Australian Aid | INVESTING IN WOMEN SMART ECONOMICS AN INITIATIVE OF THE AUSTRALIAN GOVERNMENT | SwipeRx

Testing a Pharmacist-Led Aged Care Model in Viet Nam



Results from the first 10 months of testing a pharmacy-based aged care model in Ha Noi, Da Nang and Hung Yen.

The experiment

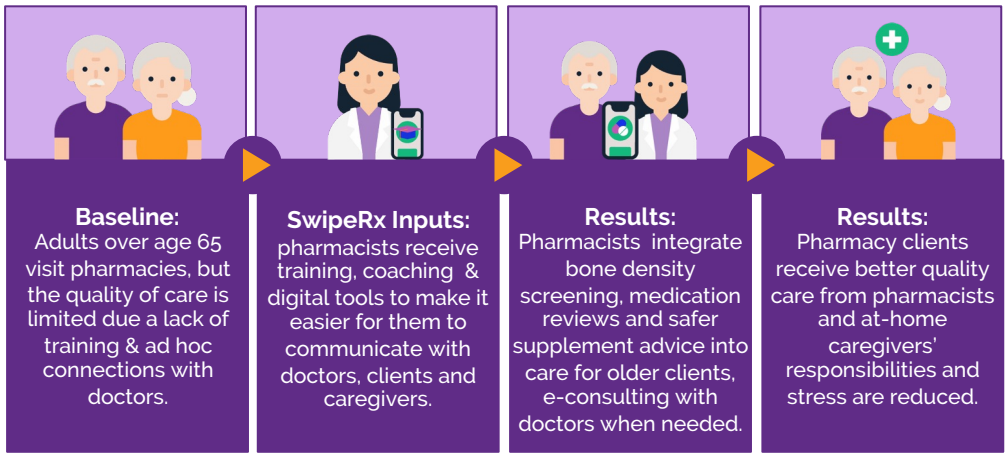
Viet Nam is one of the fast-aging populations in the world. Nearly 10 million people are now over 65,[1] and according to 2021 data, the prevalence of osteoporosis was 27% in women and 13% in men[2] – significantly increasing fracture rates, mortality, disability and other comorbidities. Responsibility for unpaid elder care in Viet Nam falls disproportionately on women.

With support from Investing in Women, an initiative of the Australian Government, SwipeRx set out in late 2025 to test whether community pharmacies could play a larger role in aged care: bone health screening, medication review and links to doctors. The pilot was designed to generate evidence on feasibility, building on formative research with caregivers and pharmacy operators and co-design inputs from public and private stakeholders. Without any prior efforts to engage community pharmacies in gender equitable aged care models, the goal of the testing and learning phase was to assess viability and potential benefits for multiple beneficiaries, including older pharmacy clients and their family caregivers as well as pharmacists.

What we built

Starting with the first accredited digital training on bone health at the pharmacy in November 2025, followed by digital and in-pharmacy coaching for trained pharmacists, the program built the knowledge, skills, and commitment pharmacists need to integrate bone density screening and other bone health advice into pharmacies. This was followed by facilitating connections with suppliers of portable pDXA bone-density screening machines and quality-assured supplements recommended for older adults. SwipeRx also provided structured digital forms to facilitate e-consultations with doctors, using existing pharmacy–doctor connections. SwipeRx also provided e-posters designed to make it easier for pharmacists to announce bone density screening and other aged care products and services to their customers through existing Zalo and Facebook groups.

Testing how technology could enhance the ability of pharmacies to improve health of older adults and benefit caregivers



The policy environment

An August 2025 co-design workshop SwipeRx held with participation from representatives of the Ministry of Health's National Geriatric Hospital, its Population Authority, the Viet Nam Pharmaceutical Association, and the Viet Nam Association of the Elderly – identified no major policy barriers to pharmacists playing a greater role in aged care by offering bone health screening, medication review and safer supplement advice for older clients. The workshop findings indicated an enabling policy environment for the proposed model. A representative of the Viet Nam Association of the Elderly noted that women generate roughly 43 percent of economic activity in Viet Nam while also carrying out most home-based care for older people, and participants recognized the potential for reducing women's caregiving burden.

