understand the extent to which foundations' pandemic response efforts were relevant to local needs and priorities, interviewed foundations were asked to describe specific targets or focuses of their COVID-19 response, in particular their attention to vulnerable and marginalised groups.

While foundations' support to health initiatives such as vaccine research and rollout were global in nature, many foundations also provided more targeted support to the most vulnerable regions, communities and individuals during the pandemic. This involved specific focuses within their healthcare interventions, such as least developed countries, racial and social minorities, refugees and migrants, and at-risk workers. It also meant looking beyond the healthcare sector to address the socio-economic impact of the pandemic on other sectors and areas of life.

Marginalised groups targeted in health interventions

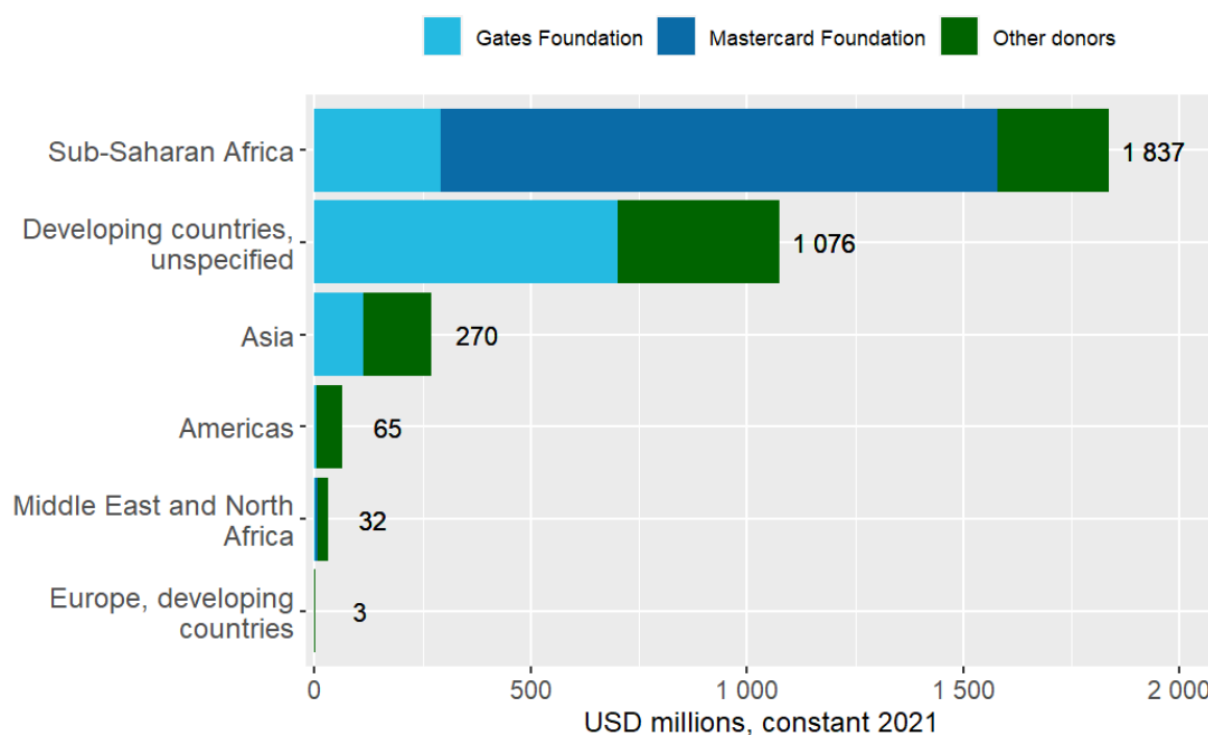
Many of the health interventions supported by the foundations examined were designed to specifically target marginalised groups along geographical, social, racial, economic and occupational lines.

Geographic focus

The two largest providers of global philanthropic support for COVID-19 – the Gates Foundation and the Mastercard Foundation – shared a strong commitment to supporting the poorest and most vulnerable countries, particularly those in Sub-Saharan Africa (Dowell and Culver, 2023^[9]; Roy, 2023^[14]). This is

reflected in the regional breakdown of CRS data on COVID-19 aid: USD 1.8 billion or 55% of all COVID-19 philanthropic funding in 2020-22, went to Sub-Saharan Africa. By comparison, only 37% of overall philanthropic funding in this period was allocated to Sub-Saharan Africa. A total of USD 1.1 billion in COVID-19 funding was classified in CRS as going to “Developing countries, unspecified”, which can include projects spanning multiple regions as well as activities such as research that are undertaken for the benefit of developing countries in general.

Figure 2.5. COVID-19-related philanthropic funding by region, total 2020-2022



Note: The CRS category “Developing countries, unspecified” includes projects that span countries across multiple regions or are global/regional in nature.

Source: OECD (2023^[11]), *OECD Data Explorer, CRS: Creditor Reporting System*, <http://data-explorer.oecd.org/s/3c>.

