

The Atlantic Philanthropies' **Investments in Community-Based Health Care**

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The Atlantic Philanthropies' Investments in Community-Based Health Care

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.

An Overview in Numbers and Key Grantee Accomplishments

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

- **Two 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.

Atlantic's funding in health began with support to large tertiary medical centers and a focus on cancer research. But in 2004, Atlantic's approach in health underwent a major shift. It would focus on system-wide change that would seek to provide high-quality community-based health care for people who needed it the most, particularly those in underserved areas.

In all, \$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. This synthesis focuses on the lessons and impact of a slice of that grantmaking to improve community-based health care—totalling \$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 in the U.S. for school-based health centers. 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 US.

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 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

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.

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

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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 they needed so that they can deliver health care effectively.

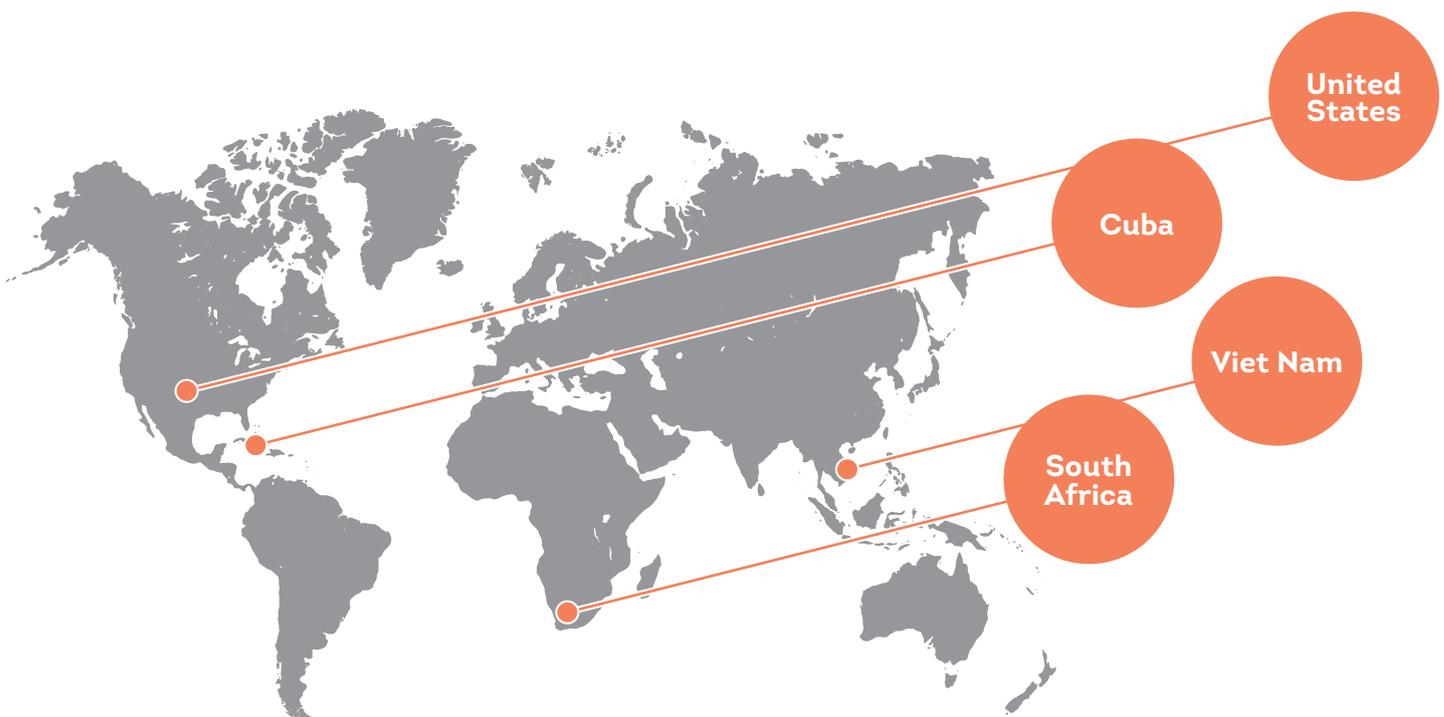
With that approach decided, Atlantic leadership focused much of its work on improving community-based health services while always connecting that work to national policies. Among the reasons were that the community is where most people receive their basic health care and therefore it was the logical 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.

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.
- Strengthening 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.

Where Atlantic Invested

In 2004, Atlantic decided to focus its population health investment in countries where it had already been working: South Africa and Viet Nam. The foundation invested in community-based health services in the United States as part of broader programs to address inequities. The decision to invest in Cuba was due in part because Cuba offered important lessons about providing high-quality, community-based health care that Atlantic drew on for its approach to funding in other regions. Foundation staff did not want to simply take from Cuba's experience, but rather offer assistance to a country that was still suffering under the US trade embargo.





Viet Nam

When Atlantic began investing in Viet Nam in the late 1990s, it found several conditions in place that made it a good bet. First, there was a clear need that Atlantic could help fill. In the years following the Viet Nam war, a more open society that ushered in greater opportunities for private investment and wealth generation had also created unintended side effects. Among them was a growing gap in access to health care. Those with means could afford high-quality private health care while people with little money had to rely on antiquated facilities and substandard care. Second, progressive government leaders wanted to address those inequities and were open to collaborating with a foundation.

Poorly funded health centers

Some 65 percent of Vietnamese live in rural areas and many rely on their local commune health center for basic health care. Among the most daunting challenges facing the health care system in Viet Nam was a dissolution of agricultural cooperatives, which had been the main source of revenue for health care in rural villages and which had left local clinics with depleted budgets. These commune health centers now had few sources to pay for basic equipment, medicine, training, or maintenance, leaving people who relied on them with few options for receiving quality primary health care. Additionally, people who could not afford private hospital care for more serious illnesses or injuries were commonly jammed two or more to a bed in public hospitals or had to sleep on floors or chairs.

Initially, Atlantic made a number of investments to build or renovate new hospitals and health facilities, mostly in Central Viet Nam where the need was the greatest. It was also in keeping with Atlantic founder Chuck Feeney's interest in funding bricks and mortar operations that could serve as centers to bring together dedicated leaders and staff who sought to address long-standing societal issues.

