



# Strategic Purchasing of Quality Health Services From Private Providers In Myanmar

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TRANSFORMING OUR  
WORLD:  
THE 2030 AGENDA FOR  
SUSTAINABLE  
DEVELOPMENT

1 NO  
POVERTY



2 ZERO  
HUNGER



3 GOOD HEALTH  
AND WELL-BEING



4 QUALITY  
EDUCATION



5 GENDER  
EQUALITY



6 CLEAN WATER  
AND SANITATION



7 AFFORDABLE AND  
CLEAN ENERGY



8 DECENT WORK AND  
ECONOMIC GROWTH

9 INDUSTRY, INNOVATION  
AND INFRASTRUCTURE

10 REDUCED  
INEQUALITIES

11 SUSTAINABLE CITIES  
AND COMMUNITIES



3.8 Achieve universal health coverage, including **financial risk protection**, access to **quality essential health-care services** and access to safe, effective, quality and affordable **essential medicines and vaccines for all**

12 RESPONSIBLE  
CONSUMPTION  
AND PRODUCTION



13 CLIMATE  
ACTION



14 LIFE  
BELOW WATER



15 LIFE  
ON LAND



16 PEACE, JUSTICE  
AND STRONG  
INSTITUTIONS



17 PARTNERSHIPS  
FOR THE GOALS



# Context

A large Southeast Asian nation

- Population – 51.5 million
- Under five mortality rate – 50/1,000 live births
- Maternal mortality rate – 227/100,000 live births
- Contraceptive prevalence (Married) – 51%
- Vaccination (12-23 months) – 55%
- Stunting (<5yrs) – 29%

