

Memo: Opportunities for Philanthropic Response to the Coronavirus (COVID-19) Crisis

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March 27, 2020

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1. Introduction

In recent days, funders have reached out to The Bridgespan Group to better understand how they might respond quickly and effectively to COVID-19. In response, we have drafted this memo to provide initial perspectives on where resources might be productively channeled. It is based on our experience supporting nonprofits and NGOs working in public health and funders active in global health and disaster recovery, and on conversations with experts working on the COVID-19 response. Our perspectives have been further shaped by our research on inequity in funding for organizations led by people of color. This is a rapidly changing environment, and we anticipate that these perspectives on philanthropic opportunities will evolve as the pandemic unfolds.

As the world confronts the COVID-19 pandemic over the next weeks and months, everyone has a role to play—government at all levels, local and national nonprofits, multi-national actors, the private sector, and individuals. This memo explores philanthropy’s distinctive role—supplementing government and private sector efforts with flexible and often more nimble investments to advance innovations, fill key gaps, and anticipate and address the challenges that may linger or arise after the immediate crisis is past.

Philanthropy has an opportunity to not only address immediate needs during the crisis, as governments are also doing, but also lay critical groundwork for longer-term recovery efforts and future preparedness. Further, philanthropy has an opportunity—and a responsibility—to spotlight and address inequities in pandemic responses and their consequences. During times of crisis, the inequities already in the system tend to intensify. The most vulnerable and marginalized populations in society carry a disproportionate share of the hardship—and are often left out of response and recovery efforts. This is not surprising—the systems that respond to pandemics and other crises are the same systems that have historically under-resourced and under-invested in marginalized communities.

We are already seeing [deepening inequity](#) as a result of COVID-19. Low-wage and informal sector workers are losing critical income and face longer-term financial distress. Those living in crowded communities (e.g., townships, urban slums, and refugee camps), the incarcerated, and the homeless are not able to engage in social distancing and other preventive measures. Uninsured and undocumented immigrant populations in the United States lack safe and affordable access to healthcare. Frontline caregivers such as community health workers and nursing home aides—many of whom are low-income women, and, in the United States, disproportionately women of color—risk far greater exposure. And those in lower economic strata are more likely to have chronic health conditions that increase susceptibility to COVID-19.

This memo explores high-impact opportunities for philanthropic investment at different stages of the pandemic and its aftermath. It also highlights credible actors who might serve as partners and effective channels to deploy capital swiftly and responsibly—but it is not a compendium of the universe of actors working in these areas (particularly at local levels). We have begun to compile a list of other actors actively engaged in the areas outlined in this memo, which we can share upon request and augment with your suggestions.

This memo is a snapshot of opportunities that we have come across to date. In a rapidly changing environment, it is very likely that new opportunities, actors, and channels will emerge.

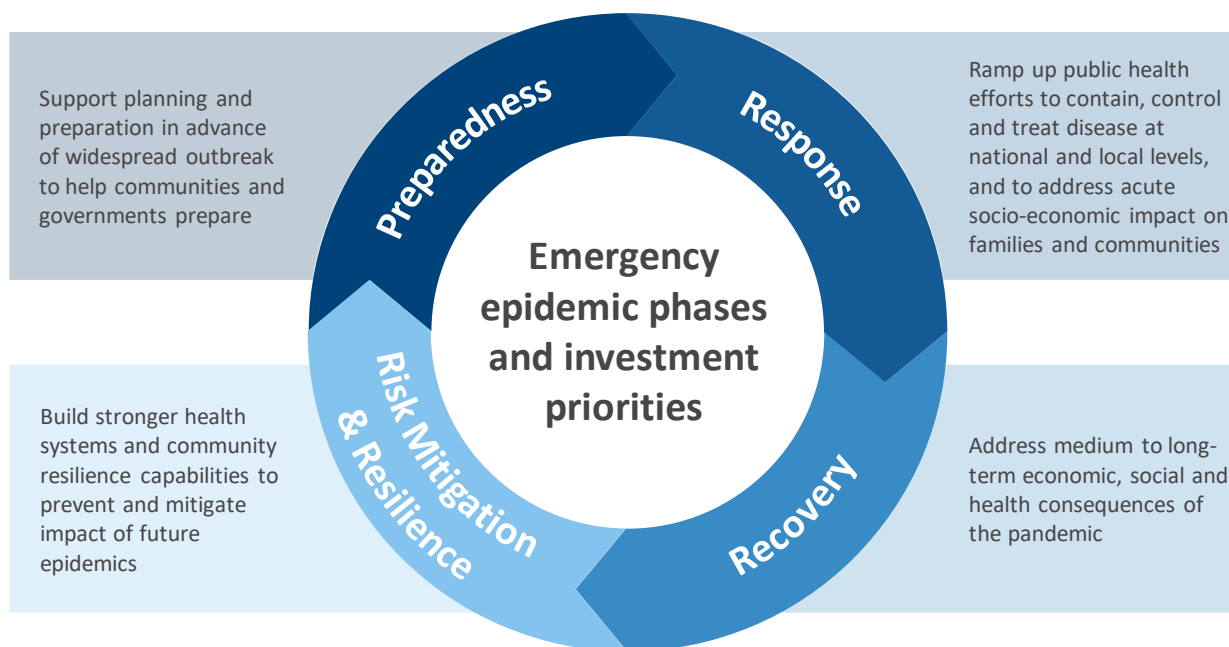
2. Overarching principles of giving in a crisis