Domestic foundations also had geographic focuses within their countries. Carlos Slim Foundation supported Mexico’s national response overall, with a focus on filling gaps, but did not have a specific geographic or population group focus as such. At a national level, Tata Trusts prioritised less urbanised regions of India, which suffer from a lack of medical infrastructure. They worked to upgrade around 80 hospitals across 30 states, mainly focusing on rural areas with sparse health coverage (Nawkar, Mandal and Dore, 2023^[71]).

Focus on social, racial and economic minorities

During the pandemic, many foundations focused their response efforts on minority communities, in line with the foundation’s values and responsive to emerging needs (both in terms of pandemic impacts and threats, and gaps in response capacities).

- The W.K. Kellogg Foundation issued USD 300 million in social bonds to respond to the triple racial-health-climate crisis in the United States (Krenn, 2023^[31]). While the United States is outside the scope of this evaluation (the US is not eligible for ODA), this is an interesting example of a

philanthropy understanding and responding to the needs of specific socially excluded groups in ways likely to support relevance. The social bonds fell into five categories: innovation; institutions led by people of colour and compensation for people of colour; racial equity and narrative change; philanthropic partnerships; and policy advocacy.

- While their international focus was on Africa, on the domestic front the Mastercard Foundation gave particular support to the indigenous Canadian population through their COVID-19 Recovery and Resilience Program which addressed issues such as barriers to connectivity, continuity of learning, emergency healthcare and transitional financial support for those facing homelessness or food insecurity (Mastercard Foundation, 2020^[32]). This focus reflected both the foundation's long-term commitment to supporting Indigenous youth and the Canadian government's assessment of this community as the most vulnerable in the wake of the pandemic (Government of Canada, 2023^[33]).
- The Rockefeller Foundation also prioritised racial equality in their COVID-19 response, through the Equity First Vaccine Initiative, a USD 23 million initiative with the goal of reducing racial disparities in vaccination rates in five cities across the United States. As part of this initiative, the Rockefeller Foundation worked with local, community-based organisations to develop "hyperlocal strategies" (The Rockefeller Foundation, Brown University School of Public Health, and Equity First Vaccination Initiative, 2022^[34]).

Focus on health workers

Early in the pandemic, the DG Murray Trust (DGMT) set themselves the goal of focusing on people who might otherwise be overlooked, which for them meant community care workers, residents of rural areas and informal settlements and children without internet access (Harrison, 2020^[29]). In line with this goal, DGMT organised a cross-sectoral initiative to procure and distribute personal protective equipment in South Africa, focusing its distribution efforts on community care workers who were on the front lines of the pandemic response but with far less institutional support than medical professionals in hospitals. Similarly, Mastercard Foundation focused its efforts on support for frontline health workers, providing not only PPE, tests and other medical equipment but also free transport and meals (in partnership with Uber) (Mastercard Foundation, 2020^[35]).

Aid to migrants

Community Jameel wanted to provide support to communities that were most vulnerable during the pandemic and to this end they conducted two interventions in Jordanian refugee camps (Richards, 2023^[20]). Tata Trusts also identified migrants as one of most affected populations and took a facilitating role in aiding them (Nawkar, Mandal and Dore, 2023^[7]; Tata Trusts, 2021^[36]). In collaboration with many civil society organisations working on the ground, Tata Trusts developed a dedicated programme for migrant workers to ensure that they were aware of all government support schemes available to them.

Through these geographic, racial and socio-economic focuses, the foundations examined targeted their interventions to address the needs of vulnerable populations, particularly those who were at risk of being overlooked by other sources of aid.

Socio-economic impacts beyond the health sector

Philanthropic foundations also provided key support in education, business financing and the broader financial sustainability of the non-profit sector.

Remote education and child wellbeing

After health, one of the sectors most directly impacted by the pandemic was education. As countries locked down in spring 2020, children around the world were sent home from school, only able to receive instruction via videoconferencing, in some cases for years. Many foundations stepped up to support schools in transitioning to online learning and to support students with limited or no access to internet.

Fundación Carlos Slim developed “PruébaT”, a free online education platform available on mobile devices, to strengthen the knowledge and cognitive skills of 12 to 22-year-olds and familiarise them with the content of national assessments via a gamified environment. This platform predated the pandemic and was popular in Latin American countries such as Mexico, Colombia and the Dominican Republic (GSMA, 2019^[37]). In response to COVID-19, as part of its “Keep Learning” education strategy, Fundación Carlos Slim collaborated with the Ministries of Education in eight Latin American countries to offer quality content aligned to curricular themes, assisting with teaching and learning during the period of confinement. It also fostered the development of teachers’ digital skills to support remote teaching of mathematics and Spanish in Panama, provided videoconferences for teaching strategies with a social-emotional focus to help teachers prepare for going back to school, and made videos and other educational content accessible on the online platform (Fundación Carlos Slim, 2020^[38]).

In contexts where many children did not have reliable access to the internet, foundations worked to fill the gaps through other forms of distance learning. The Mastercard Foundation’s COVID-19 Recovery and Resilience Program supported not only online learning platforms but also distance learning through community radio stations and SMS messages for over nine million children in Ghana (Unicef, 2020^[39]). The Mastercard Foundation also supported remote education for university students through the Mastercard Foundation Scholars Program e-Learning Initiative, the first phase of which worked with ten partner universities (primarily in African countries) to enable them to provide online instruction and virtual support to their students (Mastercard Foundation, 2021^[40]). The programme is now in its second phase, where it will be scaled to other universities and countries in the Mastercard Foundation’s network, reflecting a general view that the initial phase went well.

