



The  
Atlantic  
Philanthropies

Viet Nam



Tran Thi Tuyet Trinh cradles her critically ill daughter Tran Thao Nhi, who is alive today because of the skilled doctors and nurses at the National Hospital of Pediatrics.

Foreword	7
Preface	13
Summary	16
<hr/>	
Viet Nam	21
<hr/>	
Grantee Profiles	77
Commune Health Centers	79
Sight Restoration: Fred Hollows Foundation and Eye Hospitals	86
Vietnam Public Health Association	90
Hue Central Hospital	94
Injury Prevention: Helmet Law	99
Learning Resource Centers	103
National Hospital of Pediatrics	108
RMIT University Vietnam	113
Ha Noi School of Public Health	117
Social Work Organizations	121
<hr/>	
Lessons	125
Acknowledgments	144

The  
Atlantic  
Philanthropies



Viet Nam

BY LIEN HOANG



Chuck Feeney, founding chairman of The Atlantic Philanthropies, and Christopher G. Oechsli, president and CEO of Atlantic and first country director for Viet Nam, Australia and Cuba.

To Charles Francis Feeney, whose foresight and generosity has improved the lives of millions, in Viet Nam and across the globe.



After establishing our bona fides and making significant capital investments, Atlantic was in a position to pivot to higher return investments.... The deeper opportunities lay in having meaningful influence on health and education systems.

Father and child wait at the entrance of a new two-story commune health center in Khanh Hoa Province.

# Foreword

The Atlantic Philanthropies invested over \$380 million in Viet Nam, principally in efforts to improve, even transform, health and higher education in this country. The observations in this brief volume, written by journalist Lien Hoang—together with materials from Atlantic’s website and archives—offer an insight into what Chuck Feeney and Atlantic hoped to achieve and how we worked with grantees and government to realize meaningful and lasting improvements in the lives of the Vietnamese people.

We hope this book will help inform, stimulate and encourage others to expand their aspirations while identifying effective philanthropic approaches to achieve impact, especially in new and different countries and environments. The story of how our Viet Nam program evolved encapsulates many characteristics, values and approaches—which were a combination of opportunity and evolving strategies—used by Chuck and Atlantic for our 35-year history.

Atlantic’s work here grew out of a nascent interest that Chuck developed from reading an article in a San Francisco newspaper in 1997 about a small Bay Area nongovernment organization—East Meets West Foundation (EMWF)—that was engaged in community projects in Viet Nam. The grassroots nature of EMWF’s restoration efforts resonated with Chuck and rekindled his empathy for the Vietnamese people resulting from their unfair and devastating historical legacy. In the late 1990s, Chuck started what would become a 17-year partnership by authorizing small grants—in the \$100,000 range—to test the waters and gain insight into how effectively grantees could deploy them.

True to his preferences, the early grants were for buildings, initially small one-room schools, medical clinics and rural infrastructure such as wells and bridges. As Chuck recognized the capacity of both East Meets West and other grantees to absorb Atlantic's support, he started developing bigger plans.

On one trip, he spotted a partially constructed library building at the University of Da Nang, across from the EMWF office. Meetings with university staff led to a swift decision to fund its completion.

**We quickly realized that Chuck had an appetite for something bigger in Viet Nam that required an ambitious, strategic plan.**

Seeing Chuck's growing interest, I offered my experience and interest in developing-country work and the prospects for realizing impact ("bang for the buck") in those environments. At the time, I was working with the General Atlantic Group, the business subsidiaries that housed most of the foundation's assets.

Together with Chuck's confidants—including a longtime friend and Duty Free Shopping colleague Bob Matousek, Stanford professor and noted gerontologist Dr. Walter Bortz, University of Limerick President Ed Walsh, and Dublin City University President Daniel O'Hare—we soon toured, observed and spoke with Vietnamese leaders in health and education along with EMWF staff. This initial exploratory phase was typical of Chuck's entrepreneurial approach, involving people he knew and whose instincts and observations he folded into his own calculus.

We quickly realized that Chuck had an appetite for something bigger in Viet Nam that required an ambitious, strategic plan. We began to develop a framework for supporting student-initiated learning programs through expanded libraries, known as Learning Resource Centers, and to improve the facilities of three key hospitals in Da Nang, Hue and the National Pediatrics Hospital in Ha Noi. These institutions had compelling leaders like Mark Conroy of EMWF and Dr. Bui Duc Phu at Hue Central Hospital.

Chuck has always been an avid digester of news, and a keen observer of people and their activities in their local context. He has preferred primary to secondary sources of information. His penchant for anonymity allowed him to see things up close and not varnished by polished formal presentations. His freedom to walk the (then) dusty lanes of Da Nang, meet with hospital patients and students crowded in small, hot and musty rooms, and talk with the nurses and teachers grew from a fundamental identification with and empathy for the common person and a desire to improve their conditions and prospects in meaningful ways.

Once when we were visiting Da Nang General Hospital's ancient operating rooms, it deeply pained Chuck when they brought in a young Vietnamese farmer whose body had been ripped open by a land mine, a residual of the war; there was no way to treat him. Atlantic soon invested in an emergency center at the hospital, so there would be help in the future.

After establishing our bona fides and making significant capital investments, Atlantic was in a position to pivot to more complex, but potentially higher-return, investments, something that required more interaction with national and provincial governments, international resources, and a competent, passionate full-time Vietnamese staff. The deeper opportunities lay in the prospect of having meaningful influence on health and education systems. The search led us to address efforts to improve the health of populations through a focus on community-based primary health care and, as mentioned before, student-initiated learning in higher education.

One example of this shift came at a convening of the deans of Viet Nam's eight schools of public health where we sought their advice on the country's health needs. What were the biggest health challenges and the root causes of those challenges? We were surprised to learn they were not communicable diseases or the absence of hospitals; rather, there was an injury "epidemic" caused by the explosion in motorized traffic with little regard for safety.

We worked with several grantees and seized the opportunity to amplify the message of this challenge through the first-ever visit to Viet Nam by a U.S. President. Bill Clinton promoted safety helmets at events hosted by

the newly formed, Atlantic-funded Asia Injury Prevention Foundation and UNICEF. The story of Atlantic's more sustained investments in injury prevention is featured later in this book.

An early story in our Viet Nam journey that stands out: In an effort to build local relationships regarding our intentions and shared aspirations, Dr. Phuong (whose special personal story is told in Chuck's biography, *The Billionaire Who Wasn't*), Matousek and I visited the deputy prime minister for education to discuss Atlantic's history and our plans to invest in health and education. After explaining that, consistent with our operating style, we did not want public recognition for our work, I was concerned our motives would be misunderstood—that we might be stopped in our tracks by being seen as surreptitious players from a country with a long history of international covert action. But the minister understood. He was gracious, supportive and grateful—grateful, he said, for not having to stand for photos with big checks every time a foreign donor made a contribution!

Viet Nam was the right place at the right time with the right people. The energy and commitment to change, the unfair legacy of brutal conflict, and the possibilities to improve responses to fundamental human needs in health and education were all evident. Through Chuck's entrepreneurial lens, he sensed that grantees would do something meaningful and lasting with the resources we provided. And they have exceeded our expectations.

We had a supporter. The program was on. At the Ha Noi Metropole hotel, on a bar napkin, Phuong and I sealed the deal for him to open the Atlantic office, staffed entirely by Vietnamese professionals.

With a local staff in place, Chuck insisted that I combine my frequent visits to Viet Nam with stops in Australia, where he had increasing interest in philanthropic support for higher education and medical research, and in the many capable and internationally oriented leaders in these sectors. (This story is told in a companion book, *The Atlantic Philanthropies Australia*.) Out

of these meetings about common challenges and aspirations grew prospects for partnerships between Australian organizations and our developing work in Viet Nam, some of which are noted in this volume.

The most significant meta Atlantic themes in Viet Nam, perhaps, are advancing meaningful, lasting improvements and multiplying the return on an investment through the efforts and funding of others, particularly government.

Even though Atlantic is a limited life organization that will conclude its work by 2020, we have always wanted the impact of our work to be both immediate and long lasting. In keeping with this approach, our final grant in Southeast Asia has been to launch a 20-year fellowship program, in partnership with the China Medical Board, to build a community of emerging leaders committed to enhancing health equity in the region. We end our work in Viet Nam as we began; investing in the catalytic and committed professionals who will improve health care access and outcomes for entire populations and achieve fairer societies.

The initiative for Atlantic's program in Viet Nam was entirely Chuck's, but he would be the first to emphasize that it was others—grantees and Atlantic staff—who realized what he hoped Atlantic could achieve. Many are mentioned in Lien's text, but many are not. At the risk of limiting recognition, I want to note the Atlantic staff who were major contributors through the years. We all were privileged to share and amplify what Chuck did for Viet Nam.

In addition to Dr. Le Nhan Phuong, the staff in Ha Noi were Bui Thi An, Ha Ngoc Lan, Hanh Mai, Hau Nguyen, Phan Truc Quynh, Quyen Hoang Duong, Tran Bich Phuong and Yen Hoang. From Atlantic's U.S. offices, at various times through the years, Rebecca Rittgers, Anne Thatcher, Arden Norvold, Jackie Williams-Kaye and Khanh Phan provided critical support.

Viet Nam was the right place at the right time with the right people. The energy and commitment to change, the unfair legacy of brutal conflict, and the possibilities to improve responses to fundamental human needs in health and education were all evident and promising. Through Chuck's entrepreneurial lens, he sensed that grantees would do something meaningful and lasting with the resources we provided. And they have exceeded our expectations.

*Christopher G. Oechsli, first country director of Viet Nam and current president and chief executive officer of The Atlantic Philanthropies*



“What Chuck’s saying  
[to emerging philanthropists]  
is: ‘You want to be engaged  
and participate, so don’t  
postpone it, because you don’t  
go on forever the way you  
might think.’”

Christopher G. Oechsli, president and CEO, The Atlantic Philanthropies

Students  
participate  
in Associate  
Professor  
Bob Baulch’s  
marketing  
and business  
class at RMIT  
University  
Vietnam.

# Preface

**P**hilanthropy inspires the impulse to “think positive.” Beneficiaries want to express gratitude, and benefactors want to see their efforts pay off. Yet even more meaningful are the times when people don’t try to spin a positive message, but let their stories tumble out naturally. The most gratifying part of researching The Atlantic Philanthropies’ residency in Viet Nam was meeting people who let down their guard, let us in and shared the part of their lives affected by the organization. In doing this, they also shed light on a fast-changing country and how Atlantic quietly participated in its evolution.

It is one thing to hear a first-time mother from the countryside say she appreciates the capable doctors around her. It is another to see the unspoken relief on her face as she hugs a daughter who has just barely survived childbirth. Tran Thi Tuyet Trinh (photo on the cover) was not the only Vietnamese who became emotional as she spoke with me.

She didn’t know Atlantic had helped finance the hospital where I was interviewing her. Instead, almost all of Atlantic’s funding has been an undercurrent flowing from north to south Viet Nam, carving a change in the health and higher education landscape.

For years I saw only the surface while living here. Students took classes entirely in English; motorbike drivers wore helmets; patients had health insurance. In other words, postwar Viet Nam was turning into a middle-income country, and it was easy to take for granted that somebody, somewhere was tending to the process.

The reality is there are many moving parts that get a country on the path to prosperity. Atlantic was just one player among many complex forces. But probing into the foundation's decades of work also revealed its help in the diverse steps that Viet Nam, as a whole, has taken across the areas of education and health care. And meeting earnest people on the receiving end, like Trinh, made all of that work tangible.

*Lien Hoang*



“I don’t ever believe that any single donor, or one single policy, or one single program can make all the needed changes. But Viet Nam certainly needed somebody to come in to jump-start and give it a jolt.”

Dr. Le Nhan Phuong, Atlantic’s former country director for Viet Nam

Health care workers throughout the country learn new protocols and techniques at the Medical Training Center of Hue Central Hospital.

## Summary

**W**hen Charles F. Feeney, founder of The Atlantic Philanthropies, made his first exploratory visits to Viet Nam in the late 1990s, he found the kind of environment that always appealed to him, as both a businessman and a philanthropist. The country had clear, urgent needs; vast, untapped potential that could be unlocked with relatively little capital; and gifted partners at the front lines, able to put capital to immediate use on ambitious, high-impact projects.

He started in health and education, supporting the development of schools by the nongovernmental organization East Meets West Foundation, and creating and equipping modern facilities for universities, clinics and hospitals. He was particularly drawn, in these early years, to Viet Nam's less advantaged Central Region where, in the words of an early partner, Dr. Bui Duc Phu of Hue Central Hospital, "We faced myriad difficulties, but Mr. Chuck saw potential."

Feeney chose his targets wherever the severity of the need and the availability of an economical solution made an impression on him—which was often. "Chuck realized Viet Nam was the greatest bang for the buck," Robert Matousek, a longtime friend and business associate, says.

As a result, Atlantic's first, exploratory grants in Viet Nam were chosen with a value-investor's sense of opportunity, based more on the particular merits of each transaction than on any overarching program or strategy for

the country as a whole. He rebuilt and expanded acute-care hospitals that were literally falling down and were tremendously overcrowded. Every bed had two or three patients. Atlantic also helped launch the first 100 percent foreign-owned university in Ho Chi Minh City.

Atlantic forged partnerships and designed solutions with the public officials responsible for improving public services. This approach also drew on the wisdom of the people who best understood both their own communities and the government's complex system of funding and regulation.

Over time, however, the underlying patterns of Viet Nam's efforts at modernization and improved public services became clearer, and Atlantic shaped its program accordingly. In a second stage of work, the foundation's strategic thinking increasingly focused on systemic needs and opportunities such as:

- reinvigorating and modernizing Viet Nam's under-resourced system of primary care clinics, especially in poor, remote and minority communities
- building a more professional and vigorous field of public health
- creating a network of five modern university Learning Resource Centers
- improving health services in certain areas of widespread need, such as maternal and child care, behavioral and mental health, reproductive health, and hearing and vision care
- promoting injury-prevention and wellness campaigns such as the Tobacco Control and Helmet Laws
- solidifying the field of social work as a profession.

As he traveled from continent to continent, Feeney went to great lengths to introduce leaders of his grantee organizations to one another. He invited experts and visionaries from among Atlantic's grantees in the United States, Ireland and especially Australia, to visit Viet Nam with him, meet grantees and create networks of learning, collaboration and creativity.

Christopher G. Oechsli, then country director of Viet Nam, Australia and Cuba at Atlantic, oversaw the early design and rollout of Atlantic's strategic initiatives in Viet Nam, but it soon became clear that only a resident staff, on the ground full time, could see these efforts through to their full potential. Oechsli recruited a young Vietnamese-American physician, Dr. Le Nhan Phuong, to open an Atlantic office in Ha Noi. The staff eventually grew to eight people, with a portfolio of projects spanning the entire country and amounting, in time, to an aggregate \$381.6 million in 297 Atlantic grants to 97 grantees.

In all its various lines of work, Atlantic was careful not to act on its own, but to forge partnerships and design solutions hand in hand with the public officials responsible for managing and improving public services. This approach helped overcome much of the official wariness and resistance that might otherwise have greeted an international donor. It also drew on the wisdom of people who best understood both their own communities and the government's complex system of funding and regulation, within which any reform would have to function.

**In its later years, Atlantic required matching funds, which led public officials to pay close attention to the results of their expenditures and allowed them to take legitimate credit for program successes.**

By cultivating these relationships and helping Vietnamese reformers achieve their own visions, Atlantic contributed to more than just a handful of discrete improvements. It fueled a cadre of advocates and champions who would go on to promote those improvements throughout the system.

Forging relationships—among Vietnamese reformers, between Vietnamese and foreign leaders, and across multiple disciplines and departments—was an underlying theme of Atlantic's work, from Feeney's first forays through all the subsequent phases.

Because Atlantic had an array of projects and grantees in many fields, work in one area could inform work in another—or, as Feeney often put it, one good project could lead to another. At first, unencumbered by a long-term

plan or detailed strategy, Feeney could seek out multiple perspectives, pursue opportunities, build trust, make connections and establish the foundation's bona fides as a partner with Vietnamese officials and organizations. Later, guided by this body of knowledge and network of partners, Atlantic could frame strategic goals to which the political environment was receptive, and from which further ripples of progress would then be likely to flow.

Another way to ensure that progress would last beyond Atlantic's involvement was a requirement, increasingly common in its later years, that foundation grants be matched by funds from government and contributions from other private donors. Not only did this draw in additional money and public support, but it led public officials to pay close attention to the results of their expenditures and allowed them to take legitimate credit for success.

Atlantic's investments of \$382 million unleashed more than \$690 million in matching funds from the national and provincial governments and other donors. Its extensive relationships with other foundations, both in the United States and internationally, made it possible for Atlantic not only to share the cost of several large-scale initiatives, but to extend its networks even farther, learning from the contacts, experiences and perspectives of other funders.

**Forging relationships—among Vietnamese reformers, between Vietnamese and foreign leaders, and across multiple disciplines and departments—was an underlying theme of Atlantic's work, from Feeney's first forays through all the subsequent phases.**

To be sure, the changes in program focus and strategy from one phase to the next led to some mixed signals and missed opportunities. In some cases, projects that had been central to the earlier, more opportunity-oriented phase of work didn't survive into the later, more sustained and strategic phase. One example was the development of university libraries, called Learning Resource Centers, which lost some of their momentum when Atlantic's attention shifted toward health care and away from higher education.

In fact, a key reason for the foundation's later diligence about forming long-term partnerships with local organizations and government agencies was the lessons it learned from these early, abortive efforts, where such partnerships had not been as deep or as durable as they needed to be.

When partnerships were strong, as happened in the great majority of cases, the momentum they built tended to continue, and even to grow, even after Atlantic left the scene.

**Feeney's prescription, especially for people of wealth:  
Do what you can, before you leave this planet, to  
leave it a better place with better prospects for  
those who come after.**

"The truth is," Chuck Feeney told the staff of the Da Nang General Hospital after the completion of a major project there, "all the credit for this is yours. We have carried out our side, but that was the easy side. The real work was on your side." Atlantic, he told them, was "proud to be associated" with the local professionals whose energy and ingenuity was transforming the hospital and the health care system around it.

The Atlantic Philanthropies had provided a substantial share of the money, but the ingenuity, dedication, vision and hard work had all been supplied by what he called "the high-quality people" on Viet Nam's frontlines. And all of those assets remain, and will continue to build, long after Atlantic has passed into history.

---

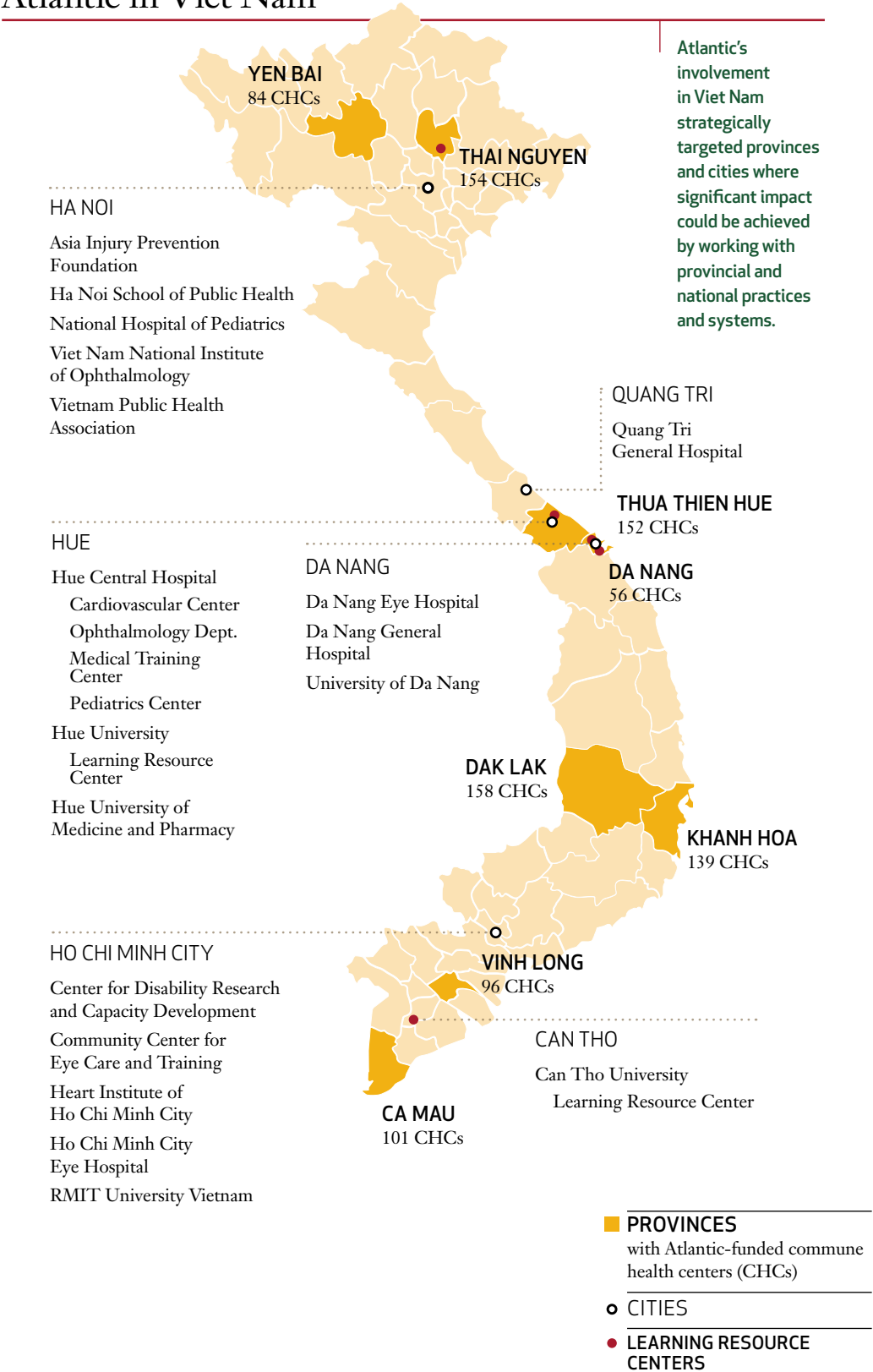
The Atlantic Philanthropies

**Viet Nam**



Chuck Feeney, founding  
chairman of The Atlantic  
Philanthropies

# Atlantic in Viet Nam



## CHUCK FEENEY AND VIET NAM

**B**y many measures, Viet Nam has come a long way in a short time. By the late years of the 20th century, the country had discarded the vestiges of war and was building an economy that would soon achieve one of the world's highest growth rates. It had reduced poverty by two-thirds in two decades, brought literacy to 95 percent of the population, and could boast a female workforce participation rate 50 percent higher than the global average. Viet Nam has come to be known as a model for the success of international development efforts.

