Telling the Story of The Atlantic Philanthropies in Viet Nam

The ATLANTIC Philanthropies

A. The Atlantic Philanthropies in Viet Nam (1998-2013)

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The Atlantic Philanthropies in Viet Nam

An Overview in Numbers*

Total Investment (1998-2013)	Grant Count	Average Grant Amount
$381,768,445	295	$1,294,130

Top 3 Grantees

1.	East Meets West Foundation & Reach Vietnam	$105,633,570	76 grants
2.	Royal Melbourne Institute of Technology & RMIT International University Viet Nam	$42,205,481	17 grants
3.	University of Queensland	$15,159,892	12 grants

First Grant

$500,000 to East Meets West Foundation (1998)

Capital Grants

$186,484,307	91 grants

Historic and Current Programme Areas	Grants	Total
Population Health	140	$234,791,146
Higher Education	47	$67,206,931
Health	54	$34,494,765
Founding Chairman	5	$13,350,199
Viet Nam Higher Education	16	$12,169,532
Miscellaneous	9	$8,725,400
Evaluation	1	$3,000,000
Peace and Reconciliation	7	$2,307,250
Strategic Learning and Evaluation	3	$1,851,453
Multi-program	4	$1,600,000
Pre-Collegiate Education and Teacher Development	4	$1,545,800
Nonprofit Sector/Voluntarism/Philanthropy	4	$709,000
Continuing and Adult Education	1	$16,968
Total	**295**	**$381,768,445**

*All figures are in U.S. dollars and include approved grants (1998-2013).

The Atlantic Philanthropies in Viet Nam
1998-2013

Key Grantee Achievements

- Leveraged $734.6M in matching funds from national and provincial governments and other donors to improve Viet Nam's health care system (a 2.6:1 return on investment)
- Provided quality primary health care services for over 9M people through 800 local commune health centres
- 76% decline in maternal mortality in some areas
- Secured legislation requiring all motorbike drivers and passengers to wear helmets, reducing related deaths by 12% and injuries by 24% in the first year
- Established sustainable mechanism for tobacco control programmes and activities with funds from a tobacco tax
- First-ever cardiac transplant performed by Vietnamese doctors at Hue General Hospital without support of foreign experts
- Initiated the redevelopment of the National Hospital of Paediatrics and further leveraged $52M from government for construction
- Launched the Viet Nam Public Health Association, which has grown to 5,000 members
- Developed the first competency standards for nurse training, approved by the Ministry of Health
- Secured $100M government commitment to develop the social work profession
- Secured national scale-up of the Family Medicine Training model for primary health care doctors in communities
- Network for Community-Based Mental Health Services implemented with a 10-year government budget of $400M
- Built capacity for two leading public health training and research institutions at the Ha Noi School of Public Health (in the north) and the Faculty of Public Health at the Hue University Medicine & Pharmacy (in the central region)
- Established the Ireland-Vietnam Blood-borne Viral Initiative Laboratory at the National Institute of Hygiene and Epidemiology in Ha Noi, with WHO and other international accreditations
- Established palliative care training programmes and piloted a model of home-based palliative care service
- Built local capacity for policy research and monitoring at the Health Strategy and Policy Institute
- Strengthened grassroots organisations working with domestic abuse victims, the elderly, drug users, youth with disabilities and mental health sufferers

Context and Environment

Since the mid-1980s, Viet Nam has experienced massive political, economic and social change. These changes came about as a result of *doi moi,* which is roughly translated as "change and renovation." Similar to perestroika in the former Soviet Union, *doi moi* allowed progressive leaders in the Communist Party to advocate for a restructuring of society, which ushered in greater opportunities for private investment and a loosening of the previously centrally controlled economy. For example, agriculture cooperatives gave way to private ownership so that farmers could own land again and sell their surplus crops.

The end of the U.S. trade embargo in 1994 allowed Viet Nam's economy to grow even more rapidly. By 1998 when Atlantic made its first investment, Viet Nam had experienced an explosion of commerce, a rapid increase in gross domestic product and a greater reliance on the private sector as an engine of growth.

But these changes brought unintended side-effects, among them a decline in the already basic quality of health care for poor and rural Vietnamese. People of means could seek high-quality, private health care, often in the cities, while those who were poor had to rely on antiquated facilities. Chronic shortages of hospital beds and of adequately trained health-care workers often led to substandard care, particularly in remote areas and among patients who couldn't afford private insurance. The dissolution of agricultural cooperatives--the main source of revenue for health care in rural villages--had left local clinics with depleted budgets. These commune health centres, on which the rural poor relied, now had few means to pay for basic equipment, medicine, training or maintenance.

Under-funding of basic public infrastructure and inadequate attention to public health sent waves of people with preventable diseases and injuries into substandard hospitals and outpatient clinics. Patients in hospitals were commonly jammed two or more to a bed or had to sleep on floors or chairs.

Vietnamese higher education faced parallel challenges, especially in provincial and regional universities. The central government had under-invested in universities for years, which led to crumbling infrastructure and an antiquated, passive system of learning.

The government recognised the gaps in health care and higher education and was committed to making improvements, but officials were unsure how to tackle such changes at a systemic level. *Doi moi* and the ending of the U.S. sanctions helped create openness and an opportunity for organisations like Atlantic to become involved.

