

WRITTEN CASE
**GREMASOK
HEALTH**



GREMASOK HEALTH: OVERVIEW

Market entry

Medium difficulty

Healthcare

Long written case

Case overview

This case focuses on a Gremasok Health, a Singaporean healthcare company. Gremasok have had significant success in their home market and a handful of other countries, and are considering further international expansion. An upcoming regulatory change in Vietnam provides them with a potential opportunity for such expansion, and Gremasok are seeking help to understand how attractive the market is and whether they should enter it.

This case tests the full case scorecard but focuses more on qualitative insights than numerical analysis. It features a wide array of exhibits, but the key insights are for the most part quite straightforward or can be arrived at from multiple angles. The challenge lies in quickly pulling insights together from a large body of source material.

Instructions

Please read the brief on the next slide, review the exhibits contained within the exercise, and prepare a short set of slides in response to the brief. You should spend no more than 60 minutes on this preparation.

The expected output is 3 – 5 slides that you could present and speak to. While we have provided a ‘model’ answer here, given the short preparation time your slides may well be simpler and/or make more direct use of the exhibits provided.

GREMASOK HEALTH: THE BRIEF

From: Peijun Lee

To: GH Project Team

Subject: Greimasok Kick-off

I'm really excited to have you all onboard for the Greimasok project. It's the first time we've served GH, and I'm keen to show them the best our firm can offer.

The Vietnamese government has just announced that, starting two years from now, private operators will be able to run hospitals and related services in the country. These new hospitals will primarily cater to private patients, but can also provide some state healthcare (such as specialist procedures). Until now there have only been a very small number of private operators, catering strictly to expats and tourists, so this reflects a big change in the local healthcare system.

Greimasok Health wants to explore the opportunity of the Vietnamese market. GH is a large Singaporean private health provider who run hospitals not only in Singapore, but also Malaysia and Thailand. They typically take on existing sites and revamp them to become Greimasok hospitals, although they have also entered into other arrangements, such as contracts where they administer someone else's site.

The company currently enjoys growing profits and revenues in its core business. It is relatively cash rich, has good access to debt, and has a Board actively looking for new opportunities to grow.

Our task is to help Greimasok determine whether to enter the Vietnamese market. This is quite a wide-ranging project, and will require us to evaluate the attractiveness of the Vietnamese market at a macro level as well as Greimasok's ability to thrive in it. Please review the information provided and prepare an initial presentation for our first problem-solving discussion. I'd like you to specifically think about:

- How attractive is the Vietnamese healthcare market, at a high level?
- What returns could GH expect from the Vietnamese market? For simplicity, I recommend that you focus at this stage on the economics of opening a first facility only, and estimate the rough ROIC GH may be likely to realize on that investment
- What risks should GH be cognizant of when considering this market?

I look forward to hearing your initial insights when we catch up!

