ABOUT INNOVATIONS IN HEALTHCARE


THE PFIZER FOUNDATION

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ACKNOWLEDGMENTS

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EXECUTIVE SUMMARY

The COVID-19 pandemic’s onset in 2020 introduced unprecedented challenges across sectors, creating new needs for adaptation, innovation, and collaboration to mitigate the global impact of the SARS-CoV-2 virus. Amid the disruption of regular healthcare services due to facility closures, limits to in-person gatherings, lockdown measures, supply chain interruptions, and reallocation of human and financial resources, health-focused innovators pivoted their work to adjust to the new circumstances, working to maintain regular healthcare services while responding to the pandemic in their communities. The global, multisectoral impact of the pandemic underscores the importance of partnership, collaboration, and coordination across sectors to achieve the greatest impact.

To explore the ways that global health organizations leveraged partnerships to develop and implement their COVID-19 responses, Innovations in Healthcare (IiH) studied the experiences of a cohort of global health innovators that received grants from The Pfizer Foundation as part of the Global Health Innovation Grants Program. Using mixed methods consisting of an online survey to 20 current grantees, monitoring and evaluation reports, and semi-structured, in-depth interviews with four grantees, IiH gathered data to understand how global health innovators formed new partnerships and leveraged existing ones to design and implement their pandemic response measures. Partnerships included any regular or sustained collaboration with another organization or entity, regardless of the financial relationship.

To respond to COVID-19, innovators implemented new infection prevention and control protocols; created additional training on COVID-19 for health providers and community health workers; shifted existing training programs to online formats; expanded service offerings to include screening, testing, referral, or treatment for COVID-19; and increased access to healthcare by offering telemedicine and remote triage. Rapidly adjusting to develop and implement these responses introduced new challenges, including funding and resource constraints, barriers to reaching patients at usual points of care, and difficulty training staff and acclimating them to remote working formats.

Partnerships with public health facilities, private health facilities, and government organizations were particularly important in the development and implementation of innovators’ responses. Joining forces with both public and private facilities enabled innovators to reach patients and healthcare workers, key stakeholders for many COVID-19 response measures. In return, innovators provided these facilities with training, personal protective equipment (PPE), and connections to patient populations or community groups, empowering staff to deliver higher-quality care to more patients. Partnerships with government organizations often afforded innovators opportunities for collaboration and alignment of programs, including exchange of data, key lessons, and resources such as training materials and PPE.

Partnerships that had been formed prior to the onset of the pandemic contributed greatly to innovators’ COVID-19 responses. The importance of these existing partnerships highlights the value of building strong relationships that can become reliable collaborations in times of crisis.

Based on our findings, we present four recommendations for global health innovators:

1. Prioritize the maintenance of routine primary healthcare services as an essential part of pandemic response.
2. Create greater opportunities for impact at scale by partnering with health facilities and systems, both public and private.
3. Collaborate closely with local community members, leaders, and organizations to build trust, gain deeper understanding of community needs and context, and ensure local input, investment, and ownership of programs.
4. Cultivate a strong network of partnerships so that collaborations can be forged quickly and effectively when unexpected situations arise.
INTRODUCTION

Through multiple rounds of the Global Health Innovation Grants (GHIG) program, launched in 2016, The Pfizer Foundation has provided one-year grants to health-focused social enterprises and nonprofit organizations across sub-Saharan Africa, Latin America, and South and Southeast Asia. Innovations in Healthcare (IiH) partners with The Pfizer Foundation to manage, monitor, and evaluate the program portfolio.

In 2019-2020, the fourth round of GHIG funding (GHIG4) supported innovative solutions to prevent, correctly diagnose, and appropriately treat infectious diseases for underserved populations. The GHIG4 grant period ran from October 1, 2019 to September 30, 2020.

In early 2020, the SARS-CoV-2 virus began its global spread. In March 2020, midway through the GHIG4 grant period, the World Health Organization (WHO) declared COVID-19 a global pandemic. The pandemic affected all grantees in the GHIG program regardless of geography, health focus, or population subgroup served. Innovators faced new and unexpected challenges such as travel restrictions, interruptions in supply chain, and shifting partner priorities. In response, the cohort of GHIG4 innovators had to rapidly adjust programming to reflect new global and local realities.