What Atlantic Set Out to Achieve

Atlantic's work in Viet Nam has taken place in roughly three phases. The **first phase** began in 1997 when Chuck Feeney read about the work of the East Meets West Foundation, a charitable group dedicated to improving the health and welfare of the poorest Vietnamese. Chuck's initial visits to Viet Nam in 1998 led to funding, via the East Meets West Foundation, to build and renovate libraries, universities and hospitals. The earliest investments concentrated on two key areas – higher education and health care – with which Atlantic had experience in its other geographies, particularly in the Republic of Ireland and the United States.

Building on the Founding Chairman's initial capital projects, by 2000 the foundation had developed a systems-focused grantmaking approach in higher education in Viet Nam, under the leadership of the first Viet Nam programme officer, Christopher Oechsli. The country's economic and social development faced a large gap between the demand for professional skills and the supply of graduates produced by local universities, and Atlantic's theory of change was that an innovative learning environment, geared toward producing business and technological leaders, would aid Viet Nam's sustainable development.

In the **second phase**, from approximately 2002 to 2009, Atlantic's grantmaking focus shifted to population health. Much of the Phase I funding had been in bricks and mortar, leading to tangible improvements in access to care and learning in hospitals and universities respectively. The Founding Chairman and Atlantic staff wanted to build on that work and concentrate on health inequities, particularly in primary care, and more broadly to change the system of care.

Commune Health Centre, Khanh Hoa, VN, 2008

Atlantic's approach was simple, and flowed directly from Chuck Feeney's way of doing business and conducting philanthropy: help good people with good ideas be successful. The foundation's strategy was to work quietly behind the scenes, with government officials and health professionals, to understand the needs of the health systems, identify strengths and

weaknesses, and build networks that connected people working toward the same goal of systemic change applied at the local level. Atlantic worked at both the top and the bottom of Viet Nam's policy hierarchy.

Atlantic's strategy to transform population health had the following objectives:

- **Support systemic change agents.** Viet Nam lacked trained health personnel, particularly in public health and primary health care, who could lead in transforming the health system. The country needed more skilled people to make lasting change. Those professionals included primary care doctors, community public health workers, physician assistants, nurses, midwives and social workers. Linking Atlantic's prior investments in health care and higher education, the foundation sought to improve the capacity of universities and of professional health organisations that could train new health professionals and retrain others.

- **Build primary health care system capacity.** Atlantic sought to improve the primary health care infrastructure in selected provinces that could serve as models. A few provinces that had strong leaders and particular areas of disadvantage, and were ill-served by the current system, were chosen to test a model to re-vamp the commune health centres. Most rural and poor Vietnamese rely on these commune health centres for their health care.

  The new models would integrate improvements in facilities, equipment, training and more aggressive promotion of healthy living and prevention of illness and injury. Working with just a few well-run, receptive provincial health departments could create a template for a new approach to primary and preventive care, which could be replicated elsewhere. Eventually, Atlantic anticipated that the central government would see the value of this approach and replicate it.

  These considerations added up to an overall theory that would guide the rest of Atlantic's work on primary health care in Viet Nam. Working with health reformers in the national and provincial governments, Atlantic projects could demonstrate ways of integrating the various elements of better primary care in which the parts reinforce one another and result in more efficient service delivery, better care and a healthier, more informed population.

In the **third and final phase,** which started around 2009, Atlantic added another dimension to its population heath work: seeking to elevate the voice of disadvantaged and vulnerable people so they would have a role in determining how they received their health care. To do so, Atlantic

supported the development of professions like social work and mental health that advocate for the needs of the vulnerable. Atlantic also funded small, grassroots organisations composed of disenfranchised people--those left out of the system--to give them a greater voice.

Finally, the foundation invested in organisations that could provide data and analysis to help groups representing the disadvantaged advocate for their needs. A key aspect of this third phase is sustaining the work and fostering increased expectations and empowerment among the Vietnamese people to make increased demands for improvements in their own system.

To achieve these goals, Atlantic invested $378 million to promote equity in health and higher education in Viet Nam between 1998 and 2013.

What Has Been Achieved

Throughout Atlantic's grantmaking in Viet Nam, it has commissioned outside evaluations. The Social Science Research Council (SSRC) has conducted several of these most notably on the population health work. Descriptions of the achievements that follow are all drawn from independent assessments.

"There is no doubt that Atlantic's Population Health work in Viet Nam is overall a resounding success," wrote the Social Science Research Council in 2012. "There are multiple, tangible impacts…in changing the culture around health, in raising the profile of population heath and in raising the standards of what is considered 'business as usual' in the health world in Viet Nam. There is absolutely no doubt that Viet Nam's public health system, and in some measure the health of its people, is better off for Atlantic's engagement."

Phase I: Hospitals and Higher Education

At the start of Atlantic's grantmaking in Viet Nam, it funded hospital construction to improve major health facilities in Da Nang and Hue City. The choice of initial projects was partly serendipitous. The Viet Nam director of the East Meets West Foundation, whose base was in Da Nang, took Chuck Feeney to the Da Nang General Hospital, which was overflowing with a rapidly growing urban population and throngs of rural and minority patients from Viet Nam's impoverished central region. The staff struggled to provide quality care with crumbling and ill-equipped facilities.

Da Nang General Hospital, Da Nang VN 2007

After learning that the hospital desperately needed a new burns centre, Feeney asked the hospital directors what else they needed. They said their paediatric centre was in dire need of renovation. Atlantic shortly thereafter provided funding for both a new burns centre and a paediatric centre. Over five years, Atlantic's investments in the hospital grew and included renovations of the intensive care and OB/GYN departments, and construction of new facilities for internal medicine, emergency care, waste treatment and the morgue, among other things.