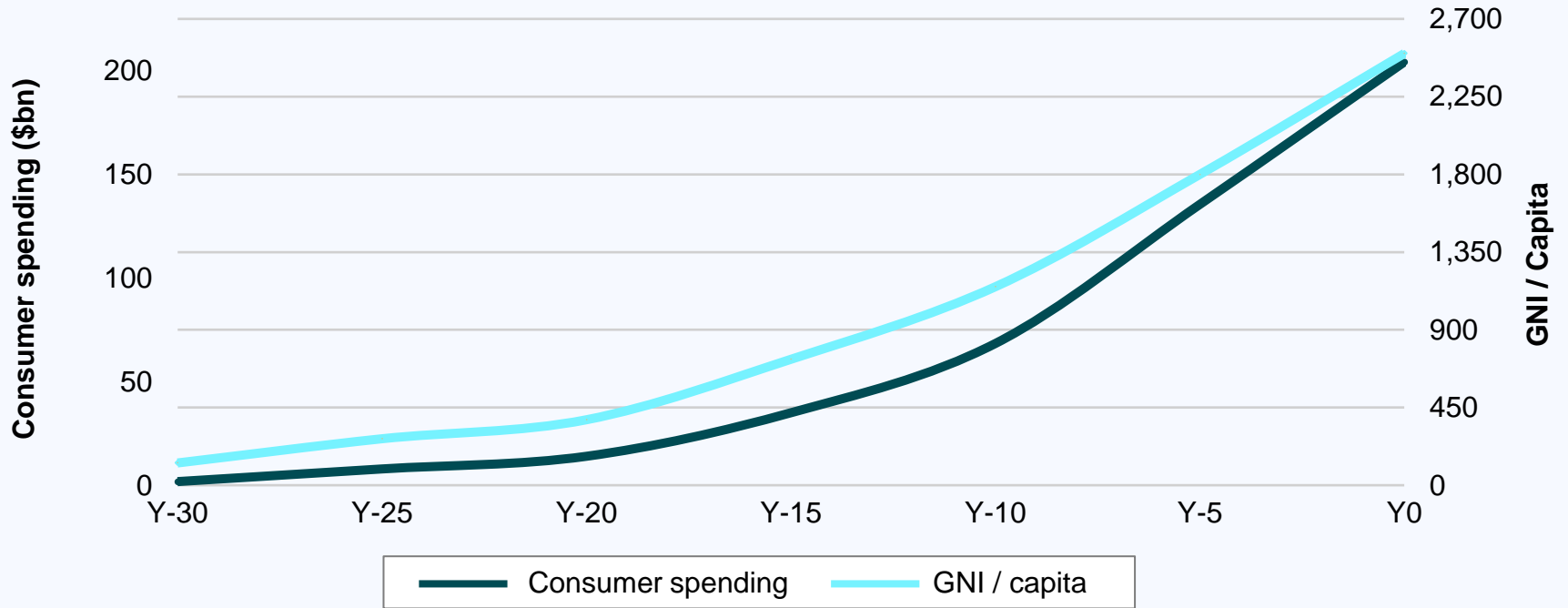
Peijun Lee | Partner

I. CASE EXHIBITS



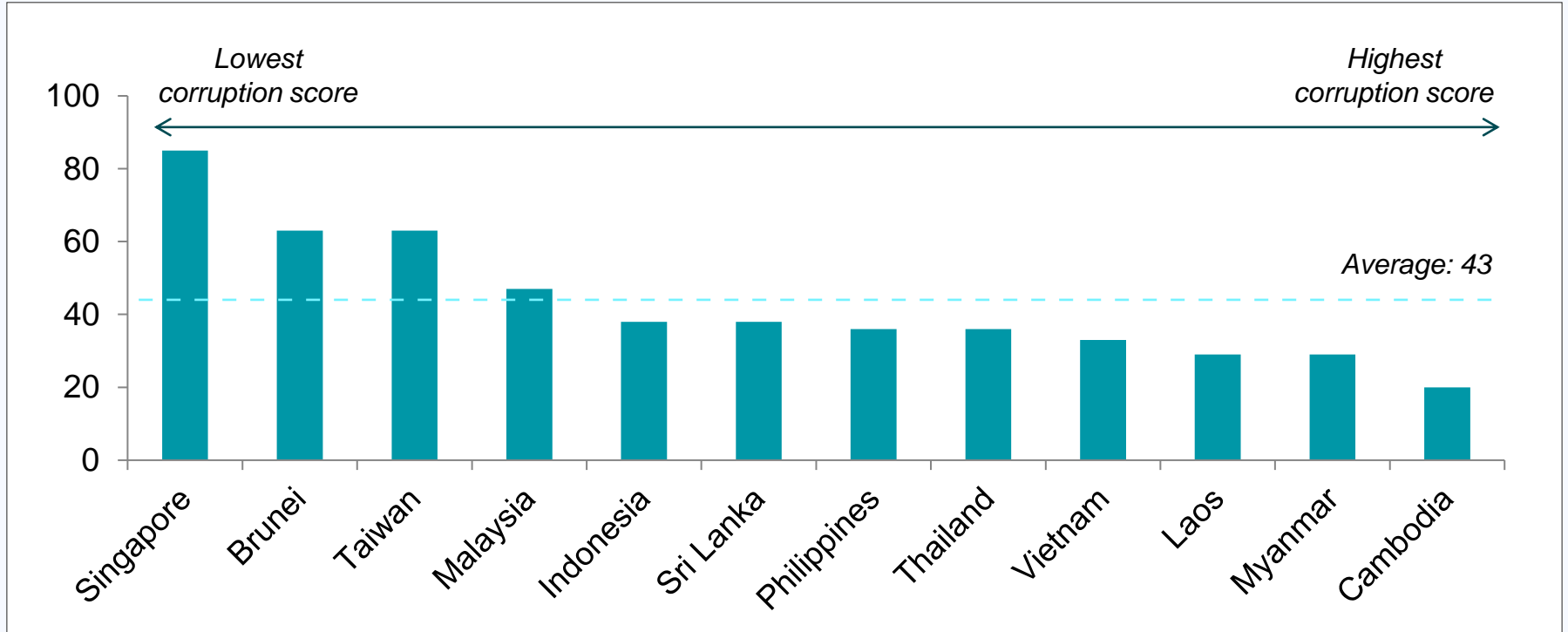
NATIONAL DATA

Wealth and consumer spending in Vietnam



NATIONAL DATA

South East Asia: Corruption index scores (last year)



Source: Transparency International

NATIONAL DATA

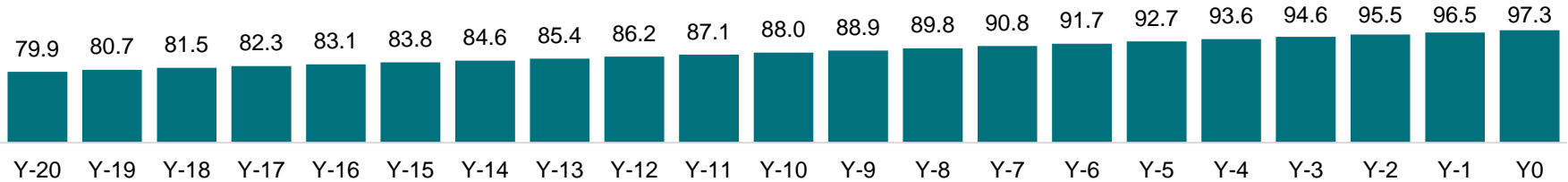
Historical exchange rate data: Singaporean Dollar (SGD) to Vietnamese Dong (VND)



