

Reimagining Healthcare in Vietnam

WHITEPAPER



How might we improve access
to quality care in Vietnam?



WORKSHOP PARTICIPANTS



*Participation in the workshop does not necessarily entail endorsement of the content found herewithin

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WHITE PAPER INTRODUCTION



On 9 April 2021, we convened 40 healthcare professionals into a conference room in downtown Ho Chi Minh City.

Our vision was to bring together leading practitioners to take a **human-centric approach to reimagining healthcare in Vietnam**. Our intention was to work across a fragmented industry to rethink how we might improve access to quality care.

Present that day were leaders from across the country's healthcare spectrum, representing hospitals and clinics, pharma and insurance companies, diagnostics and digital health players, as well as retailers and public advocacy groups. Participants were led by **Doodle Design** through a series of design-thinking mindsets and methods to reimagine how to expand access to quality care across four patient personas:

Mr. Traditional Medicine with Hypertension, Mr. Forgetful Diabetes, Mrs. Fearful Breast Cancer, and Mrs. Anxious Mom Seeking Infant Vaccinations.

With the aid of imagination, enthusiastic participation, and a healthy dose of empathy—not to mention hundreds of Post-It notes - **432 ideas were sparked**. The participants then voted to identify the best ideas across all patient personas identifying **"9 Big Ideas"**. In the following weeks, we held an online session to rank each idea on its potential impact to patient outcomes and relative feasibility to implement.

Ideas are only as good as their execution, and what we did not anticipate during our workshop in April 2021 was how quickly COVID-19 would disrupt our lives and the healthcare industry in Vietnam. Prior to that point, Vietnam had operated an enviable containment strategy, allowing the healthcare system to operate as usual. Yet, in the months that would pass, the pandemic all but eclipsed normalcy and put a near crippling strain on the country's hospitals. Overnight, frontline healthcare workers transformed into heroes to fight the pandemic.

As a result of the outbreak, some of **the Big Ideas generated in the workshop are now being realized and accelerated in real time**, from "Healthcare at Home" to the digitalization of healthcare services. These transformations were already underway but have accelerated due to rapidly changing patient behavior that shies away from large central hospitals overburdened by the pandemic. While many patients have skipped or been denied treatment, most have adapted to virtual care or relied on Vietnam's large network of district and commune-level health centers.

The Reimagining Healthcare white paper presents the concluding ideas not as cure-all panaceas but rather introduces design-thinking as a holistic approach to improve access to quality care for patients with critical needs. Design-thinking frames and solves complex problems across diverse stakeholder groups and, in the case of the healthcare industry, with "patient-centric" mindsets.

As Vietnam (and the world) move towards a strategy of living with COVID-19 as an endemic disease, we can only imagine what type of innovations will take hold in the healthcare industry and invite all of those with something at stake to take a human-centered approach to improving equitable access to quality care.

INTRODUCING 4 PATIENT PERSONAS





Mr. Traditional Medicine with Hypertension

I feel like the Western medicines are chemical, not “natural”, and taking medicine daily for a long period of time can damage my liver. Not to mention, I have struggled with remembering to take medicine everyday. With healthy diet and exercise, I do not need to take medicines as the doctors say. Doctors can be unhelpful sometimes.

PROFILE

Gender: Male
Age: Retired
Place: Central Vietnam
Occupation: Retired
Status: Married with 2 sons
Personality: Calm and Independent

GENERAL DESCRIPTION

Mr. Traditional Medicine with Hypertension is currently living in central Vietnam with his wife. Both of his kids are working in HCMC. He visits HCMC every two months to see his grandchildren. He was diagnosed with hypertension about five years ago, and he has been trying to maintain a healthy lifestyle by cutting down on salty, sugary, and fatty food, sleeping 8 hours per day, and trying out yoga.

CURRENT SITUATION

1. I am trying to maintain a well-balanced diet, so my body can heal naturally without the continued need for medicine.
2. I practice yoga and meditation everyday with my wife.

GOAL

1. I want to live a healthy life, eating more healthy organic food, drinking more water, and exercising more.
2. I don't want my kids to worry about my health condition.
3. I hope to spend more time with my grandchildren.

PAIN-POINTS

1. Sometimes I cannot remember whether I have taken medicine yet. I feel like I may have missed some doses or taken the medicine twice a day.
2. I do not like taking the Western medicines. They are chemicals.

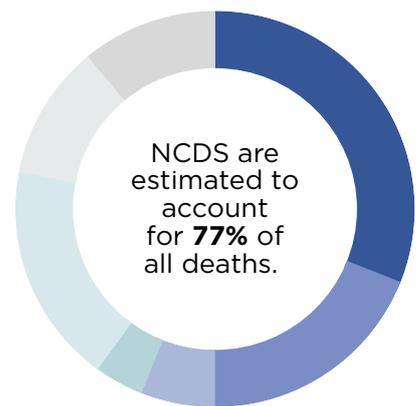
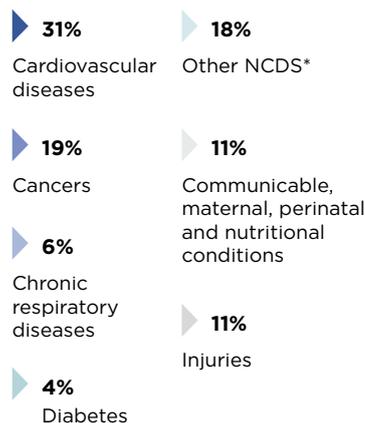
THE #1 CAUSE OF DEATH

Cardiovascular disease accounts for 31% of deaths in Vietnam, equivalent to 170,000 per annum. Hypertension is a major contributor to ischemic heart disease and strokes, which rank as the top causes of mortality over the past decade.