Between 1998 and 2005, Atlantic made a number of investments to renovate or build new hospitals and health facilities, mostly in Central Viet Nam. Fifty miles to the north of Da Nang, Atlantic funded a new paediatrics department and cardiovascular centre at Hue Central Hospital as well as new facilities at Quang Tri Hospital.

The foundation also supported the Heart Institute in Ho Chi Minh City, a nonprofit organisation that provides interventional cardiology and surgical treatment of cardiovascular disease in both children and adults. Atlantic's funds provided equipment, services and accessories for the Heart Institute.

A 2004 assessment of Atlantic's investments in the health sector in Viet Nam found that the support provided much needed infrastructure for the health sectors in the impoverished central region and had a positive effect on the satisfaction of medical personnel and patients. For example, according to the assessment:

- The Da Nang City Hospital was upgraded by the Viet Nam government's Ministry of Health to a Level One hospital (the highest level) after its new seven-storey internal medicine unit was completed in 2002, which Atlantic funded. The hospital now provides

all levels of care and serves as a regional training facility. Following the Atlantic-funded renovations, there has been a dramatic increase in the number of inpatients, examinations and surgeries at the hospital, rising from 30,144 in 1998 (two years before the renovation and construction) to 50,347, or a 67 per cent increase in five years.

- The foundation's investment in a new Cardiovascular Centre at Hue General Hospital helped place the centre at the forefront of leading-edge heart surgery in Viet Nam. In early 2011, surgeons from the hospital's cardiovascular facility performed the first-ever heart transplant by local doctors without support of foreign experts. Soon thereafter, the Austrian government awarded a $22.8 million grant to the hospital.

  "This was the first model of complete cardiology centres in Viet Nam," said Professor Bui Duc Phu, director of Hue Central Hospital. "Most importantly, we have conducted the first cardiac transplant operation in Viet Nam at Hue National Hospital and this event puts Viet Nam among the top countries successfully conducting heart transplants."

- Atlantic support for the cardiac Cath-Lab System enabled the Heart Institute to establish a modern state-of-the-art centre for interventional cardiology procedures such as angioplasty, dilations and stent procedures. The average number of daily patients benefiting increased over the project life from about one to two to about seven to 10.

These investments also helped Atlantic better understand Viet Nam's needs, establish its credibility, and build solid relationships with the government and medical professionals.

As Atlantic addressed these immediate, urgent needs, it learned more about the health system in Viet Nam, particularly that these hospitals functioned within a national system that placed too little emphasis on prevention, public health and primary care. For example, the hospitals treated thousands of injuries each year from motorcycle accidents in large part because almost no one wore helmets. Hospitals also cared for many patients whose conditions should have been treated at more local levels. One unintended result of Atlantic's investments was that the upgraded hospitals became even more crowded than before, because of their better facilities.

Strengthening Higher Education

While Atlantic was investing in the infrastructure of hospitals, it was also supporting the infrastructure of higher education. This investment flowed naturally out of Atlantic's work in

other countries. In fact, when Chuck Feeney began investigating higher education needs in Viet Nam, he brought two Irish university presidents, Danny O'Hare and Ed Walsh, to accompany him to Da Nang and Hue.

Establishing a New University

In Atlantic's first six years in Viet Nam, nearly 60 per cent of the grants went to support higher education, mostly for facilities like Learning Resource Centers (LRC), dormitories, classrooms and athletic centres. As noted above, Atlantic's strategy was to develop an innovative, student-led learning environment to aid the country's economic and social development by producing business and technological leaders. To that end, programme officer Christopher Oechsli developed funding partnerships with two Australian universities – the Royal Melbourne Institute of Technology (RMIT) and the Queensland University of Technology, including scholarships for students for joint degree programmes with the Vietnam National University Hanoi and RMIT. In all, Atlantic awarded $100 million to higher education in Viet Nam. During this period, the Vietnamese government increased its involvement in the development of higher education and student-initiated learning within the country.