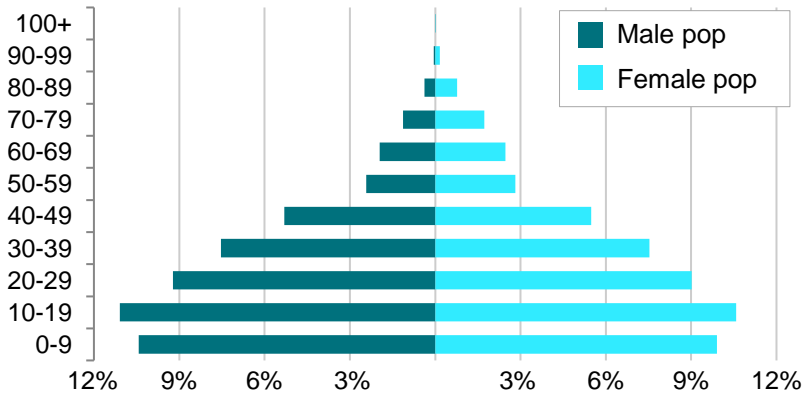
NATIONAL DATA

Vietnam population growth and distribution over two decades

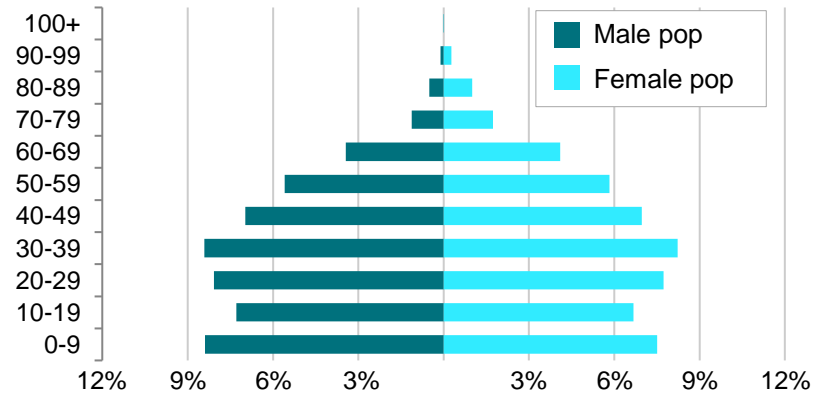
Population growth by year (m)



Population Distribution: Y-20



Population Distribution: Y0 (most recent year)



INDUSTRY DATA

Government decree on healthcare privatisation (key excerpts)

The Government of the Socialist Republic of Vietnam hereby declares that the monopoly of provision currently enjoyed and fulfilled by the Vietnamese government with regard to healthcare provision in the country will be partially lifted. This is a decision taken with the aim of improving the health of the whole nation...The Ministry of Health will therefore be taking applications for those wishing to be granted a 5 year licence to operate hospital services in the Republic of Vietnam. We are only interested in applications of the utmost quality and integrity, and will both solicit and review applications with the sole aim of improving the health of the people of Vietnam.

We will actively oppose, whether in application, or operation, any firm who seeks to profiteer or extract solely financial benefit from conducting healthcare services in Vietnam. There will be a robust process for new hospital sites that will require at least 2 years to pass from contracts completing to opening the hospital...We will be looking for partners who bring international expertise and can upgrade the quality of the professional healthcare workforce of Vietnam.

The people of Vietnam are living longer than ever, and our birth rate is nearing record levels. With such population strength we need to make sure there is adequate supply of the best healthcare. We will be prioritising the procedures where we believe the people of Vietnam can be helped by international innovation.

The main focus sectors of the new provision will be the running of pharmaceutical services and the running of hospitals. With regard to hospitals, we intend to give new providers control of the hospital service. They will be responsible for delivering all care within that hospital, and expected to treat both private patients and those arriving with government cover. They will be regulated by the Ministry of Health to ensure quality...We will give providers significant freedoms to bring in innovation, but they must maintain quality in the eyes of the regulator and ensure the upskilling of the Vietnamese healthcare profession.

INDUSTRY DATA

Key facts on Vietnam in Singapore's 'Pacific Health Investor'

Summary

This is an exciting country, with a population verging on 100m and GDP growth of nearly 7%. The upcoming decree 83 is going to substantially modernize Vietnam's healthcare market.

There is a clear opportunity to operate profitably in this market. Though regulation and corruption concern us, in terms of the raw economics of running a site there are clear gains. The cost of building or re-purposing sites is particularly low, given low labour costs and very light regulation.

We believe that demand could be very strong. Currently, there is a near universal trend among the upper and upper-middle classes to go outside the country for important healthcare. Pricing may be an issue: although these people are used to paying international prices, the opening of the market will bring competition from regional players used to lower pricing than the US market. Certainly we expect the market will command much lower prices than more developed parts of SE Asia.