HIGH PREVALENCE IN RURAL AREAS

20% of Vietnamese are estimated to have hypertension reaching up to 30% in rural areas with limited access to early detection. Limited awareness regarding hypertension has led to rising cases and treatment failures.

Proportional Mortality Rates in Vietnam Illustrate the Impact of Cardiovascular Disease (2018)



*Non-Communicable Diseases
 Source: The World Health Organization

On the Ground

INCREASING ‘GOLDEN TIME’ ACCESS FOR STROKE PATIENTS IN THE MEKONG DELTA

Siemens Healthineers has been an active partner with the Can Tho Stroke International Service Hospital (SIS) and its founder Dr. Cuong since 2019, which has treated more than 60,000 patients since it opened, of which -80% for stroke and cardiovascular related issues.

With international standard technology for stroke treatment now in the Mekong Delta, Can Tho SIS has delivered positive patient impact, improving “golden time” (under 6-hours from the onset of a stroke) access to care from less than 10% to 23% coverage in the region. Can Tho SIS has been instrumental in not only providing international standard of care but also in improving access to quality care in the Mekong Delta, accepting social insurance, private insurance, and where required, offering free care to impoverished residents.

Siemens Healthineers has also partnered with Can Tho SIS to organize Stroke Summer School, supporting the technical and clinical training of -150 neuroradiologists stroke physicians from Vietnam and around the region at its launch in 2019. Future plans include training 1-2 interventional neuroradiologists in each of Vietnam’s 63 provinces. Fabrice Leguet, Managing Director Siemens Healthineers ASEAN remarks on the company’s collaboration with Can Tho SIS, “this is a story about ‘accessibility’ to state of the art care for a large population which did not have any access at all due to their remote location”.



Mr. Forgetful Diabetes

After few months being on medicine, my blood sugar stabilized, so I stopped taking medicine. Then all of a sudden, I did not feel well, and my throat got dry. I went to see the doctor, he “scolded” me for getting off the medicine, explaining that I can never be 100% cured from diabetes.

PROFILE

Gender: Male
Age: 52 years old
Place: Ho Chi Minh City
Occupation: Construction engineer
Status: Married with 3 sons
Personality: Sociable, extrovert, and hard-working

GENERAL DESCRIPTION

Mr. Forgetful Diabetes leads a busy life, working long hours at construction sites. Besides work, he spends most of his time with his family. He especially enjoys drinking beer with his friends on the weekend. He was surprised to get diagnosed with Type 2 diabetes last year during an annual health check-up.

CURRENT SITUATION

1. I try to take medicine whenever I remember.
2. I reduce my intake of drinks and food, which I think are sugary.
3. I check my blood sugar sometimes when experiencing dry throat then visit doctors if needed.

GOAL

1. I want to live longer & be healthy for my family.
2. I hope I will not get serious health complications, like kidney failure, due to diabetes.

PAIN-POINTS

1. Doctor told me to cut down on sugar, and I receive many diet recommendations from friends & family, but there is conflicting information sometimes.
2. It is hard to keep track on taking medicines daily. I often forget.

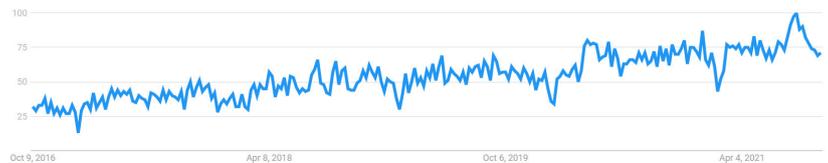
A Silent Endemic

An estimated 6 million people are living with diabetes in Vietnam of which nearly two-thirds are undiagnosed and the majority of those that have been diagnosed with Type 2 diabetes are not following treatment plans.

Living with Diabetes

Non-compliance with dietary and treatment plans for diabetics is common in Vietnam, leading to more serious complications such as kidney disease, heart attacks and strokes.

IN SEARCH OF HELP: ONLINE SEARCHES FOR DIABETES “TIỂU ĐƯỜNG” HAS TRIPLED OVER THE LAST 5-YEARS



Source: Google Trends

On the Ground

BETTER ACCESS TO INFORMATION AND KNOWLEDGE TO TACKLE THE DIABETES CRISIS

Vietnamese patients are learning to educate themselves and seek out better health information regarding their own personal care. COVID-19 has accelerated this trend, and combined with reduced accessibility to offline healthcare services, people are turning to digital sources for information and guidance.

“We have seen a strong growth for health related search queries over the past 12 months, as Vietnamese consumers become more proactive with their health,” cited Chris Clarke, Chief Growth Officer of the Hello Health Group, an online medical information platform. He added that, “this is particularly true when it comes to chronic conditions like diabetes, where constant support, treatment, and daily care are necessary.”

Educating healthcare professionals over best practices in diabetes management is equally important. Sanofi Vietnam first introduced iSTEP-D in 2014 in partnership with the Vietnam Association of Endocrinology and Diabetes to improve the medical community’s awareness of modern practices for treating diabetes. In the past two years, more than 2,400 healthcare professionals have been involved in the program, making it one of the most successful scientific programs for diabetes management in Vietnam.

The company has now initiated iSTEP-D Plus with the launch of MedExpress, an online scientific content hub for healthcare professionals in Vietnam.

According to Didier Martin, Head of Business Operations, “Sanofi aims to reinvent the way medical and scientific information is delivered to healthcare professionals to tackle the escalating crisis of diabetes in the Vietnamese population.”