Before getting to opportunities for specific investments, consider what others in past crises—and in today's pandemic—have emphasized as key principles for a philanthropic response to crisis. The Council on Philanthropy's [pledge to action for COVID-19](#), which has been signed by hundreds of philanthropies since its launch, is one set of principles. We've synthesized a few different articulations of principles below:

1. **Support your existing grantees:** The first place we recommend donors engage in the COVID-19 response is to help their existing grantees weather this storm. Many nonprofits—particularly those that are smaller or led by leaders of marginalized communities—face a real threat to survival. Bridgespan has shared some thoughts for how to approach this in a recent [blog post](#).
2. **Keep funds flexible in the face of uncertainty:** Flexible funds are, ideally, unrestricted, or at least can be redirected with minimal hurdles. They enable organizations to pivot as needed in a rapidly changing situation. As the president and CEO of the CDC Foundation, Dr. Judith Monroe noted in a recent [webinar](#), “In an emergency, flexible funds are gold—things on the ground are moving so quickly.” We have learned this from other crises. During the Ebola epidemic in West Africa, funding that was earmarked for specific interventions (e.g., a particular kind of facility or technology) sometimes constrained action and reduced impact because rapidly changing conditions created more urgent needs and higher-impact opportunities.
3. **Coordinate with other donors and use existing channels where available:** Aggregated multi-national, national, and local response funds are already springing up, and specific fields and localities may already have existing mechanisms (e.g., coordinated local education funds) to respond to COVID-19. Without coordination, already overwhelmed recipient organizations may face new grant-seeking and reporting burdens, too much funding may flow all at once into one area, and critical gaps may be overlooked. There are also important questions about the interaction between public and philanthropic funds. As the Early Childhood Funder Collaborative noted in a recent [post](#), “Philanthropy should consider how to target investments to have the most impact, augmenting and supplementing other public and private responses without reducing the responsibility and obligation of the public sector.”
4. **Work through expert organizations:** In many fields and localities, there are already expert organizations with deep knowledge of the field and a strong track record—and who are already developing a response to the pandemic.
5. **Be locally oriented:** Even in the first weeks and months of the pandemic, it is already clear that much of the response is being coordinated below the national level (in the United States, both at state and community levels). It is likely that communities may end up differing significantly in the particular challenges they face, in their immediate needs, and in the longer-term social, economic, and health consequences. We should look to community leaders and leaders of frontline NGOs for guidance, as they are closest to the constituencies they serve.
6. **Don't let perfect be the enemy of good:** Dr. Michael Ryan, the executive director for Health Emergencies at the World Health Organization (WHO), [advised](#), “In emergency response—if you need to be right before you move, you will never win. Speed trumps perfection and the problem in society we have at the moment is [...] everyone is afraid of the consequence of error. But the greatest error is not to move.”

3. Tailoring responses to the stages of a pandemic

Amid the rapidly shifting pandemic, investments must be tailored and responsive to local epidemiological contexts. The supports required vary largely based on the phase of the pandemic in a country or region, as well as the state of public health infrastructure. At present, regions are in different phases of the pandemic response continuum, and investments should be adjusted accordingly.



Sources: Adapted from the Center for Disaster Philanthropy's "Disaster Life Cycle" and FEMA's "Four-Phase Emergency Management Cycle"

This memo focuses primarily on preparedness, response, and early recovery efforts, which are the most critical at this point. However, actions designed to support recovery should also take into account how to build resilience for the future.

4. Low- and middle-income countries (LMICs): Preparedness and early response

In countries where there are few or no confirmed COVID-19 cases, urgent efforts are needed to contain and control the spread of the virus and to shore up vulnerable healthcare systems. There is a great unmet need for support in LMICs—including in Africa, South Asia, and Latin America and the Caribbean—whose health systems are often overburdened and under-resourced, and whose populations in addition also often have high burdens of underlying conditions such as HIV, tuberculosis, and malnutrition. Over just one week, from March 18th to 25th, confirmed cases in Africa grew by nearly 600 percent (from 223 cases in 25 countries to more than 1,500 cases in 37 countries). The global response is deeply inter-dependent—preventing widespread outbreaks in one place will be critical to protecting vulnerable populations in many countries.

Interventions are needed in several areas to ramp up preparedness and launch early response efforts in LMICs. These include:

National systems response capacity

- Strengthening existing national surveillance systems and diagnostic/laboratory capacity to rapidly expand access to testing and speed up the turnaround time for results

- Building or reinforcing national emergency response planning and operations capacity to track outbreaks and guide data-driven responses
- Establishing contact-tracing systems via community health workers or other existing elements of the workforce
- Accelerating procurement and strengthening supply chain for diagnostics, personal protective equipment, medical equipment, supplies, and drugs
- Developing clinical protocols and communications systems to operationalize global guidance in local contexts

Healthcare facility and healthcare worker supports

- Ramping up triage, isolation, and treatment capacity at healthcare facilities
- Providing triage, infection prevention and control, and treatment training, and supports for healthcare workers and facility support staff
- Providing healthcare worker surge staffing for screening and treatment
- Deploying community health worker networks to support case identification, referrals, and contact tracing