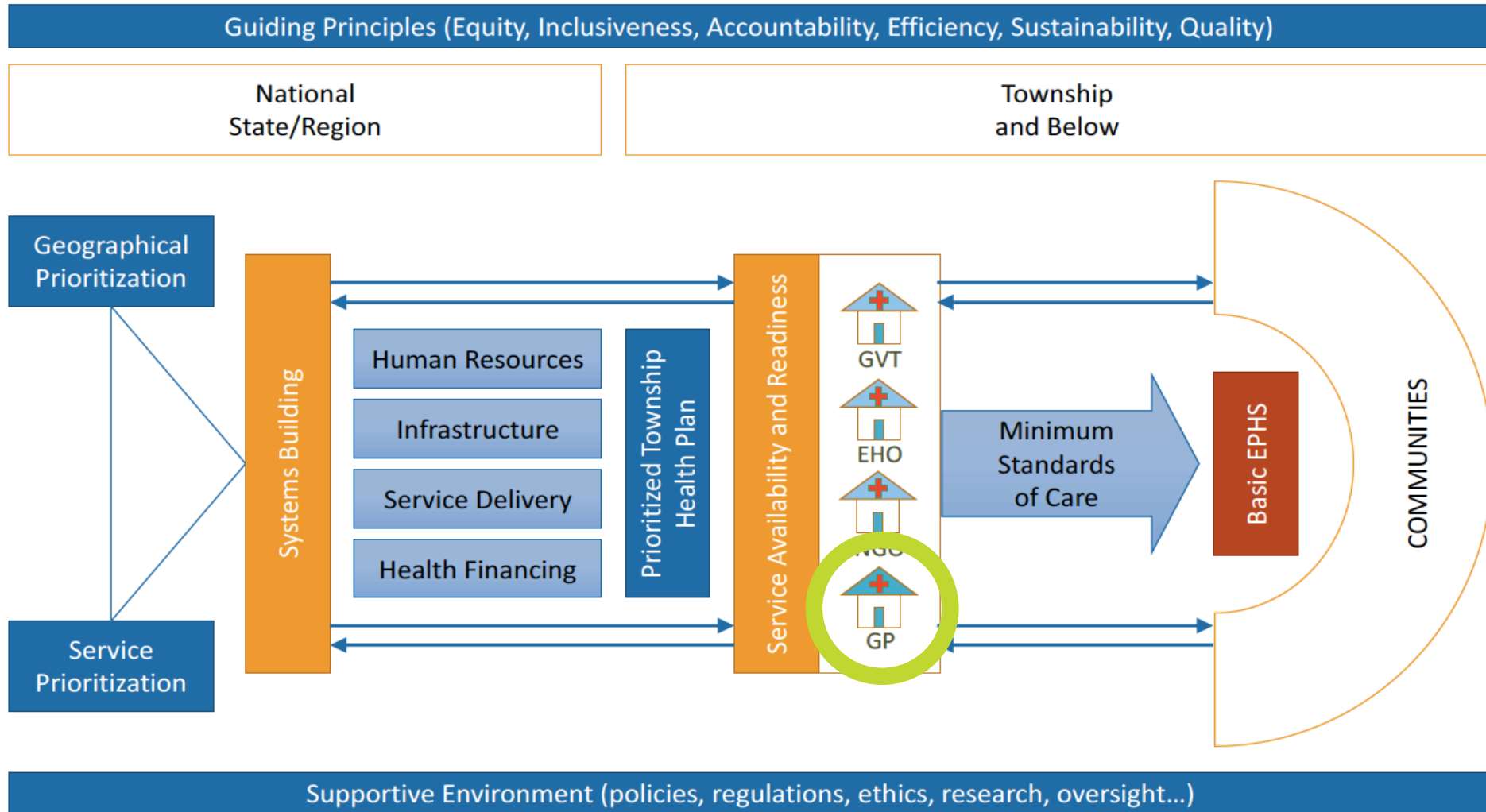
Sources: DHS 2015-16, Census 2014



<http://auramyanmar.com/index.php/about-myanmar/myanmar-map>

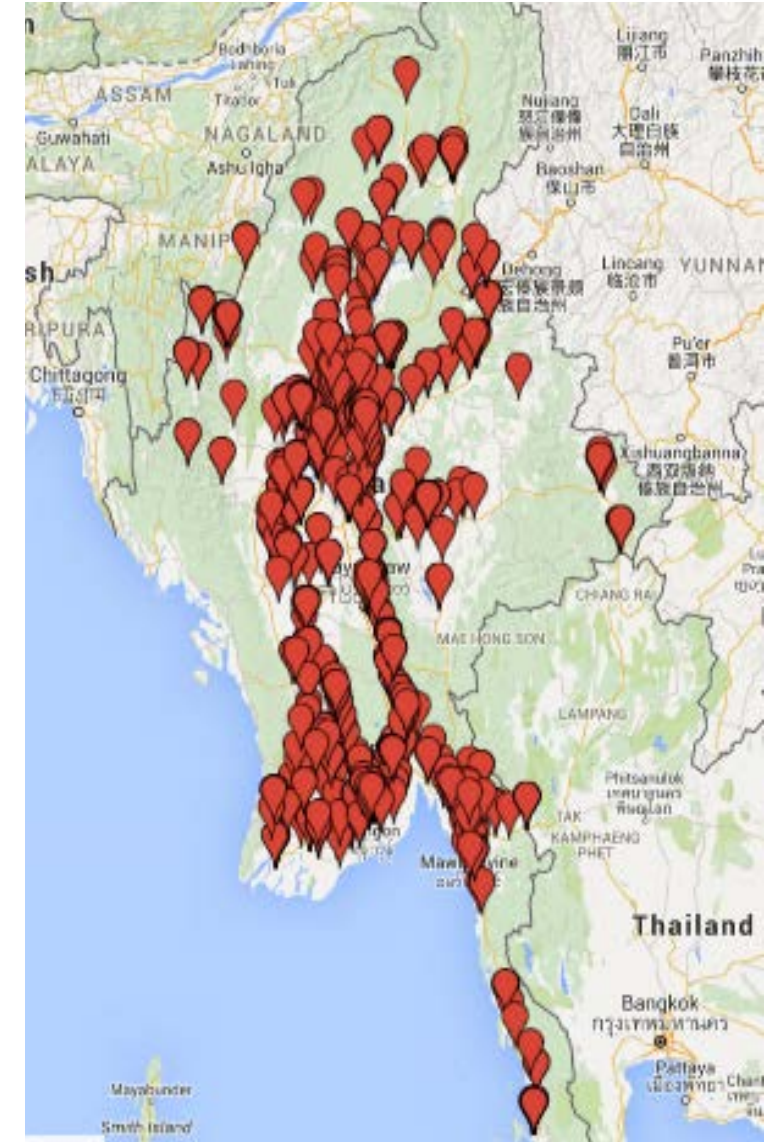


# NHP Conceptual Framework



# Sun Quality Health

- Sun Quality Health Network: A social franchise network of 1,200+ general practitioners
- Mainly urban and peri-urban
- Focuses on reproductive health, HIV, malaria, tuberculosis, and maternal and child health
- Sun offers the government of Myanmar the opportunity and mechanism to commission services from private sector providers to compliment the public sector at predictable costs and quality