As Atlantic addressed the most urgent needs identified through working with the government and medical professionals, the foundation learned more about the health system in Viet Nam, particularly that there was little emphasis on prevention and primary care. Hospitals also treated patients whose conditions should have been addressed at local health centers.

Looking for cost-effective solutions that could help millions of Vietnamese

Atlantic began focusing its efforts on improving the overall system of providing community-based health care so that people who were most vulnerable could get quality health care close to where they lived. For relatively modest sums, Atlantic saw that it could fund pilot projects revolving around commune health centers that would provide preventive and comprehensive primary health care services. Those centers could potentially serve as models to eventually provide millions of the Vietnamese rural population with better health outcomes close to their homes.

But seeking to transform a primary health system is much more complicated and messier than simply building new buildings. To try and tackle such a massive undertaking, Atlantic decided to start in a few provinces as a testing ground to see if they could successfully begin to make changes in concert with local partners.

With Feeney's long-standing interest in building facilities, Atlantic initially focused its efforts on re-building commune health centers in select provinces. In the past, these health centers had been the backbone of the health care delivery system. But at the time, commune health centers were dilapidated, lacked basic medical equipment and medications, and many did not have doctors. Health professionals who staffed the centers often lacked training to provide complete primary care to patients. These centers were seen as places to get first aid, provide other basic care, and for women to give birth. But Atlantic's model was that these commune health centers would be full service centers that could provide all of the primary care that local residents needed.

Working at the provincial rather than the local or national level seemed like the right level to start. By beginning to work in a few well-run provincial health departments with leaders who were open and eager to make improvements, Atlantic believed that it could help create strong models at scale that the central government could later replicate. At the same time, Atlantic staff developed relationships with national government officials to help ensure take up if these pilots proved successful.





Seeking to build real partnerships

Viet Nam was no stranger to organizations coming in and building facilities or bringing in doctors or new technology. But many of these projects languished after the donors left because they had not considered how the work they funded fit into the larger system or would be sustained. Atlantic took a different approach that set it apart, according to evaluators of Atlantic's population health program in Viet Nam.

"The notion of buy-in was important to Atlantic," said Mary McDonnell, former senior vice president for strategic learning and special initiatives at the 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. What was unique about Atlantic was that they thought about the sustainable piece."

Atlantic's country director Le Nhan Phuong also spent considerable time in the initial provinces asking partners what they needed and then working with them to design the health centers in a way that fit those needs. That was in sharp contrast to the approach of other partners who often came in with a set model and insisted that the local partners implement it with little or no variation, McDonnell said.

In each province, Atlantic collaborated closely with local 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 new equipment, and offer services for patients with conditions such as mental health issues.

Provinces that have hardship but are not the worst off

For its initial investments from 2004 to 2007, Atlantic carefully chose provinces that staff believed had the conditions for systemic reform to take place. In addition to looking for committed and innovative local leaders, Atlantic also made sure that the provincial government had streamlined processes to ensure that the work would get done efficiently.

To increase the likelihood for success, Atlantic began in two provinces that had areas of real hardship but were not the worst off in the country. From there, Atlantic and its partners could learn and adapt their model for other provinces faced with more difficult situations.

By 2008, these two provinces had shown that 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. Based on those promising results, Atlantic then expanded funding over the next few years to six more provinces, from the far south to the far north of Viet Nam.

Each province chose to implement one or more of eight service delivery models that best met unmet needs. Those models are basic components of a community health system. They include family medicine, laboratory testing, health management system capacity, an approach for changing staff attitudes, and treating mental health issues.

Strengthening the public health system

Atlantic also worked to strengthen the country's public health system in part by making major investments in the Ha Noi School of Public Health, which the foundation saw as central to helping Viet Nam put in place new approaches to health and health care nationwide. A strong public health infrastructure was critical to revitalizing the country's primary health care system. Additionally, Atlantic funded other needed supports for a well-run community-based health system, including a community approach to providing mental health services, and developing the fields of family medicine and social work.

All told, Atlantic's \$206 million in investments enabled grantees and the Vietnamese government to strengthen the primary health care system on a number of fronts:

- **Built or renovated 940 commune health centers in eight provinces serving nine million people** (Ca Mau, Da Lak, Thua Thien Hue, Thai Nguyen, Vinh Long, Yen Bai, Khanh Hoa, and Da Nang), nearly all of them in remote rural areas and poor urban centers. Atlantic believed that in order to make lasting change on the provision of primary health care the foundation must facilitate creating a critical mass of commune health centers across the country.
- After Atlantic's initial investments, provincial governments began matching those grants at least equally. Asking for a matching commitment from the government and other partners has always been an important part of Atlantic's strategy to increase buy in and commitment to the projects it funds. **The last three provinces Atlantic invested in were the poorest, and in need of national government support, so it was particularly important to ensure the financial backing from the government.** The funding created strong models for commune health centers at a scale that the central government could later replicate.
- **Improve health services in areas of widespread need**, such as maternal and child care, behavioral and mental health, reproductive health, and hearing and vision care. For example, in three provinces, trainers helped to establish newborn care units at local hospitals. Within two years, the rate of infant mortality in those areas was halved. Additionally, in the past, much of mental health care in Viet Nam had been focused on people with schizophrenia and epilepsy, and based in urban hospitals. To broaden the focus of mental health care and encourage the provision of more community-based health care, Atlantic funded a pilot program to show how most people could be effectively treated for a range of mental health issues by primary care health professionals in their community, rather than needing to go to a hospital. Atlantic also funded a number of grassroots organizations that provided a safe place for people struggling with mental health and other issues to find their voice. Among those groups were ones to help victims of domestic violence, youth with disabilities, and elders.

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- **Develop family medicine as a field.** At the time of Atlantic's funding, family medicine was not a recognized profession in Viet Nam and most doctors staffing a commune health center had minimal undergraduate health training, much of which was theory-based rather than including clinical experiences. The qualifications of health care staff were sometimes low, and as a result, local residents did not trust them to provide their care. The Vietnamese government had authorized a two-year post graduate training program in family medicine, but it would require rural doctors to travel far from their communities to study at urban universities.

Atlantic funded Boston University to establish a family medicine training program in Viet Nam, where doctors working in rural areas could study locally for their family medicine certificate. By 2012, some 123 family doctors had received a family medicine degree.²

Evaluators found "observable improvements in the quality of primary care practiced daily with patients... Specifically, trained physicians showed statistically significant improvements in communication skills and comprehensiveness of care."