Community supports

- Expanding access to clean water, soap, and sanitation services
- Disseminating accurate information and dispelling rumors through diverse channels, in local languages
- Activating existing community organizations (including faith-based organizations and traditional leaders) and networks to support community outreach, social mobilization, and communications on prevention and response
- Planning for required socioeconomic supports in the case of widespread outbreak and lockdown measures (an issue that arose during Ebola outbreaks)—e.g., basic needs supports and unconditional cash transfers to quarantined and other affected families

Because these interventions can be most effectively delivered through existing systems and community networks in each country, the primary channels for investment in LMIC preparedness and response are organizations that are already working through these systems. Critical investment channels include the following:

1. **NGOs already embedded within and trusted by local healthcare systems and communities** will be essential in ramping up containment and care. International NGOs with deep experience in the prevention, containment, and care of infectious diseases (e.g., Ebola, HIV, TB, cholera, and Zika) include [Doctors Without Borders](#) and [Partners In Health](#). Those organizations are providing access to diagnostics and personal protective equipment, training frontline healthcare workers, building out healthcare facility isolation and ICU capacity, and supporting governments to activate emergency epidemic response plans. Many of the world's largest global NGOs (e.g., [International Rescue Committee](#), [Catholic Relief Services](#), [Save the Children](#)) are scaling COVID-19 response programming across more than 100 countries, including educating local communities about risk and preparing community health workers and health systems to manage a surge of cases.

Leading national or local/grassroots NGOs will also be pivotal. For example, [Last Mile Health](#) in Liberia (as well as several other countries) is working with the government to build out preparedness and early response plans, and [BRAC](#) in Bangladesh is ramping up preventive measures and information campaigns through its community health programs. [Gram Vikas](#) in Orissa, India, is supporting primary health centers and helping identify migrant workers to be

tested for COVID-19, and [Karuna Trust](#), which works in India and Nepal, is building COVID-19-related protocols and primary healthcare response procedures.

Community-based organizations (CBOs), including national networks of CBOs and faith-based organizations, will be crucial in leading frontline social mobilization, community engagement, and education. For example, the [Treatment Action Campaign](#) in South Africa is mobilizing its national network of HIV-positive members on how to protect themselves in the face of the outbreak. Organizations such as the [Start Network](#) are also setting up dedicated funds to get early, anticipatory, and fast funding to NGOs on the ground in LMICs, focused on national, local, and community-based interventions, as larger global funding efforts ramp up.

2. **Organizations with specific technical expertise to advance the global response** will also be critical. Regional organizations supporting governments with critical infectious disease bio-surveillance, research, and training include the [Indian Council of Medical Research](#), the [African Center of Excellence for Genomics of Infectious Disease](#) in Nigeria, and the [Infectious Diseases Institute](#) in Uganda. Other organizations are helping to improve the flow of information to enhance detection and accelerate response, such as [Ending Pandemics](#), which supports networks of health professionals to verify potential outbreaks through a crowdsourced web-based platform, and [MedicMobile](#), which creates open-source software for healthcare workers to track and communicate about patients and report information.

Telemedicine and training organizations also have a role to play in scaling up supports to healthcare workers. For example, [Project ECHO](#), through its trusted online learning platform, is ramping up COVID-19 training and support to its network of over 90,000 healthcare providers around the world. Global supply chain support is also crucial: organizations such as the [Clinton Health Access Initiative](#) are leveraging their expertise to support WHO and other United Nations partners in establishing a new COVID-19 “supply chain coordination cell,” as well as strengthening data access and analysis to support planning, forecasting, and market access.

3. **Multinational coordination and funding platforms** are working through ministries of health and emergency response task forces to distribute funds and coordinate efforts within affected countries. For instance, the [WHO COVID-19 Solidarity Response Fund](#) is channeling private resources to WHO to support global coordination and ramp up country government responses; [United Nations agencies](#) (including UNICEF, UNDP, WFP, and many others) are directing funds and coordinating programming; and the [CDC Foundation](#) is pooling and deploying funding to meet fast-emerging needs in LMICs, including support for surveillance, emergency response capacity, communications, and personal protective equipment in countries where it’s needed most.

As the pandemic expands in LMICs, and governments increasingly institute containment measures that disrupt routine social and economic activity to contain the spread—such as the 21-day national lockdowns in India and South Africa announced the week of March 22nd—the impact of the pandemic will accelerate rapidly in countries with more limited infrastructure and resources. It will be essential to continue to review emerging needs and investment requirements to mitigate potentially devastating socioeconomic effects in LMICs as the pandemic spreads.

5. United States: Response and recovery

Immediate response efforts to mitigate further spread and longer-term recovery supports will both be required in the United States. (To be sure, the framework for addressing both short- and long-term impacts will also likely be relevant to other nations with accelerating outbreaks.) Here, we highlight platforms for joint response, as well as specific areas to invest in public health and the social safety net. In addition to the significant need to channel resources to direct services, there are also opportunities to

support advocacy and policy change efforts related both to the emergency and to the longer-term recovery.