[1] UNFPA Vietnam, 'Ageing', view here.
[2] Hoang DK, Doan MC, Mai LD, Ho-Le TP, Ho-Pham LT. Burden of osteoporosis in Vietnam: An analysis of population risk. PLoS One. 2021 Jun 16;16(6):e0252592. doi: 10.1371/journal.pone.0252592
[3] All names in this report are fictional to protect the identity of focus group participants.

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Results from the first 10 months

1,606 pharmacy professionals trained nationwide through two **8-hour accredited webinars.**

Among these, trained pharmacists at 108 pharmacies in Ha Noi, Da Nang and Hung Yen received additional digital and in-pharmacy coaching to put the aged care training into practice.

12,794 clients aged 65 and over screened for bone health in 10 month.	**72%** of them are women	**65%** of everyone screened went on to an e-doctor consultation started right at the counter.

In the pilot pharmacies, older clients and their families came forward for screening in numbers that exceeded the capacity of the available machines (see "Lessons and opportunities for scale-up"), which may point to further unmet need. These data describe participation in the pilot; they do not measure health outcomes and should not be projected beyond the pilot pharmacies without further testing.

Experiences of caregivers, older clients and pharmacists

The accounts below are drawn from focus group discussions with caregivers, older clients and pharmacists in Ha Noi and Da Nang. They illustrate individual experiences. Linh[3], aged 38, works at a garment factory in Ha Noi. Her mother, 73, had already fallen twice when she learned about services at her neighborhood pharmacy that could help.



"I work at a garment factory, and I used to be very worried about leaving [mom] alone at home because I was afraid she might fall again when no one was there to help her. I often had to take time off work to stay with her, and because of my frequent absences, I was eventually suspended from work." – *Linh (38 yrs old) describing her concerns for her 73-year-old mother in Ha Noi*

A pharmacy near their home screened her mother's bone density, and the result indicated a high risk. The pharmacist helped her connect with an e-doctor to emphasize the need for immediate care at a hospital. Her mother was then diagnosed with osteoporosis and started treatment.

"Most importantly, I have been able to return to work."
– Linh, 38-year-old caregiver in Ha Noi

Lives changed, on both sides of the pharmacy counter

The model was designed on the premise that expanded aged care at neighborhood pharmacy counter could reduce the caregiving time or stress. While the monitoring and evaluation plan did not include specific indicators for these results during the initial phase, Linh's experience highlights the potential benefits for caregivers, even in the initial months of the pilot. Another caregiver, a 33-year-old named Thuy, described how pharmacy-care helped her save time for income generating activities:

"If I have to take my mother to the hospital in the morning, I lose a day's pay. If [my mom's] routine monitoring can be done at a nearby pharmacy, I can take her before or after work, keep more of my working time and earn more income." – *Thuy, 33-year-old caregiver in Ha Noi*

These self-reported experiences from a small number of focus group participants are early indications of the longer-term benefits possible through the model.

On the other side of the counter, Lan, 59, a pharmacy owner in Da Nang, described how her work with older customers changed after the SwipeRx training.

"The clearest change is that my knowledge became more structured. Previously, I relied heavily on experience. After the training, I have a more systematic approach to older clients with multiple chronic conditions, polypharmacy, non-pharmacological care, and bone health." – *Lan, 59-year-old pharmacy owner in Da Nang*



"The most recent was after osteoporosis screening at the pharmacy, when my result showed high risk. The pharmacist contacted and discussed the result with a doctor and then advised me to go to the hospital for further bone density assessment." – *Ms. Nga, 75-year-old pharmacy client in Da Nang*

[3] All names in this report are fictional to protect the identity of focus group participants.