Food security

The pandemic’s impact on food security and world hunger was significant (Kakaei et al., 2022^[41]). From 2019 to 2020, the World Food Program reported the largest single-year increase in global hunger in decades (World Food Program, 2022^[42]). Recognising this need, several foundations, including W.K. Kellogg Foundation, the Gates Foundation, Mastercard Foundation, Fundación Santo Domingo and DG Murray Trust worked to support food security during the pandemic. In one notable example, after discovering that direct distribution of food parcels was both costly and dangerous, the DG Murray Trust supported the creation and distribution of digital food vouchers in partnership with the Western Cape government and a private sector consumer goods conglomerate (Harrison, 2020^[29]). These vouchers were sent by SMS message and could be redeemed for any goods sold in a certain chain of grocery stores, though they were accompanied by encouragement to purchase the most affordable nutritious foods available. Similarly, Fundación Santo Domingo collaborated with local nonprofit organisations (NPOs) and governments for nationwide food distribution in Colombia, providing in-kind food vouchers through their affiliate company Deuno (Arciniegas, 2023^[12]).

Support for microbusinesses

The Mastercard Foundation also prioritised access to financial services for micro, small and medium enterprises (MSMEs), establishing the Mastercard Foundation’s COVID-19 Recovery and Resilience Program to aid MSMEs in remaining solvent, maintaining their staff and continuing innovation. The Mastercard Foundation worked with local partners to support MSMEs, such as WomenWork in Kenya.

Together with the Mastercard Foundation, WomenWork launched a Rebuild Program, aimed to assist over 25 000 small enterprises with fewer than ten employees and annual revenues under KES 500 000 (USD 3 860). These businesses, heavily impacted by COVID-19, received support through emergency interest-free loans, business training and access to a network of fellow women entrepreneurs. The loans, designed to be repaid within two months without interest, collateral, or fees, were specifically aimed at job preservation and essential business operations. Additionally, the programme provided a business assessment and a platform for peer support among diverse women entrepreneurs, enhancing their resilience during and after the pandemic (WomenWork Network, 2020^[43]).

Advocacy and awareness-raising

Many foundations used their influence and credibility to raise public health awareness, especially around vaccines, and to advocate alongside governments. In some cases, foundations found that they were well positioned as intermediaries between governments and their populations, whether by helping communicate public health information to people who would be suspicious of this information coming from governmental sources, or by advocating for greater and more equitable aid for vulnerable populations.

- In India, Tata Trusts dedicated several months to addressing vaccine hesitancy. There were many cultural and religious barriers to vaccine uptake, and Tata Trusts was able to use their well-known name and established credibility to educate people on the importance of vaccination (Nawkar, Mandal and Dore, 2023^[7]).
- The DG Murray Trust played a similar role in South Africa, using electronic methods, government channels and social media to communicate public health information (Harrison, 2023^[44]). DG Murray Trust also worked to close the digital divide for children without internet access, advocating for zero-rating mobile data services for educational content from public benefit organisations.
- Community Jameel worked with Abdul Latif Jameel Poverty Action Lab (J-PAL) on behavioural and financial intervention methods for encouraging vaccine uptake, such as interventions to identify central individuals, or “gossips”, within communities to spread accurate information about vaccines (Banerjee et al., 2019^[45]). Community Jameel also conducted research on the most effective forms of advocacy campaigns, and convened a virtual roundtable of philanthropists in the Middle East and Asia to identify synergies and avoid duplicating efforts (Richards, 2023^[20]).

Several foundations were vocal in advocating for equity in the distribution of vaccines, both between countries and within countries. However, interviewed foundations expressed that, in hindsight, they found that advocacy campaigns were not the most effective use of resources to promote vaccine equity:

- In October 2021, the presidents of Open Society Foundations, the Rockefeller Foundation and the Ford Foundation announced the formation of a global alliance of philanthropies for an equitable COVID-19 response, including 15 major foundations across 5 continents (Ford Foundation, 2021^[46]; Malloch-Brown, Shah and Walker, 2021^[47]). The objective of this coalition was to advocate with policy makers to reach the WHO target of vaccinating 40% of people in low- and middle-income countries by the end of the 2021 and 70% by September 2022.
- While the Ford Foundation was involved in advocacy for vaccine equity, they found that these efforts were not as effective as initially expected (Bayer, 2023^[48]). Although they believed that their collective efforts with other major foundations had a positive effect on shifting the discourse around vaccine equity and bringing this issue to the forefront, the impact on actual vaccine equity was unclear.³ In retrospect, the Ford Foundation reflected that resources could have been better spent on the purchase and distributions of vaccines (Bayer, 2023^[48]).