Many innovators found themselves contributing directly to COVID-19 response, whether through screening, testing, and referring patients to care; training frontline and community health workers on new COVID-19 protocols; educating community members about prevention strategies; or creating and implementing new decision-making tools to guide frontline health workers in identifying and managing COVID-19 cases. The pandemic created not only unprecedented health challenges but also new opportunities for nimble, cross-sectoral collaborations and partnerships as innovators, funders, NGOs, communities, and governments mobilized toward the common goal of COVID-19 response.

To effectively respond to the pandemic and address emerging challenges, GHIG4 grantees drew upon both existing and new partnerships with funders, implementation partners, and community-based organizations. For the purposes of this paper, any regular or sustained collaboration with another organization or entity, regardless of the financial relationship, can be considered to be a partnership. This paper explores how innovators responded to the COVID-19 pandemic and how they leveraged partnerships to develop and implement their responses. We set out to answer these questions:

1. How did innovators leverage new and existing partnerships to respond to the COVID-19 pandemic?
2. How did these partnerships help innovators develop and/or implement their responses?
3. What lessons about pandemic response did innovators learn throughout this process?

To answer these questions, we used a mixed methods approach to draw on data from multiple sources. Specifically, we conducted a survey with the full GHIG4 cohort and held semi-structured qualitative interviews with a subset of four GHIG innovators. We also used information received throughout the grant period from check-in calls, email updates, and midyear reporting data. The survey was distributed through Qualtrics to all 20 innovators in the GHIG4 cohort and captured both quantitative and qualitative information on innovators’ COVID-19 responses, partnerships leveraged to address the pandemic, and challenges and lessons learned in implementing their response plans. We received survey responses from 16 innovators. Based on information previously gathered through check-in calls and reporting, we selected four innovators to represent a breadth of geographies and COVID-19 responses: 2020 MicroClinic Initiative (2020 MCI); Fundación Vive con Bienestar (Bive); Society for Nutrition, Education and Health Action (SNEHA); and THINKMD. These four innovators provided additional details about their specific COVID-19 responses and the role of partnerships in those responses.

We note some limitations in this paper. The findings presented here rely on data that were self-reported by innovators. Additionally, these findings are based on the experiences of a small, nonrepresentative sample of 16 organizations that had been selected to receive grants from The Pfizer Foundation and are not generalizable to all health innovators. Last, the conclusions and recommendations presented in this paper describe the experiences of this group of innovators at the time of data collection in September 2020 and do not reflect experiences that have occurred since the data collection period.
FINDINGS

- Characteristics of Respondents
- Innovators’ Initial COVID-19 Response
- Role of Partnerships in Supporting COVID-19 Response

Characteristics of Respondents

Of the 20 innovators that received the survey, 16 responded. These respondents work in varying geographies, including countries in Africa, South America, the Caribbean, South Asia, and Southeast Asia. All 16 innovators responded to COVID-19 by implementing new activities, practices, or processes. As of September 2020, these innovators reached a total of 970,953 individuals through their COVID-19 responses and raised over 10 million USD in support of their efforts. Of the four innovators interviewed, 2020 MCI, Bive, and SNEHA work on the ground in Kenya, Colombia, and India, respectively, while THINKMD develops health technology platforms that are implemented with partners in countries across the globe.

Innovators’ Initial COVID-19 Response

Innovators responded to the challenges brought upon by the COVID-19 pandemic in a variety of ways, depending on the mission of each organization, the needs of the communities they serve, and the particular challenges they faced. Restrictions in movement, reallocation of healthcare resources (including personnel), limitations on in-person interactions, disruptions in the supply chain, and fear of contracting COVID-19 in a healthcare setting can restrict patient access to routine and essential care, leading to complex challenges for health-focused innovators. Therefore, key goals for innovators were to keep providers and patients safe from infection inside health facilities, empower communities to prevent spread, and ensure the continuity of essential care services.