Mrs. Fearful Breast cancer Farmer

I feel isolated and overwhelmed dealing with cancer alone, especially since I live in a small town. Whenever I need advice, I need to wait until the next doctor visit. My husband and I are getting stressed with our financial situation. Our saving is used up for my treatment. The costs of travel and my husband's taking days off work makes it even worse.

PROFILE

Gender: Female
Age: Middle-aged
Place: Rural Northwest Region
Occupation: Farmer
Status: Married with 1 son and 2 daughters
Personality: Easy-going, extrovert, and meticulous

GENERAL DESCRIPTION

Mrs. Fearful Breast Cancer Farmer lives in a remote area in the Northwest region of Vietnam with her husband and two young children. She was recently diagnosed with Stage II breast cancer, and her life has never been the same. She is currently receiving chemotherapy treatment. Every three weeks, she has to send her children to her mom and go to Hanoi for her treatment. Sometimes her husband cannot take days off, so she has to travel with another family member.

CURRENT SITUATION

1. I try my best to follow my doctor's treatment plan and advices, so I can get good results.
2. I try to stay optimistic, especially in front of my family, so they can feel better and less stressed.

GOAL

1. I hope my cancer will not progress any further, so my family and I can go back to our normal life.
2. I want my family to stay healthy and happy.
3. I hope I will not become a financial burden for my family, so my kids can have a better future.

PAIN-POINTS

1. I am physically and emotionally exhausted from having to come to Hanoi for my treatment.
2. The treatment cost is expensive, not to mention the travel cost. We have to borrow money from our relatives and friends.
3. I do not have anyone to talk to except for my husband and my mom, but they do not understand.

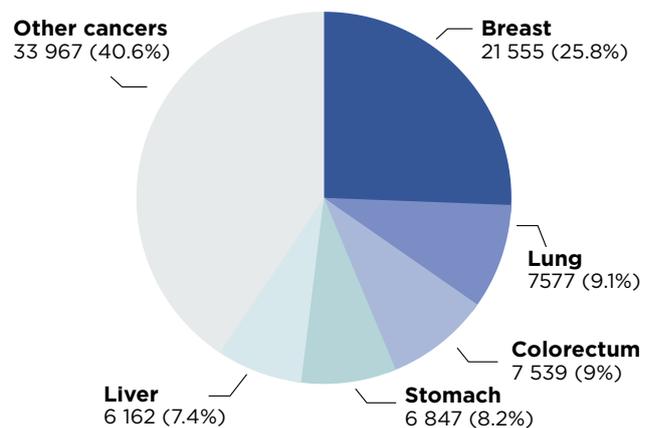
A leading cause of mortality

Cancer is the second leading cause of mortality in Vietnam with breast cancer as the most common type representing 26% of cancer occurrences among female Vietnamese.

Financial burden on patients and families

Social insurance covers ~80% of cancer services. However, 40% of households with cancer patients become impoverished due to high treatment costs and loss of income, which puts further strain on patients and caregivers alike.

BREAST CANCER WAS THE MOST COMMON TYPE OF DIAGNOSED CANCER AMONG VIETNAMESE WOMEN IN 2020



Source: The Global Cancer Observatory

On the Ground

REIMAGINING EARLY DETECTION OF BREAST CANCER FOR VIETNAMESE WOMEN

In Vietnam, only 10% of women schedule an annual breast cancer screening, while international statistics indicate that early detection of breast cancer increases the rate of survival to 93% or higher for patients.

In October 2021, Gene Solutions, a Vietnam-based genetic testing company, launched the "From Genes to Imaging" campaign to build awareness for comprehensive breast cancer screening, combining genetic testing with traditional imaging techniques like mammograms and MRIs. The program will be conducted in partnership with the University of Medicine & Pharmacy HCMC, Huế Central Hospital, and the Hà Nội Obstetric & Gynecology Hospital.

Other companies active in the fight against cancer include Roche Vietnam which launched "Joining Hands For Her" in close partnership with the Ministry of Health, Vietnam Social Security, and select hospitals to address the entire journey of breast cancer patients from screening and diagnosis to treatment and care. The program follows the company's "We Care For Her" initiative that screened over 40,000 women, detected approximately 30 cases of early stage breast cancer, and referred 200 high-risk cases for further medical consultation.

"Early detection of breast cancer is absolutely critical to achieving positive patient outcomes in a cost-effective manner," commented Girish Mulye, General Director of Roche Vietnam. He added that, "our aim for Joining Hands For Her is to improve every part of the breast cancer journey, starting with making screening affordable to all Vietnamese women and improving the capabilities and capacity of our partnering hospitals."



Mrs. Anxious Young Mum Seeking Infant vaccination

When I gave birth, the doctor gave me a notebook to keep track of vaccinations. I take my son to the medical center in the neighborhood as required for the vaccination. The queue is always long as everyone goes there for free vaccine. Since my son turns 1 years old, it is difficult to keep track of his vaccination schedule since it is spread out.

PROFILE

Gender: Female
Age: 24 years old
Place: Rural South Central Coast Region
Occupation: Housekeeping
Status: Married with a 15mo baby
Personality: caring and family- oriented

GENERAL DESCRIPTION

Mrs. Anxious Young Mum Seeking Infant Vaccination lives in a small town in a rural province in the South Central Coast region of Vietnam. She got married when she was 20 and got pregnant after one year. Her son just turned 15 months old. Her husband works as a factory worker in Ho Chi Minh City, so he rarely is home. Her mom, who lives nearby, is the main caretaker of her son so she can go to work.

CURRENT SITUATION

1. I try to take my son to the clinic often for the vaccine.
2. After the vaccination, we stay for 30 minutes to see if my son gets sick.