Foundations’ advocacy for equity also went beyond vaccine rollouts. For example, the Children’s Investment Fund Foundation (CIFF) was active in advocating against the United Kingdom’s cuts to foreign

aid, which decreased from 7% in 2019 to 5% of gross national income in 2020 (Bos, 2023^[49]; Loft and Brien, 2023^[50]). This advocacy work included supporting the Coalition for Global Prosperity in calling for a return to the 0.7% budget, as well as funding research on the impact of the UK aid cuts (Anderson et al., 2022^[51]).

The role of philanthropy in advocacy is not without controversy, however. Critics have raised concerns that global health policies are unduly influenced by a few wealthy philanthropists, particularly the influence of the Gates Foundation. A 2022 report from Politico noted that the Gates Foundation, the Wellcome Trust, and the two organisations they helped found (Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness) together spent at least USD 8 million in lobbying government lawmakers in the United States and Europe during the pandemic, a cause of concern for some nonprofit organisations, particularly those based in developing countries (Banco, Furlong and Fahler, 2022^[52]).

Partnerships for a co-ordinated response

Perhaps one of the most significant contributions of philanthropies was their ability to collaborate quickly with various private, public and multinational stakeholders. Foundations are well positioned to act as multi-sectoral conveners, using their financial resources and expansive networks to co-ordinate between governments, non-governmental organisations (NGOs), private businesses and the affected communities themselves. This was highlighted by the United Nations in the 2015 Addis Ababa Action Agenda which welcomed the contributions of philanthropy to the development landscape, and “recognize[d] philanthropic donors’ flexibility and capacity for innovation and taking risks, and their ability to leverage additional funds through multi-stakeholder partnerships” (United Nations, 2015^[53]).

The convening power of philanthropy was particularly important in responding to the multifaceted challenges presented by the COVID-19 pandemic. The pandemic’s impact spanned health, economic and social sectors, requiring innovative and cross-sectoral partnerships. Philanthropic foundations played a key role in convening diverse actors across sectors, partnering with national and local governments, multilateral organisations, the private sector and other foundations to maximise the effectiveness of their pandemic response.

Collaboration with the private sector

Many foundations found that the pandemic was an all-hands-on-deck situation requiring cross-sectoral alliances. A December 2020 survey of 500 US-based private and community foundations found that roughly one quarter of surveyed foundations collaborated with private companies as part of their COVID-19 response, while 80% collaborated with charitable and nonprofit organisations (Finchum-Mason, Husted and Suárez, 2020^[54]). Several of the foundations studied in-depth highlighted private sector partnerships in their interviews.

- Tata Trusts leveraged their corporate relationships to strengthen the pandemic response in India (Nawkar, Mandal and Dore, 2023^[7]). Throughout the pandemic Tata Trusts worked together with their affiliated business group Tata International, a conglomerate of companies such as Tata Steel, Tata Motors and Tata Consultancy Services. They used their expertise and existing relationships in global purchasing and supply chain management to procure equipment such as PPE and ventilators to fill a critical shortage of medical supplies in India (Tata Group, 2020^[55]). Likewise, Tata International was able to charter flights to import PPE, set up a new warehouse facility to receive and consolidate material imported from domestic and international suppliers, and facilitate distribution (Tata Group, 2020^[55]).

- The DG Murray Trust partnered with over 200 NGOs, as well as Business4South Africa (B4SA), a private sector coalition, for its PPE procurement programmes (Harrison, 2023^[44]). They also collaborated with large businesses such as Coco-Cola to extend the reach of their PPE distribution.

Collaboration with the public sector

The World Health Organization (WHO), complemented by the strategic agility of foundations such as the Gates Foundation, enabled a powerful transnational response. The creation of the Global Health Emergency Core by the Gates Foundation aimed to bolster this global collaboration further. The Gates Foundation has long been a top funder of WHO; in 2018-2019 it was the second largest donor, with USD 531 million compared to USD 893 million from the United States (the largest donor). The Gates Foundation also co-founded and funded two key multinational organisations that played significant roles in the pandemic: Gavi, the Vaccine Alliance, founded in 2000 in partnership with WHO, UNICEF, and the World Bank; and the Coalition for Economic Preparedness Innovations (CEPI), a multisector initiative launched at Davos 2017 by the Gates Foundation, Wellcome Trust, the World Economic Forum and the governments of India and Norway (CEPI, 2023^[56]; Gavi, 2023^[57]). These two organisations together served as co-ordinators of COVAX, the global effort for equitable access to COVID-19 vaccines (Gavi, 2020^[17]). While the largest volumes donated to Gavi, CEPI and COVAX came from governments, the initiative for the coalition stemmed from the private philanthropic sector.

There were also many examples of foundations partnering with national governments to further their COVID-19 responses. Fundación Carlos Slim co-ordinated with the local government in Mexico City in establishing their temporary COVID-19 hospital. Despite difficulties in co-ordinating with the federal government, they were able to co-ordinate with the Mexican minister of foreign affairs in supporting the production and supply of AstraZeneca vaccines (Fundación Carlos Slim, 2020^[38]).