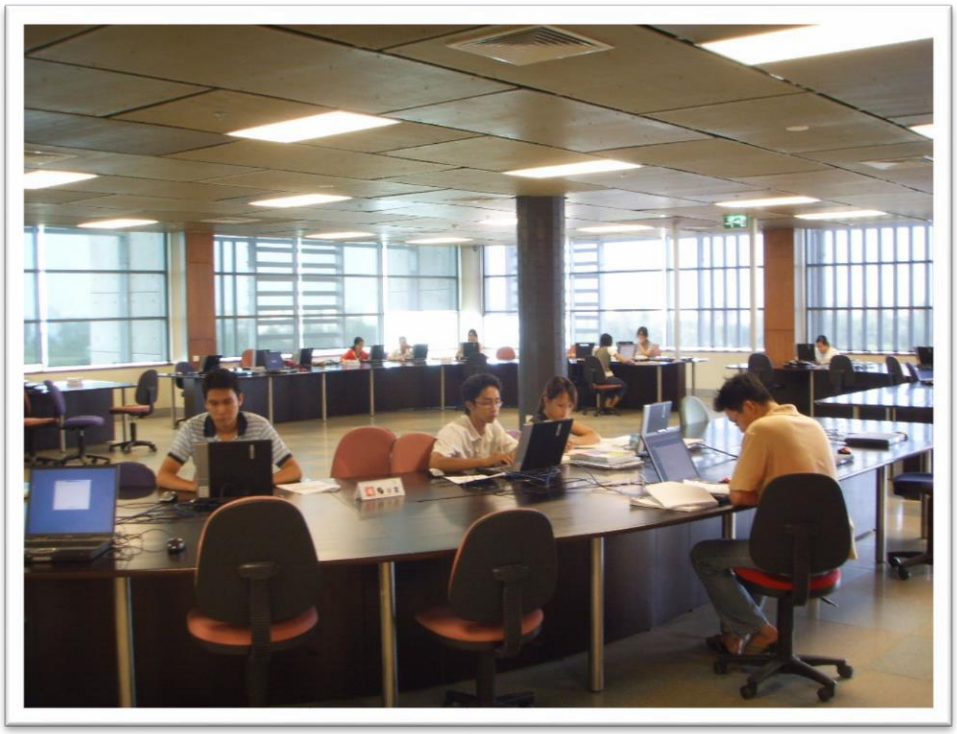
One of the largest investments went to the first 100 per cent foreign-owned Vietnamese university. In order to bring world-class professional education and practical training to the higher education system and students in Viet Nam, Atlantic supported the establishment of the Royal Melbourne Institute of Technology International Vietnam Campus in Ho Chi Minh City. Part of the appeal of RMIT was that it had a branch campus in Viet Nam for many years, which demonstrated its commitment to the country, and it provided first-class higher education. Since its inception, RMIT Viet Nam has grown from 40 to 6,000 students.

RMIT Dormitories, Ho Chi Minh City

In 2008, RMIT International University received a Certificate of Merit from the Prime Minister of Viet Nam, for its "educational achievements contributing to the social and economic development of Vietnam."

From Libraries to Hubs for Learning

Atlantic also developed and strengthened the use of information and communication technologies in select universities. Many university libraries struggled to keep up with information needed by their students and staff, provide basic amenities such as study places and offer much in the way of computer access or networked availability to electronic resources. About half of Atlantic's grants were made to design, build and launch a new generation of libraries—Learning Resource Centers—at four major regional universities across the country, which began in 1999. An LRC is an improved, expanded model of the university library that incorporates computer and telecommunications centres, meeting and conference facilities, language labs and other accommodations for advanced networked learning, team work and research.



RMIT Learning Resource Center, VN 2005

At their core, Learning Resource Centers are hubs of active learning. They offer a comprehensive mix of print, electronic and audio-visual resources as well as computer workstations and other places for students to gather and learn together. Four regional universities are also networking their resources and information management expertise in a standardised system that allows the group to draw on each other's resources.

The Atlantic-supported LRCs are now widely regarded by the higher education community inside and outside Viet Nam as a model for infrastructure reform and a catalyst for innovative teaching and research.

"Before the learning centre, our students and teachers just had the old-style library," said Dr. Huynh Dinh Chien, director, Hue University Learning Resource Center. "Now we have the open-stack Learning Resource Center, and all the students and teachers can access the information easier, they have more IT devices to use and they have already applied the IT technology in their teaching and learning, especially the online learning."

Phase IIa: Supporting People to Make Systemic Changes in the Health System

In the early 2000s, Viet Nam lacked a sufficient number of well-trained health professionals to serve the complex needs of a rapidly growing population of 80 million. To make lasting improvements in health care access and outcomes, Atlantic staff felt it was vital to invest in the people who could lead those changes, particularly in primary health care and public health.

For example, when Atlantic began its work in Viet Nam, the field of public health was in its infancy. The country lacked the capacity in its higher education system to train public health professionals and to carry out the research needed to confront the health needs of its population. Little, if any, time was focused on applying research on human capital needs to policymaking, or in examining the social determinants of health.

A Revitalised School of Public Health

One of Atlantic's first steps was to work with the government to develop a public health infrastructure in Viet Nam. When Atlantic started making grants in Viet Nam in 1998, the field of public health was only in its infancy, and those in the field lacked both an understanding of what public health is and what public health approaches can achieve on a population-wide basis. The field focused on basic preventive issues such as hand sanitation and management of epidemics. It did not look at the broader issues that public health can address, such as how systems can affect health and how economic status or racial and ethnic background affects access to care.

To help build the field of public health, Atlantic, led by Dr. Le Nhan Phuong, invested in the Ha Noi School of Public Health, an institution that had only recently evolved from its previous mission of training health administrators. Atlantic's vision was that the School could leverage nationwide change in health and health care. As a leading university in the capital city of Viet

Nam, the Ha Noi School of Public Health was a natural candidate to lead that change in the country.

Atlantic's funds supported the Ha Noi School of Public Health in every functional aspect: infrastructure, curriculum, faculty and organisational development, fundraising, public education and advocacy. The School received assistance in its development from international experts from Australia and the United States. With Atlantic's investment, the School was able to develop its first four-year bachelor's degree programme in public health as well as a doctoral programme. Since 2001, the school has graduated approximately 1,700 public health graduates with bachelor's, master's or doctoral degrees. Atlantic's direct and indirect investments in the Ha Noi School of Public Health, totalling approximately $11 million, leveraged an additional $60 million from the government for facility construction.

The school applied for and received accreditation as an institution that provides international standard public health training. In 2007, just six years into Atlantic's partnership, the Social Science Research Council reported that "there are few other schools that can rival [its] quality of the teaching and training."

