A Global Collaborative for Systems Change
The Need

Over the past 25 years, we have seen remarkable progress on many of the world’s most pressing social problems. Hundreds of millions of people now enjoy better health and education services and have lifted themselves out of abject poverty. Philanthropy has played a key role in supporting people and innovations which have contributed to this progress. But more can be done to drive large-scale change that enables millions of children, women, and men to thrive.

Decades of social change experience have shown that making sustainable advances in areas such as health, education, and economic opportunity requires addressing the systemic challenges that underlie social problems. This is less about scaling one organization or program and more about bringing together multiple actors to enable evidence-informed system-wide change.

However, few mechanisms exist to provide social change leaders with the right size and nature of support for this type of work. Social change leaders with proven ideas expend enormous effort to raise disparate and insufficient funds. Philanthropists with the desire and resources to enable significant change often find it difficult to source, vet, structure, and support such opportunities. And large-scale systemic change requires more than just funding — it requires deep collaboration among multiple actors and a host of non-financial supports.

Philanthropy has played a key role in supporting people and innovators working on the world’s most pressing problems. But more can be done.

Social change history teaches us that sustainable advances require improving underlying systems.

There is a lack of mechanisms to provide social change leaders with the right size and kind of support needed for systemic change.
Who We Are

A Global Collaborative...

Co-Impact brings together a global group of funders to learn, collaborate, and collectively support proven systems change initiatives in low- and middle-income countries.

We identify and support a portfolio of systems change opportunities, where social change leaders are poised to achieve breakthrough results at a national or regional level in the areas of health, education, and economic opportunity.

By bringing together funders wanting to have greater impact (‘funding partners’) with organizations mobilizing effective coalitions to tackle a particular systemic challenge (‘program partners’), we aim to overcome traditional barriers to large-scale social impact for millions of people.

For our funding partners, this type of collaboration provides significant leverage for their resources, time, and effort, as well as an opportunity to build relationships and learn from one another — and from program partners. We hope to learn from others who are working towards similar aims, and we seek to inspire other funders — through our practice and results — to join the effort.

For our program partners, the scale and duration of funding (US$10-25 million over five years) enables them to design and implement powerful initiatives, often in partnership with strategic reformers in government. Moreover, our support includes organizational strengthening in areas such as systems change strategy, technology, policy and advocacy, learning, monitoring and evaluation, and fundraising.

By collaborating, and creating a platform for others to join, Co-Impact and its partners seek to achieve far more together than any one actor could achieve alone.

...for Systems Change

We look for opportunities that take a systems change approach: engaging key actors — governments, local communities, non-profits, business, donors, and others — to address underlying systems and focus on social problems at scale.

Inclusion, equity and equality — particularly as it relates to gender — are animating principles across how we listen, learn, engage, and work with all of our partners.

By focusing on underlying systems, we can support meaningful and sustained improvements in the lives of millions of children, women and men around the world.

Co-Impact’s program partners do not try to change everything; rather, they seek to influence one aspect that is critical to the core purpose of the system and can exert a powerful leverage or fulcrum effect on other parts of the system.

Our partners pursue “adoption at scale” so that the system itself scales the transformative idea. This is distinct from other approaches that pilot an initiative and then work to replicate or “scale it up”, without addressing structural aspects of the underlying system.

It takes a coalition of actors who know the system, the engagement of government to adopt or enable new approaches, and the support of funders to make the work possible. We see program partners as the leaders and drivers of the deep change they seek and our role as supportive, not directive.

We believe that success does not come from adhering to a fixed plan, but from using data and feedback to course correct towards achieving results. We are committed to promoting a culture of curiosity and learning among our funding and program partners where ideas are tested, practices are improved, and knowledge is generated to serve as an open, global resource.
Support Systems Change Efforts

Invest in initiatives focused on education, health, and economic opportunity in low- and middle-income countries.

- Systems, not projects
- Adoption at scale, not scale-up
- Evidence of impact, not pilots
- Government as enabler or adopter
- Coalitions of actors rather than single organizations

Grants are typically US $10–25 million in non-restrictive funding over five years and allow the flexibility that systems change work requires.