- **Strengthen the Ha Noi School of Public Health,** which the foundation saw as central to helping Viet Nam put in place new approaches to health and health care nationwide. The school contributed to passage of tough tobacco and helmet laws, as well as increased expertise around illnesses such as HIV/AIDs and other sexually transmitted diseases, which has helped improve the health of Vietnamese across the country.
- **Promote injury-prevention and wellness campaigns** that led to helmet laws aimed at addressing some of the leading causes of premature death in the country. In Vietnam, motorcycles are by far the most common form of transportation, but few drivers wore helmets, leading to an overwhelming number of preventable traumatic head injuries and death. In 2008, just one year after a new, tough helmet law went into effect, there was a 12 percent drop in traffic-related deaths and a 24 drop in traffic-related injuries.³ Overall, the mandatory helmet law is estimated to have prevented 20,609 deaths and 412,175 serious injures between 2008 and 2013.⁴
- **Solidify the field of social work as a profession.** Traditionally, people in Viet Nam have thought about helping those who are poor by providing charity. Atlantic worked closely with the government to advance social work as a profession with the aim of shifting the view of social work from one of providing charity to that of advocating for the rights of those who are poor and disadvantaged.

To do so, Atlantic supported a national social work task force, as well as a first national conference that resulted in central government recognition of the need to authorize, professionalize, and institutionalize social work.



² <https://www.bu.edu/ghc/where-we-work/viet-nam-projects/vietnam-family/>

³ <https://issuu.com/aipfoundation/docs/aipf-10-year-helmet-law-report-fina>

⁴ https://issuu.com/aipfoundation/docs/case_study_-_vietnam_national_helme

Accomplishments

The Vietnamese government has committed to fund a number of projects that the foundation initially seeded. Among them:

- **In 2016, Viet Nam's prime minister approved a project to build and develop local health care so that commune health centers would play a front-line role in comprehensive disease prevention and health care by 2025**, and pay special attention to maternal and child health care, especially in remote areas, as well as care for the elderly, people with disabilities, and those with war-caused complications.
- **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.
- **In 2010, the Prime Minister of Viet Nam approved a national program to develop social work as a profession.** The government adopted a 10-year program to accomplish that goal with a budget of more than \$100 million. By late 2015, Viet Nam had 3,500 social work students graduating annually. Approximately 13,000 state workers had completed long term education, and 40,000 social workers and government staff had finished short-term courses.
- **Based on the initial results of the community-based mental health model that Atlantic funded, the government scaled up these projects into a 10-year, \$400 million national program** to provide community-based social supports and rehabilitation services to people with mental illness.

As part of its planned winding down as a foundation, Atlantic ended its program work in Viet Nam in 2013, the first of its countries with a population health focus to close operations. From the perspective of SSRC evaluators, Atlantic left some of its work too quickly without taking enough steps to ensure sustainability, particularly in its work with domestic violence, people with disabilities, and an intervention to improve maternal health among ethnic minorities. All of that work came relatively late in Atlantic's funding, and spanned just three to four years, which was not long enough for grantees to adapt it to the needs of their populations nor to build a plan for sustainability.

But while it may have exited some of its later investments too quickly, its work on strengthening the country's primary health care system appears to have made a real impact.

"Overall it's a big success story," said Mary McDonnell of the Social Science Research Council. "Atlantic was unique among donors in bringing the family doctor model to Viet Nam. The national conversation has changed around mental health, social work, and about the value of commune health centers. The government just issued an important directive stating that the most important part of the health system is the commune health center and the provincial level."



South Africa

Atlantic started to invest in South Africa not long after apartheid ended and the fledgling democracy was building a new social order based on equality among races. But the new government faced daunting challenges, including a nearly bankrupt economy and a huge deficit. Little money was available for social spending to address the poor conditions in which most black South Africans lived. An exponential growth of the HIV/AIDS epidemic had hit the country hard. Few people could access life-saving antiretroviral treatments due to government endorsed AIDS denialism and the high price of the drugs.

When Atlantic began focusing on population health in 2004, alongside its program to promote human rights and reconciliation, South Africa faced similar inequities in health care access as Viet Nam. People who could afford private health insurance could easily get high-quality health care. But some three-quarters of South Africans—about 40 million people—faced a much bleaker picture.

At the same time, there was a critical shortage of health personnel, particularly nurses who accounted for 80 percent of all staff in primary care. It was nurses who were largely responsible for caring for HIV/AIDS patients and running many of the health clinics in rural communities and townships, where doctors usually came only once a week to see complex cases and write prescriptions.

Many foundations had directed their funding to HIV/AIDS issues in the country. From Atlantic's perspective such a focus, while important, was leading to the neglect of other pressing health care issues in the country. In keeping with its horizontal approach, Atlantic sought to strengthen the health system more broadly to provide primary health care services to all poor South Africans, not just those suffering from HIV/AIDS.

People, policies, and primary care

Atlantic's investments in South Africa illustrate how the foundation often evolved in its thinking and approach over time. After initially casting too wide a net in seeking system change and the foundation board questioning what Atlantic could meaningfully hope to accomplish in its limited life by trying to tackle such an enormous health arena, Atlantic re-focused its population health program in 2006 on three key strands of work, all of which placed a heavy emphasis on developing people and leaders to effectively meet the challenges of the South African health system. Those strands were:

- **Developing human resources in health with a special focus in nursing.** Atlantic believed that if it could strengthen the nursing sector that would contribute significantly to improving access to quality primary health care, while raising the status of nurses. Atlantic also supported the recruitment and training of doctors and other health care professionals to fill unmet needs, particularly in rural areas.
- **Developing primary care health systems.** Even with nurses and other health professionals providing quality care, it was important that the primary health care system itself be strengthened. At the time, the country had a strong primary health care policy, but it had not yet been implemented in part because it was such an ambitious undertaking and policy makers were unsure where to begin. Additionally, one of the biggest needs was for district health managers to develop the skills to allocate resources equitably using evidence in an informed way that enhanced universal access to health care at the local level.
- **Building the voices of disadvantaged and vulnerable populations in the health system.** It was imperative that Atlantic work with a number of partners including nongovernmental organizations and advocates. Atlantic also recognized the importance of calling the government to account when it did not provide equitable access to health care services and educating South Africans about what to do when their rights were violated.