Charles Francis “Chuck” Feeney, an international entrepreneur and co-founder of the hugely successful retail company Duty Free Shoppers, has a knack for ascertaining exactly this kind of potential in a country. When he visited Viet Nam in the late 1990s, its star was rising, and Feeney could sense the change in the air.

He had a more personal reason, too. He felt that the United States had not done enough to help rebuild Viet Nam after its long and destructive war. At that time, the country was still emerging from postwar international isolation—an opportunity Feeney recognized from his earlier philanthropic ventures in other places.

### WHY VIET NAM?

Feeney believed that the U.S. government gave the country a raw deal, and investing there offered “the greatest bang for the buck.”

He saw in Viet Nam a country that was coming into its own, just as his charitable foundations, collectively known as The Atlantic Philanthropies, had invested heavily in Ireland and helped it transform into a knowledge economy, and in Australia, when it was undervalued in its human resources and research capacity. It was the kind of opportunity he liked to seize: a place where good things could be done inexpensively and yet reap significant rewards. And most of all, Feeney likes to give underdogs a boost.

**\$381.6 million** total investment  
297 total grants | 97 total grantees | **\$1.3 million** average size of grants

Atlantic's two-decade engagement in Viet Nam began in 1997, when Feeney read a San Francisco newspaper article about the East Meets West Foundation (EMWF), a California-based group that works to improve the health and education of poor Vietnamese. At the time, EMWF was financially on its last legs, with less than five months' funding left and no new support forthcoming.

Intrigued by the article, Feeney met with Mark Stewart, then executive director of EMWF, on a trip to California and was excited enough about what he heard that Atlantic soon wrote a check for \$100,000. Feeney basically told Stewart to report back on what he did with the money and maybe there would be more. The organization immediately began building and renovating elementary schools and water systems in low-income and ethnic minority communities.

**\$106 million**

EMWF received 28% of Atlantic's grants in Viet Nam, mainly to implement capital projects.

Satisfied with the use of the initial funding, Feeney dispatched a longtime friend and business associate, Robert Matousek, to reconnoiter in Viet Nam, visit East Meets West operations in Da Nang, and size up other organizations working in health and education, Feeney's main fields of interest. Matousek's view, confirmed later by Feeney's own observations, was that the opportunities to make a positive difference in these areas were significantly larger than anything EMWF had yet undertaken.



In the early years, an Atlantic delegation visits the Village of Hope, an orphanage for 200 children in Da Nang. From left, the adults are Tam Hoang; Chuck Feeney; his wife, Helga; Bob Matousek (holding young girl); Chuck's daughter, Diane; and Dr. Walter Bortz, medical professor at Stanford University.

For example, through EMWF, Feeney was introduced to the newly formed Carpentier Institute, a clinic in Ho Chi Minh City that offers cardiac care to poor Vietnamese children. A large grant soon followed to pay for additional equipment to help the Institute serve more children.

Further support helped East Meets West take on significantly larger projects to construct major new buildings at universities and medical centers. As time went on, the first exploratory grant to EMWF became the beginning of a stream of Atlantic investments in the country that ultimately would balloon into a total of \$382 million, spread across 297 grants to almost 100 organizations.

**“Chuck would walk through run-down hospitals and schools and say, ‘I think we can renovate this and rebuild that.’”**

Robert Matousek, longtime colleague and first Viet Nam scout for Atlantic

MAIN APPEAL  
OF INDIVIDUAL  
PROJECTS

- Urgent need
- Improved lives
- Leaders with vision and drive
- Big impact for modest cost

The relationship did not all start smoothly, however. Feeney’s insistence on being an anonymous donor—recipients were not permitted to disclose the source of their grants—sometimes provoked anxieties, particularly in societies wary of foreign influence. EMWF staff, like many other grantees, wondered about this stranger who took such an interest in their small organization.

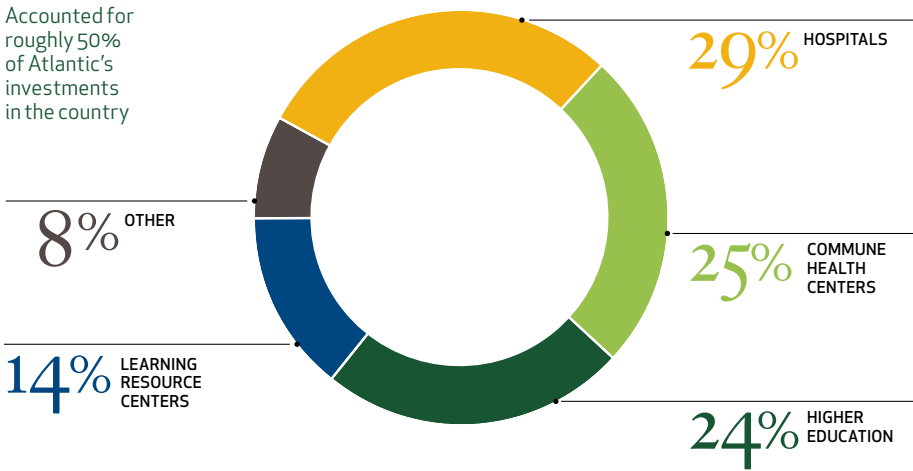
Mark Conroy, then EMWF director in Viet Nam, recalls thinking, “If you continue to be secretive like that, then we really won’t know what you’re doing or why you’re doing it. That’s not really going to work.”

Similarly, an official at the RMIT University Vietnam, a future grantee of Atlantic, said the school’s application for accreditation dragged on longer than normal because of suspicion from Australian authorities. They wondered if the philanthropic secrecy underpinned money laundering or other questionable activity. When Atlantic dropped its anonymity beginning in 2002, it became easier for projects to get off the ground with less mystery and fewer suspicions.

At first, Feeney’s entrepreneurial eye led him to a variety of individual projects whose main appeal was a combination of three factors: (a) an urgent need, especially for more modern or better-designed and -equipped facilities; (b) the

## CAPITAL PROJECTS

Accounted for roughly 50% of Atlantic's investments in the country



99 grants | \$193.2 million in total

\$56.7 million for hospitals | \$48.6 million for commune health centers

opportunity to supply the need at relatively modest cost, with the likelihood of exceptional social benefit as a result; and (c) a sponsoring institution whose leaders had the vision and drive to make the most of Atlantic's support.

"Chuck realized Viet Nam was the greatest bang for the buck," Matousek told Feeney's biographer many years later. "He would walk through run-down hospitals and schools and say, 'I think we can renovate this and rebuild that.'"

At this stage, Atlantic made grants in Viet Nam with a sense of opportunity, based more on the particular merits of each transaction and less on any overarching program or strategy for the country as a whole.

For example, during his first trip to Viet Nam, on the advice of Matousek, Feeney made a stop in Da Nang, central Viet Nam, to tour a hospital. It was a condemned building that nonetheless continued to function, where the wood was rotting and capacity was so strained that patients coming in

Atlantic's social value judgments were at least as much about human lives as about strategic potential.

from the countryside slept on the floor. Feeney found similar conditions in nearby Hue Central Hospital, not far from the Demilitarized Zone of the 1960s and 1970s, and met its then vice-director, Dr. Bui Duc Phu.

Describing Viet Nam's struggling Central Region, Phu explained, "Our region has typhoons and droughts, the worst of the war, the worst of the developing economy [of Viet Nam]. No industry, no agricultural base."

Recalling that first encounter years later, Phu says, "We faced myriad difficulties, but Mr. Chuck saw potential in Central Region cities like Hue and Da Nang."

Beyond the potential value of these projects, their relatively low cost and the skill of their leaders was a fourth factor, never far from the surface of Feeney's thinking: the lives that could be improved, enriched and often saved. Dr. Le Nhan Phuong, Atlantic's former country director for Viet Nam, points out that the choice of projects was never just a cerebral calculation.

**The major capital investments in Da Nang and Hue served as an "entry ticket" with government and were the beginning of mutual trust among leaders, which deepened over time.**

MASS Design Group, Purpose Built case study "Viet Nam Health Care System," 2017

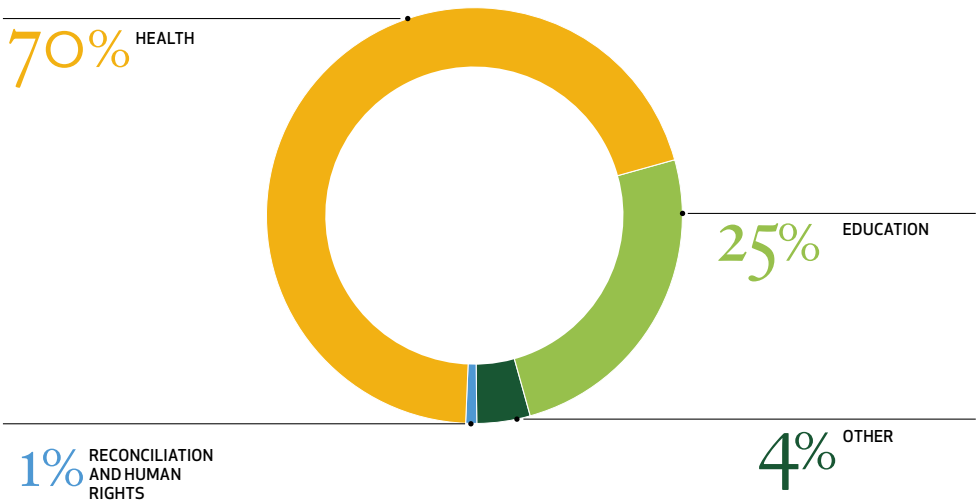
"It wasn't just in Chuck's mind," Phuong says about the early calculus of grantmaking in Viet Nam, "it was in his heart. You could see it in his eyes when he first saw children who'd been taken to the hospital in Da Nang with injuries from mines" left over from the war years. Judgments about social value from Atlantic's philanthropic investments were at least as much about human lives as about strategic potential.

What happened in the early encounters with Phu at Hue Central Hospital would become emblematic of Feeney's approach to Viet Nam and the reactions he elicited from its leaders and reformers. Time after time, he spotted



Overcrowding in the early 2000s at Da Nang General Hospital often left patients on pallets in hallways waiting for treatment.

FUNDING BY FIELD



a need, encountered a gifted leader who inspired his confidence, and sought guidance from that leader on the best ways to meet the need and create lasting value.

In Hue, he asked Phu what the hospital needed and was told the 50-year-old pediatrics building was falling apart. Phu was stunned by the ease with which this newcomer offered to fund renovations. That same confident generosity re-emerged when Phu, who is a renowned thoracic surgeon in Viet Nam, asked for a cardiovascular center. It appeared again when he said the hospital needed a site for medical training and ophthalmology, and many more times across Atlantic’s wide-ranging endeavors in Viet Nam.

The actions reflected Feeney’s style of seeking out untapped promise in people and places, finding the most enterprising local talent, trusting those leaders to execute a mission, and supporting them with the physical and other infrastructure necessary to push their work forward.



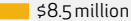
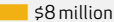
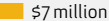
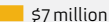
USING PHILANTHROPY TO FILL GAPS FROM DEVASTATING WAR

Viet Nam does not want to be remembered in America merely as a war, though the decades of conflict that ended in 1975 did bring the country a lot of lingering attention and support from international donor organizations, eventually including The Atlantic Philanthropies.

Chuck Feeney was not a part of his country’s involvement in the Viet Nam War, which Vietnamese call the American War. But like many Americans, he did not think the consequences visited upon Viet Nam during and after the fighting were fair, and he felt compelled to do something.

It was fitting, then, that his initial foray into Vietnamese philanthropy should come by way of an organization founded by Le Ly Hayslip, the subject of Oliver Stone’s Viet Nam war film *Heaven & Earth*. Along with many other early aid organizations, East Meets West Foundation (which became Reach Vietnam and is now Thrive Networks) drew considerable support from U.S. veterans, including its director in Viet Nam, Mark Conroy.

TOP FIVE GRANTEES\*

East Meets West Foundation / Reach Vietnam	 \$105.6 million
Royal Melbourne Institute of Technology / RMIT University Vietnam	 \$42.2 million
Thua Thien Hue Provincial Health Department	 \$8.5 million
Thai Nguyen Provincial Health Department	 \$8 million
Ca Mau Provincial Health Department**	 \$7 million
Vinh Long Provincial Health Department**	 \$7 million

“Chuck made it clear that he felt Viet Nam got a bad deal from our country following the war,” Conroy says of his earliest meetings with Feeney. “He wanted to see how he could help.”

The “bad deal” and its repercussions—including the U.S. embargo, which did not end until 1994, and Viet Nam’s ensuing isolation—left a chronic need for government and international donors to focus on the areas ravaged worst by war. Helping to tend to the greatest of these needs, focusing on the

\*In some cases, the grant amounts include funds for the benefit of other organizations in Viet Nam. For example, East Meets West Foundation managed construction projects for most grantees in the country, and RMIT helped develop Learning Resource Centers at four other universities.  
\*\* Ca Mau and Vinh Long Provincial Health Departments tied for fifth place.



Local women await their turn to meet with the doctor and nurses at a commune health center in Khanh Hoa Province.

poorest parts of the country and the least-effective public services, struck Feeney as a moral obligation. “We owe it to the Vietnamese,” Feeney later told his biographer, “after the way we treated them.”

As for public services, it is perhaps most remarkable how dramatically health care has changed since the war and its immediate aftermath. For decades, Viet Nam had an effective network of community-supported primary care clinics, funded by communal cooperatives. Then came the postwar *Doi Moi* period—the name given to the economic reforms initiated in 1986 to create a socialist-oriented market economy (resembling *perestroika* in the Soviet Union, because of its land reform and push toward privatization).

*Doi Moi* brought an end to the communal cooperatives, and thus to the main source of funding for the clinic system. From then on, support for local primary care had to come from the government, but it lacked the resources to meet changing health care needs. The commune health centers—so key to the well-being of rural Vietnamese especially—were left to languish.

*Doi Moi* roughly translates as “change and renovation.”

The mental health facilities at Da Nang General Hospital were for adults only until Atlantic. The modern facility, which is the largest in the country, houses 40 beds and routinely also treats children suffering from epilepsy, stress disorders, ADD and mental retardation.

“Chuck Feeney in Viet Nam with EMWF,” John Conroy, 2017

This offered an important entry point for Atlantic to adopt, over time, a more strategic, long-range approach to Viet Nam’s health care system—eventually with the goal of reforming the delivery of primary care nationwide.

The fields of public health and disease and injury prevention, other essential elements in a country’s approach to general well-being, were rudimentary in Viet Nam. Its few practitioners had relatively low professional status and limited opportunity for training and professional development. Consequently,

Atlantic helped solidify public health and establish the field of social work as a profession.

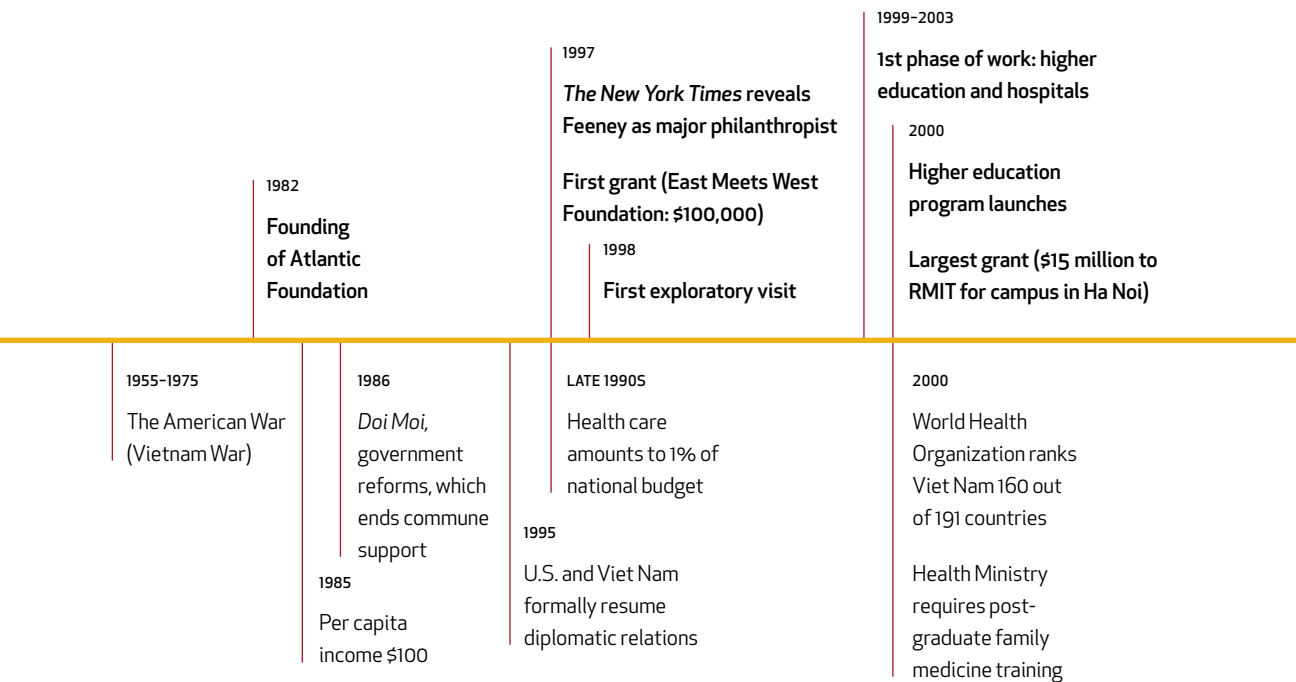
Atlantic funded the establishment of the Vietnam Public Health Association and provided early core support, in addition to years of support for the Ha Noi School of Public Health.

The country’s leaders aspired to provide universal education and health care as basic pillars of its government. One might think that the same might have been said of social work, given its importance in the lives of society’s most vulnerable people. Yet as Atlantic gradually expanded its work in Viet Nam, from universities and hospitals into other aspects of health and well-being, it found, surprisingly, that there was little awareness of social work, especially as a profession.