Similarly, DG Murray Trust worked with the South African government in several capacities during the pandemic, most notably by funding the Solidarity Fund, which was set up in March 2020 as a platform for channelling donations from foundations, companies and individuals to augment the South African government's pandemic response (Harrison, 2023^[44]). However, they reported facing many legal and bureaucratic hurdles in their efforts to procure PPE, such as PPE price lists published by the National Treasury, which they saw as incentivising price gouging. There were also issues of burdensome centralised quality review that slowed down the procurement process, as all PPE sourced through their partners Business4SouthAfrica had to be inspected by the South African Bureau of Standards, which became seriously backlogged and could not approve equipment fast enough to meet the needs of health workers. DG Murray Trust CEO David Harrison wrote that "it seemed that the real purpose the PPE was being lost in the micro-scrutiny": while a mask with over 95% filtration efficiency is ideal, a mask with 90% filtration would still provide more protection to a health worker than no mask at all (Harrison, 2020^[29]; Harrison, 2023^[44]).

Collaboration with other private foundations

During the COVID-19 pandemic, foundations recognised the importance of collaborating with each other to enhance their reach. The Hewlett Foundation noted that the pandemic prompted many foundations, which typically might prefer to work independently, to join forces. This collaboration often involved pooling resources, capacities and staff to address the challenges posed by the pandemic. The pandemic effectively broke down barriers between foundations, leading to more collaborative efforts and the formation of groups or networks that met regularly, facilitated by the widespread adoption of virtual meetings like Zoom (Arbreton, 2023^[58]).

Community Jameel likewise observed a growing trend among philanthropies, regardless of their size, to engage in co-financing projects with other foundations. This approach allowed them to leverage their

funding more effectively, though it also meant they were more susceptible to following the trends set by other foundations. Community Jameel pointed out that longer-term commitments could help mitigate the effect of this tendency (Richards, 2023^[20]).

This section has highlighted many examples of philanthropic collaboration, such as the pooling of resources for vaccine equity through COVAX. Yet these are just a small sample of the many large and small collaborations within the philanthropic sector. In South Africa, DG Murray Trust partnered with the Solidarity Fund and the ELMA Foundation on several initiatives, including the procurement of PPE (Harrison, 2020^[29]). Community Jameel began hosting roundtables among foundations working in the Middle East to foster synergies and avoid duplication of efforts (Richards, 2023^[20]). The Children's Investment Fund Foundation (CIFF) also engaged in collaborative efforts with other foundations, particularly in their advocacy work concerning the impact of the UK's aid cuts. This collaboration highlighted the importance of combining efforts to ensure that the international system delivers appropriate financing, to respond to the pandemic in the UK and globally (Bos, 2023^[49]). The Ford Foundation was a leader in philanthropic collaboration for the pandemic response, spearheading multiple joint initiatives. In October 2021, they led a Global Alliance of Foundations in sending an open letter, signed by 15 major foundations, to World Bank and IMF leaders to call for a fairer and more equitable COVID-19 recovery (Ford Foundation, 2021^[46]). They were also the instigators of a philanthropic commitment to increased flexible financing, as well as of an initiative for more innovative financing mechanisms, both of which will be discussed in more detail in the following section.

3 How did foundations adapt and innovate during the pandemic?

To best respond to the evolving needs of the pandemic, philanthropic foundations underwent important internal changes in how they work, including changing grant-making practices, loosening the conditions for providing and monitoring grants, and finding ways to substantially increase their giving, such as issuing social bonds.

Flexible funding

Many foundations highlighted the importance of flexible funding, that is, providing financing to grantees that is not tied to a specific outcome or project (OECD, 2024^[59]), and adjusting expectations on timelines and deliverables. Some foundations already employed flexible funding and found that this was a strong advantage in adapting to the COVID-19 crisis.

- For example, the Hewlett Foundation typically provides 70-80% of its grants as flexible support (Kramer, 2020^[60]) and found that this was critical in empowering their grantees to adjust to the onset of the pandemic (The Center for Effective Philanthropy, 2022^[61]).
- The Ford Foundation also had a strong commitment to long-term flexible funding prior to the pandemic, having established its BUILD programme in 2015 to provide 5-year flexible funding to groups working on institutional strengthening (Bisiaux et al., 2022^[62]; Ford Foundation, 2022^[63]).
- Others committed to moving towards more flexibility as a result of the pandemic, with over 800 funders signing a pledge (spearheaded by the Ford Foundation) to loosen or eliminate restrictions on their existing grants, and to provide more unrestricted grants in the future (Council on Foundations, 2020^[64]). In addition to a commitment towards changing project-based grants to general unrestricted support, the pledge also discussed other forms of flexibility and adaptability, such as accelerating the timeline for paying out grants, and relaxing requirements and schedules for project deliverables.
- One foundation who began providing more flexible grants as a result of the pandemic was W.K. Kellogg Foundation. They did this not only by providing more operating support grants, but also by simplifying burdensome requirements for evaluation reporting and streamlining their grant proposal process. Rather than eliminating all reporting from grantees, which could lead to issues in traceability and taxability of donations, W.K. Kellogg Foundation opted for simple reporting guidelines along four questions: the nature of the project, what it accomplished, what did not succeed and what lessons were learned that could inform future work (Krenn, 2023^[31]).