# Being at the table consistently is important



# Strategic Purchasing Pilot

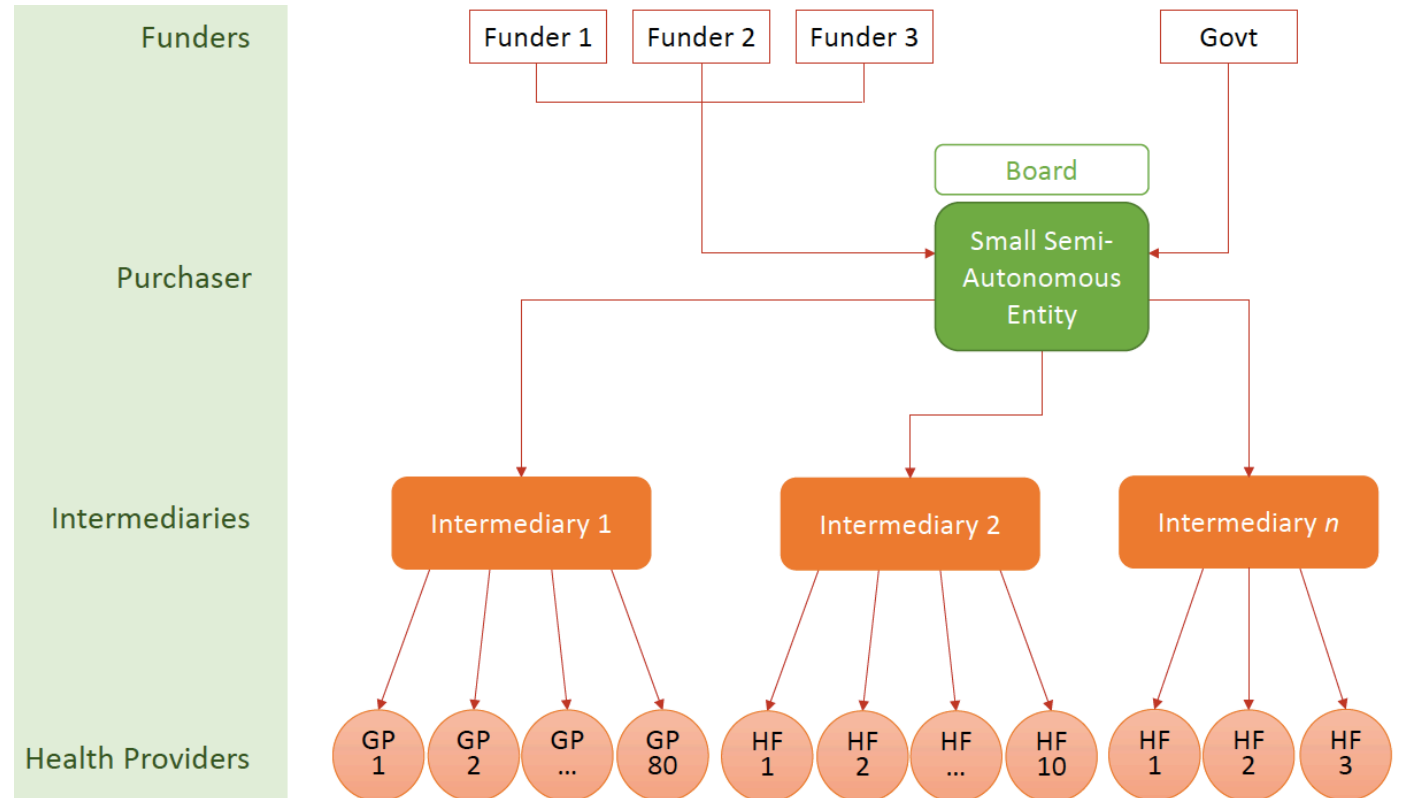


# Purchasing services from providers outside MoHS (NHP)

In-country experience in strategic purchasing is limited. A pilot project will soon be launched in which the role of purchaser will be simulated. The 'purchaser' will sign contracts with private-for-profit GP clinics.