Investments in public health and socioeconomic issues should be made with an explicit focus on supporting populations that are already underserved and marginalized by traditional systems. In the United States, this disproportionately means communities of color. In a recent newsletter, the racial justice organization [Race Forward](#) underscored this point: “In this moment, explicitly naming race as a factor that informs how we assess ‘Who is most vulnerable? Who is burdened? Who benefits?’ will ensure that emergency response practices and policies proactively integrate racial equity into local government responses to COVID-19.” The [United Philanthropy Forum](#) has similarly emphasized the need to [keep equity at the forefront of philanthropic responses](#).

A number of organizations are developing tools and resources to ensure an equity lens is applied to COVID-19 response efforts: [Racial Equity Tools](#) has developed a list of [COVID-19 Racial Equity & Social Justice Resources](#); [Beloved Community](#) offers [guiding questions and resources](#) to ensure diversity, equity, and inclusion are centered in crisis response plans and strategies. Others, such as the [Donors of Color Network](#), are using shared Google Docs to continually update lists of resources and available funds.

Responses should also recognize the unique challenges that arise in different geographic areas. Rural and more remote communities in the United States will be particularly affected by this crisis given their high proportion of older residents, reliance on small- and medium-sized businesses for economic stability, and more limited access to critical public infrastructure (e.g., broadband internet, health services). Urban areas are already experiencing overburdened public health systems and present challenges to social distancing—challenges that may be [particularly acute for immigrants](#), who are more likely to live in crowded housing and use public transportation.

Platforms for joint response

Capital aggregation platforms operating at national, regional, and community levels are already working on COVID-19 response and recovery issues. These platforms are either entirely dedicated to disaster response, or have a track record of responding swiftly to crises. They have strong, existing relationships with public health and trusted social safety net institutions and are well positioned to direct funding to pressing needs as the epidemic evolves.

At a national level, these entities include the [Center for Disaster Philanthropy](#), which has launched a COVID-19 Response Fund focused on supporting nonprofits working locally in affected areas and that are working with the most vulnerable populations; the [CDC Foundation](#); and the [United Way COVID-19 Community Response and Recovery Fund](#), which supports local United Ways in communities struggling with the crisis.

Given the localized nature of needs across communities, one fast and effective channel for investing is [local and regional community response funds](#) for COVID-19. These are managed by long-standing local community foundations. Where such funds do not yet exist, there is opportunity to collaborate with local foundations to establish them. Examples of current funds include the [Silicon Valley Community Foundation COVID-19 Fund](#), which is directing flexible funding to community nonprofits through a network of lead county agencies; the [NYC COVID-19 Response & Impact Fund](#), a \$75 million fund to provide grants and loans to NYC-based nonprofits working to meet new and urgent needs; and the [Brooklyn Community Foundation COVID-19 Fund](#), which is providing quick access to emergency funds.

While many local response funds are already focused on supporting groups likely to be further marginalized by COVID-19, funds specifically targeting these populations are also emerging, including

[Hispanics in Philanthropy's COVID-19 Rapid Response Migration Fund](#), the [Native American Community Response Fund](#) (launched by the Decolonizing Wealth Project, Native Americans in Philanthropy, and the National Urban Indian Family Coalition), and the [Horizons Foundation's LGBTQ COVID-19 Response Emergency Fund](#) for Bay Area LGBTQ organizations.

In addition to these platforms, many organizations and efforts are focused on targeted responses to specific challenges and interventions related to COVID-19.

Public health response

Public health systems in the United States are not prepared to respond to the surging pandemic, presenting an urgent and immediate need for support. Given the magnitude of resources required, government must play the leading role in scaling testing and treatment. While major investments have been committed toward vaccine and treatment development by public institutions (including the National Institutes of Health) and private donors (the Bill & Melinda Gates Foundation, the MasterCard Foundation, and others), significant gaps in the public health response remain. Large philanthropic investments could catalyze progress.

Research and development: There has been rapid progress in the past few weeks on identifying and testing new diagnostic, treatment, and vaccine options—e.g., expedited FDA approval of the first COVID-19 point-of-care diagnostic test, approval of an antibody blood test that can uncover the full epidemiological impact of the pandemic, six vaccine candidates soon-to-be or already in Phase 1 testing, and the launch of a global mega-trial of the four most promising COVID-19 treatments. Though significant private, public, and philanthropic activity is already underway, there are a range of opportunities to contribute to existing and emerging initiatives:

1. **Diagnostic tests** are in high demand and only available in limited supply. Research on point-of-care tests and multi-pathogen tests, such as the [Broad Institute's work](#), will be critical to spurring innovation and expanding diagnostic capacity for COVID-19.
2. **Treatment options** continue to be a priority as COVID-19 infection rates rise and serious cases overwhelm hospitals. Organizations such as the recently established [Therapeutics Accelerator](#) and the [Institute for Protein Design](#) are contributing to the rapid development of treatment options.
3. **Vaccine development** is supported by initiatives such as the [Coalition for Epidemic Preparedness Innovations'](#) collaboration with research institutes across the world to create a COVID-19 vaccine, and [Gavi's](#) work to accelerate the development, production, and delivery processes for a COVID-19 vaccine.