GOAL

1. I want my son to be healthy and happy.
2. I need a stable job so I can support my family financially.

PAIN-POINTS

1. The vaccination was every month when the baby was under 12 months old, so it was easy to keep track. Since he is more than 1 years old, interval between doses is spread out, so I sometimes forget.
2. The waiting time at the center is always long. I have to take half a day off every month or ask my mom to bring my son there.

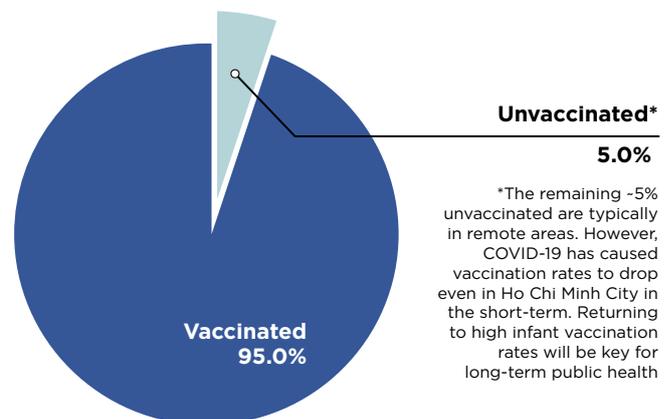
Impressive vaccination rates

The National Expanded Program on Immunization has saved the lives of millions, with Vietnam's vaccination coverage of children under 1 -95% over the past decade. The remaining 5% is typically in remote areas where distribution challenges persist.

An emerging vaccine challenge

Vietnam's expansive public health system has facilitated mass COVID-19 vaccinations but issues of supply will be key challenges to overcome. For infant vaccinations, coverage has dropped as parents stay away from hospitals and commune health centers.

THE PROPORTION OF CHILDREN UNDER THE AGE OF 1 WHO ARE FULLY VACCINATED (PRE-COVID)



Source: General Statistics Office (GSO)

On the Ground

NEW INFANT VACCINATION REGIMES FOLLOWING CHANGING CONSUMER BEHAVIOR

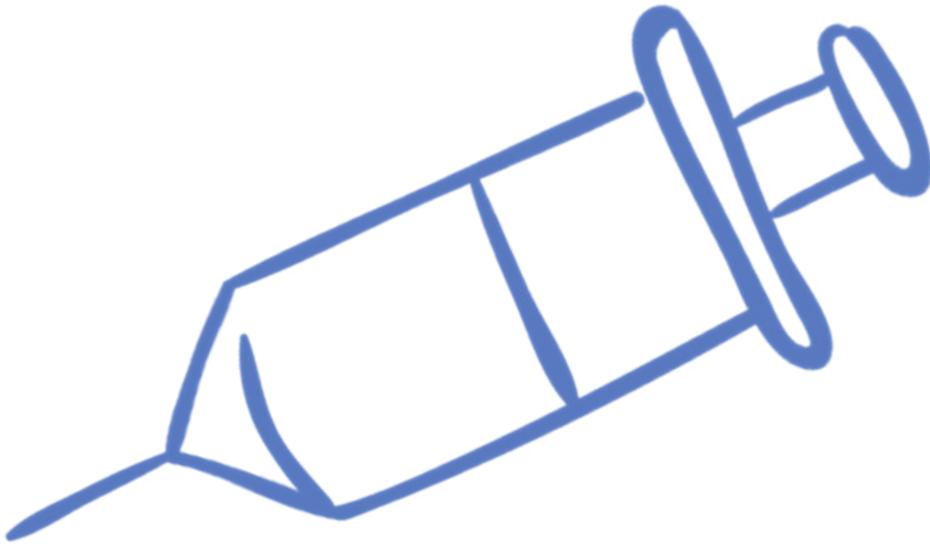
Vietnam's fight against the COVID-19 pandemic in Q3-2021 with a widespread vaccination campaign was a timely reminder of the importance of leveraging Vietnam's extensive public health infrastructure, the necessity of robust supply chains, and the value of international cooperation among public and private stakeholders to ensure access and equity in vaccination coverage.

In the wake of the COVID-19 crisis, healthcare professionals estimate that up to 50% of children are not following their immunization schedules. To encourage kids to stay updated with their immunizations, some hospitals are now offering parents the COVID vaccine when they bring their kids to get their routine childhood vaccinations. This "2-for-1" combo has the advantage of limiting clinic visits, which people are currently anxious about.

According to Nguyen Thi Ngoc Minh, Category Lead of Vaccines & Onco, "COVID has had a clear effect on infant vaccine adherence, as people are not going out. While we anticipate a slight shift to smaller private clinics, most people have and will go to vaccination centers at their maternity hospital or their local CDC vaccination centers." She added that Pfizer is developing an e-vaccine card to help children and adults track their vaccination record and adhere to the appropriate schedule.

One of the chains aiming to capitalize on the change in consumer behavior is Nhi Dong 315, a chain of clinics specializing in pediatric care. Founded in 2019, the company has 14 pediatric clinics in operation throughout the greater Ho Chi Minh City area and plans to reach 20 by year end. According to Vy Nguyen, the Founder and CEO, "families are avoiding large public hospitals for mild diseases and standard infant care like vaccinations. They are looking for alternatives, and we see more patients coming to neighborhood clinics where there is lower perceived risk compared to big hospitals."

WORKSHOP & PROCESS



40+ HEALTHCARE LEADERS 432 CONCEPTS GENERATED 9 BIG IDEAS

In-person and online Design Thinking workshop sessions were planned and facilitated by Chris Elkin, Founder, Doodle Design, and his team.

Participants were led through a series of Design Thinking mindsets and methods and invited to input, collaborate, and co-create on how to expand access to quality care across the patient personas.