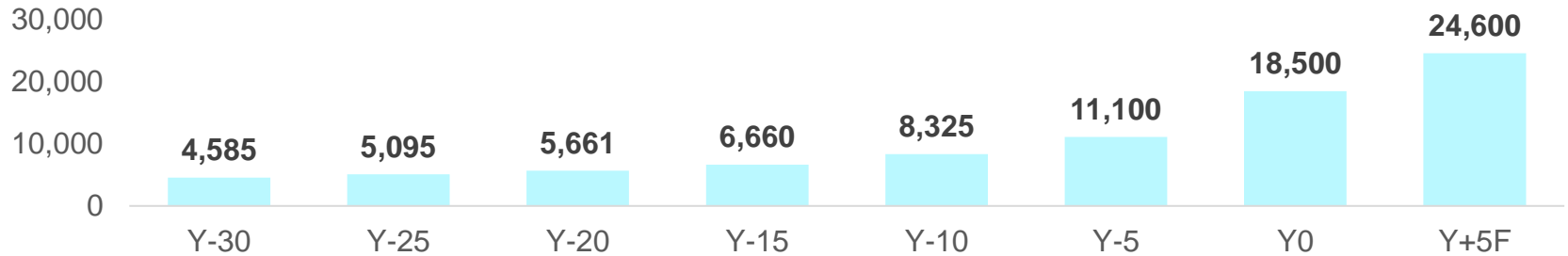
Key investor facts

- **Labour costs** estimated at **30% below** Singaporean average
- **Hospital equipment** is also **20 – 25% below** Singapore average
- Total **capital cost of building** or revamping sites estimated at **35% below** Singapore average
- Typical **timing to convert existing sites** into hospitals: **18 – 24 months**
- **Drug & materials purchasing costs** estimated at **12% lower** than the Singaporean average, given lower salaries of intermediaries and in processing costs. Equipment costs lower by a similar amount
- Estimated **pricing for drugs & procedures 20% lower** than average in Singapore (though varies considerably by procedure)
- **15% tax rate**, compared to 5% locally

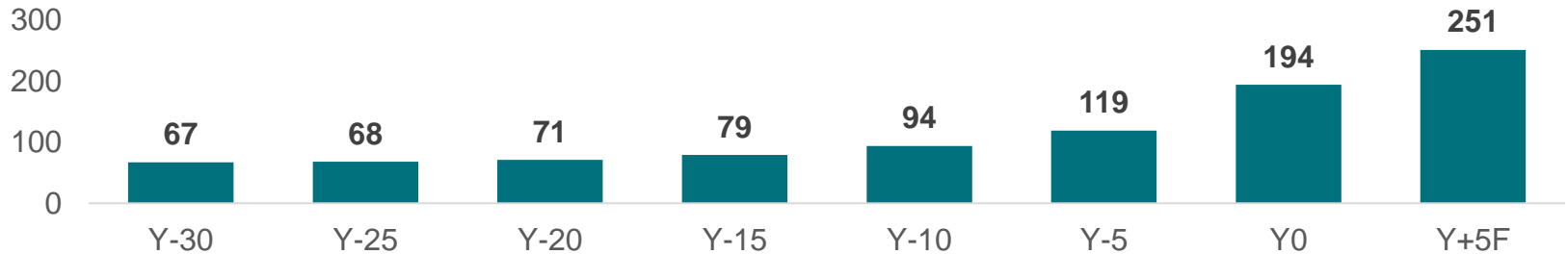
INDUSTRY DATA

Spending on healthcare in Vietnam over past 30 years

Overall healthcare spending (USD \$m)