Innovating in finance: Social bonds

The pandemic also led some foundations to develop innovative forms of funding. In June 2020, five large US-based foundations – the Ford Foundation, the Doris Duke Charitable Foundation, W.K. Kellogg Foundation, the John D. & Catherine T. MacArthur Foundation, and the Andrew W. Mellon Foundation –

made a joint commitment to providing additional funds to nonprofit organisations to facilitate a stable post-pandemic recovery (MacArthur Foundation, 2020^[65]). To meet the goal of additional funding, these foundations turned to new mechanisms such as the issuing of long-term debt. The Ford Foundation was the first foundation to issue corporate taxable social bonds: its USD 1 billion in bonds, offered with 30-year and 50-year maturities, is aimed at supporting NPOs in responding to the unique challenges posed by COVID-19, with a focus on funding under-resourced areas and stabilising organisations capable of leading equitable recovery efforts (Ford Foundation, 2020^[66]). The bonds, which received top credit ratings from both Moody's and S&P, received significant attention and drew over 100 investors, including insurance companies, investment fund managers and public pension funds (Beaty, 2022^[67]). The Ford Foundation's market success was quickly followed by other foundation-issued bonds, see Table 3.1 (Doris Duke Charitable Foundation, 2020^[68]; MacArthur Foundation, 2020^[69]; Rockefeller Foundation, 2020^[70]; W.K. Kellogg Foundation, 2020^[71]). In total, foundations took on USD 2.9 billion in long-term debt during 2020, with the proceeds funding not only their pandemic response but also social justice work and racial equality (Candid, 2022^[72]).

Table 3.1. Social bonds issued by philanthropic foundations

Foundation	Total value
Ford Foundation	USD 1 billion
Rockefeller Foundation	USD 700 million
W.K. Kellogg Foundation	USD 300 million
MacArthur Foundation	USD 125 million
Doris Duke Charitable Foundation	USD 100 million
TOTAL	USD 2.9 billion

According to Darren Walker, president of the Ford Foundation, the proliferation of debt issuances from foundations was due to 2020's historically low interest rates (Edgecliffe-Johnson and Temple-West, 2020^[73]). These bonds were notable not only in their novelty, but also in their additionality – by using debt issuances to fund new COVID-related grants, these foundations ensured that their pandemic response was additional to their other programmatic funding, rather than merely a redirection of funds. For example, the Ford Foundation's social bonds allowed it to nearly double its grant-making efforts in 2020 (Ford Foundation, 2020^[66]).

Beyond financial support

Foundations also supported their grantees in ways beyond direct financial support. This included making adjustments to their grant agreements such as relaxing reporting requirements, paying out funds more quickly, offering extensions on project timelines and allowing repurposing of funds, as outlined in the Council on Foundations' joint pledge (Council on Foundations, 2020^[74]). Foundations also went outside of the realm of grant-making to provide technical support and capacity building for their grantees. For example, the Hewlett Foundation launched a USD 750 000 COVID-19 Emergency Financial Technical Assistance programme in 2020 that matched 110 grantees with external accountants and financial advisors to help them evaluate their financial planning in the face of the pandemic (Creative Research Solutions, 2022^[75]). This capacity building helped their existing grantees to build organisational resilience to weather the pandemic.

4 What lessons from the pandemic can support future philanthropy?

Lessons learned and long-term strategies

One of the goals of this evaluation is to understand what good practices, innovations and lessons for the future can be drawn from the response of private philanthropy to the COVID-19 pandemic, and how these can be used to inform future crisis preparedness. To this end, interviewed foundations were asked to reflect on the key takeaways and lessons learned from the pandemic years. As the first crisis of this scale to arise in the history of these institutions, the COVID-19 pandemic served as a testing ground of crisis-preparedness, and foundations learned both from their successes and from their failures.

The best response to a crisis comes from good crisis preparation

The most frequently cited lesson among interviewees was the importance of preparing for crises before they arrive, or as one foundation representative put it, “preparing for war during peace time”. This applied both to national governments and communities as well as to philanthropies themselves. Out of the interviewed foundations only one indicated they had an internal emergency plan. Most highlighted the lessons on preparedness based on their experiences working with government systems.

Tata Trusts highlighted the need for extending telemedicine coverage and public health communication to enable India’s healthcare system to better respond to future health crises, while the Gates Foundation and Community Jameel discussed the importance of funding continued research on coronaviruses and next-generation vaccines (Dowell and Culver, 2023^[9]; Nawkar, Mandal and Dore, 2023^[7]; Richards, 2023^[20]). Foundations generally agreed that better systems were needed for tracking disease and evaluating needs to effectively fund the appropriate responses. The Gates Foundation found that disease surveillance systems failed during the pandemic because they were disconnected from each other, and now believes that future disease surveillance systems should be built with a broader view on interconnectedness (Dowell and Culver, 2023^[9]). Community Jameel particularly warned against the risk of a philanthropy’s attention moving too quickly to other, more current topics, rather than learning from the COVID-19 experience and using this time to build new systems to respond to future pandemics (Richards, 2023^[20]).

