1 Health

Our priority in 2020 was responding to Covid-19. From the first weeks, we could see that the pandemic's devastating impact on both life and well-being would require systemic change. Covid-19 was uniquely harmful because it stressed already insufficient systems—for example, the United States had a barely functioning diagnostic system in place, and access to healthcare—including vaccines—was marked by inequity. To help transform those systems, we assessed where we could have the greatest impact, and then set out to find the solutions and the partners to accelerate access to testing and vaccines for everyone.

What We and Our Partners Achieved: Select Impact by the Numbers

GLOBAL

50 Million

Covid-19 tests donated or procured by grantees in Latin America

19 African ministries of Health

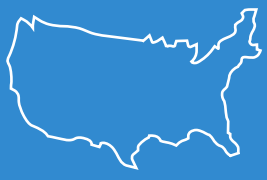
supported in standing up genomic surveillance programs; over 20K African SARS-CoV-2 genomes sequenced

3 Thousand

labs in India capable of conducting Covid-19 tests, compared with 14 at the start of the pandemic

508 Thousand

Amazonian indigenous peoples received vaccination, health education, and other Covid-19 prevention interventions



UNITED STATES

4.5 Million

Covid-19 tests delivered to U.S. communities through Project ACT

12% Decrease

in Covid-19 test prices from State & Territory Alliance for Testing $30M Advance Market Commitment

335 Schools

piloted Covid-19 testing to remain open in 5 cities and 1 state

64 Thousand

vaccinations administered by Equity-First Vaccination Initiative (EVI) partners across 4k+ local community events across 5 U.S. cities

Testing Is Our Way Out

In April 2020, nearly every American was locked down, unable to go to school, to work, or even come together as communities. To help, the Foundation focused on the root cause of the troubles facing those in the United States. **In the absence of a vaccine, we believed the most pressing need was for quick and affordable screening tests** to identify infections and help businesses and schools open safely. Unfortunately, such tests were sorely lacking across the country—especially compared with other nations. **The United States had administered only twenty-three tests per million people in March 2020, compared with almost 3,700 per million in the Republic of Korea.**

Addressing this gap would require systemic change. To unlock America's testing capacity to get kids back into school and others back into a sense of normalcy, the Foundation worked with partners to:

Identify how many tests the United States was producing, and how many it could produce;

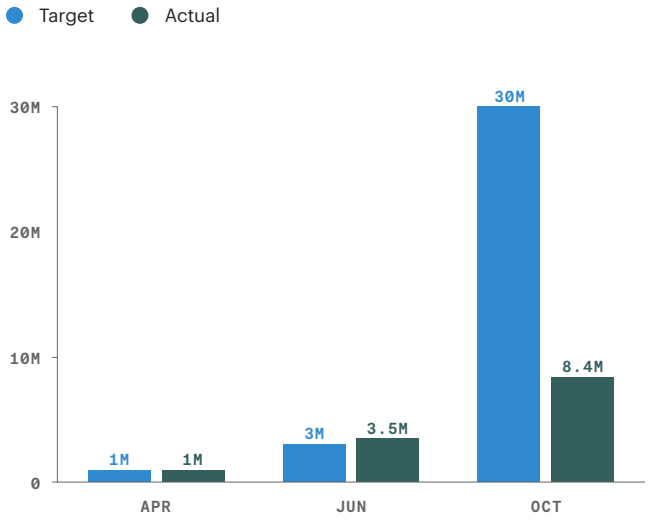
Develop the right testing strategy and protocols to unlock their potential;

Identify and stimulate enough demand to stoke test production, including leveraging the Foundation's grant-making capacity;

Facilitate alliances with federal, state, and local governments to understand the challenge and need, which resulted in purchasing and fielding tests at a scale that drove production;

Collaborate with the many different stakeholders in public education to pilot school testing programs and develop protocols for their use everywhere.

1-3-30 PLAN WEEKLY U.S. COVID-19 TESTING 2020



1-3-30

The Foundation quickly convened experts and published its **first of three action plans** in April 2020, **a "1-3-30" national call to scale weekly tests from 1M (in April) to 3M (by June) and then to 30M (by October 2020).** The call for action, and clarity around what was needed, provided a welcome direction for those in the United States looking for a way out of lockdowns. As we all learned the hard way, inconsistent, unavailable data made it difficult to track progress against set goals.