Social workers help address the needs of ordinary Vietnamese dealing with, among other things, the abuse of drugs and alcohol, prostitution, HIV—stresses that beset a society in a period of economic development. Yet their work was not generally regarded as a rights-based part of Viet Nam’s

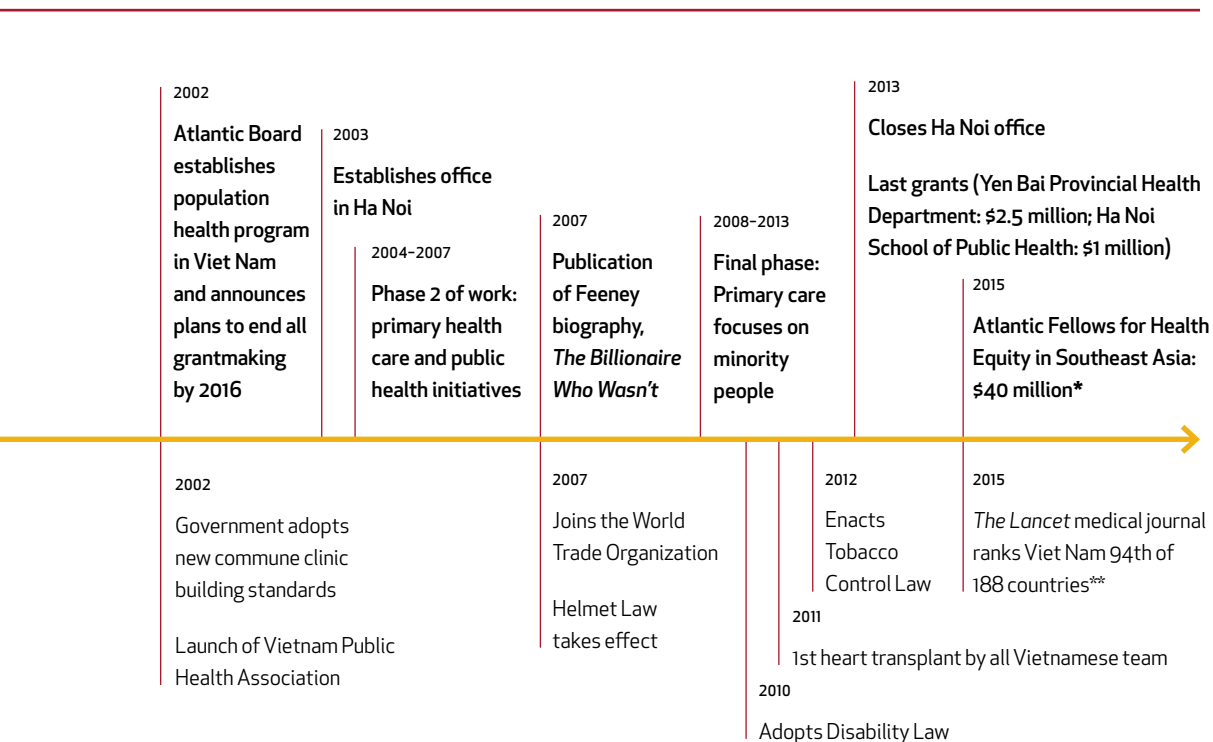
## Atlantic in Viet Nam

1997–2015



core human-service systems; it was viewed more as a branch of charity. Among Atlantic's later grants in Viet Nam, therefore, several were aimed at cultivating a stronger field of social work and raising the professional stature of social workers.

A properly functioning public health and health care system also requires attention to mental health issues, so eventually Atlantic also funded several mental well-being projects, including one endorsed by the prime minister. Perhaps most appropriate to the pursuit of mental health challenges such as post-traumatic stress, Atlantic's partners included the Vietnam Veterans of America Foundation. The veterans tested a model of simple procedures and tools to enable health personnel at the grassroots level to identify, diagnose and treat common mental illnesses with both psychological therapy and medication. Some of the training happened in Da Nang, given that Viet Nam's disadvantaged, underdog Central Region had become an important Atlantic focus.



\*The grant for Atlantic Fellows for Health Equity in Southeast Asia is not counted in the \$381.6 million total for Viet Nam because the program covers 10 countries.

\*\* [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(16\)31467-2.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31467-2.pdf)

## BRINGING A NETWORK OF ALLIES TO VIET NAM

**V**iet Nam was just one of eight regions in the world where Atlantic concentrated its funding. So to understand the work done in this Southeast Asian nation, it helps to know also the larger context of Atlantic around the world, as well as its origin story.

Chuck Feeney and The Atlantic Philanthropies had a hand in such historic moments as the Belfast Agreement that brought peace to Northern Ireland, and the implementation of the new constitution in South Africa after apartheid. But before all of this, there was Chuck Feeney, the wealthy entrepreneur later dubbed by Bill Gates as “one of the great philanthropists of our age.”

Feeney’s graduation from Cornell University made him the first in his Irish-American family to earn a university degree, and education would remain a vital theme of his life’s work. At Cornell, he met Robert Miller, who would be his co-founder at Duty Free Shoppers, the global enterprise that earned him the billions to create the Atlantic Foundation.

Satisfaction for Feeney—who became legendary for flying coach and wearing \$10 watches and inexpensive Hawaiian shirts—was not to be found in his family’s multiple homes in Paris, Hong Kong and New York. In his 40s, Feeney became more and more uncomfortable with his lifestyle, and secretly worked with advisors to give away virtually all of his family’s wealth.

Instead, he drew satisfaction from finding unmet needs and undiscovered opportunities around the world, first in his businesses, and later as a philanthropist. In their more than three-decade lifespan, the foundations he established, which are collectively known as The Atlantic Philanthropies, invested a total of more than \$8 billion in more than 6,500 grants, spanning the fields of education, scientific research, health, aging, needs of disadvantaged children and youth, and human rights. In addition to Viet Nam, The Atlantic Philanthropies operated in the Republic of Ireland, Northern Ireland, Australia, South Africa, Bermuda, Cuba and the United States.

“I believe strongly in Giving While Living,” Feeney often says of his approach to philanthropy. “I see little reason to delay giving when so much good can be achieved through supporting worthwhile causes today.” The Atlantic Philanthropies honored that principle in full in 2016, Feeney’s 86th year, when they made their last grants, all coming from earnings from his businesses and representing virtually his entire personal fortune.

**\$8  
billion**

Atlantic  
invested  
worldwide

“What Chuck’s saying [to emerging philanthropists] is, you want to be engaged and participate, so don’t postpone it, because you don’t go on forever the way you might think,” Oechsli says, adding that Atlantic has this in mind as it closes out all of its projects. “Our goal is finishing strong. His prescription: ‘Do what you can before you leave this planet to leave it a better place with better prospects for those who come after. That is the message to all of us, particularly those who have wealth.’”

Feeney went to great lengths to introduce leaders of grantee organizations to one another and to encourage them to collaborate and learn together.

Atlantic’s grants contributed to causes such as a law to let rural women own property in South Africa; the development of a robust system of research universities in Ireland, Northern Ireland and Australia; and a Human Rights Amendment Act that outlawed discrimination based on sexual orientation in Bermuda. In the United States, the foundation’s grants supported massive expansions in research and teaching capacity at major universities, helped 22 million children and adults gain access to health care, and worked to end the death penalty for juveniles and adults at both the state and federal levels. Atlantic grantmakers had to do their own homework to find the leaders and organizations they wanted as partners, because Atlantic’s anonymity for 15 years precluded anyone from applying for grants.

Every successful project bore fertile seeds that would help germinate the next one.

In addition to Feeney’s belief that philanthropy can have immediate and lasting impact, he also believed that every successful project bore fertile seeds that would help germinate the next one. Accordingly, he went to great lengths to introduce leaders of his grantee organizations to one another and to encourage them to collaborate and learn together.

As Viet Nam was one of the later target countries, it benefited greatly from this kind of cross-pollination, with the experience of earlier grantees contributing ideas and expertise to many Vietnamese organizations and leaders. The work in Ireland made it easier to form the Ireland–Vietnam Blood-Borne Virus Initiative, for instance; and the ties to Australia made it a good candidate for collaboration and for receiving hundreds of Vietnamese students and medical trainees.

One observer says: “Australia was a model in the Pacific for Viet Nam. The country’s proximity meant links could continue beyond the grant period.”

The foundation’s brokering of creative partnerships between Australian experts and Vietnamese initiatives continued throughout Atlantic’s time in Viet Nam, though it shifted focus over time, from educational reforms and rebuilding acute care hospitals to whole-system change in primary care and public health. Atlantic identified Australian health experts and institutions whose work was already aligned with the foundation’s objectives in Viet Nam, and also placed bets on entirely new projects.

“Australian efforts made in Viet Nam with Atlantic Philanthropies’ funding were incredibly successful, and many are widely applauded throughout Viet Nam.”

Pete Peterson, first postwar U.S. ambassador to Viet Nam

The foundation leveraged RMIT’s expertise to help four other universities by building Learning Resource Centers. Other examples include Atlantic grants to help the Menzies Institute for Medical Research build a surveillance system for noncommunicable diseases in Viet Nam; the University of Queensland to strengthen the country’s systems of health data collection; the University of Melbourne to help establish a National Taskforce for Mental Health System Development; and the Walter and Eliza Hall Institute of Medical Research to inform Vietnamese decision-makers of provincial behaviors and beliefs concerning malaria, hookworm and nutrition. In total, 11 Australian institutions received \$68 million for their work in Viet Nam.



Health workers from provinces throughout the country study at the National Institute of Hygiene and Epidemiology to bring advanced care back to their communities.



RMIT International's Ho Chi Minh City campus entrance is commonly known as "The Red Building."

## Viet Nam Partnerships with Australian Grantees

EXCERPTS FROM *THE ATLANTIC PHILANTHROPIES AUSTRALIA*, SAM GIBBS, 2017

**R**MIT had spent the late 1990s studying the Vietnamese education system with the objective of establishing a campus there, and the ink on its business plan for an international South Saigon project was barely dry when Chuck Feeney walked into the office of Vice-Chancellor and President Prof. David Beanland in 1999. The Atlantic Philanthropies were looking for ways to encourage the Vietnamese government in its ambitions for educational reform, Beanland says, and would provide the additional capital that the RMIT project required.

“The timing was magic,” he says.

From grants for university exchange scholarships to major funding for concrete and curricula, Atlantic’s Viet Nam strategy built project-management capacity on both sides of the equator.

Between 2000 and 2006, \$9 million of Atlantic funding enabled almost 300 Vietnamese students to complete coursework for master’s degrees and for PhDs at the University of Queensland (UQ).

But it was UQ’s partnership with the University of Da Nang in its English Language Institute that firmly planted its feet in Viet Nam, with a total of \$1.7 million in grants for building and operational costs.

“The Atlantic Philanthropies’ philosophy of developmental activity offshore is that we provide the know-how to then develop the know-how locally,” says inaugural Director Christine Bundesen at the Institute’s 2006 launch.

“The goal is to cultivate skills for capacity development of the individual, of the institution and of the profession. He [Feeney] wanted to build the capacity of the regions and nation of Viet Nam, while giving Australian institutions the opportunity to build their capacity in an international context,” adds Bundesen.

In over 10 years of operation, the English Language Institute has provided international standard English language training for students, teachers, teens and children across the region and administered internationally recognized English language testing as an accredited IELTS (International English Language Testing System) and Cambridge ESOL (English for Speakers of Other Languages) test administration center.

“In addition to research and scientific staff, we have financial and IT people who have contributed to capacity-building in Viet Nam and thereby enhanced their career satisfaction as a result of the Atlantic funding,” says Associate Professor Leigh Blizzard of the Menzies Institute for Medical Research in Hobart, Australia. “And in many cases, these people have built lifelong friendships with Vietnamese colleagues.”

“Many donors in international health focus on particular services or scientific projects. Atlantic supports people and connects them, and it’s rare to have the time to build relationships with international colleagues and students. Our PhD and master’s graduates from 10 years ago are now moving up to senior positions in Vietnamese government and training institutions,” says Professor Michael Dunne, at the Queensland University of Technology (QUT) School of Public Health and Social Work, who has been involved in Atlantic-funded public health capacity-building and curriculum design efforts in Viet Nam for a decade.

Atlantic’s QUT public health and nursing projects have united the university with health science centers in Ha Noi, Ho Chi Minh City, Hue and Can Tho. Links with the Ha Noi School of Public Health—at the forefront of Atlantic’s vision for systemwide population health impact in Viet Nam—are particularly enduring.

## EVOLUTION FROM OPPORTUNISTIC PROJECTS TO STRATEGIC PROGRAM

Once Chuck Feeney made Viet Nam a global priority for The Atlantic Philanthropies, his early visits to the Southeast Asian country, beginning in 1998, shaped how the foundation would approach its work there. Feeney saw, for example, the disrepair of public hospitals and the neglect of university libraries and other facilities in central Viet Nam, and thus the first stage of Atlantic's involvement centered on upgrading the facilities that were central to health services and education.

Learning Resource Centers are expanded models of university libraries. They incorporate open book stacks, computer and telecommunication centers, meeting and conference facilities, and language labs—facilities for student-initiated learning, teamwork and research.

For example, while in Da Nang on the first visit, Feeney and Oechsli paid a call on the city's university, where the two men saw an unfinished library building for which the university had run out of money, according to Oechsli.

"The idea of completing that building," Oechsli recalls, "became the first major grant that Atlantic made in Viet Nam." It was a classic Feeney project: an obvious problem, relatively inexpensive to solve, with potential benefits that could reach tens of thousands of students over many years. Best of all, it was a facility that needed a fresh design—something on which Feeney, with a retailer's knack for designing effective public spaces, had personal expertise to offer.

"It had an impractical design," Oechsli remembers. "Contemporary Vietnamese design at the time had a light well down the center of the building, which Chuck thought was a waste of space. He worked with the university leadership to completely redesign the building."

**Da Nang General Hospital is now part of the nation's top-tier medical institutions.**

The library provided the first step in what would become a \$20 million stream of investments in the University of Da Nang between 1998 and 2005, with virtually all of the construction overseen by East Meets West, and with curriculum and other support funded by Atlantic through universities in Australia, the United States, Ireland and elsewhere.

In the early days, Atlantic relied heavily on the East Meets West Foundation, which had been active in Viet Nam since the late 1980s, to oversee many construction projects. This collaboration saw funding flow to reconstruction and other improvements of such facilities as the National Hospital of Pediatrics, the Heart Institute in Ho Chi Minh City, Quang Tri General Hospital, Hue Central Hospital—contributing to the first heart transplant by a Vietnamese team—and Da Nang General Hospital, which, as a result, achieved a government upgrade to “Level One hospital,” placing it in the top tier of the nation’s health care institutions.

Feeney’s emphasis on health and education in this first phase was the result of a lifelong belief that these are two fundamental ingredients in a country’s success. Sometimes these two fields intersected, in universities and teaching hospitals that trained health professionals. Atlantic supported several organizations and programs to train medical talent, both for hospital care and later for local clinics. But Feeney was also interested in higher education more broadly; and, in those early years, Atlantic funded improvements in colleges and universities nearly everywhere it worked.

So in addition to the grants to the University of Da Nang, Atlantic higher education investments included support for universities in nearby Hue (\$8.3 million) and in the Mekong Delta city of Can Tho (roughly \$6.6 million) and in the northeastern province of Thai Nguyen (\$9.8 million).

One of Atlantic’s most visible and consequential grants for Vietnamese higher education was a series of grants, totaling \$24.6 million, to Royal Melbourne Institute of Technology to help establish Viet Nam’s first 100-percent foreign-owned university campus. It offered students the first internationally recognized university degrees. RMIT University, based in Ho Chi Minh City



Computers and open book stacks were major additions for students studying and conducting research at the Learning Resource Center at Hue University.

and now with a Ha Noi campus, offers a curriculum based on critical thinking and student involvement, a departure from traditional university education in Viet Nam, which emphasizes rote learning.

RMIT helped four other universities build LRCs, a higher level of library complete with open book stacks for easy access, computer labs, meeting places and community events.

**“Our Atlantic office needed to represent [both] the foundation to the people and the people to the foundation.”**

Dr. Le Nhan Phuong

“Back then, there was no well-developed global perspective being taught at public universities, or any significant information technology access to connect Vietnamese students to the rest of the world,” says Oechsli. “We were interested in supporting student-initiated learning, and thought, let’s make libraries an effective resource toward that goal.”

As Feeney’s global travels increasingly took him elsewhere, and his direct personal involvement in Viet Nam consequently eased, a second stage of Atlantic’s work began to take shape after the turn of the millennium. By that time, Oechsli and other foundation staff had started weaving a more systemic, longer-range program to connect Feeney’s early opportunity-oriented grants into a more sustained approach to the country’s health and well-being.

At this point, Atlantic’s efforts began to shift toward primary care and public health, nurturing leaders in government and the health professions who would have a direct role in building a stronger, more effective and more equitable health care system. This phase of work included, for example, prolonged efforts to buttress the Ha Noi School of Public Health, to establish the Vietnam Public Health Association, and to promote social work as a profession.



In 2002, Professor Phan Quang Xung (left), president of the University of Da Nang, and Chuck Feeney visited with students in their new dormitory on campus.

For this kind of sustained mission, it was no longer possible for Atlantic officials to simply continue visiting the country periodically. To maintain the kinds of partnerships with local leaders that would be essential for success, this second stage of work needed full-time staff on the ground. Luckily, among the networks of influential people visiting Viet Nam at Feeney's invitation in these years was the noted Stanford medical professor Dr. Walter Bortz, who called together a group of the country's public health experts to explore what Atlantic might do to help them advance their field.

Among those attending was the U.S. embassy's health attaché, Michael Linnan, and Dr. Le Nhan Phuong, a Vietnamese-American pediatrician working as a Rockefeller Development Fellow at the Ha Noi School of Public Health. The meeting was the beginning of a professional courtship in which Phuong became a consultant and was eventually recruited as the foundation's first full-time program officer, based in Ha Noi. In 2003, Phuong assembled what would become an eight-person team leading Atlantic's grantmaking for the second and third stages of its work.

**As a result of a Pathfinders International reproductive health program, medical personnel from remote areas took primary care training designed for minorities, then returned home to practice.**

The third period—less a change in direction than a sharpening of focus—involved a concentration on marginalized groups and communities. Viet Nam's relative homogeneity is one of the key traits that has kept it a unified, stable country in a region filled with unpredictable governments. But a side effect of that stabilizing influence has been a tendency for ethnic minorities to be relegated to the margins of society and of its systems of public service.

Of Viet Nam's 96 million people, 86 percent are ethnic Kinh, and the remaining 14 percent comprise 53 minority groups who live mainly in mountainous and rural areas. These communities rank lower than the majority population on every indicator of social well-being, from health to income to literacy.

# Atlantic's Stages of Work in Viet Nam

## OPPORTUNITY PHASE (1998–2003) HIGHER EDUCATION AND HOSPITALS

- Rebuilt and expanded acute-care hospitals in Da Nang and Hue
- Established RMIT University Vietnam, country's first 100% foreign-owned education institution
- Created first modern university Learning Resource Centers

## EXPERIMENTAL PHASE (2004–2007) PRIMARY CARE, PUBLIC HEALTH STRATEGIC SYSTEM

- Hired Vietnamese staff for Atlantic office in Ha Noi
- Developed pilot models of communal health clinics in 2 provinces
- Started developing field of public health
- Promoted injury prevention and tobacco free laws
- Improved health services for maternal and infant care, reproductive health, and vision and hearing care

## EXPANSION AND CONSOLIDATION PHASE (2010–2013)

- Developed health models for poor, remote ethnic minority communities
- Expanded CHCs to 6 remote provinces
- Cultivated strong field of social work
- Deepened focus on public and mental health support

Source: "First, Treat the System," Tony Proscio, 2011

To enable these communities to ultimately help themselves, Atlantic approved a \$4.5 million grant to Pathfinder International, a reproductive health organization, to carry out the pilot Medical Education for Ethnic Minorities project from 2009 to 2013. The idea was that health personnel in minority areas would be selected from the community, trained in primary care designed for minorities, then return home to practice. Participants learned about disease patterns, health behaviors and practices, medical vocabulary and communication, all as it related to the health of minority people.

14%

minority population of Viet Nam who live in poverty with low access to health care and education

9  
million

people served  
by commune  
health centers  
in 8 provinces

Other marginalized groups featured in this phase of grantmaking, such as people dealing with mental or physical disabilities, domestic violence, or issues related to aging. Atlantic aimed to address these through a mix of newly empowered social workers, commune health centers and self-help groups. As more and more health professionals were trained in the respective areas of need and deployed throughout the country, official awareness began to rise, and support for their work has expanded steadily.

In keeping with Feeney's philosophy of Giving While Living, Atlantic ended its program work in 2013 in three countries, including closing its office in Ha Noi, which spanned parts of three dynamic decades of Viet Nam's development.

### FUNDING FUTURE LEADERS IN HEALTH EQUITY

500

socially conscious  
leaders from 10  
Southeast Asian  
countries

In 2015, the foundation made a final \$40 million grant to create a new program called Atlantic Fellows for Health Equity in Southeast Asia, based at The Equity Initiative, intended to carry on and broaden the foundation's efforts to bring more effective policies and care to disadvantaged communities—now extending across Southeast Asia. The 20-year program will offer training, mentoring and networking to change mindsets and perspectives for a total of 500 socially conscious, innovative leaders in the 10 member countries of the Association of Southeast Asian Nations, plus the Chinese provinces of Yunnan and Guangxi.