"The program made an effort to address the root causes of past injustices including access to good health, particularly at the community level," said Zola Madikizela, who became the population health program executive in South Africa. "We felt that health services should be accessible to even the poorest people and be at a good quality level."





Atlantic invested a total of \$122.4 million to improve community health in the country. Those investments led to a number of initiatives aimed at developing leaders and strengthening the health system. Among them:

- **Strengthening the nursing field.** Much of Atlantic's focus in nursing sought to strengthen universities and nursing colleges often located in rural and poor areas that were experiencing severe shortages of nurses. Atlantic's investments funded new facilities, nursing programs, curriculum development, faculty positions, and community-based training programs. As an example, prior to Atlantic's funding, South Africa never had a program dedicated to providing a four-year undergraduate degree that trained nurses to work in primary health care or in rural areas. Most of nurse training focused on hospital-based care with perhaps a module devoted to community-based care.

Atlantic supported the Durban University of Technology to create South Africa's first four-year nursing primary care training program. Nursing students train out of a campus that serves rural communities and get much of their experience working in community-based health centers. Some 375 nurses graduated between 2013 and 2016.⁵ With Atlantic's support to prove the effectiveness of this approach, the government began funding the undergraduate nursing program in 2012. It is serving as a model for other nursing programs.

Additional Atlantic funding supported:

- An infusion of instructors to assist with the mentoring, training, and development of nursing students during their clinical placements, which addressed a major gap in the nursing education system.
- A program that allowed nurses to obtain a degree to become advance practice midwives through teleconferencing.
- A simulation laboratory that provided learners with real life situations to enable them to master their skills and become competent practitioners.

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

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Atlantic's funding also addressed a leadership gap in nursing. The national nursing organizations had not yet developed into strong forums on behalf of nurses, in part because of a lack of resources. Atlantic funded national nursing organizations to hire paid staff and purchase a building. Leaders reported that with the additional resources they were able to advocate more effectively for their profession. Government officials began routinely consulting them on ways to improve the quality of primary care.

Additionally, Atlantic paid for a well-respected nursing leader to work in the national Department of Health for three years to develop a nursing strategy—the overarching document that guides all government action in nursing. As a condition of its funding, Atlantic required the government to create a permanent, high-level position senior enough to represent nursing and engage with government at the highest level, once the foundation's support ended.

- **Bolstering the numbers of other health professionals.** Atlantic also supported a number of programs to create more health professionals for underserved areas. One such program introduced a new credential for primary health care known as clinical associates, which are similar to physician assistants in the United States. With a severe shortage of doctors in rural and underserved areas, these clinical associates could play an important role by treating patients who needed a higher level of care without referring them to a doctor who often practiced a great distance away. The program, developed by the Walter Sisulu University and the University of Witwatersrand, spread to two other universities and is now mainly funded by the government.
- **Strengthening the health system at the district level.** At the time of the foundation's investment, local and district health systems were receiving substantial funds from the national government for primary health care but they lacked the management experience to make effective use of these funds. In Atlantic's view, another crucial underpinning of a strong health system was ensuring that the government could direct resources effectively to the people who needed them the most.





As was the case in its work with Viet Nam, Atlantic and its grantees worked closely with regional health officials to help find solutions to problems they identified as most crucial to address. As one example, the Health Systems Trust, a highly respected research and policy institute, supplied urgently needed data and helped district level managers develop basic skills in areas such as creating annual plans and key performance indicators.

Atlantic also invested in a number of initiatives to bolster the leadership skills of district health managers. Among those is a fellowship that allows managers in provincial health systems to earn a postgraduate diploma in health management. This program graduated more than 250 senior and middle managers in the public health system. A 2015 evaluation found that the program offered a unique contribution because it sought less to convey new technical knowledge but “rather to empower and galvanize students to become change agents in the complex settings of their workplaces.”⁶

- **Working at the national level to develop new policies.** While Atlantic focused much of its efforts on the local level, leaders also felt it was critical to make direct connections and form relationships with officials at the national government level to bring urgently needed focus to the country’s poorly-functioning primary health care system. As was the case with local government, Atlantic sought to help national officials make changes they wanted to make for which they needed assistance in moving forward.

Around 2007, Atlantic began working with national government officials to develop policies that would provide overarching guidance to address South Africa’s most pressing primary health care needs. As part of a three-year initiative to help the government consider ways to implement its primary health policy, Atlantic and the Kaiser Family Foundation took a high-level government delegation for a 10-day study visit to Brazil, led by South Africa’s Minister of Health. During this visit representatives from other countries, including Malaysia, England, Mexico, and Chile, were invited to share their experiences and advice.

As a result of that process, South Africa adopted a primary health care re-engineering pilot program, which is a national effort to decentralize primary health services to the community level. It piloted that effort in all nine provinces based on the lessons learned from the Brazil trip.

Atlantic also helped spur a detailed human resources policy. Atlantic made a grant to the government that allowed a senior official in charge of human resources to hold convenings and hire consultants with the skills needed to develop a detailed policy on what was needed.

6 <https://www.ncbi.nlm.nih.gov/pubmed/30053036>

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- **Funding health advocates.** For change to truly take hold at the community level, Atlantic believed it was also vital to support a number of organizations that would hold government to account to providing quality primary health care to all South Africans. Atlantic funded a number of organizations to advocate for fairer policies and to produce and disseminate information to better inform the public and policymakers about crucial health care issues.

One of those organizations, the Treatment Action Campaign (TAC), an HIV-rights organization, won a court case demanding that the government begin providing free anti-retroviral medicine to those who could not afford to purchase it. In 2004, not one person in South Africa was receiving HIV/AIDS treatment through the public system. By 2013, some two million people with public coverage received treatment because of the work by TAC and other Atlantic-funded nongovernmental organizations.

Another group, *Health-E News*, became an influential and widely cited source of investigative reporting on health issues across South Africa. According to a 2016 case study on *Health-E News*, its investigative reports and analysis on public health issues led citizens and activists to pressure health care providers and government to respond to a number of issues, including a threat from drug-resistant tuberculosis, newborn babies dying from severe diarrhea, and deaths of premature babies. *Health-e News* effectively used mass and social media to inform the public about critical health issues and their rights to access quality health care, working in congruence with other health advocacy groups, such as the TAC.



