

The Atlantic Philanthropies' **Community- Based Health Care Synthesis** Executive Summary

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The Atlantic Philanthropies was founded by entrepreneur Chuck Feeney, who decided in 1982 to devote his wealth to the service of humanity. A champion of Giving While Living, Feeney has long maintained that people of wealth should use it to better the world during their lifetimes. By the time it concludes its operations in 2020, Atlantic will have invested more than \$8 billion to advance opportunity and promote equity and opportunity across the globe.

Over its life span, the foundation invested some \$452 million to support community-based health care underpinned by a belief that health care is an essential human need. This report was commissioned by Atlantic to tell the story of its community-based health care grantmaking in Vietnam, South Africa, Cuba, and the United States.

Total Investments	Grant Count	Average Grant Amount
\$452 million	392	\$1.1 million

Viet Nam

- Provided quality primary health care services in Viet Nam for more than **9 million** people through reinvigorating **940** commune health centers.
- Vietnamese government approved work to build and develop local commune health centers so that they would play a front line role in comprehensive disease prevention and health care.
- Secured national scale-up in Viet Nam of the Family Medicine Training model for primary care health doctors in communities, supported by a commitment of **\$100 million** from the World Bank.
- Secured **\$100 million** commitment from the Vietnamese government to develop the social work profession.

South Africa

- Some **2 million** individuals in public health care in South Africa received antiretroviral medicine in 2013, up from zero in 2004.
- The number of nurses per **10,000** people in South Africa tripled between 2005 and 2011.
- A **\$120 million** commitment by the South African government to develop nursing colleges and house nursing students.
- Creation of government policies around primary health care in South Africa including a nursing strategy, a human resources strategy, and the revitalization of the country's primary health care system.
- Professional development of a new generation of managers in the South African health sector.

Cuba

- Supported research for new screenings and treatments in Cuba, including diagnostic kits that primary health professionals can use for mass screenings of noncommunicable chronic diseases.

United States

- Contributed significantly to the U.S. federal government's decision to appropriate **\$200 million** to construct, expand, and equip school-based health centers.
- Implemented changes in community-based settings in the United States, based on Cuba's model of providing effective care at low cost.

Introduction

Chuck Feeney, the founder of The Atlantic Philanthropies, has always understood the significance of good health for the quality of individual lives and the functioning of a strong society. That's why some \$707 million of Atlantic's total grantmaking of \$8 billion went to strengthen institutions, hospitals, and programs to deliver better health care, find cures, and help more people live well and long.

After initially funding large tertiary medical centers and a focus on cancer research, Atlantic's approach in health underwent a major shift in 2004. The foundation began focusing on system-wide change that would seek in part to provide high-quality health care at the community level for people who needed it the most, particularly in underserved areas. This summary focuses on the lessons and impact of that grantmaking to improve community-based healthcare—totaling \$452 million between 2004 – 2016—in Viet Nam, South Africa, Cuba, and the United States (U.S.).

Over the years, Atlantic's funding influenced governments in Viet Nam and South Africa to increase their investments in primary health care and systems to better reach the most underserved populations. Atlantic also supported groups to successfully advocate for policy change, particularly in South Africa, that would lead to wider availability of needed health care.

In addition, the foundation's support helped lead to significant new funding for school-based health centers in the U.S. It also spurred new community partnerships in the U.S. modeled on Cuba's successful approach to producing outstanding health outcomes at a fraction of the spending in the U.S.

Why Fund Community-Based Health?

Health is a basic human need; many would view it as an essential human right. But despite great advances in medical science, large populations suffer from poor health that limits life expectancy, reduces quality of life, and places economic strains on individuals and societies.

Atlantic began investing in population health in 2004 following a decision to limit the life of the foundation and close in 2020. With that decision, the foundation then narrowed its focus to areas where it could make the most impact in its remaining 18 years: aging, children and youth, population health, and reconciliation and human rights.

Atlantic decided to focus on population health after undertaking an extensive review process. That decision was grounded in research and recommendations from a number of sources including the World Health Organization, which estimated that the adoption of coherent and ambitious health policies by governments and individuals could lead to significant improvements in mortality and morbidity globally.¹

Taking a "horizontal" approach in a few developing countries

During that review, Atlantic staff and board debated whether it should take a "vertical" approach to health (i.e., focusing on eradicating a disease like HIV/AIDS or malaria) or a "horizontal" approach (i.e., focusing on strengthening the health system as a whole). For Atlantic, taking a horizontal approach in a few developing countries, notably Viet Nam and South Africa, held the most promise for influencing system-wide change. Atlantic did not want to focus on eradicating a specific disease because it had found through its review that donors often developed costly therapies focused on particular diseases only to find that they were not delivered because of inadequate population health systems, including insufficient human resources.