Its goal is to build a thriving and sustainable network of professionals from multiple sectors and disciplines, to create a community of practitioners committed to pursuing social justice in health. These leaders will work to reform health policy and systems, tackle social determinants, and address health inequities within and beyond national boundaries.

The China Medical Board is a partner with Atlantic in funding and administering the fellowships, which are linked with the global, interconnected set of six Atlantic Fellows programs to advance fairer, healthier, more inclusive societies.

## 2016 ATLANTIC FELLOWS REFLECT ON THEIR EXPERIENCES

---

The first class of the Atlantic Fellows for Health Equity in Southeast Asia offered insights from their year as Fellows with Atlantic's Board in early 2017.

One Fellow who shared reflections at the meeting is Natalie Phaholyothin, associate director at the Rockefeller Foundation managing the Transforming Health Systems Initiative in Asia from its Bangkok office. She views both the classroom and experiential learning as critical components of the program. They gave her a framework so she could put a name to issues. "The peer-to-peer learning was equally important," she says. "It required opening my mindset... and gave me new insights about equity, culture and how to approach challenges."

Learning how leaders can adapt and change their environment and how to encourage others were key takeaways for Atlantic Fellow Dr. Liu Chenhui. She is the co-founder and chief operating officer of Apricot Forest, Inc., a leading mobile health startup in China used by more than a quarter of Chinese doctors.

Chenhui says, "The training also focuses on how individuals can empower each other versus simply on management skills." The Fellows work provoked her to think differently and pay more attention to equity. Very little of her previous understanding related to fairness and policy. She says she learned to look at "health from an equity perspective."

In terms of how to continue the relationships with her class of Fellows over the long term, Chenhui says the Fellows need a shared vision, but not necessarily a shared mission. Phaholyothin believes that, within this cohort, there will be a natural clustering of collaboration around roles and functions; and the Fellows are finding ways to connect and feel like a community.

Dr. Hoang Van Minh reports that the three Fellows in Viet Nam are working closely together on a project, "Livelihood, health status and access to health services among waste collectors in Ha Noi capital, Viet Nam." Van Minh plans to work with other Fellows to produce annual regional reports on health equity in Southeast Asia. He is vice-rector of the Ha Noi University of Public Health, where he specializes in health economics, biostatistics and research methodology.

Dr. Jeremy Lim, partner of the global management consulting firm Oliver Wyman, where he leads its health and life sciences practice across the Asia Pacific Region from Singapore, says: "Advocacy and change-making are hard and lonely work at times. The fellowship program reinforced the notion that I am not alone and can return to and draw on a community of Fellows."

For the Fellows, the challenge is clear — to keep shining a light on inequality and find ways to reduce it.

PROGRAM IN FOCUS

## Part 1: Higher Education

**M**ost Vietnamese schools have photographs of founding father Ho Chi Minh with students, and banners reading, “Study and follow the example of Uncle Ho,” himself an accomplished learner. There are very few things that Vietnamese people value more than education, which is the object of most household savings.

Students are star performers on international tests, far outranking countries with similar levels of GDP per capita and often beating American counterparts in math and science. Yet having access to quality education at all levels is a perennial worry among Vietnamese families.

Prime Minister Phan Van Khai told RMIT administrators he wanted the university to be a role model for its peers.

58%

of grants  
in the first  
6 years  
supported  
higher  
education.

Atlantic tried to fill some of these gaps across many levels, including early funding to expand rural kindergartens, train minority groups in provincial-level medical vocational schools, give university students access to advanced Learning Resource Centers and equip six universities with everything from dormitories to recreation facilities to computers. They also sent librarians to the United States and elsewhere for their studies, and translated the Dewey Decimal System—the most widely used library classification system in the world—into Vietnamese.

Part of a Pathfinder International grant mentioned earlier helped schools like Thai Nguyen and Tay Nguyen Universities draw students from some of Viet Nam’s most disadvantaged and marginalized groups into higher education. Each campus established an Office for Ethnic Minority Affairs, responsible for working with other participating schools to recruit students



In addition to academic buildings and dormitories, Atlantic supported athletic centers to give students the best possible experience. The RMIT indoor soccer team practices at the Sports Hall of the Recreation and Events complex.



Learning Resource Centers are invaluable for medical students, who use computer labs to make sure their information is up to date.

from minority areas and guide them through their studies, which often focus on agriculture, forestry, teacher education and health care. Investing in these students helped to narrow the divide separating them from the majority Kinh population, after a long history of cultural, language, geographic, political and other barriers.

RMIT University Vietnam was a key Atlantic partner in helping to create and expand learning opportunities previously unavailable to most Vietnamese students. RMIT opened in 2001 with 40 students and today has more than 8,000 students across both its Ho Chi Minh City and Ha Noi campuses. A progressive university that offers traditional and online learning, RMIT Vietnam became the first higher education institute where Vietnamese students could study for internationally recognized degrees.

“Even though we have some engagement activities and there’s some sharing of teaching practices, we’re still more stand-alone. In that respect, we probably need to have more open days, opening experiences to Vietnamese teaching staffs.”

Pham Cong Hiep, lecturer at RMIT University Vietnam

Recent RMIT graduate Lieu Hieu Hue recalls how the Socratic method of teaching challenged her, as did a practical assignment in which she had to interview an entrepreneur.

“We came up with the entire list of questions and then we expanded more on that during the talk with that person,” says Hue, who earned a bachelor of commerce degree. “We had to report about what we learned... and how that person [and] the discussion affected our thinking about entrepreneurs and startups.”

This kind of independent inquiry, requiring students to take initiative rather than just notes, was rare in Viet Nam, and few professors understood the method or could use it well. Vietnamese colleges have been criticized for the lack of practical learning and critical thinking, as well as for the illicit but widespread practice of students paying professors for good grades.

RMIT therefore offered Viet Nam more than just a new university with an international reputation. It offered a new model of teaching and learning, which the government welcomed and Atlantic helped to establish.

ATLANTIC SUPPORT OF VIET NAM UNIVERSITIES\*

University of Da Nang	\$20 million
Hue University	\$8.3 million
Can Tho University	\$6.6 million
Thai Nguyen University	\$9.8 million
Ha Noi University of Foreign Studies	\$1.7 million
RMIT Vietnam	\$24.6 million

One way for the quality of RMIT to spread across higher education is to increase interaction among faculty, says Pham Cong Hiep, a lecturer in business information systems at RMIT. He wants his school to do more outreach to its peers.

“Even though we have some engagement activities here and there’s some sharing of teaching practices,” he says, “we’re still more stand-alone. In that respect, we probably need to have more open days, opening experiences to Vietnamese teaching staffs.”

As a private university, RMIT remains too expensive for many students from poorer families, but by disseminating its methods and philosophy more broadly among the country’s other universities, it could end up benefiting far more students than it could ever have enrolled directly.

\*Amounts reflect what ultimately went to each university. In several cases, Atlantic made grants to the East Meets West Foundation/Reach Vietnam, RMIT, University of Queensland and University of Hawaii to provide construction and other resources for these universities.

# Viet Nam's Comparative Education Performance

## PISA\* 2015 SCIENCE RANKINGS

Source: OECD-PISA 2015 database

1	Singapore	6	China: Macao
2	Japan	7	Canada
3	Estonia	8	<b>Viet Nam</b>
4	Taiwan	9	China: Hong Kong
5	Finland	10	China: Beijing, Shanghai

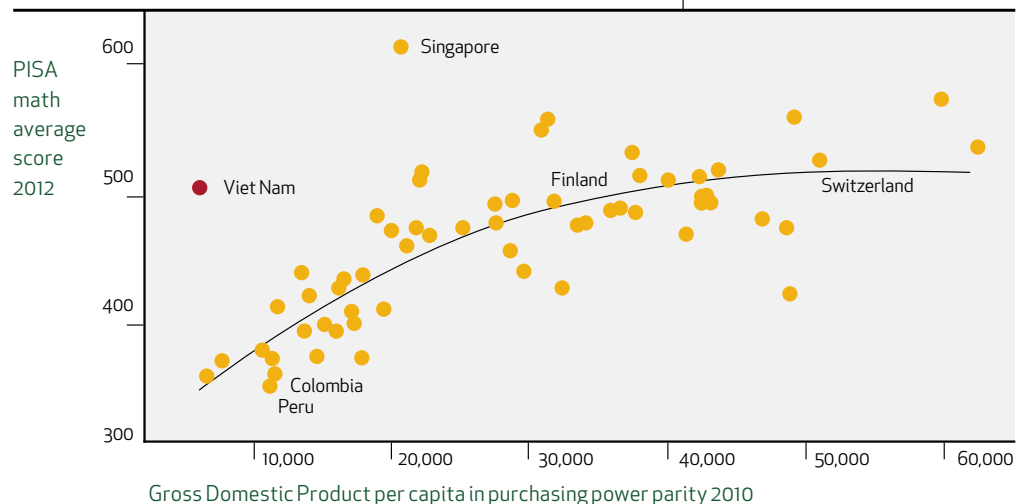
## LITERACY RATES

Source: [http://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=VN&year\\_high\\_desc=true](http://data.worldbank.org/indicator/SE.ADT.LITR.ZS?locations=VN&year_high_desc=true)

**95%** in Viet Nam    **85%** worldwide    **74%** average among Viet Nam's peers in lower middle income countries

## PISA\* 2012 RESULTS COMPARED WITH GDP PER CAPITA

Source: OECD-PISA 2012 database



\* The Organisation for Economic Co-operation and Development's (OECD) Programme for International Student Assessment (PISA) has been administered to a large group of 15-year-olds in 72 countries every three years since 2000.

# \$94 million

Atlantic's  
investment in  
Vietnamese  
education to  
move away from  
its traditional  
pedagogy of  
memorization

Inter-university collaboration has been occurring to a limited extent through the Atlantic-funded Learning Resource Centers; they share their expertise and best practices.

At the Learning Resource Center at Hue University, Director Le Duc Minh Phuong is working to bring home his experience from abroad. He was among a group of Vietnamese whom Atlantic sent to earn master's degrees at Simmons College Graduate School of Library and Information Science in Boston.

Phuong says the learning centers can draw Vietnamese students away from an obsessive concentration on rote learning and passing tests, and encourage them to take a more active and inquisitive part in their own education.

"In foreign countries, students' class attendance is just one portion" of their education, he says. "The main thing is, they will go to the library and research and do assignments on a regular basis. Training methods at foreign schools make a clear connection between the student and the library," by requiring students to carry out their own research, explore the literature of their field, and work together to discover and understand new sources of information.

Although Viet Nam's universities have been hampered by an overreliance on traditional pedagogy, the devotion to learning that is embedded in the national culture, together with the country's drive to be internationally competitive, suggests that newer methods will likely take root more quickly in the coming years. Atlantic's \$94.3 million investment in Vietnamese education was intended to help accelerate that trend.

PROGRAM IN FOCUS

## Part 2: Health Care

**H**ealth care and public health have been the arenas where Atlantic has been most deeply and consistently involved in Viet Nam, starting with the provision of medical services, and then growing to a holistic approach to the country's health system.

Even as the *Doi Moi* reforms brought modernization and efficiency to many aspects of the Vietnamese economy, they opened widening disparities between those who were succeeding in the new system and those left behind.

Health care was a prime example: With less government involvement in health care during the 1990s, most new medical facilities were cropping up in the private sector, creating a yawning gap between those who could afford these options and those too poor to buy private insurance.

**“Primary care in poor, remote and rural clinics was so meager that families traveled for hours or days to seek help in overcrowded district and provincial hospitals—often for illnesses that would have been routine or preventable if adequate primary care and public health information had been available nearer to home.”**

“First, Treat the System,” Tony Proscio, 2011

Atlantic's early investments included a total of \$8.5 million to upgrade Da Nang General Hospital's pediatric, intensive care and obstetrics/gynecology units, while outfitting the campus with burn, internal medicine and tropical disease departments, an emergency center, intensive care unit, waste treatment and a morgue. The support allowed the hospital to serve many more patients



An infant benefits from critical care resources at the National Hospital of Pediatrics.

without means, as well as to offer superior care with modern equipment and facilities. Atlantic's investments quickly spread to other hospitals, clinics and, later, to schools of public health and medicine.

By 2002, Atlantic began to recognize that better buildings and services in tertiary hospitals were a double-edged sword, attracting even more patients to already overcrowded facilities. Though many Vietnamese people received better care, the improvements were built on the still-shaky edifice that was Viet Nam's health care system. The foundation consequently trained its sights increasingly on preventive care, public health and improvements in health policy, as ways of addressing the general weaknesses endemic to the national system.

**Government has a financial stake in all these health care advances. Public officials are far more likely to embrace reform when they own it from the beginning, both figuratively and literally.**

This altered approach proceeded down several paths. One involved strengthening the public health sector, which focuses on the general health of whole populations. Atlantic grants helped Viet Nam's public health pioneers recruit, train and deploy a growing cadre of professionals, with leadership centered in the Vietnam Public Health Association and the Ha Noi School of Public Health.

Another branch of work helped reinvigorate the national web of commune health centers, which have the deepest reach into the communities and thus offered the best hope of preventing disease and treating routine conditions before they required a difficult and costly visit to a hospital. Instead of picking among the countless clinics, Atlantic sought out officials in the provincial health departments who were already committed to reform and had a clear vision of how to achieve it, but lacked the resources to get started.

**Preventive care is the best, most inexpensive medicine.**

100  
years

Time required  
for successful  
restoration  
of commune  
health centers  
in Khanh Hoa  
Province at the  
government's level  
of spending in  
1999.

MASS Design Group,  
Purpose Built case  
study, "Viet Nam Health  
Care System," 2017

Initially, Atlantic found government partners of this kind in Da Nang and Khanh Hoa and helped them develop models that mixed new or renovated buildings with upgraded equipment, staff training, service delivery and promotion of early and preventive care.

Success in these early ventures soon drew interest from reformers in other provinces, where the program was gradually replicated. With increasing attention from the national Health Ministry and a widening circle of health officials eager to adopt the new models, the chances grew ever greater that the reform might eventually reach all 63 provinces. In total, Atlantic partnered with government to build or renovate more than 940 commune health centers serving nine million people in eight provinces: Ca Mau, Dak Lak, Thua Thien Hue, Thai Nguyen, Vinh Long and Yen Bai, in addition to the pilot sites in Khanh Hoa and Da Nang.

MARIE STOPES INTERNATIONAL IN VIET NAM

1.5 million women received services  
in a 4-year period

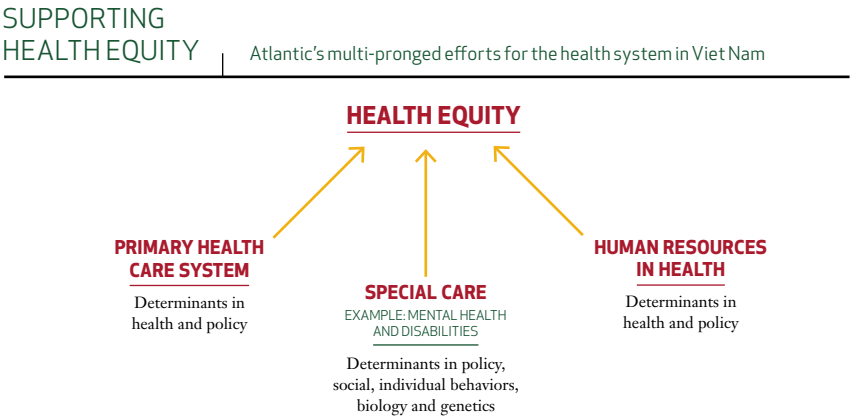
125 communes | 3 provinces | 2,000+ commune medical workers  
trained in reproductive health  
care and family planning

The health centers also became a front line for dealing with under-resourced fields like mental health and reproductive health. In the latter case, Atlantic provided three grants to Marie Stopes International (MSI) to improve the delivery and effectiveness of services in a comfortable setting and to help reduce taboos about sexual topics. MSI's work focuses on a client-centered approach that provides enhanced quality reproductive health services to commune level clinics, with people freshly trained to conduct exams for and treat gynecological diseases; perform abortions; apply intrauterine devices; and consult on motherhood, contraception and adolescence.



Parents seek treatment for their children at the National Hospital of Pediatrics.

In just four years of the MSI program, nearly 1.5 million people across 125 communes in three provinces received services. And more than 2,000 commune medical workers received training in reproductive health care and family planning.



Source: *Equity in Health: The Atlantic Philanthropies with disadvantaged populations in Viet Nam 2003-2016*, Trinh Huu Tuan

For mental health, national programs focused on schizophrenia and epilepsy while Atlantic focused on community-based mental health care. Beginning in 2008, Atlantic partnered with the Vietnam Veterans of America Foundation, which has worked in Da Nang and Khanh Hoa Provinces to bring in experts for training in depression identification, psychological therapy, medication, behavior activation therapy, relaxation and collaborative care delivered by the local health network. The idea is that top-level psychiatrists and psychologists are not always available in poor or remote areas, but Vietnamese patients can still receive help from specially trained physicians and health care workers within their own communities.

In all these lines of work, Atlantic was careful not to act on its own, but to forge partnerships and design solutions hand-in-hand with the public officials responsible for managing and improving health care. Not only did this approach avoid much of the official wariness and resistance that might otherwise have greeted an international donor, but it drew on the wisdom of people who best understood both their own communities and the government's complex system of funding and regulation, within which any reform would have to function.

By cultivating these relationships and helping Vietnamese reformers achieve their own visions, Atlantic contributed to more than just a handful of discrete improvements. It fueled a cadre of advocates and champions who would go on to promote those improvements throughout the system.

Atlantic sought out officials in the provincial health departments who were already committed to reform and had a clear vision of how to achieve it, but lacked the resources to get started.

The foundation–government partnership was financial as well as strategic. In most of Atlantic’s long-term efforts, the Vietnamese government co-funded major projects, in increasing amounts over time. In all, Atlantic’s \$269 million investment in Vietnamese health care drew an additional \$690 million from the government into the same lines of work, plus another \$45 million from other donors.

As a result, not only was the foundation able to seed more activity than it could have afforded on its own, but, more importantly, the government had a financial stake in the success of every project and could take credit for every success. Public officials are far more likely to embrace reform when they own it from the beginning, both figuratively and literally.

ATLANTIC INVESTMENT IN HEALTH CARE FACILITIES

	Total number of Vietnamese facilities	Atlantic-funded model facilities for replication throughout the country
National	31	4
Provincial	334	5
Commune	10,748	940+

## IMPACT

**F**or anyone who has lived in Viet Nam for a few years, it's easy to walk down the street and encounter the effects of Atlantic's presence here, whether it's the universities filled with medical and business students, or the expanded hospitals and renovated clinics, including 940 new or modernized commune health centers in eight provinces.

But few people know that Atlantic has actually been backstage for many of these accomplishments unless they worked directly with the foundation. Nor would they see the web of strategic relationships—including many hundreds of millions of dollars provided by government and private donors to match Atlantic's grants and participate in its programs—that lie behind the list of achievements. This is a chance to peek behind the curtain.

**In 2013, the government designated the family medicine training model adopted in Atlantic's program as the standard for health care workers at the community level.**

For example, Dr. Nguyen Trong Hau, former program executive in charge of primary health care for Atlantic, was especially proud of the foundation's impact on insurance schemes. Although the foundation did not set out to influence the insurance market directly, one of the ripple effects of its investments in commune health centers has been to forge a stronger connection between the centers and the national health insurance.

In the past, Hau explains, health insurers were parsimonious about covering patients who used the rundown local health centers. He says, "Because of the poor infrastructure, they thought that the local people didn't want to go to the community health center to seek health care service, so the insurers didn't want to pay" for the care available there.

## FUNDING COMMUNE HEALTH CENTERS

As of 2015, the Ministry of Health was still focused on acute care at the secondary and tertiary levels, rather than on primary care and disease prevention. According to one respondent, it was “setting budgets based on the number of inpatients, not on the number of outpatients.” As a result, commune

health centers “cannot rely on the budget from the national level for implementation.” International funders are bringing support to the health care system today; Atlantic’s experiences, partnerships, and contributions at the local, provincial and national levels inform their approaches.

Source: MASS Design Group, Purpose Build case study, “Viet Nam Health Care System,” 2017

But the clinics became an attractive option after Atlantic invested in improving their medical staff, facilities and equipment. Local officials also worked to persuade insurers, who ended up saving money when patients eschewed more expensive hospitals in favor of the clinics. “Now,” Hau says with a smile, “they love to pay, because first they can reduce the costs for health care service.”

Just as Atlantic was wrapping up its support for improved primary care and family medicine in Viet Nam, its efforts received an important endorsement. Beginning in 2013, the government designated the family medicine training model piloted in Atlantic’s program, as the standard for health care workers at the commune level. The World Bank then committed \$100 million for implementation of the strategy across the country.