Non-financial supports focus on organizational strengthening.

Advance a Global Model for Donor Collaboration

Build a global group of philanthropists, foundations, and other funders to give and learn together through a flexible model.

- Join as Core Partners, Community Members or Co-Investors
- Benefit from Co-Impact’s shared sourcing, vetting, structuring and supporting of initiatives
- Pool or align funding, expertise, and other resources to better serve social change leaders and funders for greater impact

Achieve Enduring Impact at Scale

Millions of people experience meaningful improvements in their lives.

More philanthropy around the world is mobilized towards collaborative, large-scale support for systems change.
Voices of Some of Our Partners

“Co-Impact connects philanthropists to high-quality opportunities to drive systemic change. This helps solutions get to scale faster, which means they’ll have a greater impact on more people’s lives.”

Bill and Melinda Gates
Co-Chairs, Bill & Melinda Gates Foundation
Co-Impact Core Partners

“By working together as part of Co-Impact’s data-driven model, philanthropists and foundations can put their resources and experience behind a set of initiatives that are driving real, measurable change. Co-Impact’s first round of grantees are examples of locally-based organizations well-positioned to bring about lasting change for millions around the world.”

Dr. Rajiv Shah
President, The Rockefeller Foundation
Co-Impact Core Partner

“Today, more than ever, we are in need of platforms that provide new models for philanthropic investment. Co-Impact has established a different approach where the path to achieving significant impact is collaboration. This is key to realign shared goals, incentives, and visions such that millions of individuals experience meaningful and sustained improvements in their lives.”

Elizabeth Sheehan
Founder, Care2Communities
Co-Impact Community Member

“We believe that collaboration between partners is key to improving education for children worldwide. Co-Impact represents an exciting new way to collaborate to scale.”

H.E. Tariq Al Gurg
CEO, Dubai Cares
Co-Investor, Teaching at the Right Level Africa

“Liberia is advancing universal health coverage through the historic National Community Health Assistant Program. In partnership with Co-Impact, we not only have the opportunity to further the Government of Liberia’s vision, but to prove what’s possible when you invest in a paid, professionalized community health workforce that goes the last mile.”

Raj Panjabi
Founder and CEO, Last Mile Health
Co-Impact Program Partner

“Good ideas can be magical — if they receive the support they need to blossom. Governments and other partners across Africa are developing Teaching at the Right Level approaches as a key way to help all children learn well. J-PAL and Pratham have helped to seed this idea across the continent, and catalytic support from Co-Impact is helping us build a bolder vision and grow a stronger base for supporting this movement.”

Laura Poswell
Executive Director, Abdul Latif Jameel Poverty Action Lab (J-PAL), Africa
Co-Impact Program Partner
Funding Partners

Core Partners

At the core of our collaborative is a group of up to 10 funders from diverse and complementary backgrounds, geographies, and philanthropic experiences.

Each Core Partner typically commits US$50 million over 10 years to the grant-making pool; jointly, they approve Co-Impact’s strategy and make decisions regarding any Co-Impact grant above US$5 million.

Core Partners may also support initiatives with their voice, network and expertise, and personally engage with specific initiatives as desired, including through additional funding.

Core Partners can also work with Co-Impact on communications efforts and encouraging others to join.

Current Core Partners are Richard Chandler, The ELMA Foundation, Bill and Melinda Gates, Rohini and Nandan Nilekani, The Rockefeller Foundation, and Jeff Skoll.

In addition to its role as a Core Partner, the Rockefeller Foundation provides significant operating funds and ongoing strategic support. Co-Impact is led by Founder and CEO Olivia Leland, and is structured as a fiscally-sponsored project of the New Venture Fund.

Community

This is a group of up to 100 individuals, families, and foundations who want to join in supporting Co-Impact’s systems change initiatives and to engage with and learn from one another.

Each member typically contributes US $500,000 per year for at least three years to the grant-making pool, and can express their preferences as to how the pool of Community funds is allocated towards Co-Impact’s initiatives.