Public awareness and communications: It is important to increase public awareness and access to transparent and accurate information tailored for diverse audiences, particularly for communities with more limited access to news sources, such as rural communities and non-English speakers. Actors in this space include: [CDC Foundation](#), disseminating CDC guidance through multiple channels; the [Seattle Foundation](#), providing relief funding to organizations that share medical information and address confusion about COVID-19 outbreak; [Center for Disaster Philanthropy](#), prioritizing investments to networks for outbreak communications to vulnerable populations; and local public health departments. Local community-based organizations, such as [VOCAL NY](#) and [Make the Road](#), also play a critical role in disseminating information, especially in reaching vulnerable and disproportionately impacted populations (e.g., the incarcerated, housing unstable, underinsured, and immigrant communities) through targeted outreach campaigns and resources.

In addition, research and policy organizations such as [Kaiser Family Foundation](#) and the [Johns Hopkins Center for Health Security](#) are producing rapid analysis and reports to help inform and guide decision makers and the general public.

Coverage for healthcare costs: The uninsured and underinsured will need coverage of COVID-19 treatment costs. Advocacy and related policy change will be a critical lever to address this challenge at scale (*see detail in Advocacy section below*). But there are also organizations providing more immediate support to individuals and families on a smaller scale, such as [Healthwell Foundation](#), which launched a COVID-19 fund to help at-risk and quarantined patients cover expenses, and [RIP Medical Debt](#), a network of volunteers that runs local fundraising campaigns for medical debt in its communities. Other organizations, such as [GreenPath Financial Wellness](#), offer free financial health resources and counseling to those dealing with debt resulting from healthcare expenses, as well as other economic hardships due to COVID-19.

Supports and training for healthcare workers: Overburdened healthcare workers are facing significant needs for protective equipment, training on infectious disease protocols, additional surge capacity, and resources for financial and personal support. Organizations are offering resources in several ways: [Center for Disaster Philanthropy](#) named healthcare worker support as one focus area for its COVID-19 response fund; [International Medical Corps](#) is working with state governments and federally qualified health centers to provide infectious disease preparedness training to healthcare workers, focusing on facilities serving at-risk populations; protective equipment and medical supplies are being sourced and shipped by product donation groups such as [Direct Relief](#) and [Good360](#); and [Project ECHO](#) is providing training on triage and infection prevention through its virtual training platform. Professional membership organizations, such as the [American Medical Association](#), are launching public advocacy campaigns for additional funding to protect and support healthcare workers, and are providing training and resources for COVID-19 clinical care.

Reinforcing healthcare systems and increasing access for vulnerable populations: Healthcare systems and safety net healthcare providers will need support to manage the added pressures on capacity for both COVID-19-related care and continuing access to routine healthcare (e.g., treatment for chronic conditions). Increased healthcare capacity and access is especially needed for vulnerable populations, who are more likely to experience chronic health conditions and increased susceptibility to COVID-19, and be more reluctant or unable to engage with the healthcare system. Organizations working to address this issue include the [National Association of Free and Charitable Clinics](#), which is directing additional resources for COVID-19 response to their network of 1,400 national clinics and pharmacies that provide care to uninsured and underinsured populations; and [AmeriCares](#), focused on the continuity of health programming at local clinics throughout the United States. Organizations specifically targeting marginalized groups will also need support—for example, the [National Health Care for the Homeless Council](#), which is mobilizing its national network of more than 200 member organizations to accelerate prevention and treatment of COVID-19 among unhoused populations, and [La Clínica del Pueblo](#), which is promoting bilingual resources to support prevention and accessible triage for treatment.

Where government funding lags behind frontline needs, some hospitals facing critical resource constraints (particularly those in hotspot areas) have started COVID-19 funds. For example [NYC Health + Hospitals](#), the largest public healthcare system in the nation, is seeking unrestricted support to provide its frontline healthcare workers with meals, prepackaged groceries to take home, laundry service, additional scrubs, and hotel rooms (when staff caring for COVID-19 patients don't want to risk exposing their families at home).

Socioeconomic consequences

Without intervention, in the wake of the pandemic and its economic effects, there may be long-lasting or irrevocable damage to livelihoods and wellbeing—particularly for those most vulnerable in our society.

Though government will take the lead through large-scale stimulus and support programs, there are numerous areas in which philanthropic investment could accelerate recovery efforts and mitigate consequences for vulnerable populations. This section covers mitigation strategies for economic hardships, childcare/early childhood education disruption, education disruption/loss, and psychosocial and physical safety.

Economic hardships: The economic ramifications of COVID-19 are severe and growing. Well over three million Americans recently filed for unemployment benefits, many of whom lack the means to support themselves and their families (only [39 percent of Americans have savings to cover a \\$1,000 emergency](#)). As economic conditions worsen, it is vital to ensure access to basic human needs and supports that shore up individual financial and broader economic stability. This is likely to disproportionately affect lower wage workers and undocumented immigrants, particularly in service industries, as well as employees of small NGOs and businesses, which do not have the reserves to sustain the impending loss of income. The loss in wages will have ripple effects, increasing the risk of food insecurity and housing instability.