The most common element of COVID-19 response among innovators was the implementation of new infection prevention and control (IPC) protocols in health facilities. These new protocols included rules on social distancing, increased sanitation measures, increased use of personal protective equipment (PPE), and procedures for screening patients, in keeping with WHO recommendations to prevent infections in health facilities. To support these new protocols, eight innovators provided additional training to health providers and community healthcare workers on IPC measures and COVID-19 case management. Seven innovators also built their physical capacity for improved IPC through procurement and distribution of additional PPE and hygiene products in partnership with government, NGO, and corporate stakeholders or by adding space to health facilities to promote social distancing. These measures not only helped prevent the spread of COVID-19 in health facilities but also instilled confidence among patients that they could safely visit health centers without fear of infection, thereby preventing disruption in routine and essential care. Remote triaging and telemedicine also helped to reduce unnecessary in-person visits and improve patient access.

Some innovators’ responses included procurement of additional, non-COVID-related medical supplies (such as supplemental oxygen and essential medicines) to ensure continued availability to patients throughout the pandemic. Others incorporated screening, testing, referral, or treatment for COVID-19 into their workflows. A few innovators shifted from in-person to virtual formats for healthcare worker training, mentorship, or community education. Other elements of COVID-19 response included creating decision support tools to help identify and manage COVID-19 cases and supporting contact tracing.

2 World Health Organization.
COVID-19 pandemic has led to a time of increased uncertainty as communities, governments, and health systems continually adjust to unprecedented circumstances. Amid this uncertain environment, forming new partnerships or evolving existing partnerships to encompass new activities and ways of collaboration became even more challenging than usual. Partner organizations and potential new partners preoccupied with adapting to the new realities were often less receptive to taking on new projects, programs, or collaborations. To respond, health innovators embraced varied ways of leveraging partnerships to support their COVID-19 responses and adapt to situations on the ground. For the purposes of this paper, any regular or sustained collaboration with another organization or entity, regardless of the financial relationship, can be considered to be a partnership.

Table 1: Existing and new partnerships of innovators by type

<table>
<thead>
<tr>
<th>Type of partnership</th>
<th>Number of existing partnerships (in place prior to COVID-19)</th>
<th>Number of new partnerships (formed to support COVID-19 response)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>71 (6%)</td>
<td>30 (13%)</td>
</tr>
<tr>
<td>Public health facilities/systems</td>
<td>421 (33%)</td>
<td>147 (64%)</td>
</tr>
<tr>
<td>Private health facilities/systems</td>
<td>238 (19%)</td>
<td>18 (8%)</td>
</tr>
<tr>
<td>Corporation</td>
<td>445 (35%)</td>
<td>15 (7%)</td>
</tr>
<tr>
<td>NGO</td>
<td>56 (4%)</td>
<td>16 (7%)</td>
</tr>
<tr>
<td>Academia</td>
<td>26 (2%)</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Total (all types)</td>
<td>1,257</td>
<td>230</td>
</tr>
</tbody>
</table>

Source: IIH GHIG team analysis of 16 GHIG grantees’ responses to Qualtrics survey.
EXISTING PARTNERSHIPS

Innovators had established a variety of partnerships as part of their work prior to the emergence of the COVID-19 pandemic. To support implementation of their COVID-19 responses, many innovators relied on the trust and working relationships they had built with existing partners to develop new activities.

Among the existing partnerships, 35% were formed with corporations, 33% with public health facilities and systems, and 19% with private health facilities and systems. Table 1 describes in detail existing and new partnerships formed by innovators.

The high proportion of corporate partnerships is largely due to one innovator, 2020 MCI, whose work prior to the pandemic focused on partnering with workplaces and insurance providers to hold wellness, screening, and education events for employees. 2020 MCI’s work with corporations accounts for nearly 90% of the reported existing corporate partnerships (400 out of 445).

Health facility partnerships were particularly valuable to innovators’ work, both prior to COVID-19 and as part of the response. Partnerships with facilities, both public and private, were primarily used by innovators who do not operate points of care as part of their core operations, providing a means by which these innovators could reach key populations of patients and healthcare workers. In return, innovators provided these facilities with training, PPE, and connections to patient populations or community groups, empowering the staff to deliver higher-quality care to more patients.