Accomplishments

Atlantic can point to some real accomplishments with the caveat that much still is in process and, in some cases, may be stalled without the involvement of active grantmakers.

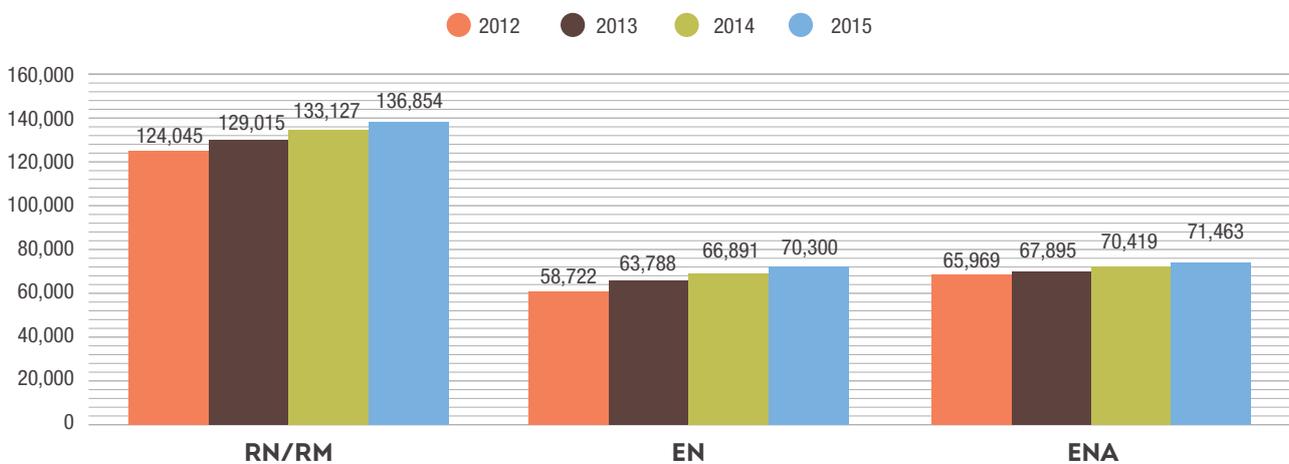
Key accomplishments include:

- Creation of a number of wide-ranging government policies around community-based health care in South Africa.** Atlantic spearheaded a number of policies including the nursing strategy, the human resources strategy, and the proposed health reforms for revitalization of the country's primary health care system. These policies are road maps for the government to follow in creating a more equitable primary health care system. For example, the policy on human resources provides for the first time a detailed plan for how many health professionals are needed and how to most effectively deploy and retain them to reach underserved groups. In 2018, draft national policies to enshrine the piloted primary health care approaches, as well as a pilot national health insurance system, were before Parliament for discussion and approval for national scale-up.
- Increased government funding and commitment to nursing.** Atlantic's funding to develop both institutions and leaders influenced the government's thinking on the national level. Atlantic engaged the National Treasury, resulting in government commitment to invest an additional \$120 million in the nursing sector from 2013 to 2017. This was almost four times what Atlantic spent in this field. That funding was slated to further develop nursing colleges, build homes to house nursing students, and provide leadership training in health.

In addition, Atlantic's funding laid the groundwork for the appointment of a chief nursing officer in 2014, after years of lobbying for such a position. That was followed by appointments of additional staff, which strengthened the new unit's ability to implement the nursing strategy. The creation of this unit at the national level has been a long awaited and important achievement for the profession, according to a 2016 evaluation.⁷

- Growth of new and specialist nurses.** There has been a consistent increase in the growth of new nurses since Atlantic funding began. A 2012 evaluation by Strategic, Evaluation, Advisory and Development Consulting found that the number of nurses per 10,000 people more than tripled between 2005 and 2011.⁷ Atlantic can claim a large role in this jump given that its nursing sector grantees funded during this period produced half of all new nurses in South Africa.⁷ A 2016 follow up evaluation by the Nursing Education Association in South Africa⁸ found continued growth in the numbers of nurses as illustrated in the following chart:

Growth in SANC registers and roles



⁷ <https://www.atlanticphilanthropies.org/wp-content/uploads/2015/09/Transforming-Health-Care-in-South-Africa.pdf>

⁸ Geyer, N. AP Monitoring Project Report, Period 2013 – 2015, 2016

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- **Professional development of a new generation of managers in the health sector.** Atlantic-funded programs located at various schools of public health, notably University of Western Cape, University of Cape Town, and Wits University have made significant strides in strengthening the role of senior and middle management in the health sector, according to a 2018 evaluation of the population health program.⁹ These programs offered health managers advanced technical skills and helped build a new generation of leaders who have the potential to make significant changes to the health system, including making informed decisions in allocating resources, the evaluation noted.
- **The role and stature of the schools of public health in influencing public health policy and training increased markedly.** Prior to Atlantic, South Africa had one school of public health, the University of Western Cape (UWC), with little infrastructure. Grants to the UWC enabled the university to build a state-of-the-art building and attract new teaching staff. Its student numbers also expanded rapidly and by 2012, there were 218 Masters and 27 Ph.D. students enrolled—the largest in South Africa—as well as 3,000 public health managers who had completed short courses. The Wits School of Public Health, meanwhile, not only built a new school of public health, but also transformed the demographic profile of its senior academics with many more black women faculty, which significantly contributed to the emerging cohort of a new generation of public health leaders and professionals.
- **A more educated public about health issues including HIV/AIDs.** The advocacy and educational organizations that Atlantic funded showed that it was possible to effectively force the government to make life-saving HIV/AIDs drugs available and implement other policies and practices so people could access quality health care to which they are entitled.

When Atlantic made the decision to continue its population health program in South Africa, the board and staff knew that they were taking on an enormous challenge. They sought to mitigate this challenge with a sharper focus including raising the status of nurses, which, in turn, they hoped would contribute to the improvement of primary health care services for those who most needed them.

A 2016 evaluation highlighted some of the difficulties in such an effort. For example, despite the growth in the number of nurses, the country still had to cope with a rising shortage.¹⁰ Some of that was due to a number of nurses leaving the profession over poor working conditions and low pay. The evaluation also found that the implementation of the long-awaited nursing strategy has been limited. One reason was that a detailed project plan for implementation was never developed.