“With respect to public health care, Atlantic certainly contributed significant resources to help stimulate the thinking and the development of the changes that go on, even to this day,” says Phuong.

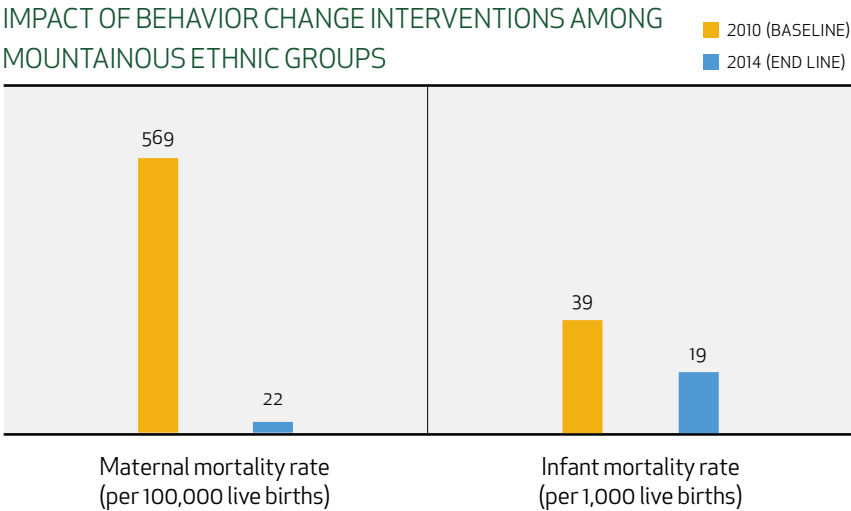
In improving primary care, he says: “It would’ve probably happened anyway, but with Atlantic, it accelerated the change.”

Atlantic supported improvements in maternal and infant mortality, reproductive health and family planning because of great need due to high incidence of mortality, particularly among mothers. There are many indicators of a better health environment. For example, in three provinces, Thua Thien Hue,

**\$100  
million**

committed by  
the World Bank  
to implement the  
family medicine  
strategy that  
Atlantic piloted

Thai Nguyen and Vinh Long, trainers helped set up newborn care units in local hospitals. Within two years, the rate of infant mortality in those provinces was cut in half, at least. In other areas, there was a 76 percent drop in maternal mortality.



Source: Center for Community Health Research and Development

A law requiring all motorbike riders to wear helmets is another legacy of Atlantic’s long engagement with public health in Viet Nam, although the foundation was mostly a backstage participant in the process. Such a law had first been enacted in 2001, but it was poorly enforced and widely ignored.

As Atlantic representatives began working with more and more hospitals around the country, one of the hardships they repeatedly encountered was the heartbreaking sight of trauma wards overwhelmed with patients suffering massive head injuries, most from accidents on motorbikes, which account for 95 percent of all registered vehicles in the country. The need for helmets was clearly a public health and public safety crisis of the first degree, yet the country seemed stymied in its efforts to respond.

## INJURY PREVENTION RESEARCH

One Atlantic-supported program at the Ha Noi School of Public Health, its Center for Injury Policy and Prevention Research (CIPPR), was becoming especially well-regarded at the time of the Social Science Research Council's report in 2007. The Center, SSRC noted, "is a good example of a program

that can bring the HSPH into the spotlight and help to raise its profile with the government, institutional peers and the public. The CIPPR is one of the programs that is already recognized internationally. There is absolutely nothing like it in Viet Nam and there will be great value in developing it further."

Source: "First, Treat the System," Tony Proscio, 2011

After eight years of research and advocacy by Atlantic grantees, including the Vietnam Public Health Association and the Asia Injury Prevention Foundation, the government issued a new, more vigorous law at the end of 2007, and compliance rates immediately exceeded 90 percent. Accident-related deaths decreased by 12 percent in the first year, and injuries were down 24 percent. The reductions have continued since then, with another 45 percent decline in injuries from traffic accidents between 2012 and 2015—a total of nearly 17,000 people, in just those years, spared the harmful effects of a crash.

Atlantic also supported the manufacture of attractive, lightweight helmets, which made complying with the law easier, more comfortable and more popular. It was a vivid, early victory for the growing field of public health—a demonstration of what public health professionals can contribute and how their contribution translates into thousands of lives saved every year.

45%	reduction in motorcycle accidents		17,000	people spared injuries from 2012 through 2015		500,000	tropical-weight helmets produced annually by Asia Injury Prevention Foundation
-----	-----------------------------------	--	--------	-----------------------------------------------	--	---------	--------------------------------------------------------------------------------

Another example of the ripple effects of Atlantic's investments is the growing influence of the RMIT University Vietnam, arguably the most prominent and visible of all of Atlantic's efforts in Vietnamese education.



In 2000, U.S. President Bill Clinton helped promote helmet use with students who had just received their new tropical-weight helmets made by the Asia Injury Prevention Foundation, an Atlantic grantee.

The university is now a preferred source of talent for employers, though its student body does not yet draw a large share from Viet Nam's poorer communities or ethnic minority groups. However, RMIT's example may well influence the quality of teaching and scholarship in many of the public universities that do reach such students. Phan Van Khai, the prime minister from 1997 to 2006, told the school administrators he wanted RMIT to be a role model for its peers in Viet Nam.

Besides supporting many universities and various medical schools, Atlantic also paid for five Learning Resource Centers nationally, seeding and cultivating a new kind of learning environment where students are encouraged to take active roles in their own education and lifelong learning.

"I don't ever believe that any single donor, or one single policy, or one single program can make all the needed changes," Phuong says of Atlantic's contributions to the country. However, "Viet Nam certainly needed somebody to come in to jump-start and give it a jolt."

## OBSERVATIONS

In the final section of this book, Atlantic representatives reflect on what can be learned from their work in Viet Nam: the good, the bad and the uncertain. The foundation came into the country with the hope that it could plant seeds for progress that would outlast its life. Similarly, Atlantic hopes that documenting this process will provide seeds for those venturing down their own philanthropic paths, in this country and elsewhere.

Among the things that went well in Viet Nam, many had to do with the scope of Atlantic's international networks and experience. By accumulating experience in several countries and several sectors, the foundation eased the "cross-pollination" of projects that might otherwise have seemed unconnected. Ideas like drawing matching funds and funding projects jointly with government germinated in Ireland, which received early Atlantic grants, and made their way to Viet Nam, Australia and South Africa.



A member of the Safe Fleet motorcycle taxi drivers offers assistance to another driver after participating in a first-aid and safe-driving program.

The large scale of its operations also gave Atlantic the luxury and leeway to think strategically about its approach. Funders often struggle to bring about changes that endure beyond the funder's involvement—either because the will to persevere is lacking or, quite often, simply because new funds can't be found to sustain the work. That risk is particularly pronounced in smaller projects, which may be more fragile and thinly capitalized, and may not readily attract the attention of other donors.

“We discuss with the provincial government first what they need to do and how to achieve it. We provide funding, and they put in some more funding. And they do things by themselves, for themselves.”

Dr. Nguyen Trong Hau, former Atlantic program executive

But with its resources, Atlantic could put depth before breadth. It could attract and leverage government support to projects so that public funding would continue after Atlantic departed. Its grantees could devote a lot of attention to all the needs of a single initiative, such as developing helmets that were attractive and appropriate in a tropical climate, supporting a public education campaign showing the benefits of wearing motorbike helmets and prompting the government to enforce the Helmet Law effectively, so that the impact would be widespread as well as enduring.

Lasting impact is impossible without entrusting resources to locals who have skills, vision and dedication. Atlantic made due diligence a priority, drawing out the leaders who were already working on Viet Nam's health and educational needs, and who would continue to do so long beyond the foundation's departure.

“Ultimately, it’s about influential people who will continue to have an impact on health systems, education systems,” says Oechsli, who started Atlantic’s program alongside Feeney and has been the foundation’s president and CEO since 2011. “You really are building that capacity, both institutionally and through the individuals, to sustain the effort.”

But the point, for Atlantic, is not simply to keep an NGO going forever so much as to keep its causes and achievements alive. “Our focus should be less on sustaining *all* the organizations we’ve supported than on sustaining their efforts and building the institutional capacity of long-term players and long-term champions,” he says.

A concrete way to apply long-term thinking is through matching funds, according to Hau. As in other countries, some grantees in Viet Nam were asked to foot as much of the cost of a project as Atlantic. He says this gave the local governments and organizations ownership over their programs.

“We discuss with the provincial government first what they need to do and how to get the achievement they want,” Hau says. “We provide funding, and they put in some more funding, and they do things by themselves, for themselves.”

“Our focus should be less on sustaining *all* the organizations we’ve supported and more on sustaining their efforts and building the institutional capacity of long-term players and long-term champions.”

Christopher G. Oechsli

It’s also important to remember the people who have *not* come on board. Phuong points out there are winners and losers even in the best of endeavors. The trick is to bring into the conversation people who may be disadvantaged by any changes the foundation is trying to effect—people or organizations that may have benefited from an unreformed system and feel disoriented by change—and help them find a place in the new order. Even those who are not opposed to change may yet be less than enthusiastic about its prospects.

Rather than trying to induce reluctant reformers, Atlantic preferred to find the most committed reformers first and to supply them with the financial, infrastructure and other support that would help them succeed. Over time, as early endeavors bore fruit, the number of people committed to reform grew.

Not all projects panned out. Due diligence might be imperfect, local conditions misunderstood, or leaders' influence impermanent or not what it seemed. Oechsli recalled a couple of investments that didn't reach their full potential because Atlantic lost oversight of the work and failed to consider the next steps after it curtailed its involvement. In some cases, the gifted leaders who had first drawn Atlantic to back a project moved on to other things, creating a leadership vacuum.

**“Changes happen because of a confluence of things—policy, economic development, who’s in power. ... Atlantic contributed to the changes, as one of many stakeholders in the picture.”**

Dr. Le Nhan Phuong

In other cases, a new idea may have needed more time to take root and grow than Atlantic had expected, and when the foundation shifted its attention elsewhere, progress began to let up. A key example, according to Oechsli, was the moment when Atlantic's global strategy moved away from higher education in 2002. This left some Learning Resource Centers still struggling to reach their potential at a time when new ways of using and managing libraries were just beginning to take hold in Viet Nam.

Diligence in recognizing opportunity and backing strong partners is essential; but persistence, vigilance and an ability to adapt when circumstances shift are just as important in the long run.

For the programs that are still going strong, the foundation devised a structure that put leaders at the center and allowed their influence to spread. On a geographic level, that literally meant that certain cities and towns were at the center of an investment because their leaders were committed to

making improvements, and the improvements they made were likely to be highly visible elsewhere, in other locales, and elsewhere in the government. On a personal level, Atlantic focused on those who could lead the charge and make use of a fertile environment when the right people, policies and conditions came together.

“Changes happen because of a confluence of things—policy, economic development, who’s in power, a whole host of things,” Phuong says. “When I say impact, I don’t ever say it is the result of an Atlantic program, but rather Atlantic contributed to the changes, as one of many stakeholders in the picture.”

### A VIEW FROM THE FRONT LINES

**T**he section that follows spotlights Vietnamese people and organizations benefiting from Atlantic funding and presents a few of their stories. Atlantic’s reach, however, was vast throughout the country, so it’s impossible to describe all the beneficiaries here.

Not featured, for instance, is the Ireland–Vietnam Blood-Borne Virus Initiative at the National Institute of Hygiene and Epidemiology, which studies emerging epidemics with suites for diagnostics and virology and immunology research. The center plays an important role because, as Phuong says, “Whatever the big epidemic is, whether SARS, HIV or swine flu, Viet Nam is somehow affected.”

There was not enough space to cover Da Nang Eye Hospital, General Hospital, or University of Technology, although this hub of central Viet Nam has become a role model for public services and administration, even acting as the 2017 host of the Asia-Pacific Economic Cooperation.

There were also the University of Medicine and Pharmacy in Hue, the medical high schools in Lam Dong and Tay Nguyen, and myriad other grant targets working to improve Vietnamese lives. The stories highlighted here are only a few deserving of attention, but they capture a diverse swath of the sectors Atlantic funded and the people it supported who turned charitable intention into impact.



---

Grantee Profiles

**Viet Nam**

An information management system specialist at the Hue University Learning Resource Center is one of the 25 Vietnamese who earned master's degrees in library science at Simmons College in Massachusetts, with funds from an Atlantic grant.



“The truth, is all the credit for this is yours. We have carried out our side, but that was the easy side. The real work was on your side. Atlantic is proud to be associated with high-quality people, doing what they say they will do.”

A commune  
health clinic  
doctor examines  
a young patient.

Chuck Feeney, to staff of Da Nang General Hospital

## Commune Health Centers

CA MAU, DAK LAK, DA NANG, KHANH HOA, THAI NGUYEN,  
THUA THIEN HUE, VINH LONG AND YEN BAI

**W**hen Nguyen Thi Lung went into labor with her third child, she thought she had time to cook some food before heading to the city to be cared for by a doctor. But then the pain shot through her so suddenly, she ended up staying home to give birth.

“At that time, there was no doctor in our village,” says Lung, 56, who lives just outside Hue. “Usually if someone knew how to cut the umbilical cord, they cut it. There was no knife, no scissor, nothing, just a sickle. So that was used to do the cutting.”

Commune health centers are crucial to containing the spread of disease. Like so many blood cells, these community clinics are vital to Viet Nam’s well-being because they are so close to most Vietnamese people.

That was in the 1980s, when home births were more common in Viet Nam because the structure of the health care system made timing a crucial factor. Two-thirds of the population lived in the countryside and far from city hospitals. Pregnant women preferred the urban facilities over the closer commune health centers (CHCs), but sometimes could not make it in time to give birth.

Atlantic’s grants aimed to mitigate a long-standing imbalance: improving the local health centers to attract patients and thus shift the burden away from overcrowded urban hospitals.

30%–  
200%

increase in use  
of services at  
CHCs in the eight  
provinces that  
have new facilities

MASS Design Group,  
Purpose Built case  
study, “Viet Nam Health  
Care System,” 2017

## CHC INFRASTRUCTURE ASSESSMENT IN 2005

The Population Council, an international health research nonprofit, conducted a study of 40 commune health centers in the Da Nang and Khanh Hoa Provinces during 2005. Funded by Atlantic, the study revealed that none of the CHCs in this sample met the Viet Nam Ministry of Health's national standards. Important shortcomings involved staff, equipment, medicine and facilities.

Although the number of staff was sufficient for some CHCs, interviews indicated that additional, qualified staff members were needed. Interviews with staff revealed that balancing the requirements of multiple national health programs was onerous and limited their ability to provide quality care. Only 25 percent of the sample CHCs had the minimum level of equipment set by national standards.

Source: MASS Design Group, Purpose Built case study, "Viet Nam Health Care System," 2017

The health care system matches Viet Nam's structure of governance, with the Health Ministry responsible for a few top hospitals, followed by cities and provinces at the next level, and then districts after that. At the bottom are the communes, which control smaller health centers.

With an injection of funds from Atlantic from 2004 to 2014, local governments in Khanh Hoa and Da Nang overhauled their commune health centers. They ensured that each clinic had a doctor on duty, added at least one floor as protection from the tropical country's all-too-common flooding and introduced a slew of equipment: ultrasound and EKG machines, urine analyzers, microscopes and chemical spraying devices to prevent diseases.

In all, Atlantic provided grants to build or restore more than 940 commune health centers in eight provinces that serve nine million people. In partnership with government, Atlantic funded similar work in Thua Thien Hue,

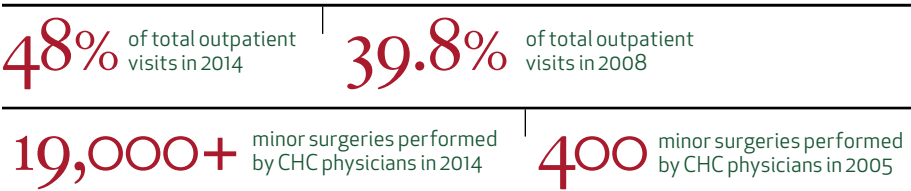


Dr. Nguyen Nam Hung, director of the Hue Health Department, focuses on preventive care to protect the people of his province from widespread outbreaks of flu and other infectious diseases.

Vinh Long and Thai Nguyen, beginning in 2007; and the final three provinces—Ca Mau, Dak Lak and Yen Bai—were in rugged, remote areas that are home to minority tribes.

“We supervised well, we have provincial preventive medical centers with district teams; and, at the health centers, there are people on standby for preventive health services,” says Dr. Nguyen Nam Hung, director of the Hue Health Department. “So in this recent period, there has been no outbreak of an epidemic—and that is really important for us to manage.”

HUE CHCs' ADVANCES 2005-2014



The commune health centers are crucial to containing the spread of disease. Like so many blood cells, the clinics are vital to Viet Nam’s well-being because they are so numerous and so close to most Vietnamese people as the first point of contact for medical issues. After Atlantic’s investment, the centers became more effective.

In Hue, for instance, they handled 48 percent of total outpatient visits in 2014, with the remainder of patients being treated at private clinics and in hospitals. In 2008, the comparable figure had been 39.8 percent. So the percentage of patients willing to rely on their local center had increased by approximately 10 percent in just five years. The centers’ physicians performed more than 19,000 minor surgeries in 2014, up from 400 operations in 2005.

## INFLUENCE OF ATLANTIC INVESTMENT

---



### BEFORE

- CHCs were in total disrepair or ill-suited for medical use; many were formerly residences or schools
- They were generally one-level structures of 90 to 200 square meters

An example of the condition of commune health centers before restoration.



### AFTER

- Facilities offer multiple medical services, including birthing; dentistry; ophthalmology; and ear, nose and throat
- The CHCs have a 350-square-meter layout on two levels: The first floor is often raised above ground level, and the second story is important during floods in rainy season
- Balconies provide space to grow plants for traditional medicine and as a model herbal garden for patient education

A CHC in Khanh Hoa is now a bustling center for primary and preventive health care for people of all ages.



Preventive care is the best  
medicine and a key role  
of CHCs like this one in  
Khanh Hoa Province.

REASONS FOR STARTING AT KHANH HOA PROVINCE

Atlantic’s team felt that “if it didn’t work here, it wouldn’t work in a harder environment.”	Dr. Minh was a ready partner who shared Atlantic’s interests
	Easy province to test at multiple communes
	Urban infrastructure and systems existed with less population density
	Provincial health system was relatively well-organized and well-led

The involvement elicited exactly the kind of response Atlantic wanted: government matching and expansion of the program. Following the foundation’s investment, Hung’s department allocated \$2.7 million to rebuild or renovate the health centers, while the provincial government committed to an increased budget overall.

That helped buttress services like traditional medicine, which is what brought Lung to the health center. With one leg propped up, she sat on a bamboo mat while needles joined her to an electro-acupuncture machine for her back pain. Unlike in her childbearing days, the clinic today is cool, clean and lit with electricity rather than an oil lamp. She’s glad to be on the second level, too, where the nurses no longer have to elevate beds with rocks when the floodwaters come in.

KEY GRANTS

2005–2016	\$51.4 million for construction, renovation, equipment, staff training and upgrades of CHCs in eight provinces: Khanh Hoa, Da Nang, Thua Thien Hue, Vinh Long, Thai Nguyen, Ca Mau, Dak Lak and Yen Bai
-----------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# Sight Restoration: Fred Hollows Foundation and Eye Hospitals

DA NANG, HO CHI MINH CITY, HUE AND MULTIPLE PROVINCES

**A**s an ophthalmology student, Nguyen Thi Ngoc Nga once had a patient whose fungus infection was so severe the instructing doctor initially recommended removing both eyes. Still, the doctor saw some hope and allowed Nga to work with him across three surgeries to extract just the infected tissues.

“During his treatment, I really had to encourage the patient,” Nga says. “I monitored him for three to four months as his condition kept fluctuating—to the point that everybody came to know about him. It was very sad.”

But the patient recovered, eyes intact. Nga is finishing up her training at the Community Center for Eye Care and Training in Ho Chi Minh City. The center received support as part of Atlantic’s interest in affordable eye care and ophthalmology training.

That support flowed mostly through the Fred Hollows Foundation, which had already made considerable progress on expanding affordable eye care, in keeping with Atlantic’s approach to collaborate with experts already experienced in an area.

The efforts also followed Chuck Feeney’s favored model of value investing, whereby a relatively small sum could make a huge difference. In this case, that meant procedures like a \$200 cataract surgery to prevent bilateral blindness. That, in turn, contributes to Fred Hollows’ vision: to end preventable blindness in Viet Nam by 2020.

Progress continues in places like the Da Nang Eye Hospital, a leader in the field, where Atlantic made two grants to upgrade infrastructure and staff skills. The money enabled doctors to travel to Ha Noi, Ho Chi Minh City and Thailand for training in advanced techniques, burnishing the hospital’s status as the main source of eye care for 11 million people living all around

**Fred Hollows’ vision: to end preventable blindness in Viet Nam by 2020. And, for many, it requires only a \$200 cataract surgery.**



Nguyen Thi Ngoc Nga gives  
an eye test at the Community  
Center for Eye Care and Training  
in Ho Chi Minh City.