American Cancer Society & Viet Nam Committee on Smoking and Health Anti-Tobacco Campaign, Viet Nam 2008

The School of Public Health's Center for Injury Policy and Prevention Research has become internationally recognised for its work, according to the SSRC. Research conducted by the Center has led to national public health policy changes, such as a motorbike helmet law and new tobacco control laws.

Motorbike Helmet Law Leads to Dramatic Change

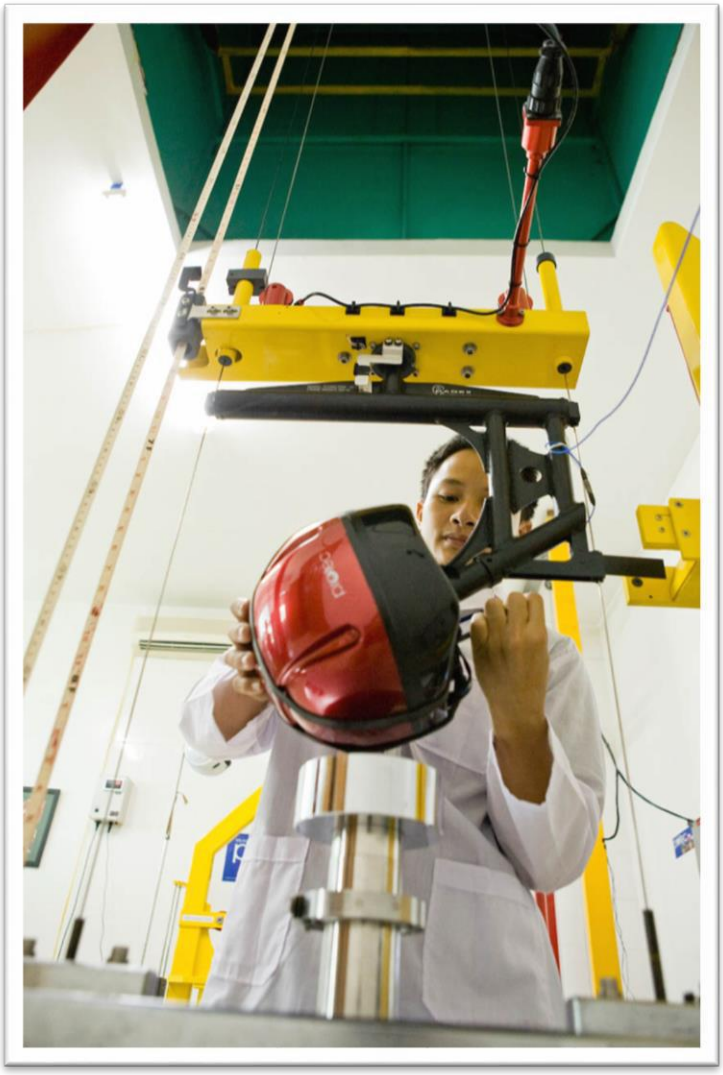
One of those changes was a campaign that led to the enactment of a 2007 law requiring all motorcycle and motorbike drivers and passengers to wear helmets. Among the many preventable conditions that contributed to overcrowding in Viet Nam's hospitals were

thousands of severe and often deadly injuries from traffic accidents involving people on motorbikes, almost all of whom lacked helmets.

Viet Nam's economic growth in the 1990s and 2000s had led to an exponential rise in people's use of motorcycles, growing from 500,000 in 1990 to 21 million in 2007, according to statistics cited by the Social Science Research Council in its 2010 report *Helmet Day! Lessons Learned on Vietnam's Road to Healthy Behavior.* Riders of these motorcycles jockeyed for position on crowded roads that they shared with other motorcycles and cars. Almost none wore helmets.

With the rise in the number of motorcycles—and automobiles—the number of traffic accidents also increased significantly each year. In 2007, 38 people died each day from traffic accidents—or nearly 14,000 a year, 2,000 of whom were children. Traffic accidents were the leading cause of death that year for people aged 18-45. Some 30,000 cases of severe brain damage or head injury were recorded as well.

To persuade people to wear helmets in Viet Nam in the 2000s was akin to trying to get drivers in the U.S. to wear seat belts in the 1980s. It required a massive culture change. New laws, while important, would not be enough. Laws could be challenged or implemented without adequate fines. A deeper behavioural change was required.



Protec Tropical Helmet Factory, Ha Noi, VN 2008

Starting in 2000, Atlantic's grantees carried out a grassroots and high-level advocacy and public education campaign for the legislation. The foundation's funding strategy was multifaceted, from assessing the scope and degree of the problem (through support to Ha Noi School of Public Health, Queensland University of Technology and University of Washington), to

engineering the solution (through Asia Injury Prevention Foundation's [AIPF] Protec Tropical Helmet factory), to supporting advocacy for policy change to require all motorbike riders to wear helmets (through AIPF, UNICEF, The Alliance for Safe Children, Counterpart International, Ministry of Health and World Health Organization). The Ha Noi School of Public Health's national household survey on injury was the first sound research on which to base policy, public education and advocacy, according to the SSRC report. AIPF also worked with ad agency Ogilvy & Mather to launch a public education campaign called "Enough is Enough" and "No Excuses…Wear a Helmet."

In all, Atlantic funded at least 14 major actors involved in head injury prevention. Their efforts achieved significant legal and policy buy-in from national and local government, the national assembly, grassroots organisations, relevant ministries and the Vietnamese people. The work supported by Atlantic to advance the Helmet Law has become a model case study of addressing public health problems through a multi-sector approach.