Another challenge was the stark lack of government collaboration and discussion around states' Covid-19 responses. **To bridge this gap, the Foundation created multiple networks that soon formed the backbone of the U.S. pandemic response infrastructure.** The Testing Solutions Group—mobilized twenty-five local mayors and invested in pilots in ten hard-hit communities. The Foundation also launched the **State & Territory Alliance for Testing (STAT)**, a network that grew to over 100 Covid-19 leaders meeting weekly. A bipartisan cast of governors pooled intelligence and resources. With the Foundation's leadership, STAT launched a 30 million dollar financial guarantee to stimulate test production, which **lowered testing prices by 12 percent**. **To this day, the alliance remains a core part of the U.S. public health and testing infrastructure**—with 47 states and territories representing over 97 percent of the U.S. population attending a STAT session in the first quarter of 2023—and a legacy of the work done in 2020. STAT participants are primarily state agencies but also include non-state departments, such as local education agencies and health departments and continue to cover a diverse range of public health topics.

The Foundation also further strengthened the U.S. testing supply chain by launching and providing the initial investment for **Project Access Covid Tests (ACT)**, a public-private partnership with six state health departments and several private companies to get at-home Covid-19 tests into the hands of communities. **By the end of 2022, 4.5 million tests were delivered to homes across the United States. All participating states requested to extend Project ACT beyond the original end dates.** The program mobilized over 33 million dollars in public-sector funding, all of which is aggregated and managed by our public charity, **RF Catalytic Capital**, and has been extended to mid-2023.

> **“ Project ACT has been a great solution for us in our rural and underserved communities. It has given us the tools to reach vulnerable populations that had limited or no access to Covid testing. ”**
>
> **Dr. Joan Duwve**
> State Health Officer,
> Kansas Department of Health and Environment

Reopening K-12 Schools Safely

By the end of 2020, in school districts from Miami to Los Angeles, most children in the United States had lost nearly a year of schooling, and the need to reopen K-12 schools was a matter of national importance. In response, **we invested in and launched some of the first Covid-19 K-12 testing pilots in the country**, partnering with schools in Louisville, Kentucky; Los Angeles, California; New Orleans, Louisiana; Tulsa, Oklahoma; the District of Columbia; and the state of Rhode Island. The aim: to understand the effectiveness of testing protocols in reducing infections and reopening schools safely. The programs ultimately **tested over 100,000 students and staff** across 335 schools in five cities and one state. **These pilots generated crucial and timely evidence that students were safe to return to school because of coordinated testing.**

We made our pilot **evidence** public by publishing several K-12 **testing protocols and playbooks**. **The programs and their encouraging results informed the federal administration's 10 billion dollar investment in K-12 Covid-19 testing.** To operationalize that 10-billion-dollar investment, we convened 45 testing companies to build and execute the **K-12 National Testing Action Program (NTAP)**, which, by the end of 2021, had helped share testing protocols and **help perform tests in up to 20,000 schools** across all 50 states.

In a time of great uncertainty, we partnered with governments, communities, and NGOs to make a big bet on Covid-19 testing. **We acknowledge that the bold national testing metrics we set were not initially achieved in the aggressive timeframe we had hoped.** The United States did exceed the three million goal in June (3.5 million tests performed weekly) but fell well short of the 30 million goal by October (only approximately eight million tests performed weekly).

> **“ The pandemic has been an incredibly big challenge for schools across the country. ... The encouragement, support, and education from the Foundation have prepared us to do this as safely as possible. ”**
>
> **Eva Stone**
> Jefferson County Public Schools, KY

Ending the Pandemic for Everyone

The work to end the pandemic was not limited to testing in the United States alone. As we sought to stoke U.S. testing, we were actively deploying these tools in a multitude of other countries, leveraging the reach of our regional offices and local partners.

Equitably Expanding Testing

Our investments led to the procurement and distribution of millions of Covid-19 tests in India, Latin America, and Africa. In India, for example, our funding to the Indigenization of Diagnostics Initiative (InDx) enabled a drastic price reduction of domestically procured test kits, drove a ten-fold increase in PCR manufacturing, and dramatically expanded India's testing capacity. These investments **helped strengthen diagnostic capacity** to ensure that testing capacity was in place to meet the surge of the Delta variant. Insights developed by the InDx initiative were later adopted into the India G20 presidency's countermeasures platform, thus ensuring they went global.