Community Members benefit from the extensive work of Co-Impact in sourcing, vetting, structuring, and supporting significant initiatives to multiply their impact.

Community Members also engage in a dedicated learning journey around systems change through a series of webinars, site visits, and update calls and have access to all diligence and monitoring reports via a dedicated private platform.

Members also participate in intimate gatherings to further their philanthropic knowledge and network, and are encouraged to share and build relationships with each other.

Co-Investors

These funders invest alongside Co-Impact in specific initiatives that match their geographic or issue-area interests.

Co-Investors typically contribute a minimum of US$5 million over five years.

For each of our systems change grants, Co-Impact seeks to both structure co-investment from an additional set of funders and unlock additional investments or matching funds by the most relevant governments, multilaterals, corporate and/or institutional funding partners.

Co-Investors combine their expertise with that of Co-Impact’s extensive due diligence and ongoing program support. This can vary from participating in the entire diligence process to supporting a particular aspect of the defined program.

By working together, Co-Investors and Co-Impact can significantly leverage their contribution to systems change. Co-Investors can also help define reporting, learning, and outcomes frameworks.
**Our Grant Portfolio**

In January 2019, we announced US$80 million in systems change grants across four initiatives below. We are currently going through the due diligence process for the second round of grants and expect to award three to six system change grants by the end of 2020.

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<td>3 million people have access, much closer to where they live, to improved diagnosis and treatment for complex diseases</td>
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**Issue area**: Economic opportunity for the ultra-poor

**Geographic focus**: Bihar (India), Colombia, Paraguay

**In summary**: More than 1 million people move out of extreme poverty and social exclusion in Latin America and India

**Anticipated 5-year results**: More than 1 million people move out of extreme poverty and social exclusion in Latin America and India

**Issue area**: Access to primary healthcare for remote rural communities

**Geographic focus**: Liberia

**In summary**: 1.2 million rural Liberians reached with healthcare access, and 20–30% reductions in under-5 mortality achieved

**Anticipated 5-year results**: 1.2 million rural Liberians reached with healthcare access, and 20–30% reductions in under-5 mortality achieved

**Issue area**: Primary education — basic reading and math skills

**Geographic focus**: Cote d’Ivoire, Nigeria, Zambia with potential to scale to other African countries

**In summary**: 3 million children reached, with at least 70% of Grade 5 students in schools in 3rd+ year mastering basic reading and math

**Anticipated 5-year results**: 3 million children reached, with at least 70% of Grade 5 students in schools in 3rd+ year mastering basic reading and math

**Issue area**: Teaching children according to learning level rather than age or grade, embedded in national education systems

**Geographic focus**: India

**In summary**: Upskilling frontline healthcare workers through teleconference training to tackle complex diseases (Hep C, TB, HIV, Cancer etc.)

**Anticipated 5-year results**: Upskilling frontline healthcare workers through teleconference training to tackle complex diseases (Hep C, TB, HIV, Cancer etc.)
Liberia’s National Community Health Assistant Program

What if we could provide healthcare and reduce child mortality in the most remote communities?

The Challenge
Half of the world’s population, including 400 million people in Africa, lack access to essential health services. In Liberia, 1.2 million people live in remote areas without access to primary health services, which has a devastating impact on health outcomes. Liberia has the fifth-worst maternal and fourth-worst malaria incidence rates in the world, and 5% of children die before their first birthday.
Liberia's National Community Health Assistant Program

What Difference Will It Make?

It’s a systemic approach: Despite the evidence that such community health approaches work, there have been few successful efforts to scale such programs in low resource settings. The Liberian partnership is transforming a patchwork of smaller, uncoordinated and often volunteer-run initiatives into a unified, high performing program and helping to foster deep alignment and collaboration between the government, NGOs, and donors. It builds capacity, motivation, and accountability across the system – from remote community clinics to national policymakers and trainers to international funders.