Ensuring flexibility in times of crisis comes from the top but must include every part of the foundation

Another lesson highlighted by several foundations – such as Tata Trusts, the Gates Foundation, the DG Murray Trust and the Rockefeller Foundation – was that flexibility starts at the top, and that trust and autonomy from foundation boards, as well as active engagement from top management, are crucial in mounting an efficient crisis response. When foundation officers were given more autonomy by their boards, they were able to make quick decisions in response to changing circumstances, without going through long approval processes. This operational autonomy (to make quick decisions during the crisis) was in

many cases enabled by proactive upper management who oversaw operations, expedited approvals and kept the board informed without micromanaging.

A swift crisis response requires taking risks

Closely related to this point was the lesson highlighted by DG Murray Trust on the importance of taking risks. DG Murray Trust learned this early in the pandemic when deciding whether to wait for all safety tests to be passed before producing masks, thus losing precious time, or to fund production knowing that there was a risk the money could be wasted if the quality and safety tests for the masks failed. Their solution was to guarantee funding for the first 300 000 masks while including an option to opt out of future payments in the case of test failure. According to CEO David Harrison, “this dilemma brought home the fact that while innovation can flourish in times of uncertainty, it is not without risk – and space needs to be made for it” (Harrison, 2020^[29]).

Foundations can achieve better results by playing to their unique strengths

While foundations strove to be flexible and bold in their pandemic responses, they nevertheless emphasised the importance of choosing interventions carefully and focusing on their organisational strengths. Similarly, the Rockefeller Foundation held off on investing in vaccination programmes on a global level until 2022, taking their time to carefully assess their organisation’s strengths and connections and to identify the specific role they could play (Sweet and Hanck, 2023^[16]). They were then able to use their experience with the STAT programme in the United States to create a similar network for vaccine administration: the Vaccine Action Network . The Network is a localised learning network bringing together public health administrators in Sub-Saharan Africa to support their COVID-19 vaccine rollout but also to bolster their public health systems more broadly (Rockefeller Foundation, 2022^[76]). This example highlights the tension and balance between cautious decision making and rapid responsiveness. The Rockefeller Foundation expressed that they could have had a larger impact if they had launched their global vaccine programme earlier, but nevertheless felt that the final programme was well-designed, experience-based, and drew on their unique strengths.

Knowledge sharing and open data are crucial

Lastly, several foundations emphasised the need to support open access science and access to accurate information. The Rockefeller Foundation prioritised knowledge sharing in the research they funded during the pandemic, stipulating in the grant agreements that knowledge produced was meant to become a global public good (Sweet and Hanck, 2023^[16]). They partnered with the research institution Mathematica on many of their pandemic programmes, including the Equity-First Vaccination Initiative and the Global Vaccination Initiative. They then published results in formats such as an interactive dashboard for schools to test the benefits of routine testing, a COVID-19 Response Dashboard tracking core indicators of the United States’ pandemic response and regular reports of results (The Rockefeller Foundation, 2023^[77]) . The Wellcome Trust has had an open access policy for over 15 years, and this commitment was reinforced by the pandemic. In 2020, Wellcome released a joint statement – signed by 160 partners including universities, multilateral organisations, journals and publishers, public sector agencies and other philanthropic foundations – calling for rapid and open sharing of COVID-19 research findings and data (Wellcome Trust, 2020^[78]) . A 2022 study funded by Wellcome, the Gates Foundation, and UK Research and Innovation on the impact of this joint statement found that open sharing increased in the research community as a whole, that signatory institutions implemented their commitments with a range of programmes including dedicated COVID-19 research portals, and that open and rapid sharing played a key role in the success of the global pandemic response (while not causally attributing these changes to the joint statement itself) (Chiarelli et al., 2022^[79]). Community Jameel remarked on the importance of this

shift towards open research and particularly the increase in the pre-publication of results, which they found opened up a wider discourse of the peer review method (Richards, 2023^[20]).

Shifting priorities

The pandemic was an opportunity for introspection and re-evaluation of strategic priorities for some foundations, bringing clarity on their own role and added value in the philanthropic sector and the development space more broadly.

Strong relationships arise from like-minded partners

For example, Community Jameel found that during the pandemic it was tempting to extend beyond their domain of expertise. Yet this experience led them to reflect on their mission and refocus on the areas in which they are well-positioned to make an impact (Richards, 2023^[20]). This meant increasing their efforts in finding like-minded partners and building strong relationships with these partners, such as bringing together researchers in the United Kingdom with researchers in Saudi Arabia through the joint Jameel Fund described earlier in this chapter.

Local relationships must be strengthened for real global reach

With closed borders and many barriers to travel, strong local partners became more important than ever. The Gates Foundation found that the most effective partners during the pandemic were those who were already specialised on a specific region or topic and thus had a wealth of expertise and connections to draw on. Consequently, fostering relationships with and supporting these types of organisations has become a priority post-COVID. In some cases, internal staff also became more localised over the course of the pandemic: for example, the Children's Investment Fund Foundation (CIFF) moved from a staff primarily centralised in the United Kingdom, to having the majority of their staff based in their international offices in Kenya, Ethiopia, India and China.

