

Despite nationwide basic stroke treatment coverage, delays accessing advanced stroke care in Vietnam vary by region, new report finds

Patients in Vietnam's Southwest region and Mekong Delta can travel up to ten hours for advanced stroke care; Vietnamese experts point to a public-private model in Can Tho as a way to close that gap.

HO CHI MINH, 2 September 2026 – Delays occurring before patients reach advanced stroke centres remain a major barrier to timely treatment, with access varying significantly by region, according to a new report, *Strengthening Stroke System Readiness Across ASEAN*, unveiled today by Siemens Healthineers at Hospital Management Asia 2026 in Bangkok, Thailand.

The report draws on insights from seven leading experts across Indonesia, Malaysia, the Philippines, Singapore, Thailand and Vietnam, including Dr. Cuong Tran Chi, Director of Stroke International Services Hospital in Can Tho City. Experts identified geographic distance as the biggest contributor to delay in Vietnam, with patients in underserved regions facing long transfer times, preventing them from reaching the right level of care quickly enough.

The World Health Organization's South-East Asia Region accounts for over 40% of global stroke mortality,¹ and carries nearly half of the developing world's total stroke burden, with severe long-term disability affecting roughly one-third of all stroke survivors². In Vietnam, stroke is the leading cause of death and has one of the highest incidence and prevalence rates in Southeast Asia³. This burden is compounded by an

¹ Pandian JD, Padma Srivastava MV, Aaron S, et al. The burden, risk factors and unique etiologies of stroke in South-East Asia Region (SEAR). *Lancet Reg Health Southeast Asia*. 2023; 17:100290. [doi:10.1016/j.lansea.2023.100290](https://doi.org/10.1016/j.lansea.2023.100290)

² Ng JC, Churojana A, Pongpech S, et al. Current state of acute stroke care in Southeast Asian countries. *Interv Neuroradiol*. 2019; 25(3): 291-296. [doi:10.1177/1591019918811804](https://doi.org/10.1177/1591019918811804)

³ Tran MC, Prisco L, Pham PM, et al., *Comprehensive analysis of stroke epidemiology in Vietnam: Insights from GBD 1990–2019 and RES-Q 2017–2023*, *Global Epidemiology*, 2025; 9:100199. [doi:10.1016/j.gloepi.2025.100199](https://doi.org/10.1016/j.gloepi.2025.100199)

ageing population⁴, as well as high rates of smoking and alcohol consumption, both significant risk factors for stroke⁵.

"Every healthcare system across Southeast Asia is at a different stage of its stroke care journey, yet many of the challenges are shared," said Fabrice Leguet, Managing Director ASEAN and Head of Enterprise Services Asia-Pacific & Japan, Siemens Healthineers. "In Vietnam, this challenge shows up in extending the reach of advanced stroke care beyond the major cities. Improving outcomes depends on how effectively the entire stroke system works together — from recognising symptoms early to bringing specialist diagnosis and treatment closer to patients, wherever they live."

Distance to advanced stroke care remains the greatest challenge in Vietnam

Vietnam has achieved almost 100% regional and provincial coverage of intravenous tissue plasminogen activator (IV tPA), the standard clot-dissolving treatment for ischaemic stroke. Yet stroke care delivery in the Southwest and Mekong Delta region remains a significant challenge. Patients from these areas can face long journeys to reach a comprehensive stroke care centre, delaying access to the imaging needed to confirm a diagnosis and guide treatment. Experts also pointed to low public awareness of stroke symptoms as a further barrier, delaying hospital arrival in the first place.

A national model with local innovation

Approximately nine years ago, the first [Stroke International Services](#) (SIS) hospital was established in Can Tho City — the first private hospital to provide comprehensive stroke care for the roughly 17 to 20 million people living in the Mekong Delta. In its first year, 13% of patients from the region who previously faced to reach a stroke care facility were treated locally instead. Over the following seven years, door-to-groin time — the time between a patient's arrival at hospital and the start of treatment — improved by 25%, and the centre has since achieved diamond-level stroke care status, the highest tier of recognition for stroke care quality.

Experts pointed to the Can Tho experience as a potential template for expanding advanced stroke care to other underserved regions. Consistent patient volumes and a collaborative public-private financing model allowed physicians there to build thrombectomy expertise within just six months — though any approach elsewhere would need to be adapted to local healthcare needs and circumstances.

⁴ Nguyen LT, Nantharath P, Kang E. The Sustainable Care Model for an Ageing Population in Vietnam: Evidence from a Systematic Review. *Sustainability*. 2022; 14(5):2518. doi:10.3390/su14052518

⁵ Truyen TTTT, Vo NLY, Vo QP, Phan TC, Le PNB, Nguyen HT, et al. *Burden and risk factors of stroke in Vietnam from 1990 to 2021 – a systematic analysis from global burden disease 2021*. *J Stroke Cerebrovasc Dis*. 2025 Mar;34(3):108241. doi:10.1016/j.jstrokecerebrovasdis.2025.108241

AI can support faster, more coordinated stroke care

Artificial intelligence emerged as an important enabler of more connected stroke care in Vietnam. AI-enhanced tele-stroke platforms could support referring hospitals in underserved regions with rapid imaging interpretation and decision support. Also discussed were emerging applications such as AI-based alert systems that notify physicians when a patient shows signs of stroke, tools to streamline patient administration within hospitals, and systems to help follow up with patients after treatment. The experts stressed, however, that technology is most effective when integrated into well-designed clinical pathways and supported by trained professionals, robust referral networks and standardised care protocols.

Five priorities for strengthening stroke readiness

Beyond expanding infrastructure, experts identified the following priorities for strengthening stroke readiness in Vietnam:

1. Strengthening referral pathways and inter-hospital coordination
2. Applying lessons from the Can Tho experience to expand advanced stroke care to other underserved regions
3. Supporting public-private partnerships and flexible financing models to fund new stroke centres where government investment alone is not available
4. Engaging the public through education to enable earlier stroke detection
5. Accelerating the adoption of artificial intelligence and tele-stroke technologies

“Stroke care depends on a chain of decisions and actions that begins before a patient reaches hospital. No single institution or technology can strengthen that chain alone,” said Leguet. “What we've seen in Can Tho shows what's possible when that chain starts closer to home. Public and private partners worked together to bring advanced stroke care to a region where patients once faced hours of travel — and applying those same lessons elsewhere could help more of Vietnam's stroke patients reach care in time.”

Read the full report [here](#).

Notes to editors: The ASEAN Stroke Response Insights Board brought together seven leading stroke experts from Indonesia, Malaysia, the Philippines, Singapore, Thailand and Vietnam to discuss stroke system readiness across Southeast Asia. Vietnam was represented by Dr. Cuong Tran Chi, Director of Stroke International Services Hospital, Can Tho City. Through a structured regional dialogue, participants shared country-specific experiences,

identified common barriers across the stroke care pathway and developed practical recommendations to strengthen coordination, improve access and accelerate timely stroke care across the region.

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