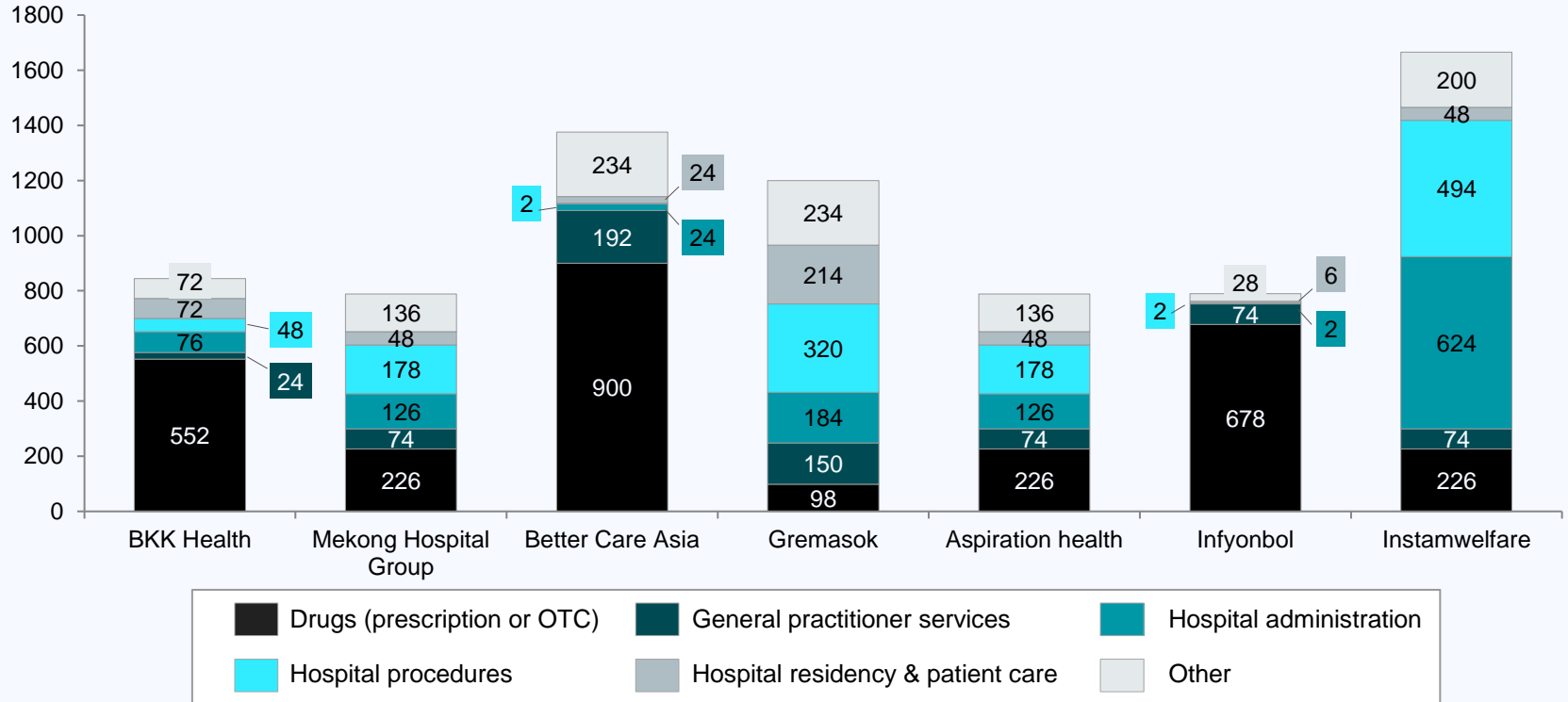


Healthcare spending per capita (USD \$)



INDUSTRY DATA

South East Asian healthcare providers: Revenues by practice area (\$m)



INDUSTRY DATA

Frequency of cases & procedures in Vietnamese hospitals (last year's data, '000s)¹

Procedural area	Presented case (no procedure)	Minor treatment	Mainstream surgery	Expert or unusual care	Total cases
General	5,046	1,888	1,272	22	8,228
Neuro	207	171	241	167	786
Cardiothoracic	321	307	326	61	1,015
Otolaryngology	504	412	490	79	1,485
Trauma and orthopaedic	899	872	1,210	206	3,187
Paediatric	2,441	1,045	770	102	4,358
Oral & Maxillofacial	600	705	610	86	2,001
Urology & vascular	661	812	956	219	2,648
Total	10,679	6,212	5,875	942	23,708

¹ Glossary of terminology overleaf

INDUSTRY DATA

Glossary of hospital procedures

Presented case: A patient arriving at the hospital, whether of their own accord or from another health provider

Minor treatment: When the case is dealt with without involving surgical procedure or extended stay

Mainstream surgery: Involvement of a standard surgical procedure

Expert or unusual care: Where a case requires unusually high volume of staff, cost, or intricacy of procedure/care

Neuro: Covers all aspects of brain surgery and anything involving the brain, central nervous system, and spinal cord

Cardiothoracic: Concerns issues of the heart, lungs, oesophagus and chest

Otolaryngology: All aspects of the head and neck region, including all ear, nose and throat & facial plastic surgery

Trauma and orthopaedic: Covers bones, joints, muscles, and associated soft tissues, including ligaments and nerves

Paediatric: Work on the diseases, traumas and malformations specific to childhood years (a minority of all child cases)

Oral & Maxillofacial: Work on facial bones, face and neck excluding facial plastic surgery

Urology & vascular: Urology concerns kidneys, bladder and urinary problems. Vascular concerns work on veins and arteries

INDUSTRY DATA

World Bank internal memo on health reforms in Vietnam (key excerpts)

The Bank has long supported the end of state monopoly on healthcare in Vietnam, and thus welcomes this action.

This change opens up a market where innovation is rare, complex procedure standards lag similar neighbours, and general care is decades behind richer adjacent countries like Singapore or Malaysia. The involvement of private organizations offers an opportunity to improve healthcare across social and demographic groups if implemented as broadly as the recent government decree (decree no. 83) suggests it will be.

The Bank team in Vietnam does have some concerns over the speed of change suggested in decree no 83, and there is reason to be skeptical on the feasibility of delivering procurement, contracting, and other aspects of the implementation in a short timeframe... We believe there is a major risk of public policy failure and medium-term harm to health innovation and private sector actor willingness to enter the Vietnamese market if the implementation proceeds ahead of the ability of the infrastructure to cope.

We are also concerned about corruption and a potential failure to distinguish valuable bids from those seeking to profiteer. There is therefore an urgent need for support and capacity for the Vietnamese Ministry of Health regarding procurement to prevent corruption, a lengthening of implementation timeframes, and a robust assessment of potential bids. Without this Vietnam remains exposed to some downside risks.

