

INTERNATIONAL COOPERATIVE ALLIANCE – AFRICA

EXECUTIVE SUMMARY REPORT

Design Thinking Workshop for Health Cooperatives

Workshop Title: Design Thinking Dash for Health Cooperatives

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Executive Summary

This report presents a summary of the Design Thinking Workshop for Health Cooperatives, facilitated by Stephen Githii Kagwathi in collaboration with Maureen Kinoti. The workshop was designed as a participatory learning process to strengthen the strategic and operational thinking of stakeholders engaged in health cooperative development in Africa. It aligned with the broader objective of delivering results-oriented and participatory workshop that supports the development of sustainable, innovative, and people-centered health cooperative models.

The workshop centered on the design challenge: **“How might we create a health cooperative model in Africa that leverages innovation, partnerships, and technology to deliver affordable, patient-centered care at scale?”** The session opened with wellness warm-up activities that helped build participant energy, openness, and readiness for collaboration. This was followed by an introduction to design thinking as a human-centered and iterative approach to problem solving, and a discussion of how it differs from traditional approaches by emphasizing empathy, experimentation, collaboration, and continuous refinement. The workshop structure reflected the design dash methodology outlined in the workshop presentation, including introduction, team creation, design thinking orientation, practical design work, and reflection.

Participants were divided into seven random groups, each comprising approximately five to six members, in order to encourage diversity of perspectives and cross-learning. Each group then worked through the practical phases of the design thinking process. In the **Understand** phase, participants explored their own interpretation of the challenge and surfaced their assumptions. In the **Empathize** phase, each group interviewed one participant from another group to gain an outside perspective and better understand the needs, realities, and expectations surrounding the challenge. Drawing from these insights, groups moved into the **Define** phase, where they reframed the challenge in more focused and human-centered ways. They then entered the **Ideate** phase, generating a range of possible responses, before sketching their preferred concepts during the **Prototype** phase.

In the **Test** phase, the interviewees returned to review the solutions, provide feedback, and help teams improve their ideas through iteration. The process concluded with all seven groups pitching their refined solutions to the plenary.

The workshop produced several important outcomes. First, it gave participants a practical understanding of design thinking as a tool for addressing complex health system challenges. Rather than remaining at the level of theory, participants were able to apply the methodology directly to a real challenge facing health cooperatives in Africa. Second, the process generated diverse and contextually relevant ideas for strengthening health cooperative models. Solutions presented by the groups ranged from a three-legged health system approach (“African stool”) to awareness creation and sensitization initiatives, as well as policy development through stakeholder engagement. These ideas demonstrated participants’ ability to connect innovation, partnership-building, systems thinking, and patient-centeredness in responding to the challenge.

The workshop also strengthened participant capacity in areas that are critical for future program design and implementation. These included collaboration, active listening, empathy-based problem framing, co-creation, and iterative solution development. The interview and testing stages were particularly valuable because they pushed teams to question their assumptions, listen more carefully to external perspectives, and refine their ideas based on feedback. In this regard, the workshop successfully demonstrated the value of participatory and adult-learning approaches in generating ownership, improving problem analysis, and supporting practical innovation within the health cooperative sector. This outcome is consistent with the assignment’s intention to strengthen capacities through participatory facilitation, peer learning, and practical guideline development.

Several challenges were also observed. The workshop timeline limited the extent to which some groups could fully develop and test their concepts, especially during the later stages of prototyping and iteration. In addition, some participants were initially more accustomed to conventional workshop formats and therefore needed more guidance to adjust to the rapid, visual, and action-oriented nature of design thinking. The broad scope of the challenge also required groups to consider multiple dimensions at once, including affordability, partnerships, innovation, technology, and patient-centered care, making it difficult for some teams to narrow their focus quickly.

Despite these challenges, the workshop revealed several important success factors. The empathy interviews emerged as one of the strongest aspects of the process, enabling participants to move beyond internal assumptions and engage more directly with the views of others. The final presentations also reflected a high level of creativity, commitment, and ownership, with each team presenting a distinct response to the challenge. The co-

facilitation model further enriched the session by bringing together innovation facilitation and practical clinical experience, which helped ground the design process in real health-sector contexts.

Several lessons can be drawn for future programs. Wellness and energizer activities should remain part of workshop design because they contribute meaningfully to participant readiness and engagement. Empathy-based interviewing should continue to be emphasized because it improves the relevance and quality of proposed solutions. Participants would also benefit from more time and structured guidance during the define, prototype, and test stages, particularly where design thinking is a relatively new methodology. In addition, the random formation of groups proved effective in promoting fresh interactions, collaboration, and cross-learning.

Going forward, it is recommended that similar workshops allocate more time to prototyping and iteration, include a brief pre-workshop orientation to design thinking concepts, and establish a follow-up mechanism to help translate promising ideas into actionable initiatives. Selected concepts should also be taken forward for deeper exploration with cooperative leaders, health practitioners, policymakers, and innovation partners to strengthen their feasibility and implementation potential.

In conclusion, the Design Thinking Workshop for Health Cooperatives successfully created a practical and collaborative platform for exploring innovative responses to health system challenges in Africa. It equipped participants with a useful methodology, generated diverse and promising ideas, and demonstrated the value of human-centered design in shaping affordable, patient-centered care models at scale. The workshop offers a strong foundation for future health cooperative innovation and capacity-building efforts.

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