Still, both the 2016 evaluator and Christine Downton, an Atlantic board member who helped re-focus the program and who kept a close eye on it, believe that Atlantic's program in South Africa has made a notable difference, both in the visibility and stature of nurses, as well as in helping to put in some of the key building blocks for a more equitable health care system.

"[Addressing community-based health care] was a bigger challenge than Atlantic could resolve on its own," Downton said. "But I feel like the program made a difference. Where there were points of light, we strengthened those points of lights. We also influenced morale, especially in the nurse training institutions. They felt sidelined and neglected. We pushed the government and we pushed institutions to pay more attention to nurses. To have a major international donor to not only take an interest but be prepared to give some money to help was important."

⁹ <https://www.atlanticphilanthropies.org/research-reports/innovations-that-have-transformed-the-health-system-in-south-africa>

¹⁰ Geyer, N. AP Monitoring Project Report, Period 2013 – 2015, 2016

Cuba

Cuba has long been known for producing excellent health outcomes with extremely limited resources. Despite being a poor country, Cuba offers free universal health coverage to all of its citizens and its life expectancies are almost the same as that of the United States (U.S.). Its infant mortality is lower than the U.S. (4.76 per 1000 live births compared to 5.9 in the U.S.), and it 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 \$9,403.¹¹

Cuba achieves these impressive outcomes through an approach to primary health care where family physicians and nurses live and work in local clinics, and take care of everyone in the surrounding neighborhood. At least once a year, doctors and nurses visit each person's home to provide a check-up. During these visits, health professionals ask detailed questions, including about a patient's environment and work, family, and social life. From there, the health team determines the level of each patient's health risks and places them in five categories from high maintenance to completely healthy. They make an individualized plan for follow up care if needed. These clinics address 80 percent of their patient's health issues.



Drawing lessons from Cuba and giving back

In the early 2000s, as Atlantic sought to spur a community-based, primary health care system in environments with limited resources, such as South Africa and Viet Nam, Cuba provided a compelling model on which to draw. When Christopher G. Oechsli, Atlantic's CEO, who at the time was the foundation's population health director, went to Cuba in 2002 to learn more about its approach to health care, he saw that Cuba needed support.

By then, Cuba had been under the U.S. trade embargo for 50 years and was suffering from a dire lack of medical equipment, medical textbooks, and other basic supplies needed to provide quality health care. Oechsli felt that if Atlantic was going to use lessons from Cuba for its work in other countries, the foundation needed to give back to the country. Under Atlantic's new population health strategy, it included Cuba for the first time in its portfolio of countries in which to invest.

Unlike its investments in South Africa and Viet Nam, Atlantic did not seek to foster system change in community-based health care in Cuba. Cuba already had a system that was largely working. Instead, Oechsli felt that Atlantic could play a meaningful role in enhancing this system to provide better care for Cuban's citizens, and also continue to influence other countries in developing their health systems.

Showcasing Cuba's health model to the world

By deciding to provide funding to Cuba, Atlantic found itself wading into controversial and potentially perilous waters. But foundation leaders felt it was important to both support and elevate awareness of Cuba's model, as well as try and change the way the US viewed the country. Atlantic believed that supporting and showcasing Cuba's successful health care model was a non-political way for U.S. citizens and politicians to see the country in a different light.

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

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Over 15 years—2002 through 2016—the foundation invested nearly \$35 million in Cuba to support improvements in its health sector and dissemination of lessons from the country's model health care system. Atlantic also invested \$5.5 million to help improve U.S.-Cuba relations.

Much of Atlantic's support indirectly supported community-based health care services. That is, it went to medical institutions that trained health professionals who would work in or provide support for community-based health care. Because of U.S. embargo restrictions, The Atlantic Charitable Trust, which is registered with the Charity Commission for England and Wales and is part of The Atlantic Philanthropies, oversaw those grants. Those grants focused on the following areas:

- **Supporting Cuba's health care system.** Over the years, Atlantic supported Cuba's ongoing efforts in operating its community-based health services by funding research and efforts to provide information technology, medical textbooks, medical instruments, high-tech equipment, supplies, subscriptions to medical journals, and reconstruction or construction of medical institutions and health clinics, some of which had been badly damaged or destroyed by hurricanes.

Atlantic's funding also helped develop the Cuban health sector's Internet and knowledge management systems, which were out of date and are crucial to providing timely and up-to-date patient care in community-based care. Networks developed with grant funds provided direct communication between family doctors and specialists and hospitals or research centers. These networks allowed primary care doctors to quickly obtain patient diagnoses, plan treatment, and arrange follow up care.

- **Sharing Cuba's lessons with the United States.** Foundation staff strongly believed that Cuba's health care system held important lessons for health practitioners in the U.S. and other countries. MEDICC (Medical Education Cooperation with Cuba), an Oakland, California-based non-profit, created 11 Community Partnerships for Health Equity in vulnerable U.S. communities. These community partnerships comprise a group of participants representing community organizations, health clinics, and academic institutions from the same community. Working with a local site coordinator, MEDICC planned a week-long trip to Cuba to help each group gain practical lessons from the country's health system. In all, 229 people participated during the first ten years of the program.

MEDICC also disseminated Cuba's primary prevention model through an M.D. Pipeline to Community Service Program that supports US students who have graduated from Cuba's Latin American Medical School (ELAM) to return home and provide medical care in disadvantaged communities. The program connects them with U.S. mentors and sites for internships and clinical rotations, as well as defrays the significant financial cost of preparing for and taking three U.S. medical licensing exams.





Accomplishments

- **Supporting research for new screenings and treatments.** Some of the funding that most directly supported Cuba's and other countries' community-based health services was an ambitious, longitudinal study on the common risk factors for chronic kidney and other vascular diseases. Chronic kidney disease is a devastating disease because no symptoms appear until the disease is advanced and there is little doctors can do. Study findings helped develop effective prevention programs.

For example, findings from an adaptation of the Atlantic-funded study in El Salvador showed a high incidence of chronic kidney disease among children and adolescents in farming communities, confirming a hypothesis that agrochemical toxins, a contaminated environment, and other factors, contributed to the condition. As a result, health professionals have begun new screenings and interventions in rural Salvadoran communities.

Additionally, another grantee, the Bio-preparations Enterprise, received funding that enabled it to produce eight lines of rapid, low-cost, and reliable reagents (reagents are critical substances for diagnosing disease), and diagnostic kits that primary health professionals can use for mass screenings of noncommunicable chronic diseases. These reagents and testing kits do not require equipment to read them, making them extremely useful for family physicians.