INDUSTRY DATA

Article from economics magazine on Vietnamese health reforms (excerpt)

Vietnam: Growing SE Asia giant launches shock sweeping privatization of healthcare

Once a battleground in the Cold War, Vietnam has since 1990 begun an ascent to regional economic powerhouse, in some areas replacing China as the workshop of Asia's booming Tiger economies.

Its people remain poor, and if anything services provided by the state lag those available to neighbours at similar levels of development. This is likely what has prompted the radical plans by the new government, who had only begun discussing the possibility of breaking the state monopoly on healthcare this year.

Several large healthcare providers are likely to be licking their lips at a market with nearly 100M people, and where both outright spending and spending per capita have grown rapidly in recent years. Moreover, an increasingly wealthy elite who currently travel for healthcare may well now spend that money at home, as international providers come in to offer the complex procedures that are currently hard to get done swiftly and reliably within Vietnam.

Initially, this is likely to be a policy that affects the elite and prime urban centres in Hanoi and Ho Chi Minh City. If the government truly wants to spread the benefits of plurality of supply, however, they will have to work out how to reach Vietnam's remote, mountainous rural areas and vast numbers of people hovering around the UN poverty line who have little ability to supplement still meager government healthcare spending.

INDUSTRY DATA

Spending on Software & Services, 2019-2024 (in \$Bn)



INDUSTRY DATA

Copyright Lexipol, LLC. All rights reserved. Updated 11/2019.

State: California
County: Los Angeles
Case Name: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

INDUSTRY DATA

Copyright Lexipol, LLC. Research published here is for informational purposes only. All rights reserved. No part of this publication may be reproduced, stored, transmitted, or distributed in any form or by any means without the prior written permission of Lexipol, LLC.

INDUSTRY DATA: RESEARCH REPORT ON THE CURRENT STATE OF THE INDUSTRY AND THE CHALLENGES FACING IT. THIS REPORT PROVIDES A COMPREHENSIVE OVERVIEW OF THE INDUSTRY'S PERFORMANCE, TRENDS, AND OPPORTUNITIES. IT IS DESIGNED TO ASSIST BUSINESSES IN MAKING INFORMED DECISIONS AND STRATEGIC PLANNING.

INDUSTRY DATA: RESEARCH REPORT ON THE CURRENT STATE OF THE INDUSTRY AND THE CHALLENGES FACING IT. THIS REPORT PROVIDES A COMPREHENSIVE OVERVIEW OF THE INDUSTRY'S PERFORMANCE, TRENDS, AND OPPORTUNITIES. IT IS DESIGNED TO ASSIST BUSINESSES IN MAKING INFORMED DECISIONS AND STRATEGIC PLANNING.

INDUSTRY DATA: RESEARCH REPORT ON THE CURRENT STATE OF THE INDUSTRY AND THE CHALLENGES FACING IT. THIS REPORT PROVIDES A COMPREHENSIVE OVERVIEW OF THE INDUSTRY'S PERFORMANCE, TRENDS, AND OPPORTUNITIES. IT IS DESIGNED TO ASSIST BUSINESSES IN MAKING INFORMED DECISIONS AND STRATEGIC PLANNING.

INDUSTRY DATA: RESEARCH REPORT ON THE CURRENT STATE OF THE INDUSTRY AND THE CHALLENGES FACING IT. THIS REPORT PROVIDES A COMPREHENSIVE OVERVIEW OF THE INDUSTRY'S PERFORMANCE, TRENDS, AND OPPORTUNITIES. IT IS DESIGNED TO ASSIST BUSINESSES IN MAKING INFORMED DECISIONS AND STRATEGIC PLANNING.

INDUSTRY DATA: RESEARCH REPORT ON THE CURRENT STATE OF THE INDUSTRY AND THE CHALLENGES FACING IT. THIS REPORT PROVIDES A COMPREHENSIVE OVERVIEW OF THE INDUSTRY'S PERFORMANCE, TRENDS, AND OPPORTUNITIES. IT IS DESIGNED TO ASSIST BUSINESSES IN MAKING INFORMED DECISIONS AND STRATEGIC PLANNING.

INDUSTRY DATA

Copyright Lexipol, Inc. 2014/05/01. All rights reserved. Published with permission by the State of California.

REGISTRATION OF PROFESSIONAL ENGINEERS AND ARCHITECTS. The State Board of Professional Engineers and Architects (SBPEA) is a state agency that regulates the practice of engineering and architecture in California. It is composed of 12 members, including 6 engineers and 6 architects, who are appointed by the Governor of the State of California.

The SBPEA is responsible for setting and enforcing the standards of practice for engineers and architects in California. It also issues licenses to qualified individuals and monitors their compliance with the rules and regulations of the board. The board's jurisdiction extends to all professional engineers and architects practicing in the state of California.

The SBPEA is also responsible for the regulation of the practice of engineering and architecture in California. It is composed of 12 members, including 6 engineers and 6 architects, who are appointed by the Governor of the State of California.

The SBPEA is responsible for setting and enforcing the standards of practice for engineers and architects in California. It also issues licenses to qualified individuals and monitors their compliance with the rules and regulations of the board. The board's jurisdiction extends to all professional engineers and architects practicing in the state of California.