For example, innovators such as SNEHA and Jacaranda Health, that together accounted for nearly 80% of the reported existing public health facility partnerships (see Figure 1), leveraged established partnerships with public health facilities to support their COVID-19 responses. SNEHA is a nonprofit organization working in India that partners with communities and health systems to implement sustainable initiatives to improve maternal and child health in densely populated urban areas. As part of its GHIG-funded project, SNEHA partnered with public health facilities to conduct health worker training and capacity-building programs for staff that initially focused on maternal and child health. To address the pandemic, the organization shifted the primary focus of these programs to include COVID-19 IPC training. SNEHA’s 180 public facility partnerships made up 43% of the total reported existing public facility partnerships, and SNEHA leveraged all of these relationships in its COVID-19 response.
Innovators also leveraged private facility partnerships when responding to COVID-19. For example, LifeNet International (LifeNet), which accounted for nearly 90% of reported existing private facility partnerships (Figure 2), implements a model based upon close collaboration with faith-based health facilities. LifeNet, a nonprofit working in Burundi, Uganda, Malawi, and the Democratic Republic of the Congo, partners with these private health facilities to implement quality improvement measures through its tested and validated quality scorecard program. As part of its COVID-19 response, LifeNet added modules on COVID-19, infection prevention, PPE usage, and other infectious disease topics to the quality improvement programs that were already in place in these private health facilities. LifeNet also distributed PPE and rolled out a chatbot with information about COVID-19 for health workers in these facilities to access. LifeNet’s partnerships account for 89% of the reported existing private facility partnerships (see Figure 2). All of LifeNet’s 211 existing partnerships with private facilities supported the organization’s COVID-19 response.

Although government partnerships accounted for only 6% of the total number of existing partnerships, more innovators reported engaging in government partnerships than in other partnership types: 88% of respondents reported engaging in at least one government partnership, compared to 56% for corporations, 50% for public facilities, and 50% for private facilities. Government partnerships include collaborations or working relationships with governmental bodies or organizations other than public health facilities: with ministries of health, other national-level agencies, district governments or health offices, county governments or health offices, and government-run technical working groups, for instance.
Government partnerships that provided endorsement, resources, collaboration, and coordination prior to the pandemic served a similar function during pandemic response. These partnerships facilitated collaboration on response strategies, as innovators and government organizations were able to share knowledge, suggestions, data, ideas, and resources such as training materials and PPE. For example, Group for Technical Assistance (GTA), a nonprofit that provides technical support for health systems strengthening to public health organizations in Nepal, drew from its technical and scientific expertise to provide suggestions to Nepal’s Ministry of Health and Population to inform its COVID-19 measures. Muso, a nonprofit that works to strengthen community health worker (CHW) programs and integrated health programs in Mali and Côte d’Ivoire, also collaborated with governments on a national level. In Mali, Muso trained national frontline health providers, sourced PPE for providers across the country, designed a case detection and contact tracing program, and scaled proactive primary care delivery strategies to support the Malian national COVID-19 response. Muso also shared these tools and strategies with the government of Côte d’Ivoire and supported them with PPE procurement. In turn, many innovators turned to government response strategies, including national-level measures and guidelines, for guidance on best practices to implement at points of care to most effectively harmonize efforts with public health systems.

Relationships with community-level organizations also proved impactful, helping innovators to leverage established trust and close connections with target population members and further develop these existing relationships. Bive, for example, a for-profit social enterprise in Colombia that offers health service packages to low- and middle-income groups, built upon long-standing partnerships with farmers’ associations to develop educational initiatives that would effectively reach rural populations. Bive already had the trust of local leaders and an in-depth understanding of community needs, both gained through its past work with farmers and their families. These existing relationships provided Bive with established channels of communication, enabling the organization to collaborate effectively with stakeholders and align its capabilities with the most pressing needs in the community.

NEW PARTNERSHIPS

Innovators also developed new partnerships to support their COVID-19 responses, often through connections with existing partners. Of these new partnerships, 64% were formed with public health facilities and systems, 13% with government organizations, and 8% with private health facilities and systems (see Table 1).