Our investments in partners such as **C-CAMP** in India, **LumiraDx** and **Shining Hope for Communities** in Africa, and **PAHO** and **Hivos** in Latin America helped to achieve:

60%

reduction in price of domestically procured test kits, from $8 to $3 per kit in India

3 Thousand

labs capable of conducting Covid-19 tests in India, compared with 14 at the start of the pandemic

1.9 Million

rapid antigen tests distributed to nearly 50 African Union Member States

10 Thousand

health workers trained in testing and/or vaccine administration in Africa

20–30%

increase in lab capacities in 6 Latin American countries

50 Million

tests donated or procured in Latin America

Expanding Access to Vaccines

The breakthrough development of vaccines was just a first step. Distribution, especially to those living in underserved communities, was another challenge. To meet it, the Foundation worked with partners to ensure equitable access to Covid-19 vaccines, both in the United States and in low- and middle-income countries (LMICs) around the world.

Vaccine Equity in the U.S.

The Foundation spearheaded the 23-million-dollar **Equity-first Vaccination Initiative (EVI)** to reduce racial disparities with a hyper-local vaccination rollout in five cities. **We commissioned surveys of Black and Latinx adults in those communities and found a majority wanted to get vaccinated—contrary to speculation at the time—but faced barriers to access.** We took a collective impact approach, supporting a cross-sectoral array of partners to deliver strategies that met the needs of each community. Communications agencies, advocacy organizations, and learning partners collaborated with nearly 100 community-based organizations led by **The Open Society Institute-Baltimore**, **The Chicago Community Trust**, **Houston in Action**, **Bread of Life**, **United Way of Greater Newark**, **Roots Community Health Center**, and **Faith in Action**.

COLLECTIVELY

64 Thousand+

vaccinations administered by EVI partners across 4000+ events

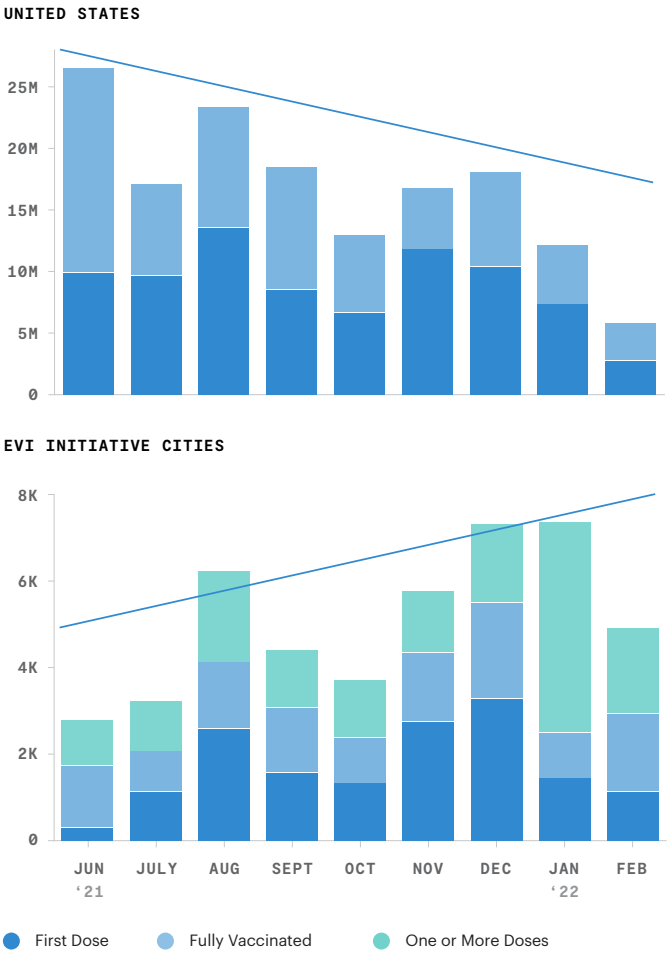
14.5 Million+

connections made with community members to provide accurate information online and offline

153 Thousand+

touchpoints helped individuals to get vaccinated

VACCINATION DOSES



As national vaccination doses trended down across the United States, vaccinations in EVI initiative cities showed a contrasting trend, climbing steadily over the course of the initiative.

FIELD INSIGHT

Promising Practices to Increase Vaccine Demand

One of EVI's partners, Brown University School of Public Health, synthesized lessons learned from the initiative into **a report providing guidance on how to increase vaccine demand**. The guidance highlights the importance of tailored messaging strategies, a harm-reduction approach, and unified public health communications from varied sources through established engagement infrastructures.

Vaccine Equity Around the World

Our partners also contributed to vaccinations in other parts of the world. **Through our 55-million-dollar Global Vaccination Initiative (GVI), we supported country-led efforts to boost vaccination rates in LMICs.** Our collaborations with partners and implementation programs facilitated through **Amref** enabled **meaningful progress toward national vaccination goals and strengthened health systems across 28 countries.**

CASE STUDY

Vaccination Action Network Success in Tanzania

The fully immunized percentage of the eligible population in the Njombe region increased from **17 percent to 51 percent** in just ten days after implementing the strategies developed during a GVI convening. By applying similar strategies during a follow-on seven-day campaign in September 2022, the region reached a **79 percent vaccination rate**, exceeding all targets set.