The SBPEA is also responsible for the regulation of the practice of engineering and architecture in California. It is composed of 12 members, including 6 engineers and 6 architects, who are appointed by the Governor of the State of California.

The SBPEA is responsible for setting and enforcing the standards of practice for engineers and architects in California. It also issues licenses to qualified individuals and monitors their compliance with the rules and regulations of the board. The board's jurisdiction extends to all professional engineers and architects practicing in the state of California.

WORLD MAP

GLOBAL ECONOMIC INDICATORS



2024-2025

2024-2025

Category	Q1	Q2	Q3	Q4	Total
Item 1	100	100	100	100	400
Item 2	100	100	100	100	400
Item 3	100	100	100	100	400
Item 4	100	100	100	100	400
Item 5	100	100	100	100	400
Item 6	100	100	100	100	400
Item 7	100	100	100	100	400
Item 8	100	100	100	100	400
Item 9	100	100	100	100	400
Item 10	100	100	100	100	400



2024-2025

[Faded text]	[Faded text]	[Faded text]
[Faded text]	[Faded text]	

COMPREHENSIVE REPORT

Item	Q1	Q2	Q3	Q4	Q5	Q6
Category A	100	120	110	130	140	150
Category B	200	220	210	230	240	250
Category C	300	320	310	330	340	350

Summary of findings and conclusions from the data presented in the table above.



CONSTRUCTION
SOLUTIONS

IN. WOODS,
ANDOVER



REVENUE SHOULD BE THE DETERMINING FACTOR AND SHOULD APPLY TO ALL OTHER FORMS OF INCOME.

INCOME TAXES ARE A LIABILITY OF THE TAXPAYER.

THE TAXPAYER IS RESPONSIBLE FOR PAYING THE TAXES.

THE TAXPAYER IS RESPONSIBLE FOR REPORTING THE TAXES.

THE TAXPAYER IS RESPONSIBLE FOR PROVIDING THE TAX INFORMATION.

THE TAXPAYER IS RESPONSIBLE FOR PAYING THE TAXES.

THE TAXPAYER IS RESPONSIBLE FOR REPORTING THE TAXES.

THE TAXPAYER IS RESPONSIBLE FOR PROVIDING THE TAX INFORMATION.

REVENUE EFFECTS OF ATTRACTIVE AND UNATTRACTIVE BRANDS FOR MULTIBRAND PROVIDERS

CONSUMER PERCEPTION



PERFORMANCE OF ATTRACTIVE BRANDS



Attractive brands generate higher sales and revenue than unattractive brands. This is because attractive brands are perceived as more valuable and desirable by consumers. As a result, consumers are more likely to purchase attractive brands, leading to higher sales and revenue for the provider. Unattractive brands, on the other hand, are perceived as less valuable and desirable, leading to lower sales and revenue for the provider.

THE HISTORY OF THE UNITED STATES OF AMERICA

CHAPTER I

Year	Event
1776	Declaration of Independence
1787	Constitution signed
1791	Bill of Rights adopted
1800	Washington becomes first president
1802	Marbury v. Madison
1803	Louisiana Purchase
1812	War of 1812
1820	Missouri Compromise
1823	Monroe Doctrine
1845	Texas Annexation
1846	Mexican-American War
1848	Texas Independence
1850	Compromise of 1850
1854	Kansas-Nebraska Act
1857	Dred Scott Decision
1860	Lincoln elected president
1861	South secedes
1862	Emancipation Proclamation
1863	Gettysburg
1864	Lincoln assassinated
1865	War ends
1868	Reconstruction begins
1870	Reconstruction ends
1876	Compromise of 1876
1880	Garfield elected
1881	Garfield assassinated
1885	Civil Rights Act
1890	Wheeler-Howard Act
1896	McKinley elected
1900	Spanish-American War
1901	Taft elected
1903	Antitrust Act
1908	Roosevelt elected
1912	Wilson elected
1914	Open Door Policy
1917	US enters WWI
1918	Wilson's 14 Points
1919	Treaty of Versailles
1920	19th Amendment
1921	Coolidge elected
1923	Quota Act
1928	Hoover elected
1932	Roosevelt elected
1933	New Deal
1937	Supreme Court
1941	Pearl Harbor
1945	WWII ends
1948	Truman elected
1950	McCarthyism
1954	Brown v. Board
1957	Little Rock
1960	Kennedy elected
1961	Cuba
1963	Civil Rights Act
1964	Johnson elected
1968	Nixon elected
1970	Vietnam War
1972	Nixon resigns
1974	Watergate
1976	Carter elected
1979	Iran
1980	Reagan elected
1981	Iran Hostage Crisis
1982	Star Wars
1984	Reagan re-elected
1986	Iran-Contra
1988	Dubois elected
1990	Gulf War
1992	Clinton elected
1994	Clinton re-elected
1996	Clinton re-elected
1998	Clinton re-elected
2000	Bush elected
2001	9/11
2002	AUMF
2003	Iraq War
2004	Bush re-elected
2006	Leahy
2008	Obama elected
2009	Obama re-elected
2010	Obama re-elected
2012	Obama re-elected
2013	Obama re-elected
2014	Obama re-elected
2016	Trump elected
2017	Trump re-elected
2020	Biden elected
2021	Biden re-elected