THINKMD, a for-profit social enterprise that develops health technology platforms to support high-quality healthcare in low- and middle-income countries, worked with new partners and contacts gained from an existing relationship. One of THINKMD’s funders connected the team to several new implementing partners that helped expand distribution of its COVID-19 screening tool to new geographies. Successful partnerships and positive working relationships established before the pandemic thus functioned to catalyze new partnerships to allow greater reach of THINKMD’s COVID-19 response.

Similarly, SNEHA, an organization that partners with health systems to provide capacity building for staff as part of its normal operations, was able to form new partnerships and begin to provide training in additional health systems as part of its COVID-19 response. The formation of these new partnerships was facilitated by SNEHA’s positive reputation from providing training to existing partner health systems, which positioned the organization as a well-known and trusted source for capacity building. Working with additional health system partners expanded the reach of SNEHA’s COVID-19 response, as health workers trained through SNEHA’s programs served patient populations of both the existing and new health system partners.

2020 MCI also drew from existing connections to form new partnerships that contributed to its COVID-19 response. 2020 MCI partners with corporations in Kenya to offer workplace wellness events to their workforces, including education, screenings, and connection to further diagnostic and treatment services. These wellness events were temporarily suspended when closures and lockdown measures resulted in individuals staying at home rather than gathering at their usual workplaces. To adjust its patient outreach strategy while still serving its target population of the working poor, 2020 MCI’s team leveraged existing social and professional networks to gain contact with leaders of the local motorbike community. These local leaders helped the organization develop and implement a medication delivery and telehealth program whereby motorbike riders travel door-to-door and offer screenings, telemedicine consultations, medication delivery, and connection to further healthcare services to low-wage workers in Nairobi.
The importance of facility partnerships, both public and private, is evident when considering the total number of partnerships, both existing and new, that were leveraged to support COVID-19 response (see Table 2). Public and private facility partnerships combined to account for 80% of the partnerships that were leveraged for COVID-19 response.

For all six partnership types, the majority of partnerships that were leveraged to support COVID-19 response were in place prior to the pandemic. Across all types of partnerships, existing partnerships made up 77.2% of response-supporting partnerships. Existing partnerships contributed greatly to innovators’ COVID-19 responses, highlighting the importance of building strong relationships that can become reliable collaborations in times of crisis.

Table 2. Partnerships supporting COVID-19 response by type

<table>
<thead>
<tr>
<th>Type of partnership</th>
<th>Number of partnerships that supported COVID-19 response</th>
<th>Percent of column 1 that existed prior to COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>83 (8%)</td>
<td>63.9%</td>
</tr>
<tr>
<td>Public health facilities/systems</td>
<td>555 (55%)</td>
<td>73.5%</td>
</tr>
<tr>
<td>Private health facilities/systems</td>
<td>248 (25%)</td>
<td>92.7%</td>
</tr>
<tr>
<td>Corporation</td>
<td>41 (4%)</td>
<td>63.4%</td>
</tr>
<tr>
<td>NGO</td>
<td>55 (5%)</td>
<td>70.9%</td>
</tr>
<tr>
<td>Academia</td>
<td>26 (3%)</td>
<td>84.6%</td>
</tr>
<tr>
<td>Total (all types)</td>
<td>1,008</td>
<td>77.2%</td>
</tr>
</tbody>
</table>

Source: IiH GHIG team analysis of 16 GHIG grantees’ responses to Qualtrics survey.
LESSONS LEARNED

Although innovators faced difficulties when rapidly shifting their work to COVID-19 response, they were also able to draw important lessons from their experiences.

1. Innovators cite the importance of prioritizing continued provision of routine primary healthcare services as a valuable lesson they learned from implementation of their pandemic responses. This was especially important for innovators whose regular work focuses on providing primary healthcare services, including community healthcare, since these innovators struggled to build in pandemic response measures without interrupting the essential primary healthcare services that their communities needed.

   “Sustaining provision of services amidst a pandemic . . . ensured the pandemic did not have an unintended impact on the vulnerable and at-risk population[s].”

   ELIZABETH OMBECH, AFYA RESEARCH AFRICA

2. Innovators also highlighted the value of nimble adaptation and collaboration with other organizations, governments, funders, and NGOs. As innovators pivoted to develop response measures to the COVID-19 pandemic, partnerships played a key role in enabling rapid implementation of responses and extending the reach of innovators’ activities.