> **“ It is not about what was told to community members [to encourage vaccination] but how it was disclosed and who was delivering the message. Identifying trusted sources, using simple and sensitive language, and bringing both information and vaccines to varying settings can help tackle low vaccination rates. ”**

Samson Soro Sasi
Njombe Health Promotion Lead

MISSTEP: BUILDING AN INSTITUTE FOR

Pandemic Preparedness

Even as The Rockefeller Foundation worked to end the Covid-19 pandemic, we sought to detect, prevent, and mitigate similar crises. The cornerstone of this work was our commitment of 150 million dollars in 2021 to establish a **Pandemic Prevention Institute** (PPI). We believed that a global network of partners, using a democratized data platform and predictive analytics, could provide early insight into where epidemics might be emerging. **We believed an independent institute was required, and that the Foundation's history of public health work and establishing independent institutions made us well positioned to build one.**

One focus area that found significant success was our grant portfolio dedicated to building genomic-sequencing capacity to better track SARS-CoV-2 variants of concern across the globe. The Foundation-funded **Centre for Epidemic Response and Innovation (CERI)** at Stellenbosch University in South Africa, for instance, played a key role in identifying the Covid-19 Omicron variant and several Omicron sub-lineages in South Africa. **Another successful area of investment was wastewater surveillance**, which proved valuable in flagging the spread of the virus in Texas and elsewhere, as Omicron rampaged around the world.

Despite these early results, our investments in a data platform and product development did not generate the desired outcomes, for several reasons:

We misinterpreted the field conditions and should have conducted more research to determine both market needs and the organization it would take to meet those needs to strengthen the global pandemic early warning system.

We sought to be the central hub for pandemic-related data instead of supporting existing institutions and networks.

We neglected to adequately showcase the value of a democratized data platform for genomic pathogen surveillance as well as additional data products, such as the **Covid-19 holiday risk estimator**, causing us to ultimately fall short of attracting the co-investments we expected.

We took a top-down approach to product development—hoping decision makers in LMICs would readily engage and validate the need for our data platform and products, but ultimately we did not meet the market's needs or interests.

We misjudged the time and cost required to roll out these types of products and platforms.

We underestimated deeply rooted data availability, sovereignty, and privacy concerns, all of which require a long lead time to build trust and promote effective data-sharing.

In 2022, we decided that PPI's work did not require a stand-alone institute and instead the initiative would best function within our own Health portfolio. **Though our capacity-building and global policy efforts supported a more interconnected pandemic preparedness ecosystem, we recognized when challenges outweighed successes.**

What we learned

Over the last three years, we have learned many critical lessons around promoting an equitable and effective public health response in the many communities we serve. Moving forward, we will build on lessons from this work, including:

Often, it is the work at the local level that fuels big change. Our vaccination efforts in the U.S. relied on partnerships with trusted, hyper-local community-based organizations (CBOs)—most of which had never worked in public health and health care before. Despite entrenched inequities in their communities, these CBOs proved that they could quickly and effectively address vaccination barriers, demonstrating that they are an essential part of an effective public health response. Recommendations about how to build an equitable public health system of the future can be found in a **report by RAND** that we commissioned on EVI's impact and lessons learned.

Respond to local partners' needs and build for the contexts they operate within. When introducing data-driven products and platforms, we expected end users to validate the need we perceived. We learned that this top-down approach was grounded in faulty assumptions about the availability and access to health data and precluded adequate consideration of what was really needed to build countries' capacity to use data for decision-making.

Know when to lead and when to lift. Our attempt to quickly build and launch the Pandemic Prevention Institute during a time of unprecedented rapid change was an effort to meet the moment, but institution-building requires a deep understanding of the market, long incubation periods, solid assets, and a clear strategic plan to be successful. We learned that instead of building an independent institution, we should focus on strengthening the organizations already dedicated to pandemic prevention.

Mainstream and social media can be powerful tools for the Foundation to deliver and amplify evidence-based messaging. A voice that amplifies a unified message to serve a common, evidence-backed agenda can help reduce confusion and unify the response. For example, our work with Big Freedia in New Orleans and DJ Grauchi in Kenya helped spread critical messaging around Covid-19 testing and vaccinations.