Atlantic believed that the key for each person to be able to live a long and healthy life was to strengthen health systems, which were centered on the strategies and principles of primary health care on behalf of the entire population. Achieving this goal would require new forms of cooperation between international health agencies, national health leaders, civil society groups, and communities. It would also require helping health providers get the equipment, skills, and management systems that they needed so that they can deliver health care effectively. With that approach decided, Atlantic leadership focused much of its work on improving community-based health services while always connecting that work to national policies. Among the reasons were that the community is where most people receive their basic health care and therefore it was the logical place to start improving care. Additionally, robust provincial and community health models could have a high potential for national replication and spread to other regions.

¹ World Health Report 2003: *Shaping the future*. World Health Organization: Geneva, 2003.

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Atlantic's strategy included:

- Investing in strong leaders in under-resourced communities that had the right conditions for change.
- Funding rigorously evaluated pilot projects at the community level that could serve as models to scale up for regional and national replication.
- Bolstering key population health institutions and human resources.
- Strengthening human resources in health—that is helping ensure that the people who are working to improve health at all levels have the skills, equipment, and support to do their jobs as effectively as possible.
- Partnering with government and insisting on buy-in, including financial contributions, to increase the chances of sustainability.

Learnings

These are some of the key learnings from Atlantic's work aimed at expanding care at the community level:

- **Taking a systems-wide view of a problem can yield a greater and more lasting impact than simply focusing on a slice of that system.** Atlantic's initial health-related funding supported new hospital buildings and other health care institutions. Staff and leaders soon recognized that the foundation could increase the likelihood of creating an enduring impact by addressing the broader public health care system. For Atlantic, which often made "big bets," investing in system-wide change held the most promise for getting the biggest bang for its buck.

In Viet Nam, for example, Atlantic focused on improving the overall system of providing community-based health care so that people who were most vulnerable could be served close to where they lived.

Atlantic's initial and relatively modest investments focused on rebuilding local health centers that could provide preventive and primary care. But building or renovating a clinic was just a first step. Atlantic wanted to contribute to helping revamp the system of care. So staff also worked with local and national government officials to ensure that other elements of the system supported these centers. That included providing funding to staff community health centers with well-trained medical professionals, purchase up-to-date equipment, and offer services for patients with conditions such as mental health issues. Fully staffed, well-equipped, and comprehensive health centers could potentially pave the way to provide millions of rural Vietnamese with quality care close to their homes that would lead to better health outcomes.

Evaluators who examined Atlantic's Viet Nam program said that the foundation's holistic approach to enhancing the country's community-based health services was more effective than previous funders' narrow focus on simply one aspect of that system, such as buildings, people, or technology.

"The notion of buy-in was important to Atlantic," said Mary McDonnell, former senior vice president for strategic learning and special initiatives, Social Science Research Council, which evaluated Atlantic's population health program. "Before that donors came in and said, 'I'm going to build a new building, end of story, I'm going to train doctors, end of story, I'm going to provide high tech equipment, end of story. Atlantic said that unless it's a package we're not going to do it. Lots of donors come in not thinking about the whole package. Atlantic was convinced that only through upgrading all of the elements in the system as a package could you really achieve a significant and sustained impact."

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- **To achieve system-wide impact, it is essential to partner with government.** While Atlantic's resources were significant, staff felt the foundation made the biggest difference when it partnered with others, particularly government, which can implement policies to help ensure long-lasting impact. Strategies included piloting projects that could be replicated, supporting research, holding convenings, and developing relationships with key government officials at all levels.

As a result, countries adopted policies to help ensure that their most vulnerable citizens would receive quality primary health care. In South Africa, for example, the government implemented policies focused on nursing, primary health care, and human resource deployment. These policies, which Atlantic helped support through its funding, are road maps for the government to follow to create a more equitable primary health care system.

Other examples of Atlantic investments that influenced government action include:

- \$29 million to train and raise the status of nurses in South Africa, which contributed to a government commitment to invest an additional \$120 million in the nursing sector—almost four times what Atlantic spent.
- \$206 million for Vietnamese health care resulted in \$690 million in matching funds from the government and \$45 million from other donors.