A patient waits in recovery after cataract surgery at the Da Nang Eye Hospital; she returned home the next day.

Central Viet Nam. To build capacity, Atlantic also helped construct the Ophthalmology Department and Training Center at Hue Central Hospital, and the Community Eye Care and Training Center at Ho Chi Minh City Eye Hospital.

Down south, there were patients like Duong Minh Thanh, who thought back to a day in 2015 when a cow on the roadside was nearly the death of him. The corn farmer was driving his motorbike in Binh Dinh Province to meet a friend for afternoon tea when he was thrown to the ground after hitting some unseen object, which turned out to be a rope along the road, tied to the cow. Thanh didn't see it because he was farsighted.

Many patients talk of the dignity that is restored along with their eyesight.

In 2016, the 51-year-old was wrapping up the second eye surgery to return to normal vision. Thanh found the idea of corrective lenses almost ridiculous when he imagined toiling in the fields. Now he doesn't need them.

“Going to work is so hard. As a manual laborer, how do you work and wear glasses? How do you sweat and wear glasses?” he says, thinking back to the time when he could see people but not identify them. “That period was really difficult. I was scared of going to big hospitals because I couldn't afford it. So I came here because they had a charity program.”

Indeed, many patients talked of the dignity that was restored along with their eyesight. With normal vision, they were independent instead of relying on family, whether it was for routine tasks like using a toilet or for larger aims like working to support themselves.

KEY GRANTS

2004–2006	\$4.5 million for upgrades and support of Da Nang Eye Hospital
2005–2014	\$4 million for vision health services and comprehensive eye care development in eight provinces
2006	\$4 million for construction and equipment for the Ophthalmology Department and Training Center of Hue Central Hospital
2009–2012	\$2 million to strengthen training capacity at the Vietnam National Institute of Ophthalmology
2009	\$1 million for the Community Eye Care and Training Center at Ho Chi Minh City Eye Hospital

# Vietnam Public Health Association

HA NOI

**F**rom Japan to Europe, many regions around the world are grappling with how to care for their aging populations, and many others will have to face that question soon. Is there something they can learn from Viet Nam? The country has deployed a no-frills strategy that seemed to be a win-win for all involved: doctors, medical students and educators, local authorities and, of course, the elderly people themselves.

**“Retired people feel very, very proud of being asked questions, and they will be mobilized.”**

Professor Le Vu Anh, president of the Vietnam Public Health Association

Here’s how Professor Le Vu Anh, president of the Vietnam Public Health Association (VPHA), describes the model: Retired Vietnamese in a sampling of villages are recruited as health volunteers. Students and lecturers from medical schools teach them the information and skills needed to identify health-risk factors in their communities. Then the volunteers use what they learn to communicate and educate their community through home visits in their own neighborhoods.

Doctors and local officials are happy to see public health improve, while educators get experience in the field. And the senior public health volunteers themselves have purpose; they have a meaningful use of the time they might otherwise have idled away.

“They feel pride,” Anh says. “Retired people, they feel very, very proud of being asked questions, and they will be mobilized.”

The Vietnam Public Health Association used this elder volunteer approach to address behaviors that put senior citizens’ health at risk, such as smoking cigarettes, consuming alcohol, eating poorly and not exercising. Such public campaigns have been a core VPHA activity, which came into being in 2002 to represent public health workers and coordinate their efforts nationwide.



Professor Le Vu Anh, president of the Vietnam Public Health Association and former dean of the Ha Noi School of Public Health, is a stalwart champion of improving public health and a supporter of enlisting seniors as volunteers.

TOBACCO USE: A MAJOR PUBLIC HEALTH ISSUE

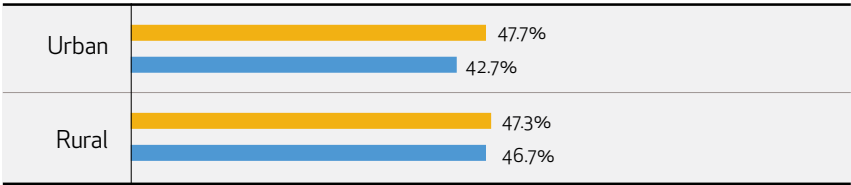


2013 TOBACCO CONTROL LAW

Elimination of smoking in indoor places and reduction in designated smoking rooms
Comprehensive ban of advertising and marketing of tobacco products
Ban of tobacco sales for those under 18 and within 100 meters of hospitals and schools
Stop offering kiddie packs 3 years after law in effect
First use of graphic health warnings on packs
Tobacco tax increase (65–70% in 2016, 75% in 2018 of pre-factory price)



% OF MALE ADULTS > 15 YEARS OLD WHO ARE SMOKERS



Source: Vietnam Tobacco Control Program

As with social work, Atlantic thought it important to invest money and buttress the concept of public health as a profession. This professional society brought together almost all of Viet Nam’s public health institutions, including 6,000 experts who could network, exchange ideas, establish ways to measure and track improvement, and publish their research in a new Atlantic-funded *Viet Nam Journal for Public Health*.

The association also tackled another challenge, which traced back to the Viet Nam War: Agent Orange. Among its health campaigns was a bid to mitigate the impact of dioxin, which remains in the soil four decades after Americans sprayed it across the country. The association mobilized its network in such hotspots as Da Nang, near the old Demilitarized Zone, as well as Dong Nai and Bien Hoa, outside Ho Chi Minh City. Members went door-to-door, informing residents about the risks of food-related exposure to dioxin and how to minimize the threats.

The association used its network in another campaign as well, collecting data on tobacco use in the interest of a Tobacco Control Law, which went into effect in May 2013.

Association CEO Nguyen Ngoc Bich reflected on her group’s work during the drafting and implementation of the law: “VPHA raised its voice for advocacy and used Facebook as an effective way for public communication. Government organizations are not allowed to use social networks.”

Social media was one need the association could fill. Besides supporting the country’s first smoke-free university, the association also created models for smoke-free environments in general, and it monitored the new law so that tobacco taxes rose, cigarette packs came with health warnings, and preventive measures were put in place so Vietnamese could avoid the harm of tobacco from the start.

VPHA spread the word of public health campaigns on social media; government organizations are not allowed to use social networks.

KEY GRANTS

2003–2013	\$1.8 million to establish and strengthen the Vietnam Public Health Association
2004–2013	\$4.2 million to help develop capacity and policy for a smoke-free environment

# Hue Central Hospital

HUE

There is one aspect in which Vietnamese and American cultures are at opposite poles: Instead of a tradition of organ donation, Viet Nam sees very few people donating organs for patients who need them. Dang The Uyen, head of Hue Central Hospital's cardiovascular anesthesiology section, says this is explained by the country's deep roots in Buddhist belief.

"People believe they have souls; they believe that in death they have to preserve the whole body," Uyen says. "So if they die and some body part is missing, then usually people would not like this."

"The way I see my life, it's as if I died already, but today I get to live again with another person's heart. So what I want most is to live in a more helpful way."

Tran Mau Duc, heart transplant survivor who serves as a security guard at the hospital

HUE CENTRAL  
HOSPITAL  
(AS OF 2014)

57,000  
outpatients

24,000  
inpatients

6,000  
open-heart  
surgeries

Source: MASS Design  
Group, Purpose Built case  
study, "Viet Nam Health  
Care System," 2017

That's part of the reason that not until 2011 did Viet Nam have its first heart transplant conducted solely by Vietnamese doctors. And it happened at this hospital's Cardiovascular Center, built with \$8.3 million from Atlantic. Uyen took part in the operation and considers it one of the most "impressive" moments of his life.

With the six-story cardiovascular wing, locals no longer have to trek 400 miles south to the Carpentier Cardiovascular Institute in Ho Chi Minh City, where one out of five people have died while on the waiting list. In general, rural Vietnamese are quite accustomed to making long journeys to cities with greater resources for medical care, but buttressing facilities in Hue has reduced the need for such costly and strenuous travels. Now, 20 million Vietnamese across 16 provinces can seek health services in the Central Region.



A young patient is recovering from surgery in the pediatric wing of the Cardiovascular Center of Hue Central Hospital.

As one of the top three hospitals in Viet Nam, Hue attracts visitors from much larger cities, Ha Noi and Ho Chi Minh City, to study its operations. And just as Hue is an erstwhile royal capital that figures large in Viet Nam's origin myth, so is its hospital elemental to the origin story of Atlantic in Viet Nam. This was one of the first places Chuck Feeney visited, in 2000, when he asked the hospital director at the time a now-famous question: "What do you need?" That led to the construction of the four-story pediatrics unit.

**"The new Cardiovascular Center was a meaningful turning point in the development of the hospital, a move that motivated people to believe in the future and that we could do anything if we had the dreams and ambition."**

*Dr. Bui Duc Phu, former director of Hue Central Hospital*

Besides the Cardiovascular Center and pediatrics wing, Atlantic funded other buildouts of Hue Central Hospital, namely the Department of Ophthalmology and Medical Training Center, and upgraded the wastewater treatment facility.

The training center is rare, as most hospitals have training rooms but not full centers devoted to preparing the next generation of doctors. With a sizable lecture hall and lab, the center holds dozens of conferences yearly for medical professionals from all around Viet Nam.

"At many training conferences organized by the Ministry of Health, people still yearn for a training center similar to the one at Hue Central Hospital," says Dr. Bui Duc Phu, former director of the hospital.

## CENTER OF EXCELLENCE MODEL

New training facilities—as well as a partnership with Hue Medical College—help develop human capital that reaches to other regions of Viet Nam. In addition to being the leading institution for pediatrics in the Central Region, the pediatric department also helps supervise professional development and training in other provinces.

The center of excellence model and respect for the quality of service at Hue Central Hospital has helped the staff attract new funding from governments and private donors in Australia, Japan and the United States, as well as through medical tourism in its International Pavilion.

Source: MASS Design Group, Purpose Built case study, “Viet Nam Health Care System,” 2017

Hue Central Hospital has also attracted one other person: Tran Mau Duc, the first Vietnamese to receive a heart at the hands of Vietnamese doctors, now works as a hospital security guard. Everyone knows Duc as he walks the halls of the campus, a constant reminder of the milestone in the physicians’ work.

“The way I see my life, it’s as if I died already, but today I get to live again with another person’s heart. So what I want most is to live in a more helpful way,” Duc says.

He shares his heart transplant story with other Vietnamese, in an effort to assuage their lack of ease about donating organs. “If we die and can leave something behind to save who knows how many people, then it’s like we live on forever,” Duc adds.

**\$17  
million**

grant from  
the Australian  
government  
awarded to  
the hospital  
as Atlantic’s  
investment  
attracted  
more support

## KEY GRANTS

2000–2014      \$15.6 million for reconstruction and upgrading of the hospital



Pham Viet Cuong, director of the Center for Policy and Injury Prevention Research in Ha Noi, continues to promote helmet use in an effort to reduce the slippage from 90 percent levels.

# Injury Prevention: Helmet Law

HA NOI

**E**ven those who did not live in Viet Nam at the time of the motorbike helmet campaign know of its success. The campaign has become the stuff of public policy lore, one of a handful in history, when nearly the entire country transformed, almost literally overnight.

One week in December 2007, few Vietnamese wore helmets while driving; by the next week, the helmets had become close to ubiquitous. Many people wonder how policymakers pulled off the massive societal shift or simply accept the marvel without knowing why.

**“People change quite fast, when they think that it’s important. And they’re afraid of enforcement, and they see the availability of the helmets with the cheaper price.”**

Pham Viet Cuong, director of the Center for Policy and Injury Prevention Research

Bui Huynh Long, the Traffic Safety Committee’s secretary, still remembers the first day, when he hit the streets with a TV crew to catch people breaking the new law. “We wanted to find four or five people who were not wearing helmets, who could be filmed getting fined by police,” he says. Instead, just about every driver who zipped by was in compliance. “There was nothing for TV to film!”

The not-so-secret recipe was to get every possible stakeholder to pitch in, according to Pham Viet Cuong, director of the Center for Policy and Injury Prevention Research in Ha Noi. His institute provided the traffic statistics, while also lobbying government and training police. Organizations manufactured tropical-weight helmets that Vietnamese liked and could afford.

It’s often said that Viet Nam has great laws but little enforcement. This time, politicians provided the official decree requiring helmets on the road, and police enforced it. Nationwide, the uniquely communist network of Youth

MAGNITUDE OF ISSUE

5 million → 44 million motorcycle ridership increase from 2002 to 2015

95%

registered vehicles are motorcycles

13,150 road crash fatalities in 2007

8,700 road crash fatalities in 2015

Police enforcement is key to continued Helmet Law compliance

680,000 tickets issued in 2008

Sources: Asia Injury Prevention Foundation and National Traffic Safety Committee

Unions and Women’s Unions embarked on social marketing to get their peers on board. Local governments plastered their cities and provinces with colorful billboards of drivers following the law. Atlantic financed the collaboration.

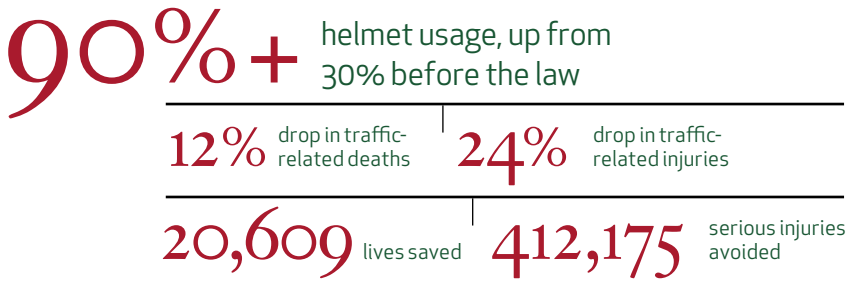
**"In Viet Nam, where conformity is highly valued, it was important to orchestrate a population-wide launch where everyone could see everyone else adopting the new law. In other words, helmet-wearing became a new social norm."**

DR. LE NHAN PHUONG

"Everyone, including us, was very anxious about the implementation," Cuong says, adding that many thought helmets were a hopeless cause. "But I think that people change quite fast, when they think that it's important to them. And they're also afraid of enforcement, and they see the availability of the helmets with the cheaper price. And they wear them."

Among the seven organizations that Atlantic funded for more than eight years in this campaign, the Asia Injury Prevention (AIP) Foundation made helmets suitable for the tropical climate and distributed them at schools. It was hard to change behavior because women couldn't tie up their hair under the helmets, some ethnic minorities had other headwear that clashed with them, and drivers in general sometimes wore helmets without buckling them. Baseball caps, hard hats and bicycle helmets were also common replacements. So the supplies were key, because the price of quality headgear was cut in half, to about \$15.

## HELMET LAW RESULTS: 2008–2013



## AIP FOUNDATION'S CURRENT EFFORT



Source: Asia Injury Prevention Foundation

The impact of the helmet campaign was also virtually immediate. In 2008, transportation-related deaths declined by 12 percent, and injuries were down by 24 percent compared with the same period in 2007 before the Helmet Law went into effect. While participation remains high, there has been some backsliding as the sense of urgency has waned.

There was a loophole in the law that caused helmet use by children in urban areas to drop to and remain at 38 percent, beginning in 2008. The AIP Foundation has a goal of increasing compliance to 80 percent by 2018 in the major cities of Da Nang, Ho Chi Minh City and Ha Noi.

Nguyen Xuan Hung was glad he had a helmet on in 2015, when he fell off his motorbike while swerving to avoid a taxi that had made a sudden turn. He injured his leg, but without the helmet, Hung says things might have been much worse.

“Honestly, I was so angry,” he says. “It’s about Vietnamese people’s traffic awareness. They drive and they don’t pay attention, they’re not cautious.” He now encourages friends to wear helmets and drive carefully.

IMPACT OF THE ALLIANCE FOR SAFE CHILDREN

Investments from The Atlantic Philanthropies had a major impact on child injury in Viet Nam. The co-founders of The Alliance for Safe Children (TASC) initiated several activities underpinning the child injury focus before starting TASC.

The Ha Noi School of Public Health, under the direction of Dr. Michael Linnan, conducted the first national child injury survey in Viet Nam. It showed that drownings and road traffic were the first and second top causes of children's deaths, leading then U.S. Ambassador Pete Peterson, Vi Peterson, Robert Schiffer and Linnan to create the Safe Vietnam Initiative.

The first activity, jointly with UNICEF Viet Nam, was the Helmets for Kids Program, which resulted in the adoption of a child helmet standard.

"The second effort was coordinated with fellow ambassadors to develop the policy framework and strategy for the national child injury prevention plan," says former Ambassador Peterson. "TASC worked closely with the government to help them adopt pilot programs for child injury prevention. A key activity for drowning prevention was known as SwimSafe Danang.

"This program, funded by Atlantic, demonstrated the potential for harnessing teachers in the public school system and using portable pools, rivers and beaches as training venues. The program led to the adoption of a Vietnamese national goal for all children learning to swim in primary school," adds Peterson.

"SwimSafe became a regional activity with TASC programs in Bangladesh and Thailand, and inspired additional programs in Nepal, Cambodia and India. TASC efforts in Viet Nam, Bangladesh and Thailand became the impetus for the joint UNICEF and World Health Organization's initiative to highlight the epidemic of child drownings in low- and middle-income countries. TASC also became a member of the International Life Saving Federation, which resulted in a shift of focus for the organization from purely lifesaving in high-income countries to the addition of drowning prevention in low- and middle-income countries," he says.

Priorities at Cuong's research center go beyond traffic safety, such as programs to reduce drowning, a key cause of death among children, as well as injuries resulting from burns, falls or animal bites. But road safety is still at the top of the pile. Instead of resting on its laurels, the Institute now has set its sights on helmet rules for children and the prevention of drunk driving.

KEY GRANTS

2000–2013	\$10.3 million for all aspects of planning, capacity-building, policy development and public education for the helmet campaign
-----------	--------------------------------------------------------------------------------------------------------------------------------

# Learning Resource Centers

CAN THO, DA NANG, HUE AND THAI NGUYEN

**T**he ancient imperial capital of Hue holds a romantic place in Vietnamese hearts. With its Chinese-like tradition of mandarin exams, Hue has educated the likes of founding father Ho Chi Minh and General Vo Nguyen Giap. It is a fitting place, then, for one of Atlantic's five Learning Resource Centers (LRCs) to be at the forefront of national education.

5

Learning  
Resource  
Centers

The centers could not be more different from the country's traditional libraries. They mix open stacks of books and journals with modern technology, including computer labs, recording studios to create e-learning materials and video conferencing. That's a far cry from common libraries, where visitors simply tell staff the literature they need and receive it.

At the University of Da Nang's Science and Technology LRC, "there are instances when 50 textbooks will have to be available for 3,000 students in a semester" so each student has only a few days to use them.

"Chuck Feeney in Viet Nam with EMWF," John Conroy, 2017

Each of the centers—Hue, Da Nang (two LRCs), Thai Nguyen and Can Tho—caters to local needs. In the Mekong Delta capital of Can Tho, it's a hub for business development and communications that connect this major agricultural region to the world, with government officials often using the site for workshops.

In Hue, a building on the “golden real estate,” along the iconic Perfume River, houses an ongoing project to digitize texts that preserve Hue’s royal history and culture. Even the building’s remarkable Vietnamese paintings evoking Picasso and ancient China, not common images around Viet Nam, pay tribute to the local culture.

Professor Huynh Dinh Chien, first director of the Hue LRC, foresees LRCs becoming e-learning centers because all students, particularly those in medical training, require up-to-date information. He says a five-year plan is in development in anticipation of funding becoming available.

“Chuck Feeney in Viet Nam with EMWF,” John Conroy, 2017

On one weekday afternoon, third-year medical student Pham Hoang Anh Duc was at the Hue Learning Resource Center, flipping through images of stitched fingers in his textbook. Duc was preparing for an exam that would involve operating on a dog. Two-thirds of Vietnamese live in rural areas, and like so many of them, Duc left his region of Tay Nguyen to pursue higher education in Hue.

“I’m from the countryside, so there wasn’t a library,” Duc says. “So when I came to start my first year, I was pretty stunned, because this [LRC] is such a big place.”

He and his friends like using the center’s spacious meeting rooms to help each other cram. “For example, if today we are going to have a practice surgery,” he says, “we’ll invite each other to come here and review lessons or have discussions, so it’s easier to memorize information.”



The Learning Resource Center at Hue University encourages students to think critically, be more inquisitive and work collaboratively.



Chuck Feeney visited Vietnamese students at the Hue Learning Resource Center on one of his many trips to the country.