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- **Implementing changes in community-based settings in the United States.** Each of the 11 U.S. communities that participated in the Community Partnerships for Health Equity program undertook one or more projects inspired by their experience in Cuba. Examples of work that developed out of the Cuba exchanges include:
 - As a result of the community partnership, participating Oakland organizations began to work closely together for the first time, including piloting an obesity prevention project with a youth soccer program for disadvantaged youth. The project provided health education sessions for children, parents, and coaches among other activities.

The Alameda County Department of Public Health began piloting non-traditional easy-to-access health care sites, including expanding the number of school health clinic sites and providing health services in community gathering places such as next door to a fire station. That was one of several ideas gleaned from participants' experiences in Cuba. Wright Lassiter III, then CEO of the Alameda Health System, the safety net organization for the county, noted that as a result of the trips to Cuba, the Alameda Health System began emulating the Cuban model of assessing patients and putting them in tiers according to their medical needs.

To better address patients with higher-level needs, Lassiter helped open the Hope Clinic in Oakland to care for patients who had been hospitalized three or more times a year. The clinic's goal is to cut down their hospitalizations by assigning them to a medical director, social worker, and nurse care managers to oversee prescriptions, check in on them at home, and arrange appointments.

Lassiter, who was later hailed for turning around the troubled Alameda County Medical System, said, "In a system like ours where we have lots of patients and we, at times, lament inadequate resources, I show our teams photos of Cuba and I say to them the day you want to complain about what you don't have, take a look at what these folks are doing with a tenth of the resources you have, and maybe five times the production that we do."
 - Inspired by Cuba's strong focus on community engagement and in helping neighborhood residents access health information and health care, the Bronx community partnership decided to work on new and existing initiatives, including an annual Stop the Violence rally, a tenant's rights program, a youth basketball league, and a food box program. Leaders from the Claremont Senior Center, meanwhile, negotiated the closure of a nearby street to hold open-air exercise programs, as Cuba does.
 - The Navajo Nation from the Four Corners (Arizona, Utah, Colorado, and New Mexico) were impressed by the way that Cuba weaves the concept of health into cultural activities, history, and art. Tribal and public health leaders have been adapting ways to strengthen family unity and traditional values, including workshops to address teen suicide. Health professionals and community leaders have also revived a community garden and encouraged families to participate in an upcoming planting season.
- **Supporting U.S. ELAM graduates to work in underserved areas and spread the Cuba model.** U.S. ELAM graduates stated that the support from MEDICC was crucial in providing U.S. clinical research experience, covering the costs of preparing for and taking licensing exams, and securing a residency. The help from MEDICC contributed to 88 percent of ELAM graduates securing residency programs in 2016 compared with 54 percent for other foreign medical graduates. In 2016, some 65 U.S. ELAM graduates were in residency training or practice in the U.S., all of whom worked in underserved areas.¹² The graduates are demonstrating to their health professional colleagues a patient-centered approach to disease prevention and health promotion without relying on technology that is rarely taught in the U.S.

Over the years of its investments, Atlantic helped supply desperately needed medical supplies, equipment, and research support to Cuba to help fill crucial gaps in the country's already well-run approach to community-based health care. The medical exchanges organized by MEDICC, among other work that it did, provided health professionals in the United States with practical knowledge that they brought home to the people they served in low-income communities.

It is also important to note that these investments, while significant, affected a small part of the U.S. health care system and their wider impact is not known. In 2017, MEDICC announced that it was planning on undertaking a retrospective evaluation of the past 12 years of the Community Partnerships for Health Equity program.

¹² MEDICC, "MD Pipeline to Community Service," handout provided to Julie Feinsilver. Total international medical graduates residency matching numbers are from Educational Commission for Foreign Medical Graduates, "ECFMG Fact Card" at <http://www.ecfm.org/forms/factcard.pdf>.



United States

In the United States, Atlantic did not have a population health program, as it did in other countries. However, the foundation did make investments in programs that were aimed at making an impact on community-based health services system-wide. Among them was an ambitious school reform initiative called Elev8 that included a significant focus on providing health care services to students through school-based clinics. From 2007-2014, Atlantic's investments in Elev8 totaled \$65.5 million.

An educational reform effort with school-based health centers at the center

Atlantic's Elev8 Full Service Community Schools initiative brought together middle schools, nonprofits, funders, parents, and members of the community to ensure that students have the resources they need to succeed in school and in life. Atlantic decided to focus on middle schools because research shows that the transition from middle school to high school is a critical turning point in the lives of adolescents. How easily students make this transition is strongly related not only to their chances of finishing high school but also to staying in college until graduation.

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A central part of the initiative was school-based health centers. These centers provided preventive and confidential comprehensive health care on-site for students, including mental health and dental care. These services were provided as part of broader programming that includes nutrition, fitness, prevention, and reproductive education.

Characteristic of its focus on big bets, rather than spreading its funding across a number of places, Atlantic went through a careful vetting process and picked four sites to demonstrate this model: New Mexico, Chicago, Oakland, and Baltimore. The projects were based in low-performing middle schools and spanned rural, large and small urban, and Native American pueblo settings. At its height, Elev8 operated in 20 middle schools.

Atlantic also invested in providing technical assistance for the local partners and communications, policy, and national advocacy. For national advocacy, Atlantic funded the School-Based Health Alliance and others to begin to advocate on a state and national level to redirect resources to school-based health centers and community schools.

A change in direction

Not long after Elev8 launched, Atlantic brought in a new president who had a different approach to grantmaking than his predecessor. Because of his strong focus on social justice, Elev8 did not clearly fall into that framework and the program was cut back from its envisioned 10 years to four years.