In retrospect, Atlantic regarded the times it didn't adhere to its leveraging approach—and instead made grants to fill gaps without a broader strategy—as missteps. Examples include providing needed medical equipment and supplies for Cuba and bringing doctors to South Africa from other countries to address a shortage of physicians. In both cases, foundation leaders said that they would have achieved more had they taken a system-wide look at how to address the gap they were trying to fill.



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- **Investing in an initiative for a long period—at least 10 years—made a much bigger impact than shorter investments when seeking systems change.** Atlantic's most impactful work in community-based health care took place in places such as Viet Nam, where the foundation made a commitment to change that was backed by funding for more than 10 years. That commitment enabled grantees to pilot projects and build a body of knowledge over time as well as allowed Atlantic to establish relationships with the government to help ensure that the work it funded took root.

That investment of time and effort culminated with the Vietnamese government approving a project in 2016 to build and develop the local health centers that Atlantic had championed. These centers were envisioned as playing a front-line role in disease prevention and health care. Even the document approving the plan is noteworthy because of how it sets targets. For the first time, all of these health centers will be able to fully provide comprehensive health care by 2025. The Vietnamese government and other donors have adopted other Atlantic-funded programs as well, including one to develop social work as a profession and scale up a community-based mental health model.

Atlantic's work had less impact when it either funded projects for a short period of time (three to five years), or drastically cut back its investments. Atlantic found that short funding horizons often didn't give grantees sufficient time to develop their work and produce results that would help them sustain it, particularly by attracting support from other funders. Atlantic staff and evaluators said that it is unrealistic for funders to expect to make any change without a commitment of at least seven years, and perhaps 10 to 20 years.



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- ❖ **Supporting advocacy work can be a critical part of a strategy that seeks systems change.** While partnering with the government was a central feature of Atlantic's work, for many years the foundation also supported advocacy organizations to help transform systems. For example, in South Africa, Atlantic believed that for change to truly take hold at the community health level, it was important to support organizations that would hold government to account for providing quality health care.

Atlantic-supported advocacy groups, such as the Treatment Action Campaign and *Health-E News*, successfully challenged the government's refusal to provide life-saving HIV/AIDS drugs, as well as other policies and practices that denied people access to quality health care to which they were entitled. As one example of change that resulted from this approach, not one person in South Africa received HIV/AIDS treatment through the public system in 2004. However, by 2013 some two million people received government-supplied treatment because of the work done by Atlantic-supported grantees.

In the U.S., meanwhile, a program that funded demonstration sites for school-based health centers may have had its most significant outcome from a grantee, the School-Based Health Alliance, that helped secure a government commitment to provide more than \$200 million to construct, expand, and equip school-based health centers as part of the Affordable Care Act. In 2012, the U.S. Department of Health and Human Services awarded 520 grants to 47 states to reconstruct or open school-based health centers for an estimated 1.5 million children and adolescents. Funds also supported ongoing clinical operations.



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- ❖ **Atlantic also believed it was vital to support people working in institutions already endeavoring to carry out health-promoting policies and practices that can improve a system.** For Atlantic, effective systems change was often dependent on the people responsible for putting into practice new ways of providing community-based health services to those who most need it. Atlantic staff saw that committed people were toiling away within government and community organizations to improve the health of their communities and that they needed help to unlock their full potential for change.

Recognizing this, the foundation funded projects that gave such leaders the tools and skills to successfully advocate for and then implement new policies. For example, in South Africa, Atlantic supported a number of leadership development programs for managers in the public health sector, particularly at the regional level, which oversaw delivery of primary health care to people most in need. These training programs helped senior and middle managers develop advanced technical skills and build a new generation of leaders who have the potential to make significant changes to the country's health system. Those changes included making informed decisions in allocating resources, according to a 2018 evaluation.²



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2 https://www.atlanticphilanthropies.org/wp-content/uploads/2019/04/Brief_Impact_Evaluation_Summary_Jan2019.pdf

- Similarly, Atlantic found that while investments in infrastructure and services were a key part of seeding system change, having the right leaders taking charge of such change was a critically important ingredient. Simply put, without strong, risk-taking leaders pushing for change, other investments might not yield the type of deep change the foundation was seeking.