One fascinating aspect of the learning centers is the influence of Chuck Feeney’s entrepreneurial past. Having made much of his fortune in retail, Feeney knew how to create inviting shops that encourage people to linger and browse. Atlantic applied that approach to the LRCs, designing comfortable spaces that promoted student-driven collaboration, experimentation and independent scholarship.

10,000

library cards issued  
annually at the  
Thai Nguyen LRC

This dovetails with what LRC Director Le Duc Minh Phuong sees as a broader mission of the Learning Resource Center in Hue.

“The clearest impact on students has mainly been to increase their proactiveness in a modern library environment,” Phuong says. “Also, students don’t just come here to research or study, but the center also organizes training classes to improve life skills, soft skills, foreign language skills, etc.”

He says newcomers get an orientation lesson so they are equipped to explore resources on their own. The center’s staff also invite speakers, such as entrepreneurs, so that students can engage and toss around ideas. The greater purpose, as Phuong describes it, is not just to let students learn, but to encourage a dynamic knowledge culture among the community at large.

KEY GRANTS

1999–2012	\$30.3 million for construction and equipment for five Learning Resource Centers
-----------	----------------------------------------------------------------------------------

# National Hospital Of Pediatrics

HA NOI

**I**t's hard to walk through the intensive care unit (ICU) of the National Hospital of Pediatrics (NHP) without feeling a tinge of heartbreak. Infants the size of footballs heave with their whole bodies to catch air, one with blue tubes connected to a monitor, another born with a disfigured mouth.

One floor up, Tran Thi Tuyet Trinh's daughter (cover photo) finally made it out of the ICU. While tiny Tran Thao Nhi slept near pillows that keep her from rolling over, Trinh explains she had to be medivaced roughly 75 miles (120 kilometers) to this hospital in Ha Noi because of complications in childbirth. When asked about the emergency operation, Trinh fought tears from falling across her freckles.

**This hospital serves 30 million people in two regions, is the anchor for policy and practice of care, provides the country's pediatric training center and establishes the clinical standards in child care.**

"I was really sad. When I had the surgery, I didn't think I'd have to come up here," says Trinh, 25. "I was waiting to have a natural birth, but I couldn't, so I had to have the surgery."

As Trinh's hospital in Nam Dinh wasn't able to treat her, she turned to the National Hospital of Pediatrics, often the last hope for struggling newborns. The hospital itself was struggling to remain at the forefront of infant care; in 2003, Atlantic began its investments for rebuilding, training staff and providing modern equipment.

Atlantic's capital grants ultimately totaled \$9.3 million, plus \$5.3 million for training and skills upgrades. The funds eased overcrowding by adding 200 ICU beds in place of the previous 25, and retrained employees to use new machines and take a bigger role in operations.

The newly empowered staff would go on to secure even more resources, convincing the government later to pitch in \$52 million—more than four times Atlantic's investment—for redevelopment of the main hospital.

### **After its rebuilding efforts at the National Hospital of Pediatrics, Atlantic engaged Melbourne's Royal Children Hospital International to prepare NHP's health service plan and a five-year staff training plan.**

*The Atlantic Philanthropies Australia, 2017*

The strengthened staff also made research possible. The hospital serves 30 million people in the North and Central Regions and is the anchor for policy and practice of care for children. It serves as the pediatric training center for Viet Nam and establishes the country's clinical standards in child care.

Nguyen Thuy Ha, who is in charge of the newborn resuscitation unit, described a mix of broad research affecting public policy, such as national guidelines on children's health care, and narrower research aimed at improving day-to-day functions on site. Research projects ranged, for example, from methods of better physical handling of children and reducing their pain to more efficient shift schedules, to shorter recovery times using advanced machines.

Ha rarely breaks from her stoic demeanor, but just once, she had a wistful look in her eye as she recalled growing to love her profession after some early doubts. She takes pride in the National Hospital of Pediatrics and wants it to lead the field. It's a priority for the staff to spread their resources, going outside of the capital to train colleagues, as well as bringing rural health workers to Ha Noi to study their technology and methodologies.

“It is hard to take care of children, and [caring for] newborns is completely different from other departments, so the hospital does care about it a lot,” Ha says. “As I feel attached to this career, I want it to become one of the leading departments in Viet Nam.”

Atlantic enlisted the Royal Children’s Hospital International in Melbourne to improve the pre-clinical training center at the hospital, as well as the training office, learning resource center, and Research Institute for Child Health. On any given day, trainees are taking notes as they watch babies being transferred inside clear plastic cribs. They’re surrounded by families holding Pikachu balloons for patients, and murals made of butterflies and mushrooms.

Back in the patient room shared with a half-dozen women, Trinh was relieved her daughter could finally breathe without machines. She was working to teach the infant to eat. The first-time mother had a lot of questions, such as how to clean the navel of a newborn.

“In general, I don’t know anything, so I have to ask about everything,” Trinh says, patting the one-month-old on her thigh. “For everything, I have to ask the doctors, the nurses and all the people around me here.”

KEY GRANTS

2004–2014	\$14.9 million for Phase I for four buildings on the periphery of the main building and training and skills upgrades for staff
-----------	--------------------------------------------------------------------------------------------------------------------------------

---



These children have developmental issues, ranging from autism to general behavioral or psychological disorders. Doctors consult with parents to determine the best activities and treatment for their child, including picture-exchange communication and language and movement therapy.



Pham Cong Hiep, a lecturer in business information systems at RMIT, sees students and graduates making a significant impact in business.

# RMIT University Vietnam

HO CHI MINH CITY

In most years, Viet Nam sends more students to the United States than any other Southeast Asian nation, and more students per capita to Australia than any other country, period. But for families on tighter budgets, there's the option of getting a foreign education without ever setting foot outside Viet Nam.

In 2001, when the Royal Melbourne Institute of Technology expanded to Ho Chi Minh City, where it eventually would build a full campus, the school offered something that was somewhat uncommon in the country. As the first wholly foreign-owned university, RMIT Vietnam promotes a pedagogical style that allows students to learn practical skills, while at the same time questioning what they learn with critical analysis.

“[RMIT graduates] actually get jobs much easier. They achieve and succeed a lot more. Some of them are national managers already in big companies.”

Pham Cong Hiep, lecturer in business information systems at RMIT Vietnam

Phan Nguyen Thanh Tra, who graduated from RMIT Vietnam in 2015 with a bachelor of communications degree, remembers how much her undergraduate experience differed from those at traditional Vietnamese universities. Elsewhere, students would sit in cavernous, theater-like halls and listen passively to lectures for hours on end. All of them were required to take courses in the teachings of Karl Marx and Ho Chi Minh. But at RMIT Vietnam, Thanh Tra experimented with assignments that replicated what she would do in the real world.

40

students on  
Ho Chi Minh City  
campus in 2004

8,000+

students on  
Ho Chi Minh City  
and Ha Noi  
campuses in 2017

“For example, when I studied communication here, we had a chance to come up with some other ideas and make it like a social campaign,” says Thanh Tra, who now is an event coordinator at RMIT Vietnam. “And we do it like a real campaign, we... pay money and look for some support from other companies or organizations. Exactly like what I experience in my working life.”

Atlantic got in at the ground level, with its \$22 million in grants for the creation and development of the RMIT campus becoming one of the organization’s biggest investments in Viet Nam. That funded a 62-hectare campus, replete with a modern technology center, student center, library, sports complex, and staff and student housing. In 2004, RMIT Vietnam started with 40 students and now has more than 8,000, offering degrees in business, technology, design and management.

As one of the best-equipped private universities, RMIT Vietnam attracts students whose families tend to be well-off. That raises the question of whether only the most needy Vietnamese should benefit from philanthropic investments, a question that Atlantic representatives have asked themselves as well. One of Atlantic’s original goals in Viet Nam was to support higher education while recognizing that trying to entirely transform the country’s entrenched public system would have taken far too long.

One approach, therefore, is to focus on technology transfers from Australia, where RMIT originates, and offer cross-cultural training for those who have the potential to become Vietnamese leaders.

“They actually get jobs much easier,” Pham Cong Hiep, a lecturer in business information systems, says in comparing his students to those of other schools. “They achieve and they succeed a lot more. Some of them are now national managers already in big companies.”

Hiep says these students may not transform Viet Nam immediately, but they will go out into a country where their quality training and all their small contributions can add up.

**RMIT offered  
the first  
internationally  
recognized  
degrees and  
teaching  
requiring  
critical thinking  
rather than rote  
memorizing.**



Phan NguyenThanh Tra is an RMIT graduate working as an event coordinator at the university.

“For the long-term impact, it has to come from individuals. We cannot really see the big impact without looking at how the individual can contribute,” he says. “The way they communicate, the way they think, the way they work with clients, their employers—they can have a positive impact.”

# \$22 million

invested in RMIT’s first campus

62-hectare campus
Modern technology center
Student center
Library
Indoor sports complex
Staff and student housing

RMIT Vietnam grew to include a Ha Noi campus to accommodate demand from northern Vietnamese. It has received the Ministry of Trade’s Golden Dragon Award for excellence in education, as well as plaudits from local governments in Ho Chi Minh City and Ha Noi and from the Australian Chamber of Commerce. Its success has contributed to a closer relationship between Viet Nam and Australia. Whenever Australian diplomats and other officials come to Ho Chi Minh City, RMIT Vietnam often makes it onto their itineraries.

## KEY GRANTS

2000–2009	\$22 million for administration building, classrooms, dormitories, indoor sports complex and information technology center
-----------	----------------------------------------------------------------------------------------------------------------------------

# Ha Noi School of Public Health

HA NOI

It's a weekday afternoon at the Ha Noi School of Public Health (HSPH), and Hoang Manh Thang is sitting on the top bunk of a bed, his legs dangling over the edge. He is barely audible over a group of neighbors who can be heard through the walls, singing on their lunch break. Such is dorm life, bringing Vietnamese from all over to share a communal space, study together and build bonds. This kind of campus culture is widespread in the United States but less common in Viet Nam, where venues are typically small and students' main focus is making their grades.

**HSPH is a public university that is a strategically important center of learning and leadership in a country that, as recently as 15 years ago, had no modern public health system.**

But this large public health university in Ha Noi wants its students to get involved, from music and taekwondo clubs to field trips that enhance classroom lectures. Thang, a fourth-year epidemiology student wearing braces and skinny jeans, made one such visit to a commune health center on the outskirts of the capital. It gave him a chance to examine a local health problem and propose solutions.

“In the process of defining the problem and making a plan for intervention, we applied research skills, such as creating quantitative questions, interviewing residents and conducting in-depth interviews,” Thang says. “To do all that, beforehand we consulted references, with a class on planning and a class on qualitative and quantitative research.”

Offsite trips benefit the faculty as well, as one of their primary contributions to the country is to collect data and do research to infuse public policy with the strength of scientific evidence. Their work has influenced the government on everything from traffic safety to tobacco control.

“We will provide more evidence for policymakers, to make better decisions and plans, to solve problems,” HSPH Dean Bui Thi Thu Ha says in an interview from one of the new campus’s meeting rooms, looking out over potato farms and banana trees.

The public health school relocated to its new, larger building in time for the fall 2016 semester. During a tour of the campus, young students practiced drawing blood and examining skeletons, while older students working for the government came in for short-term lessons.

## HSPH’S EVOLUTION

Atlantic began channeling technical and financial support to the Ha Noi School of Public Health, just a year after the institution had been named a free-standing national university.

It previously was a training academy for health administrators; in its new role, HSPH conferred its first master’s degrees in public health in 1999. Building on earlier efforts by the Rockefeller Foundation and other international donors, Atlantic tapped its contacts at universities in Australia and the United States to help the School of Public Health enrich its curriculum and recruit faculty.

In 2002, it made an initial grant to begin operating the school’s newly created research and advocacy centers and implement its expanded curricula. With intensive technical assistance from Queensland University of Technology, paid for by Atlantic, the school launched its first four-year program leading to a bachelor in public health degree.

After Atlantic committed to building a field of population health in Viet Nam, expansion and elevating the stature of the Ha Noi School of Public Health was a key first step in helping Viet Nam begin to re-engineer its fundamental approach to health and health care nationwide.

One Atlantic-supported program at the Ha Noi School of Public Health, its Center for Injury Policy and Prevention Research (CIPPR), was becoming especially well-regarded at the time the Social Science Research Council issued a report on its progress. The Center, SSRC noted, “is a good example of a program that can bring the HSPH into the spotlight and help to raise its profile with the government, institutional peers and the public. Whether or not all the rest of the HSPH is developed enough to be considered international standard, the CIPPR is one of the programs that is already recognized internationally. There is absolutely nothing like it in Viet Nam, and there will be great value in developing it further.”

Source: “First, Treat the System,” Tony Proscio, 2011



Hoang Manh Thang, a student at Ha Noi School of Public Health, relaxes in his dorm room.

Atlantic made its first investment in the school in 2001, hoping its location in the nation’s capital and its rising stature could make it a leader in improved health care nationwide. The funds supported infrastructure, curriculum, faculty and organizational development, fundraising, public education and advocacy. As had become a habit for Atlantic, the investment in one place set off ripple effects because the university would train policymakers and senior government officials, as well as public health professionals from the provinces.

In 2007, the independent Social Science Research Council reported, “There are few other schools that can rival the quality of the teaching and training at HSPH.”

Thu Ha was especially proud of her institution’s work to diversify offerings. It began with two degree programs and now has seven, while also expanding into 15 field sites and two field epidemiology laboratories. Within six months of graduation, 90 percent of students find jobs.

Next is for the school to lead the charge into new areas of research. Diabetes and autism, for example, are burgeoning areas of interest. Thu Ha explained that Viet Nam’s economic development is contributing to difficulties with autism. Vietnamese are also transitioning to more sedentary lifestyles, living in cities rather than in the countryside. Both of these factors create challenging environments for autistic children. The Ha Noi School of Public Health should be the one to study these changes, Thu Ha says.

“It is important for us to become a leader in public health, in training people in public health school to be able to support people, in leading research patterns and intervention,” she says. “We need to help people know what public health is, and what public health can do for the community.”

KEY GRANTS

2001–2016	\$12.7 million for construction of a larger school and capacity-building to improve operations and sustainability in teaching, research and management of the country’s leading institution of public health
-----------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

# Social Work Organizations

HO CHI MINH CITY AND MULTIPLE PROVINCES

**I**n Viet Nam, lottery ticket sellers are treated like a separate class of charity cases. People see them as poor Vietnamese who have run out of options, or disabled people who use their conditions to elicit sympathy from buyers. Diagnosed with polio at age three, Pham Nhu Y spent a painful 13 years hawking tickets and walking on crutches while his friends got to go to school. Y says there was not a single happy day in his first two years as a seller, when he was sometimes robbed of his tickets or accused of stealing.

“I was so young and innocent at that time,” says Y, whose name is pronounced like the letter “E.” “If people weren’t shooing me away, they were ignoring me as I stood in front of them, as if I were invisible or didn’t exist in society.”

**\$100 million** government funding to upgrade the social work system over 10 years

TARGETED TRAINING  
BY 2020

**32,000** new social workers

**46,000** current government staff

In 2013, Y read a newspaper article recruiting people with disabilities (PwD) for a project at the Ho Chi Minh City-based Disability Research and Capacity Development (DRD) Center. In the project, social workers taught skills to PwD, so Y took classes in design and marketing. Eventually, he joined DRD itself as a driver, using a motorbike built for people with disabilities.

“Now I have a job just like everybody else,” he says. “I see myself as an equal member of society, equal to people without disabilities, not as a lower-class person like I used to think.”



Pham Nhu Y is proud of his job as a driver for the Disability Research and Capacity Development Center.

Despite its name, the Socialist Republic of Viet Nam lacked a real system of social work for a long time. In the past, help for people like Y would come in the form of charity rather than as part of a professional social work structure. Viet Nam has its share of communal issues requiring the attention of social workers, including domestic violence, prostitution, drug and alcohol addiction, and mental illness. Much of this can be traced to the inequality that emerged after the country moved toward privatization in the 1980s, compounding the already disruptive effects of war.

DRD CENTER'S ACHIEVEMENTS

Change the mindsets of people with disabilities
Teach people with disabilities to live independently
Inspire other people with their positive thoughts
Empower them to speak out
Help them find ways to give back

Atlantic funded centers like DRD to move social work beyond the realm of philanthropy. In 2009, the foundation sponsored the first-ever National Conference on Social Work Development to advocate for the recognition of social work as a profession.

This resulted in the government's official recognition of the need to professionalize and institutionalize social work, followed within a year by the prime minister's approval of a national plan to meet that goal. The 10-year, \$100 million program set a 2020 target to have trained 32,000 new social workers and 46,000 staff already employed by the government. 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.

Atlantic collaborated with the government and UNICEF to create a system of social work service delivery, a legal framework for the profession, and a theoretical and methodological foundation for curricula. In 2010, the national Disability Law was passed, and the U.N. Convention on the Rights of Persons with Disabilities was ratified four years later. Viet Nam is well on its way to having a strong network all across the country. And it now has a powerful advocate.

In 2010, the Minister of Labor, Invalids and Social Affairs, Nguyen Thi Kim Ngan, declared that, it is “high time that social work should become a profession, because the increasing population and emergence of new, alarming social issues have made the traditional form of social care inadequate.” As of 2016, Ngan has become the first chairwoman of the National Assembly, and thus the most powerful woman in Viet Nam.

KEY GRANTS

2009–2015	\$5.4 million for establishment of national framework and training for new social work field
2011	\$1 million to the Disability Research and Capacity Development Center



---

Lessons

**Viet Nam**

Eye exams at the Fred Hollows Foundation help to improve and protect vision for both the young and old.



A hallmark of Atlantic’s philanthropy was bringing together exceptional people from different backgrounds and disciplines to see what would happen—not pressing them to do anything, but listening to what a combination of good minds might conceive.

A young patient at a Khanh Hoa commune health center receives an intravenous treatment as an outpatient.

## LESSONS FROM VIET NAM

**P**hilanthropy around the world has matured such that, in the 21st century, donors ask not just how their money can do good, but whether the money is doing the most good possible, as effectively as possible.

Atlantic is a part of that trend, seeking what Chuck Feeney called “the highest and best use” of philanthropic capital, producing the greatest possible social return on investment. He has a preference for tangible results—benefits that people can see and touch—that was summed up in the central question with which he motivated his foundation: “What have we got to show for it?”

With the 35 years and millions of miles that Atlantic has racked up in the course of its work, the foundation has encountered success that others might wish to repeat, as well as pitfalls that might be avoided. In the pages that follow, we examine Atlantic’s work in Viet Nam, looking both at specifics of philanthropy related to health and education in the country as well as broader lessons that could apply to effective grantmaking anywhere.

**A hallmark of Atlantic’s philanthropy is bringing together exceptional people from different backgrounds and disciplines** to see what would happen—not pressing them to do anything in particular, but just listening to what a combination of good minds might conceive. Feeney would draw from the various countries he visited and from multiple fields of expertise.

**An early, free-form exploration made it possible to detect patterns and draw out ideas from local leaders. More definitive plans and strategies followed and proved their value.**

In these encounters, Christopher G. Oechsli, president and CEO of The Atlantic Philanthropies, says: “People come in, and none are aware there is an agenda or a plan, at least in Chuck’s thinking, and all of a sudden they tend to meet up in the stew pot of bubbling ideas and possibilities.”

These encounters would lead to joint projects, creative relationships and innovative approaches that no single participant would have conceived alone. It didn’t always work. Sometimes the sparks didn’t fly, or the common ground was smaller and less fertile than it seemed. Sometimes, Oechsli acknowledges, the groupings proved artificial and, in a few cases, participants may even have felt pressure to make connections that weren’t natural or productive.

Viet Nam benefited in two ways. One was an opportunity to exchange ideas and talent with institutions in other countries—with experts and innovators visiting Viet Nam, and Vietnamese leaders and promising young people visiting centers of learning and innovation elsewhere. A

**With an array of projects and grantees in many fields, work in one area often informed work elsewhere.**

second benefit of these interchanges arose when visionaries and reformers within Viet Nam came to meet one another under Atlantic's umbrella, were invited to tour projects, meet other enterprising leaders, and explore opportunities to learn, collaborate and expand on successes.

**Spontaneous cross-pollination underlay the majority of Atlantic's work in Viet Nam.** Because the foundation had an array of projects and grantees in many fields and disciplines, work in one area could inform work in another area — or, as Feeney often put it, one good project could lead to another.

Unencumbered by a long-term plan or detailed strategy, Atlantic could seek out multiple perspectives, pursue opportunities, build trust, make connections and establish the foundation's bona fides as a partner with Vietnamese officials and organizations. **This early, free-form exploration made it possible to detect patterns and draw out ideas from local leaders, eventually resulting in more definitive plans and strategies that proved their value over many years.**

By 2002, Atlantic recognized that better buildings and services in acute-care hospitals were a double-edged sword, attracting even more patients to already overcrowded facilities.