Philanthropy's evolving role in global crises

The COVID-19 pandemic was a test of the roles and contributions of philanthropy in global development co-operation. The analysis undertaken for this study finds that they stepped up to face the global health crisis in ways that align with the comparative advantages of philanthropy highlighted in the 2015 Addis Ababa Action Agenda (United Nations, 2015^[53]), namely closing funding gaps, supporting innovating and fostering collaboration.

Foundations can often move more quickly than the public sector to fill temporary gaps

Philanthropic foundations have the advantage of being able to act swiftly and provide funding in situations where the public sector response might lag or is incomplete. The Gates Foundation's timely funding to WHO, Tata Trusts' rapid procurement and distribution of PPE in India, and DG Murray Trust's strategic approach to filling gaps in community-level protection measures in South Africa exemplify how philanthropy can step in quickly to address immediate needs.

Philanthropy has room for innovation that other donors find too risky

Philanthropic foundations also played an important role in piloting innovative, untested programmes that could later be adopted and scaled up by governments. The Rockefeller Foundation's STAT programme for

testing in primary and secondary schools is a prime example of this approach, showcasing how foundations can take risks on new initiatives that might be too uncertain or politically sensitive for governments to initially undertake. As non-state actors beholden to very few external stakeholders, foundations can take a neutral stance, collaborating with different government administrations, as the Rockefeller Foundation did in working with Republican and Democratic state governors.

Foundations can use their convening power to bring together diverse public and private sector actors

Additionally, philanthropic organisations are well-placed to convene diverse actors across sectors, geographies, and political spectrums. Rockefeller and Community Jameel, for instance, leveraged their networks and resources to bring together various stakeholders, including other philanthropists, private sector entities and multilateral agencies. This capacity for convening and collaboration is a unique strength of philanthropy, allowing for a more co-ordinated and comprehensive response to global challenges.

More efforts are needed to prepare for new challenges in the future

Overall, the pandemic underscored the role of philanthropy in global crises, highlighting its capacity for rapid response, innovation and co-ordination. Foundations not only addressed immediate needs but also laid the groundwork for long-term strategies and partnerships to tackle future global challenges.

Nevertheless, the pandemic also highlighted the question as to what the appropriate role should be for foundations in the event of a future pandemic or similar crisis. While the Gates Foundation, Community Jameel and others are already funding forward-looking initiatives for pandemic preparedness, they express some scepticism about whether philanthropy is the appropriate actor to lead this initiative. The Gates Foundation described an ambivalence within their organisation as to the appropriate role for philanthropy in preparing for future pandemics: while they have expertise and experience to offer, they don't want to take space that should be the responsibility of elected or accountable bodies (Dowell and Culver, 2023^[9]).

Conclusions and future directions

Throughout the COVID-19 pandemic, private philanthropic foundations emerged as notable players in the global response. This report has delved into the multifaceted contributions of large foundations, highlighting the ways they drew on their capacities for agility, innovation and collaboration to not only supplement but enhance governmental and multilateral development assistance efforts.

Philanthropic foundations addressed critical needs within the health sector, swiftly mobilising resources to support hospitals, testing, tracing, and vaccine development and distribution. Their ability to quickly adapt and respond to the evolving crisis helped to bridge the gaps left by overburdened healthcare systems across the globe. Beyond healthcare, these foundations extended their reach to mitigate the broader socio-economic impacts of the pandemic, from supporting remote education to ensuring food security and aiding microbusinesses, turning an eye to populations and communities neglected by other actors. In doing so, they helped address the multisectoral economic and social impact of the pandemic, drawing on their respective areas of expertise.

The COVID-19 crisis also spurred on philanthropic foundations to adopt more flexible funding approaches and explore innovative financial tools such as social bonds. While it remains to be seen how long term these changes will be, this financial adaptability enabled them to respond more effectively to the urgent needs of the crisis. Moreover, the pandemic highlighted the strength of partnerships, as foundations engaged in collaborations across private, public and multinational sectors. These partnerships not only amplified individual initiatives but also fostered a more co-ordinated global response.

The philanthropic response to the COVID-19 pandemic has underscored the sector's role in global crisis management, demonstrating the ability of philanthropic foundations to work strategically on short-term emergencies and long-term preparedness. The lessons learned and strategies developed by philanthropic foundations will remain relevant in shaping crisis response in the future. Their role in the pandemic response has set a precedent for the sector's involvement in future global challenges, reinforcing the added value of philanthropy in comprehensive crisis management, development of technologies and global co-operation.

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Notes

¹ The Wellcome Trust (based in the United Kingdom) was initially included as a focus foundation, but was ultimately unavailable for an interview within this evaluation's time frame. Nevertheless, information on their COVID-19 response has been included in this chapter based on publicly available documents.

² Data on W.K. Kellogg Foundation's grants was derived from their publicly available IRS 990-PF filings.

³ Only 25% of people in low-income countries had received at least one dose of a COVID-19 vaccine by October 2022, and as of November 2023 this figure had risen to just 33%, compared to 80% of the population of high-income countries. See UNDP(2023), *Global dashboard for vaccine equity, Data Futures Exchange*, <https://data.undp.org/insights/vaccine-equity>.