There are multiple opportunities to address the economic hardships that people face, particularly those who may fall through the cracks of government response:

1. **Direct funding to social safety net organizations:** Local response funds are an effective channel for directing funds to safety net nonprofits that are seeking to support vulnerable populations. At a national level, [Feeding America's COVID-19 Response Fund](#) helps food banks across the country as they support communities impacted by the pandemic.
2. **Targeted funds to support small businesses:** The COVID-19 economic downturn is hitting small businesses particularly hard, with many at risk of going out of business. Though the federal government has taken significant steps to support these businesses through the [CARES Act](#) (passed by the Senate on March 25th, and signed into law March 27th), many actors—including local governments such as the City of San Francisco, businesses such as Google and Amazon, and nonprofits such as [Opportunity Fund](#)—have also moved to provide and raise funds for immediate financial relief for affected small businesses.
3. **Direct funds to support vulnerable workers and families:** Emergency compensation funds, such as the [National Domestic Workers Alliance's Coronavirus Care Fund](#), the [One Fair Wage Emergency Coronavirus Tipped and Service Worker Support Fund](#), and the [Foundation for Contemporary Arts' COVID-19 Relief Fund](#) provide immediate financial assistance to affected workers that may lack access to healthcare, paid sick leave, and job security. Direct cash transfers provide money directly to vulnerable families. Community foundations with local response funds may offer avenues to support emergency individual financial assistance. [GiveDirectly](#) recently developed a [US cash transfer program](#) to deliver \$1,000 to vulnerable households living in the areas hardest hit by COVID-19. Other nonprofits, including [Family Independence Initiative](#), use cash transfers to improve the long-term economic and social mobility and stability of low-income families.
4. **Corporate policy changes:** This is an area in which the private sector can play a significant role, and major companies are [already adapting their policies and practices](#) for hourly workers. Some

of the country's biggest employers, including Walmart, Amazon, and Kroger, have begun to adjust sick-leave policies to support employees, or provide cash bonuses for hourly workers, among other changes.

5. **Workforce development:** As businesses such as brick-and-mortar retailers, restaurants, and hotels suffer significant losses, other businesses, such as grocery stores, delivery services, online learning, and virtual streaming services [are seeing rapid surges in demand](#). [Employers including Walmart and Amazon are hiring tens of thousands of new employees](#) to meet that demand. While it's difficult to predict the long-term economic consequences of the pandemic, [some economists believe that this could lead to long-term shifts in the labor market](#), and ultimately strengthen [tech giants](#) and major retailers able to conduct much of their business online.

To prepare for these potential longer-term shifts, investments in workforce development and adult education programs that train workers to enter high-growth industries such as e-commerce may provide workers laid off during the pandemic with a pathway to gainful employment. Organizations such as [Year Up](#), [Per Scholas](#), [Goodwill](#), and [Center for Employment Opportunities](#) (which focuses on the formerly incarcerated) offer direct job training services, while [Jobs for the Future](#) (a nonprofit research, consulting, and advocacy organization) works across sectors to accelerate the educational and economic advancement of youth and adults. Multi-sectoral initiatives such as [Skillful](#) are working to align the labor market with and prepare workers for an evolving economy. Though swift access to employment will be an immediate focus, efforts in this arena should continue to emphasize access to *quality* jobs to ensure longer-term stability and mobility for those reentering the workforce after COVID-19.

Childcare/early childhood development: Childcare programs are facing a crisis that could quickly result in widespread closures and long-lasting consequences for children and workers, as outlined in a [letter to Congress from dozens of leading early childhood organizations](#). In a [recent survey](#) of childcare providers across the United States, 30 percent said they could not survive a closure of more than two weeks without significant public investment and support. There is a critical need for an infusion of direct, flexible funding to local service providers as they respond to changing needs.

1. **Direct funding to local childcare providers:** Childcare services will still be required on an emergency basis for first responders. Thus, local childcare providers will need support for some to remain open and safe, and for others to stay in business and reopen when the crisis subsides. Funds set up by local community foundations and early childhood funder collaboratives may be well-suited to direct funding to local childcare providers. Others, including national networks and intermediaries, such as the [National Association for the Education of Young Children](#), [Child Care Aware of America](#), and local childcare resource and referral agencies may serve as channels to help identify child care providers and specific needs. Community organizations with deep connections to vulnerable populations, such as the [Latino Policy Forum](#), may be the best source of information on smaller and home-based childcare providers, who tend to be women of color, serving communities of color. Support can also be provided directly to members of the early childhood education workforce who are unable to work through existing channels, such as [WAGE\\$'s](#) programs.
2. **Advocacy for early childhood:** Advocacy is a critical lever for shoring up near- and longer-term supports for early childhood providers, whose funding was often unstable even before the crisis. Organizations including [First Five Years Fund](#), [Family Values @ Work](#), and [Ounce of Prevention Fund](#), and networks of advocates such as the [Alliance for Early Success](#), are advocating for policy changes such as using available quality funds to offer additional crisis grants to support

members of the early childhood workforce and ensuring that care subsidy funds continue to be disbursed to providers.

Philanthropists interested in this area can tap into the [Early Childhood Funders Collaborative](#), which has outlined a series of emerging needs related to COVID-19, including advocacy around equitable approaches to federal response and support for home-based providers. The [Home Grown Funders Collaborative](#) is also exploring opportunities for response.