Accomplishments

- **School-based health centers served targeted students.** A 2016 evaluation found that between 2008-09 and 2014-15, there were approximately 141,703 school-based health visits across the four Elev8 regions, ranging from 5,844 in the first year during which only one Elev8 school-based health centers was in operation, to a high of 24,631 in 2013-14, when Elev8 schools operated 15 school-based health center. Some 78 percent of Elev8 students reported receiving an annual check up in the past year, and nearly 80 percent of those students indicated they had received dental care in the last year.¹³
Evaluators and foundation staff said that the school-based health centers did make a real difference for the communities in which they were based, not only providing needed on-site care to students, but also at times care for their parents and community members as well.
“The health component was extremely powerful and extremely important,” said Alice Walker Duff, who helped run Elev8 from 2008 to 2012. “It was one of those things that schools hadn’t had. From anecdotal reports I heard, having resources for teachers to use with students who were problematic was a godsend to them. They had a place for students with health and other challenges to go.”
- **School-based centers attracted continuing funding.** Following Atlantic’s lead in Oakland, the Kaiser Permanente Community Benefit Program invested \$10 million in five school health centers in Oakland. Alameda County committed to constructing a health center in each of its remaining 90 middle schools. In 2014, after seeing positive results from the Elev8 community schools in New Mexico, the governor signed the Community Schools Act, which encourages struggling schools to adopt the community school approach and sets new standards for how such schools operate.
- **National funding secured for school-based health centers.** The School-Based Health Alliance contributed significantly to the federal government’s decision to appropriate \$200 million to construct, expand, and equip school-based health services as part of the Affordable Care Act, which passed into law in 2010. This funding leverages federal dollars to implement the school-based health center model in other jurisdictions across the country. In December 2012, the U.S. Department of Health and Human Services awarded 520 grants to 47 states to reconstruct or open school-based health centers to an estimated 1.5 million children and adolescents. Funds also supported ongoing clinical operations.

13 <https://www.atlanticphilanthropies.org/wp-content/uploads/2016/12/Elev8-final-report.pdf>

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 achieving the best results.

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. That approach paid off when the government committed to expand many of the system-wide changes.

- **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. Countries adopted policies to help ensure that their most vulnerable citizens would receive quality primary health care.

In retrospect, Atlantic regarded as missteps those times it didn't adhere to its leveraging approach and instead made grants to fill gaps without a broader strategy. For example, in Cuba, Atlantic also made investments that helped lay the groundwork for normalizing U.S.-Cuban relations. In hindsight, it may have made more sense for Atlantic to invest additional funds in trying to get U.S. laws and regulations changed to allow for the import of equipment and supplies to Cuba rather than provide such equipment itself (and it is worth noting that the policy work was successful because the political conditions were ripe for it). Similarly, Atlantic supported 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.

- **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.

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. A number of 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.

"As a donor, when you go into a field, you should commit," said Christine Downton, former member of Atlantic's board. "When I look back, where I think Atlantic had the most success were the areas where they hung in there."

- **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, the foundation for many years 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.

The organizations that focused on advocacy work provided a crucial voice in making sure that the government provided needed health services for its most vulnerable citizens. Over the years, Atlantic saw again and again how important it is to have an outside, informed, and critical voice keeping the government accountable.

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- **Atlantic also believed it was vital to support people working in institutions who were 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 there were committed people 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 leaders in the schools of public health to design a number of leadership development programs for managers in the public health sector, particularly those working at the district 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 including making informed decisions in allocating resources, according to a 2018 evaluation.¹⁴
- **Similarly, Atlantic found that while investments in infrastructure and services were a crucial 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. For example, a 2018 evaluation by the Social Science Research Council of 12 commune health centers in Viet Nam found significant variation among the health centers that had the most robust investments from Atlantic.¹⁵ 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 evaluators found that successful commune health centers were those in which leadership was willing to take risks and find ways around strict government rules and regulations. 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.
- **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. One of the clearest examples of how this approach worked was in the family medicine program that Atlantic funded. Because it responded to a specific need articulated by grantees and the government, the program quickly took root and has been adopted by the government as standard practice. "This is a classic case where the donor doesn't much care about taking the credit," said Le Nhan Phuong, Atlantic's former Viet Nam country director. "People feel like this is their initiative and their achievement rather than a Chuck Feeney thing or an Atlantic thing."
- **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. The exchange program with participants from underserved communities led to the creation of cost-saving, prevention programs that brought community members in as active participants in their health. A number of the US 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.
- **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 focus of work was narrowed and the program yielded significant results particularly in the nursing field.

¹⁴ <https://www.atlanticphilanthropies.org/research-reports/innovations-that-have-transformed-the-health-system-in-south-africa>

¹⁵ <https://www.atlanticphilanthropies.org/wp-content/uploads/2019/04/Working-Toward-A-Healthy-VietNam-Key-Policy-Messages.pdf>

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Evaluators found that in the years since Atlantic funding began, there was a consistent growth of nurses. In addition, the South African government took a number of steps to strengthen nursing, including adding funding for nursing education and creating a comprehensive nursing strategy to guide its work in the coming years.

If, after their initial concerns, Atlantic's board had decided that the problems they were trying to address were too overwhelming to make an impact and discontinued funding, they might have missed an opportunity to make a real difference.

- **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 from other countries to develop ambitious policies and implementation plans, including to create a strong primary health care system. But these policies and plans were often so grandiose that the officials responsible for implementing them had little idea of where to begin. The 10-day trip to Brazil that Atlantic and Kaiser organized gave government health officials the chance to learn from other, similar countries about how they addressed daunting health problems in peer-to-peer discussions.

That convening gave the delegation practical knowledge and real-life inspiration to start a large-scale pilot primary health program when they returned to South Africa. In 2018, draft national policies to enshrine those 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.

- **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—a big task. 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 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 initial funding in health focused on supporting building institutions that could, in turn, take on broader initiatives to enhance the health care of potentially thousands of people. As the foundation made the decision to become a limited life funder, it began to focus on how to support systemic change that could make a difference for millions of people. A number of these initiatives spurred such changes, most notably in Viet Nam and South Africa.

At the heart of Atlantic's most impactful work were far-sighted leaders who had a vision for change, but needed a funding partner to support that work. Atlantic's ongoing belief in the importance of betting on such leaders to help strengthen society culminated in its biggest bet ever—the Atlantic Fellows program. This \$700 million program over the next two decades will support some 3,500 emerging leaders who are working to advance fairer, healthier, and more inclusive societies. These leaders will focus on health equity, racial equity, brain health, and global inequality. Among the programs are three in health equity, which are based in Southeast Asia, South Africa, and the US.

Atlantic's investments in community-based health services were based on its founder Chuck Feeney's deeply held interests, including value-based investing and betting on visionary leaders, and its staff's commitment to carrying out extensive research on where and how its big bets could make the biggest difference. 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.