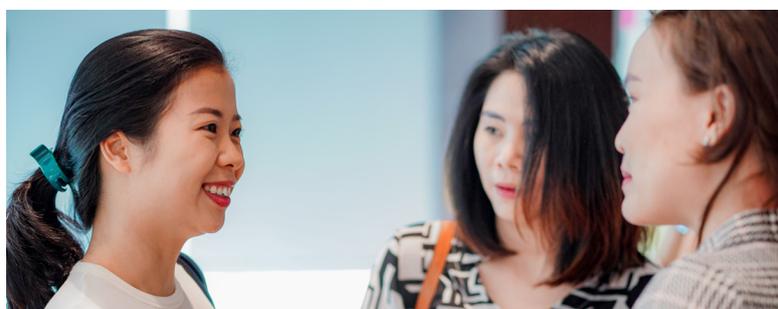
A range of global best-practice Design Thinking methods were facilitated to deliver strong outcomes, including: **Persona Profile, Rose, Bud, Thorn, Affinity Clustering, Statement Starters, Creative Matrix/Alternative Worlds, Visualise-the-Vote and Impact/Difficulty Matrix.**

As a critical housekeeping rule, no judgements or premature rejection of ideas based purely on viability or feasibility were applied during the creative brainstorming process. Participants were encouraged to share as many ideas as possible, including ideas from different perspectives, other countries, or inspired by other innovative organizations.

With the aid of a lot of empathy, imagination, enthusiastic participation (and Post-It notes) 432 ideas were sparked. In addition, a wide range of valuable connections were also formed amongst the participants, as well as new ways of framing and solving complex problems in more creative ways.

To identify the most valuable ideas for further iteration, all participants were asked to vote for the 'best 3 ideas' based on their personal preference.

9 "big ideas" were shortlisted having received the highest votes by all of the participants. These ideas were then put forward for deeper consideration to solve the challenge at hand.



DESIGN THINKING METHODS

Persona Profile

An informed summary of the mindset, needs, and goals typically held by key stakeholders

Rose, Thorn, Bud

A technique for identifying things as positive, negative, or having potential

Affinity clustering

A graphic technique for sorting items according to similarity

Statement Staters

An approach to phrasing problem statements that invites broad exploration

creative Matrix

A format for sparking new ideas at the intersection of distinct categories

Alternative worlds

A way of using different perspective to help generate fresh ideas

visualize - the - vote

A quick poll of collaborators to reveal preferences and opinions

Importance Difficulty Matrix

A quad chart to facilitate participants in plotting items by relative importance/difficulty

IDENTIFYING ROSE, THORN, BUD FOR EACH PATIENT PERSONA



Human-centric design starts with an informed summary of the mindset, needs and goals of a specific patient in need

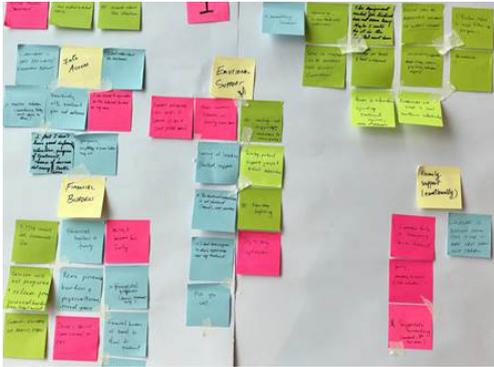


A technique for identifying things as positive, negative, or having potential



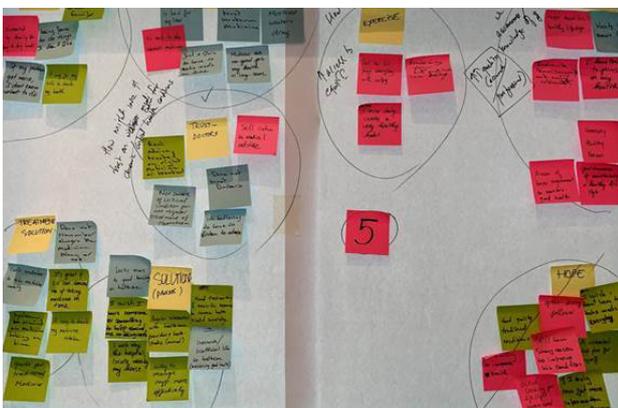
Participants were tasked with **'visualizing'** and **'empathising'** with their delegated patient 'Personas' representing breast cancer, diabetes, hypertension, and infant vaccination. Participants began to discover what was **most top-of-mind** and **significant**, from their patients' perspective, relating to their healthcare needs

CLUSTERING AND ALIGNING ON PRIORITY PROBLEMS TO SOLVE



A graphic technique for sorting items according to similarity

Building on their earlier Personas empathy, the participants used Affinity Clustering to share and discuss the different perspectives uncovered



The participants built a shared **understanding** and **alignment** on the key challenges to overcome and the opportunities to **reimagine healthcare** for their patient Persona

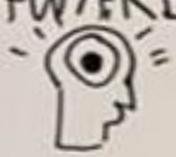
REFRAME THE PROBLEM “HOW MIGHT WE...?”



An approach to phrasing problem statements that invites broad exploration

How might we bring ^{pts} trusted source of information instead of Youtube or the neighbors?

How might we overcome THE BARRIERS TO TREATMENT : INFO?

↑ HOW MIGHT WE IMPROVE VACCINATION AWARENESS  or  100% MOMS

How might we help make cancer an emotionally stress-free journey for women?