The Collaborative Impact

Through its support to a partnership between LMH and The Global Fund, Co-Impact is ensuring that the Liberian Ministry of Health is on pace to provide universal access to basic primary healthcare to all 1.2 million rural Liberians for the first time, significantly reduce under-five child mortality, and save thousands of lives annually from acute disease. Co-Impact is joining a coalition of existing donors including USAID, World Bank, UNICEF, and GAVI. Additional funding would allow this coalition to strengthen its work in Liberia, including by improving health supply systems, and capturing and sharing lessons for improving community health systems in remote areas in Africa and globally.

5-YEAR GOAL:

1.2 million people in Liberia’s remote communities have primary healthcare and up to a 20% reduction in deaths of children under five.

Liberia’s National Community Health Assistant Program has already made great progress. As of May 2019, community health workers served over 707,000 people; carried out over 1.4 million patient visits; treated over 535,000 childhood cases of pneumonia, malaria, or diarrhea and malnutrition; and conducted over 140,000 pregnancy visits.
The graduation approach to Economic Opportunity

The Challenge
More than 10% of the world’s population lives on less than US $2 a day. While progress has been made, working together to empower people to lift themselves out of extreme poverty is critical to achieving the Sustainable Development Goals.

What if governments could help eliminate extreme poverty in their countries?
The Collaborative Impact

Co-Impact is making three collaborative investments to further this movement. Program partners Jeevika in Bihar, India and Fundación Capital in Latin America are poised to transform public-sector systems to reach unprecedented scale.

Co-Impact is also providing catalytic funding for the Partnership for Economic Inclusion, a new global partnership with a mission to support the adoption of national economic inclusion programs for extreme poor and vulnerable households, in collaboration with the German Development Cooperation (Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ on behalf of German Federal Ministry for Economic Cooperation and Development, BMZ) and the World Bank. The Partnership brings together global stakeholders to catalyze country-level innovation and global knowledge. This flexible philanthropic support focuses on optimizing existing government staff and social protection programs for maximum impact. It will also help government systems achieve quality and ensure that no one is left behind.

These investments provide a solid foundation in the fight to eliminate extreme poverty. With new funding partners, this powerful program can reach many more countries and millions more people around the world.

5-YEAR GOAL:

More than 1 million people move out of extreme poverty and social exclusion in India and Latin America and a strong global partnership built to support further government programming.

Asqual Girmay, 31, a single mother and her family were struggling for daily survival when she joined the graduation program. Asqual chose to start a beekeeping business which expanded rapidly: 10 bee colonies and occasional work as a daily wage laborer to earn extra cash. She managed to save 12,000 Ethiopian Birr (about US$645) within two years. “Now I feel confident that I can provide for my daughter...I can even cover the cost of [her] long-term study. I can buy her enough clothes. Now I want a separate house and to stop crop-sharing.”
Project ECHO

The Challenge
In today’s world, the knowledge exists to treat many of the most critical health challenges. Nevertheless, billions of patients still cannot get the care they need because medical expertise is trapped in major treatment centers, far away from where they live.

As a result, people suffer and die needlessly.

What if we could move medical knowledge to every remote community, rather than moving patients out of them?
PROJECT ECHO: A Proven Model

Using proven adult learning techniques and simple video technology, Project ECHO connects groups of frontline healthcare providers (spokes) with specialists at a distant medical center (hub) for weekly "virtual rounds". These sessions, designed around case-based learning and mentorship, help local health workers gain the expertise they need to diagnose and treat complex medical conditions like tuberculosis, hepatitis C and HIV – with cure rates equaling those of experts. Since its launch in 2003, Project ECHO has grown across six continents, building the capacity of thousands of frontline providers to treat over 70 health conditions. But many more providers all over the world remain to be reached.

What Difference Will It Make?

It’s a systemic approach: With more than 1.2 billion people, good information, communication and technology infrastructure, and millions of health workers already in place, India has the ideal conditions for Project ECHO to make a massive impact. ECHO connects and builds capacity and motivation across the health system from national experts and leaders to state and district administrators to frontline medical practitioners. ECHO has already set up partnerships with several government agencies and states, launched 40 successful initiatives with its partners, and is poised to help transform healthcare for millions across the country.