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Commercial elements of the model

Pharmacists rented the portable bone-density machines used for screening themselves, on their own commercial judgment, without any subsidy from SwipeRx. The service had not previously been offered at pharmacy counters in Viet Nam. While screening services were offered free of charge, qualitative feedback from pharmacists suggests revenue rose as a result of improved reputation and/or sales of other health products. 95 percent of the pharmacies with digitally engaged pharmacists had procured the specific, quality-assured supplement products SwipeRx pointed them to – magnesium and calcium – more than once since the training as of 30 September 2025, indicating the value that these recommended aged care supplements and discounts negotiated by SwipeRx with suppliers represented to the trained pharmacists and their clients.

The supplement market in Viet Nam is large. In the context of a highly fragmented pharmacy supply chain and limited professional education in this area, pharmacists have limited reliable information about which products to stock and recommend for older customers. SwipeRx used digital campaigns to share information on multiple products selected on the basis of regulatory registration and global recommendations for aged care.

> *"In the past, older adults did not pay much attention to bone health, so demand in this area was limited. Since the pharmacy started the osteoporosis screening program, many cases of low bone mass and osteoporosis have been identified. Based on these results, my pharmacy has sold more calcium and vitamin D3/K2 supplements."* – *Thu, 37-year-old pharmacist in Ha Noi*

> *"When we provide good counselling and build trust, clients are more likely to return to the pharmacy when they need medicines or products. Therefore, better care [for older clients] can also support the pharmacy business."* – *Phương, 34-year-old pharmacy manager in Da Nang*

Acknowledgement of the model from the Viet Nam Pharmaceutical Association

The Viet Nam Pharmaceutical Association (VPA)'s annual pharmacy conference in October 2026 focuses on aged care. The SwipeRx model was selected for presentation during the keynote address for the annual conference, indicating strong acknowledgement of the relevance of the model to national pharmacy channel strengthening efforts.

Lessons and opportunities for scale-up

The testing-and-learning phase ends in October 2026. The testing phase points to four areas to focus on in a possible scaling phase:

- ✅ **Pharmacy screening coverage.** The portable bone-density (pDXA) scanners are supplied centrally in Viet Nam, without provincial suppliers established to date. Increasing the number of pharmacies offering bone density screening services from pilot level (approximately 20/month) to 50-100/month could extend the supply chain to provincial hubs and lower transportation costs to facilitate scaled access.
- ✅ **Doctor availability.** Pharmacists in the focus groups reported contacting doctors more often than before, through the e-forms provided by the pilot. They also described limited doctor availability as a challenge. In the scaling phase, testing different options for expanding availability of e-doctors is recommended.
- ✅ **Pharmacy aged care product availability.** SwipeRx's earlier market scan identified specific health products with potential to reduce caregiving burden if pharmacy access could be expanded – a pill organizer with a reminder alarm, lower-cost continuous glucose monitoring patches, a wearable SOS alert button, motion-sensor lighting and anti-slip tape for fall prevention, and one product (a penile clamp for incontinence) that still needs registration with the regulators of medical devices in Viet Nam. None of these products have reached a pharmacy shelf yet. Integrating some of these products into the model in the scaling phase and assessing perceived benefits for caregiving as well as pharmacy businesses could generate additional insights relevant to ongoing national and regional aged care economy strengthening efforts.
- ✅ **Longer-term effects on caregiving**. Focus group accounts describe less stress and more available time, and an ability to return to work. Changes in time use, income and employment could be measured with more time, during a scaling phase.

After the first 10 months of testing, the pilot has demonstrated **strong demand for pharmacy-based aged care services and positive responses from older clients, caregivers and key stakeholders.**

Sources: Analytics data, qualitative focus group discussion report and codesign meeting reports.

Disclaimer: This publication is supported by the Australian Government through the Investing in Women initiative. The views expressed in this publication are the author's alone and are not necessarily the views of the Australian Government.