As a result of the sustained advocacy and public education effort, on the first day the law went into effect, the government found total compliance. Officials could not find one person on a motorbike without a helmet. The rapid change in helmet use was stunning. Da Nang's helmet use went from about 4 per cent to 98 per cent almost overnight, according to evaluators. Even more remarkable, statistics for the following year revealed a notable decline in transportation-related deaths and injury. Deaths declined by 12 per cent and injuries were down 24 per cent from a year earlier before the Helmet Law went into effect. Two years later, helmet use remained high ranging from 86.3 to 98.5 per cent in three provinces.

Creating a Public Health Association

To complement Atlantic's investments in facilities and training in public health, the foundation also set out to build a cohesive field of practice in public health. In 2003, Atlantic made a grant to launch a new Viet Nam Public Health Association. The goal was for public health, as a profession, to speak with a single voice. Just four years later, the association had grown to 5,000 members with operations at the national, provincial and district levels, and had raised nearly 60 per cent of its revenue from sources beyond Atlantic.

The Viet Nam Public Health Association's work and research has played a key role in providing convincing evidence for advocacy on national and local health policies, including tobacco tax increases and changes on health warnings printed on cigarette packs.

"Atlantic's grant making and advocacy have helped bring about the recognition of public health as part of the civil service," noted the Social Science Research Council's 2012 assessment. "This

professionalisation and infrastructure development work has created, and is creating, a cultural change with respect to attitudes toward and knowledge about public health. It is also demonstrating the value of a strong public health profession."

New Training for Family Medicine

Most Vietnamese receive their care through commune health centres rather than hospitals, yet the typical doctor staffing a commune clinic has minimal undergraduate medical training, most of which is based on theory-based lectures rather than clinical experience. Although these newly-graduated doctors began their practice locally in the commune health centres, family medicine programmes were in four regional medical universities often located far away from those physicians' homes. To complete their certification, physicians would leave the health centres to study at one of these universities; many never returned.

To address this disconnect between training and practise, in 2006 Atlantic made a grant to Boston University to start a training programme through which physicians in rural Khanh Hoa community health centres could study family medicine through Hue College of Medicine and Pharmacy. The Hue Medical College created a new family practice department, led and staffed by physicians specially trained at Boston University and Queensland University of Technology.

The programme established local training sites within Khanh Hoa, which enabled doctors to get on-the-job training to earn their family medicine certificate while remaining in active practice in their communities. The programme trained 89 doctors in its first class. 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."

Strengthened Paediatrics

Atlantic also supported strengthening research and standards of practice in children's health. The foundation's investments funded the National Hospital of Paediatrics, which provides tertiary services to Ha Noi and the north and central regions. It is also the paediatric training centre for the entire country, establishing all of the clinical standards in child care for Viet Nam.

Among the new initiatives that Atlantic funded is a new training centre equipped with state-of-the-art facilities that meet international standards. The National Hospital's Research Institute for Child Health now conducts clinical training courses for health personnel in paediatrics from all around the country. Since Atlantic's investments in the National Hospital of Paediatrics began in 2003, the central government has allocated $52 million to expand and upgrade the hospital complex, complementing Atlantic's total support of $13.8 million.

"Before 2009 [and Atlantic funding], the paediatrics department was very small, it only consisted of 25 beds and the number of children coming for treatment could be up to 70 or even 100," said Professor Le Thanh Hai, director of the National Hospital of Paediatrics. "We now have a new four-storey building containing 200 infant beds, which satisfied the demands of children and infants coming for diagnosis and treatment."

Educational Reform in Nursing

In Viet Nam, as in many other nations, the nursing profession suffered from low status, confusion about its roles and, until, 2012, no licensing frameworks. Nurses with similar years of education often had vastly different skills and abilities depending on where they attended school. Similar to the work underway in South Africa, Atlantic believed that strengthening nursing was essential to improving effective medical and health care in Viet Nam. To do so, Atlantic supported reform of nursing education. The Queensland University of Technology and the Viet Nam Nurses Association proposed a series of steps including the development of a competency-based education curriculum for the nursing profession. Competency-based education means that health professionals are taught—and tested—on the competencies that they will need in real-world settings. Atlantic further funded development and pilot testing of such a curriculum at several nursing schools.

Through this work, Atlantic's grantees developed draft competency standards for nurses, which were endorsed by the Minister of Health in 2012. This is the first set of health professional competency standards in Viet Nam and the foundation for nursing education reform.

Phase IIb: Strengthening the Primary Health System and Infrastructure

A key element of Atlantic's strategy to improve health outcomes and equity was to work with Viet Nam's provincial health departments, which oversaw the delivery of primary care at the local level. Much of this delivery took place—or should take place--through commune health centres. These are the health clinics that suffered in the move to a more market-based economy in the late 1980s. Because these health centres had fallen into disrepair, many people stopped going to them, either foregoing necessary care or waiting until their situation became acute before traveling to the more expensive hospitals.

Rebuilding and Revitalising Commune Health Centres

A key part of Atlantic's strategy was to build replicable models of quality commune health centres in provinces across the country that could deliver quality primary care. The strategy was to begin in provinces that had both a high level of commitment by innovative and enterprising local leaders and a set of local conditions that made successful systemic reform

likely. Those conditions included efficient government processes to streamline the work that needed to be done, ease of obtaining information about financial management of CHCs and the provincial health departments, and the interest and sincerity of local officials. To increase the chances for success, the foundation wanted to start in provinces that needed help but were not the worst off in the country. Then Atlantic and its grantees would adapt and replicate the model in higher-need provinces.