CHAPTER II

Year	Event
1776	Declaration of Independence
1787	Constitution signed
1791	Bill of Rights adopted
1800	Washington becomes first president
1802	Marbury v. Madison
1803	Louisiana Purchase
1812	War of 1812
1820	Missouri Compromise
1823	Monroe Doctrine
1845	Texas Annexation
1846	Mexican-American War
1848	Texas Independence
1850	Compromise of 1850
1854	Kansas-Nebraska Act
1857	Dred Scott Decision
1860	Lincoln elected president
1861	South secedes
1862	Emancipation Proclamation
1863	Gettysburg
1864	Lincoln assassinated
1865	War ends
1868	Reconstruction begins
1870	Reconstruction ends
1876	Compromise of 1876
1880	Garfield elected
1881	Garfield assassinated
1885	Civil Rights Act
1890	Wheeler-Howard Act
1896	McKinley elected
1900	Spanish-American War
1901	Taft elected
1903	Antitrust Act
1908	Roosevelt elected
1912	Wilson elected
1914	Open Door Policy
1917	US enters WWI
1918	Wilson's 14 Points
1919	Treaty of Versailles
1920	19th Amendment
1921	Coolidge elected
1923	Quota Act
1928	Hoover elected
1932	Roosevelt elected
1933	New Deal
1937	Supreme Court
1941	Pearl Harbor
1945	WWII ends
1948	Truman elected
1950	McCarthyism
1954	Brown v. Board
1957	Little Rock
1960	Kennedy elected
1961	Cuba
1963	Civil Rights Act
1964	Johnson elected
1968	Nixon elected
1970	Vietnam War
1972	Nixon resigns
1974	Watergate
1976	Carter elected
1979	Iran
1980	Reagan elected
1981	Iran Hostage Crisis
1982	Star Wars
1984	Reagan re-elected
1986	Iran-Contra
1988	Dubois elected
1990	Gulf War
1992	Clinton elected
1994	Clinton re-elected
1996	Clinton re-elected
1998	Clinton re-elected
2000	Bush elected
2001	9/11
2002	AUMF
2003	Iraq War
2004	Bush re-elected
2006	Leahy
2008	Obama elected
2009	Obama re-elected
2010	Obama re-elected
2012	Obama re-elected
2013	Obama re-elected
2014	Obama re-elected
2016	Trump elected
2017	Trump re-elected
2020	Biden elected
2021	Biden re-elected

THE HISTORY OF THE UNITED STATES OF AMERICA

CHAPTER I

CHAPTER II

GENERAL REACTION OF SOME GROUPS OF ORGANIC COMPOUNDS

ALCOHOLS



Alcohols are classified into primary, secondary and tertiary alcohols. Primary alcohols are oxidized to aldehydes, secondary alcohols to ketones, and tertiary alcohols do not undergo oxidation.

ALDEHYDES



Aldehydes are easily oxidized to carboxylic acids. They can also be reduced to primary, secondary, or tertiary alcohols, depending on the reducing agent used.

ALCOHOLS AND ALDEHYDES

Alcohols and aldehydes are both organic compounds. Alcohols are characterized by the presence of a hydroxyl group (-OH) attached to a carbon atom. Aldehydes are characterized by the presence of a carbonyl group (C=O) attached to a carbon atom.

Alcohols and aldehydes are both important in organic chemistry. Alcohols are used in a wide variety of applications, including as solvents, fuels, and in the synthesis of many other organic compounds. Aldehydes are also used in a wide variety of applications, including as intermediates in the synthesis of many other organic compounds.

Alcohols and aldehydes are both important in organic chemistry. Alcohols are used in a wide variety of applications, including as solvents, fuels, and in the synthesis of many other organic compounds. Aldehydes are also used in a wide variety of applications, including as intermediates in the synthesis of many other organic compounds.



THE CLASS MANAGEMENT SYSTEM: HOW TO MANAGE STUDENT BEHAVIOR & IMPROVE LEARNING OUTCOMES

1. Establish a positive classroom environment. Create a safe, supportive, and respectful atmosphere where students feel comfortable participating and learning. Use positive reinforcement to encourage good behavior and academic achievement.

2. Set clear expectations and consequences. Establish rules and procedures from the beginning, and communicate them clearly to all students. Consistently enforce consequences for misbehavior, and use them as teaching opportunities.

3. Use effective classroom management strategies. Implement a variety of strategies to manage behavior, such as direct instruction, modeling, role-playing, and self-management techniques. Use non-verbal cues and proximity to manage behavior discreetly.

4. Differentiate instruction. Recognize that students have different learning styles and needs. Use differentiated instruction to meet individual students where they are and provide appropriate challenges.

5. Build strong relationships. Get to know your students as individuals, and build positive relationships based on trust and respect. Use this rapport to manage behavior and improve learning outcomes.

6. Collaborate with parents and the community. Communicate regularly with parents and the community to support student learning and behavior. Seek input and resources from the community to enhance the classroom environment.