The Collaborative Impact

Recognizing ECHO’s potential and powerful strategy, Co-Impact is making a five-year investment to strengthen ECHO’s global and India teams, technology infrastructure, learning framework, evidence base, and relationships with key partners. This investment is set to catalyze further growth of the ECHO model across India and globally. With additional funding, over the medium- to long-term, the effort has the potential to contribute to improving the wellbeing of some 400 million people in India, and many millions more around the world.

5-YEAR GOAL:

At least 4 million people in India will receive improved access to specialized care in their communities.

Hepatitis C is a major problem in the largely rural state of Punjab, but the largest academic medical center there could treat only 1,500 patients per year. In 2016, Punjab’s government and the India Association for the Study of Liver Disease partnered with Project ECHO to create a network of 22 district hospitals and three government medical colleges that are training and mentoring providers in best-practice care.

As a result, these doctors, together with their colleagues, diagnosed and treated over 55,000 new patients during the first 30 months.
Teaching at the Right Level Africa

The Challenge
Despite huge progress in school enrollment, millions of children in schools across Africa are failing to develop basic reading and math skills.

Strengthening African education systems: accelerating learning for all children
What Difference Will It Make?
It’s a systemic approach: The TaRL Africa team supports multiple actors across national education systems to put in place practices that will help many more children acquire foundational skills. This often includes supporting national, regional, and local education officials to set achievable goals; dedicate time to helping children master foundational skills; adopt teaching-learning practices that are at the level of the child rather than dictated by a rigid age-grade curriculum; set up hands-on mentoring systems to support teachers to deliver effectively; and implement simple systems of measuring learning, which lead to action at all levels.

The Collaborative Impact
Given the track record of success in India, a well-established program in Zambia, and pilots underway in multiple other African countries, Co-Impact is excited to invest in TaRL Africa’s five-year strategy to support governments and their partners to promote Teaching at the Right Level programs across the continent.

If other partners provide the remaining support required, the TaRL Africa team will support active interventions in up to six countries, benefiting at least three million students during this period and potentially millions more in the future. The initiative will also serve as a testing ground for other countries facing similar challenges, and help governments across Africa ensure that many more children will gain the critical foundational skills required for future learning and life.

“What amazes us most of all is the joy and motivation the children display when they are actively engaged in the learning process... They are completely focused on learning about units and tens, thanks to the playful, stimulating techniques the teachers are using.”
— Sabina Vigani on observing TARL in Zambia

5-YEAR GOAL:
At least 3 million children will have improved reading and math skills.
The Challenge

Every year, half a billion people suffer from depression and over 800,000 people die due to suicide. Young people are particularly vulnerable, with some 75% of all mental illnesses manifesting by the age of 24. Most young people around the world lack the support and access to the mental health care they need, while most current approaches to mental health are medical, focusing primarily on diagnosis and treatment rather than prevention.
The Collaborative Impact

Launched by a wide-ranging coalition of organizations that support mental health, including Grand Challenges Canada, Johnson & Johnson, the World Bank, the World Psychiatric Association, Sutter Health, and the Hans Foundation, citiesRISE fosters collaboration, shared expertise, and innovation to advance mental health.

With a two-year venture stage grant from Co-Impact, citiesRISE will hire key staff and facilitate the design and piloting of city-based solutions and knowledge-sharing with a focus on Chennai (India) and Nairobi (Kenya).

This investment will enable citiesRISE to develop and test strategies toward their goal of significantly increasing mental health awareness and access to effective treatment and services in cities worldwide.

citiesRISE: A Paradigm Shift

citiesRISE is an innovative new platform for transforming mental health by creating a network of Mental Health Friendly Cities around the world. It aims to rebuild communities and cultures in a way that respects mental health and fosters positive personal growth throughout a person’s lifetime.