Atlantic began investing in CHCs in the south-central coastal province of Khanh Hoa, a mostly rural area of poor farming villages, and in Da Nang City, where the foundation had already been involved with constructing hospitals. First, Atlantic staff engaged regularly in discussions with health officials and staff to learn what they needed. The local priorities typically started with constructing or rebuilding the health centres. Without adequate facilities, health professionals cannot provide good care. But infrastructure was just the first step; a whole new system of care was needed.

Atlantic invested in training for health personnel, the necessary lab equipment and computer systems to work more efficiently and connect to the larger health infrastructure. The foundation focused on providing training for the services that people needed most. For example, the foundation's investments supported training in maternal and child health care and reproductive health care to improve outcomes for mothers and children in rural areas, who had double the maternal and infant mortality rate of those living in cities. These service areas represent the bulk of needs for all commune health centres and accounted for about 70 per cent of all primary health care clinical functions. The province, in turn, committed to providing the staffing, training and maintenance to ensure that the services in each CHC would continue operating.

In Khanh Hoa, the first province where Atlantic began funding the construction and improvement of commune health centres, the province had rebuilt and upgraded 90 per cent of its commune health centres between 1999 and 2003 with international funding. However, because of poor planning, corruption and poor quality construction, these centres began to fall apart after only two years. These internationally-funded efforts had also failed because they did not include examination of how to improve the system as a whole.

Atlantic's approach, on the other hand, was to work closely with local officials and health professionals to examine and facilitate the different parts of the system and to find ways for them to work together. The work typically began with constructing quality structures and then supplying the equipment, training and personnel. One of the first CHCs is located in a poor, rural area that had been the site of heavy military activity since the 18th century. The wounds of

the most recent war are still on the minds of the survivors from both sides. One of them, a 75-year-old man, was the first patient rushed to the newly re-constructed CHC with a stroke. Since then, he and his wife have been cared for by the health centre, saying that it has "saved our lives, many times."

Commune Health Centre, Khanh Hoa, VN 2008

An observer who visited the centre in 2011 described it as impressively fresh and clean and almost-new looking some seven years after Atlantic's initial investment. The daily patient roster has jumped from about two dozen before Atlantic's investments to 50-60. Equipment supplied by Atlantic is being used to full capacity. Health personnel include a doctor, a midwife, a nurse and a pharmacist. With mental health issues rampant in the community, the CHC is participating in a special training programme to learn how to identify and treat various forms of depression and anxiety.

Another CHC re-built with Atlantic's funds in the same province reports that its bright, fully-equipped centre is attracting young health professionals who normally would have moved to the city. Because of its quality infrastructure and personnel, and the volume of patients, it has also become a practice location for medical students in the province.

Once the model was successfully implemented in Khanh Hoa and Da Nang, Atlantic began working in more difficult provinces, all of which had greater health and infrastructure challenges. These were priority locations for the national government to improve primary health as well. It would not be sufficient to create models in just one or two provinces and expect those models to be replicated in other parts of the country with different conditions. To make a lasting, systemic change on the provision of primary health care, Atlantic staff felt it was vital to create a critical mass of these commune health centres in other parts of the country.

Between 2004 and 2007 – the first phase of this work—Atlantic invested more than $6.5 million in the planning, reconstruction and enrichment of services in scores of commune health centres

in the two provinces. An additional $1 million helped modernise the information technology linking the commune health centres to the rest of the provincial health system.

After the first phase of Atlantic's work, the Viet Nam government committed in 2007 to provide an escalating financial contribution for construction and renovation costs and pledged to improve the health centres' staffing and services once construction was complete. To date, Atlantic has seen $35 million leveraged from the local and national government for commune health centre facilities.

The 800 new or renovated commune health centres funded by Atlantic between 2004 and 2013 in eight provinces have served over nine million people. In some of these provinces, there has been a dramatic decline in maternal mortality as a result of Atlantic-funded efforts. For example, the Da Nang province reported a 100 per cent drop in maternal mortality between 2006 and 2010, while Khanh Hoa province reported a 76 per cent drop. Meanwhile, the commune health centres that the foundation funded have seen increases in service usages of 30 to 200 per cent.

Phase III: Elevating the Voice of People Who Are Disadvantaged

A key reason for disparities in health status among populations is that disadvantaged and vulnerable people often lack a voice, power or resources to advocate for their needs. Starting in 2009, Atlantic ramped up its support for selected grassroots groups that advocate for vulnerable and disadvantaged people, monitor the implementation of laws and policies, and hold government accountable for fulfilling its obligations to the human right to health.

Developing Social Work as a Profession

Traditionally, people in Viet Nam have thought about helping people who are poor by providing charity through organisations like the Red Cross. What was lacking was a group of professionals who could advocate for the welfare of those who are poor and disadvantaged. Perhaps surprisingly, the socialist country of Viet Nam did not have a programme to train social workers. So a major focus in giving voice to the voiceless in Viet Nam was to work with the national government to develop social work as a field and a profession. Atlantic wanted to take social welfare out of the realm of "charity" and approach it using a "rights-based" perspective, with the ultimate goal of ensuring larger and more sustainable coverage of services.