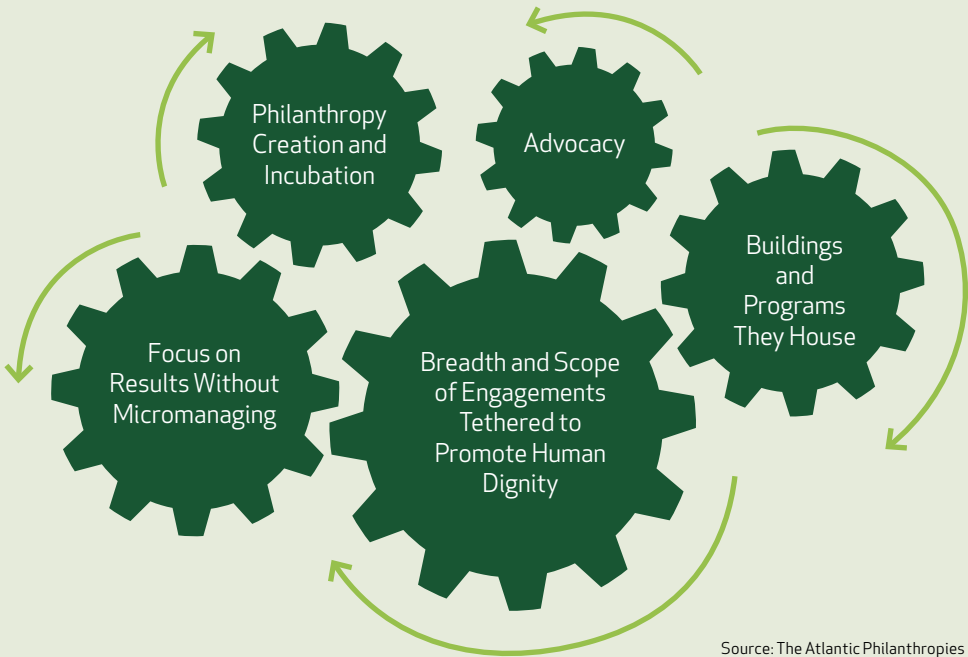
For instance, Atlantic embarked on its Viet Nam journey by funding prominent medical institutions that could dramatically improve the quality and reach of health care for relatively little money. But these efforts, like much of the country's health care system at the time, focused on treating immediate concerns instead of taking a more systemic view.

Viet Nam needed to address its health care system holistically, and Atlantic staff and Vietnamese leaders in the field took on developing a long-term sustainable strategy. By 2002, Atlantic began to recognize that better buildings and services in tertiary hospitals were a double-edged sword, because they attracted even more patients to already overcrowded facilities.

Though many Vietnamese people received better care, the improvements were built on the still-shaky national health system. That is when **Atlantic started looking for a better long-term solution. It ultimately focused increasingly on preventive care, public health and improvements in health policy**, to address the general weaknesses endemic to the national system.

#### ATLANTIC'S FIVE DIFFERENTIATING FACTORS

---



Source: The Atlantic Philanthropies  
Stakeholder Assessment by  
Artemis Strategy Group, 2014

Atlantic representatives detected symptoms of problems that might be addressed earlier, before people reached the hospitals. One involved a public health issue, the many motorbike drivers coming in with serious, sometimes fatal, head injuries from traffic accidents. Another was patients who needed help with simple ailments that could have been addressed locally, in earlier stages at more basic clinics.

In the area of public health, the campaign to increase helmet use and decrease brain injuries and road deaths was an example of broad-based, interdisciplinary work to tackle a complex problem on many fronts. Atlantic funding helped the Asia Injury Prevention Foundation to manufacture better helmets, policymakers to craft and implement an effective law, and the Ha Noi School of Public Health's Center for Injury Policy and Prevention Research to develop the means of promoting use among the population.

Atlantic took a more intense interest in Viet Nam's national network of commune health centers. From hamlets to suburbs, these clinics are the closest facilities to most Vietnamese. With a steadily building stream of investment, the health centers were able to take on more and more of the basic elements of primary care, shifting more of the workload away from the busy hospitals' focus on acute illness and injury.

**Social work was another example of an underdeveloped field that could help people deal with needs and respond to hardships that were not purely medical in character,** and that demanded more than a medical response. Later, as more and more trained professionals entered this field, a limited number were embedded in commune health centers. Thus the centers served the purpose of getting care to citizens earlier and in more ways, as well as the purpose of developing the social work profession.

In its international efforts at cross-pollination, Atlantic brought to Viet Nam the experience it had developed with health care and education in other countries, including Ireland, the United States and South Africa. In Australia, Feeney learned the Royal Melbourne Institute of Technology was developing a campus in Ho Chi Minh City, and the foundation made the grants necessary for the school to begin operations.

**It is important to know the possible losses that some groups will incur and ways to help them mitigate their losses. Otherwise, there will be a lot of fierce critics and opponents of your plans.**

In turn, RMIT University Vietnam later offered its expertise in technology and university structures when Atlantic supported the establishment of Learning Resource Centers around the country. Thus, one grantee fed into another.

These cases demonstrate the interconnectedness of Atlantic projects. **A large, international foundation can foster extensive collaboration if it looks for points of intersection among its grantees in different places,** and if it makes an effort to bring talented people together across borders, disciplines and sectors.

## PLANNING FOR THE LONG GAME

**T**he depth and flexibility of Atlantic's capacity also gave it room to think strategically about its approach to Viet Nam. Rather than just coming into the country to upgrade a handful of hospitals, Atlantic had the wherewithal to consider the long game.

“As we shifted to the strategic phase,” Oechsli explains, “it was a recognition—hospitals were very much needed and physical infrastructure was beneficial—but we were interested in having a long-lasting impact on the health of people in Viet Nam, so we needed to address the system.”

The same was true for education, he adds. It was no longer enough to erect a building for students, but what was needed was to think about strengthening a university’s resources—including its ability to maintain its facilities and to continue updating them—and finding new ways of catalyzing student-led learning.

**Atlantic’s idea of sustainability meant keeping alive the causes and momentum of the work, not necessarily the sustainability of any particular facility or organization.** The focus was not solely on creating and preserving new buildings, but also on enriching the education and health care available to all Vietnamese.

“Technology only provides tools to make us work better, but you need a person with the wherewithal, the strategy, the capability, the competency, the heart and the desire to make it work.”

Dr. Le Nhan Phuong, Atlantic’s former country director of Viet Nam

That meant investing in people. **The foundation made a point to seek out Vietnamese leaders who were already committed and active before its arrival** and were likely, with support and mentoring, to advance and widen their influence after Atlantic’s investment ended. It is a tough balance that organizations have to strike.



Infants receive lifesaving  
care at the National Hospital  
of Pediatrics.

In the midst of urgent needs—crumbling infrastructure, untreated illness, needless hardship—should a foundation concentrate on the neediest people in the short term, such as distributing food to the hungry or wells to the waterless? Or should it help those who are positioned to bring about much broader and more lasting solutions in the longer term, such as rising provincial government officials, visionary educators or pioneers in underdeveloped fields like public health and social work?

Atlantic sought in some ways to do both: The commune health centers and hospitals provide direct, lifesaving care to some of the most disadvantaged people, even as the foundation's broader purpose focused on finding and supporting well-placed change agents to foster systemic health equity.

**“They take ownership from the beginning.... When the [Atlantic-funded] project finishes, grantees continue to do what they were already doing but now receive funding from the local government.”**

Dr. Nguyen Trong Hau, former Atlantic program executive of Viet Nam

“You can build buildings, you can have laws, you can do all sorts of things, but if you don't have the people within the system, then nothing will get done,” says Phuong, Atlantic's former country director. “Technology only provides tools to make us work better, but you need a person with the where-withal, the strategy, the capability, the competency, the heart and the desire to make it work.”

At the same time, Phuong points out that there is another group of people, often overlooked, who are crucial in a mission: detractors. He illustrated this with the commune

health centers. For all the good that would be accomplished in more modern, better-equipped clinics with better-trained staff, there would also be people whose livelihoods might be harmed by changes in health care delivery locally. Specifically, traditional healers and informal pharmacies felt threatened by the increasingly attractive, formalized health services.

**“It’s important because, without matching funds, local people think this is work from Atlantic and they do it for Atlantic. If they pay matching funds, they will think that they do it for themselves.”**

Dr. Nguyen Trong Hau

**Atlantic and its partners created incentives and pathways for people who might otherwise lose out to function within the updated system.** The pharmacists received training, while the healers were able to work at some of the clinics—an accommodation that also helped to attract patients who might be partial to traditional healers and wary of modern medicine, but who may in time be drawn to other forms of care in the same facility.

“The people who will gain from the change, certainly they would like that. If you can get them to work with you toward that change, that’s good,” Phuong says. “More importantly, the people who will lose out because of the change that you’re proposing, you have to know what are the possible losses that they will incur. And you have to think about, what are some ways that you can help them to mitigate the losses. If you don’t, you’re going to have a lot of fierce critics and opponents to what you’re trying to do.”

**Another tricky balance is how much control a donor should have.** On the one hand, it can be counterproductive to drop a big, unrestricted grant on beneficiaries unprepared to put it to

use. On the other hand, making decisions entirely top-down runs the risk of missing the real-life needs on the ground.

**Atlantic was known to listen up front to the needs and suggestions of local people, rather than to instruct grantees on what to do after the grant was made.** Former Atlantic Program Executive Dr. Nguyen Trong Hau favors relying on the expertise of locals.

“They take ownership from the beginning and they do things for themselves,” he says. “Then, when the Atlantic-funded project finishes, the grantees continue to do what they were already doing, but now receive funding from the local government for their work.”

#### BENEFITS OF GRANTEES/BENEFICIARIES HAVING STAKE IN THE PROCESS

Work is tailored to the context
Grantees apply their passion to the goals rather than simply meeting Atlantic's requirements
Work is more likely to continue after Atlantic's investment
Public agencies innovate and deliver public services
There is an investment in future leaders of the work

**Ensuring that grantees and beneficiaries had a stake in the process was important** in three overlapping ways: It meant that the work was tailored to the context; grantees could apply their passion to their own goals rather than thinking they were obligated to meet Atlantic's requirements; and the work was more likely to survive past Atlantic. Hau says this description applied as well to the grants Atlantic made to the government, so that public agencies continued to innovate and deliver public services instead of feeling that Atlantic was acting as a substitute. This was also a way to invest ultimately in the people who would be leaders in Viet Nam long after Atlantic's departure.

MATCHING FUNDS

**G**rant matching was key to the ethos of local ownership. Atlantic had used matching successfully in the Republic of Ireland, where it funded higher education projects on the condition that the government contribute equal or even greater sums, and then in Northern Ireland, Australia, South Africa and now Viet Nam. For many projects, especially later stages of its Viet Nam investments, Atlantic required governments, charities or other partners to provide an equivalent amount or more before it would disburse its funds.

TRAITS OF THE ATLANTIC PHILANTHROPIES

---



Source: The Atlantic Philanthropies Stakeholder  
Assessment by Artemis Strategy Group, 2014

Hau jokes that Atlantic was holding the money “hostage” until more stakeholders came to the table. But the strategy had a serious benefit: leverage. A local official would go to his superior and explain that their department had to match Atlantic, dollar for dollar, if they wanted to receive the grant. That made it easier to secure the money than if the bureaucrat merely told his boss that they should contribute to some worthy endeavor.

“It’s important because, without matching funds, local people think this is the work from Atlantic and they do it for Atlantic,” Hau says. However, “if they pay matching funds, they will think that they do it for themselves.”

Hau also says this scheme had a “snowball” effect in changing the minds of officials. They were happy to see positive effects from their monetary contributions, became converts and continued to allocate parts of their budgets to projects even after Atlantic left. For example, Atlantic and the government invested in eight provinces to overhaul more than 940 commune health centers, and the government is using those models to carry the work forward into its other 55 provinces and cities.

Atlantic’s investments of \$382 million unleashed \$690 million in matching funds from the national and provincial governments and \$45 million from other donors. Its extensive relationships with other foundations, both in the United States and internationally, made it possible for Atlantic not only to share the cost of several large-scale initiatives, but to extend its networks even further, learning from the contacts, experiences and perspective of other funders.

TOTAL  
LEVERAGED  
**\$690m**  
government funds

---

**\$45m**  
other donors

## WAYS TO IMPROVE

**N**ot all of Atlantic's programs reaped the benefits expected of them, and a few were too short-lived to deliver on a long-term vision. Oechsli looks back with a glimmer of regret on the neglected potential of some Learning Resource Centers and of a vocational training initiative called Kids First Vietnam. In both cases, he wishes Atlantic had stuck with the projects longer to see the plans through, and had thought more carefully about who would lead and champion these efforts after Atlantic. The libraries did not reach their potential because the foundation made a sweeping decision to pull back on education worldwide, a decision that Oechsli says was less appropriate in Viet Nam than in some of the other countries where it had already been investing in universities for more than a decade.

Kids First Vietnam had a good concept, he adds, but suffered because of internal politics, a weakening relationship with local government and declining oversight as Oechsli transitioned away from the project. Without the presence of a knowledgeable and committed funder to help the organization navigate its difficulties and come up with solutions, small challenges eventually became more serious problems.

"There was a loss of both strategic focus and sustained, continuous leadership," Oechsli says in hindsight. "That's one example of something that didn't go well for lack of attention, for lack of clarity of leadership and for lack of sustained strategy. It was modeled after an effective program that had been training youth with disabilities to work in restaurants in Viet Nam."

**"Atlantic introduced the model for each geographic region in Viet Nam, and after that the government could buy into the models and spread them all over the country."**

DR. NGUYEN  
TRONG HAU

The model program is called KOTO, or Know One Teach One, which was founded by a Vietnamese-Australian to train disadvantaged youth to work in hospitality.

Such stumbles are “not unusual in philanthropy,” according to Atlantic’s former Chief Communications Officer David Morse, who says that donors invest in a leader, and the leader doesn’t always last. Or an organization might change its focus, policy and support, long after the grant to sustain the work has been made, as happened with the Learning Resource Center at Hue University.

“The plan isn’t always consistently executed,” Morse says. “The staff of the funder who developed the program also may no longer be there, and there’s less of a sense of ownership on the part of the funder. These things are not uncommon. These are the kinds of lessons that we actually want to leave.”

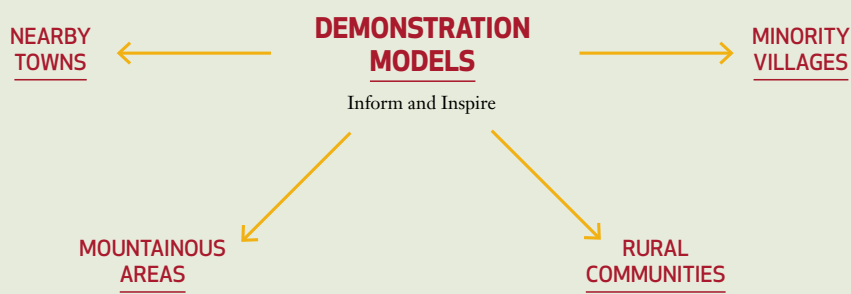
**Atlantic hadn’t properly assessed government capacity or commitment in some situations.** At the lowest level, some government officials lacked the confidence to approve requests or make other decisions. At the national level, leaders may have been too distant and macro-focused. Oechsli and Phuong came to conclude that cooperation with the provincial level of government struck the ideal balance. At this level, officials have the power to push projects through, and while they operate reasonably close to the communities they serve, they oversee a domain that is sufficiently large so Atlantic could have a meaningful systemic impact.

HUBS AND SPOKES

The geography of Viet Nam does not comprise just an urban capital and then everything else. Because Sai Gon (now Ho Chi Minh City) was a pre-war capital, it remains at least as important, culturally and economically, as Ha Noi today. Beyond the polarity that comes with having two preeminent cities at opposite ends of the country, Vietnamese also think of their country in terms of a north, central region, and south; and no matter where they end up, they identify very strongly with the hometowns of their families, which are spread across 63 provinces and cities.

HUB AND SPOKES MODEL

Atlantic hoped that surrounding provinces would adopt the ideas and practices of the new initiatives in their communities



Atlantic customized its approach with these geographic considerations in mind. It selected flagship towns that had a combination of capacity for projects (in terms of people and infrastructure) and diverse locations (being dispersed throughout Viet Nam). **The foundation could not be everywhere, so it hoped that geographic distribution would first, lead to improvements at the chosen sites, and second, lead to replication among neighbors.**

“Atlantic just introduced the model for each geographic region in Viet Nam, and after that the government could buy into the models and spread them all over the country,” Hau says.

“So in that way, we hoped that the neighboring provinces would visit the project to see the model, and they could adapt some ideas, some practices from the model and apply those to their provinces.”

The method resembled a hub and spokes, with grantee cities in the middle, and their lessons emanating out to nearby communities.

Another analogy could be to the ripples of waves. Atlantic put cities at the center, intending their progress to have a further reach, and it did the same with talent. **The foundation selected leaders — both human and institutional — who could get things done, set an example, exert influence elsewhere in the system and, perhaps, help others replicate their work.**

This intrinsic concern for people at the heart of an operation gets back to Feeney’s own hopes for the Vietnamese. He has spent most of his life in philanthropy unknown to beneficiaries, but during one visit to a grantee, Da Nang Hospital, in November 2005, Feeney told local staff why he usually remained anonymous.

“The truth is,” he says to the administrators, physicians and medical staff, “all the credit for this is yours. We have carried out our side, but that was the easy side. The real work was on your side. Atlantic is proud to be associated with high-quality people, doing what they say they will do.”

High-quality people are the ones who will stay in Viet Nam long after Atlantic has left and closed its doors. The foundation brought advisors, tools and ideas; and a devoted group of Vietnamese put them to use. They will outlast any single donor, and they will be the ones to shape the country in the years to come.

## ACKNOWLEDGMENTS

If The Atlantic Philanthropies are lanterns, then everything the foundation's light touches is often a team effort. That is certainly the case with this book.

Much of the fun of researching Atlantic in Viet Nam was trekking around the country in our trio. Nguyen Trong Hau, former program executive in charge of primary health care for Atlantic, and photographer Tran Quoc Anh rounded out my caravan for each visit. Hau was indispensable in introducing this newcomer to all the Vietnamese who have helped, or been helped by, Atlantic; and Quoc Anh for ensuring through his images that the book puts the organization's best foot forward.

Thank you to Atlantic's President and CEO Christopher G. Oechsli, former Country Director Le Nhan Phuong, and the plethora of others who set aside their time for the interviews that now color this volume.

Amanda Holl and Rick Landesberg of Landesberg Design provided creativity and attention to detail in the design and production of the book.

Tony Proscio, Magnes Welsh and David Morse lent their institutional knowledge, edits and feedback to turn drafts into product, reflecting Atlantic's decades-long history in a macroeconomic way that goes beyond the single-country snapshot of a single writer.

Finally, gratitude must go out especially to those on the ground in Viet Nam and others on the organizational staff. Many will never read these pages, but the doctors, educators, administrators, students, patients and employees welcomed us into their midst, and reminded us of the purpose of The Atlantic Philanthropies.

## ABOUT THE AUTHOR

Lien Hoang is the Viet Nam correspondent for Bloomberg BNA, covering trade, environment and technology. She occasionally reports on other Asian markets. Previously, she wrote for *The New York Times*, *Wall Street Journal*, Associated Press, and *Al Jazeera*. A native of California, Hoang lives in Ho Chi Minh City.

All rights reserved.

Published in 2018, New York, NY

[www.atlanticphilanthropies.org](http://www.atlanticphilanthropies.org)

Text © 2018 by The Atlantic Philanthropies

Photos © 2018 by the photographers

Library of Congress Cataloguing pending

ISBN: 978-0-9990443-3-9

Printed in the United States.

Publisher: David Morse

Executive Editor: Tony Proscio

Managing Editor: Magnes Welsh

Design and Production:

Landesberg Design, Pittsburgh, PA

[www.landesbergdesign.com](http://www.landesbergdesign.com)

Photography by:

Tran Quoc Anh: cover, 45, 60, 80, 83, 85 (bottom),

89, 93, 100, 114, 117, 121, 124

Laura Hutton: 2

Chien Chi Chang, Magnum Foundation: 4, 8, 14, 32,

39, 40, 53, 78, 86, 90, 97, 107, 113

Audra Melton: 63, 72, 126, 128

Shane O'Neill, Fennell Photography: 20

Atlantic Archives: 25, 47, 70

Le Nhan Phuong: 29, 54, 85 (top), 108

*The*  
**A T L A N T I C**  
*Philanthropies*

75 Varick Street, 17th Floor  
New York, New York 10013  
United States

[atlanticphilanthropies.org](http://atlanticphilanthropies.org)