Education: With widespread school closures that could last several months, K-12 and higher education students are facing severe learning disruptions with long-term consequences. The transition to remote learning has brought to light the stark digital divide in the United States, with [low-income students and those in rural areas less likely to have access to the technology and reliable internet they need for remote learning](#). This will only widen the existing achievement gap. The closure of K-12 schools presents a further challenge: schools [nourish roughly 30 million children through free and reduced lunch programs](#), putting an essential food supply for children in low-income communities at risk. Further, schools that are still providing “grab and go” lunches sometimes do so at times or locations that are not accessible to parents who must work.

1. **K-12 education:** At the K-12 level, pooled funding is available through the NEA Foundation, which in partnership with the National Education Association, Grantmakers for Education, and others, is leading efforts to create a [COVID-19 Rapid Response Fund](#). The fund is expected to address a wide range of needs, such as delivering resources to school districts and providing educators with support to enable distance learning. [The Schott Foundation for Public Education](#), in partnership with national organizations including the [Journey for Justice Alliance](#) and the [Alliance to Reclaim Our Schools](#), created the [Loving Communities Response Fund](#) to support community-led organizations serving youth and families directly impacted by school closings, lost wages, food insecurity, and potential homelessness.

There are also direct mechanisms to support remote learning and activity. With a large increase in students transitioning to remote learning, there is a critical need to connect students—particularly low-income and homeless youth—with learning devices and reliable internet. In some school districts, [such as Washington, DC](#), local school foundations and community foundations have set up funds to support local schools, working closely with superintendents and school district leaders to connect students with the resources necessary to enable distance learning. National organizations are also working to provide key supports. [The 1Million Project Foundation](#) connects high school students who do not have reliable internet access at home with mobile devices and free high-speed internet access, while [DonorsChoose](#) is helping connect educators with the technology, basic supplies, and hands-on activities they need. Efforts such as [UNICEF Kid Power](#) and [National Geographic’s Get Outside!](#) are also providing digital platforms for physical activity and mental engagement.

There are national efforts to address the loss of school meals, including [Feeding America](#), [World Central Kitchen](#), as well as [Save the Children US and No Kid Hungry](#), which have partnered to provide emergency grants for nutrition supports at school districts, community organizations and government agencies.

Philanthropic leaders who have worked extensively in K-12 education, such as the Bill & Melinda Gates Foundation, the Walton Family Foundation, and Grantmakers for Education, are developing response strategies and compiling resources to address both current needs and those that will emerge over the course of the epidemic, and will be valuable resources to identify ongoing opportunities for giving.

2. **Higher education:** Poor and marginalized populations are at highest risk for dropping out of college, and are likely to be disproportionately affected by disruptions in higher education. One opportunity is to support college persistence organizations such as [College Possible](#), which is developing a COVID-19 response plan to support students, [College Track](#), [OneGoal](#), [PeerForward](#), and the [Posse Foundation](#), and national networks such as [StriveTogether](#), which are focused on improving outcomes from cradle to career. There may be opportunities to fund remote learning for vulnerable, low-income college students who may not have access to the devices or internet necessary to access online learning. Finally, funding for institutions serving marginalized student populations, such as historically black colleges and universities, community colleges, and state college systems will be critical. Support may be channeled directly to institutions, or to national organizations including the [United Negro College Fund](#) and the [Thurgood Marshall College Fund](#).

Psychosocial and physical safety: As we face a period of unprecedented social disruption and upheaval of daily life and routine, we are seeing increasing risks to psychosocial and physical safety, particularly for marginalized populations. The elderly are facing [increasing social isolation](#), women are at [greater risk of domestic violence](#), children are at [greater risk of abuse and neglect](#), and children and adults may face trauma resulting from the circumstances they experience during this crisis (as we have seen [occur during other crises](#)). Moreover, reports of racism and xenophobia, particularly toward East Asian communities, have grown. There are several opportunities to support efforts to address these challenges:

1. **Psychosocial support, particularly for vulnerable populations and youth:** Senior-serving organizations such as [Meals on Wheels](#) have seen a rapid increase in [demand for their services](#) and are in need of immediate funding to expand and adjust their offerings to meet the needs of seniors. Similarly, [Crisis Text Line](#), a free, 24/7 text message support service for those in crisis, is seeing a significant increase in people with anxieties related to COVID-19. The [National Alliance on Mental Illness](#) (which has local affiliates) also provides a hotline and resources for those experiencing mental health challenges.

To support children and youth who may be facing increasing mental health challenges as a result of COVID-19, organizations such as the [Child Mind Institute](#) are developing and distributing resources to support parents and families in coping with COVID-19, as well as providing clinical support including remote evaluations and telemedicine. [The Trevor Project](#), which provides free and confidential crisis intervention and suicide prevention services to LGBTQ youth, has taken steps to ensure services continue uninterrupted during the pandemic. There are also valuable lessons that philanthropists and nonprofits can learn from actors who often work outside of the United States, such as [UNICEF](#), which provides psychosocial support for children in the aftermath of conflict and natural disaster.