Its three core strategies include:

01. Mobilizing youth leadership to reframe the social narrative around mental health and enhance social connectedness;

02. Deploying next generation technology to increase early and effective access to a range of support and services; and

03. Advocating for improved practice and capacity within communities and systems for healthy environments.

What Difference Will It Make?

It’s a systemic approach: citiesRISE is working to address youth mental health in a way which brings together the often-fragmented efforts of government, civil society, and NGOs.

With an initial focus on five cities (Chennai, Nairobi, Bogota, Seattle, and Sacramento), a coalition of more than 30 organizations at the global and national levels are working together to develop a framework and targets for widespread change around mental health.

In each location, citiesRISE is convening young leaders, psychiatrists and other mental health professionals, government and civil society stakeholders, private sector and cross-sectoral partners, to learn about local initiatives, and connect to global ideas, insights, and resources. It is jointly designing interventions that will address supply (e.g. the scale of services and support available for early intervention) and demand (i.e. awareness, help-seeking behavior) for services.

The citiesRISE network will use results and lessons to improve its own practice and share them widely to influence global practice.
Leadership Team

Olivia Leland
Founder and CEO

Olivia Leland brings more than twenty years of experience in philanthropy, government, and the nonprofit sector to her role as founder and CEO of Co-Impact.

Previously, Olivia worked with Bill and Melinda Gates and Warren Buffett as the founding director of the Giving Pledge, an effort to help address society’s most pressing problems by encouraging philanthropy globally. She also worked for the Millennium Challenge Corporation, worked in microfinance, and was a strategy consultant with the Monitor Group.

She sits on the board of the Full Frame Initiative and, in 2014, was named a Young Global Leader by the World Economic Forum.

Olivia received her AB in Social Studies from Harvard University and MSc in Development Management from the London School of Economics and Political Science. She lives with her husband and three children in London, UK, and holds dual US/French nationality.

Pam Foster
Chief Operating Officer

As Co-Impact’s COO, Pam provides strategic leadership across the organization focusing primarily on operations, governance and compliance.

Pam previously served in various roles over almost twenty years for The Rockefeller Foundation, including most recently serving as Managing Director, Program Operations, and Associate General Counsel.

She also serves as Chair of the Board of Safe Passage Project, Vice Chair of the Board of Philanthropy New York, and a member of the Advisory Board of the Center for Effective Philanthropy.

Pam received a BA with honors from Trinity College in Connecticut, and a JD, summa cum laude, from New York Law School, where she currently serves on the Board of Trustees and as President of the Alumni Association. Pam lives in New Jersey with her husband and two daughters.

Silvia Bastante de Unverhau
Chief Philanthropy Officer

Silvia is a global philanthropy expert with twenty years of experience working across the business, non-profit, international development and government sectors. She leads Co-Impact’s global partnerships, mobilizing philanthropic funding to support the organization’s goals.

Silvia was previously Global Head of Philanthropy Advisory at UBS, and worked for the Monitor Group, the Organization of American States and Amnesty International among others.

Silvia serves as a Senior Fellow at the Center for Sustainable Finance and Private Wealth at the University of Zurich, and sits on the Board of the I AM WATER Ocean Conservation Foundation.

Silvia holds a BA from the London School of Economics and Political Science in Government and Economics, and an MPA from the Harvard Kennedy School. Originally from Lima, Peru, she lives in Zurich with her husband and two children.

Rakesh Rajani
Vice President, Programs

Rakesh Rajani brings three decades of experience in human rights, education, governance and philanthropy to his role at Co-Impact.

He formerly served as Director of Civic Engagement and Government at the Ford Foundation. And has founded and led several civil society organizations in East Africa, including Twaweza, Uwezo, HakiElimu, and the Policy Forum.

Rakesh is a founding member of the Open Government Partnership, and has consulted on global development for Google.org, Hivos and UNICEF, among others. He serves on the Boards of the Hewlett Foundation, International Budget Partnership, and Innovations in Poverty Action, and is an advisor to Luminate.

Rakesh studied at Brandeis and Harvard, graduated summa cum laude and was elected to Phi Beta Kappa. He lives with his independently-minded children and wife in New York.