This experiment will provide extremely valuable lessons around health purchasing and contracting of nongovernmental health providers. MoHS will take active part in the built-in implementation research.

*Excerpt from NHP document*



# Project Objectives

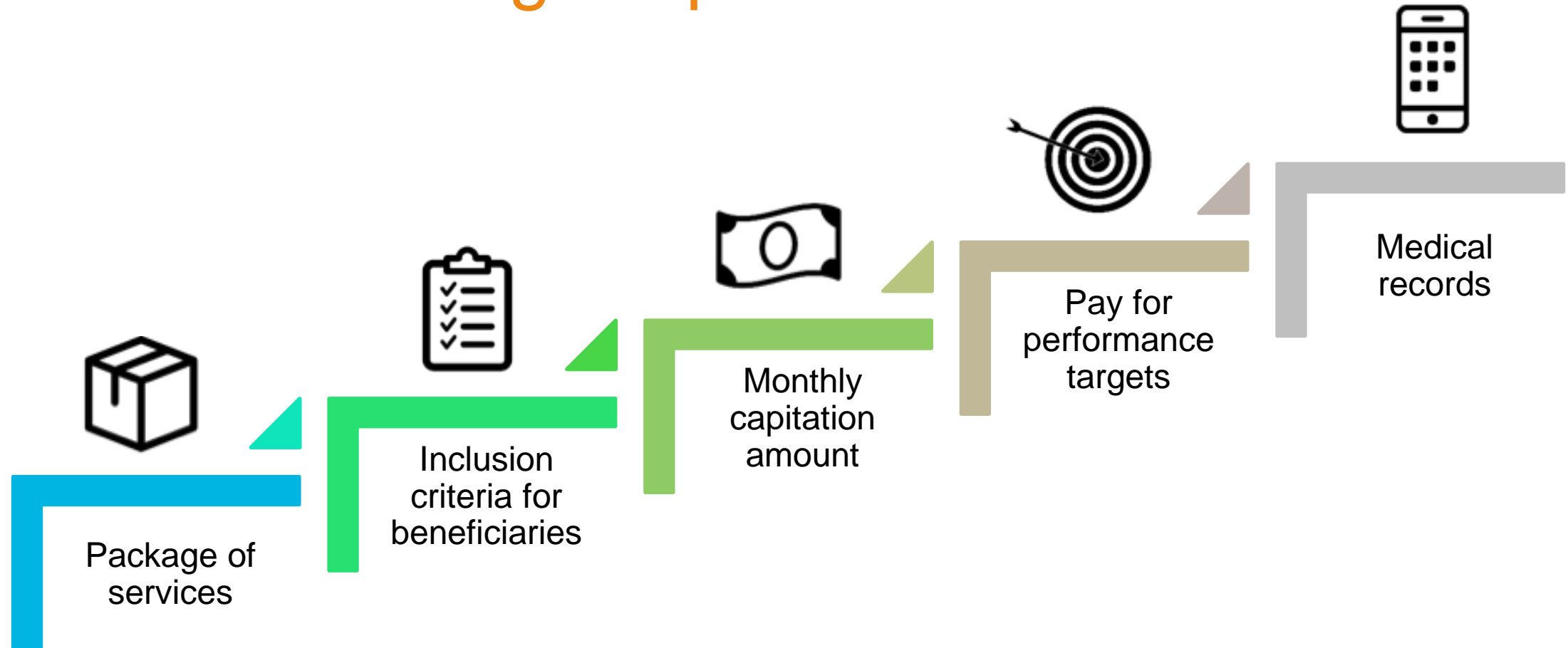
Under strategic purchasing arrangements, this model of care can increase access by low-income consumers and achieve good value for money for public subsidy.