Having pinpointed the ‘priority problems’ to solve for their patient persona, the participants then **reframed the problem statements** as a creative question - to invite in and excite fellow-participants to be more creative in **how we might** solve the problems together

SPARKING IDEAS TO SOLVE THE PRIORITY PROBLEMS



A format for sparking new ideas at the intersection of distinct categories

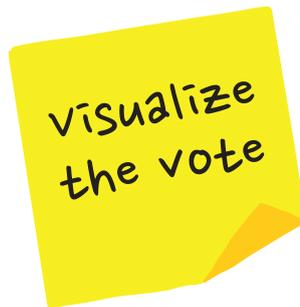


A way of using different perspectives to help generate fresh ideas



The more ideas, the merrier. **Early judgement was not allowed.** Participants were equipped to share as many ideas as possible, including ideas from different perspectives, other countries, or inspired by other innovative organizations

VOTING TO SELECT THE MOST VALUABLE BIG IDEAS



A quick poll of collaborators to reveal preferences and opinions

With the aid of a lot of empathy, imagination, enthusiastic participation (and Post-It notes) many choices were creating, with a total of **432 ideas sparked**



To shortlist the most valuable ideas for further iteration, **all participants were asked to vote** for the 'best 3 ideas' based on their personal preference

9 "big ideas" were shortlisted having received the highest votes by all of the participants. These ideas were then put forward for deeper consideration and prioritization in a follow-up session

INTRODUCING THE 9 BIG IDEAS



THE 9 BIG IDEAS

What is this concept called?	Who is it for?	What problem does it solve?	What is the big idea?
Free Breast Cancer Screening for High-Risk Women	High-risk women	Social health insurance reimbursement for preventative screening tests to increase early detection of breast cancer.	How might we establish a breast cancer detection system to ensure that 100% of breast cancer is detected at stage 1?
The Mammobile	High-risk women in the provinces	Mobile mammogram vehicles to increase access and awareness of breast cancer screening in rural areas.	How might we expand access to breast cancer screening in rural areas?
Living with Cancer Cộng đồng (“Community”)	High-risk women in the provinces	Provide emotional support to breast cancer patients and caregivers through establishment of networks and associations	How might we address the emotional stress for cancer patients and their caregivers?
Healthcare Super App	Everyone	To give users access to a one-stop platform to handle their comprehensive healthcare needs	How might we empower users to take control of their own healthcare outcomes?
Healthcare at Home	Patients with chronic disease and elderly patients	To provide care for patients at their convenience (home, telehealth, online) and reduce the burden on healthcare providers	How might we expand healthcare beyond the traditional settings?
Public-Private Healthcare	Policymakers and medical community	Facilitate the transfer of knowledge and exchange of ideas	How might we facilitate collaboration between public and private stakeholders?
Global Diabetes Best Practices	Medical community	To reduce prevalence of diabetes in Vietnam by referencing and adopting international models to best suit the Vietnamese healthcare system	How might the Vietnamese medical community adopt international best practices?
Healthcare Siêu Nhân (“Heroes”) Dialogue	Current and aspiring healthcare professionals	Attract more well-trained doctors, nurses, pharmacist, technicians, etc to provide care	How might we elevate the healthcare profession to attract more talent?
National Vaccination Day	Current and expecting parents	Increase the awareness and benefits of childhood vaccination	How might we achieve universal vaccination rates?

WHAT DO THE 9 BIG IDEAS REVEAL?

Following the Design Thinking in-person workshop, the participants were invited to dissect and prioritize the **9 big ideas**. A group of ~20 healthcare stakeholders joined our follow-up **Online Workshop** to assess each idea on **its potential impact and feasibility of implementation**. Ideas were weighed against each other using the two key criteria:

- Relative importance and impact in terms of the number of patients impacted, frequency of patients impacted, and extent of its role in solving the problem
- Difficulty and cost of putting the idea into practice

At the end of the webinar, a matrix was generated to categorize the 9 “big ideas” into **Quick Wins, High ROI, Strategic, and Luxury**:

Luxury Nice to Have

- Luxury refers to initiatives which have relatively less impact on patient health outcomes and may require more resources and time to implement
- Such initiatives still need to be considered for the benefits of a specific patient population

Strategic challenging but impactful

- Strategic refers to initiatives with considerable positive impact on patients but that require more resources and efforts to implement
- Such initiatives should be the focus for healthcare stakeholders in the long-term to create more sustainable impact for patients across multiple therapeutic areas