   “Collaboration is the only way to tackle healthcare issues.”

   LYNDA TOUSSAINT, UNJANI CLINICS NPC

   “We have learned that quick testing and rapid feedback cycles with partners for new tools can lead to faster development of projects [that are] more useful than we imagined.”

   RACHEL JONES, JACARANDA HEALTH

3. Leveraging existing partnerships was instrumental in the development and implementation of COVID-19 response. Existing partners provided funding, helped build community support, provided access to key populations and stakeholders, and collaborated on intervention activities. Having strong existing partnerships was particularly important as many organizations, particularly funders, hesitated to develop new relationships during the pandemic.

   “We had built very strong partnerships with health systems and communities [that] paid [off] during the pandemic. They supported our work and we managed to work with them successfully.”

   SWEETY PATHAK, SNEHA

4. Relationships with community-level organizations helped innovators quickly develop and implement new activities. These organizations could connect innovators to community stakeholders, give greater context of the situation on the ground, and lend legitimacy and trust to an innovator working in the community.

   “[Since] community healthcare workers [are] close to the community, when equipped and protected, they can help to respond to COVID-19 preparedness and response needs.”

   IMMACULATE KYARISIIMA, HEALTH BUILDERS
Prioritize the maintenance of routine primary healthcare services as an essential part of pandemic response. Innovators highlighted the importance of continuing to provide regular, essential primary healthcare services in addition to implementing new pandemic response activities. Vulnerable, underserved populations that regularly face barriers to accessing healthcare may experience even greater challenges during a pandemic when resources are shifted towards pandemic response and routine ways of accessing primary healthcare services are disrupted. Fear of infection and lockdown measures may also decrease health-seeking behavior in patient populations. Innovators should thus view supporting continued primary healthcare provision, including strengthening telehealth and other alternatives to traditional modes of patient engagement, as a necessary component of a comprehensive pandemic response.

Create greater opportunities for impact at scale by partnering with health facilities and systems, both public and private. Innovators that formed strong partnerships with health facilities and systems leveraged these working relationships to reach more people, both prior to the COVID-19 pandemic and when implementing responses following the onset of the pandemic. Health facility and system partnerships can provide innovators with extended geographic reach and access to established patient groups so that their innovations can impact more people. These partnerships can also serve as a valuable source of human and material resources, such as existing staff members and physical infrastructure, that innovators can leverage to bolster implementation and facilitate the scaling of their innovations. Partnerships with health systems also present opportunities for innovators to build local capacity and ownership, supporting sustainability and continued growth of their programs.

Collaborate closely with local community members, leaders, and organizations to build trust, gain deeper understanding of community needs and context, and ensure local input, investment, and ownership of programs. Community-level partnerships are critical to the successful adaptation of innovations to fit local contexts, cultures, and health systems. Working closely with community members and groups can help innovators gain insights into those communities and better tailor their programs to realities on the ground. Partnerships with established community groups or leaders can also serve as tacit endorsements of innovators, lending these innovators the trust and reputability needed for widespread adoption of their programs. Involving communities from the early stages of development through the later stages of implementation and iteration not only helps innovators better align program design with community needs, but also engenders local ownership and stake in an innovation’s success, building sustainability rooted in local leadership.

Cultivate a strong network of partnerships so that collaborations can be forged quickly and effectively when unexpected situations arise. Partnerships that innovators had formed prior to the pandemic were instrumental when responding to COVID-19 – the majority of the partnerships leveraged to support COVID-19 response had been in place before the pandemic. The importance of these existing partnerships to innovators’ pandemic responses underscores the benefit of continually developing strong relationships and embracing collaboration with partners to build a network of trusted and established partnerships that can be drawn upon in times of crisis.

The experiences of these innovators, while not necessarily representative of the experiences of all health innovators, render an important snapshot of the ways that organizations quickly pivoted to respond to the COVID-19 pandemic. Their experiences, including the challenges faced and lessons learned, provide valuable insights as organizations continue to adapt to the evolving pandemic and to better prepare for future global health crises.