In particular the project aims to:

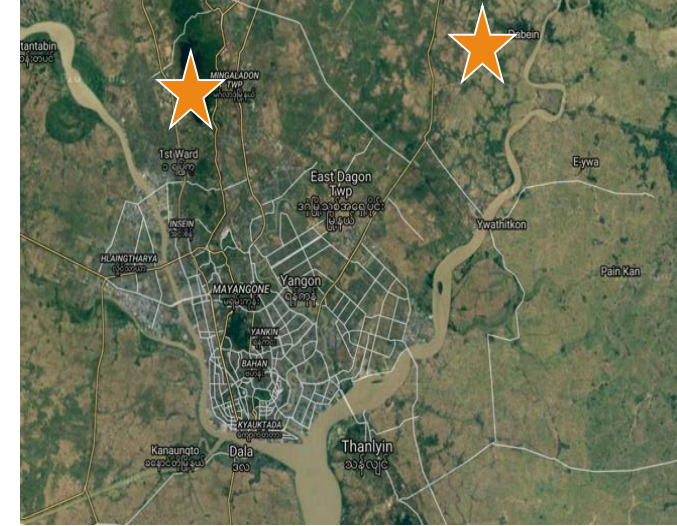
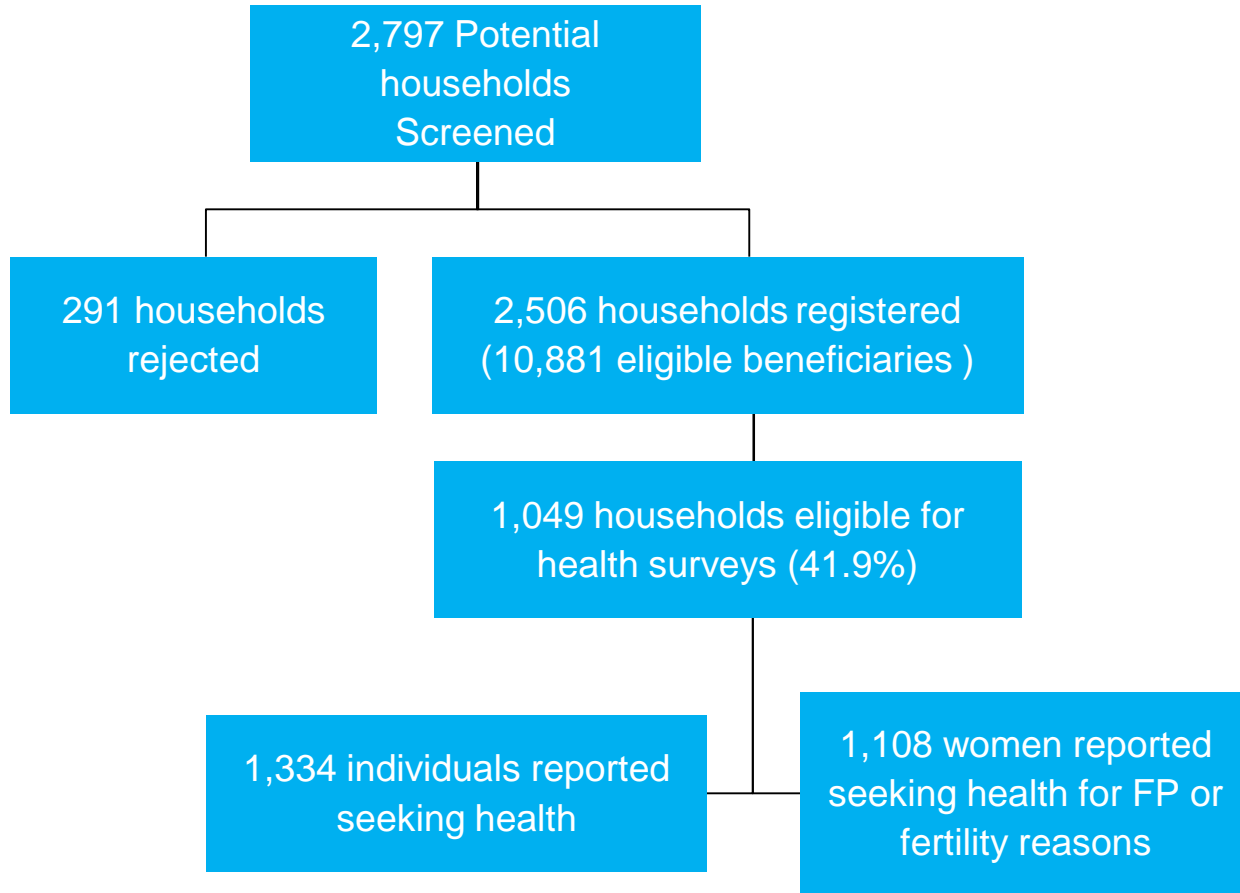
- Increase the range of services provided
- Decrease out of pocket payments
- Decrease the time to seek treatment at a qualified provider from the start of signs and symptoms