Quick Wins Feasible but less impactful

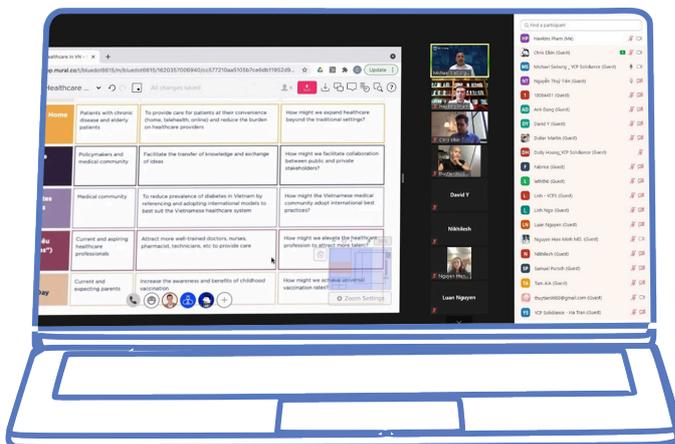
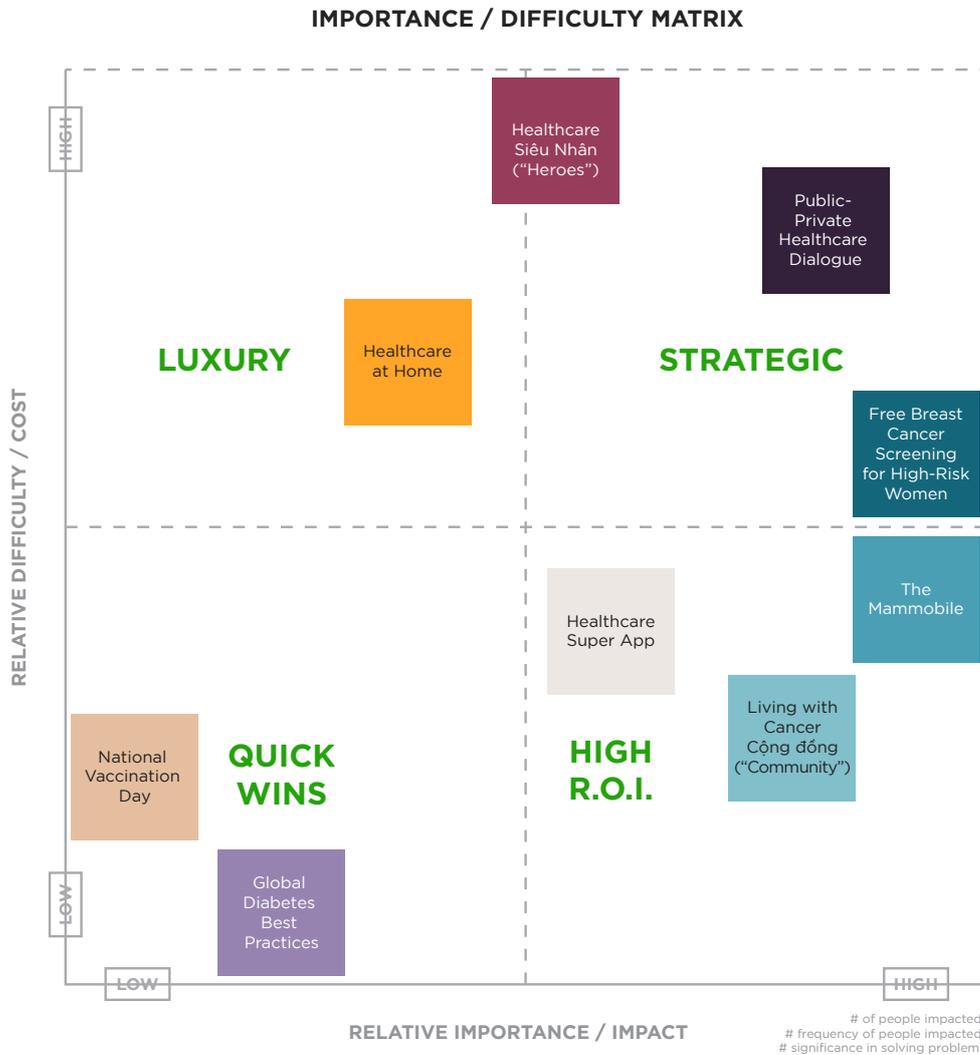
- Quick Wins refer to initiatives which can be implemented in a timely manner to achieve relatively focused impact compared to other initiatives
- Such initiatives can be considered as the “low hanging fruit” to bring immediate benefits to patients

High ROI Feasible and impactful

- High ROI refers to the degree of positive impact on patients relative to the ease of implementation
- Such initiatives should be a key priority for the healthcare community in efforts to increase access to quality care

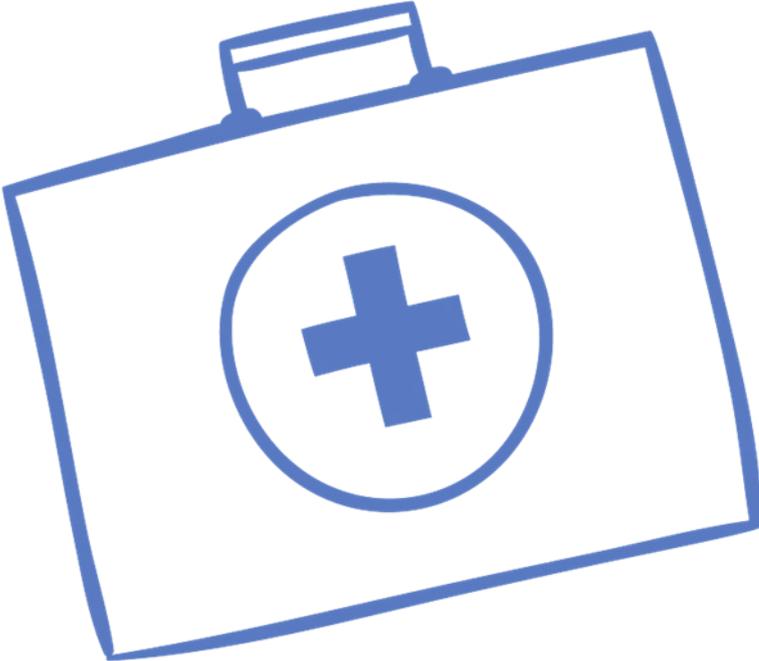
PRIORITIZING THE 9 BIG IDEAS

How might we improve access to quality care?



Participants were walked through the Opportunity Matrix, a process to prioritize initiatives based first on their relative importance and impact followed by their relative difficulty and cost

MOVING FORWARD





Our intention in launching this initiative was to bring together healthcare leaders from across the sector to showcase how a **multi-stakeholder discussion using a patient-centric approach could be leveraged to drive organizational and sector innovation.**

We believe that achieving patient-centric outcomes is only viable through an effort comprising stakeholders across the full healthcare spectrum: hospitals and clinics, pharma and insurance companies, diagnostics and digital health players, retailers and medical device suppliers, non-governmental organizations and, of course, the government itself.