2. **Funding for organizations that address abuse and neglect:** To support women (or others) who may be at risk of increased domestic violence during this time, funding can be directed to national hotlines such as [RAINN](#) and the [National Domestic Violence Hotline](#), service providers such as the [National Network to End Domestic Violence](#), and local women's shelters and crisis centers such as [Safe Horizon](#) in New York City. To support children who experience abuse and neglect, funding can be directed to national child welfare organizations such as [Youth Villages](#), [Boys Town](#), and [Pressley Ridge](#), and local providers such as [Children's Home Society of North Carolina](#), [Four Oaks](#), and the [Children's Village](#) in New York.
3. **Support for anti-stigma, anti-racism, and narrative change organizations:** Organizations committed to advancing racial equity, including [The Opportunity Agenda](#), [Race Forward](#), [Color of](#)

[Change](#), [Community Change](#), and [The Advancement Project](#) are continuing their critical work to change public behavior and mindsets during this time, and are urging Congress and others to consider the ways COVID-19 may be disproportionately impacting marginalized communities and people of color. [Asian Americans Advancing Justice](#), a national organization dedicated to advancing the civil and human rights of Asian Americans, has compiled a [list of resources](#) to combat racism and xenophobia arising from COVID-19 and continues to operate its website, www.standagainsthatred.org, to document hate crimes, harassment, and discrimination experienced by Asian Americans.

Advocacy for supportive federal, state, and local policy

Advocacy directed both to emergency efforts and longer-term policy change will be a powerful lever for strengthening public health and socioeconomic supports. Advocacy can urge accountability and elevate marginalized voices, working to keep the government’s response on track and focused on those most in need.

There are advocacy efforts underway to strengthen the healthcare response, including: increasing funding for healthcare providers (particularly community health centers); addressing shortages of protective equipment for healthcare workers; extending Medicaid eligibility and benefits (e.g., relaxation of telehealth restrictions); increasing the federal matching rate for Medicaid; relaxing FDA regulations to make new diagnostic tools available; and establishing immigration-enforcement-free zones, among many others. Organizations working in this arena include the [American Medical Association](#), [Families USA](#), [National Association of Community Health Centers](#), and [National Association of County and City Health Officials](#), and state-level immigration coalitions.

Similarly, efforts to mitigate socioeconomic consequences through supportive policy are being led by both multi-issue and specialized organizations. Organizations such as the [Bipartisan Policy Center](#), the [National Women’s Law Center](#), and [CLASP](#) are focused on alleviating economic hardships through advocating for policies that protect families and workers, such as emergency financial assistance, expanded paid sick leave and family and medical leave protections, and extended eligibility and flexibility around programs such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Temporary Assistance to Needy Families (TANF). Organizations such as [UnidosUS](#), [Latino Policy Forum](#), [America’s Voice](#), [Vera Institute for Justice](#), [The Sentencing Project](#), and [The Marshall Project](#) are drawing attention to policy changes needed to protect the health and wellbeing of the most vulnerable populations affected by this crisis, including immigrant communities and the incarcerated.

6. Taking a longer-term view: Rebuilding after COVID-19 for a resilient future

Immediate investments in COVID-19 response and recovery efforts are essential to save lives and mitigate the potentially devastating social and economic consequences in the short to medium term. Unfortunately, these types of public health emergencies are increasingly becoming the new normal (H1N1, SARS, cholera, Ebola, Zika). As several leading DC think tanks noted in a [recent paper](#), “There is no global threat more probable and less well-funded than a catastrophic pandemic.” Philanthropy can help address future resilience by investing in the systems and capabilities that are required to effectively prevent and respond to emergency epidemics over the long term.

Investing in systems that support early detection and containment of known infectious diseases and novel viruses, and that build resilience in communities is essential to mitigating the need for future large-scale epidemic responses. These could be highly cost-effective investments. During the first year of the Ebola response in West Africa, the global community spent more than [\\$4.3 billion](#) on the emergency response—15 times the combined annual national health budgets of the three most affected nations,

Liberia, Sierra Leone, and Guinea. Targeted investments to mitigate pandemics and build resilience capacity in communities and health systems can help avoid these costly crisis responses. Potential areas for investment include:

- Reinforcing global disease surveillance systems
- Strengthening national health systems and emergency operations capacity
- Building community resilience capabilities and resources
- Strengthening vaccine and treatment development pipelines and rapid response platforms for novel viruses

COVID-19 has already revealed—or made more visible—significant weaknesses in the national and global health and emergency response systems. The pandemic is already spurring new innovations and creative responses. It will be important to understand and learn from the current response in order to build a more resilient future.

The COVID-19 pandemic is in many ways unprecedented. New and unexpected challenges may arise in the weeks and months ahead to which response and recovery efforts must adapt. Philanthropy will need to adapt too. But, even as it adapts to potentially unforeseen challenges ahead, philanthropy should hold true to what it can do best—combining generosity with fast action to advance innovation, fill urgent gaps, and address the challenges arising from the greatest pandemic in our lifetime.

We realize that the responses to COVID-19 are varied and emergent. We're eager to learn from those in the field and to disseminate best practices as best we can. If you know of any promising examples that you'd like to share, please feel free to reach out to us.

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Acknowledgements

The authors thank Alina Clarke and Gayle Martin for their research contributions, Bradley Seeman for his editorial support, and numerous Bridgespan colleagues for their input. They also thank Caryl M. Stern, executive director of the Walton Family Foundation, for her thought partnership.