Atlantic supported a national social work task force and a first national conference that resulted in central government recognition of the need to authorise, professionalise and institutionalise social work. In 2010, the Prime Minister of Viet Nam approved a national programme to develop social work as a profession. The government has adopted a 10-year programme to accomplish this goal with a budget of more than $100 million. Our grantees are developing training models for social workers with the objective that by 2014, Viet Nam will have a social work education and training system with a strong theoretical and methodological foundation, standardised curricula and a network of quality training programmes. Eventually, the hope is that when the profession of social work is fully developed by 2020, social workers will be part of the services offered at commune heath centres.

Charting a New, Local Mental Health Model

Much of mental health care in Viet Nam has 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 care, Atlantic supported a survey to learn more about the mental health needs of residents in the two provinces where Atlantic began its work on commune health centres—Khanh Hoa and Da Nang. The survey revealed a 25 to 30 per cent risk for mental health issues, a risk that increased after natural disasters. Once the grantees defined the problem, they set up a community-based model to show how most people could be effectively treated by primary care professionals and others, rather than needing to go to a hospital.

Based on the initial results, the government decided to scale up these projects into a 10-year, $400 million national programme to provide community-based social supports and rehabilitation services to the mentally ill. To help ensure that this work is implemented successfully, Atlantic supported the National Taskforce on Community Mental Health System Development in Viet Nam. It is expected that this task force will become the main impetus for further mental health system reform and development in Viet Nam.

Establishing Self-Help Groups

Atlantic funded a number of grassroots organisations that provided a safe place for people struggling with health and other issues to find their voice. Among those groups were ones to help victims of domestic violence, youth with disabilities and elders. For example, one grantee helped some 400 victims of domestic violence living in poor rural villages and urban slums. The grantee worked with a local women's union to establish six emergency contact points where victims could be received and referred to appropriate services. The project also established 20 self-help and support groups, set up a micro-credit fund to help victims build their own

income-generating businesses, and organised public forums to mobilise community support for the initiatives.

Providing a Means to Assess Health Equity

Atlantic also wanted to create a mechanism where the government and the donors could come together to identify gaps in health equity and then address them in policy decisions. To do so, Atlantic funded the Joint Annual Health Review (JAHR) to assess the implementation of national health sector plans and health sector performance and agree on actions to improve health equity. The JAHR is a tool to approach health planning in a more comprehensive and equitable manner. Its approach allows for input from the international and local nongovernmental community in its health planning and resource allocation process. Through this process, these organisations can also monitor outcomes from year to year.

The JAHR 2010 report served as the background section for Viet Nam's five-year health sector plan (2011-2015), which follows the World Health Organization's framework. The 2011 JAHR was used to monitor implementation of the five-year plan.

Sustainability and Dissemination

From the beginning of Atlantic's investments in Viet Nam in 1998, Atlantic staff have worked closely with the government to ensure that the work would be sustained. The government at all levels has shown its commitment to these priorities in higher education and health through its willingness, even eagerness, to embrace and invest in dynamic social and economic change. As just one benchmark, Atlantic's investments of $378 million have secured $690 million in matching funds from the government and other donors.

Other evidence of lasting change includes:

- The government is in discussions with other donors for a $128 million aid package that would replicate the commune health centre model throughout Viet Nam.
- Revised national standards for commune health centres, which govern how these centres operate. These standards draw upon lessons learned by funders, practitioners and local communities in effectively building and running these centres.
- Beginning in 2013, the government has designated the family medicine training model as standard for health care workers at the commune level. The World Bank has committed $100 million for the implementation of the strategy that Atlantic piloted across the country.

- The policy and behaviour change strategies, described in the Atlantic-supported report *Helmet Day: Lessons Learned on Vietnam's Road to Healthy Behavior*, have served as a model for transformation in public health and in related fields. For example, TRAFFIC (a wildlife trade monitoring network) and the World Wildlife Fund are using the injury prevention and communications strategy to reduce demand for tigers and other endangered species in Viet Nam and China. The report is also the basis for a chapter in a public health text book, *Structural Approaches to Public Health*, organised by Columbia University's Mailman School of Public Health.
- Atlantic's work in tobacco control and prevention, which has served to strengthen the Ha Noi School of Public Health, is already having an impact beyond Viet Nam. Because of the foundation's support to build the capacities of local organisations to do this work it has attracted significant attention from the Vietnamese government and international donors because they have the structure and people to work with. The Bill & Melinda Gates Foundation and Bloomberg Philanthropies have made investments of some $725 million to help governments in 15 low- and middle-income countries, including Viet Nam, implement proven policies and increase funding for tobacco control.

Summing Up

The work of The Atlantic Philanthropies in Viet Nam is an embodiment of Chuck Feeney's approach to all of his work: find good people and help them do good work. None of the achievements made with the foundation's funding in Viet Nam would have happened without the partnership of good people who simply needed a partner willing to listen to their needs and offer its expertise as well as financial support.

Viet Nam's higher education system and its health care system are much stronger because of the involvement of Atlantic and its partners. Atlantic's funding in population health in particular is poised to change the health care system in a fundamental way. This is most clearly seen in a strengthened primary health care system that is contributing to greater health equity for all people.

The National Hospital of Pediatrics, Ha Noi, VN 2008

Much is left to be done in Viet Nam and many challenges remain. But a solid and sustainable groundwork has been laid to impact the lives of millions of Vietnamese for generations to come.