# Critical Planning Steps



# Methodology



- 2-year longitudinal study
- Base-line, mid-line and end-line
- 2 sites in peri-urban Yangon
- 11,000 study population
- 5 Sun Quality Health providers
- MOHS joined the project as the Co-investigator.

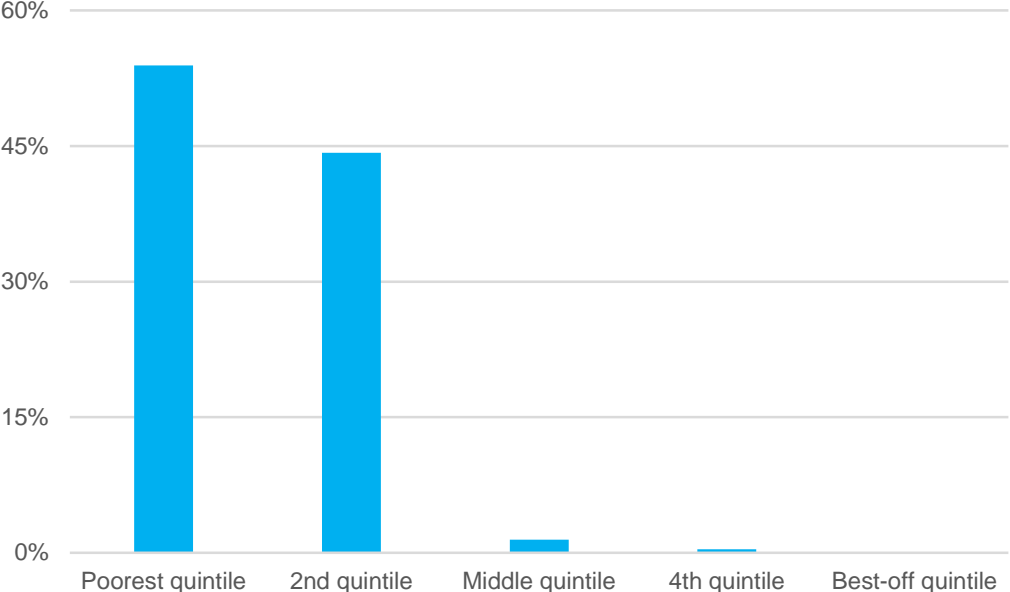
# The Package

## Five Categories

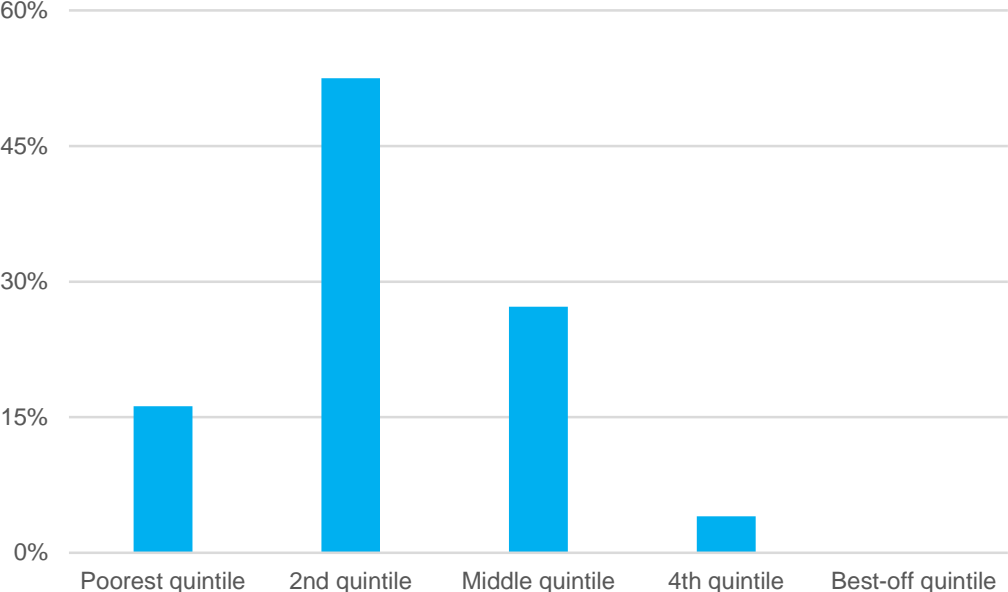
- Child health – IMCI approach, nutrition, immunization
- Reproductive health – short-term and long-term family planning methods, AN care, PN care, delivery support, ARH, Gender-based violence screening
- Communicable diseases – HIV, TB, Malaria
- Non-communicable diseases – Hypertension, Diabetes, Cervical cancer
- General illnesses - Minor Injuries (Abscess, Stitch), Aches and Pains, Alcoholism, Mental illness, Fever, Neuropathy, General weakness, Abdominal pain, Cough and URTI, Dengue (Grade I), Eyes (Conjunctivitis), Asthma, COPD (Primary Care Level), Fits, Epilepsy

# Socio-economic Profiles

Socio-Economic Profile\_DB (N=1243)  
(Reference: Yangon Population)



Socio-Economic Profile\_SPT (N=1263)  
(Reference: Yangon Population)



# Project Status (As of August 2017)

5 SQH doctors signed the provider contracts



7,287 beneficiaries received medical check-up



UNiD generated by iris scan



Each beneficiary received a health card



MoHS team visited project clinics



Scale-up Management met 2 times



# So what exactly does this look like for Su Su?

Access to low cost quality health care

- at a clinic of her choice
- close to her community
- for a wide range of FP options and illnesses
- from a friendly provider
- without financial hardship





# Challenges

- Negotiation with general practitioners to join the program and accept the capitation model
- Lengthy identification process for poor households
- Prolonged baseline study due to temporary migrant households
- Higher research cost due to higher burden of diseases
- Only 64% of eligible beneficiaries came to clinics for medical screening (March-June 2017)
- Most beneficiaries are coming for “general illnesses”

Population Services International Myanmar

# The Sun Forum

7 February, 2017

MICC-2, Nay Pyi Taw



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