The centerpiece of Atlantic's investments in Viet Nam was in helping to revitalize the country's commune health centers in order to again serve as the central places where people, particularly those who were poor and living in rural areas, could receive most of their primary health care. But a 2018 evaluation by the Social Science Research Council of 12 commune health centers in Viet Nam (out of the 940 funded by Atlantic) found significant variation among the health centers that had received the most comprehensive investments from Atlantic (i.e., investments in new buildings, equipment, services, and personnel).³

That is, investment in infrastructure and programs alone were not enough to raise the utilization rates of the health centers. Health center management and leadership matters a great deal as well. Health centers with visionary leaders who set up centrally-pooled funds to hire more staff members, improve the center's infrastructure, provide additional income to its staff, and increase staff morale attracted many more patients than health centers that did not establish such innovative management practices.

The Social Science Research Council evaluators found that health center leaders who solved organizational, morale, and service quality problems, in part by finding ways around strict government rules, had the most successful centers. Evaluators suggested that leadership and management skills were as important as the investments in the health centers' physical infrastructure, high-tech equipment, and staff expertise.



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- Atlantic found that its most impactful investments often came from listening to the needs of the people it was seeking to help, rather than imposing its own vision on a program. This approach came directly from Chuck Feeney who liked to find strong leaders and give them the resources to carry out the work that they thought was most important. In Viet Nam, program staff encouraged grantees to explore solutions that best met their needs within the broad parameters of Atlantic's program.

A strong example of the effectiveness of this approach can be seen in the family medicine program that Atlantic funded in Viet Nam. At the time, the Vietnamese government was taking initial steps to address the poor training of doctors who staffed local health clinics. Because of the inadequate training, doctors' skills were sometimes low and local residents did not trust them to provide their care. Although the government had developed a family medicine training program, it was located far away from these clinics where most doctors work.

In response, Atlantic funded Boston University to start a family medicine training program based in a rural province where many doctors practiced. By 2012, some 123 family doctors had received a family medicine degree. Evaluators found "observable improvements in the quality of primary health care practiced daily with patients... Specifically, trained physicians showed statistically significant improvements in communications skills and comprehensiveness of care."⁴



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³ <https://www.atlanticphilanthropies.org/wp-content/uploads/2019/04/Working-Toward-A-Healthy-VietNam-Key-Policy-Messages.pdf>

⁴ <https://www.bu.edu/ghc/where-we-work/viet-nam-projects/vietnam-family/>

Because the family medicine program responded to a specific need articulated by grantees and the government, the program quickly took root. In 2013, the government designated the family medicine training model that Atlantic had funded as the standard for health care workers at the community level. The World Bank committed \$100 million for the implementation of the strategy that Atlantic piloted across the country.

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Some of the best models for providing effective health care come from countries with the least resources. When Atlantic was looking to spur a community-based, primary health care system in environments with limited resources such as South Africa and Viet Nam, Cuba served as a compelling model. It provides impressive health outcomes for little money. Despite its status as a poor country, Cuba offers free universal health coverage to all of its citizens. Its doctors and nurses are well-trained and live in the communities they serve. The country has nearly identical life expectancies to the U.S., lower infant mortality, and has the lowest AIDS prevalence rate in the Americas. Cuba does all of this while spending just \$813 per person annually on health care compared with the United States spending of \$9,403.⁵

A key aspect of Cuba's health system is its emphasis on prevention and authentic community engagement—both elements often missing in the U.S. health care system. Atlantic supported an effort called Community Partnerships for Health Equity that brought together participants from vulnerable U.S. communities to visit Cuba and learn practical lessons from the country's health system. One group of organizations from Oakland undertook a number of programs as a result of what they learned in Cuba, including expanding the number of non-traditional, easy-to-access health care sites such as school-based health clinics, and providing health services in community gathering places such as next door to a fire station.

The Alameda Health System, the safety net organization for the county, also emulated the Cuban model of assessing patients and putting them in tiers according to the medical needs. To better assess patients with higher-level needs, the health system opened the Hope Clinic in Oakland to care for patients who had been hospitalized three or more times in a year. The clinic's goal is to cut down their hospitalizations.

A number of the U.S. participants said they would not have thought about or taken the initiative to start these new programs without seeing the difference they made in the health of the Cubans they visited.

