BACKGROUND
Despite Vietnam’s persistent HIV epidemic among key populations (KPs), external donor financing has declined markedly over the past decade, putting at risk the long-term viability of KP-led organizations that drive community HIV service delivery. A social enterprise (SE) approach may allow KP-led and KP-owned organizations to self-sustain and grow their impact and income.

DESCRIPTION
From 2014-2021, the USAID/PATH Healthy Markets project partnered with KP-organizations to support them in advancing along a continuum of business development. A package of support was tailored to assist KP-organizations wishing to support them in advancing along a continuum of business development. From 2014-2021, all groups scaled their models: Clinics B and C each opened two new clinics, while Clinic A opened six. The clinics attribute service and client diversification as most valuable for enabling increases in revenues, profits, client base, and scale.

During this period, we measured progress toward sustainability through a tailored organizational capacity assessment and investment readiness tool that measure self-identified and externally-identified capabilities and areas that require strengthening to shift from a partially to a completely financially sustainable state.

LESSONS LEARNED
A 2021 assessment evaluated the organizational capacity and financial viability of three private clinics operating under SE arms, referred to here as clinics A, B, and C. Their mean profit and revenue (from both commercial and nonprofit project sources) increased from US$17,063 and $298,887 in 2019, to $51,299 and $578,916 in 2021, respectively. Despite a series of severe COVID-19 lockdowns and impacts that occurred throughout much of 2021, all three clinics’ annual profits and revenues were larger in 2021 compared to previous years (Figures 1-3). The losses observed in 2019 (Clinics B) and 2020 (Clinic C) are attributable to the clinics’ large investments into business start-up and scale of recurring costs.

During this period, we measured progress toward sustainability through a tailored organizational capacity assessment and investment readiness tool that measure self-identified and externally-identified capabilities and areas that require strengthening to shift from a partially to a completely financially sustainable state.

CONCLUSIONS
Operating private clinics and pharmacies is one way for KP-SEs to generate sustained income while serving their social missions and continuing to seek focused donor grant funding to expand their business models. The clinics presented in this abstract have all demonstrated growing revenue from their commercial business sources and SE-clinic models. Moving forward, it will be important to provide targeted capacity-strengthening to enable greater investment-readiness of KP-SEs so they are able to further scale their promising business models and secure greater financial independence.