The Reimagining Healthcare in Vietnam participants generated an impressive breadth and depth of output as we sought to address the guiding theme, **How might we improve access to quality care in Vietnam?** Our work encompassed:

Hundreds of colorful post-it notes scribbled on with Sharpies

Thoughtful questions under the framework "How might we...?"

432 ideas for how to improve access to quality care in Vietnam

9 Big Ideas prioritized based on the use of a creative matrix

MOVING FORWARD



What we did not anticipate during our sessions was how COVID-19 would disrupt our lives in Vietnam just a short time later. Some of the Big Ideas we discussed are now being realized and accelerated in real time. COVID-19's impact is surely being felt in the short-term but will also have long-lasting implications for healthcare delivery in Vietnam.

As we move forward, we hope that this white paper is just the end of the beginning of an ongoing journey to continually Reimagine Healthcare in Vietnam. We will seek to continue to facilitate further collaboration and intend to organize annual workshops to address key questions vital to serving the healthcare needs of patients in Vietnam. We hope you will continue on this journey with us.

To discover how you might get involved with reimagining healthcare in Vietnam and improve access to quality care, please don't hesitate to reach out. Our intention is to transform these ideas into reality, and we would welcome your participation.

Doodle Design, Hawkins Pham, YCP Solidiance

ABOUT THE ORGANIZERS

HAWKINS PHAM

BE CAUSE PARTNERS

In 2020, my daughter was born with a hole in her heart. She was our third child but our first to be delivered in Vietnam. In the first trimester, we detected that she had a congenital heart defect–Ventricular Septal Defect–and afterbirth arranged a medical consultation at the University of Medicine & Pharmacy of Ho Chi Minh City. We were advised that she would require surgery, and given the size and number of holes, we were referred to the Heart Institute, a public hospital that specialized in complicated pediatric cardiology cases. At 2-months of age, she underwent a successful open heart surgery, but it was this journey, encountering all elements of the healthcare industry in Vietnam, where my heart was broken-open over the many inequities that the majority of Vietnamese face in getting access to care.

Following this life changing event, I asked myself, “where can I be at the source of change? How can I help other families that might experience the same journey? How can we reimagine healthcare in Vietnam?” To help me answer these questions, I turned to my friends at Doodle Design and YCP Solidiance to help reimagine the future of healthcare in Vietnam giving birth to Reimagining Healthcare.

CHRIS ELKIN

DOODLE DESIGN

Chris and the Doodle Design team have been delighted to use Design Thinking to support new ways of reimagining healthcare in Vietnam.

Chris is the Founder of Doodle Design, a UK Chartered Marketer and LUMA Institute, Lead Design Thinking Instructor.

Originally from a small town in Northern Ireland, Chris has honed his professional skills in the world’s most dynamic cities: London, New York, Singapore and now, Ho Chi Minh City, Vietnam. Getting to the essence of a brand, product, or experience and bringing it to life is his speciality.

Chris works with multidisciplinary teams across a variety of sectors from Healthcare, Finance Services, E-Commerce, FinTech, Education, Real Estate, FMCG and more, to design innovative brands, experience, products, and services.

Chris also trains leading organizations worldwide to use Human-Centered Design mindsets, methods and toolkits to be better collaborators, problem-solvers and innovators, whatever the challenge may be.

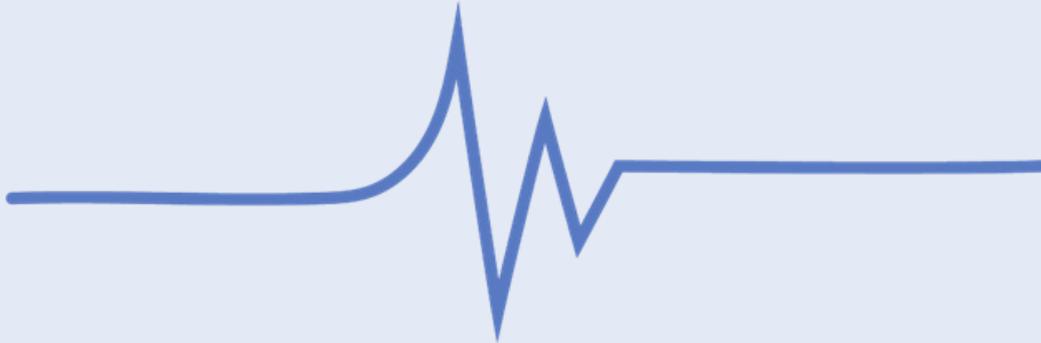
MICHAEL SIEBURG

YCP SOLIDIANCE

Our objective in co-organizing this initiative was to bring together leaders from across the healthcare landscape so they could meet, discuss, learn from each other, and hopefully drive future collaboration. We at YCP Solidiance regularly see in our advisory work that sustainable, high impact solutions to structural challenges needs multi-stakeholder collaboration yet there are few platforms to enable this in Vietnam.

YCP Solidiance is an advisory firm focused on Asia and healthcare is a core sector focus. Our team has worked alongside multinational and local healthcare companies to support their strategic planning. We’ve likewise supported public health organizations, worked pro bono in partnership with a health-focused NGO, and we are active in the American Chamber of Commerce Healthcare Committee. If you would like to discuss how we can support you, please email Michael (michael.sieburg@ycp.com)

Thank you :)



CHRIS ELKIN

chris@doodledesign.co
doodledesign.co

HAWKINS PHAM

hawkins@becausecap.com

MICHAEL SIEBURG

michael.sieburg@ycp.com
ycpsolidance.com