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5 <https://www.theatlantic.com/health/archive/2016/11/cuba-health/508859/>
<https://www.who.int/bulletin/volumes/94/12/16-021216/en/>

- ❖ **Midcourse corrections can yield significant results.** Atlantic's work in population health in South Africa initially suffered from a strategy that was overly broad, leading the foundation's board to question the wisdom of continuing the work. But after additional research, the scope of work for the program was reimaged. From then, it yielded significantly improved results. All of this was informed better by the lessons of earlier implementation.

In its midcourse shift, Atlantic decided to focus some of its work on training for nurses, who are the backbone of the health system and a group of medical care professionals that been severely neglected for years. Education and training of doctors, rather than nurses, had been a more popular area for funding. Consequently, many universities and colleges that trained nurses did not have the resources or autonomy to adequately prepare them to work in rural and underserved communities where they were more needed. Few donors had shown an interest in funding nursing education, but Atlantic took the lead. Willingness to make this midcourse shift by Atlantic proved correct. The funding led to demonstrable impact, and other later funders joined in funding nurse training including ELMA Philanthropies.

Evaluators from Strategic Evaluation, Advisory & Development Consulting found that, in subsequent years, there was a consistent growth of nurses. For example, their 2012 evaluation found that the number of nurses per 10,000 more than tripled between 2005 and 2011.⁶ Atlantic can claim a real contribution for this jump given that its funding during this period was to key institutions that produced half of all new nurses in the country. A 2016 follow up evaluation by the Nursing Education Association in South Africa found continued growth in the numbers of nurses.⁷

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- ❖ **Funders have a powerful ability to convene people and organizations, which should not be underestimated.** Time and again, Atlantic saw that it was in a position to persuade government officials to come to the table and make major changes and investments in areas that were central to the foundation's mission. Largely due to the financial commitments Atlantic was making, foundation staff saw that they had credibility and an influential voice to which government officials paid attention.

For example, South Africa often used consultants to develop ambitious plans, including the goal of creating a strong primary health care system. But these externally designed plans were often so abstract that those responsible for implementing them had little idea of where to begin. Atlantic worked with government at the national level to help elected leaders and managers develop their own policies to address South Africa's most pressing health care needs.



A lesson that became clear over the years is how powerful it is when a foundation directly engages with people who control policy and funding.

⁶ <https://www.atlanticphilanthropies.org/research-reports/evaluation-transforming-health-care-south-africa>

⁷ Geyer, N. *AP Monitoring Project Report, Period 2013 – 2015, 2016*

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As part of that work, Atlantic and the Kaiser Family Foundation organized a 10-day trip to Brazil so the Minister of Health and other senior government health officials could learn from Brazil and other countries that were invited to share their experiences about how they addressed primary health care problems in their respective countries. These included Malaysia, England, Mexico, and Chile.

These South African officials also went on site visits so they could see first-hand how Brazil's model that puts community health workers at the center of the primary care system yields significant outcomes. The practical knowledge and real-life inspiration from these visits encouraged the South African officials to pilot a primary health care revitalization program in ten districts when they returned home. In 2018, draft national policies to enshrine the pilot primary health care approaches were presented to Parliament. It's likely none of that would have happened without Atlantic and Kaiser organizing the visit to Brazil and related convenings.

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🔸 **Atlantic found that taking on a daunting challenge that makes some difference even if it does not transform a system is still worthwhile.** Much of the foundation's work in community-based health services aimed at fostering systemic change in places with deep-rooted challenges. Atlantic's work in South Africa, for example, sought to address decades-old neglect and inequity of the nursing profession. Its investments led to real changes in the nursing profession, including strengthened nursing leadership even while shortages continue to exist and a long-awaited government strategy on nursing has yet to be fully implemented.

Similarly, while the Community Partnerships for Health Equity exchange program in Cuba was relatively small—involving 11 communities—individual sites and participants can point to real changes, particularly in Oakland, California where Wright Lassiter III, then CEO of the Alameda Health System, and others made a number of reforms to better help underserved people as a result of their experiences in Cuba.

Conclusion

Founder Chuck Feeney and Atlantic have long understood how good health is critical not only to individuals but also to the functioning of a strong society.

Atlantic's investments in community-based health services were based on Feeney's entrepreneurial approach to philanthropy, including seeking out undervalued opportunities and betting on visionary leaders. Atlantic's staff also was committed to carrying out extensive research on where and how its big bets could produce the greatest and longest-lasting impact. Considering the challenges along the way, many of these investments made a real difference, not only in the lives of people but also in the systems that the foundation sought to influence.